



# CAPTE

COMMISSION ON ACCREDITATION  
IN PHYSICAL THERAPY EDUCATION

Indiana State University students performed more than 33,000  
hours of public service in 2010 across the State of Indiana.

*Copy for Susan  
Held for Mike*

11 NORTH FAIRFAX STREET  
EXANDRIA, VIRGINIA 22314  
TELEPHONE: (703) 706-3245  
FAX: (703) 706-3387  
ACCREDITATION@APTA.ORG  
[WWW.CAPTEONLINE.ORG](http://WWW.CAPTEONLINE.ORG)

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**NEXT MEETING DATES:**  
November 6-11, 2015  
April 29 - May 4, 2016

**STAFF:**

- Sandra L Wise, PhD, RN  
Senior Director
- Mary Jane Harris, PT, MS, DSc (Hon)  
Director
- Douglas R Clarke, Jr  
Lead PTA Programs Specialist
- Ellen Price, PT, MEd  
Lead PT Programs Specialist

May 13, 2015



Howell Tapley, PT, PhD, OCS, Program Director  
Doctor of Physical Therapy Program  
Department of Applied Medicine and Rehabilitation  
Indiana State University  
Sycamore Center for Wellness & Applied Medicine  
567 North 5th Street, Room 248  
Terre Haute, IN 47809

Dear Dr Tapley:

At its April 24-29, 2015 meeting, the Commission on Accreditation in Physical Therapy Education (CAPTE) considered the materials submitted by the physical therapist education program at Indiana State University. Enclosed please find a copy of the Summary of Action describing the results of the Commission's review.

The Summary of Action has two parts. The first part provides general information about the action taken by the Commission, including notices to the program. The program should pay particular attention to the Accreditation Decision information which is based on the expected graduation date reported in the Application for Candidacy. If this information is not accurate, please contact the Accreditation Department immediately.

The second part provides a detailed description of the Commission's findings related to the program's progress toward compliance with individual evaluative criteria. In the interest of public disclosure of accreditation actions, the first part of the Summary of Action may be provided to the public on request. Additionally, a list of all actions taken at the April 24-29, 2015 meeting is being posted on CAPTE's web page: <http://www.capteonline.org>.

If you have any questions or need further assistance in any way, please do not hesitate to contact Ellen Price, Lead PT Programs Specialist, or Sandra Wise, Senior Director, Accreditation Department, at the above address.

Best wishes in your endeavors toward a high quality physical therapist education program.

Sincerely,

Claire Peel, PT, PhD, FAPTA  
Chair, Commission on Accreditation in Physical Therapy Education

cc: Daniel J Bradley, PhD, President  
✓C Jack Maynard, EdD, Interim Provost and Vice President for Academic Affairs  
Jack Turman, Jr, PT, PhD, Professor and Dean

Received  
MAY 18 2015  
Academic Affairs



**Commission on Accreditation in Physical Therapy Education  
American Physical Therapy Association**

**SUMMARY OF ACTION**

Doctor of Physical Therapy Program  
Indiana State University  
567 North 5th Street  
Sycamore Center for Wellness & Applied Medicine  
Room 248  
Terre Haute, IN 47809

On April 29, 2015, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapist education program at Indiana State University.

**Action Taken:** Grant **CANDIDATE FOR ACCREDITATION**

**Effective Date:** April 29, 2015

**Information Used to Make Decisions:** Application for Candidacy received December 1, 2015  
Candidacy Visit Report with Institution Response received March 12, 2015  
Comments from the Program Director  
Comments from the Candidacy Reviewer

**Reason for Decision:**

The Commission's decision to grant Candidate for Accreditation status is based on the program's demonstration of satisfactory progress, to date, toward achieving compliance with the evaluative criteria, such that the program appears to be of sufficient quality to matriculate students into the professional program. The Commission's decision was also based on the belief that the program will bring the areas of deficiency noted in the Summary of Action into compliance. That compliance, as well as compliance with all of the evaluative criteria, must be appropriately documented in the Self-study Report.

Candidacy for Accreditation status has been granted based on the program represented in the Application for Candidacy. Specifically, the decision was made in light of the following information:

One cohort of students per year (per §7.3(b) of CAPTE's *Rules of Practice and Procedure*, April 2014)

Number of students per cohort: 30

Curricular Model: Hybrid

Intended Matriculation Date: May 2015

Therefore, it is expected that the program will be implemented to reflect the information provided in the Application for Candidacy and that no substantive changes will be made. This includes no changes in cohort size or the number of cohorts to be admitted per year until the program is eligible to seek approval of substantive changes.

**Next Activity:** Self-study Report and On-site Visit in Fall 2017

**Accreditation Decision:** Spring 2018 (based on expected graduation May 2018)

**Notices:** The program is advised to heed the following notices:

## NOTICES

### SCOPE OF COMMISSION REVIEW

Independent of any long term plans described, or alluded to, by the program in its Application for Candidacy, the scope of the Commission's review at the time of this decision to grant candidacy was based on actual and verified resources and related considerations, and not on planned or projected program resource levels to address future program changes (e.g., expansion and other program offerings, the number of cohorts admitted annually, etc.). As agreed to when the Application for Candidacy was submitted, the program is limited to enrolling one cohort annually and to maintaining class size at the approved number noted in this Summary of Action. Candidate programs are not eligible for substantive changes requiring pre-approval as described in Part 9 of CAPTE Rules of Practice and Procedure.

### RELATIONSHIP BETWEEN CANDIDACY AND ACCREDITATION

Achieving Candidate for Accreditation status does not assure the program will become accredited. The Commission's decision to grant accreditation will be based on the program's ability to demonstrate compliance with the evaluative criteria. Please bear in mind that the lack of comment about a specific criterion in this Summary of Action does not imply that the program is in compliance with that criterion; it only means that satisfactory progress toward compliance has been achieved. Therefore, the step the program must make from demonstrating progress toward compliance with the specific criteria addressed in the expectations for candidacy and demonstrating compliance with all of the criteria for accreditation is a significant one and you are urged to proceed accordingly.

### REQUIRED STATEMENT DESCRIBING THE PROGRAM'S STATUS

The institution/program is expected to indicate on its website, in its publications, or in correspondence related to recruitment or admissions that Candidacy status has been granted, using the statement provided in §7.22 of CAPTE's *Rules*:

Effective (insert date), (insert Name of Program/Institution) has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org)). Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.

### IMPLICATIONS OF SUMMER GRADUATION

If the program plans for the charter class to graduate in July, August or September, the program is required to include information regarding the implications of a summer graduation relative to the timing of graduation and the ability to sit for the licensure exam. The statement provided in §7.8(d)(vi) of CAPTE's *Rules* is to be used for this purpose

The developing [physical therapy/physical therapist assistant] program at [Institution] is planning for a charter class graduation in [July/August/September], [year]. Initial accreditation decisions are acted upon at the next regularly scheduled Fall Meeting of the Commission following the on-site visit, which must occur during the penultimate term when the charter class is enrolled. CAPTE will not make exceptions to its Rules to accommodate graduation dates that precede regularly scheduled CAPTE meeting dates, e.g., graduation in the summer. A summer graduation does not allow the initial

accreditation decision to occur prior to the graduation date. The Federation of State Boards of Physical Therapy (FSBPT) sets the dates for licensing exams. The first sitting for which students with [an/a] [July/August/September] graduation date would be in January. Therefore, the timing of the planned graduation date increases the likelihood of a significant financial disadvantage for students due to an approximate six-month delay in possible employment as a [physical therapist or physical therapist assistant].

#### **ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION**

The institution and program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or preaccreditation status, contents of reports of on-site reviews, and accreditation or preaccreditation actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] If the institution or program chooses to disclose any additional information, beyond the accreditation or preaccreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax Street, Alexandria, Virginia 22314; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Department of Accreditation finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Department will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

#### **PUBLIC NOTICE OF DECISIONS BY CAPTE**

Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Department of Accreditation will, within 24 hours of notifying the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

#### **PUBLIC NOTICE OF REASONS FOR DECISIONS**

Pursuant to expectations of the Council for Higher Education Accreditation, CAPTE provides public notice of the reasons for its decisions to grant candidacy, or grant or reaffirm accreditation. These notices are in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education. The front page of this Summary of Action will be used for this purpose.

#### **RESPONSIBILITY TO REPORT CHANGE(S)**

The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE's *Rules of Practice and Procedure* (<http://www.capteonline.org/AccreditationHandbook/>). **It is the program's responsibility to be familiar with these expectations and to provide notification of program changes as required.**

**Commission's Findings:**

**The program was judged as not demonstrating satisfactory progress toward compliance with the following evaluative criteria.**

- 1. 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.**

**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.**

The program states that students will be required to demonstrate competence with respect to safety elements to receive passing grades on exams; however, in the skill checks and practical grading forms submitted by the program, no critical safety elements were identified. In the Self-study Report, provide evidence that critical safety elements are identified on exam score sheets and faculty have an effective process for determining the readiness of students to engage in clinical practice.

- 2. 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.**

Although there is a paragraph on pg. 6 of the Clinical Education Handbook that describes the roles and responsibilities of clinical faculty, the handbook does not include any afforded rights and privileges, such as use of library/database resources, continuing education, faculty development, etc. In the Self-study Report, provide evidence that this information is delineated and communicated to faculty as required in this criterion.

**During review of the Application for Candidacy, the Commission identified the following areas that the program must address in the Self-study Report in order to demonstrate compliance with the listed evaluative criteria. Failure to do so will also jeopardize achievement of accreditation.**

- 1. I-2. Institutional policies 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.**

There is a policy that allows faculty to engage in clinical work, but this is not included as part of the faculty workload. For example, Dr. Haper-Hanigan is described as being over the standard workload. This calculation does not seem to include the one day per week that she works in a clinical setting and PhD program. In the Self-study Report, clarify how the policy about clinical work applies to faculty workload.

- 2. 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.**

It is not clear that the program has a formal assessment plan to review the collective core and clinical faculty. The Program Director stated that the needs of collective faculty are considered by the Search Committee and the Program Director. However, the assessment plan does not appear to incorporate on-going assessment of the adequacy of the faculty to meet the needs of the program. In the Self-study Report, provide evidence that this is part of the formal assessment process.

- 3. 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.**

There are several discrepancies in handbooks, which may be confusing for students. For example, the Student Handbook, pg. 33, indicates a PHTH 604 course, Lifespan Development, which is not in sequence, and has an incorrect course number; pg. 34 correctly lists the course. The Clinical Education Handbook, pg. 5, states, "Students are expected to complete at least one each of the following clinical experiences: Acute/Subacute/Long Term Care settings, Outpatient Orthopedic Rehab, Neuro Rehab, and Elective." It is unclear how each student will complete at least one of the four clinical experiences listed within three clinical experiences. On pg. 15 of the Clinical Education Handbook, students are informed that they are required to attend a pre-clinical education conference, but no explanation of this requirement is provided.

In the Self-study Report, provide updated Student and Clinical Education Handbooks that are clear, logical, consistent, and detailed.

- 4. 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.**

Although a Clinical Education Handbook exists, and is intended for all clinical faculty, there are no didactic course objectives or syllabi included that would inform clinical faculty of student performance expectations in clinical education experiences. In the Self-study Report, provide the mechanism by which clinical educators are informed about students' didactic coursework/preparation prior to each clinical experience.

- 5. CP-2.10 [The curriculum plan includes] 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.**

The Commission finds that the program does not have clear plans for assigning students to clinical education experiences. The program states that the DCE will call sites to determine if placements are available. If a contacted site states that it cannot accept a student, the DCE will continue to call down a list of sites according to students' preferences until a placement is secured. It is unclear

how this process would fulfill the stated curriculum plan requirement that each student must complete four different types of placements within their three clinical experiences, in addition to being required to complete at least one full-time clinical experience in a rural location and/or underserved population. In the Self-study Report, provide a comprehensive description of an effective process for student clinical assignment that supports the requirements and policies of the program.

6. **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.**

The provided table of available clinical placements for Clinical Education I includes 57 Letters of Intent. Of these, there are four possible acute hospital settings, and 53 are inpatient rehab, which appear primarily to be SNF/LTC. Of additional concern is that all of the SNF/LTC contracts were signed in May of 2014. The acute care facilities contract dates are 1/2011, 2/2011, and 11/2013. Potentially, the first cohort of students will participate in clinicals in the summer of 2016. Therefore, these contracts and/or Letters of Intent may be outdated, or clinical sites have had staffing changes, which could mean that the placements are no longer available. In addition, the program has not demonstrated that the variety of clinical experiences required by the program can be fulfilled given the limited variety of available sites listed.

In the Self-study Report, provide an updated list of clinical placements to include all practice areas, and indication of those sites that would fulfill the program's stated requirements for clinical education experiences in rural settings and/or underserved populations.

**Further, CAPTE offers the following suggestion(s):**

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

The Chair of the Curriculum Committee is relatively new to the faculty role, which indicates the need for mentoring plans. The Commission recommends that the program consider qualifications for committee leadership roles

2. **CP-2.6 [The curriculum plan includes] a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes.**

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

The Candidacy Visit Report indicates that the taxonomic level of some of the course objectives is not always consistent with the planned learning activities. The Commission

recommends that the program review the consistency between learning activities and objectives.

In addition, the curriculum plan calls for two cohorts of students to be engaged in clinical education each summer (CE 1 and CE 2). This would require at least 60 placements during the same time period. The Application for Candidacy indicates that the program has sufficient placements for year one, but it is not clear that the program has adequate placements for further years. The Commission recommends that the program consider whether the availability of clinical education sites will support the curriculum plan.