

ST. PETERSBURG COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

A HISTORICAL PERSPECTIVE

In 1968, St. Petersburg Junior College hired Ms. Barbara Bradford to be the first program director for the Physical Therapist Assistant Program. She developed the program and admitted the first class. In May 1970, the first class graduated and, the program became accredited by the Commission on Accreditation in Education of the American Physical Therapy Association.

The College's St. Petersburg Campus initially served as the home base for the program and a contract with a local school for handicapped children provided for program laboratory space.

In 1980, the College opened a new facility, the Health Education Center, in Pinellas Park and the PTA Program was moved to this location.

In 1997, St. Petersburg Junior College entered into a partnership with Pasco-Hernando Community College (PHCC) to provide a PTA Program at PHCC. On May 30, 1997 the Commission on Accreditation in Physical Therapy Education of the American Physical Association accredited the partnership program, granting accreditation for a period of 8 years.

Molly Miller, PT, was hired on October 20, 1997 to begin working with PHCC personnel to set up the partnership program in the Health Sciences Building at PHCC's West Campus. On January 12, 1998 the first 12 students entered the program. Molly Miller became the full-time coordinator/instructor of the partnership program. The first class graduated on August 7, 1999.

In July of 1999 Molly Miller re-signed as Program Coordinator to pursue ownership of her own private practice. In August of 1999 Rebecca Kramer was hired as her successor.

In June 2001, SPJC became St. Petersburg College, a four-year institution.

In 2002 state funding was reduced to community colleges as a result of the Florida voter's support of reducing elementary classroom size. SPC was no longer able to financially support the partnership program at PHCC. A request for withdrawal of accreditation from the PTA expansion program at PHCC was made on December 31, 2003.

In the fall of 2003 Rebecca Kramer joined the faculty at the Health Education Center, part-time in the PTA Program and part-time as staff in the Athletic Department delivering physical therapy services to SPC athletes. In the fall of 2004 program enrollment had increased enough to bring Rebecca into the PTA Program as full time faculty.

In January of 2006, long-time (22 years) Program Director David Erickson retired and Rebecca Kramer assumed the Program Director's position. In September of 2006 Barbara Heier was hired as full time faculty assuming Rebecca's faculty responsibilities.

The PTA program has, on average, been accepting 40-46 students per class for the past 5 years with the average graduation rate being 64.80% (classes 2003-2007).

SECTION 1: ORGANIZATION

Preamble

Physical therapist assistant education occurs in an institutional environment that supports humanistic principles, inquiry, and dedication to the service of society. The physical therapist assistant education program must be integral to institutional missions and be a logical extension of its education and service programs. The institution, through support for program faculty and policies of the education program, encourages its graduates to practice within the legal, social, and ethical context of their careers as physical therapist assistants.

1.1. Institution

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

St. Petersburg College was founded in 1927 as St. Petersburg Junior College, Florida's first two-year institution of higher education. Initially a private facility, the College became fully accredited in 1931. In 1939 the Florida Legislature adopted a law authorizing counties with a population of 50,000 or more to establish a public junior college, with permission of the State Board of Education. On May 11, 1948, SPC converted from private to public status, the second junior college (after Palm Beach Junior College) in the state to make the change.

In June 2001, legislation was signed by Gov. Jeb Bush enabling SPJC to become the first among Florida's 28 public community colleges to transition to a four-year institution. The College dropped the "Junior" from its name, and, since August 2002, the College began offering bachelor's degrees in Education, Nursing and Technology Management. The programs became accredited by the Southern Association of Colleges and Schools in December 2001, and St. Petersburg College's first group of nine four-year graduates – all in Technology and Management – received their degrees in July 2003.

Formal authority for the award of degrees, certificates of completion, and advanced technology diplomas in Florida Statute 1004.73 was revised in 2001 by the Florida State Legislature to include a special provision addressing the status of St. Petersburg College as a four-year college:

Excerpt from Florida Statute 1004.73 St. Petersburg College

(1) LEGISLATIVE INTENT.--The Legislature intends to create an innovative means to increase access to baccalaureate degree level education in populous counties that are underserved by public baccalaureate degree granting institutions. This education is intended to address the state's workforce needs, especially the need for teachers, nurses, and business managers in agencies and firms that require expertise in technology.

(2) ST. PETERSBURG COLLEGE; MISSION; POLICIES.--St. Petersburg College shall immediately seek accreditation from the Southern Association of Colleges and Schools as a baccalaureate degree granting college.

(a) The primary mission of St. Petersburg College is to provide high-quality undergraduate education at an affordable price for students and the state. The purpose is to promote economic development by preparing people for occupations that require a bachelor's degree and are in demand by existing or emerging public and private employers in this state.

(b) St. Petersburg College shall maintain the mission and policies of a Florida community college, including the open-door admissions policy and the authority to offer all programs consistent with a community college's authority.

(c) St. Petersburg College shall maintain the distinction between the college and its university center. St. Petersburg College is limited to community college programs and to selected baccalaureate degree level programs that meet community needs and are authorized as provided by this section. The University Center may make available more diverse program offerings, but those programs are offered by a participating college or university and are not to be classified or funded as programs of St. Petersburg College.

(d) The academic policies of the upper-division program at St. Petersburg College must be in accordance with policies of the State Board of Education.

1000.21 System wide definitions has the list of community colleges:

http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch1000/SEC21.HTM&Title=->2006->Ch1000->Section%2021#1000.21

Authority to grant degrees is in 1001.65:

1001.65 Community college presidents; powers and duties.--The president is the chief executive officer of the community college, shall be corporate secretary of the community college board of trustees, and is responsible for the operation and administration of the community college. Each community college president shall: ...

(10) award degrees.

http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch1001/SEC65.HTM&Title=->2006->Ch1001->Section%2065#1001.65

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

St. Petersburg College has been accredited since 1931 by the Commission on Colleges Of the Southern Association of Colleges and Schools to award Associate Degrees and, beginning 2001, to award Bachelor of Science degrees. The last college accreditation site visit was held March 27 - March 30, 2000. Its next visit is scheduled for fall 2007. (See Folder 1.1.2. for SACS accreditation letter)

Information regarding college accreditation is located in the College Catalog, page 1; Faculty Manual, page 14; Student Planner and Handbook, page 171 and the College website: www.spcollege.edu/webcentral/interest/sacs.htm (See folder 1.1.2.) Information regarding program accreditation is located in the College Catalog, page 148; Health Education booklet, page 26 and the Program website: www.spcollege.edu/hec/pta. (See folder 1.1.2.)

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

Upon satisfactory completion of the PTA Program, the College awards the student the Associate of Science degree in Physical Therapist Assistant. Reference: College Catalog, page 148.

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

“St. Petersburg College is dedicated to the concept of equal opportunity. The College will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college shall not tolerate such conduct.” This policy statement is published on every public document that is produced by the College, including those distributed by the PTA program. Reference: College Catalog, page 1.

The ethnicity of the students is clearly indicative of the implementation of equal opportunity and non discrimination. The currently enrolled PTA students have 28% of minorities which mirrors the ethnic composition of the county which has 85% Caucasians. The faculty composition consists of little diversity, which is indicative of the profession and its faculty. All faculty have the same rights and privileges as evidenced in the faculty manual.

The PTA program has a well defined list of essential student functions (See Folder 1.1.4.) to inform potential students of the requirements needed to be successful in the program. These requirements are included in the application packet sent to potential students upon request. Students are given the responsibility to self disclose any disability that would need accommodation. Potential students who self disclose before being admitted to the program are directed to the PTA Program Director and Learning Specialist to determine if accommodations can be provided. Evidence of non-discrimination by the program can be seen by the successful completion of two students who had vision and hearing challenges.

Additional SPC policies and procedures which describe non-discrimination and equal opportunity are found in the following resources: College Catalog, pages 9 and 12; Faculty Manual, pages 77 and 84; Advisory Committee Handbook, page 3; Student Program Handbook page 3; SPC Student Planner and Handbook page 215 and back of the back cover.

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

The PTA program is one of 11 programs located at the Health Education Center (HEC). An organizational chart showing the location of the program within the organizational structure of the institution can be found in the Appendix, Tab 1.

The institution recognizes and supports the academic and technical education aspects of the physical therapist assistant program by supporting the policies and procedures created by the faculty located in the PTA Program Handbook and in each instructor's course syllabus. This support is also evident through the three full time faculty resources. Additionally, the College provides each health program with one full time Program Director who has 100% release time to provide oversight and direction for the program. The College is very supportive of the technical education as evidenced by the purchasing of state-of-the-art equipment. In the past 5 years major purchases have included a Biodex Unweighted System with Treadmill, six new US/E-Stim machines, a double high-low mat, a Sport-Kat Balance System with a laptop computer and program software, a mini DV camcorder to video tape lab procedures for importation into on-line supplemental courses, four new wheelchairs, rehab trainer ergometer, a new version of VHI PC Kits Desktop Edition (exercise program software), two LCD projectors, and an ELMO portable Projector. This year's budget includes the approval for purchase of a documentation software product.

Faculty workload for PTA faculty is commensurate with similar programs within the College. Faculty at the College have either a 30 or 36 Earned Credit Hour (ECH) annual contract which breaks down to teaching 15 ECH fall, 15 ECH spring and 6 ECH summer. Generally, one ECH is equivalent to one credit hour except for lab and clinical hours. Faculty earn .75 ECH per contact hour for the lab or clinical courses which is consistent with all faculty in the health related programs. These faculty and administrator resources are adequate to provide full program instruction with minimal reliance on adjuncts—unlike most other academic programs at the College which have a 65/35 split between full time and adjunct faculty.

Florida state statutes allow for community colleges to collect fees from students for program needs that are over and above basic instructional services. This allows the College to collect additional fees from the students in programs that cost more to deliver because of equipment needs and low student to faculty ratios. St. Petersburg College has supported the PTA program by allowing it to collect these additional lab fees in order to purchase state of the art equipment and provide travel costs for clinic site visits.

The College completely supports the academic and technical education aspects of the PTA program. The College has a well defined policy for academic honesty which the PTA Program follows (College Rule 6Hx23-4.461) and can be found in each instructor's course syllabus and on pages 45 – 46 of the College Catalog.

The District Board of Trustees Rule 6Hx23-4.53(7) provides that the college has the right to suspend or dismiss from a health related program any student who does not exhibit the knowledge, behavior, skills or ethics deemed necessary for the health, safety or welfare of patients. The clinical component of a health related program is recognized as academic in nature. Therefore, decisions regarding a student's progress within a clinical component are within the professional assessment and judgment of the appropriate faculty member.

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

1.1.6.1. privacy and confidentiality

Students

The College ensures the protection of the rights of students with regard to confidentiality and privacy in the maintenance of student records. The College fully abides by the Federal Educational Rights and Privacy Act. All current student records in the PTA Department are kept in locked file cabinets which are located in offices or storage areas that are also locked.

Communication with and about students regarding academic and clinical performance and other protected information is always regarded with confidentiality. Each faculty member has an enclosed office where private conversations may be held. If a student requests a recommendation from a faculty member for potential employment, they must sign a release form allowing faculty to communicate information regarding academic and clinical performance. Students must sign a release form during the first day of class that allows the release of results of drug testing, background checks and health form with immunization history to clinical agencies that request such information. (See Folder 1.1.6.1. Release Forms)

Student records and medical records from 2002 to 2007 are kept in a locked file cabinet in a locked storage area. Student records prior to 2002 have been sent to the college archive department for storage. Information regarding the maintenance of and access to student records, to include any medical records kept by the PTA Department, (College Rule 6Hx23-4.37) can be found in the College Catalog, pages 32 and 33, Faculty Manual, pages 68, 82 and 83, Student Planner and Handbook, pages 216-217.

Faculty

Per BOT Rule 6Hx23-3.06 a manual, known as The Faculty Manual, shall be published by the president and will contain the operational procedures for faculty. The Faculty Manual can also be found at the following URL:

http://www.spcollege.edu/central/hr/Policies/Faculty_Manual_9_17.htm#_Toc526072775

Release of Personnel Record Information is covered under BOT Rule 6Hx23-2.05 (See Folder 1.1.6.1.) which maintains that the College abides by state statute for employee privacy and confidentiality: Confidentiality shall be extended to employee records in the manner provided by law under Florida Statute 240.337 and State Board of Education Rule 6A-14.47(2). This Information can also be found at the following URL:

<http://www.spcollege.edu/central/botrules/searchDocs.php>.

All faculty files are kept in a locked file drawer in the program director's office which is also locked.

Others

All students are required to take a HIPPA course in their first semester in Angel (online course management system). After reviewing the material, students must take an exam and pass with a grade of 80% or higher in order to earn a certificate of completion. This certificate is made available to clinical affiliations upon request.

Prior to going out into their clinical affiliations, students are required to sign a Student Confidentiality Statement acknowledging their understanding that patient medical records are confidential personal documents. (See Folder 1.1.6.1.)

Patients accepted into the PTA Clinic are given a letter that states the clinic is part of the PTA Program and students will be involved in the administering of treatment under the supervision of a licensed PT or PTA. The letter also indicates that all treatment related information generated as a result of the Clinic is held in confidence. (See Folder 1.1.6.1.)

1.1.6.2. informed consent

Before entering the program, at orientation, students are given a document “Laboratory Course Patient Simulation Process”. (See Folder 1.1.6.2.) Students are to read and sign this form that acknowledges they have been informed of the patient simulation learning process in PTA program laboratories and fully agree to participate in it. The signed form is housed in the student’s file located in a locked cabinet in a locked storage closet in the PTA office.

Individuals who are videotaped, audiotaped, photographed or whose image is used for instructional purposes must sign a “Consent and Release Form” authorizing such use. (See Folder 1.1.6.2.)

During PTA Program orientation students are informed of requirements of clinical facilities that may include specific immunizations, drug testing and background investigation. Policies regarding drug testing at “affiliating agencies” can be found in the College Catalog page 132 and the PTA Student Handbook page 24. Student’s sign an Agreement Form stating they understand clinical agencies may request a copy of their background check, drug screening, and/or Health form with immunization history. By signing the form the student agrees to the releasing of that information to those agencies that request it. The form is in the PTA Program Handbook page 41. The signed form is housed in the student’s file located in a locked cabinet in a locked storage closet in the PTA office.

Students are required to wear their St. Petersburg College student identification badge when out in their clinical affiliations. Students have been instructed, and must do so in every lab practical, to introduce themselves as students when providing direct patient care. In addition, Clinical Instructors are to let patients know when a student is involved in their care and allow patients the right to refuse student participation in their care (Clinical Instructor’s Manual page 6). Students must also identify themselves as students when intervening with patients.

1.1.6.3. due process

Students

Students wishing to appeal a decision made by the program, other than grades, are normally directed to the next level of authority above which the decision was made. If the student wishes to pursue the grievance, the matter would go to the associate provost or designee. The associate provost shall provide the student with a copy of BOT Rule 6Hx23-4.36. If the matter is not resolved to the satisfaction of the student at the informal

level, the student shall timely file with the provost or designee of the campus or center where the alleged matter took place, the appeal in writing, stating the reasons and grounds for the appeal to the Campus/Center Appeals Committee with a copy to the associate provost or designee on the appropriate campus/center. The Appeals Committee reviews all materials associated with the case and renders its decision. The student continues to have due process for appealing any level of decision with the College President having final decision authority.

Academic Warning, Probation, Suspension and Dismissal Policies (College Rule 6Hx23-4.46) and student grievances and academic appeals procedures (College Rule 6Hx23-4.36 I and III) can be found in the College Catalog on pages 27 -28 and 46-47; the PTA Program student handbook on pages 20-22 ; Supplement to the Faculty, Staff and Student Handbook pages 23-27; Student Planner and Handbook page 214. (See Folder 1.1.6.3.)

Policies and procedures about due process are made available to students through the College Catalog, Program Handbook and during counseling sessions when students are placed on probation, suspended or dismissed from the program.

Faculty

Faculty have formal due process for any grievance they may want to pursue. All policies and procedures related to faculty are covered in a formal orientation upon hire and are clearly stated in the Faculty Manual. Policies and procedures about due process for College personnel are addressed in BOT Rule P6Hx23-2.021 and can be found at: http://www.spjc.edu/central/botrules/P2/P2_021.doc (See Folder 1.1.6.3.)

1.1.6.4. complaints

If a complaint were to be received from clinical education sites, patients, employers of graduates or the general public, that complaint would be reviewed by the Program Director and Faculty. Follow-up to the complaint would be instituted and any steps taken toward resolution would be documented. The complaint would be filed in the Program Director's office and available to the community upon request.

To date, no complaint falling outside of due process have been received with regards to the PTA Program. Any such documentation would be housed in a locked cabinet in the Program Director's office.

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

1.1.7.1. on-campus educational experiences

The safety of each person involved in the program is protected. The following are found in the documents as indicated:

College Catalog

- Professional Liability Insurance for Students, page 10
- Student Safety and Security, page 49

Faculty Manual

- Alcohol and Substance Abuse Policy, pages 49 and 50
- Drug-free workplace, page 50
- Accidental Injury or Illness, page 94

SPC Student Handbook and Weekly Planning Calendar

- AIDS Information, page 219
- Campus Security, page 182
- Children on Campus, page 219
- Hazing Prohibited, pages 215 and 216
- Sexual Misconduct, pages 223 and 224
- Student Rights & Responsibilities, pages 208-212

Supplement to the Faculty, Staff, and Student Handbooks

- Annual Campus Security/Crime Update, pages 11 and 12
- Crime Information and Statistics, pages 13 and 14
- Fact sheet on SARS, page 38
- Respiratory Protection Program Rule, page 39-42
- Control of Hazardous Energy Rule, pages 42-44
- Bloodborne Pathogens Exposure Control, page 44
- Policy for Threats, Violence, Stalking, and/or Use or Possession of Explosive, Destructive Devices, Firearms and/or weapons, etc., pages 46-48
- Sexual Assault: Policy and Implementation, pages 49 and 50
- Preventive measures against rape you can take, pages 52 and 53
- In the Event of Rape, pages 53 and 54
- Substance Abuse. pages 66-80

PTA Student Handbook

- General Class Procedures, page 23
- Health Requirements/Records, page 24
- Liability Insurance, page 24
- Blood/Body Fluid Exposure, pages 24-27

- CPR and First-Aid Requirement, page 28
- Safety at Clinical Agencies, page 29
- Fire and Emergency Evacuation Policy/Procedures, pages 38 and 39

The Program has a MSDS (Materials Safety Data Sheet) in the PTA Lab and students are shown where it is kept the first day of lab. There are signs in the Lab for students to wash hands before and after patient care and not to use any equipment unless a faculty member is present until the students have demonstrated safety and competency with that piece of equipment. Once safety and competency have been established by a faculty member the students may be allowed to practice in the lab if they practice in pairs and at least one faculty is in the immediate area (lab or PTA office).

Each classroom/lab has posted next to the door an emergency guide that details various types of emergencies and how they are to be handled. Electrical equipment used in the program laboratory is appropriately maintained and calibrated yearly. Records will be available on site.

The College maintains security staff onsite during the hours the campus is open—generally 7 am to 11 pm Monday through Friday. The College is closed on Sunday and minimal hours on Saturday.

Additionally, in keeping with the Florida Department of Labor and OSHA requirements, the College has established Workplace Safety Committees. There are individual site committees as well as a College-wide Committee. These Committees are for the purpose of helping to ensure the safety of all persons on campus. See workplace Safety Committees, Supplement to the Faculty, Staff, and Student Handbooks, pages 45 and 46.

1.1.7.2. off-campus educational experiences

All off-campus field trips are supervised by program faculty. Parking instructions and any safety information is given to the student prior to leaving the campus. Students are required to sign a Release Of Liability, Assumption of Risk and Indemnity Form prior to participation in the off-campus activity. (See folder 1.1.7.2.)

The St. Petersburg College Affiliation Agreement delineates the facilities responsibilities for safety and emergency services. The Program Student Handbook has a list of tips for Safety at Clinical Agencies (page 29) as well as crime statistics websites that students are encouraged to review for clinical locations in Pasco, Pinellas and Hillsborough Counties.

1.1.7.3. Student competence prior to clinical assignment

Faculty judges student competence in physical therapy knowledge and skills by utilizing written examinations, practical examinations, and required hand-in assignments. For

lecture courses, competency is determined primarily by written examinations. Students must pass these with a minimum of 75% to pass the course and advance in the program. For laboratory examinations on basic physical therapy modalities/procedures prior to the first clinical affiliation, the student must pass each critical skill and modality/procedure at the 75% or above competency level within two attempts to continue in the course and advance in the program. If a second attempt is required, students are encouraged to practice and re-take the lab assessment in a timely manner (1 week) but may be given additional time as needed. When making a second attempt, students can earn no higher than a 75%. If they are not successful on the second attempt, students are withdrawn from all PTA courses and can apply for readmission in the next application cycle.

For lab practical assessments students randomly select from either index cards (PHT 1200L, 1217L, 2220L) or from a set of skill sheets (PHT 1121L, PHT2252L) their patient scenario and what procedure to perform. If not enough information is given on the card for the student to perform the procedure, the student is expected to seek out communication with the supervising physical therapist.

Common grading forms are utilized by program faculty involved in evaluating student laboratory performance in the freshman courses. Students are given copies of these forms in their selected materials and the forms are reviewed during the first laboratory class and again before the first lab practical. (See samples of lab evaluations in Folder 1.1.7.3.)

Clinical Instructors are made aware of what procedures freshman students can be expected to perform in a letter that is sent with freshman clinical assignments (see folder 1.1.7.3). CIs and students are made aware that if a student is required to perform a procedure or modality that he/she has not been previously taught in the academic setting, the CI is responsible for teaching the procedure or modality and determining that the student is safe in it prior to patient application. (See Clinical Instructor's Manual and PTA Student Handbook, page 37)

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

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

The college utilizes a common, generic agreement for all health student clinical affiliations. A copy of this agreement is found in the Appendix, Tab 2. If this agreement is not satisfactory for a clinical center wishing to affiliate, either an addendum is attached or a clinical center's own agreement form is substituted with changes that are agreeable to both parties.

Any request for a clinical center agreement is made through the College's General Counsel. The office of the Counsel submits the agreement to the clinical center for

signature. Once returned and all changes are agreed upon, the agreement is signed by the President and a copy forwarded to the Program Director.

The Responsibilities of the College are found on pages 1-2 of the School Affiliation Agreement and include "to provide the supervision, guidance and evaluation required by the program or Agency".

The Responsibilities of the Clinical Agency are found on page 2 of the School Affiliation Agreement and include "ultimate responsibility for the care and treatment of the patient/client".

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

The PTA clinical affiliation agreements have no contract ending date, are perpetual and automatically renewed from year to year unless either the clinical center or the College requests a change or termination upon the giving of written notice by either party to the other. There are a few agreements that do have specific renewal conditions. A list of these is kept by the ACCE and reviewed annually to assure they are renewed.

Once a new contract is initiated, the center is not placed on the current list of affiliates for student assignment until a copy of the signed contract has been received by the Program Director. Thus, the list of facilities given to students that have unexpired agreements does not include any new center until that agreement has been fully executed through the General Counsel's office.

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

The Academic Coordinator of Clinical Education is responsible for keeping a tickler file on those affiliation contracts that are renewed on an annual basis, rather than perpetual and automatically renewed. (See folder 1.1.8.3) Three months prior to a contract expiring, a new contract is initiated. Students are not placed in that affiliation until a new signed contract is received by the PTA Program Director.

When new requirements are requested by clinical agencies, such as HIPPA training or background checks, those contract revisions are reviewed by the College's General Counsel and then forwarded to the Program Director for review. Contracts are finalized when the language is to the mutual agreement of both parties and requisite signatures have been received.

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

Program faculty are encouraged to participate in the governance of the institution through the Faculty Governance Organization. Information regarding this Organization may be found in the Faculty Manual, pages 12, 103-120. PTA faculty Mary Hanlon has served for many years in FGO. Currently, Mary is FGO Chair for the Health Education Center and Vice-President of the Senate. (See folder 1.1.9.)

Faculty are also encouraged to participate on college committees that have various goals relating to the college. College committee information may be found in the Faculty Manual, pages 15-20, 43, and 161-167. Faculty appointments to the College's committees are approved by the President of the College. When appointed to a College committee, the President sends a personal letter to the faculty members, welcoming them to the committee.

The PTA Program Director has served on the Curriculum and Instruction Committee, is on the Student Grievance Committee (both formal and informal) and newly appointed (March 2007) to the Sexual Harassment Committee. Faculty member Mary Hanlon has been newly appointed to the Calendar Committee. Faculty member Marja Beaufait has served on numerous committees during her 20 year tenure, and she was recently nominated to serve on either the Educational Oversight Committee or the General Education Committee. (See folder 1.1.9.)

Faculty participate in program planning through formal and informal department meetings and program Advisory Committee meetings. Departmental/program meetings are held regularly and decisions are made through consensus. Minutes of these meetings are maintained and will be available for review by the on-site team.

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

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

St. Petersburg College's position description for Program Director II delegates responsibility to the Program Director to perform related duties required for the administration and management of the academic program, including accreditation and other functions determined necessary for successful management of the program. (See Folder 1.1.10.)

Information regarding employment rates is gathered from surveys generated by the College's Institutional Research Department. Graduates can either complete a printed survey (See Folder 1.1.10.) or the online survey at http://it.spcollege.edu:8500/cfsurveys/survey.cfm?su_id=51. The Program Director submits this data and the pass rates to CAPTE through the Annual Accreditation Report.

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

It is the responsibility of the Program Director to notify CAPTE of any and all substantive changes within the PTA Program. An on-site visit by the Commission on Colleges of the Southern Association of Colleges and Schools is scheduled for September 25-27, 2007. CAPTE will be informed of any institutional accreditation changes that result from this visit.

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

The Program Director position description also states the Program Director responsibilities are to prepare and administer the departmental budget and assist the Provost regarding budget matters for the specific program area. CAPTE accreditation expenses and dues are incorporated into the budget each year as is the fee to FSBPT for their enhanced on-line school report that includes information regarding program graduates performance on the NPTE.

1.2. Program

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

The *mission* of St. Petersburg College is to "provide accessible, learner-centered education for students pursuing selected baccalaureate degrees, associate degrees, technical certificates, applied technology diplomas and continuing education within it's

service area as well as globally in program areas in which the College has special expertise. As a comprehensive, multi-campus postsecondary institution, St. Petersburg College seeks to be a creative leader and partner with students, communities, and other educational institutions to deliver enriched learning experiences and to promote economic and workforce development.”

St. Petersburg College fulfills its mission led by an outstanding, diverse faculty and staff and enhanced by advanced technologies, distance learning, international education opportunities, innovative teaching techniques, comprehensive library and other information resources, continuous institutional self-evaluation, a climate for student success, and an enduring commitment to excellence. (Reference: College Catalog, Pages 8-9, PTA Student Handbook, pages 2-3, URL: www.spcollege.edu/webcentral/catalog/Current/mission_goals.htm) (See Folder 1.2.1.)

The *mission* of the Physical Therapist Assistant Program at St. Petersburg College is to educate students in the art and science of physical therapy. The program offers students the opportunity to acquire physical therapy knowledge, skills and behaviors which promote the welfare of patients, their families and the general public. Knowledge, skills, and behaviors are taught in the context of carrying out the patient plan of care under the direction and supervision of the physical therapist. This is found in the following resources: PTA Unit Plans, (Folder 1.2.1.) and PTA Student Handbook, page 3. The PTA Program Philosophy and Objectives are found the PTA Student Handbook, pages 3-5.

The mission of the PTA Program is consistent with the College's mission to provide accessible, learner-centered education for students pursuing selected associate degrees. The PTA Program provides accessible education by not having a selected admissions procedure. Rather, the first 46 students who apply and meet the minimum admission requirements are awarded the available seats. The mission of the PTA Program is also consistent with the College's stated goals and, in particular the first, fourth and tenth stated goals which are to:

Provide equal educational opportunities to a diverse student body. By not implementing a selected admissions procedure, the PTA Program seeks to provide equal opportunity for admission into the program by a diverse student body. Currently, the class admitted in the fall of 2006 ranges in age from 20 to 53 years old. The class is culturally diverse with ethnicity representation from Caucasian, Hispanic, African American, Portuguese, and Asian cultures. Eighteen of the students entered the program with no degree, thirteen have Associate Degrees, eight have Bachelor's Degrees and two have Master's Degrees.

Prepare lower-division students for careers requiring post-secondary education through Associate in Science, Associate in Applied Science, selected Technical Certificate and Applied Technology programs. The PTA program provides students with a career in an associate in science degree.

Serve target populations beyond the borders of Pinellas County through distance learning programs and other means that emanate from the institution's history of services and specialized expertise. The part-time curriculum of the PTA Program allows students to travel from outside of Pinellas County 2-3 times a week to attend class (depending on the semester). The program has many clinical contracts outside of Pinellas county so that out-of-county students can complete the clinical portion of the curriculum close to home. The class admitted in the fall of 2006 includes 9 students from Hillsborough County, and students from Hernando, Pasco and Manatee Counties.

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

Program Objectives

Program objectives are closely tied to the philosophy of the PTA Program which considers the basis of professional education to be the willingness and the desire on the part of the student to read, to think logically, soundly, and creatively, and to assume considerable responsibility for his or her own education. All learning experiences in the curriculum, encompassing those of both the academic institution and clinical facilities, should prepare the student to utilize the principles and procedures delegated to the Physical Therapist Assistant for the maximum benefit of the patient. Emphasis in this philosophy is placed on student responsibility. He or she must be motivated for this philosophy to be effective. The goal is to develop students who can function outside the "pouring in" and "regurgitating back" method of learning. The outcome for the students is based on Objectives of Knowledge, Objectives of Skill and Objectives of Attitude. These objectives are listed in the PTA Student Handbook, pages 4-5.

In general, the PTA program seeks to develop students as "generalists" with solid entry-level knowledge and skills which will provide a firm foundation for them to build on. (Reference: CI Manual page 1). This is accomplished through a well rounded curriculum with no undue emphasis on any one area of practice.

**PTA PROGRAM
OBJECTIVE**

The student will demonstrate knowledge of physical therapy test and

**PTA PROGRAM
PHILOSOPHY**

All learning experiences in the curriculum, should prepare the student to utilize

SPC MISSION

To provide learner-centered education for students pursuing associated

| | | |
|---|---|---|
| measures through the ability to measure, record and assess observations in clinical situations, communicate these observations in an effective manner and respond appropriately. | the principles and procedures delegated to the PTA for the maximum benefit of the patient | degrees. |
| The student will demonstrate knowledge of physical therapy interventions through the ability to carry out an effective treatment program devised by the physical therapist. | All learning experiences in the curriculum, should prepare the student to utilize the principles and procedures delegated to the PTA for the maximum benefit of the patient | To provide learner-centered education for students pursuing associated degrees. |
| The student will demonstrate knowledge of standards of care through an understanding of: the scope of Physical Therapy, the role of the PTA, and the patient as a human being with rights and privileges. | The first concern of the PTA is the welfare of the patient and assisting the PT in returning each individual to a maximum level of function. | To provide student achievement of educational outcomes that include the ability to think logically, critically and creatively to solve problems and make decisions. |

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

The PTA Program Policies and Procedures are consistent with those of the institution, however there are several policies and procedures that are unique to the program including, but not limited to, grading and attendance policies. For example, the usual passing score for College courses is 60%. For the PTA program the passing score is 75%. The variance in such policies is because of the specific requirements associated with offering a work related program as well as the need to assure student competence for patient safety. These specific policies can be found in the PTA Student Handbook, Section III Program Policies/Procedures and include both academic and clinical policies, pages 18 – 37.

Methods used to ensure that Program policies are consistent with those of the institution include, but are not limited to: review of the College Board of Trustees Rules/Procedures, discussion at Cabinet meetings with other health program directors to gain information regarding similar policies, and communication with individual departments such as Student Services or Disabilities Services.

All of the established Program policies have been approved by the PTA Faculty, Program Director, and College administration as appropriate. Changes in Program policies and procedures are reviewed by: Faculty, the Program Director, the PTA Program Advisory Committee, the Health Center Provost and the College Board of Trustees as appropriate.

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

The PTA Program utilizes a variety of communication methods to facilitate information-sharing between persons involved in the program. The Program Director relies on cabinet meetings (See Provost Cabinet Meeting Minutes Binder), phone calls, face-to-face meetings, and increasingly the use of electronic means for communication with other college program directors, academic faculty, advisory committee members, clinical education faculty and students. (See Folder 1.2.4 for examples of emails)

Program faculty meet an average of every other week, with many of these meetings being attended by the Health Center Provost as she is able. (See PTA Faculty Meeting Minutes Binder). Students are encouraged to make appointments with Program faculty to discuss any concerns face-to-face. The students are also encouraged to communicate with faculty via ANGEL. Every program course (including the clinical practices) has an on-line component so that information can be disseminated on a regular basis and not just when students are on campus.

Other groups the Program Director communicates with include:

- Academic Advisors, once a year PD meets with the academic advisors at the Health Center to discuss/update admission criteria and answer any questions the advisors may have regarding the program.
- Advisory Committee – meets twice a year to discuss program updates, receive feedback regarding currency of the curriculum, and new marketplace issues. Committee members are also contacted (phone call or electronically) outside of regular meetings if the need arises.
- Clinical faculty to exchange information and solicit feedback on students
- Head librarian at the Health Center attends a fall faculty meeting each year to update the program faculty on new resources available to support the program and students.
- Head of Connections, a program designed to assist the “at risk” student, attends a fall faculty meeting to update program faculty on what that department has to offer students who need assistance.
- Other PT/PTA Program Directors and ACCEs in the state of Florida through consortium meetings held to discuss concerns, provide support and strategize solutions.
- Physical Therapy community through membership and attendance of APTA Florida chapter and district meetings.
- General Education Faculty through collaborative work on faculty development days. The Health Education Provost also facilitates communication with the Health Program PDs and the general education faculty. At a recent Provost meeting (July 18, 2007) it was suggested by program directors that a general education area that needs attention is computer literacy, in light of the upcoming move toward electronic health records and documentation. The Provost will foster communication regarding this concern to the general education faculty.

1.3. Faculty Policies and Procedures

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

It is College policy that:

Faculty members are entitled to full and complete freedom within the framework of established College Rules and Procedures, as set forth below:

1. in the classroom in presenting and discussing their subjects and other matters relating to it;
2. in research and publication of results so long as such research does not interfere with the performance of their regular duties; and
3. in expressing their opinions as citizens, outside the classroom, free from censorship and discipline by administrative officials or the Board of Trustees of the College. When speaking as citizens, faculty members shall indicate clearly that they are not institutional spokesmen.

Faculty members share in the formulation of the curriculum, the selection of the texts, and the choice of course materials. They are free to develop their subjects in their classes within the goals and objectives of the curriculum.

Faculty members participate in the formulation of St. Petersburg College Rules relating to academic matters. They are directly represented by elected members of their own choosing on the Faculty Governance Organization. Also, they are represented by at least one member on College standing committees.

Faculty members have the right to have access to a procedure for redress in the event of an alleged abridgment of said faculty member's academic freedom. Such instances will be considered by a committee consisting of five nonadministrative faculty representatives who are not directly involved in the case. The faculty member shall petition the vice president of Educational and Student Services in writing. The vice president of Educational and Student Services will call a committee within 14 days of receipt of the petition and will act as an ex-officio member and as ex-officio chairman of the committee. The representatives will be chosen by lot from among the nonadministrative faculty on all campuses. The committee will report its findings and make its recommendations to the President's Cabinet through the vice president of Educational and Student Services. Reference: Faculty Manual page 70, BOT rule 6Hx23-3.01 (URL: <http://www.spcollege.edu/central/botrules/searchDocs.php>) (See Folder 1.3.1.)

Faculty workload for PTA faculty is commensurate with similar programs within the College. Faculty at the College have either a 30 or 36 Earned Credit Hour (ECH) annual contract which breaks down to teaching 15 ECH fall, 15 ECH spring and 6 ECH summer. Generally, one ECH is equivalent to one credit hour except for lab and clinical hours.

Faculty earn .75 ECH per contact hour for the lab or clinical courses which is consistent with all faculty in the health related programs.

These faculty rights and privileges are delineated in the Faculty Manual which will be available for review on-site. This Manual clearly assures that these rights and privileges are commensurate with those of other faculty in the institution.

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

Clinical faculty (Clinical Instructors) are not contracted employees of the institution. Any health program at the college utilizing non-contracted support only addresses rights and privileges of that support in the Clinical Agreement. The Clinical Agreement is a generic one used for all programs. (See Appendix, Tab 2) Clinical faculty for the Health Programs at St. Petersburg College do have library privileges (use of the College library with checkout privileges at no cost). This privilege can be found in the Clinical Instructor's Manual. Clinical faculty also are eligible to receive the College title of Clinical Associate for serving as clinical instructors to the students.

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

1.3.3.1.academic faculty

All program faculty are formally evaluated on an annual basis. The policies regarding evaluation, professional growth and development apply to all departments in the College, therefore the PTA Program is consistent with other programs within the institution. Reference: Faculty Manual, pages 38-41.

The program director is responsible for evaluating faculty on an ongoing basis through classroom observation, discussions with faculty, perusal of course materials, and conferencing with faculty after reviewing student evaluation of instruction results. Student evaluations are performed mid-semester (lecture and lab courses are done separately) with faculty receiving the comments and a computer print out of the evaluation after the semester ends. The formal evaluation of faculty is multi-faceted beginning with a self-evaluation, and progressing to a review of professional development, progress on goal attainment and any improvement considered necessary. (See Folder 1.3.3.1. for student evaluations of instructors). Faculty and program director evaluations with development plans are found in the Appendix, Tab 3.

PTA Program Faculty Development Process

1. Ongoing curriculum assessments are made by faculty and the program Advisory Committee for the purpose of assuring that the knowledge and skills taught are preparatory to current and future practice. One of the program objectives for 2007-2008 is that the program will maintain currency and quality of academic, clinical and accreditation standards as evidenced by attaining the benchmark that faculty will attend courses/programs on critical thinking, current physical therapy practices, clinical issues, academic material and accreditation standards. Faculty will incorporate new material into their courses and develop patient-related exam questions that incorporate critical thinking skills and knowledge of current material. The assessment measure that will be used is that the students will respond to exam questions requiring critical thinking skills and knowledge of new material with 80% accuracy. The timetable for accomplishing the goals is June 30, 2008. (See Folder 1.3.3.1. for planning objectives)
2. An annual assessment of each faculty member's needs (through annual faculty evaluation) for developing his/her knowledge and skills as related to his/her teaching responsibilities, personal needs, and additional faculty roles is made. This annual assessment and identification of needs is based on Program Director classroom visits and student evaluations. The annual assessment includes a component of assessing the achievement of the prior year's stated goals.
3. All full-time faculty, program directors, provosts, associate provosts, Academic site administrators employed after July 1, 1992 must have graduate level credits in the topics of "History and Philosophy of Community Colleges" and "College Teaching". The taking of the two courses is mandatory unless previously completed graduate courses meet the requirements. (Reference is BOT Rule 6Hx23-2.022) (See Folder 1.3.3.1.)
4. The College's Staff and Program Development provide computer training and professional development workshops for the employees of St. Petersburg College. Course offerings are listed at <http://www.spcollege.edu/central/spd/> and SPD Catalog (see Folder 1.3.3.1.)
5. Designated funding and other resources available inside of and outside of the college are identified which may be utilized for developing faculty knowledge and skills. The following college resources have been previously identified:

- a. Staff and Program Development Funds
(Separate allocations are made on an annual basis college-wide.)
 - (1) Health Education Center allocation
 - (2) College-wide allocation
- b. Funding available through the PTA Program budget for workshop travel.
- c. St. Petersburg College course fee exemption.
(Courses taken at the college are fee exempt for faculty up to 18 credit hours per academic year.)
- d. Continuing education offered through the college's Open Campus Division.
- e. Faculty in-service programs sponsored by the college.
- f. Faculty mentoring for new full-time and part-time faculty.

The following outside resources have been identified:

- a. Clinical practice arrangements with a local agency which would be tailored to faculty needs and time availability.
- b. Continuing education programs and workshops sponsored by a myriad of organizations.

The utilization of college funding for faculty development activities is intimately tied to the identified educational needs of the program faculty.

An example of a faculty development goal that was identified through student instructor evaluations was Ms. Kramer's Therapeutic Exercise Lab course. Student evaluations indicated more time was needed to practice the techniques that were being taught in this course (PNF, NDT, Developmental Activities). Rather than add lab time, which not all students wanted or needed, Ms. Kramer devised a goal that the next year she would video tape, digitalize and import each technique into the student's on-line component of the class. In this manner students could access the correct way to perform each technique whenever/wherever they decided to practice. Ms. Kramer spent many hours with the Health Center's Instructional Technologist first learning how to edit and digitalize the videos and then learning how to import the videos into the on-line component of the

course. This goal was accomplished and found to be effective not only from the positive student evaluations but also from the stand point that prior to importing the videos into ANGEL on average there would be 3-4 students who would fail their first attempt during lab practicals. Since importation of the videos failure of lab practicals is rare with only the occasional student having to re-take and by the student's admission because they did not practice enough.

1.3.3.2. clinical education faculty

Students complete the APTA Student Evaluation: Clinical Experience and Clinical Instruction form and upon returning to the classroom complete a College Student Survey of Clinical Experience form for each clinical experience (See Appendix, [Tab 4](#)). The Program Director reviews all student evaluations of clinical sites for areas of concern or the need for additional education and training of clinical faculty. Additionally, program faculty collect information through discussions with students and clinical instructors (CIs) during clinical coordination visits. (Each student and clinical instructor is visited and interviewed during each clinical affiliation.) Information received from the above is shared with CIs and/or the Center Coordinator for Clinical Education (CCCEs). (See Clinical Coordination Visit Report, [Appendix, Tab 4](#))

Clinical faculty development is multifaceted. All the information gleaned from affiliating students, CIs and CCCEs is utilized to formulate clinical faculty development programs. Recent clinical faculty development activities have included the updating and distribution of the Clinical Instructor's Handbook (for working with PTA students). Additionally, brochures are mailed and sent electronically to all CCCEs encouraging CIs to participate in the Florida Consortium of Clinical Educators Clinical Instructor's Certification Workshops. The Program Director/ACCE is a member of this Consortium and participates in meetings and teaching the certification workshops. The Program Director and the ACCE at the University of South Florida team up to give two certification workshops a year. One is held at USF in the spring, the other is held at St. Petersburg College in the fall. (See FCCE Mission Statement, Certification Workshop brochure and handout in the [Appendix, Tab 4](#). CI workshop booklet will be made available on-site)

A needs assessment survey was recently completed by FCCE members asking Florida CIs for input into their needs. One of the highest ranking responses to CI course preferences was a 1-2 hour CEH course in clinical centers at no cost. Another high preference was for a home study CD certification course less than \$50. A home study course is being developed in response to this survey. (See survey results [Appendix, Tab 4](#))

1.4. Student Policies and Procedures

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

The PTA Program supports the mission of St. Petersburg College to provide equal educational opportunities to a diverse student body. This is accomplished through the acceptance of applications to the program on a first-come, first serve basis. (Reference College Catalog page 132 and Program website: www.spcollege.edu/hec/pta, see folder 1.4.1) The first forty six students who apply, and meet the minimum entry requirements, are accepted into the program. Minimum entry requirements include:

- Completion of Anatomy and Physiology I and Lab with a grade of “C” or better.
- A 2.5 GPA on a 4.0 scale in at least 12 semester hours of Physical Therapist Assistant general education and support courses.
- Completion of a minimum of 24 hours of observation in at least 2 different physical therapy clinic settings.
- Completion of a basic CPR/first aid course.

After filling all the seats, additional applicants are placed on an alternate list in the order their applications were received. Applications are accepted at any time. Eligible applicants not admitted for the year in which they apply will be admitted for the next available class.

Information regarding the PTA Program is available to interested parties in both printed and electronic formats. Students may receive Program information at the counseling offices at each of the SPC campuses or by contacting the PTA Program directly. Program information packets may be mailed to perspective students (See folder 1.4.1.) or information and forms can be downloaded from the Program website. Other sources of program admission information include the College Catalog, page 148.

Recruitment efforts by the Program include the Program Director attending career days at area middle and high schools as well as giving tours of the department and speaking about the program and the field of physical therapy to groups of students, teachers and guidance counselors who visit the Health Education Center. These student groups who visit and are visited, often include a high percentage of minority or disadvantaged students. The College Male Outreach Initiative is a program designed to address the decline of enrollment, retention and graduation rates of men in Higher Education. This Outreach Initiative has sponsored a “Male Career Expo” which the Program Director has participated in. This event targets professions that are attractive to males, in which related academic programs are offered at the College. The Program Director also attended SPCs “Info Fest” an event held by the College, on all campuses, where potential students can obtain information regarding College programs, admission procedures and financial aid. (See folder 1.4.1. for examples of recruitment efforts).

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

Information of student policies and procedures is readily available to all prospective and enrolled students through the following documents: College Catalog, PTA Information Packet, Student Handbook and Weekly Planning Calendar, and PTA Student Handbook. The College Catalog and the PTA Information packet are provided to each prospective student requesting them through the mail, in the counseling office, and on-line. The Student Handbook and Weekly Planning Calendar is made available the first week of class during student activities and at any time during the year in the Health Center counseling office. The Clinical Instructor Manual is given to facilities prior to their first student affiliation and upon request. The PTA Student Handbook Is distributed to each enrolled student during orientation and time is spent reviewing all program policies at that time. Additionally, time is spent during the first two Freshmen lab classes discussing all of the policies and procedures in the PTA Student Handbook. As students matriculate through the program they continue to receive program and institution information in each semester's schedule and course syllabi.

Listed below are the documents with page numbers and/or specific URL references where the following information may be located:

- Accreditation Status of the Institution and the Program (See folder 1.4.2.)
College Catalog, inside the front cover and page 148
College Website:
www.spcollege.edu/webcentral/interest/sacs.htm
Program website: www.spcollege.edu/hec/pta
Health Education Booklet, page 26
Student Planner and Handbook, page 171
- Acceptance and Matriculation Rates
Program Information Packet, first page
Advisory Committee Meeting Minutes
- Graduation Rates
Program website: www.spcollege.edu/hec/pta
Advisory Committee Meeting Minutes
Comprehensive Academic Program Review, page 12
- Career Opportunities
College Catalog, page 148
Health Education Booklet, page 26
PTA Bulletin Board

On-line component of PHT 2820L (See folder 1.4.2.)

- Employment rates
Supplement to the Faculty, Staff and Student Handbook,
page 5
- Pass rates of program graduates on licensing examinations
Program website: www.spcollege.edu/hec/pta
Advisory Committee Meeting Minutes
Comprehensive Academic Program Review, page 4
- Costs of the program (including tuition, fees and refund
policies)
College Catalog, page 53, 54, 57, 148
Health Education Booklet, 39
- Travel expectations to clinical sites
PTA Student Handbook, page 28
Affiliation Choices Sheet (See folder 1.4.2.)
- Financial aid
College Catalog, pages 60-75
Student Planner and Handbook, page 179
- Health services
College Catalog, page 10
- Health and professional liability insurance requirements
College Catalog, page 54, 148
PTA Student Handbook, page 27
Program website: www.spcollege.edu/hec/pta
- Grading policies
PTA Student Handbook, pages 19-20
Course Syllabi
- Progression through the program
College Catalog, page 148
PTA Student Handbook, page 20
Program website: www.spcollege.edu/hec/pta
- Withdrawal and dismissal procedures
College Catalog, pages 27-30 and 46-47
PTA Student Handbook, pages 20-22

Supplement to the Faculty, Staff and Student Handbook,
page 9-10

- Other academic policies and procedures
PTA Student Handbook, pages 19-28
- Due process
College Catalog, pages 46-47
Student Planner and Handbook, page 214
Supplement to the Faculty, Staff and Student Handbook,
pages 23-27
- Clinical sites
PTA Office
PTA bulletin board
- Clinical education policies and procedures
PTA Program Handbook, pages 28-36
Clinical Instructor Manual
- Access to and responsibility for the cost of emergency
services in off-campus educational experiences
PTA Program Handbook, page 39
Clinical Instructors Manual
Clinical Agreement Contracts

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

St. Petersburg College and the PTA Program have a number of procedures and practices to assist with the retention of students. Special programs are available throughout the College to provide students academic, counseling and support services. (See College Catalog, page 40)

The PTA Program utilizes a number of procedures to assist in the retention of students. Program policy requires students to achieve a 75% score in all program courses to be eligible to continue in the program. Students who are identified as being academically at risk are counseled by program faculty upon the first failure of an exam or lab practical, and may be referred to NIP (New Initiative Program) to receive tutoring or NIP may provide an identified PTA student to hire and provide tutoring to the at risk student. NIP is a federally funded program of academic support available to pre-health and health education students. Information on this program is provided to all program students and

those with an identified need who are seeking program entry. The NIP is very accessible to PTA students, as it is located at the Health Education Center. (See Folder 1.4.3.)

Students may also spend additional time in open lab sessions or request one-on-one time with an instructor. If program faculty identify the student's academic difficulties to be the result of factors beyond the scope of faculty capabilities, faculty fill out an early intervention referral form (See folder 1.4.3.) to be sent to student services for identification of the appropriate service to assist the student. Faculty may also refer a student to "Connections" which is a Health Education Center support program designed to provide students with skills, and resources to address academic, social and personal challenges that may hinder student success. Connections provides services such as case managements, textbook and laptop lending, referrals for tutoring and counseling/advising and success skills resources. (See folder 1.4.3.)

The PTA Program Director works closely with students to help assure their success in the program. Accommodations have been made for a variety of personal situations to allow students to complete the program on alternate schedules (a decline in the health of a family member or the student, divorce, child custody cases and excessive work schedules have been some of the more recent examples of barriers students have encountered preventing timely progression in the program). While allowing students flexibility, the program does not compromise academic or clinical competency and will require students who have taken additional time to complete the program to show proof of clinical competency prior to returning to the clinical setting. (See College Catalog, page 133 number V.) To better assist the at risk student, the Program Director has participated in a College Success Skills Training (See folder 1.4.3.) for at risk students and has also provided open lab sessions on Saturday to accommodate students who work Monday through Friday and have difficulty scheduling time outside of lab during the week.

An outcomes of these retention efforts has yielded an increase in program retention rate from a 62.5% graduation rate for the class of 2005 to a 72% graduation rate for the class of 2007.

SECTION 2: RESOURCES

Preamble

Resources are available in sufficient quantity and quality to enable the education program to accomplish its objectives and to ensure the program's stability and continued viability. These resources include students, program faculty, staff, student services, finances, library, capital equipment, supplies, and academic and clinical facilities.

2.1. Students

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

One of the goals that supports the mission of St. Petersburg College is to provide equal educational opportunities to a diverse student body. This goal is reflected in the students admitted and graduated from the PTA Program. The Program does not have a selected admissions procedure but rather is on a first-come first-serve basis. The first 46 students who apply to the program and meet the minimum entry requirements (a 2.5 GPA in at least 12 credits from the general education/support courses required for an AS degree in PTA, completion of Anatomy and Physiology I plus lab with a "C" or better, 24 hours of observation in two different physical therapy clinic settings and a current CPR/First aid card) get the available seats. If there are more than 46 applications, the remaining potential students are advised that their start date for the PTA courses will be the following year.

The admission policies and procedures are reviewed annually by the core faculty and evaluated for currency with program goals to ensure the opportunity is being provided to the greatest number of prospective students as possible as well as assuring that program graduates are successful practicing PTAs. Assessment data collected from graduates and employers is utilized to determine achievement of this goal. (See CAPR pages 27-28)

The PTA Program serves a four county area (Pinellas, Pasco, Hernando and Hillsborough) and attracts a diverse student body with regards to age, gender, ethnicity, educational and economic backgrounds. Of the 31 students who graduated in May 2007, 25% were minority students, the age range was 21 to 48 years old with the mean being 33. Seventeen had no degree, seven have an Associates degree and 7 have a Bachelor's degree. Representation from the four counties was as follows: 23 from Pinellas, 2 from Pasco, 2 from Hernando and 4 from Hillsborough. The class was made up of 19 females and 12 males.

The current class has 33 students who range in age from 20 to 53 years old with the mean being 33. Five are Hispanic and one is Portuguese. Sixteen have no degree, eleven have an Associates degree, and six have a Bachelor's degree. County representation is as follows: 20 from Pinellas, 2 from Pasco, 1 from Hernando, 9 from Hillsborough and 1 from Manatee. There are 26 females and 6 males.

A PTA Information Packet is distributed to all interested applicants and contains information on job description, career opportunities, admissions procedures and requirements and program requirements. College policies and procedures, financial aid information, and available student services are in the current College Catalog.

Each student admitted to the program is required to attend a pre-admission orientation/registration session where information is given regarding program academic requirements, attendance policies, health/immunization requirements, lab participation requirements, clinical education experiences, financial aid, withdrawal and dismissal policies, health student support services (including NIP), professional liability and health insurance requirements, and scholarship information. Each student receives a PTA Student Handbook upon matriculation into the program.

Three years ago the faculty made the decision to increase the program enrollment number from 40 to 46. This decision was based on the evaluation of several program changes: the addition of another full time faculty member, the increase in market demand for PTAs in the Tampa Bay area, the increase in requests for facilities to become affiliation sites and the increase in student attrition rates.

2.2. Program Faculty

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

St. Petersburg College provides sufficient resources to accomplish the mission and goals of the PTA Program.

The PTA Program has four full-time contractual faculty members: Rebecca Kramer, licensed Physical Therapist (PTA Program Director/ACCE and instructor of Therapeutic Exercise), Marja Beaufait, licensed Physical Therapist (Anatomy & Kinesiology, Neurological Disabilities and Treatment, and Trends in PT), Barbara Heier, licensed Physical Therapist (Orthopedic Treatment and Disabilities), and Mary Hanlon, licensed Physical Therapist Assistant (Basic Patient Care and Principles and Procedures in PT). All faculty share in the responsibilities of monitoring students during clinical affiliations, affiliation visits and monitoring the on-line component of each clinical practice.

The number of faculty required to meet the needs of the PTA Program is determined by the number of contact hours being taught each semester and student enrollment in the program. All guidelines recommended by accrediting agencies are adhered to when determining teaching loads for each faculty member. The policies and procedures for determination of faculty workloads is BOT Rule 6Hx23-2.211. (See Folder 2.2.1.) This instructional contract is the same for all College faculty whose contracts are less than 12 months. During the Fall, Spring and Summer sessions a minimum of 36 equated credit hours (ECH) of instruction are required for contract fulfillment. Faculty who have more than 36 ECH receive supplemental pay. The faculty ECH loading above does leave adequate time for faculty to accomplish the mission and goals of the program. It does allow the program director to also fulfill the responsibilities of the ACCE. (See faculty workload sheet Folder 2.2.1.)

The PTA program director, who is a physical therapist is not considered a faculty member by the College definition. The Program Director is a 12 month administrative contract position. The PTA program director position does include the role of ACCE. The administrative role provides sufficient time through to carry out the responsibilities of the director and the Academic Coordinator of Clinical Education (ACCE). Acknowledging the multi-faceted job responsibilities of the Program Director, PDs are not required to carry teaching loads. The PTA Program Director desires to keep some teaching responsibilities and in the fall teaches Therapeutic Exercise for which she receives additional compensation.

Full-time faculty are obligated to a minimum of 30 hours per week on campus. The program director is obligated to a minimum of 40 hours per week on campus. These time obligations and the faculty and program director teaching load system allow for adequate time to develop curriculum; tend to administrative duties; serve on program, campus, and

institution committees; provide office hours for students; and also, pursue individual, professional growth activities.

The PTA Program recognizes the need for a lower instructor to student ratio in laboratory courses where close supervision is important for safety and skill development than is required in lecture courses. All PTA laboratory courses have 2 instructors present during practice of procedures giving an approximate 10:1 student to instructor ratio.

The PTA Program has not required the use of an adjunct instructor since 2001.

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

Full-time Faculty:

Marja Beaufait

M. Beaufait has teaching responsibilities in functional anatomy and kinesiology, neurology, and trends (issues related to physical therapy practice). She assists with principles and procedures and orthopedic disabilities and treatment labs. She is a physical therapist with a M.A. Degree in Rehabilitation Counseling. Her approximately seven years of full-time clinical practice and twenty five years of formal teaching in this program qualify her for her program responsibilities. Ms. Beaufait has continued to update her skills with a period of clinical practice in 1995, as well as taking continuing education programs in Biodex protocols, exercise regimes, educational methodologies, communication, strategies for more effective caregiving, peripheral nerve tension evaluation, cultural diversity and completion of courses related to WebCT and ANGEL (SPC's web-based course management and collaboration portal). She has presented programs to clinical instructors on clinical supervision and evaluation of students. She has been a site evaluator for CAPTE during 1991 through 1996.

Mary Hanlon

M. Hanlon has teaching responsibilities in Basic Patient Care and PT Principles and Procedures. She is a physical therapist assistant with the equivalent of 7.5 years of clinical practice and 16 years of formal teaching experience in this program. Ms. Hanlon has developed her abilities through a mentoring process with other full-time faculty and, has taken continuing education programs in educational methodologies, communication, manual therapy, joint dysfunction, motor learning, and motor control, current trends in

ultrasound and electrical stimulation. Ms. Hanlon has presented gait modalities in-services to clinical faculty and has completed courses on WebCt and ANGEL, SPC's on-line management systems. She participated in periods of clinical practice in 1994 and 1995 and recently earned her B.S. Degree in Interdisciplinary Social Studies.

Barbara Heier

B. Heier has teaching responsibilities in Orthopedic Disabilities and Treatment, and in the fall of 2007 will take over Anatomy and Kinesiology lecture. She assists with basic patient care, anatomy and kinesiology and therapeutic exercise labs. She is a physical therapist with 20 years of clinical practice including serving as a clinical instructor for both PT and PTA students throughout her career. Ms. Heier has one year of formal teaching experience and is developing her teaching skills through a mentoring process with other full-time faculty. She is currently enrolled in a graduate course of Teaching in the Community College and has completed a web-based course on ANGEL, SPC's on-line management system. Recent continuing education courses include Professional Sports Medicine Symposium with Cadaver Lab, Orthopedics in the 21st Century, BKA Gait Deviations and Assessment, Neuroscience Symposium and Geriatric Orthopedics. Ms. Heier has been a member of the Tampa Bay Orthopedic Journal Club since 1987 and has given presentations on "New Concepts in Shoulder Physical Therapy" and "Muscle Energy and Soft Tissue Mobilization for the Cervical Spine" and "Myofascial Treatment in Sports Medicine".

Rebecca Kramer

R. Kramer, program director and ACCE, has teaching responsibilities in Neurophysiological Approaches to Therapeutic Exercise. Prior to her appointment as program director, Ms. Kramer taught the following courses in the SPC PTA program: Basic Patient Care, Physical Therapy Principles and Procedures, Orthopedic Disabilities and Treatment and Therapeutic Exercise. She is a physical therapist with a Masters Degree in Physical Therapy. Her experience includes seven years of clinical practice and eight years of experience in physical therapy education and clinical coordination. Ms. Kramer served as PTA Program Coordinator for a SPC expansion program for four years (now discontinued) and continues to participate in clinical practice evaluating and treating patients at the College as part of the PTA clinic. Her continuing education includes Biodex seminars on protocols and set-ups, APTA conference participation where she attended programs in spinal cord injuries, stroke rehab, sports medicine, educational methodologies, and therapeutic exercise, APTA Leadership Conference programming and NPTE Workshop for faculty that included training on writing multiple-choice questions and the NPTE test development process. Also, she has presented programs to clinical instructors on the CPI and Issues in Clinical education.

All the above faculty are additionally responsible for making clinical coordination visits during student affiliations to assess student progress and clinical instructor effectiveness.

Full-time faculty resumes are found in the Appendix, Tab 6.

Guest Lecturers:

A number of guest lecturers from the community are utilized in the teaching process due to their expertise in various clinical areas. This is an enrichment for the students, as these guest lecturers bring with them not only their knowledge but their "hands on" experience in practice. (See Folder 2.2.2. for guest lecturer resumes)

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

The program director is a physical therapist with 14 years of experience which includes both clinical and academic settings. Prior to her appointment as director, she was a full time faculty member from 2004-2005, in 2003 she worked for SPC full time, part-time as faculty and part-time in the athletic department as a physical therapist. From 1999-2003 she served as Program Coordinator and faculty for a SPC PTA expansion program at Pasco-Hernando Community College. Previous to her academic appointments she served as Director of Physical Therapy for a skilled nursing facility hiring and orienting new employees, managing the PT department budget and taking the PT department through state inspection deficiency free. She has practiced clinically in acute care, orthopedic and sports medicine, geriatrics and home health. She has an excellent understanding of the roles and relationships between physical therapists and physical therapist assistants having started her career in physical therapy as a physical therapist assistant and continuing on to receive her Master of Physical Therapy. She has worked with both PT and PTA students in the clinical setting.

The program director secures, assigns, directs, and evaluates all faculty members. She has shown leadership, for example, by participation as a representative for state physical therapy chapters, planning and delivering clinical instructor workshops, serving as a member of the Florida Consortium of Clinical Educators, leading a roundtable discussion at a state university's PT program on the education and role of the PTA, securing needed

supplies and equipment in a timely fashion and helping to secure resources for faculty development activities.

Ms. Kramer continues to seek out additional training in areas where she has had limited formal education. She is a member of the APTA Education section and has attended one of the sections continuing education courses: Teaching Clinical Decision Making in the Classroom and Clinic. She received invaluable mentorship and guidance from the former Program Director who held the position for over 22 years. Ms. Kramer will continue to improve her knowledge and skills in educational theory, educational methodology, instructional design and methodology.

(See Appendix Tab 6 for CV)

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

Rebecca Kramer fills the role of both Program Director and ACCE. Her background of practicing first as a physical therapist assistant and then physical therapist provides an excellent understanding of the clinical roles and relationships between PTs and PTAs. Ms. Kramer served as a clinical instructor for both PT and PTA students prior to moving into the academic setting. Her variety of clinical experiences and involvement in FPTA's West Central District has enabled her to develop strong relationships in the PT community throughout the Tampa Bay area. She gained initial experience as an ACCE as Program Coordinator for SPCs expansion program at Pasco-Hernando Community College. At that time she was able to work closely with the previous Program Director for guidance and mentorship. Ms. Kramer continues to have access to other ACCE mentors through the Florida Consortium of Clinical Educators. These contacts assist in providing input and sharing materials regarding the Practicum curriculum.

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

All four full-time faculty members, including the program director, have diverse and different educational and clinical backgrounds. All areas of physical therapy practice are represented. Ms. Hanlon has a background in pediatrics, women's health and both pediatric and adults with developmental delay. Ms. Beaufait brings experience in acute care, in-patient rehab working with neurologically involved patients and geriatrics. Ms. Heier has primarily an orthopedic background but has worked for an area hospital in acute care for the last four years and has also worked in home health. Ms. Kramer has worked in geriatrics, orthopedics and sports medicine (part of the sports medicine team for PHCC athletes that included an orthopedic MD and an ATC) and home health. All

three PTs graduated at different time periods (70's, 80's and 90's) and in a different state (OH, IL, and FL) which provide students with a diverse combination of faculty experiences.

As a PTA Ms. Hanlon provides a role model for students demonstrating the relationship between the PT and PTA first hand from the PTA perspective. This is especially evident when clinic patients are being seen and students can witness the discussions and interactions between Ms. Hanlon and the supervising PT regarding patient treatment. Having began her career as a PTA, Ms. Kramer can also give input from the PTA as well as the PT perspective and serve as a role model and reference source for those students who are considering furthering their education beyond that of the PTA. As PTs, Ms. Beaufait and Ms. Heier bring a different perspective of clinical practice to the program.

As a team, the faculty has expertise and experience in all aspects of an educational program. Ms. Beaufait's 25 years of experience as an educator and Ms. Hanlon's sixteen years in academics provide the Program with expertise in educational theory, curriculum development, design and implementation. They mentor and assist in developing these skills with the newer faculty, Ms. Kramer (eight years of academic experience) and Ms. Heier (one year of academic experience). As a group the faculty bring different perspectives on student assessment. As a clinician Ms. Heier provides knowledge of PTA performance expectations for data collection and interventions from a clinician's perspective and Ms. Kramer, Ms. Hanlon and Ms. Beaufait balance this clinical expertise with expertise in academic standards of student evaluation. This combination of experience and perspectives results in the faculty's ability to understand and identify the level of performance required for students to practice safely, within the legal and ethical limits of their practice act and demonstrate a readiness for clinical affiliations and ultimately in the profession.

Collectively, faculty members have continued to educate themselves and seek additional information from clinical practitioners, students, graduates and employers toward the end of developing and enhancing the design, execution, and evaluation of the curriculum

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

Clinical faculty must be licensed physical therapists or physical therapist assistants. As a general rule, clinical faculty are required to have a year of clinical practice post-graduation before being involved in teaching students. At the time of the initial evaluation of the clinical site for student affiliation, the ACCE shares information with the CCCE regarding expectations of clinical instructors. These expectations include safe, ethical and legal practice with a commitment in improving patient care and a willingness to instruct. (See Folder 2.2.4.)

The clinical instructors for the PTA Program include clinicians with graduate education, clinical specializations, involvement in the professional organization and significant academic, clinical and continuing education teaching experience. Additionally many are certified clinical instructors either through the Florida Consortium of Clinical Educators (FCCE) or APTA. (See Folder 2.2.4.)

Ongoing evaluation of clinical instructors is made through clinical coordination visits by academic faculty, clinical site information forms, written student evaluations and verbal feedback during class sessions at the end of each clinical. These findings allow the ACCE to recognize outstanding clinical instructors through the FCCE (See Folder 2.2.4.), or to address potential or recognized problems that require resolution or cancellation of the clinical contract if resolution cannot be met.

2.3. Student Services

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

Each student chooses at the time of application to the College a "home campus," at one of the College's four campuses. During the pre-admission orientation/registration meeting, the student is directed to the financial aid office at his/her home campus at for accessing these resources. Additionally, at the same meeting, students are made aware that the program director maintains a file of external financial aid resources, along with an APTA published article on implications of financial aid contracts with outside agencies. This file may be accessed through the program director at any time.

Information on financial aid can also be found in the College Catalog, pages 60-75, Student Planner and Handbook, page 179, Faculty Manual, page 72 and the College Website, <http://www.spcollege.edu/central/SSFA/HomePage/index.htm>

2.3.2. Students have access to counseling and testing services.

Students are initially made aware of counseling and testing services at orientation. Incoming students are given a tour of the Health Education Center which includes the student services offices and the academic/counseling/testing services available to students. Students may seek these services on their own or be referred by a faculty member. (See Folder 2.3.2.)

The Health Education Center has a testing center available for those students who require academic accommodations due to a qualifying disability. Students must see one of the learning specialists who will approve appropriate services to include but not limited to: modification of time or location for test taking, notetakers, taped tests or test readers, assistive listening devices and sign language interpreters. Students who require accommodations should present the College Authorization for Accommodation Form to the instructor at the beginning of the course.

Information regarding counseling and testing services can be found on the PTA Bulletin Board, in the College Catalog pages 32, 35 and 36, Student Planner and Handbook, pages 190 and 191, each PTA course syllabus and the student services website: <http://www.spcollege.edu/hec/StudentServices/index.htm>

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

Students in the PTA program are provided regular reports regarding their performance of both academic and clinical performance and progress. Students receive ongoing written feedback during academic course work in the form of: quizzes, exams, projects, case studies, SOAP notes, and lab assessments. The grades for these reports are posted in the

on-line component of each course for students to access at any time. Students only have access to their individual grades and cannot see the grades of other students. Students are encouraged to communicate with faculty regarding any concerns, however if faculty identify an immediate concern they will contact the student to arrange a meeting and counsel the student regarding the concern. This meeting is documented on a PTA program counseling form. (See Folder 2.3.3.) A copy is given to: the student, instructor, program director and the student's file. If the counseling is of a nature beyond the scope of the instructor the student is referred to the Health Education Center's counseling services.

In addition to the formative reports given to students throughout the program, students must take and pass a comprehensive end of program examination as a summative evaluation of the student's performance and progress. This summative comprehensive exam assists in confirming that the student has achieved the knowledge and skills necessary for that of an entry level PTA.

CCCEs, clinical instructors, and students are advised that ongoing feedback of their performance and written mid-clinical and final clinical evaluations are required. (See the Clinical Instructors Manual) It is recommended that CIs also utilize the weekly Feedback form found in the CI Manual and in the Student's on-line course content to provide students with written, weekly feedback. (See Folder 2.3.3.) Each student is visited at midterm by one of the faculty. The purpose of the visit is to discuss the student's progress with the CI and the student, ensure that the student is receiving the frequent feedback necessary to be successful with the clinical experience and to address any issues or concerns by either the student or the CI. If the student is having significant difficulties during the clinical a conference report is written that addresses areas of concern and specific competencies to be achieved for successful completion of the clinical course. (See Folder 2.3.3.)

2.4. Finances

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

Budget planning for the program is an ongoing process and program needs (supplies, equipment, faculty development, and clinical travel) are identified and discussed by students, advisory committee members, faculty and the program director throughout the year. With the needs identified, the program director prepares the expense budget on a yearly basis. A program capital equipment priority list is kept and, as funds become available (yearly or more frequently) purchases are made. Faculty development funds are identified by the College as a campus allocation and college-wide allocation. These are applied for in consultation with the Health Education Center Provost. Faculty may also use program funds for professional development activities. SPC has a policy of charging students for the maintenance and usage of specialized laboratory equipment and mileage costs for clinical coordination visits. Lab and clinical fees now total \$370.00/student. This is a separate PTA department laboratory budget and funds received from student lab fees are utilized to fund not only equipment maintenance and supplies but equipment replacement costs as well. St. Petersburg College's fiscal years runs July 1 through June 30 each year. (See Program Income and Expenses Form, Appendix, Tab 7)

The long-range budget planning of the College is based on an institutional effectiveness model using strategic planning. The process involves a three year plan and occurs throughout the year. Each department develops objectives, tasks to attain the objectives, assessment measures, and results reflecting department goals and budget requests. (See Folder 2.4). Budget requests are reviewed by the Health Center Provost and the Vice President of Administration. Following approval of the Provost and Vice President of Administration, the budget is presented to the College Board of Trustees for final approval. The PTA program has received excellent support from the Health Center Provost with regards to program budget needs. This support more than allows adequate funding to meet the program's needs for operating expenses.

2.5. Administrative and Technical Support Services

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

The program is allotted a .5 FTE secretary. The program secretary is physically located in a secretarial pool which is in close proximity to the department. This allows for rapid access by the faculty and support from several other secretarial staff in the pool should the program secretary be away from her desk temporarily or on vacation/sick leave. Additionally, a person assigned full-time to do word processing for health programs is located in a room adjacent to the secretarial pool. This individual may be accessed directly by faculty to process tests, letters to clinical faculty, etc. Sporadically, work study students are available to assist with such things as department filing, small projects, and PTA information packet preparation.

Each full time faculty member has a laptop computer in a docking station in their office. In the outer PTA office is a printer and scanner. In the support staff room is a typewriter and two copiers. Large copy requests are processed through the College Printing Department. Across the hall from the PTA Department is the faculty development center. This area has many different types of technology equipment, from computers (PCs and a MAC) and printers to equipment that will allow instructors to edit and digitalize VHS tapes or mini-cassettes for importation into ANGEL courses.

Each of the College campuses has an instructional technology staff to assist with computer or on-line difficulties. The Health Education Center staffs three and one half technicians who are available to troubleshoot computer or software issues. The Health Center is also staffed with a member of the instructional technology team. She is available to assist with instruction or answer questions related to ANGEL, the system used by the College to deliver on-line and hybrid courses. Technical assistance is also available by telephone and email for hardware, software and access needs or concerns if faculty members are working off campus.

The above support is adequate to fulfill program needs.

2.6. Learning and Instructional Resources

2.6.1. The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program.

Library:

The Health Education Center Library system supports all of the health programs and is sufficient to meet the needs of the PTA Program.

The health education library is located in the same building as the program. The library hours are 7:30 a.m. - 9 p.m. Monday through Thursday, 7:30 a.m. - 4 p.m. Friday, 10 a.m. - 5 p.m. Saturday, and 1-5 p.m. Sunday.

PTA Program resources housed in the library include text books, videos, CD-Roms, DVDs, and journals. Each year resources are added according to the program needs. Program faculty determine what resources will be purchased but consider any recommendations by students, advisory committee members or clinical education instructors. The PTA Program's library resources have increased considerably with the addition of the Bachelor Degree Program in Orthotics and Prosthetics now being offered by SPC at the Health Education Center. Additional books on Anatomy and human movement, gait analysis, kinetic anatomy, trauma and amputations and prosthetics can be shared by both programs. Library fund expenditure for the PTA program during the 2005-2006 academic year was \$3,374.00 (\$2,500 for interactive CD-Roms) and \$2,207.00 for the 2006-2007 academic year.

During the first month of class, PTA freshman are scheduled to attend a library instructional class where they are introduced to the resources the library has to offer as well as instruction in research methods, internet research and how to cite references. Also available in the HEC library to supplement the educational needs of the students are 49 desktop and 20 laptop computers. All of the computers have a PTA folder on the desktop containing the Goniometry, Manual Muscle Testing and Gait computer assisted instructional modules. Separate study rooms are also available where students can view video tapes, DVDs or study in groups.

The library's on-line catalog and electronic databases can be accessed from off campus at any time via the library webpage www.spcollege.edu/central/libonline/. The library subscribes to numerous services that provide full text articles. A new password is given at the beginning of each semester to enable access to SPC's library databases.

Instructional Testing Center:

The Instructional Testing Center is available in the New Initiative Program (NIP) at the Health Education Center. This center is available for students who require special accommodations for testing such as additional time, a quiet room or a reader. The testing center is also available to instructors for the administration of make-up tests. The Instructional Testing Center is open 20 hours a week.

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

The PTA Program has adequate technological resources to address all aspects of the program from classroom to on-line instruction. The PTA Program has a scanner, several projectors, two TV/VCR carts, a VCR camera, a digital camera, and a mobile AV cart with a laptop, projector and Elmo that can easily be moved from one area to another. Additionally, the program has access to any of the “bunker” classrooms at the Health Education Center which contain a suspended projector and a fully equipped “bunker” with a computer, VCR player, DVD player and Elmo all connected through the projector and easily manipulated so that the instructor can quickly move from one piece of equipment to the other.

Each PTA faculty member has a laptop computer for on as well as off-campus utilization. Faculty training in the use of technology for instruction is extensive. All faculty have the opportunity to receive training in multimedia usage in the classroom as well as for on-line class development. The Instructional Technology Department offers workshops on a regular basis both face-to-face and on-line.

The PTA program utilizes technology in the curriculum for teaching course material and requiring students to use it in presentations and research. Each PTA course has an on-line supplement where students are required to access course information, post discussions, drop assignments and communicate with instructors. In the Therapeutic Exercise course the instructor taped, digitalized and then imported videos of lab techniques such as PNF, NDT, Developmental sequence activities, etc so that students may access the correct performance of these techniques anywhere, anytime. This ability to view techniques outside of class time has substantially improved lab grades in this course.

2.7. Facilities

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

The PTA Program has classrooms and laboratory space of sufficient quality and quantity to provide an effective teaching and learning environment. The program has three classrooms dedicated to it - a lecture room (capacity = 46 students), a lecture/lab room (capacity = 46 for lecture or 24 for lab), and a lab (capacity = 24). Additionally, another 50 student capacity classroom is utilized when classes in the three department classrooms might interfere with each other due to noise volume. All of the rooms are architecturally accessible featuring extra-wide entry/exit doors and furniture which is easily re-arranged. These are on the second floor of the Health Education Center which is accessible by elevator. An Evac-u-trac apparatus is available, stored at the top of the stairway for emergency evacuation of disabled persons in the event the elevator is disabled.

In the laboratories are four large storage rooms immediately adjacent for equipment and supplies.

Students have access to laboratories and classrooms at other than class times for study/practice. The department is open from 7:00 a.m. - 4:00 p.m. Monday through Friday and, occasionally evenings and Saturdays. (Students are informed of available evening/Saturday openings.) Students may utilize classroom areas at any time the department is open, provided that at least one faculty member is present either in the lab or PTA office, and the classroom is not being used for a class session or testing purposes. (See PTA Student Handbook, page 23).

The classroom facilities are adequate for the usual total program student enrollment (Freshman and Sophomore) of 80-86.

During the pre-admission orientation, students are informed that clinical affiliations are variable in nature, allowing each student the opportunity to learn and practice in hospital, outpatient, and rehabilitation/long-term care settings. (The majority of students will have experience in each type of setting.) Over 100 clinical sites in four counties are affiliated with the program.

Through a Physical Therapy Cooperative Work Experience (PHT 2949) course, which is entirely optional, students may choose to advance their clinical knowledge and skills while earning academic credit. Up to 12 credits may be taken in "Co-ops" while the student is enrolled in the program. Students are eligible to take these after successful completion of their first clinical course. Co-ops are flexible courses in that they may start and stop at other than regular session dates.

Offices for the program director and faculty are located in very close proximity to the classrooms. Each full-time faculty member has a private office within an outer office that has a computer, printer and scanner available for faculty use. There is also a closet that has a locked file cabinet for student and patient records and multiple shelves for office equipment storage. The offices are adequate for all faculty functions.

The facilities dedicated to the program are adequate and well-maintained with such amenities as a lab sink, adjacent lab rest room, refrigerator, in-floor lab drains and an electric divider curtain between lab rooms.

(See Folder 2.7.1. for classroom layout and square footage)

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

Offices for the program director and faculty are located in very close proximity to the classrooms. Each full-time faculty member has a private office equipped with a desk, computer, telephone, locked file cabinets and bookcases. These offices provide adequate space, privacy and security for preparing instructional materials, student counseling sessions and storing records and program materials. Faculty offices also house physical therapy resources for students and faculty including a variety of journals, books and AV products. The individual faculty offices are within an outer office that also has a computer, laser printer and scanner available for faculty use. There is a locked closet adjacent to the outer office that has a locked file cabinet for student and patient records and multiple shelves for office equipment storage. Following graduation student files are moved to a locked file cabinet in a locked storage area in the laboratory. The offices are adequate for all faculty functions.

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

The clinical education experiences available for students vary in location and practice setting. Many of the affiliation sites are in Pinellas County but contracts exist and are utilized with facilities in Hillsborough County (Tampa metro area), Pasco County and Hernando County. Clinical contracts have been established for specific students in the Orlando area and out-of-state, however they are not actively used at this time. The program holds 80 contracts (with several more in process) with at least 110 clinical sites. This is more than sufficient for 40-46 student placements. The program has never had to postpone a student's planned affiliation for lack of an appropriate clinical affiliation site. Clinical site affiliations include acute care, a Veteran's Hospital (provides medical trauma, SCI, brain injury and amputee experience and is one of four VA Hospitals in the country serving the wounded service men and woman of the Iraq War), subacute neurologic and orthopedic rehab, in-patient rehabilitation hospitals, skilled nursing

facilities, outpatient, women's health, pain management, sports medicine, pediatric and school system facilities. Many of these affiliations afford the student opportunities to see surgeries, work with other health care team members (OT, ST, nursing, social services, ATCs, physiatrists) and observe home assessments. (See Folder 2.7.3. for a list of clinical education sites and previous student assignments)

The ACCE is responsible for the recruitment and development of clinical education sites and student assignments for clinical affiliations. Prior to each student assignment, students fill out a request form with five choices. The ACCE attempts to grant as many first and second choices as possible and keeping the student in his or her requested geographic location, while at the same time assuring variety and suitability of each student to the requested clinical facility. Each student is required to do some type of acute affiliation, a subacute affiliation (in-patient rehab, transitional care, skilled nursing facility) and an outpatient orthopedic affiliation. If students have a specific interest in sports medicine or pediatrics they may request this as an alternate to one of the above.

Once a facility has contacted the ACCE expressing interest in becoming a clinical site for PTA students, the ACCE visits the facility to meet with the clinicians and share criteria used in the selection of clinical education centers. (See Folder 2.7.3. for Criteria). The criteria includes but is not limited to adequate supervision, the safe, legal and ethical practice of physical therapy, adequate number of patients and variety of pathologies, enthusiastic and positive learning environment and realistic expectations of the student based on their current position in the program. Evaluation of the clinic as an affiliation site is on-going once accepted as a clinical site to ensure expectations continue to be met through several means including the Student Evaluation of Clinical Education Experiences Form and faculty site visits.

2.8. Equipment and Supplies

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

The Physical Therapist Assistant Program has access to sufficient operable equipment and adequate supplies. The College has been quite supportive in providing the necessary resources to purchase equipment and supplies for the program. During the past three years large equipment purchases include four new ultrasound/electrical stimulation units with built in program/library resource screens, an Infrared Light Therapy Unit, a Biodex Unweighted Body system, a SportKat with laptop and balance assessment software and four new wheelchairs. All program equipment can be found in the PTA labs or storage closets. Although the Program Director is responsible for the purchasing of program

equipment, input for purchases comes from the faculty, students, advisory committee members and clinical instructors. (See Appendix Tab 8 for equipment inventory)

The academic faculty and students have many opportunities to use the equipment reflective of current practice in physical therapy, including but not limited to use with PTA clinic patients. One of the new electrical stimulation units, the Total Gym, Treadmill, the slide board and the Biodex Exercise Unit were recently used during numerous treatment sessions for strengthening knee musculature with a 19 y/o patient who had an ACL repair. The Biodex Unweighted System was utilized with a CVA patient to facilitate a more normal gait. Both faculty and students were involved in working with these clinic patients.

All electrical/mechanical equipment utilized is in good condition. Calibration and safety checks are performed on all electrical equipment annually. (See Calibrations and Safety Analysis Sheets, Appendix, Tab 8) If a unit breaks down, adequate funds are available in the program budget for repair. The College also maintains a service agreement with the Biodex Computer-Assisted Exercise Unit. This agreement allows for a yearly preventative service and service when the machine is not working properly.

SECTION 3: CURRICULUM

Preamble

A curriculum is a plan for learning, designed by the faculty in consultation with practitioners and members of the communities of interest, to achieve stated educational goals and objectives. The curriculum sets forth the knowledge, skills, attitudes, and values needed by the graduate to achieve these goals. The curriculum is founded on sound educational principles, current learning theories, and values of the institution and the faculty.

The curriculum for the preparation of the physical therapist assistant culminates in an associate degree and is designed and implemented to prepare graduates to work under the direction and supervision of the physical therapist. Depending upon the curricular model utilized, the physical therapist assistant degree program includes a general education component or elements of general education in concert with the physical therapy technical education course work.

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

The program faculty is responsible for the continuing development of the curriculum plan. Once a year the faculty reviews documents related to PTA entry level skills (PTA Normative Model, CAPTE Evaluative Criteria and FSBPT PTA exam content outline) to ensure all entry level skills are being taught in at least one of the PTA courses. Input is also sought from students (Student Evaluation of Clinical Education Experience – questions 20 and 21), graduates and employers (surveys), clinical instructors (questionnaire sent out after the completion of every clinical regarding student preparedness) and advisory committee members (at biennial meetings). (See Folder 3.1. for student and employer survey and student preparedness questionnaire)

Employer survey can be accessed at:

https://it.spcollege.edu/cfsurveys/survey.cfm?su_id=1342&preview=true

Graduate survey at: http://it.spcollege.edu:8500/cfsurveys/survey.cfm?su_id=51

When faculty determines that curriculum changes are warranted the process is as follows:

1. Faculty recommend change
2. Health Center Provost approval
3. PTA Advisory Committee approval
4. College Curriculum Committee approval

Curriculum changes in the Fall Semester of one year would be implemented in the Fall Semester of the following year if all approvals have been obtained.

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

The PTA Program at St. Petersburg College is set up as a part time program in keeping with the College mission to provide accessible education to a diverse student body. The average PTA student at SPC is 32, has a family and holds a job. By allowing students to complete the general education/support courses as their schedules allow and keeping the PTA program courses sequenced in a part-time format, the opportunity is increased for the mature student with outside responsibilities to successfully complete the program, as well students traveling from outside the county. The technical part of the program is designed to be completed in five semesters on a part-time basis if no other courses are taken.

Through its curriculum, the Program offers students the opportunity to acquire physical therapy knowledge, skills, and behaviors which promote the welfare of patients, their families, and the general public. Knowledge skills and behaviors are taught in the context of carrying out the patient plan of care under the direction and supervision of the physical therapist.

Application of this philosophy is integrated throughout the curriculum using the following principles:

1. The first concern of the professional physical therapist assistant is the welfare of the patient and assisting the physical therapist in returning each individual to a maximum level of function.
2. Man-kind is tri-partite in nature, with physical, psychological and spiritual aspects that are unique to each individual. Impairment of normal function affects all three aspects of the individual; and it is necessary for the PTA to comprehend the implications of a disability to an individual.
3. The basis of professional education is the willingness and the desire on the part of the student to read, to think logically, soundly and creatively, and to assume considerable responsibility for his or her own education.
4. Advancement of knowledge in the profession must be based upon an understanding of basic principles supported by research.
5. All learning experiences in the curriculum, encompassing those of both the academic institution and clinical facilities, should prepare the student to utilize the principles and procedures delegated to the PTA by the PT for the maximum benefit of the patient.

Emphasis in this philosophy is placed on student responsibility. He or she must be motivated for this philosophy to be effective. The program goal is to develop students who can function outside the “pouring in” and “regurgitating back” method of learning. Throughout the program curriculum students are required to use independent thinking, problem-solving skills and critical thinking abilities through the use of a variety of instructional methods. Students practice these skills through case studies, patient scenarios, role playing, group and individual practical assessments and early involvement with patient care via the PTA clinic.

To achieve the mission, goals and objectives of the program, the curriculum plan contains 74 semester credit hours, 32 of these credit hours are composed of general education and support courses and 42 credit hours are core PTA courses. (See [Appendix 9](#) for a copy of the Curriculum Plan and a table with general education and technical education course information: name, number, credit hours and clock hours.).

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

The general education course requirements provide students with competency in basic skills and knowledge in writing, communication, ethical decision making, math and computer literacy. The required support courses provide students with general occupational knowledge related to health care in medical terminology, pharmacology and human anatomy and physiology. The technical component of the program is designed to provide specific knowledge and skills in physical therapy necessary to produce, safe, competent and caring PTAs.

Minimum entry requirements for admission into the PTA Program include completion of 12 credits from the general education/support course required for the AS degree in PTA. Four of those credits must come from BSC 1085 and BSC 1085L (Human Anatomy and Physiology I and Lab) and a grade of “C” or better must have been earned.

See Appendix 10 for Curriculum Summary Form.

Pre-Entry Requirement (4 credits)

BSC 1085-1085L Human Anatomy & Physiology I and Lab

This course is a study of the general and specific structural anatomy and physiology of the human, including the requisite principles of chemistry that influence homeostasis. The systems approach is used; incorporating chemical functions with human structure, from the cell to the entire organism. Each system is presented in sufficient depth to provide a comprehensive understanding of systems for students in the life and health sciences. The systems covered include integumentary, skeletal, muscular, and nervous. 47 contact hours.

GENERAL EDUCATION COURSES (18 credits)

ENC 1101 Composition I (3 Credits)

This course is designed to develop composition skills. It emphasizes the development of the multi-paragraph essay and includes practice in information retrieval from electronic and other sources, as well as in the selection, restriction, organization, and development of topics. It also offers the student opportunities to improve proficiency with sentence structure, diction, and mechanics. Selected writing samples are examined as models of form and as sources of ideas for the student's own writing. 47 contact hours.

SPC 1600 Introduction to Speech Communication (3 Credits)

This course is designed to assist the student in understanding and implementing oral communication skills. Learning is centered in student participation in a variety of speaking-listening situations designed to increase the understanding of the interpersonal nature of all speech communication. 47 contact hours.

Humanities/Fine Arts Approved Course

Mathematics - Any college-level course with MAC, MGF, MTG or STA prefix

PSY 1012 General Psychology

This course is an introduction to the field of psychology. It includes the history, scientific methodology, major theoretical schools of thought, various approaches to interpersonal functioning, and human development. The effects of ethnicity, age, race, and gender are integrated into the study of the discipline (course). 47 contact hours.

PHI 1600 Applied Ethics (or PHI: 1602H, 1631, 2635, 2649) (3 Credits)

This course is a practical overview of key issues, questions and concepts in applied ethics. Special emphases are placed on the historical development of ethical thinking, a variety of ethical approaches and on multicultural aspects of ethics. Students will also examine a variety of personal, social, and professional ethical issues and problems and learn methods of resolving them through the use of critical thinking skills, sound ethical reasoning and legal and professional codes. Students are provided an active learning experience, increased student interaction and opportunities for independent research into ethical issues of personal interest. This course has a substantial writing requirement. 47 contact hours

Comp/Info - Computer/Information Literacy Competency Requirement

Computer/Information Literacy Competency (no minimum credit hours required). Computer/information literacy competency may be demonstrated by completing one of the following:

1. Passing a college approved Basic Computer/Information Skills Competency Test.
2. Successful completion of at least one of the following:
 - a. CTS 1101 Basic Computer and Information Literacy
 - b. CGS 1100 Microcomputer Applications (as revised in 2002) **OR** LIS 1002, CGS 1510 **AND** OST 1741

c. EME 2040 Introduction to Educational Technology (as revised in 2002), preferred for Education majors

SUPPORT COURSES (10 credits)

BSC 1086 Human Anatomy & Physiology II (3 Credits)

This course is a continuation of Human Anatomy & Physiology I. This course is a study of the general and specific structural anatomy and physiology of the human, including the requisite principles of chemistry that influence homeostasis. The systems approach is used; incorporating chemical functions with human structure, from the cell to the entire organism. Each system is presented in sufficient depth to provide a comprehensive understanding of systems for students in the life and health sciences. The systems covered include reproductive, endocrine, cardiovascular, lymphatic, immune, respiratory, digestive and urinary. 47 contact hours.

DEP 2004 Developmental Psychology of the Life Span (3 Credits)

This course is a study of human development from conception to death. Emphasis is on the ongoing changes which result from the interaction of inherited and environmental factors, and on the uniqueness of the individual. The course examines the ways in which age, gender, ethnicity and race affect development. This course has a substantial writing requirement. 47 contact hours.

HSC 1149C General Pharmacology for Health Professionals (1 Credit)

This course will provide the student with general pharmacology concepts and principles in the management of client care. The knowledge and skills required for safe, effective administration of therapeutic drugs and indications and contraindications associated with drug therapy are an integral part of this course. 32 contact hours.

HSC 1531 Medical Terminology (2 credits)

This course is an introduction to medical terms and abbreviations utilized by health care professionals in patient care settings. To orient students to the elements of medical terms, their abbreviations, meanings and appropriate spellings. 32 contact hours.

PROGRAM COURSES

The program is structured in such a manner that the foundational elements of anatomy and kinesiology, common disease/disabilities seen in physical therapy and basic treatment modalities and procedures are taught in the first semester. Also emphasized are basic psychomotor skills (e.g., body mechanics, proper use of the gait belt) which lead to safety for both patient and assistant.

FALL (1ST) SEMESTER IN PROGRAM (11 CREDITS)

PHT 1121 FUNCTIONAL ANATOMY AND KINESIOLOGY (3 Credits)

Prerequisites: BSC 1085-1085L. Corequisite: PHT 1121L. This course will be devoted to the study of the structure and function of the musculoskeletal system with emphasis on the mechanical (functional) aspects of human motion and the application of kinesiology as related to therapeutic exercise. 47 contact hours.

PHT 1121L FUNCTIONAL ANATOMY AND KINESIOLOGY LABORATORY (2 Credits)

Prerequisites: BSC 1085-1085L. Corequisite: PHT 1121. Within a laboratory environment, this course will be devoted to the study of the structure and function of the musculoskeletal system with emphasis on the mechanical (functional) aspects of human motion and the application of kinesiology as related to therapeutic exercise. Observational, manual dexterity, and communication skills will be developed relevant to analyzing, demonstrating, monitoring and/or modifying therapeutic exercise/routines. 62 contact hours.

PHT 1200 INTRODUCTION TO BASIC PATIENT CARE (3 Credits)

Prerequisite: Admission to the program. Corequisite: PHT 1200L. This course is an introduction to the field of physical therapy, including role orientation, professional organizational structure, modality principles used for basic patient care and disease processes. Role orientation, ethics, legal aspects, limitation and relationships will be explored relative to the physician, physical therapist and the patient. 47 contact hours.

PHT 1200L BASIC PATIENT CARE LABORATORY (3 Credits)

Prerequisite: Admission to the program. Corequisite: PHT 1200. This is a laboratory course in which there is practice in activities and modalities basic to the care of patients in health agencies. The development of manual dexterity skill with patient safety and comfort is the focus. College laboratory and community health agencies will be utilized for practice demonstration. 92 contact hours.

SPRING (2ND) SEMESTER IN PROGRAM (11 CREDITS)

In the second semester students receive a more in-depth view of a number of commonly seen diseases/disabilities, psychological aspects of disability, treatment documentation, and intermediate treatment modalities/procedures (e.g., more “invasive” modalities such as electrical stimulation and ultrasound). Students build on their foundational knowledge and clinical skills with an orthopedics course that covers common disabilities/injuries and treatment.

PHT 1217 PHYSICAL THERAPY PRINCIPLES AND PROCEDURES (3 Credits)

Prerequisites: PHT 1200-1200L, PHT 1121-1121L. Corequisite: PHT 1217L. This is a course to introduce the principles of PT treatment procedures and modalities used in patient care. Specialized vocabulary and selected (medical-surgical) conditions are presented. 47 contact hours.

PHT 1217L PHYSICAL THERAPY PRINCIPLES AND PROCEDURES LABORATORY (3 Credits)

Prerequisites: PHT 1200-1200L, PHT 1121-1121L. Corequisite: PHT 1217. Basic skills are to be developed and principles applied involving functional anatomy and kinesiology, basic therapeutic exercise, and application of modalities relative to caring for the patient. This laboratory course will include demonstrations, student practice in college laboratory and in affiliated health agencies. 92 contact hours.

PHT 2252 ORTHOPEDIC DISABILITIES AND TREATMENT (3 Credits)

Prerequisite: PHT 1121, PHT 1121L, PHT 1200, PHT 1200L. Prerequisite or Co-requisite: PHT 1217/PHT 1217L. Corequisite: PHT 2252L. This course provides the opportunity to develop basic skills in data collection and more advanced skills in therapeutic exercise techniques for common orthopedic conditions and a basic knowledge of selected orthopedic disabilities encountered in physical therapy practice. Emphasis is on the etiology, pathology and clinical picture of diseases studied. Use of physical therapy modalities and procedures used in each disability is discussed. 47 contact hours.

PHT 2252L ORTHOPEDIC DISABILITIES AND TREATMENT LABORATORY (2 Credits)

Corequisite: PHT 2252. Prerequisite or Corequisite: PHT 1217/1217L. This course provides the opportunity to develop basic skills in data collection and more advanced skills in therapeutic exercise techniques for common orthopedic conditions. Exercise programs for specific orthopedic pathologies are presented and practiced. 62 contact hours.

SUMMER (3RD) SEMESTER IN PROGRAM (3 CREDITS)

Following completion of a year of course work, students complete their first clinical affiliation. This first clinical experience provides students with the opportunity to demonstrate safe, ethical and legal practice and responsible behavior at the intermediate level. At the beginning level students are to demonstrate skills in: communication, documentation, resource management, cultural diversity and career development.

PHT 1801L PHYSICAL THERAPY CLINICAL PRACTICE I (3 Credits)

Prerequisites: PHT 1217, PHT 1217L, PHT 2252, PHT 2252L and HSC 1531. This course allows the student to correlate didactic background with basic patient care in the clinical setting. Each student is assigned to a clinical agency and performs specific physical therapy modalities and procedures on a variety of patients under the close supervision of a physical therapist. 40 contact hours per week for four weeks and 20 contact hours in the fifth week. 180 contact hours.

FALL SEMESTER SECOND YEAR (4TH SEMESTER IN PROGRAM) (7 CREDITS)

In their second year, students continue to build on their foundational knowledge and clinical skill with their most advanced courses. PHT 2220/2220L Therapeutic Exercise provides the student with knowledge in applying a neurophysiological approach to exercise (PNF, NDT) for the neurologically involved patient and PHT 2162 Neurological Disabilities and Treatment which is an advanced study of the nervous system with selected pathologies discussed.

PHT 2162 NEUROLOGICAL DISABILITIES AND TREATMENT (3 Credits)

Prerequisite: PHT 1801L. This course is devoted to the advanced study of the nervous system and selected neurological disabilities encountered in physical therapy practice.

Emphasis is on the etiology, pathology and clinical picture of diseases studied. Use of physical therapy modalities and procedures most effective for each neurological condition are discussed. 47 contact hours.

PHT 2220 THERAPEUTIC EXERCISE IN PHYSICAL THERAPY (2 Credits)

Prerequisite: PHT 1801L. Corequisite: PHT 2220L. This course provides an overview of the neurophysiological and cardiovascular basis for application of therapeutic exercise. The rationale for and functional basis of therapeutic exercise is correlated with selected patient pathologies. 32 contact hours.

PHT 2220L THERAPEUTIC EXERCISE IN PHYSICAL THERAPY LABORATORY (2 Credits)

Prerequisite: PHT 1801L. Corequisite: PHT 2220. Within the laboratory environment, this course will be devoted to the study and performance of power-assisted exercise modes and cardiovascular-based and neurophysiologically-based therapeutic exercise programs. Practice in the laboratory will involve demonstration, observation, analysis and performance monitoring. 62 contact hours.

SPRING SEMESTER SECOND YEAR (5TH SEMESTER IN PROGRAM) (10 CREDITS)

Students begin their second Sophomore semester with a second clinical affiliation where they work on data collection and intervention skills and further develop communication and documentation skills. They return to complete PHT 2931, Trends in Physical Therapy, a course that covers topics such as Cultural Diversity, Death and Dying, Managed Care, Home Health and Hospice. Following completion of Trends, students complete their third and final clinical where they continue developing their intervention and data collection skills to that of an entry level PTA.

PHT 2810L PHYSICAL THERAPY CLINICAL PRACTICE II 4 credits

Prerequisites: PHT 2220-2220L, PHT 2162. This clinical and laboratory course is correlated with class material. It provides the student with selected experiences in a college laboratory and health care agency. Emphasis is placed on more complex therapeutic procedures in clinical practice. Problem-solving techniques are employed in clinical decision-making. 40 clinical hours per week for four (4) weeks and 20 hours in the college laboratory. 180 contact hours.

PHT 2931 TRENDS IN PHYSICAL THERAPY 3 credits

Prerequisites: PHT 2220-2220L, PHT 2252, PHT 2810L. This course is a seminar-type class to explore the newer trends involving the role of the professional team, the professional organization, legal and ethical implications and legislation (including state regulations as well as Medicare and Medicaid regulations). Historical patterns in the development of the profession of physical therapy and projections of future directions in light of influence from the past will be explored. 32 contact hours.

PHT 2820L PHYSICAL THERAPY CLINICAL PRACTICE III 4 credits

Prerequisites: PHT 2810L, PHT 2931. This clinical and laboratory course is correlated with class material. It provides the student with selected experiences in the college laboratory and the healthcare agency. Emphasis is placed on complex/advanced therapeutic procedures in clinical practice. Advanced problem-solving techniques are employed in clinical decision-making. 180 contact hours.

The goal of the PTA program and the curriculum is to develop students as “generalists” with solid entry-level knowledge and skills which will provide a firm foundation for them to build upon. Through laboratory assessments and didactic exams students are continuously evaluated by faculty on their theoretical knowledge and practical application skills. The learning experiences of the PTA curriculum meet the mission and goals of the program and prepare students to be critical and analytical thinkers with good problem solving skills; aptitudes that are necessary to meet the demands of an ever-evolving health care system.

PTA Program’s Curriculum Plan can be found in the College Catalog, page 149, Health Programs Booklet, page 27, PTA application packet and the College website, www.spcollege.edu/hec/pta.

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

The mission and goals of the PTA program well define the expected student outcomes for the PTA program’s curricular plan. These expectations are communicated to students, academic faculty and clinical faculty utilizing the Clinical Instructor’s Manual, Student Handbook, Clinical Performance Instrument, and the competency based objectives found in the syllabus of each PTA course.

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

Program course unit objectives are stated in terms, using Bloom's Taxonomy, of what the student will demonstrate knowledge of and be able to perform for successful completion of each course lecture and lab.

An example of how course objectives describe the depth and breadth of content and level of expected student performance can be seen in PHT 2252 Orthopedic Disabilities and Treatment. The breadth of the course is for the student to gain knowledge of the etiology, pathology and clinical picture of common orthopedic injuries and diseases listed in the course objectives. The depth of the course is also reflected in the unit objectives where students are expected to describe the etiology, pathology and clinical picture for selected orthopedic conditions. An example of the expected level of student performance can be seen in PHT 2252L, the laboratory component of Orthopedic Disabilities and Treatment. One of the objectives requires students to perform gross manual muscle testing with proper techniques of applying resistance and accurately assigning a strength grade to the motion performed.

See [Appendix Tab 11](#), PHT Course Number Tabs for technical education course syllabi, course outlines and sample copies of formative and summative exams.

3.2.4. The implemented curriculum plan utilizes appropriate instructional methodology.

The PTA Program faculty utilize a variety of instructional methods in implementing the curriculum plan. Instructional methods used to develop competence in theoretical concepts and the cognitive domain include lecture, reading assignments, case studies, group and individual projects, field trips and oral presentations. Laboratory courses give students an opportunity to develop psychomotor skills through instructional demonstration, simulated patient treatment practice, and observation/hands-on skills with real patients treated in the PTA clinic. Affective domain skills are developed through the use of participation and cooperation in group activities, expressing opinions via the discussion board in supplemental on-line courses, simulated and real patient care activities. This variety in instructional methodology enables faculty to address the different learning domains and meet the needs of students with different learning styles. (See Folder 3.2.4. for examples of different types of instructional methodology and learning experiences used in the curriculum)

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

Program faculty utilize a variety of effective methods to measure student's progress and achievement of unit and course objectives. In lecture courses student progress is measured by quizzes and exams which are comprehensive in content. An average of four exams are given in each lecture course. In laboratory courses student progress is measured by practical assessments using a skills checklist for application competency. Each lab course has a minimum of three practical assessments to measure student competency. Program academic requirements have established the minimum passing grade to be a 75% on all lab practical assessments. If a student fails a lab practical they are allowed one more attempt to pass the assessment. A second failure results in the student not passing that laboratory course and must withdraw from the program. A final program comprehensive exam is given at the end of the five program semesters with a 75% grade required to pass the exam and fulfill graduation requirements.

The PTA Program utilizes the APTA's Clinical Performance Instrument as the means of assessing student achievement of clinical objectives. Specific Performance Criteria expected of the student and the grading criteria established for each clinical affiliation are provided to students prior to each clinical course and to clinical agencies in the CI Manual and upon request. Students are evaluated at mid-term and at the end of each clinical experience to measure their progress in meeting course grading expectations.

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

Throughout the PTA curriculum, ethics, safety and the appropriate role of the PTA in the patient care setting is stressed. This begins in the initial course (PHT 1200) with lectures on the role of the PTA versus the PT versus the physician, universal precautions and aseptic techniques, safety for the practitioner and patient during patient transfers, lifts and gait, and appropriate ethical conduct. In the accompanying lab (PHT 1200L), practice in proper positioning, appropriate interaction with the patient and safe, effective, and efficient application of basic modalities/procedures are practiced under close faculty supervision. The "threads" of safety, ethical behavior, appropriate role behavior, and effective/efficient treatment application are woven through the fabric of all the physical therapy courses, including the clinical courses.

Faculty judge student competence in physical therapy knowledge and skills by utilizing written examinations, practical examinations and required hand-in assignments. For lecture courses, competency is determined primarily by written examinations. Students must pass these with a minimum of 75% to pass the course and advance in the program. Contraindications and precautions are emphasized in both lecture and lab and weighted heavily on both written exams and lab practicals.

For each laboratory assessment, the student must pass each modality/procedure at the 75% or above competency level. Critical elements are a part of every lab assessment and

these must be met regardless of how well the student does with other skills involved in the practical to pass. If a student fails a lab practical they will be given one (1) more opportunity to pass. A student who does not pass a skill on the second attempt fails the course and must withdraw from the program. (See Student Handbook, page 20)

Examples of critical elements include safety with patient positioning and guarding, using a gait belt when indicated, teaching patient safety instructions regarding procedure or equipment, safely monitoring patient responses during and after treatment, moving and removing equipment from treatment area for patient safety. All lab assessment forms are given to students prior to taking the lab practical to emphasize one last time expectations of that particular assessment. Students are encouraged to pay particular attention to the critical elements that are in bold on the lab checkout form. (See samples of lab evaluations in Appendix 11, at the back of subtabs PHT 1121L, 1200L 1217L, 2252L, 2220L). The program faculty determines the student is safe to progress through the curriculum when they can apply or perform a skill safely, efficiently and communicate effectively with the patient.

Prior to students beginning their first clinical affiliation CIs are sent a letter indicating what skills the student may be expected to perform under the appropriate guidance and supervision. Students arrive at the clinic with their CPI and grading criteria for that particular clinical. Faculty visit all students halfway into their clinical affiliation to address any concerns and to look at each written mid-term to ensure the CPI is being filled out correctly and the students are receiving appropriate feedback regarding their performance.

CIs and students are made aware that if a student is required to perform a procedure or modality that he/she has not been previously taught in the academic setting, the CI is responsible for teaching the procedure or modality and determining that the student is safe in it prior to patient application. (See Clinical Instructor's Manual, and PTA Student Handbook, page 36)

3.3. Comprehensive Curriculum

3.3.1. The physical therapist assistant curriculum includes, or its prerequisites include, elements of general education, including basic sciences that include biological, physical, physiological, and anatomical principles, and applied physical therapy science. The course work is designed to prepare the student to think independently, to clarify values, to understand fundamental theory, and to develop critical thinking and communication skills.

Program students are required to complete 32 credits of general education and support courses and demonstrate basic computer skills for the AS degree in Physical Therapist Assistant.

General Education Courses:

ENC 1101 Composition I
 SPC 1600 Introduction to Speech
 Humanities/Fine Arts Course
 Mathematics Course
 PSY 1012 General Psychology
 PHI Applied Ethics
 Computer Literacy Competency Requirement

Academic Support Courses:

BSC 1085/1085L Human Anatomy & Physiology/ Human Anatomy & Physiology Lab
 BSC 1086/1086L Human Anatomy & Physiology II/ Human Anatomy & Physiology II
 Lab
 DEP 2004 Developmental Psychology of the Life Span
 HSC 1149C General Pharmacology for Health Professionals
 HSC 1531 Medical Terminology

In order to be eligible to enter the program, students must have completed a minimum of 12 credits from the above, four of which must come from BSC 1085 and BSC 1085L (Anatomy and Physiology I) in which the student must have earned a “C” or better. BSC 1085/1085L covers general and specific structural anatomy and physiology of the human. Body systems covered include integumentary, skeletal, muscular and nervous. This course serves as a foundation for the material presented in PHT 1121 Functional Anatomy and Kinesiology. The PTA Program is in the process of changing program entry requirements to include BSC 1086/1086L Human Anatomy and Physiology II. This course is an essential foundation to building knowledge in orthopedics, therapeutic exercise and neurology which are PTA program course requirements.

Mathematics assists the students in developing logic and critical thinking skills. Composition I and Speech prepare the student for the written and verbal presentations required in the program, as well as prepare them to write well so that documentation skills will be sufficient to justify physical therapy services. General Psychology and Developmental Psychology of the Lifespan are courses that provide a foundation in the development of personality and how the effects of ethnicity, age, race and gender play a role in that development. This is explored in greater detail in PHT 2931 Trends in topics such as cultural diversity, death and dying, substance/physical abuse and psychological concerns in rehab. This year all Health Programs are required by the College to have, as a general education requirement, a 3 credit applied ethics course (previously only a 2 credit course was required). This additional credit in ethics is designed to assist students in making sound ethical choices in their personal and professional lives. HSC 1531 Medical Terminology must be taken no later than the second semester of the first year, prior to the first clinical affiliation as it is an introduction to the medical terms and abbreviations utilized by health care professionals in patient care settings. All students must complete a computer literacy competency requirement to prepare them for using the on-

line supplemental component of each course in the technical program and to build the skills necessary to use computers in the health care environment.

Due to the demographics of SPC PTA students (second career with family/work responsibilities) many will have completed most, if not all, the general education and support courses prior to matriculation into program courses.

3.3.2. The technical education component of the curriculum includes learning under the direction and supervision of the physical therapist. Courses within the curriculum include content designed to prepare program graduates to meet the described performance expectations.

Course content and planned learning experiences in the PTA curriculum are designed to prepare a PTA graduate to be able to practice in the great majority of entry-level positions available. The modalities/procedures taught are those that are current to practice and include the use of a large variety of physical therapy equipment.

Assessment of skills and knowledge occurs through both written assignments and hands-on lab practicals. From the beginning laboratory, students are challenged by faculty to look for and consider a variety of ways to solve patient-related problems. Close observations of modalities and procedures to identify possible application problems is stressed. This problem solving/critical thinking is carried into all laboratories and clinical courses.

Curriculum learning experiences include lectures, discussions, reading assignments, field trips, research, presentations, individual and group projects, case studies, patient scenarios and working with real patients in the PTA clinic, Faculty are continually

involved in identifying additional learning experiences that will promote all of the Generic Abilities (a commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, critical thinking, stress management). Beginning with the Freshmen orientation and caring over into the first semester courses, faculty hold discussions with classes regarding development of these expected professional behaviors. Students receive a copy of the Generic Abilities in PHT 1200 with this information being covered in the first lecture class. Information has been shared with the students including definitions of the behaviors and accompanying criteria indicating the beginning, developing, and advanced levels of each one. (See Folder 3.3.2.)

Communication

3.3.2.1. Communicates verbally and non-verbally with the patient, the physical therapist, health care delivery personnel, and others in an effective, appropriate, and capable manner.

Communication is taught as a key element in effective practice whether it be between the PT and PTA, the patient and the PTA, the PTA and other health care providers or the PTA and the general public. Effective communication skills are an integral part of every lab assessment in each laboratory course. During each lab assessment the student is required to demonstrate appropriate listening skills, use clear and simple instruction regarding what the procedure involves, purpose of the procedure and expected procedure sensations and procedure duration. The student is expected to seek informed consent from the patient prior to initiating the procedure, ask the patient for questions prior to treatment and then questioning the patient regarding sensations/concerns throughout the procedure. Students are encouraged to consult with the supervising physical therapist during lab practical exams if needed.

Learning experiences in communication include the critique of communication skills during lab assessments, critiqued SOAP note writing in the laboratory and clinic, the writing of formal case studies (including the interviewing of patients), formal class oral presentations (both singularly and as part of a group), and a formal oral clinical in-service presentation. PTA graduates with experience and expertise in various areas return to present class lectures which give role model examples to students in oral presentations.

Individual and Cultural Differences

3.3.2.2. Recognizes individual and cultural differences and responds appropriately in all aspects of physical therapy services.

Students are prepared to recognize and appropriately respond to individual and cultural differences in PHT 2931 Trends in Physical Therapy. Student groups present information for discussion on socioeconomic, cultural, ethnic, gender, religious and other differences among people and the implications these have on communication with clients,

a client's family, colleagues, health care providers, and the public. Discussions include group differences in characteristics, common diseases, acceptable/taboo behaviors for health care providers, role of family members as caregivers and beliefs about/reaction to illness/death.

Students also receive practical application of these interpersonal skills during Clinical Practice I, II and III. Students must demonstrate competency as it relates to respect and sensitivity to individual differences in criteria 3, 8, 13 and 20 in the PTA CPI (Clinical Performance Instrument).

Behavior and Conduct

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

Instruction of professional conduct that meets societal expectations begins in the first course of the program PHT 1200L. Students review the Program mission, objectives, and philosophy and the PTA Student Handbook section on Professionalism which includes review of APTA's Definition and Utilization of the PTA, APTA Code of Ethics and APTA Standards of Ethical Conduct for the PTA. Students also discuss Generic Abilities and their application to professional behaviors. Students are assessed on their ability to demonstrate professional behaviors during Clinical Practice I, II and III through criteria 2, 3, 4, 5, 6, 8, and 19 of the PTA CPI.

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

PHT 1200L provides instruction in professional behavior expectations (See above). Additionally, all students are given an application and encouraged to join the American Physical Therapy Association at new student orientation. During PHT 1200 a member of the Florida Physical Therapy Association gives a guest lecture on APTA member benefits and discusses the advantages of involvement in the professional organization at the national, state and district level. APTA national and FPTA district and state meetings are announced both in class and posted in the on-line component of the PHT course in session. Students are encouraged to attend these national, state and district meetings and to become members of the student special interest group of the APTA and FPTA. Students who attend professional activities are asked to give a report to their fellow students on the meeting agenda, discussions and overall learning experience.

Faculty members serve as role models by being active in the APTA and various special Interest groups as well as attending meetings at the national, state and district level. Faculty have served as assembly representatives at the state level, casting votes for the West Central District. Faculty members share their involvement with the students in these professional meetings as well as continuing education courses attended.

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

Students are exposed to ethical, legal and safe practice in their first course PHT 1200/1200L. The APTA code of ethics is discussed as is the role of the PTA in healthcare. Safety is assessed both in written exams and is assessed during every lab practical taken in all PHT courses. In PHT 2931 Trends in PT the student is expected to demonstrate intermediate and advanced knowledge and understanding of the ethical and legal aspects involved in practicing as a physical therapist assistant. This is accomplished through a thorough review of the Florida Board of Physical Therapy Practice Laws and Rules, the American Physical Therapy Association Standards of Practice for Physical Therapy, the Standards for Ethical Conduct for the Physical Therapist Assistant, and the Guide for Conduct of the Affiliate Member. Also covered are selected aspects of legal liability and malpractice in providing health care, and ethical, moral and professional dilemmas faced in practice. During each clinical affiliation students are required to keep a notebook to write a daily SOAP note, keep a list of medications (affects/side-affects) and any ethical situations they encountered. Upon return to class, ethical situations and possible resolutions are discussed.

The "threads" of safety, ethical behavior, legal practice and appropriate role behavior are woven through the fabric of all the physical therapy courses, including the clinical courses. Safe, legal and ethical practice are learning outcomes for all three clinical courses and students are evaluated on these in criteria 1, 4 and 5 of the PTA CPI.

Plan of Care

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

In the first program course, PHT 1200/1200L Basic Patient Care, students begin learning the roles and responsibilities of the PTA, including how to review a physical therapist's evaluation. Several different, completed patient evaluations are shown to students and particular attention is focused on patient precautions, short and long term goals and the physical therapist's plan of care. Students are guided in developing an understanding of how to carry out the POC and appropriate modification of the POC throughout PHT 1200L, PHT 1217L Principles and Procedures, PHT 2252L Orthopedic Treatment and Disabilities and PHT 2220L Therapeutic exercise. Treatment progression is emphasized for orthopedic patients during PHT 2252/2252L and for neurologically involved patients during PHT 2220/2220L.

Students also have the opportunity to communicate their understanding of a POC and achievement of patient goals utilizing the patients that are seen in the PTA clinic. When a patient is scheduled for treatment, several students are selected to participate in the treatment session that day. Students are given the patient chart and asked to review the

PT evaluation, goals, POC and prior treatment given. The students then discuss these with the treating PT or PTA faculty and are asked for examples of appropriate interventions for treating the patient that day keeping in mind the goals set forth in the PT evaluation. Students continue to increase their skills in understanding the plan of care and achievement of patient goals in their clinical affiliations. Students are progressively assessed on these skills using criteria 9, 10, 11 of the PTA CPI.

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

Functional Training

- 1. activities of daily living**
- 2. assistive / adaptive devices**
- 3. body mechanics**
- 4. developmental activities**
- 5. gait and locomotion training**
- 6. prosthetics and orthotics**
- 7. wheelchair management skills**

Students in the PTA program receive instruction in functional training activities throughout the program. Instruction in gait and transfer training, assistive/adaptive devices, body mechanics, prosthetics and orthotics, wheelchair management and developmental activities occurs in the first semester of the first year in PHT 1200/1200L Basic Patient Care. This instruction occurs didactically and through hands-on practice in the laboratory portion of the course. In this course a local orthotist/prosthetist guest lectures on the subject of orthotics and prosthetics, bringing common orthosis and prosthesis to show the students. He recruits some of his amputee patients (AKAs, BKAs, and a Symes amputee) to come and discuss with the students their disability and demonstrate donning/doffing of their prosthesis. Further instruction in amputee rehab and orthotics and prosthetics is covered in PHT 2252 Orthopedic Disabilities and Treatment. Advanced instruction in developmental activities occurs in PHT 2220/2220L Therapeutic Exercise where selected developmental sequence activities are taught and practical application tested. The pediatric laboratory is held at All Children's Hospital with five or six students attending at a time over a four week period. Students have the opportunity to observe experienced pediatric clinicians working with patients as well as gain hands-on experience in pediatric handling skills, creative play, use of pediatric adaptive/assistive devices and wheelchairs. Throughout the program, in each laboratory course, body mechanics is part of the skills check off list for every practical taken.

Infection Control Procedures

- 8. isolation techniques**
- 9. sterile technique**

Universal precautions and infection control are covered in PHT 1200 Basic Patient Care in the aseptic techniques lecture. Sterile techniques are covered during 6 hours of

instruction in wound care by a guest lecturer. Infection control information is reinforced in PHT 1217 Principles and Procedures where selected infectious pathologies are presented. Infection control procedure are reinforced during all laboratories with faculty ensuring students are washing their hands between students/patients and cleaning all equipment between student/patient use. Hand washing and cleaning equipment/procedure area is a skills check off during most lab practicals.

Manual Therapy Techniques

10. passive range of motion

11. therapeutic massage

The techniques of passive range of motion and therapeutic massage are taught during PHT 1200/1200L Basic Patient Care. Faculty instruct in and demonstrate each technique, students have an opportunity to practice these techniques and then perform a lab practical assessment to ensure competency and safety in performing each technique.

Physical Agents and Mechanical Agents

12. athermal agents

13. biofeedback

14. compression therapies

15. cryotherapy

16. electrotherapeutic agents

17. hydrotherapy

18. superficial and deep thermal agents

19. traction

Instruction and practice in the indications, contraindications and precautions along with safe administration of Athermal agents, cryotherapy, hydrotherapy, superficial and deep heat (infrared, diathermy, ultraviolet) are covered in PHT 1200/1200L. Instruction and practice in the indications, contraindications, and precautions and safe administration of compression therapies, electrotherapeutic agents, biofeedback, ultrasound and traction are covered in PHT 1217/1217L Principles and Procedures in PT. Additionally, three hours of instruction in bandaging, intermittent pneumatic compression and compression garments are presented by a guest lecture who is a certified lymphedema specialist.

Therapeutic Exercise

20. aerobic conditioning

21. balance and coordination training

22. breathing exercises and coughing techniques

23. conditioning and reconditioning

24. posture awareness training

25. range of motion exercises

26. stretching exercises

27. strengthening exercises

Instruction in therapeutic Exercise occurs throughout the PTA curriculum. Range of Motion exercises are taught in PHT 1200/1200L Basic Patient Care and carried over to PHT 2252/2252L Orthopedic Disabilities and Treatment. Stretching is initially taught in PHT 1217/1217L Principles and Procedures and advanced stretching techniques are taught in PHT 2252/2252L Orthopedic Disabilities and Treatment. Strengthening exercises, balance and coordination training, conditioning and reconditioning and posture awareness are all taught in PHT 2252/2252L Orthopedic Disabilities and Treatment. Aerobic conditioning is initially introduced in PHT 1217/1217L Principles and Procedures with advanced cardiovascular exercise covered in PHT 2220/2220L Therapeutic Exercise. Respiratory PT is covered in a 4 hour guest lecture by the program director of the Respiratory Care Program at SPC. This lecture covers instruction in respiratory terminology, common respiratory pathologies, breathing exercises, coughing techniques, and postural drainage techniques.

Wound Management

28. application and removal of dressing or agents

29. identification of precautions for dressing removal

Wound Care Management is taught as part of PHT 1200 Basic Patient Care. Students receive 6 hours of instruction and demonstration in wound management. This content is taught by a guest lecturer who is a certified wound care specialist.

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

Aerobic Capacity and Endurance

1. measures standard vital signs

2. recognizes and monitors responses to positional changes and activities

3. observes and monitors thoracoabdominal movements and breathing patterns with activity

Instruction, practice and assessed competency of vital signs, responses to positional changes and monitoring of thoracoabdominal movements and breathing patterns begins in PHT 1200/1200L Basic Patient Care. Recognizing responses to positional changes and activities and monitoring of thoracoabdominal movements are skills that are part of the lab practical check outs for every lab course in the curriculum. Measurement of vital signs is reinforced during the cardiovascular exercise lab in PHT 2220L Therapeutic Exercise.

Anthropometrical Characteristics

4. measures height, weight, length and girth

Anthropometrical Characteristics are initially covered in PHT 1200/1200L Basic Patient Care. Length and girth measurements are also covered and practiced during PHT 2252/2252L Orthopedic Disabilities and Treatment.

Arousal, Mentation and Cognition

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

Arousal, Mentation and Cognition as it relates to specific patient types is covered in PHT 2220/2220L Therapeutic Exercise. It is covered in depth in PHT 2162 Neurological Disabilities and Treatment. This information is also covered in Geriatric Rehabilitation a topic covered by a guest lecturer who is a geriatric clinical specialist.

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

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

Students receive initial instruction, practice, and are assessed on their skills to identify an individual's and caregiver's ability to care for these devices, recognize changes in skin condition while using devices and equipment, and recognition of safety factors while using the device in PHT 1200/1200L Basic Patient Care. This information is reinforced and again assessed during a final laboratory practical in PHT 1217/1217L Principles and Procedures. Advanced instruction in the above is covered in PHT 2252/2252L Orthopedic Disabilities and Treatment.

Gait, Locomotion, and Balance

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

Instruction in gait, locomotion, wheelchair management and balance are initially covered, practiced and skills assessed in PHT 1200/1200L Basic Patient Care. Students build and develop advanced knowledge in the area in PHT 2252/2252L Orthopedic Disabilities and Treatment as it relates to the orthopedic patient and PHT 2220/2220L Therapeutic Exercise as it relates to the neurologically involved patient and in the developmental sequence for pediatrics.

Integumentary Integrity

- 10. recognizes absent or altered sensation**
- 11. recognizes normal and abnormal integumentary changes**

- 12. recognizes activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma**
- 13. recognizes viable versus nonviable tissue**

Skin assessment is initially covered in PHT 1200/1200L Basic Patient Care where students are taught: patient positioning to reduce/relieve pain, activities and positions that can produce skin trauma and to assess skin for color, temperature and sensory changes pre and post-treatment. This skill is reinforced during PHT 1217/1217L Principles and Procedures where advanced modalities are applied. Advanced instruction in normal/altered sensations, dermatomes/ myotomes is covered in PHT 2162 Neurological Disabilities and Treatment. Students learn to recognize viable vs nonviable tissue, postures, activities and positioning that can produce skin trauma during the 6 hours of wound care instruction they receive from a guest lecturer.

Joint Integrity and Mobility

- 14. recognizes normal and abnormal joint movement**

Normal joint anatomy and measurement of joint range of motion is covered in PHT 1121/1121L Functional Anatomy and Kinesiology. This information is reinforced in PHT 1200/1200L Basic Patient Care where students learn passive range of motion and PHT 2252/2252L Orthopedic Disabilities and Treatment where normal and abnormal joint movement is explored at an advanced level and students are again assessed on their ability to accurately measure joint range of motion.

Muscle Performance

- 15. measures muscle strength by manual muscle testing**
- 16. observes the presence or absence of muscle mass**
- 17. recognizes normal and abnormal muscle length**
- 18. recognizes changes in muscle tone**

Manual muscle testing is taught, practiced and the skill assessed in the laboratory portion of Orthopedic Disabilities and Treatment. Students are initially taught to observe muscle mass in PHT 1200/1200L Basic Patient Care with refinement of those skills in PHT 2252/2252L Orthopedic Disabilities and Treatment. Recognition of normal and abnormal muscle length is initially discussed in PHT 1121/1121L Functional Anatomy and Kinesiology with carry over into PHT 1217/1217L Principles and Procedures and PHT 2252/2252L Orthopedic Disabilities and Treatment. Changes in muscle tone are covered in PHT 2220/2220L Therapeutic Exercise and PHT 2162 Neurological Disabilities and Treatment

Neuromotor Development

- 19. recognizes gross motor milestones**
- 20. recognizes fine motor milestones**
- 21. recognizes righting and equilibrium reactions**

Neuromotor Development is initially covered in PHT 1200 Basic Patient Care. More advanced knowledge of recognition of gross and fine motor milestones and righting and equilibrium reactions is covered in PHT 2220/2220L Therapeutic Exercise in both the normal development module and the pediatric module.

Pain

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

PHT 1200/1200L Basic Patient Care begins the coverage of pain, pain scales and documentation of these scales, and recognition of activities, positions and postures that aggravate or relieve pain. Reinforcement and advanced knowledge of this information is carried into PHT 1217/1217L Principles and Procedures and PHT 2252/2252L Orthopedic Disabilities and Treatment.

Posture

- 24. Describes resting posture in any position**
- 25. Recognizes alignment of trunk and extremities at rest and during activities**

Instruction in resting postures and recognition of alignment of trunk and extremities at rest and during activities begins in PHT 1121/1121L Functional Anatomy and Kinesiology and is also covered in PHT 1200/1200L Basic Patient Care during proper positioning techniques. Postural assessments and postural deviations are covered in PHT 2252/2252L Orthopedic Disabilities and Treatment where plumb lines are utilized and students have the opportunity to assess the posture of other students in the lab.

Range of Motion

- 26. measures functional range of motion**
- 27. measures range of motion using a goniometer**

Initial instruction, practice and skill competency assessment of functional range of motion and measurement of range of motion using a goniometer is covered in 1121/1121L Functional Anatomy and Kinesiology. This information is reinforced and again the use of goniometer to measure range of motion assessed through lab practicals in PHT 2252/2252L Orthopedic Disabilities and Treatment.

Self-care and Home Management and Community or Work Reintegration

- 28. inspects the physical environment and measures physical space**

- 29. recognizes safety and barriers in home, community and work environments**
- 30. recognizes level of functional status**
- 31. administers standardized questionnaires to patients and others**

Recognition of functional status and administration of questionnaires to patients is taught in PHT 1200/1200L Basic Patient Care. Inspection of the physical environment, measuring of physical space, recognition of safety barriers in the home, community and work environments is covered in PHT 2931 Trends in PT.

Ventilation, Respiration and Circulation Examination

- 32. recognizes cyanosis**
- 33. recognizes activities that aggravate or relieve edema, pain, dyspnea, or other symptoms**
- 34. describes chest wall expansion and excursion**
- 35. describes cough and sputum characteristics**

Chest wall expansion and excursion is initially discussed in PHT 1121/1121L Functional Anatomy and Kinesiology. In PHT 2220/2220L Therapeutic Exercise chest wall expansion, lack of it and techniques to increase it are discussed for selected pathologies. Recognition of cyanosis and activities that aggravate or relieve edema, pain, dyspnea are initially covered in 1200/1200L Basic Patient Care and reinforced in PHT 1217/1217L Principles and Procedures. Ventilation, Respiration and description of cough and sputum characteristics are covered in a respiratory PT lecture given by a guest lecturer.

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

Communication is taught as a key element in effective practice. The PTA is introduced to their role in the health care system in PHT 1200/1200L Basic Patient Care. During lab exams students who are role-playing as patients are given scenarios to act out. Students performing the lab assessment are expected to adjust the treatment within the plan of care, if appropriate, and report the adjustment to the supervising PT and in a SOAP note.

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

Instruction and practice in recognizing when interventions should not be provided begin in PHT 1200/1200L Basic Patient Care and continue in PHT 1217/1217L Principles and Procedures (in relation to precautions and contraindications in modality application). Recognizing when a change in patient status renders an intervention unsafe is covered for orthopedic patients in PHT 2252/2252L Orthopedic Disabilities and Treatment and for

the neurologically involved patient and cardiopulmonary patient in PHT 2220/2220L Therapeutic Exercise.

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

Communication skills are initially taught in PHT 1200/1200L Basic Patient Care. This is the course where primary instruction in reporting changes in patient status to the supervising PT is taught in the curriculum. This requirement is reinforced with application to selected patient types and situations in PHT 1217/1217L Principles and Procedures, PHT 2252/2252L Orthopedic Disabilities and Treatment and PHT 2220/2220L Therapeutic Exercise.

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

Students initially review the Code of Ethics for the PTA and the scope of practice for the PTA in PHT 1200/1200L Basic Patient Care. The PT Florida Practice Act and Rules and Laws, ethical dilemmas and risk management (including practicing outside the limits of their education or legal practice) is covered In PHT 2931 Trends in PT.

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

Students begin practicing education of patients and caregivers during their first classes of PHT 1121/1121L Functional Anatomy and Kinesiology and PHT 1200/1200L Basic Patient Care. This skill is assessed in every lab practical throughout the program in the communication check off list. Students continue practicing education in a home exercise program in PHT 2252/2252L Orthopedic Disabilities and Treatment where they are assessed on development and education in a HEP for an orthopedic patient.

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

Students begin practicing education of patients and caregivers during their first classes of PHT 1121/1121L Functional Anatomy and Kinesiology and PHT 1200/1200L Basic Patient Care. Supporting instruction occurs in all procedures classes (PHT 1217, PHT 2252 and PHT 2220). Students are continually reminded that much of their job is one of patient/caregiver education.

3.3.2.15. Takes appropriate action in an emergency situation.

Program entry requirements dictate that the students submit a current CPR and First Aid Certificate for admission into the PTA Program. This certificate must be kept current throughout the duration of the program. It is in obtaining this certificate that students are first introduced to emergency situations. Once in the program student receive additional training in appropriate action in emergency situations they may encounter in the clinic including but not limited to: autonomic dysreflexia, diabetic emergencies, seizures, DVTs and MIs.

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

Students begin to learn how to write documentation to support physical therapy services in PHT 1200/1200L Basic Patient Care beginning with the subjective and objective part of a SOAP note. The assessment and plan is covered in PHT 1217/1217L Principles and Procedures. Each assignment is graded and returned to the student. During each clinical practice students are required to keep a notebook where they are to write one SOAP note a day. These notebooks are turned in for faculty review and grading.

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

Students receive three hours of instruction in discharge planning, the role of the physical therapist and physical therapist assistant, other health care team members involved and their responsibilities, obstacles to discharge and financial resource considerations. Students then practice discharge planning skills in groups using case studies.

3.3.2.18. Reads and understands the health care literature.

Students practice reading and interpreting professional literature in several courses throughout the curriculum. Students are required to do a patient case study during Clinical Practice I and II that has a graded research component. Research references must include at least one current (last five years) medical journal. In Clinical Practice III students are required to prepare and present an in-service to facility staff, this also has a graded research component that must include a current medical journal reference.

Education

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

Students are introduced to their role as a PTA in PHT 1200/1200L, including but not limited to the role of educator to potential facility staff, patients and their families/caregivers. There are lab assessments with scenarios that require students to instruct and utilize PT aides to assist with techniques such as transfers. During each lab practical students are assessed on their ability to instruct and communicate with a patient. During PHT 2252L Orthopedic Disabilities and Treatment students are required to present case studies to the class including instructing classmates on performing a particular stretch or exercise. During Clinical Practice III students are required to give an in-service to the facility with the purpose of staff education. Education of others (patients, family, caregivers, staff, other health care providers) using relevant and effective teaching methods is a graded competency in Clinical Practice II and III, criteria 13 of the PTA CPI.

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

The role of the PTA is initially taught in PHT 1200 along with the APTA standards of Conduct and Code of Ethics. In PHT 2931 the Florida Physical Therapy Practice Act and Rules and Laws of the Florida Board of Physical Therapy are presented and discussed. Legal issues and risk management are also presented in PHT 2931 and include discussions on the PTA being responsible for honest representation of themselves as PTAs and educating others on their role in healthcare.

Administration

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

Students are instructed in interaction with other health care team members throughout the curriculum including but not limited to: in PHT 2252 instruction on interaction with the amputee health care team, in PHT 2220 interaction with the spinal cord team, CVA team, in discharge planning with the DC team. Students receive practical application in interacting with other health care team members in all clinical practices.

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

Students receive three hours in the Medicare Prospective Payment System from a guest lecturer who is also a regional supervisor for 22 skilled nursing facilities. Students have an opportunity to participate in the billing of patients in the PTA patient clinic. Students receive information on billing and reimbursement during each of their three clinical

practices, in Clinical Practice III participation in fiscal management of the physical therapy clinical setting is a graded competency, criteria 17 of the PTA CPI.

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

Students are instructed in roles and responsibilities of physical therapy personnel in PHT 1200. Further instruction in provision of physical therapy services occurs in PHT 2931 where presentations and discussions are given on: managed care, Florida Physical Therapy Practice Act and Rules and Laws of the Florida Board of Physical Therapy, historical patterns in the development of the profession of physical therapy and projections of future directions in light of influence from the past. Students are graded in each clinical practice on their ability to function within the organizational structure of the practice setting, setting priorities for the use of resources to maximize outcomes and management of resources (time, equipment), which is criteria 16 of the PTA CPI.

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

Students are exposed to information regarding quality assurance in PHT 2931 during a four hour medical errors lecture. Students are graded during Clinical Practice III on their participation in activities addressing quality of service delivery, criteria 14 of the PTA CPI.

Social Responsibility

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

Students are introduced to the role and responsibility of the PTA in meeting the needs of the patient and consumer in PHT 1200 along with the APTA standards of Conduct and Code of Ethics for the PTA. In PHT 2931 the Florida Physical Therapy Practice Act and Rules and Laws of the Florida Board of Physical Therapy are presented and discussed. Students have the opportunity to observe this commitment modeled by faculty working with patients in the PTA clinic.

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

Students are introduced to the social responsibilities of the PTA during orientation and encouraged throughout the curriculum to be active participants in community and service organizations and activities. Every year the West Central District of the FPTA is involved in helping at the Special Olympics. Students are encouraged to participate and many do.

In past years students have participated in blood drives and food drives held at the Health Education Center, monetary collections for the Katrina Hurricane victims and have put together shoeboxes of needed items for Iraqi soldiers overseas.

Career Development

3.3.2.27. Identifies career development and lifelong learning opportunities.

Career development and lifelong learning for the PTA are discussed at orientation and continues to be emphasized throughout the program. At orientation the mission, goals and philosophy of the program are discussed which stresses a commitment on the part of the student to assume responsibility for their own learning during the program and upon graduation.

Students learn during the course of the curriculum that life-long learning in the field of physical therapy is not an option but a necessity if one is to remain a viable practitioner. Students come to realize that the completion of the PTA curriculum is but the beginning of the journey. Although primarily discussed in the Trends in Physical Therapy course (PHT 2931), the addition of the "generic abilities" - including a "commitment to learning" into the clinical course student behavioral objectives is intended to build this as value in a more defined way. Students are graded on implementation of a self-directed plan for career development and lifelong learning in all three clinical practices, criteria 19 in the PTA CPI.

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

Students are primarily exposed to the role of the PTA as a clinical educator in the lecture component of their first clinical practice and through mentorship by the PTA Clinical Instructor. Prior to graduation, students are reminded to contact the ACCE after a year of clinical practice if they would like to "give back" to the profession as a clinical instructor.

See [Appendix 12 for Course Objectives and Outcomes Form](#)

3.3.3. Clinical Education

In keeping with the Program mission to turn out graduates who are good “generalists” the PTA program requires each student to do three, 4½ week clinical affiliations, each of which must be in a different clinical setting. The Program has a diverse and varied clinical affiliation list with clinical settings including but not limited to: acute care, skilled nursing, outpatient, pediatrics, woman’s health, sports medicine and wound care.

The process of determining where students will do their clinical practice involves both the student and the ACCE. Students are provided a list of available clinical sites for each affiliation and access to the Clinical Site Information Forms. A “lunch and learn” is also held by the faculty for those students who would like additional information regarding the different clinical affiliation sites. Each student is asked to submit five choices for each clinical practice to the ACCE who then reviews the choices for compliance with program requirements. The ACCE compiles all the requests and assigns clinical placement attempting to ensure each student receives equal opportunity to affiliate at least one time with a first choice. Due to the limited number of pediatric affiliations and the higher number of students desiring these affiliations this usually requires students “drawing straws” for these clinical placements.

If a student is interested in affiliating at a facility where the College does not have an affiliation agreement, the ACCE is willing to meet with the staff to determine if the facility meets the standards for inclusion into the SPC clinical education program. Students understand putting a clinical agreement into place can take 3-4 months and must be initiated early enough to ensure the paperwork is complete prior to final confirmation of student placement.

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

The Clinical Practice courses for the PTA program are arranged to give students both an integrated and terminal clinical experience.

The first clinical practice experience is a 4 1/2 week full-time course which follows two semesters of lecture and laboratory work. This allows the student to apply learned techniques of the past year including functional mobility activities (bed mobility, transfers, gait), range of motion activities, massage, stretching, data collection (MMT and Goniometry), orthopedic exercise protocols and the application of modalities. During this first clinical practice students are expected to demonstrate these skills at the beginning level: communication, documentation, individual/cultural differences, resource management and career development/lifelong learning. At the intermediate level students are expected to demonstrate these skills and behaviors: safety, responsible behavior, ethical and legal practice.

The second clinical practice course comes at the beginning of the spring semester of the Sophomore year and is a 4½ week full-time course. This clinical practice allows students to further develop skills acquired in Clinical Practice I and apply newly learned skills from the fall semester in neurophysiologic approaches to treatment (PNF, NDT, Developmental Sequence) pediatric rehab and treatment approaches for selected neurologic pathologies (CVA, SCI, Parkinson's Disease). Students are expected to demonstrate at the beginning level skills in: documentation, individual/cultural differences, resource management and career development/lifelong learning, clinical problem solving and judgments, data collection, patient interventions and education of other. At the intermediate level students are expected to demonstrate these skills and behaviors: safety, responsible behavior, respectful behavior, ethical and legal practice and communication.

Clinical Practice III is a 4½ week full-time course that occurs at the terminal end of the program. During this clinical practice students are further developing skills acquired in Clinical Practice I and II, with the goal of developing entry-level competence as a physical therapist assistant. Students are expected to demonstrate at the intermediate level: documentation, individual/cultural differences, resource management and career development/lifelong learning, clinical problem solving and judgments, data collection, patient interventions and education of other. At the advanced level students are expected to demonstrate these skills and behaviors: safety, responsible behavior, respectful behavior, ethical and legal practice and communication.

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

An interest in becoming a clinical affiliation for SPC's PTA students is generally initiated by the facility. At that time the ACCE schedules a visit to the site to evaluate if the clinic meets the criteria for inclusion as a student affiliation. Important criteria that must be met include a positive environment for learning (adequate staffing, good communications, high morale, interest in improving patient care); the physical therapy staff practices safely, legally and ethically; clinical instructors are appointed by virtue of clinical skill, experience and willingness to instruct and the center understands and subscribes to the policy that students are not to be used to provide services to patients in place of employed staff members.

During the evaluation of a clinical agency for student affiliations, the ACCE explains to the CCCE that all student supervision of patient care activities must be under a licensed PT or PTA with at least one year of clinical experience. Additionally, it is underscored that Florida law requires that a licensed PT must be on the premises when a student is treating a patient to supervise all hands-on patient care.

While additional clinical learning experiences are encouraged, patient treatment activities are underscored as being the primary learning experiences that are to take place during student clinicals.

SECTION 4: PROGRAM ASSESSMENT

Preamble

The physical therapist assistant education program is responsible and accountable for formative and summative assessment of educational outcomes. The program is responsible for developing and implementing a process for continuous improvement in all aspects of the program.

The Commission on Accreditation in Physical Therapy Education will seek evidence that the program is involved in an ongoing effort to determine the effectiveness of the program. The ongoing process of assessment includes collection of information on a regular basis with input from multiple sources and uses a variety of methods to gather data.

The information collected should include data on the performance of program graduates related to the expectations of the curriculum as well as evidence that supports the relevance of the program philosophy and the attainment of the program's mission, goals and objectives. The information collected should be used to support future changes in all aspects of the program.

The Commission recognizes that the complexity and variety of physical therapy practices where physical therapist assistants are utilized is such that program graduates may engage in activities to varying degrees. The Commission expects that the program will determine the extent to which this variety in graduate performance or involvement warrants changes in the program, particularly in light of the need to prepare graduates for employment in a variety of practice settings and locations.

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

The program review process at SPC is a collaborative effort designed to continuously measure and improve the quality of educational services provided to the community. The procedures go far beyond the "periodic review of existing programs" required by the State Board of Community Colleges; and exceeds the necessary guidelines within the Southern Association of Community Colleges and Schools (SACS) review procedures.

State guidelines require institutions to conduct program reviews every five years as mandated in chapter 1001.02(6) of the Florida Statutes. Recently, SPC reduced the recommended program review timeline to three years to coincide with the long-standing three-year academic program assessment cycle, producing a more coherent and integrated review process. This comprehensive academic program review (CAPR) is extensive and

addresses every area of the program including accreditation information, Program Performance (course enrollment, productivity, program graduates, grade distributions), Program Profitability, Academic Outcomes, Stakeholder Perceptions (student survey of instruction, advisory committee, recent graduate survey), Occupational Profile (occupational description; US, State, and Area Wage Information; National, State and County Trends), State Graduate Outcomes and a Summary and Recommendation/Action Plan. The most recent CAPR was completed in March of 2007 (See folder 4.1. for the CAPR report).

Additionally, SPC's Unit / Budgeting Processes are centered on development of departmental unit plans and budget requests, and use of the national Strategic Planning Online (SPOL) centralized computing system.

Development of unit plans and budget requests is completed annually and encompasses a three year academic program cycle. Unit / Budget Managers are urged and encouraged to access, review, and make use of all available assessment outcome data in the planning process. The program director is responsible for completion of unit plans and assessment tools as well as triangulation of the data for improvement of program outcomes. Feedback is solicited from faculty, students, graduates, employers, clinical instructors and advisory committee members.

See [Appendix 13](#) for tools used to collect data in the assessment process

See [Appendix 14](#) for Assessment Process Documentation Grid

4.1.1. institutional policies and procedures

It is the responsibility of the program director to review the impact of changes in institutional policies and procedures on the program's ability to achieve its mission, goals, and objectives. Input on any institutional changes is solicited from both the faculty and the advisory committee.

In 2006 there was a faculty vacancy as a result of the former program director retiring and a faculty member being promoted to the PD position. The College's salary scale was not in line with employment salaries of physical therapists thereby making it difficult to fill the position with a qualified faculty member. This difficulty was discussed with the Health Center Provost who was able to obtain a salary scale revision for this position to be more inline with physical therapist salary rates. This enabled the program to hire an experienced and competent individual to fill the faculty position.

4.1.2. program policies and procedures

The Program Director reviews the impact of the program's policies and procedures on the ability to achieve its mission, goals and objectives annually. This is done as part of the strategic planning process that requires review of prior program unit objectives from the previous year and the development of unit objectives for the upcoming year (See Folder 4.1.2. for Unit Plans). Data used to assess outcomes of prior objectives and development of new objectives comes from a variety of sources including Student Evaluation of Clinical Evaluation Experiences forms, Evaluation of Student Preparedness for Clinical Practice forms, student surveys, results of student learning outcomes for each program course, graduate surveys, employer satisfaction surveys, annual review of CAPTE criteria, APTA's Normative Model of PTA Education and NPTE pass rate scores. Additional feedback regarding policies, procedures and fulfillment of program mission and goals is considered from academic and clinical faculty as well as advisory committee members.

The PTA student handbook is reviewed by core faculty and revised each year prior to new student orientation during the summer. If new policies are added, prior to being placed in the handbook, they are cross-referenced with institutional policies, discussed with the Advisory Committee, the Health Center Provost and the General Counsel as needed.

4.1.3. resources

In the past the PTA program's budget has been more than adequate (See [Appendix 7](#), Program Income and Expense Form) and the expectations are to continue to receive the fiscal support necessary to meet program mission and goals. The program director is responsible for determining appropriate resources required by the program. Discussions with core faculty, on a regular basis, help identify areas that need improvement including but not limited to: library and learning resources, equipment and supplies, student services and monies for faculty development. Input to additional needs is also discussed with the program advisory committee and data collected from student, graduate and employers surveys. Once a need for additional resources is identified, goals are set and monies are requested to achieve the goals through the annual strategic planning process.

In 2003 enrollment in the PTA program began increasing from the drop after the balanced budget act. Coupled with the closing of the SPC PTA expansion program at PHCC and the expected increase in students from the Pasco, Hernando county area, a need was identified for a fourth full time faculty member. This additional faculty position was proposed to administration and Human Resources with funding being approved. The program began in the fall of 2004 with four core faculty members.

A deficiency identified through employer surveys last year was a lack of graduates computer competency, despite this being a general education requirement and the program's use of an on-line supplement to each course. Discussions with advisory committee members resulted in their recommendation to purchase a computer documentation software for students to use while in the program. This would assist students in gaining additional computer skills and becoming more proficient with documentation software utilized in clinics. A budget request for this item was added to the strategic plan for 2007-2008 and has been approved for purchase.

4.1.4. mission, philosophy, goals and objectives

As part of SPC quality improvement efforts, academic assessments are conducted on each AAS/AS program every three years to evaluate the quality of the program's educational outcomes. The PTA program was evaluated through an Academic Program Assessment Report in 2004-2005. Each of the program's three Major Learning Outcomes (MLOs) was evaluated during the assessment:

1. The student will demonstrate knowledge of physical therapy (PT) test and measurement techniques
2. The student will demonstrate knowledge of physical therapy interventions.
3. The student will demonstrate knowledge of standards of care.

Data utilized for assessment of goal attainment include both NPTE pass rate scores and employer survey results. Pass rate scores for 2004= 88.24%, 2005= 96% and 2006= 95.65%, all well above state and national averages.

4.1.5. curriculum

PTA program faculty members perform a formal curriculum review annually. Faculty utilize the performance expectations from the Normative Model of Physical Therapist Assistant Education and the PTA NPTE Test Content Outline. New NPTE content outlines will be used to develop the exams taken by candidates beginning March 1, 2008. The new outlines were distributed to faculty and discussed at the April 4, 2007 faculty meeting to ensure any new content material is being covered in the curriculum (See PTA Faculty Meeting Minutes Binder). The new Normative Model of Physical Therapist Assistant Education has recently been ordered and will also be reviewed by faculty to ensure performance expectations are being met through the PTA curriculum.

Other sources used to triangulate curriculum data include:

- Student course evaluations, formal and informal feedback from students when they return to campus following Clinical Practices, answers to questions 20 and 21 on the Student Evaluation of Clinical Experience which asks students the strengths of their academic preparation for the clinical experience as well as suggestions that would better prepare the student for the clinical experience. Following each clinical practice, clinical instructors are asked to evaluate the student's level of preparedness for the affiliation. Specifically, what the student was adequately prepared for and what areas could the student have been better prepared.
- Results of the Program's Comprehensive Final Exam are analyzed. Particular attention is focused on knowledge deficits for questions more than half the class missed.
- NPTE pass rate scores.
- Surveys from current students, graduates and employers.
- The PTA Program advisory committee is also utilized for curriculum review as the members and attendees constitute academic faculty, program students, program graduates, clinical faculty and employers.

4.1.6. clinical education program

Clinical education is evaluated after every Clinical Practice. This evaluation process involves discussions and input from both core faculty and students. Faculty members discuss their evaluation of the clinical site performed during the mid-clinical visit. During this visit faculty are questioning both CI and student about the learning experiences being provided, if the appropriate supervision is being provided and if the facility is practicing in a safe, legal and ethical manner. The PTA Program has terminated clinical contracts based on unethical use of unlicensed personnel.

Following each clinical practice students return to campus to turn in all required paperwork and discuss their clinical experience. This informal feedback is considered in the clinical education review process as well as the more formal Student Evaluation of Clinical Experience and Clinical Instruction. Students also fill out a College survey of their clinical experience. The Program Director reviews both student evaluations for any trouble areas. Recently a student wrote in the College survey that a CI had made inappropriate comments that were religious in nature. This statement was followed up with the student by the program director. The student reported these comments came from a new CI who was Christian. The student was Jewish and took offense at these comments that were general in nature and made to patients. One of the core faculty members made an appointment to discuss this with the CI who did not realize her comments could be or would be taken offensively. Once aware of the situation the CI indicated she would be more careful in making comments that could be offensive to others.

The Program Director performs an annual review of clinical sites to ensure there is enough variety for the number of enrolled students to complete three clinical affiliations in three different types of clinical settings.

4.1.7. performance of recent graduates

Many methods, formal and informal, are utilized to obtain feedback on the performance of graduates. Information is collected formally through the following:

1. Assessments made through observations of graduate behaviors by members of the Program Advisory Committee and reported back to program faculty.
2. Surveys sent out by the College to graduates and employers of graduates at 6 months to 1 year post graduation. These surveys are designed to gather information regarding graduates' perceptions of how well the PTA Curriculum prepared them for their employment and employer's perceptions of the competency of PTA graduates.
3. Results of the graduates performance on the NPTE. Currently, the three year Average (2004-2006) for first time exam pass rates is 90.4%, well above the state average of 75.55% and U.S. average of 73.85%.

4.1.8. admissions process, criteria, and prerequisites

Review of the program's admission process, criteria and prerequisites occurs on a regular basis in the SPC PTA strategic planning process. One of the statistics the program is watching carefully is the attrition rate and the percentage of students who begin the program and graduate two years later. One of the causes identified in the past two graduating classes was that many of the students had only the minimum amount of (12 credit hours) general education/support courses completed prior to entry into the PTA Program. Students were either academically or due to outside obligations (family, jobs) unable to take these courses concurrently with the PTA courses. Many students delayed graduation one or two semesters to finish general education courses or decided to withdraw from the program as they could not manage both program courses and general education/support courses. This concern of student attrition and delay of graduation was brought before the advisory committee for discussion. Recommendations included increasing the number of observation hours required from 12 to 24 and having to do those hours in two different physical therapy settings. This would give the potential student a bigger picture of the scope of physical therapy as an occupation. This recommendation has been acted on and minimum program entry requirements are now 24 hours of observation in two different physical therapy clinic settings.

Other recommendations include increasing the number of general education credits required for entry into the program and changing the admission process from first qualified first admitted to giving the 46 available slots to those students who have the most general education/support courses finished. This recommendation will be acted upon in the upcoming year following provost and Board of Trustee approval. After much discussion on the part of the faculty it was decided to increase the program entry credit requirement to 16 and require the completion of BSC 1086 and 1086L Human Anatomy and Physiology II prior to program admission.

These recommendations will be implemented and attrition rates as well as two year graduation rates will continue to be closely monitored.

4.1.9. program enrollment

Program enrollment is evaluated annually as part of the strategic planning process. Factors considered in the enrollment decision include but are not limited to: the demand for PTAs in the service area, faculty availability, the number of clinical sites, classroom space, program delivery methods, graduates ability to secure employment and applicant pools

Three years ago the faculty made the decision to increase the program enrollment number from 40 to 46. This decision was based on the evaluation of several program changes: the addition of another full time faculty member, the increase in need of the community for PTAs, the increase in requests for facilities to become affiliation sites and the increase in student attrition rates.

Much consideration has been given in the past three years to the increase in student attrition rates. Three health programs at SPC have addressed increased attrition rates through changed admissions procedures. These changes include moving to a selected admissions process where grade point is heavily weighted. The faculty of the PTA Program would prefer, in keeping with the mission of the College to provide equal opportunities to a diverse student body, to place as few restrictions on admissions as possible. At this time changes made include increasing pre-entry observation hours from 12 to 24. Other changes to be brought before administration for approval include increasing the number of general education credits required for admission and changing admission from first qualified, first admitted to giving the 46 available openings to those students who have the most general education/support courses finished.

4.1.10. core faculty

Core faculty are formally evaluated annually by the program director on performance and fulfillment of faculty development goals from the previous year (See Appendix 3). Each must prepare a self evaluation summarizing how goals were met and providing documentation of attendance in professional development courses as well as provide a development plan for the following year. Faculty members are expected to remain current in the content material for which they teach. Faculty members are also evaluated by the students for each lecture and laboratory course. If there are more than three comments regarding an area of concern, a plan will be developed to address the concern.

The Program Director is evaluated annually by the Provost of the Health Education Center. The PD is also expected to perform a self evaluation summarizing attainment of the previous year's goals and a development plan for the following year. Since assuming the program director's position in January of 2006, R. Kramer attended all of the programs set up in the summer of 2006 by SPC for new college administrators. This programming included information on college budget planning, clinical contracts and legal issues, PeopleSoft (college and student management system), payroll, purchasing and travel. Additionally, since assuming the PD position R. Kramer has attended the NPTE Workshop for Faculty, the APTA Education Section's Educational Leadership Conference (fall 2006) and programming at the APTA's Annual Conference (June 2006) that focused on the administrative aspects of teaching and CAPTE compliance (self-study workshop, How to Use the Normative Model of PTA Education, Leadership Skills for the Academic Chair, Promoting Professionalism in Practice) (See Folder 4.1.10.)

4.1.11. adjunct and supporting faculty

The PTA Program has not utilized adjunct faculty since 2000.

The program does have several guest lecturers (many of whom are APTA Clinical Specialists in their fields) who cover specialty topics such as: Geriatrics, Wound Care, Lymphedema, Balance and Vestibular Rehab, Respiratory PT and Alzheimer's Disease. (See Folder 4.1.11. for Guest Lecture CVs). Guest lecturers are evaluated using several different methods. Some guest lecturers prefer to use an evaluation form, others prefer faculty to post discussion questions on the on-line component of the course and have the instructor forward a compilation of the discussions (See Folder 4.1.11. for examples).

In the discussion forum students discuss the learning experience and benefit of having this material provided by the guest lecturer. The only concerns stated by the students regarding the guest lecturers were for the Geriatric lecturer. Students indicated the material was too basic and would like content to be more in depth. This concern will be discussed with the lecturer and faculty will monitor next years lecture to ensure more detailed information has been added. Other means of evaluation include the faculty member's assessment of the presentation in the delivery method and content relevance to current clinical practice.

4.1.12. clinical education faculty

Evaluation of clinical education faculty occurs on a regular basis. Students complete two clinical evaluations following each clinical affiliation. One, the Student Evaluation of the Clinical Experience and Clinical Instruction, is completed at the end of the affiliation which the CI reads and signs. The other is an evaluation the student fills out once they return to campus. Both are reviewed by the ACCE for areas of concern. If a concern is identified one of the faculty will either address it with the CI or the CCCE whichever is appropriate.

Faculty also evaluate the clinical faculty's use of the CPI during mid-term visits and following completion of the affiliation to ensure that CIs are knowledgeable in using the assessment tool. Faculty review that marks made on the VAS are appropriate, that comments made on each criteria support the mark on the VAS and that comments are written at mid-term and the final. If a deficiency is noted in any of these areas, faculty or the ACCE will remediate to improve future completion of the CPI.

During each clinical affiliation faculty visit the facility for a mid-term visit to ensure there are no concerns of the part of the CI or the student. Faculty generally have a good idea how things are progressing prior to the visit as students are required, at a minimum, to post weekly on the discussion forum and communicate with instructors via e-mail in the on-line component of each clinical practice. If students voice a concern arrangements are made for an immediate visit.

The ACCE at St. Petersburg College, in partnership with the ACCE from the Physical Therapist program at the University of South Florida, offer a Clinical Instructor's Certification Workshop twice a year in the Tampa Bay area (See [Appendix 4](#)). This course is intended to assist the CI in gaining a better understanding of how to design learning experiences for the student, how to utilize the CPI to assess performance, sharing goals and expectations with the student and understanding different learning styles. Information regarding the dates and times of each workshop are sent to all affiliation sites.

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

The assessment process for the PTA Program is continual and on-going. Data is collected from all stakeholders (students, graduates, employers, clinical faculty) as well as from NPTE pass rate scores and graduation rates for review to see where program improvements are needed.

In 2003 first time pass rate scores fell to 84.62%. In an attempt to keep pass rates from further decline the faculty instituted more critical thinking types of activities into the program curriculum. This included the use of case studies during lab activities and changing lecture exams to multiple choice questions that required problem solving and critical thinking skills. Much like the questions students encounter on the NPTE. Another item that was added to the program was the securing of International Educational Resources to deliver their exam review course every May, following graduation and prior to students taking the NPTE. Students hold fund raising events and the program typically supplements their funds so that students have paid anywhere from \$75 to \$5 for the course. The data over the last three years indicate that these changes have resulted in an increase in first time pass rate scores with 2004 = 88.24%, 2005 = 96% and 2006 = 86.96.

The most recent Comprehensive Academic Program Review was completed in March 2007 (See Folder 4.1.). Data triangulated from all stakeholders revealed two areas of program concern. The first from academic faculty, clinical faculty and employers that students and graduates demonstrated a lack of computer proficiency. This, despite the addition of a computer literacy requirement to the AS degree and the addition of an on-line component to all program courses where students are required to post discussions, place assignments into assignment drop boxes, communicate with instructors via email and attach documents to postings.

This area of concern was brought before the advisory committee which suggested the purchase of documentation software, integrating the software into the program and attaching a competency requirement for student learning of the program. Obtaining this software has been implemented into this years strategic planning and has been approved for purchase during the 2007-2008 academic year.

The second concern was the student attrition rate and students entering the program and graduating two years later. The program has set a target of 70% attrition rate. To assist in meeting this target the program will make two changes to the program admission process. Changes to be implemented this year following administration approval

include increasing the program entry credit requirement to 16 and requiring the completion of BSC 1086 and 1086L Human Anatomy and Physiology II prior to program admission. The second change will give the 46 available openings to those students who have the most general education/support courses completed, rather than the current first come first serve policy.

These changes will be closely monitored and data analyzed to ensure improvement in computer skills and attrition rates. The PTA Program at St. Petersburg College is committed to continuing to find ways to collect and analyze data that will result in program excellence and graduates that are competent to play significant roles in the rapidly changing health care delivery system.