



Blue Ridge Community & Technical College

Physical Therapist Assistant Program

Policies and Procedures Manual

2025-2026

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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 allow services to be more available.

The Program mission is to prepare graduates to be licensed as contemporary & innovative 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 any/all medical fees to treat any injury they may sustain in the laboratory or clinic.
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 all 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 student's 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. A grade of “B” will also be assigned to any course that is being taken as a 2nd 8 weeks course. 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 1st 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 15th 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 turn in a complete PTA immunization form, showing that I have completed all vaccinations. They are 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.

I agree to use discretion with confidential information from clinical rotations. This includes patient records, patient information, and patient disclosure. I further agree to follow and policies & procedures of the clinical site. 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.

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__.

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.

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.

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		

Course	Letter grade	Quality points	X 2
PTA 108			
PTA 111			
PTA 112			

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 rd page	4-6 sentences OR Goes to a 2 nd 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					

Program Assessment Matrix: Summer 2025

	Required Element		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: Program Coordinator (PC)	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT data	
		Measurable goal/outcome statement: 1. Overall licensure pass rate, as calculated by FSBPT, will be at least 85% each year. (1C2)	
		Summary and Analysis of Data Collected:	
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT data	
		Measurable goal/outcome statement: 2. First time licensure pass rate, as calculated by FSBPT, will be at least 80% each year. (1C2)	
		Summary and Analysis of Data Collected:	

	contemporary physical therapy practice.		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Enrollment & graduation statistics excel spreadsheet	
		Measurable goal/outcome statement: 3. 70% of technical phase students will graduate. (1C1)	
		Summary and Analysis of Data Collected:	
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduate surveys, emails, social media, texts, phone calls	
		Measurable goal/outcome statement: 4. 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)	
		Summary and Analysis of Data Collected:	

	physical therapy practice.		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: PC & Clinical Coordinator (CC)	Timeline: 2x/year
		Sources of Information &/or Tools Used to Collect Data: Assessment planning documents, core faculty meeting minutes	
		Measurable goal/outcome statement: 5. 2x/year PTA core faculty will review/discuss the assessment planning document, incorporating appropriate topics (overall program assessment, changes in higher education, the health care environment, & the nature of contemporary PT practice) into this 2A assessment.	
		Summary and Analysis of Data Collected:	
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CI survey results	
		Measurable goal/outcome statement: 6. Annually, core faculty will review & discuss responses to questions 16 (changes in healthcare environment) and 17 (changes in contemporary expertise) on the CI survey, and faculty will respond accordingly, depending on the information collected. (6A, 6B, 6C, 6G)	
		Summary and Analysis of Data Collected:	

	physical therapy practice.		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Advisory committee meeting minutes	
		Measurable goal/outcome statement: 7. Annually, core faculty will review & discuss responses to 3 assessment questions (changes in higher education, healthcare environment & contemporary expertise) asked at the advisory committee meeting, and faculty will respond accordingly, depending on the information collected. (6A, 6B, 6C, 6G)	
		Summary and Analysis of Data Collected: 	
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Excel grades spreadsheet for PTA 108 grades	
		Measurable goal/outcome statement: 8. Pass rate for PTA 108 will be 75%. (to aid in technical phase enrollment & stop PTA 108 from being a barrier course, also to help aid in increasing enrollment)	
		Summary and Analysis of Data Collected: 	

	physical therapy practice.		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CC email communication with sites	
		Measurable goal/outcome statement: 9. Less than 3 sites per year will be unavailable to the program students who do not have a covid vaccine. (to assure that recent change in P+P is compatible with Clinical education)	
		Summary and Analysis of Data Collected:	
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Review of all clinical paperwork, core faculty meeting minutes	
		Measurable goal/outcome statement: 10. PPT on PTA curriculum & knowledge vs. performance will be added to CI education materials. This will allow less than 3 complaints on clinical paperwork about students not knowing certain topics (that aren't even a standard part of PTA curriculum).	
		Summary and Analysis of Data Collected:	

	physical therapy practice.		
2A	The program has a written and ongoing strategic plan that guides its future development. The strategic plan process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT 1 st time licensure pass rate data	
		Measurable goal/outcome statement: 11. 1 st time licensure pass rate will show significant improvement beginning with the Class of 2024, as a direct result of the P+P change regarding the mini-comprehensive examination. (1C2)	
		Summary and Analysis of Data Collected:	
		The 2B section will be fully completed next year when it is fully understood how to meet CAPTE requirements while at the same time following the new state & federal regulations.	
2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: HR compliance training, completion certificates for HR courses	
		Measurable goal/outcome statement: 1. PTA core faculty will successfully complete/pass each HR compliance training course, demonstrating one way in which the college prepares faculty to meet the needs of the parties of interest that they serve.	
		Summary and Analysis of Data Collected: This year some of the topics included were: Discrimination; Diversity, Inclusion & belonging for Leaders; Preventing Harassment & Discrimination; Sexual Harassment- policy & prevention; Title IX & Sexual harassment prevention; Workplace bullying; Conflict Resolution; Ethical Workplace	

2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component:	Timeline:
		Sources of Information &/or Tools Used to Collect Data:	
		Measurable goal/outcome statement: We need a goal about how the college & program prepares <u>clinical partners</u> to meet the needs of the parties of interest that they serve.	
		Summary and Analysis of Data Collected:	
2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component: PC	Timeline: each Fall
		Sources of Information &/or Tools Used to Collect Data: exam 2 in PTA 102 on BB, Excel grade sheet for PTA 102	
		Measurable goal/outcome statement: 3. In PTA 102 on Exam 2 (covering cultural diversity, difficult people, and conflict resolution), 90% of students will earn an 85% or higher, demonstrating that they have the skills & preparation necessary to meet the needs of the diverse parties of interest they will serve.	
		Summary and Analysis of Data Collected:	

2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: emails, documented meetings with student or Student access coordinator, phone logs	
		Measurable goal/outcome statement: 4. For 100% of students receiving accommodations, PTA core faculty will work with the student and the Student Access Coordinator to meet the student needs successfully, demonstrating core faculty ability to treat all students equitably and fairly. Annually, core faculty will review a list of students and their progress through this system.	
		Summary and Analysis of Data Collected:	
2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component: CC	Timeline: each Fall
		Sources of Information &/or Tools Used to Collect Data: BB grade data from the Community outreach project	
		Measurable goal/outcome statement: 5. In PTA 101, on the community outreach project, 90% of students will earn at least a 65/80 grade, demonstrating that they can serve the community's need by optimizing the movement to improve the human experience.	
		Summary and Analysis of Data Collected:	
2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component:	Timeline:
		Sources of Information &/or Tools Used to Collect Data:	
		Measurable goal/outcome statement: We need a goal about how the program promotes a culture of JEDI	
		Summary and Analysis of Data Collected:	

2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component:	Timeline:
		Sources of Information &/or Tools Used to Collect Data:	
		Measurable goal/outcome statement: We need a goal about how the program promotes a culture of belonging	
		Summary and Analysis of Data Collected:	
2B	The program promotes a culture of justice, equity, diversity, inclusivity (or JEDI), belonging, and anti-racism.	Individual responsible for coordinating this assessment component:	Timeline:
		Sources of Information &/or Tools Used to Collect Data:	
		Measurable goal/outcome statement: We need a goal about how the program promotes a culture of anti-racism	
		Summary and Analysis of Data Collected:	
2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT reports and BRCTC website	
		Measurable goal/outcome statement: 1. All complaints on the admissions process and procedures will be reported to the program coordinator.	
		Summary and Analysis of Data Collected:	

2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: PTA scoresheet for acceptance	
		Measurable goal/outcome statement: 2. 80% of qualified applicants will score above 144 on section A of the PTA score sheet for acceptance.	
		Summary and Analysis of Data Collected:	
2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Enrollment and graduation statistics excel sheet	
		Measurable goal/outcome statement: 3. Each year the program will receive at least 1.5x the number of qualified applications as the slots available in the technical phase.	
		Summary and Analysis of Data Collected:	
2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Mini-comp on BB	
		Measurable goal/outcome statement: 4. 90% of students will get 2/2 pharmacology questions correct on the mini-comprehensive examination (question 7 & 178), showing that PTA 112 & technical phase curriculum is meeting the pharmacology needs of the students.	
		Summary and Analysis of Data Collected:	

2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: graded exam 2 from PTA 105	
		Measurable goal/outcome statement: 5. 90% of PTA 105 students will miss less than 3 points on pages 7-10 of exam 2, demonstrating proficiency in physics concepts without PTA 109 as a prerequisite.	
		Summary and Analysis of Data Collected:	
2D1	Admissions criteria and prerequisites meet the needs and expectations of the program	Individual responsible for coordinating this assessment component: PC	Timeline: annually
		Sources of Information &/or Tools Used to Collect Data: Excel spreadsheet for grades in PTA 104, Surface anatomy quizzes from PTA 104	
		Measurable goal/outcome statement: 6. All PTA 104 students will pass (score of 68/87 or higher) the Surface Anatomy quiz in week 2 of physical agents course, demonstrating proper prerequisite preparation from PTA 111.	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects available resources, <u>program outcomes</u> and <u>local, regional & national workforce needs</u>	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Clin Ed IV Student Clinical Performance Evaluation	
		Measurable goal/outcome statement: 1. 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- local, regional, national) (goal addresses program outcome about students having entry-level skills)	
		Summary and Analysis of Data Collected:	

2D2	Program enrollment appropriately reflects available resources, <u>program outcomes and local, regional & national workforce needs</u>	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Meeting minutes from Advisory meetings	
		Measurable goal/outcome statement: 2. Less than 20% of the Advisory Committee will recommend a change in class size to align with current local market demands. (workforce needs- local, regional, & national) (addresses program outcome about maintaining contact with health care providers in our area)	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects available resources, program outcomes and <u>local, regional & national workforce needs</u>	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduate surveys, emails, advisory panel meeting minutes, social media	
		Measurable goal/outcome statement: 3. 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) (workforce needs- local, regional, & national)	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects available resources, program outcomes and <u>local, regional & national workforce needs</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: US Bureau of Labor statistics website	
		Measurable goal/outcome statement: 4. Using the US Bureau of Labor statistics website, core faculty will collect data about state and national workforce needs. This data will be utilized to update marketing materials, inform students & faculty, & make any possible program changes necessary in light of these statistics. (workforce needs- local, regional & national)	

		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects <u>available resources</u> , program outcomes and local, regional & national workforce needs	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year, after reviewing EOC evals Fall, spring & summer
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations from BB	
		Measurable goal/outcome statement: 5. On the BB end of course evaluations, at least 90% of students will agree or strongly agree with questions 21 (lab facilities were functional regarding space & equipment) & 22 (campus spaces like classrooms, study areas, cafes & restrooms were clean, comfortable & well furnished). (college has available resources for current enrollment)	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects <u>available resources</u> , program outcomes and local, regional & national workforce needs	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Emails	
		Measurable goal/outcome statement: 6. 100% of core faculty members will report at least adequate resources for current PTA enrollment, including, but not limited to: classroom space, lab space, equipment, restrooms, and parking. (college has available resources for current enrollment)	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects <u>available resources</u> , <u>program outcomes</u> and local,	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT data	
		Measurable goal/outcome statement: 7. Overall licensure pass rate, as calculated by FSBPT, will be at least 85% each year. (1C2) (goal supports program outcome about passing the licensure exam)	

	regional & national workforce needs	Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects available resources, <u>program outcomes</u> and local, regional & national workforce needs	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: grades on in-service presentations in 204 & 206	
		Measurable goal/outcome statement: 8. 95% of students will have a passing score on their in-service presentations in PTA 204 & 206, demonstrating that students have developed at least adequate speaking & writing skills. (goal supports program outcome about speaking & writing skills as well as program goal about academic & clinical skills) (6A, 6B, 6C)	
		Summary and Analysis of Data Collected:	
2D2	Program enrollment appropriately reflects available resources, <u>program outcomes</u> and local, regional & national workforce needs	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: grades or ortho (PTA 202) article review assignments	
		Measurable goal/outcome statement: 9. In PTA 202, 3 Article review assignments, no student will earn below a 20/25 on any of those, indicating that they have adequately developed the skill of article review/critique to stay contemporary in their practice. (6A, 6C) (goal supports the program outcome about students using EBP to stay contemporary in their practice as well as program outcome about academic skills)	
		Summary and Analysis of Data Collected:	

2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC, CC & administrative staff	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: annual review documentation	
		Measurable goal/outcome statement: 1. Full time PTA core faculty members will score at least “meets expectations” as their overall performance review rating.	
		Summary and Analysis of Data Collected:	
2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: BRCTC course evaluations, core faculty meeting minutes	
		Measurable goal/outcome statement: 2. 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.	
		Summary and Analysis of Data Collected:	
2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & administration	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Annual review documentation	
		Measurable goal/outcome statement: 3. 100% of goals stated on the annual evaluation will be met by PTA core faculty.	
		Summary and Analysis of Data Collected:	

2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & Administration	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Core faculty meeting minutes & program needs list	
		Measurable goal/outcome statement: 4. 100% of the PTA core faculty's College sponsored professional development activities will be linked to an established program need.	
		Summary and Analysis of Data Collected:	
2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC, CC & administration	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: annual review documentation, faculty development goals form, faculty development action plan form	
		Measurable goal/outcome statement: 5. 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.	
		Summary and Analysis of Data Collected:	
2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: each semester
		Sources of Information &/or Tools Used to Collect Data: Microsoft teams calendar, emails, phone call log, Zoom sessions, meeting minutes for committee meetings, advisory committee meetings	
		Measurable goal/outcome statement: 6. Each semester both core faculty members will actively participate in required student advising, new student orientations for PTA students, open house events, middle school & high school tours, and at least one college committee.	

		Summary and Analysis of Data Collected:	
2D3	The <u>collective core faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: each semester
		Sources of Information &/or Tools Used to Collect Data: student rosters from faculty bridge account, attendance sheets	
		Measurable goal/outcome statement: 7. In courses where electrical equipment is used (PTA 104) or when safety may be an issue (PTA 103), the faculty to student ratio will not exceed 1:10.	
		Summary and Analysis of Data Collected:	
2D3	The <u>associated faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & adjunct faculty	Timeline: after each course taught by an adjunct
		Sources of Information &/or Tools Used to Collect Data: Course assessment forms	
		Measurable goal/outcome statement: 8. Any technical phase course taught by an adjunct will have an individual course assessment performed annually.	
		Summary and Analysis of Data Collected:	
2D3	The <u>associated faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC	Timeline: after each course taught by an adjunct
		Sources of Information &/or Tools Used to Collect Data: Documentation of the observation, meeting minutes	
		Measurable goal/outcome statement: 9. Any technical phase course taught by an adjunct will be observed by PC at least one time, and deemed at least adequate.	

		Summary and Analysis of Data Collected:	
2D3	The <u>associated faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: after each guest speaker
		Sources of Information &/or Tools Used to Collect Data: Guest speaker evaluation form, core faculty meeting minutes	
		Measurable goal/outcome statement: 10. 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?"	
		Summary and Analysis of Data Collected:	
2D3	The <u>associated faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: PC & course instructor	Timeline: after each guest speaker
		Sources of Information &/or Tools Used to Collect Data: Core faculty meeting minutes	
		Measurable goal/outcome statement: 11. 100% of guest lecturers' presentations are evaluated as at least adequate by course instructor.	
		Summary and Analysis of Data Collected:	
2D3	The <u>clinical education faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Full time clinical education questionnaire, clinical instructor resumes, Qualifications of Clinical Instructors Form	
		Measurable goal/outcome statement: 12. 100% of clinical education faculty members meet the qualifications determined by the program.	
		Summary and Analysis of Data Collected:	

2D3	The <u>clinical education faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student summary of the clinical experience form	
		Measurable goal/outcome statement: 13. 90% of students will answer “Yes” to questions 1-6 of the student summary of the clinical experience form.	
		Summary and Analysis of Data Collected:	
2D3	The <u>clinical education faculty</u> possess the expertise to meet program and curricular needs and expected program outcomes.	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student summary of the clinical experience form	
		Measurable goal/outcome statement: 14. A clinical instructor will receive all “yes” answers on questions 7-11 on the student summary of the clinical experience form.	
		Summary and Analysis of Data Collected:	

2D4	Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 1. On the Student Clinical Performance Evaluation, 100% of CIs will rate their student as 'at entry level' by the completion of PTA 204 & PTA 206, by circling 'at entry level' at the bottom of the form. (6G)	
		Summary and Analysis of Data Collected:	
2D4	Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 2. On the Student Clinical Performance Evaluations for both PTA 204 & PTA 206, 100% of students will be deemed 'entry level' by earning an overall average score on the entire evaluation of 3.0 or higher. (6G)	
		Summary and Analysis of Data Collected:	
2D4	Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.	Individual responsible for coordinating this assessment component: PC, CC and CI	Timeline: as needed
		Sources of Information &/or Tools Used to Collect Data: Documentation of site visits, emails, phone logs, Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 3. If any clinical remediation activities are needed during PTA 204 & PTA 206, both core faculty members and the CI will all agree that the student is 'entry level' by the completion of the remediation.	
		Summary and Analysis of Data Collected:	

2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT data	
		Measurable goal/outcome statement: 1. Each student in each graduating class, will pass the licensure exam in no more than 3 attempts. (supports program outcome about passing the licensure examination). (1C2)	
		Summary and Analysis of Data Collected:	
2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: graduate survey (sent out 1 year after graduation)	
		Measurable goal/outcome statement: 2. On the graduate survey, 95% of graduates will agree or strongly agree to questions 14 (ability to follow a POC) & 15 (ability to use verbal, non-verbal & written communication effectively). (supports program outcome about graduates having effective speaking and writing skills) (6A, 6B, 6C, 6F)	
		Summary and Analysis of Data Collected:	
2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: supervisor of graduate survey (sent to supervisors 1 year after graduation)	
		Measurable goal/outcome statement: 3. On the supervisor of graduate survey, 90% of supervisors will agree or strongly agree to questions 8 (ability of graduate to follow a POC) & 9 (ability of a graduate to use verbal, non-verbal & written communication effectively). (supports program outcome about graduates having effective speaking & writing skills)	
		Summary and Analysis of Data Collected:	

2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: graduate survey (sent out 1 year after graduation)	
		Measurable goal/outcome statement: 4. On the graduate survey, 95% of graduates will answer agree or strongly agree to questions 16 (about professional behaviors) & 17 (knowledge about PT intervention). (supports program outcome about academic skills, clinical skills & professional behaviors)	
		Summary and Analysis of Data Collected:	
2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: supervisor of graduate survey (sent to supervisors 1 year after graduation)	
		Measurable goal/outcome statement: 5. On the supervisor of graduate survey, 90% of supervisors will agree or strongly agree with questions 10 (about professional behaviors) & 11 (knowledge about PT intervention). (supports program outcome about academic skills, clinical skills & professional behaviors)	
		Summary and Analysis of Data Collected:	
2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: graduate survey (sent out 1 year after graduation)	
		Measurable goal/outcome statement: 6. On the graduate survey, 95% of graduates will agree or strongly agree with question 18 (about their effective use of EBP). (supports program outcome about EBP)	
		Summary and Analysis of Data Collected:	

2D5	Program graduates meet the expected outcomes as defined by the program.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: supervisor of graduate survey (sent to supervisors 1 year after graduation)	
		Measurable goal/outcome statement: 7. On the supervisor of graduate survey, 90% of supervisors will agree or strongly agree with question 13 (about the graduates' effective use of EBP).	
		Summary and Analysis of Data Collected:	
2D6	Program resources: Financial resources	Individual responsible for coordinating this assessment component: PC & Ann Paul	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Review budget documentation, emails and phone logs	
		Measurable goal/outcome statement: 1. Budget allocation will appropriately provide for the program with no more than a 10% decrease from one academic year to the next.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: <u>Administrative assistant staff</u>	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: HR records, emails	
		Measurable goal/outcome statement: 2. The Allied Health administrative assistant position will be filled within 4 weeks when the position becomes vacant.	
		Summary and Analysis of Data Collected:	

2D6	Program resources: <u>PTA core faculty</u>	Individual responsible for coordinating this assessment component: PC & administrative staff	Timeline: annual, or sooner, if needed
		Sources of Information &/or Tools Used to Collect Data: HR hiring records	
		Measurable goal/outcome statement: 3. 100% of vacant full-time PTA faculty positions are filled before the start of the next academic semester.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: <u>technology support personnel:</u>	Individual responsible for coordinating this assessment component: PC	Timeline: annual, or sooner, if needed
		Sources of Information &/or Tools Used to Collect Data: Delay in service or support log in the PTA office	
		Measurable goal/outcome statement: 4. Requests for service or IT support are responded to in no more than 2 business days.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: <u>Space and Facilities</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x per year, after reviewing the end of course evaluations
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations (question #11), core faculty meeting minutes	
		Measurable goal/outcome statement: 5. 85% of students will report classroom and lab space as adequate on the end of course evaluation.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: <u>Space and Facilities</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Core faculty meeting minutes, emails	
		Measurable goal/outcome statement:	

		6. Full time core PTA faculty will describe the PTA office space & storage space as adequate.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: clinical education	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CC emails, CE student experiences form	
		Measurable goal/outcome statement: 7. For all clinical rotations, the CC will have available at least 125% of the needed slots for the class size.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: Equipment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year, after reviewing end of course evaluations
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations (question #12), core faculty meeting minutes	
		Measurable goal/outcome statement: 8. Less than 33% of students will report the need for a specific type of new equipment or technology, on the end of course evaluation.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: Equipment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year, after reviewing end of course evaluations
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations, core faculty meeting minutes	
		Measurable goal/outcome statement: 9. 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.	
		Summary and Analysis of Data Collected:	

2D6	Program resources: Technology	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year, after reviewing end of course evaluations
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations (question #12), core faculty meeting minutes	
		Measurable goal/outcome statement: 10. Less than 33% of students will report the need for a specific type of new equipment or technology, on the end of course evaluation.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: Technology	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year, after reviewing end of course evaluations
		Sources of Information &/or Tools Used to Collect Data: End of course evaluations, core faculty meeting minutes	
		Measurable goal/outcome statement: 11. 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.	
		Summary and Analysis of Data Collected:	
2D6	Program resources: <u>Instruction materials</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year: fall, spring & summer
		Sources of Information &/or Tools Used to Collect Data: EOC evaluations on BB	
		Measurable goal/outcome statement: 12. On the EOC evaluations, 90% of students will answer either agree or strongly agree on the questions about the syllabus and the learning objectives.	
		Summary and Analysis of Data Collected:	
2D6	Program resources:	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual

	<u>library and learning resources</u>	Sources of Information &/or Tools Used to Collect Data: Graduating student survey, question #2 on page 4 Measurable goal/outcome statement: 13. 85% of graduates will report adequate or above on the learning resources question on the graduating student survey. Summary and Analysis of Data Collected:	
2D6	<u>Program resources: library and learning resources</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year: fall, spring & summer
		Sources of Information &/or Tools Used to Collect Data: EOC evaluations on BB	
		Measurable goal/outcome statement: 14. 85% of current students will answer yes to question #27 (Do online library resources meet your needs?)	
		Summary and Analysis of Data Collected:	
2D6	<u>Program resources: Student services</u>	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduating student survey, question #1 on page 4	
		Measurable goal/outcome statement: 15. 85% of graduates will report adequate or above on the student services question on the graduating student survey.	
		Summary and Analysis of Data Collected:	

2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Institutional emails, meeting minutes	
		Measurable goal/outcome statement: 1. 100% of new or newly revised institutional P&P will be consistent with the curriculum and outcomes of the PTA program.	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Program P+P manual, meeting minutes	
		Measurable goal/outcome statement: 2. 100% of Program P+P are assessed on an annual basis for alignment with program mission, goals and objectives.	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC & administration	Timeline: annual, with signature from administration
		Sources of Information &/or Tools Used to Collect Data: Program P+P manual, emails, program meeting minutes, signature pages in the back of the P+P manual	
		Measurable goal/outcome statement: 3. 100% of new or newly revised program P+P will support the program mission, goals, and objectives.	
		Summary and Analysis of Data Collected:	

2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC & advisory committee	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Advisory committee meeting minutes	
		Measurable goal/outcome statement: 4. 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.	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC & advisory committee	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Advisory board meeting minutes, emails	
		Measurable goal/outcome statement: 5. 100% of mission, philosophy, goals and objectives of the PTA program are congruent with the institutional mission, per Advisory Committee.	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Capstone seminar grading rubric	
		Measurable goal/outcome statement: 6. 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) (6A, 6B, 6C, 6F, 6G)	
		Summary and Analysis of Data Collected:	

2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance Evaluation	
		Measurable goal/outcome statement: 7. 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. (Program goal about communication and goal about entry level behaviors) (6A, 6B, 6C, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: PTA 202 plan of care quiz	
		Measurable goal/outcome statement: 8. 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) (6A, 6B, 6C, 6G)	
		Summary and Analysis of Data Collected:	
2D7	Program policies and procedures, as well as relevant institutional policies and procedures meet program needs	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT website PEAT scores	
		Measurable goal/outcome statement: 9. When taking the PEAT during the summer session, all students will pass the PEAT at least one time. (related to program goal about passing the licensure examination & program need to increase licensure pass rate) (1C2)	
		Summary and Analysis of Data Collected:	

2D7	Extent to which program practices adhere to policies and procedures	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Full time clinical education questionnaire	
		Measurable goal/outcome statement: 10. Every student will have a PTA as a CI during at least ONE of their full-time rotations. (demonstrates adherence to P+P)	
		Summary and Analysis of Data Collected:	
2D7	Extent to which program practices adhere to policies and procedures	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Emails, Student Clinical Performance evaluations	
		Measurable goal/outcome statement: 11. 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.” (demonstrates adherence to P+P) (6C, 6D, 6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	

2D7	Extent to which program practices adhere to policies and procedures	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Emails, Student Clinical Performance evaluations	
		Measurable goal/outcome statement: 12. 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. (demonstrates adherence to P+P) (6C, 6D, 6E, 6F, 6G)**This goal will change for next year to be in compliance with new CAPTE rules (last rotation is 6 weeks, and the terminal rotations are a total of 11 weeks.)	
		Summary and Analysis of Data Collected:	
2D7	Extent to which program practices adhere to policies and procedures	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year (fall, spring, summer)
		Sources of Information &/or Tools Used to Collect Data: skills master list	
		Measurable goal/outcome statement: 13. 100% of students will pass 100% of the skills check offs from the skill master list. (demonstrates adherence to P+P) (6B, 6C)	
		Summary and Analysis of Data Collected:	
2D7	Extent to which program practices adhere to policies and procedures	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Professional behaviors forms	
		Measurable goal/outcome statement: 14. 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. (related to program goal about professional behaviors) (demonstrates adherence to P+P) (6A-6G)	
		Summary and Analysis of Data Collected:	

2D8	Clinical education experiences are consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education course.	Individual responsible for coordinating this assessment component: CC	Timeline: before each clinical rotation
		Sources of Information &/or Tools Used to Collect Data: clinical education course syllabi, BB, emails to clinical instructors, hard copy forms sent to Clinical instructors	
		Measurable goal/outcome statement: 1. 100% of students and CIs will be provided with the objectives of each clinical rotation (I-IV) before it starts. (6D)	
		Summary and Analysis of Data Collected:	
2D8	Clinical education experiences are consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education course.	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student summary of the clinical experience forms	
		Measurable goal/outcome statement: 2. On the Student Summary of the Clinical Experience form, 95% of students will answer yes to question 2 (materials & description of the affiliation were complete & explained in a timely manner) and question 3 (my CI & I agreed on the roles, responsibilities & goals for the rotation). (6D)	
		Summary and Analysis of Data Collected:	

2D8	Clinical sites are sufficient to provide the <u>quality</u> , quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapist assistants.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: after each clinical rotation
		Sources of Information &/or Tools Used to Collect Data: Qualifications of CIs form, meeting minutes from core faculty meetings, emails, phone log	
		Measurable goal/outcome statement: 3. 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. When a CI earns a “no” answer core faculty will document & determine if the CI could ever be used again after the CC performs CI education/training.	
		Summary and Analysis of Data Collected:	
2D8	Clinical sites are sufficient to provide the <u>quality</u> , quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapist assistants.	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time clinical rotation
		Sources of Information &/or Tools Used to Collect Data: Student Summary of the Clinical Experience forms, meeting minutes of the core faculty meetings	
		Measurable goal/outcome statement: 4. On the Student summary of the Clinical experience form, 95% of students will answer questions 7-11 with a yes, demonstrating CI teaching effectiveness, knowledge in the field, effective communication, safe practice & professionalism.	
		Summary and Analysis of Data Collected:	

2D8	Clinical sites are sufficient to provide the quality, <u>quantity</u> , and variety of expected experiences to prepare students for their roles and responsibilities as physical therapist assistants.	Individual responsible for coordinating this assessment component: CC	Timeline: after each clinical rotation
		Sources of Information &/or Tools Used to Collect Data: CE student experiences form	
		Measurable goal/outcome statement: 5. The program will have at least 125% of the needed sites for each of the clinical rotations (I-IV).	
		Summary and Analysis of Data Collected:	
2D8	Clinical sites are sufficient to provide the quality, quantity, and <u>variety</u> of expected experiences to prepare students for their roles and responsibilities as physical therapist assistants.	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CE student experiences form	
		Measurable goal/outcome statement: 6. Following the program P+P, for each of their full-time rotations, each student will have an inpatient, and outpatient, and an "other" category.	
		Summary and Analysis of Data Collected:	
2D9	Effective written agreements between the institution and the clinical education sites.	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: meeting minutes of core faculty meetings, current clinical affiliation agreement	
		Measurable goal/outcome statement: 1. Core faculty will review updated clinical agreement each year for the required elements.	
		Summary and Analysis of Data Collected:	

2D9	Effective written agreements between the institution and the clinical education sites.	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: P+P manual	
		Measurable goal/outcome statement: 2. Updated clinical agreement form will be included in the program P+P manual each year, as Appendix C & this manual will be published/updated on the BRCTC website.	
		Summary and Analysis of Data Collected:	
2D9	Effective written agreements between the institution and the clinical education sites.	Individual responsible for coordinating this assessment component: CC	Timeline: ongoing
		Sources of Information &/or Tools Used to Collect Data: files in CC office	
		Measurable goal/outcome statement: 3. All completed/signed clinical affiliation agreements will be kept in the CC office in the filing cabinet.	
		Summary and Analysis of Data Collected:	
2D9	Effective written agreements between the institution and the clinical education sites.	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Program handbook	
		Measurable goal/outcome statement: 4. Appendix 3 of the Program handbook will contain an updated list of clinical sites in which the program has current/active clinical affiliation agreements with, and this handbook will be updated and posted on the BRCTC website each year.	
		Summary and Analysis of Data Collected:	
2D9	Currency of written agreements with clinical education sites	Individual responsible for coordinating this assessment component: CC	Timeline: ongoing
		Sources of Information &/or Tools Used to Collect Data: list of agreements & expiration dates (to be kept on top of filing cabinet in the CC's office)	

		Measurable goal/outcome statement: 5. A list of clinical affiliation agreements & their expiration dates will be kept in the CC office continually. As each new agreement is obtained, it will be added to that list. As each expiration date approaches, CC will attempt to renew/maintain the agreement.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduating student survey (page 2, #5)	
		Measurable goal/outcome statement: 1. 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. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year (fall, spring, summer)
		Sources of Information &/or Tools Used to Collect Data: End of course evaluation (question #2)	
		Measurable goal/outcome statement: 2. 90% of students will report that the syllabi are understandable and complete on the end of course evaluation. (6D)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year (fall, spring, summer)
		Sources of Information &/or Tools Used to Collect Data: End of course evaluation (question #24)	

		Measurable goal/outcome statement: 3. 90% of students will report the course learning objectives are complete and understandable on the end of course evaluation. (6D)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Supervisor of graduate surveys	
		Measurable goal/outcome statement: 4. 90% of supervisors of graduates will answer “at entry level or above entry level” to question #12 on the supervisor of graduate survey.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduating student survey	
		Measurable goal/outcome statement: 5. No more than 20% of students will mark any item as “minimal” on the graduating student survey. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 3x/year (fall, spring & summer)
		Sources of Information &/or Tools Used to Collect Data: skills master list	
		Measurable goal/outcome statement: 6. 100% of students will pass 100% of the skills check offs from the skill master list. (6A, 6B, 6C)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Professional behaviors forms	
		Measurable goal/outcome statement: 7. 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. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Core faculty meeting minutes, written course assessment	
		Measurable goal/outcome statement: 8. Each core faculty member will perform at least one written course assessment each semester, to be reviewed at core faculty meetings. (course assessments will be attached to this assessment matrix (at the end), as they are a part of our course assessment process.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Core faculty meeting minutes, written course assessment	
		Measurable goal/outcome statement: 9. 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.	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduate surveys	
		Measurable goal/outcome statement: 10. 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) (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student summary of clinical experience form	
		Measurable goal/outcome statement: 11. 90% of students will answer yes to question #1 on the Student Summary of the clinical experience form, demonstrating that they were academically prepared for the rotation & they displayed professional behaviors. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance Evaluation	
		Measurable goal/outcome statement: 12. 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, demonstrating that the student has at least entry level ability to implement PT interventions. (6A-6G)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Student summary of clinical experience form	
		Measurable goal/outcome statement: 13. 100% of students report achievement of stated goals on the Student Summary of the Clinical Experience Form. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: ongoing, throughout rotations
		Sources of Information &/or Tools Used to Collect Data: Full time Clinical Education Questionnaire, midterm check in forms, zoom meetings, phone calls, texts	
		Measurable goal/outcome statement: 14. 0% of students report red flag issues in Full time Clinical Education Questionnaire and throughout the semester.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Emails, dates on Student Clinical Performance Evaluation	
		Measurable goal/outcome statement: 15. No rotation will be postponed because appropriate clinical site or instructor is unavailable.	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Clinical instructor surveys	
		Measurable goal/outcome statement: 16. 90% of clinical instructors will answer yes to questions #7-12 on the clinical instructor survey, demonstrating that the CC contacted the CI in a timely fashion & provided all necessary information.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: Prior to each full-time rotation
		Sources of Information &/or Tools Used to Collect Data: Emails, reservations forms	
		Measurable goal/outcome statement: 17. We will have 125% of the needed slots for each rotation, dependent on the number of students enrolled at that time.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: early Fall semester
		Sources of Information &/or Tools Used to Collect Data: Clinical competency quiz	
		Measurable goal/outcome statement: 18. 90% of students will pass the Clinical Competency quiz each Fall, on their first attempt. (6A, 6B, 6C)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: each spring
		Sources of Information &/or Tools Used to Collect Data: PC excel grade book	
		Measurable goal/outcome statement: 19. In PTA 202, 3 Article review assignments, no student will earn below a 20/25 on any of those, indicating that they have adequately developed the skill of article review/critique to stay contemporary in their practice. (6A, 6B, 6C, 6F)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: each spring & summer
		Sources of Information &/or Tools Used to Collect Data: Student clinical performance evaluations for PTA 204 & 206	
		Measurable goal/outcome statement: 20. In PTA 204 & 206, no student will earn less than a 3.0 score (entry-level) on any section 13 item (13.1-13.7) (In-service presentation) of the Student Clinical Performance Evaluation, demonstrating the ability to incorporate EBP into their clinical activities. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after each rotation
		Sources of Information &/or Tools Used to Collect Data: Qualifications of CIs form	
		Measurable goal/outcome statement: 21. 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. (6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 22. 100% of students will earn at least a 3.0 score on item 1.17 of the Student Clinical Performance Evaluation for PTA 204 and PTA 206. (1.17= demonstrates an appropriate understanding of the responsibilities of a PTA) (6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 23. 90% of students will earn at least a 3.0 score on item 3.8.5 of the Student Clinical Performance Evaluation for PTA 204 and PTA 206. (3.8.5= recognizes the responsibilities of each member of the health care team) (6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: each semester
		Sources of Information &/or Tools Used to Collect Data: Emails with bookstore	
		Measurable goal/outcome statement: 24. After notification from book store about a new edition of a textbook, core faculty will adopt the new edition and update course within 1 year, assisting the program in staying contemporary. (6A, 6B, 6C)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: FSBPT data about licensure exam, program spring comprehensive exam	
		Measurable goal/outcome statement: 25. Core faculty will evaluate the spring comprehensive examination annually for its alignment with the licensure examination.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CI survey results	
		Measurable goal/outcome statement: 26. 90% of CIs will answer 'yes' to question number 4 on the CI survey. (when involved with multiple clinical experiences, does the CI feel that the rotations are arranged in an order that allows logical progression of knowledge & skills) (6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Mini-comp grades and FSBPT licensure pass rate data	
		Measurable goal/outcome statement: 27. 90% of students who pass the mini-comprehensive exam in 1-2 attempts will pass their licensure exam on the 1 st attempt. (1C2)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Program grad rate & employment rate data from surveys & emails	
		Measurable goal/outcome statement: 28. To meet the portion of our mission where the program will meet the Physical Therapy needs of the citizens in our service region, the program will maintain a 70% or higher graduation rate and 90% or higher employment rate by 1 year post graduation. (1C1, 1C3)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluation 4	
		Measurable goal/outcome statement: 29. On section 2 of the Student Clinical Performance Evaluation for PTA 206, 95% of students will have an average score of 3.0 for that section, demonstrating that the student has at least entry level behavior with safety. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: after 202
		Sources of Information &/or Tools Used to Collect Data: Plan of care quiz grades & remediation attempts	
		Measurable goal/outcome statement: 30. 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) (6A, 6B, 6C, 6F)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluation 4	
		Measurable goal/outcome statement: 31. On section 9 of the Student Clinical Performance Evaluation for PTA 206, 95% of students will have an average score of 3.0 for that section, demonstrating at least entry level behavior with data collection/test & measures. (6A-6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 205
		Sources of Information &/or Tools Used to Collect Data: Grading rubric for capstone seminar	
		Measurable goal/outcome statement: 32. 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) (6A, 6B, 6C, 6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 204 & 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluations 3+4	
		Measurable goal/outcome statement: 33. 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. (6A, 6B, 6C, 6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	

2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: after 206
		Sources of Information &/or Tools Used to Collect Data: Student Clinical Performance evaluation 4	
		Measurable goal/outcome statement: 34. On section 1 of the Student Clinical Performance Evaluation for PTA 206, 95% of students will have an average score of 3.0 for that section, demonstrating that the student has at least entry level behavior with professional behavior & attitude. (6A, 6B, 6C, 6E, 6F, 6G)	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: Graduate survey responses	
		Measurable goal/outcome statement: 35. 85% of graduates will answer agree or strongly agree to question number 15 on the graduate survey (ability to communicate in an effective manner).	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CE student experiences form	
		Measurable goal/outcome statement: 36. In their 3 full-time rotations, each graduate will have 1 inpatient, 1 outpatient, and 1 "other" rotation category.	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: CC	Timeline: annual
		Sources of Information &/or Tools Used to Collect Data: CE student experiences form, CE syllabi, Program handbook- course descriptions	

		Measurable goal/outcome statement: 37. Each student will have 10 total weeks of terminal clinical rotations (CE III= 5 weeks & CE IV= 5 weeks). ** this will change next year to 11 total weeks & CE IV= 6 weeks	
		Summary and Analysis of Data Collected:	
2E	Curricular assessment	Individual responsible for coordinating this assessment component: PC & CC	Timeline: 2x/year
		Sources of Information &/or Tools Used to Collect Data: Assessment planning document	
		Measurable goal/outcome statement: 38. After reviewing advisory committee input and having core faculty discussion, a determination will be made if any curricular changes need to be made because of the data regarding the dynamic nature of the profession or the health care delivery system.	
		Summary and Analysis of Data Collected:	

Course assessments

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

Fax: 304-260-1296

ATTN: PTA program

cmcdonal@blueridgectc.edu

5550 Winchester Ave Box #7

mnoll@blueridgectc.edu

Martinsburg, WV 25405

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:

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:

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

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.

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

a. If yes, explain:

Professional Behaviors grade: PASS REMEDIATION FAIL

Standards of Ethical Conduct for the Physical Therapist Assistant



HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

(Core Value: Excellence)

- 6A. Physical therapist assistants shall achieve and maintain clinical competence.
- 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
- 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org



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 1st Dose _____ Covid-19 2nd 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) 1st dose _____ 2nd 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)
- The covid 19 vaccine is strongly recommended but not mandatory

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 1st blank on the immunization form
- Date of new PPD (after 7/1) goes in 2nd 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 1ST 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.

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 18, 2025

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