

## 2019 Self-Study Report - UA Cossatot - PTA

## Institution

<b>Institution Name:</b>	UA Cossatot
<b>Institution accrediting agency:</b>	HLC
<b>Name of Chief Executive Officer:</b>	Steve Cole - EdD
<b>Administrative Title:</b>	Chancellor
<b>Name of Chief Academic Officer:</b>	Ashley Aylett - MBA
<b>Administrative Title:</b>	Vice Chancellor of Academic Affairs
<b>Name of Dean:</b>	Kimberly Dickerson - RN, BSN
<b>Administrative Title:</b>	Division Chair, Medical Education
<b>Unit or school in which the program resides:</b>	

## Program Director/Administrator

<b>Name of Program Director/Administrator:</b>	Jennifer Sanderson - PT, MS
<b>Administrative Title:</b>	Program Director

## Program

<b>Title of Program:</b>	Physical Therapist Assistant Program
<b>Year of First Class Graduation:</b>	8/9/2019
<b>Program Accreditation Status:</b>	Pre-Accreditation - Candidacy Granted
<b>Degree Awarded:</b>	
<b>Accreditation Status URL:</b>	<a href="http://www.cccua.edu/programs-of-study/medical-education">http://www.cccua.edu/programs-of-study/medical-education</a>
<b>Outcomes Location URL:</b>	<a href="http://www.cccua.edu/programs-of-study/medical-education">http://www.cccua.edu/programs-of-study/medical-education</a>

## Curriculum Design Characteristics

<b>Type of Term:</b>	Semester
<b>Total # Terms to Complete Degree:</b>	5
<b>Total # of terms in academic year:</b>	3
<b>Term length (in weeks):</b>	16
<b>Length of professional/technical coursework in weeks (including exam week and count exam week as 1 wk):</b>	45

## Clinical Education

<b>Total Hours of Clinical Education:</b>	560
<b># Weeks Full-Time Clinical Education:</b>	14

## 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	ENG 1113	Composition I	G	3	16	48	0	0	0	0	20	20	Gen Ed	
1	1	SPD 1003	Success Strategies	G	3	16	48	0	0	0	0	25	25	Gen Ed	
1	1	MATH 1023	College Algebra	G	3	16	48	0	0	0	0	18	18	Gen Ed	
1	1	BIOL 2064	Anatomy and Physiology I	G	4	16	48	32	0	0	0	24	24	Gen Ed	
1	2	BUS 1003	Microcomputer Application	G	3	16	48	0	0	0	0	20	20	Gen Ed	
1	2	PSYC 2033	Developmental Psychology	G	3	16	48	0	0	0	0	25	25	Gen Ed	
1	2	MED 1453	Medical Terminology	G	3	1	48	0	0	0	0	21	21	Gen Ed	
1	2	ENGL1123	Composition II	G	3	16	48	0	0	0	0	20	20	Gen 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	2	BIOL 2074	Anatomy and Physiology II	G	4	16	48	32	0	0	0	24	24	Gen Ed	
2	3	PTA 2205	Therapeutic Agents	T	5	16	48	64	0	0	0	16	16	Sanderson	
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
2	3	PTA 1112	Introduction to PTA	T	2	16	0	0	32	0	0	16	16	Brown	
2	3	PTA 2322	Administration & Management for Physical Therapist Assistant	T	2	16	32	0	0	0	0	16	16	Brown	
2	3	PTA 2314	Movement Science	T	4	16	32	64	0	0	0	16	16	Orr	
2	3	PTA 2303	Pathophysiology	T	3	16	0	0	48	0	0	16	16	Brown	
2	3	PTA 2203	Basic Patient Care Skills	T	3	16	32	32	0	0	0	16	16	Orr	
2	4	PTA 2403	Data Collection	T	3	10	32	32	0	0	0	16	16	Sanderson	Orr
2	4	PTA 2515	Neurorehabilitation	T	5	5	48	64	0	0	0	16	16	Orr	
2	4	PTA 2413	Rehabilitation Techniques	T	3	10	32	32	0	0	0	16	16	Sanderson	
2	4	PTA 2404	Therapeutic Exercise	T	4	10	48	32	0	0	0	16	16	Sanderson	
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
2	4	PTA 2424	Clinical Practicum I		4	4	0	0	0	160	0	16	16	Orr	
2	5	PTA 2624	Clinical Practicum III		4	5	0	0	0	200	0	16	16	Orr	
2	5	PTA 2502	PTA Seminar	T	2	10	0	0	32	0	0	16	16	Brown	
2	5	PTA 2524	Clinical Practicum II		4	5	0	0	0	200	0	16	16	Orr	

**Core 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
Brown, Suzanne	0.67	0.67	112	0	0	32	75	0	0	0	25	0	0	100
Orr, Heather	1.33	1.33	160	0	128	64	55	0	25	1	19	0	0	100
Sanderson, Jennifer	1.33	1.33	112	0	176	0	35	0	25	1	39	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
Gen Ed														

**Faculty**

# of PT FULL-TIME core faculty positions:	2
# of PT PART-TIME core faculty positions:	1
# 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:	3.33
Describe the definition of 1 FTE at your institution (ie, 9 mo, 10 mo, 11 mo, 12 mo)	12 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:	0

FTE's represented by the previous # of adjunct/associated faculty

0

**Students**

<b>Freshmen:</b>	8	<b>Sophomore:</b>	0
------------------	---	-------------------	---

**Student Ethnicity/Race**

<b>Hispanic/Latino of any race:</b>	0	<b>American Indian/Alaskan Native:</b>	0
<b>Asian:</b>	0	<b>Black or African-American:</b>	0
<b>Native Hawaiian/other Pacific Islander:</b>	0	<b>White:</b>	8
<b>Two or more races:</b>	0	<b>Unknown:</b>	0
<b>Total:</b>	8		

**Budget Statements**

Academic Year	Year Beginning	Year Ending	Core FTEs	Total Allocations	Total Expenses
Academic Year Following Visit	2019	2020	3	\$291,050.00	\$295,818.00
Academic Year of Visit	2018	2019	3	\$284,263.00	\$286,950.00
Academic Year Previous to Visit	2017	2018	3	\$277,673.00	\$276,100.00

**Allocations**

Category	2019-2020	2018-2019	2017-2018
Foundation	\$10,000.00	\$10,000.00	\$10,000.00
General Revenues	\$48,000.00	\$48,000.00	\$48,000.00
Tuition/Fees	\$233,050.00	\$226,263.00	\$219,673.00
Total	\$291,050.00	\$284,263.00	\$277,673.00

**Expenses**

Category	2019-2020	2018-2019	2017-2018
Core FTEs	3	3	3
Staff Salary (Excluding Benefits)	\$19,968.00	\$19,200.00	\$6,300.00
Associated Faculty Compensation (Excluding Benefits)	\$0.00	\$0.00	\$0.00
Core Faculty Salary (Excluding Benefits)	\$210,600.00	\$202,500.00	\$137,500.00
Total	\$230,568.00	\$221,700.00	\$143,800.00

  

Category	2019-2020	2018-2019	2017-2018
Equipment	\$27,000.00	\$27,000.00	\$107,000.00
Operational	\$14,500.00	\$14,500.00	\$12,100.00
Other	\$0.00	\$0.00	\$0.00
Faculty Development	\$15,000.00	\$15,000.00	\$5,500.00
Clinical Education	\$8,750.00	\$8,750.00	\$7,700.00
Total	\$65,250.00	\$65,250.00	\$132,300.00

**Faculty List - Summary**

Last Name	First Name	Credentials	Type
Brown	Suzanne	PhD, MPH, PT	Core
Gen Ed	TBD		Adjunct/Associated
Orr	Heather	PTA, BAAS	Core
Sanderson	Jennifer	PT, MS	Core

**Core Faculty Details - Brown , Suzanne****Qualifications Narrative**

Suzanne Brown, PT, MPH, PhD is a part-time core faculty member that is licensed as a Physical Therapist in Arizona. She has inactive licenses as a Physical Therapist in Nevada, Oklahoma, Missouri, and Texas which were voluntarily placed in an inactive status due to relocation. She continues to practice, on a per diem basis, as a physical therapist for outpatient and geriatric practice settings. Since 2013, she clinically practices approximately 200 to 300 hours each year. Dr. Brown has been a program director, faculty, and consultant in physical therapist and physical therapist assistant programs since 1985. She is presently concurrently employed as Interim Program Director and Adjunct Faculty in the Post Professional DPT program at University of New England along with her part-time employment with the College. She has been Interim Director since August 2017 and adjunct faculty since 2006. Her teaching evaluations consistently rate in the 4 to 5/5 level for all categories. Prior to this she served as Director and faculty at Touro University Nevada from 2006 to 2013. Her teaching responsibilities have included professional practice, research and evidence based practices, therapeutic exercise, basic skills, critical decision making, tests and measurements, and pathophysiology including pharmacology. She has provided remediation for cardiopulmonary rehabilitation and modalities. Prior to Touro University Nevada, she was Director and faculty at ATSU, from 1995 to 2006, and Langston University, from 1985 to 1992. In these positions she was responsible for curriculum design, course development, and faculty development. She has been found acceptable in teaching and student evaluation effectiveness by various CAPTE on-site teams

and CAPTE accreditation reviews over fourteen times. Dr. Brown has designed courses, lessons, and taught online since 1995. She has taken numerous formal education courses in her post-professional studies and continuing education courses related to teaching, assessment, item writing, and analysis. She has served as an item writer for PT and PTA examinations for FSBPT, Therapy Ed course review, and privately tutors graduates who have failed the NPTE. She has served as consultant to PTA programs for curriculum design to Caddo Kiowa Vocational Technical, Oklahoma, from 1992 to 1994, Northeastern Oklahoma Community College, in 1994, Carl Albert Community College, Oklahoma, in 1995, Central New Mexico Community College, New Mexico, from 2015 to 2016.

Suzanne Brown is scheduled to teach as primary instructor for PTA 2322 Administration and Management for PTA, PTA 2303 Pathophysiology, PTA 1112 Introduction to PTA in the Fall semester, and PTA 2502 PTA Seminar in the Summer semester. Mrs. Brown will continue to mentor core faculty in the areas of curriculum design, course development, distance education, and professional development.

Dr. Brown, as primary instructor for PTA 1112 Introduction to PTA, teaches all content in an online format including topics on the PT profession, role of PTA, ethical and legal standards, APTA, practice management models and practice settings, communication, teaching and learning, and documentation. Dr. Brown has taught, presented on, and written about these content areas throughout her career in Physical Therapy and PT education. She is a former member of the APTA Board of Directors, recipient of the Lucy Blair Service Award, and has held numerous offices in various APTA components. She keeps current on ethical and legal standards through her continuous teaching and membership in the APTA since 1970. She has taught communication, documentation, teaching and learning and role of PT and PTA at least twelve times since 1995 in PT MPT, DPT and tDPT programs. Dr. Brown's Master in Public Health was earned with an emphasis in health care administration, in addition, her doctoral studies at Oklahoma State University included 40 graduate credits in higher education administration to support her teaching of organization and management topics. She has kept competent in these areas through professional readings in journals and published books, attendance at presentations in these areas at national and international meetings for physical therapists. Current expertise in these areas and online teaching effectiveness are evidenced in the teaching and assessment materials supplied for PTA 1112.

Dr. Brown, as primary instructor for PTA 2303 Pathophysiology, covers topics this course to include concepts of disease, health, and disability, specific system anatomy, physiology, pathology, pain, and medical management for musculoskeletal, neurological, cardiovascular, pulmonary, integumentary, urogenital, gastrointestinal, endocrine, and immunity. Dr. Brown has taught, presented on, and written about these content areas throughout her career in Physical Therapy and PT education. She designed and developed continuing education and courses for PT and OT education in pathophysiology and medical management of disease first in 1986. She taught this content as a primary teaching area from 1986-2006, adding pharmacology online and face-to-face in 2000 -2006. She has kept competent in these areas through professional readings in journals and published books, attendance at presentations in these areas at national and international meetings for physical therapists. She has published case studies or served as the primary faculty advisor and editor for published studies since 2006 on various pathophysiology topics including shoulder testing, Ehler-Danlos syndrome, cervical pain, scoliosis, endurance, torticollis, chronic leukocytic leukemia, lymphedema, various extremity fractures, toxic epidermal necrolysis, Parsonage-Turner syndrome, and modalities. Her monthly journal reading includes RSS feeds from major medical journals in cardiopulmonary, orthopedics, and internal medicine. Married to a pharmacist, she regularly reviews professional journals from the American Pharmaceutic Association and Military Medicine. She has regularly attended sessions at APTA CSM, APTA Next, and WCPT Congresses on medical topics. Current expertise in these areas and online teaching effectiveness are evidenced in the teaching and assessment materials supplied for PTA 2303. Use of a current textbook and current online resources for this class also support currency of information.

Dr. Brown, as primary instructor for PTA 2322 Administration and Management, teaches all content in an online format including topics on the PT profession, role of PTA, ethical and legal standards, APTA, practice management models and practice settings, communication, teaching and learning, and documentation. Dr. Brown has taught, presented on, and written about these content areas throughout her career in Physical Therapy and PT education. She has been active in APTA Section on HPA since 1995 and prior to that the individual Sections for Administration and Section for Health Regulation and Legislation. She keeps current on business, management, leadership, and legal standards for healthcare and physical therapy in particular through her clinical practice, reading, and attendance at presentations. Dr. Brown's Master in Public Health was earned with an emphasis in health care administration, in addition, her doctoral studies at Oklahoma State University included 40 graduate credits in higher education administration to support her teaching of organization and management topics. She served as a Program Director for physical therapy education programs for 24 years between 1985 – 2013 and has maintained a private practice consulting business for many years. She keeps competent in these areas through professional readings in journals and published books, attendance at presentations in these areas at national and international meetings for physical therapists. Current expertise in these areas and online teaching effectiveness are evidenced in the teaching and assessment materials supplied for PTA 2322 as well as use of current textbook and supplemental reading materials.

Dr. Brown will serve as primary instructor for PTA 2502 PTA Seminar. Dr. Brown will assist and monitor online work with case discussions, portfolio development, and lifelong learning plans. Dr. Brown has presented on professional portfolio development at both APTA and WCPT conferences. She has worked with students, faculty, and clinicians in both physical therapy and nursing to develop their own portfolios. Dr. Brown has used case scenario discussions and online assignments for decision making throughout her teaching career and in her tutoring of students for FSBPT. Current expertise in these areas and online teaching effectiveness are evidenced in the teaching and assessment materials supplied for PTA 2502 as well as use of current textbook and supplemental reading materials. Please refer to CV – Brown Suzanne.

#### Documents

##### CV Resume:

[CV\\_Brown\\_Suzanne.pdf](#)

##### Faculty Scholarship:

#### Core Faculty Information

<b>Position:</b>	Other Faculty
<b>Months Appointed Per Academic Year:</b>	12
<b>FTE (for Institution):</b>	0.67
<b>FTE (for Program):</b>	0.67
<b>PT or PTA:</b>	PT
<b>Entry-Level PT/PTA Degree:</b>	Bachelors
<b>Highest Earned Degree (Not E-L PT):</b>	Doctor of Philosophy
<b>Discipline of Highest Earned Degree:</b>	Education

<b>Rank:</b>		Instructor
<b>Total Years As Faculty in Program:</b>		1
<b>Primary Area of Expertise Taught in Program:</b>		Administration/Management
<b>Secondary Area of Expertise Taught in Program:</b>		Pathology
<b>% of Time Enrolled in Degree Program:</b>		No
<b>Certified Clinical Specialist:</b>		No
<b>Teaching (%)</b>		
<b>Entry-Level Program:</b>	75	<b>Other Programs:</b> 0
<b>Service (%)</b>		
<b>Clinical Practice:</b>	0	<b>Committee Work, General Advising, Etc:</b> 0
<b>Other (%)</b>		
<b>Administrative:</b>	25	<b>Scholarship:</b> 0
<b>Enrolled in Degree Program:</b>	0	

#### Associated Faculty Details - Gen Ed , TBD

<b>Qualifications Narrative</b>
<b>CV Resume:</b>
<b>Associated Faculty Information</b>
<b>Sex:</b>
<b>Total Teaching Contact Hours Per Academic Year:</b>
<b>PT or PTA:</b>
<b>Entry-Level PT/PTA Degree:</b>
<b>Highest Earned Degree (Not E-L PT):</b>
<b>Discipline of Highest Earned Degree:</b>
<b>Total Years As Faculty:</b>
<b>Total Years As Faculty in Program:</b>
<b>Primary Area of Expertise Taught in Curriculum:</b>
<b>Secondary Area of Expertise Taught in Curriculum:</b>
<b>Enrolled in Degree Program:</b>
<b>Certified Clinical Specialist:</b>
<b>Certified Clinical Specialist:</b>

#### Core Faculty Details - Orr , Heather

<b>Qualifications Narrative</b>
<p>Heather Orr is the DCE and a core faculty member that is licensed as a Physical Therapist Assistant in the states of Texas and Arkansas. She continues to practice, on a per diem basis, as a physical therapist assistant in the acute and outpatient settings as to remain relevant and of contemporary practice. She most recently gave up her per diem work in the inpatient rehabilitation setting due to time constraints of academia. Mrs. Orr graduated from an accredited physical therapist assistant program in December 2007. She has worked full-time for six years in acute, inpatient rehab, skilled nursing, home health, pediatrics, and outpatient practice settings with populations across the lifespan. Her clinical practice has been per diem since 2014 as she began to take on more opportunities in academia. Mrs. Orr has substantial experience in higher education where she has demonstrated her effectiveness in teaching and student assessment. As a newly licensed physical therapist assistant, she volunteered for Northeast Texas Community College Physical Therapist Assistant Program during 2008 and 2009, performing skill checks and assisting in lab scenarios, until she was extended a paid position as a lab assistant from 2010 - 2016, performing lab instruction/demonstrations, skill checks, lab practicals in Data Collection, Functional Anatomy, Basic Patient Care Skills, Management of Neurologic Disorders, and presenting lectures in Pathophysiology. Mrs. Orr continued with this role when, in 2015, she obtained an adjunct faculty position teaching PTHA 2531 Management of Neurologic Disorders, for three cohorts spread over three years in length, where she wrote and presented lecture materials, learning activities, research projects, student created patient education materials, lecture exams, skill checks, and lab practicals, as well independently assessed students through assignments, presentations, written exams, skill checks, and lab practicals. Mrs. Orr continued to assist in other course labs for NTCC PTA Program, on an as needed basis, including Data Collections and Basic Patient Care Skills. Additionally, she served as an adjunct instructor for UAC OTA Program from 2014 – 2017 teaching OTA 2104 Human Movement for four cohorts spread over four years in length. She has demonstrated that she is effective in teaching and student evaluation as evidenced by her commitment to student physical therapist assistants as a clinical instructor. She has been an American Physical Therapy Association Credentialed Clinical Instructor since 2012. She understands that the CI is an essential part of the student's education. Over the years, she has refined the behaviors of a clinical instructor outlined in the APTA Credentialed Clinical Instructor Program. Heather has a clear understanding of the roles of the student, DCE, CI, and CCCE and has developed professional relationships that have allowed her to grow as a clinician and instructor. Through the years, her previous program instructors, at Northeast Texas Community College, were informally mentoring/molding and teaching her behaviors, methods of instruction, and forms of assessment. Through the years as a volunteer, CI, lab assistant, CCCE, and adjunct instructor, Mrs. Orr has developed effective learning experiences by attempting to understand the needs of her students and their learning styles. She became aware, early in her career, that not all learners retain information the same or from the same style instruction. Therefore, she understands that it is vital to provide different experiences and whenever possible, provide instruction in kinesthetic, audio, and visual routes. She learned through more recent university courses, that often adult learners have different learning styles by trial and error, troubleshooting, basing things on past experiences, and through simple observation. Mrs. Orr understands that routine observation of student skills is necessary outside exams in order to ensure enough practice time for demonstration of mastery, while remaining safe for all involved. She understands that both formal and informal student assessments are necessary and that verbal feedback is imperative for students to glean their progress. Furthermore, she understands that it is essential to document student progress in a manner that is constructive. Mrs. Orr's adjunct instruction for the OTA Program included the study of musculoskeletal anatomy, posture and</p>

movement of the human body and the analysis of movement based anatomical and mechanical principles. The laboratory portion provided hands-on experience in the study of human body function and body structures, whereas, she worked closely with students and assisted them in technical skills of palpation while providing more insight with creative, engaging activities to foster learning. For example, students were encouraged to listen and observe lecture, watch her demonstrate palpation, view a short video to reinforce palpation techniques, then allow students to return demonstrate manual palpation, and draw landmarks and muscles on partner, using different colors for origin, insertion, and the muscle fibers. Other methods of instruction include discussion, class activities, self-guided PowerPoint, audio-recorder PowerPoints, laboratory practice, and Blackboard learning management systems. Methods of student assessment included presentations, quizzes, skills checks, laboratory practicals, assignments, class activities, and written examinations. Through the experience in the OTA Program, Mrs. Orr gained a formal mentor in Tamla Heminger, OTR, who guided her in effective instructional methods, use of instructional technology, leadership methods, and formal student evaluations. Mrs. Orr's adjunct instruction for a PTA Program included an advanced course integrating previously learned materials and new skills/techniques into the comprehensive rehabilitation of selected neurological disorders. Students were encouraged to analyze the concepts and principles of comprehensive management of neurological disorders. Students were instructed to demonstrate implementation and modification of comprehensive treatment approaches. This was another environment where students benefited from the instructional methods she employs. For example, while covering spinal cord injury, students are given a project to construct an in-depth patient handout with color photographs and typed instructions of the given tasks. After the handout is developed, the students were required to teach their peers. Students were able to meet with Mrs. Orr while developing this project, so they may understand safety measures and demonstrate their understanding prior to instructing their peers. After the in-depth study, demonstration, and instruction given to peers with the handout, students were better able to retain the material. Methods of instruction and student assessment are similar utilizing lecture, self-guided PowerPoint, audio PowerPoint, presentation, demonstration, return demonstration, videos, research, mapping/diagramming, discussion, quizzes, class activities, laboratory practice, skills checks, lecture exams, laboratory practicals, and Blackboard Learning Management System. Mrs. Orr understands that it is necessary to demonstrate active listening and collaborate with students for an optimal learning experience. She knows that immediate feedback may also be vital in maintaining the safety of patients, students, and caregivers. In both adjunct roles, she utilized Blackboard LMS as an integral part of the instruction and assignment submission. She performs outcome assessments at the conclusion of each of the courses she teaches as required by the institutions.

Furthermore, her University credit courses have aided in growth as an instructor. Course AAS 1301, Prior Learning Assessment Theory & Practice, encouraged evaluation, reflection, and application of experiential learning theory. This course discussed adult learning theory/models as it pertained to self-reflection. In IS 1100, University Foundations, students examined learning, success and personal development. In courses ITED 350 Technology for Instruction, Learning, & Communication, ITED 426 Instructional Video Development, ITED 315 Introduction to Instructional Technology, and ITED 480 Management & Development of Instructional Technology, Mrs. Orr developed knowledge using instructional technology, created and presented multimedia projects, and evaluated software and online resources for professional use. She was instructed in design of instructional videos using Camtasia and Jing. Students were required to analyze, design, create and evaluate their instructional videos. Specifically, ITED 480 taught project development planning where students were able to identify learning objectives, determine appropriate technologies to meet said objectives and manage project through completion. Upon completion of said project, students were taught to perform assessment of the completed projects. The use of instructional technology has allowed new tools to be used in her classrooms and labs. AAS 390 Psychology of Work allowed her to study adult learning and development, examining and challenging behaviors. Some of the topics covered were traditional learning, self-directed learning, transformative learning, experiential learning, motivation theory, cognitive development, and critical thinking. ENG 340 Advanced Expository Writing integrated principle of experiential learning by analysis, synthesis, and evaluation of a field of study. Other courses like LEAD 305 Introduction to Leadership Concepts & Practices, AAS 490 Action Research Strategies, and SOC 314 Social Psychology allowed understanding for leadership practices relevant to contemporary organizations, comparing and contrasting different leadership approaches, development of research by data collection, and understanding the different perspectives on the relation between individuals and society. The University courses have allowed formal instruction in evaluation, critical thinking, assessment, instructional technology, and leadership that have further developed Mrs. Orr's competency and efficacy as a teacher. Mrs. Orr has continued her professional development at the higher education level completing EDU 0103 Teaching Theories and Methodology and EDU 0203 Assessment and Outcomes for Adult Learners in Fall 2017. These courses allowed her to explore and evaluate various teaching theories and methodologies while learning to generate assessments that tie to outcomes. She attended a Classroom Management course at the College in 2017; National Distance Learning Week Mini-Conference, on 11/07/17; Curriculum Development Training and Distance Education Training, on 03/30/17, and Blackboard Learning Management System Training, on 05/25/16. She attended the APTA Faculty Development Workshop in July 2017 whereas topics addressed included Culture of the Academy, PTA Educators: Keys to Promotion, Student Preparation: Developing Professional Behaviors, Benefits of Section of Education Membership, Course Design: Active Learning - Strategies for Engaging our Students, Course Design: Teacher Preparation, Course Design: Student Assessment/Evaluation, Course Design: Teaching Assessment/Evaluation, PTA Educators: Curriculum Design, Roadmap to Publication, Rubric Design, and Academic Integrity. She also attended the APTA Education Section, Education Leadership Conference in 2017 for further faculty development to address the following topics Humanities: Bringing art and evidence into PT education, Walking the Talk: Leadership and advocacy, Using evidence and benchmarks in curricula planning, Strengthening clinical reasoning and interprofessional skills during internships, and Admissions perspectives and challenges. She has continued professional development readings related to academia as follows:

#### Articles:

Rohe, D. E., Barrier, P. A., Clark, M. M., Cook, D. A., Vickers, K. S., & Decker, P. A. (2006). The Benefits of Pass-Fail Grading on Stress, Mood, and Group Cohesion in Medical Students. *Mayo Clinic Proceedings*, 81(11), 1443-1448. doi:10.4065/81.11.1443

Merzel, DrPH, MPH, Director, MPH Program, C. (n.d.). A Brief Guide to Developing Assessment Rubrics. In <http://docplayer.net/31585119-A-brief-guide-to-developing-assessment-rubrics.htm>(pp. 1-9).

#### Books:

Kasar, J., & Clark, E. N. (2000). *Developing professional behaviors*. Thorofare, NJ: Slack.

Hawkins, David (2014). *A Team-based Learning Guide for Students in Health Professional Schools*. Bloomington, IN: AuthorHouse.

#### Webinars:

Ten Tips for Designing Effective Rubrics Webinar. 15 February 2018, <https://vimeo.com/238634164> Dr. Lance Tomei [Length 57:32]

Heather Orr is scheduled to teach as primary instructor for PTA 2203 Basic Patient Care Skills, PTA 2314 Movement Science for the fall semester; PTA 2424 Clinical Practicum I and PTA 2515 Neurorehabilitation for the spring semester; PTA 2524 Clinical Practicum II and PTA 2624 Clinical Practicum III for the summer semester. She is scheduled to assist Jennifer Sanderson in PTA 2403 Data Collection.

Mrs. Orr has contemporary clinical experience in diseases across the lifespan; cardiopulmonary; multisystems trauma; orthopedic conditions; general medical conditions; and neurological diagnoses including spinal cord injury, Parkinson's disease, traumatic brain injury, cerebrovascular accident, Lewy-body dementia, Alzheimer's, vascular dementia, cerebral palsy due to her experience working in the physical therapy settings of long-term care, long-term acute, home health (including adult and pediatric), pediatric school setting, inpatient rehab, outpatient, and acute care, including progressive care, CVICU, SICU, and MICU. Mrs. Orr has demonstrated evidence of contemporary practice in pediatrics including home health and school settings from 2010 – 2012 where she served three Western Bowie County school districts providing interventions within the plan of care to a variety of diagnoses/ conditions including, but not limited to, cerebral palsy, genetic disorders, autism, Down Syndrome, ataxia, spasticity, hypotonia, CVA, and emotional disturbances. Mrs. Orr has demonstrated expertise through contemporary practice in patients with increased acuity requiring constant monitoring of blood pressure, telemetry, heart rate, respiration rate, and oxygen saturation requiring high standards of practice, modification within the plan of care, and a dynamic approach to treatment interventions in the intensive care environment. Mrs. Orr's caseloads included extensive number of patients with orthopedic conditions/procedures, spinal cord injury, traumatic brain injury, cerebrovascular accident, Guillain-Barre syndrome, multiple sclerosis, muscular dystrophy, transverse myelitis, ventilator dependent, and a high volume of post coronary artery bypass graft, valve replacements, congestive heart failure, respiratory failure, and chronic obstructive pulmonary disease. She has extensive experience with cardiopulmonary diagnoses where she provided monitoring of blood pressure, telemetry, heart rate, respiration rate, oxygen saturation, and patient response to interventions and instructed patients in energy conservation techniques, breathing strategies, cardiac precautions, and graded interventions within the plan of care. She has treated these diagnoses in each of the settings that she has been employed, providing care at varying stages and across the continuum of care. She has the unique experiences of treating a patient acutely, later while in inpatient rehab setting, as well as in outpatient setting and in a long-term care setting dealing with sub-acute and chronic conditions.

Mrs. Orr demonstrates contemporary expertise in PTA 2203 Basic Patient Care Skills and PTA 2314 Movement Science as evidenced by contemporary instruction to students as a clinical instructor in acute setting and teaching in OTA Program. She has obtained further non-credit continuing education course offered at a facility level that improve content expertise including:

Safety Matters I-Lift Program, on 05/02/2017; Principles of Patient Safety for Healthcare, on 05/02/2017; Infection Prevention and Control, on 05/02/2017; Emergency Management NIAHO, on 05/02/2017; Ebola Virus Disease, 05/02/2017; Child and Elder Abuse, on 05/01/2017; Bloodborne Pathogens, on 05/01/2017; Progressive Mobility: Mobilization of Critically Ill Patients through Early Mobilization, on 04/04/2017; Rapid Regulatory Compliance: Clinical I & II, on 04/03/2017; Fraud & Abuse, on 04/03/2017; HIPAA for General Staff, on 04/03/2017; Carbapenem-resistant Enterobacteriaceae, on 04/03/2017; Carbapenem-resistant Enterobacteriaceae, on 06/14/2016; Fraud & Abuse, on 05/27/2016; Emergency Management NIAHO Review, on 05/25/16; Language of Caring Series of 7 courses, on 04/29/16; Bloodborne Pathogens and Needlestick Prevention, on 04/29/16; Infection Prevention and Control, on 04/29/16; Language of Caring, on 05/16/16; Americans with Disabilities Act Training, on 04/28/2016; Child & Elder Abuse, on 04/28/2016; Culture of Safety; on 02/10/2016; Team Training Principles, on 02/10/16; Security & Privacy, on 12/21/2015; Emergency Management, on 06/02/15; Infection, Prevention, and Control – Clinical Staff, on 06/02/15; Patient & Family Engagement, on 06/02/15; Americans with Disabilities Act Training, on 05/17/2015; Bloodborne Pathogens and Needlestick Prevention, on 05/17/15; Child and Elder Abuse, on 05/17/2015; Age Specific Competency – Care of Adolescent Patient, on 03/31/2015; Age Specific Competency – Care of Adult Patient, on 03/31/2015; Age Specific Competency – Care of Geriatric Patient, on 03/31/2015; Age Specific Competency – Care of Pediatric Patient, on 03/31/2015; Age Specific Competency – Care of Newborn through Infancy, on 03/31/2015; Team Training Principles, on 02/13/15; Rapid Regulatory Compliance: Clinical I & II, on 10/29/2014; Emergency Preparedness, on 09/17/2014; Infection Control, on 09/16/2014; Hand Hygiene, on 09/16/2014; Developmentally Appropriate Care of the Pediatric Patient, on 09/16/2014; Developmentally Appropriate Care of the Adult Patient, on 09/16/2014; Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials, on 09/16/2014; Patient-Centered Care, on 07/23/2014; Back Safety, on 07/02/2014; Americans with Disabilities Act Training, on 03/24/2014; Bloodborne Safety: Universal Precautions, Standard Precautions, and Needlestick Prevention, on 03/24/14; Child & Elder Abuse, on 03/24/2014; Emergency Management, on 03/24/14; Infection Prevention and Control – Clinical Staff, on 03/24/14; Team Training Principles, on 03/21/14; I-LIFT Basic Team Training, on 01/06/14; and Emergency Medical Treatment & Active Labor Act, on 06/12/2013.

Mrs. Orr demonstrates content expertise in PTA 2515 Neurorehabilitation as evidenced by contemporary instruction to physical therapist assistant students teaching management of neurological conditions at Northeast Texas Community College for three cohorts. Additionally, Mrs. Orr demonstrates neurologically related diagnoses/intervention contemporary expertise as evidenced by continuing education courses:

Autoimmune Disease & Diet, on 09/08/18; Arkansas Spinal Cord Injury and Disability Conference, on 09/07/18, to include Approach to Myopathy, Encephalopathy, Neuropathy, Sepsis, Systemic Inflammatory Response Syndrome and Why the SCI Population is Susceptible; Introduction to Recreational Therapy: Promoting Health and Wellness; Legal and Medicinal Considerations for Medical Marijuana; Spinal Cord Injury: Pitfalls per Patient and Primary Care Physician Perspectives; and A Medic's Journey from Provider to Patient; Brain Injury Conference: Management and Treatment Issues, on 07/27/18, to include The Art and Science of Distinguishing Disorders of Consciousness; Mild Brain Injury; Brain Injury Lesion Site vs. Deficits; Discharge Planning for the Complex Brain Injured Patient and Family; and Explore Your Options: Technology Solutions for Communication Following Brain Injury; Multiple Sclerosis: Treatment Strategies for Allied Health Professionals, on 07/16/18; APTA Combined Sections Meeting, 2018, to include Exercise, Walking, and Cognition in Multiple Sclerosis: A Lifespan Perspective; No Fear: Treating the Stroke Patient in Neurological ICU with Confidence; Diagnosing and Treating Deficits in Propulsion to Improve Walking After Stroke; and Multiple Sclerosis in the Underserved; Parkinson's disease and Physical Therapy, on 04/04/2017; Working with Patients with Health Problems, on 01/27/2016; Psychotropic Medications in the Elderly, on 02/08/2014; Can Memory Skills Be Improved? A Holistic & Multifactorial Approach for Maximizing Memory and Cognition in Adults, on 02/08/2014; Updates in Autism: An Overview of Current Evidence & Best Practice, on 02/08/2014; Traumatic Brain Injury: Prevalence, Impairments, and Interventions, on 12/31/2013; Recognizing and Managing Cognitive Disorders in Older Adults, on 12/31/2013. She has obtained further non-credit continuing education course offered at a facility level that improves neuro content expertise including: Clinical Stroke Education –General, on 12/21/15; Age Specific Competency – Care of Adolescent Patient, on 03/31/2015; Age Specific Competency – Care of Adult Patient, on 03/31/2015; Age Specific Competency – Care of Geriatric Patient, on 03/31/2015; Age Specific Competency – Care of Pediatric Patient, on 03/31/2015; Age Specific Competency – Care of Newborn through Infancy, on 03/31/2015; Clinical Stroke Education, on 03/24/14; Developmentally Appropriate Care of the Pediatric Patient, on 09/16/2014; and Developmentally Appropriate Care of the Adult Patient, on 09/16/2014.

Mrs. Orr demonstrates contemporary expertise in clinical practicum courses (PTA 2424, PTA 2524, PTA 2624) as evidenced by service as a clinical instructor and as the CCCE to student physical therapist assistants in 2012, 2013, and 2014. Further, she has been an APTA Credentialed Clinical Instructor since 2012. Mrs. Orr has contemporary experience in clinical education as a CI, CCCE, as well as assisting in clinical site visits as a faculty member for Northeast Texas Community College PTA Program. Additionally, Mrs. Orr demonstrates clinical education contemporary expertise as evidenced by continuing education courses:

APTA Combined Sections Meeting, 2018, to include CI Development for Effective Student Participation in Collaborative Practice; Clinical Reasoning: Understanding Communication, Context, and Care; and APTA Clinical Instructor Education and Credentialing Program. Please refer to CV – Orr Heather for evidence of clinical experience and continuing education.

#### Documents

##### CV Resume:

[CV\\_Orr\\_Heather.pdf](#)

##### Faculty Scholarship:

#### Core Faculty Information

<b>Position:</b>	Clin Ed Coordinator
<b>Months Appointed Per Academic Year:</b>	12
<b>FTE (for Institution):</b>	1.33
<b>FTE (for Program):</b>	1.33
<b>PT or PTA:</b>	PTA
<b>Entry-Level PT/PTA Degree:</b>	Associates
<b>Highest Earned Degree (Not E-L PT):</b>	Bachelor's
<b>Discipline of Highest Earned Degree:</b>	Other
<b>Rank:</b>	Instructor
<b>Total Years As Faculty in Program:</b>	2
<b>Primary Area of Expertise Taught in Program:</b>	Neuromuscular
<b>Secondary Area of Expertise Taught in Program:</b>	Clinical Education
<b>% of Time Enrolled in Degree Program:</b>	No
<b>Certified Clinical Specialist:</b>	Yes

#### Teaching (%)

<b>Entry-Level Program:</b>	55	<b>Other Programs:</b>	0
-----------------------------	----	------------------------	---

#### Service (%)

<b>Clinical Practice:</b>	25	<b>Committee Work, General Advising, Etc:</b>	1
---------------------------	----	---	---

#### Other (%)

<b>Administrative:</b>	19	<b>Scholarship:</b>	0
<b>Enrolled in Degree Program:</b>	0		

#### Core Faculty Details - Sanderson , Jennifer

##### Qualifications Narrative

Jennifer Sanderson is the Program Director and a core faculty member that is licensed as a Physical Therapist in the states of Texas and Arkansas. She continues to practice, on a per diem basis, in acute and outpatient settings, as to remain current with contemporary practice techniques. She graduated from an accredited PT Program in 1996. Mrs. Sanderson has twenty-two years of experience as a physical therapist in a number of settings. Her experiences include over sixteen years in acute care where she has demonstrated clinical expertise with cardiopulmonary conditions, oncology, wound care, intensive care, multi-systems trauma, orthopedic conditions, neurologic diagnoses, spinal cord injuries, gunshot victims, and medically complex patients. While employed at Baptist Health, Mrs. Sanderson was accustomed to rotating through teams: neuro, cardiopulmonary, orthopedic, and intensive care providing additional opportunities to learn from other clinicians and expand her treatment interventions for a wide variety of diagnoses. She has over 10 years clinical experience in an outpatient setting where she has demonstrated clinical expertise in data collection treating orthopedic, neurologic, vestibular, and general medical conditions. Mrs. Sanderson is effective in manual muscle testing, orthopedic special tests, range of motion testing, anthropometric measurements, and additional assessment tools. She has approximately one and a half years of experience with pediatrics in a school-based setting, whereas, she demonstrated clinical experience with cerebral palsy, attention deficit disorders, autism, developmental delays, and emotional disturbances. Mrs. Sanderson has demonstrated effective teaching as she has consulted for Northeast Texas Tumblers as a licensed physical therapist to provide education to gymnasts for joint stabilization, stretching, strengthening, and safety techniques for joint integrity. Mrs. Sanderson has formal experience in presentations to teach clinicians and support staff while employed with Baptist Health to include: Vital Signs Monitoring for Cardiac Patients; Lumbar Spine Protocol; Getting Patients Better in Limited Visits; Body Mechanics; Indications for Referral to Physical Therapy; Documentation for Reimbursement and Managing RUG Scores for Skilled Nursing Setting; and HEP Education for Recuperative Care Associates. In addition, she has given presentations on lumbar spine stabilization and cervical and lumbar spine protocols. She has approximately seven years of teaching experience as an instructor for Basic Life Saving/Cardiopulmonary Resuscitation for American Heart Association and approximately four years as a clinical instructor to student physical therapists at Baptist Health. Mrs. Sanderson has been an adjunct instructor for one cohort of the College OTA Program in Fall 2017 for OTA 2213 Pathophysiology where she created learning experiences, lecture materials, research activities, exams and quizzes. She was a lab assistant in Spring 2018 for the OTA Program where she assisted functional mobility instruction and assessed data collection skills. Through her experience teaching in the OTA Program, Mrs. Sanderson gained a formal mentor in Tamla Heminger, OTR. She has demonstrated further that she is committed to effective teaching and student evaluation as evidenced by college credit course EDUC 2003 Introduction to Education, whereas she was instructed in motives for teaching, history and philosophy of education, ethics, legal issues, teaching effectiveness, and current trends in education. She was required to demonstrate understanding of classroom management, influences that shape her effectiveness as a teacher, the advantages and disadvantages of a teacher through interviewing instructors, the aspects of the art of teaching, and teaching as a career that goes beyond the classroom setting. She further demonstrates her commitment to effective teaching and student assessment by college coursework EDU 0103 Teaching Theories and Methodology and EDU 0203 Assessment and Outcomes for Adult Learners which explore and evaluate various teaching theories and methodologies while learning to generate assessments that tie to outcomes. Mrs. Sanderson attended a Classroom Management course at the College in 2017; National Distance Learning Week Mini-Conference, on 11/07/17; Curriculum Development Training and Distance Education Training, on 03/30/17; Blackboard Learning Management System Training, on 05/25/16; and the APTA Faculty Development Workshop in July 2017 where topics addressed included Culture of the Academy, PTA Educators: Keys to Promotion, Student Preparation: Developing Professional Behaviors, Benefits of Section of Education Membership, Course Design: Active Learning - Strategies for Engaging our Students, Course Design: Teacher Preparation, Course Design: Student Assessment/Evaluation, Course Design: Teaching Assessment/Evaluation, PTA Educators: Curriculum Design, Roadmap to Publication, Rubric Design, and Academic Integrity. She also attended the APTA Education Section, Education Leadership Conference in 2017 for further faculty development to address the following topics Humanities: Bringing art and evidence into PT education, Walking the Talk: Leadership and advocacy, Using evidence and benchmarks in curricula planning, Strengthening



clinical reasoning and interprofessional skills during internships, and Admissions perspectives and challenges. She attended APTA CSM Clinical Reasoning: Understanding Communication, Context, and Care, on 02/24/18. Further, the College has assigned the core faculty to an Institutional Curriculum Coach to ensure the highest quality instruction. She has continued professional development readings related to academia as follows:

#### Webinars:

Taking Control of Conflict: Skill for Resolving Workplace Disputes. 10 March 2018, Hrdq.com [1:00:00 length]

Increasing First Year Student Engagement, Learning and Success in Community Colleges. 14 Nov. 2015, Innovativeeducators.org. [1:35:00 length]

Teaching Ethics; A Key Role for Educators. 17 Nov. 2015, Insidehighered.com [16:52 length] The Quest for Critical Thinking 17 Nov. 2015, InsidehigherEd.com [58:00 length]

The Quest for Critical Thinking 17 Nov. 2015, InsiderhigherEd.com [58:00 length]

Richardson, Will, Personal Learning Networks: The Future of Learning. 1 Dec. 2015, Centerforlearning.org. [50:23 length]

Sousa, David, How Can Differentiation Work Without Over-burdening Teacher. 1 Dec. 2015, Centerforlearning.org. [50:30 length]

Teaching with Student Designed Inquiry Part I. 1 Dec. 2015, Centerforlearning.org. [9:00 length]

Implementing Inquiry in the Classroom Part II. 1 Dec. 2015, Centerforlearning.org. [14:19 length]

Evolving Learning for the New Digital Era. 1 Dec. 2015, InsidehigherEd.com [52:52 length]

Unlocking the Possibilities: The Latest Research Findings in ELearning. 15 Dec. 2015, InsidehigherEd.com

#### Journals:

Venglar, Mollie and Theall, Michael. "Case-Based Ethics Education in Physical Therapy." Journal of Scholarship of Teaching and Learning, vol. 7, no. 1, May 2007, pp. 64-76.

Ekmekci, Ozgur. "Promoting Collaboration in Healthcare Teams Through Interprofessional Education: A Simulation Case Study." International Journal of Higher Education, vol. 2, no. 1, Feb. 2013, pp. 78-83.

Zipp, Genevieve and Maher, Catherine. "Prevalence of Mind Mapping as a Teaching and Learning Strategy in Physical Therapy Curricula." Journal of the Scholarship of Teaching and Learning, vol. 13, no. 5, Dec. 2013, pp. 21-32.

#### Books:

Gould, B. E., VanMeter, K. C., & Hubert, R. J. (2014). *Gould's Pathophysiology for the Health Professions*. St. Louis, MO: Elsevier Saunders.

Plack, M. M., & Driscoll, M. (2017). *Teaching and Learning in Physical Therapy: From Classroom to Clinic*. Thorofare, NJ: Slack Incorporated.

Hawkins, David (2014). *A Team-based Learning Guide for Students in Health Professional Schools*. Bloomington, IN: AuthorHouse.

Additionally, she has demonstrated effectiveness as an instructor and with student assessment by her service as a clinical instructor in an acute setting for four years. During this time she developed additional learning opportunities for students affiliating with Baptist Health to include orientation of other hospital departments and procedures, opportunities to tour and learn about community resources such as prosthetic and orthotic clinics, and providing in-servicing on patient satisfaction initiatives and documentation. She understands that students learn best when feedback is given. Mrs. Sanderson has been an instructor for the American Heart Association from 1998 – 2001, then again from 2003 – 2005, and is currently teaching Basic Life Saving/Cardiopulmonary Resuscitation. This course requires Mrs. Sanderson to provide instruction, demonstration and to allow students to return demonstrate and practice skills. Students are tested in

compliance with the American Heart Association guidelines. She has also been in charge of Quality Assurance and Improvement projects where she was responsible for teaching and assessing the skill of Rehab Care Associates on the ability to take appropriate vital signs prior to treatment of patients by Physical Therapists. This was an ongoing project with periodic training and reassessment. She has additional teaching experiences in the form of community service for five different opportunities with her church and as a member of the Prevention Task Force Team at Baptist Health where she provided assessment and education on posture at a Health and Fitness Expo and on body mechanics at a State Fair Booth. While employed at Baptist Health (1998), Mrs. Sanderson created, for hospital wide policy, written protocols for modalities including cryotherapy, moist heat, interferential current, transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, ultrasound, massage, traction, whirlpool, and Hubbard tank. The policies created included application of said modality, indication, safety, parameters, precautions, and contraindications. Also, in 1998, she was tasked with redesigning diagnoses specific outpatient evaluations to reduce time required to complete and to prepare for transition to electronic documentation. In addition, she revised musculoskeletal neck and back protocols to include treatment regimens for specific pathologies and protocols to be used with common complications of orthopedic surgeries to include prolonged quadriceps weakness, prolonged swelling, and pain interfering with mobility. She also implemented and participated in several Quality Assurance and Improvement projects to include vital sign education and assessment of Rehab Care Associates as described above, as well as instituting the use of diagnosis specific standardized tools in the outpatient department and conducting audits to determine the most effective treatment strategies as correlated to diagnosis. Another QA&I project that Jennifer developed was Follow-up on Recuperative Care total joint patients to assure that the established home exercise progression was followed and education provided to patients prior to discharge.

Mrs. Sanderson is scheduled to teach as primary instructor for PTA 2205 Therapeutic Agents in the fall semester, PTA 2404 Therapeutic Exercise and PTA 2413 Rehabilitation Techniques in the spring semester, and PTA 2403 Data Collection with the assistance of Heather Orr in the spring semester.

Mrs. Sanderson demonstrates contemporary clinical experience in PTA 2205 Therapeutic Agents during employment with Wadley Regional Medical Center where she frequently incorporated the use of IFC, NMES, TENS, US, massage, paraffin, and whirlpool in both acute and outpatient settings. Further, Jennifer demonstrates content expertise in therapeutic agents as evidenced by continuing education courses:

Low Level Laser Therapy Effects on Inflammation, on 7/25/18, Efficacy of Electrical Stimulation in Managing Patients in Critical Care Units, on 02/23/18; and Show Me the Value: The Evidence Base for Biophysical Agents in Post-acute Practice, on 02/22/18.

Mrs. Sanderson demonstrates contemporary clinical experience in PTA 2404 Therapeutic Exercise and PTA 2403 Data Collection, during her employment at Wadley Regional Medical Center, where she has demonstrated interventions for neuro, cardiopulmonary, orthopedic, and intensive care for a wide variety of diagnoses. She has over 10 years clinical experience in an outpatient setting where she has demonstrated clinical expertise in data collection as evidenced by effective in manual muscle testing, orthopedic special tests, range of motion testing, anthropometric measurements, and additional assessment tools. Mrs. Sanderson demonstrates content expertise as evidenced by continuing education courses:

Application of Normal and Abnormal Exercise Physiology in the Adult Patient, on 08/24/18; and Lumbo-pelvic Examinations and Treatments, from 04/14/18 – 04/15/18;

Mrs. Sanderson demonstrates contemporary clinical experience in PTA 2413 Rehabilitation Techniques during employment with Baptist Health and Wadley Regional Medical Center. She has extensive experience in cardiopulmonary physical therapy as she worked 5 years full-time at Baptist Health in Little Rock, Arkansas which included rotations through cardiovascular intensive care, coronary intensive care, and medical intensive care where she provided cardiopulmonary treatment to include breathing techniques, energy conservation techniques, and strengthening programs including ambulation with ventilator dependent patients while providing AMBU bag ventilation monitoring vital signs to include BP, HR, respiratory rate, RPE, telemetry monitoring, and oxygen saturation. Mrs. Sanderson continued this experience most recently at Wadley Regional Medical Center for Milestone Healthcare where she worked 5 years PRN and an additional 7 years full-time. Her work experience here includes a multitude of cardiopulmonary patients, 50% or greater, to include but not limited to ventilator dependent patients, post coronary artery graft patients, valve replacements, patients with chronic obstructive pulmonary disease, congestive heart failure exacerbation, as well as respiratory failure in intensive care units as well as progressive care units providing breathing techniques, airway clearance, energy conservation, strengthening, and ambulation while monitoring vital signs and patient responses. Additionally, Mrs. Sanderson demonstrates cardiopulmonary content expertise as evidenced by continuing education courses:

Developing Exercise Programs for Individuals with Chronic Heart Disease, on 06/15/2017; and Disease Management Models for Physical Therapists: Focus on Diabetes and Cardiovascular Disease, on 6/16/2017.

Mrs. Sanderson has substantial contemporary clinical experience in wound management during her employment with Baptist Health and Wadley Regional Medical Center treating pressure ulcers, venous wounds, arterial wounds, diabetic ulcers, and other wounds including surgical I & D, trauma, and burns utilizing various interventions including autolytic debridement, enzymatic debridement, sharp debridement, mechanical debridement, pulse lavage, and whirlpool.

Additionally, Mrs. Sanderson demonstrates wound management content expertise as evidenced by continuing education courses:

Pressure Ulcers: Prevention and Treatment on 11/28/18; Part One: Wound Evaluation for the Non-Wound Care PT, on 02/22/18; Part Two: Wound Treatment for the Non-Wound Care PT, on 02/22/18; The Role of the Physical Therapist in the Management of Patients at Risk for Wounds, on 6/20/2017; Wound Management Module 3, on 2/3/2011; Wound Management Module 2, on 02/02/11; and Wound Management Module 1, on 11/29/2010. Jennifer has recently gained experience in aquatics as evidenced by continuing education courses: Aquatic Therapy, on 07/20/18; Aquatics in Rehabilitation of Orthopedic Injuries and Athletic Population, on 02/24/18.

#### Documents

CV Resume:

[CV\\_Sanderson Jennifer.pdf](#)

<b>Faculty Scholarship:</b>			
<b>Core Faculty Information</b>			
<b>Position:</b>			Director
<b>Months Appointed Per Academic Year:</b>			12
<b>FTE (for Institution):</b>			1.33
<b>FTE (for Program):</b>			1.33
<b>PT or PTA:</b>			PT
<b>Entry-Level PT/PTA Degree:</b>			Masters
<b>Highest Earned Degree (Not E-L PT):</b>			Masters (advanced)
<b>Discipline of Highest Earned Degree:</b>			Physical Therapy
<b>Rank:</b>			Other
<b>Total Years As Faculty in Program:</b>			2
<b>Primary Area of Expertise Taught in Program:</b>			Musculoskeletal
<b>Secondary Area of Expertise Taught in Program:</b>			Electrotherapy/Modalities
<b>% of Time Enrolled in Degree Program:</b>			No
<b>Certified Clinical Specialist:</b>			No
<b>Teaching (%)</b>			
<b>Entry-Level Program:</b>	35	<b>Other Programs:</b>	0
<b>Service (%)</b>			
<b>Clinical Practice:</b>	25	<b>Committee Work, General Advising, Etc:</b>	1
<b>Other (%)</b>			
<b>Administrative:</b>	39	<b>Scholarship:</b>	0
<b>Enrolled in Degree Program:</b>	0		

**Outcome Data**

**General Information**

Graduation Rate
Admission Month/Year
Students Matriculated
Expected Graduation Month/Year
150% Expected Graduation Month/Year

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

Academic Standards
Clinical Standards
Disabled/Deceased
Other

**Students Graduated**

On Time
Required 101% to 150%
Required > 150%
> 150% Still Matriculated

**Graduation Rate**

Class Year	Graduation Rate (%)
2014	0.0
2015	0.0
2016	0.0

**Class Year - 2014**

**G1.1. Cohort Graduating**

No

**Class Year - 2015**

**G1.1. Cohort Graduating**

No

**Class Year - 2016****G1.1. Cohort Graduating**

No

**Preface**

UA Cossatot's mission statement includes embracing diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training. Further, UAC's vision is to strive for results that surpass expectations in all work, including the rigor in the classrooms to the professionalism of faculty and staff. The foundation of these qualities will allow UAC to promote, foster, and develop an outstanding PTA program.

The College has long had a forward-looking reputation for 'causing things to happen' in ways that other colleges and universities would never consider. For this, the former University of Arkansas System President Dr. B. Alan Sugg calls the College "The Can-Do College".

Our Chancellor is committed to ensuring institutional funds are available to support the program and its viability. He began allocating funds toward the program in 2015 for program consideration. Anytime a program is identified as being needed to fill regional job gaps, the College begins the process of identifying space and creating a realistic budget to move the program to completion. The College ensures that program expenses are met by careful planning of tuition and fees, using institutional funds realized by cost containment measures (viability, deleting old programs, etc.) and using the UAC Foundation to provide occasional privately donated funds to fill any gaps in the institutional budget or to provide academic scholarships for the PTA program students.

According to the Bureau of Labor Statistics (BLS), 2014-2024, PTAs is projected to grow 40% which is much faster than other occupations. In addition, BLS projected salaries from \$52,000-64,000 depending on the facility hired. Said tables included in Needs Assessment.

After receiving inquiries from College stakeholders, the Division Chair of Medical Education and the Academic Council began looking at technical programs with job demand that might serve the area needs of students and employers as evidenced by employer surveys included in the Feasibility Study discussed in Standard 2B2. In addition, St. Michael's Rehab and HealthSouth in Texarkana, Texas reached out to the College for PTA due to the success of the college's Occupational Therapy Assistant Program. The Division Chair of Medical Education began by researching and identifying jobs through the Bureau of Labor Statistics showing an increase in technical professions related to health professions. There were only four PTA Programs in the State of Arkansas, therefore, the Ashdown campus was chosen to house the developing PTA Program. The closest program in the state is South Arkansas Community College in El Dorado (106 miles) and closest out of state program is Northeast Texas Community College in Mount Pleasant, Texas (73 miles).

In the early stages of research, facilities were contacted regarding a future Physical Therapist Assistant Program and gave their support for the development of this program. Facilities have been very receptive and are willing to allow students to complete clinical education experiences. Contact with clinical education sites is ongoing, contracts have been fully executed, and letters of intent signed to allow for anticipated student placements. The Program has exceeded the minimum of 150% of the cohort size for clinical placement availability. In order to ensure quality instruction, class size, and excellent clinical opportunities the College planned a class size of 16 students.

Additionally, an online survey of student interest was conducted: 79.5% of those completing the survey selected they were very interested in a PTA program, and almost 15% selected as somewhat interested in the program. When respondents were further questioned, 69.3% stated PTA was the program of choice for implementation at the College among the following choices: OTA, PTA, MediLab, or other program. When students were probed on selecting a program, 63.6% selected PTA as their first choice. The results of the survey are detailed further in the uploaded Appendix 9, in Standard 2B2. Additional responses were collected via paper survey of which have also been included in the Feasibility Study. Please see all surveys and results hereby attached as Appendices titled as Feasibility Study.

The application deadline for admission into the program is May 30th each year. Students who meet the application deadline must have all prerequisites completed at the time of the application deadline. One cohort of sixteen students will be admitted each year. Students in the Program begin in August and will graduate in August of the following year. Graduation from the program is dependent on successful completion of all course work and practicums.

Should the Program fail to receive accreditation, our institution would work diligently with students on a student-by-student basis. The Program Director would meet with each student and discuss options that best fit the student's situation. We would first inform all students that the College would file an appeal for reconsideration of the CAPTE adverse decision. Next, we would work closely with the PTA program at South Arkansas Community College in El Dorado (106 miles) to filter students to their program if possible. The Program Director would also discuss the options of transferring to another institution, changing degree plans to OTA within the same institution, or graduating with a Certificate in Health Professions or Associate in General Studies.

<b>Name</b>
<a href="#">Signature Page.pdf</a>
<a href="#">SSR Check In Form.docx</a>

**Evaluative Criteria****Standard 1:**

**The program meets graduate achievement measures and program outcomes related to its mission and goals.**

**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.**

UA Cossatot, herein after referred to as College, is an institution of higher education, and a public two-year college with three campuses located in Southwest Arkansas. The mission statement of the college is as follows: UAC embraces diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training.

The Physical Therapist Assistant Program, hereinafter referred to as Program, is located on the Ashdown, Arkansas campus and resides in the Medical Education Department. The Medical Education Department does not have a mission statement.

The Program mission statement is to prepare highly competent entry-level physical therapist assistant practitioners who can serve a diverse community and improve the quality of life with an unwavering commitment to evidence-based contemporary practice, professional and ethical behavior, and above all, compassionate care as evidence by life-long learning through continued education.

The Program mission complements the College mission as the institution promotes the learning and abilities of the diverse rural communities it serves. The College provides relevant industry training and education while fostering the diversity of the community itself. The Program provides workforce training for those who wish to serve the region as a licensed physical therapist assistant. The Program fulfills the college's mission of connecting and collaborating with the community through an advisory council to ensure the regional influence is apparent and the regional needs are being met. The Program mission statement also reflects an emphasis on training entry-level practitioners that can meet the needs of the regional community served, consistent with contemporary professional expectations.

### 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.**

Name
<a href="#">Appendix 1 Professional Behavior Assessment Tool.pdf</a>
<a href="#">Appendix 2 PTA MACS.pdf</a>

The Graduate goals are:

- Goal 1. Graduates will be clinically competent and able to serve the college region by working as entry-level physical therapist assistants under the direction and supervision of a physical therapist.
- Goal 2. Graduates will demonstrate effective oral, written, and nonverbal communication skills in a culturally competent manner with patients, caregivers and other health care providers.
- Goal 3. Graduates will exhibit effective critical thinking and problem solving skills in the clinical environment.

The Program goals are:

- Goal 4. The Program will provide a positive learning environment, as per End of Course Survey questions, and a curriculum consistent with contemporary physical therapy practice.
- Goal 5. Program faculty will model ongoing personal and professional development through life-long learning opportunities and membership in professional organizations.

The goals are congruent with the Program mission statement addressing the area of competence in evidenced-based contemporary practice through provision of a positive learning environment based on the most contemporary physical therapy practices. Ethical behavior is addressed through use of the Professional Behaviors Assessment Tool, Appendix 1, prior to clinical practicums and by assessment in the PTA MACS, Appendix 2, by clinical instructors during clinical practicums. Life-long learning is addressed by encouragement in membership of professional organizations and will continue through provision of postgraduate learning opportunities.

### 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%.**

Name
<a href="#">Appendix 3 Retention Rate Table.pdf</a>

There are no graduates at the time of the self-study for initial accreditation. The expected time frame for collecting graduate data is August 2019 and for analyzing graduate data is September 2019. Please see Retention Rate Table, Appendix 3.

**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%.**

Name
<a href="#">Appendix 4 Program Calendar.pdf</a>

There are no graduates at the time of the self-study for initial accreditation. The expected time frame for collecting and analyzing graduate data is annually each February beginning in 2020. Please see Program Calendar, Appendix 4.

**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%.**

There are no graduates at the time of the self-study for initial accreditation. The expected time frame to begin collecting employment data is August of 2020 and to analyze employment data is December of 2020. Please see Program Calendar, Appendix 4.

**1C4**

**Students demonstrate entry-level clinical performance prior to graduation.**

Students have not yet completed their last clinical experience at the time of the self-study for initial accreditation. The expected time frame to collect and analyze this data is August of 2019. Please see Program Calendar, Appendix 4. The Program ensures that students demonstrate entry-level clinical performance prior to graduation by means of clinical education grading rubrics and PTA MACS. Each clinical education experience has specific skill requirements outlined in the course syllabi and are graded by the Clinical Education Grading Rubrics which are located in the practicum syllabi. Utilizing these tools, the DCE meets with each student and clinical instructor to identify progress, lack of progress, and to collect data. The DCE maintains documentation of clinical site visit. When a student does not demonstrate entry-level in the required skills, one remediation opportunity will be made available for each clinical practicum. The DCE is responsible for identifying the goals and objectives of the remediation plan and the timeline for implementation and completion of the plan. Because of the notice that a number of facilities require prior to clinical education experiences, students may not graduate on time.

**1C5**

**The program graduates meet the expected outcomes as defined by the program.**

Name
<a href="#">Appendix 5 Program Systematic Evaluation Plan.pdf</a>

\*Note regarding approval and re-approval on the PTA MACS: If the second and/or third clinical instructor disagree with previous clinical instructor approval of competence in a skill, the skill can be challenged by the current clinical instructor and will require re-approval.

Goals related to program graduates and the related expected outcomes are outlined in the Program Systematic Evaluation Plan, Appendix 5 and are as follows:

**Goal 1. Graduates will be clinically competent and able to serve the college region by working as entry-level physical therapist assistants under the direction and supervision of a physical therapist.**

**Outcomes for Goal 1:**

100% of students will achieve a clinical instructor minimum ranking of "Meets" the level of performance compared to an entry-level PTA or higher after completion of final clinical experience on the PTA MACS Progress Report Final Evaluation of Student Performance.

100% of students will receive clinical instructor approval and/or re-approval of all skills in the Professional Behaviors, Data Collection, and Interventions sections of the PTA MACS Master List by completion of the final clinical experience.

90% of program graduates seeking employment will be employed within 1 year of graduation.

80% of responses for each question regarding the graduate performance on the Employer Survey will be rated as "Entry Level" or "Exceeds Entry Level".

100% of full-time core faculty will remain up to date with contemporary physical therapy practice through per diem clinical practice and appropriate professional development related to teaching responsibilities.

100% of PTA Program core faculty will maintain membership in the APTA.

**Process to determine achievement of outcomes:** Annual review of PTA MACS results, graduate employment rate per Post-Graduate Survey, Employer Survey results, Professional Development Plan, and annual association renewals.

**Goal 2. Graduates will demonstrate effective oral, written, and nonverbal communication skills in a culturally competent manner with patients, caregivers and other health care providers.**

**Outcomes for Goal 2:**

100% of students will demonstrate expected levels of Professional Behavior, as it relates to communication, as outlined below:

- By the end of the fall semester, students must be rated, at minimum, "Beginning Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool.
- By the end of the first block course sections in the spring semester, students must be rated, at a minimum, "Intermediate Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool.
- By the end of Practicum I, students must be rated, at minimum, as "Needs Experience" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.
- By the end of Practicum II, students must be rated, at minimum, as "Entry Level" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.
- By the end of Practicum III, students must maintain the minimum rating of "Entry Level" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.

100% of students will receive clinical instructor approval or re-approval on PTA MACS Communication Skills (Skill 3) by the end of the final clinical experience.

80% of responses for each question on the Employer Survey regarding communication and cultural competence will be rated as "Entry level" or "Exceeds entry level".

**Process to determine achievement of outcomes:** Annual review of PTA MACS results, and Employer Survey results. Semester review of Professional Behavior Assessment Tool.

**Goal 3. Graduates will exhibit effective critical thinking and problem solving skills in the clinical environment.**

**Outcomes for Goal 3:**

100% of students will demonstrate expected levels of Professional Behavior, as it relates to critical thinking and problem solving, as outlined below:

- By the end of the fall semester, students must be rated, at minimum, "Beginning Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool.
- By the end of the first block course sections in the spring semester, students must be rated, at a minimum, "Intermediate Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool.
- By the end of Practicum I, students must be rated, at minimum, as "Needs Experience" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.
- By the end of Practicum II, students must be rated, at minimum, as "Entry Level" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.
- By the end of Practicum III, students must maintain the minimum rating of "Entry Level" in 100% of the professional behaviors, skills 1-11, outlined in the PTA MACS.

100% of students will receive clinical instructor approval or re-approval on the PTA MACS Critical Thinking (Skill 6) and Problem Solving (Skill 9) by the end of the final clinical experience.

80% of responses for each question on the Employer Survey regarding critical thinking and problem solving will be rated as "Entry level" or "Exceeds entry level".

100% of students will pass the critical skills and critical safety elements portion of all lab practicals.

**Process to determine achievement of outcomes:** Annual review of PTA MACS results, and Employer Survey results. Semester review of Professional Behaviors Assessment Tool and lab practical rubrics.

There are no graduates at the time of the self-study for initial accreditation. The expected timeframe to collect graduate data is August 2019 and to analyze graduate data is September 2019.

## 1C6

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

---

Program goals and the related expected outcomes for each are also outlined in the Program Systematic Evaluation Plan, Appendix 5, and are as follows:

**Goal 4. The Program will provide a positive learning environment, as per End of Course Survey questions, and a curriculum consistent with contemporary physical therapy practice.**

### Outcomes for Goal 4:

80% of student responses for each Exit Survey question regarding the curriculum, faculty, program facilities, and equipment will be rated as "Agree" or "Strongly Agree".

80% of responses from each student End of Course Survey will be rated as "routinely" or better.

100% of core faculty will remain up to date with contemporary physical therapy practice through per diem clinical practice and appropriate professional development related to teaching assignments.

**Process to determine achievement of outcomes:** Annual review of program Exit Survey results, student End of Course Survey results, and faculty clinical practice and continuing education.

**Goal 5. Program faculty will model ongoing personal and professional development through life-long learning opportunities and membership in professional organizations.**

### Outcomes for Goal 5:

100% of PTA Program core faculty will maintain membership in the APTA.

100% of program academic faculty will participate in at least one professional development, continuing education or community activity related to their current teaching responsibilities each year.

**Process to determine achievement of outcomes:** Annual program faculty APTA membership status; and program faculty professional development.

The expected timeframe to collect data regarding End of Course Surveys is December 2018, March 2019, and May 2019. Data regarding faculty clinical practice and continuing education will be collected February 2019. Data regarding Exit Surveys will be collected August 2019. Analyzation of End of Course Survey data will be June 2019. Analyzation of data regarding faculty clinical practice and continuing education will be May 2019. Analyzation of data regarding Exit surveys will be September 2019. Please see Program Calendar, Appendix 4.

## 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
<a href="#">Appendix 6 Program Assessment Matrix.pdf</a>

The Program has a systematic and formal program assessment and data collection process to ensure continuous improvement over all aspects of the PTA Program.



The program assessment plan, the Program Systematic Evaluation Plan, Appendix 5, is comprehensive and useful in determining program effectiveness and fostering program improvement. Graduation rates, employment rates, and NPTE pass rates are assessed annually. In addition, evaluations of various aspects of the program are conducted by students, graduates, academic faculty, clinical faculty, the program advisory council, and employers of graduates. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are all included in the Program Assessment Matrix, Appendix 6, and the Program Systematic Evaluation Plan, Appendix 5.

Admissions process and criteria, enrollment reflecting available resources, faculty, and program policies and procedures are assessed utilizing the Program Systematic Evaluation Plan, Appendix 5, and the Program Assessment Matrix, Appendix 6.

The degree to which the Program has been able to analyze processes is limited to admissions at this point since the Program is only in its first semester of the first cohort. The admissions process has been analyzed in regards to the applicant's perceptions of the application process and in the number of qualified applications received. All goals were met regarding the responses of applicants on the Applicant Survey and therefore, this is seen as an area of strength. The weakness identified in this area is the failure to meet the threshold of having at least 20 qualified applicants. The Program had a total of 18 qualified applicants but attributes this to the short application period allotted following the decision to grant Candidate for Accreditation and the Program application deadline in order to begin the first cohort on schedule. The Program projects to meet this threshold in future application processes and does not feel that this goal requires modification at this time.

Some of the changes that have been made to the application criteria, based on faculty discussion and Advisory Council meeting minutes, are to allow observation hours as well as references submitted for application purposes to remain good for a 3 year term for future applications, to limited Observer Evaluation Forms to 3 and to reduce the references required to 1 reference from an employer or instructor. These decisions were made to encourage applicants who were not accepted into the Program upon initial application to reapply as well as to limit unnecessary paperwork to be processed for the application. There are no examples as of yet of assessment made of these changes as the program is still in its first semester of the first cohort. Re-assessment of admissions processes will occur in September 2019.

## 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.**

Name
<a href="#">Appendix 7 Surveys.pdf</a>
<a href="#">Appendix 8 Program Demographic Chart.pdf</a>

The admissions process, criteria, and prerequisites are reviewed annually by the Program Director with input from core faculty and the Advisory Council to ensure they appropriately support the program, and to ensure that together, they are an effective mechanism that provides the program with an adequate number of qualified applicants who are able to successfully complete the program. This review includes the number of program applicants who meet admission criteria, the program's graduation rate, responses from the Applicant Survey which asks questions regarding the admissions process, input from the Advisory Council during biannual meetings, and a question on the Exit Survey which asks graduates their perception on how well program prerequisites prepared them for the PTA program. Please see Surveys, Appendix 7, bookmarked by title.

Data collected to this point is limited to the Applicant Survey and data from the applicant pool for the 2018/2019 cohort since the Program does not yet have graduates. Data collected from the Applicant Survey revealed that the application process was "easy to understand and follow" and "fair" by exceeding the threshold of 80% with results of 96% of applicants in agreement. Therefore, the conclusion was made that no changes were needed in this area. However, Advisory Council input determined the need to outline criteria for applicants who were not admitted into this first cohort for possible future application processes. During these discussions, it was determined that the Program would allow observation hours, Observer Evaluations, and references submitted for previous applications to be good for a 3 year term. Discussions during faculty meetings also revealed a need to limit the Observer Evaluations and references required to simplify the processing of applications. Therefore, it was determined that a limit of 3 Observer Evaluations and 1 reference from an instructor or employer would be required. Data collected from the applicant pool, reported in the Program Demographics Chart, Appendix 8, revealed that the threshold of 20 or more qualified applicants was not met as the Program had only 18 qualified applicants. Discussions of faculty concluded that the applicant pool was limited for the first cohort given the limited application period allotted from the time that Candidate for Accreditation was granted and the deadline of May 30 for applications. In addition, the initial Denial for Candidate for Accreditation received by the Program before the Reconsideration process discouraged many students from continuing to work toward meeting admission criteria, and therefore, limited the application pool. Since these issues will be eliminated, it was determined that the Program expects to meet this threshold in future application periods and does not feel that this goal requires modification at this time.

No data regarding student achievement, as outlined by CAPTE or remaining expected Program outcomes, has yet been collected since the Program is still in the first semester of its first cohort.

Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Program Assessment Matrix, Appendix 6, and the Program Systematic Evaluation Plan, Appendix 5.

## 2B2

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

Name
<a href="#">Appendix 9 Feasibility Study.pdf</a>

The Program aims to support the profession and the College region by graduating an appropriate number of qualified physical therapist assistants. The Program has an annual cohort of 16 students. The Program Director annually reviews the number of program applicants meeting the admissions criteria; the program graduation rate; regional physical therapy occupational trends as reflected in Advisory Council meeting minutes; employment rates; the number and availability of clinical education sites; and program resources to assess program enrollment. This analysis allows the program, with input from the Program Advisory Council and college administration, to identify and support any changes in cohort size, in patterns of program delivery, and the continued need for the program. The program conducted a Feasibility Study, Appendix 9, to ensure there are local and regional needs for developing a PTA Program at the College. Due to this need, the College determined that a cohort of 16 students admitted per year was appropriate.

Many sources of data used to analyze program enrollment have not yet been collected as the Program has not yet assigned clinical education experiences and does not yet have graduates. However, data has been collected and analyzed regarding the number of qualified applicants and the number of available clinical education positions. The Program failed to achieve the threshold set for the number of qualified applicants as discussed in 2B1. Data regarding the number of clinical education experiences has also been collected and analyzed to reveal that the threshold of a minimum of 150% of positions being available has been exceeded with 318% positions being available for the first cohort.

No data regarding student achievement, as outlined by CAPTE or remaining expected Program outcomes, has not yet been collected since the Program is still in the first semester of its first cohort.

Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Program Assessment Matrix, Appendix 6, and the Program Systematic Evaluation Plan, Appendix 5.

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

Name
<a href="#">Appendix 10 Faculty Evaluations.pdf</a>
<a href="#">Appendix 11 Associated Faculty Evaluation Template.pdf</a>

Program faculty are assessed through multiple mechanisms. Faculty evaluations are tied to the faculty job descriptions, which contain key performance areas as per individual job description. The annual faculty evaluation has six components: a self-evaluation for further faculty development; student end of course surveys (which will be completed for every course, each semester); peer evaluations, classroom observations; the performance appraisal by the Department Chair; and the College Committee Participation Evaluation. The Department Chair uses these evaluation results for the performance appraisal of core faculty, and to ensure professional development plans are based on collected and analyzed assessment data, with a focus on faculty member and program needs. Faculty evaluations occur in the spring. The Program Exit Survey and Post-Graduate Survey also include questions regarding program faculty. Please see Faculty Evaluations, Appendix 10, bookmarked by faculty name, and Program Exit Survey and Post-Graduate Survey, Appendix 7, bookmarked by title.

The program has not hired associated faculty; however, has established the process through which associated faculty would be assessed in the event this was deemed necessary in the future. Associated faculty evaluations mirror the program faculty evaluations with minimal differences. Associated faculty are evaluated annually, in the spring, by the program director and by student End of Course Surveys, each semester, in order to identify strengths and areas that may need improvement. Associated faculty evaluations are also tied to the faculty job descriptions. The annual associated faculty evaluation has only four components: a self-evaluation, student end of course surveys, classroom observations, and a performance appraisal by the Program Director. The classroom observation occur annually, except for new associated faculty, who are observed each semester of their first year. The Department Chair uses evaluation results for the performance appraisal of associated faculty, and to ensure professional development plans are based on collected and analyzed assessment data, with a focus on associated faculty member and program needs. Please see Associated Faculty Evaluation template, Appendix 11.

Although not core or associated faculty, guest lecturers are assessed each time they perform a guest lecture by students, with the results of this student assessment shared with the guest lecturer. The student evaluation results are used to determine if a guest lecturer should be invited back in the future, and if program faculty should meet with guest lecturers to discuss learning strategies, recommendations, or appropriate developmental activities prior to returning for future guest lectures. Please refer to Surveys, Appendix 7, bookmarked by title.

Students will evaluate their clinical instructors using the Student Evaluation of Clinical Education Experiences (SECEE) located in the PTA MACS, Appendix 2. There are 9 specific criteria outlined in this assessment tool (#15-#23) that address the attributes of the clinical instructor, and there are 5 criteria that address the engagement level of the clinical instructor as it relates to supervision and constructive feedback (#24-#28). The student will share this evaluation with their CI before forwarding the assessment to the DCE, who will then discuss any concerns in CI performance with the CI and CCCE. Information from this student evaluation, as well as information gathered from the DCE during site-visits and other clinical site communication will be assessed to determine the performance of CI's, as well as, to identify the need for professional development activities for clinical faculty individually and as a whole. The DCE will also ensure all CI's meet the program's minimum requirements, follow the program's academic policies, and complete the PTA MACS assessment accurately.

Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Assessment Matrix, Appendix 6, and the Program Systematic Evaluation Plan, Appendix 5.

While processes have begun for faculty evaluations at the time of the Self-Study submission such as classroom observations and student End of Course Surveys, faculty evaluations have not been completed as they are completed in the spring institution wide and End of Course Survey results have not been disseminated to faculty. Please see Surveys, Appendix 7, bookmarked by title. The Program also has not yet used Guest Lecturers, although they are scheduled for use in the spring. Additionally, students have not yet begun clinical experiences; therefore, no data regarding clinical faculty has yet been collected.

## **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.**

---

Evaluation of program and institutional resources is an ongoing process conducted through faculty discussion during monthly faculty meetings, as a standing item, to assess the effectiveness of these resources in the achieving of the Program mission and goals. Any concerns from core faculty regarding institutional or departmental resources being insufficient is documented in faculty meeting minutes and communicated with the appropriate department/individuals to determine a potential remediation plan, which will then be added to the program's annual assessment plan, the Program Systematic Evaluation Plan, Appendix 5. An annual evaluation of resources is conducted by the Program Director by review of the results of the Applicant Surveys, Exit Surveys, Program Faculty meeting minutes and Advisory Council meeting minutes standing item to assess the following resources: staff (administrative, secretarial, and technical support); academic faculty; program equipment and facilities; library resources; students services (advising, financial aid, & counseling); departmental learning resources; and available technology. Please refer to Surveys, Appendix 7, bookmarked by title.

Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Program Assessment Matrix, Appendix 6 and the Program Systematic Evaluation Plan, Appendix 5.

Data collected regarding resources is limited to faculty meeting minutes, Advisory Council meeting minutes, annual review of program budget at the time of the Self-Study Submission. During faculty meetings, discussion revealed that the Testing Center on the Ashdown campus was not conducive to an optimal testing environment because of its set up which does not eliminate disruptions. Complaints were received from a student to a faculty member who brought this to the attention of the collective faculty. The Testing Center is currently used by the Program for distance education testing. In response, the Program Director was in communication with the Medical Education Division Chair and the Vice Chancellor for Academic Affairs. The plan to address the issue is a long-term solution to redesign the testing center on the Ashdown campus. In the meantime, students who have issue with the Ashdown Testing Center have been referred to the Testing Centers on the other two campuses which are designed to eliminate distractions. In addition, when possible, testing for distance education has been conducted on campus and proctored by Program faculty or staff. Information regarding data from Advisory Council confirms Program resources are meeting the needs of the Program at this time.

## **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.**

---

The Program Director with assistance from core faculty is responsible for ensuring that program policies and procedures, as well as institutional policies and procedures meet program needs, including analysis of the extent to which program practices adhere to policies and procedures.

Program policies and procedures are reviewed annually in July by the Vice Chancellor for Academic Affairs to ensure congruence with institutional policies and procedures. In addition to this annual review, program policies and procedures are reviewed by the Program Director at any time when a faculty member brings a concern about the impact of a current policy/procedure or a potential need for the development of a new policy/procedure.

The Program Director reviews changes to Board Approved Policies and Procedures on a monthly basis to determine the impact on the program monthly; minutes of the Board Meetings are available to all College employees. If it is determined that a policy change would negatively impact the program and hinder the program's ability to meet its goals and objectives, the concerns and possible solutions will be discussed with the Medical Education Division Chair. The Chair will take further action as warranted including forwarding the concerns through the chain of command. In addition, failure to meet student achievement measures will require changes in program policies and procedures.

Annually in September, the Program Director, along with other core faculty, reviews program policies and procedures and documents, in faculty meeting minutes, any instances in which the program did not adhere to program policies and procedures. If there are any instances, that specific policy and procedure will be reviewed to ensure it adequately meets the need of the program. Any complaints received about the program not adhering to policies and procedures will also be reviewed annually in September and as needed.

Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Program Assessment Matrix, Appendix 6, and the Program Systematic Evaluation Plan, Appendix 5.

To date, there has not been an institutional policy change reported in the Board Meeting minutes that affects policies and procedures of the program or concerns reported during faculty meetings that program policies and procedures are not being followed. Other analysis of data is not scheduled to occur per the Program Systematic Evaluation Plan until September of 2019 and December of 2020 as there will not be data to collect until these dates.

## **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
<a href="#">Appendix 12 Curriculum Assessment Matrix.pdf</a>
<a href="#">Appendix 13 Clinical Education Documents.pdf</a>
<a href="#">Appendix 14 Program Objectives and Methods of Assessment.pdf</a>
<a href="#">Appendix 7 Surveys.pdf</a>

The Program curriculum will be reviewed annually by the Program Director and other core faculty members. Please see the Curriculum Assessment Matrix, Appendix 12, which is the same document referred to as Program Systematic Evaluation Plan, Appendix 5. The instruments used for this review will include student End of Course Surveys, Exit Surveys, Post-Graduate Surveys, Employer Surveys, Professional Behaviors Assessment Tool, SECEE, course exam grades, course objectives and student learning outcomes, the program's graduation rate, FSBPT reports, and the NPTE pass rate. Please refer to Surveys, Appendix 7, bookmarked by title; Clinical Education Documents, Appendix 13, for the SECEE (also located in the PTA MACS), bookmarked by document title; and the Professional Behaviors Assessment Tool, Appendix 1.

Student End of Course surveys and course syllabi will be annually reviewed by core faculty to ensure they contain appropriate instructional methodology, teaching strategies, learning experiences, and assessment methods. The core faculty will also annually assess the skill check policy, lab practical policy, and the list of skills students must demonstrate competency in during the didactic portion of the curriculum to ensure the curriculum includes effective mechanisms to determine that students are competent and safe to progress through the curriculum and to clinical education. Evaluation of these components occurs each June through stakeholders which include students.

The Program Director and DCE will work together to assess the clinical education aspect of the program through stakeholders which include clinical instructors, students and the Program Advisory Council. This will include a review of the number, setting, variety, and availability of clinical education placements. Please refer to Clinical Education Documents, Appendix 13, for the Available Clinical Placement Table, bookmarked by document title. Clinical instructor information, DCE Effectiveness Survey, SECEE results, PTA MACS ratings, and information the DCE obtains on clinical education sites during site visits will also be used to assess the clinical education aspects of the program. Please see Surveys, Appendix 7, bookmarked by title. The Program will also ask the Program Advisory Council to review the placement, duration, and length of clinical education experiences. The clinical education component is evaluated as a whole each August.

The program will update their Program Objectives and Methods of Assessment form a minimum of every other year. Please refer to the Program Objectives and Methods of Assessment, Appendix 14.

The Program has not yet completed a curricular evaluation as it is in the first semester of the first cohort.

## 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
<a href="#">Appendix 15 Planning Document.pdf</a>

Program faculty are engaged in formal short and long term planning which serves to guide the development of the program. The short term planning process that takes into account program assessment results is identified as the Program Systematic Evaluation Plan and will be analyzed yearly. Please refer to the Program Systematic Evaluation Plan, Appendix 5. The short and long term planning process which includes changes in higher education, the health care environment, the nature of contemporary physical therapy practice, and the opportunities of faculty in the planning process is outlined in the Planning Document, Appendix 15, which identifies program short-term and long-term goals.

Short term goals set for one year related to changes in healthcare or the healthcare environment include goals pertaining to faculty membership in professional organizations, maintaining part-time clinical work, and specific CEU's to be acquired. Short term goals related to changes in higher education include faculty involvement in the Assessment Council of the institution, one core faculty attending the APTA Advanced Credentialed Clinical Instructor Course, attendance of core faculty at a UAC course on classroom management, reading and discussing the book *A Team Based Learning Guide for Students in Health Professional Schools* by David Hawkins, and mentoring of the PD by Suzanne Brown, a new part-time faculty member with years of experience as director and instructor in physical therapy education. Short term goals related to ensuring curriculum is current with contemporary PT practice include core faculty meetings with the PTA Advisory Council biannually to discuss contemporary practice techniques/interventions in our area, core faculty reading and discussing recent journal articles biannually during faculty meetings and core faculty completing CEU's in the areas identified by CAPTE as areas of concern. Short term goals to address opportunities for faculty in the program planning process include core faculty participation in monthly PTA faculty meetings and biannually in PTA Advisory Council meetings as well as including the Chair of the Medical Education Division to the December faculty meeting. In addition, all core faculty will participate in the completion and analysis of the Systematic Evaluation Plan that sets specific program goals based on assessment results. Finally, short term goals set for 3 years related to future development of the program includes a goal to allocate space to be utilized for an on campus rehab center.

Long term goals set for 3-5 years related to changes in healthcare or the healthcare environment include goals for core faculty to attend professional development related to specific teaching assignments and CSM yearly as well as for one faculty member to apply to become a FSBPT volunteer item writer. Long term goals

related to changes in higher education include goals for one core faculty to become a trainer for APTA CI Credentialing and for all core faculty to complete professional development in online teaching. Long term goals related to contemporary PT practice include core faculty continuing in part-time clinical practice; attending CSM yearly; and updating the course objectives, learning experiences, and methods of assessment at least every other year as outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Long term goals that provide opportunity for faculty in the program planning process include annual review of the Program Systematic Evaluation Plan, Appendix 5, regarding survey data and completion of a SWOT analysis in order to update the planning document. The Planning Document will be analyzed yearly in September to determine progress toward and revision of goals as needed. Please refer the Planning Document, Appendix 15. Finally, the long term goal for 5-7 years related to future development of the program includes the goal to operate a physical therapy clinic on campus for indigent community members.

**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.**

Name
<a href="#">Appendix 16 Institutional Accreditation.pdf</a>
<a href="#">Appendix 17 Institutional Accreditation Program Approval.pdf</a>
<a href="#">Appendix 18 Institutional State Authorization.pdf</a>
<a href="#">Appendix 19 SARA Agreement.pdf</a>

The College has authority to operate as an institution of higher education granted by the Arkansas Department of Higher Education, herein after referred to as ADHE, since 1998. ADHE has given the College approval to offer the degree of Associate of Applied Science in Physical Therapist Assistant approved on April 22, 2016. UAC is the degree-granting institution and is not in collaboration with another institution to award degrees. The College is authorized to provide clinical educational experiences in other states. Please see Institutional Accreditation, Appendix 16; Institutional Accreditation Program Approval, Appendix 17; Institutional State Authorization, Appendix 18 and SARA Agreement, Appendix 19.

**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).**

The College is accredited by the Higher Learning Commission of The North Central Association of Colleges and Schools. Accreditation was initially granted May 1, 1998 and most recently reaffirmed on February 26, 2013. The College has full accreditation status. Please see Institutional Accreditation, Appendix 16; and Institutional Accreditation Program Approval, Appendix 17.

**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
<a href="#">Appendix 20 Organizational Chart.pdf</a>
<a href="#">Appendix 21 Program Student Handbook(2).pdf</a>
<a href="#">Appendix 22 Clinical Education Handbook.pdf</a>
<a href="#">Appendix 23 Policy Location Chart.pdf</a>
<a href="#">Appendix 24 Handbook Institution Faculty.pdf</a>
<a href="#">Appendix 25 Handbook Program Faculty.pdf</a>

The College has been supportive of the unique policies, procedures and practices of Medical Education programs. The Program is housed under the Division of Medical Education which reports to the Vice-Chancellor for Academic Affairs. Please refer to the Organizational Chart, Appendix 20, which indicates the location of the Program within the Institutional structure. The College supports the professional judgement of the core faculty regarding academic regulations by allowing faculty to make decisions based on contemporary knowledge as well as accreditation standards. Suggested changes and adjustments are presented to the Advisory Council and/or Division Chair when necessary for final approval. The Program Director and core faculty are responsible for establishing professional behavior expectations of students. These are aligned with institutional policies regarding plagiarism, attendance and financial obligations. However, medical education students are held to specific standards for professional behaviors as required for developing clinical competence. Policies to satisfy these requirements are established by the Program Director and core faculty to satisfy program needs. This is evidenced by the program policies and procedures that are found in the Program Student Handbook, Appendix 21, on page 49, and the Clinical Education Handbook, Appendix 22, on page 27.

Full-time faculty at the College is responsible for approximately 18 credit hours per semester. College/program faculty roles and workload expectations are applied to the Program but take into consideration administrative responsibilities, instructional duties, clinical hours, and other responsibilities. Course instruction varies slightly by semester but the core faculty teaches no more than an average of nine credit hours in the fall and spring semesters. This teaching load and release time allows the Program Director to complete her administrative duties to include assessment activities and development of the self-study report as well as to participate in one institutional committee as is required by the institution. Likewise, this teaching load allows the DCE to complete the DCE duties to include clinical site visits, development of new contracts, and development of educational/reference materials for clinical instructors, clinical assessment activities, as well as participation in one institutional committee. In addition, core faculty are provided 25% release time for clinical practice to maintain contemporary clinical expertise. Determination

of workload per institution policy and for consistency with other medical education programs includes one credit hour for one contact hour of theory, and one credit hour for two contact hours of lab, and one credit hour for each 40-50 contact hours of clinical education courses. Please see refer to Policy Location Chart, Appendix 23, and Handbook Institution Faculty, Appendix 24, for policies and procedures related to academic standards, faculty roles, and faculty workload. Please also refer to Handbook Program Faculty, Appendix 25.

This workload allows for each full-time core faculty member to participate in one institutional committee as required by the College. In addition, the College recognizes that expertise in contemporary practice is vital in maintaining the clinical skills required for licensure as well as the ability to develop and provide instruction that relates to contemporary practice. Therefore, the College provides for all full-time faculty to be provided one educational day per semester for professional development activities.

The core faculty determine, based on course content/complexity and student needs, when class or lab student/faculty ratios need to be modified to facilitate student success. Due to the complexity of course content for PTA 2403 Data Collection and PTA 2515 Neurorehabilitation, teaching responsibilities and workload are shared among two faculty for each of these courses. Additional instructional resources such as tutors and guest lecturers are utilized as needed to maintain the planned workloads for the three core faculty members and allow for a variety of teaching methodologies.

The College recognizes the unique needs of physical therapist assistant education. An Academic Advisor/Administrative Assistant has been hired to assist both the OTA and PTA programs on the Ashdown campus in completing clerical duties, processing and assisting with contracts and advising of students. The Program Director provides oversight for the admission process with the assistance of the DCE, Academic Advisor for Medical Education, and the Academic Advisor/Administrative Assistant for the Ashdown medical programs. The Academic Advisor/ Administrative Assistant has the primary responsibility for advisement of Program students prior to and during the application process. The Academic Advisor/ Administrative Assistant coordinates the application process and assist the Program Director with ongoing program student advisement in the areas of course registration/enrollment and maintenance of student records.

### 3D

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

Name
<a href="#">Appendix 26 Catalog Undergraduate.pdf</a>

The College's Equal Opportunity and Discrimination statement for employees is "Cossatot Community of the University of Arkansas is an Equal Opportunity, Affirmative Action Employer and does not discriminate against any applicant for employment because of race, color, national origin, gender, age, disability, or veteran status. Applications from qualified women and ethnic minority group members are strongly encouraged" and is found on the College website by clicking "About UA Cossatot" and then under "Employment Opportunities".

The College's statement of non-discrimination for prospective and enrolled students states "UA Cossatot is committed to providing an environment that emphasizes the dignity and worth of every member of its community and that is free from harassment and discrimination based upon race color, religion, national origin, service in the uniformed services (as defined in state and federal law), veteran status, sex, age, pregnancy, physical or mental disability or genetic information, Such an environment is necessary to a healthy learning, working and living atmosphere. Accordingly, all acts of discrimination, harassment, retaliation and sexual misconduct are strictly prohibited" and is found on the College website by clicking "Go to College", then selecting "Course Catalog", then "General Information", and finally "Discrimination, Harassment, Retaliation, and Sexual Misconduct". This information can also be found in the Catalog Undergraduate, Appendix 26, page 43.

Policies and Procedures related to equal opportunity and non-discrimination for faculty, staff and prospective/enrolled students are outlined in the Policy Location Chart, Appendix 23, and Handbook Institution Faculty, Appendix 24, page 24. The Program does not have differing policies regarding equal opportunity and non-discrimination from the College; Program faculty policies are outlined in the Handbook Program Faculty, Appendix 25.

### 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.**

Policies affecting the rights, responsibilities, safety, privacy and dignity of program faculty and staff are published in the Handbook Institution Faculty, Appendix, 24. These policies are disseminated via printed publication as well as provided on the institution website by clicking "About UA Cossatot", then "Policies", and then "College Policy Manual".

In effort to assure that these policies are applied equitably, the Vice Chancellor for Academic Affairs is consistently the person responsible for investigating and responding to all grievances. The Vice Chancellor for Academic Affairs follows the grievance procedures for all formal complaints no matter the parties involved, whether student, employee or stakeholder. When potential legal implications exist, she consults College legal counsel. Due to our very small community and confidentiality policies, it is difficult for the Program to provide a specific example of how policies are applied equitably. The Vice Chancellor of Academic Affairs is available to provide more detailed examples.

Policies and procedures related to the rights, responsibilities, safety, privacy and dignity of program faculty and staff are outlined in the Policy Location Chart, Appendix 23. The Program does not have policies and procedures regarding rights, responsibilities, safety, privacy and dignity of program faculty that differ from the College; Handbook Program Faculty, Appendix 25. In addition, these policies in relation to prospective and enrolled students of the program also do not differ from the institution policies; please refer to Program Student Handbook, Appendix 21.

### 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.**

---

Institutional and program policies and procedures that address handling of complaints that fall outside due process are addressed according to the non-grade appeal policies which are published in the Program Student Handbook, Appendix 21, page 72, as well as the Catalog Undergraduate, Appendix 26, page 43. The policy related to program complaints indicates that prospective students, enrolled students, college employees, clinical education sites, employers of graduates and the general public have the opportunity to formally raise concerns or grieve actions taken by any employee of the college or a student enrolled at the college at the time of the occurrence by accessing the Program webpage. Complaints regarding the Program should be made to the Program Director. Complaints that are unable to be resolved at the Program Director level or complaints regarding the Program Director should be forwarded to the Medical Education Division Chair. If the complaint cannot be resolved with the Medical Education Division Chair, a formal grievance may be submitted. If a concern arises that falls outside of due process, the same formal grievance procedure shall be utilized.

If a formal grievance is submitted, the following steps should be used in any formal complaint or grievance: You must present your complaint in typed form within five (5) working days of the alleged incident to the Vice Chancellor for Academic Affairs; including the specific grievance/complaint and specific remedies sought. The Vice Chancellor has five (5) business days in which to investigate and respond in written form. If not satisfied, the student may appeal within five (5) business days to the Vice Chancellor for Academic Affairs who will submit the appeal to the Student Appeals Committee who must respond in written form within five (5) business days. If unsatisfied with this result, an appeal may be submitted within five business days to the Chancellor, who will hear the complaint and render a decision within ten business days.

Retaliation is strictly prohibited when any person, including the general public, is filing a grievance. This is clearly stated on the College website by selecting "Programs of Study", then "Medical Education", then selecting the "Physical Therapist Assistant" tab, and then by scrolling to the bottom and selecting "Complaints". Interpreters, readers, note-takers, etc., may be requested to assist in the appeals process. The student should continue required coursework during this process. Any penalties normally assessed during a student's absence will also be applied during the appeals process. This includes but is not limited to: missed absences, tardiness, late exam penalties, etc.

Records of complaints related to the Program are maintained by the Program Director electronically in a confidential file on the learning management system that is only accessible by the Program Director. Any complaints about the Program Director are maintained by the Division Chair of Medical Education.

### **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:

- 1) Prospective PTA students must first complete all admission requirements to the institution. In addition, admission to the Program requires completion of all prerequisite general education core courses, an online application process with application due by May 30th of each year and new program students starting August of each year. The Program admissions procedure is based on a point system using the following criteria:

PTA prerequisite GPA	30%
Anatomy & Physiology GPA	20%
Reference Forms	10%
Observation Hours	10%
TEAS V exam score	5%

Upon calculation of the above points, the highest ranking applicants are selected for an interview. Applicants are notified if an interview has or has not been granted. The interview accounts for the remaining point value available:

Interview score	25%
-----------------	-----

After scores are calculated, the top 16 applicants are notified of their acceptance to the Program. However, applicants must opt to accept the offer if they wish to enroll. Up to five alternates are chosen according to the next ranking scores in the event an applicant is unable to enroll. Applicants that are not selected are notified of such and advised in the re-application process.

These stringent admission policies are in place for the Program because of the high demand typical for such technical programs and due to limited space available. These policies are in place to provide for admission of students most likely to succeed in the program.

Core Faculty, with the assistance of Medical Education support personnel, are responsible for reviewing student application materials, scoring submitted materials, notifying students of interview offerings and scheduling interviews. The interview committee is chosen by the core faculty and is comprised of core faculty, Advisory Council Members and other licensed physical therapy professionals in the area. The interview committee is not provided with any applicant data to maintain confidentiality as well as insure the process is fair and equitable.

2) Grading policies as follows:

90-100=A

80-89=B

76-79=C

70-75=D (failing)

69 or below=F

All Medical Education programs at the College follow a more stringent grading scale in order to facilitate successful academic and clinical skills as well as meet national board exam requirements and entry level practice. The grading scale differs in that all grades considered passing must be a 76 or higher for all Medical Education courses.

- 3) Policies for progression through the program consist of minimum attendance and academic performance. A regular class day is up to 8 hours, Monday- Friday and clinical days will be 8-12 hours each dependent on the demands of the clinical facility. A strict attendance policy is in effect for classwork and clinical affiliations in which students are only allowed to miss a maximum of 40 hours total from the total hours of the program, only 8 of which can be clinical hours. In addition, all clinical hours missed must be made up. Students are also required to average 76% on lecture exams as well as pass each lab practical with a minimum of 76% in all didactic courses. Students must also pass each clinical practicum with a 76% or higher to progress and complete the program. All program courses function as prerequisites to the next semester of required courses, failure to successfully complete any of these courses will prohibit the student from continuing in the program and the student will be administratively withdrawn.
- 4) The College does not have specific policies related to clinical education with the exception of ratios for credit and contact hours. The Program has developed policies specific to PTA clinical education located in the Clinical Education Handbook, Appendix 22. These policies include the establishment of clinical sites, assignment of students to clinical sites and policies delineating learning objectives.

Program policies and procedures are established with regard to existing College Medical Education Division policies and procedures and the requirements for accreditation by CAPTE. When policies and procedures differ from institution procedures, they are first submitted to the Medical Education Division Chair, then to the Vice Chancellor of Academic Affairs and when warranted, reviewed by College legal counsel.

**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.**

The Program Director is responsible for maintaining compliance with accreditation policies and procedures.

**3H1**

The Program Director is responsible for maintenance of accurate information that is easily accessible to the public, on the Program website regarding accreditation status and current student achievement measures as stated in the Program Student Handbook, Appendix 21, page 6; the Handbook Program Faculty, Appendix 25, page 10. This information has been maintained per CAPTE guidelines. Initially, the Program website reported the appropriate statement per CAPTE guidelines regarding seeking Candidate for Accreditation Status. The website was updated to reflect a Denial of Candidate for Accreditation statement upon CAPTE notification of denial. This website was again updated in July of 2018 with the Grant Candidate for Accreditation Statement. The Program website was also updated



in October of 2018 to report program acceptance and matriculation rates. There are currently no student achievement measures to report as the Program is still in the initial accreditation process with admission of the first cohort and no graduates as of yet.

### 3H2

The Program Director has submitted timely fees for the initial AFC, the Reconsideration and most recently the Initial Accreditation Process. In addition, the Program Director has submitted all required documentation regarding the above processes in a timely manner. There is currently no data regarding graduation rates, performance on state licensure examinations or employment rates as the Program is still in the process for initial accreditation with the admission of the first cohort and no graduates as of yet.

### 3H3

The Program Director is responsible for following policies and procedures of CAPTE as outlined by the CAPTE Rules of Practice and Procedure and assures this is done by regularly reviewing changes to the Rules of Practice and Procedure. For example, after receiving a Denial of Candidate for Accreditation, the Program Director reviewed the Rules of Practice and Procedure. The rules and procedures were followed by providing the CAPTE statement regarding the denial on the Program website and mailing letters to prospective students regarding the decision as well as the institution's plan to appeal the decision. The Program Director also reviewed processes and subsequently filed for appeal including submitting the appropriate documents, fees and following the required procedures. The decision was ultimately made to reverse the original decision and grant Candidate for Accreditation status. The Program Director then, changed the statement on the Program website and began to accept applications for admission for the first cohort per CAPTE Rules of Practice and Procedure.

### 3H4

The Program Director is responsible for timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education. There have been no such changes since the initial granting of Candidate for Accreditation.

### 3H5

The Program Director will be responsible for coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance. No such action has been required as of yet as the Program is still in the initial accreditation Process.

Policies and procedures related to maintaining compliance with accreditation policies and procedures are outlined in the Policy Location Chart, Appendix 23.

#### **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.**

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

##### **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.**

Jennifer Sanderson has 14 years of full-time, post-licensure clinical experience as a Physical Therapist. Heather Orr has 6 years of full-time, post licensure clinical experience as a Physical Therapist Assistant. Suzanne Brown has 16 years of full-time, post licensure clinical experience as a Physical Therapist.

##### **4C**

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

Institutional duties for full-time faculty include membership on one institutional committee and attendance of monthly staff/faculty meetings. Jennifer Sanderson and Heather Orr, the two full-time core faculty of the Program, currently participate on the Assessment Council which serves to assure that the College is performing assessment activities as required to maintain institutional accreditation. Both full-time faculty also attend monthly faculty/staff meetings as well as other mandatory faculty meetings as they arise. In addition, Jennifer Sanderson has been called by the Vice Chancellor for Academic Affairs to serve on a newly developed Faculty Council that serves to promote faculty participation in shared governance of the College. The Faculty Council meets as faculty concerns arise and are submitted to the Council for review. Please refer to each faculty CV for additional service experience.

##### **4D**

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

The Program does not currently employ any associated faculty; however, in the future if the Program employs associated faculty, the Program will ensure that each associated faculty has contemporary expertise in assigned teaching areas and has demonstrated effectiveness in teaching and student evaluation.

**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**

[Appendix 27 Student Learning Outcomes.pdf](#)

[Appendix 28 Classroom Observations.pdf](#)

Program faculty, like all College faculty, participate in annual employee evaluations. Faculty evaluations are tied to the faculty job descriptions found in Handbook Program Faculty, Appendix 25. The annual faculty evaluation has five components: a self-evaluation for further faculty development, student generated course evaluations, peer classroom observations, the performance appraisal by the Department Chair and the College Committee Participation Evaluation. To complete evaluations, faculty members must list three to five professional development opportunities for the coming year. These items can include training, conferences, community service events, or other avenues to improve faculty knowledge, instructional competencies and in turn must benefit the needs of the Program. Faculty members are also observed annually (new faculty are observed each semester of the first year) by a peer or supervisor. The peer observation, student course evaluations, and the College Committee Participation Evaluation are considered by the Department Chair for the performance appraisal. The faculty strengths, weaknesses, and suggestions for improvement are discussed. Based on the appraisal, the Department Chair evaluates the faculty development plans and determines which of the plans are the most appropriate for the long-term success of the faculty, the Program, and the College. Salary increases are based on satisfactory performance evaluations identified in the Handbook Institution Faculty, Appendix 24, on page 58. Policies and procedures related to the rights, responsibilities, safety, privacy and dignity of program, faculty and staff can be found in the Policy Location Chart, Appendix 23. Program faculty are expected to abide by within program policies found in the Program Student Handbook, Appendix 21.

Jennifer Sanderson's overall faculty evaluation rating indicated that she exceeds standards in all aspects of the evaluation components. Her professional development plan has been linked to the faculty assessment in compliance with institutional policies to identify areas of development and expected outcomes. Mrs. Sanderson's professional development plan identifies that she will increase content knowledge/skills and education, maintain related physical therapy work experience, and gain additional knowledge in admin procedures in regards to education. Please refer to Faculty Evaluation, Appendix 10, bookmarked by faculty name. For example, Mrs. Sanderson has completed continuing education in the areas identified in her faculty evaluation plan in order to improve contemporary expertise in these areas. Continuing education hours completed for content expertise in aquatics include: Aquatic Therapy and Aquatics in Rehabilitation of Orthopedic Injuries and Athletic Population. Continuing education hours completed for content expertise in cardiopulmonary include: Application of Normal and Abnormal Exercise Physiology in the Adult Patient. Continuing education hours completed for content expertise in wound care include: Wound Treatment for the Non-Wound Care PT, Parts One and Two and Pressure Ulcers: Prevention and Treatment. Mrs. Sanderson has further demonstrated her effectiveness in teaching and students assessment as evidenced by Student Learning Outcomes, Appendix 27; and Classroom Observations, Appendix 28, each bookmarked by faculty name.

Heather Orr's overall faculty evaluation rating indicating that she exceeds standards in all aspects of the evaluation components. Her professional development plan has been linked to the faculty assessment in compliance with institutional policies to identify areas of development and expected outcomes. Mrs. Orr's professional development plan identifies that she will increase content knowledge/skills, maintain related physical therapy work experience, and study in appropriate higher education environment. Please refer to Faculty Evaluation, Appendix 10, bookmarked by faculty name. For example, Mrs. Orr has completed continuing education in the areas identified in her faculty evaluation plan in order to improve contemporary expertise. Heather's continuing education hours completed for content expertise in spinal cord injury include: Approach to Myopathy, Encephalopathy, Neuropathy, Sepsis, Systemic Inflammatory Response Syndrome and Why the SCI Population is Susceptible, Introduction to Recreational Therapy: Promoting Health and Wellness, Legal and Medicinal Considerations for Medical Marijuana, Spinal Cord Injury: Pitfalls per Patient and Primary Care Physician Perspectives, A Medic's Journey from Provider to Patient at the Arkansas Spinal Cord Injury and Disability Conference; The Art and Science of Distinguishing Disorders of Consciousness, Mild Brain Injury, Brain Injury Lesion Site vs. Deficits, Discharge Planning for the Complex Brain Injured Patient and Family, Explore Your Options: Technology Solutions for Communication Following Brain Injury at the Brain Injury Conference: Management and Treatment Issues. Mrs. Orr has further demonstrated her effectiveness in teaching and students assessment as evidenced by Student Learning Outcomes, Appendix 27 ; and Classroom Observations, Appendix 28; both which are bookmarked by faculty name.

Suzanne Brown is in her first semester of teaching at the College and has not yet undergone a formal evaluation as these are performed in the spring institution wide. Mrs. Brown will have a faculty performance evaluation completed in February 2019 and results will be made available to site reviewers at that time.

**4F**

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

The program has not hired associated faculty; however, has established the process through which associated faculty would be assessed in the event this was deemed necessary in the future. Associated faculty evaluations mirror the program faculty evaluations with minimal differences. Associated faculty are evaluated annually, in the spring, by the program director and by student End of Course Surveys, each semester, in order to identify strengths and areas that may need improvement. Associated faculty evaluations are also tied to the faculty job descriptions, found in the Handbook Program Faculty, Appendix 25. The annual associated faculty evaluation has four components: a self-evaluation, student end of course surveys, classroom observations, and a performance appraisal by the Program Director. The classroom observation occur annually, except for new associated faculty, who are observed each semester of their first year. The Department Chair uses evaluation results for the performance appraisal of associated faculty, and to ensure professional development plans are based on collected and analyzed assessment data, with a focus on associated faculty member and program needs. Please see Associated Faculty Evaluation template, Appendix 11. Salary increases and continued employment are based on satisfactory performance evaluations identified in the Handbook Institution Faculty, Appendix 25, on page 58. Policies and procedures related to the rights, responsibilities, safety, privacy and dignity of program, faculty and staff can be found in the Policy Location Chart, Appendix 24. Program adjunct faculty are expected to abide by within program policies found in the Program Student Handbook, Appendix 21.

Although not core or associated faculty, guest lecturers are assessed each time they perform a guest lecture by students, with the results of this student assessment shared with the guest lecturer. The student evaluation results are used to determine if a guest lecturer should be invited back in the future, and if

program faculty should meet with guest lecturers to discuss learning strategies, recommendations, or appropriate developmental activities prior to returning for future guest lectures. Please refer to Surveys, Appendix 7, bookmarked by title.

#### 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.]

The Program Director, Jennifer Sanderson, PT, holds a master's degree in Physical Therapy and is currently licensed in Arkansas and Texas. Mrs. Sanderson has over 22 years of experience as a physical therapist with 14 years of full-time, post-secondary clinical experience.

Mrs. Sanderson's most recent didactic teaching experience includes teaching PTA 2205 Therapeutic Agents in fall of 2018 where she was the primary instructor responsible for development of all teaching materials, course objectives, learning activities, skill checks, examinations and lab practical examinations. In fall of 2017, Mrs. Sanderson taught in the Occupational Therapy Assistant where she was the primary instructor for OTA 2213 Pathophysiology and assisted in the lab portion of OTA 2203 Therapeutic Interventions, providing instruction and performing student evaluations including assessment of skill performances with check-offs and lab practical examinations. In addition, Mrs. Sanderson has 4 years of experience in clinical education where she participated as a clinical instructor at Baptist Health in Little Rock, Arkansas assessing student physical therapist by use of the PT MACS and 7 years of experience providing didactic and experiential instruction to diverse community groups as an instructor for the American Heart Association from 1998-2005 teaching Basic Life Saving/Cardiopulmonary Resuscitation.

Mrs. Sanderson's experience in administration management includes a position as Program Director of the PTA Program at UAC from October of 2015 until December 2016 and currently since August 2017. During this time, Mrs. Sanderson has been responsible for partial development of the AFC submitted in 2017, completely responsible for the Reconsideration submission in 2018 that ultimately resulted in the granting of Candidacy for Accreditation Status and the development of this Self Study Report. Mrs. Sanderson has been instrumental in the development and execution of policies and procedures established for the program. She has negotiated for and been responsible for budgeting for the program and payroll for program staff and faculty. She has hired core faculty, tutors/lab assistants and secured MOU's with guest lecturers and facilities for educational experiences. She has been responsible for budgeting for and purchasing of equipment for use in the education of the Program. She has held regular monthly faculty meetings maintaining minutes in electronic files. Mrs. Sanderson oversaw the admissions process for the first cohort, calculating scores, organizing the interview process and ultimately extending offers for enrollment in the first cohort of the Program. Following enrollment, she organized orientation activities and purchasing of textbooks and tablets for use in the Program. During the Program, Mrs. Sanderson has continued in her administrative duties which now also include handling student concerns and discipline issues as they arise and maintaining confidential files of all interactions. Mrs. Sanderson has demonstrated consistency in applying all policies equitably in all her relations with both students and faculty. Mrs. Sanderson's prior administrative experience in a clinical setting provided a sound foundation of administrative and management activities. She served in a leadership role in quality assurance and quality improvement projects and was responsible for teaching and assessing competency of support personnel on clinical job skills. In addition, Mrs. Sanderson has been provided with excellent mentorship for administrative duties through the assistance of Kim Dickerson, Medical Education Division Chair and Suzanne Brown, part-time faculty member with extensive experience in physical therapy education administration.

Mrs. Sanderson completed nine academic credits of coursework in educational foundations including EDUC 2003 Introduction to Education, EDU 0103 Teaching Theories and Methodologies, and EDU 0203 Assessment and Outcomes for Adult Learners. In addition, she has experience in educational theory and methodology, instructional design, student evaluation and outcome assessment through her experience as the primary instructor for OTA 2213 and PTA 2205 as well as the mentoring that she has received from Tamla Heminger, OTA Program Director and Suzanne Brown, PTA faculty with 30 years of experience in physical therapy education.

#### 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.**

Mrs. Sanderson provides exceptional leadership for the Program including responsibility for communication, program assessment and planning, fiscal management and faculty evaluation. Mrs. Sanderson provides effective communication with all faculty as well as other individuals and departments involved with the Program. Mrs. Sanderson consistently utilizes face to face, phone conversations and email to communicate with all faculty. In addition, she holds monthly faculty meetings and biannual Advisory Council Meetings to maintain communication. Mrs. Sanderson utilizes face to face communication when possible but primarily email to maintain communication with other individuals or departments as necessary as this is the primary means of communication for the College which is housed on three different campuses. Frequent communication is conducted with building maintenance, the IT department, Medical Education Division Chair, the Medical Education Administrative Assistant, the Medical Education Academic Advisor, the Program Administrative Assistant/Adviser, the Distance Education Director, the Testing Center, the Educational Resource Center, the business office, and the Vice Chancellor of Academic Affairs. Mrs. Sanderson effectively communicates with college administration as it relates to travel, continuing education, purchasing, budgeting, staffing and CAPTE standards and expectations. She communicates with the Vice Chancellor for Academic Affairs to review congruence of program and institutional policies.

Mrs. Sanderson is ultimately responsible for all program assessment and planning. Mrs. Sanderson developed the Program Systematic Evaluation Plan, Appendix 5 with the assistance of the DCE, to establish all goals and outcomes for the program as well as methods of assessment, timelines of assessment and responses. In addition, Mrs. Sanderson developed the program calendar which outlines when assessments take place and who is responsible so that these processes are maintained throughout the year. Mrs. Sanderson demonstrates the ability to facilitate change as she has completed assessment of the admissions process and made changes as needed with input from other core faculty and the Advisory Council to include the number of Observer Evaluation Forms and references to be

submitted as well as the number of years in which those forms and observation hours would be honored. She continues to assess curriculum and faculty as the program progresses and the timeline indicates.

Mrs. Sanderson is responsible and effective with fiscal planning and allocation of resources including long-term planning for the Program. Mrs. Sanderson attends institutional meetings that determine budget allocations for the fiscal year for the institution to advocate for the needs of the Program. Mrs. Sanderson has also effectively managed the current fiscal budget providing for purchase of supplies necessary to complete educational activities as well as provide for continuing education and professional development for contemporary clinical expertise. She also monitors the budget to provide for payment of guest lecturers and tutors as necessary to supplement educational experiences. Mrs. Sanderson is sensitive to the long term needs of the Program in regards to the demand for qualified faculty to replace current temporary part-time faculty recognizing the possible need for mentoring. Therefore, she is actively searching for qualified prospects to join the Program to begin mentorship, distance education and curriculum development training.

Mrs. Sanderson conducted the faculty evaluation for Heather Orr in the spring of 2018 as is consistent with the institution's procedures for faculty evaluations which included review of the employee's self-assessment, peer evaluations, classroom observations, committee involvement, student end of course surveys, and professional development plan. Mrs. Sanderson completed the supervisor comments to indicate employee's performance as well as provided input on the employee's professional development plan, reviewed with the division chair, and met with the employee for review and discussion. Faculty evaluations will be conducted again in the spring of 2019 and will include all core faculty of the Program. Mrs. Sanderson has begun the process of classroom observations in preparation for the spring faculty evaluations.

Mrs. Sanderson is evaluated annually by faculty, the Medical Education Division Chair, the Vice-Chancellor of Academic Affairs, the Chancellor and the Advisory Council by means of a Program Director Effectiveness Survey, located in Appendix 7, bookmarked by title. The surveys are disseminated and data is collected by the DCE. The last survey conducted in the Spring of 2018 results were 100% of the program core faculty responses regarding program director effectiveness were rated "Excellent" or "Very Good", 100% of the program advisory council responses were rated "Excellent" or "Very Good", while 98% of college administration responses were rated "Excellent" or "Very Good". Faculty evaluation was also completed for Mrs. Sanderson by her immediate supervisor, Kimberly Dickerson, Medical Education Division Chair. Please refer to standard 4E response for the results of Mrs. Sanderson's faculty evaluation.

Other evidence of the effective leadership of Jennifer Sanderson includes her commitment to lifelong learning. Mrs. Sanderson has completed several continuing education courses as noted in CV resume in an effort to enhance her contemporary clinical expertise in preparation for her teaching responsibilities. In addition, Mrs. Sanderson has plans to continue her formal education by working toward her next degree in either education or administrative studies.

Mrs. Sanderson has demonstrated an understanding of and experience with curriculum content, design, and evaluation as she was primary instructor for OTA 2213 Pathophysiology for the Occupational Therapy Assistant Program in the fall of 2017. This included a variety of teaching methods consisting of lecture, student research with presentations, and written assignments. Student evaluation included written tests in the form of multiple choice, matching, short answer, and essay. At the end of the course, Mrs. Sanderson performed the OTA Program Semester End of Course Summary Report where she performed an assessment of course objectives including the method of learning, method of assessment and percentage of learning achieved. Please refer to Student Learning Outcomes, Appendix 27, bookmarked by course, as evidence of experience. In addition, Mrs. Sanderson also taught in the OTA program assisting with the lab portion of OTA 2203 Therapeutic Interventions, providing instruction, and performing student evaluations including assessing skill performances with check-offs and lab practical examinations for bed mobility, transfers, and modalities. Mrs. Sanderson gained additional experience in curricular design revising and developing a comprehensive curriculum plan for the developing program that includes approaches like essentialism, experimentalism, and constructivism. Mrs. Sanderson has ensured that the program courses contain electronic, overt, rhetorical, competency-based, and medical curriculum that supports the mission of the College. Mrs. Sanderson, along with the core faculty, has developed learning and teaching activities, as well as methods of assessment, that are designed to meet the desired learning outcomes.

Mrs. Sanderson has demonstrated effective interpersonal and conflict management skills in her communication with a student resulting from complaints of personal hygiene issues from other students. Mrs. Sanderson was able to handle the communication in a sensitive way that assured the student had the resources needed to provide for good personal hygiene and some recommendations to handle problem areas. All communication was documented and is maintained in a private electronic file.

Her active role in institutional governance is evidenced by participation in program and institutional budget meetings, curriculum meetings, Medical Education Department Chair meetings, institutional faculty meetings, program policy making and revision, program policy review with the Vice Chancellor of Academic Affairs and review of institutional board meeting minutes. She was an active member of the distance education committee in 2017 where she participated in discussions and committee plans as it related to the professional and student use of and review of Blackboard as a learning management system. Meetings included review of the learning management system features, ADA compliance/captioning, digital video learning materials, distance education course content review and outcomes assessments. Currently, Mrs. Sanderson is an active member of the Assessment Council where she continues to serve with project work related to institutional assessment for performance improvement in order to meet HLC changes in standards and reporting requirements and the Faculty Council which serves to encourage faculty participation in shared governance of the College.

Mrs. Sanderson has demonstrated experience in strategic planning by establishing long-term and short-term goals for the program and has identified actions to make these goals attainable. Additionally, Mrs. Sanderson has advocated for the program and attended budget meetings in order to allocate funds and resources necessary to execute actions and meet program goals. Mrs. Sanderson continues to facilitate change in identifying processes that are traditional within the Medical Education Division but are not working optimally for the Program and advocating changes with the Medical Education Division Chair to facilitate these changes. Specifically, she facilitated change in the orientation process of students in regards to the process of guidance of students in attaining their immunizations and making the immunizations more individualized to the needs of each student. Mrs. Sanderson has an overall vision for the Program which includes a desire to provide a free clinic available to the community where residents can come for physical therapy treatments/education and students can practice interventions learned under the guidance of a licensed physical therapist.

Policies and procedures related to the rights, responsibilities, safety, privacy and dignity of the program faculty and staff are outlined in the Policy Location Chart, Appendix 23; Handbook Institution Faculty, Appendix 24; and Handbook Program Faculty, Appendix 25.

#### **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.**

---

Heather Orr is licensed in the states of Arkansas and Texas as a physical therapist assistant and is designated as the Director of Clinical Education. She has eleven years of experience as a physical therapist assistant and continues to engage in clinical practice outside of the academia setting. She has been employed in a full-time capacity for six years, as outlined in Standard 4A. Her clinical practice has been per diem since 2014 as she began to take on more opportunities in academia. Mrs. Orr has clinical experience as a Center Coordinator of Clinical Education and a clinical instructor to student physical therapist assistants in 2012, 2013, and 2014. She has been an American Physical Therapy Association Credentialed Clinical Instructor since 2012. She has four years of experience in teaching and curriculum development for an OTA Program and three years of experience in teaching and curriculum development for a PTA Program.

##### **4J**

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

---

Heather Orr, Director of Clinical Education, has been effective in developing, conducting, and coordinating the clinical education program. The process to assess her effectiveness includes dissemination and assessment of the DCE Effectiveness Survey, located in Surveys, Appendix 7, bookmarked by title. The Program Director completes this survey to assess the DCE and disseminates to college administration. The last survey was conducted in Spring 2018 and results were 100% of the program director responses regarding DCE effectiveness were rated "Excellent" or "Very Good" and 100% of college administration responses were rated "Excellent" or "Very Good". The DCE is further assessed by clinical instructors using the Clinical Site Visit Form, located in Clinical Education Documents, Appendix 13, bookmarked by document title. Also, the PD performs annual faculty evaluations of program faculty. Please refer to standard 4E for the results of Mrs. Orr's faculty evaluation.

In planning for the clinical education component of the program, the DCE was instrumental in the development of the clinical education curriculum, recruitment of clinical sites, method of clinical education assignments, and overseeing drafting of contracts and letters of intent to meet the requisite number of clinical sites in order to support the cohort of 16 students. The DCE has begun to develop professional relationships with clinical instructors that indicate a desire to actively work with clinical education faculty. She demonstrates interpersonal skills vital to facilitate positive professional relationships necessary for clinical education affiliations and the student-teacher relationship. Mrs. Orr continues to conduct, plan, and coordinate the clinical education program by means of emailing to disseminate information and develop additional clinical education contracts. Mrs. Orr has exceptional organizational skills which are not only demonstrated in her classroom, clinical education materials, and other additional responsibilities but in her personal life as well. She has demonstrated the ability to work with clinical education faculty to address the diverse needs of students through her current role as the DCE as well as through previous experience as a Center Coordinator of Clinical Education and a clinical instructor to student physical therapist assistants in 2012, 2013, and 2014. She has been an American Physical Therapy Association Credentialed Clinical Instructor since 2012. Additionally, Mrs. Orr has held a number of employment positions that included administrative responsibilities where she has proven the ability to lead and direct employees, as well as students, including demonstrating effective communication, collaboration, facilitation of interaction, conflict management, dependability, and receptiveness. Further, through her teaching experiences in both OTA and PTA Programs, she has demonstrated the ability to work with clinical instructors and students alike, demonstrating empathy, concreteness, and direction with issues that students with diverse needs and clinical instructors may face. She further demonstrates leadership expertise as evidenced by three credit hour university course LEAD 305 LEAD Introduction to Leadership Concepts & Practices. This course provided an introduction to leadership by examining and recognizing leadership traits, engaging individual's strengths, understanding leadership philosophy and styles, attend to relationships, developing leadership skills, creating a vision, establishing a constructive climate, listening to out-group members, handling conflict, addressing ethics in leadership, and overcoming obstacles.

The DCE communicates information about clinical education with core faculty, clinical education sites, clinical education faculty, and students by means of the Clinical Education Handbook, Appendix 22. A program clinical education webpage has been established to provide additional resources related to clinical education. This webpage provides a link to the Clinical Education Handbook, clinical practicum grading rubrics, minimum skills list, and a number of clinical education documents and reference materials. The web address is provided by email to CCCE/CI from the DCE upon notification of student placement as well as by students on the first day of each clinical education experience. Clinical Instructor expectations are communicated on page 12 of the Clinical Education Handbook. These expectations outline that clinical instructors should provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. The program expects that clinical instructors are licensed physical therapists or physical therapist assistants with a minimum of one-year of full time, or equivalent, post licensure experience. The DCE further communicates with core faculty, clinical education sites, clinical education faculty, and students through electronic methods via email, facsimile, phone, and Blackboard collaborate where needed. The DCE additionally anticipates communication with clinical education faculty and students by regular face to face visits to monitor the quality of clinical education sites and clinical instruction. Mrs. Orr anticipates contacting each student after the first week of each clinical assignment. Midterm phone calls or visits will be planned in addition to final clinical visits. Any concerns raised by students or clinical instructors may require additional visits. The need for an altered level of clinical supervision or feedback may be identified through clinical education site visits, the College Disability Coordinator, and clinical instructor or student communication to the DCE. In the event, it is determined that an altered level of clinical supervision and feedback is needed, the DCE will communicate in writing to the necessary clinical instructor such need and outline in detail the required monitoring.

The timing of communication to all stakeholders, related to clinical education, is outlined on the Program Calendar, Appendix 4. The DCE reviews clinical contracts, updates contact information spreadsheets with demographic information, and updates the Available Clinical Education Placement Table, found in Clinical Education Documents, Appendix 13, bookmarked by document title, in August of each year as well as notifying the PD of any significant changes. In November of each year, the DCE disseminates the Student Placement Availability Form, located in Clinical Education Documents, Appendix 13, bookmarked by document title; and clinical instructor qualification requirements to center coordinators for clinical education and clinical instructors by email and when necessary, by mail or fax. The Student Placement Availability Form, found in the Clinical Education Documents, Appendix 13, outlines facility information, clinical experience course numbers with dates

and length, and any necessary notes about student progression in the curriculum and/or courses they may be lacking. The DCE requests that clinical instructor or CCCE complete which settings are available to accommodate students, the number of students they are able to accommodate, and the anticipated experiences for students.

In January, the DCE assesses the clinical placement availability, verifies the clinical instructor qualifications, updates the CI Qualification Form, and begins the clinical education site selection process with students. In February, the DCE informs clinical education faculty of student placements by email or, when necessary, mail or facsimile. During this notification, the DCE also provides a copy of the Clinical Education Handbook, clinical instructor qualification requirements, minimum skills list, clinical education webpage, clinical education syllabus, clinical education grading rubrics, and any other necessary communication. Prior to the clinical education experience, core faculty will ensure that each student meets the expected professional behaviors as outlined in the Program Student Handbook, Appendix 21, on page 49, utilizing the Professional Behaviors Assessment Tool, Appendix 1. Also in February, the DCE will notify students of anticipated clinical education experience(s) by student email and then complete the Clinical Education Readiness Table, located in Clinical Education Documents, Appendix 13, bookmarked by document title. The DCE will record the student experiences on the Student CE Experience Table, located in Clinical Education Documents, Appendix 13, bookmarked by document title. The DCE will maintain a CI Training Log, located in Clinical Education Documents, Appendix 13, bookmarked by document title, throughout the program for any and all CI/CCCE training/education. While students are in clinical education experiences, timelines are established for submission of required paperwork. All paperwork must be submitted by 11:59 pm of the due date. At the time of the SSR, the timeline for submission of paperwork is as follows:

Clinical Day 1:

*Facility Data Form/Clinical Instruction Agreement*

*Clinical Experience Facility Identification (CSIF Equivalent)*

Each Monday:

*Weekly Planning Form*

Monday of 3<sup>rd</sup> week:

*Progress Report pages 1-2 (Pink Sheets – PTA MACS)*

Last Clinical Day:

*Progress Report pages 1-5 (Pink Sheets – PTA MACS)*

*SECEE (Green Sheets – PTA MACS)*

*Master List (Blue Sheets – PTA MACS)*

Day of Site Visit Form(s):

*Clinical Site Visit Form(s)* completed by DCE signed by student and CI

Please refer to Clinical Education Documents, Appendix 13, bookmarked by document title for any clinical documents listed above.

The Program monitors that the academic regulations are upheld by means of data tracking tools and grading rubrics outlined above. The PTA MACS provides tools for both formative and summative assessment. As stated above, each student must complete, at minimum, one inpatient and one outpatient clinical education experience. This is monitored by means of the Student CE Experiences Table found in Clinical Education Documents, Appendix 13, bookmarked by document title. Each clinical education experience has specific skill requirements outlined in the course syllabi and are graded by the Clinical Practicum Rubrics which are located in the practicum syllabi.

Students must complete all clinical hours and all clinical education rotation regardless of being graded as "Entry-level" or "Excellent" in earlier clinical practicums. The DCE strictly adheres to all program policies related to clinical education, which are outlined in the Policy Location Chart, Appendix 23.

Students are assigned to clinical education experiences in compliance with the clinical education policies outlined on page 15 of the Clinical Education Handbook, Appendix 22. Each student must complete, at a minimum, one inpatient clinical education experience and one outpatient clinical education experience. The DCE provides students with a list of available clinical sites and students are asked to prioritize up to three sites for each rotation. Considerations are made for student priority requests and attempts are made to accommodate each student as possible. Students are not permitted to contact sites directly to request a placement. Students are not placed at clinical education experiences where a conflict of interest may exist. An appeals process for clinical education placement has been established in the event of extenuating circumstances.

Students with disabilities are encouraged to voluntarily disclose their needs for clinical education accommodations with the College disabilities coordinator well in advance of clinical education site placement. Following this, students should voluntarily disclose their need for accommodations with the DCE prior to selection of clinical education sites in order for reasonable accommodations to be met. Then, through collaboration with the DCE, disabilities coordinator, and the student, an accommodation plan may be developed. As with classroom expectations, clinical outcome expectations will be the same for all students regardless of abilities/disabilities. However, strategies to achieve entry-level competency may differ based on individual need. Once an eligible student has disclosed the need for

accommodation and/or accessibility to the DCE, and has signed a release of information, the clinical instructor may then be contacted to discuss strategies to be implemented at the clinical site. The need for an altered level of clinical supervision or feedback will be communicated in writing to the necessary clinical instructor.

The program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience by assessment of clinical instructor and clinical education site. Clinical instructors are evaluated by students and the DCE through several methods. After each practicum, students complete the SECEE which addresses supervision, and attributes the engagement of the clinical instructor. The program will also focus on how the clinical instructor helps the student toward skill mastery. In addition to student feedback, the DCE will perform site visits and will maintain contact with students and clinical instructors through phone calls, face-to-face meetings, Blackboard Collaborate, and emails. The DCE will determine that the clinical education paperwork and PTA MACS have been completed correctly via meetings and electronic submission of skills, progress reports, and master list. The PTA MACS will be utilized to assess the student performance, as it is regionally the most used tool. In the event a CI is unfamiliar with the MACS, training will be provided by the program faculty prior to the clinical practicum.

### 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.**

Name
<a href="#">Appendix 29 Support Staff Job Descriptions.pdf</a>
<a href="#">Appendix 30 Non-faculty CV.pdf</a>
<a href="#">Appendix 31 MOU.pdf</a>

The core faculty includes two full-time faculty members, Jennifer Sanderson, PT as Director; and Heather Orr, PTA as DCE; as well a part-time faculty member, Suzanne Brown PT, MPH, PhD, with extensive experience in physical therapy education including positions as program director, faculty, and consultant. Collectively, the program faculty have the experiences and qualifications to address the entire scope of the program curriculum as well as meet the program mission, program goals and expected student outcomes. Through clinical practice and professional development experience, the faculty has extensive experience in all general patient care settings, therapeutic procedures and assessment methods.

Full-time faculty are required to participate in professional development activities each year, which include conferences, higher education courses, professional development, institutional committees and in-service events. Faculty are additionally required to complete annual safe college training with Human Resources, which may include but is not limited to, Title IX and Sexual Misconduct, Sexual Harassment: Staff-to-Staff, Child Abuse: Mandatory Reporting, Discrimination in the Workplace, Drug Free Workplace, Clergy Act Overview, and Blackboard Training. Program Faculty are required to maintain physical therapy licensure in a United States Jurisdiction, APTA membership, and Arkansas Chapter membership. Full-time program faculty are also required to attend the APTA Combined Sections Meeting to ensure contemporary practice standards, attend self-study workshops and educational workshops.

Jennifer Sanderson has a Masters in Physical Therapy and a Bachelor in Biology. She has 22 years of experience as a physical therapist, and has contemporary experience in the practice areas of acute care, skilled nursing, outpatient, and pediatrics as a school-based service. Mrs. Sanderson's acute care experience includes the areas of neurology; cardiopulmonary; orthopedics; wound care; medical, coronary care and cardiovascular intensive care; and oncology. Mrs. Sanderson's outpatient experience includes the areas of orthopedics, wound care, and neurology. Her pediatric experience includes diagnoses to include cerebral palsy, autism, general developmental delay and behavioral abnormalities. Jennifer has been licensed in the state of Texas since 2001 and in Arkansas since 1997. Please refer to the Faculty Portal for further details.

Heather Orr has a Bachelor of Applied Arts and Sciences and an Associates of Applied Science. She has 11 years of experience as a physical therapist assistant and has contemporary experience in the practice areas of outpatient, acute care, long-term acute care, inpatient rehab, skilled nursing, home health, and pediatrics. Mrs. Orr's outpatient clinical experience includes orthopedic conditions, neurological conditions, and wound care. Mrs. Orr's acute care, LTAC, and IRF experiences include cardiopulmonary conditions; orthopedics; med-surgical; wound care; and medical, cardiovascular and surgical intensive care. Her long-term acute care, inpatient rehab, home health, and skilled nursing experiences include cardiopulmonary conditions, orthopedic conditions, surgical conditions, wound care, and general medical conditions. Mrs. Orr's pediatric experience includes both home health and school-based services. She has been licensed as a physical therapist assistant in Texas since 2008 and licensed in Arkansas since 2011. Please refer to the Faculty Portal for further details.

Suzanne Brown has a Doctor of Philosophy in Educational Leadership, a Master of Public Health and a Bachelor of Science in Physical Therapy. Mrs. Brown has 46 years of experience as a physical therapist in staff and administrative positions in the areas of acute, home health, long-term care, correctional facilities, and private practice. Mrs. Brown also has 34 years of experience in physical therapy education as instructor, education consultant for accreditation, program chair, and interim director positions. Mrs. Brown has been licensed in the states of Nevada, Oklahoma, Missouri, Texas and is currently licensed in Arizona. Please refer to the Faculty Portal for further details.

The program currently employs one support staff member in the role of a program tutor. Please refer to Support Staff Job Descriptions, Appendix 29, bookmarked by job title. Paul Orr is employed by the College as a per diem program tutor. He is a physical therapist assistant, licensed in the state of Texas since January 2014 and is a vocational nurse, licensed since October 2004. Mr. Orr is an American Physical Therapy Association Credentialed Clinical Instructor and has served as a clinical instructor to PTA students, since 2016, for Bossier Parrish Community College, Northeast Texas Community College, Kilgore Community College, and South Arkansas Community College. On average, he oversees four students each year. Mr. Orr is employed full-time at Christus St. Michael Health System in the acute setting covering CVICU, MICU, RICU, PCU, Med-Surg, and Orthopedics. Mr. Orr has four years and eleven months experience as a physical therapist assistant, of which three years and eleven months have been full time direct patient care. Previous to licensure as a physical therapist assistant, Mr. Orr was employed as a licensed vocational nurse for Christus St. Michael Emergency Department and GI Department. Mr. Orr has served in an advisory capacity for Northeast Texas Community College PTA Program Advisory Committee and Interview Committee since 04/2015 as well as the College PTA Program Advisory Council since its

development in 12/2016 and the College PTA Program Interview Committee since 07/2018. Mr. Orr was Advance Cardiac Life Support certified from 2006 – 2017. Functional Independence Measure certification completed most recently in 02/2016. Mr. Orr has demonstrated the ability to instruct and assess students as a clinical instructor. He has been a guest lecturer (2016, 2017) to discuss his professional experience with ALS. Mr. Orr has participated in regional ALS support group meetings for patients and family members. He has volunteered his time to PTA Program students and nursing students for tutoring with course materials and board preparation since 2016 and 2010 respectively. Mr. Orr's role within the Program is limited to supervising safe use of equipment by students and assisting students with study strategies and techniques to aid in success in the program. Please refer to Non-faculty CV, Appendix 30, bookmarked by name.

In order to provide program students experiential learning opportunities in cardiac rehab and aquatics the Program has obtained signed memorandums of understanding for offsite experiences at Wadley Regional Medical Center Cardiac Rehab and Christus St. Michael Fitness Center pool. Please refer to MOU, Appendix 31, bookmarked by practice.

To ensure that students are exposed to contemporary practices in pediatrics, the program has obtained a memorandum of understanding with Barbara Rule, PT who will serve as a guest lecturer for the pediatrics component of PTA 2515 Neurorehabilitation to aid in addressing objectives 5.2 Identify common developmental milestones including those involving gross and fine motor skills across the lifespan., 5.3 List variables that could influence motor development., 5.4 Create a treatment framework based on the developmental sequence., 6.0 Apply theories of motor control and motor learning., 6.3 Describe the phases of motor learning., 6.4 Facilitate a new skill utilizing the phases of motor learning, including demonstration, practice and feedback with a simulated patient., 7.5 Recognize reflexes, right and equilibrium reactions across the lifespan., 7.8 Recognize activities, positioning, postures, assistive devices, and adaptive devices that can produce pain or associated skin trauma in patients with neurologic conditions. 8.0 Demonstrate therapeutic interventions used to treat common neurological and musculoskeletal pathology seen in pediatric patients., 8.1 Demonstrate therapeutic interventions used to treat myelomeningocele in pediatric patients. 8.2 Demonstrate therapeutic interventions used to treat cerebral palsy in pediatric patients. 8.3 Demonstrate therapeutic interventions used to treat varying genetic disorders in pediatric patients. 8.4 Identify the indications and precautions for common orthotic devices in the neurologic patient population. Please refer to MOU, Appendix 31, bookmarked by practice. Mrs. Rule demonstrates contemporary practice in pediatrics as evidenced by being owner and lead PT for Rule Pediatric Therapy Services from 2009 to present. Additionally, she demonstrates content expertise as evidenced by continuing education courses: Intervening Early to Enhanced Mobility, Hot Topics in Home Health, Monitoring Change Over Time in Children with SP, toeing the Line Idiopathic Toe Walking, Are You Using Objective Functional Outcomes in the School, Beyond Positioning: Truncal Hypotonia in the Pediatric Population, Coupling Timing and Dose of Therapy to Maximize Therapy and Documenting It, Heads Up! Atypical Torticollis, all of which were completed at CSM 2018, as well as Every Move Counts: Effectiveness, on 11/3/16, Every Move Counts: Implementation, on 10/27/16, Every Move Counts: Assessment, on 7/28/16, Torticollis & Plagiocephaly: Assessment & Treatment of Infants & Children, in 03/2016, and Practical Applications: A Hands on Guide to the Seating Evaluation. Additionally, Mrs. Rule attended CSM 2015 where she attended the following course: Neonatal Care Path, Part 1: Assessment, Measurement, and Interventions, Neonatal Care Path, Part 2: Interventions and Parent Education, Move the Fear Away: Physical Therapy a Central Treatment Strategy for Fear of Movement, Pediatric Practice Forum Clinical Reasoning: Managing Practice, Knowledge Translation: Pediatric Vestibular-Based Impairments, Association of Student Outcomes and School-Based Interventions, DoSES: Determining Appropriate Service Recommendations for School Physical Therapy, Postural Management Improves Musculoskeletal Function and Activity. Please refer to Non-faculty CV Appendix 30, bookmarked by name.

To ensure that students are exposed to contemporary practices in wound management, the program has obtained a memorandum of understanding with Wade Harris, PT who will serve as a guest lecturer for the wound management component of PTA 2413 Rehabilitation Techniques to aid in addressing objectives 6.0 Demonstrate competency in implementing wound management as identified in the plan of care., 6.1 Compare the types of wounds likely to be treated by physical therapy., 6.3 Identify the types of dressings utilized within wound care and the precautions with for dressing removal., 6.4 Give the rationale for types of wound dressings., 6.5 Demonstrate appropriate removal and re-application of wound dressings., 6.6 Recognize viable and nonviable tissue. Please refer to MOU, Appendix 31, bookmarked by practice. Mr. Harris demonstrates contemporary expertise as evidenced by Wound Care Certification (WCC) from the National Alliance of Wound Care from 2005 – 2015 and full time employment Christus St. Michael Rehabilitation Hospital Wound Care Clinic from 2002 to 2013. Please refer to Non-faculty CV, Appendix 30, bookmarked by name.

To ensure that students are exposed to contemporary practices in women's health, the program has obtained a memorandum of understanding with Tammie Luthringer, MSPT, PRPC who will be a guest lecturer for the women's health portion of PTA 2404 Therapeutic Exercise to cover objectives 7.4 Identify indications and contraindications for exercise during pregnancy., 7.5 Explain the need for pelvic floor exercises for both men and women., and 7.6 Recognize anatomical and physiological changes in pregnancy. Please refer to MOU, Appendix 31, bookmarked by practice. Mrs. Luthringer is a pelvic floor physical therapist and program creator for Christus St. Michael Women's Health Program where she is currently employed since 2008. Mrs. Luthringer demonstrates content expertise as evidenced by her current practice and continuing education including the Herman and Wallace Pelvic Floor Institute Pelvic Floor 1, Pelvic Floor 2A, Pelvic Floor 2B, Prostate Cancer Survivorship, Understanding Prolapse, Sex and Sexuality in Pelvic Floor Practice 1, Sex and Sexuality in Pelvic Floor Practice 2, Pelvic Physical Therapy Marketing with Passion, Integrative Techniques for Pelvic Floor & Core Function, and BioTe hormone replacement training. The Herman and Wallace courses are intense, 4 day length courses that are typically wait listed for enrollment. Mrs. Luthringer selected this certification because it offered options for both male and female pelvic floor dysfunction. She has extensive training in urinary incontinence, chronic pelvic pain, vulvar pain, interstitial cystitis, SEMG biofeedback, pelvic floor, fecal incontinence, constipation, bowel dysfunction, irritable bowel syndrome, hemorrhoids, fistulas, fissures, proctalgia fugax, coccyx pain, pudendal neuralgia, rectocele, cystocele, or uterine prolapse, vestibulitis, bladder pain syndrome, episiotomy, dyspareunia, lichen sclerosis, lichen simplex, lichen planus, and the important and sensitive topic of sexual abuse and trauma as it relates to pelvic dysfunction. Please refer to Non-faculty CV, Appendix 30, bookmarked by name.

#### 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.**

The collective core faculty have autonomy to initiate, adopt, evaluate, and uphold academic regulations specific to the program that are compatible with institutional policies, procedures and practices. Most academic regulations have been adopted from the Medical Education Division. However, in order to meet CAPTE standards and assure that regulations support the rigor of the program, some academic regulations specific to the program differ from those of the Medical Education Division and are developed and adopted through input from core faculty as well as the Program Advisory Council. These regulations are then approved by the Medical Education Division Chair and the Vice Chancellor for Academic Affairs. Please refer to Program Student Handbook, Appendix 21. Evaluation of



academic regulations is ongoing by the core faculty as a standing item of Program faculty meetings minutes. It also occurs biannually as a standing item on Advisory Council Meeting minutes and annually through the Program assessment process, the Program Systematic Evaluation Plan.

The Program monitors that the academic regulations are upheld by means of grading rubrics and adherence to academic policies. Lab practicals are assessed by use of rubrics with specified point values, critical skills and critical safety elements identified. The core faculty adhere to policies outlining assignments, written examinations, lab practicals, skill checks, professional behaviors and grading outlined in the Program Student Handbook, Appendix 21. Additionally, the Program utilizes a Clinical Education Readiness Table, located in Clinical Education Documents, Appendix 13, bookmarked by document title; this table ensures that all students have a passing written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behavior, and are competent, safe, and ready to progress to the clinical education portion of the curriculum. The core faculty meet with students at midterm and final to review professional behavior progression utilizing the Professional Behavior Assessment Tool, Appendix 1.

The Vice Chancellor for Academic Affairs is responsible for addressing violations of academic regulations. Suspicions of violations or direct violations are reported to the Vice Chancellor of Academic Affairs who completes a thorough investigation. In compliance with College policy, a student may be removed from a program or course for violating division, program, and/or college policy/procedures.

When a student fails to progress academically per academic regulations, the student is called to meet with the Program Director who counsels the student on program policies and procedures for dismissal from the Program, the appeals process should the student feel that an error was made and the student's standing for reapplication.

#### 4M

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

The collective core faculty have the primary responsibility for development, review, and revision of the curriculum. Program progression along with program policies were developed by the core faculty and are outlined in the Program Student Handbook, Appendix 21. The core faculty participated in the development of course objectives and the Program Objectives and Methods of Assessment document, Appendix 14, which outlines learning experiences and methods of assessment for each objective. Review and revision of the curriculum plan will take place annually in June as stated in the Program Calendar, Appendix 4. The program utilizes input from communities of interest to include clinical instructor communication with DCE during site visits, advisory council through standing items on meeting minutes, students through the exit survey, graduates through the post graduate survey, and employers through the employer survey. Surveys will be disseminated and assessed as outlined in the Program Calendar, Appendix 4, and results utilized to revise curriculum. Please refer to Surveys, Appendix 7, bookmarked by title.

#### 4N

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

Name
<a href="#">Appendix 44 Skills Expected To Be Competent.pdf</a>

The collective core faculty are responsible for assuring that students are safe and ready to progress to clinical education practicums by a number of methods. Students are informed of policies related to academic progression in the Program Student Handbook, Appendix 21, beginning on page 29. Core faculty determine the skills in which students are expected to be competent and safe with the consultation of the Advisory Council as to contemporary practices and entry-level skills necessary of a physical therapist assistant in this region.

Students are determined to be competent and safe and ready to engage in clinical education by use of skill checks and laboratory practical examinations that outline expectations for safe and competent practice. Skill checks are not associated with a grade and unlimited remediation is available until the student achieves all skills outlined. Skill checks include a self-assessment, a peer assessment and an instructor assessment. All skill checks must be completed prior to a student taking a laboratory practical associated with the skill checks. Each course instructor is responsible for skill check remediation. Core faculty assure students are academically ready to progress to clinical education practicums by requiring not only a 76% course average but also a 76% written examination average for each course. Further, to assure students are clinically ready and safe to progress to clinical education, students must pass each practical examination with a minimum of a 76%. The Program utilizes rubrics for lab practicals that identify point values, as well as critical skills and critical safety elements that are linked to automatic failure, if not successfully performed. Any student that does not achieve the passing average in each course or that is deemed unsafe during lab practical examinations is removed from the Program as they have failed to safely progress through the program. Additionally, the Program utilizes a data tracking tool, the Clinical Education Readiness Table, located in Clinical Education Documents, Appendix 13, bookmarked by document title. This table ensures that all students have a passing written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behavior, and are competent, safe, and ready to progress to the clinical education portion of the curriculum. The core faculty meet with students at midterm and final to review professional behavior progression utilizing the Professional Behavior Assessment Tool, Appendix 1. The core faculty adhere to policies outlining assignments, written examinations, lab practicals, skill checks, professional behaviors and grading outlined in the Program Student Handbook, Appendix 21.

The program ensures that critical safety elements and critical skills are identified in the competency testing of the lab practical examinations by use of identifiers and legends that are consistent throughout the program on each rubric. Both the skill checks and lab practical rubrics identify specific critical safety and critical skill criteria that are delineated with (\*) for a critical skill and (+) for a critical safety element with a key that explains these elements at the bottom of the rubric. Failure to achieve one of these criteria results in automatic failure of the laboratory practical. If a student fails a lab practical, with failure defined as a student being unable to achieve a practical exam score of 76% or failure of a critical skill or critical safety element, the student is given one opportunity to re-take the lab practical. In the case of a failure, the student is required to perform remediation with the course instructor and schedule a re-take practical, both which must be completed prior to the next scheduled lab practical. The highest grade the student can achieve on the re-take is a 76%. If a student fails the lab practical re-take, either by failure to achieve a 76% or one of the critical skill or safety criteria, the student is dismissed from the program. Each student can retake each practical one time. No verbal cues are given during lab practical examinations.

In addition, students must meet minimum expectations for professional behavior prior to advancing to clinical experiences. To prepare students for clinical experiences, program faculty will assess the professional behaviors, utilizing the Professional Behaviors Assessment Tool, Appendix 1, each semester with students performing a self-assessment as well. Faculty will provide both oral and written feedback regarding professional behaviors each fall and spring semester. Written feedback will be placed in the student's program file. Students are expected to change unsatisfactory behaviors, after receiving feedback from faculty. In the event

a student is not demonstrating professional behaviors at the appropriate level, the student may be required to develop a plan for improvement with program faculty. Deficits identified in the Professional Behavior Assessment tool, with no demonstrated improvement, may result in dismissal from the program. By the end of the fall semester, students must be rated, at minimum, "Beginning Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool. By the end of the first block course sections in the spring semester, students must be rated, at a minimum, "Intermediate Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool. As students begin Clinical Practicums, professional behaviors will then be assessed by the PTA MACS and the Professional Behaviors Tool will no longer be utilized. If a student fails to achieve any of the above, despite remediation efforts according to policies, prior to the start of clinical experiences, the student is administratively withdrawn from the program for failure of academic progress. Policies and procedures related to expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education and skills that students must demonstrate competent and safe performance prior to engaging in clinical education are outlined in the Policy Location Chart, Appendix 23.

The DCE utilizes a number of methods to communicate to students and clinical education faculty the specific skills in which student must be competent and safe including the Clinical Education Handbook, clinical education webpage, and email. During initial clinical education faculty notification of student placements, the DCE provides an electronic copy of the Clinical Education Handbook, Appendix 22, along with clinical instructor requirements, clinical education syllabus, clinical education grading rubric, clinical education webpage address, and Minimum Skills List, found in the Clinical Education Documents, Appendix 13, bookmarked by title. The clinical education webpage also provides a link to the Clinical Education Handbook, Minimum Skills List, CE Grading Rubrics, and CE course syllabi. Please also refer to Skills List\_Expected To Be Competent, Appendix 44, which is the same document as the Minimum Skills List referenced above.

## Clinical Education Faculty

### 40

**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.**

The Program expects that clinical education faculty provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. The Program insists that clinical instructors are licensed physical therapists or licensed physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience. The Program determines that clinical instructors are meeting the expectations of licensure and minimum years of experience by licensure verification. These expectations are outlined in the Clinical Education Handbook, Appendix 22, which is provided to clinical instructors. All policies and procedures related to clinical education for students and related to clinical instructor qualifications/responsibilities, as well as the tool utilized to assess performance of both students and clinical instructors can be found in the Policy Location Chart, Appendix, 23. The DCE is responsible for ensuring the credentials, qualifications, and clinical competence of clinical instructors. Each January, during the assessment of clinical placement availability, the DCE completes licensure verifications for each intended clinical instructor. This provides active licensure status as well as the year in which they were first licensed. As outlined in Standard 4J, the student is also required to submit the Facility Data Form completed and signed by the clinical instructor on the first day of each clinical rotation. This document is reviewed to collect data related to supervision, licensure, and years of practice.

The Program determines that clinical instructors are meeting the expectations of competency and effectiveness by the PTA MACS and clinical site visits. After each clinical education experience, students complete the SECEE, located in the PTA MACS, which assesses competency and effectiveness, as well as encouragement of self-evaluation, student participation in patient load selection, understanding of the PTA MACS, objective student evaluations, allowing appropriate time for patient related responsibilities, role modeling, and overall CI assessment. In addition to the student feedback, the DCE will perform scheduled and random site visits and will maintain contact with the student and the clinical instructor through phone calls, face-to-face meetings, Blackboard Collaborate, and emails. During site visits, the DCE will utilize the Clinical Site Visit Form, located in Clinical Education Documents, Appendix 13, bookmarked by document title. This tool allows data to be collected not only on student performance rated by the clinical instructor but also data related to positive learning experience, planned experiences, role modeling, interactions, CI supervision, and sensitivity rated by the student. In addition, this tool collects data from the clinical instructor related to frequency of interaction with the supervising physical therapist, the most utilized modalities in their setting, any content they feel should be addressed in the didactic portion prior to clinical education, if the DCE provided any educational materials during the site visit, and if the Program and DCE are meeting the needs of the clinical instructor.

Currently, the qualifications of the anticipated clinical instructors meet or exceed the minimum expectations.

The Program utilizes the PTA MACS to assess student performance during clinical education experiences. The student and clinical instructor, in conjunction with the DCE, utilize the PTA MACS as a formative and summative assessment tool during each clinical education experience. This tool was selected by the core faculty with input from the Advisory Council and informal polling of regional clinical sites. The PTA MACS allows skills that were once considered mastered to be challenged in the event there is a concern at another clinical education experience. This requires that the student repeat the mastery level demonstration of that skill. The DCE determines that the PTA MACS has been completed correctly during clinical site visits by electronic submission of skills, progress reports, and master list. The DCE closely monitors each student's progress through required skills and performance expectations by means of the Clinical Education Grading Rubrics, located in Clinical Education Documents, Appendix 13, bookmarked by document title.

While the PTA MACS is regionally the most utilized tool for clinical education, the Program recognizes that there will be clinical instructors that are unfamiliar with its use. The DCE will provide training as it relates to use of the PTA MACS, reinforcing the printed teaching tools provided in the PTA MACS. The DCE maintains a CI Training Log, located in Clinical Education Documents, Appendix 13, bookmarked by document title.

### 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
<a href="#">Appendix 32 Student Recruitment Materials.pdf</a>
<a href="#">Appendix 33 Admissions Rubric.pdf</a>
<a href="#">Appendix 34 Interview Documents.pdf</a>

The program accepted the planned class size of 16 qualified applicants as students for the 2018-2019 academic year. This number of students was determined by

the number of available quality clinical sites and a manageable student to instructor ratio. This number is also consistent with the institution's other allied health programs.

Recruitment information was published in the Catalog Undergraduate, on the College website and provided at recruitment and career fairs held on campus and at area high schools in the College service area. In addition, a record of all students that contacted the Medical Education or PTA departments expressing an interest in the PTA program during the period of the AFC and Reconsideration processes was maintained. Mailings, emails and phone calls were made to each student on record to update the status of the program following the initial denial for Candidate for Accreditation and the subsequent granting of Candidate for Accreditation following Reconsideration. Policies and procedures related to student recruitment and admission are outlined in the Policy Location Chart, Appendix 23.

The admission criteria for the Program is based on a competitive, selective admission process including GPA of required prerequisite courses, entrance examination scores, personal references, observer evaluations and an interview. Please refer to Student Recruitment Materials, Appendix 32. An admissions rubric is utilized to provide a score for each area for each applicant. Please refer to Admissions Rubric, Appendix 33.

In order to be considered for admission to the Program, the following pre-requisite courses or equivalents must be completed prior to application to the Program: SPD 1003 Success Strategies, ENGL 1113 Composition I, ENGL 1123 Composition II, MATH 1023 College Algebra, PSYC 2033 Developmental Psychology, MED 1452 Medical Terminology, BIOL 2064 Anatomy and Physiology I, BIOL 2074 Anatomy and Physiology II, and BUS 1003 Microcomputer Applications. A minimum of 2.75 GPA is required for overall prerequisites and accounts for 30% of the total applicant score. A minimum 3.0 GPA is required for A&P I&II and is 20% of the total applicant score.

An entrance examination, the TEAS, is required for application to the Program which is consistent with all Medical Education programs within the College. The TEAS score accounts for 5% of the total applicant score.

A minimum of three references is required of all applicants, one of which must be a supervisor or employer. An evaluation form is provided for references in which the reference rates the applicants on 1) dependability, reliability, ethics, and trustworthiness, 2) self-control, professional disposition and stress management, 3) confidence, self-discipline, initiative, and resourcefulness, 4) communication, clarity and decision making, 5) positive attitude, the ability to work well with others and the ability to accept criticism. Applicants are scored on a 4 point scale for each area with 1 being "below average", 2 being "average", 3 being "above average" and 4 being "superior". These scores are averaged for a point value that is entered into the application rubric and accounts for 10% of the total applicant score.

Applicants are also required to complete a total of 60 hours of observation in at least three different physical therapy settings which has to include at least 20 hours in an acute care setting which can include acute or long-term acute. In order to apply points, an observer evaluation form is completed by the therapist observed in each setting. The observer is rated on a 4 point scale with 1 being "strongly disagree", 2 being "disagree", 3 being "agree" and 4 being "strongly agree" on the areas of 1) professional attire, 2) professional communication when contacting the facility, 3) punctuality, 4) engagement and interest in learning opportunities, and 5) demonstration of respect and concern for patients/clients observed. Scores are averaged for a point value that is entered into the application rubric, with "0" being awarded for any missing facility observed. This point value accounts for 10% of the total applicant score. Current licensure of each clinician observed is verified by core faculty to ensure integrity of the admissions process.

Interviews are granted based on total scores calculated from the criteria described above in the application rubric. The number of interviews granted is determined based on the number of qualified applicants for each cohort. The interviews are scored based on a rubric to ensure the process is as objective as possible by an interview committee made up of core faculty, members of the Advisory Council, and other physical therapy professionals. No applicant information is provided to the interview committee in order to maintain confidentiality and impartial scoring. These scores are averaged for a point value that accounts for the remaining 25% of the applicants total score. Please refer to Interview Documents, Appendix 34, for the interview rubric and questions.

Submission of all application materials includes an application to the College and an application to the Program which are due by May 30 each year in order to be considered for acceptance in the next planned cohort to begin in August of each year. Following interviews, letters of provisional acceptance into the Program are extended to the top 16 scoring applicants. This provisional acceptance is dependent on acceptance of the position and completing required immunization and background check procedures prior to matriculation. A minimum of 5 applicants are selected as alternates and notified as such with expectations that the same required immunizations and background check procedures be completed to assure ability to take a vacant position should one become available prior to matriculation.

Processes to maintain planned class size include selection of no more than 16 applicants for acceptance into the Program each year, with a minimum of 5 alternates selected in case a selected applicant is unable to accept their position in the upcoming cohort. The re-admission process outlines the process for students who are encouraged to reapply if not granted admission as well as to those that have been withdrawn from the program. These policies prevent over enrollment and are located in the Program Student Handbook, Appendix 21, on page 43.

The Program ensures that the admissions procedures are applied equably. Students have all the information necessary to compete in the application process. The College and the Program does not discriminate based on sex, race, color, national origin, religion, disability, or age in the selection of students to the Program. Applicants are ranked objectively according to required prerequisite course GPA, Anatomy and Physiology GPA, reference forms, observer evaluation forms, pre-entrance exam scores and interview scores by use of an application rubric. All records are kept confidential only being available to core program faculty and Medical Education personnel involved in the admissions process. All scores are checked by three different faculty/staff to minimize mistakes in calculating final scores. Students not accepted into the upcoming class are encouraged to re-apply and can discuss strategies to improve their application prior to the next application deadline.

Any student who wishes to transfer credit for prerequisites from a prior course or work experience must submit a copy of course description and objectives from the previous institution to the academic advisor for Department of Medical Education. That information is compared with content for College courses and a decision is made to accept or refuse that credit.

Due to possible differences in curriculum design in other PTA programs, the College PTA program does not accept transfer students. Students who were enrolled in another program would be required to follow the same requirements and admission procedures. Students would also be required to provide a letter of good standing from the institution previously attended.

The College embraces and encourages diversity in its student population through marketing efforts directed to improve campus diversity including but not limited to advertising in a local Spanish newspaper, a Spanish radio station and an urban radio station. Additionally, the College provides a Hispanic recruiter and is listed on the Hispanic Association of Colleges and Universities website as a Hispanic-friendly community college. The College also provides minorities with aid to succeed through the Student Diversity Association (SDA), which promotes cultural diversity, unity, and overall well-being providing support for all students with additional emphasis towards students who may face more obstacles than the common student due to language barriers or cultural background. Participation helps create events in which unity, diversity, awareness, and cultural education are shared with the College and/or the service area communities.

## 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
<a href="#">Appendix 35 Relevant Student Information.pdf</a>

Relevant information about the institution and program are accurate, comprehensive, and current and are provided to prospective and enrolled students in a timely manner. Please refer to Relevant Student Information, Appendix 35. The Catalog Undergraduate can be located on any UAC campus, through student advisors, or directly on the website by accessing the "Apply & Enroll" tab, then selecting "Course Catalog". Recruitment and admissions information including admissions criteria, transfer of credit policies and other considerations is provided to prospective students by Student Services, academic advisors, the Catalog Undergraduate, Appendix 26, on page 8, and the Program webpage. The College Academic Calendars are found directly on the website by accessing the "Apply & Enroll" tab, then selecting "Academic Calendar". Additionally the Academic calendar is found in the Catalog Undergraduate, pages iii-viii. Policies related to grading are provided in each course syllabi and in the Program Student Handbook, page 31. The Medical Education Mental and Physical Abilities Statement may be accessed on PTA Program webpage. Acceptance and matriculation rates are provided on the Program webpage. Student outcomes, including the most current two-year date for graduation rates, employment rates, and pass rates on licensing examinations, will be maintained and up-dated on the Program webpage as data is collected in the future. Students may access the estimated cost of the program, including tuition and fees on the PTA Program webpage. Prospective students may access the Program webpage from the College website by selecting "Programs of Study", then selecting "Medical Education" and finally by selecting "Physical Therapist Assistant Program". Students may obtain financial aid information from the Financial Aid Offices or located directly on the College website by accessing the "Pay for College" tab, then selecting "Financial Aid". No enrollment agreements are required.

Relevant information about the institution and program are accurate, comprehensive, and current and are provided to enrolled students in a timely manner. The process for filing a complaint with CAPTE is communicated to students in the Handbook Program Student, Appendix 21, page 70. Job/career opportunities are posted on the UAC Medical Education Facebook page. A Medical Education job/career fair is provided to students twice each year. News of this fair is communicated to students via student email address. Additional opportunities for employer recruitments will be communicated with students by forwarded emails as they are received. The College employs a Workforce Development Coordinator who communicates job placement services by the following: email blasts, classroom visits, campus display boards, and on the UAC webpage, under the Student Life tab as "Virtual Career Center". Further, the coordinator contacts businesses and industries via: personal visits, telephone calls, and emails.

The availability of Student Services is communicated to enrolled and prospective students through the Program Student Handbook, Appendix 21, page 46 and the College website, indicating availability and support on all three campuses. Student health insurance is not required by the Program but is highly recommended. Health insurance will not be provided by the College. Students will be responsible for the selection and premiums of their own health insurance policy, if they so choose. This information is communicated in the Program Student Handbook, page 58.

Students are provided with professional liability insurance courtesy of the College through Mercer Health and Benefits Administration, LLC with \$1,000,000 per occurrence and \$3,000,000 aggregate policy. Information about the professional liability insurance is provided to the students in the Program Student Handbook, Appendix 21, page 58, and is provided to clinical sites.

Enrolled and prospective students may access information about the Program curriculum in the Program Student Handbook, Appendix 21, page 16, and on the Program website. Enrolled and prospective students may access information about the clinical education program in the Clinical Education Handbook and on the Program website. Required health information is provided on the Program webpage and in the Program Student Handbook, pages 58 - 59. Program Student Handbook, page 60, contains information regarding access to and responsibility for the cost of emergency services in off-campus educational experiences. This is further communicated to clinical sites via Clinical Education Handbook, Appendix 23, page 22.

## 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.**

Enrollment agreements are not utilized for any College Medical Education program; therefore, are not detailed in the Program Student Handbook, Appendix 21.

**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.**

Policies, procedures and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and faculty. The Catalog Undergraduate, Appendix 26, found in print on all campuses and online, outlines policies, procedures, and practices in regards to tuition and fee payment, page 11; financial aid, page 16; grade appeals, page 28; academic integrity, page 30; disability support, page 32; FERPA, page 40; Title IX, page 40; discrimination, harassment, retaliation and sexual misconduct, page 43; non-grade student grievances, page 43; student conduct, page 44; Center for Student Success, page 49; and inclement weather policies, page 48. There is not a separate document for Handbook Institution Student, as all of the policies are outlined in the Catalog Undergraduate, Appendix 26.

The program website reports policies, procedures and practices in regards to estimated expenses of the program, student essential functions, Medical Education substance abuse, Candidate for Accreditation status with contingency plan, implications of August Graduation, health insurance, immunizations, professional liability, background checks, non-discrimination policy, and program complaints and filing a complaint with CAPTE. Please refer to Student Recruitment Materials, Appendix 32.

The Program Student Handbook, Appendix 21, lists many of the policies, procedures and practices noted previously with the addition of those in regards to academic integrity within the program, page 20; student ethics and APTA Standards of Ethical Conduct, pages 23 and 24; academic progression, page 29; student retention within the program, page 44; student records, page 44; off-site experiences, page 47; student etiquette, page 48; professional behaviors and appearance, pages 49 and 50; attendance, pages 52-54; safety, page 56; potential health risks and hazardous materials, page 59; accident and illness, page 60; emergency procedures, page 60; confidentiality, page 61; infection control, page 62; and recording and photography as well as social networking, pages 63-64.

Additionally, the Clinical Education Handbook, Appendix 22, outlines many of the policies, procedures and practices listed above as well as those related to the clinical education practicums to include clinical instructor expectations, page 12; policies regarding clinical cancellations, conflicts of interest, and placement appeals, page 14; confidentiality and student records, page 16; and remediation, page 24. The Clinical Education Handbook will be provided to each clinical instructor on the first day of each clinical practicum in hardcopy form via students and will also be available on the clinical education webpage. A part of the student's grade is submitting requested forms to the DCE; the clinical instructor signature is required on the Facility Data Form, found in Clinical Education Documents, bookmarked by document title, which verifies review of the Clinical Education Handbook.

Students sign an Acknowledgement of Policies and Procedures form upon acceptance to the program that verifies that all handbooks have been reviewed and that the student agrees to all policies. This form is uploaded and maintained with other documents in Castlebranch. This acknowledgement is also located in the Program Student Handbook, Appendix 21, pages 76 – 77.

Policies and procedures related to students can be found in the Policy Location Chart, Appendix 23, and includes due process, confidentiality of records, safety, calibration of equipment, student information shared with clinical faculty, accommodations, potential health risks, use of standard precautions, hazardous materials, emergency procedures, clinical education experiences, HIPAA, patient right to refuse, and laboratory access outside of scheduled class time.

The Program applies all policies, procedures and practices consistently and equitably. One example is the application of accommodations requested through Disability Services. Two students contacted disability services in regards to requesting accommodations for the Program. Both students were provided the accommodations that consisted of the opportunity to choose seating during testing situations as well as to use noise cancelling earphones not connected to any device to minimize distractions. Additional recommended accommodations were not given such as untimed practicals or breaking up tests into smaller sections as it would not prepare students for clinical practicums, professional practice or licensure examination.

Another example is academic progression. As of the timing of this self-study report, two students have been administratively withdrawn from the program as they failed to progress academically according to Program policies. Both students failed to pass practical examination initially and following remediation per program policy, failed to pass the one retake practical examination opportunity per program policy. Both students were counseled regarding failure to progress academically leading to administrative withdrawal, their right to appeal this decision, if found to be in error, and where to find the guidelines to do so as well as their standing that allows them to reapply to the program in the future.

**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.**

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 and are written and provided to students in the Program Student Handbook and the Clinical Education Handbook, appendices 21 and 22 respectively. These policies are applied consistently and equitably and retention practices support a diverse student body.

Students can monitor ongoing reports of academic performance and progress through the online learning management system. All courses include Blackboard enhancements that are accessible by students twenty four hours a day, seven days a week, in which grades are updated throughout weekly. This enables students and program faculty to remain up to date with academic and clinical progress.

The PTA MACs will be utilized for clinical education grading, along with Clinical Education Grading Rubrics, found in Clinical Education Documents, Appendix 13, bookmarked by document title. Students are responsible for managing the PTA MACS in which the clinical instructors will provide feedback regarding the progress

of students in mastering clinical skills. The required minimum skills are identified in the clinical education syllabi for the corresponding clinical education experience. Students will have scheduled midterm clinical site visits with the DCE and the clinical instructor where student progress, or lack thereof, will be discussed. Documentation of the clinical site visit will be made available for student review and will be maintained in student records. The DCE will provide the final grade for each clinical practicum based on the Clinical Education Grading Rubrics and the PTA MACS reports.

The College and the Program strive to retain all students. The College requires an academic strategies course for all incoming students in order to give them the tools to have a successful college experience. The College encourages students to contact their instructors at any time during a course when a question arises with regard to grades. They are specifically encouraged at midterm to request assistance if needed with obtaining or understanding current academic standing. Students are required to meet with their faculty advisor as needed and at least once a semester to discuss all aspects of the program including academic progress and GPA. The College's Educational Resources Center provides a library and free tutoring to assist students. There are Educational Resource Centers located at each UAC Campus with knowledgeable staff available to assist students. Information related to the ERC is located in the Catalog Undergraduate, Appendix 26, page 31. There is not a separate document for Handbook Institution Student, as all of the policies are outlined in the Catalog Undergraduate, Appendix 26. The program also employs program tutors that are available on a regular schedule and, when available, at the request of students to provide support in practice and understanding of curriculum that is challenging to students. In order to support students and improve retention, students have laboratory access any time the campus is open through combination locks on the laboratory doors; however, electronic equipment remains behind key locked doors that students do not have access to without faculty or tutor supervision. Students have scheduled access to laboratories for practice with equipment requiring supervision outside of scheduled class during open laboratory hours with program faculty. Students may also schedule additional laboratory practice outside of class with core faculty or tutors as needed. Lab/classroom openings are discussed in the Program Student Handbook, Appendix 21, page 55. Student Services are available on all three campuses, by email, mail, and the UAC website. Academic support and financial aid resources are located within the division of Student Services. The College practices to improve retention through the Center for Student Success (CSS) which assists underserved and nontraditional students in college outlined in the Catalog Undergraduate, Appendix 26, page 49. The CSS collaborates with other College organizations to ensure support and unity; a number of services offered include personal development, food pantry, networking resources, and a career closet supplying students with professional apparel. The Center for Student Success webpage can be accessed through the College website, by selecting the "Student Life" tab, and then selecting "Center for Student Success". The College also encourages student involvement for diverse populations with the Student Diversity Association (SDA), which promotes cultural diversity and unity of all students regardless of race, age, or gender. SDA articulates the concerns of minority students and brings forth cultural understanding to all students. SDA also cultivates relationships within the community and other student organizations in order to promote academic success and social unity. Information related to the SDA can be found in the Catalog Undergraduate, Appendix 26, page 51.

The Program has outlined remediation policies when knowledge, behavior/skill deficits, or unsafe practices are identified which are outlined in the Program Student Handbook, Appendix 21, pages 39 – 41. The program curriculum is cumulative in nature and clinical skills are dependent upon successful completion of the didactic portion of the program. It is imperative that students demonstrate knowledge and competency in all required skills prior to being placed in a clinical setting. This is necessary to ensure the safety of the students, patients, family members, and healthcare workers alike. In addition to achieving a grade of 76% or better in each course, students must achieve 76% or better on the written exam average of each course. Each practical exam must be passed with a minimum score of 76% or better. Any student that does not achieve a passing grade average in each course or that is deemed unsafe during lab practicals (subject to remediation policies) or during a clinical rotation (subject to remediation policies) will be removed from the program as they have failed to safely progress through the didactic and/or technical phases of the program. Specific course instructors will be responsible for identifying the goals and objectives of remediation plans as needed, the timelines for implementation, and completion of the plan.

#### Written Examination Remediation

Opportunities to re-take written examinations will not be given. If a student fails to achieve a 76% grade on a written examination, the student will be required to perform remediation with the course instructor. This remediation may include, but is not limited to, additional study materials, review of examination, and/or written paper on deficient topics. No grade will be assigned for remediation and no change in original test grade will occur. The course instructor will be responsible for identifying the goals and objectives of the remediation plan, the timelines for implementation, and completion of the plan.

#### Lab Practical Remediation

Students will have one opportunity to re-take each lab practical, upon failure to achieve 76% or failure of a critical skill or safety element. The student will be required to perform remediation with the course instructor and schedule a re-take practical. This remediation may include, but not limited to, additional study materials, review of skills, and/or additional practice with peers. The highest grade the student can achieve on the re-take is a 76%. If a student fails the critical skill or safety criteria on the lab practical re-take, the student is given a grade of zero and will be dismissed from the program. These standards must be maintained to ensure that graduates of the program can successfully complete the licensure examination and are safe to progress to clinical education affiliations. The course instructor will be responsible for identifying the goals and objectives of the remediation plan, the timelines for implementation, and completion of the plan.

#### Skill Checks Remediation

As a means to ensure safety, the program will offer unlimited remediation for all skill checks during scheduled class and open lab hours. These skill checks are not associated with a grade but must be completed prior to taking the lab practical associated with the skills. Each course instructor will be responsible for skill check remediation.

#### Clinical Education Practicum Remediation

Students will have scheduled midterm clinical site visits with the DCE and clinical instructor, where the student progress, or lack thereof, will be discussed. Documentation of the clinical site visit will be made available for student review and will be maintained in student records. Students are encouraged to communicate any concerns regarding clinical education placements, clinical instructors, and/or passing/failing with the DCE at any point in a clinical education practicum. At midterm, if it is felt that that student is on track to fail the practicum, the DCE will meet with the student and clinical instructor to discuss and prepare a plan for remediation. The DCE, with input from the clinical instructor and student, will determine the level of remediation needed. Remediation may require skills practice in the lab, prior to continuing in the clinical education component of the program, or other form of review/practice, as indicated. All remediation strategies and clinical education hours must be completed in order to pass the clinical practicum. One remediation opportunity will be made available each clinical practicum. The DCE will be responsible for identifying the goals and objectives of the remediation plan, the timelines for implementation, and completion of the plan. At the

end of a clinical practicum, if an unforeseen student failure occurs, every effort will be made for a remediation opportunity as stated above. Since the program cannot guarantee placement, outside of the established dates of the clinical practicum, remediation may not be possible and the student may not graduate on time. All remediation and clinical education hours must be completed in order to graduate from the program. In the event that the CI and/or the DCE feel, that despite remediation efforts, the student continues to lack the skill to safely move on in the clinical component of the program, the student may be dismissed from the program. If at any time, the clinical instructor or DCE feel that the student demonstrates lack of professionalism, ethics, patient confidentiality or if the student has engaged in inappropriate sexual contact with a patient, the student will not be eligible for remediation and will be immediately removed from the program. In the event that a student is placed in a clinical setting where there is a conflict of interest or the student is placed in an unsafe, unethical, or unprofessional environment, the student will be removed from said facility and every effort will be put forth to place the student at a new clinical site. This will not be considered remediation and will be documented as an incident report. At any time, the DCE, at their discretion, may request a review by any or all of the following: Program Director, Medical Education Division Chair, Vice-Chancellor for Academic Affairs, and Chancellor. This review may be performed with student remediation, incidents, or change of clinical sites as deemed necessary. In the event that a clinical site refuses a student based on prescreening or professional/ethical behaviors, the program cannot guarantee placement at another site and the student may be removed from the program.

Policies and procedures related to student retention, progression and dismissal are outlined in the Policy Location Chart, Appendix 23.

#### 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.**

The Program curriculum plan is comprehensive, well documented, and incorporates the mission and goals of the College and the Program. The Program is not expected to utilize a state mandated curriculum plan. The curriculum is indicative of contemporary physical therapy and strives to prepare students for their role as a physical therapist assistant. The curriculum plan includes a series of sequential and integrated courses designed to facilitate student outcomes. The educational outcomes described in the curriculum are designed to prepare graduates to perform interventions and data collection and to assess patient safety and response to these interventions in a safe, legal, ethical, and effective manner under the direction and supervision of a physical therapist, as referenced in *A Normative Model of Physical Therapist Assistant Education Version 2007*, page 7. The curriculum plan reflects recognized standards of practice of the physical therapy profession as set forth by the APTA. Documents such as the *Guide for Conduct of the Physical Therapist Assistant* and *Standards of Ethical Conduct* are introduced during the first semester, in PTA 1112 Introduction to PTA. In addition, students are familiarized with and exemplify professional behavior in line with the *Value Based Behaviors for the Physical Therapist Assistant*. The students are formally assessed in ethical and professional behavior in at least one course each semester while engaged in the technical portion of the curriculum. The curriculum is designed to utilize the most contemporary, latest edition textbooks which include evidence based practices to provide the students with the most innovative education of the practice of physical therapy. Core faculty ensure curriculum is contemporary through professional development, clinical practice, and required journal readings and presentations to all faculty.

The curriculum is designed to prepare students to perform selected interventions and data collection techniques under the direction and supervision of a physical therapist. Beginning with PTA 1112 Introduction to PTA, students are introduced to the role of PTs and PTAs, the scope of PTA practice, the team approach to healthcare, and the governing principles of the State Practice Act. This foundation is built upon during subsequent program coursework and clinical education experiences. Technical courses allow students to build critical thinking skills and to apply knowledge to practical patient case scenarios. Students begin to understand the plan of care and treatment goals, create treatment strategies based on the plan of care, prepare appropriate documentation, apply evidence based research, and develop an understanding of their role within the healthcare community. As students progress in the curriculum, they are challenged to think and analyze more complex concepts and patient problems. Students are encouraged to integrate ethical practices to patient simulated cases in lab and, ultimately, to refine all aspects of their training in clinical education experiences.

##### 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.**

The general education requirements for the Applied Arts and Science degree are taken as prerequisites to the Program. For the AAS degree the College requires: 8 credits in Biology, 6 credits in English, 3 credits in Mathematics, 3 credits in Student Personal Development, 3 credits in Psychology, 3 credits in Medical Education, and 3 credits in Business. The courses selected to prepare the students for the technical education courses include: Anatomy and Physiology I & II, Composition I & II, College Algebra, Success Strategies, Developmental Psychology, Medical Terminology, and Microcomputer Application.

Anatomy & Physiology I & II are foundational courses, which study the structure and function of the human body. The focus of A & P I is anatomical terms, biochemistry, cells, histology, the integumentary system, the skeletal system, the muscular system, and the nervous system. A & P II covers the endocrine system, the cardiovascular system, lymphatics and immunity, the respiratory system, the digestive system, nutrition and metabolism, the urinary system, fluid and electrolyte balance and human reproduction. Together these courses lay a foundation upon which the program content builds. Composition I & II prepares students to communicate effectively through written and verbal experiences. These courses are important to develop skills that will better allow students to communicate effectively with patients, families and healthcare professionals by means of verbal interactions, documentation, presentations and in-services that may be required as a physical therapist assistant. College Algebra is designed to prepare students for complex thinking in a professional environment. Students will study algebraic processes in inequalities and equations of quadratic and higher degree in order to foster higher-level thinking and critical thinking skills vital to the field of physical therapy. Success Strategies is designed to improve student success in college coursework. Students are taught to develop successful study habits and other academic strategies to reach their educational objectives. This course is taken in the first semester to develop good study habits for academic success in future college courses. Developmental Psychology is a comprehensive survey of human growth, maturation, and development over the lifespan. This course lays the foundation for understanding normal development and maturation of the individual. This course will provide the necessary reference point to enable students to better understand how disease and disorder may contribute to changes from the norm. Medical Terminology prepares health career students to spell, define, and pronounce basic and complex medical terms related to the body systems. This course provides students with a solid foundation in the knowledge and usage of medical terms. Microcomputer Application gives students the basic skills required to operate word processors, spreadsheets, presentation software, data base software, email and internet. This course is vital to the students entering the healthcare field due to the mandated electronic medical record. This is also helpful for students entering the Program with an introduction to presentation and other software materials utilized in the classroom.

**6C**  
**The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.**

The curriculum plan is a hybrid model involving a two-year design plan that begins with one year of basic didactic instruction, which includes foundational science, and one year of technical physical therapy didactic and clinical education. This model allows for content to progress from simple to complex.

The curriculum plan is based on a number of educational theories where students move from passive participants to active participants in the learning process. Utilizing the behaviorism learning theory students are engaged in lecture, simulation, and demonstration in order to facilitate learning the course material, students are assessed by multiple choice and recall. Utilizing the cognitivism learning theory students are further engaged in problem solving and concept mapping to encourage reflective thinking; students are assessed by essay questions, presentations, and projects. Further, utilizing the constructivism learning theories students are engaged in reflection, role modeling, case scenarios, and collaborative learning in order to facilitate case-based learning typically without emphasis being placed on grading. The curriculum plan also considers adult learning, cognitive learning, and cumulative learning theories allowing for students to build on their basic knowledge and develop more complex knowledge, assessment tools, and skills, which students then apply to actual patients in the clinical education component of the curriculum. Students use collaborative and cooperative learning techniques in laboratory practice that allows students to rely on their strengths as well as the strengths of others to facilitate learning. This technique allows for a more collaborative learning environment, which demonstrates teamwork, indicative of a PT-PTA relationship and a multi-disciplinary healthcare team member. The curriculum plan also uses Kolb's experiential learning cycle to promote learning via didactic teaching in laboratories, and further application in extended lab hours, and student clinical education experiences.

**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
<a href="#">Appendix 36 Plan of Study.pdf</a>

The Program curriculum plan is a 1+1 model with organized, sequential educational experiences. The course sequence is planned to build upon course learning objectives and outcomes. The curriculum consists of nine general education courses which are considered pre-requisites for program admission. There are thirteen core technical courses including three clinical education courses, one of which is integrated and one which is the terminal clinical practicum. The curriculum plan is five semesters of study of which four semesters total sixty-seven weeks and the summer term totals ten weeks. The curriculum plan reinforces basic knowledge and skills learned throughout the courses of study, continually integrating new knowledge while relying on retention of previously learned information. The sequence and progression of coursework for the PTA Program is as follows:

In semester 1, students begin with thirteen credit hours of general education courses: English Comp I, College Algebra, Anatomy & Physiology I and Success Strategies. Each of these courses lay foundational concepts for the technical courses of the program. Success Strategies is a course designed for provide students with critical study habits to promote persistence through the curriculum and completion of the program.

In semester 2, students are required to complete sixteen credit hours of general education: English Comp II, Developmental Psychology, Anatomy & Physiology II, Medical Terminology and Microcomputer Application.

Semester 3 is the first technical semester of the program. Students enroll in nineteen credit hours. PTA 1112 Introduction to PTA, offered by distance education, is an introduction to the history of the profession, the role of the PTA and legal and medical healthcare issues. PTA 2303 Pathophysiology, offered by distance education, is the study of the diseases that affect the body systems so that students are prepared to encounter diseases and disorders involving the major systems and chronic illnesses commonly seen in physical therapy. PTA 2314 Movement Science is the study of human movement combining anatomy concepts and biomechanical concepts which are critical to applying principles of therapeutic exercise to orthopedic and general medical conditions. PTA 2203 Basic Patient Care Skills introduces the students to skills such as transfer training, basic gait training with assistive devices, and the use of personal protection/universal precautions. PTA 2205 Therapeutic Agents addresses biophysical agents and therapeutic massage, and PTA 2322 Administration and Management, offered by distance education, involves the operations of a physical therapy services, including legal issues, reimbursement, and regulatory agencies.

In semester 4, students experience a block schedule of the following courses: PTA 2404 Therapeutic Exercise is sequenced after anatomy and kinesiology concepts to better understand appropriate phases of therapeutic exercise for conditions and interventions across the lifespan.; PTA 2403 Data Collections teaches students to assess movement, strength, posture, and aerobic capacity; PTA 2413 Rehabilitation Techniques involves treatment of chronic conditions such a wounds, residual limb care, orthotic/prosthetic management, and chronic pulmonary disease interventions. In addition students learn about mobility at home and in the community. These courses are followed by PTA 2424 Clinical Practicum I which is a 4 week, full-time, integrated clinical education experience. Students should be prepared to refine all of the skill competencies completed to this point in the curriculum. Prior to PTA 2424, students have not received didactic instruction in neurological interventions therefore, students will not address neurologically related rehabilitation concepts and procedures during this clinical education experience. After successful completion of PTA 2424 Clinical Practicum I, students progress to PTA 2514 Neurorehabilitation that covers neuroanatomy, motor development, motor control, and management of neurologic conditions. Conditions and interventions address populations across the lifespan. The biophysical, psychological and sociocultural theories across the life span are discussed, including the normal development process and how normal developmental processes can be the framework for treatment. Conditions such as CVA, spina bifida, and CP are reinforced in PTA 2514 Neurorehabilitation from first introduction in PTA 2303 Pathophysiology with treatment strategies included.



In the final summer semester, semester 5, students are enrolled in PTA 2524 Clinical Practicum II and PTA 2624 Clinical Practicum III which are each 5 week courses that allow students to be assigned to two different clinical education experiences with the expectation of achieving entry level at the conclusion of the terminal clinical practicum. PTA 2503 PTA Seminar, offered by distance education, prepares the student for the licensure examination and employment and is ongoing throughout PTA 2524 Clinical Practicum II and PTA 2624 Clinical Practicum III.

Information related to the Program is communicated to students through the Catalog Undergraduate, Appendix 26, pages 76 – 77; course descriptions are outlined in pages 101 – 123. Please refer to Plan of Study, Appendix 36.

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

Name
<a href="#">Appendix 47 Course Syllabi WinZip.zip</a>

Please refer to the Course Syllabi WinZip file, Appendix 47.

**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 curriculum plan includes learning objectives that are stated in behavioral terms. The course syllabi outline the course objectives that identify the depth and breadth of the learning expectation. Bloom's Taxonomy is utilized to state the instructional objectives of program courses and include the cognitive, affective, and psychomotor domains. For example, in PTA 1112 Introduction to PTA objective 1.0 *Describe the evolution of physical therapy and the creation of the physical therapist assistant*, which is further outlined in objective 1.1 *Outline historical milestones that influenced physical therapy* and objective 1.3 *Outline the evolution of the physical therapist assistant in the US and globally*. Another example is in PTA 2413 Rehabilitation Techniques objective 1.0 *Demonstrate competence in implementing airway clearance techniques as outlined in the plan of care*; 1.1 *Discuss appropriate positioning with airway clearance techniques*; 1.2 *Demonstrate instruction of coughing techniques during airway clearance*.

Throughout the curriculum more complex outcomes are built on foundational knowledge acquisition. In the third semester, the beginning technical courses allow students to learn facts and basic concepts of physical therapy and to be able to explain those concepts. Learning objectives use terms such as define, list, describe, utilize, and discuss. For example, in PTA 2303 Pathophysiology objective 2.0 *Describe the inflammation and its role in healing*. As the student progresses through the curriculum, the learning activities are designed for students to begin to apply the concepts to new situations and to begin to draw connections between concepts. Learning objectives use terms such as distinguish, differentiate, analyze, and compare. For example, in PTA 2404 Therapeutic Exercise objective 8.1 *Compare the precautions for the patient with anterior and posterior approaches to hip replacement*. In addition, learning experiences are designed for students to justify or rationalize their decisions and produce or create new work; learning objectives such as diagram, design and create are used; PTA 2515 Neurorehabilitation objective 5.4 *Create a treatment framework based on the developmental sequence*.

An example of the increasing complexity of an expected competency is the first semester of PTA courses, students learn how muscles function, PTA 2314 objective 5.3 *Recognize how muscles function as agonist, antagonist, synergist and stabilizers*. In the second semester students apply their knowledge of muscle to stretch and strengthen UE muscles, PTA 2404 Therapeutic Exercise objective 8.0 *Demonstrate exercise protocols for common surgical interventions*. This skill will then be expected in Clinical Practicum I PTA 2424, Clinical Practicum II PTA 2524 and/or Clinical Practicum III PTA 2624 under *Skill 16 Interventions: Therapeutic Exercise* as outlined in the PTA MACS.

Another example would relate to gait training due to musculoskeletal injury. In the first semester, PTA 2303 Pathophysiology objective 1.4 *Identify common medical and surgical conditions seen in patients throughout the lifespan being treated in physical therapy*. In PTA 2203 Basic Patient Care Skills objective 7.3 *Identify gait patterns and weight bearing status typically used with specific assistive/adaptive devices*, objective 7.4 *Demonstrate competence in gait training with and without assistive devices*, and objective 7.5 *Recognize the levels of patient assistance for gait training*. Then in the second semester, students progress knowledge of gait in PTA 2403 Data Collections objective 7.0 *Demonstrate competence in performing data collection skills related to the gait cycle*, and objective 7.4 *Accurately record findings of gait analysis*. In PTA 2413 Rehabilitation Techniques objective 5.3 *Demonstrate motor function training (i.e. balance, gait) with a simulated patient with a device with an orthotic/prosthetic*. This competency will then be expected in Clinical Practicum I PTA 2424, Clinical Practicum II PTA 2524, and/or Clinical Practicum III PTA 2624 *Skill 14.5 Data Collection: Gait, Locomotion & Balance* as outlined in the PTA MACS.

**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.**

The curriculum plan includes a variety of effective instructional methods, in order to maximize learning, including lecture, discussion, demonstration, return demonstration, presentation, quiz, laboratory practice, lecture exam, lab exam, Blackboard, and video. Lectures are incorporated in each course excluding the clinical education courses; many of the courses are web-enhanced with assignments, discussion boards, classroom discussions, experiential learning, active learning activities, and audio-visuals through external links. These methodologies are used for knowledge acquisition and comprehension. The laboratory portion of courses are also used for knowledge acquisition and comprehension but allow students to apply and practice the psychomotor skills of treatment interventions and data collection that are expected and are integrated as part of coursework. Skills are demonstrated with ample time to practice with peers and instructors, return demonstrate the skill in the form of a skill check, and later be tested in a practical to ensure mastery and safety of skills. Case studies, oral presentations and role playing are frequently utilized to help students synthesize course content, reinforce the physical therapist/physical therapist assistant relationship, and to develop skills in reading a physical therapy evaluation and plan of care to determine the appropriate intervention strategies. The variety of instructional methods are based on the course content, the expected student outcomes, and are intended to meet the specific needs of the students' learning styles.

**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 program faculty utilize a variety of evaluative methods to measure student achievement which are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Evaluation of student performance in the cognitive domain is assessed through written quizzes, written examinations, assignments, and projects including papers, article reviews, and group projects and presentations. Didactic courses in the program have written examinations at various intervals throughout the semester. Quizzes are used for formative evaluation and are given at intervals across the length of each course. Summative assessment by way of unit exams and comprehensive final examinations are also used in a number of program courses. Evaluation of the psychomotor domain includes informal skill demonstrations, which tend to target only one skill and are more formative in nature, referred to as a skill check. Lab practical examinations, which are summative in nature, include the combination of a number of skills and serve to evaluate the student's ability to transition from one skill to another. Each skill check and lab practical rubric identifies critical skills and critical safety elements that must be completed without instructor assistance. Evaluation of the affective domain occurs in several ways. Verbal, non-verbal communication, and written communication are evaluated by simulated patient treatments during lab practical scenarios, treatment documentation, written assignments, and the Professional Behaviors Assessment Tool, Appendix 1. Another critical affective skill is responding which is assessed during simulated treatments for skill checks and lab practicals as students must respond appropriately during patient interactions. Learning objectives such as list, explain, identify, and recognize are evaluated by written examinations. Learning objectives such as apply, administer, and demonstrate are evaluated with a skill based performance by means of skill checks and lab practical examinations.

Core faculty assure students are academically ready to progress to clinical education practicums by requiring not only a 76% course average but also a 76% written examination average for each course. Further, to assure students are clinically ready and safe to progress to clinical education, students must pass each practical examination with a minimum of a 76%, subject to remediation policies. The Program utilizes rubrics for lab practicals that identify point values, as well as critical skills and critical safety elements that are linked to automatic failure, if not successfully performed. Any student that does not achieve the passing average in each course or that is deemed unsafe during lab practical examinations is removed from the Program as they have failed to safely progress through the program. Additionally, the Program utilizes a data tracking tool the Clinical Education Readiness Table, located in Clinical Education Documents, Appendix 13, bookmarked by document title; this table ensures that all students have a passing written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behavior, and are competent, safe, and ready to progress to the clinical education portion of the curriculum.

The Program utilizes the PTA MACS as well as the Clinical Site Visit Form and Clinical Education Grading Rubrics, both of which are found in Clinical Education Documents, Appendix 13, bookmarked by document title, and are used to assess performance during clinical education experiences. The PTA MACS instrument is a formative and summative assessment tool for our students at each clinical site and throughout their entire clinical education component. The PTA MACS allows skills, once considered mastered, to be challenged where the student is required to repeat the skill mastery. Each clinical practicum syllabus identifies the level of student performance that must be met for successful completion. The DCE will closely monitor student progress through the required skills and performance expectations for each skill. The program bases achievement of clinical course objectives from the PTA MACS scoring at the end of each practicum. The Program may also consider feedback from clinical site visits, and from the clinical instructor to determine whether a student passes a clinical course in the program. The Clinical Education Grading Rubrics ensure that students have achieved the objectives stated for each clinical education experience outlined in the corresponding clinical practicum syllabus.

The Program ensures that the tools utilized to evaluate student performance are appropriate for the instructional content and for the expected level of student performance by annual review of curriculum, including clinical education, as outlined in the Program Systematic Evaluation Plan, Appendix 5, which is the same document as the Curriculum Assessment Matrix, Appendix 12. When results fall below the anticipated outcomes, the response may include revision or replacement of implemented tools.

## **6I**

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

---

The curriculum plan includes courses offered by distance education; methods for distance education meet expectations as outlined in 6I 1 – 6I 8.

**[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 primary faculty teaching by distance education is Suzanne Brown. Dr. Brown has taught using computer technology since 1995. She has used Blackboard Learning Management System for teaching face-to-face, hybrid, and online courses. In 2001, she was the primary curriculum designer for the online transitional DPT program at AT Still University in Mesa, Arizona. She has taught in the online transitional DPT program at University of New England since 2006. Dr. Brown's course evaluations at UNE have consistently been rated between four and five on a five-point system. She utilizes webinar software to present lectures, as well as integration of shared desktops and shared documents in teaching. She has attended conferences on online learning sponsored by Blackboard in 2008 through 2010. She has trained faculty and presented on online education at the European Union Congress Meeting in September 2008 (Distance Learning Instructional Methods in Physiotherapy Education, poster presentation and Distance Learning Preferences in Post-Professional Physiotherapy Education: Program Characteristics, platform presentation. 2nd European congress on Physiotherapy Education, Stockholm, Sweden.) Dr. Brown presented in May 2015 on Academic Integrity Practices by Faculty in Physical Therapy Education Programs, at the World Confederation of Physical Therapy 2015 Congress May 1-4, Singapore. This presentation included both face-to-face and online practices. In her online courses, Dr. Brown utilizes PowerPoint slide presentations, hyperlinks to web-based multi-media resources, facilitated prompts for discussion, self-paced learning modules, and discussions. Dr. Brown believes that phone availability is key in order to establish a personal relationship with students when teaching online. Students are introduced to web-based materials for professional development and lifelong learning such as RSS feeds of current literature, efficient evidence-based searching strategies, and social media uses of technology to facilitate practice. Assessment methods depend on the course content. Content assessed at the remember and understand levels of Bloom's Taxonomy are tested in quizzes, worksheets, and timed short answer writing. Content at the apply and analyze levels are tested with written responses to case scenarios, critical analyses of topics, and group assignments with identified individual responsibilities. Content at the evaluate and create levels normally require graded discussion or rubric graded projects at end of course that have intermittent parts submitted throughout the term to avoid for-hire writing.

Both full-time faculty members, Jennifer Sanderson and Heather Orr, are effective in the provision of distance education as evidenced by Blackboard training and current use of Blackboard Learning Management System as course enhancement. Program faculty were members of the College Distance Education Committee from 2017 to 2018 where they served under the direction of the Distance Education Director. The mission of the Distance Learning Committee is to instill and ensure excellence in alternative methods of instruction at the College. This Committee strives to provide a standard of excellence to foster the intellectual and personal development of students learning from various locations and implement new technologies embraced by the student body fostering a learning environment that is engaging for both the student and instructor. The committee ensures that training is provided in these technologies for all instructors and remains open to student evaluation of our services. The Distance Education Committee develops and maintains distance learning programs that uphold the quality and academic rigor of traditional classes at the College, notifies the administration, faculty, and staff of changes in technologies affecting distance learning, mentors instructors in the best practices for maintaining course integrity and quality in the distance learning environment, maintains awareness of new technologies in distance learning and recommends implementation of and training for those innovations as budget allows, ensures that all instructors are competent in the use of technologies involved in distance learning, evaluates student response to distance learning programs, and implements needed changes based on those responses. Full-time faculty have ongoing mentoring in distance education with Suzanne Brown and Tammy Heminger, OTA Program Director.

Mrs. Sanderson has taught using computer technology since 2017 where she uses Blackboard Learning Management System, as an enhancement, for teaching face-to-face courses. Student evaluation of instructor revealed that Mrs. Sanderson provided a respectful environment, provided learning activities that encouraged active learning, and provided a number of learning formats to address learning styles. Students further indicated that she was easy to understand, always prepared and enhanced their knowledge with no suggestions for improvement. Please refer to Faculty Evaluations, Appendix 10, bookmarked by faculty name.

Mrs. Orr has taught using computer technology since 2014. She has used Blackboard Learning Management System for teaching face-to-face courses in a flipped classroom format. Mrs. Orr was the primary instructor at the College for OTA 2104 Human Movement, from 2014 – 2017, where she taught face-to-face using Blackboard Learning Management System as a course enhancement. End of course surveys for the OTA Program indicated that Mrs. Orr was easy to understand, always prepared, clearly articulated objectives, grading procedures, and attendance requirements. Students indicated that rubrics were made available for all assignments and that the instructor demonstrated knowledge of the subject while allocating appropriate time for learning activities. Students revealed that the course had an atmosphere of mutual respect and she was always available and willing to help by showing a genuine interest in student learning. Students agreed that Mrs. Orr fostered and encouraged critical thinking to challenge students. Students did not identify areas that needed improvement. Please refer to Faculty Evaluations, Appendix 10, bookmarked by faculty name. Mrs. Orr was also the primary instructor at Northeast Texas Community College PTHA 2531 Management of Neurologic Disorders, from 2015 – 2017, where she taught face-to-face using Blackboard as a course enhancement in a flipped classroom format. She utilized the Blackboard LMS for both self-guided and audio PowerPoint presentations, as well as course announcements, assignments, discussions, quizzes, and exams. Mrs. Orr was consistently rated as meeting or exceeding expectations while at NTCC. She has attended conferences and training for distance education in 2016 and 2017. Mrs. Orr provided instructional technology training to program faculty at NTCC on use of Blackboard for examinations in 2017. She provided training to NTCC program students and faculty for use of a web-based EMR system. In doing so, she created education materials including written step-by-step instructions as well as screen capture videos for demonstration of its use. Mrs. Orr further demonstrates ability to be effective in the provision of distance education as evidenced by twelve college credit hours with emphasis on instructional technology and learning management systems including: ITED 315 Introduction to Instructional Technology, ITED 480 Management and Development of Instructional Technology, ITED 426 Instructional Video Development, and ITED 350 Technology for Instruction, Learning, and Communication.

**[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;**

---

Distance education courses have both the rigor of traditional classes and the flexibility of anytime/anywhere learning. Students are expected to maintain attendance in distance education courses as demonstrated by substantial contribution, as outlined in the College Catalog, page 26. The instructor will determine a substantial contribution as a homework assignment, a quiz or test, or an appropriately involved discussion board posting. The distance education courses in the Program have an online environment that replicates teaching strategies found in the classroom. The virtual equivalence of the classroom setting allows students to maintain the rigor of a face-to-face class meeting utilizing Blackboard learning management system. Discussion boards are utilized to emulate classroom discussions. Peer interaction is facilitated by the online environment. Web cameras allow for necessary student presentations or group collaboration. On Blackboard, students gain access to instructor's lectures and presentations, as well as peer discussions to facilitate learning. Assignments, that are the same in nature to a regular course, will be submitted with feedback provided throughout from the instructor. Course content may be supplemented with videos, hyperlinks, URLs and learning activities to better engage students and improve retention of material.

The College is a leader in Distance Education. The College won the "Excellence in Distance Education Programming Award" made by the Arkansas Distance Learning Association (ARDLA) in 2001, 2002, and 2012. The College has cross sectional committees comprised of faculty and staff. These entities work together to review and make recommendations to administration regarding the changing needs of the stakeholders of the College. If any updates are found, steps are implemented to see that improvements to processes and procedures are recommended to Administration. The Program Advisory Council reviews all curriculum, including distance education courses, and makes any recommendations to improve course presentation and rigor. The purpose of the Advisory Council review of distance education courses is to ensure contemporary practice techniques and evidenced based practice.

**[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 Program ensures student performance in distance education courses meets the expectations of the Program by outlining course objectives and methods of assessment, such as research, video presentations, quizzes, examinations, and assignments, in the course syllabi. Student learning outcomes are utilized to ensure students meet course objectives.

**[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 College ensures that student identity is confirmed during online course activities by assigning individual student identification number and password to each student in order to access the Blackboard LMS. All examinations for distance education courses in the Program are taken in a testing center or are proctored, face-to-face, by Program faculty or staff. In a testing center, students are required to present their student picture identification in order to verify their identity; they are also required to sign in for an examination and sign out upon completion of the examination.

**[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 Program maintains test security and integrity, for distance education courses, by providing testing in a testing center or proctoring face-to-face by Program faculty or staff. When utilizing a testing center, electronic examinations are password protected and monitored by testing center staff. The password is only provided to and entered by the testing center staff. In the event paper examinations are utilized, the testing center distributes and monitors these examinations as well. To further ensure security and integrity, examination questions are randomized. As stated in 6I4, when testing in a testing center, students are required to present their student picture identification in order to verify their identity and to sign in for an examination and sign out upon completion of the examination.

**[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 College ensures student privacy during distance education as it relates to the distribution of grades in the same method it ensures student identification. Student privacy is maintained by use of the student's individual username and password to the Blackboard LMS. This grants access to the grade viewer which displays their individual grade information. Students may also communicate privately with instructors via email. Examinations for distance education courses are graded by the course instructor to ensure student privacy.

**[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**

Students are charged an additional fee of \$90 per credit hour, for out-of-district students, when enrolling in distance education courses. Students are informed of tuition and fees prior to admission to the college in the Catalog Undergraduate, Appendix 26, page 12.

**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.**

Distance education students are afforded access to the same services that students on campus receive. Distance education students are provided access to academic counseling through Blackboard Collaborate, email, or telephone meetings in the event they are unable to meet at the campus. Students have access to review their academic progress through the Blackboard LMS. Program faculty are also available for individual course counseling via the Blackboard LMS, email, or telephone. The College does not provide any student health services. Disability Support Services is provided to distance education students by means of counselors that are accessible by Blackboard collaborate, telephone, and email. Financial aid services are provided to distance education students by college website, electronic forms, Blackboard Collaborate, email, or telephone to meet with the financial aid staff. Since all students attend face-to-face courses, in addition to distance education courses, program students have access to all campus services.

#### **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;**

The curriculum plan includes clinical education encompassing the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and continuum of care. The Program's expectations for types of patients and treatment that each student will have worked with, by the end of the program, are from pediatrics to geriatrics and expects each student to see patients from the 4 practice patterns as outlined in *The Guide to PT Practice*. The Program expects that students demonstrate data collection skills including: patient history/chart review, anthropometric measurements, arousal/mentation/cognition, assistive/adaptive devices, gait/locomotion/balance, integumentary integrity, joint integrity/mobility, muscle performance, neuromotor function, range of motion, self-care/home management, sensation/pain response, and ventilation/respiration/ and circulation. The program further expects that students demonstrate interventions including: implementation of plan of care (POC), modification within the POC, patient related instruction, discharge planning, therapeutic exercise, functional training/ADL's, therapeutic massage, manual therapy, and physical agents. Data collection and interventions are further outlined in the PTA MACS. Each student must perform, at minimum, one outpatient clinical education experience and one inpatient clinical education experience. The program will monitor that each student has the required clinical experiences by use of the Student Clinical Education Experiences Table identified in Clinical Education Documents, Appendix 13, bookmarked by document title. This is the same document as CE Student Experiences, Appendix 45; however student information cannot be provided at the time of the self-study since students have not yet had clinical education experiences. The DCE further monitors the students' exposure to diagnoses and populations through the PTA MACS, the Student Evaluation of Clinical Education Experience as well as through site visits. The DCE will collaborate with the Program Director to assess the clinical education component of the program. The program will use the Curriculum Assessment Matrix, Appendix 12, to guide the overall clinical education assessment plan. This assessment includes the review of a variety of inputs including the performance outcomes from the PTA

MACS. This information will be gathered through a review of all clinical facilities and placements, student evaluations of clinical sites and clinical faculty, PTA MACS outcomes, and data collected by the DCE during site visits. The variety of sites will be measured by the variety of diagnoses and patient ages seen by each student at the conclusion of Clinical Practicum III. The length and placement of the clinical education experiences will be analyzed with the clinical performance of students at the conclusion of the integrated clinical and the two terminal clinicals. Students failing to reach entry level with 14 weeks of clinical may suggest that additional clinical time could be needed.

### 6J2

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

Name
<a href="#">Appendix 45 CE Student Experiences.pdf</a>

The clinical education experiences encompass clinical settings representative of those in which physical therapy is commonly practiced as evaluated and agreed by the core faculty and the Program Advisory Council. The range of practice settings available include: acute care, day rehab, inpatient rehab, home health, long term care/skilled nursing, outpatient, and pediatrics. Students are required to complete three different rotations. Each student must perform, at minimum, one outpatient clinical education experience and one inpatient clinical education experience (acute care, long-term care, or inpatient rehabilitation). This is communicated to students in the Clinical Education Handbook, Appendix 22, page 13. Students are not expected, encouraged, or allowed to obtain neurologic intervention skills in PTA 2424 Clinical Practicum I, as students have not yet received the related didactic instruction. The neurologic skills that may not be performed or assessed in the first clinical practicum include 14.9 Neuromotor Function, 16.5 Inhibition/Facilitation, and 16.9 Motor Development Training. Students will not be placed in an inpatient rehabilitation setting that treats primarily neurological diagnoses, nor will they be placed in a primarily pediatric setting during PTA 2424 Clinical Practicum I. The program will monitor that each student has the required clinical experiences the Student Clinical Education Experiences Table identifies in Clinical Education Documents, Appendix 13, bookmarked by document title. This information can also be found in CE Student Experiences, Appendix 45.

### 6J3

#### involvement in interprofessional practice

The curriculum plan includes clinical education experiences that include involvement in interprofessional practice. The program expects that students demonstrate entry-level interprofessional skills by the end of the terminal clinical education experience to include: professional demeanor with interactions, demonstration of respect for others, appropriate responses in unexpected situations, confident interactions, understanding multiple roles of PTA, delegates tasks with effective interpersonal skills, recognizes impact of non-verbal communication, as delineated in and evidenced by Skill 2 of the PTA MACS. In order to ensure each student's involvement in interprofessional practice in the didactic portion of the curriculum, the program has identified course objectives, learning activities, and methods of assessment related to interprofessional practice.

Students are introduced to interprofessional collaborative care in PTA 1112 Introduction to PTA through online discussion, presentations, and web-based learning modules. Students identify methods of interprofessional collaboration to enhance the delivery of physical therapy services (Objective 4.0), identify patient conditions that may warrant collaboration with other members of the interprofessional team to assure patient safety and improve patient outcomes (Objective 4.1), and select appropriate oral, written, and nonverbal communications to effectively communicate with patients, healthcare professionals, and PT professionals (Objective 4.2). PTA 1112 syllabus outlines assignments and points available.

Students then apply this knowledge of interprofessional collaboration in PTA 2203 Basic Patient Care Skills where they will collaborate with a healthcare professional to manage a medical emergency scenario/simulation that commonly occurs in a clinical setting (Objective 5.9). Students review emergency management procedures and their roles. Students will be provided with a pre-briefing in best efforts to aid students in managing the emergency situation. Students encounter the medical emergency in a simulated lab experience and go through debriefing post emergency to aid in identifying appropriate and inappropriate actions as well as identifying what decisions should be different in the future and reflecting upon that experience. Students are then assigned a Reflection assignment that will be graded as outlined by the Reflection Rubric. PTA 2203 syllabus outlines assignments and points available.

In PTA 2413 Rehabilitation Techniques, students further apply this knowledge to demonstrate involvement in interprofessional practice through a case study project with occupational therapy assistant students (Objective 9.0) and collaborate with other allied health students to administer a component of rehabilitative services with a simulated patient (Objective 9.1). Program students collaborate with OTA students for review of assigned case studies where students will review, discuss, answer questions, and identify their roles. Program students participate in a simulated scenario where they must deliver a component of physical therapy services with an OTA student that must deliver a component of occupational therapy services. Debriefing will be provided to help students to identify components that were successful and areas that may need improvement. Students complete a reflection assignment, for this simulation, as it relates to the provision of services while collaborating with other disciplines. PTA 2413 syllabus outlines assignments and points available.

Students have an additional opportunity to engage in interprofessional practice in PTA 2404 Therapeutic Exercise where students are required to communicate effectively with patients/clients, family members, caregivers, practitioners, and interprofessional team members, including OTA and nursing, through a simulated patient scenario (Objective 9.0) as well as recognize the viewpoint of patients/clients, family members, caregivers, practitioners, and interprofessional team members through a case study (Objective 9.1). Students are provided a case scenario where it is identified they are working within an interprofessional team. Students must work through a simulated situation to communicate effectively and recognize other viewpoints outside of their own. Students complete a reflection assignment, after the simulation, to identify communication with others and consideration for the viewpoint of others. PTA 2404 syllabus outlines assignments and points available.

In the final semester students address interprofessional collaboration while enrolled in PTA 2502 PTA Seminar. Students outline methods of professional collaboration for the delivery of physical therapy services (Objective 3.0) as well as outline collaborative efforts during Clinical Practicums II and III with physical therapy professionals for the delivery of physical therapy services (Objective 3.1) and with other disciplines for the provision of rehabilitative services (Objective 3.2). Students will discuss these methods via discussion board prompts and develop a professional portfolio which includes interprofessional collaboration efforts. PTA Seminar syllabus outlines assignments and points available.

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

---

The curriculum plan includes clinical education experiences to include participation as a member of the PT and PTA team. During clinical education site visits, the DCE assesses appropriate PT/PTA relationship. Opportunities for participation as a member of the PT/PTA team include understanding the POC, implementing the delegated interventions, monitoring patient status/progress and reporting to the PT, selects and provides safe interventions based on the POC established by the PT as evidenced by Skill 15.1 in the PTA MACS. Additional expectations for participation as a member of the PT/PTA team includes: monitoring patient response and modification of interventions within the POC, recognition of inappropriately delegated interventions, clarification with PT, recognition of change in patient status requiring deferment to PT, progressing patient within parameters established in POC, and discussing changes in patient status with appropriate personnel as evidenced by Skill 15.2 of the PTA MACS.

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

---

The Program expects that students engage in site specific experiences, as opportunities arise, as evidenced by available skills 22.1 – 24.2 in the PTA MACS. The students will be required to demonstrate mastery (√ and +) for skill 12 by providing healthcare provider education in one of the three practicums. In order to provide students with experiential learning in the didactic portion of the Program, the Program has obtained signed memorandums of understanding for off-site experiences at Wadley Regional Medical Center Cardiac Rehab Unit and Christus St, Michael Fitness Center pool. Please refer to MOU, Appendix 31, bookmarked by practice.

### **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 curriculum plan for the program can be completed in five semesters. The curriculum involves a 1 + 1 full-time curriculum design plan that begins with one year of basic didactic courses which includes foundational sciences, and then moves to one year of program didactic courses and clinical education experiences. The curriculum includes twenty-nine prerequisite credit hours the first two semesters, followed by the core curriculum of forty-eight hours to be completed in three semesters. Specifically, the curriculum is designed with the first semester of thirteen credit hours to include, SPD 1003 Success Strategies, ENG 1113 Composition I, BIO 2064 Anatomy & Physiology I, and MATH 1023 College Algebra. The second semester is designed with sixteen credit hours to include ENGL 1123 Composition II, PSYC 2033 Developmental Psychology, BIO 2074 Anatomy & Physiology II, MED 1453 Medical Terminology, and BUS 1003 Microcomputer Application. In the third semester, the core curriculum is designed to begin in the fall with nineteen credit hours which includes PTA 1112 Introduction to PTA, PTA 2303 Pathophysiology, PTA 2314 Movement Science, PTA 2203 Basic Patient Care Skills, PTA 2205 Therapeutic Agents, and PTA 2322 Admin and Management. The fourth semester, in the spring, is designed for nineteen credit hours to include PTA 2404 Therapeutic Exercise, PTA 2403 Data Collection, PTA 2416 Rehab Techniques, PTA 2424 Clinical Practicum I, and PTA 2515 Neurorehabilitation, of which the clinical practicum consists of 4 credit hours and a 4 week rotation. The fifth semester, in the summer, is designed with ten credit hours to include PTA 2524 Clinical Practicum II, PTA 2624 Clinical Practicum III, and PTA 2502 PTA Seminar, of which each clinical practicum consists of one five-week rotation for 4 credit hours each. The total number of clock hours devoted to clinical education is 560 hours.

### **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.

---

The College awards an Associate of Applied Science degree upon satisfactory completion of the physical therapist assistant education program. In compliance with Program procedures, the DCE maintains a table that reflects the clinical education experiences provided to students. Please refer to Student Clinical Education Experiences Table, located in the Clinical Education Documents, Appendix 13, bookmarked by document title.

#### **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.

---

The Program curriculum is designed for the general education coursework to be completed within the first two semesters. Written communication is included in the plan of study, during the first and second semester, in ENG 1113 Composition I and ENGL 1123 Composition II consecutively, and develops the skills necessary for effective written communication via verbal interactions, documentation, presentations and in-services that may be required as a physical therapist assistant. Communications is also covered in MED 1453 Medical Terminology as students learn the language of the health sciences. Biological sciences are included in the plan of study, during the first and second semester in BIO 2064 Anatomy & Physiology I and BIO 2074 Anatomy & Physiology II consecutively. Behavioral and social sciences are designed to be included during the second semester in PSYC 2033 Developmental Psychology, which provides a comprehensive survey of human growth, including physical, behavioral, and social sciences. The principles of physical sciences needed to prepare students while enrolled in the technical portion program are included in several PTA courses such as biomechanics, principles of buoyancy and the electromagnetic spectrum included in PTA 2314 Movement Science, PTA 22005 Therapeutic Agents, and PTA 2413 Rehabilitation Techniques. Please refer to Plan of Study, Appendix 36.

### **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**[Appendix 37 7B PTA Content Chart.pdf](#)

The Program curriculum includes content and learning experiences about the cardiovascular systems in PTA 2303 Pathophysiology in objective 1.0, in PTA 2203 Basic Patient Care Skills in objective 1.4, in PTA 2404 Therapeutic Exercise in objectives 5.0 and 5.1, and in PTA 2424 Clinical Practicum I, PTA 2524 Clinical Practicum II, or PTA 2524 Clinical Practicum III (PTA MACS) in Skill 14.13.

The curriculum includes content and learning experiences about the endocrine and metabolic systems in PTA 2303 Pathophysiology in objective 1.0, and in PTA 2404 Therapeutic Exercise in objectives 7.0, 7.2, and 7.6.

The curriculum includes content and learning experiences about the gastrointestinal system in PTA 2303 Pathophysiology in objective 1.0 and in PTA 2404 Therapeutic Exercise in objective 7.6.

The curriculum includes content and learning experiences about the genital and reproductive systems in PTA 2303 Pathophysiology in objective 1.0, and in PTA 2404 Therapeutic Exercise in objectives 7.4, 7.5, and 7.6.

The curriculum includes content and learning experiences about the hematologic system in PTA 2303 Pathophysiology in objective 1.0, and PTA 2404 Therapeutic Exercise in objective 7.6.

The curriculum includes content and learning experiences about the hepatic and biliary systems in PTA 2303 Pathophysiology in objective 1.0, and PTA 2404 Therapeutic Exercise in objective 7.6.

The curriculum includes content and learning experiences about the immune system in PTA 2303 Pathophysiology in objectives 1.0 and 2.0, in PTA 2413 Rehabilitation Techniques in objective 6.1, and in PTA 2404 Therapeutic Exercise in objective 1.1.

The curriculum includes content and learning experiences about the integumentary systems in PTA 2303 Pathophysiology in objective 1.0, in PTA 2403 Data Collection in objectives 6.1 and 6.2, in PTA 2413 Rehabilitation Techniques, and in PTA 2424 Clinical Practicum I, PTA 2524 Clinical Practicum II, or PTA 2624 Clinical Practicum III in Skill 14.6.

The curriculum includes content and learning experiences about the lymphatic system in PTA 2303 Pathophysiology in objective 1.0, in PTA 2403 Data Collection in objectives 2.0 and 2.1, in PTA 2205 Therapeutic Agents in objective 3.3, and in PTA 2424 Clinical Practicum I, PTA 2524 Clinical Practicum II, or PTA 2524 Clinical Practicum III (PTA MACS) in Skill 14.1.

The curriculum includes content and learning experiences about the musculoskeletal system in PTA 2303 Pathophysiology in objective 1.0, in PTA 2314 Movement Science in objectives 2.4 and 4.0, and in PTA 2424 Clinical Practicum I, PTA 2524 Clinical Practicum II, or PTA 2624 Clinical Practicum III (PTA MACS) in Skills 14.7 and 14.8.

The curriculum includes content and learning experiences about the nervous system in PTA 2303 Pathophysiology 1.0, in PTA 2403 Data Collection in objective 5.1, in PTA 2515 Neurorehabilitation in objectives 1.0 and 6.4, and in PTA 2524 Clinical Practicum II or PTA 2624 Clinical Practicum III (PTA MACS) Skills 14.9 and 16.9.

The curriculum includes content and learning experiences about the respiratory system in PTA 2303 Pathophysiology in objective 1.0, in PTA 2413 Rehabilitation Techniques in objectives 1.1 and 1.3, and in PTA 2424 Clinical Practicum I, PTA 2524 Clinical Practicum II or PTA 2624 Clinical Practicum III (PTA MACS) in Skill 14.13.

The curriculum includes content and learning experiences about the renal and urologic systems in PTA 2303 Pathophysiology in objective 1.0, and in PTA 2404 Therapeutic Exercise in objectives 7.5 and 7.6.

The curriculum includes content and learning experiences about common medical and surgical conditions in PTA 2303 Pathophysiology in objectives 1.0, 1.2, and 1.4, in PTA 2413 Rehabilitation Techniques objective 3.1, and in PTA 2404 Therapeutic Exercise in objective 8.0.

Please refer 7B Content Chart, Appendix 37, and Plan of Study, Appendix 36.

**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.**

---

The students begin to understand the roles of the PT and the PTA in the first technical course of the PTA curriculum. In PTA 1112, Introduction to PTA (Term 3) students will learn about the roles of the PT and the PTA, and the scope of work of the PTA. This is reinforced in PTA 2203 Basic Patient Care Skills, (Term 3) as a number objectives include language about the supervising PT, and that the PTA is working as directed by the PT plan of care. In courses designed to teach interventions and data collections, PTA 2205 Therapeutic Agents (Term 3), PTA 2413 Rehabilitation Techniques (Term 4) and PTA 2514 Neurorehabilitation (Term 4) learning objectives continue to reinforce the relationship of the PT/PTA.

**PTA 1112 Introduction to PTA**

2.1 Analyze (compare and contrast) the scope of work/practice for the physical therapist, physical therapist assistant, and physical therapy aide.

2.2 Identify factors that influence if a PTA can safely treat a patient.

2.3 Recognize the role and contribution of the PTA in all steps of patient care management including prevention, examination, evaluation, prognosis, plan of care, treatment, chronic care, and discharge.

3.0 Describe various clinical and professional relationships between the PTA and the supervising PT.

**PTA 2203 Basic Patient Care Skills**

5.8 Identify clinical responses and situations that require the attention of the supervising physical therapist.

8.1 Identify lab values that may interfere with interventions prior to carrying out the PT plan of care.

8.2 Identify diagnostic tests, specialty reports/consultations and any implications prior to carrying out the PT plan of care.

**PTA 2205 Therapeutic Agents**

10.0 Demonstrate the knowledge, theory, and clinical judgement necessary to implement a treatment session based on the plan of care, in simulated lab scenario with biophysical agents.

10.2 Recognize effective communication with the physical therapist in regarding the plan of care to achieve short and long-term goals and intended outcomes.

10.4 Recognize the need to report any changes in patient/client status or progress to the supervising physical therapist.

**PTA 2514 Neurorehabilitation**

9.2 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long-term goals and intended outcomes.

9.3 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.

9.6 Contribute to discharge planning and follow-up processes as directed by the supervising physical therapist; communicate effectively with all patients/clients, family members, caregivers.

**PTA 2413 Rehabilitation Techniques**

2.3 Create a treatment session that could be implemented within the plan of care.

6.0 Demonstrate competency in implementing wound management as identified in the plan of care.



Please refer to Plan of Study, Appendix 36.

## **7D**

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### **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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D2**

**Report to appropriate authorities suspected cases of abuse of vulnerable populations.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D5**

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D6**

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D7**

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D8**

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

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

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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).**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**7D16**  
**Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**7D19**  
**Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**7D20**

**Report any changes in patient/client status or progress to the supervising physical therapist.**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.**

Joint mobilizations to include Grades I-IV are taught to competency in the Program as the State of Arkansas allows Physical Therapist Assistants to perform joint mobilizations as instructed by a Physical Therapist if trained in joint mobilization and because it is expected regionally.

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**7D22**

**Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**Intervention**

**Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:**

**7D23a Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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**

Joint mobilizations to include Grades I-IV are taught to competency in the Program as the State of Arkansas allows Physical Therapist Assistants to perform joint mobilizations as instructed by a Physical Therapist if trained in joint mobilization and because it is expected regionally.

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

**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.)**

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

### **7D23g [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Patient/Client Education**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### **7D23h [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Therapeutic Exercise**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### **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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

## **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)**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D24b Anthropometrical Characteristics: measurements of height, weight, length and girth**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D24c Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D24e Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### **7D24g Joint Integrity and Mobility: detect normal and abnormal joint movement**

---

Joint mobilizations to include Grades I-IV are taught to competency in the Program as the State of Arkansas allows Physical Therapist Assistants to perform joint mobilizations as instructed by a Physical Therapist if trained in joint mobilization and because it is expected regionally.

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D24i Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D24k Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D24l Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**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**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D25**

**Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D26**

**Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**Participation in Health Care Environment****7D27**

**Contribute to efforts to increase patient and healthcare provider safety.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

---

**7D28**

**Participate in the provision of patient-centered interprofessional collaborative care.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### 7D29

#### **Participate in performance improvement activities (quality assurance).**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### Practice Management

#### 7D30

#### **Describe aspects of organizational planning and operation of the physical therapy service.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

#### 7D31

#### **Describe accurate and timely information for billing and payment purposes.**

---

Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the Program Objectives and Methods of Assessment document, Appendix 14. Please also refer to Plan of Study, Appendix 36.

### **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.**

---

The collective core faculty is sufficient in number. The College faculty workload policy is outlined in the Handbook Institution Faculty, Appendix 24, on page 62. Typically, each full time faculty member is required to teach 18 credit hours per semester. Due to the nature of allied health programs and the amount of time necessary to meet teaching and service expectations, achieve expected program outcomes through student advising and mentorship, admission activities, educational administration, curriculum development, instructional design, coordination of activities for off-site experiences and guest lecturers, coordination of the clinical education program, governance, clinical practice and assessment of student and program outcomes, the program is comprised of two full-time faculty members and one part-time faculty member. Jennifer Sanderson, PT, licensed in the states of Arkansas and Texas, is assigned on a full-time basis to the Program as a core faculty member and the Program Director. Heather Orr, PTA, licensed in the states of Arkansas and Texas, is assigned on a full-time basis to the Program as a core faculty member and Director of Clinical Education. Suzanne Brown, PT, licensed in the state of Arizona, is assigned on a part-time basis to the Program as a core faculty member.

The Program determines the number of core faculty needed to accomplish all program activities based on clinical experience, teaching needs, administration needs of the Program, student advising, admissions processes and other institutional and Program responsibilities. Core faculty to student ratio is 1:16 and during the laboratory opportunities, the average lab faculty to student ratio will be 1:16. Although course instruction load varies slightly by semester, each full-time core faculty will teach an average of no more than nine credit hours in the fall and spring semesters, as outlined in the Handbook Program Faculty, Appendix 25, page 25. This teaching load allows the release time for Program Director to complete administrative responsibilities and allows the DCE to complete clinical education administrative responsibilities, midterm and final student clinical site visits, contract development, and development of educational/reference materials for clinical instructors. This workload further allows for institutional responsibilities including membership on one committee, faculty/staff meetings, participation in annual commencement services, and completion of required faculty development. Additionally, this workload allows for full-time core faculty to participate in program student advising, prospective student advising, admission process, interviews for admission, and the admissions review process as outlined in Handbook Program Faculty, Appendix 25, and training of support staff as needed.

#### 8B

**The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.**

---

The Program has adequate secretarial/administrative and technical support services. The program shares an administrative assistant/academic advisor with the OTA Program. This assistant is located on the Ashdown campus and is responsible for providing services related to printing, copying, travel/purchase reconciliation, travel arrangements, conference scheduling, purchasing, fielding phone calls, and scheduling appointments with prospective students. As deemed necessary by the program director, the administrative assistant may assist with the intake of program applications, assist with scoring of program applicants, assist with scheduling prospective student interviews, and other tasks as assigned by core faculty. The administrative assistant may also assist the DCE in maintaining updated contracts, cold calling clinical sites, and scheduling site visits as deemed necessary by the DCE. Please refer to Support Staff Job Descriptions, Appendix 29, bookmarked by job title.

In addition to the Program administrative assistant, discussed above, the program has access to the Medical Education Administrative Assistant, housed on the Dequeen Campus. The Medical Education administrative assistant provides services related to printing, copying, travel arrangements, conference scheduling, purchasing, fielding phone calls, and filing. The Medical Education Administrative Assistant travels to the Ashdown campus for assistance when needed.

Additional support staff is also available to the Program including the IT department, that manages technology needs, and the Distance Education Director, that manages the Blackboard learning management system and the distance learning processes. Please refer to Support Staff Job Descriptions, Appendix 29, bookmarked by job title.

When needed, the Division Chair for Medical Education is also available for program, faculty, and student support. The Vice Chancellor for Academic Affairs is available for support related to academic affairs and as the institutional curriculum coach.

## **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.**

---

Financial resources are adequate to support the continuing viability of the Program. Institutional revenue sources are received through the state of Arkansas, local sales tax, and tuition and fees generated by student enrollment. Funding for the Program is provided through institutional funds and the College foundation. The College dedicates resources to all programs on a yearly zero balanced budgeting process. This process begins nine months in advance of the fiscal year and is completed through input from employees of the department. Each revenue source to support the program is stable, usually only showing a two to three percent variance from year to year.

The current budget is sufficient to achieve the Program mission, goals, expected outcomes, fulfill the Program's obligation to program students, and ensure the quality of the Program will be sustained. The College does not earmark specific funds for certain activities, but rather creates a focused budget and then combines all revenues to meet the needs of the departmental budget, ensuring each line item is funded. Short-term budget planning occurs each year, beginning at the start of the second quarter of the fiscal year. During the nine months following, the College has campus-wide budget meetings where department chairs provide input related to the funding necessary to effectively manage those departments. Budgetary planning takes into account program, student, faculty, and administrative needs. The long-term budgeting process is based on the expected growth of a program, accreditation standards, equipment replacement schedules, contemporary practice, and any federal and state guidelines. Additional grant funds or private donations are not included in the operating budget, but are used to improve program facilities and equipment.

The current Budget Allocation and Expense Statements reflect three full time faculty members despite the current program make-up of two full-time and one part-time faculty. This has been done to ensure that funds are available to hire and sufficiently mentor the third faculty member for a substantial period of time for the future replacement of the temporary part-time faculty member. This budget outlines salary expenses that are reflective of annual salary increases; therefore, the overall total operating expenses reflect this increase from year to year. The current budget reflects a stable faculty development allocation of \$15,000 each year, in recognition that program faculty's clinical knowledge must remain relevant to the contemporary practices of physical therapy. This is consistent with the clinical education allocation including the clinical faculty development and travel to clinical sites. The clinical faculty development remains stable at \$7500 each year and the travel to clinical sites remains stable at \$1250 each year. The budget reflects stable operational budget, including supplies, communication, and reproduction of \$14,500 each year as well as a stable equipment budget, including repairs and acquisition, of \$27,000 each year in order to ensure sufficient contemporary clinical equipment.

During the monthly review of budget reports, the Program Director found that the institution's program budget statements did not reflect the Budget Allocation and Expense Statements submitted to CAPTE. The Program Director notified the Division Chair and CFO of the noted discrepancy. After thorough review, it was found that the supply budget was reduced by \$1000 and the clinical faculty development omitted. The Division Chair and CFO explained that the clinical faculty development funds were allocated through the department of the Vice Chancellor's office instead of the Program budget. The Division Chair and CFO further indicated that due to the inability to alter current budgets, the College may pull from institutional general funds to allow for necessary expenses if the program demonstrates such need.

## **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 program classrooms and laboratories are housed in the College Ashdown campus main building. The space is dedicated solely to the program and is able to accommodate the planned class size of 16 students. The rooms are newly remodeled and painted, well lit, with ceramic tile throughout.

Classroom #122 measures twenty-six feet by twenty-seven feet with a storage closet in the classroom that measures two feet by five feet. This classroom houses tables and chairs for lecture style format with projector, smart white board, and podium with desktop computer for lecture and video presentation. The storage room houses a number of wheelchairs.

Laboratory #120 measures twenty-five and a half feet by twenty-seven feet with a storage closet in the laboratory measuring two feet by five feet. This room, which remains locked, contains a high-lo mat, two hospital beds, four IV Poles, two over-the-bed tables, two rolling night stands, a treadmill, an elliptical trainer, a recumbent bike, three rolling stools, two step stools, two folding mats, a traction unit, a lateral file cabinet to store traction supplies, a computer table, one desktop computer, and one commercial printer/copier. The students may gain access to this laboratory with faculty supervision. This laboratory also houses a projector, smart white board, and podium with a separate desktop computer to allow for video demonstration during lab time. Above the high-lo mat, a smart television is installed. The storage closet contains miscellaneous program equipment for overflow.

Classroom/laboratory #119 measures fifty-seven feet by twenty-nine and a half feet with two counter height cabinets. One cabinet measuring eighteen feet in length and the other cabinet measuring twenty-nine and a half feet in length with both cabinets measuring two and a half feet in depth. These cabinets provide ample storage for pillows, linens, educational models, a multitude of clinic equipment and contain two clean, newly installed sinks, in good repair with temperature control. This room contains 10 plinths, a corner staircase, parallel bars, a number of rolling clinic stools, rolling chairs with back support, a rolling mirror, a folding mat, a tilt table, and a cart with dumbbell weights. This room also houses a projector, smart white board, and podium with a desktop computer to allow for video demonstration during lab time. Above the cabinets, there are two smart televisions that are connected to the smart whiteboard.

An additional space, room #114, is located off the classroom/laboratory #119 that measures eighteen feet by eighteen and a half feet with a storage closet that measures twelve feet by five feet. Room # 114, which remains locked, contains counter height cabinets and overhead cabinets both measuring eighteen and a half feet in length. The lower cabinets have a depth of two and a half feet while the overhead cabinets have a depth of one foot. The counter height cabinet contains one clean, newly installed, sink in good repair with temperature control and full size stove and oven. Cabinets in this room contain, wound care supplies, personal protective equipment, and modality supplies. This room allows for ample room/storage and houses the hydrocollator, extremity whirlpool, paraffin bath, fluidotherapy unit, e-stim carts, ultrasound carts, and freezer. Students can gain access to room #114 with faculty supervision. The storage closet houses all assistive devices.

The classroom and laboratory environments are supportive of effective teaching and learning with upgraded wireless access points (802.11ac) in each classroom and laboratory space that allow for a higher bandwidth capacity, higher signal strength, and support a larger number of wireless devices. These three teaching/learning environments each house a projector, smart white board, and podium with a desktop computer. Room #114 houses three Apple iPad Pro tablets and a docking station for use with learning experiences. Each of these classroom/laboratory environments has separate thermostats for room temperature control. To ensure the safety of faculty and students, each classroom/laboratory has fire extinguishers installed, emergency procedures posted, and two doors for points of exit. In compliance with code requirements, and for safety, GFCI electrical outlets are installed near the sinks. The ceiling in laboratory #119 has been fitted with ten electrical S.O. cords with a standard female 120 volt outlet on one end and a male twist-lock on the other end, allowing it to be locked into the ceiling receptacle safely. This allows safe use of modalities and can easily be removed in the event the room needs to be reconfigured. Laboratory #120 and Classroom/Laboratory #119 are both established safe rooms in the event of a tornado. Security cameras are located in all hallways throughout each campus to enhance security and are monitored on closed circuit in the security office.

## 8D2

**Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.**

Name
<a href="#">Appendix 38 Campus Map.pdf</a>

Faculty and staff offices are located in the main building, on the Ashdown campus, and in close proximity to the program classrooms; they are newly renovated and well lit with a thermostat for temperature control.

Two program faculty offices are located in a private hallway set apart from classrooms. These two faculty offices have locked doors, with furniture, phone, and desktop computer. Both offices contain locking closets where locking file cabinets and confidential information are housed. Additionally, these offices contain windows with blinds that can be closed to ensure privacy as well as two additional chairs for student meetings. Each office measures fifteen feet by twelve feet with a locking storage closet that measures six feet by three feet. The program director is located in office #118 while the DCE is located in office #117.

The part-time program faculty member and the program administrative assistant offices are located just outside the program hallway. These two offices have locked doors, phones, desktop computers, and furniture with two additional chairs for meetings. It is not anticipated at this time that any student records would be maintained in these offices. Due to the primarily distance education responsibilities, the part-time program faculty member shares office #211 with medical education faculty, on an as needed basis; this office measures nine feet by nine and a half feet. The program administrative assistant is located in office #212. This office measures nine and a half feet by nine and a half feet.

Conference Room #100 is available for meetings with larger numbers, such as Program Advisory Council meetings and program interviews, by scheduling with the campus director. Please refer to Campus Map, Appendix 38.

The Program has use of two commercial printers. One printer is utilized by the entire Ashdown campus housed in the mailroom, centrally located in the main building. The second printer is utilized by the Program only and is located in laboratory #122. All campus printers are accessed by user codes so that sensitive documents are only accessible with the code.

## 8D3

**Students have access to laboratory space outside of scheduled class time for practice of clinical skills.**

The Program provides the opportunity for students to practice clinical skills outside of scheduled class times. Students are able to access laboratory #119 for practice outside of class time through a code entry door lock during open campus hours: Monday-Thursday 8 am – 9 pm and Friday 8 am – 4:30 pm. Students are assigned individual user entry codes; in the event any student leaves the program, that user code is deleted. All electrotherapeutic modalities are kept behind separate key locked doors. Students are not provided access to this equipment without appropriate supervision. Access to electrotherapeutic modalities is gained by scheduling in advance with program faculty/staff or during faculty open lab hours. Students may not engage in lab practice of electrotherapeutic modalities without appropriate clinical supervision. Students may engage in other lab practice without direct line of sight supervision, with the expectation that students do not perform skills they are not academically prepared for, and all students acting as patients for lab practice communicate any prior existing health conditions before engaging in lab practice. Students may not work alone in the lab at any time. These expectations are communicated to students in the Program Student Handbook, Appendix 21, page 55.



Each full-time core faculty member, as part of their required office hours, provides a minimum of one hour per week of scheduled supervised open lab time. These expectations of faculty are outlined in the Handbook Program Faculty, Appendix 25, page 34. Program tutors, who are licensed clinicians, are available to students on average two hours per week. Program tutors may be available for additional hours as needed by students. Faculty and tutor hours are posted outside of laboratory #119.

#### 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.**

Name
<a href="#">Appendix 39 Equipment Inventory.pdf</a>
<a href="#">Appendix 40 Calibration.pdf</a>
<a href="#">Appendix 41 Equipment MOU.pdf</a>

The Program provides contemporary physical therapy equipment and materials for the education of the students that are readily available and are in safe and working order. The Program faculty, in conjunction with the Program Advisory Council, review and make recommendations for program equipment to remain consistent with contemporary practices and those commonly utilized in our region. Based on the Program objectives, curriculum, and teaching methods, the clinical equipment is sufficient in number and meets contemporary physical therapy practice. The equipment onsite, housed by the program, includes one set of parallel bars, a corner stair unit, ten plinths, one high-lo mat, one traction table, one recumbent bike, one elliptical trainer, one treadmill, two hospital beds, eight electrical stimulation units, one whirlpool extremity tank, one fluidotherapy unit, eight ultrasound units, one lower extremity intermittent pneumatic compression unit, one paraffin bath, one cold laser unit, eight TENS units, eight biofeedback units, eight iontophoresis units, eight hemiwalkers, eight rolling walkers, eight standard walkers, two rollator walkers, eight single point canes, eight quad canes, eight pair of loftstrand crutches, and eight pair of axillary crutches. For a more detailed list, please refer to Equipment Inventory, Appendix 39.

The Program has obtained a signed and fully executed service contract with Quintech, Incorporated for annual equipment and modality calibration and inspection to ensure that program equipment is in safe and in working order. Program equipment and modalities were inspected and calibrated in January 2018 and routine service has been scheduled annually, outlined in the Program Calendar, Appendix 4. Please refer to Calibration, Appendix 40, bookmarked by the Calibration Service Record and the Calibration Contract. Further outlined in Program Calendar, Appendix 4, is the Equipment Inventory to be completed by the DCE annually. During the formal equipment inventory, any equipment that appears to be in disrepair will be scheduled for repair or replaced. In the event a piece of equipment is damaged during use, it will be immediately removed from use and scheduled for repair or immediate replacement.

In the event that the program has the need to borrow equipment, the Program has obtained signed MOUs from the College OTA Program and Nursing Program for the use of loaned equipment as well as additional MOUs for off-campus experiences. Please refer to Equipment MOU, Appendix 41, bookmarked by practice. Because the equipment identified in these memorandums is owned by the College, it is readily available and safety inspections are up-to-date. The Program has the ability to be flexible with dates for remediation in the event something is not immediately available.

#### 8D5

**Technology resources meet the needs of the program.**

Program courses require that all students have access to tablets or computers during and outside of class hours. The College provides students with Microsoft Office 365 as a benefit of course enrollment. Students use technology to submit assignments, complete exams, access college email accounts, and obtain announcements/course material through the Blackboard learning management system. All students complete virtual training on the Blackboard learning management system where instructors post instructional materials, PowerPoint lectures, assignments, and current academic progress.

Classroom instructional technology is available in every classroom and laboratory to include a high definition laser projector, an interactive smart white board, and podium with desktop computer for lecture and video presentation. The interactive smart white board is an easy-to-use, all-in-one solution for digital white boarding and classroom collaboration. The 100" board has a display area three times that of a 60" LED television. The board is completely interactive and touch-enabled. Instructors and students alike draw with their fingers or with the provided digital pens. Instructors have the ability to capture, save, and share anything from the whiteboard where both instructors and students can annotate or draw on the whiteboard from a variety of mobile devices, including iOS, Android, and Microsoft Windows by downloading an app from their device. Each classroom and laboratory is equipped with high-speed 802.11ac wireless access points that allow faculty and students to connect from various devices to the interactive displays as well as the internet. Three smart televisions are installed in the program classrooms/laboratories. These televisions connect to campus internet as well as the smart whiteboards, where online videos can be accessed. One desktop computer is available, in Laboratory #122, for student use during lab practicals for simulated documentation. Additional desktop computers are accessible to students in both the computer lab and internet lab in the main campus building. Please refer to Equipment Inventory, Appendix 39, for program instructional technology and Campus Map, Appendix 38, for computer/internet lab locations. A college-wide wireless network allows personal computer use in any College building. Each student is provided a College email address which is the primary method of written communication for students and faculty. Additional classroom instructional technology includes three Apple iPad Pro tablets utilized to capture images and videos as assigned as well as for practice with point of service documentation. The College Instructional Technology Department provides all necessary training, repair, and maintenance for program technology. Faculty and students may obtain tech support by calling 1165 or emailing the department directly; this contact information is provided in all course syllabi.

#### 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.**

Name
<a href="#">Appendix 42 Library Resources Available.pdf</a>

The resources of the institutional library and learning resource centers are adequate to support the needs of the program and assist in meeting the program goals. Each campus houses an Educational Resource Center staffed with knowledgeable employees that are available to assist students during the hours of operation. Students and faculty are informed of the Educational Resource Center (ERC) hours of operation, for each campus, on the ERC website and updates are provided to student and faculty email accounts. These centers are environments that are conducive to research and study. Each ERC is equipped with a comfortable seating area and a number of computer stations as well as access to numerous online databases and approximately ten thousand titles in book, periodical, and media format, please refer to Library Resources Available, Appendix 42, for a complete compilation of all available ERC resources.

The databases specifically useful to program students include:

Medline [from the National Library of Medicine] – which provides abstracts related to medicine, nursing, dentistry, veterinary medicine, the healthcare system, and pre-clinical sciences.

PQ Biology Journals [ProQuest Central] - which provides a wide range of research in biomedicine and biotechnology.

CINHAL Complete – which provides outstanding research tools for nursing and allied health professionals providing full-text access to top journals.

eLibrary Science – which supports the study of earth, life, physical, medical and applied sciences via periodicals, radio transcripts, references, websites, and streaming resources.

Pharmaceutical News Index [ProQuest Central] – which provides pharmacological news, research, and regulatory information related to pharmaceutical, healthcare, biotechnology, and medical device industries.

PQ Family Health [ProQuest Central] – which covers subjects of value in the public library context including sports injuries, women's health, nutrition, and dentistry.

PQ Health and Medical Complete [ProQuest Central] – which provides information for all clinical and healthcare disciplines, including medical sciences, immunology, pharmacology, nursing, physical fitness, hygiene, and surgery.

PQ Health Management [ProQuest Central] – which provides reliable, relevant resources for research in health administration.

PQ Library Research – which provides a number of publications including arts, business, education, technology health and medical.

PQ Nursing & Allied Health Source [ProQuest Central] – which provides reliable healthcare information including nursing, allied health, and alternative/complementary medicine.

PQ Research Library – which provides a mix of scholarly publications including arts, business, technology, health, medicine, psychology, and social sciences.

SIRS Issues Researcher – which provides background and analysis on social, scientific, health, historic, economic, political, and global issues.

The periodicals, online and in print, specifically useful to program students include:

Discover – which offers the latest news, theories, and developments in the world of science including health, medicine, environmental issues and their relevance to daily life.

Oxford Journal of American Physical Therapy – which is the leading international journal for research in physical therapy and related fields, providing innovative and highly relevant content for clinicians and scientists.

PT in Motion – which is the professional issues magazine of the American Physical Therapy Association providing legislative, health care, human interest and association news.

Students have access to databases and online references around the clock, by utilizing their student identification numbers to enter the ERC database. Program faculty have the same access to these resources as well by utilizing the assigned fourteen digit patron identification number and a five digit pin number.

The Ashdown ERC houses hard copies of current program textbooks for use in the ERC by students and program faculty. Academic tutoring is available in each of the centers for science, math, and writing courses, free of charge to students. Each of the centers manage textbook purchases and rentals and periodically hosts study groups and learning workshops.

The Program and each full-time faculty member maintains a personal library where students may check out supplementary resources including textbooks and periodicals.

The Program has recently obtained a campus subscription for International Clinical Educators, Inc. ICE Learning Center where clinical case studies, video demonstrations, EMR and treatment scenarios are presented in video format. The Program has not begun to implement this tool at the time of submission; however, plans for implementation are being developed.

Students are also encouraged to obtain student memberships with the APTA, allowing them to gain individual access to the *Oxford American Physical Therapy Journal* and *The Guide to PT Practice*.

## 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
<a href="#">Appendix 46 CE Sites Available.pdf</a>

The clinical sites that are available to students for clinical education are sufficient in number by exceeding 318% of the matriculated cohort, for the first clinical education experience. These clinical education sites provide the variety of expected clinical experiences to include acute care, outpatient, home health, and inpatient rehab settings, exposing the students to a variety of diagnoses across the lifespan, in order to adequately prepare students for the roles and responsibilities of a physical therapist assistant. Please refer to CE Available Placements Table and Student Clinical Education Experiences Table, both found in Clinical Education Documents, Appendix 13, bookmarked by document title. Student Clinical Education Experiences Table is the same document as CE Student Experiences, Appendix 45; however student information cannot be provided at the time of the self-study since students have not yet had clinical education experiences. Please refer to the CAPTE required document CE Sites Available, Appendix 46 which reflects current student and clinical education placement numbers. Clinical education sites are expected to provide quality clinical experiences and have been chosen to provide legal, ethical practice in each setting. The Program expects that students must be able to complete the skills in the PTA MACS that correlate with the subsequent clinical practicum rubrics, clinical practicum syllabi, and the minimum skills list. Please refer to the PTA MACS, as well as Clinical Education Grading Rubrics and the Minimum Skills List both found in Clinical Education Documents, Appendix 13, bookmarked by document title. The clinical education grading rubrics aid the DCE in ensuring that each student obtains the required clinical skills. The Program expects a total number of three clinical education experiences in practice settings common to physical therapy, where each student must perform, at minimum, one outpatient clinical experience and one inpatient clinical experience (acute, long-term care, or inpatient rehabilitation). This is communicated to students and clinical education faculty in the Clinical Education Handbook, Appendix 23 page 13. Moreover, the Program expects that students will be exposed to patients with a variety of diagnoses, whose ages are across the lifespan, and are representative of the four practice patterns. The Student Clinical Education Experiences Table, located in Clinical Education Documents, Appendix 13, will aid the DCE in ensuring that each student obtains the required outpatient and inpatient clinical experiences. The first integrated clinical education experience, which is four weeks in length, is scheduled late in the fourth semester. Prior to this clinical experience, students will have completed most of the didactic curriculum except for interventions for neurologic conditions; students will not have taken PTA 2515 Neurorehabilitation until after the completion of this first clinical education experience. The Program expects that during the first clinical practicum, students may be exposed to orthopedic, surgical, and general medical conditions with a wide variety of diagnoses across the life span. Students are not expected, encouraged, or allowed to obtain skills related to neurologic interventions during PTA 2424 Clinical Practicum I, as students have not yet received the related didactic instruction. The neurologic skills that may not be performed or assessed in the first clinical practicum include 14.9 Neuromotor Function, 16.5 Inhibition/Facilitation, and 16.9 Motor Development Training, outlined in the PTA MACS. Students will not be placed in a setting that treats primarily neurological diagnoses, nor will they be placed in a primarily pediatric setting during PTA 2424 Clinical Practicum I. In PTA 2524 Clinical Practicum II and PTA 2624 Clinical Practicum III, which are each five weeks in length, the expectation is to provide additional opportunities for neurologically related skills by adding the availability of clinical settings to include pediatrics and neuro-rehabilitation centers to the previously listed inpatient and outpatient settings. During the last two clinical education experiences, students will have the opportunity to be assessed in 14.9 Neuromotor Function, 16.5 Inhibition/Facilitation, and 16.9 Motor Development Training, outlined in the PTA MACS. The program expects that during the last two clinical practicums, students may be exposed to neurologic, orthopedic, surgical, and general medical conditions with a wide variety of diagnoses across the life span.

In order to assess if the clinical education experiences meet the program needs, by allowing for management of patients with diseases and conditions seen across the lifespan, interprofessional practice, participation as a member of the PT/PTA team, and other experiences that lead to the achievement of the expected student outcomes, two sources of information will be analyzed. Students will complete a Student Evaluation of Clinical Education Experiences (SECEE), located in the PTA MACS. The information provided in this form include special learning experiences, the frequency of patients seen representing the four practice patterns and the continuum of care. Please refer to SECEE, found in the Clinical Education Documents, Appendix 13, bookmarked by document title. The DCE will also collect information during their site visits to observe the clinical facility and the PT/PTA relationship on the Clinical Site Visit Form, found in the Clinical Education Documents, Appendix 13, bookmarked by document title.

The DCE ensures the number and variety of clinical education placements is sufficient by annually assessing, maintaining, and updating clinical education contracts and the CE Available Placement Table. Timelines are outline in the Program Calendar, Appendix 4. In November of each year, the DCE disseminates the Student Placement Availability Form, located in Clinical Education Documents, Appendix 13, bookmarked by document title; and clinical instructor qualification requirements to Center Coordinators for Clinical Education and clinical instructors by email and when necessary, by mail or fax. The Student Placement Availability Form, found in the Clinical Education Documents, Appendix 13, outlines facility information, clinical experience course numbers with dates and length, and any necessary notes about student progression in the curriculum and/or courses they may be lacking. The DCE requests that the clinical instructor or CCCE complete which settings are available to accommodate students, the number of students they are able to accommodate, and the anticipated experiences for students. In January, the DCE

assesses the clinical placement availability, verifies the clinical instructor qualifications, updates the CI Qualification Form, and begins the clinical education site selection process with students. In February, the DCE informs clinical education faculty of student placements by email or, when necessary, mail or facsimile.

The DCE is responsible for establishing positive professional relationships with clinical education sites and developing new clinical contracts. Contracts are effective upon execution and shall automatically renew each year unless otherwise specified by facilities.

## 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
<a href="#">Appendix 43 CE Written Agreement.pdf</a>

The clinical education contracts are utilized as cooperative agreements of affiliation with clinical education sites. The provisions of the clinical education contracts outline that the didactic portion of the program will be administered by the College. The contract indicates that it is mutually agreed between the College and the affiliating agency that the faculty assumes responsibility, in coordination with the affiliating agency staff, for the clinical placement of students. The clinical contract outlines that there will be coordinated planning by the faculty with the affiliating agency staff. Students will be subject to the Affiliating Agency's rules and regulations, while in the affiliating agency. The contract further outlines that the program faculty, with input from the clinical instructor, will evaluate the student's performance according to the guidelines outlined in the clinical syllabus. The College maintains records and makes final decisions regarding progress of students. The contract further entails that the affiliating agency retains responsibility for care of the patients. Additionally outlined are the responsibilities of the affiliating agency to provide time for meetings, orientation of students, and evaluation of student performance. The affiliating agency is expected to release students whenever necessary to meet program instruction. The Program agrees to provide classroom instruction prior to assignment to the affiliating agency, be available for meetings, and provide liability and personal injury insurance coverage for students and faculty. The affiliating agency may request that the program remove any student whose performance is unsatisfactory or harmful, or whose personal characteristics or disregard for agency regulations interfere with performance during the clinical education period. The clinical contract identifies that if either party wishes to withdraw or alter the cooperative agreement, that notice of at least three months is given to the participating agency, and that students currently enrolled be given opportunity to complete the full clinical experience. Each clinical contract is effective upon its date of execution and automatically renews each year unless terminated by either party by a ninety day written notice to the other party. Please refer to CE Written Agreement, Appendix 43, for a copy of the unsigned contract.

When an affiliating agency requires the use of a site-specific contract, the DCE reviews the contract provisions and submits to the College legal department for review. The legal department will make any revisions and return to the DCE. The DCE then provides the revised clinical contract to the affiliating agency for review. This process often includes multiple revisions that are reviewed and agreed upon by both the affiliating agency and the College legal department. To date, all clinical contracts are automatically annually renewing contracts including site-specific affiliating agency contracts. Contracts are reviewed annually, by the DCE, to ensure fully executed clinical contracts are in place for student clinical placements. The timeline for contract review is outlined in the Program Calendar, Appendix 4. The program administrative assistant may provide clerical support to the DCE. The DCE maintains a hard copy of all written agreements in the locked closet of office #117. Additionally, the DCE maintains electronic records of all written agreements accessible in password protected storage. An annual review of the clinical education program and policies for both the affiliating agencies and the program, as it relates to student learning, will be conducted to that clinical education sites and clinical instructors provide positive learning environments conducive to the development of entry-level clinical skills. The timeline for clinical education review is outlined in the Program Calendar, Appendix 4.

## 8H

**Academic services, counseling services, health services, disability services, and financial aid services are available to program students.**

The College provides academic counseling services by assigning each student an academic advisor who specializes in a particular area of study. Students are encouraged to make contact with their advisors each semester. Advisors provide students with academic information as it relates to course transfers, credit for courses, adding/dropping courses, program prerequisites, program progression, and graduation. The availability of Student Services is communicated to enrolled students through the Program Student Handbook, Appendix 21, on page 46, indicating availability and support on all three campuses and the College website. The Program provides a program faculty advisor who is a full-time core faculty member. While enrolled in the didactic portion of the program, students have access to review their academic progress through the Blackboard learning management system. Students whose grades fall below passing are encouraged to meet with their faculty advisor and/or the Program Director to discuss a plan of action to aid the student in successful academic progression. Program faculty advisors meet with program students at midterm for advising related to professional behaviors, current program grades, and program progression.

The College does not provide routine student health services; however, the College's Center for Student Success holds free biannual health fairs where students and community members are provided blood glucose testing, blood pressure monitoring, and influenza vaccinations. Health insurance is not provided by the College and students are not required to maintain health insurance but it is highly recommended. Students are responsible for the selection and premiums of their own health insurance policy. This information is communicated in the Program Student Handbook, Appendix 21, on page 58. Additionally, the Program Student Handbook, Appendix 21, page 60, contains information regarding access to and responsibility for the cost of emergency services in off-campus educational experiences. Students are responsible for any charges incurred for emergency care and treatment. The College does provide a student accident policy as secondary coverage to the student's primary insurance. This is further communicated to clinical education sites in the clinical education contracts; please refer to CE Written Agreement, Appendix 43.

Disability services are provided in compliance with the United States Americans with Disabilities Act and subsequent amendments as well as Section 504 of the Rehabilitation Act. Disability Services counselors work with students to identify barriers to academic success and develop action and/or accommodation plans

related to their disability. Information for Disability Services is found on page 46 of the Program Student Handbook, Appendix 21, and the Catalog Undergraduate, Appendix 26, page 32.

Financial aid services are available to students and are outlined in the Catalog Undergraduate, Appendix 26, pages 16 – 23. The College has the second lowest tuition in the state of Arkansas; however, the College understands many students still need financial assistance. Assistance can be received from College Foundation scholarships, institutional scholarships, local scholarships, state scholarships and grants, and federal grants. The College offers payment plans for the fall and spring semesters. Students can access financial aid services by going to the College website and selecting the "Pay for College" tab or by visiting with a financial aid staff member on campus.

The College's Educational Resources Center provides a library and free tutoring to assist students. There are Educational Resource Centers located at each UAC Campus with knowledgeable staff available to assist students. Information related to the ERC is located in the Catalog Undergraduate, Appendix 26, page 31.

Student Services are available on all three campuses, by email, mail, and the UAC website. Academic support and financial aid resources are located within the division of Student Services. The College practices to improve retention through the Center for Student Success (CSS) which assists underserved and nontraditional students in college outlined in the Catalog Undergraduate, Appendix 26, page 49. The CSS collaborates with other College organizations to ensure support and unity; a number of services offered include personal development, food pantry, networking resources, and a career closet supplying students with professional apparel. The Center for Student Success webpage can be accessed through the College website, by selecting the "Student Life" tab, and then selecting "Center for Student Success".

Please refer to the Policy Location Chart, Appendix 23, for policies related to academic, counseling, health, disability, and financial aid services.

## Appendices

Name
<a href="#">Appendix 1 Professional Behavior Assessment Tool.pdf</a>
<a href="#">Appendix 10 Faculty Evaluations.pdf</a>
<a href="#">Appendix 11 Associated Faculty Evaluation Template.pdf</a>
<a href="#">Appendix 12 Curriculum Assessment Matrix.pdf</a>
<a href="#">Appendix 13 Clinical Education Documents.pdf</a>
<a href="#">Appendix 14 Program Objectives and Methods of Assessment.pdf</a>
<a href="#">Appendix 15 Planning Document.pdf</a>
<a href="#">Appendix 16 Institutional Accreditation.pdf</a>
<a href="#">Appendix 17 Institutional Accreditation Program Approval.pdf</a>
<a href="#">Appendix 18 Institutional State Authorization.pdf</a>
<a href="#">Appendix 19 SARA Agreement.pdf</a>
<a href="#">Appendix 2 PTA MACS.pdf</a>
<a href="#">Appendix 20 Organizational Chart.pdf</a>
<a href="#">Appendix 21 Program Student Handbook(2).pdf</a>
<a href="#">Appendix 22 Clinical Education Handbook.pdf</a>
<a href="#">Appendix 23 Policy Location Chart.pdf</a>
<a href="#">Appendix 24 Handbook Institution Faculty.pdf</a>
<a href="#">Appendix 25 Handbook Program Faculty.pdf</a>
<a href="#">Appendix 26 Catalog Undergraduate.pdf</a>
<a href="#">Appendix 27 Student Learning Outcomes.pdf</a>
<a href="#">Appendix 28 Classroom Observations.pdf</a>
<a href="#">Appendix 29 Support Staff Job Descriptions.pdf</a>
<a href="#">Appendix 3 Retention Rate Table.pdf</a>
<a href="#">Appendix 30 Non-faculty CV.pdf</a>
<a href="#">Appendix 31 MOU.pdf</a>
<a href="#">Appendix 32 Student Recruitment Materials.pdf</a>

<a href="#">Appendix 33 Admissions Rubric.pdf</a>
<a href="#">Appendix 34 Interview Documents.pdf</a>
<a href="#">Appendix 35 Relevant Student Information.pdf</a>
<a href="#">Appendix 36 Plan of Study.pdf</a>
<a href="#">Appendix 37 7B PTA Content Chart.pdf</a>
<a href="#">Appendix 38 Campus Map.pdf</a>
<a href="#">Appendix 39 Equipment Inventory.pdf</a>
<a href="#">Appendix 4 Program Calendar.pdf</a>
<a href="#">Appendix 40 Calibration.pdf</a>
<a href="#">Appendix 41 Equipment MOU.pdf</a>
<a href="#">Appendix 42 Library Resources Available.pdf</a>
<a href="#">Appendix 43 CE Written Agreement.pdf</a>
<a href="#">Appendix 44 Skills Expected To Be Competent.pdf</a>
<a href="#">Appendix 45 CE Student Experiences.pdf</a>
<a href="#">Appendix 46 CE Sites Available.pdf</a>
<a href="#">Appendix 47 Course Syllabi WinZip.zip</a>
<a href="#">Appendix 47 Course Syllabi WinZip.zip</a>
<a href="#">Appendix 5 Program Systematic Evaluation Plan.pdf</a>
<a href="#">Appendix 6 Program Assessment Matrix.pdf</a>
<a href="#">Appendix 7 Surveys.pdf</a>
<a href="#">Appendix 7 Surveys.pdf</a>
<a href="#">Appendix 8 Program Demographic Chart.pdf</a>
<a href="#">Appendix 9 Feasibility Study.pdf</a>