



Blue Ridge Community & Technical College

Physical Therapist Assistant Program

Policies and Procedures Manual

2024-2025

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## Policy on Policies

Policies provide a guide to decision making so program faculty can conduct program operations in a manner that is fair and equitable.

The program adheres to all institutional policies. Such policies are published in the *Catalog*, *Student Handbook*, *Faculty Handbook*, and/or other institutionally recognized forms and include but are not limited to academics, hazing, soliciting, smoking, alcohol and illegal drugs, weapons, computer abuse, and harassment.

Newly developed or revised institutional policies will be reviewed by program faculty to determine the impact on program operation or curriculum.

Where appropriate, policies have been applied more specifically to program operations and are detailed in this manual and in the *Program Student Handbook*.

Policies that are specific to the program are developed by core faculty according to institutional procedures. In all cases, program policies support and do not contradict institutional policies.

## **Philosophy and Mission Statement**

Physical therapy services are necessary to improve the independence and quality of life for persons with disabilities due to neuromuscular disease or injury. A physical therapist and assistant team allows services to be more available.

The Program mission is to prepare graduates to be licensed as physical therapist assistants in any health care setting so that physical therapy needs of the citizens in our service region can be met.

Although technical competence is the predominant goal, broader academic abilities are also desired for PTA graduates. The general studies component of the curriculum provides the avenue for developing effective speaking, writing, and thinking skills to form a foundation for lifelong learning.

To fulfill this mission, the Program will:

1. Provide students with a program of study that will assist them in developing the knowledge and skills necessary to pass the National Physical Therapist Assistant Licensure Examination.
2. Provide opportunities for students to apply general speaking and writing skills to physical therapy content.
3. Hold high expectations for student acquisition of academic and clinical skills, and professional behaviors so that our graduates possess entry level skills.
4. Maintain contact with health care providers and consumers in our service region to ensure that the Program remains relevant and continues to serve the needs of all communities of interest.
5. Utilize Evidence Based Practice (EBP) to ensure the content of the program stays congruent with best clinical practice guidelines and with most up to date information in the field.

## **Accreditation Policy and Procedure**

**Policy:** The PTA program will complete all necessary activities to maintain accreditation through the Commission on Accreditation in Physical Therapy Education (CAPTE).

### **Procedure:**

1. The Program Coordinator is responsible for the preparation and submission of self-study, progress, and annual reports. Other program faculty assists with preparation as assigned by the Coordinator.
2. The Program Coordinator ensures that accreditation fees are paid in a timely manner, by contacting the Vice President of Enrollment and her assistant when a fee is due.
3. The Program Coordinator is responsible for the preparation and submission of all other information requested by CAPTE including but not limited to reports of graduation rates, performance on state licensing examinations, and employment rates. Annually, the Program Coordinator will enter this Perkins data into the T drive.
4. The Program Coordinator is responsible for notifying CAPTE of substantive changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Substantive changes include, but are not limited to, change in program director, change in the administrative structure of the College, significant decreases in resources available to the program, greater than 25% increase in class size, or major curricular changes. Program Coordinator will also notify CAPTE immediately if the accreditation status of the institution changes. In the event that the Program Coordinator cannot make the notification, the Clinical coordinator or the Vice President of Enrollment will do so.
5. BRCTC will come into compliance with all accreditation criteria within a two-year time period. This means that the Program Coordinator will

annually review all accreditation criteria to be sure the program is in compliance.

6. The Program Coordinator, along with the college Webmaster, will update the PTA section of the BRCTC website on an ongoing basis to ensure accuracy and provide most up to date information about student achievement measures. All program information that needs shared with the public will be made available on the website, and this includes the CAPTE logo and required accreditation statement.
7. The Program Coordinator will guide the program in following the policies and procedures of CAPTE, as outlined in the CAPTE Rules of Practice and Procedure.

## Complaint Policy and Procedure

**Policy:** Program faculty believes that all persons who are affected by the operations of the Program should be treated competently, fairly, and with respect. Any and all complaints will be resolved to the best of our collective ability. The program has zero tolerance for retaliation against any person who files a complaint or engages in protective activities.

### **Procedure:**

1. All complaints from persons associated with the program or from the general public will be directed to the Program Coordinator and a record of receipt and resolution will be maintained in the program office. If the program coordinator is voicing the complaint, then she would report that to the Vice President of Enrollment management/Allied Health.
2. Harassment complaints by faculty or students will be handled through the procedure recorded in the *Faculty Handbook* and *Student Handbook*.
3. Academic concerns of students, such as a grade or suspension appeal will be handled by following the procedure recorded in the *Student Handbook*.
4. Complaints concerning the clinical performance of a student will be referred to the Clinical Coordinator. The complaint will be investigated and correlated with information obtained through other direct and indirect measures of student performance. Resolution will be documented in the individual student file.
5. Complaints concerning the clinical performance of a student will be referred to the Clinical Coordinator. The complaint will be investigated and correlated with information obtained through other direct and indirect measures of student performance. Resolution will be documented in the individual student file. If the nature of the complaint suggests criminal behavior or possible liability on the part of the College,



information obtained will be forwarded to the Vice President of Enrollment Management/Allied Health Science and also to the West Virginia Board of Physical Therapy.

6. Complaints that fall outside the realm of due process that cannot be resolved by the Program Coordinator or Clinical Coordinator will be referred to the appropriate College department for dispensation.
  - a. admission policy complaints referred to Vice President of Enrollment Management/Allied Health Science
  - b. facilities complaints referred to Human Resources
  - c. parking complaints referred to Human Resources
7. Should a complainant suspect retaliation, a written statement will be sent to program coordinator, or if the complaint is against the program coordinator, then the statement would be sent to the VP of EM/AH. An investigation will occur following the outlines of the faculty and/or student handbook.

## **Student Informed Consent Policy and Procedure**

**Policy:** Students who are accepted into the physical therapist assistant program will be informed of the risks associated with physical therapy education and clinical work so that they can make informed decisions about whether to matriculate into the program.

**Procedure:**

1. Students will read and sign a waiver document (Appendix A) prior to the start of classes.
2. Questions about the contents of the document will be explained prior to signing.
3. Risks associated with laboratory practice and clinical work will be explained.
4. License requirements in West Virginia will be explained.
5. Criminal background checks and drug testing requirements will be explained.
6. Photograph and video recording requirements will be explained.
7. Clinical and lab dress will be explained.
8. Immunization requirements will be explained.

## **Practical Patient Informed Consent Policy and Procedure**

**Policy:** Program faculty believe that all persons who serve as patients for practical exams should be aware of the potential risks inherent in physical therapy procedures and consent to serve as volunteers.

### **Procedure:**

1. Anyone serving as a practical patient will read and sign the informed consent form (Appendix B) prior to serving.
2. The assigned form will be retained in the office files.
3. Anyone who refuses to answer the questions on the consent form will be excused from participating.

## **Blood Borne Pathogen Policy and Procedure**

**Policy:** Health care workers, including physical therapist assistants, are at risk for contacting infectious diseases in the work setting. Students are required to observe the following procedures to minimize risk. The procedures have been developed based on Standard Precautions and medical information concerning blood borne pathogens. All recommendations are designed to help in the control of Hepatitis B and HIV infections. All students will meet safety objectives prior to entry into the clinical education setting.

### **Procedure:**

1. All PTA students are responsible for medical fees.
2. All PTA students shall be vaccinated for Hepatitis B prior to contact with human blood or other potentially infectious substances. The 3 step series may be completed during the course of the technical phase. The student will turn in verification of each of the 3 doses. The form will be placed in their file in case it is needed for future reference.
3. Costs and documentation for HBV vaccinations are the responsibility of the student.
4. The college provides professional liability insurance to PTA students while enrolled in the program. This coverage does not include after-hours work for salary or other activities that are not required or assigned by the program.
5. When working with blood or any other body fluid or potentially infectious substance, Standard Precautions must be followed. Proper protective equipment must be worn. Hands must be washed thoroughly and immediately if contaminated with blood.
6. During clinical rotation, students will follow the policies and procedures of the clinical affiliates to which they are assigned.
7. Any occupational exposure shall be reported to the Program Coordinator,

and/or clinical coordinator. An incident form will be placed in the student's file.

8. Students with occupational exposure will report to the Program Coordinator and Clinical Coordinator. Documentation will be placed in the students file.
9. Pregnant students should notify the instructors. Pregnant students are at greater risk than students who are not pregnant. If a student develops infection with HIV during pregnancy, the infant has an increased chance of infection. Because of this risk, pregnant women should be especially familiar with precautions for preventing HIV and hepatitis.
10. Students who have been diagnosed as having HIV are not restricted from participation in class or clinic, unless they have a restrictive illness such as tuberculosis.
11. Because of a compromised immune system, students with HIV have a greater risk of contracting other infectious diseases that may be present in the health care setting. Students with HIV will be counseled about potential risk associated with exposure.
12. The student's physician, in conjunction with College officials and PTA faculty, will determine on an individual basis whether the student can safely perform duties associated with a patient or patient sample.
13. Infected, neurologically handicapped students who cannot control body secretions, and students who have uncoverable oozing lesions may not be allowed to participate in the PTA program. Decisions will be made on an individual basis by PTA faculty, college officials, and student physician.

## **Laboratory Safety Policy and Procedure**

**Policy:** Students are at risk for injury while performing physical therapy procedures and while posing as practice patients. To minimize risk, students and faculty are required to follow these procedures.

### **Procedures:**

1. During classroom demonstration and laboratory practice, students will be treated with the same respect and consideration given to patients in the clinical setting. Each procedure will be explained prior to implementation and unnecessary exposure and discomfort will be avoided.
2. Students must tell the instructor about personal health problems that might increase the risk of injury when participating in lab activities.
3. Students will practice appropriate clinical behaviors while in the lab. Classmates and instructors will be treated with respect.
4. Students are prohibited from using electrically operated machines for independent practice unless a faculty member is present in the immediate lab area or the student has permission from PTA core faculty.
5. Students are prohibited from using family members or friends who are not PTA students for laboratory practice with electrically operated machines.
6. Whenever laboratory practice involves the use of electrically operated machines, one faculty member will supervise no more than 10 students.
7. All electrical equipment will undergo annual preventive maintenance and calibration.
8. OSHA guidelines will be followed for the storage and use of hazardous materials.

9. Regarding skills check-offs for laboratory:

- Information will be presented in lecture regarding skills check-offs
- Each skill will be demonstrated by an instructor
- During laboratory, students will practice these skills while having an opportunity to ask questions of the instructor as well as be critiqued by the instructor
- Skills may also be performed during open lab times
- When each student is ready to be checked off on a skill; that may be done during laboratory, during open lab, or at any other scheduled time that have been set up with the instructor.

## **Clinical Safety Policy and Procedure**

**Policy:** Students are at risk for injury while performing physical therapy procedures. To minimize risk, students and faculty are required to follow these procedures.

### **Procedures:**

1. While on clinical rotations, students will follow all of the safety policies that are in place at the rotation site.
2. Students will perform appropriate clinical behaviors while on rotation. Students will treat patients and co-workers with respect.
3. If there is a major safety concern that occurs while a student is out on rotation, the Clinical Coordinator should be notified immediately. If the Clinical Coordinator is not available, notify the Program Coordinator.



## **Off Campus Educational Experience Policy and Procedure**

**Policy:** The procedures to assure the safety of students, program faculty, and members of the public during off-campus educational experiences will be comparable to those for on-campus experiences.

### **Procedures:**

1. Regularly scheduled, recurring off-campus experiences will take place in clinical facilities for which current agreements are in place and the responsibilities of the school and clinical center are specified.
2. Incidental off-campus experiences will be voluntary and students are not required to attend if they believe they will be in danger. The student holds the responsibility for the cost of emergency services during off campus educational experiences.

## **Graduate Goals and Student Abilities**

### **Goals:**

Upon successful completion of the PTA program the graduate is expected to:

1. Exhibit conduct that reflects practice standards that are legal, ethical and safe.
2. Implement a plan of care established by the physical therapist.
3. Demonstrate competence in performing data collection through tests, measurements and observations.
4. Use verbal, non-verbal, and written communication in an effective, appropriate and capable manner.
5. Demonstrate professional behavior through attendance, promptness, and the ability to assume appropriate responsibility.
6. Demonstrate the cognitive knowledge basic to physical therapy intervention.

### **Abilities:**

To meet these goals, the student must be able to:

- Obtain information during class time and outside the class from lecture, text, computer-based, and video formats
- Obtain information from the medical record
- Produce written responses to assignments
- Compose progress notes for the medical record
- Complete in-class small group assignments
- Receive and transmit information to the instructors, classmates, supervising physical therapists, and patients
- Perform physical therapy techniques in high (standing), medium (sitting), and low (squatting, stooping) body positions
- Operate equipment with knobs, switches, touch pads, and touch screens
- Operate the following equipment safely & effectively: wheelchairs, hospital beds, lifting devices, all oxygen equipment (portable tanks, long cords, nasal canula & masks)
- Lift and position classmates, patients and equipment
- Assist and guard classmates and patients while they practice standing, walking, and moving into and out of wheelchairs

- Lift, move, and position patients of all weights with varying amounts of assistance in a safe & effective manner on a regular and recurring basis.
- Assist classmates and patients while they perform therapeutic exercises
- Perform physical therapy techniques and move about the clinical facility for up to 9-10 hours/day, 40 hours per week
- Assess the patient's verbal and nonverbal response to treatment
- Complete multi-step work assignments
- Provide supervision and mentorship of aides, observers, and volunteers.
- Perform the treatment plan accurately as instructed by the physical therapist.

## **Admission Policy and Procedure**

Refer to the *BRCTC Student Handbook* for Admission Policy and Procedure to the Institution.

PTA Technical phase program admission:

A numerical score sheet is used to select 20 students for each class. Points are assigned for grades in all prerequisite courses, volunteer experience, the brief narrative written on the application, and previous degrees earned. For students who use EDGE credits for any of the prerequisite courses, a grade of “B” will be assigned when only P shows up on the transcript. Actual grades will be used for EDGE courses, when they are available. Students who have previously earned an associate’s or a bachelor’s degree qualify for additional points. Degrees earned at the end of the spring semester of which the student has applied to the technical phase, WILL still allow the student to earn the extra points for the degree. Acceptance would be contingent upon the student actually earning the degree. Students with straight A’s in all PTA prerequisite courses also qualify for additional points. The minimum requirement for volunteer hours is 20 total hours split between two distinctly different practice settings. Students are asked NOT to complete much over the 20 hour requirement so that we do not overwhelm clinical sites.

To be considered for admission, applicants must satisfy requirements for Admission to Blue Ridge CTC and have:

1. Grades of C or better in all prerequisite courses

### **Procedure:**

1. Applicants submit Blue Ridge CTC Application, college transcripts and official placement test scores (if needed) to the Admissions Office.  
Applicants submit PTA program application and observation forms to the PTA Program Coordinator.
2. Deadline for application is March 1<sup>st</sup> each year.
3. Late applications are considered if space allows.
4. Applicants are ranked using the PTA score-sheet for Acceptance (Appendix D)
5. 20 top scorers are offered positions in the program by letter
6. Next 5 scorers rank ordered and offered positions as alternates by letter
7. Candidates must accept positions by the deadline specified in the letter

8. If accepted students decline positions, alternates are chosen until desired class size is achieved.
9. To ensure student success, no alternate will be added after the technical phase begins. The very latest that an alternate will be admitted to the class is the Friday before the semester begins.
10. If a student who has been accepted into the technical phase receives an incomplete in their spring prerequisite coursework, they will have until July 15<sup>th</sup> to complete the course with a satisfactory grade.
11. If a student gets any “no” answers on the volunteer hours verification form, it will be at the discretion of the PTA faculty to determine if the student gets an opportunity to repeat volunteer hours for reapplication. Each case will be evaluated uniquely and individually. If volunteer hours are repeated, then the PTA faculty will specifically assign the PT or PTA for that student’s repeat hours.
12. In order to earn points on the PTA score-sheet for Acceptance (Appendix D) for earned degrees, the applicant must turn in verification of that degree to the PTA Program Coordinator by the application deadline.
13. The following policy will be added to the acceptance email: When accepting your position, you understand that if you are not registered for classes AND if you have not completed your background check by exactly one week prior to the start of the Fall semester, you will forfeit your position.
14. If a student is a no show to orientation, and they do not respond to emails and phone calls within one week, they will forfeit their position.

## PTA Score-sheet for Acceptance Procedure

1. All Applicants will be scored using the PTA score-sheet for Acceptance (Appendix D)
2. The grades from each prerequisite course will be converted to quality points, where A=4, B=3, and C=2. PTA 108 and PTA 111 are weighted twice as much as the other prerequisite courses. Total quality points will be multiplied by 4 to come up with the grand total score in this category. A-B below will take effect beginning in the Fall 2020 semester.
  - a. If the first attempt at a prerequisite course is an A, B or C, and the course is less than 5 years old, then that is the grade used on the score sheet.
  - b. If a prerequisite course was taken 5 years or more from the semester of technical phase application, a student may opt to retake the course to achieve a higher grade. Then, the second attempt grade will then be the one counted on the scoresheet. Applicants with a prerequisite course 5 years old, or more, may opt to keep their first attempt grade. It is not a mandatory requirement to retake older courses.
  - c. In an effort to get a higher quality technical phase student, if an applicant has straight A's in all prerequisites, that applicant will be given 25 extra points in that section.
3. Volunteer hours will be documented on the Observation/volunteer form (Appendix G). The volunteer hours will be assigned a score between 0 and 30 points. Possible scores are 0, 5, 10, 15, or 30, according to the descriptions on the PTA score sheet for acceptance (Appendix D).
4. Students are asked to provide a written narrative on the back of the application. This narrative will be scored from 0-50. The rubric used for grading the short narrative will be published on the back of the score sheet on the website. This rubric and score sheet are also given to each advisee during advisement sessions.
5. Students who have earned a previous degree will be awarded points. Zero points are given when no previous degree was earned. 25 points are given when an Associate's degree was earned. 50 points are given when a bachelor's degree was earned. When

- multiple degrees have been earned, points will be awarded for only one degree.
6. The grand total for the score-sheet is calculated by adding together the total quality points score, the volunteer hours score, the narrative score, and the degree score. This grand total is the objective number used to rank the students and determine acceptance.
  7. Should there be a tie score while ranking applicants, the following will be utilized IN ORDER to break the tie: 1.) Section A score 2.) Section B score 3.) Section C score 4.) Section D score 5.) Overall GPA
  8. When actual letter grades are not available for AP courses or EDGE credits, a grade of “B” will be used on the score sheet.
  9. An applicant with a score below 130 in section A of the PTA Score sheet for Acceptance would not be a qualified applicant. 130 is the minimum qualifying score to get into the program.

## **Academic Standards Policy**

### **Minimum Standards**

1. Students must obtain at least a C or better in all PTA prerequisites and technical phase courses.
2. Students must have at least a 78% test average in all PTA technical phase courses.
3. Students must earn at least a 78% on the mini-comprehensive exam given at week 11 of the spring semester.

### **Remediation**

1. If an exam average is below 80% and/or a course average is below "C" at mid-term or near the end of the term, the student must meet with his/her advisor to sign a probation form (below 78%) or student strategy session form (between 78-80%) and develop a plan of improvement.
2. If the mid-term rating for a clinical assignment is not satisfactory, the student must meet with the Clinical Coordinator to develop a plan of improvement.
3. It is the student's responsibility to notify the Clinical Coordinator that his/her grade in a clinical education course is not satisfactory.
4. If the mini-comprehensive exam is below a 78%, the student will meet with PTA Core faculty to sign a probation form and develop a plan of improvement, including remediation. The student will have the opportunity to retake the exam within 2 weeks of the first attempt. If the second attempt is still below a 78%, the student will be dismissed from the program.

### **Plan of Improvement**

1. The student and his/her advisor will develop a plan of improvement when course performance falls below the required level or when clinical performance is not satisfactory.
2. Additional persons such as the PTA Program Coordinator, Clinical Coordinator, course instructor, or clinical Instructor may participate in developing the plan of improvement. This meeting may be virtual or in person.
3. Additional assignments or tutoring may be proposed to remediate unacceptable grades. Any expense as a result of implementing the plan of improvement will be the responsibility of the student. For students



on probation, tutoring will be mandatory. This tutoring will either be with the course instructor or another student in the class (if approved by instructor).

4. An additional clinical assignment with the same or different clinical instructor may be proposed to remediate a failing clinical grade. The length of the additional assignment will be determined on an individual basis.
5. Remediation may not be possible in all instances of failure and will be judged on a case-by-case basis.

### **Progress through the Curriculum**

1. Students must earn a grade of 78% or better in every PTA technical phase course and maintain a 78% or greater test average to continue in the program. If the exam average is less than 78% at midterm or at final, a grade of D or F will be given.
2. Students must earn a grade of C or better in every academic and clinical course that is a part of the curriculum to continue in the program.
3. Students must satisfactorily complete every clinical course before the start of the next term to continue in the program.
4. Students must pass each practical examination to continue in the program.
5. Students who withdraw from a course to avoid receiving a grade below 78% will be dropped from the program.
6. Students will not be able to attend PTA 204, PTA 205 or PTA 206 until they pass the mini-comprehensive examination.

### **Withdraw and Readmission**

1. Students who choose to leave the PTA program for any reason must have a personal interview with the PTA Program Coordinator and/or Clinical Coordinator.
2. Students who choose to withdraw should follow the Blue Ridge CTC policy for withdraw.
3. Students who withdraw from the PTA program following the Blue Ridge CTC procedure may be considered for readmission.
4. Readmission will be determined on an individual basis. The reason for withdraw, student performance prior to withdraw, and the length of time since withdraw will be considered.

5. Specific requirements for readmission will be determined for each student on a case by case basis. Students may be required to repeat courses that were completed satisfactorily prior to withdraw.
6. Students who are dismissed from the technical phase for academic reasons, will only be readmitted to the program for ONE additional attempt. They will be scored on the score sheet just like all other applicants for that particular year. If not academically successful in the second attempt, that particular student may not reapply in the future.

## Attendance Policy

Blue Ridge CTC monitors attendance for all students. For students receiving Title IV funding, last date of attendance is used to determine any return of financial aid funds. Students who are reported for not attending may not be eligible to receive any refunds or further disbursements. This attendance tracking does not include how or what individual faculty determine as attending. Specific details of all BRCTC attendance policies can be found in the *BRCTC Student Handbook*.

### **Program Attendance Policy:**

Attendance is a professional behavior that students are expected to develop as a part of the program. In the clinic, the supervising physical therapist relies on the assistant to be present when scheduled so that the needs of the clients can be met. If a staff member is absent, patient care can be compromised. For this reason, absence from required PTA lectures and laboratory meetings is always penalized. Students are awarded points for professional behavior and if they are absent, points are deducted from the course total. A physical therapist assistant should NEVER fail to show up for work without calling the therapist before the expected start of the work day. Similarly, students are expected to notify the instructor prior to missing a class meeting. No make-up work is given if students are absent without prior approval. The specific penalty for absence will be detailed in each course syllabus and distributed at, or prior to, the first class meeting.

1. When an absence is unacknowledged by the student, **ALL** professional responsibility points will be lost.
2. After two weeks or more of non-attendance, excused or unexcused, it is recommended that the student consult with the academic advisor and withdraw from the course. The only exception may be if a student has been preapproved for the absence, and made a plan/contract with the instructor on exactly how and when the material will be made up. The student must adhere to the contract or they will need to withdraw. Extended absences of 2 weeks or longer, without prior approval and without a plan/contract would lead directly to the student withdrawing from the course.

3. When a lab session is missed, it will need to be made up. Missing greater than 25% of the labs in a course, and not making them up would result in an F in the course. Plans for making up a lab should be made and approved by the course instructor. A student will have a maximum of one week to make up a missed lab.

## Professional Behavior Policy and Procedure

**Policy:** Students are expected to demonstrate appropriate professional behavior in the classroom, laboratory, and clinical setting as a requirement for successful completion of the physical therapist assistant program.

**Professional Behavior** is the appearance, actions, and communications that create the impression that an individual is capable, competent, and qualified to perform the duties of a health care professional. These behaviors include conforming to the standards and/or rules set by the program/workplace, treating others with respect, and reliably performing assigned duties. Professional behavior is further defined as:

- Integrity: the quality of possessing and steadfastly adhering to high moral principles and professional standards.
- Responsibility: actions that demonstrate the acceptance of the role and obligation of the student.
- Demeanor: behavior, manner, and appearance that demonstrates professional character.
- Service: actions that demonstrate a willingness to meet the needs of others.

### Procedure:

- Satisfactory professional behavior is required for progression through the curriculum.
- Unsatisfactory professional behavior can result in dismissal from the program.
- The measurement tool for professional behaviors will be the Professional Behaviors form. This will allow a program wide view of professional behaviors by combining the professional behaviors from each course throughout an entire semester. The end result of the form will be a recommendation from the PTA core faculty that each student will Pass, need remediation, or Fail. This form will be done on each student at the end of the academic portion of the Fall semester. It can be used as needed throughout the remainder of the technical phase curriculum. This form is labeled as appendix H.
  - a. This form will be used for each student at week 11-12 of the Fall semester of the technical phase. If a student gets rated with “needs

remediation” then they must complete that before they can attend any full time Clinical Education course. On a case by case basis, PTA faculty will decide what remediation is necessary and if the remediation was successful. If remediation was successful, a student could then attend full time clinical rotations. If remediation is not successful, this could result in dismissal from the program. At any time after the Fall semester, if a student displays unprofessional behaviors, this rubric may be used again later in the technical phase when necessary.

## **Clinical Agreement Policy and Procedure**

**Policy:** Written agreements for clinical education delineate the responsibilities of both the college and clinical affiliate and help ensure a quality educational experience for students. The existence of an agreement does not create a right or obligation for placement for a specific student or rotation.

**Procedure:**

1. Clinical agreements (Appendix C) will specify the rights and responsibilities of the College; rights and responsibilities of the clinical faculty; responsibility for patient care; responsibility for evaluation and supervision of students.
2. The Clinical Coordinator will initiate and monitor the clinical agreement process when a new clinical site is identified.
3. An updated certificate of insurance will be emailed to all clinical affiliates at the start of the state fiscal year.
4. A database will be maintained to identify clinical facilities for which a signed agreement is in place.
5. Students will be assigned only to clinical affiliates for which a signed agreement is in place.

## Clinical Assignment Policy and Procedure

**Policy:** The PTA curriculum will prepare students to work in a variety of physical therapy settings. Facilities used for clinical assignments will include outpatient clinics, acute care and rehabilitation hospitals, long-term care facilities, and home health agencies, as well as specialty clinics.

**Procedure:**

1. To ensure that each student has exposure to a wide variety of pathologies as well as patients of all ages, each student will have one full-time inpatient rotation, one full-time outpatient rotation, and one full-time rotation in the “other” category.
  - a. Inpatient rotations can include any site where the disease process, age or immobility of the patient prevents them from leaving the facility or their home. Therefore, inpatient rotations can include acute care hospitals, rehabilitation centers, nursing homes, or home health.
  - b. Outpatient rotations will include any ambulatory care clinic where patients have the ability to travel to the clinic for their appointment and then leave.
  - c. The “other” category can be variable. It might include a specialty clinic, such as: pediatrics, aquatic therapy, women’s health, wound care, etc... The other category may be a second inpatient or a second outpatient location; however, it would be as different from the first, as possible.
2. Student preferences are considered in the assignment process, but the Clinical Coordinator makes the final decision.
3. The following pieces of student information can be shared with the clinical site, depending on the site’s requirements: name, address, phone number, email, last 4 of social security number, visa or green card if applicable, background check, drug screen, physical, immunization records, CPR certification, fingerprints, driver’s license, and car insurance. All pieces of information are shared with the site prior to the first day of the rotation. All information is emailed.
4. To ensure that each student has the opportunity to witness and participate in the PT/PTA relationship, each student will have a PTA as a Clinical Instructor for at least one of their full-time rotations.



## Requirements for Clinical Placement

**Immunization Policy:** Clinical affiliates are required by other agencies to reduce the risk of infection to patients through immunization of employees. Because it is mandatory for each student to have a wide variety of clinical rotations, each student must be eligible to go to any clinic we are contracted with; therefore, each student must provide evidence of each of the requirements listed on our immunization form (Appendix I).

Students who refuse to provide proof of immunization will not be eligible for placement in clinical courses and cannot complete the requirements for the PTA degree.

### Additional requirements

1. Current health provider class CPR card
2. Negative drug screen
3. Criminal background check
4. Completed student's notice of reportable conditions
5. Flu shot- in the Fall, prior to beginning Clinical Education II
6. Physical appearance requirements are as follows: Any tattoo must be covered at all times. Students may not have facial tattoos or facial piercings. Students must have a natural hair color (not a unnatural, bold color). Any additional physical appearance requirements of an individual clinical site, must be followed.
7. Any/all requirements specific to a clinical site (ex: physical or mask fitting)
8. Students must pass a Clinical Competency quiz before being allowed to begin Clinical Education I (PTA 106). If a student has not passed by the end of week 3, they cannot begin clinical rotations and must do remediation activities. In order to begin clinical rotations, the student must successfully complete the remediation activities and get approval from both the Program Coordinator and the Clinical Coordinator. If students have not completed remediation by the end of week 8, an F will be given as the grade for Clinical Education I.
9. Students are expected to follow the Clinical rules given to them in week 2. If one of those rules is broken, students would need to fill out a student strategy session form. The CC & PC will discuss & determine if remediation if possible. Worst case, a student could be dismissed from the program.

Students who refuse to provide documentation of CPR training, criminal background, negative drug screen, and reportable conditions will not be eligible for placement in the clinical courses that are part of the curriculum and cannot complete the requirements for the PTA degree. If a student disagrees with the results of the Criminal Background check or the drug screen, the student may appeal/contest those results. At the student's cost, another Background Check and/or drug screen can be done. The student cannot go to clinical rotations, until the matter is settled. If a student does not complete the technical phase for this reason, they may reapply in the future and will be considered equally with all other applicants.

## Confidentiality Policy

**Policy:** When assigned to clinical rotations that take place in health care facilities, students will receive or be exposed to confidential information including, but not limited to patient records, patient information, patient disclosure, and policies, procedures, and/or protocols of the Clinical Affiliate. Students will be required to sign an agreement to hold all such information as confidential prior to clinical placement. Discussing patients and procedures with friends, family members, or the general public, either in person, over the phone, or on Facebook, or similar social media sites, is a violation of the confidentiality agreement. It is also a violation to take pictures of patients or clinical set-ups, or photocopy clinical records, whether or not the pictures or records are shared with persons outside of the clinical setting. Violation of the clinical confidentiality agreement may result in dismissal from the PTA program.

Private student health information will also be protected. When the student shares this private information with PTA core faculty, if they request discretion, we will honor that.

### Procedure:

1. HIPPA information as well as information about a patient's right to refuse treatment is presented to the students in PTA 103. It is early in the curriculum so that students are well aware of both pieces of information prior to ever starting Clinical Education I.

## Clinical Competence Policy and Procedure

**Policy:** Students learn clinical skills in the laboratory. Before they can apply those skills to patients in the clinical setting, they must be judged by program faculty to be competent. Each course that teaches physical therapy skills will use checklists and practical exams to evaluate each student individually. Students will not be permitted to begin a clinical assignment until they demonstrate competence.

### Procedure:

1. Students must demonstrate each skill correctly to check off. Competence is judged to be pass or fail on the basis of a checklist. Students are scored yes or no for a series of steps for each skill. They must achieve the required score for each check-off, with no critical item scored no.
2. All skill check offs must be checked off by an instructor. Fellow students will not be performing the check off.
3. Competence is also evaluated by the use of practical exams. Students must score the required score for each skill, with no critical item scored no.
4. Practical exams are comprehensive. They are presented in the form of care plans that become progressively more difficult over the course of the program and skills that are learned in previous courses are tested again.
5. Students are given the checklists in their PTA program handbook and during their laboratory practice so they know what is expected and how performance will be judged.
6. Students are given 3 chances to pass a practical exam, with remediation between attempts, as needed. In extreme cases, it would be possible for a student to fail the practical after the first attempt with extremely poor performance and/or severe safety infractions. Students who do not pass the exam receive a failing grade for the course.
7. Prior to Clinical Education II, clinical instructors are emailed written notice

of the techniques students are able to perform and the progress they have made through the PTA curriculum thus far. Students also hand carry the same information to present to the clinical instructor on the first day of a clinical assignment. Students have an obligation to remind clinical instructors of their skill levels. If clinical instructors assign students tasks which are beyond their skill level, they do so without the consent of the program.

8. It is the program expectation that students will be at entry level performance by the end of Clinical Education III and the end of Clinical Education IV. This determination will first be marked by the Clinical Instructor on the Student Clinical Performance Evaluation. Final grading is determined by the Clinical Coordinator, and details of how a marking of below entry level will be handled is outlined in the syllabi for Clinical Education III and Clinical Education IV.

## **Academic Faculty Development Policy and Procedure**

**Policy:** Program academic faculty will participate in development activities that are directed toward improving faculty effectiveness in meeting program needs.

**Procedure:**

1. Faculty will complete an annual performance evaluation. Clinical Coordinator evaluation will be performed by the Program Coordinator. Program Coordinator evaluation will be performed by the Vice President of Enrollment.
2. Evaluation results will be analyzed by the individual faculty member to identify developmental needs.
3. Each faculty will annually complete the faculty development goal form. Each faculty will also review that form at the end of the year and discuss a summary of whether the goal was met.
4. Development goals for program faculty will be coordinated so that the program is strengthened collectively.
5. The program budget will be used to fund, partially or in full, developmental activities to meet program needs. These funds will be up to \$1000.00 per core faculty member each year.
6. A request for payment must be submitted to the Vice President of Enrollment prior to the development event.

## Clinical Faculty Policy and Procedure

**Policy:** Clinical Faculty will be currently licensed physical therapists or physical therapist assistants with a minimum of one year of clinical experience.

**Procedure:**

1. The clinical faculty will appoint a Coordinator of clinical Education (CCE) to work with the Blue Ridge CTC Clinical coordinator in scheduling the student affiliations, administering the Clinical Education program goals.
2. The CCE will oversee the Clinical Instructor's supervision of the assigned student.
3. The Clinical Instructor (CI) will direct and supervise the student in activities designed to meet the goals of the rotation.
4. The CI will evaluate the student's performance using the forms provided by the program.
5. The Clinical Coordinator will determine the final grade for the clinical rotation.
6. If any clinical site assigns a CI who does NOT have a minimum of one year of clinical experience, the Clinical Coordinator will contact the CCE and the CI to request an immediate change of CI. If no other CI is available, then the Clinical Coordinator will assign an alternate clinical site.
7. A required form (Full Time Clinical Education Questionnaire) will be completed by each PTA student during the first few days of each full time clinical rotation. This will alert the Clinical Coordinator immediately if there are any red flag issues present.
8. It will be highly recommended (and tracked on our Assessment grid) for each Clinical Instructor to complete the online PTA Clinical Instructor Quiz annually.
9. The Qualification of Clinical Instructors Form will be used by the Clinical Coordinator at the end of each full time rotation to collect data about effectiveness, safety and qualification of the clinical instructors.

## Clinical Faculty Development Policy and Procedure

**Policy:** Clinical Faculty will participate in developmental activities that are directed toward improving faculty effectiveness in meeting program needs. The need for development will be identified through a variety of data collection methods.

### **Procedure:**

1. The Clinical Coordinator is responsible for data collection instrument preparation, dissemination, collection, and compilation. Data collection instruments include:
  - a. Clinical communication log
  - b. Clinical site focus visit report
  - c. Student clinical performance evaluation
  - d. Student summary of the clinical experience
  - e. Clinical instructor summary of the clinical experience
  - f. Student clinical debriefing comments
  - g. Graduate, clinical instructor, and employer surveys
  - h. New clinical instructor appointment
  - i. Annual online training (powerpoint) followed by online quiz
  - j. Qualification of Clinical Instructors form
2. The Program Faculty will analyze the compiled data to:
  - a. Determine if the threshold for action has been triggered
  - b. Determine corrective actions
  - c. Develop and offer activities directed toward improving clinical instructor effectiveness
3. Clinical Faculty Development activities may include:
  - a. Group meetings
  - b. Individual meetings
  - c. Telephone conferences
  - d. Reading materials



## **Assessment Plan**

### **Assessment at Blue Ridge CTC:**

As a BRCTC program, the PTA program will follow the established assessment and action plan for the college. The faculty members of Blue Ridge CTC are dedicated to assuring that each student meets the educational objectives of the program. The educational objectives have been developed and are planned to assure that the program is producing graduates who will be successful in obtaining and maintaining positions in the entry-level business field and who will be quality employees. To achieve this goal, the faculty is committed to a systematic and comprehensive process of assessment of student learning. As part of this program assessment, students will from time to time be asked to participate in graded and non-graded assessment activities assessing the cognitive, affective, and psychomotor domains. These may include, but are not be limited to, participation in role-playing simulations and completion of standardized written or practical examinations or pre and post-graduation surveys.

### **PTA Program Assessment:**

Program assessment provides a mechanism to improve the quality of graduates and increase the probability that all students will finish the program and pass the licensing exam. Program assessment takes place continually throughout the academic year. Data is gathered and analyzed at the conclusion of each semester and clinical rotation and whenever situations arise that justify investigation. The Assessment Process Documentation Grid-Goals (appendix E) summarizes the thresholds and data collection process of the assessment plan. The Assessment Process Documentation Grid- Results (Appendix F) summarizes the results of our assessment.

## **Assessment: Goals and Results**

The specifics of the assessment goals and results can be found in Appendices E and F; however, all assessment documents follow the standard criterion as required by CAPTE. They are as follows: the admissions process, program enrollment (including resources, program outcomes, and workforce needs), PTA core faculty & clinical education faculty, program resources, program and institutional policies, and curriculum. Each of the standard criterion contain multiple goals and outcome statements.

## **Informed Consent Assumption of Risk and Release**

Informed consent and release executed by, \_\_\_\_\_,  
residing at \_\_\_\_\_ to  
Blue Ridge Community and Technical College, Martinsburg, WV.

I wish to be a participant in the Physical Therapist Assistant Program of Blue Ridge Community & Technical College located in Martinsburg, WV.

I understand that I must pass a licensing examination after graduation before I can work as a physical therapist assistant. To be licensed in West Virginia, I must be at least 18 years of age, be of good moral character, not be addicted to alcohol or drugs, or have been convicted of a felony. Furthermore, drug testing and background checks are required for clinical courses that are part of the curriculum of the Program.

I understand that the Physical Therapist Assistant Program will include academic, laboratory, and clinical work performed in the classroom, laboratory, hospital and other clinical facilities and will include direct care or exposure to clients with a variety of illnesses and diseases and will include the handling of and/or contact with human bodily fluids and tissues. I therefore understand that I may or will be exposed to disease carrying bacteria and microorganisms. I understand that I must be vaccinated with Hepatitis B vaccine, a Covid vaccine, tuberculosis screening and blood testing, and all other immunizations listed on the PTA immunization form. They are all mandatory, and they are all at my expense. This immunization form must be completed in order to successfully complete the program.

I also understand that as a student in the Physical Therapist Assistant Program, I consent to participate in human subject demonstrations and studies in the classroom, laboratory and clinical facilities as part of the educational process. When I am acting as a patient or practicing physical therapy techniques, I am at risk for injuries such as burns, sprains, or strains.

I also consent to be the subject of photographs, audiotapes, or videotapes as may be required to support the learning experience.

Participation in said activities in the Physical Therapist Assistant Program necessitates the wearing of appropriate and specific clothing including shorts, T-shirts, sports bras, and sneakers. Clinical clothing includes laboratory jackets, shirts, identification tags, professional slacks and shoes.

In consideration of being permitted to participate in the Program, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the health care field and in particular in the medical facilities where I may be present during my

participation in the program, do hereby agree to assume all the risks and responsibilities surrounding my participation in this program or any independent activities undertaken as a adjunct thereto; including damage to personal property, or personal injury, disease, or death which may result to me from my participation in this program and my exposure to the risks inherent in the program.

I hereby certify that I have read this document, that I am fully familiar with the contents of this document, and that I fully understand its terms and provisions. Any questions that I have about the Physical Therapist Assistant Program and the contents of this document have been fully explained to my satisfaction.

I hereby certify that I am over eighteen years of age.

In witness whereof, I have caused this release to be executed this \_\_\_\_ day of \_\_\_\_ .  
20\_\_.

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Student Signature

I \_\_\_\_\_, a faculty member of the Physical Therapist Assistant Program of Blue Ridge Community & Technical College, do hereby certify that I reviewed and discussed the Physical Therapist Assistant Program and the contents of this document with the student named above. I am satisfied that said student understands the risks inherent in the program that said student has been informed and consented to participate in human subject demonstrations and studies in the classroom, laboratory and clinical facilities, and that said student knowingly and voluntarily signed this document, which was done in my presence.

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Faculty Signature

**Appendix 2**  
**BRCTC**  
**Physical Therapist Assistant Program**

**Practical Exam/Laboratory Patient**

Thank you for agreeing to pose as a patient for this laboratory activity. Although the instructor will supervise the student the entire time, there is a chance that you could be injured by the procedures that will be performed. Injuries such as burns (only with modalities), sprains, and strains are possible, but rarely happen when people are in good health. The therapist will answer any questions you have about being a patient.

Please mark any of the following medical conditions that you may have so that the supervising therapist can be sure that the proposed procedures will not be harmful to you. If you prefer not to answer these questions, you will be excused from participating.

- ☐ Heart Disease
- ☐ Diabetes
- ☐ Circulation Problems
- ☐ Areas of Numbness or Tingling
- ☐ Pain
- ☐ Cancer
- ☐ Bone or Muscle Problems
- ☐ Chronic Disease that you take medication for
- ☐ Arthritis
- ☐ Other \_\_\_\_\_
- ☐ None of the Above

I understand that there is a risk of injury when I am posing as a patient. I understand that I may refuse to participate if I choose.

Volunteer Signature

Date

Supervising Therapist

Date



## CLINICAL AFFILIATION AGREEMENT

This Clinical Affiliation Agreement (the “Agreement”) is made and entered into by and between the Blue Ridge Community and Technical College (hereinafter known as the “College”) a State of West Virginia, public postsecondary institution of higher education, with its principal office located at 13650 Apple Harvest Dr., Martinsburg, West Virginia, 25403, and (*Insert Name of Clinical Affiliate*) (*Insert Clinical Affiliate Address*) (hereinafter known as the “Clinical Affiliate”); (*Insert Dates of Agreement*).

### WITNESSETH

WHEREAS, College maintains and conducts a course of study for the education of (*PTA Program*) (hereinafter “Program”), and,

WHEREAS, this Program of study requires the student to participate in clinical experience in various (*PTA Program*) settings, and,

WHEREAS, Clinical Affiliate is a provider of *physical therapy* services to its patients, and

WHEREAS, it is in the best interest of all parties concerned to obtain the assistance of others in this work; and,

NOW THEREFORE, in consideration of the mutual covenants herein contained, the College and Clinical Affiliate agree as follows:

#### I. PROJECT ACCOUNTABILITY AND RESPONSIBILITY

##### A. College

1. The College shall appoint qualified personnel to serve in the capacity of Program Coordinator, and Clinical Coordinator for the clinical portion of the (*PTA Program*).
2. The College shall have the responsibility for planning and implementing the educational Program in accordance with the guidelines of the United States Department of Transportation and West Virginia Department of Health & Human Resources, Division of Public Health, and Office of (*PTA Program*).
3. The College shall have the responsibility for planning the schedule of student assignments and making all individual assignments of students participating in the clinical experience.
4. The College will notify the Clinical Affiliate of its planned schedule of student assignments to the clinical rotations. The schedule will be arranged by the Program Coordinator and Clinical Coordinator in conjunction with the Clinical Affiliate.
5. The College will maintain student records and reports of the students’ clinical experience.
6. The College upon request by the Clinical Affiliate, will provide to the Clinical Affiliate written verification of each student’s immunization status or health record to the extent that is necessary to meet any requirements placed upon the Clinical Affiliate by State or federal regulation or law.
7. The College shall procure and maintain for Faculty and Students, a policy of professional liability insurance with a single limit of not less than One Million Dollars (\$1,000,000) per occurrence and

Three Million Dollars (\$3,000,000) in the aggregate per annum. A certificate of insurance confirming professional liability coverage will be supplied to the Clinical Affiliate upon request.

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BRCTC 13650 Apple Harvest Drive Martinsburg, WV 25403

8. The College will establish written guidelines regarding the clinical experience, including student learning objectives, responsibilities of the student and Clinical Instructor. These guidelines will be made available to the Clinical Affiliate. The final grading of these clinical experiences will be the responsibility of the Clinical Coordinator.
9. The students, instructor, and College will abide by the rules, regulations, and policies of the Clinical Affiliate. Any student or instructor violating any of said rules, regulations, or policies may be denied access to the Clinical Affiliate's facilities, upon notification by the Clinical Affiliate to the College.
9. College may withdraw a student from the Program at any time, upon written notice to the Clinical Affiliate.
10. College shall assume full responsibility for planning, developing, implementing, and establishing Program evaluation standards and/or objectives for the students' educational experiences in the Program.

**B. CLINICAL AFFILIATE**

1. The Clinical Affiliate will allow students enrolled in the clinical rotations to have access to equipment and supplies and provide patient care under direct supervision of the Clinical Instructor, or a licensed Physical Therapist.
2. The Clinical Affiliate will assure that a designated Clinical Instructor will provide supervision to the student while participating in the clinical experience, and that the student will not perform any skills unless under the direct supervision of the Clinical Instructor or a licensed Physical Therapist.
3. The Clinical Affiliate will retain responsibility for patient care and will provide appropriate staffing and equipment according to Federal, State or Clinical Affiliate laws, regulations or policy without relying on the student to meet staffing requirements.
4. The Clinical Affiliate will provide adequate facilities, determined at its sole discretion after consultation with the College, to carry out the Program, including classrooms, conference rooms, library facilities, lockers, or other storage facilities for student, access to the cafeteria in accordance with law; provided however, notwithstanding anything herein to the contrary the Clinical Affiliate reserves the absolute right to reassign students for clinical experience in consultation with the College faculty.
5. The Clinical Affiliate will provide emergency hospital services to faculty members and students who may become ill or injured in or at the Clinical Affiliate while engaged in clinical activities pursuant to this Agreement and otherwise as required by law. Faculty members and students will be responsible for the costs of such emergency hospital services or healthcare.
6. The Clinical Affiliate will participate in an annual meeting with the faculty of the College to discuss issues relating to the operation and continuation of the Program, when requested by the College.
7. Clinical Affiliate may take immediate temporary action to correct a situation where a student's or faculty member's actions endanger patient care or where, in the sole discretion of Clinical Affiliate, the student's work, conduct, or health is deemed detrimental to patients or others. Clinical Affiliate may terminate the use of its facilities by a particular student where necessary to maintain its operation free of disruption and to ensure quality of patient care. The Clinical

Affiliate may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of medical services or for unprofessional behavior. Clinical Affiliate may require the College to withdraw or dismiss a student from the clinical experience when his or her clinical performance is unsatisfactory to Clinical Affiliate or his or her behavior, in the Clinical Affiliate's discretion, is disruptive or detrimental to the Clinical Affiliate and/or its patients and/or the student's behavior is contrary to any Clinical Affiliate rule, regulation or policy. Within two calendar days after removing a student or terminating a student's use of its facilities, the Clinical Affiliate will notify the College Site Supervisor in writing of the action taken and the reasons and basis for the action. In such event, said Student's participation in the clinical experience may be suspended pending the outcome of an investigation conducted by School according to the policy and procedures established by School. Subject to the foregoing, only School can dismiss a student from the applicable program. All final resolutions of the student's academic status in such situations will be made solely by the College after investigating and reviewing the matter and considering the information Clinical Affiliate provides.

8. Clinical Affiliate shall provide the College with all assistance and information necessary during any investigations conducted by the College in accordance with the College's compliance with any State and Federal laws including but not limited to any State and Federal laws and the College's own policies, practices and procedures prohibiting discrimination including but not limited to the Americans with Disabilities Act and its amendments and Title IX of the Education Amendments Act of 1972. CHS and Clinical Affiliate shall also provide the College with all assistance and information necessary during any investigations conducted by School in accordance with Paragraph IB (8).
9. Clinical Affiliate understands that College's education Programs must be accessible to students with disabilities including but not limited to its clinical Programs. Clinical Affiliate shall provide College with all assistance and information necessary to determine whether reasonable modifications/accommodations/academic adjustments are available for students requesting reasonable modifications/accommodations/academic adjustments to admissions requirements and/or during Program participation.
10. Prior to the beginning of any clinical experience by any student, Clinical Affiliate shall provide students and the College with a copy of the Clinical Affiliate's existing rules, regulations, policies, and procedures with which the students and College employees on site are expected to comply during the term of the Program. Clinical Affiliate will notify the College and students of all changes in its policies and procedures that affect the Program within two days of any changes.
11. Clinical Affiliate agrees to provide a supervised program of education based upon objectives established by College. Clinical Affiliate and College will confer and agree upon a plan for the clinical experiences, including objectives, learning activities, responsibilities of College's faculty members, responsibilities of Clinical Affiliate Clinical Instructors, number of students assigned to Clinical Affiliate and responsibilities of students, and any other relevant information necessary to adequately implement the Program clinical experiences. College and Clinical Affiliate shall assist in the evaluation of each student's performance in the Program clinical experience, using criteria provided by College, however, College shall at all times remain solely responsible for the evaluation and grading of students.

## II. CONFIDENTIALITY

1. Students and staff of the College will respect the confidential nature of all information which may come to them with regard to the Clinical Instructor, the Clinical Affiliate or its patient records. Accordingly, the College will direct its students to comply with the policies and procedures of the Clinical Affiliate, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 C.F.R. Parts 160 and 164. Solely for the purpose of defining the students' role in relation to the use and disclosure of the Clinical Affiliate's patients' Protected Health Information, the students are defined as members of the Clinical Affiliate's "workforce" as the term is defined by 45 C.F.R. § 160.103, when engaged in activities pursuant to this Agreement. However, the students are not and will not be considered employees of the Clinical Affiliate.
2. The Clinical Instructor and Clinical Affiliate shall respect the confidential nature of all information which may come to them with regard to the immunization, health status or academic



performance of the student.

### III. TERM

The initial term of this Agreement shall be 1 (one) year commencing on the day the West Virginia Office of the Attorney General approves the contract as to form and terminating 365 calendar days later. This Agreement may be renewed upon mutual written agreement of the parties for five years and will be approved as to form by the West Virginia Attorney General's Office.

### IV. LIMITATION OF COST

1. The College will not provide compensation to the Clinical Instructor or Clinical Affiliate for services rendered under this Agreement. The Clinical Instructor will not be treated as an employee of the College for Federal, State or Local tax purposes. Nor will the Clinical Instructor be entitled to any benefits provided by the College to its employees.
2. The conditions of this Agreement do not preclude the Clinical Instructor from being reimbursed or compensated by his/her employing agency at his/her regular salary, wages or benefits, while performing the duties and responsibilities of this Agreement.

### V. TERMINATION

College or Clinical Affiliate may terminate this Agreement by submitting written notice to the other party thirty (30) days of the proposed termination date. In the event College Affiliate terminates this Agreement while students are still actively engaged in the clinical experiences, the termination shall not take effect before the end of the semester or other academic term in which the termination occurred.

Notice to College shall be sent to:

*Chrystal McDonald  
13650 Apple Harvest Drive  
Martinsburg, WV 25403*

Notice to Clinical Affiliate shall be sent to: -

*Insert name, title and contact information*

### VI. LIMITATION OF LIABILITY

The Clinical Affiliate shall indemnify and hold harmless the College against any and all, liability, loss, damage, costs, or expenses which the College may sustain, incur or be required to pay by reason of any actions of the Clinical Affiliate, its employees or agents, including but not limited to, actions by those whom the Clinical Affiliate serves. The College's liability is limited to the limit of liability set forth in the College's insurance certificate/policy for all coverages combined. This limit is not increased if a claim is insured under more than one coverage or if claim is made against more than one insured.

### VII. STATUTORY PROVISIONS

It is hereby further agreed by the parties hereto that they shall comply with all Federal and State laws, rules and regulations which prohibit any unlawful discrimination. Such laws shall include but not be limited to: Title VI of the Civil Rights Act of 1973, Title IX of the Education Amendments Act of 1972, the Age Discrimination Act of 1975 and the American Disabilities Act

### VIII. ADDITIONAL PROVISIONS

It is recognized that it is not possible to include herein the guidelines, regulations, policies and requirements of the College, Clinical Affiliate, U.S. Department of Transportation or the State of West Virginia. Therefore, it is agreed that such guidelines, regulations, policies and requirements in existence at the time of performance of this Agreement are incorporated and made part of this Agreement for all purposes.

IX. CONSTRUCTION AND INTEGRATION

This Agreement shall be construed under applicable federal statutes and the laws of the State of West Virginia without giving effect to any state's conflicts of law's provisions.

X. AMENDMENTS AND MODIFICATIONS

This Agreement, or any portion thereof, may be amended or modified by written agreement signed by both of the parties.

XI. HEADINGS

The headings in this Agreement are for convenience only and should not be used in construing or interpreting the terms of this Agreement.

XII. MUTUAL AGREEMENT

This Agreement is not intended to be considered drafted by either College or Clinical Affiliate.

XIII. LOCATIONS

This Agreement applies to the placement of Program students in any Clinical Affiliate location in Pennsylvania.

*Signature page follows.*

IN WITNESS WHEREOF, the College and Clinical Affiliate have caused this Agreement to be executed as of the day and year first written below.

BY: \_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

BY: \_\_\_\_\_  
Leslie See  
Vice President of Enrollment Management  
Blue Ridge Community and Technical College

\_\_\_\_\_  
Date

Ranking: \_\_\_\_\_

**PTA score sheet for acceptance**

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_  
ID#: \_\_\_\_\_

Course	Letter grade	Quality points
ENGL 110		
MAST 102		
BIOL 100		
CAS 111		
PSYCH 203		
MATH 101		
CAHS 141		
PTA 109		

Course	Letter grade	Quality points	X 2
PTA 108			
PTA 111			

A= 4 B=3 C=2 D/F= 0

A: Total quality points for these courses: \_\_\_\_\_ X 4 = \_\_\_\_\_ **\*\*Must be at least 130**

+25 points for straight A's: \_\_\_\_\_

B: Written essay score: \_\_\_\_\_  
See grading rubric on back of this page

C: Volunteer hours: \_\_\_\_\_

0= no hours performed

5= only 1 location OR < 20 total hours AND any no answers in the question section

10= 20 total hours, split b/t 2 locations AND any no answers in the question section

15= only 1 location OR < 20 total hours AND all yes answers in the question section

30= 20 total hours, split b/t 2 locations AND all yes answers in the question section

D: Previous degrees obtained: \_\_\_\_\_

0= no previous degrees earned

25= previous associate's degree earned

50= previous bachelor's degree earned

**Total Score:**

**A+B+C+D=** \_\_\_\_\_

Ranking: \_\_\_\_\_

Response Criteria	Does Not Meet Criterion 0	Minimally Meets Criterion 5	Somewhat meets criterion 8	Fully Meets Criterion 10	TOTAL
Response is legibly and neatly handwritten.	5+ errors Not handwritten Not in English	3-4 errors	1-2 errors	0 errors	
Response meets length requirement (at least 7-10 sentences and no more than 1 page)	No essay written	1-3 sentences OR Goes to a 3 <sup>rd</sup> page	4-6 sentences OR Goes to a 2 <sup>nd</sup> page	At least 7-10 sentences and no more than 1 page	
Response demonstrates student's mastery of the conventions of spelling, grammar, and punctuation	5+ errors	3-4 errors	1-2 errors	0 errors	
Response has a clear beginning, middle, and end.	No organization pattern at all	Has only 1 of the 3 criteria (beginning, middle and end)	Has two of the 3 criteria (beginning, middle and end)	Has all 3 components (beginning, middle and end)	
Response adequately addresses the prompt (Why do you want to be a PTA?)	Does not answer the question (off topic)	Minimally addresses the prompt	Somewhat addresses the prompt	Fully addresses the prompt	
TOTAL					

## 2022-23 Assessment Process Documentation Grid: Goals

This document is split into 3 assessment sections: Program Assessment outcomes, Outcomes for 2B1-2B5 and Curricular outcomes

### PROGRAM ASSESSMENT OUTCOMES

<u>Criterion</u>	<u>Measurable Goal / Outcome Statement</u> <u>With Threshold</u>	<u>Persons Responsible</u>	<u>Timeline</u>	<u>Data Collection Methods / Sources of Information</u> <u>Used in Data Collection</u>	<u>Action plan to address results</u>
	Overall licensure pass rate, as calculated by FSBPT, will be at least 85% each year. (1C2)	Program Coordinator (PC)	Annual	FSBPT reports and BRCTC website	Triggers a focused review of curriculum, faculty, program P+P, and admission criteria
	First time licensure pass rate, as calculated by FSBPT, will be at least 80% each year. (1C2)	PC	Annual	FSBPT reports and BRCTC website	Triggers a focused review of curriculum, faculty, program P+P, and admission criteria
	70% of technical phase students will graduate. (1C1)	PC	Annual	Enrollment and graduation statistics excel spreadsheet	Only if goal is not met, discuss & document issues and resolutions
	90% or more of graduates who have passed NPTE for PTA	CC	Annual	Graduate surveys, emails, advisory panel	If goal not met, triggers a focused review of employment

	(and WANT to be employed) are employed one year after passing the NPTE for PTA. (1C3)			meeting minutes, social media	outlook in the region; implications on enrollment numbers
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## OUTCOMES FOR 2B1-2B5

<u><b>Criterion</b></u>	<u><b>Measurable Goal / Outcome Statement</b></u> <u><b>With Threshold</b></u>	<u><b>Persons</b></u> <u><b>Responsible</b></u>	<u><b>Timeline</b></u>	<u><b>Data Collection</b></u> <u><b>Methods /</b></u> <u><b>Sources of</b></u> <u><b>Information</b></u> <u><b>Used in Data</b></u> <u><b>Collection</b></u>	<u><b>Action plan to</b></u> <u><b>address results</b></u>
2B1	The admissions process and criteria meet the needs and expectations of the program.				
	All complaints on the admissions process and procedures will be reported to program coordinator.	PC and administrative staff in Enrollment Management	Annual	Complaints file in PC's office, emails	If complaints are reported: discuss & document issues and resolutions
	80% of qualified applicants will score above 144 on section A of the PTA score sheet for acceptance.	PC	Annual	PTA scoresheet for acceptance	If not met, triggers a review of the applicant pool to provide remediation strategies while in the technical phase
	Each year the program will receive at least 1.5x the number of qualified applications as the slots available in the technical phase.	PC	Annual	Enrollment and graduation statistics excel sheet	Triggers a review of the applicant pool

2B2	Program enrollment appropriately reflects available resources, program outcomes and workforce needs				
	Per Clinical Instructor scoring on the Student Clinical Performance evaluation for PTA 204 & PTA 206, each student will be deemed “entry level” in two ways (by scoring at least a 3.0/4.0 and by designation of “entry level” on the last page of the form.) (Workforce needs)	CC	Annual	Clin Ed IV Student Clinical Performance Evaluation	If goal not met, discuss and document issues and resolutions.
	Less than 20% of the Advisory Committee will recommend a change in class size to align with current local market demands.	PC	Annual	Meeting minutes from Advisory meetings	If > 20%, recommend a change, this triggers a review of class size/enrollment into the technical phase.
	90% or more of graduates who have passed NPTE for PTA (and WANT to be employed) are employed one year after passing the NPTE for PTA. (1C3)	CC	Annual	Graduate surveys, emails, advisory panel meeting minutes, social media	If goal not met, triggers a focused review of employment outlook in the region; implications on enrollment numbers
2B3	The collective core, associated and clinical education faculty meet program and curricular needs.				
	90% of respondents will score PTA core faculty at adequate or above on all questions on the Core Faculty Rating Form. (current students)	PC	Annual	BRCTC PTA Core Faculty Rating form/survey	If goal not met, discuss and document issues and resolutions
	Full time PTA core faculty members will score at least “meets expectations” as their overall performance review rating.	PC, CC & administrative staff	Annual	Annual review documentation	If goal not met, discuss and document issues and resolutions with administration



	90% of students will agree or strongly agree with the statement “I would rate the instructors teaching methods as appropriate and effective.” on the BRCTC course evaluations.	PC & CC	Annual	BRCTC course evaluations	If goal not met, discuss and document issues and resolutions
	100% of goals stated on the annual evaluation will be met by PTA core faculty.	PC & administration	Annual	BRCTC annual review documentation	If goal not met, discuss and document issues and resolutions
	100% of the PTA core faculty’s College sponsored professional development activities will be linked to an established program need.	PC & administration	Annual	PTA meeting minutes & program needs list	If goal not met, discuss and document issues and resolutions
	100% of identified professional development goals on the annual evaluation will be assessed by the “Faculty development goals- action plan” form to determine effectiveness of the professional development.	PC, CC, administration	Annual	BRCTC annual review documentation, faculty development goals form, faculty development action plan form	If goal not met, discuss and document issues and resolutions
	Any technical phase course taught by an adjunct will have an individual course assessment performed annually.	PC & adjunct faculty	After each course taught by and adjunct	Course assessment paperwork	If course assessment not performed, PC will make reminders to be sure it doesn’t get skipped again.
	Any technical phase course taught by an adjunct will be observed by PC at least one time, and deemed at least adequate.	PC	After each course taught by an adjunct	Documentation of the observation, meeting minutes	If goal not met, discuss and document issues and resolutions
	90% of students will answer “Yes” to the question “Do you recommend that PTA program continue to use this guest speaker in the future and why?”	PC & CC	After each guest speaker	Guest speaker evaluation form, PTA meeting minutes	If goal not met, discuss and document issues and resolutions
	100% of guest lecturers’ presentations are evaluated as at least adequate by course instructor.	Course instructor & PC	After each guest lecturer presents	PTA meeting minutes	If goal not met, discuss and

					document issues and resolutions
	100% of clinical education faculty members meet the qualifications determined by the program.	CC	Annual	Full time clinical education questionnaire, clinical instructor resumes, Qualifications of the Clinical Instructors form	If goal not met, discuss and document issues and resolutions
	90% of students will answer “Yes” to questions 4-8 of the student summary of the clinical experience form.	CC	After each full time rotation	Student summary of the clinical experience form	If goal not met, discuss and document issues and resolutions
	90% of all Clinical instructors will meet the minimum standard of 80% on the clinical instructor training quiz.	CC	Annual	Clinical instructor training quiz results	If goal not met, discuss and document issues and resolutions
	A clinical instructor will receive no more than 2 “no” answers of questions 4-8 on the student summary of the clinical experience form.	CC	After each full time rotation	Student summary of the clinical experience form	If goal not met, discuss and document issues and resolutions
2B4	Program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.				

	100% of vacant full-time PTA faculty positions are filled before the start of the next academic semester. (staff)	PC & administrative staff	Annual, or sooner if needed	HR hiring records	PC, administrative staff and HR will devise advertising and hiring strategies
	Budget allocation will appropriately provide for the program with no more than a 10% decrease from one academic year to the next. (financial resources)	PC and Ann Paul	Annual	Review budget documentation, emails and phone logs	If > 10%, PC will meet with VP of Enrollment to find strategies to improve budgeting and/or maintain program
	85% of students will report adequate or above on the learning resources question on the graduating student survey. (library and learning resources)	PC & CC	Annual	Graduating student survey, question #2 on page 4	Only if negative impact, PC will consider options for library resources and discuss purchase/upgrade with VP of Enrollment
	Requests for service or IT support are responded to in no more than 2 business days. (technical support)	PC	Annual, or sooner if needed	Delay in service or support log in the PTA office	If > 2 occurrences annually, PC will contact IT and VP of Enrollment to address a resolution
	80% of students will report classroom and lab space as adequate on the end of course evaluation. (space)	PC & CC	3x per year: Fall, spring and summer	End of course evaluations (question #11), PTA meeting minutes	Only if there is a negative impact, discuss and document issues and resolution
	Full time core PTA faculty will describe the PTA office space as adequate. (space)	PC & CC	Annual	PTA meeting minutes, emails	If space is not adequate, discuss and document issues and resolutions.

	Less than 33% of students will report the need for a specific type of new equipment or technology, on the end of course evaluation. (equipment & technology & materials)	PC & CC	3x/year (Fall, spring and summer)	End of course evaluations (question #12), PTA meeting minutes	If goal is not met, investigate, discuss and document issues and resolutions.
	80% of students will agree or strongly agree with the question "Technical elements and/or equipment are adequate and function properly" on the BRCTC student evaluations. (equipment & technology & materials)	PC and CC	3x/year (Fall, spring, and summer)	BRCTC student evaluations, PTA meeting minutes	If goal is not met, Investigate, discuss and document issues and resolutions.
	85% of students will report adequate or above on the student services question on the graduating student survey (student services)	PC & Clinical Coordinator (CC)	Annual	Graduating student survey, question #1 on page 4	If goal is not met, PC will contact student services to work on resolution
2B5	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.				
	100% of new or newly revised institutional P&P will be consistent with the curriculum and outcomes of the PTA program.	PC	Annual	Institutional emails, meeting minutes	If goal is not met, discuss and document issues and resolution

	100% of Program P+P are assessed on an annual basis for alignment with program mission, goals and objectives.	PC	Annual	Program P+P manual, meeting minutes	If goal is not met, discuss and document issues and resolution
	100% of new or newly revised program P+P will support the program mission, goals, and objectives.	PC with annual signature from administrative staff	Annual	Program P+P manual, emails, program meeting minutes, signature pages in the back of the P+P manual	If goal is not met, discuss and document issues and resolution
	100% of new or newly revised program P+P will be approved by the Advisory Committee for its alignment with the Program mission, goals and objectives.	Advisory committee members	Annual	Advisory committee meeting minutes	Discuss and document issues and resolution
	100% of mission, philosophy, goals and objectives of the PTA program are congruent with the institutional mission, per Advisory Board.	PC & Advisory committee members	Annual	Advisory board meeting minutes, emails	If deemed not congruent, then PTA revisions will be made to achieve congruency with BRCTC mission
	85% of students will score at least 25/30 on communication section of capstone seminar (PTA 205) grading rubric (Program goal: effective verbal, non-verbal and written communication) (6G)	CC	Annual	Capstone seminar grading rubric	Only if goal is not met, discuss and document issues and resolutions.
	100% of students who will be promoted to Clinical Education III will successfully pass (at least 78%) the plan of care quiz in PTA 202 (Ortho), with no more than 3 total attempts, like check offs. (Program goal: utilizes critical thinking involved in the plan of care established by the PT) (6G)	PC	Annual	PTA 202 plan of care quiz	Only if goal is not met, discuss and document issues and resolutions.

## CURRICULAR ASSESSMENT OUTCOMES

2C	The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.				
<b><u>Criterion</u></b>	<b><u>Measurable Goal / Outcome Statement</u></b> <b><u>With Threshold</u></b>	<b><u>Persons</u></b> <b><u>Responsible</u></b>	<b><u>Timeline</u></b>	<b><u>Data Collection</u></b> <b><u>Methods /</u></b> <b><u>Sources of</u></b> <b><u>Information</u></b>  <b><u>Used in Data</u></b> <b><u>Collection</u></b>	<b><u>Action plan to</u></b> <b><u>address results</u></b>
2C	Less than 20% of students will suggest feasible substantial changes to the organization, sequencing and integration of the PTA curriculum, per the Graduating student survey. (current students) (6A-B, 6D, 6K, 6L)	PC & CC	Annual	Graduating student survey (page 2, #5)	If goal not met, discuss and document issues and resolutions.
	90% of students will report that the syllabi are understandable and complete on the end of course evaluation. (current students) (6E)	PC & CC	3x/year: Fall, spring & summer	End of course evaluation (question #1)	If goal not met, discuss and document issues and resolutions
	90% of students will report the course learning objectives are complete and understandable on the end of course evaluation. (current students) (6C, 6F)	PC & CC	3x/year: Fall, spring & summer	End of course evaluation (question #2)	If goal not met, discuss and document issues and resolutions
	90% of supervisors of graduates will answer “at entry level or above entry level” to question #12 on the supervisor of graduate survey. (employers of graduates) (6A, 6H)	PC & CC	Annual	Supervisor of Graduate Survey	If goal not met, discuss and document issues and resolutions

	No more than 20% of students will mark any item as “minimal” on the graduating student survey. (current students) (6C)	PC & CC	Annual	Graduating Student Survey	If goal not met, discuss and document issues and resolutions
	100% of students will pass 100% of the skills check offs from the skill master list. (faculty) (1C4, 6G, 6H)	PC & CC	3x/year: Fall, spring, summer	Skills master list	If goal not met, discuss and document issues and resolutions
	100% of students who are promoted to Clin Ed II, will have scored a “pass” on the Professional Behaviors form at the end of the academic portion of each Fall semester. (faculty) (1C4, 6G, 6H)	PC & CC	Annual	Professional behaviors forms	If goal not met, discuss and document issues and resolutions
	90% of respondents will score PTA core faculty at adequate or above on all questions on the Core Faculty Rating Form. (other health professionals)	PC	Annual	BRCTC PTA Core Faculty Rating form/survey	If goal not met, discuss and document issues and resolutions
	Each Full time PTA Core faculty member will perform a written course assessment each year. (A rotating schedule will allow course assessment of a different course each time.)	PC & CC	Annual	PTA faculty meeting minutes, written course assessment	Analysis of the course assessment will be performed and changes to the course will be made if appropriate.
	On each individual course assessment (of a technical phase course), no more than 25% of students will fail the course, showing that the course is not a barrier to student success. (6B)	PC & CC	Annual	PTA faculty meeting minutes, written course assessment	If goal not met, discuss and document issues and resolutions
	On the graduate survey, 90% of students will answer agree or strongly agree to questions 13-17. (those students who answer the survey & are working as PTAs) (graduates) (6A, 6H)	PC	Annual	Graduate survey	If goal not met, discuss and document issues and resolutions
	90% of students will answer yes to question #1 on the Student Summary of the clinical experience form. (6H)	CC	After completion of	Student summary of clinical experience form	If goal not met, discuss and

			each Full time rotation		document issues and resolutions
	On section 10 of the Student Clinical Performance Evaluation for PTA 206, 95% of students will have an average score of 3.0 for that section. (1C4, 6A, 6H)	CC	After completion of each Full time rotation	Student Clinical Performance Evaluation	If goal not met, discuss and document issues and resolutions
	100% of students report achievement of stated goals on the Student Summary of the Clinical Experience Form. (1C4, 6A, 6C-D, 6H)	CC	After completion of each Full time rotation	Student summary of clinical experience form	If goal not met, discuss and document issues and resolutions
	0% of students report red flag issues in Full time Clinical Education Questionnaire and throughout the semester.	CC	Ongoing through full time clinical rotations	Full time Clinical Education Questionnaire, midterm check in forms, zoom meetings, phone calls, texts	If goal not met, discuss and document issues and resolutions
	No rotation will be postponed because appropriate clinical site or instructor is unavailable. (6I-J)	CC	After each full time clinical rotation	Emails, dates on Student Clinical Performance Evaluation	If goal not met, discuss and document issues and resolutions
	On their 3 full time clinical rotations, each student will have one outpatient rotation, one inpatient rotation, and one rotation that falls in the category "other." (6I-J)	CC	Annual	Emails, Student Clinical Performance evaluations	If goal not met, discuss and document issues and resolutions
	Each graduate will have 3 full time rotations, being 3 weeks, 5 weeks & 5 weeks in length. The last 10 weeks of the full time clinical education, will be the terminal portion of the technical phase. (6I-J)	CC	Annual	Emails, Student Clinical Performance evaluations	If goal not met, discuss and document issues and resolutions
	90% of clinical instructors will answer yes to questions #7-12 on the clinical instructor survey.	CC	Annual	Clinical instructor survey	If goal not met, discuss and document issues and resolutions



	We will have 125% of the needed slots in each clinical category (inpatient, outpatient, other) (6I-J)	CC	Prior to each full time rotation	Emails, reservations forms	If goal not met, discuss and document issues and resolutions
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## Assessment Process Documentation Grid: Results 2021-2025

This document is split into 3 assessment sections: Program Assessment outcomes, Outcomes for 2B1-2B5 and Curricular outcomes

### PROGRAM ASSESSMENT OUTCOMES

<u>Criterion</u>	<u>Measurable Goal / Outcome Statement</u> <u>With Threshold</u>	<u>Results</u>	<u>Action plan to address results</u>
	Overall licensure pass rate, as calculated by FSBPT, will be at least 85% each year. (1C2)	2020-21: The Class of 2020 has an overall pass rate of only 75.0% right now, so the goal is not met. (81.3% after stabilized)  2021-22: The Class of 2021 has an overall licensure pass rate of 100%; therefore, the goal is met.  2022-23: The Class of 2022 has an overall licensure pass rate of 83.3%, so the goal is not met right now.	2020-21: We do expect this to increase more as students continue to retake the exam. Covid seemed to make things much more difficult for this particular class. Other than Covid, another contributing factor may have been faculty turnover mid-year. We have noticed a trend over the past 3-4 years that we are getting less total applicants and a lesser quality of applicants. Upon suggestion of the advisory panel, we have recently made some P+P changes that should help with this in the future. In summer 2020 the long time Clinical Coordinator for the program retired from teaching. A new Clinical Coordinator was hired and she remained at the college for only 1 semester. During that time it became evident that her teaching ability and personality was not a good fit for

			<p>the program. In Jan 2021 a new Clinical Coordinator was hired and the noted issues appear to have been fixed. Addendum: The overall pass rate has now improved to 81.3%.</p> <p>2021-22: None, since the goal was met.</p> <p>2022-23: Goal is not met. We have 10 of 12 people in that class who have passed. We still expect that the other two will pass as they retake the test. We have experienced a lower enrollment for a few years now, that is affecting this calculation. In years past, with larger classes, we have had only 2 not pass, and still met this goal. We have plans to increase marketing which should help. We will continue to track this goal. Also, we have made a change in the P+P regarding the fact that it is now mandatory to pass the mini-comp. Past data had been showing that the students who failed the mini-comp, also failed the PEAT &amp; the NPTE.</p>
	First time licensure pass rate, as calculated by FSBPT, will be at least 80% each year. (1C2)	<p>2020-2021: Unfortunately, the first-time pass rate for the Class of 2020 was only 68.8%. Goal is not met.</p> <p>2021-22: The first-time pass rate for the Class of 2021 was a 90.9%. We had 10/11 pass on their 1<sup>st</sup> attempt. Goal is met.</p>	<p>2020-21: See above.</p> <p>2021-22: None, since goal was met.</p> <p>2022-23: We had 3 people who had major complications when arriving for their licensure exam. They report to us that the emotional stress this caused was a factor in them not passing. All 3</p>

		<p>2022-23: The first-time pass rate for the Class of 2022 was 58.3%. This goal is not met.</p>	<p>of those have now passed on their second attempt. We will warn future students about these test center issues so that it will hopefully happen less often. Otherwise, we will continue to track this goal. We have recognized this as an issue and this is on our program needs list. Also, as previously mentioned in the item above, the P+P change about the mandatory passing of the mini-comp should help with this.</p>
	<p>70% of technical phase students will graduate. (1C1)</p>	<p>2020-2021: Graduation rate for the Class of 2020 is 80% (16/20), so goal is met.</p> <p>2021-22: Only 65% of the technical phase students in the Class of 2021 graduated. (11/20), but 11/17 as recognized by FSBPT calculations</p> <p>2022-23: In the Class of 2022, 85.7% graduated. Based on 12 of 14. Goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: Of the 9 students who left, 3 were for personal reasons. 6 of the 9 who left the program were dismissed for academic reasons. (5 in the Fall and one in the spring) We have noticed a trend of getting lesser quantity and quality of technical phase applicants. Though discussion with the advisory panel and other programs, we have already put two new things in place to have a higher quality applicant (min score in section A and extra points for straight A's in prereq's).</p> <p>2022-23: In this class, one student left in about week 2 or 3 for personal reasons. She is excluded from the calculation. No action needed, since goal is met.</p>
	<p>90% or more of graduates who have passed NPTE for PTA (and WANT to be employed) are</p>	<p>2020-21: The goal is met for the Class of 2020. Of the 16 total graduates, 4 have not passed the</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

	employed one year after passing the NPTE for PTA. (1C3)	<p>test yet. 11 of the 12 remaining (92%) are working as PTAs.</p> <p>2021-22: Goal is met. 11/11=100% are working as PTAs. There were 12 graduates, and one is not working right now.</p> <p>2022-23: For the class of 2022, 10/10=100% are working as PTAs. There were 12 graduates but 2 have not passed the NPTE for PTA.</p>	
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## OUTCOMES FOR 2B1-2B5

<u><i>Criterion</i></u>	<u><i>Measurable Goal / Outcome Statement</i></u> <u><i>With Threshold</i></u>	<u><i>Results</i></u>	<u><i>Action plan to address results</i></u>
2B1	All complaints on the admissions process and procedures will be reported to the program coordinator.	<p>2020-21: No complaints were received, and goal is met.</p> <p>2021-22: No complaints were received, so goal is met.</p> <p>2022-23: No complaints were received. The goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	80% of qualified applicants will score above 144 on section A of the PTA score sheet for acceptance.	<p>2020-21: The applicants for the Class of 2022 did not meet this goal. There were 30 total qualified applicants, and only 23 of them score above a 144 in section A. (77%)</p> <p>2021-22: The applicants for the Class of 2023 did not meet this goal. We had 17 qualified applicants, and only 12 of them</p>	<p>2020-21: As previously mentioned, we have had a trend of getting less total applicants and a lesser quality of applicants. Upon suggestion of the advisory panel, we have recently made some P+P changes that should help with this in the future.</p>

		<p>(71%) scored above a 144 on section A of the score sheet. Goal is not met.</p> <p>2022-23: The applicants for the Class of 2024 met this goal. 100% of them scored above a 144 on section A.</p>	<p>2021-22: For the second year in a row, this goal is not met. We are simply not getting as many good quality applicants. If this continues to be a trend, then we may want to increase our minimum score in section A. This will be discussed next year, pending the results of the next assessment next summer.</p> <p>2022-23: No action because goal is met. We do not have the quantity of applicants that we desire, but at the least the quality seems to have improved.</p>
	<p>2020-21: Each year the program will receive at least 2x the number of qualified applications as the slots available in the technical phase.</p> <p>New (2021-22): Each year the program will receive at least 1.5x the number of qualified applications as the slots available in the technical phase.</p>	<p>2020-21: We had only 30 qualified applicants for the Class of 2022, so we did not meet this goal.</p> <p>2021-22: We had only 17 qualified applicants for the Class of 2023. Goal is not met.</p> <p>2022-23: We had only 11 qualified applicants for the Class of 2024. Goal is not met.</p>	<p>2020-21: As previously mentioned, we have had a trend of getting less total applicants and a lesser quality of applicants. Upon suggestion of the advisory panel, we have recently made some P+P changes that should help with this in the future, including changing this goal to 1.5x the number of qualified applicants as available slots.</p> <p>2021-22: This downward trend has continued to get worse, to the point that we could not even fill the class this year. We will increase participation with tours, open houses, and other marketing opportunities. It is thought that Covid had an impact on this in many ways.</p> <p>2022-23: The downward trend continues. This is the lowest enrollment the program has ever had. We have a new marketing coordinator, and we are working with him to increase social media marketing. VP of EM/AH has recommended an advertising flyer, which we are in the process of creating. Decreased enrollment seems to be an issue college wide, and state wide.</p>

			We are still not satisfied with this, but it does seem to be a common problem right now.
2B2	<p>80% of Clinical Instructors will rate students at an 85% or higher on the Clinical Education IV Student Clinical Performance Evaluation.</p> <p>New for 2023-24: Per Clinical Instructor scoring on the Student Clinical Performance evaluation for PTA 204 &amp; PTA 206, each student will be deemed “entry level” in two ways (by scoring at least a 3.0/4.0 and by designation of “entry level” on the last page of the form.)</p> <p>(workforce needs)</p>	<p>2020-21: This goal is met and exceeded. Actually, 100% of CI’s rated students at 85% or higher.</p> <p>2021-22: Goal is met. Our 12 students in Clin Ed IV got ratings between 94-100%.</p> <p>2022-23: Goal is met. All 14 students in PTA 206 got scores between 90-100%. 9/14 got perfect 100% scores. The other 9/14 scored between 90-98%.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Less than 20% of the Advisory Committee will recommend a change in class size to align with current local market demands.	<p>2020-21: In the Feb 2021 meeting, no one (0%) in the panel recommended a change in class size.</p> <p>2021-22: In the Feb 2022 meeting, no one (0%) in the panel recommended a class size change.</p> <p>2022-23: In the Feb 2023 meeting, no one (0%) in the committee recommended a class size change.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	90% or more of graduates who have passed NPTE for PTA (and WANT to be employed) are employed one year after	2020-21: The goal is met for the Class of 2020. Of the 16 total graduates, 4 have not passed the test yet. 11 of the 12 remaining (92%) are working as PTAs.	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

	passing the NPTE for PTA. (1C3)	<p>2021-22: Goal is met. 11/11=100% are working as PTAs. There were 12 graduates, and one is not working right now.</p> <p>2022-23: For the class of 2022, 10/10=100% are working as PTAs. There were 12 graduates but 2 have not passed the NPTE for PTA.</p>	
2B3	90% of respondents will score PTA core faculty at adequate or above on all questions on the Core Faculty Rating Form. (current students)	<p>2020-21: 90% of respondents (9/10) did rate core faculty as either excellent or good; therefore, the goal is met.</p> <p>2021-22: Goal is met. 100% (11/11) gave a rating of either excellent or good (both above adequate).</p> <p>2022-23: Goal is met. 100% (11/11) gave a rating of adequate or above.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Full time PTA core faculty members will score at least “meets expectations” as their overall performance review rating.	<p>2020-21: Goal is met. Both core faculty were rated with exceeds expectations.</p> <p>2021-22: Goal is met. Both core faculty scored higher than meets expectations.</p> <p>2022-23: Goal is met. Both core faculty scored higher than meets expectations.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	90% of students will agree or strongly agree with the statement “I would rate the instructors teaching methods as appropriate and effective.” on the BRCTC course evaluations.	<p>2020-21: All courses but 2 did meet this goal. Neuro had only 80% agree or strongly agree, and Capstone had only 78% agree or strongly agree.</p> <p>2021-22: All (100%) Fall, spring and summer BB end of course evals had agree or strongly agree as the answer to this question. Therefore, the goal is met.</p> <p>2022-23: All (100%) of the Fall, spring and summer BB end of course evals had agree or strongly agree as the answer to this question. Therefore, the goal is met.</p>	<p>2020-21: There was a faculty change in mid-year, and the instructors had different teaching methods. PTA faculty discussed all contributing factors and some changes were made. We do not expect to have this same outcome next year; however, we will track this item.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>



	<p>100% of goals stated on the annual evaluation will be met by PTA core faculty.</p>	<p>2020-21: Brandy is a new employee who started here 4 months ago. Therefore, this does not apply to her, because she did not have any goals that she set last year. Chrystal did meet her goals from last year; therefore, goal is met.</p> <p>2021-22: Brandy met all of her goals. Chrystal fully met most goals, and one goal was partially met. The partially met goal was intended to last over the course of a few years as the new MA to PTA pathway gets created and implemented. Therefore, goal is met.</p> <p>2022-23: Both Brandy and Chrystal fully met all of the goals.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	<p>100% of the PTA core faculty's College sponsored professional development activities will be linked to an established program need.</p>	<p>2020-21: Again, Brandy is a new employee. She had actually completed all of her CEUs for this 2-year cycle of her license. Therefore, she will have no college sponsored CEUs this time. Chrystal took a variety of CEU courses this year. Some were directly related to the college, and provided by HR. Also, 4 courses were taken through Home CEU connection on a variety of outpatient orthopedic topics. This is linked to program need #3.</p> <p>2021-22: Goal is met. Chrystal completed the annual HR training that is provided by HR here at the college. Also, she took a Course titled "Walking Well," and that is linked to program need #3. Chrystal also took a 15-hour Item Writers workshop through the FSBPT, and this is linked to program needs 1,2 and 3. Brandy took 2 courses. Implicit</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		<p>Bias Training and Mobility Technology in the Acute care setting both are linked to program goal #3.</p> <p>2022-23: Goal is met. PC has taken: 4 one-hour lunch and learn CEUs on PT topics, 5.7 hours of HR training videos, and the SS workshop from the APTA. These courses meet program needs 2, 3 and 4. CC has taken an APTA course called “Criteria for Determining Student readiness in a Full-time clinical experience.” This meets program needs 2 and 3.</p>	
	100% of identified professional development goals on the annual evaluation will be assessed by the “Faculty development goals- action plan” form to determine effectiveness of the professional development.	<p>2020-21: Brandy developed a goal for this year, and she will use the action plan form beginning next year. Chrystal used the action plan form. This was discussed during the April 2021 PTA faculty meeting, and is listed in the minutes.</p> <p>2021-22: Both PTA faculty members used this action plan form and discussed their results in a PTA meeting in April 2022. This goal is met.</p> <p>2022-23: Both core faculty used this form, and the goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Any technical phase course taught by an adjunct will have an individual course assessment performed annually.	<p>2020-21: No technical phase course was taught by an adjunct this year.</p> <p>2021-22: No technical phase course was taught by an adjunct this year.</p> <p>2022-23: No technical phase course was taught by an adjunct this year.</p>	<p>2020-21: N/A</p> <p>2021-22: N/A</p> <p>2022-23: N/A</p>
	Any technical phase course taught by an adjunct will be observed by PC at least one	<p>2020-21: No technical phase course was taught by an adjunct this year.</p>	<p>2020-21: N/A</p> <p>2021-22: N/A</p> <p>2022-23: N/A</p>

	time, and deemed at least adequate.	<p>2021-22: No technical phase course was taught by an adjunct this year.</p> <p>2022-23: No technical phase course was taught by and adjunct this year.</p>	
	90% of students will answer “Yes” to the question “Do you recommend that PTA program continue to use this guest speaker in the future and why?”	<p>2020-21: Megan had 89% (8/9) answer yes to that question. Tyler and Cara, and Suzanne had 100% of students say yes to this question. Tyler and Cara, as well as Suzanne, met the goal. Megan did not.</p> <p>2021-22: 4 guest speakers were used this year (Mike, Megan, Eric, and Caren). On all 4 evaluations, 100% of students responding to the survey said that the guest should return in the future. Goal is met.</p> <p>2022-23: 5 guest speakers were used this year (Mike, Megan, Caren, Jason and Megan). Goal is met. 4 of them had 100% of students say they should return &amp; one guest had 92% (12/13) students say she should return.</p>	<p>2020-21: We will track this goal again next year. Both the PC and CC would recommend continued use of this guest, and we will invite her back again next year.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	100% of guest lecturers’ presentations are evaluated as at least adequate by course instructor.	<p>2020-21: All guest lecturers’ presentations were evaluated by the course instructor and were all above average.</p> <p>2021-22: All guest lecturers’ presentations were evaluated by the course instructor and all were above average. This was the best P+O guest we have ever had.</p> <p>2022-23: All guest lecturers’ presentations were evaluated by course instructor &amp; all were above average. Brandy was especially impressed with Megan McIntyre.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

	<p>100% of clinical education faculty members meet the qualifications determined by the program.</p>	<p>2020-21: 100% of CIs meet qualifications, and goal is met.</p> <p>2021-22: 100% of CIs meet our qualifications; therefore, goal is met. (per first day paperwork)</p> <p>2022-23: 100% of CIs meet our requirements, and the goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	<p>90% of students will answer “Yes” to questions 4-8 of the student summary of the clinical experience form.</p> <p>Starting in 2023-24: 90% of students will answer “Yes” to questions 1-6 of the student summary of the clinical experience form.</p>	<p>2020-21: Goal is met. 100% of students answered yes to these questions for all full-time rotations.</p> <p>2021-22: Goal is met. 100% of students answered yes to all of those questions for all of the full-time rotations (13/13 for Clin Ed II and 12/12 for Clin Ed III and IV)</p> <p>2022-23: Goal is met. The goal of 90% was met during each full-time rotation, although there were a few no’s (1 on question 4 in PTA 107, 1 on question 4 in PTA 206, and one on question 6 in PTA 206).</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met. This form was revised during the summer 2023. This means that the goal will be reworded for next year because these questions are now 1-6 on the form.</p>
	<p>90% of all Clinical instructors will meet the minimum standard of 80% on the clinical instructor training quiz.</p> <p>Starting 2023-24: 90% of all Clinical instructors will score a 75% or higher on the clinical instructor training quiz.</p>	<p>2020-21: Goal is met. 13 took the quiz in the Fall, 11 in the spring and 3 in the summer. Most scored 100%, but all scored above an 80%.</p> <p>2021-22: Goal is met. 5 took the quiz in the Fall, 5 in the spring, and 3 in the summer. All 13 of them scored a 100% on the quiz.</p> <p>2022-23: Goal is not met in the summer, but it is met in the fall and spring. 13 took the quiz in the Fall, and all scored a 100%. 6 people took the quiz in the Spring, and all scored a 100%. 4 people</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: When we set this goal, the CI quiz used to have more questions on it. Now that it only has 4 questions, if one person misses just one question they will not meet the goal. Starting next year, we are going to change this goal to below a 75% as the threshold. Also, Brandy emailed the one person who scored low to be sure he understood our policies. That person, a graduate of the program whom we know, just misread the question. He now understands our policy fully.</p>

		took the quiz in the summer. One got a 75% and the other 3 got a 100%.	
	<p>A clinical instructor will receive no more than 2 “No” answers on questions 4-8 on the student summary of the clinical experience form.</p> <p>Starting in 2023-24: A clinical instructor will receive all “yes” answers on questions 7-11 on the student summary of the clinical experience form.</p>	<p>2020-21: For all full-time rotations, we actually had zero no answers for these questions; therefore, goal is met.</p> <p>2021-22: For all 3 of the full-time rotations, we have Zero “no” answers for these questions. Goal is met.</p> <p>2022-23: Goal is met. In PTA 107 there was one CI with one no answer and in PTA 206 there were 2 CIs with one no answer. No CI in any rotation got 2 no answers.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met. The form was revised in summer 2023. This just means we needed to reword this goal for next year.</p>
2B4	100% of vacant full-time PTA faculty positions are filled before the start of the next academic semester.	<p>2020-21: Goal is met. The CC position was changed twice in this calendar year, and both times, the position was filled before the last day of the previous CC. In both cases, we had overlap for the old CC to train the new one.</p> <p>2021-22: Goal is met. No vacancies at all this year.</p> <p>2022-23: Goal is met. No vacancies at all this year.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Budget allocation will appropriately provide for the program with no more than a 10% decrease from one academic year to the next.	<p>2020-21: Goal is met. No budget decrease occurred this year.</p> <p>2021-22: Goal is met. No budget decrease.</p> <p>2022-23: Goal is met. No budget decrease.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	85% of students will report adequate or above on the learning resources question on the graduating student survey.	2020-21: Goal is met. Actually, 100% of students rated this question as adequate or above.	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		<p>2021-22: Goal is met. 100% (11/11) students rated with a 4, the highest rating.</p> <p>2022-23: Goal is met. 100% (12/12) actually surpassed the goal because all 3's and 4's were chosen (good and excellent).</p>	
	Requests for service or IT support are responded to in no more than 2 business days.	<p>2020-21: The delay in IT support form is still posted in the PTA faculty office. It has no delays listed on it.</p> <p>2021-22: The delay in IT support form remains posted in the PTA faculty office. There are no delays to report; therefore, goal is met.</p> <p>2022-23: The form remains posted in the core faculty office, and there have been no delays reported. Goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	80% of students will report classroom and lab space as adequate on the end of course evaluation.	<p>2020-21: Goal is met. 100% of students rated the rooms as adequate.</p> <p>2021-22: Goal is met. 100% of students rated the classroom and lab space as adequate or above.</p> <p>2022-23: Goal is met. 100% of students in all Fall, spring, and summer applicable courses rated the space as adequate or above. Obviously, in the clinical and online courses, most students answered with n/a.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Full time core PTA faculty will describe the PTA office space as adequate.	<p>2020-21: Both full time PTA faculty members rate the office space as adequate. Goal is met.</p> <p>2021-22: Both PTA faculty feel the office space is adequate. Goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		2022-23: Both core faculty feel that the office space is adequate. Goal is met.	
	Less than 33% of students will report the need for a specific type of new equipment or technology, on the end of course evaluation.	<p>2020-21: Most courses met this goal, but 2 did not. In PTA 201, 3/9 (33%) said updates were needed. 1 student said updates were needed, but did not say to exactly which equipment or technology. 1 person said we needed more hi low tables. 1 person said that our WCs need some repairs. In PTA 203, 3/9 (33%) of students said updates were needed. 2 of the 3 students said that updates were needed, but they did not say exactly what needed updated. 1 person said the WCs need some repairs.</p> <p>2021-22: Goal is met. Most classes had 0% of students report the need for new equipment or technology. In two classes, only one person complained that the AC needed fixed; however, that did not reach the threshold of 33%. In patient care, a few pieces of equipment were suggested by 2 students; however, this did not meet the threshold of 33% either.</p> <p>2022-23: Goal is met. None of the courses (fall, spring, or summer) had any student at all report that new equipment or new technology was needed.</p>	<p>2020-21: PTA faculty discussed this. When a student does not specifically say what needed updated or replaced, that does not help us much. We have 2 high low tables in the room already. After a discussion with the Advisory panel, we realized that all of our clinics and hospitals are mostly using stationary plinths. Each clinical setting had only 1-2 high/low mat tables. We would like to stay the way we are, so that they students practice in here the same way they will be working out in the clinic. Regarding the WCs, Brandy will be working on that this summer to determine if we can repair the old or if we need new. Evaluations and repairs were made.</p> <p>2021-22: Although we met this goal, the needs were still addresses. The AC has been fixed in both the lecture and lab rooms. Also, we had funding available to order the patient care items that had been suggested.</p> <p>2022-23: None, since goal has been met.</p>
	80% of students will agree or strongly agree with the question "Technical elements and/or equipment are adequate and function properly" on the BRCTC student evaluations.	<p>2020-21: Goal is met. 100% of students in all classes did either agree or strongly agree with this question.</p> <p>2021-22: Goal is met. 100% of students in Fall, spring, and summer end of course evals either agreed or strongly</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		<p>agreed with this question. Clinical courses were n/a for this goal.</p> <p>2022-23: Goal is met. 100% of students in the Fall, spring and summer agreed or strongly agreed on applicable courses. On many of the online and clinical courses, most students said n/a. Some did still agree.</p>	
	85% of students will report adequate or above on the student services question on the graduating student survey	<p>2020-21: Goal is met. 100% of the students answered adequate or above for this question.</p> <p>2021-22: Goal is met. 100% (11/11) answered with either excellent or good (both are higher than adequate).</p> <p>2022-23: Goal is met. 100% (12/12) students rated either a 3 or 4; therefore, the goal is actually surpassed.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
2B5	100% of new or newly revised institutional P&P will be consistent with the curriculum and outcomes of the PTA program.	<p>2020-21: HR has emailed out all new institutional information. PC saves it in a file in Outlook for review. Institutional changes are supportive of PTA program. Goal is met.</p> <p>2021-22: PC has reviewed all emails about institutional changes. They are supportive of the PTA program. Goal is met.</p> <p>2022-23: PC has reviewed all emails about institutional changes as well as the student and faculty handbooks. They are all supportive of the PTA program. Goal is met.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	100% of Program P+P are assessed on an annual basis for alignment with program mission, goals and objectives.	2020-21: Done and goal is met. PC performs this task annually then gets approval and signature from the VP of Enrollment management annually.	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>



		<p>2021-22: Done, and goal is met. PC and VP of Enrollment management have reviewed and approved the P+P again this year.</p> <p>2022-23: Goal is met. Core faculty, advisory committee, and VP of EM all agree on alignment.</p>	
	100% of new or newly revised program P+P will support the program mission, goals, and objectives.	<p>2020-21: Done, and goal is met. PTA faculty, VP of Enrollment, and the advisory panel review all changes annually.</p> <p>2021-22: Done, and goal is met. Again this year, the PC, VP of Enrollment and the Advisory committee all agree.</p> <p>2022-23: Goal is met. Core faculty, advisory committee, and VP of EM agree about the new or newly revised program P+P being supportive.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	100% of new or newly revised program P+P will be approved by the Advisory Committee for its alignment with the Program mission, goals and objectives.	<p>2020-21: Done, and goal is met. PTA faculty, VP of Enrollment, and the advisory committee review all changes annually.</p> <p>2021-22: Done and goal is met. The Advisory committee did review and approve these changes at our Feb 2022 meeting.</p> <p>2022-23: Goal is met. This was done in our annual meeting in Feb 2023.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	100% of mission, philosophy, goals and objectives of the PTA program are congruent with the institutional mission, per Advisory Committee.	<p>2020-21: Annually the advisory board reviews this information. They did agree this past Feb that it was congruent.</p> <p>2021-22: In the Feb 2022 meeting, the board did all say the 2 were congruent.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		2022-23: Goal is met. This discussion was not needed in this year's meeting since neither mission had changed.	
	85% of students will score at least 25/30 on communication section of capstone seminar (PTA 205) grading rubric (Program goal: effective verbal, non-verbal and written communication) (6G)	<p>2020-21: Goal is met. We had only one person with a 25/30, and that was the lowest score. Therefore, 100% (11/11) met the goal.</p> <p>2021-22: Goal is met. 92% of students scored at least 25/30. 11 students got 30/30 and 1 student got a 20/30.</p> <p>2022-23: Goal is met. All 14 students (100%) earned at least a 25/30 in that section of the rubric.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	New in 2023-34: On sections 4 & 5 (communications sections) on the Student Clinical Performance Evaluation, no student will score below a 3.0 score in either section during PTA 204 & 206.		
	<p>2020-21: 100% of students will successfully pass (at least 78%) the plan of care quiz in PTA 202 (Ortho). (Program goal: utilizes critical thinking involved in the plan of care established by the PT)</p> <p>New 2022: 100% of students who will be promoted to Clinical Education III will successfully pass (at least 78%) the plan of care quiz in PTA 202 (Ortho). (Program goal:</p>	<p>2020-21: Only 12/13 students passed this quiz. 1 student got a 63%; therefore, goal is not met.</p> <p>2021-22: Goal is not met. 8/12 (67%) students passed this quiz.</p> <p>2022-23: Goal is met. 12/14 passed this quiz on their first attempt. The additional 2 students passed on second attempt.</p>	<p>2020-21: The one student who did not meet this goal was one of the students who were dismissed at the end of the spring semester for academic reasons. We will continue to track this goal. We did adjust wording of this goal to include only students who are successful at passing the semester.</p> <p>2021-22: 4 students failed this quiz this year. In the past year, I have also revised this quiz. It is longer, and the grading rubric has changed a bit. These changes actually make this quiz a little tougher.</p>

	<p>utilizes critical thinking involved in the plan of care established by the PT)</p> <p>New 2023: 100% of students who will be promoted to Clinical Education III will successfully pass (at least 78%) the plan of care quiz in PTA 202 (Ortho), with no more than 3 total attempts, like check offs. (Program goal: utilizes critical thinking involved in the plan of care established by the PT) (6G)</p>		<p>Therefore, I would like to revise this goal in the future, so that I expect all students to pass after remediations attempts.</p> <p>2022-23: None, since goal is met.</p>
	<p>New for 2023-24:</p> <p>Every student will have a PTA as a CI during at least ONE of their full-time rotations.</p>		

## CURRICULAR ASSESSMENT OUTCOMES

<u><b>Criterion</b></u>	<u><b>Measurable Goal / Outcome Statement</b></u> <u><b>With Threshold</b></u>	<u><b>Results</b></u>	<u><b>Action plan to address results</b></u>
2C	Less than 20% of students will suggest feasible substantial changes to the organization,	2020-21: Goal is met. One student made a comment about wanting PTA 110 to be held. It	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

	sequencing and integration of the PTA curriculum, per the Graduating student survey. (current students) (6A-B, 6D, 6K, 6L)	<p>was cancelled because of Covid. PTA 111 is now a new course taking its place. We will no longer have that issue. All other students were happy with organization and sequencing.</p> <p>2021-22: Goal is met. One student wanted patho to be in the technical phase, but this one complaint did not reach threshold level. All other students were happy with organization and sequencing.</p> <p>2022-23: Goal is met. One student recommended that Ther-ex be moved to the Fall technical phase semester. This does not reach threshold level, and PTA Core faculty do not agree with this suggestion.</p>	
	90% of students will report that the syllabi are understandable and complete on the end of course evaluation. (current students) (6E)	<p>2020-21: Goal is met. Every single course in this year's technical phase got a 90-100% score on this.</p> <p>2021-22: Goal is met. Actually, 100% of students said the syllabi were understandable and complete.</p> <p>2022-23: Goal is met. Once again, 100% of students agreed that the syllabi were understandable and complete in all fall, spring and summer courses.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	90% of students will report the course learning objectives are complete and understandable on	2020-21: One course did not meet this goal- PTA 103 (Patient Care). This year this course was taught by a brand new instructor who is	2020-21: PTA 103 will be tracked next year to make sure that this does not become a trend. With the course restructuring that the new

	the end of course evaluation. (current students) (6C, 6F)	<p>actually not here anymore. We do not anticipate having this issue again in the future; however, it will be tracked. All other courses in the technical phase were 90-100% on this question.</p> <p>2021-22: Goal is met. 100% of students reported that the course LO were complete and understandable in all classes.</p> <p>2022-23: Goal is met. Again, 100% of students reported the LO as complete and understandable in all Fall, spring and summer courses.</p>	<p>instructor, we do not expect this to be a problem.</p> <p>2021-22: The revisions made last year to PTA 103 have now satisfied the complaints from last year. That did not become a trend. We will always continue to track this goal each year because of it's importance.</p> <p>2022-23: None, since goal is met.</p>
	90% of supervisors of graduates will answer "at entry level or above entry level" to question #12 on the supervisor of graduate survey. (employers of graduates) (6A & 6H)	<p>2020-21: Goal is met. 100% (2/2) respondents said their graduate was at entry level.</p> <p>2021-22: Goal is met. 100% (4/4) respondents choose at or above entry level. We actually had two of each rating.</p> <p>2022-23: Goal is met. 2/8 responses were above entry level, and the other 6/8 were at entry level.</p>	<p>2020-21: None, since goal is met. The small number of respondents this year is a result of only sending out 7 surveys this time.</p> <p>2021-22: None, since goal is met. Because we have a smaller number of graduates, there are still a smaller number of surveys being sent out.</p> <p>2022-23: No issues and we will make no changes. This is best response rate we have had in a few years. Brandy included the graduate in the reminder email-telling the graduate to remind the supervisor to do the survey. That was the only thing different in this year's process, and it has helped us with our response rate. We would like to continue doing that.</p>
	No more than 20% of students will mark any item as "minimal" on the	2020-21: The only item meeting this criteria is use of CPM	2020-21: Next year, this CPM question will be tracked to see if it

	<p>graduating student survey. (current students) (6C)</p>	<p>machine. 25% of students marked this item as minimal. All other items were marked above minimal.</p> <p>2021-22: Goal is met. 91% of responses (10/11) marked nothing as minimal. 9% (1/11) marked CPM as minimal; however, that does not meet the threshold level.</p> <p>2022-23: Goal is met. We had 12 students respond to the survey. Not one single item was marked as minimal on any of the 12 surveys.</p>	<p>becomes a trend. PTA core faculty may also decide that this is a topic that is acceptable to be covered minimally.</p> <p>2021-22: The goal is met this year; however, the one and only thing marked minimal is CPM. After discussion by PTA faculty, we agree that it is okay for CPM to be covered minimally. This particular item will be deleted from the graduating student survey.</p> <p>2022-23: None, since goal is met.</p>
	<p>100% of students will pass 100% of the skills check offs from the skill master list. (faculty) (1C4, 6G, 6H)</p>	<p>2020-21: Goal is met. 100% of graduating students passed 100% of their check offs.</p> <p>2021-22: Goal is met. 100% of the graduating students passed 100% of their check offs.</p> <p>2022-23: Goal is met. 100% of graduating students passed 100% of their check offs.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	<p>100% of students who are promoted to Clin Ed II, will have scored a “pass” on the Professional Behaviors form at the end of the academic portion of each Fall semester. (faculty) (1C4, 6G, 6H)</p>	<p>2020-21: Goal is met. All students in the Class of 2021 who got promoted to Clin Ed II had passed on this form.</p> <p>2021-22: Goal is met. All students promoted to Clin Ed II did score a “pass” on this form.</p> <p>2022-23: Goal is met. All students scored pass on this form. Initially, one student scored remediation, but after successfully completing that remediation</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		activity, then her score was changed to pass.	
	90% of respondents will score PTA core faculty at adequate or above on all questions on the Core Faculty Rating Form. (other health professionals)	<p>2020-21: Goal is met. 12/12 (100%) of the respondents chose excellent or good.</p> <p>2021-22: Goal is met. 13/13 (100%) chose excellent for all 4 questions on this survey.</p> <p>2022-23: Goal is met. 10/11 (91%) chose adequate or above for all questions of the survey.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: Goal is met; however, we would still like to make one small change. As discussed, &amp; documented in our faculty meeting, we want to add one question to this survey next year for comments. That way if someone scores any item as inadequate, they can explain and give us a bit more information.</p>
	Each Full time PTA Core faculty member will perform a written course assessment each year. (A rotating schedule will allow course assessment of a different course each time.)	<p>2020-21: Goal is met. Both faculty members did complete their course assessments this year.</p> <p>2021-22: Goal is met. Both faculty members did this. It was discussed and documented in the April 2022 faculty meeting.</p> <p>2022-23: Goal is met. Both core faculty completed the assessment and it was discussed in faculty meetings.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	On each individual course assessment (of a technical phase course), no more than 25% of students will fail the course, showing that the course is not a barrier to student success. (6B)	<p>2020-21: Goal is met. Neither course review showed a failure rate &gt; 25%.</p> <p>2021-22: Chrystal assessed PTA 108 this time (not a technical phase course). Brandy evaluated PTA 203, and all students passed the course. Therefore, goal is met.</p> <p>2022-23: No technical phase course this year had more than 25% fail, whether it was assessed</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>

		or not. 1 F in kines & 1 F in Neuro.	
	On the graduate survey, 90% of students will answer agree or strongly agree to questions 13-17. (those students who answer the survey & are working as PTAs) (graduates) (6A & 6H)	<p>2020-21: 100% said agree or strongly agree as the answers to these questions, so the goal is met.</p> <p>2021-22: 100% of responses to 13-17 were agree or strongly agree; therefore, the goal is met.</p> <p>2022-23: Goal is met only for Q 14-17. We had 4 responses and one of the 4 on Q13 was “strongly disagree.”</p>	<p>2020-21: None, since the goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: We will track Q13 in the future to see if this becomes a trend. We have recently become aware of an ethical issue with one of last year’s graduates that caused her to be fired. We are fairly certain that this survey was done by her. It is heart-breaking.</p>
	90% of students will answer yes to question #1 on the Student Summary of the clinical experience form. (6H)	<p>2020-21: Goal is met. Only one student said no in Clin 3. All other full-time rotations had a yes answer to that question for all students.</p> <p>2021-22: Goal is met. 100% of students in all 3 full time rotations answered yes to this question (13/13 in Clin Ed II and 12/12 in Clin Ed III and IV)</p> <p>2022-23: Goal is met. 100% in PTA 204 &amp; 206 said yes to #1. In PTA 107, one student said no, but still 93% said yes.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	On section 10 of the Student Clinical Performance Evaluation for PTA 206, 95% of students will have an average score of 3.0 for that section. (1C4, 6A, 6H)	<p>2020-21: Goal is met. All students had at least a 3.0 in that section.</p> <p>2021-22: Goal is met. In Clin Ed IV, all 12 students (100%) scored only 3’s and 4’s in that section.</p> <p>2022-23: Goal is met. 14 students were in PTA 206 this year. 100%</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>



		of them had higher than a 3.0 average for that section.	
	100% of students report achievement of stated goals on the Student Summary of the Clinical Experience Form. (1C4, 6A, 6C-D, 6H)	<p>2020-21: For all full-time rotations, all students reported achieved the stated goals. Therefore, this goal is met.</p> <p>2021-22: Goal is met. For all 3 full time rotations, all students met their goals.</p> <p>2022-23: Goal is met. For all 3 full-time rotations, all students met their goals.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	0% of students report red flag issues in Full time Clinical Education Questionnaire and throughout the semester.	<p>2020-21: Goal is met. No students reported any red flag issues.</p> <p>2021-22: Goal is met. No students reported any red flag issues during their full-time rotations.</p> <p>2022-23: Goal is met. No students reported any red flag issues during their full-time rotations.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	No rotation will be postponed because appropriate clinical site or instructor is unavailable. (6I-J)	<p>2020-21: Goal is met. No rotations were postponed for the Class of 2021.</p> <p>2021-22: Goal is met. We had extra CIs and sites available for the Class of 2022.</p> <p>2022-23: Goal is met. We had no rotation postponed for these reasons.</p>	<p>2020-21: None, since goal is met. Last year we did not meet this goal in the midst of the pandemic. We are back to normal, now, as expected.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23:</p>
	On their 3 full time clinical rotations, each student will have one outpatient rotation, one inpatient rotation, and one rotation	2020-21: This rule was waived this year by the program and by CAPTE because of the pandemic.	2020-21: N/A for this year. We will resume using this goal next year.

	that falls in the category “other.” (6I-J)	<p>2021-22: The goal is met. Although this rule was still waived this year by CAPTE, the program was still able to meet the requirement. Brandy created a chart to show this goal was met.</p> <p>2022-23: The goal is met. Each student had a rotation in all 3 categories.</p>	<p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	Each graduate will have 3 full time rotations, being 3 weeks, 5 weeks & 5 weeks in length. The last 10 weeks of the full time clinical education, will be the terminal portion of the technical phase. (6I-J)	<p>2020-21: Goal is met for the Class of 2021.</p> <p>2021-22: Goal is met for the Class of 2022.</p> <p>2022-23: Goal is met for Class of 2023.</p>	<p>2020-21: None, since goal is met.</p> <p>2021-22: None, since goal is met.</p> <p>2022-23: None, since goal is met.</p>
	90% of clinical instructors will answer yes to questions #7-12 on the clinical instructor survey.	<p>2020-21: Goal is only partially met. 6/6 respondents said yes to questions 7-10, and 12. For #11, 5/6 (83%) said yes, with one saying no. Therefore, just question #11 did not meet this goal.</p> <p>2021-22: Goal is met on all questions this year. 100% (all 13 in Clin Ed II and all 12 in Clin Ed III and IV) answered yes to questions 7-12.</p> <p>2022-23: Goal is met. Q7-9 &amp; 11-12 are all “yes” answers from all 12 respondents. Q10 has one no and 11 yes responses. On Q10 goal is still met at 92%.</p>	<p>2020-21: Because this was only one person who said no, we will simply track this question and see if it becomes a trend in years to come.</p> <p>2021-22: None, since goal is met. This did not become a trend, but we will continue to track this information.</p> <p>2022-23: None, since goal is met.</p>
	We will have 125% of the needed slots in each clinical category (inpatient, outpatient, other) (6I-J)	2020-21: Because we the inpatient requirement was temporarily waived this year during the	2020-21: N/A for this year. We will resume using this goal next year.

	<p>Reworded for 22-23:</p> <p>We will have 125% of the needed slots for each rotation, dependent on the number of students enrolled at that time. (6I-J)</p>	<p>pandemic, this goal was not used this year.</p> <p>2021-22: Goal was not met; however, this rule was still temporarily waived again this year. We DID have one inpatient, one outpatient, and one “other” slot for every graduate this year. However, we did not have 125% in the inpatient category, we only had 100%. In outpatient and other, we had greater than 125%.</p> <p>2022-23: Goal is met. We had 125% of the needed slots in all categories (inpatient, outpatient, and other).</p>	<p>2021-22: Brandy and I have plans to start a whiteboard here in the office with these counts for both of us to look at on a more consistent basis. Part of the difficulty with this was the pandemic again, which is out of our control.</p> <p>2022-23: None, since goal is met.</p>
	<p>New for 2023-24:</p> <p>90% of students will pass the Clinical Competency quiz each Fall, on their first attempt.</p>		
	<p>New for 2023-24:</p> <p>For the new Community Outreach project in PTA 101, the course instructor will deem the grading rubric as adequate while grading the assignment.</p> <p>Rewording for 2024-25:</p>		
	<p>New for 2023-24:</p> <p>At least 90% of our CIs, will earn a “yes” in the “Meets Expectations” column of the Qualifications of CIs form, which will be filled out for each clinical rotation.</p>		



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
OBSERVATION/VOLUNTEER FORM**  
Blue Ridge Community & Technical College

You are required to complete a minimum of 20 volunteer/observation hours divided between at least 2 distinctly different physical therapy practice settings. **This form must come directly from the clinician to the program. It can be faxed, mailed, or scanned/emailed using the information below.**

Blue Ridge Community and Technical College  
ATTN: PTA program  
5550 Winchester Ave Box #7  
Martinsburg, WV 25405

Fax: 304-260-1296  
[cmcdonal@blueridgectc.edu](mailto:cmcdonal@blueridgectc.edu)  
[mnoll@blueridgectc.edu](mailto:mnoll@blueridgectc.edu)

DATE	HOURS (EX: 8am-4pm)	TOTAL # OF HOURS

Please have this section completed and signed by a PT or PTA.

Student introduces themselves appropriately	Yes	No
Student listens attentively	Yes	No
Student asks appropriate questions	Yes	No
Student arrives on time and is prepared to begin	Yes	No
Student respects confidentiality	Yes	No
Student converses appropriately with staff and patients	Yes	No
Student keeps phone on silent and uses it appropriately	Yes	No
Student dresses in a professional manner	Yes	No
Student uses professional behaviors at all times	Yes	No
Do you recommend this student for the Blue Ridge PTA program?	Yes	No

Comments:

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Applicant name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

PT or PTA: \_\_\_\_\_  
Signature Printed name

PT or PTA email: \_\_\_\_\_

## Professional Behaviors Form

Student: \_\_\_\_\_ Semester/year: \_\_\_\_\_

1. Has this student broken any of the Standards of Ethical Conduct for the Physical Therapist Assistant established by the APTA? YES NO

a. If yes, explain:

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2. List any loss of professional responsibility points in any course for this entire semester.

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3. In any course, has this student lost ALL professional responsibility points? YES NO

4. List any assignments missed or turned in late in any course for this entire semester.

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5. Have there been any instances of poor conflict resolution strategies with this student during this entire semester? YES NO

a. If yes, explain:

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Professional Behaviors grade: PASS REMEDIATION FAIL



## Immunization PTA Students

Please note the following:

1. Physician, Physician's Assistant or Nurse practitioner signature is required
2. Dates of immunizations may be completed by nurse or physician
3. Attach a copy of lab report for any completed titers
4. Student is required to provide proof of TWO negative PPD or negative Chest X-ray

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Completed by: \_\_\_\_\_ (Nurse, Physician, PA, or NP)

### Immunization Documentation

Covid-19 1<sup>st</sup> Dose \_\_\_\_\_ Covid-19 2<sup>nd</sup> Dose \_\_\_\_\_ Booster (if applicable) \_\_\_\_\_  
Date Date Date

Influenza \_\_\_\_\_ TDaP \_\_\_\_\_ Tetanus Booster (past 10 yrs.) \_\_\_\_\_  
Date Date Date

MMR @ 15 months \_\_\_\_\_ MMR Booster (after age 5 yrs.) \_\_\_\_\_  
Date Date

Hepatitis B Vaccine (series of 3) \_\_\_\_\_  
Date Date Date

2-Step TB (the 2 steps must be no more than 12 months apart)  
Test/Step 1-PPD Date: \_\_\_\_\_ Test/Step 2-PPD Date: \_\_\_\_\_

If PPD is positive indicate date of Chest X-ray \_\_\_\_\_ (attach copy of radiology report)  
Date

Varicella (Chickenpox) 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_  
Date Date

If unable to verify TWO MMRs and TWO Varicella vaccines, you must have titers completed. Provide proof of date drawn and level of immunity. Attach a copy of the lab report for titers.

Rubella Titer Date \_\_\_\_\_ Level \_\_\_\_\_

Measles Titer Date \_\_\_\_\_ Level \_\_\_\_\_

Varicella Titer Date \_\_\_\_\_ Level \_\_\_\_\_

To the best of my knowledge, the above information is true and accurate.

Signature (Physician, PA, or NP) \_\_\_\_\_ Date \_\_\_\_\_



## Instructions

The Immunization Form returned must be the original form provided. You may NOT submit a copy, email, or fax of the original form.

**A physician, physician assistant, or a nurse practitioner must sign the Immunization form.**

Information required on the Immunization form

- Proof of current year flu vaccine (must be for current flu season between the months of October and April)
- Proof of Tdap vaccine
- Proof of Tetanus Booster within the past 10 years
- Proof of two MMR's or Titer (must turn in lab report)
- Proof of 2-step PPD (see below)
- Proof of Hepatitis B vaccine (at least have the series started)
- Proof of 2 Chickenpox (varicella) vaccines (this is a 2-step vaccine) or Titer (must turn in lab report)
- Proof of Covid-19 COMPLETED Vaccination series (booster only if applicable)

### **IF YOU'VE NEVER HAD A PPD...**

**What constitutes a 2-step PPD (TST)?** The Center for Disease Control and Prevention recommends the **first test be administered and then evaluated (read) 48-72 hours later**, no earlier and no later. A *minimum* of 7 days after the *administration* of the first test, **the second test can be administered. The second test is evaluated 48-72 hours later.**

### **IF YOU'VE HAD A PPD IN THE PAST...**

- Date of PPD in the 1<sup>st</sup> blank on the immunization form
- Date of new PPD (after 7/1) goes in 2<sup>nd</sup> blank on immunization form
- The two steps MUST be no more than 12 months apart from one another.

**DO NOT GET THE PPD DONE UNTIL JULY 1<sup>ST</sup> OR LATER.**

**\*\*\*\*NOTE\*\*\*\*** if you are unable to locate your immunization records or if you have acquired immunity, you can provide proof of immunity by having the lab draw blood (via physician's order) to check for immunity (titer). If you have your titer checked, you must turn in a copy of the lab report. If your physician does not have records of your immunizations, you can check with your local health department or the high school you attended. **YOU MUST** provide a COVID completed COVID-19 vaccination record as immunity/titer is not acceptable proof for some medical facilities.

**Make copies of all immunization records prior to turning them in to the clinical coordinator. Copies of these records may not be available after submission.**

**COMPLETED AND TURNED INTO Mark Noll BY AUGUST 19, 2024**

**Questions? Contact Clinical Coordinator, Mark Noll 304-260-4380 Ext 3313**