



Commission on Accreditation in Physical Therapy Education

Confirmation of Web URLs

	Verify that the following URL is correct and points directly to the program's accreditation statement. If not, replace with corrected URL.
Accreditation Status URL	http://www.cccua.edu/programs-of-study/medical-education
	Verify that the following URL is correct and points directly to the program's main web page. If not, replace with corrected URL.
Website URL	http://www.cccua.edu/programs-of-study/medical-education

General Information

Type of term	Semester
Total # terms in academic year	3.00
Length of technical coursework in weeks (including exam week)	56.00
Total # terms to complete degree	6.00
Term length (in weeks)	16.00
Total hours of clinical education	704.00
Number of weeks of full-time clinical education	16.00

General Information - Faculty

Number of PT/PTA FULL-TIME core faculty positions	3
Number of Non-PT/PTA FULL-TIME core faculty positions	0
Number of FTEs the above number of core faculty represent	3.99
Number of PT/PTA PART-TIME core faculty positions	1

Number of Non-PT/PTA PART-TIME core faculty positions	0
Describe the definition of 1 FTE at your institution (ie, 9 mo, 10 mo, 11 mo, 12 mo)	12 Months
Number of current vacancies in currently allocated (budgeted) core faculty positions	0.00
Percent of core faculty positions turned over in last year? (Number must be between 0-100%)	0.00
Number of projected vacancies in currently allocated positions	0
Number of associated/adjunct faculty who teach half the contact hours of a course	1
FTEs represented by the previous number of associated/adjunct faculty	0.67

Student - Enrollment by Class/Gender

	Male	Female	I do not identify with an existing option/choose not to answer	Total
Freshman	5	10	0	15
Sophomore	4	8	0	12
Junior	0	0	0	0
Senior	0	0	0	0
Grad 1	0	0	0	0
Grad 2	0	0	0	0
Grad 3	0	0	0	0

Grad 4

0	0	0	0
Total 9	18	0	27

I verify that I have reviewed and completed all of the information above.

Student - Enrollment by Ethnicity

	Ethnicity
Hispanic/Latino of any race	5
American Indian/Alaskan Native	0
Asian	0
Black or African-American	3
Native Hawaiian or other Pacific Islander	0
White	19
Two or more races	0
Unknown	0
Total	27

I verify that I have reviewed and completed all of the information above.

Faculty List

Crow, Houston - 2024

First Name	Houston	Credentials	PT, DPT, MBA
Last Name	Crow	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.33	Highest Earned Clinical (PT) Degree (include tDPT)	DPT
Discipline of Highest Earned Degree	Physical Therapy	Total Years as Faculty	1
Primary Area of Expertise Taught in Program	Musculoskeletal	Enrolled in Degree Program	No
Gender	Male	PT or PTA	PT

FTE (for Program)	1.33	Highest Earned Academic Degree (don't include tDPT)	Masters (advanced)
Rank	Instructor	Total Years as Faculty in Program	1
Secondary Area of Expertise Taught in Program	Administration/Management	Certified Clinical Specialist	No
	Enter 0 "zero" if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to 0 "zero".	Entry Level Program	59.00
Clinical Practice (as part of workload)	25.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	16.00	Scholarship	0.00
Total Contact Hours Fall	15	Total Contact Hours Winter	0
Total Contact Hours Spring	13	Total Contact Hours Summer	4
Upload: CV/Resume	CV-Crow Houston.pdf	Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualification area as the Form will not Save)	Qualifications	Dr. Houston Crow is a core faculty member who holds active, unrestricted licenses as a physical therapist in the states of Texas and Arkansas. He graduated from an accredited doctorate physical therapy program in May 2020. Additionally, he holds a bachelor of arts in biology degree and a master of business administration. Dr. Crow continues to practice, on a per diem basis, in outpatient, skilled nursing, and telehealth settings, to remain current with contemporary practice techniques. As of August 2024, Dr. Crow has four years of clinical experience as a physical therapist, of which three years were in a full-time capacity as a physical therapist in a telehealth role for skilled nursing facilities in southeast and northeast Texas. Mr. Crow serves in a consultative capacity for Ashdown High School for injury management and prevention for athletic boys. His experiences have allowed clinical expertise with cardiopulmonary conditions, orthopedic

conditions, neurological conditions, medically complex conditions, and general debility. Dr. Crow's patient caseloads include diagnoses of joint replacements, musculoskeletal abnormalities, cerebrovascular accident, Alzheimer's, Parkinson's disease, diabetes, spinal cord injuries, and oncological diagnoses. Dr. Crow has clinical experience in data collection, evaluating and treating neurologic, orthopedic, cardiopulmonary, and general medical conditions and has demonstrated competency in manual muscle testing, range of motion testing, special tests, and general assessment tools. He joined the College PTA Program Advisory Council in January 2023. Mr. Crow began his role in physical therapy education in the spring of 2023 as a lab assistant for PTA 2404 Therapeutic Exercise under the mentorship of the Program Director. He has demonstrated effective teaching as he has consulted for Ashdown High School as a licensed physical therapist to provide education on injury prevention, joint stabilization, stretching, strengthening, and safety education. He was a lab assistant in spring 2023 for the Program where he assisted in foundations, principles, and therapeutic exercise techniques. Houston collaborated with the course instructor on effective teaching strategies, learning activities, lab activities, and formal and informal student skills assessments. Through this experience, he has gained a formal mentor in Jennifer Sanderson, Program Director. The PD performs routine classroom observations of Dr. Crow's courses to mentor; discuss classroom management, course structure, student assessment practices, and organization; and develop or improve teaching and learning activities. Additionally, the PD meets to discuss student feedback for end-of-course surveys and mentors him in appropriate areas. Dr. Crow has demonstrated effective teaching and student assessment while serving as a primary instructor in summer 2023 for PTA 2303 Pathophysiology; fall of 2023 for PTA 2502 PTA Seminar, PTA 2322 Administration and Management, and PTA 2314 Movement Science; spring of 2024 for PTA 2404 Therapeutic Exercise and PTA 2303 Pathophysiology, where he created and collaborated for learning experiences, lab activities, skill assessment, lecture materials, research activities, interprofessional learning experiences, exams, and quizzes.

Additionally, he team-taught PTA 2514 Neurorehabilitation with Heather Orr and Kellie Winn in the summer of 2023. End-of-course survey results and student learning outcome assessments indicate that Dr. Crow is effective at teaching these courses. Results of the end-of-course surveys indicate that Dr. Crow tied course content to course objectives, communicated well with students, had good knowledge of the subjects taught, provided clear and concise instructions, promoted an atmosphere of preparatory activities that fostered an understanding of course content, was responsive and available to students, and provided assessments consistent with course objectives. Overall, Dr. Crow's ratings were good to excellent as an instructor. Additionally, student learning outcome assessment results indicated that students met 88-100% of the learning outcomes for these courses.

He has additional teaching experience as a Sunday school teacher where he created lesson plans and delivered teaching materials. Houston has demonstrated that he is committed to effective teaching and student evaluation as evidenced by continued professional development in education including:

APTA Academy of Education Hybrid Teaching: Formative Skill Assessment by Video in PTA Education, on 02/05/2024

Books:

Handbook of Teaching and Learning for Physical Therapists by Jensen and Mostrom

Introduction to Rubrics: An Assessment Tool to Save Grading Time, Convey Effective Feedback, and Promote Student Learning by Stevens and Levi

Learning that Lasts by Thomas Gus Almonroeder

Webinars:

Integrating AI Writing Intro Institutional Policy, Turnitin
01/07/2024

Articles:

CRLT.UMICR. Improving your teaching: Obtaining feedback. CRLT.

Higher Education. How can student feedback improve your teaching effectiveness?. How to Use Student Feedback to Improve Teaching Effectiveness.

McKeachie, W.J., Lin, Y-G., Daugherty, M., Moffett, M., Neigler, C., Nork, J., Walz, M., and Baldwin, R. Using student ratings and consultation to improve instruction.

Wirtz, J. How to systematically improve your teaching using student feedback.

Further, Dr. Crow attended the APTA New Faculty Development Workshop in July 2023 of which courses included: Student Retention and Success; Instructional Design – Strategies and Engagement; Program and Curriculum Assessment; Assessment of Student Learning – MCQ; Assessment of Student Learning – Rubrics; Assessment of Student Learning – Design; Assessment of Student Learning – Feedback; Instructional Design – Syllabus and Course Design; Instructional Design – Core Principles; Developing Students as Master Adaptive Learners; Developing Program Policies; and Culture of the Academy. Further, Dr. Crow attended Magna Teaching Professors Conferences in June 2023 of which courses included: Strategies to Avoid Your Students Saying: Ugh Not Another Class Project; Using and Writing Rubrics to Assess Learning Rather than Product; How Can You Engage Students by Having Them Participate in Real-World Outreach and Extension Projects?; Improving the Security and Quality of Online and Classroom-based Examinations; Improve Critical Thinking in the Clinical Learning Environment; and Advocacy Project: Systems Level Service-Learning in the Health Sciences. Additionally, he completed "Help! I'm Moving My Course Online! – Practical Advice for New Online Instructors" in April 2023 and "Higher Education: Technology – Profiles in Success" also in April 2023. He has additional teaching experiences in the form of community service with his church since June of 2020.

Dr. Crow is scheduled to teach as the primary instructor for PTAP 23104 Movement Science and PTAP 23003 Pathophysiology for the fall semester. During the fall of 2023, he team taught a Movement Science course alongside Mrs. Heather Orr. Dr. Crow was mentored in effective classroom strategies, teaching methodologies, and formative and summative student assessments throughout the term by both Mrs. Orr and Dr. Jennifer

Sanderson. Dr. Crow demonstrates contemporary expertise in Movement Science and Pathophysiology as evidenced by contemporary practice and continuing education including: Central Vestibular Disorders; Pathology and Management, on 04/29/2024; Evidence-based Examination of the Foot and Ankle, An Update, on 03/20/2024; Evidence-based Examination of the Lumbar Spine: An Update, on 03/20/2024; Concepts of Joint Replacement: Following Arthroplasty: An Update, on 03/11/2024; Foot and Ankle Mechanics, on 03/08/2024; Rehabilitation Following Rotator Cuff and Labral Repair Surgery; 02/19/2023; The Other Ligaments: Multiple Ligament Injury and Treatment, on 01/09/2023; ACL Reconstruction Rehabilitation: Beyond the Protocol, on 12/07/2022; Upper Extremity Neuropathies: Problem-Solving with Patient Cases, on 12/03/2022; Return to Full Performance After ACL Reconstruction Rehabilitation, on 12/06/2022; Sports Performance and Injury Prevention, 11/16/2021; Strength and Conditioning in Sports, on 11/16/2021; The Movement System: Assessment and Treatment of Knee Pain; and Secrets to Engineering Athletic Performance, on 11/10/2021. He has continued professional development by means of related podcasts: Huberman Lab - Ido Portal: The Science and Practice of Movement.

Dr. Crow is also scheduled to teach as the primary instructor for PTAP 25003 PTA Seminar and PTAP 23202 Administration and Management for the fall semester. He has contemporary clinical experience in effective documentation and billing along with continuing education including Therapy Documentation Compliance in a Skilled Nursing Facility (webinar), on 02/05/2024; Patient-Centered Defensible Documentation, on 01/24/2024; Fundamental Concepts of Defensible Documentation, on 01/24/2024; Introduction to CPT Codes: Codes Used by PT & OT, on 01/08/2024; Section GG: Mastering Mobility Assessment, on 08/02/2022; and A New Look at Section GG for Skilled Nursing Facility, on 01/10/2022. In addition, he demonstrates contemporary expertise in administration and management through his master of business administration.

Dr. Crow is scheduled to teach as the primary instructor for PTAP 24004

Therapeutic Exercise and PTAP 23003 Pathophysiology in the spring of 2025. He has contemporary clinical experience in cardiopulmonary; orthopedic conditions; general medical conditions; oncological conditions; and neurological conditions. Mr. Crow demonstrates contemporary expertise in Therapeutic Exercise, Pathophysiology, and Data Collection as evidenced by contemporary practice and continuing education including: The Neuroscience of Pain, on 04/29/2024; Central Vestibular Disorders: Pathology and Management, on 04/29/2024; Evidence-based Examination of the Foot and Ankle: An Update, on 03/20/2024; Functional Outcome Measures in IRF and SNF: How CMS Measures Them, on 03/20/2024; Current Concepts in Joint Replacement: Following Arthroplasty: An Update, on 03/13/2024; Lateral Ankle Sprains: Pathomechanics, Examination, and Outcome Measures, on 03/11/2024; Foot and Ankle Mechanics, on 03/08/2024; Imaging for Upper Quarter Sports Injuries, on 03/04/2024; Imaging for Lower Quarter Sports Injuries, on 02/26/2024; Rehabilitation following Rotator Cuff and Labral Repair Surgery, on 02/19/2024; Special Tests of the Knee, on 02/12/2024; Special Tests of the Shoulder, on 01/09/2024; The Other Ligaments: Multiple Ligament Injury and Treatment, on 01/09/2023; ACL Reconstruction Rehabilitation: Beyond the Protocol, on 12/07/2022; Upper Extremity Neuropathies: Problem-Solving with Patient Cases, on 12/03/2022; Return to Full Performance After ACL Reconstruction Rehabilitation, on 12/06/2022; Superior Rehabilitation Using Practical Strategies for Aging Adults Part 1 & 2, on 11/05/2022; Starting an "Energy System First Aid" Approach for Long COVID, on 08/02/2022; Attendance, Compliance, and Fear: Applications in Patient Engagement, on 08/02/2022; Running Footwear: Shoes Impact Form, and form impacts Shoes, on 01/10/2022; Maximizing Arm Health and Recovery in Baseball Players, on 11/29/2021; Sports Performance and Injury Prevention, on 11/16/2021; Strength and Conditioning in Sports, on 11/16/2021; The Movement System: Assessment and Treatment of Knee Pain, on 11/10/2021; Secrets to Engineering Athletic Performance, on 11/10/2021; Nutrition Support for Injury and Rehabilitation, 10/07/2021; Telehealth in Geriatrics, on 08/30/2021; and Telehealth: An

Introduction to Virtual Care, on 08/30/2021. He has continued related professional development as follows:

Books:
Fascia Training: A Whole Systems Approach by Bill Parisi and Johnathan Allen

Podcasts:
Huberman Lab: Jeff Cavaliere: Optimize Your Exercise Program with Science-based Tools; Science & Tools for Muscle Growth, Increased Strength and Muscular Recovery; Dr. Jack Feldman: Breathing for Mental and Physical Health and Performance; Ido Portal: The Science and Practice of Movement

Huberman Lab Guest Series with Dr. Andy Galpin: How to Assess and Improve All aspects of Your Health; Optimal Protocols to Build Strength and Grow Muscles; How to Build Physical Endurance and Lose Fat; Optimize Your Training Program for Fitness and Longevity; Maximize Recovery to Achieve Fitness and Performance Goals; Optimal Nutrition and Supplementation

Articles:
Borja, Sanudo, G. R-P. Whole-body vibration to improve physical function parameters in nursing home residents older than 80 years: a systematic review with meta-analysis.

Currier, B. S., Mcleod, J. C., Banfield, L., Beyene, J., Welton, N. J., D'Souza, A. C., Keogh, J. A., Lin, L., Coletta, G., Yang, A., Colenso-Semple, L., Lau, K. J., Verboom, A., & Phillips, S. M. Resistance training prescription for muscle strength and hypertrophy in healthy adults: A systematic review and Bayesian network meta-analysis.

Feldman, D.E. Guillemette, A., Sanzari, J., Youkheang, S., & Mazer, B. Decline in mobility and balance in persons with post-covid 19 condition.

Francesco Recchia, C. K.-H. Dose-response effects of exercise and caloric restriction on visceral adiposity in overweight and obese adults: a systematic review and meta-analysis of randomised controlled trials.

Hansford, H. J., Jones, M. D., Cashin, A. G., Ostelo, R. W., Chiarotto, A., Williams, S. A., Sharma, S., Devonshire, J. J., Ferraro, M. C., Wewege, M. A., & McAuley, J. H. The smallest

worthwhile effect on pain intensity of nonsteroidal anti-inflammatory drugs and exercise therapy for acute and chronic low back pain: A benefit-harm trade-off study.

Lee, A. C., Deutsch, J. E., Holdsworth, L., Kaplan, S. L., Kosakowski, H., Latz, R., McNear, L. L., O'Neil, J., Ronzio, O., Sanders, K., Sigmund-Gaines, M., Wiley, M., & Russell, T. Telerehabilitation in physical therapist practice: A clinical practice guideline from the American Physical Therapy Association.

Mertz, K. H., Reitelseder, S., Bechshoeft, R., Bulow, J., Hojfeldt, G., Jensen, M., Schacht, S. R., Lind, M. V., Rasmussen, M. A., Mikkelsen, U. R., Tetens, I., Engelsen, S. B., Nielsen, D. S., Jespersen, A. P., & Holm, L. The effect of daily protein supplementation, with or without resistance training for 1 year, on muscle size, strength, and function in healthy older adults: A randomized controlled trial.

Mertz, Kenneth H., Reitelseder, Soren, Rasmussen, Morten A., Bulow, Jacob, Hojfeldt, Grith, Jensen, Mikke, Hjulmand, Morten, Lindberg, Jonas, Kramer, Mathilde U., Bechshoef, Rasmus, Holm, Lars. Changes in Muscle Mass and Strength During Follow-Up After One-Year Resistance Training Interventions in Older Adults.

Morton, R. W., Murphy, K. T., McKellar, S. R., Schoenfeld, B. J., Henselmans, M., Helms, E., Aragon, A. A., Devries, M. C., Banfield, L., Krieger, J. W., & Phillips, S. M. A systematic review, meta-analysis and meta-regression of the effect of protein supplementation on resistance training-induced gains in muscle mass and strength in healthy adults.

Ujakovic, F., & Sarabon, N. The effects of workload difference between limbs in plyometric and strength exercises in reducing asymmetry in change of direction ability during basketball season.

Webb, J. Exploring Unconscious Bias.

Dr. Crow is scheduled to team teach PTAP 23104 Neurorehabilitation for the summer term of 2025. During Summer 2023 and Summer 2024, he team taught the Neurorehabilitation course.

			<p>Dr. Crow was mentored in effective classroom strategies, teaching methodologies, and formative and summative student assessments throughout the term by Mrs. Orr and Dr. Sanderson. He has contemporary clinical experience in neurological conditions and demonstrates contemporary expertise as evidenced by contemporary practice and continuing education including: The Neuroscience of Pain, on 04/29/2024; Strategies to Integrate Function into Rehabilitation Post Strokes, on 03/19/2024; Emergency Management of Athletes with Spine and Visceral Injuries, on 03/04/2024; Evaluating and Treating Concussions in the Adolescent Athlete, on 02/12/2024; SCI Part 3: Interventions for Treating a Person with a C6-Level Injury, on 02/12/2024; SCI Part 2: Early Rehabilitation Considerations, on 02/07/2024; SCI Part 1: Comprehensive Approach to Spinal Cord Injury, on 02/06/2024; Upper Extremity Neuropathies: Problem-Solving with Patient Cases, on 12/06/2022; and Facilitate, Force and Function: Stroke Recovery for UE and LE Applied, on 11/05/2022.</p> <p>Please refer to CV – Crow Houston for evidence of clinical experience and continuing education.</p>
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Hamilton, Haley - 2024

First Name	Haley	Credentials	PTA, BAAS
Last Name	Hamilton	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	0.67	Highest Earned Clinical (PT) Degree (include tDPT)	Associates
Discipline of Highest Earned Degree	Other	Total Years as Faculty	1
Primary Area of Expertise Taught in Program	Musculoskeletal	Enrolled in Degree Program	No
Gender	Female	PT or PTA	PTA
FTE (for Program)	0.67	Highest Earned Academic Degree (don't include tDPT)	Bachelor's
Rank	Instructor	Total Years as Faculty in Program	1

Secondary Area of Expertise Taught in Program	Pediatrics	Certified Clinical Specialist	No
	Enter 0 "zero" if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to 0 "zero".	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall	9	Total Contact Hours Winter	0
Total Contact Hours Spring	9	Total Contact Hours Summer	5
Upload: CV/Resume	CV-Hamilton Haley.pdf	Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualification area as the Form will not Save)	Qualifications	Haley Hamilton is an associate faculty member that holds an active, unrestricted license as a physical therapist assistant in the state of Texas. She graduated from an accredited physical therapist assistant program in August 2011. Additionally, she holds a Bachelor of Applied Arts and sciences degree. Mrs. Hamilton has thirteen years of clinical experience as a physical therapist assistant in a number of settings. Her clinical experiences include seven years in acute care; four years in both inpatient rehab and day outpatient rehab; three years in pediatric outpatient; and one year in home health. She continues to practice, on a per diem basis, currently in a pediatric outpatient setting. These experiences have allowed clinical expertise with data collection, pediatric conditions, cardiopulmonary conditions, orthopedic conditions, neurological conditions, medically complex conditions, and general debility. Mrs. Hamilton's patient caseloads include diagnoses of autism, cerebral palsy, muscular dystrophy, genetic disorders, joint replacements, musculoskeletal abnormalities, cerebrovascular accident, Alzheimer's, Parkinson's disease, diabetes, spinal cord injuries, and oncological diagnoses. Mrs. Hamilton joined the PTA Program Advisory Council and the

Program, as adjunct faculty, in January of 2023 under the mentorship of the PD and DCE, observed courses in which she would be teaching, and began professional development in higher education in preparation for her future roles in the Program. Mrs. Hamilton was mentored on effective teaching strategies, learning activities, lab activities, and formal and informal student skills assessments during PTA 2403 Data Collection and PTA 2514 Neurorehabilitation in 2023. She has demonstrated effective teaching in Summer 2023 PTAP 1112 Concepts of Physical Therapy; in Fall 2023 PTA 2203 Basic Patient Care Skills, where she team-taught with Jennifer Sanderson, and PTA 1112 Concepts of Physical Therapy; Spring 2024 PTA 2403 Data Collection, where she team-taught with Heather Orr and PTA 1112 Concepts of Physical Therapy; and Summer 2024 PTAP 25104 Neurorehabilitation, where she team-taught with Heather Orr and Houston Crow. Haley collaborated with the faculty and team instructors on effective teaching strategies, learning activities, lab activities, and formal and informal student skills assessments. Haley has demonstrated that she is committed to effective teaching and student evaluation as evidenced by continued professional development in education including the APTA Educational Leadership Conference, 10/13/2023-10/15/2023, where topics included: (UN)grading: Rethinking Assessment Practices in PT Education to Create Master Adaptive Learners; No student left behind: An innovative approach to raising NPTE first-time pass rates; Innovations in IPE: How to create and sustain meaningful learning activities for all stakeholders; Anxious Students: What can educators do to foster transformative learning and identity development?; Innovative Use of an Electronic Medical Record System to Facilitate Documentation Instruction in PT/PTA Curricula; PTA Admissions: Innovative Strategies for Success; A day in different shoes: the unintended consequences of disability simulations; Educational Technology & Pedagogy: Improved Student Outcomes in the Physical Therapy Classroom; and Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education. She attended the APTA Academy of Education Physical Therapy Faculty Development Workshop, in July 2023, where topics included: Culture of the Academy; Developing Program Policies; Developing Students as Master Adaptive Learners; Instructional Design: Core Principles, Syllabus and

Course Design, Strategies and Engagement; Assessment of Student Learning: Design, Rubrics, Feedback, MCQ; Program and Curriculum Assessment; Service and Balancing Roles; and Student Retention and Success. Furthermore, her University credit courses have aided her skills as an instructor. In courses ITED 350 Technology for Instruction, Learning, & Communication and ITED 315 Introduction to Instructional Technology, Mrs. Hamilton developed knowledge using instructional technology, evaluated appropriate technology choices, performed file management, created and presented multimedia projects, evaluated software and online resources for professional use, evaluated the effectiveness of instructional technology, and designed instructional technology plans. The education in instructional technology has encouraged her to research new tools and techniques to be used in her classroom. AAS 390 Psychology of Work allowed her to study adult learning and development, examining and challenging behaviors. Some of the topics covered were traditional learning, self-directed learning, transformative learning, experiential learning, motivation theory, cognitive development, and critical thinking. ENG 350 Technical Writing provided opportunities to create technical communications, apply principles of critical thinking and problem-solving; analyze audiences, and adapt writing for audiences. Other courses like LEAD 305 Introduction to Leadership Concepts & Practices; AAS 490 Action Research Strategies; and LEAD 400 Leadership and Gender Issues allowed an understanding of leadership practices relevant to contemporary organizations, different leadership approaches, development of research by data collection, and understanding the different perspectives on the relation between individuals and society. SOC 423 Health and Society allowed Mrs. Hamilton to apply sociological concepts and approaches to understand health, illness, and medicine; and analyze the socio-cultural factors and societal arrangements related to health, illness, and medicine. She has continued professional development related to academia as follows: Higher Education: Technology – Profiles in Success, on 4/26/2023; Help! I'm Moving My Course Online” – Practical Advice for New Online Instructors, in April 2023; 10 Creative Online Assessment Ideas That Promote Critical Thinking, Engagement & Deep Learning, on 05/01/23; Active Learning:

How to Improve Critical Thinking, Motivation, & Engagement, on 05/08/2023; Active Learning: A Formative and Summative Assessment Approach to Teaching and Learning, in May 2024; Active Learning in the Online Classroom: Strategies & Teaching Techniques to Foster Student Engagement, in May 2024; Cultivating Critical Thinking: The Power of Case Studies and Simulations in the Classroom, in May 2024; Simplify E-Learning Integration in Your Classroom: A Guided Tour of the New Educator Dashboard, in May 2024; and reviewed The Universal Design website: The UDL Guidelines, in May 2024. During May and June 2023, she completed The Teaching Professor Conference On Demand of which courses included: Assessing Learning; Educational Development; Online Teaching and & Learning; Technology Tools for Teaching; Student Engagement; Inclusive Teaching; and Preparing Your Course.

Books:

HAWKINS, D. D. Team-Based Learning Guide for students in Health Professional Schools.

Mrs. Hamilton has served as a primary instructor for PTA 1112 Concepts of Physical Therapy in the summer of 2023, fall of 2023, and spring of 2024 and team instructor for PTA 2203 Basic Patient Care Skills with Jennifer Sanderson in the fall of 2023 and PTA 2403 Data Collection with Heather Orr in the spring of 2024. End-of-course survey results indicate that Mrs. Hamilton is effective at teaching these courses. Results of the end-of-course surveys indicate that Mrs. Hamilton was consistently effective at tying course content to course objectives, well organized and communicated well with students, demonstrated good knowledge of course content, provided activities that encouraged students to participate in class, promoted learning activities that fostered an understanding of course content, provided assessments that were consistent with course objectives, and was available to students for individual conferences. Her overall ratings as an instructor for these courses were 100% good or excellent.

Haley Hamilton is scheduled to teach in the Program as the primary instructor for PTAP 22003 Basic Patient Care Skills during the fall term and PTAP 24003 Data Collections for the spring term. She is scheduled as a team instructor for PTAP 25104 Neurorehabilitation during the

summer term. She is scheduled to teach outside the Program, for PTA prerequisite courses, as the primary instructor, for PTAP 11102 Concepts of Physical Therapy during fall, spring, and summer terms; the number of course sections is dependent on enrollment numbers. Mrs. Hamilton has contemporary clinical experience in diseases across the lifespan; cardiopulmonary; orthopedic conditions; general medical conditions; and neurological diagnoses due to her experience working in a variety of clinical settings. She has demonstrated evidence of contemporary practice in pediatrics including, but not limited to, muscular dystrophy, torticollis, developmental delay, cerebral palsy, autism, Down syndrome, hydrocephalus, genetic disorders, hypotonia, hypertonia, ataxia, and emotional disturbances. Mrs. Hamilton has demonstrated expertise through contemporary practice in patients with cardiopulmonary dysfunction: COPD, CHF, emphysema, CAD, and MI requiring monitoring of blood pressure, telemetry, heart rate, respiration rate, and oxygen saturation requiring high standards of practice and modification within the plan of care. Her patient caseloads included diagnoses of joint replacements, spinal cord injury, traumatic brain injury, cerebrovascular accident, Guillain-Barre syndrome, Alzheimer's, Parkinson's disease, multiple sclerosis, muscular dystrophy, cerebral palsy, Down Syndrome, genetic disorders, autism, behavioral disorders, and oncological conditions.

Mrs. Hamilton demonstrates contemporary expertise in PTAP 2203 Basic Patient Care Skills as evidenced by contemporary clinical practice and continuing education including: ELC: Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education, 10/2023; ELC: Innovative Use of An Electronic Medical Record System to Facilitate Documentation Instruction in PT/PTA Curricula, 10/2023; Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards: What You Need to Know, 05/09/2023; Health Literacy: Effective Client Communication and Education, 04/26/2023; Managing Implicit Bias for Healthcare Excellence, 04/17/2023; Ethics; Explanation, Interpretation, and Application of the APTA's Code of Ethics, 03/2023; Guide to Bariatric Transfers and Manual Handling, 08/2022; Acute Care Physical Therapy: When to Stop, Start, Do More, or Do Less,

08/2018; Safe Patient Handling for Therapists, 08/2018; Introduction to Caring for the Pregnant Patient, 08/2018; Medicare Documentation Update: Describing Skill Relation to Discharge Planning and Maintenance Programming, 07/2016; Outcome Measures in Acute Care; How to Capture Value, 07/2016; General Pharmacology for the Physical Therapist, 07/2016; and The Essential Role of Lab Values and Vital Signs in Clinical Decision Making and Patient Safety for the Acutely Ill Patient, 07/2016. She has demonstrated additional content expertise as evidenced by facility trainings including: Team Training Principles, 2017; Safety Matters I-Lift Program, 2017; Principles of Patient Safety for Healthcare, 2017; Infection Prevention and Control, 2017; Emergency Management NIAHO Review, 2017; Ebola Virus Disease, 2017; Child and Elder Abuse, 2017; Blood borne Pathogens and Needle stick Prevention, 2017; Emergency Management NIAHO Review, 2016; Ebola Virus Disease, 2016; Language of Caring: Explaining Positive Intent, 2016; Blood borne Pathogens and Needle stick Prevention, 2016; Infection Prevention and Control, 2016; Language of Caring: Acknowledging Feelings, 2016; Language of Caring: Combined Skills, 2016; Language of Caring: Heart to Heart Communication, 2016; Language of Caring: Showing Caring Non-Verbally, 2016; Language of Caring: The Practice of Presence, 2016; Americans with Disabilities Act (ADA) Training, 2016; Child and Elder Abuse, 2016; Culture of Safety, 2016; Team Training Principles, 2016; In Focus: Compliance, Ethics, & Accountability, 2015; Security & Privacy Awareness, 2015; Emergency Management, 2015; Infection Prevention and Control – Clinical Staff, 2015; Patient & Family Engagement, 2015; Americans with Disabilities Act (ADA) Training, 2015; Blood borne Pathogens and Needle stick Prevention, 2015; Child and Elder Abuse, 2015; Age-Specific Competency – Care of Adolescent Patient, 2015; Age-Specific Competency – Care of the Adult Patient, 2015; Age-Specific Competency – Care of the Geriatric Patient, 2015; Age-Specific Competency – Care of the Pediatric Patient, 2015; Age-Specific Competency – Newborn through Infancy, 2015; Compliance Education: Code of Ethics, 2015; Compliance Education: Fraud, Waste, & Abuse, 2015; Compliance Education: Privacy, 2015; Security & Privacy, 2015; In Focus: Compliance, Ethics & Accountability, 2015; Team Training Principles, 2015; Rapid Regulatory Compliance: Clinical I & II:

General/Fire/Electrical/Back/Radiation/MRI Safety/Lift/Transfer/Slips/Trips/Falls, Latex Allergy, HazComm, Workplace Violence/Emergency Preparedness, Infection Control: Hand Hygiene, Blood borne, Standard Precautions, Airborne/Contract/Droplet Precautions, PPE, 2014; Confidentiality of Information, 2014; Ebola Preparedness, 2014; Ebola Virus Disease, 2014; False Claims Act Education, 2014; Emergency Preparedness, 2014; Infection Control, 2014; Hand Hygiene, 2014; Developmentally Appropriate Care of the Pediatric Patient, 2014; Developmentally Appropriate Care of the Adult Patient, 2014; Standard Precautions: Blood borne Pathogens and Other Potentially Infectious Materials, 2014; Patient-Centered Care, 2014; Fraud & Abuse Level 1: General Staff, 2014; Confidentiality of Information, 2014; Code of Ethics, 2014; Back Safety, 2014; Americans with Disabilities Act (ADA) Training, 2014; Blood borne Safety: Universal Precautions, Standard Precautions, and Needle stick Prevention, 2014; Child & Elder Abuse – NIAHO Patient Rights, 2014; Emergency Management, 2014; Infection Prevention and Control – Clinical Staff, 2014; Team Training Principles, 2014; In Focus: Compliance, Ethics & Accountability, 2014; Security & Privacy, 2014; I-LIFT Basic Team Training, 2014; Emergency Medical Treatment & Active Labor Act, 2013; and HIPAA, 2013.

Mrs. Hamilton demonstrates contemporary expertise in PTAP 24003 Data Collections as evidenced by contemporary clinical practice and by continuing education including Knee Arthroplasty: Increasing Range of Motion, 07/2018 and A comprehensive Review of Current Physical Therapy Treatment for the Lumbar Spine, 07/2016.

Mrs. Hamilton demonstrates contemporary expertise in PTAP 25104 Neurorehabilitation as evidenced by contemporary clinical practice and continuing education including: Module 13: Case Studies (Reflex Integration), 05/2024; Module 11: Screening Checklists (Reflex Integration), 05/2024; Module 8: STNR: The STNR Reflex Info, Testing, and Integration; Functional Activities for the STNR Reflex, 05/2024; Module 7: Palmar Grasp Reflex: The Palmar Grasp Reflex Info, Testing, and Integration; Functional Activities for the Palmar Grasp Reflex, 05/2024; Module 6 The Spinal Galant Reflex: The Spinal Galant Reflex Info, Testing, and Integration; Functional

Activities for the Spinal Galant Reflex, 05/2024; Module 5: ATNR: ATNR Info, Testing, and Integration; Functional Activities for the ATNR, 05/2024; Module 4: Rooting Reflex: The Rooting Reflex Info, Testing, and Integration; Functional Activities for the Rooting Reflex, 05/2024; Module 3: TLR and Landau Reflex: The TLR and Landau Reflex Info, Testing, and Integration; Functional Activities for the Rooting Reflex, 05/2024; Module 2: The Moro Reflex: Info, Testing, and Integration; Functional Activities for the Moro Reflex, 05/2024; Module 1: What are Primitive Reflexes; Primitive Reflexes; Primitive Reflex Integration Timeline; Primitive Reflex Screening for Parents; Primitive Reflex Screening for Therapists/Practitioners; Primitive Reflex Screening for Teachers/Educators; Primitive Reflex Screening – Adult Checklist, 05/2024; Early Intervention: Postural Control and Handling Techniques, 07/11/2023; Meeting the Sensory Needs of Children with Autism Spectrum Disorder (ASD): A Primer for Therapy Professionals, 08/2022; Functional Exercise for the Older Adult with Dementia, 08/2022; Gross Motor Delay: Challenging the Norms, 08/2022; Building Healthy Brains: Sensory Strategies for Optimal Brain Function & Postural Concerns, 07/2022; Pre-Gait and Gait Interventions to Improve Function in Children with Cerebral Palsy, 07/2022; Benefits of Infant Massage for Both Child and Caregiver, 08/2020; Five Strategies to Help Students with Autism in the Classroom, 08/2020; Filling Your Toolbox with Techniques: Treating Children with ADHD, 08/2020; Strategies for Treating Patients with Neurobehavioral Disorders, 08/2020; Is It Sensory or Is It Behavior? Part 1: Overview, 08/2018; Is It Sensory or Is It Behavior? Part 2: Sensory-Based Behaviors, 08/2018; Is It Sensory or Is It Behavior? Part 3: Communication-Based Behaviors. 08/2018; ALS: Physical Therapy Interventions in Attempt to Limit Debilitating Symptoms, 07/2016; Physical Therapy in the NICU: Advanced Topics, 07/2016; Stroke Update 2014, 08/2014; Is It Sensory or Is It Behavior?, 08/2014; and Stroke Update 2013, 08/2013. She has demonstrated additional content expertise as evidenced by facility trainings including: Clinical Stroke Education – General, 2015 and Clinical Stroke Education, 2014.

Books:

McDonald, K. Moro reflex: Integrating primitive reflexes through play and exercise.

Mrs. Hamilton demonstrates contemporary expertise in PTAP 11102 Concepts of Physical Therapy as evidenced by continuing education including Health Literacy: Effective Client Communication and Education, 04/26/2023; Managing Implicit Bias for Healthcare Excellence, 04/17/2023; Ethics; Explanation, Interpretation, and Application of the APTA's Code of Ethics, 03/2023. She has demonstrated additional content expertise as evidenced by facility training including:

Child and Elder Abuse, 2017; Language of Caring: Explaining Positive Intent, 2016; Language of Caring: Acknowledging Feelings, 2016; Language of Caring: Combined Skills, 2016; Language of Caring: Heart to Heart Communication, 2016; Language of Caring: Showing Caring Non-Verbally, 2016; Language of Caring: The Practice of Presence, 2016; Americans with Disabilities Act (ADA) Training, 2016; Child and Elder Abuse, 2016; In Focus: Compliance, Ethics, & Accountability, 2015; Security & Privacy Awareness, 2015; Americans with Disabilities Act (ADA) Training, 2015; Child and Elder Abuse, 2015; Age-Specific Competency – Care of Adolescent Patient, 2015; Age-Specific Competency – Care of the Adult Patient, 2015; Age-Specific Competency – Care of the Geriatric Patient, 2015; Age-Specific Competency – Care of the Pediatric Patient, 2015; Age-Specific Competency – Newborn through Infancy, 2015; Compliance Education: Code of Ethics, 2015; Compliance Education: Fraud, Waste, & Abuse, 2015; Compliance Education: Privacy, 2015; Security & Privacy, 2015; In Focus: Compliance, Ethics & Accountability, 2015; Team Training Principles, 2015; Confidentiality of Information, 2014; False Claims Act Education, 2014; Patient-Centered Care, 2014; Fraud & Abuse Level 1: General Staff, 2014; Confidentiality of Information, 2014; Code of Ethics, 2014; Americans with Disabilities Act (ADA) Training, 2014; Child & Elder Abuse – NIAHO Patient Rights, 2014; In Focus: Compliance, Ethics & Accountability, 2014; and Security & Privacy, 2014.

Please refer to CV – Hamilton Haley for evidence of clinical experience and continuing education.

Orr, Heather - 2024

First Name	Heather	Credentials	PTA, MBA
Last Name	Orr	Faculty Type	Core

Position	Clin Ed Coordinator	Months Appointed Per Academic Year	12
FTE (for Institution)	1.33	Highest Earned Clinical (PT) Degree (include tDPT)	Associates
Discipline of Highest Earned Degree	Administration	Total Years as Faculty	14
Primary Area of Expertise Taught in Program	Neuromuscular	Enrolled in Degree Program	No
Gender	Female	PT or PTA	PTA
FTE (for Program)	1.33	Highest Earned Academic Degree (don't include tDPT)	Masters (advanced)
Rank	Instructor	Total Years as Faculty in Program	7
Secondary Area of Expertise Taught in Program	Clinical Education	Certified Clinical Specialist	No
	Enter 0 "zero" if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to 0 "zero".	Entry Level Program	16.00
Clinical Practice (as part of workload)	25.00	Administrative	50.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	9.00	Scholarship	0.00
Total Contact Hours Fall	11	Total Contact Hours Winter	0
Total Contact Hours Spring	2	Total Contact Hours Summer	4
Upload: CV/Resume	CV-Orr Heather.pdf	Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualification area as the Form will not Save)	Qualifications	Heather Orr is the DCE and a core faculty member who holds active, unrestricted licenses as a physical therapist assistant in the states of Texas and Arkansas. Mrs. Orr graduated from an accredited physical therapist assistant program in December 2007. Additionally, she holds a bachelor of applied arts and sciences degree and a master of business administration

degree. She continues to practice, on a per diem basis, in acute and inpatient rehab settings to remain current with contemporary physical therapy practice. Mrs. Orr has twelve years of clinical experience as a physical therapist assistant, of which eight years were in a full-time, or equivalent capacity, in a variety of settings including acute, inpatient rehab, skilled nursing, home health, pediatrics, and outpatient practice settings with populations across the lifespan. She has demonstrated clinical expertise with cardiopulmonary conditions, multi-systems trauma, orthopedic conditions, oncological conditions, gunshot victims, neurological conditions, general medical conditions, and medically complex patients. Mrs. Orr has substantial experience in higher education where she has demonstrated her effectiveness in teaching and student assessment. As a newly licensed physical therapist assistant, she volunteered for Northeast Texas Community College (NTCC) PTA Program during 2008 and 2009, performing skill checks and assisting in lab scenarios, until she was extended a paid position as a lab assistant from 2010 - 2016, performing lab instruction/demonstrations, skill checks, lab practicals in Data Collection, Functional Anatomy, Basic Patient Care Skills, Management of Neurologic Disorders, and presenting lectures in Pathophysiology. Mrs. Orr continued with this role when, in 2015, she obtained an adjunct faculty position teaching PTHA 2531 Management of Neurologic Disorders, an advanced course integrating previously learned materials into the comprehensive rehabilitation of neurological conditions, for three cohorts spread over three years in length, where she wrote and presented lecture materials, learning activities, research projects, student created patient education materials, lecture exams, skill checks, and lab practicals, as well independently assessed students through assignments, presentations, written exams, skill checks, and lab practicals. Methods of instruction and student assessment were similar utilizing lecture, self-guided PowerPoint, audio PowerPoint, presentation, demonstration, return demonstration, videos, research, mapping/diagramming, discussion, quizzes, class activities, laboratory practice, skills checks, lecture exams,

laboratory practicals, and Blackboard Learning Management System. Additionally, she served as an adjunct instructor for UAC OTA Program from 2014 – 2017 teaching OTA 2104 Human Movement for four cohorts spread over four years in length. Methods of student assessment included presentations, quizzes, skills checks, laboratory practicals, assignments, class activities, and written examinations. She has been an American Physical Therapy Association Credentialed Clinical Instructor since 2012.. Over the years, she has refined the behaviors of a clinical instructor outlined in the APTA Credentialed Clinical Instructor Program. Heather has a clear understanding of the roles of the student, DCE, CI, and CCCE and has developed professional relationships that have allowed her to grow as a clinician and instructor. Through the years, her previous program instructors at NTCC were informally mentoring/molding and teaching her behaviors, methods of instruction, and forms of assessment. Through the years as a volunteer, CI, lab assistant, CCCE, and adjunct instructor, Mrs. Orr has developed effective learning experiences by attempting to understand the needs of her students and their learning styles. Furthermore, she understands that it is essential to document student progress in a manner that is constructive. Through the experience in the OTA Program, Mrs. Orr gained a formal mentor in Tamla Heminger, OTR, who guided her in effective instructional methods, use of instructional technology, leadership methods, and formal student evaluations. She performs outcome assessments after each of the courses she teaches. More recently, Mrs. Orr served as the primary instructor for PTA 2402 Clinical Neurology for spring 2024 and spring 2023; PTA 2213 Orthopedic Conditions for Fall 2023; PTA 2212 Orthopedic Conditions for Spring 2023; PTA 2314 Movement Science for fall 2022, fall 2020, fall 2019, and fall 2018; PTA 2203 Basic Patient Care Skills for fall 2019 and fall 2018; PTA 2322 for fall 2019; PTA 2515 Neurorehabilitation for spring 2020 and spring 2019; PTA 2502 PTA Seminar for summer 2020 and summer 2019; PTA 1112 Introduction to PTA for fall 2021 and fall 2019; and PTA 2303 Pathophysiology. Additionally, she served as a team teacher for PTA 2403 Data Collections for spring 2024; PTA 2314 Movement Science for fall 2023

and fall 2021; PTA 2203 Basic Patient Care Skills for fall 2020; PTA 25102 Neurorehabilitation for summer 2024; PTA 2514 for summer 2023; and PTA 2515 Neurorehabilitation for summer 2022 and spring 2021. Evidence of her effectiveness in teaching these courses includes end-of-course survey results and student learning outcomes assessment. End-of-course survey results indicate that Heather ties course content to the course objectives, is well organized and communicates well with students, reflects good knowledge of the subjects taught, provides activities that encourage student participation in class, promotes learning activities that foster an understanding of the course, and provides assessments that are consistent with the course objectives. Mrs. Orr consistently receives good to excellent ratings for her instruction and her courses. Her student learning outcome assessments reflect meeting the identified threshold in her courses. She has further demonstrated that she is effective in teaching and student evaluation as evidenced by her commitment to student physical therapist assistants as a clinical instructor.

Furthermore, her university credit courses have aided in her growth as an instructor. Course AAS 1301, Prior Learning Assessment Theory & Practice, encouraged evaluation, reflection, and application of experiential learning theory. This course discussed adult learning theory/models as they pertain to self-reflection. In courses ITED 350 Technology for Instruction, Learning, & Communication, ITED 426 Instructional Video Development, ITED 315 Introduction to Instructional Technology, and ITED 480 Management & Development of Instructional Technology, Mrs. Orr developed knowledge using instructional technology, created and presented multimedia projects, and evaluated software and online resources for professional use. Students were required to analyze, design, create, and evaluate their instructional videos. Specifically, ITED 480 taught project development planning where students were able to identify learning objectives, determine appropriate technologies to meet said objectives, and manage projects through completion. Upon completion of said project, students were taught to assess the completed projects. The use of instructional

technology has allowed new tools to be used in her classrooms and labs. AAS 390 Psychology of Work allowed her to study adult learning and development, examining and challenging behaviors. Some of the topics covered were traditional learning, self-directed learning, transformative learning, experiential learning, motivation theory, cognitive development, and critical thinking. ENG 340 Advanced Expository Writing integrated the principle of experiential learning by analysis, synthesis, and evaluation of a field of study. Other courses like LEAD 305 Introduction to Leadership Concepts & Practices; AAS 490 Action Research Strategies; SOC 314 Social Psychology; C200 Managing Organizations and Leading People; and C206 Ethical Leadership allowed an understanding of leadership practices relevant to contemporary organizations, comparing and contrasting different leadership approaches, development of research by data collection, and understanding the different perspectives on the relation between individuals and society. EDU 0103 Teaching Theories and Methodology and EDU 0203 Assessment and Outcomes for Adult Learners allowed Mrs. Orr to explore and evaluate various teaching theories and methodologies while learning to generate assessments that tie to outcomes. Courses like C202 Managing Human Capital and C204 Management Communication allowed an understanding of motivation, performance management, communication challenges, and conflict management. The University courses have allowed formal instruction in evaluation, critical thinking, assessment, instructional technology, communication, ethics, conflict management, and leadership skills that have further developed Mrs. Orr's competency and efficacy as a teacher.

Mrs. Orr completed continuing education through APTA Academy of Education, Hybrid Teaching: Formative Skill Assessment by Video in PTA Education and attended the Educational Leadership Conference in 2023 where topics included: Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education; Rethinking Clinical-Academic Partnerships: working Towards Educational Sustainability Through More Integrated Relationships; Integrated Clinical Education:

Collaborative, Evidence-based Methods to Promote Active Student Learning and Clinical Site Development; PTA Admissions: Innovative Strategies for Success, Anxious Students: What Can Educators Do to Foster Transformative Learning and Identify Development?; Creating the Teaching Commons: Coaching Faculty to Embrace Learning Sciences and Facilitate Master Adaptive Learners; No Student Left Behind: An Innovative Approach to Raising NPTE first-time Pass Rates; and "We Just Clicked": How Does CI/student Pairing Shape the Clinical Experience. She attended Combined Sections Meeting in 2023 where topics included: It's a Keeper: Learning and Assessment Approached during the Pandemic That Are Here to Stay; Through the Looking Glass: Graded Motor Imagery in Upper Extremity Rehabilitation; A Blueprint for Teaching and Learning Clinical Reasoning: Implementation from Classroom to Clinic; Health Informatics in PT Education: Why, What, and How; Why? The Essential Question and Answer to Intrinsically Motivate Students and Faculty; and Rethinking Traditional PTA Clinical Education. Mrs. Orr also attended CAPTE Self-Study Workshop in December 2022 and Educational Leadership Conference in 2021 where topics included: Creating Associated Faculty Development Opportunities: Enhancing Habits of the Head and Heart; PIVOT! Moving an online experiential learning lab from hospital to simulation-based in light of the pandemic; Simulation for the Affective Domain: Building Sustainable Habits of the Heart and Head; Use of technology in affective domain preparation of PT/PTA Students; Habits of Hand Without the Hands- Striving for Excellence in a Virtual World; Academic-Clinical Partnership Innovations: an Exemplar in Elevating Clinical Faculty Integration; and Inpatient Mini-Clinics: Innovative Short-Duration Full-time Clinical Education Experiences to Meet the Contemporary Needs of all Stakeholders. She attended CAPTE Self-Study Workshop in March 2021 and Combined Sections Meeting in 2021 where topics included Engage and Assess: Pedagogy and Productivity through the Scholarship of Teaching and Learning; Why Do Social Determinates of Health Matter? Application across the Lifespan and Practice Settings; Beyond the Manikin: Selecting the Appropriate Patient for your Simulation; Dispelling the Most

Common Physical Therapy Myths, American Physical Therapy Association; Health Care Reform: Current Trends in Medicare, Medicaid, and the Commercial Markets; Teaching the Essentials of Social Determinants of Health; Pauline Cerasoli Lecture: Educating for Professionalism – The science of caring. The Art of Healing; Core Competencies for Physical Therapy Clinical Educators: The Path toward Excellence; and Appreciating Millennials in the Workplace. Mrs. Orr also attended Combined Sections Meeting in 2020 where topics included: Speakeasy... Best Practices for Professional Presentations for the Classroom, Conference, Interview & Beyond; Driving Professional Identity Formation through a Unique Academic-Clinical Partnership Model; The Icing on the Cake: Putting the Finishing Touches on Acute Care Education; Beyond the Classroom: Using Learning Theory and Principles to Solve Student Problems in the Clinic; Ask-a-Librarian: Smarter Searching in 2 Hours or Less; Threading Evidence-Based Practice and Functional Outcomes Measures into PTA Education; Whose Rule Rules; Traversing the Mountains of Data; and A Clinical Reasoning Blueprint: Linking Learning Theories to Curricular Innovations. She also attended Anatomy in Clay Professional Development in March 2019 and Combined Sections Meeting in 2019 where topics included: Best Practice in PTA Education: Developing a Foundation for Clinical Readiness; Future Momentum: Pushing Limits on Simulation to Maximize Student Preparation; Developing and Implementing Your Teaching Philosophy for Quality Instruction; and Collaborative Clinical Education: Mechanisms for Successful Implementation. Mrs. Orr completed CAPTE Program Assessment Module through APTA Learning Center in July 2018 and attended APTA Combined Sections Meeting in 2018 where topics included: CI Development for Effective Student Participation in Collaborative Practice; Clinical Reasoning: Understanding Communication, Context, and Care; In Pursuit of Deep Understanding: Top-Down Design of a Simulation Curriculum; and Writing Workshop for Developing Program. She attended a Classroom Management course at the College in 2017; National Distance Learning Week Mini-Conference, on 11/07/17; Curriculum

Development Training and Distance Education Training, on 03/30/17, and Blackboard Learning Management System Training, on 05/25/16. She attended the APTA Faculty Development Workshop in July 2017 where topics addressed included Culture of the Academy, PTA Educators: Keys to Promotion, Student Preparation: Developing Professional Behaviors, Benefits of Section of Education Membership, Course Design: Active Learning - Strategies for Engaging our Students, Course Design: Teacher Preparation, Course Design: Student Assessment/Evaluation, Course Design: Teaching Assessment/Evaluation, PTA Educators: Curriculum Design, Roadmap to Publication, Rubric Design, and Academic Integrity. She also attended the APTA Education Section, Education Leadership Conference in 2017 for further faculty development to address the following topics Humanities: Bringing art and evidence into PT education, Walking the Talk: Leadership and advocacy, using evidence and benchmarks in curricula planning, Strengthening clinical reasoning and interprofessional skills during internships, and Admissions perspectives and challenges. She has continued professional development readings related to academia including articles/studies, books, podcasts, and webinars as outlined in her CV.

Heather Orr is scheduled to teach as the primary instructor for PTAP 22103 Orthopedic Conditions, PTAP 25204 Clinical Practicum II, and PTAP 26204 Clinical Practicum III for the fall semester; PTAP 24002 Clinical Neurology for the spring semester; and PTAP 24202 Clinical Practicum I and PTAP 25104 Neurorehabilitation for the summer semester. Mrs. Orr has served as the primary instructor and team instructor for several courses in the past and has served to mentor faculty in those roles.

Mrs. Orr has contemporary clinical experience in diseases across the lifespan; cardiopulmonary; multi-systems trauma; orthopedic conditions; general medical conditions; and neurological diagnoses including spinal cord injury, Parkinson's disease, traumatic brain injury, cerebrovascular accident, Lewy-body dementia, Alzheimer's, vascular dementia, cerebral palsy due to her experience working in the physical therapy settings of long-

term care, long-term acute, home health (including adult and pediatric), pediatric school setting, inpatient rehab, outpatient, and acute care, including progressive care, CVICU, SICU, and MICU. Mrs. Orr practiced in pediatrics including home health and school settings from 2010 – 2012 where she served three Western Bowie County school districts providing interventions within the plan of care to a variety of diagnoses/ conditions including, but not limited to, cerebral palsy, genetic disorders, autism, Down Syndrome, ataxia, spasticity, hypotonia, CVA, and emotional disturbances. Mrs. Orr has demonstrated expertise through contemporary practice in patients with increased acuity requiring constant monitoring of blood pressure, telemetry, heart rate, respiration rate, and oxygen saturation requiring high standards of practice, modification within the plan of care, and a dynamic approach to treatment interventions in the intensive care environment. Mrs. Orr's caseloads included an extensive number of patients with orthopedic conditions/procedures including joint replacements, fractures, fusions, ligament/tendon/muscle injuries, sprains, strains, spinal cord injury, traumatic brain injury, cerebrovascular accident, Guillain-Barre syndrome, multiple sclerosis, muscular dystrophy, transverse myelitis, ventilator dependent, and a high volume of post coronary artery bypass graft, valve replacements, congestive heart failure, respiratory failure, and chronic obstructive pulmonary disease. Mrs. Orr has significant experience with orthopedic conditions in acute, long-term acute, outpatient, and home health settings including but not limited to total shoulder replacements, reverse total shoulder replacements, SLAP repairs, rotator cuff repairs, bicipital tendon ruptures, epicondylitis, overuse syndromes, Colle's fracture, Smith's fracture, herniated discs, spinal fusions, laminectomies, fractures, total hip replacements and bursitis. She has extensive experience with cardiopulmonary diagnoses where she provided monitoring of blood pressure, telemetry, heart rate, respiration rate, oxygen saturation, and patient response to interventions and instructed patients in energy conservation techniques, breathing strategies, cardiac precautions, and graded interventions within the plan of care. She has treated these diagnoses in

each of the settings in which she has been employed, providing care at varying stages and across the continuum of care. She has the unique experience of treating a patient acutely, later while in an inpatient rehab setting, as well as in an outpatient setting and in a long-term care setting dealing with sub-acute and chronic conditions. Mrs. Orr demonstrates contemporary expertise as evidenced by contemporary instruction to students as a clinical instructor in an acute setting and teaching in OTA and PTA programs.

She further demonstrates content expertise in PTAP 22103 Orthopedic Conditions as evidenced by contemporary continuing education courses: Anatomy in Clay Professional Development, 03/13-03/14/19; Biomechanics Matters: Solving Clinical Problems with Biomechanics, 01/25/19; The International Classification of Functioning, Disability, and Health, 07/13/18; Complex Regional Pain Syndrome, 04/06/17; Core Stabilization, 02/21/16; Total Rehabilitation of the Hip and Knee, 01/27/16; Working with Patients with Health Problems, 01/27/16; The Truth about Posture: A Dynamic Approach, 02/08/14; Lumbar Spinal Stenosis: A Comprehensive Review, 12/31/13; Knee Deep: Rehabilitation for Total Knee Replacement, 12/31/13; Off the Cuff: Rotator Cuff Injury and Recovery, 12/31/13. She has continued professional development readings related to orthopedic conditions as identified in her CV.

Mrs. Orr demonstrates content expertise in PTAP 25104 Neurorehabilitation and PTAP 24002 Clinical Neurology as evidenced by contemporary instruction to physical therapist assistant students teaching management of neurological conditions at Northeast Texas Community College for three cohorts and five cohorts at UAC. Additionally, Mrs. Orr demonstrates neurologically related diagnoses/intervention contemporary expertise as evidenced by continuing education courses: Think Beyond Dermatomes and Myotomes: Differential Diagnosis and Management of Patients with Lower Extremity Symptoms, on 04/04/23; Through the Looking Glass: Graded Motor Imagery in Upper Extremity Rehabilitation, on 03/23/23; Mind of Movement: Fear-Avoidance Behaviors Impacting

Movement and Participation in People with Parkinson's Disease, on 02/24/23; The Puch-Pull of Implementation and De-implementation Strategies in Neurologic Rehabilitation, on 02/23/23; Having Difficulty Removing the Kid Gloves? Implementing High-Intensity Training in Neurologic and Geriatric Rehabilitation, on 03/25/21; Clinical Practice Guideline for Physical Therapist Management of Parkinson's Disease: Development and Drafted Recommendations, on 02/05/21; Improving the Experience and Delivery of Stroke Care: In the Hospital and Beyond, on 02/02/21; Did Major Research in the Last Decade Change? Locomotor Training, Gadgets, Intensity, or Everything Works!, on 02/02/21; Constraint Induced Movement Therapy Effective Strategies for Neurological, Orthopedic and Pediatric Patients, on 12/18/20; Academy of Neurologic Physical Therapy Platform 1: SCI/General Neurologic Practice, on 02/13/20; Connecting Across Professions: Management of Spasticity in Post TBU Patients, on 11/20/19; Assessment and Treatment for Survivors of Traumatic Brain Injury: An Evidence-Based Approach, on 03/19/19; Management of Adults with Neuromotor Disorders (NDTA), 03/09/19-03/10/19; Therapy Solutions for Young Children with Apraxia, on 02/28/19; Stroke Recovery, on 02/13/19; Dealing with the Dark Side of Plasticity: Pain in Neurorehabilitation, on 01/26/19; Fostering Neurodevelopment in Critically Ill Infants, on 01/25/19; Infant and Child Development: Innovations and Foundations for Rehabilitation, on 01/24/19; Autoimmune Disease & Diet, on 09/08/18; Arkansas Spinal Cord Injury and Disability Conference, on 09/07/18, to include Approach to Myopathy, Encephalopathy, Neuropathy, Sepsis, Systemic Inflammatory Response Syndrome and Why the SCI Population is Susceptible; Introduction to Recreational Therapy: Promoting Health and Wellness; Legal and Medicinal Considerations for Medical Marijuana; Spinal Cord Injury: Pitfalls per Patient and Primary Care Physician Perspectives; and A Medic's Journey from Provider to Patient; Brain Injury Conference: Management and Treatment Issues, on 07/27/18, to include The Art and Science of Distinguishing Disorders of Consciousness; Mild Brain Injury; Brain Injury Lesion Site vs. Deficits; Discharge

Planning for the Complex Brain Injured Patient and Family; and Explore Your Options: Technology Solutions for Communication Following Brain Injury; Multiple Sclerosis: Treatment Strategies for Allied Health Professionals, on 07/16/18; APTA Combined Sections Meeting, 2018, to include Exercise, Walking, and Cognition in Multiple Sclerosis: A Lifespan Perspective; No Fear: Treating the Stroke Patient in Neurological ICU with Confidence; Diagnosing and Treating Deficits in Propulsion to Improve Walking After Stroke; and Multiple Sclerosis in the Underserved; Parkinson's disease and Physical Therapy, on 04/06/2017; Working with Patients with Health Problems, on 01/27/2016; Psychotropic Medications in the Elderly, on 02/08/2014; Can Memory Skills Be Improved? A Holistic & Multifactorial Approach for Maximizing Memory and Cognition in Adults, on 02/08/2014; Updates in Autism: An Overview of Current Evidence & Best Practice, on 02/08/2014; Traumatic Brain Injury: Prevalence, Impairments, and Interventions, on 12/31/2013; Recognizing and Managing Cognitive Disorders in Older Adults, on 12/31/2013. She has obtained further non-credit continuing education course offered at a facility level as well as professional readings that improves neuro content expertise as outlined in her CV.

Mrs. Orr demonstrates contemporary expertise in clinical practicum courses (PTAP 24202, PTAP 25204, PTAP 26204) as evidenced by her service as a clinical instructor and CCCE to student physical therapist assistants in 2012, 2013, and 2014. Further, she has been an APTA Credentialed Clinical Instructor since 2012. Mrs. Orr has contemporary experience in clinical education as a CI, CCCE, as well as assisting in clinical site visits as a faculty member for Northeast Texas Community College PTA Program and as an effective DCE for the Program as evidenced by annual faculty evaluations and clinical site visits; please refer to Program Systematic Evaluations for results. Additionally, Mrs. Orr demonstrates clinical education contemporary expertise as evidenced by attending the Educational Leadership Conference in 2023 where topics included: Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education; Rethinking Clinical-Academic

Partnerships: working Towards Educational Sustainability Through More Integrated Relationships; Integrated Clinical Education: Collaborative, Evidence-based Methods to Promote Active Student Learning and Clinical Site Development; Creating the Teaching Commons: Coaching Faculty to Embrace Learning Sciences and Facilitate Master Adaptive Learners; and "We Just Clicked": How Does CI/student Pairing Shape the Clinical Experience. She attended the Combined Sections Meeting in 2023 where topics included: A Blueprint for Teaching and Learning Clinical Reasoning: Implementation from Classroom to Clinic; Health Informatics in PT Education: Why, What, and How; Why? The Essential Question and Answer to Intrinsically Motivate Students and Faculty; and Rethinking Traditional PTA Clinical Education. Mrs. Orr also attended the Educational Leadership Conference in 2021 where topics included: Creating Associated Faculty Development Opportunities: Enhancing Habits of the Head and Heart; PIVOT! Moving an online experiential learning lab from hospital to simulation-based in light of the pandemic; Simulation for the Affective Domain: Building Sustainable Habits of the Heart and Head; Use of technology in affective domain preparation of PT/PTA Students; Habits of Hand Without the Hands- Striving for Excellence in a Virtual World; Academic-Clinical Partnership Innovations: an Exemplar in Elevating Clinical Faculty Integration; and Inpatient Mini-Clinics: Innovative Short-Duration Full-time Clinical Education Experiences to Meet the Contemporary Needs of all Stakeholders. She attended Combined Sections Meeting in 2021 where topics included Core Competencies for Physical Therapy Clinical Educators: The Path toward Excellence. Mrs. Orr also attended Combined Sections Meeting in 2020 where topics included: Driving Professional Identity Formation through a Unique Academic-Clinical Partnership Model; The Icing on the Cake: Putting the Finishing Touches on Acute Care Education; Beyond the Classroom: Using Learning Theory and Principles to Solve Student Problems in the Clinic; and A Clinical Reasoning Blueprint: Linking Learning Theories to Curricular Innovations. She also attended Combined Sections Meeting in 2019 where topics included: Best Practice in PTA Education: Developing a Foundation for Clinical Readiness;

			<p>Future Momentum: Pushing Limits on Simulation to Maximize Student Preparation; and Collaborative Clinical Education: Mechanisms for Successful Implementation. Mrs. Orr attended APTA Combined Sections Meeting in 2018 where topics included: CI Development for Effective Student Participation in Collaborative Practice; Clinical Reasoning: Understanding Communication, Context, and Care; In Pursuit of Deep Understanding: Top-Down Design of a Simulation Curriculum; and APTA Clinical Instructor Education. She attended education specific training to include: Clinical Education – Reimagining the Journey to Practice Readiness, 09/14/2022; and Building Simulation Into Your Students' Clinical Schedule, 09/13/2022. Mrs. Orr has completed additional professional development related to clinical education as follows: New Research for the National Society for Experiential Education; Inspiring Clinical Evidence in Today's Students; New Research for the National Society for Experiential Education; and Understanding SARA: State Authorization Reciprocity Agreements.</p> <p>Please refer to CV – Orr Heather for evidence of clinical experience and continuing education.</p>
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Sanderson, Jennifer - 2024

First Name	Jennifer	Credentials	PT, DPT
Last Name	Sanderson	Faculty Type	Core
Position	Director	Months Appointed Per Academic Year	12
FTE (for Institution)	1.33	Highest Earned Clinical (PT) Degree (include tDPT)	DPT
Discipline of Highest Earned Degree	Physical Therapy	Total Years as Faculty	8
Primary Area of Expertise Taught in Program	Cardiopulmonary	Enrolled in Degree Program	No
Gender	Female	PT or PTA	PT
FTE (for Program)	1.33	Highest Earned Academic Degree (don't include tDPT)	Masters (advanced)
Rank	Instructor	Total Years as Faculty in Program	7

Secondary Area of Expertise Taught in Program	Electrotherapy/Modalities	Certified Clinical Specialist	No
	Enter 0 "zero" if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to 0 "zero".	Entry Level Program	16.00
Clinical Practice (as part of workload)	25.00	Administrative	50.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	9.00	Scholarship	0.00
Total Contact Hours Fall	4	Total Contact Hours Winter	0
Total Contact Hours Spring	9	Total Contact Hours Summer	0
Upload: CV/Resume	CV-Sanderson Jennifer.pdf	Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualification area as the Form will not Save)	Qualifications	Jennifer Sanderson is the Program Director and a core faculty member who holds active, unrestricted licenses as a physical therapist in the states of Texas and Arkansas. She graduated from an accredited master's degree physical therapy program in 1996. Additionally, she holds a bachelor's in biology degree and recently obtained her post-professional DPT. Dr. Sanderson continues to practice, on a per diem basis, in acute and outpatient settings, to remain current with contemporary practice techniques. She has twenty-seven and a half years of clinical experience as a physical therapist in a variety of settings. Her experiences include over twenty-one years in acute care where she has demonstrated clinical expertise with cardiopulmonary conditions, oncology, wound care, intensive care, multi-systems trauma, orthopedic conditions, neurologic diagnoses, spinal cord injuries, gunshot victims, and medically complex patients. While employed at Baptist Health, Mrs. Sanderson was accustomed to rotating through teams: neuro, cardiopulmonary, orthopedic, wound care, oncology, and intensive care providing additional opportunities to learn from other clinicians and

expand her treatment interventions for a wide variety of diagnoses. She has over 10 years of clinical experience in an outpatient setting where she has demonstrated clinical expertise in data collection and treating orthopedic, neurologic, vestibular, and general medical conditions. Mrs. Sanderson is effective in manual muscle testing, orthopedic special tests, range of motion testing, anthropometric measurements, and additional assessment tools. She has approximately one and a half years of experience with pediatrics in a school-based setting, whereas she demonstrated clinical experience with cerebral palsy, attention deficit disorders, autism, developmental delays, and emotional disturbances. Mrs. Sanderson has demonstrated effective teaching as she has consulted for Northeast Texas Tumblers as a licensed physical therapist to provide education to gymnasts for joint stabilization, stretching, strengthening, and safety techniques for joint integrity. Mrs. Sanderson has formal experience in presentations teaching clinicians and support staff while employed with Baptist Health including Vital Signs Monitoring for Cardiac Patients; Lumbar Spine Protocol; Getting Patients Better in Limited Visits; Body Mechanics; Indications for Referral to Physical Therapy; Documentation for Reimbursement and Managing RUG Scores for the Skilled Nursing Setting; and HEP Education for Recuperative Care Associates. In addition, she has given presentations on lumbar spine stabilization and cervical and lumbar spine protocols. She has approximately seven years of teaching experience as an instructor for Basic Life Saving/Cardiopulmonary Resuscitation for the American Heart Association and approximately four years as a clinical instructor to student physical therapists at Baptist Health. Mrs. Sanderson has been an adjunct instructor for one cohort of the College's OTA Program in Fall 2017 for OTA 2213 Pathophysiology where she created learning experiences, lecture materials, research activities, exams, and quizzes. She was a lab assistant in Spring 2018 for the OTA Program where she assisted functional mobility instruction and assessed data collection skills. Through her experience teaching in the OTA Program, Mrs. Sanderson gained a formal mentor in Tamla Heminger, OTR. She has demonstrated further that she is

committed to effective teaching and student evaluation as evidenced by the college credit course EDUC 2003 Introduction to Education, where she was instructed in motives for teaching, history, and philosophy of education, ethics, legal issues, teaching effectiveness, and current trends in education. She was required to demonstrate an understanding of classroom management, the influences that shape her effectiveness as a teacher, the advantages and disadvantages of teaching through interviewing instructors, the aspects of the art of teaching, and teaching as a career that goes beyond the classroom setting. She further demonstrates her commitment to effective teaching and student assessment by college coursework EDU 0103 Teaching Theories and Methodology and EDU 0203 Assessment and Outcomes for Adult Learners which explore and evaluate various teaching theories and methodologies while learning to generate assessments that tie to outcomes. She completed University courses that aid in relevant teaching content: HP 812 Evidence-Based Practice II; PT 818 Professional Practice; HP 809 Quantitative Research Methods and Designs; HP 811 Evidence-Based Practice 1; and HP 835 Reimbursement Issues, Systems, and Strategies. Mrs. Sanderson attended a Classroom Management course at the College in 2017; National Distance Learning Week Mini-Conference, on 11/07/17; Curriculum Development Training and Distance Education Training, on 03/30/17; Blackboard Learning Management System Training, on 05/25/16; and the APTA Faculty Development Workshop in July 2017 where topics addressed included Culture of the Academy, PTA Educators: Keys to Promotion, Student Preparation: Developing Professional Behaviors, Benefits of Section of Education Membership, Course Design: Active Learning - Strategies for Engaging our Students, Course Design: Teacher Preparation, Course Design: Student Assessment/Evaluation, Course Design: Teaching Assessment/Evaluation, PTA Educators: Curriculum Design, Roadmap to Publication, Rubric Design, and Academic Integrity. She also attended the APTA Education Section, Education Leadership Conference in 2017 for further faculty development to address the following topics Humanities: Bringing art and evidence

into PT education, Walking the Talk: Leadership and advocacy, Using evidence and benchmarks in curricula planning, Strengthening clinical reasoning and interprofessional skills during internships, and Admissions perspectives and challenges. She attended APTA CSM Clinical Reasoning: Understanding Communication, Context, and Care, on 02/24/18; Best Practice in PTA Education: Developing a Foundation for Clinical Readiness, in January 2019 Developing and Implementing Your Teaching Philosophy for Quality Instruction, in January 2019; NPTE Workshop for Educators, in October 2019; and in February 2021 attended APTA CSM where courses included: Pauline Cerasoli Lecture: Educating for Professionalism – The science of caring. The art of healing.; Speakeasy! Best Practices for Professional Presentations for the Classroom, Conference, Interview, and Beyond; and Ask-a-Librarian: Searching APTA's Evidence-Based Resources. In October 2021, Dr. Sanderson attended APTA Educational Leadership Conference where courses included: Defining and Developing Professionalism in the Classroom and Clinic; Accepting Students Where They Are: Increasing the Capacity for Students Before the End; Simulation for the Affective Domain: Building Sustainable Habits of the Heart and Head; Use of Technology in Affective Domain Preparation of the PT/PTA Student; Designing a Professional Development Curriculum Using Sequential Service-Learning Activities; We're Letting Our Students Down: How Do Your Program's Habits Stack Up?; An Innovative Academic Leadership Toolbox to Transform Leaders in Physical Therapy Education; and Educational Leadership Talks, Part 1: Emerging Leaders Tackle Hot Topics in Physical Therapy Education. In February 2023, she attended APTA CSM where courses included: Addressing Health Literacy in Physical Therapy Education: Developing Competence in Current and Future Physical Therapists; Why? The Essential Question and Answer to Intrinsically Motivate Students and Faculty; Ungrading: Rethinking Assessment Practices in PT Education to Create Master Adaptive Learners; Ethical AI in Health Professions Education: Co-creating an Ethical Framework to Ensure Responsible AI Use; Creating the Teaching Commons: Coaching Faculty to Embrace Learning

Sciences and Facilitate Master Adaptive Learners; Anxious Students: What Can Educators Do to Foster Transformative Learning and Identity Development; PTA Admissions: Innovative Strategies for Success; A Day in Different Shoes: The Unintended Consequences of Disability Simulations; Educational Technology & Pedagogy: Improved Student Outcomes in the Physical Therapy Classroom; and Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education. Mrs. Sanderson has continued professional development activities without awarded CEUs including the Simulation User Network Conference in September 2022 of which courses included: Improving Diagnostic Reasoning Through Virtual Simulation; Building Simulation into Your Student's Clinical Schedule; Training Day, Conducting a Skills Fair to Keep Your Students on Track; Clinical Education – Reimagining the Journey to Practice Readiness; and Debriefing, Where the Magic Happens. Additional professional development related to academia has included:

Webinars:

Brown, T. Developing Cultural Competence: A Customized Workshop for University of Arkansas Cossatot.

Chapman, K, & Shirky, C. Reimagining the Learning Experience.

Critical Thinking. Hrdq.com

Taking Control of Conflict: Skill for Resolving Workplace Disputes. Hrdq.com

Increasing First Year Student Engagement, Learning and Success in Community Colleges.

Teaching Ethics; A Key Role for Educators.

The Quest for Critical Thinking

Richardson, Will, Personal Learning Networks: The Future of Learning.

Sousa, David, How Can Differentiation Work Without Overburdening Teacher.

Teaching with Student Designed Inquiry Part I.

Implementing Inquiry in the Classroom Part II.

Evolving Learning for the New Digital Era.

Unlocking the Possibilities: The Latest Research Findings in ELearning.

Journals:

Armstrong, E. C. The key to finding the best evidence efficiently.

Cormack, J. C. Evidence-based practice... What is it and how do I do it?

Da Silva, T. M., da Cunha Menezes Costa, L., Garcia, A. N., Costa, L. O. P. What do physical therapists think about evidence-based practice? A systematic review.

Ewing, H., Anast, A., Roeling, T. Addressing plagiarism in online programmes at health sciences university: A case study.

Venglar, M. & Theall, M. Case-Based Ethics Education in Physical Therapy.

Ekmekci, O. Promoting Collaboration in Healthcare Teams Through Interprofessional Education: A Simulation Case Study.

Zipp, G. & Maher, C. Prevalence of Mind Mapping as a Teaching and Learning Strategy in Physical Therapy Curricula.

Books:

Portney, L.G. Foundations of clinical research. Applications to evidence-based practice (4th ed.).

Swisher, L. L. & Page, C. G. Professionalism in physical therapy. History, practice, & development.

Palmer, P. J. Let your life speak. Listening for the voice of vocation.

Ambrose, S. A., Bridges, M. W., Lovett, M. C., Dipietro, M., & Norman, M. K. How learning works. 7 Research-based principles for smart teaching.

Crosslin, M., et al. Creating online learning experiences.

Davis, B. G. Tools for teaching.

Brown, P. C., McDaniel, M. A., & Roediger, H. L. Make it stick: The science of successful learning.

Duckworth, A. Grit: Why passion and

resilience are the secrets to success.

Gould, B. E., VanMeter, K. C., & Hubert, R. J. Gould's Pathophysiology for the Health Professions.

Plack, M. M., & Driscoll, M. Teaching and Learning in Physical Therapy: From Classroom to Clinic.

Hawkins, David. A Team-based Learning Guide for Students in Health Professional Schools.

Additionally, she has demonstrated effectiveness as an instructor and with student assessment through her service as a clinical instructor in an acute setting for four years. During this time, she developed additional learning opportunities for students affiliating with Baptist Health to include orientation of other hospital departments and procedures, opportunities to tour and learn about community resources such as prosthetic and orthotic clinics, and providing in-servicing on patient satisfaction initiatives and documentation. She understands that students learn best when feedback is given. Mrs. Sanderson has been an instructor for the American Heart Association from 1998 – 2001, then again from 2003 – 2005, and 2017 - 2022. This course required Mrs. Sanderson to provide instruction, demonstration, and to allow students to return demonstration and practice skills. Students are tested in compliance with the American Heart Association guidelines. She has also overseen Quality Assurance and Improvement projects where she was responsible for teaching and assessing the skill of Rehab Care Associates on the ability to take appropriate vital signs before treatment of patients by Physical Therapists. This was an ongoing project with periodic training and reassessment. She has additional teaching experiences in the form of community service for five different opportunities with her church and as a member of the Prevention Task Force Team at Baptist Health where she provided assessment and education on posture at a Health and Fitness Expo and on body mechanics at a State Fair Booth. While employed at Baptist Health (1998), Dr. Sanderson created, for hospital-wide policy, written protocols for modalities including cryotherapy, moist heat, interferential

current, transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, ultrasound, massage, traction, whirlpool, and Hubbard tank. The policies created included the application of said modality, indications, safety, parameters, precautions, and contraindications. Also, in 1998, she was tasked with redesigning diagnoses-specific outpatient evaluations to reduce the time required to complete and prepare for the transition to electronic documentation. In addition, she revised musculoskeletal neck and back protocols to include treatment regimens for specific pathologies and protocols to be used with common complications of orthopedic surgeries including prolonged quadriceps weakness, prolonged swelling, and pain interfering with mobility. She also implemented and participated in several Quality Assurance and Improvement projects including vital sign education and assessment of Rehab Care Associates as described above, as well as instituting the use of diagnosis-specific standardized tools in the outpatient department and conducting audits to determine the most effective treatment strategies as correlated to diagnosis. Another QA&I project that Jennifer developed was Follow-up on Recuperative Care Total Joint Patients to ensure that the established home exercise progression was followed and education was provided to patients before discharge.

More recently, Dr. Sanderson served as the primary instructor for PTA 2204 Therapeutic Agents for fall 2018, fall 2019, fall 2020, fall 2021, fall 2022, and spring 2024; PTA 2413 Rehabilitation Techniques for spring 2019, spring 2020, spring 2021, spring 2022, spring 2023, and spring 2024; PTA 2404 Therapeutic Exercise for spring 2019, 2020, and spring 2023; PTA 2403 Data Collection for spring 2019, spring 2020, spring 2021, and spring 2022; and PTA 2303 Pathophysiology for fall 2018 and fall 2019. Evidence of her effectiveness in teaching these courses includes end-of-course surveys and student learning outcomes. End-of-course survey results indicate that Dr. Sanderson consistently ties course content to course objectives, is well organized and communicates well with students, reflects good knowledge of the subjects taught, provides activities that encourage student participation in class, promotes learning activities that foster an

understanding of the course, and provides assessments that are consistent with course objectives. Overall, Dr. Sanderson consistently receives good to excellent ratings for her instruction and her courses. Dr. Sanderson's student learning outcome assessments completed at the end of each semester indicate that students consistently meet greater than 90% of the learning outcomes for courses she teaches.

Dr. Sanderson is scheduled to teach as the primary instructor in the fall term for PTAP 23002 Therapeutic Agents I and in the spring term for PTAP 23102 Therapeutic Agents II and PTAP 24103 Rehabilitation Techniques.

Dr. Sanderson demonstrates contemporary clinical experience in PTAP 23002 Therapeutic Agents I and PTAP 23102 Therapeutic Agents II during employment with Wadley Regional Medical Center where she frequently incorporated the use of IFC, NMES, TENS, US, massage, paraffin, and whirlpool in both acute and outpatient settings. Further, Jennifer demonstrates content expertise in therapeutic agents as evidenced by continuing education courses: To Treat or Not to Treat? Which Clients Would You Consider for Electrical Stimulation?, on 02/24/2023; Functional Active Myofascial Release: Using Practical Body-Mind Approaches for Maximizing Function and Addressing Chronic Pain, on 05/14/2021; Therapeutic Exercise and Manual Therapy: Trigger Point Treatment Made Easy, on 05/06/2021; Therapeutic Modalities: An Evidence-Based Approach, on 05/05/2021; Know Pain: Acute Care Style, in 02/2021; Blood Flow Restriction: State of the Science in 2021, in 02/2021; Neuromuscular Electrical Stimulation: The Evidence is There, But Why Aren't We Using It?, in 02/2021; Low-Level Laser Therapy Effects on Inflammation, on 7/25/18; Efficacy of Electrical Stimulation in Managing Patients in Critical Care Units, on 02/23/18; and Show Me the Value: The Evidence Base for Biophysical Agents in Post-acute Practice, on 02/22/18. Further, Mrs. Sanderson has continued professional development readings related to Therapeutic Agents in the following:

Hayward, L.M., Markowski, A., Watkins, M. K., Maitland, M. E., Manske, R. & Beneck, G. J. Elements of learning and

integration of diagnostic musculoskeletal ultrasound imaging into practice: Physical Therapists' education journeys.

Louw, A., Farrel, K., Landers, M., Barclay, M., Goodman, E., Gillund, J., McCaffrey, S., & Timmerman, L. The effect of manual therapy and neuroplasticity education on chronic low back pain: A randomized clinical trial.

Mo, Z., Zhang, R., Chen, J., Shu, X., & Shujie, T. Comparison between oblique pulling spinal manipulation and other treatments for lumbar disc herniation: A systematic review and meta-analysis.

Nolte, P., Anderson, R., Strauss, E., Wang, Z., Hu, L., Xu, Z., Steen, G. Heal rate of metatarsal fractures: A propensity-matching study of patients treated with low-intensity pulsed ultrasound (LIPUS) vs. surgical and other treatments.

Teoh, K. H., Whitham, J. F., Wong, J. F., Hariharan, K. The use of low-intensity pulsed ultrasound in treating delayed union of metatarsal fractures.

Dr. Sanderson demonstrates contemporary clinical experience in PTAP 24103 Rehabilitation Techniques during employment with Baptist Health and Wadley Regional Medical Center. She has extensive experience in cardiopulmonary physical therapy as she worked 5 years full-time at Baptist Health in Little Rock, Arkansas which included rotations through cardiovascular intensive care, coronary intensive care, and medical intensive care where she provided cardiopulmonary treatment including breathing techniques, energy conservation techniques, and strengthening programs including ambulation with ventilator-dependent patients while providing AMBU bag ventilation, monitoring vital signs to include BP, HR, respiratory rate, RPE, telemetry monitoring, and oxygen saturation. Mrs. Sanderson continued this experience most recently at Wadley Regional Medical Center for Milestone Healthcare where she worked 5 years PRN, an additional 7 years full-time, and currently continues to practice PRN. Her work experience here includes a multitude of cardiopulmonary patients, 50% or greater, including but not limited to ventilator-dependent patients, post-coronary artery graft

patients, valve replacements, patients with chronic obstructive pulmonary disease, congestive heart failure exacerbation, as well as respiratory failure in intensive care units and progressive care units providing breathing techniques, airway clearance, energy conservation, strengthening, and ambulation while monitoring vital signs and patient responses.

Additionally, Dr. Sanderson demonstrates cardiopulmonary content expertise as evidenced by continuing education courses: Tips on Drips – Integrating ICU Pharmacology into PT Practice, on 07/05/2023; PACER Series: Cardiovascular and Pulmonary Anatomy and Physiology, on 01/09/23; Rehabilitation for Patients with COVID-19: Acute Care to Home Health, in 10/2021; Proning COVID Patients: The Impact and Role of a Physical Therapy Prone Team, in 02/2021; Beyond the Guidelines: Physical Therapist Management of Patients with Advanced Heart Failure and Lung Disease, in 02/2021; Defining Entry-Level Physical Therapist Cardiovascular and Pulmonary Competencies, in 02/2021; Developing Exercise Programs for Individuals with Chronic Heart Disease, on 06/15/2017; and Disease Management Models for Physical Therapists: Focus on Diabetes and Cardiovascular Disease, on 6/16/2017.

Further, Dr. Sanderson has demonstrated contemporary expertise through University courses PT 833 Capstone Project, where she completed work on Tai Chi in patients with COPD; and PT 919 Differential Diagnosis and Screening Medical Conditions, which included cardiovascular and respiratory system conditions. She has additionally demonstrated contemporary expertise through professional development related to cardiopulmonary as follows.

Articles:

Anderson, C. M., Overend, T. J., Godwin, J., Sealy, C. & Sunderji, A. Ambulation after deep vein thrombosis: A systematic review.

Hillegas, E., Puthoff, M., Frese, E. M., Thigpen, M., Sobush, D. C., & Auten, B. Role of physical therapists in the management of individuals at risk for or diagnosed with venous thromboembolism: Evidence-based clinical practice guideline.

Lai, C-C. Chou, W., Chan, K-S. Cheng, K-

C., Yuan, K-S., Chao, C-M., & Chen, C-M.
Early mobilization reduces duration of mechanical ventilation and intensive care unit stay in patients with acute respiratory failure.

Larsen, T., Lee, A., Brooks, D., Michieli, S., Robson, M., Veens, J., Vokes, O., & Lucy, S. D. Effect of early mobility as a physiotherapy treatment for pneumonia: A systematic review and meta-analysis.

Qin, X., Mao, Y., Wang, H., Wu, H., Xu, Y., & Zhao, J. Effects of the Otago exercise program in older hypertensive patients with pre-frailty.

Heick, J. D. & Farris, J. W. Survey or methods used to determine if a patient has a deep vein thrombosis: An exploratory research report.

Hillegas, E., Puthoff, M., Frese, E. M., Thigpen, M., Sobush, D. C., & Autin, B. Role of physical therapists in the management of individuals at risk for or diagnosed with venous thromboembolism: Evidence-based clinical practice guideline.

Skeik, N., Smith, J. E., Jensen, J. D., Nowariak, M. E. Manunga, J. M., & Mirza, A. K. Literature review of distal deep vein thrombosis.

Jennifer has substantial contemporary clinical experience in wound management during her employment with Baptist Health and Wadley Regional Medical Center treating pressure ulcers, venous wounds, arterial wounds, diabetic ulcers, and other wounds including surgical I & D, trauma, and burns utilizing various interventions including autolytic debridement, enzymatic debridement, sharp debridement, mechanical debridement, pulse lavage, and whirlpool. Additionally, Mrs. Sanderson demonstrates wound management content expertise as evidenced by continuing education courses: Diabetic Foot Ulcer Clinical Practice Guideline: Development and Recommendations, on 02/22/23; Pressure Ulcers: Prevention and Treatment on 11/28/18; Part One: Wound Evaluation for the Non-Wound Care PT, on 02/22/18; Part Two: Wound Treatment for the Non-Wound Care PT, on 02/22/18; The Role of the Physical Therapist in the Management of Patients at Risk for Wounds, on 6/20/2017; Wound

Management Module 3, on 2/3/2011; Wound Management Module 2, on 02/02/11; and Wound Management Module 1, on 11/29/2010.

Dr. Sanderson demonstrates contemporary content expertise in aquatics as evidenced by continuing education courses: Triple X: Exercise, Exchange, and Excel with an Aquatic Physical Therapy Program, on 02/24/23; Aquatic Exercise for Patients with Neurological Disorders: Evidence-Based Approach, on 02/23/23; Diving Into the Pain Revolution: Land Therapy, Aquatic Therapy, or Both?, in 02/2021; One If By Land, Two If By Water: Aquatic Intervention in PT and PTA Programs, in 02/2021; Aquatic Therapy, on 07/20/18; Aquatics in Rehabilitation of Orthopedic Injuries and Athletic Population, on 02/24/18.

Dr. Sanderson demonstrates contemporary clinical experience in amputations and prosthetic and orthotic management during employment at Wadley Regional Medical Center, where she has demonstrated acute post-operative amputation residual limb dressing and wrapping; amputation therapeutic exercise and positioning; prosthetic and orthotic fitting and alignment; and gait training with and without a prosthetic limb. She demonstrates amputation management content expertise as evidenced by continuing education courses: Evidence-Based Prescription of Therapeutic Intervention and Prosthetic Technology: Effects on Falls and Mobility, in 02/2021; The Older Adult with Limb Loss: Specialized Care for a Special Population, in 02/2021; Move It or Lose It: Exercise and the Prevention of Nontraumatic Lower Extremity Amputations, in 02/2021; Amputee Rehabilitation, on 02/23/19; Fall Prevention for Older Adults with Amputation: Getting Down and Back Up Again, in 01/19; She has additionally demonstrated contemporary expertise through professional development related to amputation management as follows:

Articles:
Chang, B. L., Mondshine, J., Attenger, C. E., & Kleiber, G. M. Targeted muscle reinnervation improves pain and ambulation outcomes in highly comorbid amputees.

Mayo, A. L., Viana, R., Dilkas, S., Payne,

M., Devlin, M., MacKay, C., Cimino, S. R.,
Guilcher, S. J. T., & Hitzig, S. L. Self-reported health condition severity and ambulation status post major dysvascular limb loss.

Please refer to CV – Sanderson Jennifer for evidence of clinical experience and continuing education.

Program Courses

ALHE 10503- Medical Terminology

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	ALHE 10503- Medical Terminology
Course Prefix and Number	ALHE 10503	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument11.pdf
Upload: Exam	BlankDocument12.pdf		

BIOL 24004- Anatomy and Physiology I

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	BIOL 24004- Anatomy and Physiology I
Course Prefix and Number	BIOL 24004	Year of Term in Which Offered	1
Credits	4.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	30
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument9.pdf
Upload: Exam	BlankDocument10.pdf		

BIOL 24104- Anatomy and Physiology II

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	BIOL 24104- Anatomy and Physiology II
Course Prefix and Number	BIOL 24104	Year of Term in Which Offered	1

Credits	4.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	2
Length of Course (in weeks including exam)	4	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	30
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument15.pdf
Upload: Exam	BlankDocument16.pdf		

CPSI 10003- Microcomputer Application

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	CPSI 10003- Microcomputer Application
Course Prefix and Number	CPSI 10003	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	0

Distance Learning	45	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument7.pdf
Upload: Exam	BlankDocument8.pdf		

ENGL 10103- Composition I

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	ENGL 10103- Composition I
Course Prefix and Number	ENG 10103	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus	Upload: Syllabus	BlankDocument5.pdf

	and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	BlankDocument6.pdf		

ENGL 10203- Composition II

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	ENGL 10203- Composition II
Course Prefix and Number	ENGL 10203	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	2
Length of Course (in weeks including exam)	4	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general	Upload: Syllabus	BlankDocument17.pdf

	education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	BlankDocument18.pdf		

MATH 11003- College Algebra

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	MATH 11003- College Algebra
Course Prefix and Number	MATH 11003	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	2
Length of Course (in weeks including exam)	4	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument19.pdf
Upload: Exam	BlankDocument20.pdf		

PSYC 21003- Developmental Psychology

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PSYC 21003- Developmental Psychology
Course Prefix and Number	PSYC 21003	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	45
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument13.pdf
Upload: Exam	BlankDocument14.pdf		

PTA 25003- PTA Seminar

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTA 25003- PTA Seminar
Course Prefix and Number	PTA 25003	Year of Term in Which Offered	2
Credits	3.0	Students Per Class	16.00

Course Type	Technical Education	Number of Term in Which Offered	6
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	45	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP25003.pdf
Upload: Exam	Exam-PTAP25003.pdf		

PTAP 11102- Concepts of Physical Therapy

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 11102- Concepts of Physical Therapy
Course Prefix and Number	PTAP 11102	Year of Term in Which Offered	1
Credits	2.0	Students Per Class	40.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	2	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	30	Other (e.g., independent	0

		study)	
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP11102.pdf
Upload: Exam	Exam-PTAP11102.pdf		

PTAP 22003- Basic Patient Care Skills

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 22003- Basic Patient Care Skills
Course Prefix and Number	PTAP 22003	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	3
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	15
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general	Upload: Syllabus	Syllabus-PTAP22003.pdf

	education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	Exam-PTAP22003.pdf		

PTAP 22103- Orthopedic Conditions

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 22103- Orthopedic Conditions
Course Prefix and Number	PTAP 22103	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	3
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	45	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank	Upload: Syllabus	Syllabus-PTAP22103.pdf

	document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	Exam-PTAP22103.pdf		

PTAP 23002- Therapeutic Agents I

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 23002- Therapeutic Agents I
Course Prefix and Number	PTAP 23002	Year of Term in Which Offered	1
Credits	2.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	3
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP23002.pdf
Upload: Exam	Exam-PTAP23002.pdf		

PTAP 23003- Pathophysiology

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 23003- Pathophysiology
Course Prefix and Number	PTAP 23003	Year of Term in Which Offered	1
Credits	3.0	Students Per Class	40.00
Course Type	General Education	Number of Term in Which Offered	2
Length of Course (in weeks including exam)	4	Students Per Section	20.00
Number of Sections	2	Classroom (e.g., lecture, seminar, tutorial)	23
Distance Learning	22	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP23003.pdf
Upload: Exam	Exam-PTAP23003.pdf		

PTAP 23102- Therapeutic Agents II

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 23102- Therapeutic Agents II
Course Prefix and Number	PTAP 23102	Year of Term in Which Offered	2
Credits	2.0	Students Per Class	16.00

Course Type	Technical Education	Number of Term in Which Offered	4
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP23102.pdf
Upload: Exam	Exam-PTAP23102.pdf		

PTAP 23104- Movement Science

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 23104- Movement Science
Course Prefix and Number	PTAP 23104	Year of Term in Which Offered	1
Credits	4.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	3
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	15
Distance Learning	0	Other (e.g., independent	0

		study)	
Clinical Education	0	Laboratory	90
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP23104.pdf
Upload: Exam	Exam-PTAP23104.pdf		

PTAP 23202- Administration and Management

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 23202- Administration and Management
Course Prefix and Number	PTAP 23202	Year of Term in Which Offered	1
Credits	2.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	3
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	30	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general	Upload: Syllabus	Syllabus-PTAP23202.pdf

	education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	
Upload: Exam	Exam-PTAP23202.pdf	

PTAP 24002- Clinical Neurology

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 24002- Clinical Neurology
Course Prefix and Number	PTAP 24002	Year of Term in Which Offered	2
Credits	2.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	4
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	30	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank	Upload: Syllabus	Syllabus-PTAP24002.pdf

	document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	Exam-PTAP24002.pdf		

PTAP 24003- Data Collection

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 24003- Data Collection
Course Prefix and Number	PTAP 24003	Year of Term in Which Offered	2
Credits	3.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	4
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	15
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP24003.pdf
Upload: Exam	Exam-PTAP24003.pdf		

PTAP 24004- Therapeutic Exercise

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 24004- Therapeutic Exercise
Course Prefix and Number	PTAP 24004	Year of Term in Which Offered	2
Credits	4.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	4
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	15
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	90
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP24004.pdf
Upload: Exam	Exam-PTAP24004.pdf		

PTAP 24103- Rehabilitation Techniques

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 24103- Rehabilitation Techniques
Course Prefix and Number	PTAP 24103	Year of Term in Which Offered	2
Credits	3.0	Students Per Class	16.00

Course Type	Technical Education	Number of Term in Which Offered	4
Length of Course (in weeks including exam)	16	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	15
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP24103.pdf
Upload: Exam	Exam-PTAP24103.pdf		

PTAP 24202- Clinical Practicum I

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 24202- Clinical Practicum I
Course Prefix and Number	PTAP 24202	Year of Term in Which Offered	2
Credits	2.0	Students Per Class	16.00
Course Type	Clinical Education Course	Number of Term in Which Offered	5
Length of Course (in weeks including exam)	8	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	0	Other (e.g., independent	0

		study)	
Clinical Education	64	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP24202.pdf
Upload: Exam	BlankDocument21.pdf		

PTAP 25104- Neurorehabilitation

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 25104- Neurorehabilitation
Course Prefix and Number	PTAP 25104	Year of Term in Which Offered	2
Credits	4.0	Students Per Class	16.00
Course Type	Technical Education	Number of Term in Which Offered	5
Length of Course (in weeks including exam)	8	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	30
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	60
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general	Upload: Syllabus	Syllabus-PTAP25104.pdf

	education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	Exam-PTAP25104.pdf		

PTAP 25204- Clinical Practicum II

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 25204- Clinical Practicum II
Course Prefix and Number	PTAP 25204	Year of Term in Which Offered	2
Credits	4.0	Students Per Class	16.00
Course Type	Clinical Education Course	Number of Term in Which Offered	6
Length of Course (in weeks including exam)	8	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	320	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank	Upload: Syllabus	Syllabus-PTAP25204.pdf

	document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.		
Upload: Exam	BlankDocument22.pdf		

PTAP 26204- Clinical Practicum III

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	PTAP 26204- Clinical Practicum III
Course Prefix and Number	PTAP 26204	Year of Term in Which Offered	2
Credits	4.0	Students Per Class	16.00
Course Type	Clinical Education Course	Number of Term in Which Offered	6
Length of Course (in weeks including exam)	8	Students Per Section	16.00
Number of Sections	1	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	0	Other (e.g., independent study)	0
Clinical Education	320	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	Syllabus-PTAP26204.pdf
Upload: Exam	BlankDocument23.pdf		

UNIV 10061- Student Success for Medical Education

	COURSE TITLE: Please provide the Course Prefix (space) Course Number (dash) Course Name within the Course Title field. EXAMPLE: PTA 101 - Introduction to Physical Therapy.	Course Title (Name)	UNIV 10061- Student Success for Medical Education
Course Prefix and Number	UNIV 10061	Year of Term in Which Offered	1
Credits	1.0	Students Per Class	80.00
Course Type	General Education	Number of Term in Which Offered	1
Length of Course (in weeks including exam)	16	Students Per Section	20.00
Number of Sections	4	Classroom (e.g., lecture, seminar, tutorial)	0
Distance Learning	15	Other (e.g., independent study)	0
Clinical Education	0	Laboratory	0
	Please upload the Course Syllabi and Exam(s) for all course documentation. PTA PROGRAMS ONLY: If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus and a sample exam for each general education course they teach must be provided. If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus or exam is required for CAPTE review. Since the portal will require a syllabus and exam to be uploaded, create a blank document named BlankDocument.pdf and attach it as appropriate for general education courses. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.	Upload: Syllabus	BlankDocument1.pdf
Upload: Exam	BlankDocument2.pdf		

Graduation Rate

UA Cossatot - PTA - 2021 - Cohort 1

		Cohort Number	1
Number of Students Admitted to Original Cohort	15	Graduated at Normally Expected Time	5
Graduated Within 150% of Program Length	6	Did Not Complete Due to Academic or Clinical	1

		Deficit	
Did Not Complete Due to Other Reason	3		

UA Cossatot - PTA - 2022 - Cohort 1

		Cohort Number	1
Number of Students Admitted to Original Cohort	12	Graduated at Normally Expected Time	9
Graduated Within 150% of Program Length	0	Did Not Complete Due to Academic or Clinical Deficit	2
Did Not Complete Due to Other Reason	1		

UA Cossatot - PTA - 2023 - Cohort 1

		Cohort Number	1
Number of Students Admitted to Original Cohort	14	Graduated at Normally Expected Time	10
Graduated Within 150% of Program Length	0	Did Not Complete Due to Academic or Clinical Deficit	3
Did Not Complete Due to Other Reason	1		

Budget Statements

UA Cossatot - PTA - 2024

Year	2024	Core FTEs	3.00
TOTAL ALLOCATIONS	349554.00	TOTAL EXPENSES	349554.00
Tuition	44744.00	Additional Internal Funding (Dean's Funds, President's Fund, Capital Equipment, etc.)	0.00
State/District Fund	174106.00	Fees	130704.00
Endowment & Foundation Funds	0.00	Grants	0.00
Perkins	0.00	Other Allocations	0.00
TOTAL Allocations	349554.00	Core Faculty	202964.00
Associated Faculty	42819.00	Staff	0.00
TOTAL Salary Expenses	245783.00	Travel to Clinical Sites	1500.00
Clinical Faculty Development	1800.00	Other Clinical Education Expenses	0.00

TOTAL Clinical Education Expenses	3300.00	Supplies	10000.00
Communication (Phone, mail, etc.)	0.00	Reproduction (Xeroxing, slides, photo, etc.)	0.00
TOTAL Operational Expenses	10000.00	Repairs	600.00
Acquisition	3000.00	Rental	0.00
TOTAL Equipment Expenses	3600.00	Faculty Development Expenses	3000.00
Other Expenses	83871.00	TOTAL Additional Expenses	86871.00

UA Cossatot - PTA - 2025

Year	2025	Core FTEs	3.00
TOTAL ALLOCATIONS	355486.00	TOTAL EXPENSES	355486.00
Tuition	46648.00	Additional Internal Funding (Dean's Funds, President's Fund, Capital Equipment, etc.)	0.00
State/District Fund	175278.00	Fees	133560.00
Endowment & Foundation Funds	0.00	Grants	0.00
Perkins	0.00	Other Allocations	0.00
TOTAL Allocations	355486.00	Core Faculty	211723.00
Associated Faculty	40819.00	Staff	0.00
TOTAL Salary Expenses	252542.00	Travel to Clinical Sites	1500.00
Clinical Faculty Development	1800.00	Other Clinical Education Expenses	0.00
TOTAL Clinical Education Expenses	3300.00	Supplies	6000.00
Communication (Phone, mail, etc.)	0.00	Reproduction (Xeroxing, slides, photo, etc.)	0.00
TOTAL Operational Expenses	6000.00	Repairs	600.00
Acquisition	3000.00	Rental	0.00
TOTAL Equipment Expenses	3600.00	Faculty Development Expenses	5200.00
Other Expenses	84844.00	TOTAL Additional Expenses	90044.00

UA Cossatot - PTA - 2026

Year	2026	Core FTEs	3.00
TOTAL ALLOCATIONS	361343.00	TOTAL EXPENSES	361343.00
Tuition	47600.00	Additional Internal Funding (Dean's Funds, President's Fund, Capital Equipment, etc.)	0.00
State/District Fund	177803.00	Fees	135940.00
Endowment & Foundation Funds	0.00	Grants	0.00
Perkins	0.00	Other Allocations	0.00
TOTAL Allocations	361343.00	Core Faculty	215957.00
Associated Faculty	40819.00	Staff	0.00
TOTAL Salary Expenses	256776.00	Travel to Clinical Sites	1500.00
Clinical Faculty Development	1800.00	Other Clinical Education Expenses	0.00
TOTAL Clinical Education Expenses	3300.00	Supplies	6000.00
Communication (Phone, mail, etc.)	0.00	Reproduction (Xeroxing, slides, photo, etc.)	0.00
TOTAL Operational Expenses	6000.00	Repairs	600.00
Acquisition	3000.00	Rental	0.00
TOTAL Equipment Expenses	3600.00	Faculty Development Expenses	5200.00
Other Expenses	86467.00	TOTAL Additional Expenses	91667.00

Preface

	Only appendices specifically requested for the Preface should be added to this page.
Preface	<p>"UA Cossatot embraces diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training." Congruent with this mission, the College's Physical Therapist Assistant Program's mission is "to prepare highly competent entry-level physical therapist assistant practitioners who can serve to improve the quality of life of a diverse community with an unwavering commitment to evidence-based contemporary practice, professional and ethical behavior, and compassionate care as evidenced by life-long learning through continued education". UAC's commitment to excellence in the classroom and among faculty has allowed the development of a PTA Program that has earned the respect of the physical therapy professionals in our region as well as the communities that we serve.</p> <p>The Program began as a 12-month program with two full-time core faculty members and one part-time associate faculty member, admitting 16 students each August with graduation scheduled the following August. The Program admitted its first cohort of 16 students in August of 2018. Although the goal of 16 students continues, the Program has experienced a few years post-COVID in which a cohort of 16 students was not possible due to low application rates; however, the Program has achieved at least 75% of the expected matriculation rate each year. The initial two core faculty members remain with the Program as the Program Director and the Director of Clinical Education, along with an additional full-time core faculty member and one associate faculty member. Currently, the Program is scheduled to matriculate its seventh cohort of 15 students in August of 2024 and graduate its sixth</p>

cohort in December of 2024 with a projected 92.23% graduation rate.

The Program received initial accreditation in October 2019. Upon receipt of additional information requested for graduate outcomes in Fall 2020, CAPTE found the Program to be out of compliance with 1C1 due to a graduation rate of 46.15% in 2019 and 60% in 2020. At this time, changes were made to the application criteria with support from the Program's Advisory Council and the College's administration to allow the Program to identify students who would be better prepared for the rigor of the Program. These changes were successful in assisting the Program to come into compliance by the Fall of 2021 with a two-year graduation rate of 74.07% and has remained in compliance since that time.

Additionally, to help students be successful in the Program, once the Program had surpassed the three-year period of no substantive changes, the Program made the required substantive changes submission which was ultimately approved by CAPTE to increase the Program from 12 months to 18 months (maintaining compliance with the 104 calendar weeks limitation). With this change, students continue to be admitted in August of each year and graduate in December of the following year. This change allowed the Program to spread out the curriculum so that students had a better opportunity for learning and skill development. This change has also proven to be effective as the first cohort (2023) of the extended Program achieved a 100% first-time licensure pass rate. The Program completes program assessment yearly and makes changes as indicated when the data supports the change.

The Program believes that it has been successful over the past six years in achieving its mission of preparing highly competent entry-level physical therapist assistant practitioners and has earned the respect of practitioners and community members in our surrounding areas. The Program hopes that CAPTE will find this to be true and make the decision to continue accreditation.

Upload: Appendices

Signature Page.pdf
SSR Check In.docx

Standards and Required Elements

UA Cossatot - PTA - 2024 - 1A (2016)

Narrative Response	UA Cossatot is an institution of higher education and a public two-year college with four campuses located in Southwest Arkansas. The mission statement of the College states, "UAC embraces diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training". The Physical Therapist Assistant Program is located on the Ashdown, Arkansas campus and resides in the Medical Education Division. The Medical Education Division does not have a mission statement. The Program's mission is to prepare highly competent entry-level physical therapist assistant practitioners who can serve a diverse community and improve the quality of life with an unwavering commitment to evidence-based contemporary practice, professional and ethical behavior, and above all, compassionate care as evidenced by life-long learning through continued education. The Program mission complements the College mission as the institution promotes the learning and abilities of the diverse rural communities it serves. The College provides relevant industry training and education while fostering the diversity of the community itself. The Program provides workforce training for those who wish to serve the region as a licensed physical therapist assistant. The Program fulfills the college's mission of connecting and collaborating with the community through an advisory council to ensure the regional influence is apparent and the regional needs are being met. The Program mission statement also reflects an emphasis on training entry-level practitioners that can meet the needs of the regional community served, consistent with contemporary professional expectations. The advisory council serves to provide input on contemporary professional practice in the region to ensure the Program is preparing its graduates to meet these expectations.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 1B (2016)

Narrative Response	<p>The Program has documented goals as outlined here.</p> <p>Goal 1. Graduates will be clinically competent and able to serve the college region by working as entry-level physical therapist assistants under the direction and supervision of a physical therapist.</p> <p>Goal 2. Graduates will demonstrate effective oral, written, and nonverbal communication skills in a culturally competent manner with patients, caregivers, and other healthcare providers.</p> <p>Goal 3. Graduates will exhibit effective critical thinking and problem-solving skills in the clinical environment.</p> <p>Goal 4. The Program will provide a positive learning environment and a curriculum consistent with contemporary physical therapy practice.</p> <p>Goal 5. Program faculty will model ongoing personal and professional development through life-long learning opportunities and membership in professional organizations.</p> <p>The goals reflect the Program mission statement addressing the area of competence in evidenced-based contemporary practice through the provision of a positive learning environment based on the most contemporary physical therapy practices. Ethical behavior is addressed using the <i>Professional Behaviors Assessment Tool</i> appendix and by assessment in the PTA MACS by clinical instructors during clinical practicums II and III. Life-long learning is addressed by encouragement in membership of professional organizations and continues through the identification of postgraduate learning opportunities during the capstone course PTA Seminar.</p>
Upload: Supporting Documentation	Professional Behavior Assessment Tool.pdf

UA Cossatot - PTA - 2024 - 1C1 (2016)

Narrative Response	<p>The Program meets the required achievement measures and its mission and goals as demonstrated by graduation rate outcomes; the Program admits one cohort per year. The two-year graduation rate for the years 2022 and 2023 is 79.1%.</p>
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 1C2 (2016)

Narrative Response	<p>The Program meets the required achievement measures and its mission and goals as demonstrated by licensure pass rate outcomes. The first-time licensure pass rate, averaged for the years 2022 and 2023, is 94.7%. The two-year ultimate licensure pass rate, for the years 2022 and 2023, is 100%.</p>
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 1C3 (2016)

Narrative Response	<p>The Program meets the required achievement measures and its mission and goals as demonstrated by employment rate outcomes. Employment rates, averaged over two years, are 100%.</p>
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 1C4 (2016)

Narrative Response	<p>The Program ensures that students demonstrate entry-level clinical performance during clinical education experiences, prior to graduation, utilizing the clinical education grading rubrics, Minimum Skills List, and PTA MACS. Clinical Practicum II and Clinical Practicum III have specific skill requirements identified in the Minimum Skills List and are graded by the corresponding Clinical Practicum Grading Rubrics, both of which are located in the Clinical Education Documents appendix, bookmarked by document title. The DCE meets with each student and clinical instructor to identify progress, or lack thereof, and collect pertinent data. The DCE maintains documentation of the clinical site visits. When a student fails to achieve entry-level in the required skills, one remediation opportunity is made available for each clinical practicum. The DCE is responsible for identifying the goals and objectives of the remediation plan and the timeline for implementation and completion of the plan. During the 2023 terminal clinical education experience midterm clinical site visit, one student received clinical instructor ratings suggesting a less than entry-level performance. During the midterm visit, the DCE met with the clinical instructor and student separately to further discuss in detail the areas of concern. The DCE then met with the student again to discuss the skills the clinical instructor rated below threshold and the potential consequence of failure. The DCE provided later in writing, to the student and Program Director, the skills discussed during the midterm clinical site visit with improvement plans and required timelines. This written communication stated that the student was not meeting the expectations of the clinical facility and clinical instructor but that safety was not a concern. It further listed the skills falling below expectations, caseload management expectations, strategies for improvement, and timeline for improvement by the end of the clinical education experience. Additionally, it outlined other requirements including more frequent communication with the DCE, with timelines provided, related to personal perception and reflection of skill progression and identification of any barriers to improvement. The DCE required that the student and clinical instructor provide additional insight as to the progression of the student's skills on the Weekly Planning Forms. The DCE maintained frequent communication with the student, clinical instructor, and Program Director through email and phone. The mechanisms utilized, after receiving clinical instructor ratings suggesting less than entry-level performance, were successful as evidenced by receiving entry-level clinical instructor ratings on the final progress report, as required for course completion.</p> <p>All students who completed the Program in December 2023 received ratings of entry-level clinical performance by the end of the terminal clinical education experience as evidenced by PTA MACS Master List Reports, identified in the Program Systematic Evaluation Plan 2022-2023 appendix.</p>
Upload: Supporting Documentation	<p>Clinical Education Documents.pdf Program Systematic Evaluation Plan 2022-2023.pdf</p>

UA Cossatot - PTA - 2024 - 1C5 (2016)

Narrative Response	<p>The Program graduates meet the expected outcomes, defined by the Program, outlined in the Program Systematic Evaluation Plan and are as follows:</p> <p><i>Goal 1. Graduates will be clinically competent and able to serve the college region by working as entry-level physical therapist assistants under the direction and supervision of a physical therapist.</i></p> <p>Outcomes for Goal 1:</p> <p>1.1 100% of students will achieve a clinical instructor minimum ranking of "Meets" the level of performance compared to an entry-level PTA or higher after completion of final clinical experience on the PTA MACS Progress Report Final Evaluation of Student Performance.</p> <p>1.2 100% of students will receive clinical instructor approval and/or re-approval of all skills in the Professional Behaviors, Plan of Care, Interventions, Test and Measures, and Healthcare Environment sections of the PTA MACS Master List by completion of the final clinical experience.</p> <p>1.3 90% of program graduates seeking employment will be employed within 1 year of graduation.</p> <p>1.4 80% of responses for each question regarding the graduate performance on the Employer Survey will be rated as "Average" or "Above Average".</p> <p>1.5 100% of full-time core faculty will remain up to date with contemporary physical therapy practice through per diem clinical practice and/or appropriate professional development related to teaching responsibilities.</p> <p>The process used to determine the achievement of the outcomes for Goal 1 includes an annual review of the PTA MACS results to determine if minimum expectations on Progress Report Final Evaluation of Student Performance and Master List are met; an annual review of Post-Graduate survey results to determine employment within one year of graduation; an annual review of Employer Survey Results to determine entry-level skills; and an annual review of faculty CVs to determine contemporary physical therapy skills of faculty.</p> <p>For outcome 1.1, in 2023, 2022, and 2021 cohorts, 100% of students achieved a clinical instructor ranking of "Meets" the level of performance compared to an entry-level PTA or higher (after completion of the final clinical experience) on the PTA MACS Progress Report Final Evaluation of Student Performance.</p>

For outcome 1.2, in 2023, 2022, and 2021 cohorts, 100% of students received clinical instructor approval and/or re-approval of all skills in the Professional Behaviors, Plan of Care, Interventions, Test and Measures, and Healthcare Environment sections of the PTA MACS Master List by completion of the final clinical experience.

For outcome 1.3, in both 2022 and 2021 cohorts, 100% of program graduates seeking employment were employed within 1 year of graduation. Employment rates for the 2023 cohort are not available at the time of the SSR submission.

For outcome 1.4, in both 2022 and 2021 cohorts, 100% of responses for each question regarding the graduate performance on the Employer Survey were rated as "Average" or "Above Average". Employment rates for the 2023 cohort are not available at the time of the SSR submission.

Based on the graduate outcome data stated above and reflected in the *Program Systematic Evaluation Plan 2022-2023* appendix; *Program Systematic Evaluation Plan 2021-2022* appendix; and the *Program Systematic Evaluation Plan 2020-2021* appendix the graduates met or exceeded the threshold for the expected outcomes related to clinical competence.

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

Outcomes for Goal 2:

2.1 100% of students will receive clinical instructor approval or re-approval on PTA MACS Communication Skills by the end of the final clinical experience.

2.2 100% of students will demonstrate expected levels of Professional Behavior, as it relates to communication.

2.3 80% of responses for each question on the Employer Survey regarding communication and cultural competence will be rated as "Entry level" or "Exceeds entry level".

The process used to determine the achievement of the outcomes for Goal 2 includes an annual review of the PTA MACS results to determine approval or re-approval on PTA MACS Communication Skills; a biannual review of the Professional Behaviors Tool to determine that each student met the communication expectations; and an annual review of the Employer Survey results to determine entry-level communication skills.

For outcome 2.1, in 2023, 2022, and 2021 cohorts, 100% of students received clinical instructor approval or re-approval on PTA MACS Communication Skills by the end of the final clinical experience.

For outcome 2.2, in 2023, 2022, and 2021 cohorts, 100% of students demonstrated expected levels of Professional Behavior related to communication.

For outcome 2.3, in 2022 and 2021 cohorts, 100% of responses for each question on the Employer Survey regarding communication and cultural competence were rated as "Entry level" or "Exceeds entry level". Employer Survey data for the 2023 cohort is not available at the time of the SSR submission.

Based on the graduate outcome data stated above and reflected in the *Program Systematic Evaluation Plan 2022-2023* appendix; *Program Systematic Evaluation Plan 2021-2022* appendix; and the *Program Systematic Evaluation Plan 2020-2021* appendix the graduates met or exceeded the threshold for the expected outcomes related to communication skills.

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

Outcomes for Goal 3:

3.1 100% of students will receive clinical instructor approval or re-approval on the PTA MACS Critical Thinking and Problem-Solving skills by the end of the final clinical experience.

3.2 100% of students will demonstrate expected levels of professional behaviors as they relate to critical thinking and problem-solving.

3.3 80% of responses for each question on the Employer Survey regarding critical thinking and problem-solving will be rated as "Average" or "Above Average".

3.4 100% of students will pass the critical skills and critical safety elements of all lab practicals.

The process used to determine the achievement of the outcomes for Goal 3 includes an annual review of the PTA MACS results to determine approval or re-approval on PTA MACS Critical Thinking and Problem Solving Skills; a biannual review of the Professional Behaviors Tool to determine that each student met the critical thinking and problem-solving expectations; an annual review of the Employer Survey results to determine critical thinking and problem-solving skills; and an annual review of Clinical Education Readiness Forms to ensure each student has passed all critical skills and critical safety elements of all lab practicals.

For outcome 3.1, in 2023, 2022, and 2021 cohorts, 100% of students received clinical instructor approval or re-approval on the PTA MACS Critical Thinking and Problem Solving by the end of the final clinical experience.

For outcome 3.2, in 2023, 2022, and 2021 cohorts, 100% of students demonstrated the expected professional behaviors related to critical thinking and problem-solving.

For outcome 3.3, in 2022 and 2021 cohorts, 100% of responses for each question on the Employer Survey regarding critical thinking and problem-solving were rated as "Average" or "Above Average". Employer Survey results for the 2023 cohort are not available at the time of the SSR submission.

For outcome 3.4, in 2023, 2022, and 2021, 100% of students passed the critical skills and critical safety elements of all lab practicals.

Based on the graduate outcome data stated above and reflected in the *Program Systematic Evaluation Plan 2022-2023* appendix; *Program Systematic Evaluation Plan 2021-2022* appendix; and the *Program Systematic*

	Evaluation Plan 2020-2021 appendix the graduates met or exceeded the threshold for the expected outcomes related to critical thinking and problem-solving skills.
Upload: Supporting Documentation	Program Systematic Evaluation Plan 2020-2021.pdf Program Systematic Evaluation Plan 2021-2022.pdf

UA Cossatot - PTA - 2024 - 1C6 (2016)

	<p>Narrative Response</p> <p>The Program meets the expected outcomes outlined in the Program Systematic Evaluation Plan which are as follows:</p> <p><i>Goal 4. The Program will provide a positive learning environment and a curriculum consistent with contemporary physical therapy practice.</i></p> <p>Outcomes for Goal 4:</p> <p>4.1 80% of student responses for each Exit Survey question regarding the curriculum, faculty, staff, program facilities/space, library, technology, student services, and equipment will be rated as "Agree" or "Strongly Agree".</p> <p>4.2 80% of responses from each student End of Course Survey will be rated as "frequently" or better.</p> <p>4.3 100% of core faculty will remain up to date with contemporary physical therapy practice through per diem clinical practice and/or appropriate professional development related to teaching assignments.</p> <p>The process used to determine the achievement of the outcomes for Goal 4 includes an annual review of the Exit Survey results to determine the provision of a positive learning environment and a curriculum consistent with contemporary physical therapy practice; a review of End of Course Survey results, at the end of each semester, to determine the provision of a positive learning environment; and an annual review of faculty CVs and Professional Development Plans (PDP) to determine faculty contemporary expertise.</p> <p>For outcome 4.1, in both the 2023 and 2022 cohorts, 100% of student responses for each Exit Survey question regarding the curriculum, faculty, staff, program facilities/space, library, technology, student services, and equipment were rated as "Agree" or "Strongly Agree". For both 2023 and 2022, the threshold for outcome 4.1 was met.</p> <p>In cohort 2021, 92% of student responses to the Exit Survey question regarding the curriculum (Q14) were rated as "Agree" or "Strongly Agree"; 100% of student responses on the Exit Survey question regarding the availability of program faculty (Q13) were rated as "Agree" or "Strongly Agree"; 92% of student responses on the Exit Survey question regarding faculty meeting the needs of the program and students (Q15) were rated as "Agree" or "Strongly Agree"; 100% of student responses on the Exit Survey question regarding tutor availability (Q10) were rated as "Agree" or "Strongly Agree"; 100% of student responses on the Exit Survey questions regarding program facilities/space (Q3, Q6) were rated as "Agree" or "Strongly Agree"; 100% of student responses on the Exit Survey question regarding the library (Q4) were rated as "Agree" or "Strongly Agree"; 100% of student responses on the Exit Survey question regarding technology (Q1) were rated as "Agree" or "Strongly Agree"; and 100% of student responses on the Exit Survey question regarding the equipment (Q9) were rated as "Agree" or "Strongly Agree". 100% of student responses to the Exit Survey question regarding disability services (Q12) were rated as "Agree" or "Strongly Agree"; however, only 25% of student responses regarding the student services of financial aid (Q11) were rated as "Agree" or "Strongly Agree". Therefore, in 2021, the threshold for outcome 4.1 was not met. Failure to meet the threshold for financial aid services prompted a notification to the Chancellor. This deficit was attributed to a decrease in the number of available financial aid staff secondary to COVID-19. Many of these positions have since been filled.</p> <p>For outcome 4.2, in 2023 cohort, 100% of Basic Patient Care Skills, Movement Science, and Rehabilitation Techniques End of Course Survey responses were rated as "frequently" or better; 97% of Therapeutic Agent End of Course Survey responses were rated as "frequently" or better; 95% of Clinical Neurology End of Course Survey responses were rated as "frequently" or better; 99% of both Therapeutic Exercise and Orthopedic Conditions End of Course Survey responses were rated as "frequently" or better; 90% of Data Collections End of Course Survey responses were rated as "frequently" or better; 95% of PTA Seminar End of Course Survey responses were rated as "frequently" or better; and 91% of Neurorehabilitation End of Course Survey responses were rated as "frequently" or better. However, only 61% of Administration and Management End of Course Survey responses were rated as "frequently" or better. Student end of course feedback reflected limited instructor availability and responsiveness. Therefore, in 2023, the threshold for outcome 4.2 was not met. This instructor experienced personal events and resigned from their position with the program.</p> <p>In 2022 cohort, 100% of Therapeutic Agents, Movement Science, Rehabilitation Techniques, Therapeutic Exercise, and Neurorehabilitation responses on End of Course Survey results were rated as "frequently" or better; 99% of Data Collections End of Course Survey responses were rated as "frequently" or better; 92% of Basic Patient Care Skills End of Course Survey responses were rated as "frequently" or better; and 91% of Administration and Management End of Course Survey responses were rated as "frequently" or better. However, only 55% of PTA Seminar End of Course Survey responses were rated as "frequently" or better. Student feedback reflected</p>

dissatisfaction with course grading policies pertaining to PEAT exam rubrics. Students felt they should receive 100% for a score of 600 on a PEAT exam. Therefore, in 2022, the threshold for outcome 4.2 was not met. However, course grading policies were reflective of the NPTE and gave a passing percentage of 76% for a PEAT score of 600 and higher relative percentages for scores above 600.

In the 2021 cohort, 100% of responses on End of Course Survey results were rated as "frequently" or better for all courses except Concepts of Physical Therapy Profession. Only 11% of responses on Concepts of Physical Therapy Profession End of Course Survey results were rated as "frequently" or better. Therefore, in 2021, the threshold for outcome 4.2 was not met. The student end of course feedback reflected limited enthusiasm for the subject matter, failure to complete grading promptly, and limited communication with students. The instructor did not meet Program expectations for communication with students and grading. This instructor resigned from their position with the program.

For outcome 4.3, in 2023, 2022, and 2021, 100% of core faculty remained up to date with contemporary physical therapy practice through per diem clinical practice and/or appropriate professional development related to teaching assignments. The threshold for outcome 4.3 was met for all three years.

The program outcome data stated above is reflected in the ***Program Systematic Evaluation Plan 2022-2023*** appendix; ***Program Systematic Evaluation Plan 2021-2022*** appendix; and the ***Program Systematic Evaluation Plan 2020-2021*** appendix.

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

Outcomes for Goal 5:

5.1 100% of PTA Program core faculty will maintain membership in the APTA.

5.2 100% of program academic faculty will participate in at least one professional development, continuing education, or community activity related to their current teaching responsibilities each year.

The process used to determine the achievement of the outcomes for Goal 5 includes an annual review of faculty APTA membership renewals and curriculum vitae to ensure faculty model ongoing personal and professional development.

For outcome 5.1, in 2023, 2022, and 2021, 100% of PTA Program core faculty-maintained membership in the APTA.

For outcome 5.2, in 2023, 2022, and 2021, 100% of program academic faculty participated in at least one professional development, continuing education, or community activity related to their current teaching responsibilities each year.

Based on the program outcome data stated above and reflected in the ***Program Systematic Evaluation Plan 2022-2023*** appendix; ***Program Systematic Evaluation Plan 2021-2022*** appendix; and the ***Program Systematic Evaluation Plan 2020-2021*** appendix the program met the threshold for the expected outcomes related to faculty modeled ongoing personal and professional development.

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Narrative Response	<p>The Program has documented and implemented ongoing, formal, and comprehensive program assessment processes to determine program effectiveness and foster continuous program improvement. The program utilizes an assessment tool, the <i>Program Systematic Evaluation Plan</i> appendix to collect data throughout each academic year which is also reflected in the <i>Program Assessment Matrix</i> appendix. The <i>Program Systematic Evaluation Plan</i> appendix outlines measurable goals aligned with CAPTE standards that provide thresholds for review or action, assessment tools used to gather data from various stakeholders, the person responsible for collecting the data, the frequency of evaluation, the date of analysis, and the program response to data collected. The <i>Program Systematic Evaluation Plan</i> appendix assesses all required areas including admissions processes and criteria as they meet the needs and expectations of the program; program enrollment as it reflects available resources, program outcomes, and workforce needs; the collective faculty as it meets program and curricular needs; program resources as they meet current and projected needs; program and institutional policies and procedures as they meet the program's needs as well as the extent of the program's adherence to established policies and procedures; and the curriculum as a whole including clinical education. In addition, the <i>Program Systematic Evaluation Plan</i> appendix assesses the goals of the program, graduation rates; NPTE pass rates; and employment rates. Data for the <i>Program Systematic Evaluation Plan</i> appendix is collected from a variety of stakeholders including program faculty, current students, graduates of the program, employers of graduates, and program advisory council members. The <i>Program Systematic Evaluation Plan</i> appendix is reviewed annually during the summer by all faculty during a program assessment faculty meeting to determine actions needed for areas falling below the established thresholds.</p>

Overall strengths and weaknesses have been identified through analysis of the cumulative assessment data and are outlined below.

Strengths

1. Program resources related to staff (administrative/secretarial and technical support); space; equipment, technology, and materials; and library and learning resources have been found to consistently meet the needs of the program. The sources of data to substantiate staff meeting the needs of the program include Applicant Surveys, Exit Surveys, Tutor Surveys, and Lab Assistant Surveys found in the **Survey Forms** appendix, bookmarked by title, and the Program Faculty Meeting Minutes. The sources of data to substantiate space meeting the needs of the program include Exit Surveys included in the **Survey Forms** appendix and the Program Faculty Meeting Minutes. The sources of data to substantiate equipment, technology, and materials meeting the needs of the program include the Exit Surveys found in the **Survey Forms** appendix, Program Faculty Meeting Minutes, and Advisory Council Meeting Minutes. The sources of data to substantiate library and learning resources meeting the needs of the program include Exit Surveys, found in the **Survey Forms** appendix, and the Program Faculty Meeting Minutes.
2. Ultimate NPTE pass rates have been found to exceed the threshold set by CAPTE at 85% with a 100% pass rate for the past 2 years and a 97.82% pass rate over the history of the program. The source to substantiate this data is reported by the Federation of State Boards of Physical Therapy.
3. Employment rates have been found to exceed the threshold set by CAPTE at 90% with a 100% employment rate for all graduates of the program that have sought employment. The source of data to substantiate this is the Post Graduate Survey found in the **Survey Forms** appendix, bookmarked by title.
4. Clinical education placements have been found to consistently exceed the minimum requirement of 100% of clinical education positions. For 2024 there were 175% of clinical education placements available, in 2023 193%, in 2022 148%, and in 2021 161%. The source of data to substantiate this is the **Number and Variety of Clinical Sites Reports** appendix.
5. Faculty commitment to providing a curriculum consistent with contemporary physical therapy practice is an overall strength of the Program with core faculty maintaining per diem clinical practice, membership in the APTA, and participation in professional development. In addition, the Program Director returned to academia in 2022 and completed her Post-professional Doctorate in Physical Therapy in 2024. The source of data to substantiate this assessment is each faculty member's curriculum vitae in the faculty portal.

Weaknesses

1. Program enrollment has been established at one cohort of 16 students admitted annually. Additionally, the Program has established a threshold of 20 qualified applicants for each cohort to allow for acceptance of the top-ranking 16 with two to four alternates selected. There has been a limited number of qualified applicants beginning in 2021 and recurring in 2023 and 2024. This resulted in only 13 students being accepted into the 2022 and 2024 cohorts, and all 16 qualified applicants being accepted into the 2025 cohort. The source of data to substantiate this assessment is the **Program Demographics Chart** appendix. The reduction in qualified applicants has been attributed to moving two courses, PTAP 11102 Concepts of Physical Therapy (previously PTA 1112 Introduction to PTA) and PTA 23003 Pathophysiology (previously 2303), that were previously part of the program curriculum to prerequisites. This decision was made in response to two years of low graduation rates through faculty discussion and input from the PTA Advisory Council. The action was taken to better prepare applicants for the rigor of the program and to reduce the academic load in the first semester to allow students a period of adaptation. The reduction is also attributed to a general reduction in applications to medical education programs at the College since 2020 following COVID-19.
2. Program resources as they relate to student services, specifically financial aid, have been a recurring limitation identified in 2020, 2021, and 2023. Sources of data substantiating this include Exit Surveys, found in the **Survey Forms** appendix, bookmarked by title, and Program Faculty Meeting Minutes. Students complained about a lack of responsiveness to phone calls and emails from the financial aid office. In addition, program faculty have discussed financial hardships of students due to the institution not participating in federal student loans.
3. Part-time adjunct faculty have found it difficult to devote time to their assigned courses consistently while maintaining other full-time clinical employment. Students complained of delayed grading and responses to emails. Sources of data to substantiate this assessment are End of Course Surveys found in the **Survey Forms** appendix, bookmarked by title. The affected courses were PTA 2303 Pathophysiology and PTA 1112 Introduction to PTA in 2020, PTA 2322 Administration and Management PTAs in 2022, and PTA 2512 Neurorehabilitation in 2023.
4. Although exceeding the threshold set by CAPTE for graduation rates currently, this was a deficit in 2019 at 46.15% and 2020 just meeting the 60% threshold but not meeting the threshold for the 2-year average. The source of data to substantiate this is the **Program Demographics Chart** appendix.

Two Examples of Changes

To address the weakness related to adjunct faculty not being able to devote adequate time to courses assigned, with approval of the Division Chair for Medical Education, the Program Director petitioned the Chancellor and Vice Chancellor for Academics for a third full-time position. The rationale for this decision was to hire faculty whose primary place of employment was within the Program so they would have adequate time to devote to their courses and students. The process involved the Program Director presenting the problems of keeping adjunct

faculty and continually having to train new adjunct faculty as well as the student complaints. In addition, the Program Director and Director of Clinical Education worked together to prepare a proposed budget to support the additional full-time position. The position was ultimately granted, and a third full-time faculty was hired beginning in the Fall of 2023. End of Course Surveys for the courses taught by the new full-time faculty member in Fall 2023 and Spring 2024 indicate that the instructor was responsive and available to students.

The second change addresses the program graduation rates. Although graduation rates have improved and now meet the threshold set by CAPTE, the college's administration desired further improvement. Following discussion among core faculty and approval of the Advisory Council, it was recommended to make two program courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, prerequisites for the Program. Per the College's policy, the proposal was submitted to the Vice Chancellor for Academics for review by the Institution's Academic Council and then to the Curriculum Committee for approval. Upon approval, these courses were offered for the first time as prerequisites in the Fall semester of 2020. The rationale for this change was to prepare students interested in the program for the rigor of the Program and to lessen the credit hours in the first semester of the Program. Therefore, the first cohort that the change affected was the 2022 cohort which demonstrated a 81.81% graduation rate followed by 76.9% in 2023.

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Narrative Response	<p>The admissions process, criteria, and prerequisites are reviewed annually by the Program Director with input from core faculty and the Advisory Council to ensure they appropriately support the program and that, together, they are an effective mechanism that provides the program with applicants who can successfully complete the program. This review includes the program's graduation rate as reported on the <i>Program Demographics Chart</i> appendix; responses from the Applicant Survey, found in the <i>Survey Forms</i> appendix (bookmarked by title), which asks questions (#2, #4) regarding the admissions process; input from the Advisory Council during biannual meetings; and responses to two questions (#17, #18) on the Exit Survey that ask graduates their perception of how well the prerequisites prepared them for the program. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods, and sources of information used in the data collection process are included in the <i>Program Assessment Matrix</i> appendix and the <i>Program Systematic Evaluation Plan</i> appendix.</p> <p>Data collected from Applicant Surveys (question #2), found in the <i>Survey Forms</i> appendix, regarding the application process being "easy to understand and follow" from 2020-2023 included 100% of responses agreeing in 2020, 96% in 2021, 100% in 2022, and 100% in 2023 with a program threshold of 80%. Data collected from Applicant Surveys (question #4), found in the <i>Survey Forms</i> appendix, regarding the admissions criteria being "fair" from 2020-2023 included 96% of responses agreeing in 2020, 97.35% in 2021, 100% in 2022, and 100% in 2023 with a program threshold of 80%. Data collected from the <i>Program Demographics Chart</i> appendix for graduation rates from 2020-2023 included a 60% graduation rate in 2020, 91.66% in 2021, 81.81% in 2022, and 76.8% in 2023 with a program threshold of 75%. Data collected from the Exit Surveys (questions #17, #18), found in the <i>Survey Forms</i> appendix, from 2020-2023 regarding how well prerequisites prepared students for the program included 77.78% of responses agreeing in 2020, 95.83% in 2021, 100% in 2022, and 90% in 2023 with a program threshold of 80%.</p> <p>Analysis of the collective data related to the admissions process, criteria, and prerequisites led to the conclusion that no change was indicated in the admissions process since the threshold was met consistently from 2020-2023. The student achievement or expected program outcomes that fell below the CAPTE or program expectation included the graduation rate in 2020 (which followed a below threshold rate of 46.15% in 2019, falling below the 60% 2-year average CAPTE threshold) and the degree to which the prerequisites were perceived by students to prepare them for the program in 2020. Therefore, the program concluded that changes were indicated in the admissions criteria to ensure the program was admitting students who could be successful in the program and that prerequisite courses prepared students for the rigor of the program. In response, the PTA program faculty met to discuss recommendations which were then proposed to the Program Advisory Council for approval. The changes proposed were making two program courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, prerequisites for the program, increasing the overall GPA criteria from 2.75 to 3.0, clarifying the requirement of a 3.0 GPA for A&P I and II each and not averaged together, and changing the percentages for several admission criteria on the admissions rubric (prerequisites with PTA prefixes would count for 25%, A&P GPA remained at 20%, references increased from 10% to 15%, observation evaluations were removed, the</p>

interview remained at 25%, and the TEAS score increased from 5% to 15%). These changes were approved, following additional processes required by the college for curricular changes, and implemented in the Fall of 2020 affecting the 2022 cohort. Although the results of these changes could not be assessed until 2022, the program graduation threshold of 75% was exceeded in 2021 at 91.66% and 2022 at 81.81% and met in 2023 at 76.9%. Therefore, the changes were concluded to be effective in meeting this outcome. Again, although the effects of these changes could not be assessed until 2022, the threshold of 80% of responses on the Exit Survey (questions #17 and #18 indicating how well prerequisites prepared students for the program), found in the ***Survey Forms*** appendix, was met in 2021 at 80%, and exceeded in 2022 and 2023 at 100% and 90% respectively. Advisory Council Meeting Minutes from 2021-2023 indicated that Advisory Council members were satisfied that the admissions process and criteria met the needs of the program with the changes made exceeding the threshold of 80% with 100% in 2021, 2022, and 2023. Therefore, the conclusion is that these changes allow the admissions criteria and prerequisites to better meet the needs of the program. Reassessment will continue annually as indicated on the ***Program Systematic Evaluation Plan*** appendix.

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Narrative Response	<p>The program aims to support the profession and the college region by graduating an appropriate number of qualified physical therapist assistants. The program has a plan for a cohort of 16 students each year. The Program Director annually reviews the number of program applicants meeting the admissions criteria reported on the <i>Program Demographics Chart</i> appendix; employment rates as reported on the Post Graduate Survey, found in the <i>Survey Forms</i> appendix; the number and availability of clinical education sites reported on <i>Number and Variety of Clinical Slots per Site Reports</i> appendix, Placement Reports; program resources on the Exit Survey (questions 2-10), found in the <i>Survey Forms</i> appendix; and regional physical therapy occupational trends as reflected in Advisory Council Meeting Minutes to assess program enrollment. This analysis allows the program, with input from the Program Advisory Council and college administration, to identify and support any changes in cohort size, patterns of program delivery, and the continued need for the program. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods, and sources of information used in the data collection process are included in the <i>Program Assessment Matrix</i> appendix and the <i>Program Systematic Evaluation Plan</i> appendix.</p> <p>Data collected from the <i>Program Demographics Chart</i> appendix regarding the number of applicants that met the admissions criteria from 2020- 2023 includes 45 in 2020, 13 in 2021, 22 in 2022, and 13 in 2023 indicating that the program fell below the program-established threshold of 20 or more qualified applicants for the years 2021 and 2023 with only 13 qualified applicants for each year, resulting in reduced cohort sizes for the 2022 and 2024 cohorts. Data collected from Post-Graduate Surveys, found in the <i>Survey Forms</i> appendix, indicated that the Program exceeded the CAPTE established threshold of 90% for employment within one year of graduation with a 100% employment rate for 2019, 2020, 2021, and 2022. Data collected from the <i>Number and Variety of Clinical Placements Report</i> appendix indicated that the Program exceeded the threshold of 100% of available clinical education positions for each cohort with 161% in 2021, 148% in 2022, 193% in 2023, and 175% in 2024. Data from Placement Reports in 2020, 2021, 2022, and 2023 indicated that the Program met the threshold of 100% for each year listed regarding students being placed in all required settings which includes at least one inpatient and one outpatient setting as established by the Program. Data collected from Exit Surveys, found in the <i>Survey Forms</i> appendix, indicated that the program exceeded the threshold of 80% with 89% of students agreeing that the program resources supported program enrollment in 2020, 100% in 2021 and 2022, and 95.5% in 2023. In addition, the Advisory Council Meeting Minutes from 2021-2024 indicated the continued need for physical therapist assistants in the region.</p> <p>Analysis of the collective data related to program enrollment led to the conclusion that no change was indicated in the planned enrollment of 16 students each year as supported by employment rates, clinical site availability, and the availability of program resources. However, the student achievement or expected program outcome that fell below the CAPTE, or program expectation included the decreased enrollment in 2021 and 2023. The downward trend in 2021 was attributed to decreased applications to PTA programs across the country due to COVID-19 and making two program courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, prerequisites to address graduation rates that were below threshold. When the trend repeated in 2023, the Program Director decided to discuss the trend with the Division Chair for Medical Education who indicated the trend was across all Medical Education programs at the college. As a result, the Medical Education Program Directors and the Division Chair for Medical Education began meeting with the Marketing department to brainstorm ideas for marketing Medical Education programs. In response, the Medical Education programs have increased their presence on social media, an ad has been scheduled to run in a local magazine for their back-to-school editions this summer,</p>

and two billboards advertising the medical education programs at the college have been placed in prominent locations. The PTA program has also increased participation in local high school college fairs this past academic year and participated in MASH (Medical Applications of Science for Health), a summer camp provided by the University of Arkansas for Medical Sciences for high school students interested in pursuing an education in the medical field. These actions have already been implemented with the expectation of meeting the qualified applicant threshold by year 2026, although reassessment will occur yearly as identified in the *Program Systematic Evaluation Plan* appendix.

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UA Cossatot - PTA - 2024 - 2B3 (2016)

Narrative Response	<p>Program core and associated faculty are assessed through multiple mechanisms. Annual faculty evaluations occur in the Spring semester using the <i>Annual Faculty Job Description/Evaluation</i> appendix. This tool includes performance indicators identified on individual job descriptions with assigned point values. The supervisor indicates whether faculty adequately meet each performance indicator by selecting yes or no. In addition, faculty complete an <i>Annual Faculty Development Summary and Reflection</i> appendix which outlines professional development completed and ties the activities to goals set the previous year based on faculty and program needs. The Department Chair uses these evaluation results for the performance appraisal of core faculty and to ensure professional development plans are based on collected and analyzed assessment data with a focus on the faculty member and program needs. Other mechanisms used to assess program faculty include End of Course Surveys (question #9 in 2020/2021 and 2021/2022, #10 in 2022/2023 and 2023/2024) and Exit Surveys (question #13, #15), found in the <i>Survey Forms</i> appendix and <i>Classroom Observation</i> appendix. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods, and sources of information used in the data collection process are included in the <i>Program Assessment Matrix</i> appendix and the <i>Program Systematic Evaluation Plan</i> appendix.</p> <p>Data collected from Annual Faculty Job Description/Evaluations in 2021, 2022, 2023, and 2024 indicate that both core and associated program faculty meet the needs of the program having met the threshold of 100% of faculty being rated at either "above average" or "exceeds standards". This data did not include two associated faculty who left in the fall semester prior to faculty evaluations.</p> <p>Data collected from End of Course Surveys, found in the <i>Survey Forms</i> appendix, in 2020/2021 indicated that core faculty met the needs of the program exceeding the threshold of 80% of responses on the survey rated as "average" or above with 100% in each course taught by core faculty. Data collected from End of Course Surveys, <i>Survey Forms</i> appendix, in 2020/2021 indicated that associated faculty also exceeded the threshold of 80% with 100% in all courses except one, PTA 1112 Introduction to PTA at 38.46%. Comments on the End of Course Survey indicated that the instructor did not return emails or grade assignments in a timely manner. Data collected from End of Course Surveys, <i>Survey Forms</i> appendix, in 2021/2022 indicated that both core and associated faculty exceeded the threshold with 100% for all courses taught. Data collected from End of Course Surveys, <i>Survey Forms</i> appendix, in 2022/2023 indicated that the core faculty exceeded the threshold with 100% for all courses taught and associated faculty exceeded the threshold with 90-100% except for the instructor of PTA 2322 PTA Seminar with only 78.57% of responses rated as routinely or better for question #10. Student comments on End of Course Surveys again indicated limited availability to students as the primary complaint. Data collected from End of Course Surveys, <i>Survey Forms</i> appendix, in 2023/2024 indicated that core faculty met or exceeded the threshold with 81.81-100% for all courses taught. Data collected from End of Course Surveys, <i>Survey Forms</i> appendix, in 2023/2024 also indicated that associated faculty met or exceeded the threshold at 100%.</p> <p>Data collected from <i>Classroom Observations</i> appendix indicated that both core and associated faculty met the needs of the program by exceeding the threshold of 90% of items answered as yes on the Classroom Observation Form with 100% in 2021, 2022, 2023, and 2024 for all faculty.</p> <p>Data collected from Exit Surveys, <i>Survey Forms</i> appendix, indicated that faculty as a whole met the needs of the program by exceeding the threshold of 80% of responses for question 13 which asks if the availability of faculty was appropriate and question 15 which asks if faculty in general meet the needs of the program rating faculty as "excellent" or "very good" with 100% for both questions in 2020, 100% for question 13 and 91.77% for question 15 in 2021, 100% for both questions in 2022, and 100% for both questions in 2023.</p> <p>Although not core or associated faculty, guest lecturers are assessed by students each time they perform a guest lecture using the Guest Lecturer Survey, located in the <i>Survey Forms</i> appendix. The student evaluation results are used to determine if a guest lecturer should be invited back in the future and if program faculty should meet with guest lecturers to discuss learning strategies, recommendations, or appropriate developmental activities before returning for future guest lectures. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods, and sources of information used in the data collection process are included in</p>

the *Program Assessment Matrix* appendix and the *Program Systematic Evaluation Plan* appendix. Data collected from Guest Lecture Surveys, located in the *Survey Forms* appendix, indicate that guest lecturers meet the needs of the program by exceeding the 80% threshold for responses for each question on the guest lecturer survey with 100% for all guest lectures in 2021; 88.9% for amputation, 100% for blood flow restriction, 100% for joint mobilization, and 89.89% for pelvic floor rehabilitation in 2022; 100% for all guest lectures in 2023; and 100% for joint mobilization, 98.33% for pelvic floor rehabilitation, and 100% for amputation in 2024.

Students evaluate their clinical instructors (CIs) using the Student Evaluation of Clinical Education Experiences (SECEE), located in the PTA MACS, and the Clinical Site Visit Form, located in *Clinical Education Documents* appendix, bookmarked by title. The SECEE includes 9 specific criteria that address the attributes of the CI (#15-#23), 5 criteria that address the engagement level of the CI as it relates to supervision and constructive feedback (#24-#28), and one criterion to determine if the CI uses the PTA MACS effectively to assess the student (#12). Statements numbered 15-23 on the SECEE assess the CI understanding of the PTA MACS; creation of an open, supportive learning environment; clearly communicating performance expectations; basing evaluations of student performance on objective information; identifying and describing student specific strengths and weaknesses; providing constructive feedback in an appropriate and timely manner; allowing an appropriate amount of time for discussion of patients, plans, and interventions; and overall effectiveness of the clinical instructor as a clinical teacher. Statements numbered 24-28 on the SECEE assess the CI observing the student performing treatments; discussing patient and/or treatment issues with the student; discussing specific skills the student was attempting to master; providing informal feedback regarding student performance; and providing feedback through regularly scheduled conferences. The student shares this information with their CI before forwarding the assessment to the DCE, who then discusses any concerns in CI performance with the CI and Clinical Coordinator of Clinical Education (CCCE). Data is also collected by the DCE during clinical site visits related to clinical instructor teaching effectiveness and is reported on the Clinical Site Visit Form (#7-#13), located in the *Clinical Education Documents* appendix, bookmarked by title. Statements numbered 7-13 on the Clinical Site Visit Form assess the CI providing a positive learning experience; adequately planning for student experiences; providing constructive feedback; being a good professional role model; demonstrating clinical competence; providing the appropriate amount of student supervision; and demonstrating sensitivity to individual differences. Information from the student evaluation, as well as information gathered from the CI is assessed to determine the performance of CIs and to identify the need for professional development activities for clinical faculty individually, and as a whole. The DCE also ensures all CIs meet the minimum requirement of one year full-time (or equivalent) post licensure clinical experience reported on the *Total Qualifications of CIs Reports* appendix. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods, and sources of information used in the data collection process are included in the *Program Assessment Matrix* appendix and the *Program Systematic Evaluation Plan* appendix.

Data collected on the Student Evaluation of Clinical Education Experiences (SECEE), for questions 15-23 indicated that clinical instructors exceeded the threshold of 80% for responses that rate the CI as "good" or "excellent" with 92.7% in 2020, 97% in 2021, 93.3% in 2022, and 99.2% in 2023. Data collected on the SECEE for questions 24-28 indicated that CIs exceeded the threshold of 80% for responses of "often" or "frequently" with 92% in 2020, 98% in 2021, 93.3% in 2022, and 93.3% in 2023. Data collected from the Clinical Site Visit Form located in the *Clinical Education Documents* appendix, bookmarked by title, questions 7-13 indicated that the CIs exceeded the threshold set at 90% for receiving a "yes" rating with 95.8% in 2020, 100% in 2021, 100% in 2022, and 100% in 2023. Data collected from the *Total Qualifications of CIs Report* appendix indicated that all CIs had a minimum of one year full-time (or equivalent) post licensure clinical experience for 2020, 2021, 2022, and 2023.

Analysis of collective data related to collective faculty indicated that core and clinical education faculty as well as guest lecturers were meeting the needs of the program, and no changes were necessary. Analysis of collective data related to associated faculty indicated that associated faculty who were also trying to maintain full-time clinical work were not meeting the needs of the program. This was evident in 2020/2021 and 2022/2023 with separate associated faculty. As a result, in 2023, the Program Director decided to have a discussion with the Division Chair for Medical Education who along with the Program Director concluded the program would benefit from an additional full-time faculty instead of trying to fill the positions with associated faculty who also maintain full-time clinical positions. The Program Director then petitioned the Chancellor and Vice Chancellor for Academics for a third full-time position with a proposed budget to support the additional full-time position. The position was ultimately granted, and a third full-time faculty was hired beginning in the Fall of 2023. Data collected from End of Course Surveys located in *Survey Forms* appendix, bookmarked by title, for the courses taught by the new full-time faculty member in Fall 2023 were rated at 100% for PTA 2322 Administration & Management, 100% for PTA 2503 PTA Seminar, and 87.5% for PTA 2314 Movement Science. Data collected from End of Course Surveys for the courses taught by the new full-time faculty in Spring 2024 were rated at 100% for PTA 2404 Therapeutic Exercise and 81.81% for PTA 2303 Pathophysiology. Collectively this data indicates that the addition of the full-time faculty member was effective in meeting program outcomes by meeting or exceeding the 80% threshold. Continued assessment will occur at the end of each semester as indicated in the *Program Systematic Evaluation Plan* appendix.

Upload: Supporting Documentation	Annual Faculty Development Summary and Reflection.pdf Annual Faculty Job Description_Evaluation.pdf Classroom Observation.pdf Total Qualifications of CI Report.pdf
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UA Cossatot - PTA - 2024 - 2B4 (2016)

Narrative Response	<p>Evaluation of program and institutional resources is an ongoing process conducted through faculty discussion during monthly faculty meetings, as a standing item, to assess the effectiveness of these resources in achieving the program mission and goals. Any concerns from core faculty regarding institutional or departmental resources being insufficient is documented in faculty meeting minutes and communicated with the appropriate department/individuals to determine a potential remediation plan, which will then be added to the program's annual assessment plan, the Program Systematic Evaluation Plan appendix. An annual evaluation of resources is conducted by the Program Director by review of the results of Applicant Surveys, Exit Surveys, and Tutor Surveys found in the Survey Forms appendix and Program Faculty and Advisory Council Meeting Minutes standing items to assess the following resources: staff, space, equipment, technology, materials, library and learning resources, and student services. In addition, the Program Director monitors the Program Budget to ensure it meets the financial needs of the program. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the Program Assessment Matrix appendix and the Program Systematic Evaluation Plan appendix.</p> <p>Data collected related to financial resources through review of the annual Program budget by the Program Director in 2020 indicated the budgeted operational expenses decreased by \$14,040, a 34% decrease, exceeding the CAPTE threshold of less than 10% in one year. However, the budgeted salary expenses increased by \$37,728 to financially support the need for associated faculty. The 34% decrease in the operational budge was reported to CAPTE per the CAPTE Rules of Practice and Procedure. In 2021, the program's budgeted operational expenses remained the same as the previous year and the budgeted salary expenses increased by \$28,212 to increase associate faculty hours to teach prerequisite courses. In 2022, the budgeted operational expenses decreased by \$90 due to a clerical error and the budgeted salary expenses decreased by \$1475, in fringe benefits (both below the 10% threshold). In 2023, the budgeted operational expenses increased by \$90 to fix the clerical error from the previous year and the budgeted salary expenses increased by \$9, 975 in part to help support the addition of a full-time faculty member.</p> <p>Data collected related to staff from Applicant Surveys (question #3), located in the Survey Forms appendix, indicated medical education staff were helpful by answering questions during the application process by meeting or exceeding the threshold of 80% of responses will "agree" with 80% in 2020, 87.5% in 2021, 97.43% in 2022, and 100% in 2023. Data collected from Exit Surveys (question #1), located in the Survey Forms appendix, indicated that technology services were available to students by exceeding the threshold of 80% of responses will "agree" or "strongly agree" with 100% for 2020, 2021, 2022, and 2023. Data collected from Tutor Surveys, located in the Survey Forms appendix, indicated that tutors met the needs of the program when utilized by meeting or exceeding the threshold of 80% of responses will "agree" or "strongly agree" with 98.33% in Spring of 2020, no tutors utilized in the Fall of 2020, no tutors utilized in 2021, 100% in 2022, 100% in 2023, and 81.66% in Spring of 2024. Program Faculty Meeting Minutes indicated the faculty was satisfied with staff in 2021, 2022, 2023, and 2024.</p> <p>Data collected related to space from Exit Surveys (questions #3, #6), located in the Survey Forms appendix, indicated that classrooms and laboratory space are sufficient to meet the needs of the program by exceeding the threshold of 80% of responses "agree" or "strongly agree" with 100% in 2020, 2021, 2022, and 2023. Program Faculty Meeting Minutes also indicated that faculty was satisfied that classroom and laboratory space meet the needs of the program in 2021, 2022, 2023, and 2024.</p> <p>Data collected related to equipment, technology, and materials, from Exit Surveys (questions #1, #2, #5, #9), located in the Survey Forms appendix, indicated that program equipment, technology, and materials were sufficient to meet the needs of the program by exceeding the threshold of 80% of responses "agree" or "strongly agree" with 100% in 2020, 2021, 2022, and 2023. Data collected from Advisory Council Meeting Minutes also exceeded the threshold with 100% in 2021, 2022, 2023, and 2024. Program Faculty Meeting Minutes also reflect that faculty was satisfied with program equipment, technology, and materials in 2020, 2021, 2022, and 2024.</p> <p>Data collected related to library and learning resources from Exit Surveys (questions #4, #10), located in the Survey Forms appendix, indicated that library and learning resources were sufficient to meet the needs of the program by exceeding the threshold of 80% of responses "agree" or "strongly agree" with 100% in 2020, 2021, and 2022; and 95% in 2023. Program Faculty Meeting Minutes also reflect that faculty were satisfied with the library and learning resources in 2021, 2022, 2023, and 2023.</p> <p>Data collected related to student services from Exit Surveys (questions #10, #11, #12), located in the Survey Forms appendix, in 2020 indicated that the student services of tutoring, financial aid, and disability services were</p>

available and adequate by meeting or exceeding the threshold of 80% of responses rated as "agree" or "strongly agree" with 100% for tutoring, 55.55% for financial aid (with the remaining 44.44% remaining neutral) and 88.88% for disability services. In 2021, tutoring and disability services were both rated at 100% while financial aid services fell below threshold at 25%, with 50% rated as disagree and 25% rated as strongly disagree. In 2022, tutoring and disability services were rated at 100% while financial aid again fell below the threshold at 77.78%. In 2023, all three student services met the threshold with tutoring rated at 90%, financial aid rated at 90%, and disability rated at 100%. Data collected from Applicant Surveys (question #5), located in the **Survey Forms** appendix, indicated that academic counselors provided accurate information about the program admissions process meeting or exceeding the threshold of 80% of responses agree with 84% in 2020, and 100% in 2021, 2022, and 2023. Program Faculty Meeting Minutes reported that student services were sufficient in 2020, 2021, and 2022. In 2023, Program Faculty Meeting Minutes report that faculty discussed the continued below threshold rating of financial aid services as indicated on Exit Survey results. In 2024, faculty discussions continued reporting concerns of students struggling financially due to the college not participating in federal student loans, making it difficult for students to obtain even personal student loans.

Analysis of collective data related to resources indicated that program staff; space, equipment, technology, and materials; library and learning resources, and student services including tutoring and disability services were available and adequate to meet the needs of the program. Therefore, no action was necessary in these areas. However, financial aid services fell below the 80% program threshold in 2021 and 2022 on Exit Surveys, located in the **Survey Forms** appendix, and was reported as an issue among faculty in program faculty meetings in 2023, and 2024. In response to Exit Survey results, the Program Director contacted the Vice-Chancellor for Academics. The Vice-Chancellor shared the concerns with the Chancellor and CFO. The lack of response was attributed to staff cuts due to COVID-19, positions which had recently been filled again with hopes that the response of financial aid staff would improve. While the rating increased in 2022 on Exit Surveys, located in the **Survey Forms** appendix, it still fell below the threshold; however, exceeded the threshold in 2023 when the Program Advisor arranged for financial aid staff to be present during physical performance testing of prospective students, demonstrating improvement in this area. In response to Program faculty concerns of students struggling financially due to lack of student loan availability, discussions with the Division Chair of Medical Education and the Chancellor were initiated. While the school has no plans to revisit a federal student loan option, the Chancellor did provide a link for an Arkansas Student Loan option for the program to share with students. This link has been shared with the Program Advisor who will provide it to incoming students of the 2025 cohort and future applicants. The timeline for reassessment will be in December 2025 when the 2025 cohort graduates and completes the Exit Survey, as well as in Summer of 2025 when the Program faculty have their annual assessment meeting to discuss areas of concern.

The only other area that fell below the threshold in this standard is financial resources indicated by the budgeted operational expenses decreasing more than 10% in 2020. As reported in the 2020 AAR, this decrease was a state-wide mandate due to the effects of COVID-19 and although slightly adverse, manageable. Most of the cut was made to the travel budget since all institution-related travel had been banned at the time. However, there were still enough funds available for all faculty to participate in professional development. The operational budget has been stable since 2020 with no further decreases. Therefore, this is not an area of concern for the program and the current budget meets the needs of the program.

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Narrative Response	<p>The Program Director with assistance from core faculty is responsible for ensuring that program policies and procedures, as well as institutional policies and procedures meet program needs, including analysis of the extent to which program practices adhere to policies and procedures. Program policies and procedures are reviewed annually in July by the Vice Chancellor for Academics to ensure congruence with institutional policies and procedures. In addition to this annual review, program policies and procedures are reviewed by the Program Director at any time a faculty member brings a concern about the impact of a current policy/procedure or a potential need for the development of a new policy/procedure. The Program Director also reviews changes to board approved policies and procedures as they occur to determine the impact on the program. Changes to institutional policies are disseminated by the Vice Chancellor for Academics through campus wide email as they are approved by the Board. Minutes of the Board meetings are also available to all college employees on the college website by selecting "About" and then "Board of Visitors". Please refer to the URL Listing Table appendix for the college's website. If it is determined that a policy change would negatively impact the program and hinder the program's ability to meet its goals and objectives, the concerns and possible solutions are discussed with the Medical Education Division Chair. The Chair takes further action as warranted including forwarding the concerns</p>

through the chain of command. In addition, failure to meet student achievement measures may require changes in program policies and procedures.

Annually in the Summer, the Program Director and other core faculty, review all program policies and procedures and documents. Any instance in which the program did not adhere to program policies and procedures is recorded in Program Faculty Meeting Minutes and the specific policy and procedure is reviewed to ensure it adequately meets the need of the program. Any complaints received about the program not adhering to policies and procedures is also reviewed annually in the Summer and as needed. Measurable goals, thresholds for review/action, persons responsible, timelines, data collection methods and sources of information used in the data collection process are included in the *Program Assessment Matrix* appendix and the *Program Systematic Evaluation Plan* appendix.

Regarding program, policies and procedures, as well as relevant institutional policies and procedures meeting the needs of the program, data collected from review of Board of Visitor Meeting minutes in 2021, 2022, and 2024 indicated that all institutional policies both old and new were consistent with the program's ability to achieve its mission, goals, and objectives. However, an instance of an institutional policy not meeting the needs of the program was identified in 2023 concerning the testing center policy and its lack of criteria for what a student is allowed to take into or wear into the testing center to protect the integrity of the tests. The issue was presented first to the Division Chair for Medical Education and then to the Vice Chancellor for Academics with suggestions for revision. The Vice Chancellor presented the revised policy first to the Academic Council and then to the Board of Visitors for approval. The new policy was approved in August of 2023. Since no other issues have been identified in the past academic year, the conclusion is that the policy revision was effective. Review of institutional policy changes continues at the end of each semester and as changes are disseminated by the Vice Chancellor for Academics as indicated in the *Program Systematic Evaluation Plan* appendix and review of existing institutional policies occurs as issues arise.

Data collected from review of program policies and procedures annually by the Vice Chancellor for Academics indicated that 100% of program policies and procedures were congruent with those of the college for the years 2020, 2021, 2022, and 2023. Therefore, no action was necessary for this outcome. This outcome continues to be assessed annually as indicated in the *Program Systematic Evaluation Plan* appendix.

Data collected from FSBPT reports regarding ultimate pass rates indicated that the 2020 cohort fell below the 80% threshold at 88.88%; however, the cohorts of 2021, 2022, and 2023 exceeded the threshold with 100%, including a 100% first time pass rate for the 2023 cohort. The low NPTE pass rate in 2020 is attributed to one student out of only nine who attempted the NPTE multiple times without success. The program reached out to provide remediation which the student never accepted. In the meantime, personal events led the student to stop pursuing licensure. In addition, this is the cohort that was most affected by COVID-19 due to shuttering of the college and suspension of clinical experiences. Because of this isolated instance of falling below this threshold, the program concluded that no action was necessary. This outcome continues to be assessed annually as indicated in the *Program Systematic Evaluation Plan* appendix.

Data collected from the *Program Demographics Chart* appendix regarding the percentage of students who persist throughout the program indicated that the program threshold of 75% was not achieved in 2020 with a 60% graduation rate, was met in 2021 with 75%, in 2022 with 81.81%, and in 2023 with 76.9%. Because of the low graduation rate in 2020 of 60% and a low graduation rate in 2019 of 46.15%, bringing the 2-year average to only 50%, which is below the CAPTE threshold of 60%, the conclusion was made that changes were needed in the program's admission criteria. Proposed changes included moving two courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, from the first semester within the program to prerequisites. The rationale for this change was to lighten the load in the first semester of the program to allow students time to adjust and develop effective study skills and to better identify students who were likely to be successful with the rigor of the program. Other changes proposed were to increase the overall GPA required to be eligible for the program from 2.75 to 3.0; to clarify the minimum GPA required for A&P I and II as 3.0 individually, not averaged together; and changes to the admissions rubric regarding the items included and the percentages each item is worth in the overall admission's score. These changes were implemented in Fall of 2020 first affecting the 2022 cohort. Although the results of these changes could not be assessed until 2022, the graduation threshold of 75% was exceeded in 2021 at 91.66% and 2022 at 81.81% and met in 2023 at 76.9%. Therefore, the changes were concluded to be effective in meeting this outcome.

Data collected from Program Faculty Meeting Minutes in 2021 indicated a procedure was needed to assess physical abilities prior to students entering the program due to students being admitted who were physically unable to complete the program successfully. In response, a Physical Abilities Assessment was designed and approved by legal with implementation beginning with the application period for the 2022 cohort. As a result, no student in 2022, 2023, or 2024 left the program due to physical limitations indicating that the Physical Abilities Assessment is effective. Also in 2021, the faculty identified a need to revise the exam policy for PTA-prefix prerequisite courses to be more consistent with other prerequisite courses to reduce student confusion. The exam policy initially followed the program policy which limited the time allowed to complete the exam to time and a half and limited the number of days the exam was available to be taken. Because of frequent conflicts with students' work schedules and students with accommodations requiring untimed testing, the policy was changed to allow for untimed exams and exams to be open for the entire week of testing. This change has reduced the number of conflicts with students' schedules and the need for faculty to adjust testing time limits.

Data collected from Program Faculty Meeting Minutes in 2022 indicated three policies, the late assignment policy, the dress code for lab attire, and the TEAS examination admissions requirement were not meeting the needs of the program. The late assignment policy at the time stated that students were not allowed to attend class if assignments were missing. This proved too difficult for program faculty to track so it was revised to state that the student would not be allowed to take the next written or practical exam until all assignments were submitted per program standards. The policy for lab attire was found to be insufficiently described as modest offering too much room for interpretation. Therefore, the policy was revised to define modest as shorts that extend to the fingertips when arms are down by the sides and are loose enough to allow access to the entire lower extremity. In response to falling below the program threshold of 90% for first attempt licensure pass rates reported for the 2019, 2020, and 2021 cohorts, discussions began in the program's Advisory Council Meeting Minutes in May of 2022 to consider setting a minimum score on the TEAS for admission to the program. The Program Director gathered data from research that indicated a score range of 58.7- 77.3 was determined to be proficient as well as data from four cohorts regarding student TEAS scores in relation to successfully completing the program. With supporting data, the decision was made to change the admission criteria to include a minimum TEAS score of 60. This was first implemented for the application period of the 2023 cohort. Reassessment occurred in February of 2024 following NPTE testing of the 2023 cohort in which 100% of the graduating students of 2023 passed the NPTE on the first attempt. Reassessment will continue annually each February or once all graduates for the corresponding cohort have taken the licensure exam.

Data collected from Program Faculty Meeting Minutes in 2023 indicated a need for a policy concerning artificial intelligence (AI), the new Skill Check Binder being utilized in the program, and multiple submissions on student assignments. In addition, faculty identified continued issues with modest lab attire. With the introduction of AI and its increasing prevalence, the Vice Chancellor encouraged departments to develop a policy concerning AI as the institution did not have an existing policy. Faculty discussion resulted in a policy that did not allow the use of AI in the program. The program decided to develop a binder that included all skill checks for the program to simplify submission of these for students. Through faculty discussion, a policy was developed requiring the Skill Check Binder to be presented to faculty for admission to the practical exam to ensure completion of skill checks associated with the exam. In addition, a policy was developed for lost Skill Check Binders in which the maximum grade for the next practical exam would be reduced by 20% and the student would be responsible for the cost of replacement. Because of faculty complaints of excessive submissions of the same assignment by students, the decision was made across the program to only allow for one submission per assignment in Blackboard, requiring the student to contact the instructor if more than one submission is required. In addition, a maximum of two submissions are allowed with a 10% reduction of the grade on the second submission and repeated requests for multiple submissions are treated as a professional behavior issue. In response to faculty complaints of continued issues with modest lab attire, the decision was made to change the policy to require wearing a specific pair of shorts and sports bra identified by the Program Director at the program's orientation.

Data collected from Program Faculty Meeting Minutes in 2024 indicated a need for revision of the skill check policy for students who are grossly ill-prepared for skill checks, a clarification on the tardy policy, revision of the lost skill check binder policy, revision of the lab attire policy, revision of the policy on the use of artificial intelligence, and a new policy for student response to emails. The initial skill check policy allowed for a 5-point reduction in the grade of the associated practical exam. Because of an incident where a student had multiple incidents of being unprepared for the same skill check-off, the policy was clarified that 5 points would be deducted for each occurrence a student is unprepared for a scheduled check-off. Also, because not all skill checks are associated with a practical exam, the revision included written exams for the grade reduction. Because of a student with repeated tardiness, the tardy policy was clarified to state that after three tardies, the behavior would be deemed chronic and be written up as a professional behavior violation. Additionally, each tardy following the initial three would be written up similarly with the student being dismissed with the third write-up per the program's discipline policy. Faculty desired to revise the Lost Skill Check Binder policy to reduce the grade penalty to only 10% to be consistent with other policies that include a grade reduction and include practical or written exams. Because of the difficulty finding enough of the same pair of shorts and sports bra to accommodate everyone, the lab attire policy returned to describing modest attire as shorts that extend to the fingertips with the arms by the sides and loose enough to allow access to the entire lower extremity. However, examples of appropriate options are to be provided at orientation but allowing students to find similar attire on their own. Following a year of professional development, faculty dabbling in AI, and college-wide faculty development and discussion, the AI policy was revised to allow its use for research purposes only with infractions treated as an academic integrity violation. After repeated issues with students not responding to emails, a policy was written that requires students to monitor their campus email accounts at a minimum of twice daily during the semester and weekly during semester breaks. The policy also requires verification of receipt for emails sent to individual students.

Regarding the extent to which the program practices adherence to policies and procedures, data collected in 2021, 2023, and 2024 did not identify any instance of not adhering to program policies. However, data collected in 2022 indicated that the instructors were having difficulty enforcing the dress code policy for lab attire as the policy described modest clothing which was found to be too open for interpretation and not effective to accomplish the intention of modesty. As indicated earlier, the policy underwent revision in 2022, 2023, and 2024. The issue will continue to be assessed annually with problems indicated in the Program Faculty Meeting Minutes. In addition,

the program has not to date received any complaints regarding not adhering to policies and procedures. Therefore, the conclusion was that no action is necessary.

The student achievement or expected program outcomes that fell below the CAPTE or program expectation include the ultimate and first attempt licensure pass rates and the graduation rate in 2020 (data provided above). Due to the isolated instance of failure to reach the ultimate licensure pass rate only occurring in 2020, the circumstances contributing to the low outcome discussed earlier, and missing the outcome by only 1.2%, the conclusion made was that no action was necessary. The threshold was met in subsequent years of 2021, 2022, and 2023 as described above. Because the graduation rate fell below threshold in 2019 and 2020, resulting in a 2-year average that fell below the CAPTE threshold, the program concluded that changes were needed in the admissions criteria. The changes made included moving two courses out of the program as prerequisites, increasing the overall GPA requirement from 2.75 to 3.0, and clarifying the requirement of a 3.0 GPA for A&P I and II individually and not averaged together. These changes were implemented in Fall of 2020 affecting the 2022 cohort. Although the results of these changes could not be assessed until 2022, the graduation threshold of 75% was exceeded in 2021 at 91.66% and 2022 at 81.81% and met in 2023 at 76.9%. Therefore, the changes were concluded to be effective in meeting this outcome. Although no threshold is set by CAPTE for first attempt licensure pass rates, the program has set a threshold of 90%. As stated above, this threshold was not achieved in 2019, 2020, and 2021. Through observation and data collection, the conclusion was made that an additional change in the admissions criteria was needed to include a minimum requirement for the TEAS score. The rationale was to identify students who were successful test takers. The change was implemented in 2022 first affecting the 2023 cohort. As a result, the cohort of 2023 achieved a 100% first attempt licensure pass rate. No other data is yet available to make a definitive conclusion on the effectiveness of this change; however, reassessment will occur annually with first attempt pass rates per the ***Program Systematic Evaluation Plan*** appendix.

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UA Cossatot - PTA - 2024 - 2C (2016)

Narrative Response	<p>The Program curriculum is reviewed annually by the Program Director and other core faculty members with results documented in the <i>Curriculum Assessment Matrix</i> appendix, which is included in the <i>Program Systematic Evaluation Plan</i> appendix. The instruments used for this review include Post-Graduate Surveys, FSBPT reports, PTA MACS, Curriculum Vitae, Clinical Site Visit Reports, Course Syllabi, Program Objectives and Methods of Assessment, Student Learning Outcomes, End of Course Surveys, Exit Surveys, Student Evaluation of Clinical Education Experiences (SECEE), Meeting with Testing Center, Academic Catalog Review, Program Faculty Meeting Minutes, Number and Variety of Clinical Sites Reports, Number and Variety of Clinical Slots per Site Reports, Advisory Council Meeting Minutes, Interprofessional Assignments, and a Plan of Study Review.</p> <p>The program's curricular assessment considers the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system through analysis of faculty curriculum vitae by the Program Director to ensure that faculty maintains per diem clinical practice and/or completes appropriate professional development to remain up to date with contemporary physical therapy practice. In addition, the DCE collects information reported on the Clinical Site Visit Report which provides input from clinical instructors regarding program content identifying areas that need to be added or improved.</p> <p>Student achievement and graduate outcomes are used to assess the curriculum. First-attempt and ultimate NPTE licensure pass rates as well as mean scale scores on Content Areas of the NPTE are assessed, through data gathered from FSBPT reports. Student achievement of entry-level skills on identified PTA MACS criteria to include professional behaviors is assessed through data collected from the PTA MACS.</p> <p>Elements 6A-6L are included in the program's curricular assessment through a variety of stakeholders including clinical instructors, graduates, and students. Data collected from Curriculum Vitae and Clinical Site Visit Forms, located in the <i>Clinical Education Documents</i> appendix, is reviewed annually in the Spring and December respectively to ensure a curriculum that includes contemporary physical therapy practice (6A). Data collected from Exit Surveys, located in the <i>Survey Forms</i> appendix, is assessed annually in December to provide an assessment of the degree to which general education prerequisites and PTA prerequisites meet the needs of the program (question #17) (6B). Course syllabi are reviewed at the beginning of each semester to ensure they include all institutional and CAPTE-required components (6E). The <i>Program Objectives and Methods of Assessment</i> appendix is a document organized by elements of Standards 7B and 7D that identifies the sequencing of courses within the program, all objectives associated with the specific courses to address each element of 7B and 7D written in behavioral terms, the methods used to assess each objective, and the learning activities used to facilitate learning for each objective. This document is reviewed annually in the Summer to ensure the objectives, learning experiences, and assessments are congruent, and the curricular elements are at the appropriate depth and breadth (6C, D, F, G, and H). Data collected from <i>Student Learning Outcomes</i> appendix is assessed at the end</p>

of each semester to determine the degree to which student performance meets the expectations of the faculty (6I3). Data collected from End of Course Surveys, located in the **Survey Forms** appendix, is assessed at the end of each semester to assess the instructional methodology used in each course to ensure it meets the needs of the learners to promote expected student outcomes (question #6) and rate the instructor's effectiveness (question #10), (6G, 6I1). Data collected from the SECEE and Clinical Site Visit Forms is assessed annually in December to identify a need for changes in curriculum sequencing or curricular content to prepare students to provide physical therapy services to individuals with diseases/disorders involving the major systems, multiple system disorders, and across the lifespan and continuum of care (6D, 6J1). Data collected from Clinical Site Visit Forms is also used to assess that students participate in an appropriate PT-PTA relationship during clinical education experiences (6J4). Annual meetings with the Testing Center occur each July and are used to ensure student identity, test security and integrity, and student privacy during distance education activities and testing (6I4, 6I5, 6I6). Annual review of the Academic Catalog in July is used to ensure students are informed of additional fees for distance education courses and that students have access to student services on campus (6I7, 6I8). Instructor emails on the 10th day of class each semester are used to drop students who have not made substantive contribution to distance education courses and a review of distance education courses on Blackboard, occurring each Summer, is used to ensure each distance education course includes discussion questions to promote student interaction are used to ensure the rigor of distance education courses is equivalent to that of on-site courses (6I2). Data collected from **Number and Variety of Clinical Sites Reports** appendix and **Number and Variety of Clinical Slots per Site Reports** appendix is assessed annually in February to ensure that clinical education experiences include settings that are representative of those in which physical therapy is commonly practiced, include the required settings, and that an adequate number of positions are available for each cohort (6J2). Data collected from Student Learning Outcomes for PTA 2503 (PTAP 25003) PTA Seminar is assessed annually in December to determine that students participate in interprofessional collaboration activities in clinical education (6J3). Data collected from the PTA MACS is assessed annually in December to ensure that students participate in at least one other experience during clinical education by the end of the terminal clinical education experience (6J5). An annual Plan of Study Review occurs in December for the AAR to ensure the program curriculum can be completed in no more than 104 calendar weeks including 520-720 hours of clinical education and that the institution awards the Associate of Applied Science degree. (6K, 6L).

The Program Director and DCE work together to assess the clinical education aspect of the program through stakeholders which include clinical instructors, students, faculty, and Advisory Council members. Data collected from Program Faculty Meeting Minutes is assessed in May before Clinical Practicum I and again in August before Clinical Practicum II to ensure that faculty have verified that students progressing to clinical education have passed all courses with a passing exam average and a passing overall average as well as have passed all practical examinations including all critical safety and critical skill elements. Data collected from the **Professional Behaviors Assessment Tool** appendix is assessed at the end of the Spring semester to ensure that students progressing to clinical education have been rated at intermediate level on all professional behaviors outlined on the tool. Data collected from Clinical Site Visit Reports is assessed annually in December to determine that students see patients from all four practice patterns and across the lifespan and continuum of care, excluding infants, and to determine that students participated in an appropriate PT-PTA relationship during clinical education. Data collected from **Number and Variety of Clinical Slots per Site Reports** appendix and **Number and Variety of Clinical Sites Reports** appendix is assessed annually in February to ensure clinical positions available for each cohort as well as the number, type, and location of placements are adequate to place each student within the settings required and that they represent setting in which physical therapy is commonly practiced. Data collected from Advisory Council Meeting Minutes is assessed annually in December to ensure that all Advisory Council members are satisfied with the placement and duration of clinical education experiences. Data collected from Student Learning Outcomes for PTA 2503 (PTAP 25003) PTA Seminar is used to determine that students participate in interprofessional collaboration activities in clinical education experiences. Data collected from the PTA MACS is assessed annually in December to ensure that students are rated "entry-level" in at least one other site-specific learning experience. The last complete curriculum review occurred in Summer 2024.

A summary of the outcome of the most recent curriculum review including clinical education includes the semesters Summer 2023, Fall 2023, and Spring 2024 as well as the most recent data available from graduates through Post-Graduate Surveys in December 2022. Data collected in 2022 from graduates one-year post-graduation through the Post-Graduate Survey, located in the **Survey Forms** appendix, indicated that 100% of respondents agree that the program prepared them for their responsibilities as a PTA. The threshold of 80% was exceeded so no action was necessary. Data collected from FSBPT reports in February of 2024 indicated that 100% of graduates passed the NPTE on the first attempt. The threshold of 90% for ultimate and 80% for first attempt pass rates was exceeded so action was necessary. Data collected from the FSBPT Mean Scale Report in February 2024 indicated that all mean scale scores were above the national mean for all content areas. The threshold of the mean score scale being no more than 10 points below the national mean was exceeded so no action was necessary. Data collected from the PTA MACS in December 2023 indicated that 100% of students were rated at entry-level for all skills identified on the Master List. The threshold of 100% was met so no action was necessary. A review of Curriculum Vitae in April of 2024 indicated that 100% of core faculty maintained per diem clinical practice and/or appropriate professional development to remain up to date with contemporary physical therapy practice. The threshold of 100% was met so no action was necessary. Data collected from Clinical Site Visit Reports

in December 2023 regarding information gathered from clinical instructors and changes needed in the program were shared with the Program Director and addressed during Program Faculty Meeting Minutes in December 2023. Areas of strengths identified included exercise progression and assessing evidence-based literature. Areas of weakness identified included discharge planning, muscle energy techniques, spinal extension exercises specified as McKenzie technique, and SOAP notes. To address these areas of weakness, although muscle energy techniques and McKenzie exercises were already addressed in PTA 2404 Therapeutic Exercise, the instructor concluded to spend more time on these concepts and activities. To address discharge planning, faculty agreed to discuss discharge planning more in courses that are intervention based to explain to students how they, as PTA students, can contribute to discharge planning in the clinic. To address SOAP note writing, faculty who teach intervention-based courses concluded to provide more opportunities for informal SOAP note writing. Course syllabi were reviewed by the Program Director at the beginning of the Fall 2023, Spring 2024, and Summer 2024 semesters to ensure all institutional and CAPTE components were included. The **Program Objectives and Methods of Assessment** appendix was reviewed in May of 2024 with course objectives, learning activities, and methods of assessment updated to ensure that all curricular content included major systems, multiple systems disorders, chronic illness, and individuals across the lifespan and continuum of care. Data collected from **Student Learning Outcomes** appendix was assessed at the end of Summer 2023, Fall 2023, and Spring 2024. Percentage of program course outcomes met per course in Summer 2023 was 93%, in Fall of 2023 ranged from 88%-100%, and in Spring 2024 ranged from 80.9-100%. The threshold of 80% for each course was met in each semester so no action was necessary. Percentage of PTA prerequisite course outcomes met per course in Summer 2023 ranged from 88%-90%, in Fall 2023 ranged from 78.7%-94%, and in Spring ranged from 85.2-100%. The threshold of 80% was met for each course except PTA 1112 Concepts in Physical Therapy, online section. The decision was made to monitor for trends since enrollment in the course was extremely limited. Outcomes were met for PTA 1112 Concepts of Physical Therapy, online section in the Spring semester at 97%. Data collected from End of Course Surveys (#6), located in the **Survey Forms** appendix, was assessed in Summer 2023, Fall 2023, and Spring 2024. The percentage of students who agreed that the instructional methodology fostered an understanding of course content in Summer 2023 was 57.5%, in Fall 2023 ranged from 66.66%-100%, and in Spring 2024 ranged from 45.45%-100%. The threshold of 80% was met for most courses except PTA 2514 Neurorehabilitation in Summer 2023 and PTA 2303 Pathophysiology, online section, in Fall 2023 and Spring 2024. The survey results for PTA 2514 were negatively skewed for the faculty that was teaching the pediatric content with complaints that activities that encouraged student participation were not provided and that the instructor just read PowerPoint slides. In response, a new associated faculty member with pediatric experience was assigned to teach this content with activities that engage students. The End of Course survey results for PTA 2303 Pathophysiology are a repeated issue with student comments that often state that the course needs to be in-person. It has been routinely offered online and in-person; however, very few students enroll in the in-person section despite previous failure of the course. In response, the faculty decided to only offer the course as a hybrid course in the coming Fall semester. The instructor was also mentored regarding student interaction with online courses for students not in the program. Reassessment will occur at the end of the Summer and Fall 2024 semesters. Data collected from Exit Surveys (#17), located in the **Survey Forms** appendix, in 2023 indicated that 90% of students agreed that the prerequisite courses adequately prepared them for the program. The threshold of 80% was met so no action was necessary. Data collected from the Student Evaluation of Clinical Education Experience, SECEE, (#37) in December 2023 indicated that 90% of students did not identify a need for change in the curriculum sequencing. The threshold of 80% was met so no action was necessary. Data collected from Clinical Site Visit Forms (#25), located in the **Clinical Education Documents** appendix, indicated that 90% of clinical instructors agree that the program prepared students for the clinical education experience. The threshold of 80% was met so no action was necessary. An email was sent in Fall 2023 to all Testing Centers with the newly revised Testing Center policy to ensure all Testing Centers were following the new policy. The Testing Centers' response was in the affirmative with no issues identified in the 2023/2024 academic year. The Academic Catalog was reviewed in July 2023 affirming that students are informed of additional fees for distance education courses and that distance education students have access to student services on campus. The threshold was met so no action was necessary. The curriculum assessment also included clinical education. Data collected in Program Faculty Meeting Minutes in August of 2023 and May of 2024 indicated that 100% of students progressing to clinical education have passed all program courses including exam averages and practical examinations including all critical safety and critical skill elements. The threshold of 100% was met so no action was necessary. Data collected from the **Professional Behaviors Assessment Tool** appendix in May 2024 indicated that 100% of students progressing to clinical education were rated at intermediate-level professional behaviors. The threshold of 100% was met so no action was necessary. Data collected from Clinical Site Visit Reports in December of 2023 indicated that 100% of students saw patients from all four practice patterns and across the lifespan and continuum of care, excluding infants. The threshold of 90% for both outcomes was exceeded so no action was necessary. Data also collected from Clinical Site Visit Reports in December of 2023 indicated that 100% of students participated in an appropriate PT-PTA relationship during clinical education experiences. The threshold of 100% was met so no action was necessary. Data collected from the **Number and Variety of Clinical Slots per Site Report** appendix and the **Number and Variety of Clinical Sites Report** appendix in February of 2024 indicated that there were 175% of clinical education placements available for the 2024 cohort and that the number, type and location of offered placements was adequate to place each student within the settings required and that represent settings in which physical therapy

is commonly practiced. The threshold of 100% of clinical positions and the number, type, and location of placements were met and no action was necessary. Advisory Council Meeting Minutes in December 2023 indicated that 100% of Advisory Council members were satisfied with the placement and duration of clinical education experiences. The threshold of 80% was exceeded so no action was necessary. Data collected from Student Learning Outcomes from PTA 2503 PTA Seminar in December 2023 indicated that 100% of students participated in interprofessional collaboration activities during clinical education experiences. The threshold of 100% was met so no action was necessary. Data collected from the PTA MACS Master List: Site Specific in December 2023 indicated that 100% of students achieved an "entry-level" rating in at least one other site-specific skill by the end of the terminal clinical experience. The threshold of 100% was met so no action was necessary. A Plan of Study Review for the AAR in December of 2023 indicated that the program curriculum can be completed in no more than 104 calendar weeks and the institution awards the Associate of Applied Science degree. The threshold was met so no action was necessary.

Several curricular changes have occurred over the last four years. The most significant change was the program extending from a 12-month to an 18-month program. The first cohort affected by this change was the 2023 cohort. The stimulus for this change was previous below threshold graduation rates in 2019 and 2020, first attempt NPTE pass rates in 2020, 2021, and 2022, and below threshold of the national mean scale score in NPTE content areas in 2020, 2021, and 2022. The rationale for the change was that by extending the program, there would be more time for students to process didactic information and commit it to long-term memory. This change also allowed the program to extend the two terminal full-time clinical experiences from 5 weeks to 8 weeks each to allow more time for students to get comfortable in their settings and complete required skills. As stated earlier the first cohort affected by this change was the 2023 cohort of which 76.9% persisted throughout the program, 100% passed the NPTE on the first attempt, and 100% of NPTE content areas were above the national mean scale score. Although, the data from one cohort is not enough to determine definitively that this change was effective, the current data is promising. Reassessment will continue each December with graduation rates and each February with first attempt NPTE pass rates and NPTE content area reports.

A second curriculum change involved moving two courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, out of the program to prerequisites. The stimulus for this change was below threshold graduation rates in 2019 and 2020. The rationale for this change was that moving the two courses would reduce the number of credit hours in the first semester of the program thereby allowing students to adjust to the rigor of the program and develop effective study habits and to identify students who would be successful with the rigor of the program. The 2022 cohort was the first to be affected by this change. As a result, the graduation rate exceeded threshold in 2022 at 81.81% and 2023 at 76.9%. In addition, the cohort of 2024 is on track to graduate 92.3%. Therefore, this change appears to have been effective in meeting this outcome. Reassessment will continue each December.

A third curriculum change was the addition of two courses, PTA 2212 Orthopedic Conditions and PTA 2402 Clinical Neurology, both of which were 2 credit hours each. To add these courses, within the approved credit hours of the degree plan, 2 credit hours were used from SPD 1003 Success Strategies (when it was reduced from 3 credit hours to 1 credit hour as a college curricular change), 1 credit hour was taken from 2515 Neurorehabilitation, and 1 credit hour was taken from PTA 2205 Therapeutic Agents. Content was taken from PTA 2404 Therapeutic Exercise and PTA 2303 Pathophysiology, a prerequisite, to create the Orthopedic Conditions course in which students are introduced to orthopedic conditions and medical management and pharmacology associated with these conditions. Anatomy content was taken from the PTA 2515 Neurorehabilitation course to allow students to learn the anatomy of the nervous system and how insult to specific areas affects individuals before learning the interventions for treating neurological conditions. The stimulus for this change was low mean scale scores in the musculoskeletal and neuromuscular NPTE content areas in 2020, 2021, and 2022. The first cohort affected by this change was the 2023 cohort which scored above the mean scale score in these and all content areas on the NPTE. Again, although one year of data is not enough to determine these changes as effective, the threshold was exceeded in 2023 and reassessment will continue in February of 2024. Of note, the PTA 2212 Orthopedic Conditions and PTA 2502 PTA Seminar courses were changed from 2-credit hour courses to 3-credit hour courses beginning in Fall 2023 due to the necessary contact hours needed. The credit hours used for the increases were taken from PTA 2424 Clinical Practicum I due to the reduction to a part-time clinical education experience as described below. The new course names as of Fall 2023 were PTA 2213 Orthopedic Conditions, PTA 2503 PTA Seminar, and PTA 2422 Clinical Practicum I. In addition, at this time PTA 1112 Introduction to PTA changed to PTA 1112 Concepts of Physical Therapy.

A fourth curriculum change was the transition of Clinical Practicum I from a 5-week full-time integrated experience to a 1-day-a-week over 8 weeks experience in which students can experience the clinical setting with the lower stakes of only Professional Behaviors being assessed. This change also reduced the credit hours of the course from 4 credit hours to 2 credit hours. The rationale for this change was to allow students a more integrated experience where they can also begin to attempt neurological interventions along with other interventions learned previously in the program without the pressure of having to demonstrate entry-level skills in this part-time integrated rotation. This also aims to reduce the anxiety of students associated with clinical education. The first cohort affected by this change is the 2024 cohort. Assessment will occur in December 2024 with the SECEE and the Clinical Site Visit Report regarding the sequencing of the curriculum. The new course name as of Fall 2023 was PTA 2422 Clinical Practicum I.

A fifth curriculum change was the addition of 1 credit hour to PTA 2502 PTA Seminar due to the addition of requiring students to complete four FSBPT PEAT examinations to complete the course and 1 credit hour to Orthopedic Conditions due to the increased contact hours of the course. These 2 credit hours were taken from Clinical Practicum I as described above when it became a 2-credit hour course due to the reduction in clinical hours. The new course names as of Fall 2023 were PTA 2213 Orthopedic Conditions and PTA 2503 PTA Seminar. A sixth curriculum change is first the moving of PTA 2204 Therapeutic Agents to the Spring semester in 2023 and then the splitting of the course into two 2-credit hour courses, PTA PTAP 23002 Therapeutic Agents I in the Fall and PTAP 23102 Therapeutic Agents II in the Spring beginning in Fall 2024. Initially, the rationale for moving the course was to allow students to learn the origins and insertions of muscles and bony landmarks in the Fall semester to assist with the application of therapeutic agents that require this knowledge. This change first occurred in the Spring of 2024. Although 100% of students persisted through the Spring 2024 semester, it was determined by faculty that this made the Spring semester too heavy. Therefore, the decision was made to split the course so that therapeutic agents that do not require strong anatomical knowledge could be presented early in the first semester saving modalities that require a better understanding of anatomy for late in the Fall semester and the Spring semester. This change will be assessed through persistence rates from the first to the second semester in 2024 and the second to the third semester in May 2025, and ultimately the graduation rate in 2025 and subsequent years.

The College underwent course prefix and course changes in the summer of 2024, please see Changes in ***Course Code and Number Reference Table*** appendix for further clarity.

Upload: Supporting Documentation	Course Code and Number Reference Table.pdf Curriculum Assessment Matrix.pdf Program Objectives and Methods of Assessment.pdf Student Learning Outcomes.pdf
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UA Cossatot - PTA - 2024 - 2D (2016)

Narrative Response	<p>Program faculty is engaged in formal short and long-term planning which serves to guide the future development of the program. The planning process takes into account program assessment results assessed annually and identified in the <i>Program Systematic Evaluation Plan</i> appendix, changes in higher education, the healthcare environment, and the nature of contemporary physical therapy practice. Short and long-term goals for each category are identified in the <i>Planning Document</i> appendix.</p> <p>The <i>Planning Document</i> appendix was last updated in Summer 2021 during the faculty program assessment meeting at which time survey data is reviewed with faculty. The process involved core and associated faculty collaborating to reflect on existing goals in the previous Planning Document and determine new goals that would guide the future of the program based on current circumstances which included a post-COVID environment. Other opportunities for faculty in the planning process include monthly faculty and bi-annual Advisory Council meetings as well as the completion of a SWOT analysis every 3-5 years. Assessment of the degree to which faculty is engaged in short and long-term planning for the program is included in the <i>Program Systematic Evaluation Plan</i> appendix with goals of 90% of short-term planning goals and 50% of long-term planning goals related to faculty engagement in the planning process being met each year.</p> <p>Short-term goals outlined in the <i>Planning Document</i> appendix set for one year related to changes in healthcare or the healthcare environment include full-time core faculty maintaining membership in the APTA and attending the APTA Combined Sections Meeting or other relevant CEU yearly. In addition, all faculty are to remain up to date regarding the coronavirus as it relates to their teaching areas. Short-term goals set for one year related to changes in higher education include full-time core faculty participating in their assigned college-related committees, all faculty completing professional development in online teaching annually in anticipation of having to shutter the college again if future coronavirus outbreaks require such action, and full-time core faculty attending professional development specific to higher education. Short-term goals related to the nature of contemporary physical therapy practice include core faculty meeting with the PTA Advisory Council bi-annually to discuss contemporary practice techniques and interventions, faculty completing continuing education in their assigned teaching content, and full-time faculty attending the Combined Sections Meeting or other relevant continuing education yearly.</p> <p>Long-term goals outlined in the <i>Planning Document</i> appendix are set for a period of 3-5 years. A long-term goal related to changes in healthcare or the healthcare environment include collaboration with a local clinic for potential revision of Clinical Practicum I due to the potential change in availability for clinical placements in the post-COVID environment. A long-term goal related to changes in higher education includes at least one part-time core faculty member attending the APTA's Credentialed Clinical Instructor Course. Long-term goals for ensuring contemporary physical therapy practice include at least one core faculty member continuing in per diem clinical practice and the core faculty collectively updating the <i>Program Objectives and Methods of Assessment</i> appendix</p>

which outlines the sequencing of program courses and related learning objectives, methods of assessment and learning activities tied to elements of standards 7B and 7D at a minimum of every 3 years. Changes planned in the next 3-5 years for the program outlined in the **Planning Document** appendix include an outpatient clinic for indigent community members. To this date, space has been identified for this clinic and a collection of equipment has begun. In addition, the Medical Education Division, through grant funds, has purchased a mobile health unit with the intention of all programs utilizing the unit to practice skills and reach community members who might not otherwise have access to healthcare. Program faculty have begun discussions on potential ways to utilize this resource. The program plans to execute another SWOT analysis in Summer 2025 at which time the Planning Document will be updated with new goals to further guide the program in the future.

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UA Cossatot - PTA - 2024 - 3A (2016)

Narrative Response	The College is a public institution that has the authority to operate as an institution of higher education granted by the Arkansas Department of Higher Education, hereinafter referred to as ADHE, since 1998. ADHE approved the College to offer the Program and grant the degree of Associate of Applied Science in Physical Therapist Assistant on April 22, 2016. The College is a degree-granting institution, not in collaboration with another institution to award degrees, and is authorized to provide distance education by the Higher Learning Commission (HLC). The College is authorized to provide clinical educational experiences in other states by the National Council for State Authorization Reciprocity Agreements (SARA).
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UA Cossatot - PTA - 2024 - 3B (2016)

Narrative Response	The College is accredited by the Higher Learning Commission of The North Central Association of Colleges and Schools. Accreditation was initially granted May 1, 1998 and most recently reaffirmed on December 18, 2020. Further, the Arkansas Department of Higher Education approved the Associate of Applied Science in Physical Therapist Assistant degree offered at the College effective April 24, 2016.
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UA Cossatot - PTA - 2024 - 3C (2016)

Narrative Response	The institutional policies related to academic standards, faculty roles, and workload are applied to the program in a manner that recognizes and supports all aspects of the Program. The Program is housed under the Division of Medical Education seen in the Organizational Chart appendix. In alignment with College Policy 419, the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students by allowing core faculty to make decisions that meet the needs of the program; reflecting contemporary knowledge and regional expectations of physical therapist assistants; promoting the professional expectations of the profession; and align with accreditation standards when developing, reviewing, revising, and implementing program policies. Program policy revisions are presented to the program advisory council and/or Division Chair, when necessary, for input, review, and advisement. Program academic and professional behavior policies may be more stringent than institutional policies but may not fall below the institution's expectations. While Program policies may be more rigid or restrictive than institutional policies, the core faculty ensures that the Program policies are congruent with College policies by annual review from the Vice Chancellor for Academics. Upon review, any policies or policy revisions that appear to be of concern or incongruent with institution policies,
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are revised or removed under the direction of the University of Arkansas system legal department. All medical education students are held to specific standards to develop clinical competence and safety for the respective clinical education environment. Program policies outlining these requirements are found in the ***Handbook Program Student*** appendix. This handbook may also be referenced on the ***URL Listing Table*** appendix. The Institution is also supportive of the unique needs of medical education programs and recognizes the necessity of a reduction in teaching load for both the Program Director and the Director of Clinical Education. College Policy 415 states that full-time faculty are assigned 15 points per semester. Pure lecture course points are determined at a 1:1 ratio where one student contact hour equals one point. Technical skills laboratory and clinical laboratory course points are determined at a 2:1 ratio where two student contact hours equals one point. The college policy further clarifies that full-time faculty are also given non-classroom responsibilities including required office hours; shared governance participation; in-service/meeting attendance, graduation, volunteerism, and participation/assessment of respective department needs. College Procedure 625-1 outlines the computation process of credit hour values whereas lecture classes are calculated at a one-to-one ratio (lecture 1 credit hour = 1 clock hour), laboratory classes are calculated at a two-to-one ratio (lab 1 credit hour = 2 clock hours), and clinical courses are identified for each program. Clinical practicums for the program are 2 credit hours for part-time attendance for four to six weeks of clinical education experience and 4 credit hours for full-time attendance for six to eight weeks of clinical education experience. The technical portion of the Program is four semesters in length, 45 credit hours. The first semester of the technical portion of the Program is 14 credit hours comprised of 112 didactic contact hours, 224 lab contact hours, and 0 clinical education contact hours. The second semester of the technical portion of the Program is 14 credit hours comprised of 80 didactic contact hours, 288 lab contact hours, and 0 clinical education contact hours. The third semester of the technical portion of the Program is 6 credit hours comprised of 32 didactic contact hours, 64 lab contact hours, and 64 clinical education contact hours. The fourth semester of the technical portion of the Program is 11 credit hours comprised of 48 didactic contact hours, 0 lab contact hours, and 640 clinical education contact hours.

College faculty roles and workload expectations are applied to the Program but take into consideration administrative responsibilities; clinical education administration; accreditation reporting; course assessments; program assessment; clinical site visits; clinical contract development; student placement; clinical assessment activities; college service requirements; contemporary expertise and/or continuing education in teaching areas; instructional duties, clinical hours, management of program admission process, mentoring associated faculty, and other responsibilities of the Program Director and the Director of Clinical Education. The PD and DCE are each allotted 50% release time to manage these responsibilities. Point assignments may vary from semester to semester but the PD and DCE each teach no more than an average of nine points over the fall and spring terms as outlined in the ***Handbook Program Faculty*** appendix. Please see the ***Workload Form - Core Faculty*** appendix and the ***Workload Form - Associate Faculty*** appendix for the respective faculty workload. Program core faculty are required to attend program faculty meetings and associated faculty are strongly encouraged to attend to ensure the integration and coordination of curricular content. The core faculty determines, based on course content, complexity, and student needs, when class or lab student/faculty ratios need to be modified to facilitate student success. Additional instructional resources such as tutors and guest lecturers are utilized as needed to maintain the planned workloads for the three core faculty members and allow for a variety of teaching methodologies. The College recognizes the unique needs of the medical education programs and employs an advisor/administrative assistant, located on the Ashdown campus, to assist both the OTA and PTA programs. The advisor assists by completing clerical duties, making travel arrangements, completing purchase orders, advising medical education students, and maintaining applicant/admission files. The Program Director provides oversight for the admission process to ensure adherence to admission criteria and processes and to confirm these processes and procedures are equitably applied. The Program Advisor has the primary responsibility for advisement of program applicants prior to and during the application process. Further, she coordinates the application process and assists the Program Director with ongoing student advisement in the areas of course registration, enrollment, and/or student record maintenance.

For policies related to academic standards, faculty roles, and faculty workload please refer to the ***Policy Location Chart*** appendix.

Upload: Supporting Documentation	Handbook Program Faculty.pdf Handbook Program Student.pdf Organizational Chart.pdf Policy Location Chart.pdf Workload Form - Associate Faculty.pdf Workload Form - Core Faculty.pdf
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UA Cossatot - PTA - 2024 - 3D (2016)

Narrative Response	<p>The College has policies in place to facilitate equal opportunity and nondiscrimination for faculty, staff, and students. The equal opportunity policy for seeking employment states "Cossatot Community of the University of Arkansas is an Equal Opportunity, Affirmative Action Employer and does not discriminate against any applicant for employment because of race, color, national origin, gender, age, disability, or veteran status" which can be found, by faculty, staff, and the public, on the College website by clicking "About UA Cossatot" and then "Employment Opportunities". Please refer to the <i>URL Listing Table</i> appendix for the College website. The College has an additional equal opportunity policy for students which states "UA Cossatot is an Equal Opportunity/Affirmative Action Institution in compliance with the Higher Education Act of 1965 and other Civil Rights laws, and offers equal opportunity for admission and employment. Employment preference is given to applicants possessing a Career Readiness Certificate (CRC) with all other qualifications being equal. Programs and activities of UAC are provided to all students without regard to race, color, national origin, religion, age, disability, Vietnam era veteran or special disabled veteran status, or sex. Questions or concerns regarding affirmative action can be directed to the Compliance Officer, c/o UA Cossatot, 183 College Drive, De Queen, AR 71832. For Arkansas, RELAY Voiced Services call 711 or 800-285-1121." This statement is made available to prospective and enrolled students in the <i>Catalog Undergraduate</i> appendix, page 3, which can be found on the College website by selecting "Apply & Enroll", then "Course Catalog". This appendix is referred to by the Institution as the Academic Catalog and can be referenced on the <i>URL Listing Table</i> appendix.</p> <p>The College has one statement of non-discrimination for faculty, staff, and prospective/enrolled students which states "UA Cossatot is committed to providing an environment that emphasizes the dignity and worth of every member of its community and that is free from harassment and discrimination based upon race, color, religion, national origin, service in the uniformed services (as defined in state and federal law), veteran status, sex, age, pregnancy, physical or mental disability or genetic information. Such an environment is necessary to a healthy learning, working and living atmosphere. Accordingly, all acts of discrimination, harassment, retaliation and sexual misconduct are strictly prohibited". This statement is available to prospective and enrolled students in the <i>Catalog Undergraduate</i> appendix, page 44, which can be found by accessing the college website, selecting "Apply & Enroll", then "Course Catalog". This appendix is referred to by the Institution as the Academic Catalog and can be referenced on the <i>URL Listing Table</i> appendix. Additionally, a non-discrimination statement related to students is made on the medical education webpage, under the "Physical Therapist Assistant" section. Please refer to the <i>URL Listing Table</i> appendix for the medical education webpage. The College non-discrimination statement is made available for faculty and staff in College Policy 217 which can be found by accessing the College website, then selecting "About UA Cossatot", then clicking "Policies", then select "200 – Administration" and finally clicking "217". Policy 217 also outlines the policy and procedure for handling complaints of discrimination and harassment. Policies and procedures related to equal opportunity and non-discrimination for faculty, staff and prospective/enrolled students are outlined in the <i>Policy Location Chart</i> appendix. The Program does not have differing policies regarding equal opportunity and non-discrimination from the College; Program faculty policies are outlined in the <i>Handbook Program Faculty</i> appendix.</p>
Upload: Supporting Documentation	Catalog Undergraduate.pdf

UA Cossatot - PTA - 2024 - 3E (2016)

Narrative Response	<p>Policies affecting the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are disseminated via the institution's website by clicking "About" and then "Policies". These policies are also outlined in the <i>Policy Location Chart</i> appendix. The Program does not have policies and procedures regarding the rights, responsibilities, safety, privacy, and dignity of program faculty that differ from the College. Please refer to the <i>Handbook Program Faculty</i> appendix.</p> <p>In an effort to ensure that these policies are applied equitably, the Vice Chancellor for Academics is consistently the person responsible for investigating and responding to all grievances. The Vice Chancellor for Academics follows the grievance procedures for all formal complaints no matter the parties involved, whether student, employee, or stakeholder. When potential legal implications exist, she consults College legal counsel. If grievances or concerns arise regarding College faculty or staff, by peer employees, the public, or students, related to improper conduct, then College Policies 203 is followed fully allowing the complaint to be heard by an administrator or supervisor. For example, when an individual has a complaint, they are directed to follow the grievance process if they so wish to ensure the issue is researched and addressed to the fullest. The Vice Chancellor for Academics follows all steps within the policies to ensure all voices involved in a complaint are heard. Matters are kept private, being shared only with those directly involved on a need-to-know basis. These College policies can be located by accessing the College website by clicking "About UA Cossatot", then clicking "Policies", and finally by selecting the desired policy. Please refer to the <i>URL Listing Table</i> appendix for the College website.</p>

As part of the shared governance structure of the college, a faculty council exists to ensure that faculty have an avenue to visit and discuss matters without administration present. When the Faculty Council shares concerns brought by faculty, the Vice Chancellor for Academics reviews and addresses issues immediately; sometimes policies are changed from feedback. If a situation arises when a policy must remain unchanged despite feedback from faculty, the Vice Chancellor communicates as much information as possible to help build an understanding of the policy's purpose and maintain an open line of communication with faculty. For example, during the 2021 academic year, faculty brought questions to the Vice Chancellor for Academics regarding faculty work days during an academic year. The Vice Chancellor for Academics shared the process used to calculate faculty work days, why this process is used, and offered faculty different options to vote on work days in the upcoming academic year.

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UA Cossatot - PTA - 2024 - 3F (2016)

Narrative Response	<p>Institutional and program policies and procedures that address the handling of complaints that fall outside due process are available to internal and external stakeholders, applied consistently and equitably, and are addressed according to the "Community Complaints" policy published in the Catalog Undergraduate appendix, pages 46-47 found on the College website by selecting "Apply & Enroll" and then "Course Catalog," the Handbook Program Student appendix, page 50 found on the Medical Education webpage; and as College Procedure 501-4 on the College website by selecting "About", then "Policies", and then "501-Appeals and Complaints Involving Students". This policy indicates that anyone who has a complaint regarding processes or practices at the College or improper conduct of a student at the College while in uniform should discuss such with the Vice Chancellor for Academics, Vice Chancellor for Facilities, or the Chancellor. A formal appeal may be submitted verbally or written within 5 business days of the incident. The person receiving the complaint is to document the complaint in full. The College then has 5 business days in which to investigate and respond in written form. Please refer to the URL Listing Table appendix for the college website and medical education webpage.</p> <p>In addition, complaints about the Program, curriculum, policies, procedures, program faculty, DCE, or program students may be made directly to the Program Director. Internal and external stakeholders can find this information published on the Medical Education webpage by accessing the College website, selecting "Programs of Study", then "Medical Education", then "Physical Therapist Assistant" and then scrolling to the bottom of the page and selecting "PTA Program Concerns/Complaints." The procedure for complaints made here will be handled as "Program Complaints" outlined in the Handbook Program Student appendix on pages 48-49. According to this procedure, the Program Director has 5 business days in which to investigate and respond in writing. If not satisfied, the individual may appeal within 5 days to the Program Director who will submit the appeal to the Division Chair of Medical Education who must respond in 5 business days. If not satisfied with this result, the individual may submit a grievance following the "Community Complaints" process published in the Catalog Undergraduate appendix, pages 46-47. Complaints about the Program Director may be made directly to the Division Chair of Medical Education as published in the Handbook Program Student appendix, pages 49, or by following the "Community Complaints" process published in the Catalog Undergraduate appendix, pages 46-47. Please refer to the URL Listing Table appendix for the college website and medical education webpage.</p> <p>Retaliation is strictly prohibited when any person, including the general public, is filing a grievance. This is clearly stated on the Medical Education webpage by accessing the College website, selecting "Programs of Study", then "Medical Education", then selecting the "Physical Therapist Assistant" tab, and then scrolling to the bottom and selecting "PTA Program Concern/Complaints." It is also stated in the Handbook Program Student appendix, pages 49 and 50 under "Program Complaints", "Chain of Command", and "Outside of Due Process"; and in the Catalog Undergraduate appendix, page 51.</p> <p>Records of complaints related to the Program are maintained by the Program Director electronically in a confidential file on the learning management system that is only accessible by the Program Director. Any complaints about the Program Director are maintained by the Division Chair of Medical Education.</p>
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UA Cossatot - PTA - 2024 - 3G (2016)

Narrative Response	<p>The program-specific policies and procedures that differ from those of the institution include admissions criteria, admission procedures, grading policy, and progression through the program.</p> <p>Program admission criteria require applicants to be accepted to the institution, pass a physical performance test, successfully complete all prerequisite coursework with a minimum cumulative GPA of 3.0 as well as a minimum 3.0 GPA in both Anatomy and Physiology I and II (both taken at the same institution), score a minimum of 60 on the TEAS exam, and submit an application to the Program with all materials received by the application deadline. Prospective program students must first complete and meet all admission requirements for the institution.</p> <p>Admission to the Program requires completion of all prerequisite courses and an online application due by March 1st of each year with new cohorts starting August of each year. The Program admissions procedure is based on a point system. 25% of the points received are for the GPA of the two PTA prefix prerequisites, 20% for the GPA for both Anatomy and Physiology courses, 15% for references, and 15% for the entrance exam. Upon calculation of the points, the highest-ranking applicants are selected for an interview. Applicants are notified if an interview has or has not been granted. The interview score accounts for the remaining 25% of the points. After total scores are calculated, the top applicants, up to 16 individuals, are notified of their acceptance to the Program. However, applicants must opt to accept the offer if they wish to enroll. Up to five alternates may be chosen according to the next ranking scores, in the event an applicant is unable to enroll. Applicants who are not selected are notified of such and advised in the re-application process. These stringent admission policies are in place due to the high demands that are typical for such technical programs and due to the limited space available. These policies/procedures are in place to improve retention, graduation, and NPTE pass rates by admission of students most likely to succeed in the program. The PD, with the assistance of Medical Education support personnel, is responsible for reviewing student application materials, scoring submitted materials, notifying students of interview offerings, and scheduling interviews. The interview committee is comprised of core faculty, Program Advisory Council Members, and other licensed physical therapy professionals in the region. To maintain confidentiality as well as ensure the process is fair and equitable, the interview committee is not provided with any applicant data.</p> <p>The Program complies with the grading policy outlined by the medical education department instead of the less stringent institution grading policy to facilitate successful academic and clinical skills as well as meet national board exam requirements and entry-level practice. The grading scale differs in that all grades considered passing must be 76% or higher for all Medical Education courses. A student will receive an "A" for grades 90 – 100%; a "B" for grades 80 – 89%; a "C" for grades 76 – 79%; a "D" for grades 70 – 75%; and an "F" for grades 69% or below. A letter grade of "D" is not considered passing for medical education coursework.</p> <p>Policies for progression through the program consist of minimum attendance and academic performance. A strict attendance policy is in effect for classwork and clinical affiliations in which students are only allowed to miss a maximum of 40 hours total from the total hours of the program, only 12 of which can be clinical hours. In addition, all clinical hours missed must be made up. In order to ensure a good understanding of course content and related clinical skills, students are also required to average 76% on lecture exams and average 76% on overall coursework, as well as pass each lab practical with a minimum of 76% in all didactic courses. Students must also pass each clinical practicum with a 76% or higher to progress and complete the program. All program courses function as prerequisites to the next semester of required courses, failure to successfully complete any of these courses will prohibit the student from continuing in the program and the student will be administratively withdrawn.</p> <p>Program policies and procedures are established with regard to existing College Medical Education Division policies and procedures and the requirements for accreditation by CAPTE. When policies and procedures differ from institutional procedures, they are first submitted to the Medical Education Division Chair, then to the Vice Chancellor for Academics and when warranted, reviewed by College legal counsel.</p>
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UA Cossatot - PTA - 2024 - 3H (2016)

Narrative Response	<p>3H1</p> <p>The Program's practices provide for compliance with accreditation requirements related to the maintenance of accurate information that is easily accessible to the public on the medical education website regarding the accreditation status and current student achievements. The Program Director is responsible for maintaining compliance concerning accreditation policies and procedures ensuring that accreditation status along with the CAPTE logo and student achievements including graduation rates, licensure pass rates (first attempt and ultimate), and employment rates are updated and easily accessible on the program section of the medical education webpage, annually each February and as needed. The Program Calendar appendix outlines timelines for faculty responsibilities. Student achievement measures were updated in February 2024 on the program section of the</p>

medical education webpage to reflect the average graduation rate for 2022 and 2023 of 79.1%; the average NPTE first-time pass rate for 2022 and 2023 of 94.7%; the average NPTE ultimate pass rate for 2022 and 2023 of 100%; and the employment rate for 2022 and 2023 of 100%.

3H2

The Program's practices provide for compliance with accreditation requirements related to timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates. The Program Director is responsible for maintaining compliance with accreditation policies and procedures ensuring timely submission of required fees and documentation. Each September the PD ensures submission of accreditation fees and the CAPTE Financial Fact Sheet and each November she completes the AAR for submission before the December 1st deadline. The Program Director is also responsible for updating the website with student achievement outcomes which is done each February or as needed. The ***Program Calendar*** appendix serves as a reference for due dates related to the submission of fees, documentation or reports, and rates for graduation, employment, and NPTE pass rates. The Program Director has submitted all required documentation regarding the above processes in a timely manner, complying with CAPTE policies and procedures.

3H3

The Program's practices provide for compliance with accreditation requirements related to following policies and procedures of CAPTE. The Program Director is ultimately responsible for following the policies and procedures of CAPTE as outlined by the CAPTE Rules of Practice and Procedure and assures this is done by regularly reviewing changes to the Rules of Practice and Procedure. Additionally, when changes to medical education policies or processes arise, the Program Director reviews the Rules of Practice and Procedure to confirm that we remain compliant with the rules set forth. Most recently, the Program Director again reviewed the CAPTE Rules of Practice and Procedure version 23.21.10 in February 2024. Further, she reviewed the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Program revisions of May 2020, November 2020, and September 2022. In addition, the Program Director kept up with CAPTE's responses to the COVID-19 emergency to ensure that the program remained in compliance with any changes needed which included providing courses through distance education that are not normally distance education courses and a reduction in the hours of the terminal clinical experiences for students who demonstrated entry-level competency.

3H4

The Program Director is responsible for timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education. There have been no substantive changes since the initial accreditation nor has there been any change in institutional accreditation status or legal authority to provide post-secondary education. However, per CAPTE regulations the Program Director has provided timely notification of expected and unexpected changes. On March 25, 2020, as soon as the Program Director was notified, the Program Director notified CAPTE by email that the Program's operational budget was cut by state mandate due to COVID-19. On June 29, 2021, as soon as the change occurred, the Program Director notified CAPTE by email of a decrease in core faculty by 0.67 FTEs. On December 7, 2021, 8 months before the planned implementation, the Program Director notified CAPTE by email of a planned increase in the number of terms in which students are required to be enrolled. Finally, on March 21, 2022, 4 months before the planned implementation, the Program Director notified CAPTE of the addition of two courses in which students would be required to be enrolled which was not substantive due to no increase in credit hours. The Program Director has maintained documentation of all notifications and communication with CAPTE.

3H5

The Program Director is responsible for coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance. For example, in the fall of 2020, CAPTE found the program to be out of compliance with graduation rates with a two-year average of 53.57% for the years 2019 and 2020. Following a comprehensive assessment for both years, the conclusion was made with input from faculty and the Advisory Council that changes were needed in the admissions criteria to better identify applicants who are prepared for the rigor of the program. Additionally, graduate input from Exit Surveys, indicated that the prerequisites were not adequately preparing students for the program. As a result of this input, changes made to the admissions criteria included moving two in-program courses, PTA 1112 Introduction to PTA and PTA 2303 Pathophysiology, to prerequisites; increasing the minimum overall GPA requirement from 2.75 to 3.0; and clarifying the requirement of a minimum 3.0 GPA in A&P I and II individually and not averaged together. These changes went into effect in December of 2020, first affecting the 2022 cohort. Despite the timeline, the graduation rates improved with the 2021 cohort bringing the two-year average to 74.07% bringing the program into compliance. Additionally, in Fall 2022, the program was found to be out of compliance with two-year averaged ultimate licensure pass rates for the years 2020 and 2021 with a rate of 80.95%. This data included one graduate of only 12 in 2021 who took more than 150% time to complete the program secondary to the effects of COVID-19 and had not yet passed the licensure exam. She ultimately passed bringing the 2021 licensure pass rate to 100% followed by all 9 graduates in 2022 passing the licensure exam, resulting in a two-year average of 100% coming into compliance.

Policies and procedures related to maintaining compliance with accreditation policies and procedures are outlined in the ***Policy Location Chart*** appendix.

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UA Cossatot - PTA - 2024 - 4A (2016)

Narrative Response	Please refer to the Core Faculty Detail Section in the portal for each core faculty member and Workload Form - Core Faculty appendix.
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UA Cossatot - PTA - 2024 - 4B (2016)

Narrative Response	Core faculty have a minimum of three years of full-time, or equivalent, post-licensure clinical experience in physical therapy. Jennifer Sanderson was licensed in 1997 and has 14 years of full-time, post-licensure clinical experience as a physical therapist. Her remaining clinical experiences are in per diem employment. Heather Orr was licensed in 2008 and has 9 years of full-time, or equivalent, post-licensure clinical experience as a physical therapist assistant. Her remaining clinical experiences are in per diem employment. Houston Crow was licensed in 2020 and has 3 years of full-time, post-licensure clinical experience as a physical therapist. His remaining clinical experiences are in per diem employment.
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UA Cossatot - PTA - 2024 - 4C (2016)

Narrative Response	<p>Each core faculty member maintains a record of institutional or professional service on their respective CV. The Program expectations require core faculty members to participate in Program faculty meetings, the Program Advisory Council, and the Program Interview Committee. Institutional expectations require all full-time faculty members to serve on a minimum of one institutional committee and attendance of monthly staff/faculty meetings. The Institution does not have expectations set forth for participation in College service for part-time or associated faculty.</p> <p>Jennifer Sanderson, a full-time core faculty member, currently serves as Vice Chair of the Faculty Council which serves to promote faculty participation in shared governance of the College. The Council meets as faculty concerns arise and are submitted for review. Dr. Sanderson also participates in the Assessment Council which serves to conduct academic assessment activities. Dr. Sanderson participates in other services to the College and/or Program including serving as an academic advisor to Program students, a mentor to faculty, a Program Advisory Council member, a Program Interview Committee member, and directs Program faculty meetings. Additionally, she has demonstrated service to the College and the Program as the Student Physical Therapist Assistant Club advisor since the fall of 2018. Dr. Sanderson is also an American Physical Therapy Association member, Arkansas Chapter member, and APTA Education Section member.</p> <p>Heather Orr, a full-time core faculty member, currently participates in the Curriculum Committee which reviews and approves or rejects all curriculum changes to ensure quality education is consistent with the needs and/or mission of the College. The Committee meets on a monthly or per diem basis as curricular changes are requested from education divisions. Mrs. Orr has also participated in the Criterion 3 & 4 Team for the HLC review since 2020 and was team Chair for the Chancellor's Morale and Retention Team from May 2023 to May 2024. Mrs. Orr participates in other services to the College and/or Program including serving as a Program Advisory Council member, a Program Interview Committee member, and attends Program faculty meetings. Additionally, she has demonstrated service to the College and the Program as a mentor to faculty and the coordinator in hosting the Neuro-Developmental Treatment Association continuing education course <i>Management of Adults with</i></p>

Neuromotor Disorders, in March 2019. Mrs. Orr is also an American Physical Therapy Association member, Arkansas Chapter member, and APTA Education Section member.

Houston Crow, a full-time core faculty member, currently participates in the Curriculum Committee which reviews and approves or rejects all curriculum changes to ensure quality education consistent with the needs and/or mission of the College. The Committee meets on a monthly or per diem basis as curricular changes are requested from education divisions. In addition, Dr. Crow serves as the College's first Physical Wellness Team Leader. His responsibilities in this position are to inspect all workout areas to ensure cleanliness and working order of equipment, promote healthy activities for employees, develop maps of the campuses outlining walking patterns, and create flyers and emails addressing health matters. Dr. Crow participates in other services to the College and/or Program including serving as a Program Advisory Council member, Program Interview Committee member, and attends Program faculty meetings. Mr. Crow is also an American Physical Therapy Association member, Arkansas Chapter member, and APTA Education Section member.

All three full-time core faculty members also attend monthly College faculty/staff meetings as well as other mandatory faculty meetings as they arise. Please refer to each faculty's CV for additional service experiences.

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UA Cossatot - PTA - 2024 - 4D (2016)

Narrative Response	Please refer to the Associated Faculty Detail Section in the portal for the associated faculty member and Workload Form – Associate Faculty appendix.
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UA Cossatot - PTA - 2024 - 4E (2016)

Narrative Response	Formal evaluation of each core faculty member occurs in a manner and timeline consistent with institutional policy 416, identified in the Policy Location Chart appendix. The evaluation process begins in February of each year with faculty completion of an Annual Faculty Development Summary and Reflection form where they reflect on the professional development plan during the previous performance review process and identify completed professional growth activities. The faculty also explains what was gained from completing the identified activities; how it benefited their current role at the college; and identifies if the activity was completed or if it is ongoing. Next, faculty members identify college-related activities including faculty and staff meetings; committee assignment(s); committee meeting attendance; and safe college training. Faculty members also identify any memberships or participation in professional organizations or volunteer activities. Next, faculty members reflect on strengths, areas for growth, potential activities to address these areas, and the support needed to achieve growth opportunities. This faculty development summary and reflection is then returned to the department chair who reviews this and evaluates the faculty performance through the completion of the Annual Full-time Faculty Job Description/Evaluation. This form includes a performance appraisal taking into account student course evaluations, classroom observations, and committee participation. Based on the performance appraisal, the department chair evaluates the professional development plans and collaborates with the faculty member to determine the plan for learning in the upcoming year. This evaluation process results in an organized plan for individual development that has been directly linked to the individual faculty member and to the long-term success of the program and College. Periodic evaluation of core faculty occurs annually through classroom observation by a peer or supervisor. In the event of a new faculty member, classroom observation occurs each term of the first year of employment. The periodic classroom observation directly assesses faculty teaching methods by identifying preparedness, interaction, explanations, practical experiences, engagement, respectfulness, awareness of diverse student learning, knowledge of the subject, strengths, and weaknesses. Classroom observations are performed by the program director, or by faculty as assigned by the program director or division chair. Feedback is reviewed with the faculty member along with recommendations and potential development activities suggested. Additional periodic evaluation of core faculty members occurs at the end of each term by the dissemination of student End-of-Course Surveys. Immediate feedback is provided to faculty to provide opportunities for reflection and improvement as well as to help identify potential development activities.

The **Handbook Program Faculty** appendix does not outline policies for faculty evaluation that differ from the institution.

Additionally, at the end of each term, core faculty update their curriculum vitae with additional professional development activities and submit to the Program Director for review.

Core faculty member Houston Crow completed professional development activities based on the needs of the faculty and for program improvement. He completed a professional development plan in February 2024 reflecting on the previous year's professional development which included the Magna Teaching Professors Conference; APTA New Faculty Development Workshop; The Other Ligaments: Multiple Ligaments Injury and Treatment; and Introduction to Rubrics: An Assessment Tool to Save Grading Time, Convey Effective Feedback, and Promote Student Learning. He also identified college-related activities including attendance of faculty and staff monthly meetings; committee service on the curriculum committee; and service as team lead for employee health and wellness. Further, he identified membership in professional organizations as an APTA member; services to his local church as a Sunday school teacher and worship leader; and service as a volunteer to the local high school football team. Dr. Crow reflected on a strength of confidence in teaching assigned course content. He identified areas for ongoing professional growth including identifying creative learning activities and teaching approaches; and improving his organization and self-reflection. He identified potential activities of improved use of scheduling; attending continuing education in content areas; reading books on study strategies and teaching methods; and continuing professional mentoring relationships. Houston collaborated with the PD to create a plan for professional development in the upcoming year that includes assisting him in identifying appropriate educational professional development activities, providing the time to attend, and allocating the funds to support the professional development activities.

Core faculty member Heather Orr completed professional development activities based on the needs of the faculty and for program improvement. She completed a professional development plan in February 2024 reflecting on the previous year's professional development which included Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education; Rethinking Clinical-Academic Partnerships: working Towards Educational Sustainability Through More Integrated Relationships; Integrated Clinical Education: Collaborative, evidence-based Methods to Promote Active Student Learning and Clinical Site Development; PTA Admissions: Innovative Strategies for Success; Anxious Students: What Can Educators Do to Foster Transformative Learning and Identify Development?; Creating the Teaching Commons: Coaching Faculty to Embrace Learning Sciences and Facilitate Master Adaptive Learners; No Student Left Behind: An Innovative Approach to Raising NPTE first-time Pass Rates; "We Just Clicked": How Does CI/student Pairing Shape the Clinical Experience?; Thinking Beyond Dermatomes and Myotomes: Differential Diagnosis and Management of Patients with Lower Extremity Symptoms; It's a Keeper: Learning and Assessment Approached during the Pandemic That are Here to Stay; Through the Looking Glass: Graded Motor Imagery in Upper Extremity Rehabilitation; A Blueprint for Teaching and Learning Clinical Reasoning: Implementation from Classroom to Clinic; Health Informatics in PT Education: Why, What, and How, American Physical Therapy Association; Why? The Essential Question and Answer to Intrinsically Motivate Students and Faculty; Mind of Movement: Fear-Avoidance Behaviors Impacting Movement and Participation in People with Parkinson's Disease; Rethinking Traditional PTA Clinical Education, American Physical Therapy Association; Aquatic Exercise for Patients with Neurological Disorders: Evidence-Based Approach; Diabetic Foot Ulcer Clinical Practice Guideline: Development and Recommendations; The Push-Pull of Implementation and De-implementation Strategies in Neurologic Rehabilitation; and Applications of Smartphone-Based Gait Analysis for Patient Treatment and Monitoring. Mrs. also completed the following professional development readings including *Leadership Excellence; Characteristics of Organizational Culture Becoming A Full-spectrum Organization; The Emergence of Leadership Styles: A Clarified Categorization; The Threshold Effect of Participative Leadership and the Role of Leader Information Sharing; Research: To Be A Good Leader, Start By Being a Good Follower; Assessing Leaders for the Future; Effects of Participative Leadership Behavior Outcomes on Work Performance; Literature Review on Leadership Theories; How to Manage Your Perfectionism; Transactional and Transformational Leadership: A Constructive/Developmental Analysis; Situational, Transformational, and Transactional Leadership and Leadership Development; The Value of the NDT-Bobath Method in Post-Stroke Gait Training; The Four Pillars of Corporate Responsibility: Ethics, Leadership, Personal Responsibility, and Trust; Neurodevelopmental Therapy for Cerebral Palsy: A Meta-analysis; Rhythmic Auditory Stimulation Improves Gait More than NDT/Bobath Training in Near-ambulatory Patients Early Poststroke: A Single-blinded, randomized Trial; Perfectionism Moderates the Effects of Goal-Realization on Post-Competition Mood in Amateur Runners; Developmental & Approval Process U.S. Food & Drug Administration; Business Communication Process & Product; Why is Cultural Competence, and Why Is It Important?; What is Cultural Competence and How to Develop It; The Time is Now: Leveraging the Affective Domain in PT Education and Clinical Practice; Increasing Functional Measurement Tool Utilization by Acute Physical Therapists; Driving Data to Improve Teaching; Foster and Inclusive Classroom; and Comparison of Effects of Manual and Mechanical Airway Clearance Techniques on Intracranial Pressure in Patients with Severe Traumatic Brain Injury on a Ventilator: Randomized, Crossover Trial*. Additionally, she outlined the ongoing professional development during the time of professional development plans which included University coursework to complete an MBA program. Mrs. Orr identified college-related activities including attendance of faculty and staff monthly meetings; committee service on the curriculum committee, chairing an ad hoc Morale and Retention Team, PTA Program Advisory Committee member, PTA Program Interview Committee member; and completion of Safe College Trainings. She identified membership in

professional organizations as an APTA member, APTA Education Section member, and Arkansas Physical Therapy Chapter member. Mrs. Orr reflected on her strength of dedication and listed areas for ongoing professional growth including continuing education in content areas and completion of the MBA program in which she was enrolled. She identified activities that could be used to address the professional growth needs and the support needed to achieve these opportunities. Heather collaborated with the PD to create a plan for professional development in the upcoming year that includes attendance in professional development activities appropriate to teaching areas (consideration for CSM and ELC), educational professional development, and pursuit of a higher degree.

Core faculty member Jennifer Sanderson completed professional development activities based on the needs of the faculty and for program improvement. She completed a professional development plan in February 2024 reflecting on the previous year's professional development which included Enhancing Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education; Post-Professional Doctorate in PT; Valt Video System Training; APTA Educational Leadership Conference; and Diversity, Equality, and Inclusion: Foundational Series. Dr. Sanderson identified college-related activities including attendance of faculty and staff monthly meetings, and committee service on the assessment council. She identified membership in professional organizations as an APTA member and APTA PAC member. Dr. Sanderson reflected on her strength of developing evidence-based practice research assignments and areas for ongoing professional growth that included further developing the use of the VALT video system and developing a program for students to teach effective study strategies and develop critical thinking skills. She identified potential activities for professional growth including assessing the curriculum for additional areas to use the VALT system; developing assignments for use with the VALT system; reading books or other continuing education to develop the program of study strategies and critical thinking; and designing a program to be implemented during orientation. Jennifer collaborated with the division chair to create a plan for professional development in the upcoming year that includes finding ways to support release time for future learning activities. The division chair noted Jennifer's completion of her doctorate and the division chair's openness to help Jennifer achieve her goals.

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UA Cossatot - PTA - 2024 - 4F (2016)

Narrative Response	<p>Formal evaluation of each associated faculty member occurs in a manner and timeline congruent with core faculty evaluations with minimal differences. The annual evaluation includes assessment of teaching. Periodic evaluation of associated faculty occurs annually through classroom observation by a peer or supervisor; in the event of a new faculty member, classroom observation occurs each term for the first year of employment. Additional periodic evaluation of associated faculty members occurs at the end of each term by the dissemination of student End-of-Course Surveys. Formal associated faculty evaluations are tied to the faculty job descriptions which include any additional responsibilities. The annual associated faculty evaluation has two components: 1) the faculty development summary and reflection and 2) the faculty job description evaluation, which includes the performance appraisal by the department chair including student course evaluations and classroom observation results. To complete annual associated faculty evaluations, associated faculty must first complete the faculty development summary and reflection where they reflect on the professional development plan during the previous performance review process and identify the professional growth activities completed. The associated faculty explain what was gained from completing the identified activities; how it benefited their current role at the college; and identify if the activity was completed or if it is ongoing. Next, the associated faculty member identifies college-related activities including faculty and staff meetings, and safe college training. Associated faculty members also identify any memberships or participation in professional organizations or volunteer activities. Next, associated faculty members reflect on strengths, areas for growth, potential activities to address these areas, and the support needed to achieve growth opportunities. This faculty development summary and reflection is then returned to the department chair who reviews this and evaluates the faculty performance. This includes reflection upon meeting key performance indicators of the respective job description, classroom observations, and student end-of-course surveys. The faculty strengths, weaknesses, and suggestions for improvement are then discussed with the employee. Based on the performance appraisal, the department chair evaluates the professional development plans and collaborates with the faculty member to determine the plan for learning in the upcoming year. This evaluation process results in an organized plan for individual development that is directly linked to the individual associate faculty member and to the long-term success of the program and College. The periodic classroom observation directly assesses associated faculty teaching methods by identifying preparedness, interaction, explanations, practical experiences, engagement, awareness of diverse student learning, knowledge of the subject, responsiveness to questions, and strengths and weaknesses. Classroom observations are performed by the program director, or by faculty as assigned by the program director, annually</p>

or, if a new associated faculty member, each term for the first year of employment. Feedback is reviewed with the faculty member along with recommendations and potential development activities suggested. Additional periodic evaluation of associated faculty members occurs at the end of each term by the dissemination of student End-of-Course Surveys. Immediate feedback is provided to associated faculty to provide opportunities for reflection and improvement as well as to help identify potential development activities.

Additionally, at the end of each term, associated faculty update their curriculum vitae with additional professional development activities and submit it to the Program Advisor to upload to Program electronic files for Program Director review. At times, associated faculty may also self-identify professional development activities pertaining to education or areas of teaching content, subject to approval of the program director.

Associate faculty member Haley Hamilton completed professional development activities based on the needs of the faculty and for program improvement. She completed a professional development plan in February 2024 reflecting on the previous year's professional development which included Managing Implicit Bias for Healthcare Excellence; Health Literacy: Effective Client Communication and Education; Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards: What You Need to Know; Early Intervention: Postural Control and Handling Techniques; APTA Academy of Education Physical Therapy Faculty Development Workshop courses: Culture of the Academy, Developing Program Policies, Developing Students as Master Adaptive Learners, Instructional Design: Core principles, Syllabus and Course Design, Strategies and Engagement; Assessment of Student Learning: Design, Rubrics, Feedback, MCQ, Program and Curriculum Assessment, Service and Balancing Roles, and Student Retention and Success; APTA Educational Leadership Conference courses: (UN)grading: Rethinking Assessment Practices in PT Education to Create Master Adaptive Learners, No student left behind: An innovative approach to raising NPTE first-time pass rates, Innovations in IPE: How to create and sustain meaningful learning activities for all stakeholders, Anxious Students: What can educators do to foster transformative learning and identity development?, Innovative Use of an Electronic Medical Record System to Facilitate Documentation Instruction in PT/PTA Curricula, PTA Admissions: Innovative Strategies for Success, A day in different shoes: the unintended consequences of disability simulations, Educational Technology & Pedagogy: Improved Student Outcomes in the Physical Therapy Classroom, and Enhancing Clinical Skills with Immersive Simulations: A Modern Approach to Physical Therapy Education; The Teaching Professor Conference 2021 On Demand: Assessing Learning; The Teaching Professor Conference 2021 On Demand: Educational Development; The Teaching Professor Conference 2021 On Demand: Online Teaching and & Learning; The Teaching Professor Conference 2021 On Demand: Technology Tools for Teaching; The Teaching Professor Conference 2021 On Demand: Student Engagement; The Teaching Professor Conference 2021 On Demand: Inclusive Teaching; The Teaching Professor Conference 2021 On Demand: Preparing Your Course; Active Learning: How To Improve Critical Thinking, Motivation & Engagement; 10 Creative Online Assignment Ideas That Promote Critical Thinking, Engagement & Deep Learning; "Help! I'm Moving My Course Online!" -- Practical Advice for New Online Instructors; and Higher Education: Technology - Profiles in Success. She additionally read *Team-Based Learning Guide for Students in Health Professional Schools*. Mrs. Hamilton identified college-related activities including attendance of Program faculty and staff monthly meetings; PTA Program Advisory Committee member, and PTA Program Interview Committee member. She identified volunteerism in the Texas Independent School District. Mrs. Hamilton reflected on her strength of investing in student learning and listed areas for ongoing professional growth including confidence and continued desire to build knowledge. She identified activities that could be used to address the professional growth needs and the support needed to achieve these opportunities. Haley collaborated with the PD to create a plan for professional development in the upcoming year that includes continuing education supported through time and budget.

Policies related to professional development are outlined in the ***Handbook Program Faculty*** appendix, page 17, and are identified in the ***Policy Location Chart*** appendix.

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UA Cossatot - PTA - 2024 - 4G (2016)

Narrative Response	<p>The Program Director, Jennifer Sanderson, PT, holds a master's degree in physical therapy, a post-professional doctorate in physical therapy, and unrestricted licenses as a physical therapist in the states of Texas and Arkansas. Dr. Sanderson has over twenty-seven years of experience as a physical therapist with 14 years of full-time, post-secondary clinical experience.</p> <p>Dr. Sanderson's most recent didactic teaching experience includes teaching as primary instructor for PTA 2205 Therapeutic Agents for fall 2018, fall 2019, fall 2020, fall 2021, and PTA 2204 Therapeutic Agents for fall 2022, and spring 2024; PTA 2413 Rehabilitation Techniques for spring 2019, spring 2020, spring 2021, spring 2022, spring 2023, and spring 2024; PTA 2404 Therapeutic Exercise for spring 2019, spring 2020, and spring 2023; PTA 2403 Data Collection for spring 2019, spring 2020, spring 2021, and spring 2022; PTA 2303 Pathophysiology for fall 2018</p>

and fall 2019 where she was responsible for development of all teaching materials, course objectives, learning activities, skill checks, written examinations and lab practical examinations. She team taught PTA 2203 Basic Patient Care Skills in fall 2023 where she served as a mentor to an adjunct faculty member Haley Hamilton to mentor in teaching and learning activities as well as formative and summative assessment. In the fall of 2017, Mrs. Sanderson taught in the Occupational Therapy Assistant Program where she was the primary instructor for OTA 2213 Pathophysiology and assisted in the lab portion of OTA 2205 Therapeutic Interventions, providing instruction and performing student evaluations including assessment of skill performances with check-offs and lab practical examinations. In addition, Mrs. Sanderson has 4 years of experience in clinical education where she participated as a clinical instructor at Baptist Health in Little Rock, Arkansas assessing student physical therapists by use of the PT MACS, and 7 years of experience providing didactic and experiential instruction to diverse community groups as an instructor for the American Heart Association from 1998-2005 teaching Basic Life Saving/Cardiopulmonary Resuscitation.

Dr. Sanderson's experience in administration management includes a position as Program Director of the PTA Program at UAC from October 2015 until December 2016 and currently since August 2017. She was responsible for the Reconsideration submission in 2018 that ultimately resulted in the granting of Candidacy for Accreditation Status and the development of this Self Study Report. Mrs. Sanderson has been instrumental in the development and execution of policies and procedures established for the program. She has negotiated for and been responsible for budgeting for the program and payroll for program staff and faculty. She has hired core faculty, tutors/lab assistants and secured guest lecturers and offsite educational experiences. She has been responsible for budgeting for and purchasing equipment for Program use. She has held regular monthly faculty meetings maintaining minutes in electronic files. Dr. Sanderson oversees the admissions process for each cohort, calculating scores, organizing the interview process, and ultimately extending offers for acceptance. Following student acceptance, she organizes orientation activities and purchasing of textbooks and tablets for use in the Program. During the Program, Mrs. Sanderson continues in her administrative duties which include handling student concerns, professional behaviors, and discipline issues as they arise and maintaining confidential files of all interactions. Mrs. Sanderson has demonstrated consistency in applying all policies equitably in all her relations with both students and faculty. Dr. Sanderson's prior administrative experience in a clinical setting provided a sound foundation of administrative and management activities. She served in a leadership role in quality assurance and quality improvement projects and was responsible for teaching and assessing the competency of support personnel on clinical job skills.

Dr. Sanderson completed nine academic credits of coursework in educational foundations including EDUC 2003 Introduction to Education, EDU 0103 Teaching Theories and Methodologies, and EDU 0203 Assessment and Outcomes for Adult Learners. In addition, she has experience in educational theory and methodology, instructional design, student evaluation, and outcome assessment through her experience as the primary instructor for the courses noted above.

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UA Cossatot - PTA - 2024 - 4H (2016)

Narrative Response	<p>Dr. Sanderson provides exceptional leadership for the Program including responsibility for communication, program assessment and planning, fiscal management, and faculty evaluations. Dr. Sanderson provides effective communication with all faculty as well as other individuals and departments involved with the Program. Dr. Sanderson consistently utilizes face-to-face, phone conversations, virtual meetings, and email to communicate with all faculty. In addition, she holds monthly faculty meetings and biannual Advisory Council Meetings to maintain communication. Dr. Sanderson utilizes face-to-face communication when possible but primarily email and virtual meetings to maintain communication with other individuals or departments as necessary as this is the primary means of communication for the College which is housed on different campuses. Frequent communication is conducted with the building director, maintenance, IT department, marketing department, Medical Education Division Chair, Medical Education Administrative Assistant, the Medical Education Academic Advisor, Program Advisor, Blackboard Director, Testing Center Coordinator, Educational Resource Center Coordinator, business office staff, and the Vice Chancellor of Academics. Dr. Sanderson effectively communicates with College administration as it relates to travel, continuing education, purchasing, budgeting, staffing, and CAPTE standards and expectations. She communicates with the Vice Chancellor for Academics to review the congruence of program and institutional policies.</p> <p>Dr. Sanderson is ultimately responsible for all program assessment and planning. The Program Director and DCE developed the Program Systematic Evaluation Plan appendix to establish all goals and outcomes for the program as well as methods of assessment, timelines of assessment, and responses. In addition, they developed and update yearly the program calendar which outlines when assessments take place and who is responsible so</p>

that these processes are maintained throughout the year. Dr. Sanderson demonstrates the ability to facilitate change as she completes the assessment. In 2019, the Testing Center was moved in response to student complaints of a disruptive atmosphere. In 2020, her program assessment resulted in changes in the admissions criteria in response to two years of low graduation rates. In 2022, her assessment of low first-attempt licensure pass rates resulted in a change requiring a minimum score of 60 on the TEAS entrance exam for admission to the program following four years of collecting data regarding TEAS scores and success in the program. Also, in 2022, the program was changed from 12 months to 18 months in duration to improve retention and first-attempt licensure pass rates. In 2023, due to End of Course Survey results, Dr. Sanderson petitioned for a third full-time faculty to replace associated faculty who were struggling to meet the demands of the program and maintain their full-time clinic employment.

Dr. Sanderson is responsible and effective with fiscal planning and allocation of resources including long-term planning for the Program. She attends institutional meetings that determine budget allocations for the fiscal year for the institution to advocate for the needs of the Program. Dr. Sanderson has also effectively managed the current fiscal budget providing for the purchase of supplies necessary to complete educational activities as well as provide for continuing education and professional development for contemporary clinical expertise. She also monitors the budget to provide for payment of guest lecturers and tutors as necessary to supplement educational experiences. Dr. Sanderson demonstrated sensitivity to the long-term needs of the Program regarding the demand for qualified faculty. She was able to coordinate with human resources for the job postings, interview, hire, and orientation, and establish mentorships for a new core faculty member and associated faculty member. Dr. Sanderson has the responsibility and authority to conduct core faculty and associated faculty evaluations in compliance with institution procedures. She demonstrates her effectiveness in doing so as evidenced by conducting core faculty evaluations each spring including classroom observations, committee involvement, student end-of-course surveys, and professional development plans. Additionally, she conducts associated faculty evaluations to include classroom observations, student end-of-course surveys, and professional development plans. For both core faculty and associated faculty evaluations, Dr. Sanderson completes the supervisor comments to indicate the employee's performance as well as provides input on the employee's professional development plan, reviews with the division chair, and meets with the employee for review and discussion. She participates in the process of classroom observations, or assignments thereof, in preparation for the spring faculty evaluations.

Dr. Sanderson is evaluated annually by the Medical Education Division Chair in compliance with the college faculty evaluation processes; each fall and spring by student end-of-course surveys; and again by students at the end of the program using the Exit Survey. Assessment of these related goals can be located in the *Program Systematic Evaluation Plan 2020-2021* appendix, *Program Systematic Evaluation Plan 2012-2022* appendix, and *Program Systematic Evaluation Plan 2022-2023* appendix.

Other evidence of the effective leadership of Jennifer Sanderson includes her commitment to lifelong learning. Dr. Sanderson has completed numerous continuing education courses and professional development activities as noted in her CV to enhance her contemporary clinical expertise and academic knowledge for her teaching responsibilities. In addition, Dr. Sanderson recently completed her post-professional doctorate in physical therapy.

Dr. Sanderson has demonstrated an understanding of and experience with curricular content, design, and evaluation as she was primary instructor for PTA 2205 Therapeutic Agents for fall 2018, fall 2019, fall 2020, fall 2021, and PTA 2204 for fall 2022, and spring 2024; PTA 2413 Rehabilitation Techniques for spring 2019, spring 2020, spring 2021, spring 2022, spring 2023, and spring 2024; PTA 2404 Therapeutic Exercise for spring 2019, spring 2020, and spring 2023; PTA 2403 Data Collection for spring 2019, spring 2020, spring 2021, and spring 2022; and PTA 2303 Pathophysiology for fall 2018 and fall 2019. These included a variety of teaching methods consisting of lectures, student research with presentations, written assignments, and laboratory skill practice. Student evaluation included written tests in the form of multiple choice, matching, short answer, and essay as well as skill demonstration in the form of skill checks and practical examinations. At the end of PTA Program courses, Dr. Sanderson completes the student learning outcome assessment of each course where data is collected to include the anticipated outcomes, methods of assessment, and results. She then makes an action plan, if indicated. Further, Dr. Sanderson reviews and advises faculty each term on their completed student learning outcomes to ensure the quality of the didactic portion of the program. She gained additional experience during the development and reconsideration of the program related to curricular design revising a comprehensive curriculum plan that included approaches like essentialism, experimentalism, and constructivism. Dr. Sanderson has ensured that the program courses contain electronic, overt, rhetorical, competency-based, and medical curriculum that supports the mission of the College. Mrs. Sanderson, along with the core faculty, have developed learning and teaching activities, as well as methods of assessment, that are designed to meet the desired learning outcomes.

Dr. Sanderson has employed strategies to promote and support professional development including open-door policies with faculty to discuss professional development opportunities for associated and core faculty alike. Faculty present professional development opportunities to the Program Director with a link to curricular content or Program needs and plans are made to accommodate as the budget allows.

Dr. Sanderson has demonstrated effective interpersonal and conflict management skills in her communications with students and college employees. For example, she received complaints regarding the personal hygiene of a

student from other program students. She was able to handle the communication in a sensitive way that assured the student had the resources needed to provide good personal hygiene and some recommendations to handle problem areas. Additionally, she has demonstrated effective interpersonal skills and conflict management in her communication with multiple student complaints regarding the misconduct of one Program student. Dr. Sanderson effectively documented, counseled, and reported this incident as a Title IX violation as required by the College. The student was ultimately dismissed from the Program. All communication was documented and is maintained in a private electronic file. Dr. Sanderson demonstrated effective communication and conflict management regarding a confrontational student who was upset because of having to repeat a skill check following failure to demonstrate competency. Dr. Sanderson met with the student to discuss how to appropriately question faculty decisions without being confrontational. More recently, Dr. Sanderson demonstrated conflict resolution when a couple of students were spreading dissension among their peers questioning an instructor's grading and decisions about remediation and practical exam retakes. Dr. Sanderson met with the whole class to counsel on professional behaviors reminding them that if there are questions, the appropriate response is to speak with the instructor and then follow the chain of command if no resolution is reached. She reminded them that talking about issues behind the instructor's back among peers was not the professional way to handle the conflict. Each student signed written counseling to acknowledge that they understood, and that unprofessional and divisive behavior would not be tolerated and if continued would result in dismissal from the program. Dr. Sanderson demonstrated effective communication and conflict management with two associated faculty who were not meeting the needs of the program due to delayed responsiveness to student emails and grading of assignments. Dr. Sanderson met with each of the faculty to discuss the expectations of associated faculty in the program. Both associated faculty decided to resign due to difficulty meeting these demands and those of their full-time clinical employment.

Her active role in institutional governance is evidenced by participation in Program and institutional budget meetings, Faculty Council meetings, Medical Education department chair meetings, institutional faculty meetings, program policymaking and revision, program policy review with the Vice Chancellor for Academics, and review of institutional board meeting minutes. She was an active member of the distance education committee in 2017 where she participated in discussions and committee plans as it related to the professional and student use of and review of Blackboard as a learning management system. Meetings included a review of the learning management system features, ADA compliance/captioning, digital video learning materials, distance education course content review, and outcomes assessments. Dr. Sanderson is an active member of the Assessment Council, since 2017, where she serves with project work related to institutional assessment for performance improvement to meet HLC changes in standards and reporting requirements. Currently, she serves on the Faculty Council, an elected position, which serves to encourage faculty participation in shared governance of the College, for the upcoming academic year as the Vice Chair, and previously served from 2018-2021.

Dr. Sanderson has demonstrated experience in strategic planning by establishing long-term and short-term goals for the Program by use of the ***Planning Document*** appendix and has identified actions to make these goals attainable. She reviews these goals annually with Program faculty and updates as appropriate. Additionally, Dr. Sanderson has advocated for the Program and attended budget meetings to allocate funds and resources necessary to execute actions and meet Program goals. Dr. Sanderson continues to facilitate change in identifying processes that are traditional within the Medical Education Division but are not working optimally for the Program and advocating changes with the Medical Education Division Chair to facilitate these changes. Specifically, she facilitated change in the orientation process of students regarding the process of guiding students in attaining their immunizations and making the immunizations more individualized to the needs of each student. Dr. Sanderson has an overall vision for the Program which includes a desire to provide an outpatient clinic available to the community where residents can come for physical therapy treatments/education and students can practice interventions learned under the guidance of a licensed physical therapist. A space has been established and approved for the clinic space in the future.

Policies and procedures related to the rights, responsibilities, safety, privacy, and dignity of the program faculty and staff are outlined in the ***Policy Location Chart*** appendix and the ***Handbook Program Faculty*** appendix.

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UA Cossatot - PTA - 2024 - 4I (2016)

Narrative Response	Heather Orr, core faculty member, is designated as the Director of Clinical Education and holds active, unrestricted licenses in the states of Texas and Arkansas as a physical therapist assistant. Mrs. Orr has twelve years of clinical experience as a physical therapist assistant, of which eight years were in a full-time, or equivalent, capacity. Mrs. Orr has clinical experience as a clinical instructor and Center Coordinator of Clinical Education to student physical therapist assistants in 2012, 2013, and 2014. She has been an American Physical Therapy

Association Credentialed Clinical Instructor since 2012. She has four years of experience in teaching and curriculum development in an OTA Program and ten years of experience in teaching and curriculum development in two PTA Programs. She now has seven years of administration experience in this Program.

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UA Cossatot - PTA - 2024 - 4J (2016)

Narrative Response

Heather Orr, Director of Clinical Education, is effective in developing, conducting, and coordinating the clinical education program. Her effectiveness as the DCE is assessed by surveying clinical instructors during the clinical site visit, using the Clinical Site Visit Form, located in **Clinical Education Documents** appendix, bookmarked by document title. The DCE is further assessed by the Program Director and Medical Education Division Chair, who perform the annual faculty evaluation.

Mrs. Orr was instrumental in the initial development of the clinical education component of the Program and continues to effectively recruit clinical education experiences, manage clinical education assignments, review, and seek legal approval for contracts, and manage clinical education slot requests to support the size of the cohort. For example, the class of 2024 had 175% of clinical education placements available; the class of 2023 had 193% of clinical education placements available; the class of 2022 had 148% of clinical education placements available; and the class of 2021 had 161% of placements available. The DCE maintains professional relationships with clinical instructors, center coordinators, student coordinators, contract administrators, rehab directors, and clinical and facility staff. She demonstrates interpersonal skills vital to facilitating positive professional relationships necessary for clinical education affiliations and the student-teacher relationship. Mrs. Orr continues to conduct, plan, and coordinate the clinical education program by means of emailing to disseminate information and develop additional clinical education contracts. Additionally, the Program began the use of Exxat clinical education software in December 2019 to facilitate clinical education experience placement requests. This streamlined the previous method of sending emails and responding individually to each email. With Exxat, the DCE can focus efforts on Program needs and leads for new contracts. Mrs. Orr has exceptional organizational skills which are not only demonstrated in her classroom, clinical education materials, and other additional responsibilities but in her personal life as well. She has demonstrated the ability to work with clinical education faculty to address the diverse needs of students through her current role as the DCE as well as through previous experience as a Center Coordinator of Clinical Education and a clinical instructor to student physical therapist assistants. She has been an American Physical Therapy Association Credentialed Clinical Instructor since 2012. Additionally, Mrs. Orr has held several employment positions that included administrative and supervisory responsibilities where she has proven the ability to lead and direct employees, as well as students, including demonstrating effective communication, interpersonal skills, collaboration, facilitation of interaction, conflict management/counseling, problem-solving, dependability, and receptiveness. Further, through her teaching experiences in both OTA and PTA Programs, she has demonstrated the ability to demonstrate empathy, concreteness, and direction that students with diverse needs and clinical instructors may face. She further demonstrates expertise and a commitment to positive professional interaction, interpersonal skills, problem-solving, counseling skills, and leadership as evidenced by university courses C206 Ethical Leadership, C204 Management Communication, C202 Managing Human Capital, C200 Managing Organizations and Leading People, and LEAD 305 LEAD Introduction to Leadership Concepts & Practices.

The DCE communicates information about clinical education with Program faculty, clinical education sites, clinical education faculty, and students by means of the **Handbook Program Student** appendix. Core faculty meet each summer to review program policies, including those related to clinical education. Students are initially educated on clinical education policies during orientation, before the start of the program, and then again at the end of the spring term during clinical education preparatory activities. Students with disabilities are encouraged to voluntarily disclose their needs for clinical education accommodations with the College disabilities coordinator well in advance of clinical education site placement. Following this, students should voluntarily disclose their need for accommodations with the DCE prior to selection of clinical education sites for reasonable accommodations to be met. Then, through collaboration with the DCE, disabilities coordinator, and the student, an accommodation plan may be developed. As with classroom expectations, clinical outcome expectations will be the same for all students regardless of abilities/disabilities. However, strategies to achieve entry-level competency may differ based on individual needs. Once an eligible student has disclosed the need for accommodation and/or accessibility to the DCE and has signed a release of information, the clinical instructor may then be contacted to discuss strategies to be implemented at the clinical site. The need for an altered level of clinical supervision or feedback will be communicated in writing to the necessary clinical instructor. A public Program clinical education webpage, through Exxat clinical education software, has been established to provide resources related to clinical education to CCCEs and clinical instructors. Please refer to the **URL Listing Table** appendix for the Exxat Program

Clinical Education public webpage. This webpage provides access to the Program Student Handbook, clinical practicum grading rubrics, minimum skills list, clinical education documents, and reference materials. The web address is provided in the signature line of all email correspondence from the Program faculty and the DCE alike. Additionally, clinical instructors and/or center coordinators receive this web address email upon slot request notification and notification of student placement. Students are also instructed to provide this public website to their clinical sites upon email introduction. Clinical Instructor expectations are communicated in the initial slot request email requesting student placements and on page 53 of the ***Handbook Program Student*** appendix. These expectations outline that clinical instructors should provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. The Program expects that clinical instructors are licensed physical therapists or physical therapist assistants with a minimum of one year of full-time, or equivalent, post-licensure experience. To ensure this is strictly followed, students are required to submit CI Qualifications in Exxat software, and a licensure verification on the first day of each clinical education experience for DCE review. This allows for ample time to restructure or reassign the student and educate the clinical facility again on the qualifications necessary for a clinical instructor if the student is mistakenly placed with an inexperienced clinical instructor.

The DCE further communicates with core faculty, clinical education sites, clinical education faculty, and students through electronic methods via email, phone, Blackboard, and Zoom/Ring Central where needed. The DCE additionally coordinates communication with clinical education faculty and students by scheduled visits to monitor the quality of clinical education sites and clinical instruction. Mrs. Orr contacts students, as appropriate, for student needs and maintains open lines of communication with students and clinical instructors during clinical education experiences. For example, a student who is having difficulty during a clinical education experience may communicate frequently until they obtain a bit more experience, better learn to problem solve, etc. Midterm and/or final clinical phone calls or visits may be scheduled and planned with the student and clinical instructor. Any concerns raised by students or clinical instructors may require additional visits. The need for an altered level of clinical supervision or feedback may be identified through clinical education site visits, the College Disability Coordinator, and clinical instructor or student communication with the DCE. In the event it is determined that an altered level of clinical supervision and feedback is needed, the DCE communicates in writing to the necessary clinical instructor such needs and outlines in detail the required monitoring.

The timing of communication to all stakeholders, related to clinical education, is identified in the ***Program Calendar*** appendix outlined in the column labeled DCE.

Student onboarding for the Exxat software begins, in December by completing the Student Data Sheet. This information is provided to Exxat and they then send students an email invitation to complete the onboarding process where they complete the online to-do lists including uploading immunization records, background checks, and drug screens along with any other required documentation. The DCE communicates with students via email or face-to-face for questions and missing documents to complete the full onboarding process.

In January, the DCE updates the Exxat public webpage with current grading rubrics, handbooks, syllabi, minimum skills list, and any other document changes. The DCE also has students review the CSIF documents and Student Evaluation of Clinical Education Experience data to aid in determining their choices for clinical education sites.

In February, the students complete a wish list to provide input on their preferences for clinical education experiences. By the end of the month, after reviewing the Number and Variety of CE Placements report in Exxat, the DCE reviews student wish lists and begins the placement assignment process ensuring each student is placed, at minimum, in at least one inpatient and one outpatient clinical education experience. Students are assigned to clinical education experiences in compliance with the clinical education policies outlined on page 21 of the ***Handbook Program Student*** appendix. The DCE provides students with a list of available clinical sites and students are asked to prioritize site preferences for each rotation. Students are not permitted to contact sites directly to request a placement. During this same time, the planning for the incoming cohort is underway as well. The DCE confirms the future academic calendar year with the PD and Vice-Chancellor for Academics to select future clinical education experience dates in time for the Exxat March 1st mailing for slot requests; this mailing is for one year in advance. The DCE inputs dates for the future clinical education experiences in the Exxat system and creates new slot requests for the March 1st mailing for the incoming cohort. Through the slot request notifications sent on March 1st, by Exxat, clinical instructors and/or CCCEs identify which settings are available to accommodate students, the number of students they can accommodate, and the anticipated experiences for students. The DCE reviews clinical contracts for currency in February. Also in February, the DCE analyzes the Number and Variety of Clinical Slots per Site Report and the Number and Variety of Clinical Sites Report and inputs data into the ***Program Systematic Evaluation Plan*** appendix.

In March, the DCE finalizes clinical education placements. Considerations are made for student preferences and attempts are made to accommodate each student as much as possible. Students are not placed at clinical education experiences where a conflict of interest may exist. An appeal process for clinical education placement has been established in the event of extenuating circumstances. The DCE notifies students and clinical instructors of the first clinical education experience. The placement notification email to the clinical instructor/center coordinator includes the webpage that provides access to the CI minimum qualifications, Program Student Handbook, Minimum Skills List, clinical education syllabi, and clinical education grading rubrics.

During the spring semester, clinical education policies are reviewed with students including Exxat and PTA MACS use, grading rubrics, assignments, and minimum skills list.

In May, Program faculty ensure that each student meets the expected professional behaviors as outlined in the ***Handbook Program Student*** appendix, on page 33, utilizing the ***Professional Behaviors Assessment Tool*** appendix. The Program faculty also ensure that each student is safe and ready to progress to the clinical education component of the Program by completion of the Clinical Education Readiness Table, located in ***Clinical Education Documents*** appendix, bookmarked by document title. Student clinical experiences are recorded in the Exxat software system and can be viewed as a report as well. Also, in May, after semester final grading, professional behavior assessment, and clinical education readiness determination, the DCE reviews and publishes clinical education placements for the second and third clinical education experiences.

In June, students are attending the part-time clinical education experience, PTAP 24202 Clinical Practicum I, while simultaneously enrolled in PTAP 25104 Neurorehabilitation. Toward the end of that same month, the DCE completes midterm clinical site visits to ensure the success and progress of the students. During midterm clinical site visits, the DCE assesses the supervision and feedback provided to the student by the clinical instructor and that the student is appropriately progressing.

In June, she also updates CSIF forms for PTAP 24202 Clinical Practicum I in Exxat clinical education software for the incoming cohort.

In August, after the completion of summer final course grades and in October, after completion of PTAP 25204 Clinical Practicum II, faculty again discuss clinical readiness to ensure each student continues to be safe and is ready to progress to the next level of the clinical education component of the program. In August, she also updates CSIF forms for PTAP 25204 Clinical Practicum II in Exxat clinical education software for the incoming cohort. The DCE also reviews clinical contracts in August to ensure currency.

The DCE completes midterm clinical site visits for PTAP 25204 Clinical Practicum II in September and midterm clinical site visits for PTAP 26204 Clinical Practicum III in November. During midterm clinical site visits, the DCE assesses the supervision and feedback provided to the student by the clinical instructor and that the student is appropriately progressing. The DCE maintains records of training provided to clinical instructors on Clinical Site Visit Forms, located in ***Clinical Education Documents*** appendix, bookmarked by document title. In October, she also updates CSIF forms for PTAP 26204 Clinical Practicum III in Exxat clinical education software for the incoming cohort. While students are in clinical education experiences, timelines for submission of required paperwork are outlined in the corresponding clinical education syllabus. Students must submit all required paperwork by 11:59 pm of the due date.

In December, the DCE analyzes the data from the graduating cohort to include the PTA MACS Master List, Final Progress Reports, Professional Behaviors, SECEE Student Response Report, Clinical Settings, Total Qualifications of CI Report, Placement Report, and Clinical Site Visit Forms, and updates the ***Program Systematic Evaluation Plan*** appendix. In December, the DCE also reviews with the PD the responses to questions 23 – 27 on Clinical Site Visit Forms to determine the need to make changes.

In January, she sends thank you emails with certificates for serving as a clinical instructor.

The Program monitors that the academic regulations are upheld using data tracking tools outlined above and grading rubrics. The PTA MACS provides tools for both formative and summative assessment. As stated above, each student must complete, at minimum, one inpatient and one outpatient clinical education experience. This is monitored using the Student Experience (Placement Report) in Exxat clinical education software. Each clinical education experience has specific skill requirements outlined in the course syllabi and is graded by the Clinical Practicum Rubrics which are in the ***Clinical Education Documents*** appendix, bookmarked by document title. Students must complete all clinical hours and all clinical education rotations regardless of being graded as "Entry-level" or "Excellent" in earlier clinical practicums. Clinical hours are monitored in the Exxat system in the form of a timesheet. The DCE strictly adheres to all program policies related to clinical education, which are outlined in the ***Policy Location Chart*** appendix.

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

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UA Cossatot - PTA - 2024 - 4K (2016)

Narrative Response	<p>The collective core and associated faculty are an effective blend of individuals possessing the appropriate preparation and professional experiences to meet the needs of the Program. The core faculty includes three full-time faculty members: Jennifer Sanderson, a physical therapist serving as Program Director; Heather Orr, a physical therapist assistant serving as the DCE; and Houston Crow, a physical therapist serving as core faculty. The associate faculty includes Haley Hamilton, a physical therapist assistant. Collectively, the program faculty have the experiences and qualifications to address the entire scope of the program curriculum as well as meet the program mission, program goals, and expected student outcomes. Through clinical practice and professional development experience, the faculty has extensive experience in all patient care settings, therapeutic procedures, and assessment methods.</p> <p>The institution requires all full-time faculty to participate in annual professional development activities, which include conferences, higher education courses, professional development, institutional committees, and in-service events. These professional development activities are planned and reviewed with supervisor approval to ensure alignment with the needs of the Program and the mission of the College. Full-time and part-time (associated) faculty are additionally required to complete annual safe college training assigned by Human Resources which may include but is not limited to, Title IX and Sexual Misconduct, Sexual Harassment: Staff-to-Staff, Child Abuse: Mandatory Reporting, Discrimination in the Workplace, Drug-Free Workplace, Clery Act Overview, and/or Blackboard Training.</p> <p>The Program requires all core and associated faculty to maintain physical therapy licensure in a United States jurisdiction and participate in annual professional development and annual evaluation. The professional development activities are planned and reviewed with the Program faculty and Program Director to best meet the needs of the Program. Core faculty are required to maintain memberships with the American Physical Therapy Association, Education Section, and Arkansas Chapter. Full-time Program faculty, and associated faculty within budget allowances, are required to attend physical therapy professional development (i.e. APTA Combined Sections Meeting, APTA Educational Leadership Conference, CAPTE Self-Study Workshop) to ensure contemporary practice standards and compliance with accreditation requirements.</p> <p>Jennifer Sanderson, Program Director, has a post-professional doctorate in physical therapy, a master's in physical therapy, and a bachelor's in biology. She has more than 27 years of experience as a physical therapist and has contemporary experience in the practice areas of acute care, skilled nursing, outpatient, and pediatrics as a school-based service. Dr. Sanderson's acute care experience includes the areas of neurology; cardiopulmonary; orthopedics; wound care; medical, coronary and cardiovascular intensive care; and oncology. Dr. Sanderson's outpatient experience includes the areas of orthopedics, lymphedema, wound care, and neurology. Her pediatric experience includes diagnoses to include cerebral palsy, autism, general developmental delay, and behavioral abnormalities. Dr. Sanderson has been licensed in the state of Texas since 2001 and in Arkansas since 1997. Please refer to the Faculty Portal for further details.</p> <p>Heather Orr, DCE, has a master of business administration, bachelor of applied arts and sciences and an associate of applied science. She has 12 years of clinical experience as a physical therapist assistant and has contemporary experience in the practice areas of outpatient, acute care, long-term acute care, inpatient rehab, skilled nursing, home health, and pediatrics. Mrs. Orr's outpatient clinical experience includes orthopedic conditions, neurological conditions, cardiopulmonary conditions, and wound care. Mrs. Orr's acute care, LTAC, and IRF experiences include cardiopulmonary conditions; orthopedics; neurological conditions; med-surgical; wound care; and medical, cardiovascular, respiratory, and surgical intensive care. Her long-term acute care, inpatient rehab, home health, and skilled nursing experiences include cardiopulmonary conditions, orthopedic conditions, neurological conditions, surgical conditions, wound care, and general medical conditions. Mrs. Orr's pediatric experience includes both home health and school-based services for diagnoses such as cerebral palsy, autism, Down Syndrome, other genetic conditions, developmental delay, and behavioral conditions. She has been licensed as a physical therapist assistant in Texas since 2008 and licensed in Arkansas since 2011. Mrs. Orr also has 14 years of experience in physical therapist assistant education serving in a lab assistant role, instructor, and ultimately as the DCE. Please refer to the Faculty Portal for further details.</p> <p>Houston Crow, core faculty, has a doctorate of physical therapy, master of business administration, and a bachelor of arts in biology. As of August 2024, he has four years of experience as a physical therapist and has contemporary experience in the practice areas of telehealth, skilled nursing, and high school athletics. Dr. Crow's clinical experience includes orthopedic conditions, including athletic injuries; cardiopulmonary conditions; neurological conditions; and general medical. He has been licensed as a physical therapist in Texas and Arkansas since 2020. Dr. Crow began his role in physical therapy education in the spring of 2023 as a lab assistant, under the mentorship of the Program Director, and became a full-time faculty member in the fall of 2023. Please refer to the Faculty Portal for further details.</p> <p>Haley Hamilton, associate faculty, has a bachelor of applied arts and sciences and an associates of applied science. She has 13 years of experience as a physical therapist assistant and has contemporary experience in the practice areas of pediatrics, outpatient, acute care, and inpatient rehab. Mrs. Hamilton's outpatient clinical experience includes orthopedic conditions and cardiopulmonary conditions. Mrs. Hamilton's acute care, home health, and inpatient rehab experiences include cardiopulmonary conditions; orthopedics; neurological</p>

conditions; med-surgical; and intensive care. Her pediatric experience includes diagnoses to include cerebral palsy, autism, Down Syndrome, other genetic conditions, general developmental delay, and behavioral abnormalities in both pediatric outpatient and school settings. She has been licensed as a physical therapist assistant in Texas since 2012 and was licensed in Arkansas from 2011 – 2012. Please refer to the Faculty Portal for further details.

To ensure that students are exposed to contemporary practices in women's health, the program utilizes Tammie Luthringer, PT, MSPT, PRPC, guest lecturer, for the women's health portion of PTAP 24103 Rehabilitation Techniques to cover objective 15.0 Recognize appropriate strategies to treat conditions related to pelvic floor dysfunction. Mrs. Luthringer is a pelvic floor physical therapist and program creator for the Christus St. Michael Women's Health Program. She is currently the owner and operator of Restore Physical Therapy and Wellness which specializes in pelvic floor therapy and includes orthopedics. Mrs. Luthringer demonstrates content expertise as evidenced by her current practice and continuing education including the Herman and Wallace Pelvic Floor Institute Pelvic Floor 1, Pelvic Floor 2A, Pelvic Floor 2B, Prostate Cancer Survivorship, Understanding Prolapse, Sex and Sexuality in Pelvic Floor Practice 1, Sex and Sexuality in Pelvic Floor Practice 2, Pelvic Physical Therapy Marketing with Passion, Integrative Techniques for Pelvic Floor & Core Function, and BioTe hormone replacement training. The Herman and Wallace courses are intense, 4-day length courses that are typically wait-listed for enrollment. Mrs. Luthringer selected this certification because it offered options for both male and female pelvic floor dysfunction. She has extensive training in urinary incontinence, chronic pelvic pain, vulvar pain, interstitial cystitis, SEMG biofeedback, pelvic floor, fecal incontinence, constipation, bowel dysfunction, irritable bowel syndrome, hemorrhoids, fistulas, fissures, proctalgia fugax, coccyx pain, pudendal neuralgia, rectocele, cystocele, or uterine prolapse, vestibulitis, bladder pain syndrome, episiotomy, dyspareunia, lichen sclerosis, lichen simplex, lichen planus, and the important and sensitive topic of sexual abuse and trauma as it relates to pelvic dysfunction. Please refer to ***Non-faculty CV Luthringer Tammie*** appendix.

To ensure that students effectively practice and demonstrate joint mobilization techniques, the program utilizes Jeremiah Wisdom, PT, DPT, Cert-DN, guest lecturer, for PTAP 24004 Therapeutic Exercise objective 2.2 Demonstrate competence in joint mobilization techniques. Dr. Wisdom is an outpatient manual physical therapist with certifications in Upper Quarter Examinations and Treatment; Lower Quarter Examinations and Treatments; Lumbo Pelvic Examinations and Treatments, and Exercise Prescription. Please refer to ***Certifications Wisdom Jeremiah*** appendix.

Upload: Supporting Documentation	Certifications Wisdom Jeremiah.pdf Non-Faculty CV Luthringer Tammie.pdf
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UA Cossatot - PTA - 2024 - 4L (2016)

	<p>Narrative Response</p> <p>The collective core faculty has the autonomy to initiate, adopt, evaluate, and uphold academic regulations specific to the program that are compatible with institutional policies, procedures, and practices. Most academic regulations have been adopted from the Medical Education Division. However, to meet CAPTE standards and ensure that regulations support the rigor of the program, some academic regulations specific to the program differ from those of the Medical Education Division and are developed and adopted through input from core faculty as well as the Program Advisory Council. These regulations are then approved by the Medical Education Division Chair and the Vice Chancellor for Academics. Please refer to the <i>Handbook Program Student</i> appendix. Discussion of academic regulations is ongoing by the core faculty as a standing item of Program faculty meeting minutes and biannually as a standing item on Advisory Council Meeting minutes. Assessment of academic regulations is completed annually through the Program assessment process, the <i>Program Systematic Evaluation Plan</i> appendix. College-specific academic regulations are communicated through the <i>Catalog Undergraduate</i> appendix.</p> <p>The Program monitors that the academic regulations are upheld using grading rubrics and adherence to academic policies. Lab practicals are assessed by use of rubrics with specified point values and critical skills and critical safety elements identified. The core faculty adheres to policies outlining assignments, written examinations, lab practical examinations, skill checks, professional behaviors, and grading as outlined in the <i>Handbook Program Student</i> appendix. Additionally, the Program utilizes a Clinical Education Readiness Table, located in the <i>Clinical Education Documents</i> appendix, bookmarked by document title. This table ensures that all students have a passing written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behaviors, and are competent, safe, and ready to progress to the clinical education portion of the curriculum. The core faculty meet at midterm and final regarding professional behavior progression utilizing the <i>Professional Behavior Assessment Tool</i> appendix. If a student is lacking in professional behaviors at midterm, the Program Director meets with the student to identify the behavioral deficits and outline a plan and timeline to improve those behaviors.</p>

The Vice Chancellor for Academics is responsible for addressing violations of academic regulations. Suspicions of violations or direct violations are reported to the Program Director who immediately reports to the Vice Chancellor for Academics who then completes a thorough investigation. In compliance with the Administrative Removal policy, located in the **Catalog Undergraduate** appendix, page 33, a student may be removed from a program or course for violating division, program, and/or college policies/procedures. When a student fails to progress in the Program, the student is called to meet with the Program Director who counsels the student on program policies and procedures for dismissal from the Program and the student's standing for reapplication. For a recent example, three students from the 2023 cohort were dismissed for failure to progress academically due to either a failing overall course average or a course exam average. All three students were counseled by the PD who explained the reason for dismissal and each student's eligibility for reapplication to the Program. All three students who were dismissed reapplied the following year subject to the admissions process and were accepted. Per Program policy, each returning student had to submit in writing to the PD a plan for success in the program and meet with the PD to discuss the plan before matriculation.

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UA Cossatot - PTA - 2024 - 4M (2016)

Narrative Response	<p>The collective core faculty has the primary responsibility for the development, review, and revision of the curriculum with input from other appropriate communities of interest. Core faculty participated in the development of course objectives and the Program Objectives and Methods of Assessment appendix which outlines learning experiences and methods of assessment for each objective. Core faculty review and revise the curriculum plan annually each June, as noted in the Program Calendar appendix. The program utilizes input from stakeholders including program faculty, clinical instructors, students, graduates, and employers. Faculty input on curriculum is provided through standing items (curriculum evaluation, curriculum planning/changes, and program planning) on the Program Faculty Meeting minutes. The DCE obtains clinical instructor input regarding the academic preparation of the students placed in their clinic by use of the Clinical Site Visit Form, located in the Clinical Education Documents appendix bookmarked by document. Students provide feedback as to the academic preparation of the program through the Exit Survey. Graduates provide feedback as to whether the program provided them with the knowledge and skills necessary to perform their duties as physical therapist assistants through the Post Graduate Survey. Employers provide feedback through the Employer Survey which assesses the appropriateness of the employee's response to diverse individuals; legal ethical practice; social responsibility and advocacy for patients; communication with supervising therapists; involvement of patients and caregivers in their treatment intervention process and discharge planning; completion of thorough, accurate, and timely documentation; and monitoring and adjusting interventions within the plan of care and to achieve goals. These surveys can be found in the Survey Forms appendix, bookmarked by survey title. Surveys are disseminated as outlined in the Program Calendar appendix and assessed in compliance with the Program Systematic Evaluation Plan appendix. Results are utilized to review and revise the curriculum, as appropriate.</p>
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UA Cossatot - PTA - 2024 - 4N (2016)

Narrative Response	<p>The collective core faculty are responsible for assuring that students are safe and ready to progress to clinical education practicums by a number of methods. Students are informed of policies related to academic progression in the Handbook Program Student appendix, beginning on page 14. Core faculty determine the skills in which students are expected to be competent and safe with the consultation of the Advisory Council as to contemporary practices and entry-level skills necessary for a physical therapist assistant in this region. Core faculty determine which skills students are expected to be competent and safe through collective decision-making, contemporary practice, and clinical instructor input regarding regionally expected clinical skills of physical therapist assistants. Core faculty determine that students are professional using the Professional Behaviors Assessment Tool appendix, where students must meet the minimum expectations prior to advancing to clinical education experiences. To prepare students for clinical education experiences, program faculty assess professional</p>

behaviors at midterm and final for the first two terms of the technical portion of the program. Students first complete a self-assessment and then faculty provide feedback regarding professional behaviors. If any unsatisfactory behaviors are identified, the student receives written feedback outlining those unsatisfactory behaviors and timelines expected for improvement. In the event a student is not demonstrating professional behaviors at the appropriate level, by the timeline expected, the student is administratively withdrawn from the program. By the end of the fall semester, students must be rated, at minimum, "Beginning Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool. By the end of the spring semester, students must be rated, at a minimum, "Intermediate Level" in 100% of the behaviors using the Professional Behaviors Assessment Tool. As students begin Clinical Practicums, the Professional Behaviors Tool is no longer utilized.

Core faculty determine that students are competent and safe and ready to engage in clinical education by use of the Clinical Education Readiness Table, located in the **Clinical Education Documents** appendix, bookmarked by document title. This table ensures that all students have a passing written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behaviors, and are competent, safe, and ready to progress to the clinical education portion of the curriculum. Core faculty ensure that students are academically ready to progress to clinical education practicums by requiring not only a 76% course average but also a 76% written examination average for each course. Further, to ensure students are clinically ready and safe to progress to clinical education, students must pass each practical examination with a minimum of 76%. Students demonstrate skill competency utilizing both skill checks and lab practical examinations. Skill checks are not associated with a grade and unlimited remediation is available until the student achieves all skills outlined. Skill checks include a self-assessment, a peer assessment, and an instructor assessment. All related skill checks must be completed prior to a student taking the corresponding lab practical and/or written examination. Each course instructor is responsible for skill check remediation. The program ensures that critical safety elements and critical skills are identified in the competency assessment of skill checks and lab practical examinations by use of identifiers and legends that are consistent throughout the program on each rubric. Both the skill checks and lab practical examination rubrics identify specific critical safety and critical skill criteria that are delineated with (*) for a critical skill and (+) for a critical safety element, with a key that explains these elements at the bottom of the rubric. Failure to achieve one of these criteria results in a "not passed" of skills checks and an automatic failure of the laboratory practical. If a student fails a lab practical, with failure defined as a student being unable to achieve a practical exam score of 76% or failure of a critical skill or critical safety element, the student is given one opportunity to re-take the lab practical. The student is required to perform remediation with the course instructor and schedule a re-take practical, both of which must be completed before the next scheduled lab practical. The highest grade the student can achieve on the lab practical retake is 76%. If a student fails the lab practical retake, either by failure to achieve a 76% or failure to appropriately complete one of the critical skill or safety criteria, the student is dismissed from the program. Each student can retake each practical one time. No verbal cues are given during lab practical examinations. Any student who does not achieve the passing average in each course, passing exam average, passing each lab practical, or that is deemed unsafe during lab practical examinations is removed from the Program as they have failed to safely progress through the program. The core faculty adheres to policies outlining assignments, written examinations, lab practicals, skill checks, professional behaviors, and grading as outlined in the **Handbook Program Student** appendix.

The mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe include the **Handbook Program Student** appendix, the Exxat public clinical education webpage, and the College LMS clinical education courses. Students are initially educated on clinical education minimum skills, during orientation, prior to the start of the program, and then again at the end of the spring term during clinical education preparatory activities. Students are provided a Minimum Skills List in each of the LMS clinical courses to review and discuss with their clinical instructor. Please refer to the **Skills List Expected To Be Competent** appendix. The Exxat public clinical education webpage provides the clinical education faculty with resources and clinical education documents including this Minimum Skills List, also located in the **Clinical Education Documents** appendix. The web address is provided in the signature line of all email correspondence from Program faculty. Additionally, clinical instructors and/or center coordinators receive this web address upon slot request notification emails and notification of student placement emails. Students are also instructed to provide this public website to their clinical sites upon email introduction. The clinical education webpage also provides a link to the Handbook Program Student, Minimum Skills List, Clinical Education Grading Rubrics, and clinical education course syllabi.

Policies and procedures related to expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education; skills that students must demonstrate competence; and safe performance before engaging in clinical education are outlined in the **Policy Location Chart** appendix. Additional policies related to clinical instructor qualifications; clinical instructor responsibilities; and tools used in assessing the performance of students and the clinical instructor are also outlined in the **Policy Location Chart** appendix.

Upload: Supporting Documentation	Skill List_Expected To Be Competent.pdf
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Narrative Response	<p>Clinical instructors are licensed physical therapists or physical therapist assistants, with a minimum of one year of full-time post-licensure experience and are effective role models and clinical teachers. The Program expects clinical instructors to provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. Clinical education faculty are informed of these expectations through slot request notification emails, student placement notifications emails, and the public clinical education webpage. The email notifications inform clinical instructors that clinical instructors must be licensed as physical therapists or physical therapist assistants with a minimum of one year of full-time post-licensure clinical experience. Clinical instructors are also expected to provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. The public clinical education webpage dashboard also details that clinical instructors must be licensed as a physical therapist or physical therapist assistant with a minimum of one-year of full-time post-licensure clinical experience. Clinical instructors are also expected to provide a positive learning environment, appropriately supervise students, provide constructive feedback, be clinically competent, and be effective role models. This public clinical education webpage provides access to clinical education syllabi, clinical education grading rubrics, minimum skills list, Handbook Program Student, clinical documents and resources, and is made available in all email correspondence from Program faculty and students are also instructed to provide this public website to their clinical sites upon email introduction. The <i>Handbook Program Student</i> appendix details these requirements as well on page 53.</p> <p>The Program determines that clinical instructors are meeting the expectations of licensure and minimum years of experience by licensure verification. The DCE is responsible for ensuring the credentials and qualifications of clinical instructors. On the first day of each clinical education experience, students submit a licensure verification and CI Qualification for each assigned clinical instructor. The DCE reviews these submissions for active licensure status as well as the year in which they were first licensed. This allows the DCE to reassign the student to an appropriate clinical instructor with ample time to complete the clinical education experience, if the student was mistakenly placed with an inexperienced clinical instructor.</p> <p>The Program determines that clinical instructors are meeting the expectations of competency and effectiveness through the Student Experience Survey of Clinical Practicum I, the PTA MACS and clinical site visits. After each clinical education experience, students evaluate their clinical experience with the Student Experience Survey of Clinical Practicum I, after Clinical Practicum I and the SECEE (Student Evaluation of Clinical Education Experience), located in the PTA MACS, after Clinical Practicums II and III, which assess competency and effectiveness, as well as objective student evaluations, allowing appropriate time for patient-related responsibilities, role modeling, and overall CI assessment. Clinical site visits are completed at midterm, and as needed, during which the DCE completes the Clinical Site Visit Form, located in the <i>Clinical Education Documents</i> appendix, bookmarked by document title. This tool allows data to be collected related to the student's assessment of the clinical instructor including positive learning experiences, planned experiences, role modeling, interactions, supervision, and sensitivity. In addition, this tool collects data from the clinical instructor related to the student performance, the frequency of interaction with the supervising physical therapist, the most utilized modalities in their setting, any content they feel should be addressed in the didactic portion prior to clinical education, if the DCE provided any educational materials or training during the visit, and if the Program and DCE are meeting the needs of the clinical instructor.</p> <p>For the last academic year, 100% of clinical instructors had at least one year of clinical experience for all three clinical education experiences. In the first, second, and third clinical experiences, the mean number of years as a clinician was 13, 12, and 11 respectively. The Program does not set expectations for clinical instructors related to specialist certifications or professional organization involvement. Please refer to the <i>Total Qualifications of CIs Report</i> appendix.</p> <p>The Program utilizes the PTA MACS to assess student performance during clinical practicums II and III. The student and clinical instructor utilize the PTA MACS as a formative and summative assessment tool. This tool was selected by the core faculty with input from the Advisory Council and informal polling of regional clinical sites. The PTA MACS allows skills that were once considered mastered to be challenged in the event there is a concern at another clinical education experience. This requires that the student repeat the mastery level demonstration of that skill. While the PTA MACS is regionally the most utilized tool for clinical education, the Program recognizes that there are clinical instructors who are unfamiliar with its use. The DCE provides training for the use of the PTA MACS electronic version within the Exxat clinical education software and maintains records of training on the Clinical Site Visit Form located in the <i>Clinical Education Documents</i> appendix, bookmarked by document title. Clinical instructor teaching effectiveness data, as reported in the <i>Program Systematic Evaluation Plan 2022-2023</i> appendix reveals that 99.2% of student responses rated clinical instructors as "good" or "excellent" for statements numbered 15-23 on the SECEE; 93.3% of student responses indicated "often" or "frequently" ratings regarding clinical instructors for statements numbered 24-28 on the SECEE; and 100% of clinical instructors received a "yes" rating on the statements numbered 7-13 on the Clinical Site Visit Form. Statements numbered 15-23 on the SECEE</p>

assess the CI's understanding of the PTA MACS; creation of an open, supportive learning environment; clearly communicating performance expectations; basing evaluations of student performance on objective information; identifying and describing student-specific strengths and weaknesses; providing constructive feedback in an appropriate and timely manner; allowing an appropriate amount of time for discussion of patients, plans, and interventions; and overall effectiveness of the clinical instructor as a clinical teacher. Statements numbered 24-28 on the SECEE assess the CI observing the student performing treatments; discussing patient and/or treatment issues with the student; discussing specific skills the student was attempting to master; providing informal feedback regarding student performance; and providing feedback through regularly scheduled conferences. Statements numbered 7-13 on the Clinical Site Visit Form assess the CI's provision of a positive learning experience; adequate planning for student experiences; providing constructive feedback; being a good professional role model; demonstrating clinical competence; providing the appropriate amount of student supervision; and demonstrating sensitivity to individual differences.

The clinical instructor's ability to assess and document student performance is confirmed at midterm and final by the DCE who determines that the PTA MACS was completed correctly including rating skills, progress reports, and master list. Any additional necessary training is completed and documented on the Clinical Site Visit Form located in the ***Clinical Education Documents*** appendix, bookmarked by document title. The DCE closely monitors each student's progress through the required skills and performance expectations and provides the final course grading using the Clinical Education Grading Rubrics located in the ***Clinical Education Documents*** appendix, bookmarked by document title.

All policies and procedures related to clinical education for students and related to clinical instructor qualifications/responsibilities, as well as the tool utilized to assess the performance of both students and clinical instructors can be found in the ***Policy Location Chart*** appendix.

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UA Cossatot - PTA - 2024 - 5A (2016)

Narrative Response	<p>Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable laws and can be found on the <i>Policy Location Chart</i> appendix. The program has a planned class size of 16 students for each cohort. This number of students was determined by the number of available quality clinical sites and a manageable student-to-instructor ratio. This number is also consistent with the institution's other allied health programs and is appropriate for meeting the employment needs of the communities the college serves.</p> <p>Students are recruited through multiple mechanisms. Recruitment information is published in the Academic Catalog, on the college website, and provided at recruitment and career fairs held on campus and area high schools. Please refer to the <i>Catalog Undergraduate</i> appendix and the <i>URL Listing Table</i> appendix. Students who apply for admission to the college are recruited through college admission advisors who provide information concerning all programs offered by the college. Students who specify interest in the Physical Therapist Assistant program are then referred to the PTA Advisor for program-specific advisement regarding prerequisites and admissions processes and criteria. The program also participates in MASH, a program sponsored by the University of Arkansas for Medical Sciences for high school students who are exploring careers in healthcare, in which students are exposed to different healthcare careers over 2 weeks allowing students to experience aspects of each career. Through efforts of the Medical Education Division, marketing efforts are also increasing through magazine publications scheduled for Summer 2024 and two billboards in prominent locations advertising all medical education programs. Please refer to the <i>Student Recruitment Materials</i> appendix.</p> <p>The admissions criteria for the program are based on a competitive, selective admissions process. The admissions criteria are publicized to prospective students on the program webpage and require students to pass a physical performance test, successfully complete all prerequisites with a passing grade, a minimum cumulative GPA of 3.0, a 3.0 GPA for Anatomy & Physiology I and II individually, both of which must be taken at the same institution, a minimum score of 60 on the TEAS exam, and one reference through completion of a standardized scoring questionnaire located in the <i>Survey Forms</i> appendix. Prerequisites or equivalents that must be completed for application include ENGL 10103 Composition I, ENGL 10203 Composition II, MATH 11003 College Algebra, ALHE 10503 Medical Terminology, BIOL 24004 Anatomy and Physiology I, BIOL 24104 Anatomy & Physiology II, PSYC 21003 Developmental Psychology, CPSI 10003 Microcomputer Applications, PTAP 11102 Concepts of Physical Therapy, PTAP 23003 Pathophysiology, and UNIV 10061 Student Success for Medical Education. All admissions materials must be received by the program deadline of March 1. Students who have not completed all prerequisites are considered if they are currently enrolled in the prerequisite courses and complete them with a passing grade by the end of the Spring semester. An admissions rubric is utilized to provide a score for each area</p>

for each applicant in which the PTA prerequisite courses, PTAP 11102 Concepts of Physical Therapy and PTAP 23003 Pathophysiology, are worth 25%; A&P I and II GPA is worth 20%; the reference score is worth 15%; and the TEAS entrance exam is worth 15%. Upon calculation of the above points, the highest-ranking applicants are selected for an interview. The number of interviews granted is based on the number of qualified applicants for each cohort. The interviews are scored based on a rubric to ensure the process is as objective as possible by an interview committee made up of core faculty, members of the Advisory Council, and other physical therapy professionals. No applicant information is provided to the interview committee to maintain confidentiality and impartial scoring. These scores are averaged for a point value that accounts for the remaining 25% of the applicant's total score.

The admissions procedure, also included on the program webpage, includes completion of an online application that opens December 1 of each year and closes the following March 1 through a link provided on the program webpage along with submission of applicable fees. In addition, students are required to schedule and pay \$60 for the Physical Performance Test by contacting the PTA program advisor. Dates and times for the test are provided on the webpage. Should a student not pass an element of the Physical Performance Test, they are advised of the area(s) in which they did not pass. Applicants may retake the exam on any scheduled date by utilizing the same process and paying again or provide physician clearance.

Procedures to maintain the planned class size include the selection of no more than 16 applicants for acceptance into the program each year with up to eight alternates selected in case a selected applicant is unable to accept their position in the upcoming cohort. Students who are not granted admission or are withdrawn from the Program are encouraged to reapply. These policies prevent over-enrollment and are located on the program webpage.

The program ensures the admissions procedures are applied equitably. Students have all the information necessary to complete the application process by consulting the program webpage. The college and program do not discriminate based on sex, race, color, national origin, religion, disability, or age in the selection of students to the program. Applicants are ranked objectively according to the admissions criteria described above using an admissions rubric. All records are kept confidential and only available to core program faculty and Medical Education personnel involved in the admissions process. All scores are checked by three different faculty/staff to minimize mistakes in calculating final scores. Students not accepted into the upcoming class are encouraged to reapply and discuss strategies to improve their application before the next application deadline.

Any student who wishes to transfer credit for prerequisites from a prior course must submit a copy of course description and objectives from the previous institution to the Vice Chancellor for Academics. That information is compared with content for college courses and a decision is made to accept or refuse that credit. Due to possible differences in curriculum design in other PTA programs, the Program does not accept transfer students.

Applicants who were enrolled in another program would be required to follow the same requirements and admission procedures. Applicants would also be required to provide a letter of good standing from the institution previously attended.

The College embraces and encourages diversity in its student population through marketing efforts directed to improve campus diversity including but not limited to advertising in a local Spanish magazine, Arkansas TOTAL Magazine, and a Spanish radio station, Amigo New Ed88. Additionally, the College is listed on the Hispanic Association of Colleges and Universities website as a Hispanic-friendly community college. While the College no longer has a student diversity club, student clubs such as Rotaract and the Student Ambassador program host a diverse student membership. The College seeks to provide an environment and opportunities supporting student involvement with the belief that student leadership and involvement are part of student success. Participation in clubs helps create events in which unity, diversity, awareness, and cultural education is shared with the College and/or the service area communities.

Upload: Supporting Documentation	Student Recruitment Materials.pdf
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UA Cossatot - PTA - 2024 - 5B (2016)

Narrative Response	<p>Relevant information about the institution and program are accurate, comprehensive, current, and are provided to prospective and enrolled students in a timely manner. Please refer to the Relevant Student Information appendix.</p> <p>The Catalog Undergraduate appendix can be located on the college website by accessing the "Apply & Enroll" tab, then selecting "Course Catalog". Please refer to the URL Listing Table appendix for the college website.</p> <p>Recruitment and admissions information including admissions criteria, transfer of credit policies and other considerations is provided to prospective students by Student Services, academic advisors, the Catalog Undergraduate appendix, on pages 30 and 93, and the medical education webpage under the "Physical Therapist Assistant" section. Due to differences in the curriculum in other Physical Therapist Assistant programs, the</p>

Program does not accept transfer students. This information is provided in the **Handbook Program Student** appendix, page 9. This handbook can be found on the medical education webpage, under the "Physical Therapist Assistant" section, by selecting the "PTA Program Handbooks" hyperlink. Please refer to the **URL Listing Table** appendix for the medical education webpage address.

The College academic calendars are found directly on the college website by accessing the "Apply & Enroll" tab, then selecting "Calendar and Events". Additionally, the Academic calendars are found in the **Catalog Undergraduate** appendix, pages 7-11. Please refer to the **URL Listing Table** appendix for the college website.

Policies related to grading are provided in the **Handbook Program Student** appendix, pages 15-17 and in each course syllabi which can be referenced on the Course Details page in the portal. The Handbook Program Student can be found on the medical education webpage, under the "Physical Therapist Assistant" section, by selecting the "PTA Program Handbooks" hyperlink. Please refer to the **URL Listing Table** appendix for the medical education webpage address.

The Medical Education Mental and Physical Abilities Statement may be accessed on the medical education webpage, under the "Physical Therapist Assistant" section by clicking on "PTA Program Student Essential Functions". Please refer to the **URL Listing Table** appendix for the medical education webpage address.

Acceptance and matriculation rates are provided on the medical education webpage, under the "Physical Therapist Assistant" section by clicking on "Program Acceptance & Matriculation Rates". Please refer to the **URL Listing Table** appendix for the medical education webpage address.

Student outcomes, including the most current two-year data for graduation rates, employment rates, and ultimate and first-time pass rates on licensing examinations, are maintained on the medical education webpage, under the "Physical Therapist Assistant" section. Please refer to the **URL Listing Table** appendix for the medical education webpage address.

Students may access the estimated cost of the program, including tuition and fees on the medical education webpage, under the "Physical Therapist Assistant" section, by clicking the link titled "PTA Program Estimated Expenses" for the appropriate year. Please refer to the **URL Listing Table** appendix for the medical education webpage address. Information regarding refund policies can be found in the **Catalog Undergraduate** appendix on page 23.

Students may obtain financial aid information from the Financial Aid Offices or located directly on the college website by accessing the "Pay for College" tab. Please refer to the **URL Listing Table** appendix for the college website. Information regarding financial aid can also be found in the **Catalog Undergraduate** appendix on page 25.

Enrollment agreements are not utilized for any College Medical Education program.

Relevant information about the institution and program are accurate, comprehensive, current, and provided to enrolled students in a timely manner. The process for filing a complaint with CAPTE is communicated to students in the **Handbook Program Student** appendix, page 49, and the medical education webpage under the "Physical Therapist Assistant" section, by clicking on "PTA Programs Concerns/Complaints". Please refer to the **URL Listing Table** appendix for the medical education webpage address.

Job/career opportunities are posted on the UAC Medical Education Facebook page. Additional opportunities for employer recruitments are communicated with students by forwarded emails as they are received or through Remind messaging, and occasionally through on-campus presentations as scheduled with the Program Director. Career Services at the college also employs a program titled "Handshake" which is a platform that allows students to browse job and internships listings, connect with employers, and apply for positions directly through the platform. Information about Handshake is located on the college website by selecting "Community and Workforce" and then "Career Services". To access Handshake, students simply create an account using their college email. Please refer to the **URL Listing Table** appendix for the college web address.

The availability of Student Services is communicated to enrolled and prospective students through the **Handbook Program Student** appendix, page 29, and the college website by selecting "Student Life". Please refer to the **URL Listing Table** appendix for the college web address. Information regarding disability services can be found in the **Catalog Undergraduate** appendix on page 37 and information regarding the Center for Student Success can be found on page 69 of the **Catalog Undergraduate** appendix.

Student health insurance is not required by the program but is highly recommended. Health insurance is not provided by the college. Students are responsible for the selection and premiums of their own health insurance policy if they so choose. This information is communicated in the **Handbook Program Student** appendix, page 42. Students are provided with professional liability insurance courtesy of the College through Mercer Health and Benefits Administration, LLC (recently bought out by Amba) with \$1,000,000 per occurrence and \$3,000,000 aggregate policy. Information about the professional liability insurance is provided to the students and clinical sites in the **Handbook Program Student** appendix, page 41.

Enrolled and prospective students may access information about the program curriculum in the **Handbook Program Student** appendix, page 12, and on the medical education webpage, under the Physical Therapist Assistant" section, by clicking on "Degree Plan". Please refer to the **URL Listing Table** appendix for the medical education webpage address.

Enrolled and prospective students may access information about the clinical education program in the **Handbook Program Student** appendix and on the medical education webpage, under the "Physical Therapist Assistant"

section, by selecting "Clinical Education Resources". Please refer to the *URL Listing Table* appendix for the medical education webpage address.

Required health information is provided on the medical education webpage under the "Physical Therapist Assistant" section, by selecting "Medical Education Document and Immunization Guide Preview" and in the *Handbook Program Student* appendix, page 42. Please refer to the *URL Listing Table* appendix for the medical education webpage address.

Information regarding other clinical education requirements such as drug testing and criminal background checks is provided in the *Handbook Program Student* appendix, page 47, and on the program section of the medical education webpage under "Substance Abuse Policy" and "Background Checks". Please refer to the *URL Listing Table* appendix for the medical education webpage address.

The *Handbook Program Student* appendix, page 43, contains information regarding access to and responsibility for the cost of emergency services in off-campus educational experiences.

The Catalog Undergraduate is updated annually each Summer and is uploaded to the College website by the office of the Vice Chancellor for Academics. The Handbook Program Student is updated annually each Summer and is uploaded to the Physical Therapist Assistant section of the Medical Education webpage prior to matriculation of the incoming cohort. The Physical Therapist Assistant section of the Medical Education webpage is also updated each Summer and each February with graduate outcome data.

Upload: Supporting Documentation	Relevant Student Information.pdf
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UA Cossatot - PTA - 2024 - 5C (2016)

Narrative Response	Enrollment agreements are not utilized for any College Medical Education program.

UA Cossatot - PTA - 2024 - 5D (2016)

Narrative Response	<p>Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written, and provided to students and faculty. These are available for review on the <i>Policy Location Chart</i> appendix.</p> <p>The <i>Catalog Undergraduate</i> appendix that can be found on the college website by selecting "Apply & Enroll" and then "Course Catalog", outlines policies, procedures, and practices regarding tuition and fee payment, pages 21-24; financial aid, pages 24-29; academic integrity, pages 36-37; disability services, pages 37-39; FERPA, page 40; Title IX, pages 41-42; discrimination, harassment, retaliation and sexual misconduct, page 44; student appeals and complaints, page 45; student non-grade appeal process, page 45; formal grade appeal process, page 46; Medical Education appeal process, page 46; student code of conduct and discipline, pages 47-64; acceptable use of information technology resources, page 64; inclement weather, page 68; testing centers, page 69; and Center for Student Success, pages 69-70. Please refer to the <i>URL Listing Table</i> appendix for the college web address. The <i>Handbook Institution Student</i> appendix is the same document as the <i>Catalog Undergraduate</i> appendix, where all policies are outlined.</p> <p>Policies, procedures, and practices regarding admissions criteria, the application process, estimated expenses of the program, student essential functions, program policies as outlined in the <i>Handbook Program Student</i> appendix, institution student policies, mandatory orientation, clinical education, health insurance, immunization requirements, professional liability, background checks, substance abuse policy, non-discrimination policy, and program complaints are located on the College website by selecting "Programs of Study", then "Medical Education", and then "Physical Therapist Assistant". Please refer to the <i>URL Listing Table</i> appendix for the medical education webpage and the College website.</p> <p>The <i>Handbook Program Student</i> appendix lists many of the policies, procedures and practices noted previously with the addition of those specific to the program such as the graduation policy, page 9; transfers, page 9; auditing courses, page 9; faculty references for employment, page 10; program lockers, page 11; artificial intelligence, page 13; student ethics and APTA Standards of Ethical Conduct, pages 13-14; discipline, page 15; academic progression, pages 15-16; grading, page 17; program coursework, pages 18-21; clinical practicums, pages 21-23 and 54-65; make-up work, pages 23-24; remediation, pages 25-27; withdrawals, page 28; re-admission, page 28; student</p>

retention within the program, page 28-29; student records, page 29; off-site experiences, page 31; student etiquette, page 32; professional behaviors, page 33; professional appearance, pages 34-35; attendance, pages 36-37; notification of absence or tardy, page 38; rescheduling of classes, page 38; laboratory protocol, page 39; laboratory access, pages 39-40; safety, pages 40-41; program reference materials, page 41; personal property, page 41; health insurance, page 42; immunizations, page 42; potential health risks, page 42; hazardous materials, page 43; accident and illness, page 43; emergency procedures, page 43; confidentiality, page 44; infection control, pages 44-45; recording and photography, page 45; electronic devices, page 46; social media, page 46-47; informed consent, page 47; waiver of liability, page 48; program complaints, pages 48-49; filing a complaint with CAPTE, page 49; and clinical education readiness, page 50. The ***Handbook Program Student*** appendix is available to all students and faculty on the medical education webpage, under the "Physical Therapist Assistant" section and through the LMS by means of a PTA Student Information course. Please refer to the ***URL Listing Table*** appendix for the medical education webpage.

Students are also provided a copy of Medical Education Division Policies during an online Medical Education Orientation Course through Blackboard LMS. Many of these policies are included in the ***Handbook Program Student*** appendix and on the Medical Education webpage under the "Physical Therapist Assistant" section. Policies that are not included in the Handbook Program Student or on the Medical Education webpage are provided in the Medical Education Orientation Course and include MED Student Code of Ethics, MED payment of tuition and fees policy, MED immunization and document retrieval policy, MED contagious disease policy, MED confidentiality statement, MED Covid-19 Lab Clinical Protocol, and MED Bloodborne Pathogen, which are outlined in the ***Other Policies*** appendix. These policies are also maintained in the PTA Student Information course in the LMS to ensure students and faculty have access to these policies. Students sign a Medical Education Division Acknowledgement & Agreement of Policies form and a PTA Policy Agreement upon acceptance to the program that verifies that all handbooks have been reviewed and that the student agrees to all policies.

The Program applies all policies, procedures, and practices consistently and equitably. One example of a situation that illustrates the equitable application of policies that relate to the rights of students is the right to remediation and one retake on all practical examinations. All students who fail to pass a practical examination on the first attempt receive remediation with the instructor and/or a program tutor and a second attempt to pass the practical examination.

Another example is students' right to appeal a grade. A student received a 10% reduction on an exam grade for missing the exam per program policy. The student appealed the grade based on extenuating circumstances of attending a family member's funeral. The appeal was granted by the Vice Chancellor for Academics.

Another example is the right for students to appeal a clinical education placement with extenuating circumstances. A student appealed her placement based on a family member working at the site where she was placed that was involved in a custody case concerning the student's son. This appeal was granted by the DCE and the Program Director. The DCE found an alternate clinical education placement for the student.

Another example is students' right to safety. It was brought to the Program Director's attention by three female students that a male student had been harassing them and touching them inappropriately during lab activities. The Program Director spoke with the student who did not deny the allegations. The student was turned into the Title IX Coordinator of the college and dismissed from the program.

Upload: Supporting Documentation	Handbook Institution Student.pdf Other Policies.pdf
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UA Cossatot - PTA - 2024 - 5E (2016)

Narrative Response	<p>Policies, procedures, and practices related to student retention, student progression and dismissal from the program are based on appropriate and equitable criteria and applicable law and are written and provided to students in the <i>Handbook Program Student</i> appendix. These policies are applied consistently and equitably and retention practices support a diverse student body.</p> <p>Students can monitor ongoing reports of academic performance and progress through the online learning management system. All courses include Blackboard enhancements that are accessible by students twenty-four hours per day, seven days a week, in which grades are updated at a minimum weekly. This enables students and program faculty to remain up to date with academic and clinical progress.</p> <p>Students receive regular reports of the clinical performance and progress through clinical site visits, Weekly Planning Forms, Midterm Progress Reports, and Final Progress Reports. During PTAP 24202 Clinical Practicum I, students receive formal feedback during clinical site visits. Clinical instructors provide immediate feedback during the once per week clinical day. During PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III, students receive feedback by means of the Weekly Planning Form, located in <i>Clinical Education Documents</i> appendix; clinical site visits; Midterm Progress Reports of the PTA MACS; and Final Progress Reports of the PTA MACS. Students are responsible for managing the PTA MACS in which clinical instructors rate individual skills and</p>

provide feedback via Midterm and Final Progress Reports. During clinical site visits, the DCE, student, and clinical instructor discuss progress, or lack thereof. The DCE provides the final grade for each clinical education course utilizing the associated clinical practicum grading rubrics, located in the **Clinical Education Documents** appendix and the PTA MACS Master List and Final Progress Reports.

The college and program strive to retain all students. The college requires an academic strategies course for all incoming students to give them the tools to have a successful college experience. This course is specific for students applying to Medical Education programs to prepare them to be successful in the programs. The college and program encourage students to contact their instructors at any time during a course when a question arises regarding grades. They are specifically encouraged at midterm to request assistance if needed with obtaining or understanding current academic standing. Students who are in danger of failing at midterm are required to meet with the Program Director to discuss strategies to improve learning. The college's Educational Resources Center provides a library and free tutoring to assist students. There are Educational Resource Centers located at each UAC Campus with knowledgeable staff available to assist students. Information related to the ERC is located in the **Catalog Undergraduate** appendix, page 37, and on the college website by selecting "Student Life" and then "Educational Resource Center". Please refer to the **URL Listing Table** appendix for the college web address.

The **Handbook Institution Student** appendix is the same document as the **Catalog Undergraduate** appendix, where policies are outlined. The program also employs program tutors who are licensed clinicians that are available on a regular schedule and, when available, at the request of students to provide support in practice and understanding of curriculum that is challenging to students. In order to support students and improve retention, students have laboratory access any time the campus is open through combination locks on the laboratory doors; however, electronic equipment remains behind key locked doors that students do not have access to without faculty or tutor supervision. Students have scheduled access to laboratories for practice with equipment requiring supervision outside of scheduled class during open laboratory hours with program faculty. Students may also schedule additional laboratory practice outside of class with core faculty or tutors as needed. Lab/classroom openings are discussed in the **Handbook Program Student** appendix, page 39. The college also practices to improve retention through the Center for Student Success (CSS) which assists underserved and nontraditional students to achieve success in college as outlined in the **Catalog Undergraduate** appendix, pages 69-70. The CSS collaborates with other college organizations to ensure support and unity across all campuses for all students and hosts events that share cultural appreciation, civic responsibility, and health awareness. The CSS offers a number of services including soft skills and financial literacy training, SNAP benefits, food pantry, networking resources, college readiness, community resource HUB, life coach services, resources for Latinos of Southwest Arkansas, and leadership development. The Center for Student Success webpage can be accessed through the college website, by selecting "Student Life", and then "Center for Student Success".

The Program has outlined remediation policies when knowledge, behavior/skill deficits, or unsafe practices are identified which are outlined in the **Handbook Program Student** appendix, pages 25 –27. The program curriculum is cumulative in nature and clinical skills are dependent upon successful completion of the didactic portion of the program. It is imperative that students demonstrate knowledge and competency in all required skills prior to being placed in a clinical setting. This is necessary to ensure the safety of the students, patients, family members, and healthcare workers alike. In addition to achieving a grade of 76% or better in each course, students must achieve 76% or better on the written exam average of each course. Each practical exam must be passed with a minimum score of 76% or better. Any student that does not achieve a passing grade average in each course or that is deemed unsafe during lab practicals (subject to remediation policies) or during a clinical rotation (subject to remediation policies) is removed from the program as they have failed to safely progress through the didactic and/or technical phases of the program. Specific course instructors are responsible for identifying the goals and objectives of remediation plans as needed, the timelines for implementation, and completion of the plan.

Written Examination Remediation

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

Lab Practical Remediation

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

Skill Checks Remediation

As a means to ensure safety, the program offers unlimited remediation for all skill checks during scheduled class and open lab hours. These skill checks are not associated with a grade but must be completed prior to taking the lab practical associated with the skills. Each course instructor is responsible for the parameters of skill check remediation. Failure of a student to be ready for instructor skill check off by the date determined by the instructor will result in a 5-point reduction from the next written or practical exam. If a peer has completed a check-off on the student who is not ready, the peer will also receive a 5-point reduction on the next practical exam. In addition, the incident may be treated as a professional behavior issue.

Clinical Education Practicum Remediation

Students have scheduled midterm clinical site visits with the DCE and clinical instructor, where the student progress, or lack thereof, is discussed. Students are encouraged to communicate any concerns regarding clinical education placements, clinical instructors, and/or passing/failing with the DCE at any point in a clinical education practicum. During clinical education experiences if a student is deemed to be unsafe by the clinical instructor, faculty, or facility employees, the student is removed from the clinical experience immediately, subject to remediation. At midterm, if it is felt that that student is on track to fail the practicum, the DCE meets with the student and clinical instructor to discuss and prepare a plan for remediation. The DCE, with input from the clinical instructor and student, determines the level of remediation needed. Remediation may require skills practice in the lab, prior to continuing in the clinical education component of the program, or other form of review/practice, as indicated. All remediation strategies and clinical education hours must be completed in order to pass the clinical practicum. One remediation opportunity is available for the entire clinical education experience combined (all practicums). The DCE is responsible for identifying the goals and objectives of the remediation plan, the timelines for implementation, and completion of the plan. At the end of a clinical practicum, if an unforeseen student failure occurs, every effort will be made for a remediation opportunity as stated above. Since the program cannot guarantee placement, outside of the established dates of the clinical practicum, remediation may not be possible and the student may not graduate on time. All remediation and clinical education hours must be completed in order to graduate from the program. In the event that the CI and/or the DCE feel, that despite remediation efforts, the student continues to lack the skill to safely move on in the clinical component of the program, the student is dismissed from the program. If at any time, the clinical instructor or DCE feel that the student demonstrates lack of professionalism, ethics, privacy, or if the student has engaged in inappropriate sexual contact with a patient, the student is not eligible for remediation and is immediately removed from the program. In the event that a student is placed in a clinical setting where there is a conflict of interest or the student is placed in an unsafe, unethical, or unprofessional environment, the student is removed from said facility and every effort is made to place the student at a new clinical site. This is not considered remediation and will be documented as an incident report that does not reflect negatively on the student. At any time, the DCE, at their discretion, may request a review by any or all of the following: Program Director, Medical Education Division Chair, Vice-Chancellor for Academics, and Chancellor. This review may be performed with student remediation, incidents, or change of clinical sites as deemed necessary. In the event that a clinical site refuses a student based on prescreening or professional/ethical behaviors, the program cannot guarantee placement at another site and the student may be removed from the program.

Retention practices are applied equitably in the program to support all students.

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

Upload: Supporting Documentation

UA Cossatot - PTA - 2024 - 6A (2016)

Narrative Response	The Program curriculum plan is comprehensive, well documented, and incorporates the mission and goals of the College and the Program. The Program is not expected to utilize a state mandated curriculum plan. The curriculum is indicative of contemporary physical therapy and strives to prepare students for their role as a physical therapist assistant. The curriculum plan includes a series of sequential and integrated courses including learning experiences designed to develop competency in the psychomotor, affective, and cognitive domains and to facilitate student outcomes. The educational outcomes described in the curriculum are designed to prepare graduates to perform interventions and data collection and to assess patient safety and response to these interventions in a safe, legal, ethical, and effective manner under the direction and supervision of a physical therapist. The curriculum plan reflects recognized standards of practice of the physical therapy profession as set forth by the APTA. Documents such as the <i>Standards of Ethical Conduct for the Physical Therapist Assistant</i> , <i>Professionalism in Physical Therapy: Core Values</i> ; and <i>Value-Based Behaviors for the Physical Therapist Assistant</i> are introduced in PTAP 11102 Concepts of Physical Therapy. The students are formally assessed in professional behaviors in at least one course each semester while engaged in the technical portion of the curriculum. This

occurs in PTAP 22003 Basic Patient Care Skills during the first fall semester of the program and in PTAP 24103 Rehabilitation Techniques during the following spring semester utilizing the **Professional Behaviors Assessment Tool** appendix; in the PTAP 24202 Clinical Practicum I during the summer semester of the program utilizing the Clinical Practicum I Progress Report, located in **Clinical Education Documents** appendix; and in the both PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III utilizing the PTA MACS. The curriculum is designed to utilize the most contemporary practices including evidence-based practices to provide the students with the most innovative education of the practice of physical therapy. Core faculty ensure curriculum is contemporary through professional development, clinical practice, and input from advisory council members and clinical instructors.

The curriculum is designed to prepare students to perform selected interventions and data collection techniques under the direction and supervision of a physical therapist. Beginning with PTAP 11102 Concepts of Physical Therapy, students are introduced to the practice settings for physical therapy, the International Classification of Functioning (ICF), the role of PTs and PTAs, communication, regulatory requirements for direction, the scope of PTA practice, ethical behaviors, patient communication, informed consent, HIPAA, cultural sensitivity, professional organizations, and an introductory to evidence-based practice research. This foundation is built upon during subsequent program coursework and clinical education experiences. Technical courses allow students to build critical thinking skills and apply knowledge to practical patient case scenarios. Students begin to understand the plan of care and treatment goals, create treatment strategies based on the plan of care, prepare appropriate documentation, apply evidence-based research, and develop an understanding of their role within the healthcare community. As students progress in the curriculum, they are challenged to think and analyze more complex concepts and patient problems to develop problem-solving and clinical decision-making skills. Students are encouraged to integrate ethical practices to patient-simulated cases in lab and, ultimately, to refine all aspects of their training during clinical education experiences. The required skills during the clinical education practicums are drawn from the APTA *Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level*.

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UA Cossatot - PTA - 2024 - 6B (2016)

Narrative Response	<p>The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses of the program. The general education requirements for the associate of applied science degree are taken as prerequisites to the Program and include six credit hours in English, three credit hours in mathematics, three credit hours in medical education, eight credit hours in biological sciences, three credit hours in psychology, three credit hours in business, and one credit hour in student success. The general education courses selected to prepare students for the technical portion of the program include ENGL 10103 Composition I (3CH); ENGL 10203 Composition II (3CH); MATH 11003 College Algebra (3CH); ALHE 10503 Medical Terminology (3CH); BIOL 24004 Anatomy and Physiology I (4CH); BIOL 24104 Anatomy and Physiology II (4CH); PSYC 21003 Developmental Psychology (3CH); CPSI 10003 Microcomputer Application (3CH); and UNIV 10061 Student Success for Medical Education (1CH). In addition to the general education courses, students are required to complete two additional prerequisite courses PTAP 11102 Concepts of Physical Therapy (2 CH) and PTAP 23003 Pathophysiology before admission into the technical portion of the program.</p> <p>ENGL 10103 Composition I and ENGL 10203 Composition II prepare students to communicate effectively through written and verbal experiences. These courses are important to develop skills that will better allow students to communicate effectively with patients, families, caregivers, and healthcare professionals using verbal interactions, documentation, presentations, and in-services that may be required as a physical therapist assistant. Further, these courses are instrumental in developing the skills to read and analyze information which is essential to the promotion of critical thinking and problem-solving.</p> <p>MATH 11003 College Algebra prepares students for complex thinking in a professional environment. Students will study algebraic processes in inequalities and equations of quadratic and higher degrees to foster higher-level thinking and critical thinking skills vital to the field of physical therapy.</p> <p>ALHE 10503 Medical Terminology prepares allied health students with basic and complex medical terms along with the appropriate usage, spelling, and pronunciation necessary to the field of physical therapy.</p> <p>BIOL 24004 Anatomy and Physiology I and BIOL 24104 Anatomy and Physiology II are foundational courses that study the structure and function of the human body. The focus of BIOL 24004 Anatomy and Physiology I is anatomical terms, biochemistry, cells, histology, integumentary system, skeletal system, muscular system, and nervous system. BIOL 24104 Anatomy and Physiology II covers the endocrine system, cardiovascular system, lymphatics and immunity, respiratory system, digestive system, nutrition and metabolism, urinary system, fluid and electrolyte balance, and human reproduction. Together these courses lay a foundation upon which the program content rests.</p>

PSYC 21003 Developmental Psychology lays the foundation for understanding the normal development and maturation of the individual over the lifespan. This course will provide the necessary reference point so that students may better understand how disease and disorder may contribute to changes from normal maturation and development.

CPSI 10003 Microcomputer Application provides students with the basic skills required to operate word processors, spreadsheets, presentation software, database software, email, and the internet. This course is vital to the students entering the healthcare field for the operation of the electronic medical record and is helpful for students entering the Program with an introduction to presentation and other software materials utilized in the classroom.

UNIV 10061 Student Success for Medical Education is designed to improve student success in medical education programs. Students are presented with medical education policies and compliance and are instructed in professional communication and navigation of the College LMS.

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UA Cossatot - PTA - 2024 - 6C (2016)

Narrative Response	The curriculum plan is a hybrid model involving a 2-year (104 calendar weeks) design plan that begins with basic preparatory didactic instruction, which includes foundational science and is followed by technical physical therapy didactic and clinical education. This model allows for content to progress from simple to complex. The curriculum plan is based on several educational theories where students move from passive participants to active participants in the learning process. Utilizing the behaviorism learning theory, students are engaged in lectures, simulations, and demonstrations to facilitate learning the course material; and students are assessed by multiple choice and recall. Utilizing the cognitivism learning theory students are further engaged in problem-solving and concept mapping to encourage reflective thinking; and students are assessed by essay questions, presentations, and projects. Further, utilizing the constructivism learning theory students are engaged in reflection, role modeling, case scenarios, and collaborative learning to facilitate case-based learning typically without emphasis being placed on grading. The curriculum plan also considers adult learning, cognitive learning, and cumulative learning theories allowing for students to build on their basic knowledge and develop more complex knowledge, assessment tools, and skills, which students then apply to actual patients in the clinical education component of the curriculum. Students use collaborative and cooperative learning techniques in laboratory practice that allow students to rely on their strengths as well as the strengths of others to facilitate learning. This technique allows for a more collaborative learning environment, which demonstrates teamwork, indicative of a PT-PTA relationship and a multi-disciplinary healthcare team member. The curriculum plan also uses Kolb's experiential learning cycle to promote learning via didactic teaching in laboratories, and further application in extended lab hours, and student clinical education experiences.
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UA Cossatot - PTA - 2024 - 6D (2016)

Narrative Response	The curriculum plan is a 1+1 model that includes a series of organized, sequential, and integrated courses designed to facilitate the achievement of the expected student outcomes. The learning experiences are designed to engage students so that they may develop knowledge, values, and clinical competency to prepare them to provide physical therapy care to individuals with diseases involving all major systems; individuals with multiple system disorders; and individuals across the lifespan and continuum of care, including individuals with chronic illness. The course sequencing is designed to build upon course learning objectives and outcomes. The curriculum consists of nine general education courses and two PTAP prefix courses which are considered pre-requisites for program admission. There are fifteen core technical courses including three clinical education courses, one of which is integrated and two of which are terminal clinical practicums. The curriculum plan is 104 calendar weeks in six semesters of study. The curriculum plan reinforces basic knowledge and skills learned throughout the courses of study, continually integrating new knowledge while relying on the retention of previously learned information. The sequence and progression of coursework for the Program, outlined in the <i>Plan of Study</i> appendix and on the <i>One-Page Curriculum Plan</i> appendix, is as follows:

In the semester 1 spring term, students begin with nineteen credit hours to include UNIV 10061 Student Success for Medical Education (1CH); BIOL 24004 Anatomy and Physiology I (4CH); ENGL 10103 Composition I (3CH); CPSI 10003 Microcomputer Application (3CH); ALHE 10503 Medical Terminology (3CH); PSYC 21003 Developmental Psychology (3CH); and PTAP 11102 Concepts of Physical Therapy. Each of these courses lays foundational concepts for the technical courses of the program. UNIV 10061 Student Success for Medical Education is designed to improve student success in medical education programs. Students are presented with medical education policies and compliance and are instructed in professional communication and navigation of the College LMS. BIOL 24004 Anatomy and Physiology I is a foundational course that covers the structure and function of the human body with a focus on anatomical terms, biochemistry, cells, histology, integumentary system, skeletal system, muscular system, and nervous system. ENGL 10103 Composition I prepares students to communicate effectively through written and verbal experiences and is important to develop skills that will better allow students to communicate effectively with patients, families, caregivers, and healthcare professionals using verbal interactions, documentation, presentations, and in-services that may be required as a physical therapist assistant. CPSI 10003 Microcomputer Application provides students with the basic skills required to operate word processors, spreadsheets, presentation software, database software, email, and the internet. This course is vital to the students entering the healthcare field for the operation of the electronic medical record and is helpful for students entering the Program with an introduction to presentation and other software materials utilized in the classroom. ALHE 10503 Medical Terminology prepares allied health students with basic and complex medical terms along with the appropriate usage, spelling, and pronunciation necessary to the field of physical therapy. PSYC 21003 Developmental Psychology lays the foundation for understanding the normal development and maturation of the individual over the lifespan. This course will provide the necessary reference point so that students may better understand how disease and disorder may contribute to changes from normal maturation and development. PTAP 11102 Concepts of Physical Therapy is an introduction to the history of the profession of physical therapy, the role of the PTA, evidence-based research, and values-based behaviors.

In the semester 2 summer term, students enroll in both the Flex I and Flex II sessions. Summer Flex I, for seven credit hours, includes BIOL 24104 Anatomy and Physiology II (4CH) and ENGL 10203 Composition II (3CH). Summer Flex II, for six credit hours, includes MATH 11003 College Algebra (3CH) and PTAP 23003 Pathophysiology (3CH). BIOL 24104 Anatomy and Physiology II is a foundational course involving the structure and function of the human body which covers the endocrine system, cardiovascular system, lymphatics and immunity, respiratory system, digestive system, nutrition and metabolism, urinary system, fluid and electrolyte balance, and human reproduction. ENGL 10203 Composition II further prepares students to communicate effectively through written and verbal experiences as well as develop the skills to read and analyze information which is essential to the promotion of critical thinking and problem-solving. MATH 11003 College Algebra prepares students for complex thinking in a professional environment. Students will study algebraic processes in inequalities and equations of quadratic and higher degrees to foster higher-level thinking and critical thinking skills vital to the field of physical therapy. PTAP 23003 Pathophysiology is the study of the diseases that affect the body systems so that students are prepared to encounter diseases and disorders involving the major systems and chronic illnesses commonly seen across the lifespan in physical therapy.

In the semester 3 fall term, the students begin the technical portion of the program for fourteen credit hours to include PTAP 23104 Movement Science (4CH); PTAP 22003 Basic Patient Care Skills (3CH); PTAP 22103 Orthopedic Conditions (3CH); PTAP 23202 Administration & Management (2CH); and PTAP 23002 Therapeutic Agents I (2CH). PTAP 23104 Movement Science is the study of human movement combining anatomy and biomechanical concepts which are critical to applying principles of therapeutic exercise to orthopedic and general medical conditions. PTAP 22003 Basic Patient Care Skills introduces the students to skills such as patient communication, vital signs, transfer training, basic gait training with assistive devices, infection control, and the use of personal protective equipment. PTAP 22103 Orthopedic Conditions, offered by distance education, focuses on common orthopedic conditions seen across the lifespan including mechanisms of injury, surgical approaches, medical management, contraindications, precautions, and physical therapy implications critical to collecting data or designing appropriate therapeutic exercise programs. PTAP 23202 Administration and Management, offered by distance education, involves the operations of physical therapy services including documentation, legal issues, reimbursement, and regulatory agencies. PTAP 23002 Therapeutic Agents I introduces biophysical agents and therapeutic massage to include indications, precautions, contraindications, and applications necessary to successful physical therapy interventions.

In the semester 4 spring term, students enroll in fourteen credit hours including PTAP 24004 Therapeutic Exercise (4CH); PTAP 24003 Data Collection (3CH); PTAP 24103 Rehabilitation Techniques (3CH); PTAP 23102 Therapeutic Agents II (2CH); and PTAP 24002 Clinical Neurology (2CH). PTAP 24004 Therapeutic Exercise is sequenced after anatomy and kinesiology concepts and orthopedic conditions to better understand appropriate phases of therapeutic exercise for conditions and interventions across the lifespan. PTAP 24003 Data Collections teaches students to assess movement, strength, posture, gait, and sensation. PTAP 24103 Rehabilitation Techniques involves the treatment of chronic conditions such as wounds, residual limb care, orthotic/prosthetic management, and cardiopulmonary conditions across the lifespan. In addition, students learn about mobility at home and in the community and pelvic floor dysfunction impacting both males and females across the lifespan. PTAP 23102 Therapeutic Agents II continues to explore the use of biophysical agents including indications, precautions,

contraindications, and applications. PTAP 24002 Clinical Neurology, offered by distance education, provides an in-depth understanding of the neuroanatomical structures, their responsibilities, and their clinical applications. In the semester 5 summer term, students enroll in six credit hours including PTAP 24202 Clinical Practicum I (2CH) and PTAP 25104 Neurorehabilitation (4CH). PTAP 24202 Clinical Practicum I is an eight-week integrated clinical education experience where students attend a clinical experience one day per week focused on professionalism, appropriate client relationships, appropriate PT/PTA relationships, and improving the student's comfort level in the clinical environment. PTAP 25104 Neurorehabilitation is sequenced after the introduction and clinical application of neuroanatomic structures to better understand appropriate neurological conditions, motor development, motor control, and management of neurologic conditions in this course. This course includes the management of neurologic conditions across the lifespan, including pediatrics. In the semester 6 fall term, the final semester of the program, students are enrolled in eleven credit hours including PTAP 25204 Clinical Practicum II (4CH); PTAP 25003 PTA Seminar (3CH); and PTAP 26204 Clinical Practicum III (4CH). PTAP 25204 Clinical Practicum II is an eight-week full-time clinical education course. PTAP 25003 PTA Seminar, offered by distance education, is an ongoing course throughout PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III that prepares students for employment, licensure examination, and lifelong learning activities. PTAP 26204 Clinical Practicum III is the final eight-week full-time clinical education experience. The organization, sequencing, and integration of courses facilitate student mastery during terminal clinical education experiences.

The learning experiences for each of the PTAP prefix courses can be identified in the **7D PTA Curriculum Table** appendix, which is also referred to as the **Program Objectives and Methods of Assessment** appendix. The Program degree plan is communicated to students through the **Catalog Undergraduate** appendix, page 93, and Program course descriptions are outlined on pages 127 – 129.

Upload: Supporting Documentation	7D PTA Curriculum Table (1).pdf One- Page Curriculum Plan.pdf Plan of Study.pdf
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UA Cossatot - PTA - 2024 - 6E (2016)

Narrative Response	Course syllabi are available on the Course Details page for each course.
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UA Cossatot - PTA - 2024 - 6F (2016)

Narrative Response	<p>The curriculum plan includes learning objectives stated in behavioral terms identified in the Program Objectives and Methods of Assessment appendix. The course syllabi outline the course objectives that identify the depth and breadth of the learning expectation. Bloom's Taxonomy is utilized to state the instructional objectives of program courses which include the cognitive, affective, and psychomotor domains. Throughout the curriculum, more complex course objectives are built on foundational knowledge acquisition.</p> <p>In the third term, the beginning technical courses allow students to learn basic concepts of physical therapy and to be able to explain those concepts. Learning objectives use terms such as define, recognize, identify, describe, utilize, and discuss. For example, in PTAP 23104 Movement Science, objective 1.2 <i>Define selected biomechanical terms</i>. Another example is in PTAP 22003 Basic Patient Care Skills objective 1.0 <i>Identify physiology, characteristics, and normal values of vital signs</i>.</p> <p>As the student progresses through the curriculum, the learning activities are designed for students to begin to apply the concepts to new situations and to begin to draw connections between concepts. Learning objectives use terms such as distinguish, differentiate, analyze, and compare. For example, in PTAP 24004 Therapeutic Exercise objective 1.5 <i>Differentiate open and closed chain resistance exercise</i>. In addition, learning experiences are designed for students to justify or rationalize their decisions and produce or create new work. Learning objectives such as apply, design, and create are used. For example, PTAP 24004 Therapeutic Exercise objective 3.0 <i>Design an exercise program within the appropriate protocols including progression for patients with common surgical and non-surgical orthopedic conditions of the spine, hips, knees, ankles, shoulders, elbows, and wrists</i>. Another example includes PTAP 25104 Neurorehabilitation objective 5.1 <i>Create a treatment framework based on the developmental sequence using appropriate evidence-based resources</i>.</p>

An example of the increasing complexity of an expected competency is in the third term, the first semester of the technical portion of the program, in which students learn how muscles function, PTAP 23104 Movement Science objective 5.3 *Recognize how muscles function as agonist, antagonist, synergist, and stabilizers*. In the fourth term, students apply their knowledge of muscle to stretch and strengthen muscles, PTAP 24004 Therapeutic Exercise objective 8.0 *Demonstrate competence in the instruction of a simulated patient in resistance training exercise for the major muscle groups*. The related clinical skill, in the sixth term, will then be expected in PTAP 25204 Clinical Practicum II and/or PTAP 26204 Clinical Practicum III *Skill 17.1 Manual Strengthening and Skill 17.2 Mechanical Strengthening* as outlined in Section III of the PTA MACS: Interventions in Patient/Client Management.

Another example relates to gait training due to musculoskeletal injury. In third term, PTAP 22103 Orthopedic Conditions objective 3.1 *Identify signs, symptoms, and pathophysiology of lower extremity orthopedic conditions commonly seen in physical therapy* and objective 3.2 *Recognize the mechanisms of injury or etiology, medical management, precautions, contraindications, surgical approaches and implications for common spine and lower extremity orthopedic conditions seen in physical therapy*. In PTAP 22003 Basic Patient Care Skills objective 7.3 *Identify gait patterns and weight bearing status typically used with specific assistive/adaptive devices*; objective 7.4 *Demonstrate competence in gait training with and without assistive devices*; and objective 7.5 *Recognize the levels of patient assistance for gait training*. Then in the fourth term, students progress their knowledge of gait in PTAP 24003 Data Collections objective 5.0 *Demonstrate data collection skills related to the gait cycle*; objective 5.5 *Demonstrate effective gait training techniques*; and objective 5.6 *Record gait analysis findings accurately*. In PTAP 24004 Therapeutic Exercise objective 4.3 *Design gait training activities and balance activities utilizing interventions from within the physical therapist's plan of care to address gait abnormalities*. This competency will then be expected, during the sixth term, in PTAP 25204 Clinical Practicum II and/or PTAP 26204 Clinical Practicum III *Skill 18.4 Gait* as outlined in Section III of the PTA MACS: Interventions in Patient/Client Management.

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UA Cossatot - PTA - 2024 - 6G (2016)

Narrative Response	The curriculum plan includes a variety of effective instructional methods, to maximize learning, including lecture, discussion, demonstration, return demonstration, presentation, laboratory practice, video, interprofessional collaboration, reflections, and games/activities. Lectures are incorporated in each course excluding the clinical education courses; many of the courses are web-enhanced with assignments, discussion boards, experiential learning, active learning activities, and audio-visuals through external links. These methodologies are used for knowledge acquisition and comprehension. The laboratory portion of courses is also used for knowledge acquisition and comprehension but allows students to apply and practice the psychomotor skills of treatment interventions and data collection that are expected and integrated as part of the coursework. Skills are demonstrated with ample time to practice with peers and instructors, return demonstrate the skill in the form of a skill check, and later be tested in a practical examination to ensure mastery and safety of skills. Case studies, oral presentations, and role-playing are frequently utilized to help students synthesize course content, reinforce the physical therapist/physical therapist assistant relationship, and develop skills in reading a physical therapy evaluation and plan of care to determine the appropriate intervention strategies. The variety of instructional methods are based on the course content and the expected student outcomes and are intended to meet the specific needs of the students' learning styles.
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UA Cossatot - PTA - 2024 - 6H (2016)

Narrative Response	The program faculty utilize a variety of evaluative methods to measure student achievement which are outlined in the Program Objectives and Methods of Assessment appendix. Evaluation of student performance in the cognitive domain is assessed through written quizzes, written examinations, assignments, and projects including papers, article reviews, and group projects and presentations. Didactic courses in the program have written examinations at various intervals throughout the semester. Quizzes are used for formative evaluation and are given at intervals across the length of each course. Summative assessments, by way of comprehensive examinations, are also used in several program courses. Evaluation of the psychomotor domain includes skill

demonstrations, which tend to target only one skill and are more formative in nature, referred to as a skill check. Lab practical examinations, which are summative in nature, include the combination of several skills and serve to evaluate the student's ability to transition from one skill to another. Each skill check and lab practical rubric identifies critical skills and critical safety elements that must be completed without instructor assistance.

Evaluation of the affective domain occurs in several ways. Verbal, non-verbal, and written communication are evaluated by simulated patient treatments during lab practical scenarios, treatment documentation, written assignments, and the ***Professional Behaviors Assessment Tool*** appendix. Another critical affective skill is assessed during simulated treatments for skill checks and lab practicals as students must respond appropriately during patient interactions. Learning objectives such as list, explain, identify, and recognize are evaluated by written examinations. Learning objectives such as demonstrate are evaluated with a skill-based performance by means of skill checks and lab practical examinations.

Core faculty ensure students are ready to progress to clinical education by requiring not only a 76% course average but also a 76% written examination average for each course, and a minimum of 76% on each lab practical examination. The Program utilizes rubrics for lab practicals that identify point values, as well as critical skills and critical safety elements that are linked to automatic failure if not successfully performed. Any student who does not achieve the passing average in each course, passing written examination average for each course, passing each lab practical examination, or is deemed unsafe during lab practical examinations is removed from the Program as they have failed to safely progress through the program. The Program utilizes the Clinical Education Readiness Table, located in the ***Clinical Education Documents*** appendix, bookmarked by document title, to ensure that all students have a passing overall average, written exam average, have passed all preceding lab practicals, do not demonstrate safety concerns, meet the minimum required professional behavior, and are competent, safe, and ready to progress to the clinical education portion of the curriculum.

The Program utilizes the PTA MACS, which is a formative and summative assessment tool, to assess student performance during PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III. The PTA MACS allows skills, once considered mastered, to be challenged where the student is required to repeat the skill mastery. The Program utilizes the Clinical Practicum I Progress Report, located in the ***Clinical Education Documents*** appendix to assess student performance related strictly to professional behaviors during PTAP 24202 Clinical Practicum I. Each clinical practicum syllabus identifies the level of student performance that must be met for successful completion. The DCE closely monitors student progress through the required skills and performance expectations for each skill utilizing the Clinical Practicum I Progress Report (during PTAP 24202) and the PTA MACS Progress Reports and Master List (during PTAP 25204 and PTAP 26204). The Program also considers feedback during clinical site visits from the clinical instructor, like safety, to determine whether a student passes a clinical course in the program. The clinical practicum grading rubrics, located in the ***Clinical Education Documents*** appendix, ensure that students have achieved the objectives stated for each clinical education experience outlined in the corresponding clinical practicum syllabus.

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

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UA Cossatot - PTA - 2024 - 6I1 (2016)

Narrative Response	<p>The curriculum plan includes courses offered by distance education including prerequisite PTAP prefix courses PTAP 23002 Pathophysiology and PTAP 11102 Concepts of Physical Therapy and program courses PTAP 22103 Orthopedic Conditions, PTAP 23202 Administration and Management, PTAP 24002 Clinical Neurology, and PTAP 25003 PTA Seminar. The methods for distance education meet expectations as outlined in 6I1 – 6I8. The faculty teaching by distance education include Houston Crow, Haley Hamilton, and Heather Orr. Houston Crow has taught using Blackboard LMS for teaching face-to-face courses and online courses since the summer of 2023. In his online courses, he utilizes recorded lectures, videos, and discussions. Dr. Crow was the primary instructor for PTA 2303 Pathophysiology in the spring of 2024; PTA 2322 Administration and Management in the fall of 2023; and PTA 2502 PTA Seminar in the fall of 2023. Students indicated through end of course surveys that he is approachable and available to communicate with, his teaching style was straightforward, the course was structured in a logical manner and easy to understand, he tied course content to course objectives, course delivery reflected that he has a good knowledge of the content, and he promoted an online atmosphere of preparatory activities that fostered an understanding of the course content. Dr. Crow is effective in the provision of distance education as evidenced by professional development related to distance education including Academy</p>

of Education: Hybrid Teaching: Formative Skill Assessment by Video in PTA Education, 02/05/2024; Instructional Design – Strategies and Engagement, 07/2023; Instructional Design – Syllabus and Course Design and Instructional Design – Core Principles, 07/2023; Improving the Security and Quality of Online and Classroom-based Examinations, 06/2023; Help! I'm Moving My Course Online! – Practical Advice for New Online Instructors, 04/2023; and Higher Education: Technology – Profiles in Success, 04/2023.

Haley Hamilton has taught using Blackboard LMS for teaching face-to-face courses and online courses since the summer of 2023. In her online courses, she utilizes PowerPoints, videos, discussions, and web links. Mrs. Hamilton was the primary instructor for PTA 1112 Concepts of Physical Therapy Section 30 in the summer and fall of 2023; and in the spring of 2024. Students indicated through end of course surveys that the courses were structured logically, that content was tied to course objectives, she was well organized and communicated well with students; she had good knowledge of the subjects taught; she promoted an online atmosphere to foster understanding of course content; and she provided real-life examples to aid in better understanding. Mrs. Hamilton is effective in the provision of distance education as evidenced by professional development related to distance education including Instructional Design – Strategies and Engagement, 07/2023; Instructional Design – Syllabus and Course Design and Instructional Design – Core Principles, 07/2023; Simplify E-Learning Integration in Your Classroom: A Guided Tour of the New Educator Dashboard, 05/2024; Online Teaching and & Learning, 06/2023; Technology Tools for Teaching, 06/2023; Help! I'm Moving My Course Online! – Practical Advice for New Online Instructors, 04/2023; Higher Education: Technology – Profiles in Success, 04/2023; and article *The UDL Guidelines*. Mrs. Hamilton further demonstrates the ability to be effective in the provision of distance education as evidenced by six college credit hours with emphasis on instructional technology and learning management systems including: ITED 315 Introduction to Instructional Technology and ITED 350 Technology for Instruction, Learning, and Communication.

Heather Orr has taught using computer technology since 2014 and has utilized Blackboard LMS for teaching face-to-face courses, including flipped classroom format, and online courses. In her online courses, she utilizes PowerPoint slide presentations, recorded lectures, web links, videos, and discussions. Mrs. Orr was the primary instructor for PTA 2212 Orthopedic Conditions in the spring of 2023; PTA 2213 Orthopedic Conditions in the fall of 2023; PTA 2402 Clinical Neurology in the spring of 2023 and spring of 2024; PTA 2303 Pathophysiology in the fall of 2021 and fall of 2020; PTA 1112 Introduction to PTA in the fall of 2021 and fall of 2019; PTA 2502 PTA Seminar in the summer of 2020 and summer of 2019; and PTA 2322 Administration and Management in the fall of 2019. Students indicated through end of course surveys that the courses were structured logically, that content was tied to course objectives, she was well organized and communicated well with students; she had good knowledge of the subjects taught; she promoted an online atmosphere to foster understanding of course content; she was always available to help and communicate; she demonstrates patience and genuine concern for students understanding; and she had clear information and instructions for students. Mrs. Orr is effective in the provision of distance education as evidenced by professional development related to distance education including Academy of Education: Hybrid Teaching: Formative Skill Assessment by Video in PTA Education, 02/21/2024; Improving Diagnostic Reasoning through Virtual Simulation, 09/13/2022; OER Training, 07/13/2022; PIVOT! Moving an Online Experiential Learning Lab from Hospital to Simulation-based in Light of the Pandemic, 10/24/2021; Use of Technology in Affective Domain Preparation of PT/PTA Students, 10/23/2021; Speakeasy...Best Practices for Professional Presentations for the Classroom, Conference, Interview & Beyond, 02/02/2020; Using Online Virtual Simulation to Teach Acute Care Skills During a Pandemic, 02/05/2021; Utilizing Interactive Virtual Simulation to Promote Intra-Professional Collaboration in DPT and PTA Students, 02/05/2021; Online Success Modules: How One Institution Was Able to Achieve 10,000+ Completions, 10/26/2021; Acing the Virtual Classroom with Asynchronous Video, Beyond Video Conferencing, 02/04/2021; Ally Office Hours, 02/03/2021; Physio U in the Digital Classroom, 11/17/2020; Powerful Tips for Online Courses, 07/13/2020; Every Learner Everywhere: Any Place, Any Time? Ongoing Insights from a National Survey, 07/13/2020; The New Learning Compact: Building a New Approach to Continuous Learning, 07/13/2020; A Workshop for Improving Online Presentation, 07/13/2020; Online Gamification Strategies, 06/23/2020; Aligning OER with your Campus Practices and Priorities, 04/28/2020; Our Ed Tech Journey: Finding a Courseware Platform That Fits the Needs of Your Students, 04/28/2020; Defining Ed Tech Features & Value, 04/26/2020; Recording Microlectures, 04/20/2020; Modify Content to Fit Content, 04/17/2020; Planning and Facilitating Quality Online Discussions, 04/15/2020; Asynchronous Teaching/Learning, 04/09/2020; Effective Online Instruction: Organizing your Online Course, 04/09/2020; Continued Learning in the Wake of COVID-19, 04/08/2020; Virtual Skills Assessment: Meeting the Curricular Needs to Keep Teaching, 04/07/2020; Leveraging Technologies to Enhance Success for Diverse Generation Z Populations, 03/09/2020; How to Use Microlearning in Your Course, 02/18/2020; National Distance Learning Week Mini-Conference, 11/07/17; Distance Education Training, 03/30/2017; Blackboard Learning Management System Training, 05/25/2016; and by reading *Teaching and Learning at a Distance: Foundations of Distance Education* by Simonson. Additionally, Mrs. Orr provided instructional technology training to program faculty at Northeast Texas Community College on the use of Blackboard for examinations in 2017. She provided training to NTCC program students and faculty for the use of a web-based EMR system. In doing so, she created educational materials including written step-by-step instructions as well as screen capture videos for demonstration of its use. Mrs. Orr further demonstrates the ability to be effective in the provision of distance education as evidenced by twelve college credit hours with emphasis on instructional technology and learning management systems including ITED 315 Introduction to Instructional Technology, ITED 480 Management and Development of Instructional Technology, ITED 426

Instructional Video Development, and ITED 350 Technology for Instruction, Learning, and Communication. Further, she was a member of the College's Distance Education Committee from 2017 to 2018 where she served under the direction of the Distance Education Director. The mission of the Distance Learning Committee is to instill and ensure excellence in alternative methods of instruction at the College. This Committee strives to provide a standard of excellence to foster the intellectual and personal development of students learning from various locations and implement new technologies embraced by the student body fostering a learning environment that is engaging for both the student and instructor. The committee ensures that training is provided in these technologies for all instructors and remains open to student evaluation of distance education services. The Distance Education Committee develops and maintains distance learning programs that uphold the quality and academic rigor of traditional classes at the College; notifies the administration, faculty, and staff of changes in technologies affecting distance learning; mentors instructors in the best practices for maintaining course integrity and quality in the distance learning environment; maintains awareness of new technologies in distance learning and recommends implementation of and training for those innovations as the budget allows; ensures that all instructors are competent in the use of technologies involved in distance learning; evaluates student response to distance learning programs; and implements needed changes based on those responses.

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UA Cossatot - PTA - 2024 - 6I2 (2016)

Narrative Response	The curriculum plan includes courses offered by distance education methods including prerequisite PTAP prefix courses PTAP 23002 Pathophysiology and PTAP 11102 Concepts of Physical Therapy and program courses PTAP 22103 Orthopedic Conditions, PTAP 23202 Administration and Management, PTAP 24002 Clinical Neurology, and PTAP 25003 PTA Seminar. These distance education courses have both the rigor of traditional classes and the flexibility of anytime/anywhere learning. Students are expected to maintain attendance in distance education courses as demonstrated by substantial contribution, as outlined in the Catalog Undergraduate appendix, page 32. The instructor determines a substantial contribution as a homework assignment, a quiz or test, or an appropriately involved discussion board posting. The program ensures the rigor of the distance education courses by removing students from the course without substantial contribution by the 10th day of class requiring notification to the Program Director. Additionally, the Program ensures the rigor of the distance education courses by annual review of these courses to ensure each course includes discussion assignments to promote student interaction equivalent to in person courses. The distance education courses in the Program have an online environment that replicates teaching strategies found in the classroom. The virtual equivalence of the classroom setting allows students to maintain the rigor of a face-to-face class meeting utilizing the Blackboard learning management system. Discussion boards are utilized to emulate classroom discussions. Peer interaction is facilitated by the online environment. Web cameras allow for necessary student presentations or group collaboration. On Blackboard, students gain access to instructor's lectures and presentations, as well as peer discussions to facilitate learning. Assignments, that are the same in nature as a regular course, are submitted with feedback provided from the instructor. Course content may be supplemented with videos, hyperlinks, URLs, and learning activities to better engage students and improve retention of material.
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UA Cossatot - PTA - 2024 - 6I3 (2016)

Narrative Response	The Program ensures student performance in distance education courses meets the expectations of the Program by outlining course objectives and methods of assessment, such as research, video presentations, quizzes, examinations, and assignments, in the course syllabi. To verify that outcomes have been met, the Program collects data from the Student Learning Outcomes appendix at the end of each semester to determine the degree to which student performance meets the expectations of the Program.
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UA Cossatot - PTA - 2024 - 6I4 (2016)

Narrative Response	The College ensures that student identity is confirmed during online course activities by assigning individual student identification numbers and passwords to each student to access the Blackboard LMS. All examinations for distance education courses in the Program are taken in a testing center or are proctored, face-to-face, by Program faculty or staff. In a testing center, students are required to present their student picture identification to verify their identity; they are also required to sign in for an examination and sign out upon completion of the examination. The Program verifies the process to confirm student identification occurs through annual meetings with the testing center as detailed in the <i>Program Systematic Evaluation Plan</i> appendix.
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UA Cossatot - PTA - 2024 - 6I5 (2016)

Narrative Response	The Program maintains test security and integrity, for distance education courses, by providing testing in a testing center or proctoring face-to-face by Program faculty or staff. When utilizing a testing center, electronic examinations are password protected, utilizing a lock-down browser, and monitored by testing center staff. The password is only provided to and entered by the testing center staff. When an examination is proctored face-to-face by Program faculty or staff, the examinations are also electronic, password protected, and utilize a lock-down browser. To further ensure security and integrity, all examination questions are randomized. As stated in 6I4, when testing in a testing center, students are required to present their student picture identification to verify their identity, sign in for an examination, and sign out upon completion of the examination. The Program verifies the process to maintain testing security and integrity through annual meetings with the testing center as detailed in the <i>Program Systematic Evaluation Plan</i> appendix.
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UA Cossatot - PTA - 2024 - 6I6 (2016)

Narrative Response	The College ensures student privacy during distance education as it relates to the distribution of grades in the same method it ensures student identification. Student privacy is maintained by use of the student's individual username and password to the Blackboard LMS. This grants access to the gradebook which displays their individual grade information. Students may also communicate privately with instructors via email. Examinations for distance education courses are graded by the course instructor to ensure student privacy. The Program verifies the process to maintain student privacy by utilizing Blackboard LMS to disseminate grades.
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UA Cossatot - PTA - 2024 - 6I7 (2016)

Narrative Response	Students are informed of additional fees related to distance education, before enrollment, in the <i>Catalog Undergraduate</i> appendix, page 21. Students are charged an additional fee of \$50 per course for internet courses and \$103 per credit hour, for out-of-service-area students, when enrolling in distance education courses.

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UA Cossatot - PTA - 2024 - 6I8 (2016)

Narrative Response	Distance education students are afforded access to the same services that students on campus receive. Distance education students are provided access to academic counseling through face-to-face meetings, email, audio calls, or video calls. Students have access to review their academic progress through the Blackboard LMS. Program faculty are also available for individual course counseling via email, audio calls, or video calls. The College does not provide any student health services. Disability Support Services are provided to distance education students utilizing advisors that are accessible by email, audio calls, or video calls. Financial aid services are provided to distance education students through the college website, electronic forms, email, audio calls, or video calls to meet with the financial aid staff. Since all Program students attend face-to-face courses, in addition to distance education courses, program students have access to all campus services.
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UA Cossatot - PTA - 2024 - 6J1 (2016)

Narrative Response	The curriculum plan includes clinical education experiences encompassing the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and continuum of care. The Program's expectations for the types of patients and treatment that each student will have worked with, by the end of the program, are across the lifespan and reflect musculoskeletal, neuromuscular, cardiopulmonary, and integumentary conditions. The Program expects that students demonstrate entry-level professional behaviors including professionalism (skill 1); commitment to learning (skill 2); interpersonal skills (skill 3); communication (skill 4); effective use of time and resources (skill 5); use of constructive feedback (skill 6); problem-solving (skill 7); clinical decision-making (skill 8); responsibility (skill 9); stress management (skill 10); colleague or community education (skill 11); and plan of care including patient history and chart review (skill 12); implementation of the plan of care (skill 13); modification within Plan of Care (skill 14); patient-related instruction (skill 15); and discharge planning (skill 16) by the end of the terminal clinical education experience. The Program also expects that students demonstrate entry-level interventions in patient/client management including aerobic activities (skill 17.1); balance activities (skill 17.2); coordination activities (skill 17.3); breath activities (skill 17.4); inhibition/facilitation (skill 17.5); relaxation (17.6); manual strengthening (17.7); mechanical strengthening (skill 17.7); motor development (skill 17.9); posture awareness (skill 17.10); range of motion (skill 17.11); stretching (skill 17.12); adaptive device training (skill 18.1); bed mobility (skill 18.2); body mechanics training (skill 18.3); gait (skill 18.4); transfers (skill 18.6); wheelchair mobility (skill 18.7); passive range of motion (skill 19.1); therapeutic massage (skill 19.2); joint mobilization (skill 19.3); and tests and measures including anthropometric measurements for edema (skill 21.1); arousal/mentation/cognition (skill 21.2); assistive technology (skill 21.3); gait, locomotion, and balance (skill 21.4); skin integrity (21.6); joint integrity and mobility (skill 21.7); muscle performance: strength, power, and endurance (skill 21.8); neuromotor function (skill 21.9); range of motion (skill 21.10); self-care/home management (skill 21.11); sensation/pain response (skill 21.12); ventilation, respiration, and circulation (skill 21.13); aerobic capacity and endurance (skill 21.14); and healthcare environment including safety (skill 22); interprofessional practice (skill 23); documentation (skill 24); billing and payment (skill 25); and quality assurance/performance improvement (skill 26) by the end of the terminal clinical education experience. The Program also expects students to demonstrate entry-level in five biophysical agents and one site-specific skill by the end of the terminal clinical education experience. The DCE monitors the PTA MACS Master Lists to ensure the appropriate skills are achieved for each student. The DCE further monitors the students' exposure to diagnoses and populations through the Student Evaluation of Clinical Education Experience (SECEE), located in the PTA MACS as outlined in the Program Systematic Evaluation Plan appendix. Students also have opportunities to attempt additional skills, other than those required, such as Airway Clearance (Skill 27); Amputation and Prosthetic Management (Skill 28); Aquatic Therapy (Skill 29); Environmental Barriers (Skill 30); Ergonomic Assessment and Work Conditioning (Skill 31); Orthotic, Supportive, and Protective Device Management (Skill 32); Prevention/Wellness Screening (Skill 33); and Wound Management (Skill 34). In addition, students have also

	experienced educational opportunities with respiratory therapists, occupational therapists, speech language pathologists, and physicians. Students have experienced observations in surgery and prosthetics.
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UA Cossatot - PTA - 2024 - 6J2 (2016)

Narrative Response	The clinical education experiences encompass clinical settings representative of those in which physical therapy is commonly practiced as evaluated and agreed upon by the core faculty and the Program Advisory Council. The range of practice settings available includes acute care, long-term acute care, day rehab, inpatient rehab, long-term care/skilled nursing, outpatient, and pediatrics. Students are required to complete three clinical education experiences. Each student must perform, at minimum, one outpatient clinical education experience and one inpatient clinical education experience (acute care, long-term care/skilled nursing, long-term acute care, or inpatient rehabilitation). The Program monitors that each student has the required clinical experiences using the Placement Report. Please refer to the CE Student Experiences appendix for the 2023 cohort data.
Upload: Supporting Documentation	CE Student Experiences.pdf

UA Cossatot - PTA - 2024 - 6J3 (2016)

Narrative Response	<p>The curriculum plan includes clinical education experiences that include involvement in interprofessional practice. The program expects that students demonstrate entry-level interprofessional practice (skill 23) by the end of the terminal clinical education experience including: a) collaborating with those who receive care, those who provide care, and others who contribute to or support the delivery of health services; b) communicating one's roles and responsibilities clearly to patients, caregivers, and other professionals; c) organizing and communicating information with patients, caregivers, and healthcare team members, in an understandable form, avoiding discipline-specific terminology when possible; d) listening actively and encouraging ideas and opinions of other team members; e) engaging other health professionals, appropriate to the care situation, in shared patient-centered problem-solving; and f) effectively managing conflict as delineated in and evidenced by Skill 23 of the PTA MACS.</p> <p>To ensure each student's involvement in interprofessional practice in the didactic portion of the curriculum, the program has identified course objectives, learning activities, and methods of assessment related to interprofessional practice.</p> <p>Students are introduced to interprofessional collaborative care in PTAP 11102 Concepts of Physical Therapy through presentations and learning modules. Students <i>identify methods of interprofessional collaboration to enhance the delivery of physical therapy services</i> (Objective 4.0). Students then apply this knowledge of interprofessional collaboration in PTAP 22003 Basic Patient Care Skills where they <i>collaborate with a healthcare professional to manage a medical emergency that commonly occurs in a clinical setting</i> (Objective 5.9). Students review emergency management procedures and their roles and are provided with a pre-briefing in best efforts to aid students in managing the emergency situation. Students encounter the medical emergency in a simulated lab experience and go through debriefing post-emergency to aid in identifying appropriate and inappropriate actions as well as identifying what decisions should be different in the future and reflecting upon that experience.</p> <p>Students are then assigned a reflection assignment that is graded in compliance with an associated rubric.</p> <p>In PTAP 24103 Rehabilitation Techniques, students further apply this knowledge through a community access interprofessional activity with OTA students where they <i>assess communication in interprofessional practice</i> (objective 4.3) and <i>identify potential hazards to persons using an assistive device</i> (objective 10.0). Students complete a reflection assignment for this simulation that is graded in compliance with an associated rubric.</p> <p>Students have an additional opportunity to engage in interprofessional practice in PTAP 24004 Therapeutic Exercise where students are required to <i>demonstrate effective communication with patients/clients, family members, caregivers, practitioners, and interprofessional team members</i> (Objective 6.0). Students are provided a case scenario in which they are working within an interprofessional team, in this case with OTA students. Students work through varying simulated situations to communicate effectively, determine appropriate therapeutic interventions that are supported by EBP, recognize other viewpoints, understand the difference in disciplines, and</p>

ensure there is no duplication of services. Students complete a reflection assignment after this simulation that is graded in compliance with an associated rubric.

In the final semester, students address interprofessional collaboration while enrolled in PTAP 25002 PTA Seminar. Students *outline methods of professional collaboration for the delivery of physical therapy services* (Objective 3.0) as well as *outline collaborative efforts during Clinical Practicums II and III with physical therapy professionals for the delivery of physical therapy services* (Objective 3.1) and *with other disciplines for the provision of rehabilitative services* (Objective 3.2). Students discuss these methods via discussion board prompts.

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UA Cossatot - PTA - 2024 - 6J4 (2016)

Narrative Response	<p>The curriculum plan includes clinical education experiences to include participation as a member of the PT/PTA team. Opportunities for participation as a member of the PT/PTA team, outlined in the PTA MACS including <i>Skill 1 Professionalism</i> objective g) respects authority and complies with decisions of those in authority; <i>Skill 3 Interpersonal Skills</i> objective e) demonstrates understanding, acceptance, and appropriate execution of multiple roles of the student PTA; <i>Skill 4 Communication</i> objective e) communicates effectively with all stakeholders, objective f) adjusts verbal and nonverbal communication to each person and situation, and objective g) listens actively; <i>Skill 7 Problem Solving</i> objective f) identifies outcomes and presents recommended modifications to supervising physical therapist; <i>Skill 8 Clinical Decision-Making</i> objective g) reports any changes in patient/client status or progress to the supervising therapist; <i>Skill 9 Responsibility</i> objective c) demonstrates accountability for own actions and outcomes; <i>Skill 12 Patient History and Chart Review</i> objective f) consults and reports to supervising physical therapist any relevant changes in patient status; <i>Skill 13 Implementation of Plan of Care</i> objective d) selects and provides safe interventions competently based on the POC established by supervising PT to minimize risk to patient, self, and others; <i>Skill 16 Discharge Planning</i> objective a) provides information to the supervising PT pertinent to discharge planning, within a reasonable time, prior to discharge and objective c) discusses with the supervising PT the need for follow-up care; <i>Skills 18.1 -18.7</i> related to functional training objective e) participates in the selection of adaptive equipment by providing the supervising PT with accurate and complete information and appropriate recommendations; <i>Skill 21.1 Anthropometric Measurements</i> objective e) identifies effect of malalignment on patient's function and discusses with the supervising physical therapist; <i>Skill 21.4 Gait, Locomotion, and Balance</i> objective f) administers appropriate gait and balance tools as delegated by the physical therapist; <i>Skill 21.5 Functional Outcome Assessment</i> objective b) administers standardized outcome assessments as established by the supervising PT; and <i>Skill 21.11 Self-Care/Home Management</i> objective b) administers scales or indicates of ADL as provided by the supervising PT to measure level of independence in self-care/home management. For the skills noted here, students are required to demonstrate entry-level competency by the end of the terminal clinical education experience. During clinical site visits, the DCE obtains data related to clinical facilities demonstrating the appropriate PT/PTA relationship.</p>
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UA Cossatot - PTA - 2024 - 6J5 (2016)

Narrative Response	<p>The Program expects students to engage in site-specific experiences, as opportunities arise, outlined in the available skills 27 – 34 in the PTA MACS. Students are required to demonstrate mastery (✓ and +) in one of the site-specific skills by the end of the terminal clinical education experience. Those skills include Airway Clearance (Skill 27); Amputation and Prosthetic Management (Skill 28); Aquatic Therapy (Skill 29); Environmental Barriers (Skill 30); Ergonomic Assessment and Work Conditioning (Skill 31); Orthotic, Supportive, and Protective Device Management (Skill 32); Prevention/Wellness Screening (Skill 33); and Wound Management (Skill 34). In addition, students have also experienced surgery observation, dry needling observation, and hippotherapy.</p>
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UA Cossatot - PTA - 2024 - 6K (2016)

Narrative Response	<p>The curriculum plan for the program, including all general education, prerequisites, and technical education courses required for the degree, can be completed in 104 calendar weeks, including clinical education hours beginning in the spring term. The curriculum involves a one-plus-one, full-time curriculum design plan that begins with 28 calendar weeks of prerequisite coursework followed by 73 calendar weeks of technical program courses and clinical education experiences. The curriculum includes thirty-two prerequisite credit hours in the first calendar year and forty-five technical credit hours of the program in the second calendar year.</p> <p>The first term, in the spring semester, for nineteen credit hours to include UNIV 10061 Student Success for Medical Education (1CH); BIOL 24004 Anatomy and Physiology I (4CH); ENGL 10103 Composition I (3CH); CPSI 10003 Microcomputer Application (3CH); ALHE 10503 Medical Terminology (3CH); PSYC 21003 Developmental Psychology (3CH); and PTAP 11102 Concepts of Physical Therapy (2CH).</p> <p>The second term, in the summer semester, includes both Flex I and Flex II course enrollment. Summer Flex I, for seven credit hours, includes BIOL 24104 Anatomy and Physiology II (4CH) and ENGL 10203 Composition II (3CH). Summer Flex II, for six credit hours, includes MATH 11003 College Algebra (3CH) and PTAP 23003 Pathophysiology (3CH).</p> <p>The third term, in the fall semester, is the start of the technical portion of the program for fourteen credit hours to include PTAP 23104 Movement Science (4CH); PTAP 22003 Basic Patient Care Skills (3CH); PTAP 22103 Orthopedic Conditions (3CH); PTAP 23202 Administration & Management (2CH); and PTAP 23002 Therapeutic Agents I (2CH).</p> <p>The fourth term, in the next spring semester, for fourteen credit hours includes PTAP 24004 Therapeutic Exercise (4CH); PTAP 24003 Data Collection (3CH); PTAP 24103 Rehabilitation Techniques (3CH); PTAP 23102 Therapeutic Agents II (2CH); and PTAP 24002 Clinical Neurology (2CH).</p> <p>The fifth term, in the next summer semester, for six credit hours includes PTAP 24202 Clinical Practicum I (2CH) and PTAP 25104 Neurorehabilitation (4CH), of which the clinical practicum includes an integrated clinical education experience one day per week for eight weeks.</p> <p>The sixth term, in the next fall semester, for eleven credit hours includes PTAP 25204 Clinical Practicum II (4CH); PTAP 25003 PTA Seminar (3CH); and PTAP 26204 Clinical Practicum III (4CH), of which each clinical practicum consists of an eight-week full-time clinical education experience. The total number of clock hours devoted to clinical education is 704 hours.</p>
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UA Cossatot - PTA - 2024 - 6L (2016)

Narrative Response	<p>The College awards an Associate of Applied Science degree upon satisfactory completion of the physical therapist assistant education program as stated in the Catalog Undergraduate appendix, page 93.</p>
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UA Cossatot - PTA - 2024 - 7A (2016)

Narrative Response	<p>The Program curriculum requires a complement of academic general education coursework appropriate to the AAS degree and includes written communication, biological, physical, behavioral, and social sciences. Written communication is included in the plan of study, during the first and second semesters, in ENGL 10103 Composition I and ENGL 10203 Composition II consecutively developing the skills necessary for effective written communication necessary for patient/family/caregiver education, verbal interactions, documentation, presentations, and in-services that may be required as a physical therapist assistant. Communication is also developed in ALHE 10503 Medical Terminology as students learn the language of the health sciences. Biological sciences are included in the plan of study, during the first and second semesters in BIOL 24004 Anatomy &</p>

Physiology I and BIOL 24104 Anatomy & Physiology II consecutively. Behavioral and social sciences are designed to be included during the second semester in PSYC 2033 Developmental Psychology, which provides a comprehensive survey of human growth, including physical, behavioral, and social sciences. The principles of physical sciences needed to prepare students while enrolled in the technical portion of the program are included in several PTA courses. Principles of biomechanics are covered in PTAP 23104 Movement Science, principles of buoyancy are covered in PTAP 24103 Rehabilitation Techniques, and the electromagnetic spectrum is covered in PTAP 23002 Therapeutic Agents I. Please refer to the ***Plan of Study*** appendix.

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UA Cossatot - PTA - 2024 - 7B (2016)

Narrative Response	<p>The 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 as outlined in the <i>7B PTA Content Chart</i> appendix and the <i>Program Objectives and Methods of Assessment</i> appendix.</p> <p>The Program curriculum includes content and learning experiences about the cardiovascular systems in PTAP 23003 Pathophysiology in objective 2.2; PTAP 22003 Basic Patient Care Skills in objective 1.4; PTAP 24103 Rehabilitation Techniques in objectives 2.0, 2.1, 3.6, 6.2, 14.0, 14.1, and 14.4; and PTAP 25204 Clinical Practicum II or PTAP 26204 Clinical Practicum III (PTA MACS) in Skill 21.13.</p> <p>The curriculum includes content and learning experiences about the endocrine and metabolic systems in PTAP 23003 Pathophysiology in objective 2.9; in PTAP 24004 Therapeutic Exercise in objective 5.0; and in PTAP 24103 Rehabilitation Techniques in objective 7.1.</p> <p>The curriculum includes content and learning experiences about the gastrointestinal system in PTAP 23003 Pathophysiology in objective 2.11.</p> <p>The curriculum includes content and learning experiences about the genital and reproductive systems in PTAP 23003 Pathophysiology in objective 2.10 and PTAP 24004 Therapeutic Exercise in objective 5.0.</p> <p>The curriculum includes content and learning experiences about the hematologic system in PTAP 23003 Pathophysiology in objective 2.1.</p> <p>The curriculum includes content and learning experiences about the hepatic and biliary systems in PTAP 23003 Pathophysiology in objective 2.12.</p> <p>The curriculum includes content and learning experiences about the immune system in PTAP 23003 Pathophysiology in objective 2.0; PTAP 23002 Therapeutic Agents I in objective 8.0; and PTAP 23102 Therapeutic Agents II in objective 6.0.</p> <p>The curriculum includes content and learning experiences about the integumentary systems in PTAP 23003 Pathophysiology in objective 2.8; PTAP 24003 Data Collection in objective 6.0; PTAP 24103 Rehabilitation Techniques in objectives 4.4, 5.0, 5.1; 5.2, and 5.3 and PTAP 25204 Clinical Practicum II or PTAP 26204 Clinical Practicum III (PTA MACS) in Skill 21.6.</p> <p>The curriculum includes content and learning experiences about the lymphatic system in PTAP 23003 Pathophysiology in objective 2.3; PTAP 22003 Basic Patient Care Skills in objective 1.10; PTAP 23102 Therapeutic Agents II in objectives 3.0 and 3.1; and PTAP 25204 Clinical Practicum II or PTAP 25204 Clinical Practicum III (PTA MACS) in Skill 21.1.</p> <p>The curriculum includes content and learning experiences about the musculoskeletal system in PTAP 23003 Pathophysiology in objective 2.5; PTAP 23104 Movement Science in objectives 2.4 and 4.0; PTAP 24103 Rehabilitation Techniques in objectives 6.3 and 7.3; in PTAP 22103 Orthopedic Conditions in objectives 1.0-1.5, 2.0, 2.1, and 3.0-3.2; and PTAP 25204 Clinical Practicum II or PTAP 26204 Clinical Practicum III (PTA MACS) in Skill 21.7 and 21.8.</p> <p>The curriculum includes content and learning experiences about the nervous system in PTAP 24002 Clinical Neurology in objectives 1.0-1.5, 2.0-2.3, 4.0-4.1, 5.0-5.2 and 6.0-6.1; PTAP 24103 Rehabilitation Techniques in objective 6.2; PTAP 25104 Neurorehabilitation in objectives 1.0, 4.3-4.6 and 5.0-5.2; and PTAP 25204 Clinical Practicum II or PTAP 26204 Clinical Practicum III (PTA MACS) Skills 17.9 and 21.9.</p> <p>The curriculum includes content and learning experiences about the respiratory system in PTAP 23003 Pathophysiology in objective 2.4; PTAP 24003 Data Collection in objective 4.1; in PTAP 24103 Rehabilitation Techniques in objectives 3.0, 3.1, 3.4-3.7, and 6.2; and in PTAP 25204 Clinical Practicum II or PTAP 26204 Clinical Practicum III (PTA MACS) in Skill 21.13.</p> <p>The curriculum includes content and learning experiences about the renal and urologic systems in PTAP 23003 Pathophysiology in objective 2.13 and PTAP 24103 Rehabilitation Techniques in objectives 6.2 and 15.0.</p>

	<p>The curriculum includes content and learning experiences about common medical and surgical conditions in PTAP 23003 Pathophysiology in objectives 1.1 and 2.0-2.13; in PTAP 24103 Rehabilitation Techniques in objective 7.1; and in PTAP 24004 Therapeutic Exercise in objective 3.0.</p> <p>Please refer to the <i>Plan of Study</i> appendix.</p>
Upload: Supporting Documentation	7B PTA Content Chart.pdf

UA Cossatot - PTA - 2024 - 7C (2016)

Narrative Response	<p>The curriculum includes content and learning experiences, outlined in the <i>Plan of Study</i> appendix and the 7D PTA Curriculum Table appendix, that prepare students to work as entry-level physical therapist assistants under the direction and supervision of the physical therapist. The students begin to understand the roles of the PT and the PTA in the PTA prerequisite course PTAP 11102 Concepts of Physical Therapy. Students learn about the roles of the PT and the PTA, and the scope of work of the PTA through objective 2.0 <i>Recognize the roles and responsibilities of the physical therapist, physical therapist assistant, and physical therapy aide</i>; objective 2.1 <i>Differentiate the roles and relationships in the organizational structure of the physical therapy department</i>; objective 2.2 <i>Recognize the role and contribution of the physical therapist assistant (including values) in all steps of patient care management</i>; objective 2.3 <i>Recognize appropriate clinical/professional relationships between the supervising physical therapist and the physical therapist assistant</i>; objective 3.0 <i>Identify factors that influence if a PTA can safely treat a patient</i>; objective 3.1 <i>Identify situations during patient care management that the PTA must either demonstrate independent decision-making or communicate with and defer to the physical therapist's decision-making</i>.</p> <p>This is reinforced in the first semester of the technical portion of the program in PTAP 22003 Basic Patient Care Skills through objective 5.8 <i>Identify clinical responses and situations that require the attention of the supervising physical therapist</i>; PTAP 23002 Therapeutic Agents I through objectives 1.4 <i>Discuss effective communication with the supervising physical therapist regarding the plan of care in achieving short and long term goals and intended outcomes</i> and 1.5 <i>Recognize the need to report any changes in patient/client status or progress to the supervising physical therapist</i>; and PTAP 3202 Administration and Management through objective 3.0 <i>Identify laws and regulations that impact physical therapy practice and personnel</i>.</p> <p>In the second semester of the technical portion of the program students are further exposed to working as an entry-level physical therapist assistant under the direction and supervision of the physical therapist in PTAP 22102 Therapeutic Agents II through objective 1.4 <i>Discuss effective communication with the supervising physical therapist regarding the plan of care in achieving short and long term goals and intended outcomes</i> and objective 1.6 <i>Recognize the need to report any changes in patient/client status or progress to the supervising physical therapist</i>; PTAP 24103 Rehabilitation Techniques through objective 12.0 <i>Identify potential clinical responses and situations that require the attention of the supervising physical therapist</i>; and PTAP 24004 Therapeutic Exercise through objectives 1.0 <i>Demonstrate competence in implementing selected interventions identified in the plan of care established by the physical therapist to include passive, active-assisted, and active range of motion exercise; stretching exercises; and strengthening exercises</i>; objective 4.3 <i>Design gait training activities and balance strategies utilizing interventions from within the physical therapist's plan of care to address gait abnormalities</i>, and objective 6.1 <i>Apply strategies to monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications, record any changes in status or progress and determine the need for more immediate verbal report to the supervising physical therapist</i>.</p> <p>In the third semester of the program, students <i>communicate an understanding of the plan of care developed by the physical therapist to achieve short- and long-term goals and intended outcomes</i> in objective 7.1 of PTAP 25104 Neurorehabilitation.</p> <p>In the final semester of the program, students have the opportunity to outline and analyze professional interactions and the scope of work in PTAP 25003 PTA Seminar in objectives 3.0 <i>Outline methods of professional collaboration that may impact delivery of physical therapy services</i>, 3.1 <i>Outline collaboration efforts, during clinical practicums II and III, with physical therapy professionals for the delivery of physical therapy services</i>, and 5.0 <i>Analyze the scope of work/practice for the physical therapist, physical therapist assistant, and physical therapy aide as defined by state practice acts</i>.</p>
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UA Cossatot - PTA - 2024 - 7D (2016)

Narrative Response	<p>Courses within the curriculum include content designed to prepare program students to meet the Standards outlined in 7D1 – 7D31 and are outlined in the <i>Plan of Study</i> appendix and the <i>7D PTA Curriculum Table</i> appendix, also referred to as the <i>Program Objectives and Methods of Assessment</i> appendix. The <i>7D PTA Curriculum Table</i> appendix identifies where content is presented in the program, the learning experiences designed to meet the practice expectations, the course objectives associated with each course in which the practice elements are taught including clinical education courses, and evidence that didactic introduction to content precedes all expectations for clinical performance.</p> <p>100% of Students who have successfully completed the program have demonstrated mastery in the PTA MACS during clinical education practicums in all practice elements 7D1-7D31 with the exceptions of 7D23c-biofeedback, 7D23c-light therapies, and 7D23i. For 7D23c-biofeedback and light therapies, students demonstrated competency through successful completion of lab activities utilizing these modalities in PTA 2204 Therapeutic Agents. For 7D23i, students demonstrated competency through successful completion of lab activities and skill checks that demonstrated proper hand washing techniques, procedures to don/doff personal protective equipment, sterile technique, and wound assessment and management to include application and removal of wound dressings. In addition, students passed PTA 2203 Basic Patient Care Skills in the first semester and PTA 2413 Rehabilitation Techniques in the second semester of the program by achieving a 76% overall average and written exam average, separately. Additionally, students are only required to achieve mastery in five biophysical agents represented in 7D23c. Students have demonstrated competency with the remaining biophysical agents through successful completion of skill checks, lab activities, and/or lab practical examinations associated with these agents.</p>
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UA Cossatot - PTA - 2024 - 7D01 (2016)

Narrative Response	Please refer to the <i>7D PTA Curriculum Table</i> appendix, also referred to as the <i>Program Objectives and Methods of Assessment</i> appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D02 (2016)

Narrative Response	Please refer to the <i>7D PTA Curriculum Table</i> appendix, also referred to as the <i>Program Objectives and Methods of Assessment</i> appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D03 (2016)

Narrative Response	Please refer to the <i>7D PTA Curriculum Table</i> appendix, also referred to as the <i>Program Objectives and Methods of Assessment</i> appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.

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UA Cossatot - PTA - 2024 - 7D04 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D05 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D06 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D07 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D08 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during

	clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D09 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D10 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D11 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D12 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D13 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D14 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D15 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D16 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D17 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D18 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D19 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D20 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D21 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D22 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23a (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23b (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23c (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. Students are only required to achieve mastery in five biophysical agents represented in 7D23c during clinical practicums. Competency is demonstrated with the remaining biophysical agents through successful completion of skill checks, lab activities, and/or lab practical examinations for which 100% of graduates successfully completed.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23d (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23e (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.

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UA Cossatot - PTA - 2024 - 7D23f (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23g (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23h (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D23i (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. While some students may have achieved mastery in the PTA MACS for this element during clinical education practicums, 100% of graduates demonstrated competency for this element through successful completion of lab activities and skill checks that demonstrated proper hand washing techniques, procedures to don/doff personal protective equipment, sterile technique, and wound assessment and management to include application and removal of wound dressings.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24a (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24b (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24c (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24d (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24e (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24f (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24g (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24h (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24i (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
Upload: Supporting Documentation	

UA Cossatot - PTA - 2024 - 7D24j (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D24k (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D24l (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D24m (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D24n (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D25 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D26 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D27 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D28 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D29 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 7D30 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.

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UA Cossatot - PTA - 2024 - 7D31 (2016)

Narrative Response	Please refer to the 7D PTA Curriculum Table appendix, also referred to as the Program Objectives and Methods of Assessment appendix. 100% of graduates demonstrated mastery in the PTA MACS for this element during clinical education practicums.
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UA Cossatot - PTA - 2024 - 8A (2016)

Narrative Response	<p>The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and achieve the expected program outcomes. Due to the nature of allied health programs and the amount of time necessary to achieve expected program outcomes through student advising and mentorship, admission activities, educational administration, curriculum development, instructional design, coordination of activities for off-site experiences and guest lecturers, coordination of associate faculty and the associated curricular needs, coordination of the clinical education program, shared governance, student recruitment activities, clinical practice, and assessment of student and program outcomes, the program is comprised of three full-time faculty members and one part-time faculty member. Before 2023, the program was comprised of two full-time faculty members and three part-time faculty members. As reflected in the 2A and 2B3 responses, part-time associate faculty demonstrated difficulty balancing clinical work with the time necessary to devote to academic teaching responsibilities to meet the needs of the program students. Therefore, in 2023, the Program Director petitioned and received approval for a third full-time faculty member.</p> <p>Jennifer Sanderson, PT, licensed in the states of Arkansas and Texas, is assigned on a full-time basis to the Program as a core faculty member and Program Director. Heather Orr, PTA, licensed in the states of Arkansas and Texas, is assigned on a full-time basis to the Program as a core faculty member and Director of Clinical Education. Houston Crow, PT, licensed in the states of Arkansas and Texas, is assigned on a full-time basis to the Program as a core faculty member. Although not core faculty, Haley Hamilton, PTA, licensed in the state of Texas, is assigned on a part-time basis to the Program as an associate faculty member.</p> <p>The Program determines the number of core faculty needed to accomplish all program activities based on clinical expertise, teaching needs, administration needs of the Program, student advising, curriculum planning/designing, admissions processes, and other institutional and Program responsibilities. The core faculty-to-student ratio is 1:16 and during the laboratory opportunities, the average lab faculty-to-student ratio is 1:16. Core faculty workloads are within the defined College workload policy with consideration for other program responsibilities outside of teaching.</p> <p>Jennifer Sanderson, core faculty and Program Director, is assigned to teach PTAP 23002 Therapeutic Agents I in the fall term for two credit hours, and PTAP 23102 Therapeutic Agents II and PTAP 24103 Rehabilitation Techniques in the spring term for five credit hours.</p> <p>Heather Orr, core faculty and DCE, is assigned to teach PTAP 22103 Orthopedic Conditions and coordinate PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III in the fall term for eleven credit hours; PTAP 24002 Clinical Neurology in the spring term for two credit hours; and team teach PTAP 25104 Neurorehabilitation and coordinate PTAP 24202 Clinical Practicum I for three credit hours.</p> <p>Houston Crow, core faculty, is assigned to teach PTAP 23104 Movement Science, PTAP 23202 Administration and Management, PTAP 25003 PTA Seminar, and prerequisite PTAP 23003 Pathophysiology in the fall for twelve credit hours; PTAP 24004 Therapeutic Exercise and two sections of prerequisite PTAP 23003 Pathophysiology in the spring term for ten credit hours; and prerequisite PTAP 23003 Pathophysiology and team teach PTAP 25104 Neurorehabilitation in the summer term for four credit hours.</p> <p>Although not core faculty, Haley Hamilton, associate faculty, is assigned to teach PTAP 22003 Basic Patient Care Skills and two sections (section 1 and section 30) of prerequisite PTAP 11102 Concepts of Physical Therapy in the fall for seven credit hours; PTAP 24003 Data Collections and two sections (section 1 and section 30) of prerequisite PTAP 11102 Concepts of Physical Therapy in the spring term for seven credit hours; and prerequisite PTAP 11102 Concepts of Physical Therapy and team teach PTAP 25104 Neurorehabilitation in the summer term for four credit hours.</p>

Based on the delivery of content for PTAP 25104 Neurorehabilitation, the division of credit hours for team teaching responsibilities is approximately two credit hours to Haley Hamilton, one credit hour to Houston Crow, and one credit hour to Heather Orr.

Course load does vary by semester. This teaching load allows the release time for the Program Director to complete administrative responsibilities, curriculum planning, curriculum design, and coordination of associated faculty and allows the DCE to complete clinical education administrative responsibilities, midterm and final student clinical site visits, contract development, development of educational/reference materials for clinical instructors, course auditing, curriculum planning, and curriculum design. Release time is reflected in the ***Handbook Program Faculty*** appendix, page 14. This workload further allows for institutional responsibilities of all core faculty members including membership on one committee, monthly faculty/staff meetings, participation in annual commencement services, and completion of required professional development. Additionally, this workload allows for full-time core faculty to participate in program student advising, prospective student advising, the admission process, interviews for admission, the admissions review process, and training of support staff as needed and clinical practice.

Please see the ***Workload Form - Core Faculty*** appendix for the respective faculty workload.

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UA Cossatot - PTA - 2024 - 8B (2016)

Narrative Response	<p>The Program has adequate support for secretarial and administrative services. The Program Advisor, Maressa Foster, supports both the PTA and OTA Programs to advise prospective and program students as well as provide administrative support to program faculty. Mrs. Foster is located on the Ashdown campus and is available to manage printing, copying, organizing, expense requests, purchase reconciliation, travel accommodates, conference registrations, phone calls, advising prospective and program students, maintaining up-to-date student records, receiving electronic program applications, scheduling interviews for program applicants, and other tasks as requested by faculty. Additionally, Mrs. Foster is available to support the needs of the clinical education program at the request of the DCE. She may assist in maintaining updated contracts, cold-calling clinical sites, transcribing letters to request affiliation, and other tasks as requested. Additional Medical Education advisors are available upon request, if needed, or in the event of Mrs. Foster's absence. In addition to the Program Advisor, the program has access to the Medical Education Administrative Assistant, Rachel Servante, housed on the DeQueen campus. Mrs. Servante may provide services related to printing, copying, travel arrangements, conference scheduling, purchasing, fielding phone calls, and filing. She may travel to the Ashdown campus for assistance when needed.</p> <p>The Program also has abundant support for technical services. The Information Technology (IT) department, under the direction of Tony Hargrove, provides support for all technology and internet needs. Mr. Hargrove and his staff serve students and faculty alike by email. Please refer to the <i>URL Listing Table</i> appendix for the DISS email address. Further, he and his department make themselves available by individual college email addresses, phone calls, and texts. Within the IT department, Cole Jones organizes and maintains the Blackboard learning management system including enrolling students, removing students, setting up for development of new courses, and any query for students or faculty.</p> <p>While not support services, the Division Chair for Medical Education remains available for program faculty and student support. The Vice Chancellor for Academics is available for support related to academic affairs and as the institutional curriculum coach.</p>
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UA Cossatot - PTA - 2024 - 8C (2016)

Narrative Response	<p>Financial resources are adequate to support the continuing viability of the Program. Institutional revenue sources are received through the state of Arkansas, local sales tax, and tuition and fees generated by student enrollment. Funding for the Program is provided through institutional funds. The College dedicates resources to all programs on a yearly zero-balanced budgeting process. This process begins nine months in advance of the fiscal year and is</p>

completed through input from employees of the department. Each revenue source to support the program is stable, usually only showing a slight variance from year to year.

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

The current Budget Allocation and Expense Statements reflect salaries for three full-time faculty members and one part-time associate faculty member. This budget outlines salary expenses that are reflective of annual salary increases; therefore, the overall total operating expenses reflect this increase from year to year. The current budget reflects an increase in faculty development allocation from \$3000 the previous year to \$5200 for the year of review to better support three full-time faculty in recognition that program faculty's clinical knowledge must remain relevant to the contemporary practices of physical therapy. The clinical education allocation has remained stable at \$1800 for clinical faculty development and \$1500 for travel to clinical sites. The operational budget including supplies, food, services, legal fees, general administration, and promotional materials decreased from \$20,300.00 the previous year to \$15,650.00 for the year of review due to a transfer of \$2200.00 to faculty development and the remaining \$2450 transferred to increase the salary of the newly hired core faculty member. This transfer of \$2450 from operational expenses to salaries demonstrates only an 8.82% decrease in operational expenses staying within the CAPTE threshold of no greater than 10% decrease in a year. The equipment allocation has remained stable at \$3600. Fringe benefits increased from \$73,571.00 the previous year to \$75,194.00 for the year of review. Therefore, with annual salary increases, the total operating expenses increased from \$349,554.00 the previous year to \$355,486.00 for the year of review and is projected to increase to \$361,343.00 for the academic year after review with all other budgeted allocations remaining the same.

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UA Cossatot - PTA - 2024 - 8D1 (2016)

	<p>Narrative Response</p> <p>The program classrooms and laboratories are housed in the College Ashdown campus main building. The space is dedicated solely to the program and can accommodate the planned class size of 16 students. The rooms are newly remodeled and painted, well-lit, with ceramic tile throughout. Classroom #122 measures twenty-six feet by twenty-seven feet with a storage closet in the classroom that measures two feet by five feet. This classroom houses tables and chairs for lecture style format with a projector, smart whiteboard, and podium with desktop computer for lecture and video presentation. The storage closet houses a Hoyer lift while the classroom wall houses assistive devices. Additionally, this classroom holds shelves that hold Anatomy in Clay models and a storage cart for the clay. Laboratory #120 measures twenty-five and a half feet by twenty-seven feet with a storage closet in the laboratory measuring two feet by five feet. This room, which remains locked, contains a hospital bed with a simulation head wall, IV Pole, over-the-bed table, rolling nightstand, a recumbent bike, rolling stools, step stools, two traction units, two storage cabinets to store traction supplies and linens, a bariatric hi-low mat, two compression units with carts and supplies, a bookcase with relevant resources, a computer table, one desktop computer, and one commercial printer/copier. The students may gain access to this laboratory with faculty supervision. This laboratory also houses a projector, smart whiteboard, and podium with a separate desktop computer, smart television to allow for video demonstration during lab time, and a VALT video system that allows students to record themselves during simulated lab practice for self-correction and faculty to record laboratory practical examinations for student reflection. The storage closet contains miscellaneous program office supplies. Classroom/laboratory #119 measures fifty-seven feet by twenty-nine and a half feet with two counter-height cabinets. One cabinet measuring eighteen feet in length and the other cabinet measuring twenty-nine and a half feet in length with both cabinets measuring two and a half feet in depth. These cabinets provide ample storage for pillows, linens, educational models, and a multitude of clinic equipment and contain two clean sinks in good repair with temperature control. This room contains ten plinths, a corner staircase, parallel bars, several rolling clinic stools, rolling chairs with back support, a rolling mirror, a high-lo mat, three folding mats, plyoboxes, a single</p>

mechanical lower extremity weight machine, a shelf with Swiss balls, positioning wedges, rollers, and bolsters, and a cart with dumbbell weights and TheraBand. This room also houses a projector, smart whiteboard, and a podium with a desktop computer to allow for video demonstration during lab time. Above the cabinets, there are two smart televisions that are connected to the smart whiteboard.

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

The classroom and laboratory environments are supportive of effective teaching and learning with upgraded wireless access points in each classroom and laboratory space that allow for a higher bandwidth capacity, higher signal strength, and support a larger number of wireless devices. These three teaching/learning environments each house a projector, smart whiteboard, and podium with a desktop computer. Each of these classroom/laboratory environments has separate thermostats for room temperature control. To ensure the safety of faculty and students, each classroom/laboratory has fire extinguishers installed, emergency procedures posted, and two doors for points of exit. In compliance with code requirements, and for safety, GFCI electrical outlets are installed near the sinks. The ceiling in laboratory #119 has been fitted with ten electrical S.O. cords with a standard female 120-volt outlet on one end and a male twist-lock on the other end, allowing it to be locked into the ceiling receptacle safely and one has been installed in laboratory #120. This allows safe use of modalities and can easily be removed in the event the room needs to be reconfigured. Laboratory #120 and Classroom/Laboratory #119 are both established safe rooms in the event of a tornado. Security cameras are located in all hallways throughout each campus to enhance security and are monitored on closed circuit in the security office. A vault video system camera has been installed in Laboratory #120 to allow better feedback during student skills practice. Classroom #122 also has a closed-circuit security camera to maintain testing integrity monitored by the Program Director.

Additional space has been identified for a future outpatient clinic in office #310. This space contains an open area and three additional office spaces office #311, office #312, and office #313. The exact layout of equipment and space usage has not been determined at the time of SSR submission. Currently, the Program is utilizing an empty classroom (#207) to store equipment for use in the outpatient space. Currently, it holds a land mine with a fixed barbell, an incline bench, dumbbell sets, a barbell, and a TRX bodyweight system.

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UA Cossatot - PTA - 2024 - 8D2 (2016)

	<p>Narrative Response</p> <p>Faculty and staff offices are located in the main building, on the Ashdown campus, and in close proximity to the program classrooms. They are newly renovated and well-lit with a thermostat for temperature control. Two program faculty offices are located in a private hallway set apart from classrooms. These two faculty offices have locked doors, with furniture, phones, and desktop computers. Both offices contain locking closets where locking file cabinets and confidential information are housed. Additionally, these offices contain windows with blinds that can be closed to ensure privacy as well as two additional chairs for student meetings. Each office measures fifteen feet by twelve feet with a locking storage closet that measures six feet by three feet. Dr. Jennifer Sanderson is located in office #118 while Dr. Houston Crow is located in office #117. Just outside this hallway, in the front of the civic center, is office #300 which the DCE utilizes when needed. This office is fully visible with a glass wall and contains a desk with two chairs for student meetings. When more privacy is needed, the DCE may meet with students in the privacy of locked classrooms or the medical education faculty office #225. The medical faculty office measures fifteen feet by thirteen and a half feet with two desks, a desktop computer, and student chairs. Confidential information is not stored in offices #300 or #225 for the Program or its students.</p> <p>The associate program faculty office and the program advisor office are located in the main building on the Ashdown campus. These two offices have locked doors, phones, desktop computers, and furniture with additional chairs for meetings. Any student records maintained in these offices are stored in locked file cabinets. The program advisor, Maressa Foster, is in office #109 measuring sixteen feet by twelve and a half feet. Haley Hamilton, associate faculty, is in office #213 measuring nine feet by nine and a half feet.</p>

Conference Room #100 is available for meetings with larger numbers, such as Program Advisory Council meetings and program interviews, by scheduling with the campus director.

The Program has the use of two commercial printers. One printer is utilized by the entire Ashdown campus and housed in the mailroom, centrally located in the main building. The second printer is utilized by the Program only and is located in laboratory #120. All campus printers are accessed by user codes so that sensitive documents are only accessible with the code.

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UA Cossatot - PTA - 2024 - 8D3 (2016)

Narrative Response	<p>The Program provides the opportunity for students to practice clinical skills outside of scheduled class times. Students can access laboratory #119 for practice outside of class time through a code entry door lock during open campus hours. Students are assigned individual user entry codes; in the event any student leaves the program, that user code is deleted. All electrotherapeutic modalities are kept behind separate key-locked doors. Students are not provided access to this equipment without appropriate supervision. Access to electrotherapeutic modalities is gained by scheduling in advance with program faculty/staff or during faculty open lab hours. Students may not engage in lab practice of electrotherapeutic modalities without appropriate clinical supervision. Students may engage in other lab practice without direct line of sight supervision, with the expectation that students do not perform skills they are not academically prepared for, and all students acting as patients for lab practice communicate any prior existing health conditions before engaging in lab practice. Students may not work alone in the lab at any time. These expectations are communicated to students in the Handbook Program Student appendix, pages 39 and 40.</p> <p>Each faculty member teaching lab content provides a minimum of one hour per week of supervised open lab time. These expectations of faculty are outlined in the Handbook Program Faculty appendix, page 20. Program tutors, who are licensed clinicians, may be available to students up to 12.5 hours per week. Faculty and tutor hours are posted outside of laboratory #119.</p>
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UA Cossatot - PTA - 2024 - 8D4 (2016)

Narrative Response	<p>The Program provides contemporary physical therapy equipment and materials for the education of the students that are readily available and are in safe and working order. The Program faculty, in conjunction with the Program Advisory Council, review and make recommendations for program equipment to remain consistent with contemporary practices and those commonly utilized in our region. Based on the Program objectives, curriculum, and teaching methods, the clinical equipment is sufficient in number and meets contemporary physical therapy practice. The equipment on site, housed by the program, includes one set of parallel bars, a corner stair unit, ten plinths, two high-lo mats, two traction tables, one recumbent bike, one hospital bed, eight electrical stimulation units, seven ultrasound units, one combo US/e-stim unit, one whirlpool extremity tank, one fluidotherapy unit, two upper and lower extremity intermittent pneumatic compression units, two paraffin baths, one cold laser unit, eight TENS units, eight biofeedback units, eight iontophoresis units, eight hemi walkers, eight rolling walkers, eight standard walkers, two rollator walkers, eight single point canes, eight quad canes, eight pair of Lofstrand crutches, and eight pair of axillary crutches.</p> <p>The Program has a signed and fully executed service contract with Quintech, Incorporated for annual equipment and modality calibration and inspection to ensure that program equipment is safe and in working order. Program equipment and modalities are inspected and calibrated each January, as outlined in the Program Calendar appendix. Throughout the year, any piece of equipment that is in disrepair is immediately removed for repair or replacement to ensure the safety of students and faculty. Equipment inventory is completed annually as indicated in the Program Calendar appendix. During the formal equipment inventory, equipment is further inspected for damage or excessive wear or use, and supplies are surveyed for quantities. Items in disrepair are removed for repair or replacement and insufficient quantities of supplies are noted for upcoming program supply orders.</p>

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UA Cossatot - PTA - 2024 - 8D5 (2016)

Narrative Response	<p>Program courses require that all students have access to tablets or computers during and outside of class hours. The College provides students with Microsoft Office 365 as a benefit of course enrollment. Students use technology to submit assignments, complete exams, access college email accounts, and obtain announcements/course materials through the Blackboard learning management system. All students complete virtual training on the Blackboard learning management system where instructors post instructional materials, PowerPoint lectures, assignments, and current academic progress.</p> <p>Classroom instructional technology is available in every classroom and laboratory including a high-definition laser projector, an interactive smart whiteboard, and a podium with a desktop computer for lecture and video presentation. The interactive smart whiteboard is an easy-to-use, all-in-one solution for digital whiteboarding and classroom collaboration. The 100" board has a display area three times that of a 60" LED television. The board is completely interactive and touch-enabled. Instructors and students alike draw with their fingers or with the provided digital pens. Instructors can capture, save, and share anything from the whiteboard where both instructors and students can annotate or draw on the whiteboard from a variety of mobile devices, including iOS, Android, and Microsoft Windows by downloading an app from their device. Each classroom and laboratory is equipped with high-speed 802.11ac wireless access points that allow faculty and students to connect from various devices to interactive displays as well as the internet. Three smart televisions are installed in the program classrooms/laboratories. These televisions connect to the campus internet as well as the smart whiteboards, where online videos can be accessed. Laboratory #120 contains a VALT video system that allows students to record themselves during simulated lab practice for self-correction and faculty to record laboratory practical examinations for student reflection. One desktop computer is available, in Laboratory #122, for student use during lab practicals for simulated documentation. Additional desktop computers are accessible to students in both the computer lab and internet lab in the main campus building. Please refer to the <i>Campus Map</i> appendix for computer/internet lab locations. A college-wide wireless network allows personal computer use in any College building. Each student is provided a College email address which is the primary method of written communication for students and faculty. The College Instructional Technology Department provides all necessary training, repair, and maintenance for program technology. Faculty and students may obtain tech support by calling 1165 or emailing the department directly; this contact information is provided in all course syllabi.</p>
Upload: Supporting Documentation	Campus Map.pdf

UA Cossatot - PTA - 2024 - 8E (2016)

Narrative Response	<p>The resources of the institutional library and learning resource centers are adequate to support the needs of the program and assist in meeting the program goals. Each campus houses an Educational Resource Center staffed with knowledgeable employees who are available to assist students during the hours of operation. Students and faculty are informed of the Educational Resource Center (ERC) hours of operation, for each campus, on the ERC website, located on the <i>URL Listing Table</i> appendix, and updates are provided to student and faculty email accounts. These centers are environments that are conducive to research and study. Each ERC is equipped with a comfortable seating area and several computer stations as well as access to numerous online databases and approximately ten thousand titles in book, periodical, and media format.</p> <p>The ERC databases specifically useful to program students include:</p> <ul style="list-style-type: none"> Medline [from the National Library of Medicine] – which provides abstracts related to medicine, nursing, dentistry, veterinary medicine, the healthcare system, and pre-clinical sciences. PQ Biology Journals [ProQuest Central] - which provides a wide range of research in biomedicine and biotechnology. CINHAL Complete – which provides outstanding research tools for nursing and allied health professionals providing full-text access to top journals. eLibrary Science – which supports the study of earth, life, physical, medical, and applied sciences via periodicals, radio transcripts, references, websites, and streaming resources.

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

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

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

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

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

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

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

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

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

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

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

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

Visible Body – which offers a collection of images for health science students.

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

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

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

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

While not specifically located in the Educational Resource Centers, students utilize the following additional resources while enrolled in the Program:

International Clinical Educators, Inc. (ICE Learning Center) – where clinical case studies, video demonstrations, EMR, and treatment scenarios are presented in video format.

PhysioU – where data collection, assessment practices, video demonstrations, and interactive learning activities for physical therapy education are presented.

Picmonics/True Learn – where images and animations are associated with mnemonics to improve learning for health sciences and preparatory activities for the national licensure examination are presented.

EHR Go – which provides simulated electronic medical records that allow students to navigate and document in an EMR.

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UA Cossatot - PTA - 2024 - 8F (2016)

Narrative Response	<p>The clinical sites available to students for clinical education are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapist assistants.</p> <p>Clinical education sites are expected to provide quality clinical experiences and legal, ethical physical therapy practice. During clinical site visits, the DCE collects data related to this along with the quality of the clinical instruction in the Clinical Site Visit Form, located in the Clinical Education Documents appendix. Students are expected to demonstrate entry-level in the required skills of the PTA MACS, please see the Skill List_Expected To</p>

Be Competent appendix. To ensure that each student meets the minimum expectations of skills, the DCE reviews each student's Master List in the PTA MACS.

The clinical sites are sufficient in quantity as reflected in the **Number and Variety of Clinical Slots per Site Report** appendix. The class of 2024 had 175% of clinical education placements available; the class of 2023 had 193% of clinical education placements available; the class of 2022 had 148% of clinical education placements available; and the class of 2021 had 161% of placements available. Please refer to the **CE Sites Available** appendix which reflects the current student number and clinical education placement numbers.

The clinical sites are sufficient in variety to place students in the required one inpatient and one outpatient clinical education experience. Moreover, the Program expects that students will be exposed to patients with a variety of diagnoses, whose ages are across the lifespan, and are representative of the four practice patterns. These clinical sites provide the variety of expected patient populations to provide clinical experiences in acute care, long-term acute care, skilled nursing/long-term care, outpatient, pediatrics, and inpatient rehab settings, exposing the students to a variety of diagnoses across the lifespan, to adequately prepare students for the roles and responsibilities of a physical therapist assistant. To ensure that each student meets the required clinical setting expectations of one inpatient and one outpatient experience, the DCE considers these requirements during the assignment of clinical education experiences ensuring each student is placed in one inpatient and one outpatient experience, at minimum. Further, the DCE is able to verify students' placements meet these requirements by reviewing the Placement Report. Please refer to the **CE Student Experiences** appendix for the 2023 cohort data. The first integrated clinical education experience is scheduled part-time where students attend clinic one day each week during the summer term of the program while also enrolled in PTAP 25104 Neurorehabilitation. The Program expects that during the first clinical practicum, students may be exposed to orthopedic, surgical, neurological, and general medical conditions with a wide variety of diagnoses across the lifespan. Students are not expected to obtain entry-level technical skills during PTAP 24202 Clinical Practicum I but instead, emphasis is placed on professional behaviors, building rapport with patients and professionals, and exposure to the clinical environment. In PTAP 25204 Clinical Practicum II and PTAP 26204 Clinical Practicum III, which are each 8 weeks in length, the expectation is to provide experience with neurologic, orthopedic, surgical, and general medical conditions with a wide variety of diagnoses across the lifespan where students must demonstrate entry-level skills, in compliance with the associated grading rubrics, please refer to the **Clinical Education Documents** appendix for the associated grading rubrics.

To assess if the clinical education experiences meet the program's needs, two sources of information are analyzed. First, the DCE collects information during the site visit using the Clinical Site Visit Form, located in the **Clinical Education Documents** appendix, including the quality of the clinical education experience, patients representing the four practice patterns across the lifespan, appropriate PT/PTA relationships, and unique learning experiences. Second, students complete a Student Evaluation of Clinical Education Experiences (SECEE), located in the PTA MACS, that obtains their input on the management of patients with diseases and conditions seen across the lifespan, interprofessional practice, participation as a member of the PT/PTA team, and other experiences that lead to the achievement of the expected student outcomes. The information provided in this form includes special learning experiences, the frequency of patients seen representing the four practice patterns, and the continuum of care.

Further, the DCE ensures the number and variety of clinical education placements are sufficient by annually assessing, maintaining, and updating clinical education contracts as outlined in the **Program Calendar** appendix. The DCE maintains positive professional relationships with clinical education sites to continue to receive clinical placement slots.

Upload: Supporting Documentation	CE Sites Available.pdf
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UA Cossatot - PTA - 2024 - 8G (2016)

Narrative Response	The Program maintains current written cooperative agreements of affiliation between the Program and the clinical education sites that describe the rights and responsibilities of both parties outlined in the CE Written Agreement appendix. The provisions of the clinical education contracts outline that the didactic portion of the program will be administered by the College. The contract indicates that it is mutually agreed between the College and the affiliating agency that the faculty assumes responsibility, in coordination with the affiliating agency staff, for the clinical placement of students. The clinical contract outlines that there will be coordinated planning by the faculty with the affiliating agency staff. Students will be subject to the affiliating agency's rules and regulations, while in the affiliating agency. The contract further outlines that the program faculty, with input from the clinical instructor, will evaluate the student's performance according to the guidelines outlined in the clinical syllabus. The Program maintains records and makes final decisions regarding the progress of students. The contract further entails that the affiliating agency retains responsibility for the care of the patients. Additionally outlined are the

responsibilities of the affiliating agency to provide time for meetings, orientation of students, and evaluation of student performance. The affiliating agency is expected to release students whenever necessary to meet program instruction. The Program agrees to provide classroom instruction before assignment to the affiliating agency, be available for meetings, and provide liability and personal injury insurance coverage for students and faculty. The affiliating agency may request that the program remove any student whose performance is unsatisfactory or harmful, or whose personal characteristics or disregard for agency regulations interfere with performance during the clinical education period. The clinical contract identifies that if either party wishes to withdraw or alter the cooperative agreement, that notice of at least three months is given to the participating agency and that students currently enrolled be allowed to complete the full clinical experience. Contracts are effective upon execution and shall automatically renew each year unless otherwise specified.

When an affiliating agency requires the use of a site-specific contract, the DCE reviews the contract provisions to ensure compliance with CAPTE standards and submits the contract to the Chancellor for legal department review. Legal will make any revisions and return to the Chancellor, who then returns to the DCE; the DCE then provides the revised clinical contract to the affiliating agency for review. This process often includes multiple revisions that are reviewed and agreed upon by both the affiliating agency and the College legal department. The final signature from the Chancellor and the clinical site representative is obtained by the DCE. The DCE provides the Medical Education Administrative Assistant, Rachel Servante, with a copy of the fully executed contract. To date, all clinical contracts are automatically annually renewing contracts including site-specific affiliating agency contracts.

Contracts are reviewed bi-annually, by the DCE, to ensure fully executed clinical contracts are in place for student clinical placements. The program advisor/administrative assistant may provide clerical support to the DCE. The DCE maintains electronic records of all written agreements accessible in password-protected storage. An annual review of the clinical education program and policies is conducted to ensure that clinical education sites and clinical instructors provide positive learning environments conducive to the development of entry-level clinical skills.

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UA Cossatot - PTA - 2024 - 8H (2016)

	<p>Narrative Response</p> <p>Academic services are provided to program students and prospective program students through Student Services and the Program Advisor. Program students are encouraged to make contact with the Program Advisor and Program Director for academic advising, Program progression, and graduation. Prospective program students are encouraged to make contact with the Program Advisor as it relates to course transfers, credit for courses, adding/dropping courses, and program prerequisites. While enrolled in the didactic portion of the program, students have access to review their academic progress through the Blackboard learning management system. Students whose grades fall below passing are encouraged to meet with their instructor and/or the Program Director to discuss a plan of action to aid the student in successful academic progression. Additional academic services are available to prospective and program students through the Educational Resource Centers on each campus to provide electronic and print libraries as well as free tutoring services. Further, the College practices to improve retention through the Center for Student Success which assists underserved and nontraditional students by collaborating with other College organizations to ensure support and unity. Services offered through the Center for Student Success may include a student leadership academy, personal development, soft skill training, financial literacy, a food pantry, and networking resources. Further, the Center provides a career closet to supply students with professional apparel and houses a JAG Program that helps students transition from high school to college by providing additional academic resources and support. Students can obtain more information about these services by contacting an advisor, faculty, or staff member, and in the Catalog Undergraduate appendix. Counseling services for mental health are available to all College students through collaboration with Dr. Randy Walker Family Practice clinic with no out-of-pocket expenses to students, which began in July 2022. Students are advised to inform the clinic that they are enrolled at the College and provide proof of enrollment at the time of their visit. Students can seek assistance with the scheduling or proof of enrollment process by contacting Student Services directly. Any student who can provide proof of current enrollment is eligible for counseling services. Ideally, students seeking counseling services meet in person with the provider; however, arrangements can be made for virtual mental health visits either facilitated on a College campus or in the privacy of the student's home. The clinic will first bill the student's medical insurance, if applicable, and then bill the College directly to pay the remainder of the balance. If the student does not have insurance, the College will be billed directly for the charges. Tonya Chambers, Psychiatric Mental Health Nurse Practitioner will provide health coaching to students struggling with depression, anxiety, substance abuse, tobacco cessation, grief, anger management, obsessive-compulsive disorder, post-traumatic stress disorder, trauma, and/or caregiver support. Students are informed of</p>

the available mental health services through Facebook, press releases, email blasts, flyers, and LMS announcements, and can obtain more information by contacting Student Services.

Health services for routine student health care and health insurance coverage are not provided for students by the College. However, the Center for Student Success routinely sponsors free health fairs where students and community members are provided blood glucose testing, blood pressure monitoring, and influenza vaccinations. Students are not required to maintain health insurance but it is highly recommended; the selection of plans and associated premiums are the sole responsibility of the student. The College does provide a student accident policy as secondary coverage to the student's primary insurance. Students can obtain more information in the **Catalog Undergraduate** appendix.

Disability services are provided in compliance with the United States Americans with Disabilities Act and subsequent amendments as well as Section 504 of the Rehabilitation Act. Disability Services counselors work with students to identify barriers to academic success and develop action and/or accommodation plans related to their disability. Students can obtain more information in the **Catalog Undergraduate** appendix or directly through the Disability Support Services office.

Financial aid services are made available to students through the financial aid office. The College understands that, despite having one of the lowest tuitions in the state of Arkansas, many students still need financial assistance. The financial aid office works with qualifying students to obtain funding that may include College Foundation scholarships, institutional scholarships, local scholarships, state scholarships and grants, and federal grants. In addition, the College offers payment plans for the fall and spring semesters. Students can obtain more information in the **Catalog Undergraduate** appendix or directly through the Financial Aid office.

Please refer to the **Policy Location Chart** appendix for where information is available to students related to academic, counseling, health, disability, and financial aid services.

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