



# Evaluative Criteria PT Programs

American Physical Therapy Association  
1111 North Fairfax Street  
Alexandria, Virginia 22314

[accreditation@apta.org](mailto:accreditation@apta.org) / [www.capteonline.org](http://www.capteonline.org)

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# EVALUATIVE CRITERIA FOR ACCREDITATION OF EDUCATION PROGRAMS FOR THE PREPARATION OF PHYSICAL THERAPISTS

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revised 5/07, 10/07, 4/09, 10/09, 4/10, 5/11, 11/11, 11/12)

## INTRODUCTION

The Commission on Accreditation in Physical Therapy Education (CAPTE or the Commission) is the only agency in the United States recognized to accredit education programs for the preparation of physical therapists. CAPTE also accredits a limited number of physical therapist education programs in other countries at the request of the program and the sponsoring institution.

CAPTE attempts to ensure that accredited programs prepare graduates who will be effective contemporary practitioners of physical therapy. The Commission acknowledges the critical role of the profession in defining the nature of contemporary practice and determining practice expectations and the demands that are placed on graduates. The profession has defined these expectations in two documents that were developed through lengthy, participatory processes.

- The *Guide to Physical Therapist Practice*<sup>1</sup> (the Guide) is a core document of the profession that describes the practice of physical therapy. The Guide was first published in 1995, was revised in 1999 and again in 2003, and is the culmination of work that began in 1992. Part One: A Description of Patient/Client Management is particularly relevant to these evaluative criteria.
- *A Normative Model of Physical Therapist Professional Education: Version 2004*<sup>2</sup> (Normative Model) is the latest revision of a document originally developed in 1994-95 through a consensus process involving a significant portion of the physical therapy education community. The Normative Model describes the profession's "preferred prerogatives, perspectives, beliefs and values relative to physical therapist education [and is intended to] serve as a primary resource for the Commission on Accreditation in Physical Therapy Education (CAPTE) in its periodic review and assessment of the evaluative criteria for physical therapist educational programs."<sup>2(p5)</sup>

Other core documents that guide the profession and influence these criteria include the APTA Code of Ethics,<sup>3</sup> the Guide for Professional Conduct,<sup>4</sup> and the Standards of Practice.<sup>5</sup>

## A. THE PROFESSION AND THE PRACTICE ENVIRONMENT

Physical therapy, as a profession, dates from the beginning of the 20th century, when the advances in health care made possible the survival of people affected by poliomyelitis and war injuries. Physical therapy has continued to evolve and to respond to the needs of society, with physical therapists now practicing in a variety of clinical settings with unprecedented levels of professional responsibility. Physical therapists are integral members of the primary care team and are involved in prevention of disability and promotion of positive health, as well as acting as consultants in restorative care. Physical therapist practice today is based on a well-developed body of scientific and clinical knowledge. Physical therapists also apply knowledge from the basic, behavioral, and social sciences.

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<sup>1</sup> *Guide to Physical Therapist Practice*. 2nd ed. Alexandria, VA: American Physical Therapy Association; 2001. Rev. June 2003.

<sup>2</sup> *A Normative Model of Physical Therapist Professional Education: Version 2004*. Alexandria, VA: American Physical Therapy Association; 2004.

<sup>3</sup> Code of Ethics. American Physical Therapy Association.

<sup>4</sup> APTA Guide for Professional Conduct. American Physical Therapy Association.

<sup>5</sup> Standards of Practice for Physical Therapy. American Physical Therapy Association.

According to the *Guide to Physical Therapist Practice*.<sup>(pp31-32)</sup>

“Physical therapy is defined as the care and services provided by, or under the direction and supervision of, a physical therapist. Physical therapists are the only professionals who provide physical therapy interventions. Physical therapist assistants are the only individuals who provide selected physical therapy interventions under the direction and supervision of the physical therapist.

Physical therapists:

- *Provide services to patients/clients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes.* In the context of the model of disablement, on which this Guide is based, *impairment* is defined as loss or abnormality of anatomical, physiological, mental, or psychological structure or function; *functional limitation* is defined as restriction of the ability to perform, at the level of the whole person, a physical action, task, or activity in an efficient, typically expected, or competent manner; and *disability* is defined as the inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment.
- *Interact and practice in collaboration with a variety of professionals.* The collaboration may be with physicians, dentists, nurses, educators, social workers, occupational therapists, speech-language pathologists, audiologists, and any other personnel involved with the patient/client. Physical therapists acknowledge the need to educate and inform other professionals, government agencies, third-party payers, and other health care consumers about the cost-efficient and clinically effective services that physical therapists provide.
- *Address risk.* Physical therapists identify risk factors and behaviors that may impede optimal functioning.
- *Provide prevention [services] and promote health, wellness, and fitness.* Physical therapists provide prevention services that forestall or prevent functional decline and the need for more intense care. Through timely and appropriate screening, examination, evaluation, diagnosis, prognosis, and intervention, physical therapists frequently reduce or eliminate the need for costlier forms of care and also may shorten or even eliminate institutional stays. Physical therapists also are involved in promoting health, wellness, and fitness initiatives, including education and service provision that stimulate the public to engage in healthy behaviors.
- *Consult, educate, engage in critical inquiry, and administrate.* Physical therapists provide consultative services to health facilities, colleagues, businesses, and community organizations and agencies. They provide education to patients/clients, students, facility staff, communities, and organizations and agencies. Physical therapists also engage in research activities, particularly those related to substantiating the outcomes of service provision. They provide administrative services in many different types of practice, research, and education settings.
- *Direct and supervise the physical therapy service, including support personnel.* Physical therapists oversee all aspects of the physical therapy service. They supervise the physical therapist assistant (PTA) when PTAs provide physical therapy interventions as selected by the physical therapist. Physical therapists also supervise any support personnel as they perform designated tasks related to the operation of the physical therapy service.”

Physical therapists provide health care to their patients/clients in a wide variety of settings, including, but not limited to, physical therapy office practices, hospitals, rehabilitation facilities, homes, long term care settings, schools, industrial settings, and athletic/fitness centers.

Provision of care is a collaborative process that requires recognition of the essential roles of the individual, families, insurers/payers, other consumers of physical therapy services, and other health care practitioners. Caregivers must understand the continuing evolution of the health care system. Practitioners must be aware of the need to ensure high-quality care in the most efficient manner to realize societal goals for health care services and delivery.

Professional education programs and the accreditation process must be responsive to the health care needs of citizens and communities as well as to the needs of the health care system. Practitioners must be prepared to participate in today's health care environment by providing direct services to individuals and groups and by contributing to improved health care delivery.

## **B. THE NATURE OF PHYSICAL THERAPIST EDUCATION**

Like other professional education, physical therapist education is typically built on the knowledge and skills characteristically attributed to completion of a baccalaureate degree: (1) general education requirements that provide students with broad exposure to the humanities, arts, basic sciences, and social sciences, (2) major requirements that provide students with the opportunity to delve into a discipline at some depth, and (3) electives that provide students with the opportunity to explore other interests. Additionally, admission to physical therapist education programs typically requires students to have completed a set of prerequisite courses in biology, chemistry, physics, statistics, psychology, and human anatomy and physiology.<sup>6</sup>

The professional physical therapist education curriculum has two components: didactic and clinical. The didactic component includes classroom and laboratory experiences involving foundational (biological, physical, and behavioral) sciences, clinical sciences, and physical therapy sciences. The didactic component is designed to provide students with the knowledge, skills, attitudes, and behaviors that are needed for entry into the practice of physical therapy. By its nature, however, the didactic component cannot provide students with the opportunity to apply their knowledge, skills, attitudes, and behaviors in the "real world" of physical therapist practice. Thus, the curriculum includes a clinical education component that typically involves experiences in clinical sites away from, and outside the direct control of, the academic institution.

In general, the clinical education courses account for at least one third of the curriculum (whether measured by credits, contact hours, or length in weeks). These courses are critical to the development of competent, professional (entry-level) practitioners. It is, therefore, important that the clinical education experiences be designed to maximize student learning. And, because the institution/program maintains responsibility for the clinical education courses while relying heavily on practitioners to design, implement, and assess student learning experiences and student performances, mechanisms used to coordinate assignment of students to experiences, to communicate with clinical education faculty, to monitor the quality of the students' experiences, and to assess student performance are all vital to the quality of the students' education.

### Evolution of physical therapist education programs

Originally designed as 9-month post-baccalaureate certificate programs, physical therapist education has evolved over the last 80 years to its current design: programs that culminate in the awarding of a post-baccalaureate degree. The evolution from certificate programs to baccalaureate programs occurred over the years between 1928 and 1970. Graduate programs offering master's degrees developed in the late 1960s; by 2002, all programs culminated in a post-

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<sup>6</sup> Lake DA. Physical Therapy Admissions Requirements. Presented at: Academic Administrators Special Interest Group Meeting, October 2003, San Antonio, Tex. Available at: <http://www.aptaeducation.org/images/PTAdmissions%2010-03.ppt>. Last accessed 10/28/2004.

baccalaureate degree. The first Doctor of Physical Therapy (DPT) programs were accredited in 1995-96. Conversion to the clinical doctorate is occurring rapidly: as of July 2004, more than half of all accredited programs in the United States have been approved to offer the DPT. Data from the 2004 Biennial Accreditation Report (which was collected in March 2004) indicate that by January 1, 2006, the effective date of these criteria, at least 170 programs (81.7%) will be enrolling students in DPT programs. Further, 21 programs (10.1%) plan to initiate DPT programs between 2006 and 2011, and an additional 13 programs (6.3%) plan to convert but have not identified a timeline for doing so.

This evolution has occurred in response to changing expectations for graduates resulting from significant changes in practice. Two separate studies of DPT programs, as well as data collected in the Biennial Accreditation Report, indicate that, in the main, programs converting to offering the DPT are making important, substantial changes.<sup>7</sup> Among them are:

- Increased content in areas such as diagnostics, imaging, pharmacology, advanced practice skills (manual therapy, pediatrics, geriatrics), basic sciences (histology, pathology), business practices, and health promotion.
- Changes in educational processes: evidence-based practice, case-based activities, and emphasis on clinical decision-making.
- Changes in the clinical education component such as increased hours, longer rotations, and more roles.
- Changes in expected student outcomes: increased practice autonomy, professionalism, clinical decision-making, and diagnostic skills.

#### Characteristics of existing DPT programs

Data from the 2008 Biennial Accreditation Report indicate that:

- Average length of professional curriculum of DPT programs is 119.7 weeks (83.3 didactic weeks, 36.4 clinical education weeks), which is 12.5 weeks longer than master's programs.
- On average, DPT programs require 234 credits (116.4 preprofessional, 118.3 professional: 94.3 classroom/lab, 24 clinical education), which is 31.9 more credits than master's programs.
- DPT programs average 10.3 full-time equivalent (FTE) core faculty, 0.8 more than Master of Physical Therapy (MPT) degree programs.
- Student to faculty ratios: 10.8 enrolled students per core faculty member and 12.9 students per faculty member in laboratories.

### **C. THE ACADEMIC ENVIRONMENT**

The graduate professional education environment is inherently conducive to physical therapist education for many reasons, including the community of scholars, the balance of academic and community life, and the sharing of ideas within a dynamic collegial environment. Regardless of the type of institution in which a professional physical therapist education program resides, the preparation of physical therapists must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry characteristic of the community of scholars and in an environment that supports excellence in professional practice. The institutional environment must be one that ensures the opportunity for physical therapy to thrive as both an academic and professional discipline. In the optimum environment, physical therapy upholds and draws upon a tradition of scientific inquiry while contributing to the profession's body of knowledge. The program faculty must demonstrate a pattern of activity that reflects a commitment to excel in meeting the expectations of the institution, the students, and the profession.

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<sup>7</sup> Domholt E, Emery M, Harris MJ. The DPT: What We Know, What We Don't. Presented at: PT 2004: Annual Conference and Exposition of the American Physical Therapy Association; June 2004, Chicago, Ill.

The academic environment must provide students with opportunities to learn from and be influenced by knowledge outside of, as well as within, physical therapy. In this environment, students become aware of multiple styles of thinking, diverse social concepts, values, and ethical behaviors that will help prepare them for identifying, redefining, and fulfilling their responsibilities to society and the profession. Of major importance is emphasis on critical thinking, ethical practice, and provision of culturally competent<sup>8</sup> service to meet the changing needs of society.

For this environment to be realized, the missions of the institution and the education program must be compatible and mutually supportive.

#### **D. THE COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION**

The mission of CAPTE is to serve the public by establishing and applying standards that ensure quality and continuous improvement in the professional preparation of physical therapists and physical therapist assistants and that reflect the evolving nature of education, research, and practice.

Within that context, CAPTE has adopted the following definition of academic quality:

A quality educational program is one that prepares graduates for competent and ethical practice, career flexibility, and instills the values associated with the profession. Quality also mandates an educational experience that prepares individuals for lifelong learning, which is essential to future practice. To achieve quality, certain characteristics of the program must be in place:

- A mission and philosophy that are congruent with and supportive of the institutional mission
- Policies, procedures and practices that protect the rights and safety of all those involved with the program
- An environment conducive to learning
- Sufficient resources to support the program and curriculum
- A qualified faculty, committed to effective teaching and student learning, to service and, in the case of physical therapist education programs, to scholarship
- A comprehensive and organized curriculum that leads to the development of the competencies necessary for entry into the profession
- An organized method for obtaining and analyzing feedback from the community of interest that allows the program to engage in assessment and continuous improvement

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<sup>8</sup> Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report*. Washington, DC: US Department of Health and Human Services, March 2001. Available at: <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>. Last accessed 10/28/2004.

These evaluative criteria are grounded in this definition of academic quality in physical therapy education as it applies to graduate professional physical therapist education programs. Additionally, as a recognized accrediting agency, CAPTE is subject to compliance with the expectations of its recognition agencies: the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). In some cases, meeting the expectations of USDE and CHEA has resulted in the implementation of processes or criteria that might seem intrusive and/or duplicative of institutional accreditation. For example, several criteria (eg, P-4, P-6, P-11, CO-3, CO-4) exist in their current form because of USDE or CHEA requirements.

Further, the Commission expects that programs will be in compliance with the intent of each of the evaluative criteria. The Commission recognizes, however, that programs can be out of compliance with some criteria and still be accredited. In concert with USDE requirements, the Commission expects that programs will come into compliance with all criteria within 2 years of being determined to be out of compliance.

## **E. DEFINITIONS**

Documents such as this one are used by numerous constituencies, each of which may have its own interpretation of the terminology being utilized. This is often the result of the typical usage patterns at given institutions. To avoid significant misinterpretations of the intent of these evaluative criteria, the following definitions are provided.

### **DEFINITIONS RELATED TO THE PROGRAM**

#### **Mission**

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

#### **Goals**

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

#### **Expected program outcomes**

Predictable and demonstrable results of program faculty and student activities directed toward achievement of the stated program goals.

#### **Due process**

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

#### **Policy**

A general principle by which a program is guided in its management.

#### Procedure

A description of the methods, activities, or processes used to implement a policy.

#### Practices

Common actions or activities; customary ways of operation or behavior.

### **DEFINITIONS RELATED TO FACULTY**

The Commission recognizes that individual institutions may have different definitions or faculty classifications than those identified below; however, for the purposes of this document and related accreditation activities, the following definitions are to be used:

#### Core faculty

Those individuals appointed to and employed primarily in the program, including the program administrator, the Academic Coordinator of Clinical Education/Director of Clinical Education (ACCE/DCE) and other faculty who report to the program administrator. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions.

#### Program administrator

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

#### Academic Coordinator of Clinical Education/Director of Clinical Education (ACCE/DCE)

The core faculty member(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The ACCE/DCE(s) is/are the faculty member(s) of record for the clinical education courses.

#### Clinical education faculty

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

#### Associated faculty

Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides, but who have primary responsibilities in programs other than the professional program.



## Program faculty

All faculty involved with the program, including: (1) the Core Faculty, (2) the Clinical Education Faculty, and (3) the Associated Faculty.

## DEFINITIONS RELATED TO FACULTY ACTIVITIES

### Teaching

Activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the profession. These activities include, but are not limited to: (1) design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities; (2) design, implementation, and evaluation of methods to assess student learning; (3) student advisement; and (4) supervision of student-generated research projects.

### Scholarship

Activities that systematically advance the teaching, research, and practice of physical therapy through rigorous inquiry that: (1) is significant to the profession, (2) is creative, (3) is peer-reviewed through various methods, (4) can be replicated or elaborated, and (5) is published, presented, or documented. The following table<sup>9</sup> is intended to provide examples of scholarship.

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<sup>9</sup>Adapted from <http://www.clt.uts.edu.au/Scholarship/A.Model.html> and <http://www.aacn.nche.edu/Publications/positions/scholar.htm>. Last accessed 10/28/2004.

## CHARACTERISTICS OF SCHOLARSHIP

If scholarly work	It is typically	Within a scholarly agenda, accomplishment is typically demonstrated by	Documented, as appropriate for activity, by
<p>Contributes to development or creation of new knowledge (Scholarship of Discovery)</p>	<ul style="list-style-type: none"> <li>• Primary empirical research</li> <li>• Historical research</li> <li>• Theory development</li> <li>• Methodological studies</li> <li>• Philosophical inquiry</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed publications of research, theory, or philosophical essays</li> <li>• Peer-reviewed/invited professional presentations of research, theory, or philosophical essays</li> <li>• Grant awards in support of research or scholarship</li> <li>• Positive peer evaluations of the body of work</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic citation of the accomplishments</li> <li>• Positive external<sup>10</sup> assessment of the body of work</li> </ul>
<p>Contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study (Scholarship of Integration)</p>	<ul style="list-style-type: none"> <li>• Inquiry that advances knowledge across a range of theories, practice areas, techniques or methodologies</li> <li>• Includes works that interface between physical therapy and a variety of disciplines</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed publications of research, policy analysis, case studies, integrative reviews of the literature, and others</li> <li>• Copyrights, licenses, patents, or products</li> <li>• Published books</li> <li>• Positive peer evaluations of contributions to integrative scholarship</li> <li>• Reports of interdisciplinary programs or service projects</li> <li>• Interdisciplinary grant awards</li> <li>• Peer-reviewed/invited professional presentations</li> <li>• Policy papers designed to influence organizations or governments</li> <li>• Service on editorial board or as peer reviewer</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic citation of the accomplishments</li> <li>• Positive external assessment of the body of work</li> <li>• Documentation of role in editorial/ review processes</li> </ul>
<p>Applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community (Scholarship of Application/ Practice)</p>	<ul style="list-style-type: none"> <li>• Development of clinical knowledge</li> <li>• Application of technical or research skills to address problems</li> </ul>	<ul style="list-style-type: none"> <li>• Activities related to the faculty member's area of expertise (eg, consultation, technical assistance, policy analysis, program evaluation, development of practice patterns)</li> <li>• Peer-reviewed/invited professional presentations related to practice</li> <li>• Consultation reports</li> <li>• Reports compiling and analyzing patient or health services outcomes</li> <li>• Products, patents, license copyrights</li> <li>• Peer reviews of practice</li> <li>• Grant awards in support of practice</li> <li>• Reports of meta-analyses related to practice problems</li> <li>• Reports of clinical demonstration projects</li> <li>• Policy papers related to practice</li> </ul>	<ul style="list-style-type: none"> <li>• Formal documentation of a record of the activity and positive formal evaluation by users of the work</li> <li>• Bibliographic citation</li> <li>• Documentation of role in multi-authored products</li> <li>• Positive external assessment of the body of work</li> </ul>
<p>Contributes to the development of critically reflective knowledge about teaching and learning (Scholarship of Teaching)</p>	<ul style="list-style-type: none"> <li>• Application of knowledge of the discipline or specialty applied in teaching-learning</li> <li>• Development of innovative teaching and evaluation methods</li> <li>• Program development and learning outcome evaluation</li> <li>• Professional role modeling</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed publications of research related to teaching methodology or learning outcomes, case studies related to teaching-learning, learning theory development, and development or testing of educational models or theories</li> <li>• Educational effectiveness studies such as those found in comprehensive program reports</li> <li>• Successful applications of technology to teaching and learning</li> <li>• Positive peer assessments of innovations in teaching</li> <li>• Published textbooks or other learning aids</li> <li>• Grant awards in support of teaching and learning</li> <li>• Peer-reviewed/invited professional presentations related to teaching and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic citation of the accomplishments</li> <li>• Documentation of scholarly role in creation of multi-authored evaluation reports</li> <li>• Positive external assessment of the body of work</li> </ul>
<p>Contributes to the identification, understanding and resolution of significant social, civic, or ethical problems and includes systematic data collection, analysis, interpretation and impact. (Scholarship of Engagement)<sup>11</sup></p>	<ul style="list-style-type: none"> <li>• Collaborative partnerships involving faculty, community members and organizational representatives (community-based research or interventions)</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed/invited publications or professional presentations related to development of community-based intervention, curriculum development</li> <li>• Grant awards in support of community-based intervention</li> <li>• Policy papers, presentations, or reports compiling and analyzing community program outcomes that includes analysis and interpretation of data collected and leads to an outcome or plan</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic citation of the accomplishments</li> <li>• Positive external assessment of the body of work</li> <li>• Documentation of role in multi-authored products</li> </ul>

<sup>10</sup> External Assessment: Review that occurs outside of the physical therapy unit.

<sup>11</sup> Boyer, Ernest. (1996). The Scholarship of Engagement. *Journal of Public Outreach*. 1(1): 11-20.

Maurana, C.A., Wolff, M, Beck, B.J. & Simpson, D.E. (2001). Working with Our Communities: Moving from Service to Scholarship in the Health Professions. *Education for Health*. 14(2):207-220.

Sandmann, L.R. (2006). Scholarship as Architecture: Framing and Enhancing Community Engagement. *Journal of Physical Therapy Education*. 20(3):80-84.

## Scholarly Agenda

A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.

## Service

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

## DEFINITIONS RELATED TO CURRICULUM

### Breadth and depth

Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of prerequisite education, breadth is usually achieved through the general education component of an undergraduate degree program and usually, though not always, through lower division courses, while depth is achieved through the major/minor requirements at the upper division levels. In the context of course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected and (eg, the taxonomic level within a domain of learning) described in the objectives.

### Clinical education experiences

That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.<sup>2(p159)</sup>

### Consultation

The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product within a given amount of time.<sup>1(p41)</sup>

### Contemporary practice

Delivery of physical therapy services as documented in the current literature, including the *Guide to Physical Therapist Practice*, *A Normative Model of Physical Therapist Professional Education*, the Standards of Practice, and the Code of Ethics.

### Cultural competence (culturally competent)

“Cultural and linguistic competence is an asset of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thought, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”<sup>12</sup>

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<sup>12</sup> Based on Cross T, Bazron B, Dennis K, Issacs M. *Towards A Culturally Competent System of Care*. Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical

### Curriculum plan

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

### Curriculum model

A general description of the organization of the professional curriculum content. Physical therapist education programs typically fall into one of the following categories:

**CASE-BASED:** the curriculum utilizes patient cases as unifying themes throughout the curriculum.

**LIFE SPAN-BASED:** the curriculum is built around the physical therapy needs of individuals throughout the life span (eg, the basic and clinical sciences and patient management skills, etc, related to the neonate are presented together, followed by those of childhood, adolescence, early adulthood, middle age and old age).

**PROBLEM-BASED:** the entire curriculum (including foundational, behavioral, and clinical science content) is built around patient problems that are the focus for student-centered learning through the tutorial process and independent activities.

**MODIFIED PROBLEM-BASED:** the curriculum uses the problem-based model in the later stages, but the early courses (primarily foundational sciences) are presented in the more traditional format of lecture and laboratory.

**SYSTEMS-BASED:** the curriculum is built around physiological systems (musculoskeletal, neuromuscular, cardiopulmonary, integumentary, etc).

**GUIDE-BASED:** the curriculum is built around the disability model, the patient management model, and the preferred practice patterns included in the *Guide to Physical Therapist Practice*.

**TRADITIONAL:** the curriculum begins with basic science, followed by clinical science and then by physical therapy science.

**HYBRID:** a combination of two or more of the above models.

### Graduation rate

The percentage of students admitted to the professional program who complete the program (eg, are awarded the appropriate degree) within 150% of the time normally expected for completion.<sup>13</sup>

### Employment rate

Percentage of graduates who sought employment that were employed within 6 months of passing the licensure exam.

### Expected student outcomes

Competencies that the program expects students to have achieved at completion of the program, as well as stated expectations for graduate success in relationship to graduation rates, licensure rates, and employment rates. Expected student outcomes are a subset of the expected outcomes of the program.

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Assistance Center; 1989.

<sup>13</sup> Based on IPEDS Glossary, National Center for Educational Statistics.  
<http://nces.ed.gov/ipeds/glossary/index.asp?charindex=G>. Last accessed 10/28/2004.

#### Licensure rate

The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE), regardless of the number of attempts.

#### Learning experiences

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

#### Objectives

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

#### Philosophy

A statement of the beliefs and values of the program faculty that are fundamental to the curriculum plan.

#### Prerequisites

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

#### Professional curriculum

The portion of the curriculum plan that is designed to provide the student with the knowledge, skills, and behaviors required for entry into the practice of physical therapy. The professional curriculum is the responsibility of and is taught by the core, associated, and clinical education faculty. In most cases, the professional curriculum occurs after matriculation of the student into the physical therapist education program; in the case of programs that admit and matriculate students into the program at the freshman level, the professional curriculum may be integrated, to varying degrees, with general education and prerequisite courses.

#### Academic year

The period of time generally extending from September to June; usually equated to two semesters or trimesters, three quarters, or the period covered by a 4-1-4 plan.<sup>14</sup>

#### Credit hour

A unit of measure representing the equivalent of an hour (50 minutes) of instruction per week over the entire term.<sup>15</sup>

#### Semester

A calendar system that consists of two [terms] called “semesters” during the academic year with about 15 weeks for each semester of instruction. There may be an additional summer session.<sup>16</sup>

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<sup>14</sup> IPEDS Glossary, National Center for Educational Statistics.

<http://nces.ed.gov/ipeds/glossary/index.asp?id=22> Last accessed 10/28/2004.

<sup>15</sup> IPEDS Glossary, National Center for Educational Statistics.

<http://nces.ed.gov/ipeds/glossary/index.asp?id='123'> Last accessed 10/28/2004.

<sup>16</sup> IPEDS Glossary, National Center for Educational Statistics.

<http://nces.ed.gov/ipeds/glossary/index.asp?charindex=S> Last accessed 10/28/2004.

## **E. FORMAT AND UTILIZATION OF THE EVALUATIVE CRITERIA**

The *Evaluative Criteria* consist of the evaluative criteria and the expected evidence of compliance.

The criteria are divided into two sections. Within each section, specific criteria elucidate the Commission's requirements in order for a program to be accredited. Following each criterion, there is a list of the evidence to be supplied in order for the program to demonstrate compliance with the criterion. The list of evidence is included to facilitate development of the Self-study Report, preparation for the on-site visit and review of the program by the on-site team and the Commission. The list is divided into as many as three categories, to indicate where the evidence should be placed: in the narrative, including specifically identified exhibits; in the appendices; or on-site. Although the same evidence may be requested multiple times, it need only be provided once. Unless otherwise indicated, each piece of evidence requested should be supplied as the list of evidence represents the minimal information believed necessary to determine compliance. Additional information that the program believes supports compliance may also be provided.

In addition, there is a list of supporting documents, all of which are to be submitted with the Self-study Report.

**Throughout the criteria (but not the evidence lists), terms that have specific definitions noted above are *italicized*.**

## EVALUATIVE CRITERIA FOR ACCREDITATION OF EDUCATION PROGRAMS FOR THE PREPARATION OF PHYSICAL THERAPISTS

Supporting Documents to be included with the Self-study Report; should be appropriately referenced in the narrative or Appendices:

- Institutional Faculty Handbook(s)
- Institutional Student Handbook
- Financial Aid Brochure, if available
- Relevant Catalogs (Undergraduate and/or Graduate)
- Program Policies and Procedures Manual, if available
- Program Faculty Handbook(s), if available
- Program Student Handbook, if available
- Clinical Education Handbook, if available
- Student recruitment materials

### SECTION 1: INSTITUTION AND PROGRAM INTEGRITY AND CAPACITY

#### Institutional Integrity and Capacity

I-1. The sponsoring institution is authorized under applicable law or other acceptable authority to provide a program of post-secondary education and has been approved by appropriate authorities to provide the professional physical therapist education program. In addition, the sponsoring institution is accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA). For programs accredited by CAPTE as of January 2006 in institutions that do not hold US regional accreditation, the institution is accredited by an agency recognized by USDE or by CHEA. For programs in institutions in other countries, the institution is recognized by the appropriate governmental agency.

Evidence of compliance:

For US institutions accredited by a US regional accrediting agency, evidence of compliance includes:

Narrative:

- List the agency or agencies that provide the authorization for the institution to provide (1) post-secondary education and (2) the professional physical therapy program and indicate the dates such authorization was received.
- State the institution's current accreditation status.
- If the institution has an accreditation status other than full accreditation, describe the impact, if any, of the current institutional accreditation status on the program.

On-site:

- Copy of authorization(s) to provide post-secondary education and the professional physical therapy program.
- Copy of cover letter of most recent accreditation action. If the institution's accreditation status is other than full accreditation, provide a copy of the most recent regional accrediting agency report on the institutional accreditation status.

For US institutions not holding US regional accreditation, evidence of compliance includes:

Narrative:

- List the agency or agencies that provide the authorization for the institution to provide (1) post-secondary education and (2) the professional physical therapy program and indicate the dates such authorization was received.
- State the institution's current accreditation status.

- If the institution has an accreditation status other than full accreditation, describe the impact, if any, of the current institutional accreditation status on the program.

Appendices/Attachments:

- Provide a list of the program or institutional policies and procedures that affect rights and safety of all individuals associated with the program. Include the name of the document(s) and page number and/or specific URL reference(s) where the policies can be found.
- If not in supporting documents, provide a copy of relevant institutional policies and procedures. These policies should include:
  - Due process policies and procedures;
  - Personnel policies, including merit, promotion, and tenure;
  - Nondiscrimination and affirmative action policies; if applicable;
  - Disability access policies, if applicable;
  - Institutional review board (IRB) procedures;
  - Safety regulations; and
  - Policies affecting the use of laboratories by students outside of scheduled class time.

On-site:

- Copy of authorization(s) to provide post-secondary education and the professional physical therapy program.
- Copy of cover letter of most recent institutional accreditation action. If the institution's accreditation status is other than full accreditation, provide a copy of the most recent accrediting agency report on the institutional accreditation status.
- Institutional policies and procedures manual, if available.
- Union contract, if applicable;

For institutions in countries other than the United States that are not accredited by a US regional accreditation agency, evidence of compliance includes:

Narrative:

- List the agency or agencies that provide the authorization for the institution to provide (1) post-secondary education and (2) the professional physical therapy program and indicate the dates such authorization was received.
- State the institution's current accreditation status OR provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
- Provide evidence that the accrediting agency fulfills functions similar to those of US regional accrediting agencies.
- If the institution has an accreditation or external review status other than full accreditation or approval, describe the impact, if any, of the current institutional status on the program.

Appendices/Attachments:

- Provide a list of the program or institutional policies and procedures that affect rights and safety of all individuals associated with the institution. Include the name of the document(s) and page number and/or specific URL reference(s) where the policies can be found.
- If not in supporting documents, provide a copy of relevant institutional policies and procedures. These policies should include:
  - Due process policies and procedures;
  - Personnel policies, including merit, promotion, and tenure;
  - Nondiscrimination and affirmative action policies, if applicable;
  - Disability access policies, if applicable;
  - IRB procedures;
  - Safety regulations; and
  - Policies affecting the use of laboratories by students outside of scheduled class time.

On-site:

- Copy of authorization(s) to provide post-secondary education and the professional physical therapy program.
- Copy of cover letter of most recent institutional accreditation action or documentation of regular external review of the institution. If the institution's accreditation or external review status is other



than full accreditation or approval, provide a copy of the most recent agency report on the institutional accreditation or approval status.

- Institutional policies and procedures manual, if available.
- Union contract, if applicable;

I-2. Institutional *policies*<sup>17</sup> related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes the physical therapist education program as both a professional and an academic discipline.

Evidence of compliance:

Narrative:

- Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.
- Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration:
  - Administrative responsibilities of core faculty;
  - Requirements for scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas;
  - Complexity of course content, number of students per class or laboratory, and teaching methodology; and
  - The unique needs of physical therapy education, similar to those of other professional education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

Appendices/Attachments:

- Provide a list of the policies and procedures regarding roles and workload for core and associated faculty. Include the name of the document(s) and page number and/or specific URL reference(s) where the policies can be found.
- If the policies and procedures identified are not located in supporting document(s) or are located in a Union Contract, provide a copy of the relevant policies and procedures or Contract provisions.

On-site:

- Union Contract, if applicable

### Program Mission, Goals, and Expected Outcomes

P-1. The *mission* of the program is written, congruent with those of the sponsoring institution and the unit(s) in which the program resides, and consistent with contemporary preparation of physical therapy professionals.

Evidence of compliance:

Narrative:

- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Analyze the congruency of the program's mission statement with the institution and unit(s) missions.
- Analyze the consistency of the program's mission with contemporary professional norms for the preparation of physical therapists (eg, the *Normative Model of Physical Therapist Professional Education* and the *Guide to Physical Therapist Practice*).

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<sup>17</sup> Throughout the criteria (but not the evidence lists), terms that have specific definitions are *italicized*. The definitions can be found in the Introduction, pages vi-xii.

P-2. The program has *goals* that are based on its stated *mission*.

Evidence of compliance:

Narrative:

- Provide the goals for the program, including those related to:
  - Students/graduates (eg, competent practitioners, leaders in the profession);
  - Faculty (eg, adding to the body of knowledge in physical therapy, achieving tenure and promotion, involvement in professional associations; improving academic credentials); and
  - The program (eg, contributing to the community, development of alternative curriculum delivery models).
- Describe how the goals reflect the program's stated mission.

P-3 The program has *expected program outcomes* that are based on its goals and reflect the activities of the program, core faculty, and students.

Evidence of compliance:

Narrative:

- Provide the expected outcome statement(s) for each program goal identified in criterion P-2.
- Describe how the expected outcome statements reflect the program's goals.

#### Program Assessment and Planning

P-4. There is an ongoing, formal program assessment process that determines the extent to which the program meets its stated mission. The assessment process: (1) uses information from professional standards and guidelines and institutional *mission* and *policies*; (2) uses data related to program *mission*, *goals*, and *expected program outcomes*, program *policies* and *procedures*, individual *core faculty*, collective *core faculty*, *clinical education faculty*, *associated faculty*, communication, resources, admissions criteria and *prerequisites*, *curriculum plan*, clinical education program, and *expected student outcomes*; (3) identifies program strengths and weaknesses; (4) includes considered judgments regarding need for change; and (5) includes steps to achieve the changes, with anticipated dates of completion.

Evidence of compliance:

Narrative:

- Describe how the assessment process utilizes information about professional standards and guidelines and institutional mission and policies.
- Describe the overall strengths & weaknesses that were identified through the assessment of the cumulative data. If other strengths and weakness have been identified, describe them and provide the source of evidence that led to that determination.
- Based on the cumulative assessment of all data, analyze the extent to which the program is meeting its stated mission. If the analysis determines that the program is not adequately meeting its mission, describe the action(s) being taken.
- Describe any change(s) resulting from the assessment process within the last 3-5 years and describe the rationale for the changes.

Appendices/Attachments:

- Provide a matrix that demonstrates an ongoing, formal process for assessment of program mission, program goals, and expected program outcomes; program policies and procedures; individual core faculty, collective core faculty; clinical education faculty; associated faculty; communication; resources; admissions criteria and prerequisites; curriculum plan; clinical education program; and expected student outcomes.
  - Identify the sources of data utilized in each area of the program assessment;
  - Identify the timeframe and individuals responsible for the assessment; and
  - Where they exist; identify the factors that would prompt discussion of potential change.

On-site:

- Minutes of faculty meetings at which program assessment is discussed.
- Summary of assessment data.

P-5. The program has a formal, iterative, long-term planning process that occurs on a regular basis to improve the effectiveness of the program.

Evidence of compliance:

Narrative:

- Describe the formal, iterative, long-term (3-5 years) planning process.
- Describe the role of the core faculty in long-term (3-5 years) planning.
- Describe any changes planned for the next 3-5 years.

On-site:

- Minutes of faculty meetings at which program planning is discussed.
- Planning documents, if any.

### Policies and Procedures

P-6. *Policies, procedures, and practices* exist for handling complaints that fall outside the realm of *due process*, such as complaints from clinical education sites, employers of graduates, and the public. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint are maintained by the program.

Evidence of compliance:

Narrative:

- Provide a list of the program or institutional policies and procedures that address handling complaints that fall outside the realm of due process; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found.
- Describe how records of complaints are, or would be, maintained.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

On-site:

- If complaints outside the due process system have been registered, provide a sample of documents showing adherence to outlined procedures for handling and maintaining records of such complaints.

P-7. *Policies, procedures, and practices* that affect the rights, responsibilities, safety, privacy, and dignity of *program faculty* and staff are written, disseminated, and applied equitably.

Evidence of compliance:

Narrative:

- List the program or institutional policies and procedures that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. These policies should include, but are not limited to:
  - Policies related to due process.
  - Policies describing confidentiality of records and other personal information.
  - Personnel policies, including merit, promotion, and tenure.
- Describe how this information is disseminated to program faculty.
- Provide examples of how policies are applied equitably.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

- P-8. Prospective and enrolled students are provided with relevant information about the institution and program that may affect them, including, but not limited to, catalogs, academic calendars, grading *policies*, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of compliance:

Narrative:

- Describe how the following information is provided to prospective and enrolled students:
  - Catalogs;
  - Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
  - Academic calendars;
  - Grading policies;
  - Accreditation status of the institution and the program, including contact information for CAPTE;
  - Technical standards or essential functions, if available;
  - Acceptance and matriculation rates;
  - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
  - Costs of the program (including tuition, fees, and refund policies);
  - Any additional fees associated with verification of identity for distance education purposes; and
  - Financial aid.
- Describe how the following information is communicated to enrolled students, including:
  - Process for filing complaint with CAPTE;
  - Job/career opportunities;
  - Access to health services;
  - Health and professional liability insurance requirements;
  - Information about the curriculum;
  - Information about the clinical education program, including travel expectations to clinical sites;
  - Required health information;
  - Potential for other clinical education requirements, such as drug testing and criminal background checks; and
  - Access to and responsibility for the cost of emergency services in off-campus educational experiences.

Appendices/Attachments:

- Indicate where each of the items identified in the narrative is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information.
- Provide a list of any additional sources of information about the physical therapist program that are provided to the public. Include the name of the document(s) and page number and/or specific URL reference(s) where the policies can be found. If not located in supporting document(s), provide a copy of the relevant information.

- P-9. Program *policies*, *procedures*, and *practices* related to student recruitment and admission are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity. This criterion does not preclude a program's right to act affirmatively for certain groups of people.

Evidence of compliance:

Narrative:

- Describe procedures for recruitment and admission into the professional physical therapy program.

- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe how the program ensures that the admission procedures are applied equitably.
- Describe the program process for determining the acceptance of credit in transfer from other institutions.
- Discuss how applicant rights are protected, including due process.

Appendices/Attachments:

- Admissions information provided to applicants; provide specific URL for any Web-based information.

P-10. *Policies, procedures, and practices* that affect the rights, responsibilities, safety, privacy, and dignity of program students are written, disseminated, and applied equitably.

Evidence of compliance:

Narrative:

- List the program or institutional policies and procedures that affect the rights, responsibilities, safety, privacy, and dignity of program students; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. These policies should include, but are not limited to:
  - Policies describing confidentiality of records and other personal information;
  - Policies describing protection of information used for verification of student identity in distance education;
  - Policies on what student information is shared with the clinical facility (eg, criminal background check, academic standing) and the process used to share this information;
  - Policies addressing requests for accommodation (in the classroom or clinical education) for students with disabilities;
  - Information provided to students regarding potential health risks they may encounter throughout the education program and in clinical practice;
  - Policies governing use of standard precautions;
  - Policies governing the storage and use of any hazardous materials;
  - Safety regulations and emergency procedures;
  - Policies governing the use and maintenance of equipment;
  - Policies regarding laboratory access by students outside scheduled class time; and
  - Policies related to due process.
- Describe how this information is disseminated to students and program faculty.
- Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

On-site:

- Records of ongoing calibration and safety check of equipment.
- Evidence of adherence to outlined procedures, if applicable.

P-11. *Policies, procedures, and practices* related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity.

Evidence of compliance:

Narrative:

- Provide a list of the program or institutional policies and procedures regarding student retention and progression through the program; include the name of document(s) and page number and/or specific URL reference(s) where the policies can be found.
- Describe the mechanism by which students receive regular reports of academic performance and progress.

- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources available to support retention and progression of students.
- Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.
- Provide a list of the policies and procedures regarding student withdrawal and dismissal from the program; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

On-site:

- Copies of any forms used to provide students with reports of their academic and clinical performance.

P-12. *Policies, procedures, and practices* protect the rights, safety, dignity, and privacy of patients and clients and other individuals involved with the program. Additionally, policies exist to protect the rights of clinical education sites. These policies are written, disseminated, and applied equitably, and conform to applicable law.

Evidence of compliance:

Narrative:

- Provide a list of the program or institutional policies and procedures regarding the rights, safety, dignity, and privacy of individuals other than faculty, staff, and students and involved in the program. In addition, provide a list of program or institutional policies that protect the rights of the clinical education sites. Include the name of document(s) and page number and/or specific URL reference(s) where the policies can be found. These policies should include, but are not limited to:
  - Policies that address the use of protected health information;
  - Policies on the use of information other than protected health information that is obtained from the clinical site (eg, patient care protocols, administrative information);
  - Policies regarding the risk-free right of patients to refuse to participate in clinical education;
  - Procedures for obtaining authorized use of images or any material portraying information about individuals; and
  - Guidelines on the use of human subjects in demonstrations and practice for educational purposes.
- Describe how this information is disseminated to students and program faculty.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

P-13. *Policies, procedures, and practices* provide for compliance with accreditation *policies* and *procedures*, including: (1) timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates; (2) timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and (3) coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance.

Evidence of compliance:

Narrative:

- Provide a list of the program or institutional policies and procedures that address compliance with accreditation policies and procedures, including the identification of the individual(s) responsible; note: written policies are required and may be part of a job description. Include the name of the document(s) and page number and/or specific URL reference(s) where the policies can be found.

Appendices/Attachments:

- If the policies and procedures identified in the narrative are not located in supporting document(s), provide a copy of the relevant policies and procedures.

P-14. The program conducts regular and formal assessment of its *policies* and *procedures* to determine the extent to which they meet program needs. This assessment includes review of the extent to which *practices* adhere to *policies* and *procedures*.

Evidence of compliance:

Narrative:

- Analyze how well the policies and procedures meet the needs of the program.
- Analyze the extent to which program practices adhere to the policies and procedures.

On-site:

- Minutes of faculty meetings at which program policies and procedures are assessed.

## PROGRAM FACULTY

### Individual Core Faculty

F-1. Each individual *core faculty* member, including the *program administrator* and *ACCE/DCE*, has contemporary expertise in assigned *teaching* areas.

Evidence of compliance:

Portal Fields:

- **In the Qualification field on the Core Faculty Information Page for each core faculty**, identify the content taught and build a case for the content expertise of each core faculty member by describing qualifications related to his or her teaching responsibilities. Evidence can relate to:
  - Education (including post-professional academic work, residency, and continuing education);
  - Licensure, if required by the state in which the program is located;
  - Clinical expertise (clinical experience related to teaching areas, certification as a clinical specialist, residency);
  - Scholarship (publications and presentations related to teaching areas);
  - Consultation and service related to teaching areas;
  - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences, assessments); and
  - Other evidence that demonstrates contemporary expertise, for example:
    - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
    - Independent study and evidence-based review that results in critical appraisal and in depth knowledge of subject matter (include description of resources used and time frame for study); and
    - Formal mentoring (include description of experiences, time frame and qualifications of the mentor).

Narrative

- The only response needed in the text box for this criterion is a statement referring the reader to the Core Faculty Information Page for each core faculty member.

Appendices/Attachments:

- CVs; uploaded on the Core Faculty Information Page for each core faculty member.
- Course syllabi/exams; uploaded on the Course Details Page for each course.

On-site:

- Sample course materials.

F-2. Each *core faculty* member has effective *teaching* and student evaluation skills.

Evidence of compliance:

Portal Fields:

- **In the Qualification field on the Core Faculty Information Page for each core faculty**, build a case that demonstrates that each core faculty member is a competent teacher. Document effective presentation of the material, effective oral and written communication and interactions in and out of the classroom, respect for student differences, and the ability to assess student learning. The narrative should synthesize information from a variety of sources, which may include institutional assessments (such as the granting of promotions and tenure or long-term contracts) and student, peer, expert, and self-evaluations of teaching effectiveness.

Narrative:

- The only response needed in the text box for this criterion is a statement referring the reader to the Core Faculty Information Page for each core faculty member. .

Appendices/Attachments:

- CVs; uploaded on the Core Faculty Information Page for each core faculty member.
- Course syllabi/exams; uploaded on the Course Detail Page for each course.

On-site:

- Faculty/course evaluations for core faculty.
- Sample course materials, assignments, graded exams.

F-3. Each *core faculty* member has a well-defined, ongoing *scholarly agenda* that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the *scholarship* of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about *teaching* and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of compliance:

Narrative:

- Briefly describe how the core faculty scholarly agendas fit within the context of the program's or institution's mission and expected outcomes.

Uploaded documents:

- Core Faculty Scholarship form; upload on the Core Faculty Information page for each core faculty member. Where appropriate, use the narrative section of the form to clarify the peer reviewed mechanism for planned and completed products.

Appendices/Attachments:

- Scholarly accomplishments as listed in CVs.

F-4. Each *core faculty* member has a record of *service* consistent with the expectations of the program and institution.

Evidence of compliance:

Narrative:

- Describe the program's and/or the institution's expectations related to service accomplishments for core faculty.
- Summarize each core faculty member's service activities. (This information can be placed in the qualification field on the Core Faculty Information Page for each core faculty member; in which case note in the narrative field for F-4 that the information is provided with faculty qualifications.

Appendices/Attachments:

- CVs; uploaded on the Core Faculty Information Page for each core faculty member.



Core Faculty With Special Responsibilities: Program Administrator

F-5. The *program administrator* is a physical therapist with an earned doctoral degree, senior faculty status, and an understanding of higher education and contemporary clinical practice appropriate for leadership in physical therapy education.

Evidence of compliance:

Narrative:

- Describe the program administrator's experience and/or educational background in higher education.
- Identify the rank the program administrator holds.
- Describe how the program administrator maintains an understanding of higher education and contemporary clinical practice.

Appendices/Attachments:

- CV; uploaded on the appropriate Core Faculty Information Page.

F-6. The *program administrator* provides effective leadership for the program.

Evidence of compliance:

Narrative:

- Describe the process utilized to assess the program administrator as an effective leader.
- Provide evidence of effective leadership; evidence can relate to:
  - A vision for physical therapist professional education;
  - Understanding of and experience with curriculum content, design, and evaluation;
  - Employing strategies to promote and support professional development;
  - Proven effective interpersonal and conflict-management skills;
  - Abilities to facilitate change;
  - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
  - Experience in strategic planning;
  - Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
  - Effective management of human and fiscal resources;
  - Commitment to lifelong learning;
  - Active role in institutional governance; and
  - Program accomplishments.

On-site:

- Evaluations of the program administrator.

F-7. The *program administrator* is responsible for ensuring that the regular evaluation of all *core faculty* occurs and that the evaluation results in an organized development plan that is linked to the assessment of the individual *core faculty* member and to program needs. Evaluation includes assessments of *teaching*, scholarly activity and *service*, and any additional responsibilities.

Evidence of compliance:

Narrative:

- Describe the program administrator's role in evaluating core faculty in the areas of teaching, scholarly activity, and service, as well as, where appropriate, administration, leadership, and fulfillment of other special roles.
- Describe the process used to link faculty development plans to the assessment of the individual core faculty member and to program needs.
- Provide examples of how assessment data have been used to plan individual and collective core faculty development activities.
- Analyze the effectiveness of the process used to assess core faculty, individually and collectively.

Appendices/Attachments:

- List the document(s) where the following policies and procedures are found. Include the name of the document(s) and page number(s) and/or specific URL reference(s) where the policies can be found. If not located in supporting document(s), include the following:
  - Institutional and/or program policies and procedures for the evaluation of core faculty in the areas of teaching, scholarly activity, and service;
  - Institutional and/or program policies and procedures for the evaluation of the program administrator and ACCE/DCE in the areas of administration and leadership;
  - Additional evaluation policies and procedures, if any, for core faculty who fill special roles, such as curriculum coordinator and research coordinator; and
  - Institutional and/or program policies and procedures to link faculty development plans to the assessment of the individual core faculty member and to program needs.
- Institutional and/or program tools used for assessment of core faculty, program administrator, and ACCE/DCE.

On-site:

- Evidence of implementation of institutional and/or program policies and procedures.
- Completed assessment tools for core faculty.
- Core faculty development plans.

F-8. The *program administrator* is responsible for ensuring that regular evaluation of *associated faculty* occurs and is used to determine the relevance of course content, effectiveness of *teaching*, and, as appropriate, effectiveness of student evaluation.

Evidence of compliance:

Narrative:

- Describe the program administrator's role in evaluating the associated faculty.
- Analyze the effectiveness of the assessment process to address content relevance, teaching, and student evaluation and to foster appropriate associated faculty development.

Appendices/Attachments:

- List the document(s) where the institutional and/or program policies and procedures related to the evaluation of associated faculty are found. Include the name of the document(s) and page number(s) and/or specific URL reference(s) where the policies can be found. If not located in supporting document(s), provide a copy of the relevant policies and procedures.
- Institutional and/or program tools used for assessment of associated faculty.

On-site:

- Evidence of implementation of institutional and/or program policies and procedures.
- Completed assessment tools for associated faculty.

F-9. The *program administrator* has the responsibility and authority for planning and administrating the program's financial resources. The *program administrator* works with *core faculty* and administrative officials of the institution in long-range planning to ensure that there is financial support for current and anticipated program needs, including support for the unique demands of clinical education, the admissions process, *core faculty* development, and support for scholarly activities, as well as the basic *teaching* functions of the program.

Evidence of compliance:

Narrative:

- Describe the responsibility and authority of the program administrator in fiscal planning and allocation of resources, including long-term planning and the ability to move line items.
- Describe the role of core faculty in determining program needs.

Appendices/Attachments:

- List the document(s) where the policies and procedures related to planning and administrating financial resources are found. Include the name of the document(s) and page number(s) and/or

specific URL reference(s) where the policies can be found. If not located in supporting document(s), include the relevant policies and procedures.

On-site:

- Long-term planning documents, if any.

F-10. The *program administrator* facilitates effective communication with all *program faculty* and other people and departments directly involved with the program.

Evidence of compliance:

Narrative:

- Describe the mechanisms utilized by the program administrator to communicate with program faculty and other individuals and departments (admissions, library, etc) involved with the program.
- Analyze the effectiveness of communication with program faculty and other people and departments directly involved with the program.

On-site:

- Copies of sample written communication between the program administrator and other individuals and departments directly involved with the program within the last year.

#### Core Faculty With Special Responsibilities: ACCE/DCE

F-11. The *ACCE/DCE* is a physical therapist and *core faculty* member with an understanding of contemporary physical therapist practice, quality clinical education, the clinical community, and the health care delivery system.

Evidence of compliance:

Narrative:

- Describe the qualifications of the ACCE/DCE related to:
  - Academic background and clinical experience; and
  - Experience with clinical teaching and/or clinical coordination experience.
- Describe how the ACCE/DCE maintains an understanding of contemporary physical therapist practice, quality clinical education, the clinical community and the health care delivery system.

Appendices/Attachments:

- CV(s) **uploaded on the appropriate Core Faculty Information Page(s)**.

F-12. The *ACCE/DCE* is effective in developing, conducting, coordinating, and evaluating the clinical education program.

Evidence of compliance:

Narrative:

- Describe the process to assess the effectiveness of the ACCE/DCE.
- Analyze the effectiveness of the ACCE/DCE in planning, developing, coordinating, facilitating, and assessing the clinical education program, including effectiveness in:
  - Organizational, interpersonal, problem-solving, and counseling skills; and
  - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.

On-site:

- Evaluations of the ACCE/DCE from multiple sources (eg, students, clinical education faculty, core faculty).

F-13. The *ACCE/DCE* communicates necessary information about the clinical education program to *core faculty*, clinical education sites, *clinical education faculty*, and students and facilitates communication about clinical education between these groups, as needed.

Evidence of compliance:

Narrative:

- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Analyze the effectiveness of communication related to the clinical education program and describe any actions taken to correct any deficiencies identified.

Appendices/Attachments:

- Copies of information provided to sites and/or Web access to information (provide specific URL).
- List the document(s) where the following can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s) where the policies can be found. If not located in supporting document(s), provide a copy of the relevant information:
  - The program goals and expected clinical education outcomes;
  - The overall curriculum;
  - Policies and procedures of the academic program pertaining to clinical education;
  - The behavioral objectives for the clinical education courses;
  - The scheduling and assignment of students;
  - Mechanisms for providing feedback on the strengths and weaknesses of the clinical education site and the CIs;
  - Cancellation or changes in clinical education assignments;
  - Specific needs of students assigned to the clinical education site; and
  - Requirements of the site for health information, mandatory training, and liability coverage.

On-site:

- Sample communications within the last year between the *ACCE/DCE* and the clinical sites and between the *ACCE/DCE* and the students.

F-14. The *ACCE/DCE* has the responsibility to ensure that there are effective written agreements between the institution and the clinical education sites that describe the rights and responsibilities of both, including those of their respective agents. Agreements address at a minimum: the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the *procedures* to be followed in reviewing, revising, and terminating the agreement.

Evidence of compliance:

Narrative:

- Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

Appendices/Attachments:

- List the document(s) where the blank sample program or university-specific written agreement can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), provide the blank sample program or university-specific written agreement.

On-site:

- Written agreements on file that are fully executed and up-to-date.
- Minutes of, or notes from, meetings in which the written agreement is discussed.

F-15. The *ACCE/DCE* uses a process to determine if the academic regulations, *policies*, and *procedures* related to clinical education are upheld by *core faculty*, students, and *clinical education faculty* (CCCEs and CIs) and takes appropriate corrective actions, when necessary.

Evidence of compliance:

Narrative:

- Describe the process used to monitor that the academic regulations are upheld.
- Describe the process that would be used if corrective actions were necessary. Provide examples, if available.

F-12. The *ACCE/DCE* is effective in developing, conducting, coordinating, and evaluating the clinical education program.

Evidence of compliance:

Narrative:

- Describe briefly the process that ensures the *ACCE/DCE* is responsible for assigning the grade for the clinical education courses.
- Identify the tool(s) used to evaluate student performance during clinical education experiences and provide a rationale for its adoption.
- Describe how the *ACCE/DCE* determines the grade (including, if appropriate, Pass/Fail) for the clinical education courses.
- Describe how the *ACCE/DCE* determines that the student performance evaluation tool has been utilized correctly and, in collaboration with the clinical education faculty (CCCEs and CIs), addresses identified problems, if any.

Appendices/Attachments:

- List the document(s) where the following can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), include the following:
  - A copy of the tool utilized to assess student performance during clinical experiences, ONLY if the tool utilized is not the Clinical Performance Instrument (CPI)<sup>18</sup> or the PT MACS<sup>19</sup>; and
  - Program policies related to the assessment of students during clinical experiences, including the responsibility of grade assignment.

On-site:

- Sample completed tool utilized to assess student performance during clinical experiences.

F-17. The *ACCE/DCE* determines if the *clinical education faculty* are meeting the needs of the program. This determination is based at a minimum on the assessment, in collaboration with the CCCE, of the clinical education provided by CIs who supervise the same student for at least 160 hours in a given *academic year*.

Evidence of compliance:

Narrative:

- Describe how the *ACCE/DCE* determines if the clinical education faculty meets the needs of the program. Include, at a minimum, how the *ACCE/DCE* assesses the clinical education provided by CIs who supervise the same student for at least 160 hours in a given academic year.
- Summarize the collective developmental needs of the clinical education faculty (CCCEs and CIs) identified through the evaluation process (note: the data utilized for this process are requested in F-24).

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<sup>18</sup> *Physical Therapy Clinical Performance Instruments*. Alexandria, VA: American Physical Therapy Association; 1998.

<sup>19</sup> *Physical Therapist Manual for the Assessment of Clinical Skills (PT MACS)*. 1<sup>st</sup> ed. Texas Consortium for Physical Therapy Clinical Education, 2004.

- Describe the clinical faculty development related to program needs that has occurred in the last academic year as a result of the assessment process.

Appendices/Attachments:

- List the document(s), with page number(s) and/or URL references, where the program tools utilized to evaluate the clinical education faculty can be found. If not located in supporting document(s), provide copies of any program tools utilized to evaluate the clinical education faculty.

On-site:

- Sample of completed tools utilized within the last year.
- Summary data of clinical education faculty assessments.
- List of clinical faculty development that has occurred within the last 3 years.

### Collective Core Faculty

F-18. The *core faculty* includes a blend of individuals with doctoral preparation or clinical specialization sufficient to meet program *goals* and *expected program outcomes*.

Evidence of compliance:

Narrative:

- Analyze the adequacy of the blend of core faculty to ensure the achievement of all program activities.
- Provide evidence that at least 50% of core faculty have advanced academic doctoral degrees. If necessary, provide a plan to achieve this blend.

Appendices/Attachments:

- Core faculty CVs; uploaded on the Core Faculty Information Page for each core faculty member.

F-19. The collective *core faculty* initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional rules and *practices*. The regulations address, but are not limited to, admission requirements; the clinical education program; grading *policy*; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of compliance:

Narrative:

- Describe the process by which academic regulations specific to the program are developed, evaluated, and communicated to all who implement them.
- Describe the process used to verify that the academic regulations are upheld.
- Describe the process that would be used if corrective actions were necessary. Provide examples, if available.

Appendices/Attachments:

- List the document(s) where the following can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), include the following:
  - Program-specific academic regulations;
  - Academic regulations related to clinical education; and
  - Policies and procedures related to clinical education.

On-site:

- Minutes of core faculty meetings at which academic regulations are discussed.

F-20. The collective *core faculty* have primary responsibility for the *curriculum plan*. The *core faculty* develop, review, and revise the *curriculum plan* with input from *clinical education faculty*, *associated faculty*, the clinical community, and students.

Evidence of compliance:

Narrative:

- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.

- Describe the process used to obtain input from the clinical education faculty, the associated faculty, the clinical community, and the students.

On-site:

- Minutes of core faculty meetings at which curricular decisions have been made.

F-21. The collective *core faculty* determine each student's readiness to engage in clinical education, including review of performance deficits and unsafe *practices* of the students.

Evidence of compliance:

Narrative:

- Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
- Describe the mechanisms utilized by the core faculty to determine that each student is ready to engage in clinical education, including the determination that the student is prepared to interact safely with patients/clients during the clinical education experience.

On-site:

- Minutes of core faculty meetings at which the core faculty determine student readiness for clinical education.

F-22. The collective *core faculty* is sufficient in number to allow each individual *core faculty* member to meet the *teaching, scholarship, and service* expectations (Criteria F1-F4) and to achieve the *expected program outcomes* through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the *associated faculty*, coordination of the clinical education program, governance, clinical practice, and evaluation of *expected student outcomes* and other program outcomes.

Evidence of compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the **individual Core Faculty Detail page(s)**. Use the Core & Associated Faculty Information Sheet to collect the data. (Note: the majority of this information will be prefilled from the previously entered AAR data)
- Provide information related to teaching responsibilities in the Course Details page for each course; use the Curriculum List/Course Details to collect the data. (Note: the majority of this information will be prefilled from the previously entered AAR data)

Narrative:

- Analyze the adequacy of the number of core faculty to ensure the achievement of all program activities.

### Clinical Education Faculty (CCCEs and CIs)

F-23. The *clinical education faculty* (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction.

Evidence of compliance:

Narrative:

- Describe the program's expectations for the clinical competence of the CIs.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (eg, years of experience, specialist certification, or other characteristics expected by the program).

On-site:

- Summary of data collected on the clinical competency of the CIs utilized by the program within the last 2 years, for those CIs who provide clinical instruction for at least 160 hours to the same

student in a given academic year (eg, years of experience, specialist certification, or other characteristics expected by the program).

- Completed program tools used to evaluate clinical competence of CIs, if any.

F-24. The *clinical education faculty* (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe *practices*.

Evidence of compliance:

Narrative:

- Describe the program's expectations for the clinical teaching effectiveness of the CIs.
- Analyze the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

Appendices/Attachments:

- List the document(s), with page number(s) and/or specific URL reference(s), where the tools used, if any, to evaluate the clinical teaching skills of CIs can be found. If not located in supporting document(s), provide a copy of the tools used.
- Summary of data collected on the effectiveness of the CIs utilized by the program within the last 2 years, for those CIs who provide clinical instruction for at least 160 hours to the same student in a given academic year.

On-site:

- Examples of completed tools used to evaluate clinical teaching of CIs.

F-25. The responsibilities of the *clinical education faculty* (CCCEs and CIs) are delineated and communicated to them and to other *program faculty*, as needed. The participation of *clinical education faculty* in program activities and curriculum review is consistent with institutional *policy* and with their level of participation in the program.

Evidence of compliance:

Narrative:

- Describe the responsibilities of clinical education faculty in the clinical education program and, if any, other responsibilities in the program.
- Describe how the clinical education faculty are informed of their responsibilities.

Appendices/Attachments:

- List the document(s), with page number(s) and/or specific URL reference(s), where the responsibilities of the clinical education faculty can be found. If not located in supporting document(s), provide the relevant information.

F-26. The *clinical education faculty* (CCCEs and CIs) are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to the *clinical education faculty* in other programs throughout the institution. The rights and privileges of the *clinical education faculty* are delineated and communicated to core and *clinical education faculty*.

Evidence of compliance:

Narrative:

- Describe the rights and privileges of the clinical education faculty, if not previously documented.
- Describe how the information about their rights and privileges is disseminated.
- Analyze the effectiveness of the method(s) used by the program to communicate the rights and privileges to the clinical education faculty.



Appendices/Attachments:

- List the document(s), with page number(s) and/or specific URL references, where the rights and privileges of the clinical education faculty can be found. If not located in supporting document(s), provide the rights and privileges of the clinical education faculty.

On-site:

- Example(s) of how clinical education faculty are informed of their rights and privileges.

### Associated Faculty

F-27. *Associated faculty* have contemporary expertise in assigned content areas and in assigned *teaching* responsibilities, including effectiveness in *teaching* and student evaluation.

Evidence of compliance:

Portal Fields:

- **In the Qualification field on the Associated Faculty Information Page** for each associated faculty member who teaches 50% or more of the didactic contact hours of a course, describe his or her
  - Qualifications that specifically relate to his or her teaching responsibilities. The qualifications can relate to the following as appropriate:
    - Education (including post-professional academic work, residency, continuing education);
    - Licensure, if applicable and required by the state in which the program resides;
    - Clinical expertise, if applicable (eg, clinical experience related to teaching areas, certification as a clinical specialist, residency); and
    - Scholarship related to teaching areas.
    - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences, assessments); and
    - Other evidence that demonstrates contemporary expertise, for example:
      - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
      - Independent study and evidence-based review that results in critical appraisal and in depth knowledge of subject matter (include description of resources used and time frame for study); and
      - Formal mentoring (include description of experiences, time frame and qualifications of the mentor).
  - Effectiveness as a teacher, including effective presentations of the material, effective oral and written communication and interaction skills in and out of the classroom, and ability to assess student learning.

Narrative:

- For all other associated faculty provide the following information for each: name and credentials, content taught, applicable course numbers and total number of contact hours, and sources of contemporary expertise in content taught.

Appendices/Attachments:

- CVs for each associated faculty member who teaches 50% or more of the didactic contact hours of a course (utilize CV format); uploaded on the Associated Faculty Information Page for each associated faculty member.
- Course syllabi/exams; uploaded on the Course Detail Page for each course.

On-site:

- Faculty/course assessments for associated faculty.
- Associated faculty evaluations.
- Sample course materials, assignments, and other graded exams.

F-28. The responsibilities of *associated faculty* and the relevant academic *policies* are delineated and communicated to them. The participation of *associated faculty* in program activities and curriculum review is consistent with institutional *policy* and with their level of participation in the program.

Evidence of compliance:

Narrative:

- Describe the responsibilities of associated faculty in the program.
- Describe how the associated faculty members are informed of their responsibilities and relevant academic policies.
- Describe the participation of associated faculty in program governance.

F-29. The *associated faculty* are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to *associated faculty* in other programs throughout the institution. The rights and privileges of the *associated faculty* are delineated and communicated to the core and *associated faculty*.

Evidence of compliance:

Narrative:

- Describe the rights and privileges of the associated faculty.
- Describe how the information about their rights and privileges is disseminated.
- Describe how the program determines that the communication of rights and privileges to the associated faculty is effective.

## Program Resources

### Students

R-1. The enrolled student body is consistent with the *mission* and *goals* of the program, the profession's need for qualified, competent practitioners, and the societal need for diversity<sup>20,21</sup> among physical therapists.

Evidence of compliance:

Narrative:

- Describe how the enrolled students reflect the program's mission and goals.
- Describe the academic and experiential characteristics/qualifications of the student body.
- Describe the characteristics of the enrolled students, including the gender, racial, cultural, and economic diversity of the students.

### Student Services

R-2. Counseling services, academic services, disability services, and financial aid services are available to students.

Evidence of compliance:

Narrative:

- Briefly describe the services available to program students.
- If the program is offered primarily through distance education, or at an expansion site, describe the counseling services, academic services, disability services, and financial aid services available to students.

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<sup>20</sup> Institute of Medicine. In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce. Washington, DC: National Academics Press; 2004. See also <http://www.iom.edu/report.asp?id=18287>. Last accessed 10/28/2004.

<sup>21</sup> The Sullivan Commission. Missing Persons: Minorities in the Health Professions. 2004. Available at: [http://admissions.duhs.duke.edu/sullivancommission/documents/Sullivan\\_Final\\_Report\\_000.pdf](http://admissions.duhs.duke.edu/sullivancommission/documents/Sullivan_Final_Report_000.pdf) Last accessed 10/28/2004.

- If the program is offered by distance education, describe the technical support services available to students.
  - Analyze the extent to which student services meet the needs of the program.
- On-site:
- Available literature describing services.

### Support Staff

R-3. The program has, or has access to, administrative, secretarial, and technical support staff to meet its professional education, scholarship, and service goals and *expected program outcomes*.

Evidence of compliance:

Narrative:

- Describe the administrative, secretarial, and technical support available to the program.
- Analyze the adequacy of the administrative, secretarial, and technical support staff to meet the needs of the program. Be sure to include an analysis of the support available for the clinical education program.

On-site:

- Job descriptions of administrative, secretarial, and technical support staff.

### Financial Support

R-4. Financial resources are adequate to achieve the program's stated *mission, goals*, and *expected program outcomes* and to support the academic integrity and continuing viability of the program.

Evidence of compliance:

Portal Fields:

- Provide three years of income and expense data in the Portal section entitled *Income Statement*. Data must be provided for the academic year of the visit, the previous academic year and projected data for the next academic year. The form, Income and Expense Statements, can be used to collect the required data.

Narrative:

- Describe the various revenue sources, including the expected stability of each.
- Describe how allocated funds from each source are utilized.
- Analyze the adequacy of the budget to meet the needs of the program, including but not limited to:
  - Program faculty and staff salaries;
  - Funds for professional activities and development;
  - Supplies;
  - Equipment acquisition;
  - Repair and replacement costs; and
  - Clinical education costs, including clinical visitations and clinical faculty development.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the goals and expected outcomes of the program.

On-site:

- Program budget documents.

## Library

R-5. The resources of the institutional library system and associated learning resources are adequate to support the educational and scholarship goals of the program, including both *program faculty* and student activities.

Evidence of compliance:

Narrative:

- Describe the library resources, including the technological resources, available to the program faculty and students.
- Describe the accessibility of library resources to program faculty and students.
- Analyze the adequacy of the library resources and remote accessibility for the program needs.

On-site:

- List of the library resources related to program needs for both program faculty and students.

## Facilities

R-6. The program has, or has ensured access to, classroom and laboratory space of sufficient quality and quantity to carry out program *goals*. The physical environment is supportive of effective *teaching* and learning processes.

Evidence of compliance:

Narrative:

- Describe the classroom and laboratory space dedicated to the program.
- Describe other classroom and laboratory space utilized by the program in the past 2 years.
- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.
- Analyze the adequacy of the classroom and laboratory space in meeting the program's needs, that includes, but is not limited to:
  - Classrooms and labs of adequate number and size to accommodate the number of students;
  - The ability to preserve students' privacy;
  - An adequate learning environment (access to current technology, access to safety features, good repair, cleanliness, temperature control, etc); and
  - Adequate storage space.

R-7. The program has offices and other space of sufficient quantity and quality for core and *associated faculty* to carry out their *teaching*, advisement, and *service* activities efficiently and effectively.

Evidence of compliance:

Narrative:

- Describe the offices and space available to core and associated faculty.
- Analyze the adequacy of offices and space for core and associated faculty in meeting their teaching, advisement, and service activities.

R-8. The program has, or has ensured access to, space for *core faculty* to fulfill their role as scholars.

Evidence of compliance:

Narrative:

- Identify the amount and type of space needed and the space available for each core faculty member to conduct scholarly activities.
- Analyze the adequacy of space for scholarly activities for each core faculty member to achieve his or her scholarly agenda.

R-9. The program has, or has ensured access to, adequate administrative and secretarial space, including storage.

Evidence of compliance:

Narrative:

- Describe the space available to the program for administrative and secretarial services.
- Analyze the adequacy of the space for administrative and secretarial services.

#### Equipment, Technology, and Materials

R-10. The program has, or has ensured use of, equipment, technology, and materials necessary to meet the curricular *goals* and *expected student outcomes*. The program is responsible for ensuring that equipment and materials are typical of those used in contemporary physical therapist practice, are sufficient in number, and are available when needed.

Evidence of compliance:

Narrative:

- Analyze the adequacy of equipment and supplies.
- Analyze the adequacy of the educational technology available to the program.
- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available.

On-site:

- Inventory list of equipment.
- List of equipment borrowed/loaned or used off-site.

R-11. The program has, or has ensured use of, equipment, technology, and materials necessary for each *core faculty* to pursue scholarly activities.

Evidence

Narrative:

- Provide a general description of the equipment, technology, and materials needed and available for each core faculty to conduct scholarly activities.
- Analyze the adequacy of the equipment, technology, and materials for scholarly activities for each core faculty member to achieve his or her scholarly agendas.

R-12. The program has, or has ensured use of, equipment, technology, and materials for administrative, secretarial, and technical support of the program.

Evidence of compliance:

Narrative:

- Provide a general description of the equipment and technology available for the support of the program.
- Analyze the adequacy of the equipment and materials available for the support of the program.

## SECTION 2: CURRICULUM PLAN, EVALUATION, CONTENT, AND OUTCOMES

### Curriculum Plan

CP-1. The *curriculum plan* is based on: (1) information about the *contemporary practice* of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

Evidence of compliance:

Narrative:

- Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

CP-2. The *curriculum plan* includes the following components:

CP-2.1 A statement of the *philosophy* and the principles and values of the professional program.

Evidence of compliance:

Narrative:

- Provide the philosophy.
- Provide the statements of principles and values of the program.

CP-2.2 Statements of *expected student outcomes* at the completion of the program.

Evidence of compliance:

Narrative:

- List the student outcomes expected at the completion of the program.

CP-2.3 An expectation that students enter the professional program with a balance of course work in humanities, social sciences, and natural sciences that is appropriate in *breadth and depth* to develop the ability of students to think independently, demonstrate problem-solving techniques for solving simple and complex problems, weigh values and set priorities, understand fundamental theory, exhibit responsible social behavior, demonstrate professional collegiality and good citizenship, and effectively communicate both orally and in writing. Based on the complexity of this course work, the baccalaureate degree is the preferred standard for entry into the physical therapy program.

Evidence of compliance:

Narrative:

- If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
- If the program does not require a baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area, that meets the intent of the criterion.

CP-2.4 A description of the specific *prerequisite* course work upon which the *professional curriculum* is built.

Evidence of compliance:

Narrative:

- Describe the rationale for inclusion of the specific prerequisite courses, including the knowledge and skills that students are expected to possess upon entrance into the professional program.
- Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

CP-2.5 A description of the *curriculum model* and the educational principles on which the *professional curriculum* is built.

Evidence of compliance:

Narrative:

- Describe the curriculum model and the educational principles of the curriculum.

CP-2.6 A series of organized, sequential and integrated courses designed to facilitate achievement of the *expected student outcomes*.

Evidence of compliance:

Narrative:

- Describe how the courses are organized, sequenced, and integrated.
- Provide examples of sequential and integrated learning experiences.
- Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for each course. See next criterion for what each syllabus must contain.

Appendices/Attachments:

- Provide a one page plan of study (eg, a one page list of the courses in chronological order organized by term, including course number, course name, and credit and contact hours)

CP-2.7 Course syllabi with *objectives* stated in behavioral terms that are reflective of the *breadth and depth* of the course content and of the level of student performance expected.

Evidence of compliance:

Narrative:

- Analyze the adequacy of the objectives, in the aggregate, to describe the depth and breadth needed to meet expected student performance outcomes.
- Analyze the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for each course. Each syllabus must include at least the following:
  - title and number;
  - description;
  - department offering course;
  - credit hours;
  - instructor;

- clock hours (lecture and laboratory) and schedule;
- course prerequisites;
- course objectives;
- outline of content;
- description of teaching methods and learning experiences;
- methods of student evaluation/grading; and
- required and recommended readings.

On-site:

- Additional course materials.
- Examples of student projects.

CP-2.8 A variety of instructional methods selected to maximize learning. Instructional methods are chosen based on the curriculum *philosophy*, the content, the needs of the learners, and the defined *expected student outcomes*.

Evidence of compliance:

Narrative:

- Describe the variety of instructional methods used in the curriculum.
- Describe the rationale for the selection of instructional methods.
- If courses are offered by distance education mechanisms, describe how the program establishes that the student who registers for the course(s) is the same student who participates in and completes the course(s) and receives the academic credit. Acceptable mechanisms include, but are not limited to, (1) secure login and pass code and (2) other technologies or practices that are effective for verifying student identification while at the same time protecting student privacy.

Uploaded Documents:

- Course syllabi uploaded on the Course Detail Page for each course.

On-site:

- Additional course materials.
- Examples of student projects.

CP-2.9 A variety of evaluation processes used by faculty to determine whether students have achieved the educational *objectives*. Evaluations of student performance in the cognitive, psychomotor, and affective domains occur regularly and, at a minimum, must occur at the end of each term of the curriculum.

Evidence of compliance:

Narrative:

- Describe the variety of evaluation processes used in the curriculum.
- Describe the timing of student evaluation across the curriculum, including didactic, laboratory, and clinical education courses..
- If testing occurs through distance education mechanisms, describe the mechanisms in place to verify the identity of the individual being evaluated. Acceptable mechanisms include, but are not limited to, (1) secure login and pass code, (2) proctored examinations; and (3) other technologies or practices that are effective for verifying student identification while at the same time protecting student privacy
- Uploaded Documents:
- A sample examination for each course; a cumulative final examination, if given, is preferred; uploaded on the Course Detail Page for each course.
- If the course includes laboratory practice, include a sample practical examination and grading rubric. NOTE: **only one document per course can be uploaded on the Portal**; therefore, for courses that include both written and practical exams, the exams and the grading rubric **must be merged** into one PDF document.
- If no examination is given in a course, upload an assignment and its grading rubric combined into 1 PDF document.



- For clinical education courses: **only** upload the student performance evaluation instrument IF IT IS NOT the CPI or PT Mac. The Portal should not require an exam for any course identified by type as clinical education (see Curriculum List/Course Details in the Self-study Forms document). If get a validation error indicating an exam is required, just upload a blank document entitled: DoNotBotherToOpen.pdf or Blank.pdf.

On-site:

- Examples of feedback provided to students.
- Comprehensive exam at end of program, if given.
- Sample graded assignments.

CP-2.10 A description of the methods used by the program to assign students to *clinical education experiences*. These methods are designed to ensure that the type and amount of clinical supervision and feedback provided are appropriate for the students' experience, ability, and point of progression in the program.

Evidence of compliance:

Narrative:

- Describe the methods used to assign students to clinical education experiences.
- Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

Uploaded Documents:

- Course syllabi for clinical education courses; uploaded on the Course Details Page for course.

Appendices/Attachments:

- List the document(s), with page number references, where policies regarding assignment of students to clinical sites can be found. If not located in supporting document(s), include the relevant policies.

### Curricular Evaluation

CP-3. There is on-going and formal evaluation of the *professional curriculum*. The curriculum evaluation plan is written and addresses individual courses within the curriculum, as well as the *curriculum plan* as a whole. The plan incorporates consideration of the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system. Data are collected from appropriate stakeholders, including, at a minimum, *program faculty*, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The evaluation plan is used to determine strengths and weaknesses of the curriculum and to determine if the practice expectations and specific *mission, goals, and expected student outcomes* of the curriculum are met.

Evidence of compliance:

Narrative:

- Describe the curriculum evaluation plan, including time frame and individuals responsible.
- Describe how the evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
- Identify the stakeholder groups from whom data are collected and describe the type(s) of data collected from each.
- Provide a summary of the outcome of the most recent curricular evaluation (including identified strengths and weaknesses).

- Describe any curricular changes made within the last 2 years.

Appendices/Attachments:

- Data collection instruments.

On-site:

- Summary of data collected in the past 2 years.
- Minutes of meetings in which curriculum evaluation is addressed.

CP-4. There is ongoing and formal evaluation of the clinical education program.

Evidence of compliance:

Narrative:

- Describe the process for systematic and formal evaluation of the clinical education program, addressing at a minimum:
  - The placement of clinical education in the curriculum;
  - The length of the clinical education experiences;
  - The degree to which the practice in the clinical education sites meets the program's practice expectations;
  - The adequacy of the number and variety of clinical education sites for currently enrolled students;
  - The practice areas in which the program needs to develop additional sites, if any; and
  - The adequacy of the documents utilized in the clinical education program (eg, clinical education handbook, if available; assessment forms).
- Summarize the results of the last evaluation of the clinical education program.
- Describe any changes made to the clinical education program as a result of the evaluation process.

Appendices/Attachments:

- Data collection tools.

On-site:

- Summary of completed data collection tools.
- Minutes of meetings in which the clinical education program is assessed.

### Curriculum Content

CC-1. The physical therapist *professional curriculum* includes content and *learning experiences* in the biological and physical sciences necessary for initial practice of the profession (eg, anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology<sup>2(pp82-97)</sup>). *Learning experiences* in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

Evidence of compliance:

Narrative:

- Describe where and how the biological and physical sciences are included in the professional curriculum.
- Describe the laboratory and other practical experiences included as part of the biological and physical sciences content.

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for the course.

CC-2. The physical therapist *professional curriculum* includes content and *learning experiences* in the behavioral sciences necessary for initial practice of the profession (eg, applied psychology, applied sociology, communication, ethics and values, management, finance, *teaching* and learning, law, clinical reasoning, evidence-based practice, and applied statistics),<sup>2(pp97-110)</sup> including laboratory or other practical experiences.

Evidence of compliance:

Narrative:

- Describe where and how the behavioral sciences are included in the professional curriculum.
- Describe the laboratory and other practical experiences included as part of the behavioral sciences content.

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for the course.

- CC-3. The physical therapist *professional curriculum* includes content and *learning experiences* in the clinical sciences (eg, content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists),<sup>2(pp111-121)</sup> including laboratory or other practical experiences.

Evidence of compliance:

Narrative:

- Describe where and how the clinical sciences are included in the professional curriculum.
- Describe the laboratory and other practical experiences included as part of the clinical sciences content.

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for the course.

- CC-4. The physical therapist *professional curriculum* includes *clinical education experiences* for each student that encompass:

- a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
- b) Practice in settings representative of those in which physical therapy is commonly practiced;
- c) Interaction with physical therapist role models whose practice is consistent with the program's *philosophy* of practice;
- d) Opportunities for involvement in interdisciplinary care; and
- e) Other experiences that lead to the achievement of *expected student outcomes*.

Evidence of compliance:

Narrative:

- Describe the required clinical education experiences for each student.
- Describe how the program monitors that each student has the required experiences.
- If management of patients/clients representative of those commonly seen in practice across the lifespan is not provided in clinical education experiences, describe the experiential activities that focus on management of patients/clients that contribute to meeting this criterion.
- Analyze the extent to which the clinical education experiences for the most recent graduating class met the expectations of the program and this criterion.

Appendices/Attachments:

- For the most recent graduating class, a table that demonstrates that each student has completed the clinical education experiences required by the program, as well as the expectations of this criterion. Documentation for each student should include the types of clinical education experiences completed for each clinical education experience and examples of experiential activities, if any.

On-site:

- Clinical education files for clinical sites used, or planned for use, by currently enrolled students. At a minimum, clinical education files are expected to include a current Clinical Site Information Form or equivalent data, student evaluations of clinical experiences, and a copy of the current signed agreement.

CC-5. The physical therapist *professional curriculum* includes content and *learning experiences* designed to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy.<sup>1(pp43-121),2(pp16-80)</sup> The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Evidence of compliance:

Narrative:

- For **each** of the following criteria (CC-5.1 through CC-5.66, including **each** test and measure in CC-5.30 and **each** intervention in CC-5.39):
  - **Describe** where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (e.g., describe where and how the content is taught **throughout the curriculum**);
  - Provide a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course prefix and number, objective number and the **full wording** of the objective. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10; and
  - Describe the level of actual student achievement, including outcome data if available.

**NOTE:**

(1) The Portal will **require** a response for **each** CC-5 including **each** CC-5.30 assessment and **each** intervention. **Do NOT upload a table** in lieu of the narrative response. **Do use html code** for line breaks, for example, <br> at the end of each line, to facilitate use by the reviewers.

(2) Multiple CC-5's address cultural competence; it is acceptable to provide objectives that address cultural competency just for CC-5.18. Where applicable, address how cultural competence is integrated in the curriculum through descriptions of learning experiences.

(3) **There is no expectation that the exact wording of these criteria be included in course objectives; however, objectives should address pertinent aspects of each criterion.**

Uploaded Documents:

- Course syllabi; uploaded on the Course Details Page for the course.

On-site:

- Additional course materials.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

CC-5.2 Have a fiduciary responsibility for all patient/clients.

CC-5.3 Practice in a manner consistent with the professional Code of Ethics.

CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient's/client's needs above the physical therapist's needs.

CC-5.7 Incorporate *pro bono* services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.

CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

CC-5.12 Participate in self-assessment to improve the effectiveness of care.

CC-5.13 Participate in peer assessment activities.

CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.

CC-5.15 Participate in clinical education of students.

CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a *culturally competent* manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:

- a. Aerobic Capacity/Endurance
- b. Anthropometric Characteristics
- c. Arousal, Attention, and Cognition
- d. Assistive and Adaptive Devices
- e. Circulation (Arterial, Venous, Lymphatic)
- f. Cranial and Peripheral Nerve Integrity
- g. Environmental, Home, and Work (Job/School/Play) Barriers
- h. Ergonomics and Body Mechanics
- i. Gait, Locomotion, and Balance
- j. Integumentary Integrity
- k. Joint Integrity and Mobility
- l. Motor Function (Motor Control and Motor Learning)
- m. Muscle Performance (including Strength, Power, and Endurance)
- n. Neuromotor Development and Sensory Integration
- o. Orthotic, Protective, and Supportive Devices
- p. Pain
- q. Posture
- r. Prosthetic Requirements
- s. Range of Motion (including Muscle Length)
- t. Reflex Integrity
- u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
- v. Sensory Integrity
- w. Ventilation and Respiration/Gas Exchange
- x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, *culturally competent*, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes.

Interventions include:

- a. Therapeutic Exercise
- b. Functional Training in Self-Care and Home Management
- c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
- d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
- e. Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
- f. Airway Clearance Techniques
- g. Integumentary Repair and Protection Techniques
- h. Electrotherapeutic Modalities
- i. Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one's practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50 Provide *culturally competent* physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

- CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
- CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
- CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
- CC-5.56 Participate in the case management process.

Practice Management Expectation: Practice Management

- CC-5.57 Direct and supervise human resources to meet patient's/client's goals and expected outcomes.
- CC-5.58 Participate in financial management of the practice.
- CC-5.59 Establish a business plan on a programmatic level within a practice.
- CC-5.60 Participate in activities related to marketing and public relations.
- CC-5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

- CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

- CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.
- CC-5.64 Advocate for the health and wellness needs of society.
- CC-5.65 Participate and show leadership in community organizations and volunteer service.
- CC-5.66 Influence legislative and political processes.

Program Length and Degree Conferred

- CC-6. In order to adequately address the content and *learning experiences* necessary for students to achieve the expectations listed above, the *professional curriculum* is at least three *academic years* (or the equivalent) in length. Preferably, the series of courses included in the *professional curriculum* is awarded at least 90 *semester credit hours* (or the equivalent) and the clinical education component of the curriculum includes a minimum of 30 weeks of full-time *clinical education experiences*.

Evidence of compliance:

Narrative:

- Identify the length of the program in academic years (or equivalent) and in semester credit hours (or equivalent).
  - Identify the number of weeks of full time clinical education.
  - If the program does not require 90 credits or 30 weeks of clinical education, provide evidence that the program length is sufficient to adequately address all of the expectations listed in CC-5.
- CC-7. The first professional degree for physical therapists is awarded at the post-baccalaureate level. The institution is responsible for choosing and awarding a degree that is commensurate with the amount and complexity of the course work required to achieve the practice expectations and the *expected student outcomes*. Based on the amount and complexity of that course work, the Doctor of Physical Therapy is the preferred degree.



Evidence of compliance:

Narrative:

- State the degree granted.
- If the program is located in an institution that is not the degree-granting institution, describe the agreement with one or more accredited institutions that will grant the first professional degree, at the post-baccalaureate level.

On-site:

- If the program is located in an institution that is not the degree-granting institution, provide a copy of a written agreement with the degree-granting institution.

- CC-7a. The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at completion of the program.  
[PROVISO: CAPTE will begin enforcing this criterion effective December 31, 2015. Consistent with CAPTE's expectation that all programs must come into compliance within two years of being determined to be out of compliance, programs that do not meet this criterion as of December 31, 2015 will be required to come into compliance no later than December 31, 2017. Failure to do so will result in withdrawal of accreditation.]

Evidence of compliance:

Narrative:

- State the degree granted.
- If the program is located in an institution that is not the degree-granting institution, describe the agreement with one or more accredited institutions that will grant the DPT degree.

On-site:

- If the program is located in an institution that is not the degree-granting institution, provide a copy of a written agreement with the degree-granting institution.

## Outcomes

- CO-1. Graduates of the program meet the *expected student outcomes* of the program, including those related to the program's unique *mission*.

Evidence of compliance:

Narrative:

- Analyze the extent to which the graduates meet the program's expected student outcomes, delineated in CP-2.2.
- If there is a cohort of students for which the program is offered primarily through distance education or at an expansion site, provide an analysis demonstrating that the outcomes for different cohorts of students are comparable.
- For Initial Accreditation **only**: identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices/Attachments:

- Copies of survey forms utilized to assess graduate outcomes.

- CO-2. Graduates of the program meet the health care needs of patients/clients and society through ethical behavior, continued competence, and advocacy for the profession.

Evidence of compliance:

Narrative:

- If these expectations are part of the program's expected student outcome, the only response needed is to refer the reader to CO-1.
- If these expectations are not part of the program's expected student outcomes:

- Analyze the extent to which the graduates of the program meet the health care needs of patients/clients and society through ethical behavior, continued competence, and advocacy for the profession.
- If there is a cohort of students for which the program is offered primarily through distance education or at an expansion site, provide an analysis demonstrating that the outcomes for different cohorts of students are comparable.
- For Initial Accreditation **only**: identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices/Attachments:

- Copies of survey forms utilized to assess graduate outcomes

CO-3. When averaged over 3 years, 80% or more of all graduates pass the licensure exam.

Evidence of compliance:

Narrative:

- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:
  - First time pass rates for each cohort for the past three academic years
  - Ultimate pass rate based on the following data:
    - Number of graduates per cohort who took the examination at least once;
    - Number of graduates per cohort who passed the exam after all attempts;
    - Pass rate **per cohort** based on the numbers above; and
    - 3-year pass rate based on the total number of graduates who took the exam at least once and the total number of graduates who ultimately passed the exam.
    - **\*\* NOTE: if licensure pass rates for graduates in the last academic year have not yet stabilized, provide the data for the past 4 years and the 3-year rate for the cohort(s) for which the data has stabilized.**
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- If the program's 3-year pass rate is equal to or greater than 80%, no additional information is required.
- If the program's 3-year pass rate is less than 80%, describe the comprehensive assessment done; identify the factors the core faculty believe impact graduate performance on the licensure exam. Identify steps taken or planned to address these factors, if applicable. Identify the timeline to come into compliance.
- **If program graduates do not routinely take the FSBPT exam, provide equivalent data.**
- For Initial Accreditation **only**: identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

CO-4. *Graduation rates and employment rates* are consistent with the program *mission, goals, and expected student outcomes*.

Evidence of compliance:

Portal Fields:

- Provide three years of graduation data in the section entitled *Graduation Rate Data for the years identified\* on the Portal*. Use the Graduation Rate Table to collect the graduation data. **Identify the number of cohorts admitted each year; data will be required for each cohort.** (Note: the majority of this information will be prefilled from the previously entered AAR data)
- \*\* NOTE:** The Portal fields will require data for specific years that will allow ALL programs to meet the 150% time to complete the program that is delineated in the graduation rate definition. Therefore, specific graduating years are identified in the Graduation Rate Table on the Portal. If

there are no graduates for any of these years, indicate NO to the first question on the Portal screen.

Narrative:

- Provide the one year and 3-year employment rate for the last three academic years for each cohort, based on:
  - The percentage of graduates who sought employment that were employed within six months of passing the licensure exam.
- Identify the 3-year graduation rates calculated by the data entered into the Graduation Rate Data Section. Identify the graduation data for more recent graduating cohorts and provide the retention rate for current cohorts calculated using the Graduation Rate Table requested as an appendix.
- Provide an analysis of the extent to which the graduation rates and employment rates are consistent with the program mission, goals, and expected student outcomes.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- If the expectation of this criterion is not met, identify the factors the core faculty believe impact graduation and/or employment rates. Identify steps taken or planned to address these factors, if applicable. Identify the timeline to come into compliance.
- For Initial Accreditation **only**: identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendix:

- Graduation Rate Table that includes data for more recent graduating cohorts than provided in the Portal Fields AND retention data to date for current classes.