

**PROPOSED
STANDARDS AND REQUIRED ELEMENTS
FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS
June, 2014**

**Standard 1
The program meets its defined mission, goals and expected
outcomes.**

REQUIRED ELEMENTS:

Mission¹ and goals²

- 1A** The mission of the program is written and compatible with the mission of the institution, the unit(s) in which the program resides, and with contemporary preparation³ of physical therapist assistants.
- 1B** The program has documented goals that are based on its stated mission and that reflect contemporary physical therapy education, research and practice.
- 1C** The program meets its mission and goals.

Program outcomes⁴

- 1D** The program has expected program outcomes that are based on its goals and reflect the activities of the faculty, students, and graduates.
- 1E** Program graduates meet the expected graduate outcomes⁵ defined by the program, including those related to the program's unique mission. If the program admits more than one cohort per year, the expected graduate outcomes for each cohort are equivalent.
- 1F** The program meets expected student achievement measures.⁶

¹ **Mission:** A statement that describes why the physical therapist assistant education program exists, including a description of any unique features of the program. [The mission is distinct from the program's goals, which indicate how the mission is to be achieved.]

² **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist assistant education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

³ **Contemporary preparation:** reflects the minimum skills required for entry-level preparation of the physical therapist assistant and the needs of the area workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

⁴ **Expected program outcomes:** Predictable and demonstrable results of program faculty, student and graduate activities directed toward achievement of the stated program goals.

⁵ **Expected graduate outcomes:** Competencies that the program expects graduates to have achieved at completion of the program. Expected graduate outcomes are a subset of the expected outcomes of the program.

⁶ **Student achievement measures:** the measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate)

1F1 Graduation rates⁷ are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. New programs are expected to meet the 60% graduation rate for the first class.

Rationale for 60% graduation rate: 1 SD below the mean over last 8 years

Rationale for 2 years: current 3 year average is inconsistent with USDE 2-year rule that limits the time a program can be out of compliance with a criterion to 2 years. While draft #1 commentary suggested the return to utilizing 3 years of data as it might 'help' a program that had 1 'bad' year, the CRG notes that a 3 year rate also increases the time period that a lower rate has been utilized, often making it difficult for a program to come into compliance in two years even after an identified problem has been rectified.

There was commentary suggesting that the graduation rate expectation should be different for integrated programs. The CRG did not make this change because it is believed that graduation rates should not be dependent upon the curriculum format.

1F2 Ultimate licensure pass rates⁸ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year licensure pass rate for each cohort must be at least 90%. New programs must meet the 90% pass rate expectation for the first graduating class.

Rationale for 90% licensure rate: there was considerable commentary that the 80% threshold is too low. Indeed, CAPTE expects that if programs meet the criteria, all students should be able to pass the licensure exam.

Rationale for 2 years: current 3 year average is inconsistent with USDE 2-year rule. Calculation of the most recent 2 year averages resulted in similar numbers as the 3 year averages. Further, using 2 years instead of 3 allows a bad year to "drop out" of the calculation sooner.

Effects on program compliance:

	Rate Falls Below 80%	Rate Falls Below 90%
3 yrs (10, 11, 12) N=236 for programs in which 3 yrs of data exists	2% (n=5) of programs	15.6% (N=37) of programs
2 yrs (11, 12) N=256 for programs in which 2 yrs of data exists	3.5% (n=9) of programs	18.8% (n=48) of programs

1F3 Employment rates⁹ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. New programs are expected to meet the 90% employment rate for the first graduating class.

Rationale for 90% employment rate: 1 SD below mean, over last 10 years While CAPTE understands that there can be market changes, CAPTE believes programs need to respond to market conditions. It is inappropriate to maintain class size (and take students' money) if there are no jobs.

Rationale for 2 years: current 3 year average is inconsistent with USDE 2-year rule.
3 year rate (11, 12, 13): 29 programs below 90%; range 62 – 100 (n=299)
2 year rate (12 & 13): 27 programs below 90%; range 66 -100 (n=296)

Rationale for change in definition: implementation of fixed date testing may have increased the length of time for graduates to pass the exam. Changing to measuring employment at 1 year post graduation (rather than 6 months post passing the exam) accommodates this change; it should also make it easier to obtain more accurate data. Lastly, it adds more time each year to reach the new expected level.

1G The program meets its other expected outcomes.¹⁰

⁷ **Graduation Rate:** The percentage of students who matriculated in the first technical course in the program who complete the program.

⁸ **Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE).

⁹ **Employment rate:** The percentage of graduates who sought employment that were employed (FT or PT) as a physical therapist assistant within 1 year following graduation.

¹⁰ **Other expected outcomes:** the program's defined outcomes that address aspects of the program that are not related to students/graduates.

Standard 2:
The program has effective on-going, formal, comprehensive processes for self-assessment and planning.

REQUIRED ELEMENTS:

- 2A** The program has documented and implemented an on-going, formal, and comprehensive assessment of the program that is designed to determine program effectiveness and used to foster program improvement.
- 2B** For each of the following, the program provides an analysis of relevant data and identifies any needed change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:
- 2B1** the program is meeting its mission and goals.
 - 2B2** expected program outcomes for faculty, students and graduates are being achieved.
 - 2B3** the admissions process, criteria and prerequisites meet the needs and expectations of the program.
 - 2B4** program enrollment appropriately reflects available resources, program outcomes, and workforce needs.
 - 2B5** the collective academic faculty meet program and curricular needs.
 - 2B6** program resources are meeting, and will continue to meet, current and projected program needs, including but not limited to, financial resources, faculty, staff, space, equipment, technology, materials, library and learning resources, and student services.
 - 2B7** program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.
 - 2B8** the clinical education program, including the collective clinical education faculty and clinical education sites provide experiences that meet the expectations of the program, are of sufficient number and variety, and are of the appropriate length and place within the curriculum.
- 2C** Curriculum assessment is a significant component of the program assessment plan. The curriculum assessment plan is written and addresses individual courses within the curriculum, as well as the curriculum as a whole. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders, including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. Assessment data are evaluated and analyzed to determine strengths and weaknesses of the curriculum and to determine if the practice expectations and specific mission, goals, and expected student outcomes of the curriculum are met.

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

Standard 3: The institution and program operate with integrity.

REQUIRED ELEMENTS:

- 3A** The sponsoring institution is authorized under applicable law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate authorities to provide the physical therapy education program.
- 3B** The sponsoring institution(s) is(are) accredited by an agency or association recognized by the U.S. Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).
- 3C** Institutional policies¹¹ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program including the provision of time for the performance of administrative program duties and responsibilities.
- 3D** Policies, procedures¹², and practices¹³ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹⁴ and staff are written, disseminated, and applied consistently and equitably.
- 3E** Policies, procedures, and practices exist for handling complaints¹⁵ that fall outside the realm of due process¹⁶, including a prohibition of retaliation following complaint submission. The policies are written, disseminated and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint are maintained by the program.
- 3F** Program specific policies and procedures are compatible with institutional policies and with applicable law.¹⁷

¹¹ **Policy:** A general principle by which a program is guided in its management.

¹² **Procedure:** A description of the methods, activities, or processes used to implement a policy.

¹³ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹⁴ **Program faculty:** all faculty involved with the PTA program, including the Program Director, Core Faculty, Associated Faculty, and Clinical Education Faculty

¹⁵ **Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution's formal due processes.

¹⁶ **Due process:** Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

¹⁷ **Applicable law:** those federal and state statutes/regulations that are relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

- 3G** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including:
- 3G1** maintenance of accurate information, easily accessible¹⁸ to the public, on the program website regarding accreditation status (including CAPTE contact information) and current student achievement measures;
 - 3G2** timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;
 - 3G3** following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;
 - 3G4** timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and
 - 3G5** coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance.

¹⁸ **Easily accessible:** can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage.

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

REQUIRED ELEMENTS:

Individual Academic Faculty¹⁹

- 4A** Each academic faculty member, including the program director and ACCE, has contemporary expertise²⁰ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.
- 4B** Physical therapists and physical therapist assistants who are core faculty²¹ have a minimum of three years of full time (or equivalent), post-graduation clinical experience in physical therapy.
- 4C** Each core faculty member has a record of service²² consistent with the expectations of the program and institution.
- 4D** Formal evaluation of each core faculty member occurs regularly. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program needs.

Program Director²³

- 4E** The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:
- a minimum of a master's degree;
 - holds a current license to practice in the jurisdiction where the program is located;
 - a minimum of five years, full-time²⁴, post licensure clinical experience that includes

¹⁹ **Academic Faculty:** those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty (defined below) and the associated faculty. The associated faculty are those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in other units of the institution.

²⁰ **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

²¹ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the academic coordinator of clinical education (ACCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and physical therapist assistants and may include others with expertise to meet specific curricular needs. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or non-tenure track positions.

²² **Service:** Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

²³ **Program director:** the individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program's academic administrator: Dean, Chair, Director, Coordinator, etc.

²⁴ **Full time:** 35 hours/week=full-time. **Rationale for using 35 hours/week:** (a) Bureau of Labor Statistics—average full-time work week is reported as 34.4 hours (2/7/2014) and (b) to be consistent with how CAPTE uses this term in other circumstances

- experience in the PT/PTA relationship
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment; including 9 credits of post-professional coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018.]

Rationale for additional education: Over the past few years, it has become clear to CAPTE that most PTA program directors have little understanding of the expectations of higher education. Having additional knowledge should result in improved implementation of PTA programs.

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

Academic Coordinator of Clinical Education²⁵

4G The academic coordinator of clinical education is a physical therapist or physical therapist assistant, who holds current license/certification in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. In addition, the ACCE has a minimum of two years of experience as a CCCE and/or CI or experience in teaching, curriculum development and administration in a PT or PTA program; AND

- clinical or educational administrative experience; OR
- experience in human resource management, OR
- experience in a variety of areas of teaching (ie: academic, clinical, continuing education, in-service).

- 4H** The academic coordinator of clinical education is effective in developing, conducting, coordinating, and evaluating the clinical education program.

Collective Academic Faculty

4I The collective academic faculty includes an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences to meet program goals, expected student outcomes, and assigned program responsibilities.

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

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

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

²⁵ **Academic Coordinator of Clinical Education:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The ACCE(s) is/are the faculty member(s) of record for the clinical education courses.

Clinical Education Faculty²⁶

4M Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of 1 year (or equivalent) of full time post-licensure clinical experience, and are effective role models and clinical teachers.

²⁶ **Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist or a physical therapist assistant; however this does not preclude a physical therapist assistant student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

Standard 5

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

REQUIRED ELEMENTS:

- 5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, ensure nondiscrimination and equal opportunity, are written and made available to prospective students, and are applied consistently and equitably.
- 5B** Prospective and enrolled students are provided with relevant information about the institution and program that may affect them, including but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.
- 5C** Enrollment agreements²⁷, if utilized, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after formal admission to the program has occurred.
- 5D** Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students, and applied consistently and equitably.
- 5E** Policies, procedures, and practices related to student retention²⁸ and progression²⁹ through the program are based on appropriate and equitable criteria and applicable law, ensure nondiscrimination and equal opportunity, are written and provided to students, and are applied consistently and equitably.
- 5F** The program's graduates reflect the mission and goals of the institution and the program and are, in number and quality consistent with societal needs for physical therapy services for an increasingly diverse population.

²⁷ **Enrollment agreements:** formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship.

²⁸ **Retention:** Maintenance of enrollment across multiple terms

²⁹ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations

Standard 6: The program has a comprehensive curriculum plan.

REQUIRED ELEMENTS:

- 6A** The comprehensive curriculum plan³⁰ is based on: (1) information about the contemporary practice³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.
- 6B** The curriculum plan, which includes the program's prerequisites³² for admission, is designed to prepare the student to think independently, to clarify values, to understand fundamental theory, and to develop critical thinking and communication skills. The curriculum includes courses in general education, basic sciences, and applied physical therapy science.
- 6C** The curriculum plan includes a description of the curriculum model³³ and the educational principles on which it is built.
- 6D** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated³⁴ and full-time terminal³⁵ experiences.
- 6E** The curriculum plan includes course syllabi with learning objectives³⁶ stated in behavioral terms that are reflective of the breadth and depth³⁷ of the course content and of the level of student performance expected.

³⁰ **Curriculum plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission, philosophy, and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners' previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

³¹ **Contemporary practice:** Delivery of physical therapy services as documented in the current literature, including the *Guide to Physical Therapist Practice*, the Standards of Practice, and the Code of Ethics.

³² **Prerequisites:** Knowledge, behaviors, and skills, required of students prior to matriculation into the physical therapist assistant education program. Usually expressed in terms of identified courses completed, the degree held by applicants, or required experiences

³³ **Curriculum model:** A general description of the organization of the professional curriculum content.

³⁴ **Integrated clinical education:** Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.

³⁵ **Full time terminal clinical education:** Extended full-time experience that occurs at the end of the professional curriculum but may be followed by a short didactic activity, such as a short licensure examination preparation course or seminar.

³⁶ **Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable).

³⁷ **Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or

6F The curriculum plan includes a variety of effective instructional methods³⁸ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

6G If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

***Rationale for criteria about distance education:** The addition of these criteria is necessary in order for CAPTE to maintain its USDE scope of recognition regarding use of distance education. Being specific in this way also guarantees that programs will discuss their distance education activities, on-site reviewers will verify that distance education is being implemented as described and CAPTE will review the distance education aspects of all programs*

6G1 faculty teaching by distance are knowledgeable/trained about use of distance education and are effective;

6G2 rigor³⁹ of the distance education courses is equivalent to that of site-based courses.

6G3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

6G4 there is a mechanism for determining student identity when testing occurs at a distance;

6G5 there is a mechanism for ensuring test security and integrity when testing occurs at a distance;

6G6 there is a mechanism for maintaining student privacy as appropriate;

6G7 students have been informed of any additional fees related to distance education; and,

6G8 distance education students have access to academic, health, counseling, disability and financial aid services.

6H The curriculum plan includes a variety of effective evaluation processes⁴⁰ used by faculty to determine whether students have achieved the educational objectives. Regular, individual evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

6I The curriculum plan includes clinical education experiences⁴¹ for each student that encompass, but are not limited to:

6I1 treatment of patients/clients representative of those commonly seen in various clinical settings;

skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

³⁸ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

³⁹ **Rigor:** expectations for student assignments, engagement in the course and performance.

⁴⁰ **Evaluation processes:** Techniques used to assess the extent of student learning.

⁴¹ **Clinical education experiences:** That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment

6I2 practice in settings representative of those in which physical therapy is commonly practiced;

6I3 involvement in interprofessional practice;

6I4 participation as a member of the PT and PTA team; and

6I5 other experiences that lead to the achievement of the program's defined expected student outcomes.

6J The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 104 academic weeks in no more than 3 calendar years, including 520-720 hours of clinical education.

***Rationale for 104 academic weeks:** allows for the variance in length of terms and allows for at least one additional term than is allowed currently. NOTE: this does not require any program to change its current length.*

6K 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.

Standard 7

The curriculum includes content, learning experiences, and student assessment processes designed to prepare students to achieve educational outcomes required for entry to the profession of physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist assistant program curriculum includes general education⁴² coursework that includes biological, behavioral and social sciences which prepare students for coursework in the technical program sequence. No more than 50% of general education courses are designated as applied general education coursework by the institution or program.
- 7B** The physical therapist assistant program curriculum includes content and learning experiences content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems; and the medical and surgical conditions across the lifespan frequently seen by physical therapist assistants.
- 7C** The technical education component of the curriculum includes content and learning experiences that prepare the entry-level physical therapist assistant to work under the direction and supervision of the physical therapist.
- 7D** Courses within the curriculum include content designed to prepare program students to:

Ethics, values & responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and safety, including reporting healthcare providers who are suspected of not performing professional responsibilities with reasonable skill and safety, and suspected cases of abuse involving children and vulnerable adults.
- 7D2** Adhere to legal practice standards, including all federal, state, and institutional regulations related to suspected fraud and abuse related to payment and the utilization of physical therapy services.
- 7D3** Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct to meet the expectations of patients, member of the physical therapy profession, and other providers as necessary

⁴² **General education** (also called liberal education) has been defined as a curriculum or part of a curriculum that is aimed at imparting general knowledge and developing the general intellectual abilities and capacities in contrast to a professional, vocational or technical curriculum. Applied general education courses rely on technical course content to teach or demonstrate, what should be broader examination of concepts and ideas in a “true” general education course. Examples of applied general education might include: Pharmacology for the PTA (rather than Introduction to Pharmacology) or Applied Physics for the PTA (instead of Introduction or General Physics I).

- 7D4** Perform duties in a manner consistent with value based behaviors and standards for ethical conduct in the profession.
- 7D5** Communicate effectively with patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D6** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.
- 7D7** Consistently apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.
- 7D8** Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.
- 7D9** Effectively educate others using teaching methods that are commensurate with the needs of the patient, care giver or healthcare personnel.
- 7D10** Recognize the value of participation in professional and community organizations and the available opportunities for volunteerism, advocacy, and leadership.
- 7D11** Recognize career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Patient/Client Management

- 7D12** Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).
- 7D13** Describe patient/client's impairments, activity and participation limitations according to established classification models used within the profession.

Plan of Care

- 7D14** Demonstrate an understanding of the safe, effective, patient centered plan of care developed by the physical therapist.
- 7D15** Determine those activities included in the portions of the plan of care directed to the PTA that may, and may not, be directed to the physical therapy aide.
- 7D16** Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.
- 7D17** Review of medical records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.
- 7D18** Monitor and adjust interventions in the plan of care in response to patient/client status, clinical indications
- 7D19** Report any changes in patient/client status or progress to the supervising physical therapist.

7D20 Recognize when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant

7D21 Contribute to discharge planning and follow-up processes as directed by the supervising physical therapist.

Intervention

7D22 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

Rationale for list of interventions: *the list has been adapted from the current draft of the next edition of the Guide to Physical Therapist Practice.*

- a. Patient/client education
- b. Therapeutic exercise
- c. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
- d. Manual Therapy Techniques: passive range of motion and therapeutic massage

Rationale: No change in expectation: *the CRG notes that there was significant commentary received from the physical therapy community that joint mobilization should be added to this criterion. The CRG has determined to maintain the criterion for the following reasons:*

(1) the controversy surrounding this issue persists. The CRG recommends, therefore, that until the profession settles this argument, programs should not be required to teach this content.

(2) nothing in the criteria prohibit programs from teaching this content, if it meets the expectations set out in CAPTE's position paper regarding this subject.

- e. Application of Devices and Equipment: assistive / adaptive devices and prosthetics and orthotics
- f. Airway Clearance Techniques: breathing exercises, coughing techniques, and secretion mobilization
- g. Wound management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal
- h. Physical Agents and Mechanical Modalities: biofeedback, electrotherapeutic agents, athermal agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction, light therapies

Test & Measures

7D23 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:

Rationale for list of tests & measures: *Draft #1 commentary did not provide reason to change the previous list. The list has been re-formatted, however.*

- a. Aerobic Capacity and Endurance: measurement of standard vital signs, recognizing and monitoring of responses to positional changes and activities.
- b. Anthropometrical Characteristics: measurements of height, weight, length and girth
- c. Mental Functions: recognizing changes in a patient's state of arousal, mentation and cognition)
- d. Assistive Technology: identifying the individual's and caregiver's ability to care for the device; recognizing changes in skin condition and safety factors while using devices and equipment

- e. Gait, Locomotion, and Balance: describing the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility
- f. Integumentary Integrity: recognizing absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognizing viable versus nonviable tissue
- g. Joint Integrity and Mobility: recognizing normal and abnormal joint movement

Rationale: No change in expectation: the CRG notes that there was significant commentary received from the orthopedic physical therapy community that this criterion should be deleted. The CRG has determined to maintain the criterion for the following reasons:

1 Normative Model for PTA Curriculum and the Minimum Skills document developed by the APTA include these skills;

2 Recognition of abnormal joint motion includes gross movements and does not have to rely on assessment of accessory joint motions

- h. Muscle Performance: : measuring muscle strength by manual muscle testing, observing the presence or absence of muscle mass, recognizing normal and abnormal muscle length, and changes in muscle tone)
- i. Neuromotor Development: recognizing gross motor milestones, fine motor milestones, and righting and equilibrium reactions
- j. Pain: administering standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; and recognizing activities, positioning, and postures that aggravate or relieve pain or altered sensations
- k. Posture: describing resting posture in any position and recognizing alignment of trunk and extremities at rest and during activities
- l. Range of Motion: measuring functional range of motion and measuring range of motion using a goniometer
- m. Self-care, domestic life; work life; and community, social and civic life: inspecting the physical environment and measuring physical spaces; recognizing safety and barriers in the home, community and work environments; recognizing level of functional status, and administering standardized questionnaires to patients and others)
- n. Ventilation, Respiration and Circulation: recognizing signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describing thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics

7D24 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

7D25 Respond effectively to patient/client and environmental emergencies in the clinical setting.

Participation in Health Care Environment

7D26 Contribute to efforts to increase patient safety.

7D27 Participate in the provision of patient-centered interprofessional collaborative care.

7D28 Participate in performance improvement activities (quality assurance).

Practice Management

7D29 Describe aspects of organizational planning and operation of the physical therapy service.

7D30 Describe accurate and timely information for billing and payment purposes.

Standard 8

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

REQUIRED ELEMENTS:

- 8A** The program employs a minimum of two full-time core faculty members and the equivalent of a third core faculty FTE. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates. The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes.

Rationale for adding the equivalent of a third FTE:

Physical Therapist Assistant programs have historically been required by CAPTE to have a minimum of two full time faculty members. Many programs have been staffed at the minimum and all teaching, administration, clinical coordination, mentoring, remediation and college required activities have been performed by these two faculty members.

As the Commission has reviewed and revised the PTA criteria it became clear that many programs staffed their programs based on the requirements of CAPTE. The accreditation visits and self-study materials of programs with only two full time faculty members have consistently demonstrated that neither students nor the programs are served well in these situations. The level of administrative, accreditation, assessment and management activities of the director and the clinical coordination, supervision, assessment, contract management and development and training performed by the Academic Clinical Coordinator require significant time and intensive coordination to create and maintain a successful program. When these responsibilities are combined with a full, and sometimes overload, teaching schedule the success of both the program and the students are at risk.

Therefore, as part of the proposed new PTA criteria, all PTA programs would be required to have three FTE for the program. Two full time faculty would still be required, however the third FTE could be composed of one or more faculty to total one FTE. This increase in the minimum required faculty will allow all faculty additional opportunities to ensure the success of the program in achievement of both individual student learning outcomes and the overall program goals.

- 8B** The program has, or has ensured access to, adequate administrative and technical support services to meet expected program outcomes.
- 8C** Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.
- 8D** The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.
- 8D1** The physical environment is supportive of effective teaching and learning.
- 8D2** Space is sufficient for faculty preparation, student advising, conducting confidential meetings, storing equipment and documents and securing confidential materials.
- 8D3** Students have access to laboratory space outside of scheduled class time for practice of clinical skills.
- 8D4** Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.
- 8D5** Technology meets the needs of the program.
- 8E** The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

- 8F** There are a sufficient number of clinical sites to provide quality, quantity and variety of experiences to prepare students for their roles and responsibilities.
- 8G** There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.
- 8H** Academic services, counseling services, health services, disability services, and financial aid services are available to program students.