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GENERAL INFORMATION FORM

INSTITUTION	
Institution name	Black Hawk College, Illinois Community College Dist. #503
Name of Chief Executive Officer	Dr. Keith Miller
Administrative title	President
Institutional accrediting agency	Higher Learning Commission
Current accreditation status	Full accreditation for 10 years
Date granted	November 21, 2003
Unit or school in which the program resides	Nursing, Allied Health & HPE Department
Name of administrative official of the unit or school in which the program resides	Dr. Victoria Fitzgerald
Administrative title	Dean of Instruction and Student Learning
PROGRAM DIRECTOR/ADMINISTRATOR	
Name of Program Director/ Administrator	Larry D. Gillund, M.S., M.S.P.T
Administrative title	Physical Therapist Assistant Program Director
PROGRAM	
Title of program	Physical Therapist Assistant Program
Year program graduated first class	1994
Program accreditation status	Full accreditation
Date status was originally granted	May 1, 1996
Date of last on-site visit	June, 1999
Degree awarded	Associate in Applied Science

CURRICULUM DESIGN CHARACTERISTICS					
Identify type of term: e.g., Semesters, Quarters	Sem.	**# of terms in academic year**	3	**Total # of terms to complete degree**	5
Length of professional/technical coursework in <u>weeks</u> (including exam week and count exam week as one week)	76 weeks				

CLINICAL EDUCATION			
Total hours of clinical education	600	**# of weeks of full time clinical education**	12

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Total hours of clinical education	600	# of weeks of full time clinical education	12		

FACULTY				
Number of core faculty	**PT full-time core**	2	**Non-PT full-time core**	0
	PT part-time core	0	**Non-PT part-time core**	0
Number of vacancies in currently approved (or) funded core faculty positions	**Full-time**	0		
	Part-time FTEs	0		
PTA: Number of adjunct and supporting faculty **PT: Number of associated faculty**		1		

List the names and credentials of core and associated/adjunct faculty members who currently teach in the professional (entry-level) physical therapy program. Identify the F.T.E. for each person. (See form instructions regarding calculation of F.T.E. allocations.) (insert rows as needed)

CORE FACULTY			
NAME	**F.T.E.**	**NAME**	**F.T.E.**
Lucian Anghel, PTA	0.132		

For PT: List ASSOCIATED FACULTY (responsible for 50% or more of a course)
For PTA: List all Adjunct & Supporting Faculty

NAME	F.T.E.	NAME	F.T.E.

STUDENTS

Number of students in the professional/technical program			
Freshmen	23	**Grad 1**	
Sophomore	23	**Grad 2**	
Junior		**Grad 3**	
Senior		**Grad 4**	

OUTCOME DATA (Provide data for the program, regardless of the degree conferred)				
	For the most recent cohort		**For the most recent three cohorts**	
Data being reported for	**Class of:**	2007	**Classes of:**	2005 2006 2007 92 83 82
Graduation rate **(150% of normally expected time to complete program)**	**Graduation rate**	82%	**Graduation rate**	86%
Performance on Licensure Exam (regardless of	**Number of graduates who took the examination at least**	22	**Total number of graduates who took the examination at**	60

degree offered)	**once**		**least once**	
	Number of graduates who passed the exam after all attempts	15	**Total number of graduates who passed the exam after all attempts**	51
	Pass rate based on above numbers	79%	**Pass rate based on above numbers**	85%
Employment rate (see definitions)	**Employment rate**	100%	**Employment rate**	100%

Section 1. Organization

1.1 Institution

1.1.1 The sponsoring institution is authorized under applicable law or other acceptable authority to provide a program of postsecondary education. In addition, the institution has been approved by the appropriate authorities to provide the physical therapist assistant education program.

Black Hawk College (henceforth referred to as BHC or the College) is a comprehensive, multi-campus community college operating under the mandates and guidelines of the Illinois Board of Higher Education (IBHE), the Illinois Community College Board (ICCB), the Board of Trustees of District #503.

The College has a collaborative agreement with the Eastern Iowa Community College District (EICCD), primarily with Scott Community College located in Bettendorf, Iowa. The agreement includes a variety of programs including the PTA program and is agreed upon by the Board of Trustees of each institution. It is reviewed and renewed on an annual basis.

1.1.2 The education program for the physical therapist assistant is provided by an institution accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation.

The College is accredited by the Higher Learning Commission (HCL) North Central Association of Colleges and Schools. The most recent action from the HCL was on November 21, 2003, at which time the College was awarded full accreditation through 2012-2013.

The College has a collaborative agreement Scott Community College which is a member of the Eastern Iowa Community College District. The college is fully accredited through 2015.

1.1.3 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 institution awards the associate of applied science degree to all students successfully completing the physical therapist assistant program and College requirements.

1.1.4 Institutional policies, procedures and practices are based on appropriate and equitable criteria and applicable law. The policies, procedures, and practices assure nondiscrimination and equal opportunity to persons involved with the programs.

The following is Black Hawk College's Equal Opportunity Statement:

Equal Opportunity
Neither Black Hawk College nor any of its employees will discriminate or permit discrimination in employment practices, educational programs, or services provided to the community. Neither Black Hawk College nor any of its employees will exclude any person from participation in or deny to any person benefits of any program or activity funded in whole or in part by the federal or state government because of protected class status. The College will make all educational and personnel decisions without regard to race, color, religion, sex, sexual orientation, marital status, national origin or ancestry, age, physical or mental handicap unrelated to ability, unfavorable discharge from military service or status as a disabled veteran or Vietnam era veteran except when corrective action is required as discussed in the paragraph below.

The College will implement an Affirmative Action Plan to expand equality of opportunity. The Plan will be designed both to ensure equality of opportunity in education and employment programs and activities, and to thereby correct under-representation or under-utilization of protected class members in the workforce and/or in the student body. The Plan will facilitate, develop and maintain educational programs and services that are sensitive to the needs of minorities, females, handicapped persons, disabled veterans or Vietnam era veterans. The Plan will initiate programs that will increase, on the part of all personnel, a sensitivity to the interests and the needs of those who have historically been discriminated against.

In addition, the College will strive to maintain an atmosphere free of harassment, intimidation and insults based on race, sex, sexual orientation, marital status, parenthood, national origin or religion.

The College administration must also establish a positive, goal oriented, equal opportunity affirmative action program; to establish specific objectives and timetables; and to ensure that any employee or student who feels that he/she is being discriminated against has the opportunity to seek relief within the College system.

The Affirmative Action Office will investigate complaints and assist in correcting any discriminatory practices in the College. All administrators and representatives of the College are charged with the responsibility to take appropriate action to ensure compliance.

Any employee of the College who engages in any action or conduct constituting discrimination or harassment will be subject to appropriate disciplinary actions up to and including termination.

College equal employment and affirmative action requirements will also be applied to contractual services, vendors, or any purchasing done by Black Hawk College.

Black Hawk College Board Policy Manual, Section 5.70

PTA students and PTA faculty are able to access the nondiscrimination statement in the PTA Student Handbook (hard copy page 4), the BHC Student Handbook (hard copy page 21 or online at bhc.edu → Student Support & Activities → Student Handbook → page 28), and the College Catalog (hard copy page 10 or online at bhc.edu → Schedules and Catalog → Catalog → College Information and Policies).

PTA faculty are also able to obtain the statement from the Faculty Handbook (hard copy page 1-9 or online at myBlackHawk → log in → Employees → Publications/Forms & Manuals → Faculty Forms & Manuals → Full-Time Faculty Handbook).

Clinical faculty have the ability to read the nondiscrimination statement in the Clinical Coordinators Handbook (Appendix D).

1.1.5 The institution recognizes and supports the academic and technical education aspects of the physical therapist assistant program.

Since the last accreditation activity in 1999 until the present, the following faculty changes have taken place:

- Hired an Academic Coordinator of Clinical Evaluation (ACCE) –Dianne Abels, August 2005
- Hired Adjunct Faculty for PTA 201, 202:
  - Chris Murphy (PT, MS), 1999-2002
  - Mike Haidsaik (PT, MS), 2002-2005
  - Lucian Anghel (PTA, BS), 2005 to present

The institution has demonstrated full support of the professional judgment of the PTA faculty as they establish policies and procedures which assure student expectations are met with regard to academic success, safety, and clinical performance, and which meet legal and ethical standards. These policies and procedures are found in the PTA Student Handbook, PTA Clinical Handbook, course syllabi and objectives. The faculty discuss all polices and procedures on an on-going basis, and revisions are made accordingly that meet or exceed College policies and procedures.

1.1.6 Policies and procedures exist to protect the rights and privileges of persons associated with education programs. Policies and procedures are in place and practices are described for:

1.1.6.1 privacy and confidentiality

Faculty maintain posted office hours and have separate offices that allow for confidential information to be discussed with students and/or other program faculty members. Adjunct faculty have access to offices of either the Program Director or the Academic Coordinator of Clinical Evaluation (ACCE) to conduct similar meetings. In addition, a large faculty lounge area can be made private for these interactions (page 4 of the PTA Student Handbook). Clinical faculty are obliged to provide an area for confidential and private conversations as addressed in the Clinical Faculty Handbook (page 9). When the ACCE performs clinical site visits, she requests to meet with clinical faculty in private, and at that time

also addresses the need to have a private meeting place available if it is not provided at the time, and documents such need.

All students at Black Hawk College can review the policies and procedures regarding student confidentiality in the BHC Student Handbook (hard copy page 33 or online at bhc.edu → Student Support & Activities → Student Handbook → page 33).

Current student records, including health records, are located in the ACCE's office in a locked file cabinet. Past student records are stored in the facility's archive center in locked cabinets. PTA 100 course objectives require students to view the most current HIPPA video and successfully pass the post-video test in regard to the health care field. This is also discussed in PTA 214 course objective 5 and lecture 9, objectives 1, 2, and 3, found in Appendix L.

Faculty personnel records are stored in the Program Director's office in a locked file cabinet. Hiring records are housed in the College's Human Resources Office. The program's Department Chair may also store hiring information such as hiring contracts in his/her office.

All consent forms whether from students, faculty, or subjects used for student learning are stored in the ACCE's office in a locked file cabinet. Any faculty or student information deemed private and confidential is stored in the Program Director's office in a locked cabinet.

All participating students, faculty, clinical faculty, and class patients are aware of the procedures and/or policies for information privacy and confidentiality through the PTA Student Handbook, BHC Student Handbook, confidentially statement and releases, and the Clinical Faculty Handbook.

1.1.6.2 informed consent

Students, clinical faculty, patients in clinical settings and in practice lab settings, and individuals or faculty which – for the best interest of the PTA program, the College and involved parties – are to have informed consent will find the forms in the as follows.

PTA Student Handbook – The PTA Student Handbook is given to students prior to the first day of their first semester for review and contains the informed consent forms. On their first day as a PTA student, the PTA Student Handbook is reviewed in detail with the Program Director, and the following forms are signed and returned to the Director, who then places them in the student's file: "Student Handbook Acknowledgement Form," "Student Compliance Agreement," and "Clinical Handbook Acknowledgement Form."

The Student Compliance Agreement found in the PTA Student Handbook addresses in detail the expectations/roles of students with participation as subjects or as patient simulation during course, lab, and clinical experiences. In this agreement, students are also made aware that they may be videotaped, audiotaped, or photographed for instructional purposes. Students in clinical courses and in the

Compliance Agreement form are made aware that facilities may require drug testing and background investigation. Both the Student Clinical Handbook and the Clinical Coordinators Handbook address the rights of the patient, including the right to refuse when working with a student. It is the responsibility of the clinical instructor to ensure that patients regard their rights in regard to working with a student. This is stated in the Clinical Coordinators Handbook, page 9, and in the PTA Student Clinical Handbook, page 10. Clinical faculty are made aware of the Student Compliance form and Clinical Handbook form as these are provided in the Clinical Coordinators Handbook.

1.1.6.2 due process

Students are informed about due process in the PTA Student Handbook (page 8), in the BHC Student Handbook (page 19), and on the BHC website (bhc.edu → Student Support & Activities → Student Handbook → Grade Change Policies/Procedures → page 14). Appeal procedures other than for grades can also be found on the website (bhc.edu → Student Support & Activities → Student Handbook → Appeal Procedure – Academic Matters → page 14).

Faculty due process additional information can be referenced at the following on-line site: myBlackHawk → Employees → Publications, Forms & Manuals → Employee Handbook → Student Appeals (page 92).

1.1.6.4 complaints

The process for clinical education, employers of graduates, and the general public to make a formal complaint is outlined below.

While the program has never had a history of addressing any such complaint in a formal manner, a BHC PTA Program Complaint form exists and is located in the Program Director's office. If a complaint were to arise, the complainant(s) would contact the College or program through the website or by phone. They would then be sent a Program Complaint form. The complainant would date the form, describe the complaint, and return the form to the College PTA Program. Resolution of the complaint would be handled by the Program Director, the Department Chair, and the presiding dean of the PTA program.

The above procedure is a recommended guideline for the program to follow should a complaint from the general public or an employer of a BHC PTA graduate occur.

If a person from the external community wishes to file a complaint, they may access the Black Hawk College website, directly contact the Director of Public Relations, or choose to leave contact information and post their complaint (bhc.edu).

1.1.7 Policies and procedures exist to ensure the safety of persons associated with the program. Policies and procedures are in place and practices are described for:

1.1.7.1 on-campus educational experiences

Campus safety and emergency procedures are described in the Black Hawk College "Emergency Response Plan." A copy of this is available in the PTA lab room as well as in the PTA Student Reference Library. The Public Safety Office in Building #3 also has copies available. Fire egress plans are posted in all classrooms.

The PTA Student Handbook addresses safety with equipment used in the laboratory as well as safety with student interactions and expected behaviors. Specifically, students may practice skills/procedures only in instructor-supervised clinical, laboratory, or open laboratory sessions, and only after proper training has been provided. Confidentiality, enthusiasm, and cooperation are also addressed as expected student behaviors. These are outlined in the PTA Student Handbook, page 13-15.

Electrical equipment associated with the PTA program is annually inspected by a licensed biomedical technician. Records of these inspections/calibrations are kept in the PTA program lab in a binder. In addition, records of ongoing maintenance and infection control are documented and kept in the classroom.

1.1.7.2 off-campus educational experiences

The PTA Student Handbook describes policies regarding off-campus experiences, including laboratory sessions, observations, assignments, and clinical activities (page 7). All PTA program policies apply to off-campus experiences, as outlined in the Student Compliance Agreement found in the Student Handbook.

1.1.7.3 student competence prior to clinical assignment

The PTA program policy for student competency exists in a variety of formal procedures. The following best describe how students demonstrate minimum competencies prior to any clinical assignments or course matriculation:

- Lab Skills Checklist
- Examinations and quizzes
- Course assignments (in and out of class)
- Lab practical examinations
- Comprehensive Lab Practical
- Class demonstrations

The grading standards are outlined in the PTA Student Handbook on page 9. In addition, the Clinical Coordinators Handbook provides a statement of student competencies and expected performance levels. Reference sheets for each practicum experience, course syllabi, and student curriculum calendar are provided in the Clinical Coordinators Handbook.

1.1.8 Written agreements exist for the provision of off-campus clinical experiences.

1.1.8.1 Written agreements between the institution and clinical centers are current and delineate the responsibilities of both agencies.

In the current Agreements of Cooperation, pages 1 and 2 detail: (1) the rights and responsibilities of the institution and the clinical facility, (2) the responsibility of patient care, and (3) the responsibility of evaluation and supervision. A copy of an Agreement can be found in Appendix B.

1.1.8.2 A process exists to ensure that students are assigned to only those facilities in which a properly executed and unexpired written agreement is in place.

The Academic Coordinator of Clinical Education (ACCE) meets one time per semester with the program's secretary to review any changes that occur with past or present clinical agreements. In this way, the ACCE is able to ensure that students are placed at clinical sites where a proper agreement is in place.

1.1.8.3 A process exists for the ongoing review of the written agreement.

The ACCE, the Department Chair, the Academic Service Center Secretary, and the Vice President for Instruction and Student Services meet on a formal basis every three years to review written agreements. This includes review of all current contracts. Should any significant changes occur during the three year interval between these meetings that involve the College's legal counsel, the ACCE will coordinate another meeting of the previously described personnel.

1.1.9 The institution provides a process for the participation of core faculty in the governance and in short and long-term planning of the program and the institution.

Black Hawk College strongly encourages all faculty to participate in the shared governance of the institution. Faculty Senate meetings are held bi-weekly, and all faculty receive minutes and agendas via e-mail from the Faculty Senate President. Any faculty member can attend meetings even if not serving on the Senate.

In addition, all Allied Health faculty meet as a group to discuss program revisions, alliances, recruitment, assessment, and long-term planning. These meetings are held two times each semester. Minutes of each meeting are distributed to all Allied Health faculty.

1.1.10 Policies and procedures exist which support practices by the institution to facilitate compliance with accreditation policies and procedures. The written policies and procedures delineate the responsibilities for accreditation activities and are described for:

1.1.10.1 submission of required fees and documentation, including reports of graduation rates, performance on state licensing or certification examinations and employment rates

The Department Chair, as does the Program Director, receives the accreditation fee request. It is the Department Chair's responsibility to submit the fee to the accounting department for payment. The Program Director then receives a notice that the fee has been paid.

The Program Director is to submit annually the following reports:

	Department Chair	Dean of Instructional Programs	Vice President of Instruction and Student Services
AAR	✓	✓ (Fall)	✓
Class Graduation Rate		✓ (Fall)	
Employment Rates		✓ (Spring)	
State Licensing Examination Rate		✓ (Spring)	

1.1.10.2 notification of expected or unexpected substantive change(s) within the program, and of any change in institutional accreditation status or legal authority to provide postsecondary education

It is the Program Director's responsibility to notify the Department Chair with regards to any upcoming changes or changes that are unexpected. The Program Director is in contact with the Department Chair formally through Allied Health meeting and informally on a weekly basis as both have offices located in the same building and share the same office staff.

It is not well documented in regards to a problem with the College's accreditation and how that would be addressed. In talking with the Department Chair, it is understood that all college faculty would be notified should the college anticipate an unfavorable change in their accreditation status. At that time, the Program Director would contact CAPTE regarding the status changes anticipated.

1.1.10.3 coming into compliance with accreditation within two years or the length of the program, whichever is shorter

The PTA Program Director's job description includes the responsibility of maintaining accreditation for the program. This encompasses maintaining compliance to accreditation standards during the program's accreditation status at any time.

1.2 Program

1.2.1 The mission and philosophy of the program are consistent with the mission and philosophy of the institution.

The PTA Program believes its present mission statement and Program Philosophy (found in the PTA Student Handbook, page 2) mirror the College's mission, vision and core values, which is consistent with the College's philosophy.

The Standards of Ethical Conduct are initially introduced to the students in the PTA Student Handbook, page 14. The Standards specifically address the values found in the College's core values.

The College's vision, mission, and core values can be found on page ii of the 2007-2008 College Catalog (hard copy), are listed on the College's website (bhc.edu), and are also in the Faculty Handbook, pages 2 and 3.

Additionally, PTA clinical faculty receive a copy of the PTA Student Handbook and an insert stating the College's vision, mission, core values, goals and strategic priorities. This insert is incorporated in the Clinical Coordinators Handbook as Appendix D.

1.2.2 The goals and objectives of the physical therapist assistant program support the program's mission and philosophy and are consistent with the mission and philosophy of the institution.

The goals and objectives of the PTA program are found in the PTA Student Handbook on page 23.

The goals of the PTA program reflect the mission and philosophy of the program as all key components are congruent. The program's mission and philosophy emphasize student successes both in the classroom and after graduation. The College's mission reinforces resources for individuals to be life-long learners, which is critical in the physical therapy field. This philosophy positions Black Hawk College as a preferred choice for education, and the goals/objectives of the PTA program exemplify the quality PTA education the program seeks to provide.

As stated above, the program goals and objectives are discussed with and given to students via the PTA Student Handbook. Clinical sites receive a copy of this handbook as part of the Clinical Coordinators Handbook.

1.2.3 Program policies and procedures are consistent with those of the institution.

While most policies and procedures of the program are consistent with the institution's, some of the PTA program specific policies differ. These include:

- Admissions Policies. A student is, of course, first admitted to Black Hawk College, but to be accepted into the PTA program, the student must follow specific criteria instituted because of the limited number of positions available for each class. Students must meet minimum admission requirements for the selection process for

the PTA program. This ensures that selected students are prepared to meet the rigorous standards and expectations of the program.

- Grading Policies. The grading policies of the PTA program differ slightly from the grading policies of Black Hawk College. The "X" grading system for Black Hawk College allows students to receive grades of A, B, C, D, or X, while the PTA program modifies this as grades of A, B, C, or X. This is another method to ensure that students enrolled in the technical portion of the program demonstrate satisfactory progress.

- Clinical Education Policies. Clinical education policies follow CAPTE guidelines and cannot be compared to different clinical education policies of other technical programs at the College.

The admissions and grading policies of the PTA program follow the recommended guidelines set by CAPTE. These are reviewed annually by program faculty, clinical faculty, and the Advisory Committee.

1.2.4 Mechanisms are in place for the coordination of efforts of all people and departments directly involved with the program. Ongoing and effective communication occurs among all program faculty and others directly involved with the program.

The mechanism in place to ensure effective and on-going communication between the program and several key departments are outlined as follows.

Advising/Student Services: The Program Director and ACCE meets with the Advising department on an annual basis. At that time, the PTA faculty gives an overview of the program, primarily the admission process, and field any questions the advising staff may have. Informally, the PTA Program Director and the Director of Advising talk frequently throughout the year regarding any prospective students, the cooperative agreement procedures, and any other student advising questions.

General Education/Sciences: The Biology Department Chairperson meets with the PTA faculty annually regarding communication with PTA students on the science requirements for the program, specifically the ability of a student to enroll in the anatomy and physiology courses. The Biology Department Chairperson is also contacted informally whenever questions arise regarding the science requirements and/or enrollment concerns.

Admissions: There is no formal procedure in place to meet with the admissions office personnel. The College's Registrar communicates via e-mail or by phone. Student transcript review, course substitution, and any admission concerns are addressed by the Registrar and/or her assistant in the Enrollment Services Office. Students are formally admitted by program faculty following the PTA application/admission process.

Library: The Director of Library Services meets with the Allied Health Department yearly to educate the Health Careers faculty on any new technology/services the Library has to offer. The Director is always available to meet with individual faculty regarding specific questions they may have.

The full-time PTA faculty are responsible for attending any formal meetings and for communicating with each other regarding any information received from informal meetings with the above personnel.

The types of communication discussed above have been in place since the start of the program and have been very successful. The proximity of the departments, the variety of communication avenues available, and the familiarity of staff that has been in place for many years contribute to this successful process.

Each contracted clinical education site has the PTA Program Clinical Coordinators Handbook. The Handbook is renewed annually and updated to reflect any institution or program changes. It serves as a reference guide for all Center Coordinators of Clinical Education (CCCE) and Clinical Instructors (CI).

In addition, communication between the ACCE and clinical sites is an ongoing process. Each spring, clinical sites receive a letter and commitment form, identifying clinical education dates for the following year. Once students have made selections, a confirmation letter is sent to the clinical sites. Sites which are not selected also receive a letter confirming that the slot(s) they offered will not be utilized.

Approximately 4-6 weeks prior to the start of any clinical experience, rotation sites are mailed a student packet with materials specific to the type of experience. A follow-up thank you letter to the CCCE and CI and a continuing education certificate are sent after the student experience.

During the student experience, communication with the clinical site consists of phone calls to Clinical Instructors as well as on-site visits. These are the responsibility of both the ACCE and Program Director. The phone call is designed to check student progress and to receive feedback from both the Clinical Instructor and student. On-site visits are performed routinely. Each student is visited at least once during their final clinical internships. A record of phone calls and site visits is kept in the ACCE's office.

Besides the methods of communication previously mentioned, all sties have access to communication via e-mail and fax to enable them to return commitment forms, student evaluations, and other communication. The ACCE reviews clinical site information forms at least annually and communicates with the CCCE if updated forms are needed.

The PTA program hosts an annual Clinical Instructors luncheon each spring. This serves as another method of communication between clinical sites and the ACCE.

Although the ACCE has the primary responsibility of communication with clinical sites, the Program Director has been actively involved in performing sites visits with students.

Communication with students regarding clinical education occurs within the classroom as well as during practicum and clinical experiences. The PTA Student Clinical Handbook policies are reviewed in the classroom portion of Practicum I class. Students receive planning worksheets at the start of each fall semester for selection of clinical sites. A list of clinical rotations and types of experiences are provided at that time. Phone calls and site visits are a method of communication during the clinical experiences. Students also

have access to the ACCE's home and cell phone numbers in case they need to speak to the ACCE outside of clinical hours.

Communication related to the clinical education program has been effective. On numerous occasions, the ACCE has received comments from Clinical Instructors and Center Coordinators that the communication from Black Hawk College exceeds that received by other programs. In addition, the quantity of sites visits has been exemplary according to many CCCEs/CIs. At the luncheon held in May of 2007, attendees were asked for feedback on communication, and all participants agreed they were very happy with the communication methods of the PTA program.

1.3 Faculty Policies and Procedures

1.3.1 The rights and privileges of the academic faculty are commensurate with those of other faculty in the institution.

The rights and privileges of full-time faculty can be found in (1) the BHC Faculty Handbook and (2) the Agreement between the Board of Trustees of Black Hawk College, Community College District #503, and Black Hawk College Teachers Union, Illinois Federation of Teachers, Local 1836, AFL-CIO, August 2005-July 2010 (hereinafter called the Full-Time Faculty Agreement).

Part-time faculty rights and privileges can be found in (1) the BHC Part-Time Faculty Handbook and (2) the Agreement Between the Board of Trustees of Black Hawk College, Community College District #503, and Black Hawk College Adjunct Faculty Union, Illinois Federation of Teachers, Local 4939, 2006-2001 (hereinafter called the Adjunct Faculty Agreement).

The rights of both full-time and part-time faculty are non-discriminatory as outlined in Section 1, page 9, of the Full-Time Faculty Agreement and page 5 of the BHC Faculty Handbook.

Full and part-time faculty privileges are located through the documents listed above. Examples of the tuition waiver privilege can be found on page 31 of the BHC Faculty Handbook; page 15 of the BHC Part-Time Faculty Handbook; in Section 1, page 16, of the Full-Time Faculty Agreement; and page 13 of the Adjunct Faculty Agreement. In addition, part-time faculty can access further resources available to them on pages 17 through 21 in the BHC Part-Time Faculty Handbook.

1.3.2 The rights and privileges of the clinical education faculty are commensurate with those with similar appointments within the institution. These rights and privileges are communicated to the clinical education faculty.

The rights and privileges of the clinical education faculty are outlined in the Clinical Coordinators Handbook on page 9 and are similar to those of the clinical education faculty within the institution. Rights and privileges include access to the Black Hawk College Library, health career computer lab, and equipment and media resources in the PTA lab, as well as educational opportunities sponsored by Black Hawk College. In addition, the PTA program holds a Clinical Instructors Luncheon each spring, and at that time, the rights and privileges of clinical education instructors are reiterated as part of the agenda.

1.3.3 Policies and procedures exist which support the practice of ongoing planned program faculty development activities directed toward implementing program faculty effectiveness. Program faculty development activities are based on program faculty and program needs identified in evaluative processes and are described for:

1.3.3.1 academic faculty

The policies and procedures that address faculty development can be found starting on page 31 of the Faculty Handbook and in the myBlackHawk website, which requires log-in access. The process for professional development implemented by the College and the program states that faculty will:

- Articulate his/her professional strengths and areas of growth;
- Note activities that exemplify professional growth;
- Communicate activities that demonstrate commitment to the institution;
- Report progress toward or completion of objectives from prior planning cycle;
- Articulate development objectives for the upcoming planning cycle; and
- List the resources requested from the College to support progress toward attainment of statement objectives.

The Black Hawk College professional development plan will allow each faculty member to choose developmental activities that will enhance and support the Mission and Vision of the College.

The ACCE was hired three years ago (fall 2005) and per College policy was evaluated by the Department Chair and the Dean of Instruction and Student Learning on an annual basis for the first three years. Appendix C contains a copy of each evaluation. The process is in place to document the faculty's progression towards tenure. The evaluation is specific to the following criteria:

- Presentation of material
- Participation and class interaction
- Delivery Style
- Ongoing responsibilities
- Contributions to program/department
- Contributions to College
- Professional growth

Because the ACCE was formally evaluated by the Department Chair and Dean of Instruction and Student Learning, the ACCE was not evaluated by the Program Director using the similar format during those years. The Program Director evaluates the ACCE via review of course (student) assessments, self-evaluation, and formal/informal faculty meetings. This process is also implemented with the adjunct faculty member teaching PTA 202 and PTA 201. The faculty are then responsible to follow through with identified intervention for development, including measurable goals with appropriate timeframes. Examples of academic development plans can be found in Appendix C. A development grid is provided below.

PTA Program Faculty Development
Academic Year _____

Faculty Member	Area of Need/Concern	Identified by:	Response to Need/Goal	Target Date	Expected Outcome to Program	Follow-Up Results

1.3.3.2 clinical education faculty

The Black Hawk College PTA program recognizes the importance of competent and committed clinical education faculty.

Students are required to evaluate clinical sites as well as each Clinical Instructor during the practicum and final clinical experiences. This helps to determine if a Clinical Instructor may benefit from development activities to enhance the skills needed to supervise students. If concerns are identified via the student evaluation or Record of Student Clinical Affiliation, they are addressed on an individual basis with the appropriate clinical faculty. Records of meetings with students and clinical faculty are kept in the student file. This includes action plans and steps taken to address concerns identified.

Each spring, the PTA program hosts an annual Clinical Instructors Luncheon. Topics covered are based on the needs and feedback of clinical faculty, both formally through surveys and informally during phone calls and site visits during student rotations. For example, clinical faculty identified concerns with working with a weak student in the clinic, so this will be the presentation topic at the Spring 2008 luncheon. The PTA program Advisory Board meetings also help to provide feedback on potential topics geared toward the clinical education faculty.

The numerous site visits and contact with clinical sites also helps to ensure a very positive working relationship between the ACCE and CCCE/clinical faculty. When contact is made via a site visit or phone call, clinical staff are asked to identify any needs and to provide feedback regarding the PTA program. These are written on the Record of Student Clinical Experience.

Admittedly, the large numbers of Clinical Instructors and the range of geographic locations represented do provide a challenge in the area of clinical faculty development. However, the PTA program has continuously utilized several methods to enhance the skills of clinical staff. Specifically, the rights and privileges of Clinical Instructors are outlined in the Clinical Coordinators Handbook, page 9, and include full use of the BHC Library and other educational tools, as well as any PTA program resources such as CD-ROMS, DVDs, and other library materials. Clinical staff are encouraged to contact the ACCE at any time if questions or needs arise as stated in the handbook. A list of dates for Clinical Instructor credentialing programs is sent to all sites each spring. One long-range plan of the PTA program is to host a credentialing program here at the College. Another plan is to secure funding to provide tuition vouchers for continuing education opportunities offered at Black Hawk College. These would be offered to clinical sites which have participated in clinical education within the prior year.

1.4 Student Policies and Procedures

1.4.1 Student recruitment and admission procedures and practices are based upon appropriate and equitable criteria and applicable law. Recruitment and admission policies, procedures and practices assure nondiscrimination and equal opportunity to all students.

Students have a variety of methods by which to become aware of the PTA program offered at BHC. The College hosts a career fair, a college fair, and a health careers fair at different times throughout the academic year. Prospective students are addressed by representatives of the PTA program at each of these fairs. The College markets programs and the College as a whole through the medium most visited by prospective students, the BHC website. The website has a PTA portal by which a prospective student can investigate the PTA career path even further.

Student admission into the program is really a two-step process. First, students obtain a PTA application form from either the website or by requesting one via e-mail or phone. If they meet the minimum requirements, they submit their application to the PTA program starting as early as September 1. Applications are reviewed in January. The second step is an interview with a member of the PTA faculty. The applicant is evaluated in the following areas: grade point average, references, personal statement, and the faculty interview. Prospective students are made aware of those areas used to make the selection at the time of their interview. After the interview and evaluation has taken place, selection is made for the upcoming fall class. Students are encouraged to apply early as the selection process begins in January and is very competitive.

This process is outlined on the PTA Fact Sheet, on the PTA website, and in the PTA section of the on-line BHC Catalog (bhc.edu).

The admission process adheres to the Black Hawk College non-discrimination policy as outlined in the Affirmative Action statement located in the BHC Catalog, the PTA Fact Sheet, and the PTA application.

1.4.2 Students are provided with current policies, procedures, and relevant information about the institution and program.

The accreditation status of Black Hawk College is stated in the BHC Student Handbook on page ii.

Students are able to access information about Black Hawk College and the PTA program in a variety of ways.

The PTA Fact Sheet, which is available in the BHC Recruitment Office, is given to students when they request an application for the program or upon request, and it contains the following information:

- PTA program accreditation status
- Career opportunities for Physical Therapist Assistants
- Travel expectations to clinical sites
- Professional liability insurance requirements
- Program progression
- Admissions criteria

By accessing the PTA Program Overview on the BHC website (bhc.edu), the following information can be found:

- Acceptance and matriculation rates for the PTA program
- Graduation rates
- Employment rates
- Licensing examination pass rates
- Costs of the program
- Progression through the PTA program

The College's general website (bhc.edu) also provides student information regarding financial aid.

The following information can be accessed in the following ways:

Information	Source
Accreditation Status of BHC	BHC Student Handbook, page ii
Financial Aid	BHC Student Handbook, pages 41, 54
Health Services	BHC Emergency Response Plan, pg. 21
Health & Professional Liability Insurance Requirements	PTA Student Handbook, page 4 PTA Student Clinical Handbook, page 3
Grading Policies	BHC Student Handbook, page 16 BHC College Catalog, page 24 PTA Student Handbook, page 9 PTA Student Clinical Handbook, pages 5-6 PTA course syllabi
Progression through the Program	PTA Fact Sheet BHC Catalog, page 76
Withdrawal and Dismissal Procedures	BHC Student Handbook, pages 6, 31 BHC Catalog, page 25 PTA Student Handbook, pages 9-10 PTA Student Clinical Handbook, page 6
Other Academic Policies and Procedures	BHC Student Handbook BHC College Catalog
Due Process	BHC Student Handbook, pages 42-43 PTA Student Handbook, page 8 PTA Student Clinical Handbook, page 6
Clinical Sites	List and individual files for all clinical sites are in the filing cabinet of the PTA Reference Library
Clinical Education Policies and Procedures	PTA Student Clinical Handbook, pages 3-12 PTA Student Handbook, pages 20-21 PTA course syllabi
Access to and Responsibility for the Cost of Emergency Services in Off-Campus Educational Experiences	PTA Student Clinical Handbook, page 3 PTA Student Handbook, page 4

Currently enrolled PTA students are able to access all of the above information with the appropriate reference as described previously. A prospective student is able to access contact information listed on the PTA Fact Sheet or by using the BHC and PTA Program

website. In addition, this website allows a student to submit a contact/information request which is forwarded to the Program Director to answer any questions or provide any requested information. The following information can be found at the locations indicated.

Information	BHC Catalog (web, hard copy	BHC Student Handbook	PTA Portal Website		PTA Course Syllabus	PTA Student Handbook	PTA Clinical Handbook
			Fact Sheet	Program Info			
Accreditation status of the institution and the program	✓		✓				
Acceptance and matriculation rates				✓			
Graduation rates				✓			
Career opportunities			✓				
Employment rates				✓			
Pass rate of program graduates on licensing examinations				✓			
Costs of the program (including tuition, fees, and refund policy)	✓			✓			
Travel expectations to clinical sites			✓		✓*		
Financial Aid	✓	✓		✓			
Health services	✓	✓				✓	
Health and professional liability insurance requirements						✓	✓
Grading policies	✓	✓				✓	✓
Progression through the program	✓		✓				
Withdrawal and dismissal procedures	✓	✓				✓	✓
Academic policies and procedures	✓	✓				✓	
Due process		✓				✓	✓
Clinical sites					✓		
Clinical education policies and procedures					✓	✓	✓
Cost of emergency services in off-campus educational services						✓	✓

*PTA 204, 214, 280, 281

1.4.5 The program has in place policies, procedures, and practices related to student retention. These policies, procedures and practices are consistent with institutional policy and are made available to students.

Pages 42-45 of the 2007-2008 College Catalog describe services available to students that are designed to facilitate their progression through the degree process and provide assistance in a variety of ways to maximize their retention. Assistance offered to students by **Advisement Services** includes:

- Information on general admission regulations and program specific admission requirements
- Explanation of all registration processes
- Assistance with class selection, drop options, and schedule changes
- Explanation of prerequisite and course descriptions
- Assistance with transfer planning for those students considering transfer to or from a university or college
- Referral to other college services that assist students in achieving educational goals
- Assistance with tracking progress toward graduation
- Change of advisor or major

The **Counseling** department, in addition, assists students through other support services which assist in student retention. These services include the following: career planning, testing and assessment, communication skills, test and speech anxiety, self-esteem development, problem solving/decision making, stress management, coping skills, assertiveness training, time management, and study habit, as well as other personal, social, and cultural development issues.

Black Hawk College's **Disability Services** staff provide services such as note taking assistance, readers, test accommodations, computer-assistive technology, text taping resources, adaptive equipment, and sign language interpreters for disabled students.

The College also provides a **Student Success Center**. The center is located in the Library and provides the following services:

- One-on-one tutoring
- Tutoring labs in many subject areas
- Study groups
- Learning styles instruction and coaching
- Assistance with successful learning practices.

The Center works with students to identify problem areas and obstacles to success in college and is available to all PTA students.

The services listed above are described further in the BHC Student Handbook, pages 53-58 (hardcopy and online at bhc.edu).

The PTA Program makes all previously described services available to the PTA students through the following:

- Students are addressed on services available to them during their first PTA 100 – , Physical Therapy Orientation class meeting, at which time the PTA Student Handbook is reviewed.
- Upon acceptance to the program, students receive information in a flyer with their orientation packet.
- The Student Services information is given to every PTA student via their class syllabi.

The PTA program has had great success in regard to student retention. Over the last five years, the attrition of PTA students starting and completing the matriculation process has been 15%. The program does recognize that even though the attrition rate is much lower than state and national trends, it has not correlated to higher first-time pass rates. The program has in place assessment processes that outline an ongoing effort to increase the program's first-time pass rates. An example of this is through Perkins Grant funding, providing examination study guides and an on-site seminar for board preparation.

The PTA faculty view their primary responsibility to students is to be to provide them the opportunity to be successful and to guide them through their matriculation process.

Section 2. Resources

2.1 Students

The program admits and graduates students consistent with the missions of the institution, the program, and with societal needs for physical therapy.

The following is an overview of the presently enrolled BHC PTA students and the last graduating class (2007).

- Total number of enrolled students for this time period: 66.
- Average age: 29
- Gender: 12 male; 54 female
- Race, other than white: 7

The program graduation rate has been 86% (last 3 years). We have graduated 60 of the 70 admitted applicants since 2005. This is considerably higher than the national average of 68.5%.

The admission process reflects the need to attract and accept qualified applicants into the PTA program. Student selection ensures that applicants have demonstrated previous success in academic coursework, have very strong references, and demonstrate the communication skills necessary to succeed in the program and as clinicians. This has been validated by the matriculation rate of 85% (last 5 years). The program's objective to maintain a retention rate for each accepted class of a minimum of 90% through matriculation remains an achievable goal for the program to strive for.

Enrolled students reflect the program's mission as goals per the following:

- One-third of our students have already attained a Bachelor's or Master's degree. This reflects the student interest and demonstrates the desire to be life-long learners, which is part of the program's goals and mission statement.
- One of the issues of the PTA program is the selection process which ensures a student body which will meet the program's goals and objectives. Historically, more applications to the PTA program are received than can be accepted, and that enables the program to select the *highest* qualified – not just the minimally qualified – candidates to enter the program.

For a more detailed description of the admission process, refer to section 1.4.1.

2.2 Program Faculty

2.2.1 The institution provides for sufficient program faculty resources to accomplish the mission and goals of the program. The program employs two full-time core faculty members. One of the full-time core faculty members is a physical therapist.

Starting in the fall of 1997, Black Hawk College instituted a minimum standard of two full-time faculty for the PTA program. The present core full-time faculty members, Larry Gillund and Dianne Abels, are both physical therapists. The program has always had a maximum class size of 24, as recommended by CAPTE at the Program Intent and Grant of Program stages, which occurred in 1992.

The classes with laboratory components maintain a 1:12 faculty to student ratio for lab activities.

The full-time workload, as determined by the BHC Faculty Contract is 30 contact hours per year. This is documented on page 10 of the Faculty Handbook. The Program Director and the ACCE are granted two contact hours of release time per semester (four per year) to provide for the additional duties of administration, clinical coordination, and any other extra responsibilities. If, in the future, this release time is determined not to be sufficient, a procedure exists to request a change. This is located on page 13 of the Faculty Handbook. Full-time faculty members are required to maintain five office hours per week so that they are accessible to meet the needs of the students in the program.

The Clinical Coordinator also receives a summer contract to provide additional resources to accommodate the extra duties required by full-time clinicals in which PTA program students are participating over that 12-week period. Although the Program Director is not contracted through the summer, he is actively involved in assisting the ACCE with student clinical site visits. The faculty meet bi-weekly in the summer in order to discuss student clinical progress and as preparation for the upcoming academic year.

Black Hawk College has supported the PTA program in a manner that allows the faculty to perform all of the duties necessary to maintain the high standards of the program. This, per the Program Director, has been an institution with a history of great support for the Health Careers area, and its philosophy is one that continues to support this area well into the future.

2.2.2 Each academic faculty member is qualified by education and experience to fulfill the assigned responsibilities. She/he holds appropriate credentials where applicable, including licensure, certification or registration. Each academic faculty member maintains activities within the profession consistent with the philosophy of the program and institution.

The Program Director has been in his present position for the last 13 years. He has carried a full-time teaching workload from his initial hiring. The Program Director's education includes an undergraduate degree with a teaching emphasis. He has presented continuing education courses to therapists and in-services to facilities, while continuing to practice as an independent contracting therapist. His background has allowed him to meet the clinical expertise needs for teaching courses with emphasis in modalities, geriatrics, and pediatrics. The Program Director is licensed in the states of Iowa and Illinois. The Program Director has, with the help of the faculty, advising committees, and CAPTE recommendations, developed a program curriculum that ensures PTA students, upon graduation, are safe and have critical thinking skills.

The ACCE, Dianne Abels, has been associated with BHC's PTA Program since its start in 1992. She first served as an adjunct instructor and a guest lecturer for courses in therapeutic exercise while being employed as the CCCE for a local hospital. Then in the fall of 2005, Ms. Abels joined the PTA program at Black Hawk full time. She has 15 years of full-time experience as a clinician with expertise in pediatrics through geriatrics in out-patient and in-patient hospital settings. She is licensed in both Illinois and Iowa. She has demonstrated ability to be an outstanding educator and is a great advocate of enrolled students, student wishing to be enrolled, and graduates of the program. One of

the trends to be demonstrated in this report shows that since Ms. Abels joined the program full-time, BHC PTA graduates are scoring significantly higher overall on their first-time NPTE. It is felt that this has been the direct result of Ms. Abels joining the program full-time and teaching the core of therapeutic intervention classes and clinical activity preparation classes (Practicum I and II), as well as her diligent oversight of the students' clinical internship experiences. She demonstrates the highest of ethical standards and behaviors, for which the students express through formal and informal methods how fortunate they feel to have her as an instructor.

Lucian Anghel is a 1997 graduate of this program and is a licensed physical therapist assistant in the states of Iowa and Illinois. Mr. Anghel has been a full-time clinician for a local hospital, where his primary duties have been in the area of worker's compensation rehabilitation. He also has experience in the areas of pediatric, head injury, and spinal cord injury patients. His academic skills, clinical strengths, experience as a Clinical Instructor, and overall work ethic have made him a great addition to the program. His primary duties include teaching kinesiology and rehabilitation techniques to first-year PTA students. His performance evaluations are exceptional, and he challenges his students to demonstrate safe, appropriate skills in each area of instruction. He routinely provides students additional learning opportunities in the form of open lab sessions offered on the weekends. He does this without any additional compensation.

2.2.2.1 The program director of the physical therapist assistant education program is a physical therapist or a physical therapist assistant. The program director demonstrates the academic and professional qualifications and relevant experience in education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following: a minimum of a master's degree; licensure (if a physical therapist), or licensure, certification, or registration in states where applicable (if a physical therapist assistant); experience in clinical practice; didactic and/or clinical training experience; experience in administration; experience in educational theory and methodology (curricular design, development, implementation and evaluation); experience in instructional design and methodology; and experience in student evaluation and outcomes assessment.

The Program Director holds two Master of Science degrees, one with major emphasis in physical therapy. He has been licensed in Iowa and Illinois since 1994. He has extensive experience in pediatric through geriatric patients seen in a variety of environments, including home-based, out-patient, in-patient, and long-term care facilities. He continues to see patients in these areas on a weekly basis, maintaining clinical practice skills commensurate with today's standards.

The Program Director had a teaching background prior to joining Black Hawk College. His undergraduate degree had a teaching emphasis, and included courses in methodology, curriculum design, assessment and implementation. He taught at the junior high level, and for four years prior to employment at BHC, taught a college credit physiology course offered by Drake University in Des Moines, Iowa.

While at Black Hawk College, he has taught full-time in the technical component of the PTA program. He has taught numerous in-service sessions and workshops, as well as continuing education courses offered by Black Hawk College.

The faculty development opportunities provided by Black Hawk College and attend by the Program Director over the years include instruction in student assessment and evaluation, curriculum delivery, course evaluation procedures, and classroom enhancement opportunities.

His 13 years as the Program Director has enabled him to demonstrate skills in all areas described in this section. He has been a part of college-wide committees, allowing him exposure to the hiring process, student advising, College records and procedures, and the process by which the College reviews and promotes faculty members. This is summarized in section 1.1.9. He is responsible for the program budget and monitors the efficient utilization of funds for program delivery.

The Program Director has been a very stable part of Black Hawk College's PTA program and exemplifies the College's desire to have faculty be representative of its core values. He is a respected member of the health care education and delivery sector of the Quad-Cities region.

2.2.2.2 The core faculty includes a member designated as the Academic Coordinator of Clinical Education.

The ACCE for the Physical Therapist Assistant Program at Black Hawk College is Dianne Abels.

Dianne came to the College in 2005 with 13 years of experience in clinical practice. She served as a Clinical Instructor for PT and PTA students for 12 years and was Center Coordinator of Clinical Education at Trinity Medical Center for the ten years prior to her appointment at Black Hawk College as ACCE.

Dianne served as an adjunct instructor for the Black Hawk College PTA program from 1994 to 2005, so she already had many years of teaching experience and involvement with the PTA program.

In clinical practice, Dianne was Lead Physical Therapist in her department at Trinity Medical Center for four years. This supervisory position provided management experience over 12 physical therapy staff members. She served in various capacities and committees while practicing. These included providing back care safety training to new employees and preparation for CARF accreditations and JCAHO visits. Dianne also assisted with the planning of two continuing education courses offered at Trinity Medical Center and served as a lab assistant for one of the courses. In addition, Dianne has presented numerous in-services/presentations to community groups, extended care/assistive living facilities, and job sites on various physical therapy topics. Examples are provided in the curriculum vita.

2.2.3 The academic faulty as a unit have the qualifications and experience necessary to achieve the program goals. Collectively, the academic faculty have evidence of and demonstration expertise in basic educational theory and methodology (curricular design, development, implementation and evaluation), instructional design and methodology, student evaluation and outcomes assessment.

Collectively, the two full-time faculty members have accumulated over 13 years each of academic experiences. Each has progressed and developed curriculum in accordance to new technology, narrative standards by APTA, continuing education, and the utilization of resources provided by Black Hawk College's Teaching/Learning Center.

The adjunct faculty instructor brings to the program expertise in clinical practice and experience as a Clinical Instructor, and is a graduate of the PTA program. The adjunct instructor has responded positively and quickly to faculty development goals and student evaluations, and has utilized the teaching resources at the College. He has used the resources in the Teaching/Learning Center to improve overall instructional design and delivery via PowerPoint presentations.

As evidenced in the curriculum vitae, the PTA core faculty have the educational and clinical experiences that meet all of the curriculum/program needs. The Program Director and ACCE have 27 years of combined clinical and educational experience. As mentioned, the ACCE has been an adjunct faculty member and/or guest lecturer in the program since 1994. She has clinical experience in a great variety of areas and has been the CCCE for a large hospital in the area. The Program Director has an educational background/training and has been teaching in the program since 1994. Over the years, he has obtained additional training in course assessment, curriculum delivery, and student learning outcomes. In addition, he continues to practice and has extensive clinical experience with pediatrics through geriatric populations.

2.2.4 The clinical education faculty demonstrate clinical expertise in their area of practice and the capacity to perform as effective clinical teachers.

The PTA program has full commitment from all affiliations to meet minimum standards of competency. All clinical faculty are either licensed physical therapists or licensed physical therapist assistants with their licensed PT supervisor. A minimum of one year's experience in clinical practice is strongly encouraged for all clinical faculty. This is stated in the Clinical Coordinators Handbook. Exceptions are rare and would occur only after review of the circumstances by the ACCE, Clinical Director, and Clinical Instructor.

While clinical competency can be determined by the affiliating site's CCCE, the PTA program feels that input and feedback from the students and ACCE is of vital importance.

Through written, telephone, and e-mail communication, as well as on-site visits, the ACCE is able to ensure that clinical faculty demonstrate skills essential to teaching. The program seeks practitioners who are open minded, flexible, enthusiastic, and skillful.

A survey sent out to CCCEs and Clinical Instructors helps identify needs and challenges faced with clinical instruction, which can be addressed individually or at the annual CI luncheon in the spring.

All clinic sites have a reference copy of the evaluation forms used for the practicum experiences in addition to the Clinical Performance Instrument reference binder. When a new site is developed, the reference for the CPI is sent out with a note instructing faculty to call if they are unclear on instructions for Clinical Performance Instrument completion or if they have any questions. The ACCE can set up an in-service if necessary or will communicate via phone conversation to answer any questions. Most clinical sites are very familiar with the CPI, and often many Clinical Instructors are past graduates of the Black Hawk College PTA program. Student performance and safety is readily assessed using the evaluation forms.

The Record of Student Clinical Supervision is utilized for both phone and on-site student contact during clinical experiences. This provides feedback from both the student and Clinical Instructor to identify any needs either may have. Student strengths, weaknesses, safety and other concerns are identified. The student is able to evaluate their clinical education experience at this time and also fill out an evaluation at the end of the clinical experience. If any concerns are identified, the ACCE is able to contact the CI/CCCE for appropriate follow-up. The feedback given by students serves as a guideline for clinical faculty development by the ACCE. The Clinical Coordinators Handbook also states that the ACCE should be contacted immediately if the student does not demonstrates safe practices.

A file is kept in the PTA library with the Clinical Site Information Form for each contracted facility. This identifies certified Clinical Instructors and allows students to review surveys filled out by former students for that clinical site.

A trend in clinical instruction over the past few years has been an increase in the number of certified Clinical Instructors. The PTA program feels strongly that this has enhanced clinical education and has been a key to faculty development.

2.3 Student Services

2.3.1 Information concerning financial aid through the institution and program is available to all students.

Information regarding financial aid opportunities is provided to the PTA students through the following resources. Financial aid is available for qualifying students through state and federal funding as well as grants and scholarships through the Foundation and the Financial Aid department.

- BHC Student Handbook, pages 41, 54
- PTA website, www.bhc.edu → Physical Therapist Assistant → Fact Sheet
- PTA website, www.bhc.edu → Physical Therapist Assistant → FAQs
- PTA course syllabi
- BHC website, www.bhc.edu → Enroll @ BHC → Financial Aid
- BHC College Catalog, pages 19-20
- PTA Fact Sheet (hard copy)

2.3.2 Students have access to counseling and testing services.

Students in the PTA program are able to access information on both testing and counseling services through the following:

- BHC Student Handbook, counseling on page 54 and testing on page 58
- PTA Student Handbook, pages 16
- PTA course syllabi
- BHC website, www.bhc.edu → Enroll @ BHC → Advising → Counseling
- BHC website, www.bhc.edu → Student Support and Activities → Student Services
- BHC College Catalog, counseling on page 43 and testing on page 45

2.3.3 Students are provided with formative and summative reports of their academic and clinical performance and progress.

Students have the opportunity to access their total points for the course at any time throughout the semester from the instructor. Within the semester, examinations are returned and reviewed with students prior to progressing to the next topic. This also applies to laboratory practical examinations. Faculty are required to submit final grades no later than four days after the last final is completed for the class. Students then can access their final grades via the myBlackHawk website.

In the clinical portion of the curriculum, the ACCE makes mid-term contact either via a phone call and/or a site visit. The Clinical Performance Instrument (CPI) used for Clinical Internship I and II and is also graded at mid-term (3 weeks) for the student. The Clinical Instructor is responsible for sending the ACCE the final assessment forms once the practicum or clinical is finished. The ACCE sees the midterm for the Clinical Performance Instrument at the site visit and also may request that it be faxed. These may be reviewed with the student by phone and/or in person should the ACCE choose to. Clinical sites may choose more frequent evaluations during the student's internship. This may be in the form of weekly planning forums and staff meetings.

2.4 Finances

The program has adequate financial support to achieve its stated mission. Core faculty determine program needs and, with appropriate institutional officials, are involved in budget planning and management.

The PTA program budget provides adequate funding for faculty salaries (full-time and adjunct), contractual services, maintenance, repair and purchase of equipment. Monies necessary for faculty continuing education have been successfully secured from the Carl Perkins Grant, as has the purchase of capital equipment, student licensure resources, and other costs related to items outside of the normal budget areas. This year (2007-2008) over $9,000.00 in equipment and student resources were secured through the Perkins Grant and the College's Foundation funds.

Program budgets are submitted by the Allied Health Chairperson to the Dean of Instruction and Student Learning in February, and then submitted to the appropriate committees for consideration.

Program long-range fiscal planning is conducted by the Department Chairperson and the Dean of Instruction and Student Learning and are designed in collaboration with the PTA Program Director. Fiscal planning also includes the input from program faculty by formal and informal reporting (e.g., minutes from faculty meetings). The needs for department resources are also assessed through student evaluations, graduate surveys, and communities of interest that may indicate changes in fiscal planning needs.

2.5 Administrative and Technical Support Services

Adequate administrative and technical support staff and services exist to support the activities of the program.

The program utilizes two full-time academic office staff members, who are located in the Building 3's Academic Service Center. They do assist other programs housed in the building, and at present there are six other programs that they are responsible for. These two staff members and the work/study student who assists them are more than adequate for the needs of the PTA program. Many times they will seek out the PTA program to provide them with projects throughout the year.

2.6 Learning and Instructional Resources

2.6.1. 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.

The PTA program is located on the Quad-Cities Campus in Building #3. The College's Library, also called the Learning Resource Center (LRC), is housed at the north end of the upper lobby of Building #1, some 300 yards from Building #3. The library is open Monday through Thursday, 7:45 a.m.-9:00 p.m.; Friday, 7:45 a.m.-3:00 p.m.; and for Weekend College on Saturday, 10:00 a.m.-2:00 p.m. It houses two copy machines for student use. It currently has 54,000 books, 400 journals, and several daily newspapers. There are two journals and twenty-five books related specifically to physical therapy.

The library also houses twelve public access computer terminals with Internet access. Through the Library's website (http://www.bhc.edu → Libraries), BHC faculty, staff, and students have access to hundreds of titles which are available online 24-hours a day, seven days a week.

The Library has ten staff members, which includes three full-time faculty librarians and two part-time librarians. All are Master's prepared with Library Science degrees. Two full-time and three part-time support staff complete the Library's workforce, and all provide services to the College. The Library is part of a nearly 40-member cooperative that share resources through "Quad Linc," an online catalog/circulation resource system of participating libraries. Any library in the Prairie Area Library Consortium can request to borrow out-of-area books and receive them within 3-5 days.

The College also has access to Trinity Medical Center and St. Ambrose University medical libraries through Quad Linc and individually with Genesis Medical Center to provide physical therapy resources as appropriate. Statewide, the College Library participates in the Illinois Library Consortium ISHARE program. Online searches and bibliographies are provided for all faculty as requested. In addition, the PTA faculty maintain a personal collection of physical therapy textbooks and materials in their offices. These books are available to students as deemed appropriate by the faculty members. Also, while students are at clinical facilities, they have access to medical libraries at those facilities.

Physical therapy journals are also available in the student lounge located next to the PTA class/lab room (Rm. 101, Building #3). Students may check out additional resources (textbooks, magazines, atlases, flashcards) found there for one-week periods.

The students also have access to a Health Careers Computer Lab located in Room 310A of Building #3. The room houses six computers specifically loaded with health careers computerized instructional materials. The materials include interactive DVDs, software for designing home programs, software to assist with courses such as kinesiology, anatomy and physiology, and software for specific treatment diagnosis information.

2.6.2. Technology for instructional purposes is easily accessible and is of sufficient quantity and quality to meet the needs of the program.

The program classroom has always allowed faculty to integrate and deliver instruction to students through the latest technology. The classroom was recently equipped with a "high tech" package. The faculty now has a control board to utilize a video visualizer (document camera), media link control board, VCR/DVD projector, the Internet, and a ceiling mounted front projector with all lectures and labs.

Faculty utilize PowerPoint software, Internet links, and a variety of software specifically designed for the education of physical therapy assistant students in the classroom.

2.7 Facilities

2.7.1 The program has classrooms and laboratories of sufficient quality and quantity to provide an environment conducive to effective teaching and learning.

The program has 2,200 square feet of classroom and lab space available. The classroom has 24 modular seats and custom-made desks that provide maximum comfort for PTA students. There are two sinks, three storage closets, and three private treatment areas. There are eleven plinths and two double low mat tables.

There are two large rooms available to the program, which provide an addition 1,000 square feet of space to be utilized for storage. A complete inventory will be available for the on-site team to review.

There is also a 300 square foot student lounge/resource room available for student use. This room has tables, chairs, and a kitchen area with a refrigerator for student use. Classroom resources (magazines, textbooks, atlases, journals, etc.) are stored in this room.

Students presently in the program have their records stored in the ACCE's office in locked file cabinets to which the ACCE and the PTA Program Director have access. Files for the last graduating class are stored in a locked cabinet outside of the program faculty office. All earlier graduate records are stored in the BHC storage warehouse.

St. Ambrose University's facilities are utilized to conduct a cadaver lab for BHC's kinesiology course (PTA 201). An off-campus agreement is in place which describes the usage of the cadaver lab room, the assistance of an adjunct instructor from St. Ambrose, and the cost for these services and space. The cadaver lab is utilize five different times throughout the spring semester and is a great learning environment for BHC kinesiology students.

2.7.2 The program has sufficient offices and space for academic faculty and staff.

The two full-time faculty in the PTA program have individual offices. The one part-time faculty member has access to the full-time faculty offices to use for advising and computer usage. Each office is equipped with a telephone and a computer which has Internet access and Black Hawk College's network system on it. The offices are 150 square feet, and provide room for faculty/student confidential conferences as needed. All student files/records are stored within 20 feet of either office.

Faculty offices are centrally located around a student conference/lounge area, which can conveniently accommodate meetings with advisory groups or other conferences. The conference/lounge area has three 6' round tables and seating for up to 18 people.

2.7.3 Clinical education experiences are of sufficient quality, quantity, and variety to prepare students for their responsibilities as physical therapist assistants.

The PTA program has over 75 clinical sites. New sites are developed as need arises based on student or site requests and after determination by the ACCE that a site meets criteria of the program. Because Black Hawk College PTA students represent a large

geographical region, new sites farther away from the immediate area have been developed. A New Site Development Form and frequent site visits are utilized for the ACCE to determine if a clinical site will be of quality for student experiences. Examples of this can be provided onsite.

Students must select clinical choices which expose them to a variety of clinical settings. When selecting Practicum II, Clinical I, and Clinical II sites, students are required to have acute, skilled care or in-patient rehab and out-patient experiences.

Another method which ensures that students are exposed to a variety of experiences is the use of a checklist form. This document is given to students before the first practicum experience. Students keep track of specific diagnoses, interventions, and data collection skills they have been exposed to in the clinic settings. The form identifies if the student was able to actively perform a treatment/data collect skill or if they just observed them being performed by another clinician. The checklist is given to the ACCE at the end of the clinical experience in order to facilitate planning for future rotations.

Because the Clinical Performance Instrument is used for the final two clinical experiences, at both midterm and final, the ACCE is able to ensure that objectives from the clinical education courses are being met, as students are graded on the clinical performance criteria, similar to the course objectives.

Students select first, second and third choices when selecting practicum and clinical rotations. Because of the variety and numbers of clinical sites offered, more than 90% of the time students are able to get their first choice of clinical sites.

2.8 Equipment and Supplies

The program has adequate access to sufficient operable equipment and adequate supplies. Opportunities are provided for academic faculty and students to use equipment and supplies reflective of current practice in physical therapy.

The program has secured equipment that continues to meet the needs of the students. All of the electrical equipment that has been purchased is checked for safety and calibrated on an annual basis. Records of equipment maintenance and cleaning are kept in the PTA lab room.

Student feedback after clinical rotations is very positive regarding the opportunities the program provides for utilizing equipment and supplies prior to clinical practice.

Section 3. Curriculum

3.1 Development of Curriculum Plan

Core faculty assumes primary responsibility for the development of the curriculum plan with input from all appropriate communities of interest.

The core facility is responsible for the development, review and revision of the curriculum plan. Full-time faculty meet regularly as matching office hours and the physical location of offices allow for daily interaction. A primary focus of faculty meetings is to ensure that topics covered in all courses are thorough and meet the needs of the program goals and objectives. Ongoing discussions occur regarding student learning and student feedback, and serve as a stimulus for any changes that may need to be made. A good example is the development of a lab practical grading format that is similar for all faculty. PTA 290 (Seminar) is also a class in which topics presented are based on the needs of the class and the many types of curriculum feedback received.

Curriculum evaluation is ongoing. Core faculty meet with adjunct faculty at least twice per semester. Both core and adjunct faculty assist each other during laboratory classes and practical exams, which serves as another source of feedback on student performance.

Other sources of input regarding the curriculum plan include:

- Employers of graduates via employer surveys
- Advisory Board biannual meetings to review program/curriculum
- Classroom assessments and faculty evaluations by the Program Director, Department Chair, and Dean of Instructional Programs.
- Student input regarding the curriculum plan from several sources:
  - Student evaluations of each course/instructor
  - Student clinical evaluations following each rotation
  - Student program surveys by the College every two years
  - Graduate student surveys by the program (annually) and by the College (annually)

The PTA program itself has continued to be a two-year integrated, traditional format by which the curriculum has been reviewed and modified over the past fourteen years. The following chart represents an overview of the input from various communities of interest that have an impact or vested interest in the PTA program.

Curriculum Advisors	Contact
Adjunct & Support Faculty (and general, education faculty and advising faculty)	▪ Adjunct: Formal meetings and informal weekly meetings ▪ Support: Annual meetings (Advisory Committee)
Clinical Education Faculty	▪ Annual Clinical Instructors Luncheon ▪ Phone calls ▪ Email ▪ Formal mailings ▪ Site visits ▪ Clinical faculty survey
Employers of Graduates	▪ Survey ▪ Annual meeting

Curriculum Advisors	Contact
Advisory Committee Members	▪ Formal annual meeting
Students	▪ Midterm and final assessment surveys ▪ National licensure results ▪ Continuing education courses offered ▪ Informal classroom feedback

The program is constantly looking at ways to revise and enhance the delivery of the curriculum. As educational methodology and the physical therapy field evolve, the program itself seeks to reflect those changes in the curriculum assessment and delivery.

3.2 Documentation of Comprehensive Curriculum Plan

The curriculum plan is documented, is comprehensive, incorporates the philosophy, mission, and goals of the program, and prepares students for their role as physical therapist assistants to work under the direction and supervision of physical therapists.

BLACK HAWK COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM MISSION STATEMENT

The physical therapist assistant program prepares students to graduate with entry-level clinical skills competent for the demands of the changing health care environment. The program strongly encourages physical therapist assistants to continue life-long learning through the attainment of continuing education, and to pursue leadership roles in their clinical and community environments.

PHILOSOPHY

The faculty believes that learning is the emergency of new patterns of behavior through active and dynamic interaction within the environment. The individual's needs, perceptions, motivations, previous knowledge and experiences affect learning, readiness, reinforcement, opportunities for application, and achievement. Generalization and discrimination are basic phenomena of learning used in critical thinking, concept development, formulation of principles, determination of goals, analysis of data, and synthesis of content. The faculty is responsible for the creation of a positive learning environment that allows for mutual personal growth, freedom of expression, dignity, and self-worth. Commensurate with this, the faculty believes the student is responsible for his/her own learning, and the student and faculty evaluate the learning outcomes.

Physical Therapist Assisting is a service that assists people to attain, regain, or maintain health. PTA education integrates the biological, physical, and behavioral sciences to provide the PTA with the necessary knowledge and skills to utilize the scientific process to assist people in meeting their his basic needs.

PTA adds a human element to health care that has become depersonalized in an age of advancing technology and growing specialization. An increased awareness of health needs has led people to recognize health care as a right.

PTAs are prepared to function as responsible members of the health team concerned with therapeutic, rehabilitative, and preventative care of people of all ages in various stages of development. The PTA functions under the supervision of a licensed Physical Therapist. PTA education emphasizes clinical experience that is correlated with communication skills and theoretical knowledge from the biological and behavioral sciences. The faculty guides the student through the basic use scientific problem-solving, care plans, and health teaching. The faculty is responsible for creating an environment that is conducive to learning.

The faculty prepares the PTAs to function as responsible members of the health care team. The program provides the opportunity for the PTA students to learn in an unrestricted environment, with state-of-the-art facilities and equipment, and in a strong student supported atmosphere.

PROGRAM GOALS AND OBJECTIVES

The PTA program has established specific goals and objectives for which the program strive s to fulfill its overall mission and philosophy. The following goals and objectives are representative of students and new graduates and are in harmony with the mission, values, goals and objectives of the institution.

Goals

1. Continuously strive to enhance educational classes that maximize student's critical thinking and safety.
2. Provide an educational environment that will attract students to the health care profession and utilize all of the College's resources.
3. Promote an understanding of cultural differences and a global appreciation of diversity in the health care educational setting and community environment.
4. Provide the student with opportunities to utilize the program and College's technology to enhance the educational experience.
5. Encourage students upon matriculation to be life-long learners by seeking out continuing education opportunities and networking with peers in order to meet the demands in serving the community in their chosen profession as good citizens.
6. Students will exemplify the standards of ethical conduct established by the American Physical Therapy Association.
7. Produce a competent, safe, and successfully licensed PTA graduate/clinician.

Objectives

1. Demonstrate behaviors that provide patient safety while demonstrating appropriate problem-solving skills commensurate with the practicing health care environment.
2. Demonstrate competent data collection skills; provide evidence-based treatment implementation and progression; and provide effective, on-going communication with supervisors, physical therapists, health care team members, and families that represent safe and appropriate critical thinking skills and minimizes risk to patients, self, and others.
3. Demonstrate ability to practice under a supervising physical therapist and adhere to the policies and procedures bestowed upon the PTA in that health care environment.
4. Demonstrate the effective utilization of College resources during the program leading up to matriculation, including but not limited to the library, computer labs, internet, general education faculty, and core PTA faculty resources.
5. Demonstrate behaviors appropriate for the delivery of physical therapy services to individual and cultural diversities.
6. Demonstrate appropriate communication skills; technical therapeutic knowledge within class demonstrations; utilization of classroom/lecture instructional equipment; and utilization of classroom/lab therapeutic equipment throughout the PTA program in small group and individual assignments.
7. Participate in progression and development of individual careers based upon personal interests, practicing environment, and self-assessment of needs.
8. Demonstrate adherence to logical and ethical standards of conduct established by the APTA, and represent the highest expectations from the physical therapy profession.
9. Students will demonstrate a minimum of 75% first-time success pass rate and 90% or greater overall successful pass rate with the physical therapist assistant National Licensure Examination.
10. Upon six months of passing the National Licensure Examination, 100% of PTA graduates will be employed in the physical therapy field.
11. For each accepted class, the PTA program will maintain a retention rate of a minimum of 85% through matriculation and within 150% of program length.

Black Hawk College's PTA program is a two-year integrated program. The prerequisite coursework and general education coursework reflect the College's core values, its mission statement, goals, and learner objectives.

Black Hawk College

Vision

Total accessibility, quality instructional programs, student-centered services, and strategic alliances position Black Hawk College as the preferred choice for education and training.

Core Values

Appreciation of Diversity, Caring and Compassion, Fairness, Honesty, Integrity, Respect, and Responsibility.

Mission

Black Hawk College provides the environment and resources for individuals to become lifelong learners.

We carry out this mission by:

- *providing the best atmosphere for successful* ACADEMIC STUDENT OUTCOMES
  Our students rank academically as well or better than native students at Illinois four-year universities.
- *providing the best atmosphere for continued* CAREER LEARNING
  Our students will be the most sought after by business and industry.
- *providing the local and global community with* CONTINUING EDUCATION AND PERSONAL AND PROFESSIONAL DEVELOPMENT
  Our students will set the standard for personal enrichment.
- *operating within the framework of our identified institutional* CORE VALUES
  Our administration, faculty, and staff will model these values in our interactions with students, each other, and all those with whom we come into contact.
- *providing leadership in* COMMUNITY AND ECONOMIC DEVELOPMENT
  Our students and staff will set the standard for contributing to the growth and development of our community

College Wide Objectives 2007-2009

Support Student Success: Promoting a Positive Atmosphere
for Successful Academic Student Outcomes

- *Student Success*
  65% of Black Hawk College full-time, first-time students will complete their Certificate/Degree programs, be still enrolled, or transferred within 150% of program length
- *Student Satisfaction*
  Black Hawk College students will be satisfied with their overall experience at the College as reflected by a Community College Survey of Student Engagement mean score of 3.15 for their overall educational experience.

The PTA program exemplifies both the specific mission, goals, objectives and expected student outcomes while reflecting those of the College through its curriculum plan (Appendix I). Coursework, specifically course objectives, require students to demonstrate competency in communication, legal and ethical behavior, specific intervention skills representing the health care expectations of a new physical therapist assistant graduate, data collection skills, and, most of all, the ability to demonstrate safe clinical skills that exemplify appropriate critical thinking. The PTA program's mission is grounded in providing a positive learning experience to achieve the specific goals and objectives through the integration of both general education coursework and technical coursework, and by having an overall program matriculation which mirrors that of the institution. Objectives require students demonstrate strong values, have a high success rate with matriculation and employment, encourage becoming life-long learners, and be competitive with other secondary institutions, in addition to providing students an attractive and conducive learning environment, and having graduates become good citizens and leaders in the community. Within the program, as within the College, it is very important that student feedback regarding their educational experience at Black Hawk College is very positive.

Specific examples would include the following. In PTA 100, students are initially exposed to the PTA program goals, objectives, missions, and philosophy in the PTA Student Handbook review and discussion which takes place on their first day. The first PTA class addresses the PTA 100 objectives:

1. Discuss policies and procedures as outlined in the PTA Student Handbook.
2. Discuss Physical Therapist Assistant program student expectations and outcomes.

The goals, objectives, mission, and philosophy are represented from that first day until matriculation through each course's specific objectives found in the curriculum plan. PTA students participate in a Comprehensive Lab Practical prior to participating in their final two clinical internships. A specific objective to represent program and student outcomes can be found in PTA 213, Lecture 15, Objective 1: "Demonstrate safe and appropriate application and knowledge of lab skills exemplifying a comprehensive overview of the last four semesters of didactic and practicum experiences prior to participating in Clinical Internships I and II." One of the College's objectives is to have a minimum 65% success rate of first time students completing their degree program while at Black Hawk College. The PTA program mirrors the same objective in that it strives to have students who start the program remain in the program until matriculation. The two objectives are specifically outlined as follows:

BHC College Wide Objective	PTA Program Objective
Student Success – 65% of Black Hawk College full-time, first-time students will complete their certificate/degree programs, be still enrolled, or transferred within 150% of program length.	The PTA program will maintain a retention rate for each accepted class of a minimum of 90% through matriculation and within 150% of program length.

The curriculum plan for the PTA program, as previously stated, is based upon a two-year integrated curriculum sequence where general education and technical PTA coursework are taken concurrently. However, one thing to be considered is that the majority of admitted PTA students have completed most, if not all, of the general education requirements prior to joining the PTA program. This can be attributed to many non-traditional students entering the program with already obtained Associate's, Bachelor's, and even Master's degrees. Many students complete the majority of general education courses to reduce the number of credit hours required

for each semester. Finally, students may enhance their chances of being accepted into the program, based upon its history of being a very competitive process.

The curriculum plan is such that the general education coursework and PTA coursework are sequential and progress in a fashion best designed to allow students to build a knowledge base in the sciences and humanities as well as the technical physical therapy coursework. Educational theory for which the PTA program believes sequential learning best represents and achieves program and College goals and objectives can be found in the following examples.

Sequential Learning

Sciences	Prerequisite coursework: BIOL 100, 101, or 105; CHEM 101 or 110 (per instructor's request)		
	BIOL 105	Medical Terminology	3 cr. hrs.
	BIOL 145	Anatomy & Physiology I	4 cr. hrs.
	BIOL 145	Anatomy & Physiology II	4 cr. hrs.
Social Science	PSYCH 101	Introduction to Psychology	3 cr. hrs.
	PSYCH 200	Human Growth & Development	3 cr. hrs.
Humanities & Communication	ENG 101	Composition I	3 cr. hrs.
	SPEC 114	Interpersonal Communication	3 cr. hrs.
	SPEC 175	Intercultural Communication I	3 cr. hrs.
Mathematics/Computer Science	MATH 108	Statistics for General Education I	3 cr. hrs.
	(Prerequisite for MATH 108 is MATH 090 or 091)		
	and/or		
	CS 100	Introduction to Computers I	3 cr. hrs.

The PTA curriculum is designed to also facilitate a sequential learning process by which PTA classes build upon the outcomes of previously taken classes and cumulate in performance in clinical internships. This educational process results in the achievement of the program's mission, goals and objectives, and represents the overall program philosophy.

Sequential Learning – PTA Technical Courses

First Semester	PTA 100	Introduction to PTA	3 cr. hrs.
	PTA 113	Physical Agents I	2 cr. hrs.
	PTA 202	Physical Rehabilitation Techniques	3 cr. hrs.
Second Semester	PTA 201	Kinesiology	4 cr. hrs.
	PTA 204	Practicum I	3 cr. hrs.
	PTA 203	Pathology	2 cr. hrs.
	PTA 207	Massage	1 cr. hr.
Third Semester	PTA 208	Therapeutic Exercises I	4 cr. hrs.
	PTA 205	Physical Therapy Science	2 cr. hrs.
	PTA 214	Practicum II	3 cr. hrs.
Fourth Semester	PTA 209	Therapeutic Exercise II	4 cr. hrs.
	PTA 213	Physical Agents II	3 cr. hrs.
	PTA 290	Clinical Seminar	2 cr. hrs.
Fifth Semester	PTA 280	Clinical Internship I (6 wks.)	4 cr. hrs.
	PTA 281	Clinical Internship II (6 wks.)	4 cr. hrs.

In describing the program's curriculum plan, please note that prior to starting the program, the majority of general education classes have already been completed. This has allowed the students to apply previously acquired scientific knowledge, communication skills, and

understanding of human behavior and growth to specific physical therapy procedures, treatments and overall program objectives while concentrating on the core technical classes.

The program institutes concurrent learning throughout the educational progression. Faculty assess student performance, including the achievement of course objectives and ultimately the overall feedback and success of students during their clinical rotations. The curriculum is designed to be progressive in student performance with expectations and have concurrent applications representing those objectives. An example is PTA 209 (Therapeutic Exercises II) and PTA 213 (Physical Agents II). Both of these courses are offered during the fourth semester. Course outcomes demonstrating concurrent learning expectations would be the following. (The lectures and labs are presented at approximately the same chronological time during the semester.)

Class	Patient Dx	PTA Performance
PTA 209 Therapeutic Exercises II Lab Practical I	Ⓛ CVA Tx application: PNF to ® Shoulder subluxation	Proprioceptive neuromuscular facilitation treatment
PTA s Physical Agents II Lab Practical I	Ⓛ CVA Tx application: N.M.E.S. to ® Shoulder subluxation	PTA to perform neuromuscular electrical stimulation treatment

It is the belief of the PTA core faculty (with input from the clinical faculty as well as the Advisory Board) that the overall curriculum plan represents the nature of contemporary physical therapy practice. Many textbooks utilized by the program are specifically written for the PTA student. This enhances the PTA student's understanding of their scope of practice and the supervisory relationship with the physical therapist.

The curriculum plan incorporates the values articulated in the Standards of Ethical Conduct for the Physical Therapist Assistant. Students receive an individual binder that specifically outlines the APTA core documents. The resource binder contains the following:

1. Standards of Practice for Physical Therapy
2. Code of Ethics
3. Guide for Professional Conduct
4. Standard of Ethical Conduct for the Physical Therapist Assistant
5. Guide for Conduct of the Physical Therapist Assistant
6. Professionalism in Physical Therapy: Core Values

The documents are introduced to the students in their first semester and threaded throughout the matriculation process informally and formally, as indicated in course objectives.

Examples of how the curriculum plan is reflective of recognized standards of practice of the profession can be found in syllabi objectives the following are a few examples:

- PTA 100, Lecture 2, Objective 9: "Describe and discuss the core values for professionalism in physical therapy."
- PTA 100, Lecture 4, Objective 6: "Describe the legal and ethical perspectives a PTA must demonstrate as a clinician."

An example of meeting the Standards of Practice for Physical Therapy can be found in PTA 208, Lecture/Lab 2, Objective 10, which states, "Perform correct and safe verbal and physical exercise instruction, specific to type of amputation." This objective directly correlates to the Standard of Practice III, Patient/Client Management.

The specific objectives exemplifying how the curriculum plan is reflective of recognized standards of the profession can best be previewed in Section 3.3.2. Specific course objectives and assessments are described, all of which reflect the standards of the profession including specific examples of APTA Standards of Ethical Conduct for the Physical Therapist Assistant.

The curriculum prepares graduates to work under the direction and supervision of a physical therapist who supervises and directs the physical therapist assistant in performing interventions and data collection techniques necessary to carry out therapeutic interventions appropriate for the entry-level graduate. To accomplish this, the program institutes objectives and student outcomes representing a progression from simple to complex, assisted to unassisted, and directed to self-initiating. This is best achieved through lab practical examinations. The lab practicals contain, when applicable, critical safety criteria, and when not performed successfully, do not allow a student to progress in that course. Students are assessed on the amount of verbal assistance, manual assistance, and overall treatment implementation assistance required. These practicals progress to include data collection, data interpretation and assessment, treatment modification and patient progression, verbal communication, and supervisory needs while progressing to final clinical internship minimum competencies, and clinical faculty expectations.

The following are specific examples provided to demonstrate how the curriculum prepares graduates to work under the direction and supervision of a physical therapist and to perform selected interventions along with the data collection techniques necessary to carry out the selected interventions. The lab skills manual is given to the students on their first day of the PTA program. The lab skills criteria reflect a progression in learning and overall expected student outcomes. The criteria are based upon the educational process described by Bloom, Simpson, and Karthwohl (from Ford, ed., *Clinical Education for the Allied Health Professionals*). The learning objectives contain the taxonomy described in the cooperative, psychomotor, and affective domains, and the on-going measurable assessments by the faculty ensure students are competent and safe, and have the critical thinking skills necessary to work under a physical therapist. Also included for review is a lab practical grading criteria designed for a fourth semester PTA student.

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

Skill: Goniometry	Performance	
	1*	CLP**
1. Correctly interprets therapist's statement of problem and plan of care.		
2. Correctly sets up the treatment area, acquiring necessary treatment space to insure privacy, equipment, and supplies.		
3. Gives proper explanation and instructions to patient.		
4. Demonstrates professional behavior.		
5. Positions patient in recommended testing position, or most appropriate position for each joint motion to be measured.		
6. Drapes appropriately for modesty, while exposing joint to be measured.		
7. Uses proper padding for correct joint alignment.		
8. Moves part through joint ROM passively as a practice movement to subjectively estimate PROM.		
9. Aligns fulcrum over correct bony landmark.		
10. Aligns proximal or stationary arm correctly.		
11. Aligns distal or moving arm correctly.		
12. Moves part through PROM and re-aligns fulcrum, proximal and distal arms correctly.		
13. Reads goniometric measurement correctly and documents measurement correctly.		
14. Correctly positions patient and accurately measures and records all requested measurements.		
15. Removes draping and discards in appropriate bin.		
16. Assists patient while exiting treatment area, if necessary.		
17. Communicates measurements to therapist, via notes or oral communication.		
18. Prepares treatment area for next patient.		

Instructor Signature:_____ Date: _____

*Year of PTA Student
**Comprehensive Lab Practical, fourth semester of PTA program

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will be able to demonstrate correct technique while transferring a patient from wheelchair to mat, maintaining safety of patient and assistant at all times.

Skills: Transfer from Wheelchair to Mat and Return	**Performance**	
	1*	**CLP****
1. Correctly interprets therapist's orders including patient's problem?? And amount of assistance required.		
2. Determine and acquire necessary: ___gate belt, ___w/c, ___sliding board, ___assistance of second person		
3. Positions wheelchair correctly, secures brakes.		
4. Removes footrests and other obstacles, removes arm rests if necessary.		
5. Instructs patient in correct procedure, including patient's role. Uses slow, simple direction, and demonstrates as needed.		
6. Uses correct body mechanics during set up, transfer and securing of patient.		
a. adjusts center of gravity according to height and weight of patient.		
b. maintains wide base of support.		
c. utilizes correct weight shift.		
7. Guards patient correctly.		
8. Gives adequate support to patient while promoting maximal patient participation.		
9. Completes transfer without injury to patient.		
10. Positions patient correctly for treatment.		
11. Correctly assists patient to supine and return to sitting.		
12. Transfers patient safely back to wheelchair.		

Instructor Signature:_____ Date: _____

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will be able to recognize and provide instruction and training and correct postural deviation.

Skills: Posture Deviations	Performance	
	2*	CLP**
1. Identifies normal posture..		
2. Views patient from all angles to determine deviations in normal posture.		
3. Demonstrates techniques to alter deviations.		
4. Instructs patient in body mechanics to assist in improving posture.		
5. Reports and discusses postural changes with PT.		
6. Documents appropriately.		

Instructor Signature:_____ Date: _____

*Year of PTA Student
**Comprehensive Lab Practical, fourth semester of PTA program

Criteria	0 points	1 point	2 points
Introduce self to patient & explain tx			
INT			
Assists to appropriate position			
Proper choice of ATE/justification			
MOTOR CONTROL			
Analyzes pt. performing the task & identifies the missing component(s)			
Practices the missing component(s); followed by practice of the entire task			
Able to utilize & give example of transference of learning for this task			
PT case question			
Provides other tx suggestions/progression within the P.T. plan of care (1 point)			

SAFETY ASSESSMENT:

x = performed

-Locks w/c brakes if applicable _____

-Uses gait belt _____

-Uses safe handling & guarding techniques _____

Score: _____

0 points: (did not perform all components of tx safely)

6 points: (performed all components of tx safely

Total Score: _____/20

Pass **Fail**

Comments:

PNF/MC Grading

0 = unable to perform without full guidance

1 = needs minimal guidance to complete

2 = performs without guidance

The PTA curriculum plan can be found on pages 75 and 76 of the 2005-2007 College Catalog. It can also be viewed at the BHC website (www.bhc.edu/→physical therapist assistant →PTA Fact Sheet.

3.2.1 The curriculum plan includes a series of organized, sequential, and integrated learning experiences.

The following lists the general education and technical education courses in the PTA program curriculum which are required for the attainment of the Associate's degree. The curriculum plan includes a series of organized, sequential and integrated learning experiences.

First Year

		Credit Hours
FALL		
BIOL 145	Anatomy and Physiology I	4
BIOL 150	Medical Terminology	3
ENG 101	Composition I	3
PTA 100	Introduction to PTA	3
PTA 113	Physical Agents I	2
PTA 202	Physical Rehabilitative Techniques	3
SPRING		
BIOL 146	Anatomy and Physiology II	4
PSYC 101	Introduction to Psychology	3
PTA 201	Kinesiology	4
PTA 203	Pathology	2
PTA 204	Practicum I	3
PTA 207	Massage	1

Second Year

		Credit Hours
FALL		
PSYC 200	Human Growth and Development	3
PTA 205	Physical Therapy Science	2
PTA 208	Therapeutic Exercise I	3
PTA 214	Practicum II	3
SPEC 114	Interpersonal Communication	3
SPRING		
MATH 108	Statistics for General Education **OR**	3
CS 100	Introduction to Computers	
PTA 209	Therapeutic Exercise II	4
PTA 213	Physical Agents II	3
PTA 290	Clinical Seminar	2
SPEC 175	Intercultural Communication	3
SUMMER		
PTA 280	Clinical Internship I	4
PTA 281	Clinical Internship II	4
Minimum total hours required for degree		72

As shown with the sequential list of required courses, a student is able to complete the entire curriculum in five semesters, with the fifth semester consisting of the full-time clinical rotations. The PTA classes are arranged sequentially and are only offered in the fall or spring semester. However, students have more flexibility with the general education courses, as many of these are offered multiple times throughout the year. Because the students have the summer off following their first year in the PTA program, many choose to take part of their general education coursework during this time. More detail can be found in Appendix I.

The list of PTA program curriculum courses are found in several reference sources:

- PTA Fact Sheet – available to prospective students from the PTA program faculty, Admissions Office, and on page 4 of the Clinical Coordinators Handbook.
- PTA program website (bhc.edu →PTA Fact Sheet)
- Black Hawk College Catalog, page 76

The program is designed to be completed in five semesters by a student without any previous general education coursework. However, the vast majority of accepted students have completed a large percentage of the general education classes. This has enhanced the faculty's ability to utilize more time for open laboratory experiences and has given students a greater opportunity to concentrate on PTA specific coursework.

PTA Matriculation Coursework

- PTA Fact Sheet
- Black Hawk College website (bhc.edu →PTA fact sheet)
- Black Hawk College Catalog, page 76
- Clinical Coordinators Handbook, page 4

3.2.2 The curriculum plan has well-defined statements of the expected outcomes. The program has effective mechanisms for communicating these expected outcomes to students, prospective employers, and other communities of interest.

Student outcomes are found in the PTA Student Handbook on pages 2-3 in the form of Program Goals and Objectives. In addition, specific clinical outcomes/goals are described in the PTA Student Clinical Handbook on page 1.

PTA students are first introduced to those outcomes with the review of the Student Handbook by the Program Director in PTA 100 (Introduction to PTA) initial class meetings. Students also have review of clinical outcomes during their second semester when they receive the PTA Clinical Handbook in the PTA 204 (Practicum I) course.

Clinical Instructors receive a copy of the expected outcomes via the Clinical Coordinators Handbook given to every clinic site. Within this binder is a copy of the PTA Student Handbook and PTA Clinical Handbook.

Prospective employers, who have not been involved with a clinical affiliation with the program, as well as communities of interest, can contact the PTA program and request the PTA Student Handbook and/or the Clinical Coordinators Handbook.

3.2.3 The curriculum plan includes courses with instructional objectives stated in behavioral terms that describe the depth and breadth of content and the level of expected student performance.

The syllabus for each PTA program course clearly outlines the objectives to be met by the student. Students are provided with methods of evaluation and grading, total points for the course, and a description of the teaching methods utilized for the class. It is apparent with review of the syllabi that students are able to review objectives to be met with every class or laboratory session. Objectives are designed with student outcomes in mind, so that students understand expectations for each class period.

All PTA technical education courses provide the student with overall course objectives as well as specific lecture and lab objectives for each scheduled class period.

The course objectives specifically are used to measure student success and demonstration of competency in a variety of methods described in 3.2.5.

As described previously in 3.2, instructional objectives reflect the taxonomy for learning through utilizing the three domains – cognitive, psychomotor, and affective – and their educational progression (i.e., knowledge → evaluation; caption → origination and receiving to characterization, respectively). Each class has overall course objectives and specific lecture/lab objectives that reflect the level of learning and student expected outcomes for the particular level or time they have been in the program. Objectives are

measurable and accountable through a variety of methods, e.g., examination, written arguments, quizzes, clinical CPI, and lab practicals, as further described in 3.2.4 and 3.2.5.

The PTA program is well aware that the final student outcome assessment is the National Licensure Examination. The examination explicitly does not encourage students to memorize information to be successful. The faculty has consciously incorporated objectives that represent the learning necessary to be successful on the licensure examination.

Instructional objectives must progress toward the highest level of learning. Measurable objectives include assessive, comparing, designing, developing, demonstrating, displaying, and relating, so that upon successful completion of these learning objectives, students have successful outcomes representative of the program's mission, goals, and objectives.

3.2.4 The implemented curriculum plan utilizes appropriate instructional methodology.

The PTA program ensures that students are exposed to a wide variety of instructional methods and learning experiences.

Typical classroom presentations include PowerPoint and document camera illustrations. The PTA program makes use of DVDs, VCR tapes, and interactive CD ROMS within the classroom to stimulate the learning process.

Many lab courses intersperse lecture and lab practice throughout each class meeting. Often students work in pairs and are required to change laboratory partners to provide learning with different body types, etc. Other laboratory assignments are performed in small groups. Extra and "open" lab times are offered throughout each semester for additional practice times. Unique to PTA 201 (Kinesiology) is the use of the cadaver lab from St. Ambrose University as additional required lab time.

Assignments and worksheets which involve outside of class research are common and require students to utilize resources other than the classroom textbook. Often case studies are part of the class and small group discussion. Students are provided with assignments to complete in a clinical setting. Role playing is used in the classroom to stimulate communication and the clinical/patient relationship skills.

Demonstration of treatment techniques and data collection are most commonly done with students as models. However, the PTA faculty often bring in subjects with specific conditions in order to enhance student learning.

Faculty recognize that student learning styles differ and that effective instruction stimulates both critical thinking and hands-on skills. Being exposed to "real" patients prior to clinical experiences is rated very favorably by students. Utilizing anatomical models and the large variety of equipment owned by the PTA program is a definite strength.

Within the PTA program curriculum, a variety of instructional design and methodology is utilized within each course.

The PTA faculty facilitate classroom learning with assignments for students which require outside research, worksheets, and lab assignments/patient case studies frequently presented in class. Students are often exposed to assignments in which they work alone, in pairs, or in small groups. Lab partners for practice of interaction and data collection skills are frequently changed to facilitate student learning. Assignments to be completed while in the clinical setting also serve as another method to ensure student achievement. Students also have assignments regarding class presentations.

Students participate in off-campus activities (i.e., clinical tours) and opportunities for learning are further facilitated by the use of the St. Ambrose University cadaver lab as part of the kinesiology course in the second semester of the curriculum.

The use of the PTA lab room is not limited to classroom time. Program faculty offer additional open lab times for students to spend in practice and study of skills. These quite often are during weekends. Finally, guest "patients" are invited for classroom demonstration and instruction. This allows for student exposure to specific therapy diagnoses and conditions prior to clinical experience. For example, a class in PTA 209 is conducted by a person with a spinal cord injury and another is taught by an adult with cerebral palsy.

The variety of instructional methods described above is a key component in student learning. Students need to be exposed to basic testing of core knowledge, application of knowledge, and demonstration of that competency knowledge base in a clinical environment. Both independent and self-directed learning are part of the comprehensive curriculum which is designed to promote critical thinking skills.

3.2.5 The program faculty utilize a variety of effective methods to measure students' achievement of objectives.

Students are evaluated in many ways as part of the curriculum. Quizzes and exams are commonly used in didactic courses. Courses which include laboratory sessions have lab practical exams in addition to regular examinations. All incoming students receive a Lab Skills Checklist during their first week of classes. This lists the modalities and specific procedures that they are to be competent in before performance in the clinic. Each instructor is responsible (listed in course syllabi) for testing students in the corresponding areas for their class. A final comprehensive practical is also administered at the end of the fourth semester just prior to the student's last two full-time clinical experiences.

Within each PTA course, examinations are given throughout the semester, as are lab practicals when applicable. Typically, each course is divided into several units and exams are given at the end of each unit.

For the practicum experiences, students are evaluated using a summative format at the completion of the two-week experience. During the final clinical internships, a mid-term (formative assessment) and final evaluation is completed by the Clinical Instructor.

Objectives from each course syllabi help to ensure that students are aware of what is expected of them. Students receive copies of the evaluation form for each practical exam and understand what is expected from them during the practical.

For clinical education experiences, the objectives and grading scale used are reviewed with students in the Clinical Handbook. With site visits and phone calls, student progress and achievements are monitored. The Clinical Coordinators Handbook is a thorough reference which describes the skills for the practicum experiences and final clinical internships. Students keep track of data collection skills and interventions throughout all clinical rotations.

The evolution of student interning involves both formative and summative mechanisms. The evaluation is ongoing by the PTA core faculty, administration, and clinical faculty. The ultimate achievement of the program's PTA student outcomes is reviewed, modified, and re-evaluated by this process.

Formative	Summative
▪ Quizzes ▪ Examinations ▪ Lab practicals ▪ Written assignments ▪ Observations ▪ Faculty-student feedback ▪ Group interactions ▪ Individual/group presentations	▪ A minimum of 75% achieved in all course performance assessments
Timing	
Ongoing throughout each course and clinical activities	A minimum of 75% achieved for minimum competency

Student evaluations are based upon the course objectives and are appropriate for the level of course content and program progression at the time. Students receive study guides and are provided open lab activities. Lab practical grading criteria are provided prior to the lab practicals, and examination review time is also provided.

During the first two clinical experiences, Practicum I and Practicum II, student evaluation is based on the Practicum Evaluation Tool. A passing grade is given to students who complete the 60 hours of clinical time and meet all safety, behavioral, and performance criteria. The Clinical Performance Instrument (CPI) is utilized in Clinical Internships I and II.

3.2.6 The program faculty determines that students are competent and safe to progress through the curriculum, including the clinical education component.

Throughout all didactic coursework, students are evaluated on performance of data collection and treatment intervention skills. This is accomplished through lab practical examinations and Lab Skills Checklists. Because PTA program courses are divided into several units, students are evaluated on their performance of skills several times throughout each semester. The skills are identified using CAPTE's curriculum content guidelines. In addition, a final comprehensive lab practical is given to students at the end of the fourth semester of coursework, prior to the start of the final two full-time clinical internships. This Lab Skills Checklist is given to students at the start of the program so that all specific skills are identified and students are tested for competency and safety.

One of the best examples of ensuring student safety is evidenced in the lab practical examination grading forms. Key safety elements are identified in the grading scale. Point systems are set up so that if a student misses any of the safety elements, he/she would not be able to pass the practical exam, even if all other components of the skill were performed accurately. Examples of key elements would include using a gate belt, locking wheelchair brakes, or ensuring there are not contraindications to the specific treatment intervention performed. A student who fails the practical exam must remediate.

Before participation in any clinical experiences, students must successfully complete each course for the semester by obtaining a grade of at least 75%. This includes lab practicals and all other means of course assessment. A student who does not pass at this level would not be allowed to participate in clinical experiences. This is also true for the comprehensive lab practical, as students must pass all components to begin final clinicals.

As stated previously, students are given the Lab Skills Checklist during the first semester after beginning the program. Course objectives and lab practical grading sheets are also provided to students for specific classes. This allows students to be prepared for skills they will be tested on for competency.

Clinical faculty are provided a copy of the Lab Skills Checklist in the Clinical Coordinators Handbook. Course syllabi are also included in the handbook for reference. To help clinical instructors' awareness of skills students should be competent in for the Practicum I and II experiences, the "Quick Reference" sheets sent to them with the student's information packet are another means of communication.

As stated above, students who successfully pass coursework and skills checks are ready to engage in clinical education. A statement on page 5 of the Clinical Coordinators Handbook communicates to clinical faculty that students have achieved minimal standards in competencies prior to clinical work.

Clinical faculty are given a reference copy of evaluation tools used for each practicum and clinical experience as part of the Clinical Coordinators Handbook. The criteria for grading the practicum evaluation tool is defined within each category rated. The Clinical Performance Instrument also includes instructions for its use. Clinical faculty are encouraged to contact the ACCE if any uncertainty arises regarding the grading tools. This statement is also included on page 5 of the Clinical Coordinators Handbook. Since the ACCE receives each student's evaluation from the clinical site, this is another means to determine if the tool was completed correctly. The ACCE reviews all evaluations prior to assignment of a clinical grade. Follow-up phone calls/meetings/discussions can then be initiated if a problem is noted. A good example of this is when comments made do not seem to match up with the placement on the visual analog scale with the CPI. The student's performance may be noted to exceed expectations or show clinical excellence, but the visual analog scale shows a rating of 50%.

Since the clinical performance instrument includes a mid-term assessment, this also serves as a means to determine accuracy in the use of the tool. The ACCE is able to discuss the mid-term with the clinical instructor via a phone call or site visit.

Finally, at the 2007 clinical instructors luncheon, the ACCE presented an in-service to those in attendance regarding the correct use of the CPI.

Determining a grade obtained in clinical education courses is the responsibility of the ACCE. The Practicum I and II experiences are graded as pass/fail. The student must demonstrate professional behaviors, willingness to learn, and achieve at least 75% average on all graded criteria. In addition, the student must complete a minimum of 60 hours in the clinic. Points are given for the completion of the clinical, and these are added to points accumulated in the didactic portion of the Practicum I and II classes in determining a final grade. See Practicum I and II syllabi for further details.

In contrast, students are given an actual letter grade for Clinical Internship I and II final full-time clinicals. The ACCE is also responsible in determination of grades. Specifically, this is outlined in the Student Clinical Handbook (page 5) and includes the following:

A passing grade is given when the following conditions are met:

- *Entry level performance (score 90 or greater on the visual analog scale) is achieved for the first five (red flag) items on the CPI*
- *No significant concern boxes are checked on the final evaluation*
- *Average score of the 20 visual analog items is at least 75*

The PTA grading scale applies for assigning clinical grades as well (A, B, C, or X).

The following lists the references for expected students competencies:

- Lab Skills Checklist – Appendix N
- Clinical Coordinators Handbook – pages 13-15

3.3 Comprehensive Curriculum

3.3.1 General Education Component – The curriculum plan includes a series of organized, sequential, and integrated learning experiences.

The Physical Therapist Assistant curriculum and its prerequisites include elements of general education, including basic sciences (biological, physical, physiological, and anatomic principles) and applied physical therapy science. The coursework is designed to prepare the student to think independently, clarify values, understand fundamental theory, and develop critical thinking and communication skills.

	General Education Course		Biological Principles	Physical Principles	Psychological Principles	Anatomic Principles	Applied Physical Therapy Science	Independent and Critical Thinking Skills	Value Clarification	Fundamental Theories	Communication Skills
Yr. 1 Sem 1	BIOL 145	Anatomy & Physiology I	✓	✓	✓	✓		✓			
	ENG 101	Composition I						✓			✓
	BIOL 150	Medical Terminology						✓			✓
Yr. 1 Sem 2	BIOL 146	Anatomy & Physiology II	✓	✓	✓	✓		✓			✓
	PSYC 101	Introduction to Psychology						✓	✓	✓	✓
Yr. 2 Sem 3	PSYC 200	Human Growth & Development	✓		✓	✓		✓		✓	✓
	SPEC 114	Interpersonal Communication						✓	✓		✓
Yr 2 Sem. 4	MATH 108	Statistics for General Ed						✓			✓
	CS 100	Introduction to Computers						✓			✓
	SPEC 175	Intercultural Communication						✓	✓		✓
	BIOL 145 Prerequisites:										
	High School Biology ***or***		✓	✓				✓			✓
	BIOL 100 ***or***		✓	✓				✓			✓
	BIOL 101 ***or***		✓	✓				✓			✓
	BIOL 105		✓	✓				✓			✓
	High School Chemistry within last 5 yrs. ***or***			✓				✓			✓
	CHEM 101 ***or***			✓				✓			✓
	CHEM 110			✓				✓			✓

General education and pre-requisite coursework are integrated into the overall curriculum plan in a fashion best designed to build a knowledge base in the sciences and humanities as well as the technical component of the program. Upon matriculation, students receive an Associate of Applied Science degree. The general education component consists of 31 semester hours of credit, specifically from the following categories: Communications (ENG 101, SPEC 114); Humanities (SPEC 114); Social Sciences (PSYC 101, 200), Mathematics and Computer Science (CS 100, MATH 108), Sciences (BIOL 100, 101, 105, 145, 146, 150, CHEM 101), and Non-Western (SPEC 175). The general education courses were selected as they best represent the classes that integrate with the technical component of the program in achieving the goals and objectives of the program. The general education classes emphasize a student's growth in communication, competence in anatomy and physiology, and developing independent thinking skills and clarifying personal belief systems as well as gaining a better understanding of the very diverse global community. In response to the technological expectations of the program's new graduates, CS 100 was instituted and can be chosen with or without statistics (MATH 108) for degree completion.

3.3.2 Technical Education Component – The technical education component of the curriculum includes learning experiences to prepare the entry-level physical therapist assistant to work under the direction and supervision of the physical therapist. Courses within the curriculum include content designed to prepare program graduates to meet the described performance expectations.

3.3.2.1 Communication

Verbal and non-verbal communication skills are integrated throughout the program delivery. The students are first instructed in the general understanding of what constitutes verbal and non-verbal communication, especially in the health care environment, during their first semester in PTA 100 (Introduction to PTA). A progression occurs as they demonstrate the ability to communicate effectively with their peers, patients, and supervising physical therapist. Lab practicals and role playing class assignments are key curriculum assessment tools for faculty to evaluate these communication skills. Demonstration of proficiency prior to graduation occurs during clinical internships, and students are evaluated by their clinical instructors (i.e., CPI #6).

In addition, the students must demonstrate competency in identified clinical skills. These are found in their Lab Skills Checklist which they receive during their first semester and refer to throughout their time in the program. There are 43 lab skills, and communication is identified 80 different times as criteria in which to show competency. This includes communication between the PTA and the patient, the PTA and the supervising physical therapist, and the PTA and the patient's family. Progression is evident with the expectations of performance with communication as provided in the following examples (see page 57).

Early in their didactic work, students have expectations of data collection and reporting data to their supervising physical therapist. They must progress throughout the program to then interpret data collected during intervention and discuss and describe abnormal data and adjust treatment based on those findings and communicate that to their supervising physical therapist.

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJETIVE: The student will correctly perform passive range of motion, insuring safety of the patient, and altering treatment as appropriate for diagnosis and/or patient response to treatment.

Skill: Passive Range of Motion	Performance*	
	1	CLP
1. Correctly interprets therapist's statement of problem and plan of care.		
2. Correctly sets up treatment area, acquiring necessary treatment space to ensure privacy, equipment and supplies.		
3. Gives clear and concise instructions to patient.		
4. Demonstrates professional behavior.		
5. Positions patient properly, drapes as necessary for modesty.		
6. Uses correct hand placement to stabilize, support, and guide body part.		
7. Utilizes good body mechanics.		
8. Takes joints through motions and repetitions as prescribed by therapist.		
9. Utilizes correct sequence of motions.		
10. Determines appropriate end range based on instructions from therapist.		
11. Determines patient response to treatment, and alters procedure as necessary.		
12. Repositions patient at conclusion of treatment.		
13. Assists patient from plinth.		

Instructor Signature:_____ Date: _____

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will be able to treat a pediatric patient, utilizing developmental sequence and appropriate play activities with knowledge of indications, contraindications, and precautions.

Skill: Pediatric Patient	Performance*	
	2	CLP
1. Prepares patient and treatment area to include: a. arranging equipment, supplies and treatment area b. introducing self to patient c. positioning and draping the patient d. asking relevant questions and giving instructions to patient and/or family e. modifying treatment		
2. Uses the developmental sequence in the treatment program.		
3. Uses toys and other equipment that is appropriate to patient's age and abilities.		
4. Handles and positions to inhibit/facilitate tone.		
5. Assists in adapting equipment to fulfill individual needs of each patient.		
6. Instructs patient and family as necessary.		
7. Documents appropriately.		

Instructor Signature:_____ Date: _____

* 1 = 1st Year; 2 = 2nd year; CLP = Comprehensive Lab Practice (4th semester)

3.3.2.2 Individual and Cultural Differences

Individual and cultural differences are discussed in PTA 100 (Introduction to PTA) during the first semester and are integrated with more detail in the classroom portion of PTA 204 (Practicum I), including the exploration of personal biases and providing cultural sensitive patient care to the demonstration of such care in Clinical Internships (PTA 280, 281) in the fifth semester. This aspect of patient care is evaluated on clinical internships (CPI #8) by clinical faculty.

Behavior and Conduct

3.3.2.3 Exhibits conduct that reflects a commitment to meet the expectations of members of society receiving health care services.

3.3.2.4 Exhibits conduct that reflects a commitment to meet the expectations of members of the profession of physical therapy.

3.3.2.5 Exhibits conduct that reflects practice standards that are legal, ethical and safe.

Students receive information regarding expectations of conduct months before starting their first semester. Once accepted to the program, they receive an orientation packet which includes the PTA Student Handbook. The Handbook describes ethical standards and expectations. Their first class, PTA 100, provides them with a binder which holds the following six core documents:

- Standard for Practice of Physical Therapy
- Code of Ethics
- Guide for Professional Conduct
- Standard of Ethical Conduct for the Physical Therapist Assistant
- Guide for Conduct of the Physical Therapist Assistant
- Professionalism in Physical Therapy: Core Values

The program uses a variety of methods to assess students' ability to work with patients in a safe, ethical, and legal manner. Lab practicals include critical safety criteria and communication criteria that assess the student's ability to exhibit ethical and legal standards set by the profession and the State Practice Acts. What is successfully acquired in lab/classroom is carried over to practicum and clinical activities. In all practicum and clinical experiences, students are rated on their professional behavior with patients and other physical therapy and health care professionals, as well as their ability to practice in an ethical, legal and safe manner. (CPI #1, 4, 5)

In addition, professional behaviors are criteria found in the Lab Skills Checklist and are heavily integrated in the first year students' lab skills criteria. (See example provided on Passive Range of Motion, page 57).

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

As a student progresses into the second year of the PT program, more exposure to physical therapist evaluations is integrated. Students are working on documentation skills, have completed medical terminology studies, and are able to read and more effectively understand evaluation content, short and long-term goals, and the plan of care. Students are given plans of care and physical therapist evaluations, and these are utilized for lab practical situations.

Expectations and grading criteria during the fourth semester are intended to imitate the clinical environment. This is a lead-in for the final clinicals in which clinical faculty assess the student's ability to understand the written plan of care and is assessed with the Clinical Performance Instrument (CPI #9, #11).

3.3.2.7 Demonstrates competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

Functional Training

- activities of daily living
- assistive/adaptive devices
- body mechanics
- developmental activities
- gait and locomotion training
- prosthetics and orthotics
- wheelchair management skills

With the exception of developmental milestones, all skills described above are introduced and practiced in the students' first semester (PTA 200). At this point, they are assessed for competency through a variety of ways, including lab practicals and lab assignments (Lab Skills Checklist). They are also introduced to these skills in PTA 101, and the instructor demonstrates and describes how these skills will be used in their careers. The class is also the time that students are exposed to normal development and the developmental milestones associated with them.

Functional training interventions are found throughout the students' academic preparation and are discussed, demonstrated, and/or performed in every class. Examples of such would be gait training. In PTA 202 (first semester), student outcomes include being able to fit an assistive device and then to demonstrate various gait patterns, e.g., 3 point. In PTA 209 (fourth semester), student outcomes are to teach gait training to a below-knee amputee patient using an appropriate gait device.

Infection Control Procedures

- isolation techniques
- sterile techniques

Students are initially introduced to sterile techniques and isolation methods in PTA 100 (first semester). They are later responsible for competency in these areas during their fourth semester coursework in PTA 209. Students also demonstrate competency described in the Lab Skills Checklist, which must be completed in the first and second years of the program.

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will be able to wash hands using water, soap, and paper towels, following correct procedures for medical asepsis.

Skill: Hand washing	**Performance**		
	1	**2**	**CLP**
1. Removes watch and rings.			
2. Explains why rings should not be worn.			
3. Positions self away from edge of sink.			
4. Turns on faucets and adjusts temperature.			
5. Wets hands, keeps hands lower than elbows.			
6. Applies soap to hands from dispenser.			
7. Washes forearms and hands for 30 seconds.			
8. Without touching edge of sink, rinses arms and forearms, keeping hands and wrists below elbows.			
9. Dries hands thoroughly with two paper towels, discards paper towels in wastebasket.			
10. Turns off faucet with dry paper towel.			

Instructor Signature:_____ Date: _____

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will demonstrate correct procedure for donning/doffing sterile garb, following procedures for medical asepsis.

Skill: Donning Sterile Gloves	Performance 1	Performance CLP
1. Removes wrapping without contacting inside surface.		
2. Places wrapping on flat surface, inside surfaces facing up.		
3. Using one hand, grasps glove cuff, picks up glove, does NOT touch outside of glove.		
4. Inserts second hand into glove while maintaining grasp on cuff with first hand, adjusts without contacting outside surface of gloves.		
5. Using gloved hand, slips fingers between outside of other glove and cuff of other glove, touching only the outside.		
6. Inserts hand into glove, being careful not to touch bare skin or inside of glove with gloved hand.		
7. Grasps inner portion of empty glove package, discards.		
Skill: Doffing Sterile Gloves		
1. With one hand, grasps outside of opposite glove.		
2. Turns glove inside out as it is removed, does NOT touch skin, discards.		
3. Removes right glove by inserting left fingers inside of right cuff.		
4. Turns glove inside out and removes, discards glove.		
5. Washes hands using proper isolation technique.		

OBJECTIVE: The student will be able to utilize protective garments correctly following medical asepsis principles.

Skill: Donning Isolation Clothing	Performance 1	Performance CLP
1. Dons cap by holding on to tie; holds on inside only; places on head covering hair completely.		
2. Dons mask by picking up mask with one hand and placing elastic over cap with other hand.		
3. Adjusts metal piece on mask, without touching face.		
4. Washes hands utilizing proper technique.		
5. Picks up gown with hands touching inside only.		
6. Allows gown to vertically unfold without shaking.		
7. Inserts arms into sleeves and pulls around body.		
8. Grasps waist ties at ends and ties behind back.		
9. Tie top ties of gown.		
10. Dons gloves at this time using correct technique.		
Skill: Doffing Isolation Clothing		
1. Unties waist ties of gown.		
2. Removes mask by grasping mask with one hand and pulling elastic over top of head with other hand.		
3. Removes cap by grasping top of cap, removing and discarding.		
4. Removes gloves using correct technique.		
5. Washes hands using correct technique.		
6. Removes mask, touching only ties.		
7. Removes gown by untying top ties, being careful to touch only inside of gown.		
8. Folds gown inside out, rolls up and discards.		

Instructor Signature:_____ Date: _____

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will demonstrate correct procedure for sterile dressing change, using medical asepsis techniques.

Skill: Sterile Dressing Change	Performance	
	2	CLP
1. Gathers all necessary materials.		
2. Explains procedure to patient, including the importance of not touching the exposed wound.		
3. Provides for patient privacy and assists patient into appropriate position for dressing change.		
4. Prepares a clean work area.		
5. Washes hands using correct isolation technique.		
6. Places sterile towel on work surface – touching only non-sterile edges.		
7. Arranges non-sterile items outside of sterile work area; attaches strips of tape to table edge.		
8. Opens sterile materials to be used, allowing contact only with non-sterile outside wrappings.		
9. Exposes dressing to be changed. Drapes patient, if appropriate.		
10. Places biohazardous waste bin near work area.		
11. Loosens tape on dressing.		
12. Puts on non-sterile gloves.		
13. Removes soiled dressing, avoiding contamination of the wound site.		
14. Inspects wound site for assessment of amount, color, consistency, and odor of drainage.		
15. Discards old dressing in biohazardous waste bin.		
16. Removes non-sterile exam gloves.		
17. Cleanses wound with antiseptic swabs holding each swab with tip down. Follows wound from proximal to distal.		
18. Puts on sterile gloves using proper technique.		
19. Applies sterile dressing without contaminating sterile gloves. a. applies 4 x 4 (sterile) gauze. b. covers with absorbent dressing (non-sterile)		
20. Removes sterile gloves and discards in biohazardous waste bin.		
21. Secures dressing with tape.		
22. Assists patient to comfortable position.		
23. Cleans and sterilizes work area, discarding all soiled items in appropriate bin.		
24. Washes hands in appropriate manner.		

Instructor Signature:_____ Date: _____

Manual Therapy Techniques

- passive range of motion
- therapeutic massage

Passive range of motion (PROM) is integrated throughout the program, whether in lab activities or in lecture. The first semester classes addressing PROM are PTA 100, PTA 113, and PTA 202. As previously stated, in the Introduction to PTA, most therapeutic techniques are described to the students; and in Rehab Techniques, they learn to perform PROM and to recognize the different types of end feels. In addition, also in the first semester, they perform PROM techniques with normal and abnormal muscle tone introduced in Physical Agents I (PTA 113). Throughout their next four semesters they perform PROM during many lab practical evaluations as they assess affected and unaffected extremities for

comparison. Norms for all joint range of motion are given to them in PTA 202, and progression to describing the different normal values for much older adults are presented to them in PTA 208 to better prepare them for clinical activities. Students must be able to demonstrate effective use of a goniometer to perform data collection information necessary for assessment of PROM and changes throughout the treatment intervention.

Therapeutic Massage (PTA 207) is actually a class in itself and is dedicated to manual therapy technique. It is offered during the second semester of the student's first year. The course has a Comprehensive Lab Practical that students must demonstrate overall proficiency in order to pass the course. Students may have to demonstrate therapeutic massage techniques in clinical activity; however, it has not been a technique monitored aggressively by this program as far as the implementation in clinical sites. The program recognizes it may need to develop a list of clinical sites that use therapeutic massage frequently so students can better prepare for the clinical instructor's expectations as the actual techniques are practiced and performed at a much earlier time in the program.

Physical Agents and Mechanical Agents

- athermal agents
- biofeedback
- compression therapies
- cryotherapy
- electrotherapeutic agents
- hydrotherapy
- superficial and deep thermal agents
- traction

Thermal, non-thermal, deep, and superficial agents are first introduced in the students' first semester (PTA 113). Students are responsible for demonstrating proficiency with the application of cryotherapy and thermal agents in lab (Lab Skills Checklist) and in lab practicals. Ultrasound, hydrotherapy, and electrotherapy interventions are also a part of PTA 113 objectives. Student outcomes in the use of physical agents culminate in the demonstration of proficiency in front of clinicians brought in from the community to assess student skills in the Comprehensive Lab Practical (CLP). The CLP takes place during the last week of didactic work in the fourth semester, right before they go out on Clinical Internships I and II (twelve weeks). In addition, biofeedback, compression therapies, electrotherapeutic agents, and traction are taught in the fourth semester of the program. Electrical stimulation training has always been a difficult intervention for students to grasp, and faculty believe it should be offered late in the didactic portion of the program to have the best carryover into the clinical environment. Students quite often will use the knowledge and skills taught in PTA 213 to present required in-services to clinical site staff for both six week internships.

Therapeutic Exercise

- aerobic conditioning
- balance and coordination training
- breathing and use of coughing techniques

- conditioning and reconditioning
- posture awareness training
- range of motion exercises
- stretching exercises
- strengthening exercises

Throughout the four semesters of the didactic portion of the program, therapeutic exercise is integrated within several courses. The primary courses in which this is a focus are Therapeutic Exercise I (PTA 208) and Therapeutic Exercise II (PTA 209). Students have completed Kinesiology (PTA 201) prior to therapeutic exercise to apply anatomy knowledge and concepts. Students are exposed to principles of various exercise interventions, such as aerobic conditioning, balance, posture awareness training, stretching and strengthening. Each course then progresses the core knowledge by applying patient diagnoses. Case studies are provided in order for the student to utilize appropriate types of therapeutic exercise for the patient's plan of care. Application of exercise for patients with orthopedic conditions is emphasized in the first semester of therapeutic exercise. Therapeutic Exercise II has a primary focus of exercise for patients with neurological diagnoses. Lab practicals within these course assess student safe and appropriate application of therapeutic exercise principles.

Because students select from clinical sites which expose them to both in-patient and out-patient cases, as well as orthopedic and neurological diagnoses, they are able to utilize a large variety of therapeutic exercise interventions by being exposed to many patient diagnoses and conditions. The student is able to apply knowledge learned and practiced with each other to patient care situations within the clinical environment. The Clinical Performance Instrument rates interventions performed by students (CPI #12), which includes therapeutic exercise.

Wound Management

- application and removal of dressing or agents
- identification of precautions for dressing removal

Wound management is addressed in the fourth semester of the program during Therapeutic Exercise II (PTA 209). Earlier in the program (PTA 113), wound healing principles are introduced. In the fourth semester, types of wound care procedures are demonstrated, types of dressings identified, and precautions involved with wound care and removal of dressings are discussed. Mannequins with wounds work well for demonstration and practice of wound care dressings in the classroom setting. Some students are able to gain exposure to wound management while in clinical settings. However, this exposure varies since many local physical therapy facilities are not involved in wound care. Competency for wound management is assessed through examination and lab practical proficiency.

3.3.2.8 Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care.

Aerobic Capacity and Endurance

- measures standard vital signs
- recognizes and monitors responses to positional changes and activities
- observes and maintains thoracic abdominal movements and breathing patterns with activity

Standard vital signs are introduced in PTA 100 and practiced and performed to proficiency in PTA 202, which is also a first year, first semester class. Heart rate, blood pressure, and respiration rate techniques are assessed in lectures, lab practicals, and course examinations in PTA 202. Vitals are integrated throughout the program and are critical safety criteria in lab practicals involving at-risk patients and their treatment interventions. Examples are tilt table (Lab Skills Checklist) and is also a part of the lab practical criteria in PTA 202 and then again in PTA 208 (Therapeutic Exercise I), a third semester class in which the techniques must be performed during lab practicals with cardiac patients. The Comprehensive Lab Practical (CLP) also incorporates the assessment of the program students by therapists in the community who volunteer their time to educate the lab skills of fourth semester students.

Anthropometrical Characteristics

- measures height, weight, length and girth

Students begin to understand the PTA usage of anthropometrical characteristics in PTA 100. The State Practice Acts are discussed, and the type of care that is performed by the physical therapist or under the physical therapist's supervision are listed. In PTA 202 the palpitation techniques assessed address patient characteristics such as girth and measurement (volumetric, tape measure). Girth is addressed and extensively assessed in PTA 113 (Physical Agents I) during first semester and PTA 213 (Physical Agents II) during the fourth semester. Lab practicals assess the proficiency of performing accurate data collection of girth measurements as both classes focus on addressing patients' strength, range of motion, pain, swelling, and flexibility using a variety of physical agents for treatment interventions. An example of length would be assessing leg length discrepancies, which is taught and assessed in PTA 208 during the student's third semester.

Arousal, Mentation, and Cognition

- recognizes changes in the direction and magnitude of patient's state of arousal, mentation, and cognition

Students begin demonstrating proficiency with assessing and integrating a patient's alertness and cognitive status in Physical Agents I (first semester) when physical agents are or may be contraindicated secondary to the patient's mentation. All lab practicals in both Physical Agents courses (first and fourth semesters) require students to ask and/or locate data indicating the patient's mental status, as impaired mentation is a strong contraindication for the majority of physical agents available to the PTA. Students progress to assessing treatment

plan of care, including initial evaluations that assess the patient's overall mental status, and assess how to modify treatments accordingly in lab practicals for PTA 208, 209, and 213.

Students are also expected to identify levels of cognition associated with patients with traumatic brain injury, cerebrovascular accidents, and congenital and acquired diseases. Data collection (e.g., Ranchos Los Amigos Scale) are used in PTA 203 (Pathology) in the second semester, then again in PTA 205 (Rehab Science), and lastly in PTA 209 (Therapeutic Exercise II).

Students placed in any clinical environments must demonstrate proficiency in this area as best assessed by CPI #1: Performance in a safe manner that minimizes risk to patient, self, and others.

Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices

- identifies the individual's and caregiver's ability to care for the device
- recognizes changes in skin condition while using devices and equipment
- recognizes safety factors while using the device

There are many learning activities to teach throughout the program that assess proficiency with the above devices. The following chart indicates when students are first introduced to these devices and how they are assessed.

Course	Devices	Data Collection Assessed	Assessment Method
PTA 100	All		
PTA 202	All	✓	Lab Practical Examination
PTA 113	Assistive	✓	Lab Practical Examination
PTA 208	All	✓	Lab Practical Examination
PTA 209	All	✓	Lab Practical Examination
PTA 213	All	✓	Lab Practical Examination
PTA 214	Dependent upon clinical site opportunity	✓	Practical Evaluation Tool
PTA 280	All	✓	CPI #10 and #13
PTA 281	All	✓	CPI #10 and #13

Students are first introduced to the devices in the first semester and are progressively required to demonstrate proficiency with the implementation of physical therapists' plans of care for the patient. Addressing patients with more complex diagnoses (i.e., amputees, CVA, and pediatric indications) is taught in PTA 208, PTA 209 and, ultimately, in clinical activity during the fifth semester.

Students are given the opportunity to increase their knowledge base by participating in a class that is conducted by a physical therapist who is a certified orthotist/prosthetist at the clinic where services are provided. This is during their fourth semester in PTA 209.

Assessing skin conditions and addressing the data collection skills criteria for safety go hand-in-hand with all courses discussing these devices. In addition skin conditions are discussed in detail, and proficiency is assessed in Physical Agents I, Pathology, Physical Therapy Science, and Physical Agents II (first, second, third, and fourth semesters respectively).

Once again, students must demonstrate the ability to perform therapeutic interventions that are safe to the patient, themselves, and others.

Gait, Locomotion, and Balance

- describes the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility

Students begin learning proficiency in these areas in PTA 202 (first semester). Through class lecture, demonstration and assessment (examinations and lab practicals), students must demonstrate skills such as wheelchair management, identification of normal and abnormal gait patterns, and functional mobility (transfer training and bed mobility). These are also skills that are on the Lab Skills Checklists and must be reinforced in both first and second years of the program.

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: The student will be able to accurately identify and provide instruction and training to correct gait deviations, insuring patient safety.

Skill: Gait Deviations	Performance		
	1	2	CLP
1. Prepares patient and treatment to include: a. arranging equipment, supplies and treatment area b. introducing self to patient c. asking questions and giving instructions clearly d. modifying treatment			
2. Observes patient during ambulation, insuring patient safety at all times			
3. Recognizes change in cadence, coordination, balance, and arm swing			
4. Recognizes changes in stride length, weight shift, and base of support			
5. Instructs patient in changes			
6. Documents appropriately			

Instructor Signature:_____ Date: _____

Assessment of progression occurs in PTA 208 (third semester) and is again integrated into Practicum II as a clinical activity component of the program also found in the third semester. Students are required to demonstrate the above skills in their Comprehensive Lab Practical (CLP) prior to engaging in their last two clinicals. Finally, the ability to perform gait, balance, mobility, and w/c management skills is assessed by clinical faculty (CPI #10) to ensure students have progressed to the entry level status prior to graduation.

Integumentary Integrity

- recognizes absent or altered sensation
- recognizes normal and abnormal integumentary changes
- recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma
- recognizes viable versus nonviable tissue

Students see the integration in this area starting in the first semester with all three courses. Lectures in PTA 100 describe the integumentary system; more detail is given in PTA 202, and then reinforced in PTA 113 (Physical Agents I). The program objectives strongly correlate to safety in regard to sensation – normal and abnormal – and the ability of students to accurately assess, record, and communicate any concerns with the integumentary system to their supervising PT. The students in their second semester have PTA 207 (Therapeutic Massage), which once again requires students to perform treatments and data collection skills in regard to normal and abnormal integumentary systems.

Physical Agents I and Physical Agents II, as well as Therapeutic Exercise, most likely best assess the student's ability to demonstrate proficiency in this area prior to clinical internships. All lab practicals require students to assess, re-assess, and document skin characteristics to ensure safe and effective treatments in these courses. Following is an example:

BLACK HAWK COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student: _____ Date_____

OBJECTIVE: Student will be able to apply electrical stimulation to a treatment area, after having positioned patient correctly, using correct dosage and mode, observing all safety precautions, and demonstrating knowledge of indications, contraindications, and precautions.

Skill: Electrical Stimulation	Performance	
	2	CLP
1. Prepares patient and treatment to include: a. arranging equipment, supplies and treatment area b. introducing self to patient c. positioning and draping the patient d. asking relevant questions and giving instructions on modality and its precautions e. modifying treatment		
2. Palpates the area to be treated for location of anatomical structures, spasm, edema, pain, ROM.		
3. Positions electrodes as is appropriate and safe for the machine and patient.		
4. Sets dials and slowly advances controls to desired setting with patient's feedback.		
5. Ensures good contact of electrodes and/or sound head.		
6. Checks machine dials and makes adjustments to the patient's tolerance.		
7. Removes electrodes and dry clean patient's skin.		
8. Compares pretreatment symptoms with post-treatment symptoms.		
9. Concludes treatment appropriately and safely.		
10. Documents appropriately to include: a. treatment given b. area treated c. pre-treatment symptoms d. post-treatment symptoms		

Instructor Signature:_____ Date: _____

Students are ultimately required to demonstrate the ability to assess all areas of integumentary integrity throughout their clinical internships. (CPI #10)

Joint Integrity and Mobility

- recognizes normal and abnormal joint movement

Students are taught about abnormal and normal joint motion in their first semester with PTA 113 and PTA 202. Both courses require students to be able to effectively assess and identify normal versus abnormal joint movement, and they must be able to communicate their findings to the physical therapist. This is most generally done throughout the lab practicals in both classes. Using the Lab Skills Checklist, PTA students are able to demonstrate step-by-step skills used during the data collection procedure. PTA 201 (Kinesiology) is taught in the second semester of the first year and reinforces core knowledge and application of concepts and principles specific to normal joint motion, thus making assessment of abnormal joint motion much clearer to the student.

During the third semester of the program, students must apply data collection to specific diagnoses in PTA 208 with reference to joint integrity and mobility, and do so again in their last semester with PTA 209 (Therapeutic Exercise II).

Clinical activity integrates the students' knowledge and application skills regarding abnormal and normal joint movements associated with their patient caseload characteristics.

Muscle Performance

- measures muscle strength by manual muscle testing
- observes the presence or absence of muscle mass
- recognizes normal and abnormal muscle length

Students are introduced to normal and abnormal muscle length in PTA 202 with regard to isolating specific muscles and muscle groups. This is then reinforced and integrated into PTA 208 (Therapeutic Exercise I), where students are responsible for identifying special tests addressing normal and abnormal muscle length.

Manual muscle testing is brought into the curriculum during PTA 208 (third semester). It is reinforced in PTA 209 while dealing with specific neurological diagnosis and again in PTA 213 (Physical Agents II) as it pertains to overall patient assessment (i.e., indications for N.M.E.S.) and in performing appropriate lab practical skills.

Finally, it is necessary for students to demonstrate entry-level data collection proficiency per CPI #10, which is used in their final clinical internship.

All characteristics of student observation skills including the presence or absence of muscle mass are integrated into all lab class activities and lab practical assessments. Formal documentation is performed with manual muscle testing, ROM, flexibility testing, and the observation of functional activities.

Identifying normal and abnormal muscle tone begins in the first semester with PTA 113 and PTA 202. It is further reinforced in PTA 207 (Massage Therapy), and then students must demonstrate proficiency in applying treatment interventions and data collection in PTA 208 (third semester) and PTA 209 (fourth semester). These classes, as well as PTA 213, are lab-oriented and require extensive data collection during lab practical examinations.

Neuromotor Development

- recognizes gross motor milestones
- recognizes fine motor milestones
- recognizes righting and equilibrium reactions

During the third semester of coursework in Physical Therapy Science (PTA 205) the concept of normal development is introduced, along with recognizing milestones which occur in normal development for gross and fine motor skills. This class also introduces reflexes and righting/equilibrium reactions.

Progression is seen in the fourth semester when pediatric conditions and treatments are integrated. Students must recognize when gross and fine milestones are normally seen and identify how development would be affected when not achieved. Videotapes are utilized and children are brought in for students to observe and process. Righting and equilibrium reactions are reinforced in PTA 209 (Therapeutic Exercise II) as part of normal balance skills and reflex development, utilizing case studies involving both pediatric and adult patients.

Pain

- administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain
- recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations

Students are introduced to the assessment of pain concurrently in PTA 100 and PTA 113 (Physical Agents I). The pathology of pain, the assessment of pain using a variety of tools, and the introduction of physical agents to decrease pain in patients are extensively covered in this class. Students are trained to communicate during lab practicals, and they are taught the need to assess the pain and perform a treatment intervention that can be tolerated comfortably without exacerbating painful symptoms. It is reinforced throughout the student's didactic and clinical experiences that pain is the primary reason the general population seeks out a physical therapist. Lab practicals in PTA 113, 208, 209 and 213 (first, third and fourth semester respectively) all address the need for baseline data regarding pain and the re-assessment of pain at the end of the treatment intervention. Students are prepared to analyze many varieties of pain assessments prior to clinical activity. They must review plans of care including initial PT evaluations that require assessment of pain, pain patterns, and linkages with pan and the background/history provided by the evaluations and patients themselves. It is a priority in these classes that the PTA be able to follow the plan of care, but they must also must recognize the need to modify the care based upon feedback from the patient as it applies to pain.

Posture

- describe resting posture in any position
- recognizes alignment of trunk and extremities at rest and during activities

PTA 201 (Kinesiology) is taken during the second semester of the program and begins to introduce students to some postural concepts by apply length/muscle concepts to specific body areas. Furthermore, the third semester course PTA 208 (Therapeutic Exercise I) focuses on understanding normal postural alignment and deviations from this standard. Students are assessed on their ability to recognize postural deviations in various positions, as well as their ability to identify trunk, pelvis, and extremity deviations in various positions (i.e., supine, sitting, posterior/anterior, and side views in standing). Further progression of this is exemplified in PTA 209 when postural deviations are analyzed and related to functional mobility with the patient (i.e., how sitting posture affects sitting to standing transitions). The PTA Lab Skills Checklist incorporates postural

analysis as one of the skills in which students are assessed in the Comprehensive Lab Practical.

Range of Motion

- measures functional range of motion
- measures range of motion using a goniometer

Data collection skills are introduced in PTA 202 in the first semester. Students must demonstrate via the Lab Skills Checklist and during the lab practical examination their proficiency with accurate data using the goniometer. Functional range of motion and limitations are also described in PTA 113, for which the use of the goniometer for data collection is reinforced before and after the use of physical agents. Reporting reliable data in regard to range of motion is required in Therapeutic Exercise I, Therapeutic Exercise II, and Physical Agents II, all during the student's last year. The integration into clinical experiences can best be measured by CPI #10 which states: "Obtain accurate information by performing selected data collection consistent with the plan of care established by the physical therapist." Clinical faculty ultimately assess the performance of the PTA student at a level of expectation of an entry level graduate.

Finally, before going out on clinicals (last semester), the students must demonstrate the use of the goniometer and data collection accurately as assessed by a clinician from the community during the Comprehensive Lab Practical (CLP).

Self Care and Home Management and Community or Work Reintegration

- inspects the physical environment and measures physical space
- recognizes safety and barriers in home, community, and work environments
- recognizes level of functional status
- administers standardized questionnaires to patients and others

Initially, students are taught regarding ergonomic and architectural interventions in PTA 100 (Intro to Physical Therapy). This progresses to actual hands-on data collection (i.e., measuring doorways) in PTA 209 (Therapeutic Exercise II). Students' home assignments in PTA 209 involve environmental assessment for safety and functional limitations. Standardized questions are taught in PTA 113 (Physical Agents I), which include the assessment of patients' pain (McGill Pain Questionnaire, body diagrams, NIPS, VAS and face scales). Students are assessed in all of these areas for proficiency during final clinicals per CPI #10.

Ventilation, Respiration and Circulation Examination

- inspects the physical environment and measures physical space
- recognizes safety and barriers in home, community and work environments
- recognizes level of functional status
- administers standardized questionnaires to patients and others

Identifying normal and abnormal skin coloration in respect to cyanosis is introduced in PTA 113 (Physical Agents I) during the first semester. It is also

during this course that students must perform the data collect and appropriate treatment interventions.

The etiologies of ventilation, respiration, and circulation are integrated into PTA 203 (Pathology) and PTA 205 (Physical Therapy Science). While the courses cover abnormal and normal processes that directly reflect these three areas, they do not prepare the student for data collection proficiency in a lab-type environment. However, PTA 202 (Rehab Techniques), PTA 208 (Therapeutic Exercise I) and PTA 213 (Physical Agents II) best prepare the students to be proficient in these areas. Students must analyze data that indicate potentially high risk and even emergency situations during these last two semester courses.

Cough and sputum is covered first in PTA 203, along with infection diseases, and is reinforced in Therapeutic Exercise II and dealing with respiratory compromised patients.

All terminal activities require a student obtain accurate information by performing selected data collection consistent with the plan of care established by the physical therapist (CPI #10).

3.3.2.9 Adjusts interventions within the plan of care established by the physical therapist in response to patient clinical indications and reports this to the supervising physical therapist.

3.3.2.10 Recognizes when intervention should not be provided due to changes in the patient's status and reports this to the supervising physical therapist.

3.3.2.11 Reports any changes in the patient's status to the supervising physical therapist.

During their very first class period, students are made aware that the program has two major goals for them: The first is to be able to practice safely, and the second is to think on their feet. This is reinforced in <u>every</u> PTA course taken until graduation.

PTA 100 introduces the need for students to understand what it means to practice legally, ethically, and safely. Many cases are presented in this class to stimulate discussion and to develop the thought process for practicing safely and with good critical thinking skills. In the second semester, students take PTA 203, which utilizes a text entitled *Special Implications for the Physical Therapist*. This course provides a great opportunity for second semester students to be responsible for understanding the diverse characteristics of diagnosis and how none of them may follow a truly predictable path for patients. Students must demonstrate knowledge of the risks, precautions and contraindications, as well as an understanding of what would be appropriate legally and ethically, and ultimately, make the necessary clinical adjustments.

In the first semester, they are taught to identify certain guidelines which can be followed when treating patients. For example, in PTA 202 (first semester) they

are taught the indications, precautions, and contraindications for the use of the tilt table. This is reinforced in PTA 208. Students must demonstrate proficiency in data collection of the patient's vitals and learn, for example, to adjust treatment if the patient needs longer to stabilize at a sitting. If a patient demonstrates vitals that are not within the appropriate ranges, the students must indicate that the correct procedure is to stop the treatment.

Another example is respiratory guidelines given to students in PTA 203 (second semester), when they are introduced to normal and abnormal respiratory structures and physiology. They are responsible for identifying whether a patient demonstrates at or below 88% oxygen saturation level which is considered to be contraindicated for many types of interventions.

Section 3.3.2.10 is reinforced throughout PTA 203 (Special Implications for Physical Therapy), PTA 208 (Therapeutic Exercise I), PTA 205 (Physical Therapy Science), PTA 209 (Therapeutic Exercise II), and PTA 213 (Physical Agents II). All are second year courses. In lecture and lab practicals, students must be demonstrating safe treatment interventions and critical thinking skills.

For example, in PTA 213 students are given four different initial evaluations to review and prepare for. They randomly pick one to perform a treatment intervention to be graded with the lab practical criteria. The role of the patient is played by another student who is given a script that requires the PTA student to demonstrate their ability to modify the treatment and/or continue or stop the treatment and contact their supervising physical therapist. Some situations require the PTA student to actually make a phone call to other faculty for direction, and then ultimately to report verbally and with concise documentation the outcome of the treatment. Student (patient) roles often include cardiac episodes, diabetic reactions and even seizures. This has been very effective in assessing the students' critical thinking skills, their clinical skills, and their overall safety skills prior to engaging in their last twelve weeks of clinical internship. In clinicals, the CPI has been an effective assessment tool with regard to ultimately demonstrating the ability to adjust, stop, and report treatment.

PTA 213
Final Practical

Name Example

Criteria

Treatment	Points Earned/Maximum Points Possible	Comments
Introduction		
Explanation of Treatment	/5	
Positioning and Draping	/5	
Precautions/Contraindications	/2	
Patient assessment before, during and after treatment	/10	
Implementation of Treatment: treatment flow	/5	
Safety Criteria: manipulation of machine, electrode placement, electrode contact	/10	
Treatment Programmer **Patient Dx**		
Modality	/5	
Therapeutic Exercise	/5	
HEP Instruction/Demonstration	/5	
Communication and Critical Thinking		
PT/PTA communication	/10	
Following of plan of care and modification of treatment where applicable	10/10	Response to diabetic incident appropriate
Data Collection		
Objective Note	/5	
Instructors Question		
Plan of Care	Up to 5 bonus points	
Total	/100	

Instructor's Review of Practical:
PTA requested assistance to monitor patient while he went to kitchen for a Pepsi -
- per request of patient. PTA contacted PT directly before proceeding.

3.3.2.12 Recognizes when the direction to perform an intervention is beyond that which is appropriate for a physical therapist assistant and initiates clarification with the physical therapist.

The limits of PTA practice are initially introduced during the first semester in PTA 100 (Introduction to PTA). Students discuss situations in which the PTA would recognize the need for clarification from the supervising physical therapist. Students also develop understanding of skills which are appropriate for a physical therapist assistant as well as skills which are beyond the scope of practice. Within the clinical setting, clinical faculty are responsible for ensuring that students practice as physical therapist assistants, and clarification with the physical therapist is initiated when appropriate.

3.3.2.13 Participates in educating patients and caregivers as directed by the supervising physical therapist.

3.3.2.14 Provides patient-related instruction to patients, family members, and caregivers to achieve patient outcomes based on the plan of care established by the physical therapist.

As students progress into their second year of the program, they have gained a thorough knowledge of pathological conditions and anatomy, and integrate this knowledge with therapeutic exercise and physical agents. Lab practicals for Massage (PTA 207), Physical Agents I (PTA 113), Physical Agents II (PTA 213), and Therapeutic Exercise I (PTA 208) and II (PTA 209) include requirements for the students to perform patient/family/caregiver education simulated within the practical. Students prepare for this by using PT evaluations and plans of care. Assignments involving home exercise programs are common. Students develop home exercise programs and provide instructions that would be exactly what they would give to a real patient. Documentation of patient/caregiver education is required for note writing assignments in the class portion of PTA 214 (Practicum II) as well as accompanying lab practicals and within various courses. The Lab Skills Checklist also incorporates instruction in home exercise programs as a skill assessed in the Comprehensive Lab Practical.

Patient/family/caregiver education is progressive within the student's final clinical rotations as this aspect of patient care is assessed by clinical faculty (CPI #6, #13). This includes verbal, demonstrative, and hands-on training performed based on the plan of care established by the physical therapist.

3.3.2.15 Takes appropriate action in an emergency situation

Students receive information throughout their four semesters that describes emergency situations, typically brought into the class by the faculty's own clinical experiences.

As described in 3.3.2.9 through 3.3.2.11, during lab practical examinations, students must respond appropriately to unforeseen scenarios during their practicals. This occurs during their fourth semester of didactic training. Students are required to have acquired their Health Care Provider CPR Certification (adult, child, and infant) prior to participation in their first practicum experience, which is at the end of their first year in the program.

Students are not required to have first aid training at this time. At the next Advisory Committee meeting, faculty anticipate addressing the need to institute formal first aid training back into the curriculum.

3.3.2.16 Completes thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and regulatory agencies.

Physical therapy documentation is the primary focus of the classroom portion of PTA 214 (Practicum II). Students initially learn medical abbreviations, SOAP

documentation, and complete documentation practice for daily treatment notes, progress notes, and discharge summaries. As the course progresses, students practice documentation using a wide variety of formats for different patient care settings. Assignments are key in ensuring that student documentation is thorough, accurate, concise, legible, and performed in a timely manner. Therapeutic Exercise courses (PTA 208, 209) and Physical Agents II also incorporate documentation assignments as part of course requirements and lab practicals. PTA 290 (Seminar) in the final semester emphasizes documentation as well by covering Medicare and the prospective payment system.

The clinical portion of Practicum II allows the student documentation practice in congruency with patient care. Within the final clinical internships, students are assessed on documentation skills by the clinical faculty on the Clinical Performance Instrument (CPI #7).

3.3.2.17 Participates in discharge planning and follow-up as directed by the supervising physical therapist.

Aspects of discharge planning are discussed via the use of case studies within the second year of the program. By use of physical therapist evaluations and case studies, students learn to recognize aspects of patient care and other interventions which are a necessary part of the discharge planning process (i.e., ordering equipment, home exercise instruction, etc.). However, students are not able to participate in actual discharge planning or follow-up care with patients until within the clinic setting. This is rated by clinical faculty on the Clinical Performance Instrument. Since student final internships are for six weeks, they have opportunities to incorporate aspects of discharge planning with the plan of care.

3.3.2.18 Reads and understands the health care literature.

Students are exposed to literature review including “The Exploration of Evidence Based Practice” in PTA 100 (Introduction to PTA) during the student’s first semester. Other assignments include literature researching, article critiquing, and classroom discussion. PTA 100 also introduces a variety of health care literature available to students through PT program and College resources as well as through the American Physical Therapy Association.

Throughout their five semesters, students must search for information not available in textbooks and handouts in order to complete assignments. Out-of-class assignments are part of PTA 203 (Pathology), PTA 208 (Therapeutic Exercise I), PTA 209 (Therapeutic Exercise II), and PTA 213 (Physical Agents II) and are also required by clinical faculty during the 12-week internships. Internet technology today makes information search for targeted literature more accessible; therefore, program faculty have higher expectations of student learning outside of class.

Education

3.3.2.19 Under the direction and supervision of the physical therapist, instructs other members of the health care team using established techniques, programs, and instructional materials commensurate with the learning characteristics of the audience.

3.3.2.20 Educates others about the role of the physical therapist assistant.

Students are required to present topics to their peers in a number of course throughout the four semesters. A literature review for PTA 100 and a presentation on infectious diseases for PTA 203 are two examples of required presentations. In the fourth semester, students present an in-service to the class on a social service agency, support group, or allied health profession as part of an assignment for PTA 209.

During each of the final clinical internships, students are required to do an in-service presentation. The clinical faculty member/CCCE determines the audience, and this often includes a wide variety of health care professionals. The clinical instructor and student develop the topic of presentation, and instructional materials are provided to the audience and to the ACCE. Assessment of the education of health care providers is assessed in the CPI tool (CPI #13).

The role of the physical therapist assistant is extensively discussed and interpreted within PTA 100 (Introduction to PTA) in the first semester of the program. This is continued as students participate in an annual health care fair which gives them the opportunity to discuss the career of physical therapist assistant with students interested in PTA as a career choice. In the second semester of the program, as students prepare for their first practicum experience, discussion of the role of a PTA is integrated again (PTA 204). Discsussions include how the role of a PTA could be explained to a patient or caregiver. This is evaluated on the Practicum Evaluation tool (#10) for the Practicum I and II clinical rotations.

Administration

3.3.2.21 Interacts with other members of the health care team in patient care and non-patient care activities.

3.3.2.22 Provides accurate and timely information for billing and reimbursement purposes.

3.3.2.23 Describes aspects of organizational planning and operation of the physical therapy service.

3.3.2.24 Participates in performance improvement activities (quality assurance),.

During the second semester of coursework, the role of various health care professionals is discussed in the classroom portion of PTA 204 (Practicum I). The importance of good communication skills between the physical therapist assistant and other members of the health care team is emphasized and practiced within the classroom environments.

In PTA 208 and PTA 209 (Therapeutic Exercise I and II), an example would be students integrating interventions such as residual limb positioning and transfer techniques, and discussion of how the carryover of these items is vital to be communicated to nursing and other health care staff. Discussion also involves appropriate delegation of responsibility to a physical therapy aide/support personnel. PTA 209 incorporates this as part of lab practical assessment to determine student effectiveness with interaction of other members of the health care team.

While on clinical experiences, students interact with health care professionals by attending staffing and planning meetings, in-services, and observation of other departments. Students also may have opportunities to assign responsibilities to physical therapy aides or support personnel, depending on the clinical setting. Both of these aspects of student interaction/education are assessed by clinical faculty using the Clinical Performance Instrument (CPI #6, #13).

Billing/reimbursement is introduced in the program during the third semester in the classroom portion of Practicum II (PTA 214). Students learn billing units, procedure codes, the difference between one-on-one patient care and group therapy, and on some assignments, must log in services for which a patient would be charged.

The progression is apparent in the clinical setting as this is another area for clinical faculty assess students on via the Clinical Performance Instrument (CPI #17).

Students are initially made aware of various types of physical therapy settings in the first semester course, Introduction to PTA (PTA 100). Emphasis is placed on the operation of physical therapy clinics, and students tour a variety of physical therapy practice settings as part of the course. When students have their first clinic experience (Practicum I), they complete an assignment which includes questions regarding the organizational set up and operation of their clinic setting. On clinical rotations, students must function well within the organizational structure, and any changes in the clinical environment are assessed on the Clinical Performance Instrument (CPI #16).

Students are made aware of the concept and common procedures utilized for quality assurance in two first-year classes, PTA 100 (Introduction to PTA) and the classroom portion of PTA 104 (Practicum I). This facilitates an understanding of the purpose of quality assurance and self-improvement assessment. Furthermore, each class assessment completed by students for each PTA course includes a self-assessment section for students to identify their own strengths and areas for growth within the educational environment.

Depending on the clinical setting, students may have opportunities to participate in quality assurance activities with the clinical staff. This is assessed on the Clinical Performance Instrument (CPI #14).

Social Responsibility

3.3.2.25 Demonstrates a commitment to meeting the needs of patients and consumers.

3.3.2.26 Demonstrates an awareness of social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities.

Social responsibility is an important attribute of a health care professional, and examples are brought to the student early in the program. In PTA 100 (Introduction to PTA), students are given information about the American Physical Therapy Association and are strongly encouraged to become members. A career fair is held annually at Black Hawk College, and PTA students actively volunteer to participate in this. Activities to enhance social responsibility include student volunteer opportunities such as a weekend conference held each spring for families with children with special needs. At least one-half of the first and second year PTA students are active participants in this event each year.

The program also feels strongly that student awareness of social service agencies and support groups is vital to their role as physical therapist assistants. PTA 209 (Therapeutic Exercise II) utilizes an assignment where students must research and interview a contact person representing a specific social service or support group. The groups/organizations are assigned to students, and once the interviews are completed, the information is presented to the other members of the class.

On final clinical rotations, clinical faculty have the opportunity to assess this aspect of PTA patient care via the Clinical Performance Instrument (CPI #15).

Career Development

3.3.2.27 Identifies career development and lifelong learning opportunities.

3.3.2.28 Recognizes the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

PTA 100 (Introduction to PTA) in the first semester of coursework initially introduces the concept of lifelong learning and career development. The Student Handbook is reviewed, including the mission and goals of the program, which incorporates the concept of lifelong learning. Students are taught that learning in the field of physical therapy does not end with graduation from the program. Rather, the experiences of working within the physical therapy field serves as a constant resources for lifelong learning, i.e., with other physical therapy clinicians, other health care professionals, as well as with continuing education. The Illinois State Practice Act is reviewed with students, including continuing education requirements for PTAs. PTA 204 (Practicum I) classroom portion reinforces lifelong learning as a professional behavior for members of the physical therapy profession.

Within all clinical rotations, students are expected to participate in staff development activities (i.e., in-services, educational presentations, observations of other health departments in clinical settings), and this is assessed by clinical

faculty on the Practicum Evaluation form (#4) and on the Clinical Performance Instrument (CPI #19). The idea of self-assessment has already begun when students identify weaknesses and plans for their own educational enhancement and continues with student information sheets filled out prior to the clinical rotation and sent to clinical faculty. The students are able to identify strengths, weaknesses, and goals for the clinical rotation. Finally, students utilize the Clinical Performance Instrument as a self-assessment tool during final clinicals and are strongly encouraged to do this as part of the mid-term and final summative assessments.

The role of the physical therapist assistant in clinical education is introduced in the classroom portion of PTA 204 (Practicum I). Explanation of the clinical instructor's role in their educational process is emphasized, as well as differences in having a physical therapist or physical therapist assistant serve in that role for a student. Legal issues with supervision by the physical therapist are integrated for students to identify proper supervision guidelines in the clinic. In addition, professional behaviors are criteria found in the Lab Skills Checklist and are heavily integrated in first year students' lab skills criteria. (See example provided on Passive Range of Motion.)

3.3.3 Clinical Education

3.3.3.1 The Clinical education component of the comprehensive curriculum includes organized and sequential experience coordinated with the didactic component of the curriculum. Clinical education includes integrated experience and full-time technical experiences.

The design of the clinical education component of the PTA program allows for students to gain experiences appropriate for the level of coursework completed. The program believes that these experiences provide opportunities for students to observe skilled clinicians, participate in patient care, put into practice classroom concepts, practice critical thinking, and apply learned skills. By participating in integrated experiences, students also gain opportunities to assess strengths and weaknesses and instill the desire to continue the learning process to become successful practitioners.

Students have completed the first year coursework prior to the first clinical experience, Practicum I. This experience is a two-week rotation consisting of a minimum of 30 hours per week. As stated in the Clinical Coordinators Handbook on page 6, the Practicum I experience is designed for students to begin practice of routine skills with as much hands-on experience as possible in a closely supervised setting. A reference guide for Practicum I lists the skills the student should be able to perform for this experience. The reference form is included in the clinical binder and is also sent to the clinical site prior to the start of the rotation. As outlined in the course objectives (syllabus), the goals of this clinical experience include development of professional behavior, communication skills, ability to apply science principles, and demonstrate competency in patient care skills within the clinic.

The second clinical experience occurs at the end of the student's third semester of coursework. This is similar in length to Practicum I as it is two weeks of clinical work, a minimum of 30 hours per week. Description of the experience is outlined in the Clinical Handbook (page 6). The student continues practice and refinement of skills. A reference guide describing the student's academic preparation also outlines new skills learned since the first practicum, including documentation. As stated in the handbook, it is also expected that the student should be able to carry a small caseload of patients.

The goals of the second practicum experience are outlined in the PTA 214 syllabus. Goals are similar to Practicum I with the addition of documentation skills, ability to read and define key elements in a medical record, ability to understand the PT's plan of care, and apply learned data collection skills and treatment interventions.

The final clinical rotations consist of two 6-week full-time experiences. These are completed during the fifth semester after all didactic and practicum experiences have been completed.

Course objectives for the Clinic I and II rotations are outlined in the course syllabi for PTA 280/281. Many objectives are similar to the practicum experiences. However, the student must present an in-service to the clinical instructor and staff during each of these two final rotations.

Students are able to select from a variety of clinical sites and types of experience during the four experiences. However, before selecting choices for Practicum I, the students are informed that whatever setting they are placed in does not count toward the requirements they must meet for the final three experiences (Practicum II, Clinical I and Clinical II). Specifically, students choose the Practicum II and final clinical rotations at the same time. They are informed that they must choose one experience of acute/skilled care, one neurological or acute rehab experience, and one outpatient experience. This has proven effective to ensure that students are exposed to a wide variety of settings and patient types.

The ACCE is able to monitor this by keeping track of choices, meeting with students to discuss choices, and by reviewing student feedback during and after clinical experiences. By keeping a checklist of student procedures and patient diagnoses, a variety of experiences can be planned and clinical experiences changed as needed.

The sequencing of the clinical education allows students to build upon previously learned skills and interventions. These directly correlate to the didactic curriculum and the sequencing of both science-based and laboratory classes. By the time students begin the final, full-time rotations, they are able to fully utilize all two years of program coursework in achieving the level of an entry-level clinician.

3.3.3.2 Clinical experiences selected by the program provide students with appropriate role modelings and an opportunity to interact with individuals with impairments common to the clinical setting.

As stated previously in Section 3.3.3.1, students are required to participate in clinical settings which include outpatient, inpatient hospital, and skilled or rehab settings, and allow them to obtain a wide exposure to various patient diagnoses and treatment interventions. Because the students utilize the checklist of diagnoses and procedures, clinical planning occurs between students and the ACCE, as well as between the student and clinical instructor.

During the didactic portion of the practicum courses, supervision guidelines during clinicals are discussed with students. In this way, students understand the requirements of a physical therapist being on-site during clinical hours. Students are informed that they should contact the ACCE at any time during a clinical experience if they do not feel appropriate supervision is being provided. All students have the ACCE's home, cell and work phone numbers to contact at any time during the clinical experience.

When a new clinical site is being developed, the ACCE interviews the contact person for the clinical site in determining the supervision level at the facility, and

also ensures the clinic site understands the supervision guidelines (see the new site development worksheet for reference).

Clinical site visits and phone calls are an important means of determining student supervision. This is part of the record of practicum and record of student clinical supervision filled out for each student clinic experience. Finally, students rate the level of supervision received when evaluating their clinical experience (see student evaluation of clinical experience).

Student site visits and phone calls from the ACCE are an important means in determining the student opportunities for direct patient care and teaching. Students are taught in the classroom to take "ownership" for their clinical experiences to make them valuable. This includes taking initiative to get as much direct patient care exposure as possible. Just as important is student exposure and participation in aspects of clinical practice other than direct patient care. Students are strongly encouraged to attend in-service presentations, observe the health care disciplines, and participate in staff education, patient care plans, etc., as deemed appropriate by the supervising physical therapist and clinical instructor. During the final two full-time clinicals, students are required to present an in-service to the physical therapy department and possibly to other medical departments of the clinic site as determined by the Clinical Instructor. Timeframe, topic, and method of presentation are variable as agreed upon with the student and Clinical Instructor.

Black Hawk students have been exposed to a wide variety of experiences which complement their own clinical interests. Students rate these opportunities on their post-clinic evaluation forms and are taught in PTA courses to seek out learning opportunities. Observation of surgeries, assisting with educating nursing staff with transfer training, and developing new patient education handouts are just a few examples of what recent graduates have participated in during clinical experiences.

During didactic courses, the PT/PTA relationship is a focus of classroom discussion. The supervisory relationship of the PT in the clinic setting is another topic of discussion. During the Practicum I clinical experience, students are given an assignment which requires that they describe the clinic's PT/PTA relationship. Furthermore, the record of practicum experience, and record of student clinical supervision used by the ACCE for phone calls and site visits contain a section for the student to discuss his or her relationship with the clinical instructor and supervising PT. If any problems are identified with the PT/PTA relationship or with interaction with the supervising PT, the ACCE can discuss these concerns immediately with the appropriate clinical staff.

Section 4. Program Assessment

4.1 Systematic and Formal Process

Assessment is part of a systematic and formal approach to continuous improvement. The program has in place an ongoing process to determine the effectiveness of the program that includes, but is not limited to the following:

The program utilizes assessment of all of the listed key areas for the purpose of program development, planning, and identification of areas for improvement. The assessment grid details methods used within each area assessed within the PTA program. As can be identified in the grid, all areas have a threshold for which the program standard is measured. Deviations from this standard result in specific actions to address each particular area. Responsible persons for overseeing each assessment area are also identified, as well as the source(s) and methods used for data collection. Finally, the linkage describes how the assessment results are utilized for continuous improvement of the program.

4.1.1. Institutional Policies and Procedures

The program utilizes two methods for assessment of institutional policies and procedures. One includes an annual (spring) review of core documents as listed on the grid (Appendix P). This can also be initiated more often if needed. Institutional policies and procedures to be reviewed are found in the Black Hawk College Catalog, Faculty Handbook, and the Faculty and Board of Trustees Agreement. Faculty Senate and Allied Health Department meetings and meeting minutes are another method to keep current with policies and procedures of the institution. By annual review of these documents, the Program Director can determine if policies and procedures have an impact on the program's mission, goals, or objectives.

4.1.2 Program Policies and Procedures

PTA core faculty meet frequently and informally throughout the year. Review of program policies and procedures, the PTA Student Handbook, and Student Clinical Handbook allow appropriate revisions to be made annually. Revisions are implemented in order to best achieve program goals and objectives.

Surveys from several sources are also important means to determine if policy/procedural changes may be necessary. As shown on the grid, input from current students, new graduates, past graduates, employers, and patients can identify discrepancies and needs for change. The MIS/Research Department's Occupational Follow-up Survey is an additional source to look at employment trends and overall PTA program satisfaction.

Finally, national licensure results are analyzed annually, with deviations from the program goal in a three-year trend being the stimulus to assess curriculum for revisions or provision of additional resources for students.

4.1.3. Resources

The PTA Program Director reviews the annual program budget with the Allied Health Department Chair and the Dean of Instruction and Student Learning. At this time, resources are reviewed and recommendations made by the Program Director with input also coming from core and adjunct faculty.

PTA academic faculty carry a workload commensurate to full-time faculty of the College, with release time allotted for the Program Director for program development and for the ACCE for clinical development.

Students and faculty provide the best source of feedback for the program resources. The student survey allows students to evaluate services available to them, such as the College library, learning resources, classroom/lab space, and availability of equipment and supplies for classroom and lab practice/instruction.

Resources available for clinical faculty will be assessed by the implementation of a survey in the fall of 2008. This will allow the program to determine faculty resource needs and recommend acquisition of additional resources as identified.

4.1.4. Mission, Philosophy, Goals, and Objectives

The Program Director, along with the Dean of Instruction and Student Learning, utilize the annual review of Black Hawk College's mission to determine congruency with the program's mission. Goals and objectives can be revised as changes are identified and core documents such as the Student Handbook and the Clinical Handbook are revised to reflect these changes.

Various sources of data collection (surveys, examination pass rates) are key elements in determining if program goal/objectives should be revised (see 4.1.2). The assessment process includes surveys of current, recent and past graduates; employers of graduates; and patient surveys.

4.1.5. Curriculum

The program philosophy incorporates the functioning of a PTA under the direction and supervision of a licensed physical therapist. Program objectives also clearly state this supervisory relationship, both as the PTA functioning within the health care environment as well as with treatment interventions, data collection skills, and communication with the supervising therapist.

Several methods within the program are utilized to determine curriculum effectiveness. Surveys are administered to current students (Current Student Survey), new graduates (New Graduate Outcomes Assessment), and program graduates two and four years post graduation (Graduate Outcomes Assessment Survey). Within the graduate surveys, supervision and communication with the PTA's physical therapist are assessed. The ability to perform within the scope of practice as well as use critical thinking skills is another rated area. As noted in the grid (4.1.5), the program goal for students to report an effective relationship with the supervising physical therapist is 90%.

The Current Student Survey provides the program with ongoing feedback on the curriculum in several key ways. Program students assess the correlation between class and laboratory activities, the written objectives for both classroom and lab activities, as well as their ability to understand performance expectations. Methodology within the classroom environment is another area for feedback from current students. This includes student ratings of demonstrations for equipment use, patient care procedures, amount of equipment available, instructional methodology, and willingness of instructors to assist students having difficulty.

4.1.6. Clinical Education Program

Within the program, student clinical experiences are reflective of their current level of learning and program/clinical expectations. Skills utilized for Practicum I and II within the program show sequential learning and emphasize student performance of skills practiced and tested for competency within the curriculum. The checklist of diagnoses/procedures is another tool to assist in clinical planning by the ACCE, student, and clinical faculty. In this way, the variety of skills and exposure to patient diagnoses can more effectively prepare students for entry level practice.

Graduate PTA students assess the clinical education program for effectiveness in preparing them for their current area of employment. This is found within the New Graduate Outcomes Assessment Survey, with a threshold of 90% of students indicating the program was effective for clinical education.

The length and duration of the clinical education program are also assessed for effectiveness in meeting the goals and objectives set for clinical education. This is accomplished via student outcomes on the Clinical Performance Instrument. Specifically, the threshold set by the program is that 90% of students will receive a grade of "B" or better in final clinical rotations. Students are expected to function at a level of at least 75% and must be at entry level (90% or above) for the first five items of the CPI (VAS). During the final clinicals, students have six weeks to reach this passing level. If students were having difficulty passing clinical rotations, the length/duration of rotations would be a factor to consider for program change.

The PTA program requires students to select clinical experiences which meets program requirements for variability. The threshold is set for 100% of students to meet the selection criteria for clinical experiences. Meeting this threshold is evidence that the number and variety of clinical sites is sufficient to meet goals and objectives of the clinical education program. Any new clinical sites developed are first analyzed for congruency of program standards by the ACCE, utilizing the New Site Development form.

Effectiveness of the communication with clinical education sites has not been an area that the PTA program has formally assessed. However, the Clinical Resource Survey to be implemented in the fall of 2008 will specifically target the sufficiency and effectiveness of communication with clinical education sites.

Informally, the ACCE has received verbal feedback on numerous occasions from clinical faculty regarding communication indicating they feel satisfied with the sufficiency and effectiveness provided by the ACCE. All letters sent to center coordinators specify that the ACCE can be contacted at any time.

4.1.7 Performance of Recent Graduates

Performance of recent program graduates encompasses several criteria to be assessed.

As indicated on the grid, the program goal for first-time board examination pass rate is 75% and the three-year average pass rate goal is 90%. FSBPT pass rates are acquired by the Program Director and are monitored for trends. This can serve as a stimulus for appropriate curriculum delivery change, changes in program admission criteria, or for acquisition of additional resources to assist with meeting/exceeding pass rate goals.

The employment rate goal for the program is 100% of graduates being employed in the physical therapy field within six months of passing the NPTE. The College MIS Occupational Outcomes Survey and the New Graduate Outcomes Assessment Survey are the means to gather this employment data. Job placement and health care industry trends are monitored to continue achieving maximum placement rate.

There are several other areas in which the program assesses performance of recent graduates. A program goal for graduation rate for each PTA class is 85%. This goal has been consistently met throughout the history of the program and would serve as the threshold for determining any trends or changes below this level or below the national average.

Finally, the program faculty feel that one of the best indications of the performance of recent graduates is the outcomes on an employer survey. Health care employers of BHC PTA graduates are targeted for this survey every three years. The assessment chart shows the threshold for expected performance, and the graduate is assessed on ethical, legal, safety, and treatment skills and their ability to work under the supervision of a PT, among other areas. This survey is reviewed with faculty, Advisory Committee members, and employers. Appropriate decisions can be made in regard to curriculum, clinical education, and admission standards.

4.1.8 Admissions Process, Criteria, and Prerequisites

Mechanisms to assess the program's admission process include, first of all, an annual review of College and program documents representing the admission process (i.e., website, PTA program Fact Sheet, College Catalog). This is a responsibility of the Program Director, who can determine the support of the program mission and goals as well as ensuring non-discrimination and equal opportunity to all persons applying to the program.

Because Black Hawk College has a cooperative agreement with Scott Community College, which limits the number of students admitted through the cooperative program. The Program Director maintains a record of the demographics of admitted students. The Dean of Instruction and Student Learning and the Vice President for Instruction and Student Services meet annually to review the cooperative agreement policies, the program cost/revenue ratio, and the financial report on the PTA program.

Another means of assessing the admission process and its consistency with the mission, goals, and objectives is the analysis of program graduation rate, program faculty, Advisory Committee, and the College Advising Department. All are involved in review of admissions criteria and prerequisites in determining if changes need to be made which are associated with the admissions process. The program's historical graduation rate reflects that the admissions process has been key in selecting candidates who are able to successfully complete the program.

4.1.9 Program Enrollment

The program has maintained a maximum enrollment of 24 students since its inception. Job placement rate, as determined by the annual MIS Occupational Follow-up Survey, is an effective means to verify continued job market demand and any emerging trends.

Because clinical education needs of all program students must be met, clinical site availability is another means to assess student enrollment. The program must have sufficient clinical sites for students to meet program requirements for variability and performance expectations. Determination is made whether availability of clinical stes/experiences meet the needs of the enrolled students upon review of the clinical commitment forms (April).

4.1.10. Core Faculty

Core faculty effectiveness is assessed most directly by current students with utilization of class assessment for each PTA course. Student comments are monitored, with a threshold that the majority of comments are positive and that ≤30% of similar concerns would be identified by students within each class assessment. Several aspects of faculty effectiveness are also addressed in the Current Student Survey, such as instructional methods and faculty willingness to assist students.

As shown in the grid (4.1.10), tenure track faculty are assessed yearly by the Dean of Instruction and Student Learning and the Chairperson of the Allied Health Department. This is done by classroom and lab observation and evaluation. The Program Director assesses core faculty classroom performance of tenured faculty and monitors PTA course evaluations to determine core faculty effectiveness.

Core faculty develop a yearly Professional Development Plan which is a method of self-identification of needs, areas for improvement, and plans to address professional development.

The methodology described above has been successful in helping faculty to improve classroom effectiveness. For example, in some of the first classroom assessments for courses taught by the ACCE, students identified a need for additional open lab and practice time for laboratory skills. By offering choices for extra lab time during the week and some weekends, especially when students have upcoming lab practicals, the amount of students identifying this need has been decreased significantly. The ACCE recognized the benefits of becoming a credentialed clinical instructor and met this goal as part of her professional development plan. Because of this aspect of development, students will be utilizing weekly self-assessments during their clinical rotations this summer.

4.1.11. Adjunct and Supporting Faculty

Adjunct and support faculty bring expertise to the PTA program. Qualifications of chosen staff are reviewed by the Program Director to ensure that students are being instructed by faculty who bring expertise and/or patient care experience to the classroom.

The Program Director formally assesses adjunct faculty annually via classroom and lab observation. Suggestions for improvement and utilization of the College's resources/workshops

are made and implemented. Students also assess adjunct faculty as another form of feedback for instructional methodology and classroom activities.

A need for increased use of classroom technology was identified by the Program Director for the adjunct instructor teaching PTA 201 (Kinesiology). This resulted in the instructor utilizing the College's Teaching/Learning Center resources and bringing PowerPoint technology into the classroom.

4.1.12. Clinical Education Faculty

Clinical education faculty are assessed by students, who rate clinical instructors at the end of the clinical experience. The ACCE and Program Director also assess clinical faculty via site visits and phone calls, which helps determine the level of supervision and interaction between the clinical faculty member and the student. Any deficiencies noted are addressed with the CCCE and clinical faculty members with the ACCE via meetings and/or phone conferences.

The Clinical Coordinators Handbook identifies program expectations for the clinical instructor. This includes being a licensed PT or PTA, having a desire to participate in clinical education, and having one year of experience in physical therapy practice. The Clinical Site Information form is a valuable tool used by the ACCE to monitor clinical faculty qualifications.

Clinical faculty development activities such as the annual luncheon/presentation are assessed by having attendees evaluate the presentation as well as by assessing the degree to which the content will assist them with clinical instruction.

The Program Resource Survey (to be implemented in the fall of 2008) will be another tool to assess clinical faculty development needs.

4.2. Evidence of Implementation of Assessment Process

The program provides evidence of the implementation of the assessment process, provides examples of how collected data stimulate changes in the education program, provides examples of changes that are made, and provides evidence that changes made result in program enhancement.

Institutional Policies and Procedures (4.1.1)

The PTA program has had an ongoing process to review Black Hawk College's policies and procedures. Although institutional changes may not occur on a regular basis, the program policies/procedures have, on occasion, been modified to reflect these changes.

For example, many health-related College programs require criminal background checks for students. The PTA program does not require this, but did make a change to the PTA Student Handbook and PTA Clinical Handbook to inform students that some clinical sites may require criminal background checks. Program policies also indicate that students are responsible for costs for this.

Within the last five years, there have been no other changes to program policies and procedures based on the policies and procedures set by the institution.

Program Policies and Procedures (4.1.2)

Assessment of program policies and procedures done by annual review of core documents has resulted in some changes. This is best reflected in the PTA Student Handbook and Student Clinical Handbook. Grading criteria for student final clinicals was made available to students via the syllabi of the clinical courses (PTA 280 and 281). However, upon analysis of the core documents, it was determined that the Student Clinical Handbook did not include the specifics of grading criteria. This was added to the Student Clinical Handbook in order to help students further develop an understanding of clinical grading policies.

Another program policy change implemented involved the HIPPAA/OSHA training which was done annually with students in the program. Previously, this was implemented in the first semester only. However, clinical sites were more often requiring proof of annual compliance rather than providing training to students as part of their clinical orientation at the site. Students now receive HIPAA and OSHA education and testing two times within the program.

No changes in program policies and procedures have resulted due to current, graduate employer, or patient surveys in the last several years. This is due to the fact that all thresholds set for these surveys have been met.

Resources (4.1.3)

The program has primarily utilized current students in determining the need for additional resources. The thresholds set for the current or the graduate student survey have been consistently met, with students expressing satisfaction with program resources. The institution budget has supported the acquisition of new equipment, continuing education for faculty (as describe previously in Section 2.4), and additional funding for the program equipment and student licensure resources.

A resource survey for clinical faculty will be implemented in the fall of 2008 so that sources outside of the program will be able to provide insight into program needs.

Mission, Philosophy, Goals, and Objectives (4.1.4)
Program objectives which have been identified as not being met are the student first time licensure exam pass rates. For the three-year period of graduating students in 2004, 2005, and 2006, the first time pass rate was less than 75%. The program responded to this trend by implementing a boards review class for the graduating class of 2007. This was provided at no cost to students, utilizing grant money, and will continue again for the upcoming class of 2008.

Other plans related to licensure pass rates are to acquire resources for funding of tutors for students who have struggled within PTA program courses. However, the program hopes that licensure results will improve from this noted trend.

Curriculum (4.1.5)
Surveys implemented to current students, program graduates, and employers have not been a stimulus for any program curriculum changes since thresholds have been met.

Course assessments within each PTA program course have resulted in increasing hours available for open lab time for students within each specific course in which this need was identified.

Upon review of CAPTE accreditation criteria, the program core faculty identified a need to increase emphasis on the supervisory role of the PT. This change was implemented by exposing students to more class scenarios, lab practicals, etc., where emphasis is placed on situations in which a PTA should be in communication with the supervising PT.

Clinical Education Program (4.1.6)
The program has had a successful history in providing ample clinical choices for students, with all students participating in clinical rotations which expose them to a variety of patient diagnoses, treatment interventions, and data collection skills. In addition, new clinical sites have been developed over the past three years which have provided valuable experiences for students. The creation of a filing system for clinical site information forms and student evaluation of the sites was initiated in 2005 and has benefited the students in making clinical site choices.

When analyzing student clinical experiences, all thresholds have been met in regards to student satisfaction, grades from clinical education courses, and satisfaction with the clinical education program. Deficiencies in academic preparation identified by students and clinical faculty also have not been an area addressed since the program threshold has been met.

Performance of Recent Graduates (4.1.7)
The graduation rate for the program has been maintained at the 85% threshold, so no action has needed implementation.

Two additional areas utilized for performance of recent graduates have included the employment rate of graduates and employer satisfaction with program graduates. Both of these thresholds have been consistently met within the program with no action required.

Licensure exam rates have been a source for curriculum changes. With the three-year trend described in 4.1.4, program changes with the boards review class were implemented. Another curriculum change has been within core faculty examination procedures. Both full-time faculty utilize boards sample test questions from review manuals as part of each PTA course.

Admissions Process, Criteria, and Prerequisites (4.1.8)
The admission process, criteria, and prerequisites of the PTA program have been assessed in several ways, but have not been a source of program changes. Graduation rates which have consistently exceeded the program threshold are reflective of the admissions process for the PTA students. Selected students are successful with matriculation within the program. The cooperative agreement with Scott Community College has also been monitored with no changes in program admissions/prerequisites required.

Program Enrollment (4.1.9)
Program enrollment has consistently been assessed, but without the need for any changes to be implemented. Job placement and clinical site availability have met program thresholds.

Core Faculty (4.1.10)
Core faculty assessment tools include evaluation of tenure track and tenured core faculty. In all evaluative criteria, core faculty have met or exceeded performance criteria with all evaluations. As noted previously, PTA student specific course assessments provide valuable feedback to core faculty. There haves not been identified areas for core faculty improvement within the program.

Finally, core faculty have been successful in meeting goals set in the annual Professional Development Plan, which are an asset in assisting faculty to self-identify needs and goals which benefit the students and the program as a whole.

Adjunct and Supporting Faculty (4.1.11)
Ongoing assessment of adjunct/support faculty has resulted in a change in the instructional methodology utilized by the adjunct faculty member who teaches PTA 201 (Kinesiology) and PTA 202 (Physical Rehabilitation Techniques). The Program Director identified a need for increasing technology within the classroom, and the instructor utilized College resources to develop skills with PowerPoint presentations. Student feedback from courses taught also has assisted the technology used by the adjunct instructor such as using the document camera for anatomical illustrations and models.

Clinical Education Faculty (4.1.12)
Clinical education faculty assessment by the program has been performed by students via clinical experience evaluations as well as the ACCE and Program Director via site visits and mid-term phone calls. The program has met thresholds set for student evaluation of the clinical instructor as well as appropriate suspension and interaction assessed by the academic faculty.

Another ongoing source of clinical faculty assessment is the annual clinical instructors luncheon. This has been a source of positive informal feedback for the program, although a follow-up survey will be implemented following the Spring 2008 luncheon. By surveying clinical faculty needs, the program core faculty feel this has allowed enhancement of skills needed for education within the clinical environment.