

- Describe any changes made to the clinical education program as a result of the evaluation process.

Appendices:

- 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 science, biomechanics, kinesiology, neuroscience, pathology, and pharmacology^{2(pp82-97)}). *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. This can be done in a tabular format.
- Describe the laboratory and other practical experiences included as part of the biological and physical sciences content.

Appendices:

- Course syllabi in chronological order, tabbed.

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),^{2(pp97-110)} including laboratory or other practical experiences.

Evidence of compliance:

Narrative:

- Describe where and how the behavioral sciences are included in the professional curriculum. This can be done in a tabular format.
- Describe the laboratory and other practical experiences included as part of the behavioral sciences content.

Appendices:

- Course syllabi in chronological order, tabbed.

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),^{2(pp111-121)} including laboratory or other practical experiences.

Evidence of compliance:

Narrative:

- Describe where and how the clinical sciences are included in the professional curriculum. This can be done in a tabular format.
- Describe the laboratory and other practical experiences included as part of the clinical sciences content.

Appendices:

- Course syllabi in chronological order, tabbed.

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:

- 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.^{1(pp43-121),2(pp16-80)} 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:

- An analysis of how the curriculum as a whole prepares the student to meet the practice expectations.
- For each of the following criteria (CC-5.1 through CC-5.66) (tabular format is acceptable):
 - Identify where the content is presented and provide example(s)/description(s) of the learning experiences that are designed to meet the practice expectations;
 - Provide a maximum of 5 examples of course objectives that demonstrate the expected level of student performance. 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.

Appendices:

- Course syllabi, tabbed.

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.
- Provide evidence that the degree granted is appropriate for the course work and expected student outcomes.
- 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.

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.
- 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.

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 outcomes, 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.

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

Evidence of compliance:

Narrative:

- Provide the following information for the most recent three cohorts of graduates, based on data provided by the Federation of State Boards of Physical Therapy:
 - Number of graduates per cohort who took the examination at least once.
 - Number of graduates per cohort who passed the exam after all attempts.
 - Licensure rate per cohort based on the numbers above.
 - 3-year licensure 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.
- 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.
- 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%, identify the factors the program faculty believe impact graduate performance on the licensure exam. Identify steps taken or planned to address these factors, if applicable.

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

Evidence of compliance:

Narrative:

- Provide the Graduation Rate Table that is included in the Self-study Report Forms Packet. This table includes data from the last three cohorts of students for which the graduation status of all students is known and provides the necessary data to calculate the 1 and 3 year graduation rate based on the definition provided in this document.
- For the last cohort that the program has a full year of data and the two previous cohorts, provide a table that shows, to the best of the program's ability, the number of graduates, the number of graduates who sought employment within six months of achieving licensure and the number of graduates who were employed within six months of achieving licensure. Include the 1-year and 3-year employment rate for these cohorts based on this data.
- 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 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.
- If the expectation of this criterion is not met, identify the factors the program faculty believe impact graduation and/or employment rates. Identify steps taken or planned to address these factors, if applicable.