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

REQUIRED ELEMENTS:

1A The mission of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation of physical therapist assistants.

Black Hawk College Mission Statement: Black Hawk College enriches the community by providing the environment and educational resources for individuals to become lifelong learners.

The PTA Program's Mission: The Physical Therapist Assistant Program prepares students to graduate with entry-level clinical skills competitive for the demands of the changing healthcare 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.

These mission statements are congruent as both the college and the PTA program value the importance to provide an outstanding learning environment and educational resources to our health careers students. This is exemplified by the $15 million dollar new Health Science Center that the program moved into in 2015. Along with doubling the PTA classroom/lab square footage, our teaching resources and equipment are state of the art and truly represent contemporary practice in our field and instructional technology.

The Program’s mission statement is consistent with contemporary expectations of the PTA. According to HOD position statement from 2014, PROFESSIONAL DEVELOPMENT, LIFELONG LEARNING, AND CONTINUING COMPETENCE IN PHYSICAL THERAPY, physical therapist assistants must strive toward the systematic and improvement of knowledge, skills and abilities for excellence. This is compatible with the mission, “students graduate with entry-level skills and that the program encourages lifelong learning”. We continue to monitor today’s practice through student clinical experiences, our advisory committee and feedback from current student and employer surveys. Specifically, the equipment utilized by students duplicates present day clinical equipment in all practice settings. All faculty members maintain active practice and value continuing education in order to prepare students as clinicians. The program utilizes resources including the Guide to Physical Therapy Practice and Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level to serve as curriculum benchmarks. It is emphasized to students throughout the program that lifelong learning and continuing education are integral to clinical competence and to their careers as physical therapist assistants.

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

The PTA program has established specific goals and objectives for which the program strives to fulfill its overall mission and philosophy. The following goals and objectives are representative of you as a student and as a new graduate and are in harmony with the mission, values, and goals and objectives of the institution.
BHC PTA Student Outcomes:
1. Demonstrate behaviors that provide patient safety and appropriate critical thinking skills commensurate with the practicing health care environment.
2. Demonstrate safe and evidence-based treatment interventions as well as competence in data collection commensurate with conditions and diseases in today’s healthcare environment utilizing resources efficiently.
3. Demonstrate ability to effectively communicate with and practice under a supervising physical therapist and adhere to the policies and procedures bestowed upon the PTA in that health care environment.
4. Demonstrate behaviors appropriate for the delivery of physical therapy services showing respect to individual and cultural diversities, including verbal, nonverbal and written communication skills that ensure patient, family, and healthcare comprehension and safety.
5. Participate in progression and development based on individual personal interests, practicing environment, and self-assessment needs that facilitates lifelong learning.
6. Demonstrate adherence to Standards of Ethical and Legal Conduct established by the APTA and represent the highest expectations from the physical therapy profession.
7. Demonstrate clinical critical thinking skills by identifying when to modify patient treatments within the plan of care established by the supervising physical therapist.

BHC PTA Core Faculty Goals:
1. The core PTA program faculty will demonstrate and maintain contemporary practice skills and knowledge in today's changing healthcare environment.

2. The core faculty will contribute to the academic community and to the promotion of the physical therapist career.

The BHC PTA Program Goals:
1. Graduate competent healthcare professionals with strong critical thinking and safety skills who are well prepared to pass the National Physical Therapy Examination and be employed as physical therapist assistants.
2. Promote an understanding of cultural diversity, communication, and behaviors.
3. Provide the student the opportunities to utilize the program and college’s resources to enhance the educational experience.
4. Ensure students will exemplify the standards of ethical conduct and core values established by the American Physical Therapy Association.
5. Contribute to the advancement of of the physical therapy profession, promote community service and encourage lifelong learning.

The program goals listed above represent the program’s mission statement and are congruent with Black Hawk College’s mission statement. The PTA program matriculates students providing them the opportunities and resources through didactic and clinical experiences that result in graduates who are prepared for entry level practice and will contribute and enrich their communities.

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

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

The PTA program graduation rate for the last two years is as follows:
2016: 92%
2017: 92%

The two-year graduation rate for the program is 92%.

One cohort of students is admitted to the program each year.

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

Class graduated August 2015: First time pass rate: 91%
Ultimate pass rate 95%

Class graduated August 2016: First time pass rate: 90%
Ultimate pass rate: 100%

Class graduated August 2017: First time pass rate: 90%
Ultimate pass rate: TBD

Licensure pass rates for the program for the last two years (2015 - 17) have averaged 97.5%.

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

The two-year employment rate for the past two academic years have been as follows:
2015: 100%
2016: 100%

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

In the final semester of the program, students complete two full time, six week clinical rotations in two different practice settings. Standards for students to pass these clinical affiliation courses as outlined by the syllabus must be met for students to graduate from the program. The final grade is assigned by the ACCE based on these standards, The APTA’s Clinical Performance Instrument is used as the evaluation tool. The Program utilizes the Clinical Performance Instrument (CPI) and judgment of the ACCE and core faculty to measure entry-level performance of students prior to graduation. 100% of the 2017 graduating class was determined to be at entry level.
1C5 The program graduates meet the expected outcomes as defined by the program.

The program’s mission and goals encompasses the matriculating and graduate student outcomes as well as ensuring the goals of the faculty and the program are met as well. Data analyzed to determine the outcomes are collected through a variety of methods throughout the length of the program and after graduation.

1. Demonstrate behaviors that provide patient safety and appropriate critical thinking skills commensurate with the practicing healthcare environment.

   The expected level of achievement: 100% of graduates will rank at entry level on the final CPI for safety and clinical problem solving and 85% of Employer Survey respondents will strongly agree or agree graduates are performing safely and demonstrating effective problem solving skills; 100% of CPI scores will indicate no performance or safety concerns identified by clinical or core faculty and 100% of graduate survey respondents will strongly agree or agree that they were prepared to assume responsibility for patient care that reflects critical thinking and safety.

   Achievement levels:
   2016: 100% of graduates ranked at entry level for patient safety and clinical problem solving on their CPI final ratings.
   2017: 100% of graduates ranked at entry level for patient safety and clinical problem solving on their CPI final ratings.
   2016: 100% of Employer survey respondents strongly agreed or agreed that graduates are performing safely and demonstrating effective problem skills.
   2017: 100% of Employer survey respondents strongly agreed or agreed that graduates are performing safely and demonstrating effective problem skills.

2. Demonstrate safe and evidence-based treatment interventions as well as competence in data collection commensurate with conditions and diseases in today's healthcare environment utilizing resources efficiently.

   The expected level of achievement: 100% of final CPI scores will rank students at or near entry level performance on their final clinical rotations; and 85% of employer survey respondents will rank graduates at strongly agree or agree in providing evidence-based treatment interventions and data collection.
Achievement levels:
2016: 100% of graduates ranked near or at entry level for demonstrating safe and evidence-based treatment interventions and data collection on their CPI final ratings.
2017: 100% of graduates ranked near or at entry level for demonstrating safe and evidence-based treatment interventions and data collection on their CPI final ratings.

2016: 100% of Employer survey respondents strongly agreed or agreed that graduates are performing safe and evidence-based treatment interventions and data collection.
2017: 100% of Employer survey respondents strongly agreed or agreed that graduates are performing safe and evidence-based treatment interventions and data collection.

3. Demonstrate ability to effectively communicate with and practice under a supervising physical therapist and adhere to the policies and procedures bestowed upon the PTA in that health care environment.

The expected level of achievement: 100% of final CPI scores will indicate students are performing at entry level for communication skills and 85% of employer survey respondents will strongly agree or agree that graduates demonstrate effective communication skills with their supervising physical therapist.

Achievement levels:
2016: 100% of graduates ranked at entry level for communication on their CPI final ratings
2017: 100% of graduates ranked at entry level for communication on their CPI final ratings.
2016: 100% of Employer survey respondents strongly agreed or agreed that graduates demonstrate effective communication skills with their supervising physical therapist.
2017: 100% of Employer survey respondents strongly agreed or agreed that graduates demonstrate effective communication skills with their supervising physical therapist.

4. Demonstrate behaviors appropriate for the delivery of physical therapy services showing respect to individual and cultural diversities, including verbal, nonverbal and
written communication skills that ensure patient, family, and healthcare comprehension and safety.

The expected level of achievement: 100% of final CPI scores will rank students near or at entry level performance for cultural competence with patient care; 85% of employer survey respondents will strongly agree or agree that graduates are demonstrating cultural competence with patient care and 100% of graduate survey respondents will strongly agree or agree that they were prepared to demonstrate behaviors that reflect respect for individual and cultural diversities.

Achievement levels:
2016: 100% of graduates ranked near or at entry level for cultural competence on their CPI final ratings
2017: 100% of graduates ranked near or at entry level for cultural competence on their CPI final ratings
2016: 100% of Employer survey respondents strongly agreed or agreed that graduates are demonstrating cultural competence in their patient care.
2017: 100% of Employer survey respondents strongly agreed or agreed that graduates are demonstrating cultural competence in their patient care.
2016: 100% of graduate survey respondents strongly agreed or agreed that they were prepared to demonstrate behaviors that reflect respect for individual and cultural diversities.
2017: 100% of graduate survey respondents strongly agreed or agreed that they were prepared to demonstrate behaviors that reflect respect for individual and cultural diversities.

5. Participate in progression and development based on individual personal interests, practicing environment, and self-assessment needs that facilitates lifelong learning.

The expected level of achievement: 100% of final CPI scores will rank students near or at entry level performance for self-assessment and lifelong learning and 100% of graduate survey respondents will strongly agree or agree that they were prepared to continue professional education as a PTA that recognizes and reflects the importance of evidence-based practice and lifelong learning.

Achievement levels:
2016: 100% of graduates ranked near or at entry level for self-assessment and lifelong learning on their CPI final ratings
2017: 100% of graduates ranked near or at entry level for self-assessment and lifelong learning on their CPI final ratings

2016: 100% of graduate survey respondents strongly agreed or agreed that they were prepared to continue professional education as a PTA that recognizes and reflects the importance of evidence-based practice and lifelong learning.

2017: 100% of graduate survey respondents strongly agreed or agreed that they were prepared to continue professional education as a PTA that recognizes and reflects the importance of evidence-based practice and lifelong learning.

6. Demonstrate adherence to Standards of Ethical and Legal Conduct established by the APTA and represent the highest expectations from the physical therapy profession.

The expected level of achievement: 100% of final CPI scores will rank students at entry level performance for accountability and 100% of employer survey respondents will strongly agree or agree that graduates practice with strong standards of ethical and legal conduct on a daily basis.

Achievement levels:
2016: 100% of graduates ranked at entry level for accountability on their CPI final ratings
2017: 100% of graduates ranked at entry level for accountability on their CPI final ratings
2016: 100% of Employer survey respondents strongly agreed or agreed that graduates practice with strong standards of ethical and legal conduct on a daily basis.
2017: 100% of Employer survey respondents strongly agreed or agreed that graduates practice with strong standards of ethical and legal conduct on a daily basis.

7. Demonstrate clinical critical thinking skills by identifying when to modify patient treatments within the plan of care established by the supervising physical therapist.

The expected level of achievement: 100% of final CPI scores will rank students at entry level performance for accountability, communication, and clinical problem solving, 100% of final CPI scores will rank students near or at entry level performance in regards to critical thinking skills and the need for treatment modifications for therapeutic exercise, therapeutic techniques, physical agents, and electrotherapeutic modalities and 85% of employer survey respondents will strongly agree or agree that
graduates are able to identify the necessity of treatment modifications and the necessary communication/documentation with the supervising physical therapist.

Achievement levels:
2016: 100% of graduates ranked at entry level for accountability, communication, and clinical problem solving, on their CPI final ratings
2017: 100% of graduates ranked at entry level for accountability, communication, and clinical problem solving, on their CPI final ratings
2016: 100% of graduates ranked near or at entry level performance in regards to critical thinking skills and the need for treatment modifications for therapeutic exercise, therapeutic techniques, physical agents, and electrotherapeutic modalities.
2017: 100% of graduates ranked near or at entry level performance in regards to critical thinking skills and the need for treatment modifications for therapeutic exercise, therapeutic techniques, physical agents, and electrotherapeutic modalities.

2016: 100% of employer survey respondents strongly agreed or agreed that graduates are able to identify the necessity of treatment modifications and the necessary communication/documentation with the supervising physical therapist.
2017: 100% of employer survey respondents strongly agreed or agreed that graduates are able to identify the necessity of treatment modifications and the necessary communication/documentation with the supervising physical therapist.

The program, per the collected data, has met or exceeded all levels of expected outcomes for matriculating students, new graduates, and employers since 2016.

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

Program Goal 1. Graduate competent healthcare professionals with strong critical thinking safety skills who are well prepared to pass the National Physical Therapy Examination and be employed as physical therapist assistants.

The expected level of achievement is 85% first time success pass rate and a 90% overall successful pass rate with the physical therapist assistant national licensure examination.
Achievement levels: (per FSBPT reporting)
2016: First time pass rate: 90%; Ultimate pass rate: 100%
2017: First time pass rate 90%  Ultimate pass rate  TBD

Program Goal 2. Promote an understanding of cultural differences and diversity, facilitate lifelong learning, behaviors and communication.

The expected level of achievement is 100% of students will be ranked near or at entry level by final CPI evaluation that represents an understanding of cultural differences and inclusion and 100% of students will be ranked at entry level by final CPI evaluation for performance anchors for clinical behaviors and communication. In addition, 100% of students will report in graduate survey question number 8 that they strongly agree or agree to being prepared to continue professional education that represents lifelong learning and recognizes the importance of evidence-based practice.

Achievement levels:
2016: 100% of graduates were ranked near or at entry level on CPI for cultural competence
2017: 100% of graduates were ranked near or at entry level on CPI for cultural competence
2016: 100% of graduates were ranked at entry level on CPI results for clinical behaviors and communication
2017: 100% of graduates were ranked at entry level on CPI results for clinical behaviors and communication
2016: 100% of graduate survey respondents strongly agreed or agreed they were prepared to continue professional education that represents lifelong learning and recognizes the importance of evidence-based practice.
2017: 100% of graduate survey respondents strongly agreed or agreed they were prepared to continue professional education that represents lifelong learning and recognizes the importance of evidence-based practice.

Program Goal 3. Provide the student the opportunities to utilize the program and college’s resources to enhance the educational experience.

The expected level of achievement per current student survey is that 100% of students will rank the college’s and program’s resources at or above 3.0/4.0 as evidenced by the current student survey items 7-13.
Achievement levels:
2016: 100% of students ranked the college's and program's resources at or above 3.0/4.0 as evidenced by the current student survey items 7-13.

2017: 100% of students ranked the college’s and program’s resources at or above 3.0/4.0 as evidenced by the current student survey items 7-13.

Program Goal 4. Students will exemplify the standards of ethical conduct and core values established by the American Physical Therapy Association.

The expected level of achievement is that 100% of graduates will report in graduate surveys that they agree or strongly agree to being prepared to adhere to the Standards of Ethical Conduct in their daily practice as a PTA.

Achievement levels:
2016: 100% of graduate survey respondents reported that they strongly agree or agree that they were prepared to adhere to the Standards of Ethical Conduct in their daily practice.
2017: 100% of graduate survey respondents reported that they strongly agree or agree that they were prepared to adhere to the Standards of Ethical Conduct in their daily practice.

BHC PTA Core Faculty Goals:
1. The core PTA program faculty will demonstrate and maintain contemporary practice skills and knowledge in today's changing healthcare environment.

   The expected level of achievement is that all core faculty will maintain a minimum of 8 hours per month of employment in a healthcare setting providing physical therapy services.

Achievement levels:
2016: Core faculty have exceeded a minimum of 8 hours per month of employment in a healthcare setting providing physical therapy services.

2017: Core faculty have exceeded a minimum of 8 hours per month of employment in a healthcare setting providing physical therapy services.

In addition, core faculty continue to be exposed to other areas of contemporary and specialty practice through attendance at continuing education seminars.
2. The core faculty will contribute to the academic community and to the promotion of the physical therapist career.

   The expected level of achievement is that all core faculty will pursue tenure and/or promotion and participate in college wide committees, career fairs and student recruitment activities.

Since the start of her employment in 2005, the program’s ACCE has achieved tenure as well as promotions in rank to her current rank of Professor. She is actively involved in college committees including activities such as career fairs, high school recruitment events, and the Health Careers Pathway program. The ACCE also served as Allied Health & Physical Education department chair from 2012-2017, and currently serves as Co-Department chair.

The program director is tenured as an Associate Professor and has served on numerous college committees throughout his career. He is actively involved in events such as career fairs and high school recruitment days. He has been the strongest advocate for the program, graduating students who exemplify all the qualities and characteristics of the college and program’s mission and the core values of our physical therapy profession.

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**Standard 2:**

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

**REQUIRED ELEMENTS:**

2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.
The program utilizes an assessment process consisting of six key areas for the purpose of program development, planning, and identification of areas for improvement. These six key areas and the types of assessments include the following:

1. Students:
   - Current Student Surveys (following completion of the first year and second year)
   - Evaluation of Clinical Experience/Clinical Instructor
2. Clinical Faculty
   - Resource Survey
   - Practicum Evaluation Tool
   - Clinical Performance Instrument
3. Program Faculty
   - Program Development Day: curriculum review, policies and procedures review
4. Advisory Board
   - Yearly meeting and ongoing feedback
5. Program graduates
   - New Graduate Survey
6. Employers:
   - Biennial Surveys

The Program Assessment Matrix details methods used within each area assessed within the PTA program. As can be identified in the matrix, areas that can be measured have an expected level of achievement for which the program may identify trends or patterns that represent strengths and weaknesses. 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.

An area of strength in the program is the quantity and quality of equipment available for students for hands-on activities in the classroom. Current Student Surveys and Advisory Board feedback have consistently provided the core faculty positive reviews regarding program resources. Program outcomes are another area of strength. We have consistently exceeded CAPTE standards for graduation rates and licensing examination ultimate pass rates.
An area of weakness is the lack of a consistent formal meeting policy for core faculty on a monthly basis. The two core faculty members maintain constant informal communication and exchange of ideas, and have offices next to each other. However, we feel that setting a policy for a formal monthly meeting plan will provide an additional method of assessment.

Two examples of changes which have occurred due to the program assessment process are as follows:

- Review of the admissions process used in the program, through the Advisory Board and core faculty, is one example of changes made due to the assessment process. The core faculty discussed that students who applied early had an advantage because the policy that was in place was that interviews were conducted in the order that applications were received. The policy was as follows: Applicants are interviewed and reviewed for selection in the order in which the program received their application. Applications will be accepted starting September 1st.
  In discussing this with the Advisory Board, a new process was suggested and was put into place. The new procedure is more equitable for the majority of applicants. September 1 is still the date in which applications begin to be accepted every year. Now, the process is as follows: Applications postmarked on or before October 31 will be granted an interview in February. Application postmarked after October 31 will be notified of an interview if there are remaining spots available in the upcoming class.

- Results of student surveys completed following integrated and full time clinical rotations as well as feedback from the Advisory Board in 2016 identified a program need to increase didactic and lab experiences with the use of short wave diathermy. The program had no access to a diathermy device and developed and submitted a plan to secure Perkins funding for purchase of this equipment. A new diathermy machine was purchased in the spring of 2017. Students also provided feedback in 2013 regarding more simulation of an acute care environment. The program has since acquired a second hospital bed, an intermittent compression device, IV poles, and an oxygen tank among other items commonly used in a hospital setting via Perkins and program funds. We also acquired access to the certified nursing assistant lab which has several hospital beds to use for lab activities and exposure/experience in the use of mechanical lifts.
2B  For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

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

The program’s historical graduation rate and ultimate licensing exam pass rate reflect that the admissions process has been key in selecting candidates who are able to successfully complete the program. The program has exceeded CAPTE graduation rates and licensing exam pass rates every year since the first cohort graduation in 1994.

If retention patterns or trends in graduation rates or licensure pass rates fall below CAPTE expected levels, the following process would be utilized:

Should any expected levels of program outcomes fall below CAPTE standards on the first reported year on the AAR, this will be monitored closely by core faculty and Advisory Board.

1.  Core faculty recognize a pattern or trend in graduation and/or licensing exam pass rate falling below CAPTE expected levels (two years consecutively)

2.  Program core faculty meet as needed to evaluate the overall admissions process, and curriculum plan to determine probable causes for the trend.

3.  An action plan is developed by core faculty and approved by the Advisory Board and is reported to CAPTE. An immediate response will include the development of a timeline for the action plan. This will be based upon the college’s policies and procedures as well as administration’s approval of the changes to be implemented.

4.  Once the action plan is in place, it will be reviewed annually by core faculty, Administration, and the Advisory Board.

2B2  program enrollment appropriately reflects available resources, program outcomes and workforce needs.
The program has maintained a maximum enrollment of 24 students since its inception.

Employment rates are an effective means to verify continued job market demand and any emerging trends. Since the program’s inception, employment rates tracked 6 months after students take the licensing examination have been 100%.

Because clinical education needs of all program students must be met, clinical site availability is another means used to assess student enrollment. The program must have sufficient clinical sites for students to meet program requirements for variability and performance expectations. All students have been able to be placed in the variety of settings required by the program since 2008.

If either of the following trends occur, (two years of decline below 100%) an action plan would be developed:

- New Graduate surveys identify trends in difficulty obtaining employment,
- ACCE unable to place 100% of students in the required program student placement settings

The following process would be utilized:

1. Program core faculty meet as needed to evaluate and determine probable causes for the trend.
2. Core faculty, along with the college’s Administration and the Program Advisory Board will develop an action plan which would include a possible policy change in the number of admitted students.
3. Timeline for the action plan will be based on Administration’s approval and will be sensitive to all involved college departments and financial impact on the college.
4. Once the action plan is in place, it will be reviewed annually by core faculty, Administration, and the Advisory Board.

The program has several mechanisms in place to ensure that core, associated, and clinical faculty meet the needs of the program and its curriculum.

Core Faculty:
Several aspects of faculty effectiveness are addressed in the Current Student Survey (which students complete following their first and second years in the program), such as instructional methods and faculty willingness to assist students.

The methodology described above has been successful in helping faculty to improve classroom effectiveness. For example, in looking at the last four years of data, Current Student Surveys reflect that 100% of students have agreed or strongly agreed that instructional methods are equitable, effective, and that faculty show willingness to assist students.

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

A program policy ensures that faculty maintain contemporary practice and share that expertise within the curriculum. Both core faculty members have maintained contemporary practice since being employed at Black Hawk College.

Should survey results indicate the following: greater than or equal to 30% of current students do not agree or strongly agree that core faculty have instructional methods that are equitable, effective, and that faculty show willingness to assist students, an action plan will be implemented:

1. Core faculty will meet and identify possible causes for the results.
2. An action plan for improvement of instruction will be developed by both core faculty.
3. The timeline for development of the corrective measures will be in place by the next semester of the faculty member’s instructional responsibilities.

The Program Resource Survey, administered on a biennial basis, provides an avenue for clinical faculty to evaluate the effectiveness of the ACCE in regard to communication, accessibility, etc. The ACCE has been ranked favorably by clinical faculty since the first Resource Survey was administered in 2008. Should feedback be received that is not positive, the action plan noted above would be instituted.

Associated 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. It is the solely the Program Director’s responsibility to select associated faculty who will represent the best interests for student learning and the Program’s curriculum plan.

A program policy is that the Program Director will evaluate associated faculty every year for the first two years of course responsibilities. When concerns are identified either by formal assessment by the Program Director, or informally via student feedback, the following action plan will be implemented:

1. Areas of concern (faculty member rated below expectations on any criteria) are identified. This may include but is not limited to presentation of material, participation/class interaction, delivery style and/or ongoing responsibilities are discussed with the associated faculty member.
2. The Program Director provides the faculty member with available resources and suggestions for improvement.
3. Ongoing informal reassessment of the associated faculty member’s teaching effectiveness continues throughout the course of the semester.
4. The choice to retain the instructor for future teaching responsibilities is made by the program director.

Clinical 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. The ACCE emphasizes to students before the start of any integrated or full time clinical experience that areas of concern should be addressed first and foremost to the clinical instructor/CCCE if the student feels the issue could be resolved in this manner. If the student does not feel comfortable with this, or if discussion with the CI/CCCE does not result in improvement, they should contact the ACCE immediately, rather than waiting until the end of the experience when the evaluation tool is filled out. This open communication ensures that the ACCE can address any deficiencies or areas of concern with the CCCE and clinical faculty member during the experience. This enhances the student/CI relationship and provides opportunities for a successful outcome.

For the past three years, 100% of students have ranked clinical instructors favorably, agreeing or strongly agreeing to items 1-8 on the evaluation tool (Appendix XXXX)
If survey results indicate a decline in ratings for clinical instructors, or if concerns are brought to the ACCE by a student during a clinical experience, the following action plan would be implemented:

1. Areas of concern identified by the student will be discussed with the ACCE and student via phone call, email, or meeting.
2. Discussion of student concerns would occur with any or all of the following: CCCE, clinical faculty member, student; via phone conference or meeting.
3. Suggestions made with recommendations for appropriate follow up
4. It is the ACCE’s discretion to determine if the student should be removed from the clinic setting and/or consideration of future student placement with the clinical faculty member.

The Resource Survey serves as a method for clinical faculty to self-assess regarding their clinical instruction effectiveness. In the past two surveys administered (2014 & 2016), 100% of respondents have ranked that they agree or strongly agree to items 1-10 regarding their teaching effectiveness with students.

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

The program has a strong history of positive financial support from the college. This is evidenced with the construction in 2015 of the Health Science Center, which provided the program with a classroom/lab that is double the square footage compared to the previous location. The core faculty were involved in the initial planning and identifying specific needs for the Physical Therapist Assistant Program classroom and lab.
The budgeting process is another example in which strong college support is evidenced. Program finances are reported in the AAR each year. The PTA Program Director reviews the annual program budget with the Allied Health Department Chair. At this time, resources are reviewed and recommendations made by the Program Director with input also coming from core and adjunct faculty. A trend of a decline in financial support from the college has not occurred in the history of the program. The program has also benefited immensely from federal Perkins Funding as well as college grants. The program and core faculty meet yearly with the Career and Technical Program Grants Coordinator. Specific program resources that the program has secured through grant funding is outlined in section 8C.

Current Student Surveys are the primary method of assessing resources such as space, program equipment, technology, library and learning resources. Current Student Surveys have been favorable in ranking the above resources, with 100% of students ranking items 7-13 (related to resources) as greater than or equal to 3.0 on a 4.0 scale. Advisory Board members also provide feedback and recommendations in regard to program equipment.

If financial resources for the program would not meet program needs, or if Current Student Survey results indicate a ranking of less than 3.0 in regard to program resources, the following action plan would occur:

1. Core faculty identify areas of concern for availability of program financial resources
2. A meeting would be held with core faculty and College Administration to discuss concerns and possible solutions

Assessment of student services is done by the college and not by the Program. The Program does not have a formal assessment process for resources related to support staff, but as outlined in 8B, the program faculty feel these resources are appropriate and meet program needs.

2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.
Program and institutional policies and procedures are followed by core faculty. Several key documents provide the sources of information, including the College Catalog, College Student Handbook, Faculty Handbook, Program Policies and Procedures Manual, Program Student Handbook, the collective bargaining agreement, and NPTE results. The Advisory Board and Administration provide the program guidance regarding the content of and adherence to program policies and procedures.

Should the program fall below CAPTE Standards for graduation and pass rate expectations, it will be addressed by core faculty, the Advisory Board and Administration. An evaluation of the possible causes for the fall in outcomes will be addressed and a plan implemented to initiate the changes deemed necessary, and timely, to rectify the substandard outcomes. The program would initiate change to the following, (we are aware there may be other areas identified as well): admissions policies and procedures and/or the overall curriculum plan. The curriculum plan in place has demonstrated students are meeting and exceeding the CAPTE Standards and Program goals. It is inclusive of effective general education content, program didactic coursework and clinical experiences. The students are assessed through the program by written examinations and quizzes, in class and out of class assignments, lab skills training and assessment for competency and safety,

2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other healthcare professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

The program has a curriculum plan in place that ultimately prepares the PTA to function under the direction and supervision of a licensed physical
therapist. Throughout the program, course objectives emphasis this relationship, both as the PTA being able to practice successfully within the present healthcare environment and to demonstrate those skills necessary for that. The program’s curriculum plan, both didactic and clinical experiences, ensure they possess safe and critical thinking skills, demonstrate effective and evidence based treatment interventions and data collection skills, as well as strong communication and professional behaviors linked with the supervising therapist. The role of the PTA has to be sensitive to a very dynamic healthcare environment. The program feels it is critical to have an aggressive assessment process in plan due to changes happening in our profession at such a fast pace. Therefore, our assessment plan incorporates a variety of resources to utilize in determining the need for changes in program delivery, primarily its curriculum plan, to ensure we meet CAPTE standards, program goals and student outcomes.

Several methods within the program are utilized to determine curriculum effectiveness:

- Survey data collected from the following: (including the timing of the surveys)
  - Current Student Survey.................Spring
  - Clinical Survey.........................2nd, 3rd, 5th semesters
  - New Graduate Survey.....................9 months after licensure
  - Resource Survey.........................Biennial (fall)
  - Employer Survey..........................Biennial (fall)

- The program has enthusiastic Advisory board that is representative of many different clinical settings and they have been extremely helpful in curriculum assessment. Student success and graduate outcomes are reported annually to the Advisory Board and are reflected in the minutes. Meetings are in May
- Information provided from core and associated faculty that are employed and practicing in today's healthcare environment, in a variety of clinical settings as well.
- A formal policy is in place which implemented a Program Development day each spring following the Advisory Board meeting for core faculty to review the curriculum plan, including specific course objectives and resources. This has been very helpful and 3 examples are the following:
  1. Students were reporting increasing exposure to diathermy while on integrated and full time clinical experiences (Clinical surveys). The core
faculty secured funding through a Perkins grant and purchased a diathermy machine in the spring of 2016.

2. The addition of joint mobilization in to student competency requirements for programs, resulted in the following; adding joint mobilization skill training in PTA 290, Clinical Seminar, which the skill is taught by an Orthopedic Certified Specialist with expertise in joint mobilization.

Because of these changes, students are more fully prepared for clinical expectations.

An example of change that occurred due to an evaluation of curricular content is related to the integrated Practicum I and II clinical experiences. The Practicum Evaluation tool was revised to include a more comprehensive assessment of student professional behaviors, communication skills, and treatment interventions/data collection specific to the level of clinical experience for a first or second year student.

The program strengths include continuing to meet and exceed CAPTE Standards in regard to graduation rate and ultimate pass rate expectations, since 1994. We believe the program’s demonstrated success, over the life of this program, is definitely linked to our assessment tools in place and the way these tools and human resources are incorporated into the curriculum plan. New Graduate Survey results indicate that 100% of students agreed or strongly agreed that the program curriculum content prepared them for clinical education and that they were prepared to take the NPTE examination.

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. In this way, the variety of skills and exposure to patient diagnoses can more effectively prepare students for entry level practice.

Students evaluate their clinical experiences following each Practicum and Clinical rotation (Student Evaluation of Clinical Experience) as well as to assess their program preparation for clinical experiences via the Current Student Surveys following the 2nd and 5th semesters in the Program.
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. During the final clinicals, students have six weeks to reach a passing level. If students were having difficulty passing clinical rotations and achieving expected outcomes, 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. This is described in more detail in section 8F. The ACCE has been able to consistently place students to meet the selection criteria for clinical experiences. This 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 that they meet program standards by the ACCE, utilizing the New Site Development form (Appendix XXX).

2D  The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

The institution underwent major long term planning in 2013, which included the plans to construct a 15 million dollar Health Science Center building. The planning of the building included the input from all core health care program faculty to be housed in the new building. The PTA Director and ACCE sat in on numerous meetings with administration, and the architecture and construction firms involved with the building. The collaboration resulted in a lab and lecture room for the PTA program that has been given high reviews by prospective and enrolled students, core and associated faculty, employers of our students and the community as a whole. The building has won two national awards for its energy efficiency and minimal impact to the environment.

The College’s Administration has demonstrated respect for the program outcomes, resulting in full support for any policies and procedures, curriculum planning and any changes that are implemented. Decision making takes into account the professional opinions of the core faculty, the needs of the students, both in content and resources.
The Program Director will be retiring within the next two years, which will be a substantive change to the program. Administration is fully committed to ensuring that hiring of a new Program Director will be a seamless transition. We are very comfortable with the ongoing assessment process, which includes short term planning with core faculty, associated faculty, the Advisory Board, and Administration.

**Standard 3:**

The institution and program operate with integrity.

**REQUIRED ELEMENTS:**

**3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

Black Hawk College is a comprehensive, multi-campus community college operating under the mandates and guidelines of the Illinois State Board of Higher Education, and was given the authority to offer the PTA program in 1991. The College is also recognized and certified by the Illinois Community College Board.

BHC has authorization to provide clinical education experiences in other states as an approved member of NC-SARA in the state of Illinois. Only clinical education experiences in other SARA states are coordinated by the Program. The college’s authorization letter from NC-SARA will be available if requested by the onsite team.

**3B** The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).
The College is accredited by the Higher Learning Commission. The most recent reaffirmation of accreditation was in 2013-2014. The next reaffirmation will take place in 2021-2022.

3C Institutional policies[1] related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.

The institution has demonstrated full support of the professional judgment of the core faculty regarding the established policies and procedures related to academic standards and professional behaviors. These policies and procedures are found in the PTA Student Handbook, course syllabi and Program Policies and Procedures Manual. Policies and Procedures are reviewed by administration. The faculty discuss all policies and procedures on an on-going basis, and revisions are made accordingly that meet or exceed College policies and procedures.

As stated in section 8A, the core faculty follow the college-wide requirements and expectations for a full time workload. Administration has consistently provided release time to both core faculty members, which includes program administration, clinical education administration, and assessment activities. The Academic Dean and Department Chair, along with core faculty, determine an equitable and efficient amount of equated hours for release time. Requirements for maintenance of contemporary practice is a program policy, and administration is fully aware and in agreement of importance of core faculty maintaining regular practice in the field.

As also previously mentioned, the program follows a sequential learning methodology, with courses each semester demonstrating higher and more complex objectives and student expectations. The college administrative team recognizes that career and technical programs like PTA must have a curriculum plan that supports this complexity of course content. Cohort admission size is supported by administration, as per program policy on page 13. The collective bargaining agreement, Section 2, page 15, outlines
the college policy on determining workload for lecture and laboratory-based courses which is used to determine faculty workload:

- Lab hours (one lab hour = .8 equated hour) are added to the equated lecture hours to determine total equated hours.
- Lecture hours (one lecture hour = 1.0 equated hour)

3D Policies and procedures[2] exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Nondiscrimination:
Black Hawk College does not discriminate in its education programs and activities on the basis of race, color, creed, national or ethnic origin, religion, sex, pregnancy, childbirth and related medical conditions, marital status, medical condition, genetic information, service in the uniformed services, political activities and affiliations, age, disability, sexual orientation, gender identity, veteran status, or any other consideration made unlawful by federal, state, or local laws. Specifically, Title IX/SaVE requires the College not to discriminate on the basis of gender/sex in its education programs and activities. Gender/sex harassment, including gender/sex violence, is a form of prohibited gender/sex discrimination.

The college’s non-discrimination statement/policy can be found on the college website and within the following documents:
- College Student Handbook: pages 48-49
- College Catalog, page 11.

3E Policies, procedures, and practices[3] that affect the rights, responsibilities, safety, privacy, and dignity of program faculty[4] and staff are written, disseminated, and applied consistently and equitably.
The college faculty collective bargaining agreement and college Faculty Handbook are the primary means of ensuring that policies are applied equitably for faculty and staff. An example of the faculty tenure and promotion policies, which are applied to all faculty equitably, is outlined in section 4E.
Policies, procedures, and practices exist for handling complaints[1] that fall outside the realm of due process[2], including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program. The program has policies in place that provide a mechanism for community members, prospective students, and enrolled students to complain to either or both the program or to CAPTE as a whole. These are outlined below and are found in the Program Policy and Procedures manual, page 14. The PTA Student Handbook lists the link to CAPTE on the bottom of the table of contents page. The program website also is another avenue to provide information on the complaint process. The Program Director would keep a file of any complaints brought against the program to the institution or to CAPTE.

<table>
<thead>
<tr>
<th>Policy</th>
<th>We welcome input from our supporting communities in our effort to enhance Black Hawk College’s Physical Therapist Assistant Program. Any community member may provide comments or critique BHC’s PTA program and the program’s current students or graduates.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>· The following statement is located on the PTA program’s website homepage; Comments must be submitted to in writing and signed by the author and sent to the PTA Program Director. <a href="https://www.bhc.edu/program/physical-therapist-assistant-aas/">https://www.bhc.edu/program/physical-therapist-assistant-aas/</a></td>
</tr>
<tr>
<td>Policy</td>
<td>Prospective and enrolled students in the PTA program are able to contact CAPTE regarding any concerns or complaints</td>
</tr>
</tbody>
</table>
3G  Program specific policies and procedures are compatible with institutional policies and with applicable law.[3]

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

**Admissions Policies.** To be accepted into the PTA program, the student must follow specific criteria instituted. 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. Admission procedures are outlined in 5A.

**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. Academic standards and due process can be found in the PTA Student Handbook.

**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. Clinical education policies are outlined in the PTA Student Handbook and the Clinical Instructors’ Handbook.
Administration reviews the Program Policies and Procedures manual and the PTA Student Handbook, which have been approved.

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

3H1 maintenance of accurate information, easily accessible[4] to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;

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

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

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

3H5 coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.[5]

As evidenced in the Program Director’s job description, he is responsible for maintaining compliance with accreditation policies and procedures:

Responsibilities:
1. The Director of the PTA program shall be responsible to the department Chair for the management of the PTA program which includes but not limited to: communication, program faculty development, student advising and recruitment, program assessment and planning.
2. Conforms to all Board policies and provisions found in the current faculty contract agreement.
3. Communicates with Department Chair regarding the program’s budget management
4. Facilitate the purchase of the program’s instructional needs and secure repair and maintenance needs
5. Submits accreditation reports, including but not limited to the Annual Accreditation Report (which contains student outcome data), annual fees in a timely manner. Ensures all compliances with the CAPTE standards and directly responsible for facilitating the program's on-going and formal assessment plan*
7. Provide the college and CAPTE regarding any substantial changes within the PTA program
8. Ensures the program remains in compliance with accreditation Standards and is responsible, should the program fall out of compliance, facilitate the program regaining Accreditation compliance within 2 years from date of non-compliance.
9. Hold and document regular formal and informal program meetings with core and adjunct faculty relevant to on-going management of the program’s needs
10. Maintain on-going and active Advisory Board participation in the PTA program.
11. Assist with program and department promotion and recruitment activities
12. Counsel students upon entry and throughout the program while adhering to all FERPA and student privacy guidelines
13. Participate in college committees, as needed
14. Works with the ACCE in the management of the clinical education requirements of the program

An example of adherence to established policies and procedures include the submission of the Annual Accreditation Report and yearly fees, which has occurred in a timely manner every year.

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

REQUIRED ELEMENTS:

Individual Academic Faculty[1]

4A Each core faculty[2] member, including the program director and clinical education coordinator, has contemporary expertise[3] in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content are licensed or regulated in any United States jurisdiction as a PT or PTA.

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

4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time[1] (or equivalent) post-licensure clinical experience in physical therapy

Larry Gillund, the program director, had two years of full time clinical experience prior to his appointment at Black Hawk College in 1994. Since that time, he has maintained contemporary clinical practice on a part time, weekly basis. He has maintained that part time status for 25 years.

Dianne Abels, ACCE, had six years of full time clinical practice, followed by seven years of part time practice, prior to her appointment at Black Hawk College in 2005. Since that time, she has maintained contemporary clinical practice on a part time, weekly basis since 2005.

4C Each core faculty member has a record of institutional or professional service[2].

Both core faculty members have an exemplary service record as it relates to Black Hawk College and the PTA program. All faculty above instructor rank are expected to serve on college-wide committees and serve their department, the college, and students with responsibilities outside of the classroom. Specific faculty rank guidelines are found in the Faculty Handbook, pages 010b.
Both Larry Gillund and Dianne Abels have served and continue to serve the college extensively since their employment began. Both have served on numerous college committees and the Faculty Senate. Dianne has been the Allied Health Department’s Chairperson and currently serves as Co-Chair. Annually, they both are active participants in college and program recruiting activities such as Health Career Days for high school students and College Night. See the core faculty curriculum vitae (Appendix 42) for all institutional and professional service summaries. Within the PTA program, both core faculty coordinate an annual 5K run on campus which raises scholarship funds for program students. This current year’s race, In November, raised $10,500 which is utilized for student scholarships and to provide funds for each class to buy licensing examination review books. Since 2012, the proceeds from the race used for scholarships have totaled over $43,000. The PTA program faculty also pick a donation recipient every October and coordinate a student fundraiser to provide a gift from the program. This year, the fundraiser provided an area nursing home the money to purchase a new scale that would allow safer resident use and access.

4D Each associated[3] faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Many guest lecturers are utilized within the PTA program as a method to share their areas of contemporary expertise with students. Usually these guests provide a topic or lab session related to their specific areas of practice. Examples of this include a licensed speech pathologist, a therapist who practices in pediatrics, an aquatic therapy clinician, and therapists who are certified orthopedic and manual therapists.

- Melanie Neulieb-Zimmerman, PTA, LMT: lab assistant for PTA 207 (Massage); 16 contact hours; maintains contemporary practice as a PTA, LMT, as well as equestrian massage
- Maryann Tyler, CCC/SLP; guest lecturer for PTA 209 (Therapeutic Exercise II); 2 contact hours; maintains contemporary practice as a speech pathologist
- Tara Ferencik, CPO; guest lecturer for PTA 209 (Therapeutic Exercise II); 3 contact hours; certified prosthetist/orthotist
- Ann Seaberg, PT; guest lecturer for PTA 209 (Therapeutic Exercise II); 3 contact hours; credentialed as an Early Intervention Evaluator/provider for the state of Illinois
- Jordan Gillund, PT, DPT, OCS; guest lecturer for PTA 290 (Seminar); 2 contact hours for instruction in joint mobilization; lab assistant for PTA 202 (Physical Rehabilitation Techniques)
- Robyn Edwards, PTA; guest lecturer PTA 290 (Seminar); 2 contact hours for instruction in trigger point therapy
- Nettie Nice-Fogel, PTA; guest lecturer PTA 290 (Seminar); 2 contact hours for instruction in aquatic therapy
- Tim Block, ATC, PTA; guest lecturer PTA 290 (Seminar); 2 contact hours for instruction in athletic taping and McConnell taping
- Doug Price, PTA; guest lecturer PTA 290 (Seminar); 2 contact hours for instruction in advanced treatment techniques for shoulder and spine
- Charles B; former patient with a spinal cord injury; 3 contact hours for instruction in his personal experiences and rehabilitation

Two associated faculty members each teach one course as the primary instructor for that course in the program. Please refer to the Associated Faculty Detail Section for information regarding these two faculty members.

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

At the time a faculty member is hired by the College, he or she is awarded an initial academic rank commensurate with his or her level of training and experience. Over time, a faculty member may be promoted in rank as he or she grows professionally and as the level of his or her contributions as described above improve in quality and quantity.
The academic ranks are defined in the Faculty Handbook, (pages 010b) and the duties and responsibilities associated with each academic rank are listed immediately following the definition of each rank. With promotion in academic rank, there is a corresponding increase in duties and responsibilities and in the level of competence expected in the performance of those duties and responsibilities.

To achieve tenure status, non-tenured faculty members are evaluated each year by the Department Chair (or designee) and the immediate supervisor who is not a member of the bargaining unit. For faculty members in the final probationary year, this evaluation shall take place prior to the meeting at which the tenured members of their instructional unit will make a tenure recommendation about them. This recommendation is made to the immediate supervisor who is not a member of the bargaining unit. The immediate supervisor completes the one-page “tenure recommendation” form and forwards this recommendation to the Chief Academic Officer. A copy of the form is also sent to the faculty member. The Chief Academic Officer makes a recommendation to the College President regarding tenure status for each probationary faculty member. The President prepares a recommendation for the Board of Trustees.

These guidelines and procedures cover all full-time faculty. They provide a statement of the purpose of academic rank; criteria for judgments regarding rank; a definition of each rank with a descriptive list of responsibilities by rank; and guidelines regarding the ways in which faculty members may earn the quality points necessary to qualify for consideration for promotion in academic rank. In order to be promoted in academic rank once a faculty member receives tenure, they will undergo a formal evaluation process by the department chair or designee, and the immediate supervisor not a member of the bargaining unit. The following is a description of the five areas which are used to determine promotion in rank.

Academic Rank System:
The system of academic rank at Black Hawk College exists for the purpose of encouraging, recognizing, and rewarding those faculty members who excel in fulfilling their responsibilities to their students, to their departments, to the College as a whole, and to the larger community. While there is
neither a perfect method nor a perfect instrument for measuring the relative concept of excellence, judgments about these matters can be based on the extent to which a faculty member meets or exceeds the legitimate expectations that the institution has of him or her. These expectations may be divided into a number of specific categories:

1. **Instructional Responsibilities.** All faculty members are responsible for creating an appropriate learning environment. Faculty members with classroom responsibilities are expected to encourage learning by preparing appropriate syllabi; by developing lectures, discussions, and other presentations and activities to enhance the students’ educational experiences; by developing and executing appropriate methods of evaluating the students’ performance; by working with the library to maintain materials appropriate to their courses; and by developing, securing, and maintaining the equipment and other instructional materials essential to the presentation of the classroom material. Additionally, other faculty members have responsibility for creating an appropriate learning environment in library and counseling situations.

2. **Responsibilities to Students Outside of the Classroom.** All faculty members are also expected to serve students outside of the classroom. They must be available to students on a regular basis. Additionally, they may recruit and advise students and perhaps assist with student activities.

3. **Professional Development.** All faculty members are expected to continue to grow professionally throughout their careers in ways that will serve not only their own professional interests but those of the department and the College as well. They may do so in a variety of ways, such as taking additional coursework; reading journals, books, and other professional materials; attending conferences and workshops; belonging to professional organizations, maintaining professional licenses, working in the private sector, or responding in other ways to the priorities of the department or the program area. Faculty members may also contribute to the development of their respective areas of specialization by doing research in those areas.

4. **Responsibilities to the Department.** Each faculty member is expected to play an active role within his or her department, by attending department meetings, participating in the evaluation and redesign of existing courses
and in the evaluation and design of new courses; contributing to the
development of class schedules; and serving on departmental committees
as appropriate and for tenured faculty by participating in the evaluations of
colleagues for tenure and promotion.

5. Responsibilities to the College. All faculty members are expected to
contribute to the growth and development of the College as a whole, and to
promote the values of the institution including its commitment to quality,
accessibility, service, flexibility, and teamwork. They may do so, for
example, by serving on College committees, by representing the College at
professional meetings; and by serving the interests of the College in the
larger community. These contributions may take the form of active service
on boards of directors, advisory committees, service clubs, civic
organizations, or by being part of community-oriented activities that
promote educational opportunity.

Examples of faculty development activities which that have been based on
the needs of the faculty and for program improvement are as follows:

● The Program Director has attended three Self Study Workshops (CSM in
  Indianapolis 2015, Heartland Community College sponsored APTA SSW for

● The ACCE has had Department Chair training for Black Hawk College which
  has been a big asset for program planning and securing additional resources
  for the program. Attended Self-Study Workshops in 2016 & 2017 (Heartland
  Community College & CSM in San Antonio; attended several sessions related
to PTA education: Professionalism in PTA Education: Help Students Get
  Hired Instead of Fired & Looking Forward: Models for Contemporary PTA
  Education

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

The Program Director formally evaluates all adjunct instructors per the
program’s policy, using the college’s adjunct faculty evaluation form, for the
first two years of the adjunct teacher’s course responsibilities. This is a
program policy, found on page 6 of the Policies and Procedures Manual. The
two associated faculty members who teach courses in the program are also in constant contact with the Program Director and identify supplies needs. Guest lecturers are evaluated after each encounter by the program’s students to ensure students were engaged and the topic(s) were informative and useful to them. This is primarily a tool used in PTA 290 Clinical Seminar which is located in the program’s fourth semester.

Program Director[1]

4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:
- a minimum of a master’s degree;
- holds a current license/certification to practice as a PT or PTA in any United States jurisdiction;
- a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.]

The Program Director holds two Master of Science degrees, one in physical therapy and one in Health Science (see CV). He has been licensed in Iowa since 1992 and in Illinois since 1994. He started working full time in 1992 with pediatric clients prior to beginning at Black Hawk College in 1994. Since that time he has continued to work on a weekly basis in a variety of settings besides pediatric. These include, but are not limited home care (across the lifespan) outpatient, in-patient, and long-term care facilities. The last two years his area of concentration has been in the skilled and the long term care settings. Cumulatively, the Director’s part time clinical experiences
would be equivalent to well over 10 years of full time clinical experience. The ability to work outside of the college has resulted in accumulating valuable clinical experiences in multiple areas to which he is able to incorporate into class lecture and lab experiences for the student. He strongly believes that it is critical for the core faculty to continue to work as therapist. This enables him and the ACCE to address changes in practice habits as well as being current with today’s billing and documentation practices. It has also been a great resource to identify the possible need for equipment expansion. We believe our outcomes exemplify that we are very successful in preparing our students for the ever changing physical therapy environment.

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 holds a lifetime teaching license for the State of Iowa, K-12, and taught one year Life Science in a middle school setting. For four years prior to employment at BHC, he taught a Physiology course for students through Drake University and the Area Education Agency II, located in Des Moines and Johnston Iowa, respectively.

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 course workshops, as well as numerous continuing education courses sponsored and hosted by Black Hawk College, in the area of modality training.

The faculty development opportunities provided by Black Hawk College and attended by the Program Director over the years include instruction in student assessment and evaluation, curriculum delivery, course evaluation procedures, and classroom enhancement opportunities. Growth in administration and management have occurred with each year of experience obtained as the director with full support from the College’s administration.

His 23 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. He is responsible for the program budget and monitors the efficient utilization of funds for program delivery sensitive to the college’s financial situation.
The Program Director has been a very stable part of Black Hawk College 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.

**4H** The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

The program director has been the director for the last 23 years and has had only two Academic Coordinators of Clinical Education in that time period. The current ACCE, Dianne Abels, has held the position for the last 12 years. The continuity of faculty has enabled the programs communication channels, both formal and informal, to progress and improve seamlessly. Areas needing improvement are recognized early and allow the program director to provide effective and accountable responses. The program has developed and maintained the respect of the college as a whole, the community, enrolled students, graduates and employers.

Mechanisms in place to ensure effective and ongoing communication between the program director several key college departments are outlined as follows.

**Advising/Student Services:** The Program Director and ACCE meet annually (fall) with the advising department. The Director and ACCE provide a program overview, including the application and admissions process. This is a great opportunity for the members of the advising department to ask questions and clear up any misinformation or misconceptions that may have occurred over the year due to department staffing changes. Nan Reddy is an advisor specifically designated for Allied Health programs, this has been a great help as well with communication.

**General Education/Sciences:** The biology department, primarily the Department Chair, do not meet formally but communicate regularly. Most often the PTA Program Director and biology department consult on such matters as courses being transferred in from students applying to be in the program. The biology courses being considered for our equivalent may be presented to the biology Department Chair for further clarification on whether the course is equivalent to our required science course in the curriculum plan.
Admissions: No formal policy or procedure has been in place to meet with the admissions department. The College’s Registrar and the Director communicate somewhat frequently via phone or email. The Director has found the Registrar and admissions department to be very accommodating and timely with all program and student issues. Historically, students have had very few concerns with the admissions department expressed to the PTA core faculty.

Library: The Director of Library Services meets with the members of the Allied Health Department annually, either in the fall or spring. The Director has been nothing but easily accessible and helpful to the program should any questions arise.

Continue on here...

Clinical Education Coordinator

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

The Black Hawk College Academic Coordinator of Clinical Education for the Physical Therapist Assistant Program is Dianne Abels. Dianne has over 25 years of clinical practice experience. She graduated from Des Moines University in 1992 with a Master’s of Science in Physical Therapy and is licensed to practice in both Illinois (License # 070-007212) and Iowa (License # 03915). She currently maintains contemporary practice on a weekly basis in skilled nursing and inpatient rehabilitation settings. In this current practice, she also provides training in back care and transfer techniques to new nursing staff members.

Dianne came to the college full time as the program ACCE in 2005. Prior to that, she served in an adjunct instructor for the program since 1994, teaching both full semester courses or providing guest lectures/labs within a course. Coming into this position, she served as Lead Physical Therapist for four years at a local hospital, supervising a staff of 12 within the PT department. As a lead therapist, she was actively involved in hospital
committees including back safety training, CARF accreditation preparation, and assisted in hosting continuing education seminars. She also served as Center Coordinator of Clinical Education in the hospital therapy department for the ten years prior to her appointment to Black Hawk College. Within her years working full time as a clinician, she mentored students as a clinical instructor for both PT and PTA students in both outpatient and inpatient rehabilitation settings. Dianne is also an APTA Credentialed Clinical Instructor.

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

Dianne Abels implements a very successful clinical education program providing the depth and breadth of clinical experiences required for all students to be placed into the requisite variety of clinical education sites and clinical education hours required for graduation. There are four courses within the curriculum which involve clinical internships, all of which are taught and coordinated by Dianne. In addition to ongoing successful clinical assignments for 100% of the students, there are two methods in place for formal assessment in evaluating Dianne’s performance as program ACCE. A resource survey is administered to clinical faculty on a biennial basis. The ACCE is rated on items such as communication, timeliness, and accessibility. The last two resource surveys were administered in 2014 and 2016. The threshold for ACCE performance is that 100% of clinical faculty will rate the ACCE performance on all benchmarks as a weighted average of equal or greater than 4.0 on a 5.0 scale. Levels of achievement for the last two surveys administered include the following:

2016: Weighted average on ACCE evaluation for all performance dimensions including communication, accessibility, and timeliness was greater than 4.5

2014: Weighted average on ACCE evaluation for all performance dimensions including communication, accessibility, and timeliness was greater than 4.3

See Appendix XXXXXXX for specific resource survey evaluation criteria.
Students also are involved in evaluating aspects of the ACCE’s performance. Following each Practicum or clinical experience, students evaluate communication timeliness in addressing their needs as well as the ACCE’s effectiveness in contacting clinical faculty via a phone call and/or site visit during their clinical experience. The expected level of achievement: 100% of students will strongly agree or agree that that communication, progress checks, and feedback from the ACCE during clinical rotations was timely and thorough in responding to their needs or those of their clinical instructor.

Levels of achievement for the last two years for all surveys administered include the following:

2017: 100% of students strongly agreed or agreed that communication, progress checks, and feedback from the ACCE during clinical rotations was timely and thorough in responding to their needs or those of their clinical instructor.

2016: 100% of students strongly agreed or agreed that communication, progress checks, and feedback from the ACCE during clinical rotations was timely and thorough in responding to their needs or those of their clinical instructor.

See Appendix XXXXXX for the specific student clinical evaluation form.

The program Advisory Board is another key tool that provides more of an informal feedback for ACCE performance. Most members of the board are clinical instructors or serve as Center Coordinators of Clinical Education. Feedback is obtained at each meeting regarding clinical faculty needs and suggestions for improvement in the clinical education program.

There are a variety of mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty, and students. Communication vehicles include the learning management system, telephone, site visits, text, email, mailings, student meetings during office hours, the CPI, the clinical education handbook, the annual clinical instructor luncheon, and a hard copy of risk management and course materials. Specifically, the responsibilities of the clinical education faculty are outlined in the Clinical Instruction Handbook,
which is given to all sites via email (or a hard copy mailed to the site, if requested). The handbook includes the roles and responsibilities of the CCCE and CI in clinical education. When new sites are being developed, the ACCE provides the Clinical Instruction Handbook as a reference tool, and discusses the evaluations and required CPI training with the clinical coordinator.

The timing of communication related to clinical education to the core faculty, clinical education sites, clinical education faculty and students in ongoing. Communication regarding clinical education is a crucial and ongoing process with the core faculty. The ACCE and program director meet on a regular basis formally and informally. Topics discussed include clinical placements, clinical site availability, and student performance during all experiences. The program director is aware of site visits completed by the ACCE, as well as if any issues or problems have occurred. Performance outcomes of all students via the evaluation tools is also discussed with the program director during and following each clinical experience.

Communication with clinical education sites and faculty occurs continuously throughout the year. In order to determine clinical site availability, and as previously mentioned, a commitment letter is mailed out in March of each year to all current contracted sites. Dates for rotations for the current year Practicum II (December) and following year Practicum I (May), Clinical I and II (May -August) rotations are included. The forms may be returned via fax, email, or U.S mail with a suggested return date of April 30. Included with the commitment form sent out in early March, the ACCE includes a “Save the Date” letter indicating when the annual Clinical Instructors’ Luncheon will be held. Email and phone calls are utilized for communication with clinical sites/faculty regarding student placements, questions regarding a particular site’s experiences offered, immunization/student record requirements etc. Student placement for the December Practicum II rotation is finalized by mid-September, with an email confirmation as well as a letter sent to the CCCE. Placements for spring and summer (Practicum I, Clinical I, and Clinical II) are confirmed to the site also via an email and letter sent by December 1 of each year.

Prior to the start of a Practicum or clinical experience, required student health/immunization records and background check results are emailed to the CCCE or designated facility contact person after receiving student permission. A student information packet is mailed to the CCCE/CI one month prior to the start date. This packet includes a letter and student information form. This form is filled out by students and includes contact information, summary of previous experiences, goals.
for the experiences, and description of the student’s self-identified strengths and areas for improvement. The program Evaluation tool (paper) is included for the Practicum I and II experiences, as well as a return envelope. A “Quick Reference” form is included which lists the skills in which students have had education and training. For the final two rotations (Clinical Internship I and Clinical internship II), the instructions for logging in to the CPI and common troubleshooting tips for the CPI are included in the packets.

The ACCE has an effective working relationship with the clinical education faculty. She maintains constant contact via email, phone calls, and site visits throughout the year. Many of the clinical faculty are former graduates of the program, and with all of her years of clinical experience, the ACCE has developed successful clinical partnerships throughout the local area. The ACCE is comfortable in discussing potential clinical instructor/student pairings with the CCCE of a site based on the student’s strengths and weaknesses. Communication during Practicums and Clinical Internships occurs via phone call and email checks as well as site visits. The ACCE’s policy is to visit students at all new clinical sites if geographically feasible, and to visit all students at least once during their final two internships (Clinical Internship I, Clinical Internship II). All clinical faculty are informed that they may contact the ACCE at any time during a student’s clinical experience. The ACCE checks email and office voice mail at a minimum on a daily basis. Following all rotations, a thank you email is sent to all clinical instructors and a certificate for continuing education credit is included per the guidelines of the state in which the clinical site is located. Every spring, a Clinical Instructors’ Luncheon is hosted by the ACCE and Program Director. During this event, a topic is presented regarding clinical education and any program updates are discussed.

Communication to students regarding the program clinical education program begins when the student enters the program. The student handbook outlines all clinical education policies and requirements and is reviewed with students, who must sign an agreement form. Prior to selection of clinical sites, students are given a list of available spots and the type of experiences offered. Students are required to be placed in a variety of settings, including outpatient, inpatient acute, and skilled care/rehab. They are also informed on the process and guidelines for requesting new clinical sites. A file on each clinical site is maintained and available for students to access to assist them in clinical planning. They are encouraged to meet with the ACCE if they have any questions or are unsure of their selections. The ACCE informs students once placement for a rotation is finalized. Any additional site
requirements such as drug tests or specific immunization records is also communicated to students. Clinical site selection sheets are given to students in August at the start of the fall semester. First-year students are required to pick their top three choices for the Practicum I experiences. Second year students are required to submit their top three choices for each of the following rotations: Practicum II, Clinical Internship I, and Clinical Internship II. This ensures that students will meet all program requirements for type of setting and variety of experiences.

The Practicum I and Practicum II courses within the program are taught by the ACCE. These classes meet weekly during the semester and culminate with the student completing the final two weeks in their assigned clinical experiences. Clinical Internship I and Clinical Internship II are the final, full-time experiences in the program. A weekly email is sent to all students, in addition to the communication that occurs via phone calls and site visits. During all rotations, students have all of the ACCE’s contact information in addition to her cell phone number. The ACCE checks email and office voicemails on a daily basis in order to maintain timely and thorough communication with students. During all clinical experiences, students are given contact information for the ACCE including cell phone number, and are encouraged to contact the ACCE at any time if any problems or issues arise. The program has been very fortunate in having very few students in the past several years who have required counseling during a clinical experience. However, per program policy, the ACCE will meet with students and/or clinical instructors should issues arise or if a plan of action needs to be implemented during a clinical rotation. Students are informed of this via the student handbook and this is also part of the Clinical Instruction Handbook given to all program sites.

Academic regulations and requirements must be met in order for a student to participate in clinical education. If a student receives an ”X” for a course that is a prerequisite for a clinical course, they are not allowed to participate in the clinical experience. Any student who receives an “X” in a clinical course will have one chance to remediate, as per program due process guidelines. The ACCE makes the final determination for clinical site placement for all students. Guidelines are communicated to students including the right of the ACCE to assign clinical sites based on variety of experiences chosen in relation to the student’s prior clinical placement.
Students are assigned to their first setting in Practicum I. When the student returns after their first year in the program, they are required to pick a clinical setting for Practicum II that is different than where they were placed for Practicum I. (i.e. student went to an outpatient facility for Practicum I, so needs to choose inpatient or skilled care for Practicum II). At that time, they also choose their final two clinical rotations. Students will typically do one Practicum and one Clinical experience in outpatient settings, with the other Practicum and Clinical rotations completed in skilled care or inpatient rehab, and acute care.

As mentioned previously, communication related to supervision and student feedback is ongoing and a vital part of clinical education. All students are encouraged to contact the ACCE if any issues arise or if adequate supervision is not being provided. The practicum courses help prepare students for the expectations for clinical education, including training in seeking out feedback from their CI, as well as education regarding the required supervision requirements for students in the clinic setting. If the level of supervision is determined to not be legal (i.e. no physical therapist is onsite), a student experience may be cancelled if the clinical site is unable to provide adequate and legal supervision of the student. The Record of Student Clinical Supervision (Appendix XXXX) is utilized for both phone and on-site student contact during clinical experiences. This provides feedback from both the student and clinical instructor in identifying needs either may have and in checking student progress and progression during the experience. This is another method used to determine whether feedback and supervision provided is adequate. Students evaluate clinical faculty and the clinical experience at the end of each Practicum and Clinical rotation. Part of this evaluation includes assessing the amount and type of feedback provided as well as the supervision provided during the experience.

If a student is having difficulty in the clinic, the student may need more direct and guided supervision than what may currently be provided. A phone call would be placed to the site’s clinical education faculty members to set up a phone or in-person meeting. Student areas of difficulty and needed improvement would then be identified. The ACCE would suggest the use of a weekly formative feedback tool in order to provide more ongoing, consistent performance improvement guidelines for the student. An appropriate supervision level would be discussed taking into account the setting, student level of experience, and current performance. Weekly phone or in-person meetings would be set up with the ACCE, CI, student, and CCCE. The program also has a Student Action/Remediation Plan for improvement of clinical performance. This can also be utilized for provision of adequate supervision and feedback for the student.
Collective Academic Faculty

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

Black Hawk College follows the CAPTE standards for all core faculty and are written into the job descriptions for a Program Director and ACCE.

Collectively, the two full-time faculty members have accumulated over 35 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. As narrated in sections 4G & 4I, both core faculty have a wide range of past and current clinical experience.

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 50 years of combined clinical and educational experience. Over the years, both have obtained additional training in course assessment, curriculum delivery, and student learning outcomes.

The associated faculty instructors bring to the program expertise in clinical practice. This includes full time employment in settings such as work conditioning, outpatient, and home health. The lab assistant for PTA 202 is an Orthopedic Certified Specialist. All have experience as Clinical Instructors, and one is a graduate of the PTA program. As mentioned previously in section 4D, the program utilizes a wide variety of clinicians who serve as guest lecturers in their areas of expertise. Refer to the Curriculum Vitae for review of core and adjunct faculty.
The blend of core and associated faculty continues to be a strength of the program, as evidenced by historically meeting and/or exceeding the program’s mission, goals, and student outcomes.

4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

The process for which the academic regulations specific to the program are developed, adopted, and evaluated by core faculty are found in the Program’s Policy and Procedures Manual (Appendix XXX). An annual review of the policies and procedures takes place formally by the core faculty. It is considered the Program Director’s responsibility to ensure that the program undergoes a review of policies and procedures and is held to standards of accountability that academic regulations are upheld. Any violation would be addressed by the Program Director, with determination of a proper due process mechanism developed and implemented. This may have to include college administration involvement with the Executive Dean.

4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Program policies and procedures related to curriculum development, review, and revision can be found on page in the Program’s Policy and Procedure Manual. (Appendix XX). Core faculty have a formal Program Development Day held every spring with the curriculum being reviewed at this time as well as informally throughout the year.

Other sources of input regarding the curriculum plan include:
- Employers of graduates via employer surveys (biennial)
- Advisory Board annual meetings to review program/curriculum
- 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
50

- Graduate student surveys by the program (annually)

4N The collective core faculty are responsible for assuring that students are safe and ready to progress to clinical education.

The Program follows CAPTE curriculum guidelines in regard to a skills list for which students are expected to be competent and safe. The lab skills checklist is used as a guide for students and faculty in regard to completion of a skill in a manner that is safe and competent for clinical practice. 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.

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. All courses with lab components have practicals which have three areas of focus: safety, data collection/interventions, and professional behaviors and communication. Minimum scores within each of these three areas of focus must be achieved for the student to pass the practical, with students required to achieve all points on safety components. Lab practicals are based on the skill level expectations of the student. Each semester and each technical class within each semester builds upon the previously-learned knowledge and skills.

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 gait 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 integrated or full time clinical experiences, students must successfully complete each course for the semester by obtaining a
grade of at least C (75%). This includes receiving passing scores in 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. If a student fails to demonstrate a minimum of 75% level of competence on an examination or lab practical on their third and last attempt, they are given an X for the class and will not be able to continue matriculating with their cohort. The student will be allowed to return the next semester that specific course is offered in that they received an X for and return with the program’s didactic and clinical experiences with a new cohort. A student who receives two course X’s in the program (from the same course or two different courses), will not be able to return to the program.

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 final lab practical is case-based, and includes a variety of patient diagnoses and pathological conditions. These include orthopedic, neurological, and cardiac, and also are representative of patients across the continuum of care and lifespan. Students are expected to demonstrate competency for all skills and must pass all components to begin final clinical rotations.

Students are made aware of the specific skills in which they will be tested for competency in via lecture/lab objectives in the course syllabi as well as the Lab Skills Checklist. Clinical faculty are given a list of specific skills for which students have obtained competency in the Clinical Instructors Handbook (Practicum I and II “Quick Reference” forms), as well as in the CPI grading tool.

Clinical Education Faculty[1]

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

The PTA program has full commitment from clinical sites to meet minimum Standards for competency. All clinical faculty are either licensed physical therapists or licensed physical therapist assistants, who also have a licensed physical therapist as their supervisor. Program expectations for clinical competence and clinical teaching effectiveness include the following:

Responsibilities for the CI:

Prior to the start of the clinical experience:
1. Review the student information packet and specific practicum or clinical objectives
2. Review this Black Hawk College PTA Program Clinical Education Handbook
3. Review and be familiar with the list of student skills covered prior to the practicum experiences
4. Familiarize yourself with the evaluation tools utilized for the assigned student experience (Practicum I or II student evaluation, Clinical Performance Instrument for Clinical I and II)
5. Complete online training for the use of the PTA Clinical Performance Instrument (CPI) if you have not already trained and used this evaluation tool.
6. Log in to CPI web once you have completed the training to verify personal information and ensure access.
7. Plan for student orientation to the facility and staff, including departmental policies and procedures. A clinical site may already have a student orientation checklist for a CI; otherwise, a sample suggested checklist is provided in Appendix C.
8. Discuss with the student (via student contacting CI through email or phone call 2-3 weeks prior to the start date) anticipated clinical working hours, parking, dress code, and answer any other questions the student may have prior to the first day of the clinical.

During the first few days of the clinical experience:
1. Provide orientation to the student as outlined above
2. Discuss goals of the experience based on the course syllabi objectives
3. Facilitate student participation and patient interaction

Ongoing throughout the clinical experience:
1. Provide planned learning experience with appropriate student supervision and direction
2. Ensure that a PT is on-site at all times for students during patient care activities.
3. Make other arrangements for the student if a PT will not be on-site for a day (i.e. observation of other healthcare disciplines, have the student spend time in another clinic location for the day, reading assignments etc.)
4. Observe, supervise, and guide the student during patient care, allowing reasonable independence depending on the student practicum or clinical rotation level.
5. Serve as role model for professional behaviors.
6. Provide the student with ongoing feedback, progress toward goals, and constructive criticism of their performance
7. Provide suggestions for improvement to the student and monitor student implementation of the provided feedback
8. Introduce students to patients, and ensure that patients consent to allow student involvement in their treatment.
9. Offer the student exposure to other experiences outside of direct physical therapy patient care, as appropriate and available. This may include but is not limited to: exposure to other healthcare disciplines, surgery observation, educational/in service sessions etc.
10. Provide opportunity with your student to discuss patients, problems, concerns, or questions.
11. Assist students to make up any clinical hours missed during the rotation (examples include working longer days or weekend hours provided appropriate supervision is maintained for the student)
12. Arrange time to complete student evaluations (final evaluation only for Practicum I and II, midterm and final evaluations for the PTA CPI for Clinical I and II.)
13. Formally review the evaluation with the student, sign the evaluations completed for the student and review/sign the student self-evaluations.
14. Contact the ACCE immediately at any time if there are any questions or
concerns regarding a student’s safety, behavior, or skills.
15. Contact the ACCE at any time with questions or concerns regarding the CPI or with assessing student performance.

In addition to the expectations listed above, the program provides the following clinical instructor characteristics, which are recommended for sites in considering staff to serve as clinical instructors:

- Have one year of clinical experience
- Have a desire to work with students
- Be a licensed PT or PTA
- Willing to collaborate with the student to plan effective learning experiences
- Provides constructive, frequent and timely feedback to students
- Serves as a role model in providing ethical, legal, and compassionate patient care
- Communicates expectations to the student
- Be approachable and flexible in planning student experiences
- Encourages student growth through positive interactions with all facility personnel.
- Communicates regularly and effectively with the student and Academic Coordinator of Clinical Education (ACCE) at Black Hawk College

These expectations are communicated to clinical sites via the Clinical Instructors Handbook which is provided to all program sites and made available to all clinical faculty. In addition, when new clinical sites/contracts are being set up, the ACCE reviews the expectations with the site CCCE. In addition to oversight by the CCCE and the ACCE, student evaluations following each clinical rotation are a key source utilized in order to monitor that the expectations are met and that clinical teaching is effective. Students rate their clinical instructors on items such as provision of orientation to the facility, communication, feedback, and teaching effectiveness. Another method of monitoring is the use of a biennial resource survey sent to all clinical sites. While the focus of this survey is to assess the Black Hawk College PTA Program’s clinical education program, part of the survey is a self-assessment for clinical instructors to complete regarding their teaching effectiveness.

During the summer of 2017, 44 Clinical Instructors were assigned and responsible for students completing Clinical Internship I and Clinical Internship II. There were
32 PTAs and 12 PTs. Over one-third (34%) were APTA credentialed instructors. Of the PTAs who served as clinical instructors, 19% held an American Physical Therapy Association Recognition for Advanced Proficiency for the PTA, in the areas of Aquatic, Geriatric, Musculoskeletal, and Neuromuscular. The range of years of experience for CI’s ranged from 3 to 36 years, with the majority (77%) having over 5 years of experience.

The expected program outcomes for teaching effectiveness of clinical instructors include the following: 100% of students will strongly agree or agree that their CI was effective in clinical teaching including the following:

- Provided constructive & timely feedback
- Available when help was needed and to answer questions
- Explained new or unfamiliar procedures
- Serves as a professional, positive role model in physical therapy practice
- Recognized individual learning needs to enhance student skills
- Demonstrated open communication and exchange of ideas and opinions
- Encouraged problem solving in patient care situations

The biennial Program Resource Survey offers clinical instructors the ability to self-assess their own teaching effectiveness. The ratings are completed for all of the items as listed above. If any specific areas are ranked low by a clinical instructor, the ACCE would complete a follow up email to survey respondents to determine the need for any assistance, education, or training regarding clinical education. For example, in 2013, some survey respondents felt they were not prepared to recognize when students had specific learning needs. At the next program Clinical Instructors’ Luncheon, the topic of the in service presented by the ACCE was “The Challenging Student in the Clinic.”

The Program uses two clinical performance assessment tools. Clinical instructors utilize the Practicum Evaluation Tool for the Practicum I and Practicum II clinical experiences. The tool has defined, objective grading criteria. The tool does not require any formal training for use by clinical faculty, but is reviewed each year during the annual Clinical Instructors’ Luncheon. There are also instructions provided in the Clinical Instructors’ Handbook in the “Quick Reference” forms provided for Practicum I and II. Clinical sites are informed to contact the ACCE at any time if they
have any questions regarding the use of the evaluation forms. For the full time clinical experiences, CPI Web is the evaluation tool. Clinical instructors assigned to a student must complete and pass the training before using it for a student evaluation.

In order to ensure that evaluation tools are being correctly completed, the ACCE monitors and reviews all student evaluations once received. This include midterm evaluations completed on the CPI. Emphasis is placed on making sure that the comments and examples given by the CI match the defined score (Practicum Evaluation Tool) or anchor grade (CPI) that was given on each performance criteria. A call would be placed to the clinical instructor if discrepancies are apparent. Students are required to complete a self-evaluation using the Practicum Evaluation Tool for their first two rotations, and complete the self-evaluation on the CPI. This is another method to compare scores and determine correct interpretation and understanding of the evaluation tools.

In the past year, twenty one students graduated from the PTA program and each completed two full time clinical rotations, each of which was 240 hours. Students complete an evaluation following the completion of each internship, and this includes assessment of their clinical instructors for teaching effectiveness as mentioned above.

For 2017, 100% of students strongly agreed or agreed that their CI was effective in clinical teaching, by strongly agreeing or agreeing that they:

- Provided constructive and timely feedback
- Available when help was needed and to answer questions
- Explained new or unfamiliar procedures
- Serves as a professional, positive role model in physical therapy practice
- Recognized individual learning needs to enhance student skills
- Demonstrated open communication and exchange of ideas and opinions
- Encouraged problem solving in patient care situations

The Resource Survey, which is a biennial survey conducted by the program, has a section for CI’s to self-assess their performance in clinical instruction. One question includes the CI assessing their consistency in rating student performance. The program expectations include the following: 100% of clinical Instructors will strongly agree or agree that they are consistent in rating student performance.
Results of the 2016 Resource Survey include the following:

100% of clinical Instructors strongly agreed or agreed that they are consistent in rating student performance.

Since the APTA CPI is only used for these full time clinical rotations, all students are evaluated by clinical instructors who have completed and passed the CPI training. This helps to ensure that they have a good understanding of the correct use of the tool.

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

**REQUIRED ELEMENTS:**

5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity[1] of the student body.

**Evidence of Compliance:**
The program has set the class size at 24 students from the initial admitting class in 1992. The size was determined at the time of the initial accreditation process by the number of available clinical sites submitted in the original SSR and the number of core faculty (FTE). The policy has not changed since 1992. The program core faculty, advisory committee recommendations, informal input from employers in the area and employment history of graduates have confirmed the class size of 24 is still appropriate.
Students have a variety of methods by which to become aware of the PTA program offered at Black Hawk College and the process used for selection. The college hosts career fairs, college fairs, and health career days 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 its 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 a two-step process. First, students obtain a PTA application from either the website or by requesting one via email or phone. If they meet the minimum requirements, they submit their application starting as early as September 1. Applications are reviewed in January. The second step is an interview with a member of the PTA selection committee.

The applicant is evaluated in the following areas:

<table>
<thead>
<tr>
<th>Selection Criteria</th>
<th>Max. Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Interview with the selection committee member</td>
<td>50 points</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>9 points</td>
</tr>
<tr>
<td>Personal References</td>
<td>3 points</td>
</tr>
<tr>
<td>Personal Statement and Spontaneous Writing Sample</td>
<td>5 points</td>
</tr>
<tr>
<td>Maximum Points Available</td>
<td>67 points</td>
</tr>
</tbody>
</table>

Prospective students are made aware of the criteria used to make the selection via the program’s website. After the interview and application evaluation has taken place, selection is made for the upcoming fall class. The top twenty four candidates are selected, as well as establishing an alternate list of high scoring candidates, should any student decline acceptance.

Students are encouraged to apply early, as the large number and high quality of the applicants makes it a very competitive process. This application process is outlined in the PTA website and in the PTA section of the Black Hawk College catalog and online catalog. The admission process adheres to the Black Hawk College non-discrimination policy as outlined in the Affirmative Action statement located in the BHC catalog and PTA application.
Due to the history of the program’s demographics (AAR’s), we have a large number of students applying and being accepted to the program who have accumulated many courses and/or degrees from other institutions. Therefore, transcripts are reviewed by the registrar’s office and by the program director for initial consideration. Courses that are substituted must demonstrate content that meets or exceeds our general education courses outlined in the PTA A.A.S. degree. A course substitution form is generated and the final approval before courses are officially substituted must be signed off by the Allied Health Department Chair and the Dean for which the program is under. Course substitution policy and procedures are located in the program policies and procedures manual.

The program strongly supports the recruitment and acceptance of a diverse student. The participation with specific high school events that are solely inclusive for a diverse population has been in place for over 15 years. In addition, the selection committee has demonstrated the ability to select qualified students representing many cultures and races for each class. (AAR’s)

5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Compliance:
- The catalog is found on the College website under the Academics tab. Recruitment and admission information as well as admissions criteria is provided by the PTA program faculty as well as the advisory department of the college. It is also located on the PTA program’s website. Transfer of credit is explained on page 16 of the catalog found on the college’s website.
- Academic calendars are found on the college’s website under the Academics tab, as well as hard copies are available to the students at many locations throughout the college. The hard copies are available to the student and faculty a minimum of 4 weeks prior to the open enrollment period for the upcoming semester.
• Grading policies for the college are located in the College catalog, page 36. The college policy states that grading systems are identified in the course syllabi by the instructor and will represent the grading systems approved by the college. The PTA program identifies the specific grading system used in the program in the PTA Student Handbook, page 6.
• The program does not identify technical standards necessary for admission to the program.
• Matriculation rates, results from last three years, along with the application process leading to acceptance is found in the PTA program’s website.
• Student outcomes, including graduation, employment, and pass rates are found in the PTA program’s website. Data is relevant to the last three years results.
• Program estimated costs, including tuition, books and fees, are located on the Program’s website and updated whenever the college makes global changes to tuition and fees.
• Financial aid information is provided to students through the College’s website, Admissions tab, the College’s Student Handbook, pp 10-13. No enrollment agreements are used.
• Students that would like to file a complaint to CAPTE are informed of the process in the front of the PTA Student Handbook on the Table of Contents page.
• Job and career information is available through the PTA program’s website which include a link to APTA’s overview of the physical therapist assistant. The program’s website also includes a link to the information provided in the United States Bureau of Labor and Statistics website. The college also provides a free service to the current students, alumni, employers and community members through the Career College Network. The site provides matriculating students and alumni to search for recent job listings relevant to their career path/degree.
• Availability of student services are found in multiple locations such as the College website under the Student Resources tab, College catalog, pp 30-34, the College’s Student Handbook, pp 17-28, the PTA program syllabi and the PTA Student Handbook, pages 12-13.
• Health and professional liability insurance information including recommendations and requirements, is found in the program’s Student Handbook, pages 4 & 27.
• PTA program curriculum information, including the required general education and technical courses along with their descriptions, can be found in the
College catalog, p 177 and the Program webpage, under the Suggested Courses tab.

- The clinical education program information is provided to students in the PTA Student Handbook, pages 19-40, as well as the Clinical Instructor’s Handbook. More specific information is provided to students within each clinical course syllabus. Students are informed of travel expectations for clinical rotations in the Student Handbook, page 41.

- Information regarding required health and immunization requirements is sent as part of the orientation packet they receive in the summer prior to the start of their first semester. Students are also informed in detail in the PTA 100 class (Introduction to PTA). The PTA Program Student Handbook also provides this information and the required deadlines for submission.

- The PTA Program Handbook also provides information regarding potential additional clinical record requirements, page 27, as do the specific clinical course syllabi. The ACCE informs students once placement to a clinical site is confirmed, if additional records are required.

- Policies for access to and responsibility for the cost of emergency services for off-campus student experiences are provided to students in the PTA Program Student Handbook, page 28.

5C Enrollment agreements[1], if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

The program does not use enrollment agreements.

5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of Compliance:

Policies, procedures, and practices related to the aforementioned criteria are written and provided to students and applied consistently and equitably. The College website hosts the College Catalog and BHC Student Handbook, available 24/7. The
students are introduced to the PTA Program Handbook and the clinical education handbook in the first semester.

An example of equitable application of policy relates to the need for all risk management to be completed before students are allowed to participate in clinical rotations. This includes a physical examination, HIPAA, a criminal background check, blood borne pathogen training, and submission of proof of required immunizations. To protect student privacy, all student files and records, including immunizations and background check information are kept in the core faculty’s offices in locked filing cabinet.

5E Policies, procedures, and practices related to student retention,[1] student progression[2] and dismissal through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Compliance:

Policies, procedures, and practices related to student retention, progression, and dismissal are clearly communicated to students in written form and are applied equitably. Students are oriented to the Program Student Handbook with particular attention focused on pages 5 -10, which outlines Program policy on student performance, progress/counseling, withdrawal, probation, dismissal, student appeal, and readmission.

Students receive regular reports of academic performance through the learning management system. Faculty post grades in a timely manner, which is described in the Program’s policies and procedures manual. It requires students to have access to their grades/progress via the Canvas portal found on the MyBlackhawk website. Grades are confidential and protected by username and password access only. Faculty update the College Canvas system regularly with grades throughout the semester, as well as return graded work with review and comments as needed.

Communication regarding clinical performance occurs through the Practicum Evaluation Tool, the CPI, the clinical instructor and the ACCE. Clinical rotation
grading and criteria are outlined in the PTA Student Handbook as well as in each specific clinical course syllabi. Students are informed that grades are determined by the ACCE, and how grades are calculated. The Practicum Evaluation Tool is used as the grading tool by the clinical instructor for these first two clinical experiences (Practicum I and Practicum II). These rotations are two weeks in length, so a final evaluation is completed by the clinical instructor and reviewed with the student. Clinical instructors are contacted by the ACCE either via phone call after the first week of the Practicum I and II rotations or with a site visit. This is done to determine student performance and progress. The APTA’s Clinical Performance Instrument is utilized for the two final, full time rotations. These are each full time rotations and are six weeks in length. Clinical instructors complete a midterm evaluation at 3 weeks and final evaluation at the end of the experience. The ACCE is actively involved in contacting the clinical faculty with midterm checks and on-site visits for all students. If a clinical instructor contacts the ACCE regarding concerns of student unsatisfactory performance, this may result in the development of a Student Action/Remediation Plan for Improvement of Clinical Performance. The ACCE, CI, student, and CCCE (if applicable) would then meet to develop a plan for improvement. Continued meetings would be arranged to provide feedback to the student regarding progress toward the conditions set forth in the action plan.

Both College and Program resources are available to support student retention. Students in the program are informed of the college resources in regards to support and retention. The college catalog and the program’s Student Handbook describe the availability of resources found in the college’s Student Success Center and the services provided there which include, but not limited to, the following: Tutoring, Counseling, Financial Aid, Disability Accommodations and TRiO services.

Students with academic issues are quickly counseled regarding their specific situation by faculty and the Program Director. Academic due process outlined in the program’s Student Handbook allows for the student to remediate an examination and/or lab practical up to three times. If a student fails to demonstrate a minimum of 75% level of competence on an examination or lab practical on their third and last attempt, they are given an X for the class and will not be able to continue matriculating with their cohort. The student will be allowed to return the next semester that specific course is offered in that they received an X for and return with the program’s didactic and clinical experiences with a new cohort. A student who receives two course X’s in the program (from the same course or two different courses), will not be able to return to the program.
Policies regarding failure of a clinical rotation are also outlined in the PTA Student Handbook and clinical course syllabi. Students are made aware of the evaluation tool grading thresholds which must be met in order to receive a passing clinical grade as well as reasons a clinical rotation may be terminated. If a student does not receive a passing grade on a Practicum or clinical rotation (A, B, or C), an X grade is given for the course. Students receiving a grade of X in the clinical portion of Practicum I or II or in either of the full-time clinical internships will have one opportunity to remediate. The student is required to meet with the ACCE who will identify an appropriate form of remediation. The student will be required to re-enroll in the class to be eligible for remediation and a new clinical affiliation will be set up for the student. If the student fails the remediation, the student will be terminated from the program for failure to meet the expected level of course achievement. This may include but is not limited to failure to follow policies of clinic site; demonstrate professional behaviors; utilize appropriate methods of communication; accept criticism; get along with peers, patients, clinical staff and instructors and/or demonstrate safety as a PTA student.

College wide retention practices support a diverse student population. One key component of this is the TRIO Program. The TRIO Program assists low-income, first generation college students, and students with disabilities to succeed and persist to graduation. Students with needs for academic accommodations based on a documented disability are assisted as well to provide testing accommodations such as extra time on written exams. Advisors, tape recorders, and quiet testing environments are also provided. Another program offered at BHC is the Perkins Career Program Support Services designed for single parents, nontraditional occupation students (interested in a career not traditional for your gender), students receiving or eligible for PELL and students with limited English proficiency. All of these programs support students of various backgrounds with tools to aid in their academic success.

Retention policies and practices appear to be very effective. The two-year graduation rate for the program is 92%.
Standard 6: The program has a comprehensive curriculum plan.

REQUIRED ELEMENTS:

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

Evidence of Compliance;

The program utilizes a variety of means to incorporate contemporary practice methods into the curriculum. Textbooks in the technical program classes are, per APTA’s textbook surveys for PT and PTA programs, representative of the most widely adopted textbooks used in both and incorporate the latest addition. Also, the textbooks used in the program are the most often referenced in practice examinations found in a variety of authors and in the PEAT online practice examinations. We contribute our NPTE pass rate outcomes to validate the textbooks and curriculum plan utilized are effective. Syllabi for the technical classes, focused on clinical practice skills, contain learning objectives that are congruent with the APTA’s practice guidelines outlined in the “Guide to Physical Therapist Practice” and the “Preferred Practice Patterns” resources. Core documents including the Standards of Ethical Conduct and Values Based Behaviors for the PTA are also central to the program’s curriculum. We gather information from Student Evaluation of Clinical Experience and the Current Student Survey to determine any need for acquiring additional
resources to enhance the students clinical skills (question #12 on and question #2 respectively).

The core program faculty, contributing part-time and guest lecturers represent contemporary practice knowledge/skills as they are all practicing clinicians in a variety of areas. They are providing students information of current knowledge and skills needed today in outpatient, inpatient, home care, and skilled care that cover the lifespan. The advisory committee is also representative of many clinical environments and are contributors to the programs evaluation of curriculum for today's changing healthcare environment.

Our students today are all connected to a vast amount of information found amongst the course lecture objectives and/or assignments involve the students being able to research, interpret, and incorporate the latest information available and to verify the author’s validity.

6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based[3].

The general education curriculum plan for the program has been designed to represent a sequential learning methodology and contains the necessary knowledge to successfully complete the technical program classes. The College Program Level Outcomes for Associates Degrees regarding the general education and core curriculum can be found on page 6 of the Black Hawk College Student Handbook. It represents 5 strands in the areas of Science, Math, Speech/Writing, Humanities/Fine Arts and the final area which contains the Appreciation of Human Continuity, Diversity, and Change through the Study of Behavioral Sciences. Each Strand lists specific student learning objectives. Each student who is awarded an Associate in Applied Science degree must complete the total number of credit hours as required by his/her particular curriculum. The general education component of any AAS curriculum is a minimum of 15 credit hours. The categories for the AAS degree general education requirements are listed on pages 50 & 51 of the BHC Catalog.
The general education courses required for the program are listed below along with the area the Strand for which they represent.

Prerequisite coursework: BIOL. 100, 101, or 105; CHEM 101 or 110

Strand A: Sciences:
- BIOL 105 Medical Terminology 3 cr. hrs.
- BIOL 145 Anatomy & Physiology I 4 cr. hrs.
- BIOL 146 Anatomy & Physiology II 4 cr. hrs.

Strand B: Social Sciences
- PSYC 101 Introduction to Psychology 3 cr. hrs.
- PSYCH 200 Human Growth & Development 3 cr. hrs.

Strand C: Speech/Writing
- ENG 101 Composition I 3 cr. hrs.
- SPEC 114 Interpersonal Communication 3 cr. hrs.
- SPEC 175 Intercultural Communication 3 cr. hrs.

Strand D,E: Humanities, Fine Arts, Social and Behavioral Sciences
- MATH 108 Statistics for General Education 3 cr. hrs.
or
- CS 100 Introduction to Computers 3 cr. hrs.

The program’s required general education courses are selected based on their course content, which provides the student the knowledge necessary to integrate and apply to the technical core classes. Each general education class in the program’s overall curriculum plan is further described in the narrative of section 7A in this document.

6C The curriculum plan includes a description of the curriculum model[4] and the educational principles on which it is built.

The PTA curriculum plan is a comprehensive, integrated two year design where content is sequenced from simple to complex, and offers sequential and concurrent learning experiences throughout. It uses the theory of Cognitive Learning and Cumulative Learning. Students must recognize, know, remember and transfer knowledge to real-life applications. In addition, learning occurs as the student develops high levels skills that build successively on lower skills. Students use collaborative and cooperative learning techniques in laboratories, which allow them to use their strengths and the strengths of others to facilitate learning.
The PTA curriculum is designed to facilitate a sequential learning process by which the PTA classes build on and expand upon the outcomes of previously taken coursework and cumulate in successful performances in clinical internships. Through the ongoing program assessment policy and procedures, the sequential learning model has been in place since 1994 and has proven to be effective in meeting and exceeding the program goals and student outcomes every year.

The placement, sequencing, and expectations of the integrated and full time clinical experiences are an example of how previously-learned knowledge, concepts, interventions, data collection, and communication represent sequential learning necessary to successfully matriculate through didactic and clinical experiences. This is evidenced by the differences in the evaluation tools and items graded for Practicum I and II, Appendix XXXXX as well as the the grading expectation differences with the CPI for the two terminal full time experiences (Clinical Internship I & II).

An example of how courses taken earlier set the groundwork for student achievement of objectives in a clinical course include the following:

In PTA 208 (Therapeutic Exercise I), therapeutic exercise is a focus of the course. Course objective #6 is as follows:

- Design home exercise program using case studies with appropriate and safe exercises, sets, and repetitions to achieve goals for the patient set by the physical therapist.

In the students’ final clinical rotation, PTA 281 (Clinical Internship II), course objective #8 is as follows:

- Educate patients, family members, and caregivers effectively to address identified needs, including home instructions and home exercise programs.

Syllabi for all integrated and full time clinical courses (PTA 204, PTA 214, PTA 280, and PTA 281, Appendix XXXX) also clearly delineate course objectives which represent the level of student expectations as they progress through the program.

The following is the program’s technical course sequence:

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PTA 100</td>
<td>Introduction to PTA</td>
<td>3 cr. hrs.</td>
</tr>
<tr>
<td></td>
<td>PTA 113</td>
<td>Physical Agents I</td>
<td>2 cr. hrs.</td>
</tr>
<tr>
<td>Semester 1</td>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>----------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Semester 2</td>
<td>PTA 201</td>
<td>Kinesiology</td>
<td>4 cr. hrs.</td>
</tr>
<tr>
<td>Semester 2</td>
<td>PTA 202</td>
<td>Rehabilitation Techniques</td>
<td>3 cr. hrs.</td>
</tr>
<tr>
<td>Semester 2</td>
<td>PTA 203</td>
<td>Pathology</td>
<td>2 cr. hrs.</td>
</tr>
<tr>
<td>Semester 2</td>
<td>PTA 204</td>
<td>Practicum I</td>
<td>3 cr. hrs.</td>
</tr>
<tr>
<td>Semester 2</td>
<td>PTA 207</td>
<td>Massage</td>
<td>1 cr. hr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 3</td>
<td>PTA 205</td>
<td>Rehabilitation Science</td>
<td>2 cr. hrs.</td>
</tr>
<tr>
<td>Semester 3</td>
<td>PTA 208</td>
<td>Therapeutic Exercise I</td>
<td>4 cr. hrs.</td>
</tr>
<tr>
<td>Semester 3</td>
<td>PTA 214</td>
<td>Practicum II</td>
<td>3 cr. hrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 4</td>
<td>PTA 209</td>
<td>Therapeutic Exercise II</td>
<td>4 cr. hrs.</td>
</tr>
<tr>
<td>Semester 4</td>
<td>PTA 213</td>
<td>Physical Agents II</td>
<td>3 cr. hrs.</td>
</tr>
<tr>
<td>Semester 4</td>
<td>PTA 290</td>
<td>Seminar</td>
<td>2 cr. hrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 5</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 5</td>
<td>PTA 281</td>
<td>Clinical Internship I</td>
<td>4 cr. hrs.</td>
</tr>
<tr>
<td>Semester 5</td>
<td>PTA 291</td>
<td>Clinical Internship II</td>
<td>4 cr. hrs.</td>
</tr>
</tbody>
</table>

**6D** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

The program is a two year integrated model based upon the required completion of both the general education courses and the program’s didactic technical courses. Both are required to be completed by the end of the students fourth semester. The fifth and final semester, encompasses two six week full time clinical internships. The general education classes in the program represent the necessary strands required to complete the degree in Associate Applied Science per Illinois Community College Board, (6B). The general education courses incorporated in achieving the A.A.S. degree as a physical therapist assistant, are arranged sequentially per our program’s curriculum plan and methodology, and are critical for students to be
proficient in to be able to successfully understand and apply theories, principles and perform clinical skills of physical therapy that are taught throughout the program’s technical courses, both didactic and clinical experiences. The following does represent a curriculum plan that is organized, sequential and includes both integrated and full time clinical experiences. Our integrated clinicals are PTA 204, Practicum I, and PTA 214, Practicum II, which are two week clinicals, 30 clock hours each week and are in Semester 2 and Semester 3. Students are required to complete 60 hours of offsite clinical experiences prior to starting their third and fourth semesters respectively. The two terminal clinical experiences, PTA 280 and PTA 281 take place during the 5th semester.

<table>
<thead>
<tr>
<th>First Year</th>
<th>Cr. Hrs.</th>
<th>Second Year</th>
<th>Cr.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
<td></td>
<td><strong>Fall</strong></td>
<td></td>
</tr>
<tr>
<td>Biol 145 Anatomy &amp; Physiology</td>
<td>4</td>
<td>Psyc 200 Human Growth and Development</td>
<td>3</td>
</tr>
<tr>
<td>Biol 150 Medical Terminology</td>
<td>3</td>
<td>PTA 205 Physical Therapy Science</td>
<td>2</td>
</tr>
<tr>
<td>Eng 101 Composition I</td>
<td>3</td>
<td>PTA 208 Therapeutic Exercise I</td>
<td>3</td>
</tr>
<tr>
<td>PTA 100 Introduction to PTA</td>
<td>3</td>
<td>PTA 214 Practicum II</td>
<td>3</td>
</tr>
<tr>
<td>PTA 113 Physical Agents I</td>
<td>2</td>
<td>Spec 114 Interpersonal Communication</td>
<td>3</td>
</tr>
<tr>
<td>PTA 202 Kinesiology</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td></td>
<td><strong>Spring</strong></td>
<td></td>
</tr>
<tr>
<td>Biol 146 Anatomy &amp; Physiology II</td>
<td>4</td>
<td>Math 108 Statistics for General Education</td>
<td>3</td>
</tr>
<tr>
<td>Psyc 101 Intro. To Psychology</td>
<td>3</td>
<td>CS 100 Introduction to Computers</td>
<td>3</td>
</tr>
<tr>
<td>PTA 202 Physical Rehabilitative Techniques</td>
<td>4</td>
<td>PTA 209 Therapeutic Exercise II</td>
<td>4</td>
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<tr>
<td>PTA 203 Pathology</td>
<td>2</td>
<td>PTA 213 Physical Agents II</td>
<td>3</td>
</tr>
<tr>
<td>PTA 204 Practicum I</td>
<td>3</td>
<td>PTA 290 Clinical Seminar</td>
<td></td>
</tr>
<tr>
<td>PTA 207 Massage</td>
<td>1</td>
<td>Spec 175 Intercultural Communication</td>
<td>3</td>
</tr>
<tr>
<td><strong>Summer</strong></td>
<td></td>
<td><strong>Summer</strong></td>
<td></td>
</tr>
<tr>
<td>PTA 280 Clinical Internship I</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA 281 Clinical Internship II</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minimum total hours required for degree 72

A student is able to complete the program in five semesters, however, many of our students enter the technical component of the program with already completing most, if not all, the general education courses and may be only taking the technical
courses over the five semesters. This allows 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 rationale for how didactic and clinical education experiences are integrated is based on the curriculum plan. Initial courses in the program focus on knowledge; understanding the field of physical therapy, the role of the physical therapist assistant, and legal and ethical practice expectations. These initial courses in the first year also focus on skills acquisition for data collection and introductory treatment competencies. Lab practicals have three areas of focus: safety, data collection/interventions, and professional behaviors and communication. These are based on the skill level expectations of the student. Each semester and each technical class within each semester builds upon the previously-learned knowledge and skills.

Technical courses leading up to the first clinical experience (Practicum I) includes the following:

PTA 100: (Introduction to PTA) Study of the historical background, professional aspects, and legal aspects of physical therapy practice. Overview of quality insurance and reimbursement issues, communication, the role of the PT and PTA in various settings and introduction to patient care.

PTA 113: (Physical Agents I): Study of indications, contraindications, and application of cold and heat such as hot/cold packs, paraffin, ice, whirlpool, contrast baths, ultrasound and phonophoresis.

PTA 201: (Kinesiology): Study of analysis of force systems and mechanics of muscle action, and production of movement, and concepts pertinent to the delivery of physical therapy interventions.

PTA 202: Study of the basic rehabilitative techniques, such as goniometric measuring, patient positioning, range of motion exercises, transfer techniques, gait training, and chest physical therapy.

PTA 204: Practice of routine physical therapy assisting procedures with selected patients in a closely supervised clinical setting. The didactic portion of this course concentrates on professionalism, ethics, communication, and clinical behaviors.

PTA 207: Study of scientific principles, indications, contraindications, and application of a variety of massage techniques.

At the end of the second semester, students complete a two week, 60 hour clinical experience. The focus of this clinical rotation is on student safety, professionalism,
communication, and performance of data collection and basic patient care interventions. The evaluation tool utilized for this clinical experience reflects all areas of practice and skills which students have gained competency in with the didactic classes in the first year. (See Practicum I evaluation tool)

During the third semester, courses build upon the first year. PTA 205 (Physical Therapy Science) utilized the same textbook as PTA 203 (Pathology) but now the focus is more on specific orthopedic, cardiac, and neurological conditions commonly seen in contemporary practice in all patient populations, from pediatric to geriatric. Student learning objectives in PTA 205 have a strong relationship with those found in PTA 208 (Therapeutic Exercise I) orthopedically and cardiac and then again a strong relationship with PTA 209 (Therapeutic Exercise II, 4th semester) for neurological. We feel this represents a sequential and collaborative curriculum model. Practicum II (PTA 214) is an integrated course in which the classroom focus is on documentation and reimbursement. Lab practicals in the third semester begin to integrate documentation skills and expectations, along with the continued focus on safety, professional behaviors and communication, as well as treatment interventions and data collection. However, student expectations for practicals represent a higher learning domain. An example of how we assess this is in the safety criteria, with the expectation that students are able to modify treatment based on the patient’s clinical signs and symptoms. See Appendix XXXXX for examples.

Technical courses leading up to the second clinical experience (Practicum I) includes the following:

PTA 205: Discussion and study of medical conditions commonly referred for physical therapy such as cerebral palsy, multiple sclerosis, cerebrovascular accident, peripheral nerve injury, arthritis, and others.
PTA 208: Study of fundamentals of exercise, theory and practice of basic exercises for individual muscles or muscle groups, breathing and postural exercises, manual muscle testing, and gait analysis.
PTA 214: The student will practice previously learned skills in a clinical setting, supervised by a physical therapist. The student will produce documentation pertinent to patient caseload at clinic site but not limited to daily notes, progress notes, and Medicare documentation.

At the end of the third semester, students complete another two week, 60 hour clinical experience. The focus of this clinical rotation continues to be on student safety, professionalism, communication, and performance of data collection and basic patient care interventions. In addition, documentation, reading and interpreting
medical records, and selection/planning of treatment interventions based on the PT’s plan of care is emphasized.

During the final semester of didactic instruction, courses continue to build upon the previous three semesters. PTA 209 (Therapeutic Exercise II) class objectives integrate higher learning expectations representative of previously learned technical and didactic skills. The course focuses on neurological treatment techniques for commonly seen conditions in contemporary practice, in all patient populations from pediatric to geriatric. Previously learned orthopedic and cardiac conditions are integrated in case studies and lab practicals. Lab practicals integrate safety with higher expectations, such as students responding to an emergency situation with their patient. PTA 213 (Physical Agents II) introduces application principles and theories in regard to the implementation and justification of the use of electrical stimulation agents for orthopedic and neurological conditions. Students have to demonstrate the accumulation of all semesters’ knowledge and skills via lab practicals and a comprehensive final lab skills practical prior to PTA 290 (Seminar) is a course focusing on specialized topics and treatment techniques in the field of physical therapy. This final semester of didactic work is essential in preparing students for their final semester of full time clinical rotations.

PTA 209: Study of scientific principles of therapeutic exercise, including use of equipment, orthopedic and neurological exercise techniques.
PTA 213: Study of physiological effects, indications, contraindications, and application of a variety of modalities including electrical stimulation devices, traction, and mechanical compression.
PTA 290: Includes a series of topics presented by experts in special techniques and subjects related to physical therapy.

In the fifth and final semester, students complete two full time clinical rotations, for a total of 480 hours. All didactic coursework have been completed prior to these assignments. Students have demonstrated competency in all aspects of physical therapy treatment, and at this time have all the necessary preparation to successfully complete these final two experiences. Our clinical outcomes have met or exceeded our expected levels of achievement on the Clinical Performance Instrument since use of the CPI for final clinical rotations was implemented in 2011.

As evidenced above, the curriculum is organized from more simple to complex. Course learning objectives start out from lower taxonomy domains and work in to
higher order objectives, both within a course and with each subsequent semester. Similarly, clinical expectations and evaluations become more complex as the skills and knowledge of the student progresses.

Based on the ongoing assessment of program outcomes, the general organization, sequencing, and integration of courses has been successful for over 23 years. There have been minor adjustments in the past, typically related to moving or expanding content. As many of our students have completed the general education requirements prior to starting the program, the integrated curriculum allows our non-traditional students to work and spend quality time with their families while completing their studies. This also allows students to concentrate on the core, technical classes they need to be a successful PTA graduate. Student achievements have consistently exceeded CAPTE minimum expectations.

6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations. Refer to course syllabi found in Appendix XXXXX/WinZip file?

6F The curriculum plan includes learning objectives[1] stated in behavioral terms that reflect the breadth and depth[2] of the course content and describe the level of student performance expected. Instructional objectives reflect the taxonomy for learning through utilizing the three domains--cognitive, psychomotor, and affective, and their educational progression (remembering, understanding, applying, analyzing, evaluating, and creating). Each class has overall course objectives and specific lecture/lab objectives that reflect the level of learning and student expected outcomes for that particular level or time they have been in the program. Objectives are measurable and accountable through a variety of methods; i.e. examinations, quizzes, lab practicals, individual and small group assignments, and clinical grading tools. As part of the Program Development Day held by core faculty annually, curriculum planning and development includes a review of course syllabi and objectives.
The first example of how expected competencies progress from introduction of core knowledge to in didactic courses to demonstration of performance in the academic setting to the expected level of clinical performance is with the knowledge, safety, and skills required in working with a patient with Parkinson’s Disease. In PTA 100 (Introduction to PTA) a first semester course, the learning objective is as follows:

- Lecture Obj. #5 under pediatric & neuromuscular conditions: List and generally describe the common neurological conditions including CVA, TBI, SCI, MS, Parkinson’s and ALS.

In PTA 205 (Physical Therapy Science, 3rd semester), a course objective related to Parkinson’s disease is as follows:

- Lecture Obj. #3 related to Parkinson’s Disease: Describe the characteristics of Parkinson’s Disease as it pertains to gait deviations

In PTA 209, the course focus is on treatment of patients with neurological conditions. The following objective exemplifies a higher level of student progression:

- Lecture Obj. #5 under Parkinson’s disease & miscellaneous neurological conditions: Integrate principles of PNF, NDT, balance and coordination treatment techniques given specific patient deficits with Parkinson’s disease.

Finally, for the final full time clinical rotation (PTA 281, Clinical Internship II), expected outcomes on the CPI are reflective of an entry level graduate:

- Obj. #7: Demonstrate competence in performing treatment interventions and data collection skills necessary to carry out the plan of care developed by the physical therapist.

A second example demonstrating progression of objectives for student learning experiences is related to student knowledge of reimbursement/billing for therapy services:

In PTA 100 (Introduction to PTA) a first semester course, the learning objective is as follows:

- Obj. #12: Discuss the reimbursement process in healthcare

The didactic portion of PTA 214 (Practicum II, 3rd semester) covers billing and reimbursement:

- Obj. #4: Determine appropriate, ethical, and legal billing and use of CPT codes given patient treatment scenarios.
• Obj. #7: Classify, compare, and contrast types of health care insurance and payment system differences based on physical therapy practice settings.

For the clinical objectives for PTA 214, since this is an integrated clinical experience, a clinical objective includes the following:

• Obj #11: Participate with guidance from the clinical instructor and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling, and billing for physical therapy services.

Finally, on final full time experiences (PTA 281, Clinical Internship II), the objective is as follows:

• Obj #11: Demonstrate the ability to submit accurate and timely information for billing/patient charges and adhere to all established legal and ethical standards.

6G The curriculum plan includes a variety of effective instructional methods[3] selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

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

Typical classroom presentations include PowerPoint lectures and document camera illustrations. Faculty make use of DVDs, videos via YouTube and with a subscription to International Clinical Educators rehabilitation video series to stimulate the learning process. A “flipped” classroom approach is used at times, having students listen to recorded lectures prior to coming to class, allowing more lab time on the particular topic.

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.
Assignments and worksheets which involve outside of class research are common and require students to utilize resources other than the classroom textbook. This includes an assignment where students must research a social service agency, support group, or other community social program which is assigned to them and then give an in service presentation to the class. 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. Every spring, a collaborative class session with case study discussion and reflection takes place with students from a local DPT program. The program also has access to two different electronic medical record systems for students to practice documentation skills as assignments and as part of lab practicals.

Demonstration of treatment techniques and data collection are most commonly done with students as models. However, the PTA faculty often bring in subjects as guest “patients” 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. During the fourth semester in the program, students are given an assignment in which they must go to a clinic setting and observe treatment of a patient with a neurological diagnosis. This final didactic
semester is also when students have an assignment that involves generating video presentations for faculty to critique.

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. The students have a variety of learning opportunities which ensures that they experience many different types of instructional methods.

6H The curriculum plan includes a variety of effective tests and measures[4] and evaluation processes[5] used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

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 written examinations. 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.
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. Academic standards and due process, which outline the formative and summative methods of the program are found in the Program Student Handbook and reviewed with students during the first semester class of PTA 100. 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 for the course. Typically, each course is divided into several units and exams are given at the end of each unit. Once the content depth, per the curriculum plan, has met goals for the student learning objectives, a student is tested for competency by the appropriate evaluation tool.

For clinical education experiences, the objectives and grading scale used are reviewed with students in the course syllabi. With site visits and phone calls, student progress and achievements are monitored. The Clinical Instructors Handbook is a thorough reference which describes the skills for the practicum experiences and final clinical internships.

For the practicum experiences, students are evaluated using a summative format at the completion of the two-week experience. The Practicum Evaluation Tool is the instrument used for evaluation of student performance, and each has content that reflects the skills and expectations for the student for that integrated experience.

During the final clinical internships, a mid-term (formative assessment) and final evaluation (summative) is completed by the Clinical Instructor using the APTA Clinical Performance Instrument.

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 methods:

- Quizzes
- Examinations
- Lab practicals
- Written assignments
- Observations
- Faculty-student feedback
- Group interactions
- Individual/group presentations

Summative Methods:

- A minimum of 75% achieved in all course performance assessments
- Course examinations that are comprehensive in expectations.

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. During all clinical experiences, the ACCE performs midterm checks via phone calls and emails. Clinical site visits are performed at least once for every student during the full time, final clinical experiences,

61 If the curriculum plan includes courses offered by distance education[6] methods, the program provides evidence[7] that:
The program does not offer any courses by distance learning.

6I1 faculty teaching by distance are effective in the provision of distance education; The program does not offer any courses by distance learning.

6I2 the rigor[1] of the distance education courses is equivalent to that of site-based courses; The program does not offer any courses by distance learning.

6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment; The program does not offer any courses by distance learning.

6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance; The program does not offer any courses by distance learning.

6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance; The program does not offer any courses by distance learning.

6I6 there is a mechanism for maintaining student privacy as appropriate; The program does not offer any courses by distance learning.

6I7 students have been informed of any additional fees related to distance education; and The program does not offer any courses by distance learning.

6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.
6J  The curriculum plan includes clinical education experiences[1] for each student that encompass, but are not limited to:

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

Students are able to select from a variety of clinical sites and types of experience during the integrated and full time rotations. Students understand that they must choose one experience of acute care, one inpatient rehab or skilled care experience, and will have one integrated and one full time outpatient experience. This has proven effective to ensure that students are exposed to a wide variety of settings and patient types. Students will gain experiences which include working with patients who have orthopedic, cardiac, neurological, and general medical/surgical conditions across the lifespan. In this way, they gain treatment experience working with the acute, subacute, and chronic patient populations across of the continuum of care provided in physical therapy.

The ACCE is able to monitor all student experiences by keeping track of choices, meeting with students to discuss choices, and by reviewing student feedback during and after clinical experiences. The ACCE has acquired an expansive knowledge base of the available clinical sites and the types of experiences each one offers. The use of the clinical site information files is another method for students to choose the required variety of clinical experiences. Following each rotation, students provide a list of common diagnoses of patients treated at their particular site, which serves as another method for the ACCE to identify clinical site characteristics. In the last ten years, the following is a list of unique types of experiences students have had experiences in during clinical rotations. Although these sites are unique, they met program expectations of acute care or outpatient rotations:

- University of Iowa: burn unit, medical transplant & trauma units
- Brooke Army Hospital, San Antonio (trauma, amputee unit)
- Therapy Works, LLC, St. Thomas, Virgin Islands
- St. Jude’s Children’s Hospital, Cincinnati, OH
6J2  practice in settings representative of those in which physical therapy is commonly practiced;

Practice settings in which students complete clinical rotations within the program are diverse. We feel very fortunate that we have the range of settings offered to students. Geographically, being located on the border between Iowa and Illinois is a great advantage to the program. With our location, there is not a lot of competition from other schools needing PT or PTA student clinical placements. Students have choices of both large metropolitan and smaller, rural based hospital organizations. Outpatient settings include hospital-based and private practice clinics. Skilled nursing facilities available for student experiences include variations in both size as well as for-profit and non-profit. Home health exposure is available for some of the hospital-based clinical rotations. Experiences that also include a combination of pediatric and adult based patients are also available at two local sites.

As discussed in section 8 narrative, for 2015-2017, 100% of students were able to be placed in the required settings. The ACCE has a check-off system for each student as clinical placements are finalized. At this time, the program is not currently tracking ages of patients. However, we feel all the depth and breadth of our clinical sites provides for experiences for students across the lifespan.

6J3  involvement in interprofessional practice[2]

At hospitals and skilled nursing facilities, students have opportunities for interdisciplinary collaboration for patient care including certified nursing assistants, nursing, occupational therapy and speech therapy staff, social workers, recreational therapists, assistive device vendors, orthotists/prosthetists, and interaction with physicians, hospitalists, and physician assistants. By the time students are on full time clinical rotations, they participate in care plan meetings, pre-op classes for total joint replacements, and wheelchair clinics. Students also observe other healthcare disciplines, and participate in staff education, patient care plans, etc., as deemed appropriate by the supervising physical therapist and clinical instructor.

By the time of graduation, our students have been exposed to a wide variety of experiences which complement their own clinical interests. Student exposure and participation in aspects of clinical practice other than direct patient care is vital to becoming a strong member of the healthcare team.
Students are required to present an in-service presentation for both full time clinical experiences, and encouraged to attend in-service presentations. Students also observe other healthcare disciplines, and participate in staff education, patient care plans, etc., as deemed appropriate by the supervising physical therapist and clinical instructor. At hospitals and skilled nursing facilities, students have opportunities for interdisciplinary collaboration for patient care including certified nursing assistants, nursing, occupational therapy and speech therapy staff, social workers, recreational therapists, assistive device vendors, orthotists/prosthetists, and interaction with physicians, hospitalists, and physician assistants. By the time students are on full time clinical rotations, they participate in care plan meetings, pre-op classes for total joint replacements, and wheelchair clinics. By the time of graduation, our students have been exposed to a wide variety of experiences which complement their own clinical interests.

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

Initial expectations for participation as a member of the PT and PTA team begin during the Practicum I integrated clinical experience. Students are given an assignment which requires that they describe the PT/PTA relationships in that clinic setting. Furthermore, the record of practicum experience, and record of student clinical supervision used by the ACCE for phone calls and site visits during all integrated and full time experiences contains a section for the student to discuss his or her relationship with the clinical instructor and supervising PT. Students evaluate each clinical experience, with one of the items indicating that the student had opportunities to speak with and work with the supervising physical therapist. The CPI evaluation also provides rating for the ability of the student to work as a member of the PT/PTA team.

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

During the Practicum II clinical experience, students must complete an assignment in which they do a self-evaluation of the *Values Based Behaviors for the Physical Therapist Assistant.* A reflection paragraph is written to describe what they learned about themselves and their values during the experience. They then pick three values, and describe a patient care situation or experience they were involved in or witnessed during the experience in which they or another member of the physical
therapy team demonstrated that values-based behavior. The objective for this assignment is as follows:

- Clinical Experience Obj. #1: Identify individual strengths and weaknesses as well as opportunities for individual growth with self-assessment using the Practicum II Self-Evaluation Tool and the Values Based Behaviors Assessment.

During full time clinical rotations, students are required to provide an educational in service on a topic agreed upon by their clinical instructor. This may include an audience of both physical therapy and interdisciplinary members of the healthcare team. Students do a self-evaluation of the presentation and are required to provide handouts to the staff attending as well as to the ACCE. See Appendix XXXX for examples of these assignments. The objective for this is as follows:

- Provide education/instruction to physical therapy team members and/or other members of the healthcare team by conducting an inservice presentation or training session on a physical therapy topic using evidence-based resources.

Both of these examples provide students experiences which lead to the achievement of expected program student outcomes.

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

Accepted students begin the program at the start of the college’s fall semester which is the third full week in August of every year. The program consists of five semesters of coursework, with the final semester being in the summer prior to graduation. This allows the students to complete the program in two calendar years; 101 calendar weeks i.e. August 2017 to August 2019. The final clinical experience finishes on the second Friday of August. Program students compete 600 contact hours of clinical education.

Please see section 6D for the curriculum plan.
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program. The degree obtained by students in the program is the A.A.S; Associates in Applied Science in Physical Therapist Assistant.

Standard 7

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

REQUIRED ELEMENTS:

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

The PTA program contains 29 hours of academic general education courses. The courses are effective in preparing our students for technical coursework. Written communication is covered in English 101 and Medical Terminology, Biology 150. Biological and physical sciences are Anatomy Physiology I and II, Biology 145 and 146 respectively. Students are prepared in behavioral and social sciences, in the following classes: Introduction to Psychology, Psych 101, Human Growth and Development, Psychology 200, Speech 114, Interpersonal Communication Speech 114 and Intercultural Communication, Speech 175.

7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular,
endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.

The BHC Physical Therapist Assistant program includes content and learning experiences outlined in this criterion:

Cardiovascular: The anatomy and physiology of the cardiovascular system is first introduced in BIOL 146 Anatomy & Physiology II, (Semester 2). Diseases and disorders are addressed in PTA 203 Pathology (2nd semester). Signs and symptoms associated with cardiovascular diseases and conditions are also covered in PTA 203. Therapeutic interventions for this system are covered in PTA 208 Therapeutic Exercise I (3rd semester) as students implement aerobic exercise programs and interventions for patients with cardiac conditions, including metabolic equivalent values and other parameters associated with Cardiac Rehab. The impact of drugs on cardiac related disorders is covered in PTA 290 Seminar (4th semester).

Endocrine and Metabolic: The anatomy of endocrine system structures is covered in BIOL 145 (Anatomy & Physiology I). Foundational knowledge about the endocrine system is provided in BIOL 146 Anatomy & Physiology II (2nd semester). Diseases and disorders of the endocrine system are covered in PTA 203 Pathology (2nd semester). The impact of drugs on endocrine related disorders is covered in PTA 290 Seminar (4th semester).

Gastrointestinal: Students are introduced to the gastrointestinal system in both BIOL 145 Anatomy & Physiology I and BIOL 146, Anatomy & Physiology II as well as BIOL 150 Medical Terminology (1st semester). The impact of drugs on gastrointestinal related disorders is covered in PTA 290 Seminar (4th semester).

Genital & Reproductive: Foundational knowledge is provided in BIOL 146 Anatomy & Physiology II (Semester 2) Common conditions, clinical signs and symptoms, prognosis and rehabilitation management involving reproductive health and pregnancy are discussed in PTA 208 (3rd
In this course students are able to discuss the care of patients pre and post-partum, indications and contraindications for exercise during pregnancy and high-risk pregnancy issues. Students learn about sexual dysfunction with spinal cord injury patients in PTA 209 (4th semester).

Hematologic: Students are introduced to hematology in BIOL 146, Anatomy & Physiology II (semester 2), as well as followed by the discussion on the properties of blood. Related conditions are discussed in PTA 205 Pathology (2nd semester) pertaining to hematoma formation in bone healing. The development of thrombi and emboli as well as treatment and treatment implications are covered in PTA 209 (4th semester). The impact of drugs on related disorders is covered in PTA 290 Seminar (4th semester).

Hepatic & Biliary: The liver and gallbladder anatomy and function are introduced in BIOL 146, Anatomy & Physiology II (2nd semester). The impact of drugs on related disorders is covered in PTA 290 Seminar (4th semester).

Immune: Foundational knowledge of the lymphatic and immune system is provided in BIOL 146 Anatomy & Physiology II (2nd semester). In PTA 100, Introduction to Physical Therapy, students engage in infection control practices and discuss the importance of standard precautions and transmission-based precautions. In the 2nd semester, in PTA 203 Pathology, the systemic effects of immunodeficiency is covered as well as the clinical implications of immune system disorders.

Integumentary: During the 1st semester, in BIOL 145 Anatomy and Physiology I, students are introduced to the anatomy and physiological dynamics of the integumentary system. In PTA 100, (1st semester) common integumentary conditions are discussed. Pathology (2nd semester) covers therapeutic interventions related to treating burn patients. Finally, during the 4th semester, both PTA 209 Therapeutic Exercise II, and PTA 290 Seminar cover types of wounds, including pressure ulcers, burns, and their treatment interventions. This also includes collecting data related to wounds, concepts related to wound healing, appropriate dressing and treatment/prevention strategies.
Lymphatic: The lymphatic system is introduced in BIOL 146 Anatomy & Physiology II (Semester 2) as well as in BIOL 150 Medical Terminology (Semester 1). In PTA 207, Massage (2nd semester) the therapeutic principles of lymphatic drainage are discussed. In PTA 213, Physical Agents II (4th semester) students are able to apply the use of compression modalities to treat conditions such as lymphedema.

Musculoskeletal: This system is covered extensively throughout the PTA program, starting in Biology 145, Anatomy and Physiology I, (1st semester) and Kinesiology, (1st semester). And in Pathology PT 203 (2nd semester). The highest expected level of student performance occurs in PTA 208, Therapeutic Exercise I (3rd semester) and in PTA 290, Clinical Seminar, (4th semester). Students demonstrate skills in stretching, manual therapy, postural alignment, joint mobilization and design / implement and ability to modify therapeutic exercise programs as they apply to individuals with impairments in these courses.

Nervous: This system is also covered extensively in the PTA program. Students are introduced to the nervous system in BIOL 145, Anatomy & Physiology (semester 1) and in PTA 201, Kinesiology (1st semester). The changes in cognitive functioning and possible therapeutic interventions is addressed in PTA 205, Physical Therapy Science (3rd semester). The highest expected level of student performance is found in PTA 209, Therapeutic Exercise II, (4th semester) Therapeutic applications are covered, as students implement rehabilitative management for stroke, spinal cord injury, traumatic brain injury and other neurological disorders.

Respiratory: Students are introduced to the respiratory system in BIOL 146 Anatomy and Physiology I, (2nd semester). In PTA 203, Pathology (2nd semester), students describe symptoms of various pulmonary disorders and the management of these diseases. Then in PTA 202, Physical Rehabilitative Techniques (2ndd semester), students learn about the physiologic effects of exercise for aerobic conditioning and postural drainage techniques. The highest expected level of student performance is found in PTA 208, Therapeutic Exercise I (3ed semester), where students must assess when respiratory techniques are appropriate for post-surgical cardiac and pulmonary patients. During the 4th semester in PTA 290, Clinical Seminar, students learn to describe the drugs and their mechanisms and sites of action used to treat respiratory disorders.
Renal & Urologic: Students first learn about the urinary system in BIOL 146, Anatomy & Physiology II (2nd semester). In PTA 208, Therapeutic Exercise I, (3rd semester), students learn about the rehabilitative management of the pelvic floor post pregnancy. In PTA 205, Physical Therapy Science, (3rd semester) students learn to take appropriate action with regard to emergency situations; to include autonomic dysreflexia caused by a blocked catheter or distended bladder.

Common Medical & Surgical Conditions: In PTA 203 Pathology (2nd semester), and PTA 205 Physical Therapy Science (3rd semester) students discuss characteristics associated with diagnoses commonly seen in physical therapy such as fractures, arthritis, as well as multiple orthopedic and neurological conditions. During the 3rd semester, treatment interventions for musculoskeletal conditions is emphasized in PTA 208, Therapeutic Exercise I. Finally, PTA 209, Therapeutic Exercise II (4th semester) covers therapeutic interventions for treatment of neurological disorders.

7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.

The program’s curriculum contains an extensive number of experiences preparing our student to work under the supervision of a physical therapist. The following are examples of meeting this criterion:

PTA 100 Introduction to PTA (1st semester)
Topic: The Profession of Physical Therapy, Roles and Characteristics of the PT and PTA.
Obj #3 Explain the role of the physical therapist assistant to the physical therapist
Obj# 15 Identify the differences between the role of the physical therapist and the physical therapist assistant
Obj# 18 Describe “supervision” as it applies the therapy delivery system in relation to the PT and PTA
Obj# 21 Discuss the role a PTA and PT have on delegation and supervision
Obj# 28 Describe the communication responsibilities/expectations between the PTA and the supervising PT

PTA 207, Therapeutic Massage (2nd semester)
Course objective # 7 Utilize patient case scenarios and the physical therapist’s plan of care to develop and demonstrate a massage treatment intervention using appropriate techniques

PTA 204, Practicum I (2nd semester)
Topic: **Values, Behaviors and Cultural Bias:**
Obj# Provide examples of clinical behaviors that exemplify the following values: altruism, caring and compassion, continuing competence, duty, integrity, PT/PTA collaboration, responsibility, and social responsibility

PTA 205, Physical Therapy Science (3rd semester)
Topic: **Traumatic Brain Injury**
Obj# 5 Describe the communication and appropriate supervision of the PTA and PT in the delivery of physical therapy treatments to head injury patients in the different therapy environments

PTA 208 Therapeutic Exercise I (3rd semester)
**Course Objectives:**
Obj# 2 Utilize case studies to select exercise interventions and exercise parameters that support the physical therapist’s plan of care
Obj#6 Design home exercise programs using case studies with appropriate and safe exercises, sets, and repetitions to achieve goals for the patient set by the physical therapist
Obj# 9 Perform and differentiate selected orthopedic screening tests for peripheral joints as well as cervical and lumbar spine, and distinguish between normal and abnormal patient responses, as well as reporting and verifying results with the supervising therapist
Obj#12 Recognize patient status changes and situations in which physical therapy interventions and data collection should not be provided and the need to report this to the supervising physical therapist
Obj# 15 Integrate knowledge of evidence-based studies in the field of physical therapy and apply this to justify appropriate treatment interventions within the physical therapist’s plan of care for given case studies
Lecture/Lab: Posture & Posture awareness training
Obj# 7 Utilize patient case scenarios to identify and demonstrate ideas given the plan of care and short/long term goals developed by the PT

Lecture/Lab: Cervical & Thoracic Pain and Exercises

Obj# Utilize provided case scenarios to identify and demonstrate treatment given the PT’s plan of care and short/long term goals

PTA 214 Practicum II (3rd semester)

Course Objectives:
Obj# 5 Review physical therapy evaluations and other patient health records to identify precautions, therapy goals, and to determine the plan of care established by the physical therapist
Obj# 6 create short term goals which support the physical therapist’s plan of care and established long term goals

Clinical Experience Objectives:
Obj# 6 Recognize when patient treatment interventions should not be performed due to a change in patient status or condition and report this to the supervising clinical instructor and physical therapist
Obj# 7 Keep the supervising physical therapist and clinical instructor informed of patient progress and when adjustments need to be made with interventions in the physical therapist’s plan of care due to changes in the patient's condition
Obj# 11 Participate with guidance from the CI and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling, and billing for physical therapy services

Lecture: The P.T. Process/ Documentation Responsibilities
Obj# 2 Compare and contrast the documentation responsibilities of the PTA and the PT

Lecture: Documentation Practice
Obj# 8 Write an effective plan demonstrating adherence to documentation guidelines and the plan of care established by the PT

PTA 213, Physical Agents II (4th semester)

Course Objective:
Obj# 17 Demonstrate the ability to modify treatment intervention, assess appropriateness of interventions (including stopping the intervention) and reporting information to the supervising therapist.

Lecture: Traction, Compression
Obj#5 Identify adverse patient responses to treatments and safely assess treatment modifications under the supervision of the physical therapist
PTA 209, Therapeutic Exercise II (4th semester)

**Course Objectives/Learning Outcomes:**
Obj# 4 Create therapeutic treatment interventions including family/caregiver education and training for pediatric case studies and guest patients given the initial evaluation and physical therapist’s plan of care
Obj# 12 Develop home exercise programs using case studies with correct and safe exercises to achieve the goals set by the physical therapist
Obj# 17 Recognize patient status changes and situations in which physical therapy interventions/data collection should not be provided and the need to report this to the CI and supervising physical therapist

Unit 1: Pediatric equipment, case scenarios, lab with kids
Obj# Observe videos of pediatric physical therapy patients with a variety of diagnoses, and discuss in class and small groups what is observed as well as treatment interventions based on the plan of care developed by the PT

Unit 3: Balance control and balance exercises
Obj# 3 Discuss treatment ideas given a case with a patient with balance involvement and the PT plan of care

Unit 3: Coordination and therapy ball exercises
Obj# 8 Discuss and generate treatment ideas for a patient scenario/therapy evaluation, and/or video clip using coordination and therapy ball exercises with the guidance from the PT plan of care

PTA 290, Clinical Seminar (4th semester)

**ST Ambrose University/Black Hawk College Collaboration**
The program has been involved with St. Ambrose’s DPT program, located in Davenport, Iowa, for the last three years in bringing DPT students and PTA students together in their final didactic semester to discuss a variety of legal and ethical situations. The scenarios incorporate skilled nursing, in-patient, outpatient and home care environments that occur in today’s contemporary practice environments. The experience requires both the PT and PTA students to be intermixed and to work in small groups to address each scenario. Per student feedback, following each interaction, both the PT and PTA students felt it was a very beneficial experience. Faculty from both programs have modified the scenarios to continually reflect contemporary practice situations. Faculty also believe it is very helpful for the DPT students to see the quality of the PTA students and have a better understanding of the PTA’s skills and educational background. This unique collaboration was a poster
7D Courses within the curriculum include content designed to prepare program students to:

**Ethics, Values and Responsibilities**

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

**Learning Experiences**

Students are exposed to physical therapy legal practice standards, including state and federal regulations immediately in the first semester in PTA100, Introduction to PTA. Students are engaged in discussions regarding practice acts, supervisory guidelines, roles specific to the PT and documents that incorporate the ethical expectations of the PTA. The class provides the students opportunities to discuss ethical and legal standards as a whole and in small groups as well as demonstrate competencies per written examinations and out of class assignments. Students will apply the knowledge obtained in PTA 100 to many other classes, but primarily PTA 204 Practicum I, PTA 214 Practicum II (both have a didactic component and a clinical experience). In the fifth and final semester, students must perform all clinical duties assigned to them per the ethical and legal standards of the profession in PTA 280, Clinical Internship I and PTA 281, Clinical Internship II

**Course Objectives:**

PTA 100 Introduction to PTA
Topic: The Profession of Physical Therapy, Roles and Characteristics of the PT and the PTA
 Obj# 19 Discuss the legal and ethical perspectives the PTA must observe as a clinician
 Obj # 20 List the formal documents addressing the legal and ethical issues a PTA can refer to

PTA 204 Practicum I
Topic: Ethics/Ethical Situations
Obj# 2 Utilize presented case studies to discuss appropriate behaviors and courses of action when presented with ethical situations

PTA 214 Practicum II
Lecture: The PT Process/Documentation Responsibilities
Obj# 3 Understand basic principles and rules for documenting in a legal record
Lecture: Legal and Ethical Considerations for PT documentation
Obj# 7 Discuss how document requirements and recommendations are influenced by federal agencies, state practice acts, and the APTA

PTA 214 Clinical Experience:
Obj# 8 Recognize the legal and ethical boundaries related to the PTA in the delivery of healthcare and identify when treatment interventions are outside the scope of practice or inappropriate for the PTA to perform

PTA 281, Clinical Internship II
Obj# 11 Demonstrate the ability to submit accurate and timely information for billing/patient charges and adhere to all established legal and ethical standards

**Level of student achievement:** Students will pass all didactic coursework at a minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #2 (Clinical Behavior).

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

**Learning experiences**
PTA 204, Practicum I (2nd semester), students obtain certification as a mandatory reporter and the criteria for the student to recognize in order
to report child or elder abuse. In the third semester, PTA 205, Physical Therapy Science, in the pediatric component of the class the students are presented with scenarios from the instructor’s extensive clinical experience working with the pediatric population, that they assess in regards to being a mandatory reporter. In PTA 280 & 281, Clinical Internship I & II, students must perform all clinical duties assigned to them per legal practice standards and report any suspected abuse to their clinical instructor.

PTA 204, Practicum I
Course Objective:
Obj# 9 Obtain certification as a mandatory reporter for Child and Dependent Adult Abuse.

PTA 205 Physical Therapy Science
Topic: Pediatrics
Obj# 9 Identify situations in which a PTA would be a mandatory reporter based on case scenarios

PTA 281, Clinical Internship II
Obj# 3 Demonstrate respectful interaction and conduct when working with patients, family members, caregivers, and all members of the healthcare team

Level of Achievement:
Students will pass all didactic coursework at a minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #2 (Clinical Behavior).

7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
Learning expectations:
Students are introduced to billing and reimbursement practices in semester 1, PTA 100, Introduction to PTA. At this time, ethical dilemmas are presented regarding reimbursement. PTA 214, Practicum II, students are introduced to billing codes and the impact of fraud and abuse in healthcare. With documentation assignments, including electronic documentation and case scenarios, students must select appropriate billing codes and billable minutes. Then again in the clinical experience of this class, students have the opportunity to participate in the billing process. In PTA 280 & 281, Clinical Internship I & II, students perform all clinical duties assigned to them per legal practice standards and report any suspected fraud to their clinical instructor or academic faculty.

PTA 100, Introduction to PTA
Topic: Laws, Regulations and Policies/Reimbursement/…
Obj# 15 Discuss ethical dilemmas as physical therapist assistant encounters with reimbursement interpretations.

PTA 214, Practicum II
Topic: Types of Insurance and PT Reimbursement
Obj# 10 Identify proper patient billing codes with selection of treatment units and billable minutes using treatment case scenarios
Topic: Legal and Ethical Considerations for PT
Documentation
Obj#4 Discuss the impact of fraud and abuse in healthcare reimbursement and billing
Clinical Obj # 11 Participate with guidance from the clinical instructor and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling and billing for physical therapy services
PTA 281 Clinical Internship II

Obj# 11 Demonstrate the ability to submit accurate and timely information for billing/patient charges and adhere to all established legal and ethical standards

**Levels of Achievement:** Students will pass all didactic coursework at a minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #2 (Clinical Behavior).

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

**Learning Experiences**

In PTA 100, Introduction to PTA students are provided the APTA core documents to begin the ongoing process of reinforcing the expectations of ethical conduct in the practice of physical therapy. The documents include:

- 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

Then in PTA 204, Practicum I (2nd semester), case studies are utilized which present ethical situations to engage students in discussions on appropriate courses of action. In PTA 214, Practicum II (3rd semester) again ethical expectations are discussed in relation to billing. Then in PTA 280 & 281, Clinical Internship I & II, students perform duties related
to ethical behaviors and practice standards expected of an entry level clinician.

PTA 100, Introduction to PTA
Topic: The Profession of Physical Therapy, Roles and Characteristics…
Obj# 10 Review and discuss the seven APTA core documents that describe Standards of Physical Therapy practice.

PTA 204, Practicum I
Topic: Ethics/Ethical Situations
Obj# 1 Summarize key points of the APTA Guide for Conduct of the Physical Therapist Assistant and Standards of Ethical Conduct
Obj# 2 Utilize presented case studies to discuss appropriate behaviors and course of action when presented with ethical situations

PTA 214, Practicum II
Course Obj# 4 Determine appropriate, ethical and legal billing and use of CPT codes, given patient treatment scenarios

PTA 281, Clinical Internship II
Obj# 3 Demonstrate respectively interaction and conduct in clinical practice consistent with the APTA Standards of Ethical Conduct when working with patients, family members, caregivers and all members of the healthcare team

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #2 (Clinical Behavior).

7D5 Perform duties in a manner consistent with APTA’s Values Based Behaviors for the Physical Therapist Assistant.
Learning Experiences:
PTA 204, Practicum I, students review and discuss the APTA’s *Values Based Behaviors for the Physical Therapist Assistant* they then complete this, applying this knowledge to their roles as a PTA student. Then, in PTA 214 Practicum II, students complete the self-assessment again while on their Practicum. They also complete an assignment in which they have to pick 3 of the behaviors and describe a situation on their Practicum in which they or another member of the healthcare team exemplified that behavior. In PTA 280 & 281, Clinical Internship I & II, students perform duties related to Values Based Behaviors and practice standards expected of an entry level clinician.

PTA 204, Practicum I
Topic: Values, Behaviors and Cultural Bias
Obj# 1 Discuss the APTA’s Values Based Behaviors for the physical therapist assistant
Obj# 2 Complete the self-assessment for the APTA’s Values Based Behaviors for the physical therapist assistant and apply this knowledge to your role as a PTA student

PTA 214, Practicum II
Clinical Experience
Obj# 1 Identify individual strengths and weaknesses as well as opportunities for individual growth with self-assessment using the Practicum II self-evaluation tool and the Values Based Behaviors assessment

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #3 (Accountability).
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

Learning Experiences

PTA 100, Introduction to Physical Therapy, students are presented with possible ethical dilemmas or ethical situations. Then in the second semester in PTA 204, Practicum I, students also have case studies and what their course of action would be if they were in that situation. In PTA 280 & 281, Clinical Internship I & II, students perform all clinical duties assigned to them per ethical standards and are expected to demonstrate a plan of action as outlined in the Standards of Ethical Conduct for the PTA.

PTA 100, Introduction to PTA
Obj# 10 Compare and contrast ethical situations vs. ethical dilemmas to the field of physical therapy

PTA 204, Practicum I
Obj# 2 Utilize presented case studies to discuss appropriate behaviors and course of action when presented with ethical situations

PTA 281, Clinical Internship II
Obj# 3 Demonstrate respectful interaction and conduct in clinical practice consistent with the APTA’s Standard of Ethical Conduct when working with patients, family members, caregivers and all members of the healthcare team

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #2 (Clinical Behavior).

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

Learning Experiences

PTA 100 Introduction to PTA, a progression for communications skills is initiated in this class and occurs throughout the program 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 practicums and clinical internships, and students are evaluated by their clinical instructors for communication skills on the Practicum Evaluation Tool and the CPI.

PTA 100: Introduction to PTA:
Topic: The Profession of Physical Therapy...
Obj. #25: Describe verbal and non-verbal communication
Obj. #28: Describe the communication responsibilities/expectations between the PTA and the supervising PT

PTA 204: Practicum I
Topic: Verbal & Nonverbal Communication
Obj. #8: Communicate effectively with your classmates in role playing patient/practitioner interactions choosing appropriate terminology, demonstrating proper body language and non-verbal communication skills.

PTA 214: Practicum II
Clinical Objective 3: Demonstrate professional behavior including appropriate and effective verbal and non-verbal communication with patients, families, caregivers, and all interdisciplinary members of the health care team.

PTA 281: Clinical Internship II
Obj. #1 Demonstrate effective verbal and non-verbal communication and listening skills when interacting with patients, family members, caregivers, and all members of the health care team, including the supervising physical therapist.
Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #5 (Communication).

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

Learning Experiences

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 culturally 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 practicums and clinical internships with the Practicum Evaluation Tool and CPI.

PTA 100: Introduction to PTA
Topic: Student handbook/program overview
Obj. #7: Discuss the employment settings for the physical therapist assistant, including opportunities among different ages and cultures.

PTA 204: Practicum I
Topic: Values, Behaviors, and Cultural Bias
Obj. #6: Differentiate between cultural and personal biases
Obj. #7 Describe methods to assist in providing culturally sensitive care.
Obj. #8: Identify barriers to cultural competence in health care given case studies and videos.

PTA 214: Practicum II
Clinical Objective # 5: Provide care to patients that exemplifies caring, compassion, and respect for individual and cultural differences.

PTA 281: Clinical Internship II
Obj. #2: Recognize individual and cultural differences and respond appropriately both with communication and implementation of treatment within the physical therapist’s plan of care.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #4 (Cultural Competence).

7D9 Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.

Learning Experiences

In PTA 202, Physical Rehabilitative Techniques, (2nd semester), students begin to apply current knowledge and clinical judgment while considering patient needs during the demonstration and performance of several treatment interventions and data collection skills. In PTA 214 Practicum II, the ability to read medical records, physical therapy evaluations and documentation is a focus of the didactic portion of the course. Students learn to read the plan of care developed by the physical therapist and document to show adherence to the plan, as well as to develop treatment ideas and a plan for the next treatment session. In this same semester, in PTA 208, Therapeutic Exercise I, students are provided multiple case studies throughout the semester, both for in class and lab practicals, in which they must apply knowledge, theory, and clinical judgment based on the PT plan of care. This same model occurs in PTA 209, Therapeutic Exercise II (4th semester), with the emphasis on applying the same skills and judgment with patients involving neurological conditions. With the student’s 2nd integrated clinical experience in Practicum II, the expectation is that the student is involved in the selection of treatment interventions based on a review of the plan of care. By the time the student finishes PTA 281, Clinical Internship II, they have developed proficiency in reviewing health care records, understanding the plan of
care, and selection of treatment based on the plan in order to address
goals and outcomes.

PTA 202: Physical Rehabilitative Techniques
Topic: Lecture #2: Goniometry of the upper extremity
Obj. #7: Demonstrate alternative positions for making upper extremity
goniometric measurement.

PTA 214: Practicum II
Topic: Guidelines for Documentation and Documentation review
Obj. #6: Review initial evaluation reports and plans of care in the case
studies provided and discuss interventions and data collection
Topic: Documentation Practice.
Obj. #8: Write an effective plan demonstrating adherence to documentation
guidelines and the plan of care established by the PT
Clinical Objective #10: Demonstrate proficiency in reviewing medical
records, understanding the patient plan of care developed by physical
therapist, and assist the clinical instructor to select treatment interventions
and necessary data collection to address short and long term goals.

PTA 208: Therapeutic Exercise I
Course Obj. #2: Utilize case studies to select exercise interventions and
exercise parameters that support the physical therapist’s plan of care.

PTA 209: Therapeutic Exercise II
Course Obj. #11: Utilize case studies to identify impairments and functional
limitations in order to select treatment interventions and exercise
parameters that support the physical therapist’s plan of care and
established goals.

PTA 281: Clinical Internship II:
Course Obj. # 4: Demonstrate safety during all patient care, monitor
response to treatments, and use appropriate judgment to identify changes
in status/condition which require adjustments of interventions within the
plan of care or when patient treatment should not be provided. Report
status changes to the clinical instructor and supervising physical therapist.

Levels of Achievement: Students will pass all didactic coursework at
minimum of 75% proficiency. 100% of CPI evaluations from PTA 281
Clinical Internship II indicate that students meet or exceed entry level of
expectations for Clinical Performance Criterion #1 and # 7 (Safety & Clinical Problem Solving).

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

Learning Experiences
In PTA 100, Introduction to PTA, students discuss the differences between Random Clinical Trials and true research based studies. Discussion includes the terms of validity, reliability and level of statistical significance. In PTA 113, Physical Agents I students are also brought into discussion regarding reading and analyzing the relevance and validity of articles disputing the efficacy of ultrasound and other agents therapeutic value. As part of the general education component of the programs curriculum plan, Math 108, Statistics for General Education. Students can take or may already have taken a class in statistics, which would provide the student with a strong foundation leading to the integration of the applicable technical classes. The program does not feel this criterion is a strength of ours at this time and will visit this again with the Advisory Board in the spring of 2018.

PTA 100, Introduction to PTA
Course Obj# 17 Describe the process for locating and reviewing appropriate scientific literature

Math 108, Statistics for General Education

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #6 (Self-Assessment and Lifelong Learning).

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

Learning Experiences

In PTA 208, Therapeutic Exercise I, evidence-based practice is discussed and results of research studies for treatment with patients following lower extremity amputation is shared in class with lab including treatment interventions of mirror therapy. In both PTA 280 & PTA 281, Clinical Internship I & II, students are required to present an in-service to the therapy department or other members of the health care team on a physical therapy topic using evidence-based resources, which is assessed as part of the CPI (#5 Communication)

PTA 208: Therapeutic Exercise I
Topic: Trends in PT exercise & final case studies
Obj: #3: Utilized evidence-based practice research in choosing treatment interventions given case studies and the PT’s plan of care.
PTA 280 & PTA 281:
Obj. #10: Provide instruction/education to physical therapy team members and/or other members of the healthcare team by conducting an in-service presentation or training session on a physical therapy topic using evidence-based resources.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #6 (Self-Assessment and Lifelong Learning).

7D12 Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.
Learning Experiences
Patient education is introduced early in the program. In PTA 204, Practicum I, facilitating learning and patient education is part of the course curriculum. Students are partnered in role playing situations involving educating “patients,” with the concept of “teach back” emphasized, with barriers to effective learning identified and strategies developed to overcome them. This continues to be integrated throughout the second year courses, when lab practicals include patient/family/caregiver education simulated within the lab skills and practicals. Assignments are given involving developing home exercise programs and patient education materials in PTA 208, Therapeutic Exercise I. Within the integrated clinical experience, PTA 214. Practicum II, students gain experience in assisting their clinical instructors in patient education and in development of home exercise programs. During the 4th semester, in PTA 209, Therapeutic Exercise II, students are assigned a research project and must present an inservice to the class. In the final clinical rotations, PTA 280 & PTA 281, Clinical Internship I & II, patient/family/caregiver education continues to show progression and is assessed via the CPI (#5 Communication) The student is also required to present an educational inservice to healthcare personnel.

PTA 204: Practicum I
Topic: Facilitating Learning and Patient Education
Obj. # 6: Use the “teach back” method in role playing a PTA providing patient education with your classmates.

PTA 208: Therapeutic Exercise I
Topic: Hip and Pelvic Disorders
Obj. # 7: Identify precautions following hip replacement surgery and determine methods of educating patients & promoting compliance during functional mobility training.

PTA 214: Practicum II
Clinical Objective #11: Participate with guidance from the clinical instructor and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling and billing for physical therapy services.
PTA 209: Therapeutic Exercise II
Course Obj. # 21: Research a social service agency, support group, or health care profession assigned to you and educate PTA program students and faculty by presenting an inservice.

PTA 280 & PTA 281: Clinical Internship I & II:
Obj. # 8: Educate patients, family members, and caregivers effectively to address identified needs, including home instructions and home exercise programs
Obj. #10: Provide instruction/education to physical therapy team members and/or other members of the healthcare team by conducting an inservice presentation or training session on a physical therapy topic using evidence-based resources.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #5 (Communication).

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

Learning Experiences

The best example for this criterion is the initiation of the Hawk Hustle 5K Run. This is a community and regional event held each November and is held on campus grounds. The race director is a 2012 graduate of the PTA program. Both cohorts each year are involved from the fundraising, organization of volunteers and volunteering, and participation of the event. To this day the race has raised $ 53,000.00 of which the money goes directly in to providing scholarships for students enrolled in the PTA program. They race has become a great asset to the program and a
source of pride for the college. Currently the Black Hawk College Foundation department has been able to issue over 100, $500.00 awards since its inception.

In PTA 100, Introduction to PTA, the core values of physical therapy are introduced and discussed. This fall, both cohorts, demonstrated the value of social responsibility by initiating a fundraising effort to provide money for a nursing home facility to upgrade their antiquated and unsafe scale to weigh their residents. In the fourth semester, PTA 209, Therapeutic Exercise II, students complete an assignment that requires researching and reporting on agencies advocating for community members.

PTA 100, Introduction to PTA
Topic: The Profession of Physical Therapy, Roles and Characteristics… Obj# 9 Discuss the core values of physical therapist assistants

PTA 209, Therapeutic Exercise II
Course Obj# 21 Research a social service agency, support group, or health care profession assigned to you and educate PTA program students and faculty by presenting an inservice

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #3 (Accountability)

7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Learning Experiences

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 include lifelong learning as a program outcome. Continuing education requirements are discussed as part of the reviewing the State Practice Act. In all integrated and full time clinical
courses, students are assessed on seeking out learning opportunities on either the Practicum Evaluation Tool or the CPI #6. (Self-Assessment and Lifelong Learning). The “Student Information Form”, filled out by the student and sent to the clinical instructor before the start of each integrated and full time rotation, also allows the student to identify strengths as well as areas of needed improvement/growth as well as personal goals for the clinical experience. Students also self-evaluate both by filling out the evaluation tools during rotations (self-evaluations), as well as self-assessing with the Values Based Behaviors Assessment, which also takes into account the values of Responsibility and Continuing Competence.

PTA 204: Practicum I
Topic: Clinic Preparation
Obj. # 1: Discuss the role of your clinical instructor for your practicum experience, including the differences between a PT and a PTA serving as a clinical instructor.

PTA 214: Practicum II
Course Obj. # 1 Identify individual strengths and weaknesses as well as opportunities for individual growth with self-assessment using the Practicum II Self-Evaluation tool and the Values Based Behaviors Assessment

PTA 281: Clinical Internship II
Course Obj. # 14: Identify individual strengths and weaknesses as well as opportunities for individual professional growth and lifelong learning with completion of the Clinical Performance Instrument Self-Assessment Tool.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #6 (Self-Assessment and Lifelong Learning).

Patient/Client Management
7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).
Learning Experiences

PTA 204 (Practicum I) introduces verbal and non-verbal communication, including listening skills, which is vital to obtaining information from patients, caregivers, and family.

In all PTA skills/laboratory courses, such as PTA 209, PTA 209, and PTA 213; Therapeutic Exercise I & II and Physical Agents II), students have developed an understanding that obtaining information from the patient prior to treatment is a crucial part of data collection that should begin every session. Lab practicals include grading on obtaining subjective information from the patient regarding status prior to beginning any treatment intervention. This may include things such as pain rating, cognitive status, current symptoms, and contraindications to treatments. It also emphasized that this information is important for documentation, including having a good understanding of a patient’s prior functioning level. Use of the ICF model also enhances the student’s ability to identify current patient limitations and activity restrictions. They are also aware that family and caregivers may need to be the primary source of information when obtaining information on the patient status and level of function. In the final clinical rotations (PTA 280 & 281 Clinical Internship I & II), students are expected to collect information through their supervised clinical practice, and this is reflected via CPI grading on #7 (Clinical Problem Solving).

PTA 204: Practicum I
Topic: Verbal and Nonverbal Communication
Obj. # 4: Identify goals of effective listening and effective body language.

PTA 214: Practicum II
Topic: Guidelines for Documentation
Obj. #3: Identify relevant information to include in the S, O, A, & P portions of daily and progress notes.

PTA 281: Clinical Internship II
Obj. #1; Demonstrate effective verbal and non-verbal communication and listening skills when interacting with patients, family members, caregivers, and all members of the health care team, including the supervising physical therapist.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281
Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #7 (Clinical Problem Solving)

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

Learning Experiences

In PTA 203 (Pathology), students are introduced to the International Classification of Functioning, Disability, and Health in identifying patient activity limitations and participation restrictions. This is progressed to its use in the classroom portion of PTA 214, (Practicum II), in which it is used as the model for review of case studies, initial evaluations, as well as to serve as a guideline for use in documentation, including writing functional short term goals applicable to the patient. Students use this as a guideline when reviewing lab practical cases in PTA 208 and PTA 209 (Therapeutic Exercise I & II), in the 3rd and 4th semesters. In PTA 280 & 281 (Clinical Internship I & II), students are expected to collect information related to their patient’s life role as they assist the supervising physical therapist to measure functional outcomes (CPI # 13, Documentation).

PTA 203: Pathology
   Topic: Introduction to Pathology
   Obj. #6; Describe the characteristics of the ICF model.

PTA 214: Practicum II:
   Topic: Health, Disability, Disablement....
   Obj. #3: Differentiate between an activity limitation and a participation restriction given samples of physical therapy documentation
   Topic: Documentation Practice
   Obj. #7: Identify the qualities of a properly written short-term goal, and understand what is meant by a functional goal.
   Course Obj. #1: Review case studies and physical therapy evaluations to identify patient impairments, functional activity and participation restrictions, and potential disabilities based on the International Classification of Functioning, Disability, and Health (ICF).
PTA 209: Therapeutic Exercise II
Topic: Treatment for CVA
Obj. # 3: Discuss possible areas of impairment and functional limitations, activity and participation restrictions caused by a CVA.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #13 (Documentation).

Plan of Care

7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.

Learning Experiences

As a student progresses into the second year of the PTA program, more exposure to physical therapist evaluations is integrated. Students are working on documentation skills in PTA 214, Practicum II, and incorporate this with lab practicals in PTA 208 & PTA 209, Therapeutic Exercise I & II. They more effectively understand evaluation content, short and long term goals, and the plan of care. They progress in their integrated clinical experience of PTA 214 to be able to assist in selecting interventions after reviewing the plan of care as well as developing short term goals. During final full time clinical rotations (PTA 280 & PTA 281), clinical instructors assess the student’s ability to communicate their understanding of the plan of care and ability to implement it. CPI # 7 (Clinical Problem Solving).

PTA 214: Practicum II
Topic: Guidelines for Documentation & Documentation Review
Obj. #7: Use the same case studies to describe how documentation will show support for the PT’s plan of care, interventions provided, and patient response to treatment.
Clinical Obj. #7: Keep the supervising physical therapist and clinical Instructor informed of patient progress and when adjustments need to
be made with the interventions in the physical therapist’s plan of care
due to changes in the patient’s condition

PTA 209: Therapeutic Exercise II
Topic: Treatment for CVA
Obj. #18: Review case studies of CVA patients and utilize
your knowledge of CVA to develop treatment ideas under the plan of care
established by the PT.

PTA 281: Clinical Internship II:
Obj. #6: Demonstrate proficiency in reviewing health care records and
understanding the physical therapist’s plan of care, and select appropriate
treatment interventions and necessary data collection to address short
and long-term goals and outcomes.

Levels of Achievement: Students will pass all didactic
coursework at minimum of 75% proficiency. 100% of CPI evaluations
from PTA 281 Clinical Internship II indicate that students meet or exceed
entry level of expectations for Clinical Performance Criterion #7 (Clinical
Problem Solving).

7D18 Review health records (e.g., lab values,
diagnostic tests, specialty reports, narrative, consults,
and physical therapy documentation) prior to carrying
out the PT plan of care.

Learning Experiences

Students are exposed to review of health care records in PTA 214
(Practicum II). Because all students complete an acute inpatient rotation,
all will gain experience during a clinical placement in reviewing hospital
based medical records, including diagnostic tests and reports. In this way,
students also develop critical thinking in regard to things such as patient
precautions (i.e. weight bearing status, lab values), and planning for
needed equipment to carry out the treatment session and plan of care. Lab
practicals in 2nd year courses incorporate safety considerations such as
having the student decide if treatment is appropriate or should be modified
based on information noted in the chart prior to the scheduled treatment
session. Students progress to their final full time clinical experiences, PTA
280 & PTA 281, Clinical Internship * & II, in which they demonstrate proficiency with chart reviews and ability to independently review the PT plan of care prior to patient treatment. CPI #7 (Clinical Problem Solving)

PTA 214: Practicum II:
Course Obj. #5: Review physical therapy evaluations and other patient health records to identify precautions, therapy goals, and to determine the plan of care established by the physical therapist.
Clinical Obj. #6: Recognize when patient treatment interventions should not be performed due to a change in patient status or condition and report this to the supervising clinical instructor and physical therapist.

PTA 281: Clinical Internship II
Obj. # 6 Demonstrate proficiency in reviewing health care records and understanding the physical therapist’s plan of care, and select appropriate treatment interventions and necessary data collection to address short and long-term goals and outcomes.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #7 (Clinical Problem Solving).

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

Learning Experiences

In PTA 113, Physical Agents I students are initially exposed to the recurring themes that the core faculty strongly believe in two requirements to being an effective clinician. They are the student must be able to perform all treatments safely and be able to demonstrate good critical thinking skills. Being able to assess patient responses, both positive and adverse, require the PTA be able to modify the interventions.
Lab practicals in PTA 208 and PTA 209 (Therapeutic Exercise I and II) include required safety components and “what if” scenarios which require the student to not only monitor but adjust interventions based on the status of the patient and clinical indications for treatment. In PTA 280 & PTA 281, Clinical Internship I & II, students are in their final clinical rotations and will be adjusting interventions in the plan of care as a response to patient status and clinical indications.

PTA 208: Therapeutic Exercise I
Course Obj. #10 Select methods of modifying and progressing patient interventions within the established plan of care based on patient status and on the maximal, moderate, or minimal protection phases of healing

PTA 209: Therapeutic Exercise II
Course Obj. #16: Identify when and how treatment interventions need to be modified as per patient comfort, vital signs, tolerance, or need for position changes.

PTA 281: Clinical Internship II
Obj. # 4. Demonstrate safety during all patient care, monitor response to treatments, and use appropriate judgment to identify changes in status/condition which require adjustments of interventions within the plan of care or when patient treatment should not be provided. Report status changes to the clinical instructor and supervising physical therapist.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #7 (Clinical Problem Solving).

7D20 Report any changes in patient/client status or progress to the supervising physical therapist.
Learning Experiences

The supervisory role of the physical therapist is introduced from the very start of the program in the first semester. Students are taught that there must be continuous communication with the supervising PT and that changes in the patient’s status, condition, or progress are elements for communication as well as documentation of that communication. Situations are continuously brought forth in several classes that requires sound clinical reasoning on the part of the student, to appropriately identify when and what communication and reporting to the PT is needed given a patient status change. During documentation training in PTA 214 (Practicum II), students are made aware of the need for the “assessment” and/or “plan” section of the therapy note to discuss any needs for or plan for future collaboration with the PT. In PTA 280 & 281, Clinical Internship I & II, students have supervised clinical practice as they communicate patient changes to the supervising PT.

PTA 214: Practicum II
Topic: Documentation Practice
Obj. # 9: Discuss how the plan section incorporates the P.T.—P.T.A. team approach to patient care.

PTA 214: Practicum II
Clinical Obj. # 7: Keep the supervising physical therapist and clinical instructor informed of patient progress and when adjustments need to be made with the interventions in the physical therapist’s plan of care due to changes in the patient’s condition.

PTA 209: Therapeutic Exercise II
Course Obj. # 17: Recognize patient status changes and situations in which physical therapy interventions/data collection should not be provided and the need to report this to a clinical instructor and supervising physical therapist.

PTA 281: Clinical Internship II
Obj. # 4: Demonstrate safety during all patient care, monitor response to treatments, and use appropriate judgment to identify changes in status/condition which require adjustments of interventions within the plan of care or when patient treatment should not be provided. Report status changes to the clinical instructor and supervising physical therapist.
Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #3 (Accountability).

7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

Learning Experience
Student understanding of the scope of practice for a PTA begins in PTA 100, Introduction to PTA, in the first semester, when this is reviewed and discussed extensively in class. Within all courses involving training with PT interventions and data collection, students develop an understanding of safety precautions and contraindications to treatment. Lab practicals in PTA 113, (Physical Agents I), PTA 208 (Therapeutic Exercise I & PTA 209 (Therapeutic Exercise II) and PTA 213 (Physical Agents II), all have critical safety elements in which students often need to make a decision whether a treatment intervention should be performed based on the clinical presentation of the patient or identified contraindications. This can often come as a situation presented by the faculty member regarding the particular case or situation. Within the two final full time clinical rotations, PTA 280 & PTA 281, Clinical Internship I & II, students communicate the need to stop an intervention or to not perform interventions beyond their scope of practice to the supervising PT.

PTA 208: Therapeutic Exercise I
Topic: Cardiac & Pulmonary Rehab
Obj. # 8: Identify precautions in working with post surgical cardiac and pulmonary patients, and identify when treatment should not be performed due to a change in status.

PTA 214: Practicum II:
Clinical Obj. #6 Recognize when patient treatment interventions should not be performed due to a change in patient status or condition and report this to the supervising clinical instructor and physical therapist.
Clinical Obj. # 8 Recognize the legal and ethical boundaries related to the PTA in the delivery of healthcare and identify when treatment interventions are outside the scope of practice or inappropriate for the PTA to perform

PTA 281: Clinical Internship II
Obj. #4: Demonstrate safety during all patient care, monitor response to treatments, and use appropriate judgment to identify changes in status/condition which require adjustments of interventions within the plan of care or when patient treatment should not be provided. Report status changes to the clinical instructor and supervising physical therapist.

Obj. # 5 Recognize the legal and ethical boundaries related to the physical therapist assistant in the delivery of healthcare, and identify when treatment interventions are outside the scope of practice or inappropriate for the PTA to perform.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion #7 (Clinical Problem Solving)

7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.

Learning Experiences

Aspects of discharge planning are discussed via the use of case studies within the second year classes of the program (i.e. PTA 208 & PTA 209, Therapeutic Exercise I and II). By the use of initial evaluations, progress notes, 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 instructions etc.). Students are able to participate in discharge planning while on the integrated clinical experience in PTA 214 (Practicum II) and this is progressed during the two
final, full time clinicals, (PTA 280 & 281, Clinical Internship I & II), where students incorporate assessments of needs for discharge for patients, and communicate this with the supervising PT. This is evaluated by clinical instructors in CPI # 14 (Resource Management).

PTA 208: Therapeutic Exercise I
Course Obj. # 6: Design home exercise programs using case studies with appropriate and safe exercises, sets, and repetitions to achieve goals for the patient set by the physical therapist.

PTA 214: Practicum II
Clinical Obj. #11: Participate with guidance from the clinical instructor and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling and billing for physical therapy services

PTA 281: Clinical Internship II
Obj. # 12 Participate in and identify appropriate information to discuss in patient staffing and recognize needs related to discharge planning under the direction of the clinical instructor and supervising physical therapist.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level of expectations for Clinical Performance Criterion # 14 (Resource Management).

Intervention[1]

7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.
Interventions include:

a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization
Learning Experiences

Students learn airway clearance techniques, including coughing and chest physical therapy interventions, during their second semester in PTA 202 (Physical Rehabilitative Techniques). Positioning patients for optimal secretion mobilization and chest percussion is emphasized. In that same semester, in PTA 207 (Massage), tapotement is taught and competency by students. Once students have obtained an understanding of spinal posture in PTA 208 (Therapeutic Exercise I), 3rd semester, and have had pathology of respiratory diseases, students learn breathing exercises and perform them with proper positioning and safety, developing an understanding of their clinical treatment implications. In PTA 280 & PTA 281, Clinical Internship I & II, students have the opportunity to provide breathing strategies and instruction to patients within their supervised clinical practice.

PTA 202: Physical Rehabilitative Techniques
Course Obj. #15: Discuss, describe, and demonstrate procedures commonly used in physical therapy for patients with respiratory disorders.
   a. patient positioning
   b. breathing exercises
   c. chest percussion

PTA 207: Massage
Obj. # 8: Demonstrate safe body mechanics, appropriate hand placement, pressure, and proper techniques when performing superficial, neuromuscular, connective tissue, and tapotement therapeutic massage.

PTA 208: Therapeutic Exercise I
Topic: Cardiac & Pulmonary Rehab
Obj. # 5: Identify general principles for instruction in breathing exercises and perform them with good safety monitoring vital signs

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Functional Training and Application of Devices and Equipment)
b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices

Learning Experiences
Assistive devices are introduced early to students in the program, and they begin using basic assistive devices such as for gait training and orthotic/prosthetic application in PTA 202 (Physical Rehabilitative Techniques). This is progressed to case scenarios in the 2nd year courses (PTA 208 & PTA 209 Therapeutic Exercise I & II, which involve patient use of and training/education with assistive devices. An example is the use of a “hip kit” for safe ADL function training following hip replacement surgery. The program is fortunate to have a wide variety of assistive devices and orthotics for students to use in lab practice and practicals. In PTA 209, 4th semester, an orthotist/prosthetist is a guest lecturer and she brings a collection of both orthotic and prosthetic devices. One or more guest patients who have had lower extremity amputations also come to this class. In PTA 280 & 281 (Clinical Internship I & II), students engage in mobility and ambulation training and have opportunities for application of devices and equipment.

PTA 202: Physical Rehabilitative Techniques
Topic: Gait with Assistive Devices
Obj. # 5: Demonstrate knowledge of proper techniques to perform stair negotiation w/ common gait assistive devices.
Topic: Lower Extremity Orthotics
Obj. #9: Instruct patients in proper gait with lower extremity orthotic.

PTA 209: Therapeutic Exercise II
Topic: Spinal Cord Injury
Obj. #22: Demonstrate techniques used for gait training patients with spinal cord injuries using assistive devices and orthotics.
Course Obj. #13 Provide clear and concise instructions, education, and training using appropriate terminology to patients/family members/caregivers in lab scenarios regarding equipment use and care, orthotics/prosthetics, skin condition precautions, and safe positioning/handling techniques.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical
Performance Criterion #12 (Functional Training and Application of Devices and Equipment)

c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies

Learning Experiences

PTA 113, Physical Agents I, students in the first semester are introduced to superficial cryo and thermal agents as well as ultrasound (deep thermal) agents. Indications, precautions and contraindications are emphasized for each agent and students demonstrate competency in all agents with written examinations, lab skills checklist and lab practical examinations starting in this class and continue in the fourth semester with PTA 213. This course provides the students with the knowledge and skills training in the remaining agents. Students must apply their knowledge of tissue healing along with therapeutic principles in this fourth semester to be able to demonstrate a complete treatment situation prior to starting their final full time clinical internships. In addition during the final week of this class, students undergo a comprehensive lab skills assessment with clinicians from the community brought in to check off the students in the skills. The students report that having to prepare for the comprehensive lab practical to be very helpful when beginning PTA 280, Clinical Internship I and PTA 281, Clinical Internship II. In these clinicals (5th semester), students may be required to apply a variety of physical agents (depending upon the setting) effectively and safely under the supervision of the clinical instructor and supervising physical therapist.

PTA 113 Physical Agents I
Topic: Cryotherapy and Thermal Superficial Agents
Obj# 9 Demonstrate the ability to choose effectively between thermal and cryotherapeutic agents and demonstrate the ability to apply them safely and effectively during lab activities and lab practicals.
Obj#10 Select and justify an appropriate modality based upon a specific diagnosis/case study while demonstrating critical thinking skills as it pertains to the application of the agent and the safety of the patient.
Topic: Ultrasound
Obj#14 Assess after reviewing clinical case studies whether therapeutic ultrasound or phonophoresis would be indicated and recommend the most appropriate parameters of thermal or non-thermal US treatments to achieve positive patient outcomes.

PTA 213, Physical Agents II
Topic: Introduction to Electrical Currents
Obj# 26 Describe the clinical decision making process in using electrical stimulation regarding pain control and muscle contraction (twitch or tetany) with the stimulation of sensory or motor fibers to achieve positive outcomes.
Topic: N.M.E.S., T.E.N.S., Iontophoresis
Obj# 11 Determine, justify and safely apply and treat specific (mock) conditions using TENS. NMES and iontophoresis modalities.

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion # 10 (Interventions: Physical Agents and Mechanical Modalities) & #11 (Interventions: Electrotherapeutic Modalities)

d. **Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life**

**Learning Experiences**
With the use of the ICF model, the concept of a patient’s “function” is emphasized to students to be the most important aspect of what we do in the field of physical therapy. Students learn that function for a patient incorporates all aspects of their daily life, including home, self-care, employment, and within the community. In PTA 202, students learn what it takes to function at a wheelchair level, incorporating lab activities in learning to negotiate architectural barriers. Motor control theory as an aspect of training patient function is taught and trained to students in PTA 209, Therapeutic Exercise II, during the 4th semester. As mentioned previously, incorporating function into selection of treatment interventions and within documentation are key areas addressed throughout the program and within PTA 214, Practicum II, when students first learn documentation. In PTA 280 & PTA 281,
Clinical Internship I & II, students perform transfers, assist with wheelchair mobility, and address mobility in the community in a supervised clinical practice.

PTA 209: Therapeutic Exercise II
Course Obj. #18: Select treatment interventions given case studies which address patient function in Activities of Daily Living, Instrumental Activities of Daily Living, and community reintegration.

Course Obj. #20: Identify potential patient barriers in the home and community and discuss potential modifications and adaptations to facilitate improved patient functional outcomes.

Topic: Motor Control
Obj. #9: 1. Discuss, identify, and perform treatment ideas utilizing principles of motor control with case scenarios and the P.T. plan of care.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Functional Training and Application of Devices and Equipment)

e. Manual Therapy Techniques: passive range of motion and therapeutic massage

Learning Experiences

Range of motion is first introduced in PTA 100, Introduction to PTA in lecture format with demonstration of PROM occurring by the instructor. Students are required to demonstrate competency in PROM and therapeutic massage techniques in PTA 207, Massage (2nd semester) and in PTA 202, Physical Rehabilitation Techniques (2nd semester). In the fourth semester, students experiences in manual therapy include instruction on myofascial release and joint mobilization techniques (grade I and II) in PTA 290, Clinical Seminar. Students will apply manual techniques in PTA 280 Clinical Internship I and PTA
281 Clinical Internship II under the supervision of the clinical instructor and physical therapist.

PTA 202, Physical Rehabilitative Techniques
Topic: Goniometry of Spine and TMJ
Obj# Demonstrate knowledge of functional ROM values and measurement

PTA 207: Massage
Obj. # 2: Recognize indications, contraindications, and precautions for the use of therapeutic massage as a physical therapy intervention.

Obj. # 7: Utilize patient case scenarios and the physical therapist’s plan of care to develop and demonstrate a massage treatment intervention using appropriate techniques.

PTA 290, Clinical Seminar (4th semester)
Obj# 10 Identify and perform appropriate mobilization technique(s) for shoulder joint impairments

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #9 (Interventions: Therapeutic Techniques)

f. **Motor Function Training (balance, gait, etc.)**

**Learning Experiences**

PTA 201, Kinesiology (1st semester) students have exposure to normal biomechanics of the musculoskeletal system eventually leading to learning about normal gait and abnormal gait analysis. In PTA 202 Physical Rehabilitative Techniques (2nd semester) students again must demonstrate knowledge in normal gait and gait deviations. In PTA 209, Therapeutic Exercise II students require a higher knowledge of balance as well as balance related to gait training with neurological conditions. Students will apply balance and gait
techniques in PTA 280 Clinical Internship I and PTA 281 Clinical Internship II under the supervision of the clinical instructor and physical therapist.

PTA 201 Kinesiology
Topic: Normal Gait: Posture
Obj# Identify the muscles of the trunk and LE that are contracting during each phase of the gait and whether contractions are concentric or eccentric.

PTA 202 Physical Rehabilitative Techniques
Topic: Gait with Assistive Devices
Obj# 3 Demonstrate how to properly assist patients in ambulating with common gait assistive devices 1:1, 2:1, 3:1

PTA 209: Therapeutic Exercise II
Topic: Balance control and balance exercises
Obj. #6: Complete standardized balance tests using proper testing procedures, concise verbal instructions, and safe handling techniques.

Obj. # 7 Apply knowledge of balance impairments and fall risk to select proper patient instruction and safety education given a case scenario.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Functional Training and Application of Devices and Equipment)

g. Patient/Client Education
Learning Experiences
Patient education is introduced and enhanced in the didactic portion of PTA 204, Practicum I, during the 2nd semester. Students learn various methods of instruction and identify how educational methods might need modification based on the learning audience or patient presentation. They role play in the classroom, learn to use the “teach back” method, and this is progressed during the following 3rd and 4th semesters when lab practicals include aspects of patient education for
which students are assessed. Students learn to recognize the needs of the learner and provide written and verbal instruction as a part of competency testing. Cognitive impairments are utilized with specific patient diagnoses to spark critical thinking to develop sound educational skills with patients. Students have opportunities to educate patients in the clinical setting during their two practicum rotations, and are graded on this as an aspect of communication. In final full time clinical rotations, (PTA 280 & PTA 281, Clinical Internship I & II), students provide patient education in supervised clinical practice.

PTA 204: Practicum I
Topic: Facilitating Learning & patient education
Obj. # 5: Discuss how patient education methods might need to be modified in order to facilitate learning and comprehension

PTA 208: Therapeutic Exercise I
Course Obj. #11: Provide clear and concise verbal and written instructions with patient education, using appropriate terminology to patients, family/caregivers specific to provided case scenarios, assignments, and lab practicals.

PTA 209: Therapeutic Exercise II
Topic: Parkinson’s Disease
Obj. # 6: Review safety education tips that would be appropriate for a patient with Parkinson’s disease
Course Obj. # 4: Create therapeutic treatment interventions including family/caregiver education and training for pediatric case studies and guest patients given the initial evaluation and physical therapist’s plan of care.

PTA 281: Clinical Internship II
Obj. #8: Educate patients, family members, and caregivers effectively to address identified needs, including home instructions and home exercise programs.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Functional Training and Application of Devices and Equipment)

h. Therapeutic Exercise
Learning Experiences

PTA 208 (Therapeutic Exercise I), 3rd semester, introduces exercise principles for strengthening, including progressive resistance exercise, and muscle flexibility. This course progresses students to apply concepts previously learned in PTA 201 (Kinesiology), such as open and closed chain, types of muscle contraction etc. Students design home exercise programs and learn to effectively instruct each other in correct therapeutic exercises, for all joints. In addition, lab practicals involve patient exercise instruction. Aerobic exercise and cardiac conditioning exercise is also covered within this course. The students learn to apply this knowledge and select exercises for orthopedic diagnoses and conditions, given the patient muscle strength, stage of healing, within post-operative guidelines etc. They also learn to use routine exercise equipment and cardiac devices, all of which is readily available for students in the lab. Exercise is again progressed in the 4th semester, in PTA 209 (Therapeutic Exercise II), as students must think critically to select exercises for patients with neurological conditions, choosing proper positions for patients who are very weak. Specific techniques and neurological-based exercise treatments (ie. PNF, coordination, NDT, vestibular exercise) is one area of focus in this course. Students have the opportunity to utilize exercise as a treatment intervention in their clinical experience for PTA 214, Practicum II, and during the final full time clinical rotations, PTA 280 & PTA 281 (Clinical Internship I & II), applying therapeutic exercise in supervised clinical practice.

PTA 208: Therapeutic Exercise I
Course Obj. #3: Choose and safely utilize exercise equipment that is beneficial in achieving patient care outcomes given case studies, physical therapy evaluations, and for various orthopedic conditions.
Course Obj. #5: Perform therapeutic exercises for flexibility and strengthening of all peripheral joints and spine for orthopedic and musculoskeletal pathologies and post-surgical conditions using safe techniques and body mechanics.
Course Obj. #14: Distinguish exercise guidelines, precautions, and contraindications for special populations including patients with cardiac and/or pulmonary conditions and during pregnancy.

PTA 209: Therapeutic Exercise II
Course Obj. #12: Develop home exercise programs using case studies with correct and safe exercises to achieve goals set by the physical therapist.
Topic: Coordination and Therapy Ball exercises
Obj. #8: Discuss and generate treatment ideas for a patient scenario/therapy evaluation, and/or video clip using coordination and therapy ball exercises with the guidance from the P.T. plan of care.

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #8 (Interventions: Therapeutic Exercise) and #12 (Interventions: Functional Training and Application of Devices and Equipment

i. **Wound Management:** isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal

**Learning Experiences**

In PTA 203 (2nd semester) students learning experiences include identifying common conditions that require barrier precautions as well as demonstrating competency in donning and doffing clothing associated with barrier precautions to maximize the patient’s and students safety. In addition, students, through reading and lecture presentations, learn about the etiologies of cold and burn injuries. The Rule of Nines and being able to describe the differences in the stages of wounds are also taught to these 2nd semester students in lecture and video in this class. In PTA 209 Therapeutic Exercise II, fourth semester students are taught about precautions associated with wound care treatments and dressing removal. In addition students in PTA 290, Clinical Seminar the students are taught to identify and assess different types of wounds, e.g., arterial, venous, pressure and diabetic ulcers for appropriate dressings. In PTA 280 and PTA 281 (Clinical Internship I & II), students are to apply wound management interventions when applicable

PTA 203 Pathology
Topic: Infectious Diseases
Obj# 7 Differentiate between strict isolation and contact isolation and the type of precautions recommended for each
Obj# 11 Demonstrate competency in preparing a sterile field and donning precaution garments

PTA 209: Therapeutic Exercise II
Topic: Burns & Wound Care
Obj. # 8: Identify precautions to be aware of with wound care treatments and dressing removal.

PTA 290 Clinical Seminar
Course Obj# 8 Discuss and review topical wound dressings for various types of wounds per NPTE expectations

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #9 (Interventions: Therapeutic Techniques)

**Test and Measures[2]**

7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:

a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)

**Learning Experiences**

In PTA 202, Physical Rehabilitative Techniques (2nd semester) students learn basic skills in performing data collection in vitals, including BP, HR, RR and O2 Sats through lecture and lab activities. Tilt table protocol and procedures to follow should an adverse response occur during the treatment is also taught in this class. This is reinforced in PTA 203 Pathology (2nd semester) where students learn to identify and
describe symptoms/clinical signs that indicate discontinuing or modifying exercise with patients. Along with orthostatic hypotension such symptoms like orthopnea, syncope, dyspnea and cardiac palpitations are discussed. In PTA 208, Therapeutic Exercise I, the third semester, students learn through lecture and skills practice, HR precautions/techniques used with cardiac and pulmonary diagnosis as well as age affected patients. In PTA 280 and 281, Clinical Internships I and II, students duties include collecting data of vitals under the supervision of the clinical instructor and supervising physical therapist.

PTA 202 Physical Rehabilitative Techniques
Topic: Vital Signs: Anatomical Review…
Obj# 8 Demonstrate knowledge of abnormal responses for pulse, blood pressure, respiration, pulse oximetry

PTA 203 Pathology
Topic: Cardiovascular
Obj# 11 Define cardiac palpitations, dyspnea, paroxysmal nocturnal dyspnea, orthopnea, syncope and orthostatic hypotension
Obj# 14 Describe symptoms/clinical signs that indicate discontinuing or modifying exercise with patients

PTA 208: Therapeutic Exercise I
Topic: Aerobic Conditioning
Obj. # 4: Understand how maximal heart rate is calculated & used to determine a training HR using the age adjusted max HR and Karvonen formulas.
Topic: Cardiac & Pulmonary Rehab
Obj. # 8: Identify precautions in working with post-surgical cardiac & pulmonary patients, and identify when treatment should not be performed due to a change in status.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

b. Anthropometrical Characteristics: measurements of height, weight, length and girth
Learning Experiences

Measuring patient height and weight are skills taught to students in their second semester in PTA 202, Physical Rehabilitative Techniques. Students also learn to adjust assistive devices using landmarks. Measurements in regard to gait assessment such as step and stride lengths is also discussed in lecture and trained in lab. In PTA 208, Therapeutic Exercise I, in the 3rd semester, students learn to measure limb girth using appropriate landmarks in regard to limb edema for a variety of diagnoses as well as measurement of leg length, to determine if a true or apparent leg length discrepancy is present. In the final full time clinical rotations (PTA 280 & PTA 281, Clinical Internship I & II), students collect anthropometric data in supervised clinical practice.

PTA 202: Physical Rehabilitative Techniques
Topic; Vital Signs/Anatomical Review
Obj. #9: Demonstrate accurate measurement of height and weight.

Topic: Gait with Assistive Devices
Obj. #2: Demonstrate knowledge of fitting common gait assistive devices.

PTA 208: Therapeutic Exercise I
Topic: Hip & Pelvic Disorders
Obj. #8: Identify and perform special tests for the hip, including how to measure true and apparent leg length, & understand what a positive test indicates.

Course Obj. #8: Perform anthropometric measurements including leg length and limb girth using correct landmarks.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #10 (Interventions: Physical Agents and Mechanical Modalities)
c. Mental Functions: detect changes in a patient’s state of arousal, mentation and cognition)

Learning Experiences
In PTA 100, Introduction to PTA (1st semester) basic cognition assessment tools for the geriatric population is lectured in the topic of The Older Adult. In PTA 205, Pathology (3rd semester) learning experiences from lecture, including reviewing of standardized tools used to assess cognition are introduced. Ranchos Los Amigos, Glasgow Coma scales specifically are extensively reviewed during the topic of Traumatic Brain Injury. Impaired cognition, including dementia, is again taught in this class with students during the final week, with students needing to incorporate treatment interventions with cognitively impaired patients. In PTA 100, Introduction to PTA basic cognition assessment tools for the geriatric population is lectured on. PTA 209, Therapeutic Exercise II, the students fourth semester, once again look at the Glasgow Coma Scale. In this class students are required to interpret the scores and implement in to possible treatments appropriate for the patient’s level. In the final (fifth semester), PTA 280 and 281 students are responsible to demonstrate proficiency in collecting information related to cognition and to be able to adjust treatments based on the patients cognitive assets.

PTA 205 Physical Therapy Science
  Topic: Traumatic Brain Injury
  Obj# 5 Identify signs and symptoms of damage to and disorders of the cerebral systems, including levels of cognitive arousal and cognitive functioning showing the ability to use standardized scales and assessment tools.
  Topic: Cognitive Disorders
  Obj# 1 Explain the characteristics, possible etiologies and treatment principles associated with patients impaired cognitively
  Obj# 4 Recommend treatment interventions for patients with dementia, based on case studies/scenarios.

PTA 209: Therapeutic Exercise II
  Topic: Traumatic Brain Injury
  Obj. # 4: Define the Glasgow Coma Scale, the areas assessed with it, and how scores are interpreted.
Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment

Learning Experiences

The program has been fortunate to acquire assistive technology with examples such as a tilt in space wheelchair, a continuous passive motion machine for knee rehabilitation, an Intermittent Pneumatic Compression Device, and a Game Ready system. This equipment is introduced in the appropriate courses with students having the opportunity to practice use of the devices in lab sessions based on patient case scenarios in PTA 202, PTA 208 & PTA 209 (Rehabilitative Techniques, Therapeutic Exercise I & II). Patient comfort, proper positioning, and monitoring patients due to safety concerns is prioritized to students in regard to using assistive technology. We also make use of donated pediatric equipment and use videos and guest pediatric patients (who often come with assistive technology devices) for students to develop ideas for the use of assistive technology. Assistive technology including orthotics is incorporated and was previously mentioned in section 7D23b. In the final full time clinical rotations, (PTA 280 & PTA 281, Clinical Internship I and II), students collect information and take steps to ensure safety with patient use of assistive technology.

PTA 209: Therapeutic Exercise II

Course Obj. #5: Justify the selection of equipment and assistive technology used for pediatric treatment and for family/caregiver training to promote safe use in the home and/or school environment.

Course Obj. #13: Provide clear and concise instructions, education, and training using appropriate terminology to patients/family members/caregivers in lab scenarios regarding equipment use and care, orthotics/prosthetics, skin condition precautions, and safe positioning/handling techniques.
Topic: Treatment for CVA
Obj. #16: Discuss proper positioning and handling techniques for the hemiplegic upper extremity and justify use of equipment to promote optimal positioning.

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility

**Learning Experiences**
PTA 202, Physical Rehabilitative Techniques (2nd semester) students have lecture and lab opportunities for gaining competencies in gait and wheelchair management skills. This class is very heavy with dynamic standing activities including progressing patients through the use of adapted equipment, including training patients appropriately and safely with gait patterns using the appropriately fitted assistive device. In their fourth semester, students in PTA 209, Therapeutic Exercise II continue with learning experiences on gait, locomotion, balance and wheelchair management. The class is neurologically based and here is where the use of assessment tools for balance and gait are introduced allowing students to learn effective data collection skills as well as treatment skills during their final didactic semester. In PTA 280 and 281 clinicals (5th semester) students must demonstrate safe and effective skills pertaining to data collection related to mobility and balance with a wide variety of patient diagnoses.

PTA 202 Physical Rehabilitative Techniques

*Topic: Gait with Assistive Devices*
Obj# 4 Demonstrate how to properly assist patients ascending and descending steps with common gait assistive devices 1:1, 2:1 and 3:1 when applicable.
Obj# 6 Safely demonstrate directing gait training to subjects with appropriate assistive device and other medical equipment including, but not limited to IV pole, O2 tank and WC.
Obj# 7 Identify, describe the different types of wheelchairs, including options necessary for a variety of diagnoses/conditions
PTA 209: Therapeutic Exercise II
Topic: Balance Control & balance exercises
Obj. # 4: Recognize and identify factors that contribute to patient falls and factors that can be modified to help decrease risk.
Obj. #5: Differentiate standardized balance tests discussed in class, including their scoring mechanisms and functional limitations assessed.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue

Learning Experiences
The integumentary system is initially discussed during the first semester in PTA 100, Introduction to PTA, with students learning about a variety of skin conditions they may be experience in their careers as a PTA. In PTA 113, Physical Agents I (1st semester) students are taught about sensation impairments and the necessary precautions needed when applying cryo and thermal modalities. Sensory and pain assessment are learned in this class with lab and lecture activities. In PTA 202, Physical Rehabilitative Techniques, (2nd semester) students experience the principles of proper positioning and draping. Skin integrity is discussed in regards to correct positioning with lab activities enable students to develop competency in this area. In PTA 209, Therapeutic Exercise II, PTA 213 Physical Agents II and PTA 290, Clinical Seminar (all 4th semester courses) students are extensively taught about wounds, their classifications and topical dressings appropriate for that type of wound, they are once again lectured on burns and what constitutes viable and non-viable tissue. Skin integrity, wounds, positioning skills and the treatment of, including electrical stimulation, is an area the program feels is a real strength in learning
experiences. Lastly, in Clinical Internships I, and II (5th semester) students must collect data to integumentary integrity in a supervised clinical setting.

PTA 113, Physical Agents I
Topic: Cryotherapy and Thermal Superficial Agents
Obj# 10 Select and justify an appropriate modality based upon a specific diagnosis/case study while demonstrating critical thinking skills as it pertains to the application of the agent and the safety of the patient.

PTA 202, Physical Rehabilitative Techniques
Lecture#6
Obj# 4 Demonstrates knowledge of indications, precautions & contraindications with patient positioning

PTA 209, Therapeutic Exercise II
Unit 5
Obj# 2 Discuss the staging of burns and recognize when tissue would be viable or non-viable.
Obj# 7 Compare and contrast wound characteristics and presentation to identify wounds that are caused by pressure, arterial or venous disease or have a neuropathic etiology

PTA 213, Physical Agents II
Topic: Electrical Stimulation and Wound Management
Obj# 3 Compare and contrast the use of negative or positive active electrode treatments with wounds.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #9 (Therapeutic Techniques)

g. Joint Integrity and Mobility: detect normal and abnormal joint movement
Learning Experiences
In PTA 201, Kinesiology (1st semester), students are taught in-depth on normal and abnormal joint movement in hands on lab activities to identify the characteristics of the quality of joint motion, normal and abnormal end-feel, joint component motions, capsular and noncapsular patterns, arthrokinematics as well as joint measurement. Students also lectured on and have lab activities in PTA 113, Physical Agents I (1st semester) regarding joint motion abnormalities. PTA 202, Physical Rehabilitative Techniques (2nd semester) students are expected to demonstrate competency in goniometry. Manual Muscle Testing is introduced in the third semester in PTA 208, Therapeutic Exercise I and students have lab and lecture learning opportunities to develop competency on these skills as well. PTA 290 Clinical Seminar, (4th semester) provides hands on training in joint mobilization Grades I and II. PTA 280 and 281 Clinical Internships (5th semester) students collect information related to joint integrity and mobility in a supervised clinical practice.

PTA 201 Kinesiology
Topic: Lecture 2 Basic Biomechanics / Arthrokinematics
Obj# 14 Describe the 3 types of accessory motion applied during joint mobilization
Topic: Lab 3 Muscular and Nervous Tissues
Obj# 5 Identify on a diagram the axis, muscle, gravity and direction of movement on a lever for a given joint action

PTA 202 Physical Rehabilitative Techniques
Topic: Lecture and Lab 3 Goniometry of Lower Extremity
Obj# 6 Demonstrate the ability to document ROM measurements for all lower extremity joints and identify normal and abnormal ranges

PTA 290 Clinical Seminar
Course Obj# 10 Identify and perform appropriate mobilization technique(s) for shoulder joint impairments

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #9 (Therapeutic Techniques)
h. **Muscle Performance:** measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone

**Learning Experiences**

In the students’ 3rd semester, in PTA 208 (Therapeutic Exercise I), they learn manual muscle testing for all major muscle groups. Students demonstrate competency in lab check offs or lab practicals and must be able to palpate muscles correctly and assess muscle mass. Normal and abnormal muscle length is covered and assessed with special orthopedic tests as well as students having prior knowledge of normal range of motion. They learn to palpate for muscle tone discrepancies. Muscle tone abnormalities as a function of neurological etiology is covered in PTA 209 (Therapeutic Exercise II) in the 4th semester. With guest patients and the use of several video clips, students are able to see firsthand abnormal muscle tone with neurological conditions. This class also focuses on student skills with treatment techniques in PNF and NDT, with an understanding of therapeutic techniques that can help to normalize tone. In the final full time clinical experiences, PTA 280 & PTA 281, Clinical Internship I & II, students collect information related to muscle performance and use this to guide them in selection of treatment interventions and data collection.

**PTA 208: Therapeutic Exercise I**

Course Obj. #7: Perform manual muscle testing for peripheral joint muscular and selected spinal muscles, using correct positioning, resistance, and alternate positions as necessary, and assign correct muscle strength grades.

Course Obj. #9: Perform and differentiate selected orthopedic screening tests for peripheral joints as well as cervical and lumbar spine, and distinguish between normal and abnormal patient responses, as well as reporting and verifying results with the supervising physical therapist.

**PTA 209: Therapeutic Exercise II**

Topic: Assessment of the Neurologically Involved patient

Obj. #5: Define and differentiate hypotonicity and hypertonicity, including rigidity, spasticity, spasm, and clonus.

Topic: Neurodevelopmental Treatment
Obj. #5: Utilize your knowledge of normal movement components to recognize abnormal components of movement with class demonstration and videos. Course Obj. #8: Recognize absence of muscle mass, abnormal muscle tone, and decreased muscle strength to choose and support the use of facilitation and inhibition techniques for patient treatment interventions.

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #9 (Therapeutic Techniques) & #8 (Therapeutic Exercise)

i. **Neuromotor Development:** detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions

**Learning Experiences**

Normal development in children, including gross and fine motor milestones, is covered in PTA 205, Physical Therapy Science, in the 3rd semester. Students grasp what constitutes normal development and milestones in order to more fully understand abnormal development in children. The pathology of pediatric conditions is discussed and this serves as a lead in to the 4th semester, where PTA 209, Therapeutic Exercise II, covers pediatric physical therapy treatment. Guest pediatric patients allow students to understand motor milestones and righting and equilibrium reactions more fully, as developmental delay is common. In the final full time clinical experiences, PTA 280 & PTA 281, Clinical Internship I & II, students with experiences in pediatrics collect information related to neuromotor development in supervised clinical practice.

PTA 205: Physical Therapy Science  
Topic: Pediatrics/ Normal  
Obj. #6: Describe normal motor development for ages 0-12 months.

PTA 209: Therapeutic Exercise II
Course Obj. #3: Classify developmental reflexes, righting and equilibrium reactions, and discuss their normal age of onset, integration, purpose, and impact on development and function.

PTA 09: Therapeutic Exercise II
Topic: Introduction to Pediatric Therapy.....
Obj. #8: Given a righting or equilibrium reaction, describe its purpose, how a P.T. tests for it, and the normal response seen.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for CPI #10 (Interventions)

j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations

Learning Experiences
PTA 113, Physical Agents I (1st semester) students learning experiences include being able to identify a variety pain rating tools and be able to apply them during lab skills practice and lab practical. PTA 208 Therapeutic Exercise I students through lecture and lab are exposed to pain associated with a variety of conditions and are taught techniques and how to educate the patients with pain management strategies, including exercises and positioning. Pain principles, including the review of theories and being able to accurately document is found throughout PTA 213 Physical Agents II (4th semester) and again students are expected to demonstrate competency through lecture and lab activities. PTA 209 Therapeutic Exercise II (4th semester) is a neurology based course and address correct positioning in a wheelchair to avoid pain and skin breakdown. PTA 280 and 281, the fifth semester, requires students to collect information related to pain and sensory responses while being supervised by the clinical instructor and physical therapist.
PTA 113 Physical Agents I
Topic: Inflammation, Tissue Repair and Pain
Obj# 12 Identify documentation requirements associated with pain, including appropriate tools to quantify and qualify the pain and the assessment of pain before and after treatments

PTA 208 Therapeutic Exercise I
Lecture/Lab: Cervical & Thoracic Pain & Exercises
Obj# 2 Describe symptoms, pathology, and PT treatments for torticollis, whiplash, tension headaches, thoracic inlet syndrome, TMJ, radiculopathy, hyper and hypomobility & compression fractures.

PTA 213 Physical Agents II
Topic: Cell pathophysiology, Pain, Motion Restrictions Review
Obj# Describe physical agents and the clinical decision making process in choosing the appropriate agent for pain control

PTA 209, Therapeutic Exercise II
Topic: Wheelchair positioning
Obj# 4 Compare and contrast seating and positioning systems and which types of patients benefit from these

**Levels of Achievement**: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for CPI #10 (Interventions) I

**k. Posture**: determine normal and abnormal alignment of trunk and extremities at rest and during activities

**Learning Experiences**
Students learn skeletal anatomy and normal spinal/pelvic alignment in PTA 202, Kinesiology, in their first semester. In PTA 208, Therapeutic Exercise I, 3rd semester, a unit of posture is taught to students. They learn normal posture, abnormal alignments, common postural deviations, and assess one another as well as with pictures and video clips of postural deviations. They apply knowledge of the muscle length/strength relationship to testing muscles with manual muscle testing,
and apply knowledge of what exercises are needed for strength and flexibility to address postural deviations. They also develop an understanding of pain syndromes and respiratory issues that can result from postural abnormalities. In the 4th semester in PTA 209, Therapeutic Exercise II, this knowledge is applied to patients who have neurological conditions which contribute to poor posture, such as Parkinson's disease and CVA. A Neuro Developmental Treatment unit emphasizes normal posture and alignment during functional activities such as sit to stand and gait training, with students learning therapeutic NDT techniques to facilitate improvements in posture and alignment at rest and during activity. Wheelchair positioning guidelines and techniques to improve wheelchair positioning is also covered in this course. In the final full time clinical rotations, PTA 280 and PTA 281, Clinical Internship I & II, students are able to assess posture and develop treatment interventions related to posture in supervised clinical practice.

PTA 208: Therapeutic Exercise I
Topic: Posture & Postural Awareness Training
Obj. #5: Choose treatment interventions for faulty postures including education, modalities and exercise given selected case studies.
Obj. #8: Select and perform postural screenings as well as special orthopedic tests for identifying muscle length imbalances

PTA 209: Therapeutic Exercise II
Topic: Wheelchair positioning
Obj. #3: Differentiate between seat and back surfaces, lap belts, arm supports, and foot supports and when they are needed for proper patient positioning.

Topic: Neurodevelopmental Treatment
Obj. #4: Demonstrate normal posture and movement components for the following:
   a. Sitting
   b. Anterior/posterior weight shift
   c. Scooting forward
   d. Scooting backward
   e. Sit to & from stand
   f. Stand to & from

Topic: Neurodevelopmental Treatment
Obj. #5: Utilize your knowledge of normal movement components to recognize abnormal components of movement with class demonstration and videos.
**Levels of Achievement**: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Interventions: Functional Training and Application of Devices and Equipment) & #8 (Therapeutic Exercise)

I. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device

**Learning Experiences**
PTA 202, Physical Rehabilitative Techniques, (2nd semester) students have extensive training through lecture and lab skills practice and are expected to demonstrate competency through lab practical examinations. PTA 208 Therapeutic Exercise II, (3rd semester) previously learned skills in goniometric measurement are reinforced in lab practice activities as well. Practicum I (second semester) and Practicum II (3rd semester) clinical expectations include goniometric measurement and students have experience in these Practicums. In PTA 280 and 281, Clinical Internships I and II, students collect data related to range of motion in a supervised clinical practice.

PTA 202 Physical Rehabilitative Techniques
Topic: Goniometry of Upper Extremity
Obj# 6 Demonstrate alternative positions for making upper extremity goniometric measurement.
Topic Goniometry of Lower Extremity
Obj# 6 Demonstrate the ability to document ROM measurements for all lower extremity joints and identify normal and abnormal ranges.
Topic: Goniometry of Spine and TMJ
Obj. # 6 Demonstrate the ability to document measurements for all spine joints and identify normal and abnormal ranges.
Obj# 7 Demonstrate alternative positions for making spine goniometric measurement.
Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Interventions: Functional Training and Application of Devices and Equipment) & #8 (Therapeutic Exercise)

m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others

Learning Experiences

The applied use of the ICF model in the didactic portion of PTA 214, Practicum II, in the students’ 3rd semester while learning documentation skills is a key in helping students recognize the level of a patient’s functional status. They gain greater insight into barriers, community participation, and the impact of impairments on home, social, and work life. Students complete chart reviews using the ICF model and are able to incorporate ICF language into their documentation assignments. Emphasis is placed on functional outcomes and developing short term goals which are applicable to each patient’s life. In PTA 209, Therapeutic Exercise II, students complete an assessment of their own homes, complete with measurements, to determine architectural barriers given a patient case scenario. Students also create ideas on how modifications within the environment can be made to facilitate patient function given case studies. While learning about vestibular rehabilitation, students are exposed to the Dizziness Handicap Inventory assessment tool. In the final full time clinical experiences, PTA 280 & PTA 281 (Clinical Internship I & II), students collect information related to barriers patients encounter at home and in the community and apply this to treatment in supervised clinical practice.

PTA 214: Practicum II
Course Obj. #1: Review case studies and physical therapy evaluations to identify patient impairments, functional activity and participation restrictions, and potential
disabilities based on knowledge of the International Classification of Functioning, Disability, and Health (ICF).

Topic: Health, Disability, Disablement….

Obj. # 3: Differentiate between an activity limitation and a participation restriction given samples of physical therapy documentation.

PTA 209: Therapeutic Exercise II
Course Obj. #20: Identify potential patient barriers in the home and community and discuss potential modifications and adaptations to facilitate improved patient functional outcomes.

Topic: CVA
Obj. #17: Discuss a patient home assessment, including what potential areas need to be assessed and modified given a patient functional and ADL status.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Interventions: Functional Training and Application of Devices and Equipment) & #1 (Safety)

n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics

Learning Experiences
PTA 100 Introduction to PTA (1st semester) students review basic anatomy of the lungs and heart. They are introduced to key terminology associated with cardiopulmonary conditions and the role a PTA has working with these type of patients. They also learn about postural drainage techniques and are required to identify positions and guidelines for these techniques. PTA 202, Physical Rehabilitative Techniques (2nd semester) Students are expected to demonstrate proficiency in chest physical therapy, including techniques and coughing instructions for safe and effective intervention. PTA 203 Pathology (2nd semester) Students are
taught about lung volumes, capacities and testing associated with the respiratory system. They are exposed to precautions and therapy interventions for respiratory conditions such as, asthma and chronic bronchitis. PTA 208 Therapeutic Exercise I (3rd semester) students have lab and lectures cardiac and pulmonary rehabilitation. At this time they are taught breathing exercises for pulmonary patients and must demonstrate performing them safely. PTA 280 and 281 Clinical Internship I and II, (5th semester) students collect information related to normal and abnormal respiration under the supervision of a physical therapist.

PTA 202 Physical Rehabilitative Techniques
Topic: Chest PT
Obj# 6 Demonstrate knowledge in clapping, vibration and coughing when performing chest PT
Obj# 8 Demonstrate knowledge of breathing techniques and exercises and their proper progression

PTA 208 Therapeutic Exercise I
Topic: Cardiac and Pulmonary Rehab
Obj# 5 Identify general principles for instruction in breathing exercises and perform them with good safety monitoring vital signs
Obj# 8 Identify precautions in working with post-surgical cardiac & pulmonary patients, and identify when treatment should not be performed due to a change in status

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #12 (Interventions: Functional Training and Application of Devices and Equipment) & #1 (Safety)

7D25 Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

Learning Experiences
Although within the first year of the program, students are exposed to documentation with case scenarios for lab practicals, PTA 214 (Practicum II) in the 3rd semester is the course that trains students in physical therapy documentation. Students have had Medical Terminology and Pathology and are thus are prepared for reading medical records and applying their knowledge of treatment interventions and data collection to documentation. The course progresses from reviews of initial evaluations, progress notes, and simple SOAP note writing to students learning and practicing electronic medical record documentation (WebPT). Initial evaluations are created, with students logging in and creating daily notes and progress notes. Documentation guidelines per state, payer source, and settings are compared and contrasted. The knowledge and skills gained in this course are integrated into PTA 208 (Therapeutic Exercise I), in this same semester. For the final lab practical in PTA 208, students must access their potential “cases” via the electronic medical record, in order to review the initial evaluations and develop an understanding of the plan of care in order to prepare for the practical examination. During the 4th semester, students continue working on documentation skills for lab practicals in PTA 209 (Therapeutic Exercise II), and PTA 213 (Physical Agents II), another program electronic medical record system, Optima, is utilized in this semester. Students begin using documentation skills in the clinical portion of Practicum II. Within the final full time rotations (PTA 280 & 281, Clinical Internship I & II), they document as per the facility, state and regulatory guidelines in their supervised clinical practice.

PTA 214: Practicum II
Course Obj. #2: Apply knowledge of documentation standards to compose daily notes and patient progress notes that are accurate and thorough.

Clinical Obj. #9: Demonstrate the ability to compose accurate and organized documentation as per guidelines required by the clinical practice setting and state practice act/regulatory agencies.

PTA 209: Therapeutic Exercise II
Course Obj. #19: Compose accurate and thorough documentation of physical therapy treatment given case studies and lab practicals.

PTA 281: Clinical Internship II
Obj. # 9: Compose patient care documentation that is accurate, organized, and timely as per guidelines required by the clinical practice setting and state practice act/regulatory agencies.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #13 (Documentation)

7D26 Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.

Learning Experiences

In the first semester, in PTA 100 (Introduction to PTA), students are made aware of emergency procedures related to the college and these are also posted in the classroom. Students are required to be certified in CPR before completing their first integrated clinical experience at the end of the 2nd semester (PTA 204, Practicum I). Students learn abnormal signs and symptoms related to vital signs in PTA 202 (Physical Rehabilitative Techniques) in that 2nd semester, acquiring knowledge of the course of action to take. PTA 208 (Therapeutic Exercise I) in the 3rd semester, covers special tests and critical clinical presentations, including those for a potential DVT and compartment syndrome. During that second year, 3rd (PTA 205, Physical Therapy Science) and 4th semesters (PTA 209, Therapeutic Exercise II) of the program, common emergency situations seen in PT treatments such as autonomic dysreflexia, seizures, falls etc. are reviewed, discussed for their physiological signs and symptoms, as well as how to safely secure a patient and acquire assistance. In the final lab practical in PTA 209 (Therapeutic Exercise II) students are presented with an emergency situation involving their patient and must demonstrate and/or discuss the appropriate course of action. In the final full time clinical rotations, (PTA 280 & PTA 281, Clinical Internship I & II), students are prepared to respond to an emergency as they participate in supervised clinical practice.

PTA 204: Practicum I
Course Requirement for clinical;
#1: Provide proof of Level C CPR certification.

PTA 205: Physical Therapy Science
Topic: Recommend appropriate interventions associated with secondary complications associated with a spinal cord injury patient, including spinal shock, autonomic dysreflexia, deep vein thrombosis, spasticity, orthostatic hypotension, and pressure sores.

PTA 208: Therapeutic Exercise I
Topic: Foot and Ankle
Obj. #4: Identify and perform special tests of foot and ankle and understand what a positive test indicates.

PTA 209: Therapeutic Exercise II:
Topic: Spinal Cord Injury
Obj. #10: Discuss the following secondary complications of SCI: pressure sores, autonomic dysreflexia, postural hypotension, heterotopic bone formation, DVT, contractures, pain and osteoporosis.

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

**Participation in Health Care Environment**
7D27 Contribute to efforts to increase patient and healthcare provider safety.

**Learning Experiences**
The core faculty strongly emphasize that students need to be able to demonstrate critical thinking skills and practice safely as clinicians. Therefore, patient and the healthcare providers safety is a theme found throughout the curriculum over their five semesters. The majority of lab practicals all have critical safety criterion that students have to demonstrate competency in at 100% or they fail that lab practical. In addition lab practicals address the body mechanics of the PTA while performing the intervention(s). Knowledge of contraindications and precautions for conditions in relation to treatment interventions are taught through lecture, lab skills practice and
demonstrated for proficiency in lab practicals. PTA 280 and 281, Clinical Internships I & II (5th semester) students participate in providing a safe environment for all while in their supervised clinical experience.

PTA 202 Physical Rehabilitative Techniques
Topic: Body Mechanics, Bed Positioning and Draping
Obj#1 Demonstrate knowledge of proper body mechanics when performing various health care related activities and in everyday activities
Obj# 4 Demonstrate knowledge of indications, precautions and contraindications with patient positioning

PTA 204 Practicum I
Course objectives:
Obj# 3 Choose and safely utilize exercise equipment that is beneficial in achieving patient care outcomes given case studies, physical therapy evaluations, and for various orthopedic conditions.
Obj# 4 Identify when and how exercises interventions need to be modified as per patient stage of healing, comfort, vital signs response, or when patient position changes during exercise are necessary

PTA 213 Physical Agents II (4th semester)
Topic: E-Stim Combo, Diathermy, UV
Obj# 2 Apply indications, contraindications, using ultrasound and electrical stimulation combination devices

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #1 (Safety)

7D28 Participate in the provision of patient-centered interprofessional collaborative care.

Learning Experiences
Students are presented the concept of collaborative care and the team approach to patient care from the very start of the program. Discussions occur throughout the program regarding the role of occupational & speech therapy, nursing, social services etc. Reporting status changes to the appropriate medical professionals is emphasized. Students begin interacting with professionals from many disciplines during their first Practicum integrated experiences. (PTA 204 & PTA 214, Practicum I & II). In Practicum I, the importance of excellent communication with all members of the healthcare team is discussed. In the 4th semester, in PTA 209, Therapeutic Exercise II, a guest lecturer who is a speech pathologist, comes to class to discuss the role of speech therapy and to help students develop a better understanding of dementia and aphasia. A licensed orthotist/prosthetist is also a class guest. In this same semester, students also are given an assignment for outside research in which they have to present an inservice to the class. Each student is assigned a different topic, and some will research other health care disciplines (i.e. OT, Respiratory Therapy, Recreation Therapy), to provide greater insight into their roles as healthcare providers and the relationship with physical therapy professionals. In the final full time clinical rotations (PTA 280 & PTA 281, Clinical Internship I & II), students participate in interprofessional collaborative care in their supervised clinical experiences. They are also required to present an educational inservice during both of these experiences. The audience is selected by the clinical instructor and often includes members of other health care disciplines (i.e. nursing, OT etc.)

PTA 214: Practicum II
Clinical Experience Obj. #3: Demonstrate professional behavior including appropriate and effective verbal and non-verbal communication with patients, families, caregivers, and all interdisciplinary members of the health care team

PTA 209: Therapeutic Exercise II:
Topic: CVA
Obj. #5: Differentiate between expressive vs. receptive speech deficits that may result from a CVA.
Course Obj. #21: Research a social service agency, support group, or health care profession assigned to you and educate PTA program students and faculty by presenting an inservice.
PTA 280 & PTA 281: Clinical Internship I & II
Obj. #10: Provide education/instruction to physical therapy team members and/or other members of the health care team by conducting an inservice presentation or training session on a physical therapy topic using evidence-based resources.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #5 (Communication)

7D29 Participate in performance improvement activities (quality assurance).

Learning Experiences
PTA 100, Introduction to PTA (1st semester) students are exposed to quality improvement and quality management principles as it applies to the physical therapy profession. In PTA 204, Practicum I (2nd semester) the students are taught and understand how important good communication skills are to have between disciplines and establishing a collaborative environment that enables the facility to treat patients safely and effectively. In Practicum II, PTA 214 (3rd semester) students review documentation which helps them prepare to be a part of the quality assurance team in the healthcare profession. PTA 280 and 281, Clinical Internships I and II (5th semester) students participate in components of quality improvement while in a supervised clinical practice

PTA 100, Introduction to PTA
Topic: Laws, Regulations and Policies/Reimbursement…
Obj# 18 Define continuous quality improvement and total quality management

PTA 204, Practicum I
Learning Outcomes:
Obj# 1 Discuss the importance of effective communication in health care including communication with patients, family members, caregivers, and among all members of the health care team.
PTA 214 Practicum II
Lecture: Documentation Practice
Obj# 1 Critique daily, weekly, and monthly progress notes

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #14 (Resource Management)

**Practice Management**
7D30 Describe aspects of organizational planning and operation of the physical therapy service.

**Learning Experiences**
PTA 100, Introduction to PTA (semester 1) students review the document Standards of Practice for Physical Therapy which gives them a look into the many aspects in the operation of a physical therapy practice. In PTA 214, Practicum II (3rd semester) students learn how billing and reimbursement varies in the different clinical environments. In PTA 280 and 281, Clinical Internships I and II, (fifth semester) students are required to participate in the operations of a physical therapy practice in an efficient manner.

PTA 100 Introduction to PTA
Topic: The Profession of Physical Therapy…
Obj# 8 Review and discuss the document, Standards of Practice for Physical Therapy

PTA 214, Practicum II
Topic: Types of Insurance and PT Reimbursement
Obj#2 Describe types of insurance programs for reimbursement for PT services
Obj# 6 Compare and contrast how documentation requirements vary by clinical practice setting
Obj# 10 Identify proper patient billing codes with selection of treatment units and billable minutes using treatment case scenarios

**Levels of Achievement:** Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #14 (Resource Management)

7D31 Describe accurate and timely information for billing and payment purposes.

**Learning Experiences**

Students learn about billing for therapy services in the didactic portion of PTA 214 (Practicum II), in their 3rd semester. The ICD-10 coding system is discussed as well as CPT codes for physical therapy services. Billing procedures within all types of therapy settings is compared and contrasted. Students are presented with several case scenarios and have to determine appropriate codes, minutes, units etc. meeting ethical and legal standards. The potential for fraud and abuse is also discussed. The electronic medical record system used for students also allows them to practice and develop accurate billing skills, with special emphasis placed on ensuring that the documentation clearly reflects the treatment codes being billed. Within the clinical experience of Practicum II, students begin assisting their instructors with submission of billing information. Just as with documentation, what students learn about billing is carried over into the 4th semester with lab practicals and documentation assignments in PTA 209 (Therapeutic Exercise II). Within the final full time supervised clinical experiences, PTA 280 & PTA 281 (Clinical Internship I & II), students participate in accurate and timely submission of information for billing.

PTA 214: Practicum II
Course Obj. #4: Determine appropriate, ethical, and legal billing and use of CPT codes given patient treatment scenarios.
Clinical Experience Obj. #11: Participate with guidance from the clinical instructor and supervising physical therapist in discharge planning, patient education, home exercise program development, patient scheduling, and billing for physical therapy services.

PTA 209: Therapeutic Exercise II
Course Obj. #19: Compose accurate and thorough documentation of physical therapy treatment given case studies and lab practicals.

PTA 281: Clinical Internship II
Obj. #11: Demonstrate the ability to submit accurate and timely information for billing/patient charges and adhere to all established legal and ethical standards.

Levels of Achievement: Students will pass all didactic coursework at minimum of 75% proficiency. 100% of CPI evaluations from PTA 281 Clinical Internship II indicate that students meet or exceed entry level expectations for Clinical Performance Criterion #14 (Resource Management)

Standard 8
The program resources are sufficient to meet the current and projected needs of the program.

REQUIRED ELEMENTS:

8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably
three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.

Black Hawk College employs two full-time faculty for the PTA program; the Program Director has a 10 month contract and the ACCE has a 9 month contract. The ACCE is also paid an additional contract each summer, for responsibilities involving student final full time clinical rotations. The present core full time faculty members, Larry Gillund and Dianne Abels, are both physical therapists and are licensed in Illinois and Iowa. Both faculty members teach courses exclusively within the program. The workload for each core faculty member is commensurate with the required load for a full time faculty member of Black Hawk College. Full time workload per the collective bargaining agreement is thirty equated credit hours per academic year. This corresponds to fifteen equated hours for both the fall and spring semesters. Full time faculty are also required to maintain five office hours per week so that they are accessible to meet the needs of the students in the program or to meet with prospective students. Both core faculty members meet the defined workload of full time faculty as per the faculty contract (Section 2, page 14). The Program Director's fall and spring equated hour workload is 15 and 15 and the ACCE's fall and spring equated hour workload is 16.9 and 16.9, respectively.

Both the Program Director and ACCE are granted two credit hours of release time per semester (four per year), as part of their workload, to provide for the additional duties of administration, clinical coordination, program development and other responsibilities. The ACCE also receives a separate faculty summer contract to accommodate her responsibilities and duties for the two full time clinical internships, which take place during the summer semester for twelve weeks (mid-May through mid-August). Although the Program Director is not contracted during the summer, he is actively involved in meeting with the ACCE and is available for assisting with clinical site visits as necessary. The faculty meet at least weekly in the summer in order to discuss student clinical progress and as preparation for the upcoming academic year.

The program accepts a maximum of 24 students for each cohort admitted each fall. This provides for a 1:24 core faculty: student ratio including both cohorts of students, and a 1:12 average faculty: student ratio. Both full time faculty members provide laboratory assistance in courses as requested for each other and for the
program’s associated faculty members, which is also included as part of their teaching load each semester.

As mentioned previously, both the Program Director and ACCE are provided release time as part of their workload each semester. Teaching responsibilities are divided up so that both teach a mix of lecture and laboratory based courses, allowing adequate prep time and course development/management. Full time faculty members are expected to be involved in college activities and committees, and carrying an equated load of thirty hours per academic year allows for time for these activities.

The Program Director is responsible for coordinating the two associated faculty, each of whom teach one course. In addition, guest lecturers are utilized by both core faculty in appropriate courses, who coordinate and schedule them. Duties such as program administration, accreditation responsibilities such as the Annual Accreditation Report, and student advising are easily managed with the assigned workload. Student recruitment activities are coordinated by the college and the workload provides for time for these events by both the Program Director and ACCE. The program admissions process involves interviewing applicants, and this is done every spring semester by both core faculty, with assistance provided by local clinicians and Advisory Board members. The ACCE release time is primarily utilized for student clinical site development, placement of students for all rotations, correspondence with clinical site faculty, and organization of mailings as well as the annual Clinical Instructors’ Luncheon.

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 has been an institution with a history of great support for the Allied Health programs, and its philosophy is one that continues to support this area well into the future.

8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

The program utilizes a full-time academic office staff member who is located in the Health Science Center. This staff member provides services for all of the college’s eight Allied Health programs. In addition, each fall and spring semester, a work-study student is provided who assists in providing secretarial support. The full time staff member is also available throughout the academic year and summer semester to assist the ACCE with the
clinical education component of the program. This support includes things such as clinical contract monitoring, mailings to clinical sites, and updating clinical site contact information. The support services provided are more than adequate for the needs of the program.

In addition to secretarial/administrative support, the program is provided instructional technology support via the college’s resources. These include the IT department and the Teaching Learning Center, both of which provide positive and more than adequate support for instructional resources and the use of technology in the classroom.

8C Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Black Hawk College operates on three primary sources of revenue – tuition, taxes and state support. While the intention of the community college system is for these three sources to be a tripod of revenue with each source contributing 1/3 each, the reality has been different due to the State of Illinois budget situation:

Taken from the audit and budget books:

<table>
<thead>
<tr>
<th></th>
<th>Tuition</th>
<th>Taxes</th>
<th>State Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual FY16</td>
<td>55.3%</td>
<td>39.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Actual FY17</td>
<td>43.5%</td>
<td>32.8%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Budgeted FY18</td>
<td>51.4%</td>
<td>37.6%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

Tuition rates remains very stable. BHC is very competitive with the local market with a tuition rate of $149 per credit hour.
Taxes are very strong and extremely diverse in Rock Island County and the district BHC represents. The economy is not dependent on any one industry.
State support remains very uncertain. In FY16, the state only provided 11% of the traditional level of support. FY17 and FY18 have state support, but the leaders of our state have not changed. The State of Illinois is led by a republican governor and a strong democratic house and senate – this stalemate will continue to provide a challenge to the state. With it being an election year, there is not an anticipation of a state budget for FY19. That
said, the college has budgeted and planned accordingly. The College has budgeted to be self-sustaining for FY19 without any state support.

Revenue (all operating sources) are used to support instruction, academic support, student services, institutional support, scholarships and facilities. There isn’t a pre-determined allocation or distribution. We do know over 70% of our operating budget is associated with personnel in salary and benefits.

The PTA program budget provides adequate funding from the College for faculty salaries (full time and associated), contractual services for guest presenters, lecturers, and lab assistants, as well as a budget for equipment and supplies. A budget is also provided for travel, which has been primarily utilized for mileage reimbursement for the ACCE for student clinical site visits. The contractual services budget pays for laundry services, annual electrical equipment maintenance and calibration, annual accreditation fees, guest lecturers, lab assistants, and for payment to area clinicians who assist with the interview process for applicants each spring. This budget line has also been able to provide for annual payment for the CPI Web, subscriptions to a rehabilitation video series for students and faculty, as well as an online documentation system for students. The budget line for supplies and materials provides for replacement of supplies (i.e. electrodes, linens, massage gel, blood pressure cuffs, theraband etc.) as well as for adding any new equipment or replacing worn items.

The funding for these budget lines is expected to remain stable due to the success of the program with outcomes and revenue generated. In addition, the program has been fortunate in securing Perkins funding over the past several years. Both the Program Director and ACCE have written numerous grants which have provided a vast array of equipment for the classroom. Since 2014, over $30,000 in equipment has been provided to the program from Perkins funding; these grants have also secured attendance at the APTA’s Combined Sections Meetings and Accreditation Workshops for both full time faculty members.

Program Unit Plans are completed each year by the Allied Health Department Chairperson and Program Director. The Unit Plan is a
summary of the program’s goals and outcomes, and this is directly tied to the yearly budget process. The Allied Health Department Chair works directly with the program director each February in determining budgetary needs for the next fiscal year, which begins July 1. A preliminary budget is then submitted to the Executive Dean for approval. This includes rationale for any changes as compared to the previous year, as well as a breakdown of each budget line item and projected expenses.

8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.

8D1 Classroom and laboratory environments are supportive of effective teaching and learning.

In August of 2015, the Health Science Center at Black Hawk College was completed. The new building was created in order to meet the needs of the growing Allied Health programs offered by the college. Both the Program Director and ACCE had input into the design and set-up of the PTA classroom/laboratory in this building. The classroom has a total of 3,932 square feet. The lecture area is in the front of the classroom, with a large lab space in the back. This allows for movement between lecture and lab easily within a course. In addition, there is a large storage room and a separate treatment room. The space is bright, with a computer station, document camera, two sinks, and a generous amount of storage cupboards and counter tops. The lab is on the first floor of the building, with easy access to outdoors for lab skills for wheelchair mobility etc. In addition, the hallways have comfortable furniture, tables, and spaces for students to gather.

The classroom is supportive of effective teaching and learning with lecture and lab space in the same large room. At any time, when a concept is being discussed, faculty can move to the lab area to enhance student learning of the topic at hand. The PTA room is a SMART classroom, with a computer station, document camera, and white board. Internet access and Wi-Fi is good throughout the classroom and Health Science Center. The room is cleaned on a regular basis, and has its own exit door to the outside
in the event of an emergency. A fire alarm is located at the end of the hallway. A college reference document is located in the classroom and serves as a resource for safety in the event of a fire, active shooter incident etc. This information is also provided on the College website. Several windows allow for enhanced lighting and ventilation, with good temperature control in the room.

8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Both full time faculty have their own individual offices. Each office is equipped with a telephone, computer, shelving units and filing cabinets, bench seating and an extra chair. This allows for student advisement meetings, and private/confidential conferences and meetings. Student files are stored in the Program Director’s office in a locked filing cabinet, and student immunization/health records are stored in a locked cabinet in the ACCE’s office. If a larger, private meeting space is needed, the Health Science Center has several large conference rooms which can be used by program faculty as needed. Associated faculty members have access to the adjunct faculty office, located on first floor and just down the hall from the PTA classroom, or would have access to the full time faculty members offices should a private meeting with a student need to be set up.

8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Students in the PTA program have access to use of the lab and lab equipment for practice of clinical skills outside of scheduled class time. From the start of the program, it is emphasized to students that extra lab and practice time is essential to enhance skills and knowledge. Often, instructors schedule “open lab” times for students. This primarily occurs on days when classes do not meet, but also occurs on weekends occasionally. Students can also identify times to the instructors in which they would like to have lab access, and this is set up by the program faculty.

The following statement can be found in the student handbook, page 11, regarding lab access:
Students may practice physical therapy skills or procedures only in instructor-supervised clinical, laboratory, or open laboratory sessions. Students may only utilize PT lab room equipment after the student has demonstrated the appropriate training and competency has been documented. This is also found in the program syllabi.

8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

The PTA program core faculty have always made it a priority to provide students the opportunity to work with and become competent with equipment that is used in contemporary practice and in all physical therapy practice settings. Thirteen new treatment plinths were acquired through a health science grant in 2015. There are four hi-lo mat tables and two hospital beds to utilize for lab skills. Cardiac equipment includes a treadmill, upper extremity ergometer, and a Nu-Step. Wheelchairs are sufficient in number and include reclining, tilt-in-space, and lightweight models. Modality equipment includes hot and cold packs, several ultrasound and electrical stimulation machines, a short-wave diathermy unit, and thirteen TENS units. A wide variety of gait assistive devices, orthotics, exercise equipment, and parallel bars allow students to simulate and practice skills through laboratory activities. The program's anatomical models are representative of all body areas. A recent grant provided the funding for a Continuous Passive Motion machine, a Game Ready pneumatic compression device as well as an Intermittent Pneumatic Compression system for a hospital bed. Equipment and supplies utilized in the program also consists of simple items that allow simulation of patient care activities to an even greater degree. Examples include an IV pole, commode, oxygen tank, and catheters, all of which assist in preparing students for what they will encounter during patient care. No equipment for the program is provided by borrowing or via a loan.

Students are informed that they should let faculty know if any equipment is faulty or in disrepair. Each year, all electrical equipment undergoes a safety check and calibration to ensure that it is in good working order. If
any equipment is in need of maintenance, it is taken out of use and a work order is sent to the college maintenance department, or to the appropriate vendor.

**8D5 Technology resources 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 is a “SMART” classroom, including a computer station with a ceiling mounted projector, document camera, internet access, and a DVD player.

Faculty have access to utilize clickers for student polling, and the online learning management system for the college is Canvas. Videos and links to required readings or references can be posted within a course on Canvas. Occasionally, lectures are recorded and posted for student access, to be able to listen to a lecture prior to coming to class. Students also take some examinations online during their fourth semester via the Canvas learning management system.

The program subscribes to a rehabilitation video series (International Clinical Educators), which all faculty and students have access to. Two online documentation systems are also utilized for student use; WebPT and Optima. These are introduced in the course PTA 214 (Practicum II) which concentrates on documentation. This prepares students for navigation through electronic medical records. Students continue to use these documentation systems in their final semester, such as reviewing initial evaluations and documenting following a lab practical examination. All of this use of technology prepares students for contemporary practice.

**8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.**

The library at Black Hawk College provides a great resource for both students and faculty. It is open Mondays through Thursdays from 7:30 am to 7:30 p.m., and Fridays from 7:30 am to 3pm. Reference services, library instruction, circulation services, reserves, and interlibrary loans are provided. Access to eBooks including *Credo Reference and Ebsco* are also available for all students and faculty. In addition to access to
collections of print and online resources, the library participates in the I-Share library consortium, which gives all patrons the option of searching and requesting books from 86 academic libraries in Illinois. All students and faculty have access to streaming video collections. Examples of these applicable to healthcare and physical therapy include *Films on Demand, Rehabilitation Therapy in Video, and Health & Society in Video*. Via the MyBlackHawk library website, access can be gained to all of these references and e-books at any time. The library also has study rooms and conference rooms available for student reservation.

Another learning resource center available is the Independent Learning Center at the Quad-Cities Campus – The Quad-Cities Campus ILC in the lower level of Building 1 provides students with academic support services for instructional programs. A variety of multimedia instructional materials are available. The ILC also has computer labs, a computerized testing center and a testing room.

The PTA program also keeps a library collection within the classroom. This includes reference textbooks related to all PTA courses as well as general health and rehabilitation books. Students also have access to APTA journals such as *PT in Motion*. Any item can be borrowed by a student at any time. A subscription to the International Clinical Educators Rehabilitation video series is purchased by the program annually, and students are given access to this in their final semester of coursework.

**8F** The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.

The program currently has over 96 clinical sites. The program has been fortunate to have a wide variety of clinical sites and practice settings. The variety of settings include outpatient, inpatient acute, inpatient rehabilitation, and skilled nursing facilities. Students in the program generally are from a wide geographical region, so many sites remote from the immediate area have been developed. Students are encouraged to explore new clinical opportunities closer to home and provide the contact information to the ACCE. When a new site is being developed, the ACCE uses a New Site
Development Form, which assesses the facility’s ability to provide quality clinical education. Part of this questionnaire looks at the type of clinic, experiences offered, and common diagnoses treated. See Appendix XXXX for this form. The ACCE also seeks information regarding the average patient load and most importantly if the staff that are interested in working with students. She looks at the staff mix to ensure the PT/PTA ratio is conducive to appropriate professional modeling and inquires about the working space for the student to feel a part of the staff environment. The ACCE keeps track of all sites in order to determine types of patients commonly seen, and this information is also obtained via the CPIWeb.

Students are required to complete clinical rotations in a variety of settings, typically one of the Practicum rotations in outpatient and one of their two final six week rotations in outpatient, with the other Practicum and Clinical rotation completed in acute care, and skilled nursing/inpatient rehabilitation. This helps to ensure that students gain experience in all types of treatment interventions, data collection, patient progression and focus, in addition to offering experiences with a variety of age groups. For 2015-2017, 100% of students were placed in the required variety of settings.

The Clinical Instructors’ Handbook provides reference information regarding the skills students have gained competency in prior to their Practicum I or Practicum II experiences. This form is called a “Quick Reference” form and is also mailed out with the student packet prior to the Practicum I and II rotations. The Practicum Evaluation Tools, which are used by clinical instructors for these rotations, specifically evaluate students on knowledge and skills which they have demonstrated didactic and/or lab based competency in prior to the rotation. Because students have had an additional semester of coursework prior to their Practicum II rotation, this evaluation tool is much more extensive and reflects the more advanced knowledge base of the second year student.

By the time students complete their final, full time rotations, (PTA 280 and PTA 281), they have completed all didactic coursework in the program. Students must pass a final program comprehensive lab practical to be able to go out on these final clinical internships. The APTA CPI is the evaluation tool utilized by clinical instructors. Expectations and course objectives for these final two experiences reflect the level students must achieve on each
performance criteria on the CPI by the final evaluation. The course objectives reflect all aspects of the evaluation performance criteria on the CPI.

Student evaluation of each Practicum and clinical experience is crucial in ensuring that clinical sites provide experiences for students to meet objectives. Students rate items such as the variety of their learning experiences, the opportunities they were given, and the amount of direct patient care. On the Practicum student evaluation forms, they also write down five patient diagnoses they had exposure to during that experience. In this way, a site that does not offer experiences for students that will allow clinical education goals to be met can be re-evaluated to determine any further future student placement.

The timing of student selection for clinical rotations also is helpful for planning and developing new sites as needs arise. A clinical commitment form is sent to all clinical sites every March 1, with a suggested return date of April 30. Students select rotations at the beginning of the fall semester, so this provides the ACCE a strong timeline to develop additional sites if the amount of and/or types of spots offered does not meet the needs of the students. The Advisory Board of the program has also been a valuable resource in assisting the ACCE in the development of new sites and clinical locations.

8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.
The clinical affiliation agreement provides several provisions, delineating both the rights and responsibilities of the clinical education site and the Black Hawk College PTA program. More specifically, a summary of the provisions include the following:

- **Responsibilities of the clinical site:** Clinical education faculty and the clinical education site retain full responsibility of patient care and therapy services provided by students. The facility must provide for the supervision of the student by licensed and qualified physical therapists and physical therapist assistants. The facility is responsible for providing supervised learning experiences for students which give students the opportunity to perform therapeutic skills, adjust interventions within the PT plan of care, communicate effectively, participate in discharge planning, complete documentation and billing for appropriate rotations, complete and provide evaluations of the student performance to the ACCE. The facility also agrees that the ACCE of Black Hawk College retains full responsibility in providing final grades for all student practicum and clinical experiences.

- **Responsibilities of the PTA program:** The program must prepare students through classroom and laboratory instruction, remove the student in the event of unethical or behavioral issues, provide services of the ACCE as a liaison between the facility and students, and provide liability insurance coverage. The program also must provide training in HIPAA, Universal Precautions, and Blood borne Pathogens training prior to clinical experiences.

- **Responsibilities related to the student:** This includes being assigned to the physical therapy department during normal working hours, being responsible for their own meals and lodging, maintaining confidentiality of all patient information, be subject to the rules, regulations, policies and procedures of the facility. Students also must provide proof of physicals, immunizations, and any other health records as required by the facility.

- **Indemnification clause:** Both parties agree to hold each other harmless from all liabilities, claims, demands, judgments, or costs rising out of or in connection with the unlawful, wrongful, or negligent acts or omissions of either party in the performance or non-performance of the terms of the agreement.

- **Notification:** Black Hawk College and the facility do not discriminate on the basis of race, color, religion, sex, national origin, handicap, or age in the recruitment and admission of students or the operation of its educational programs.
Insurance Coverage: Black Hawk College provides professional liability insurance with the minimum liability limits of $1 million per occurrence specific to students and faculty while engaged in clinical practice.

Termination: Each party may terminate this agreement upon six months written notice to the other party. In the event of a material breach or default by either party, the non-breaching party may terminate the agreement by giving not less than ten business days notice by termination in writing.

The program maintains currency of written agreements with clinical education sites by a tracking system maintained by the Academic Service Center personnel. Copies of all clinical contracts are kept in the ACCE’s office. The ACCE and Academic Service Center Administrative Assistant meet every semester to review contracts and any upcoming expiration dates. Any contracts from clinical sites that have an expiration date in that year are noted and appropriate facility contact is made by the ACCE to have a new contract issued by the date of expiration. Most clinical agreements, including the agreement used by the PTA program, do not have a date of expiration, but instead renew automatically every year unless terminated by either party. The ACCE also reviews the list of clinical sites students are assigned to, to validate that no students are being placed in a clinical site where an agreement is not current.

8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

The college provides many types of services which are available to all students.

Academic advising services are available to all students at Black Hawk College. Students at BHC are strongly encouraged to meet with their academic advisor each semester. Once students are selected for the PTA program, the program core faculty serve as advisors for general education course selection.

Students in career and technical programs may qualify for assistance from Perkins Career Program Support Services. Examples of students who are eligible to be served by this program include displaced homemakers, single parents, persons with disabilities, non-traditional occupation students, PELL grant eligible students, and students with limited English proficiency. Support services include academic
advising, laptop loans for the semester, academic skills workshops and emergency financial assistance with textbooks, supplies, and transportation.

Health services are not provided on campus, but all buildings have a first aid station with supplies needed in the event of an injury or accident. All buildings also have AED defibrillators. Black Hawk College police department personnel are trained in first aid. For medical emergencies involving any person on campus, 911 is accessed.

The college has a Disabilities Services Department which is a resource for students who may need accommodation services within the classroom. These range from testing assistance to alternate book formats, technologies, and sign language interpreters.

Black Hawk College students have access to free tutoring. The campus offers free, walk-in services from 9 am to 1 pm daily, or appointments can be made. A free, online tutoring service (Tutor.com) is also another resource for students to access online, real-time tutors. Students are allowed up to 5 hours per semester of this online resource, but more hours can be requested.

Counseling services are free to current Black Hawk College students. A student may schedule a confidential appointment, or can drop by the counseling office. The counseling office assists students with personal, educational, or social concerns. Counseling events also occur on campus and include things such as a social service fair each fall, awareness month activities like Suicide Prevention Month, and therapy dog events the week before final exams.

The Financial Aid Office assists students and parents in applying for federal, state and institutional funds to help meet educational costs. More than half of Black Hawk College students receive some financial assistance from grants, scholarships, loans and student employment. Most of the funding is based on the family’s financial situation. The Free Application for Federal Student Aid (FAFSA) is used to determine eligibility. Computers are available at both campuses for students to complete their FAFSA.