

**COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION
AMERICAN PHYSICAL THERAPY ASSOCIATION**

1111 North Fairfax Street
Alexandria, Virginia 22314

CANDIDACY VISIT REPORT

of

Indiana State University
NAME OF INSTITUTION

Doctor of Physical Therapy Program
NAME OF PHYSICAL THERAPY PROGRAM

January 26 – 28, 2015
DATE OF ON-SITE VISIT

This report represents the views of the Candidacy Reviewer and was prepared after careful study of the program's *Application for Candidacy*, and the information received and materials reviewed during the candidacy visit. The program chair and the chief administrative officers of the institution are requested to review copies of the report and may comment on it before it is considered by the Commission on Accreditation in Physical Therapy Education (CAPTE). This report is a confidential document prepared as an educational service for the benefit of the program in physical therapy and for use by the Commission on Accreditation in Physical Therapy Education in determining whether to grant Candidacy based on satisfactory progress toward compliance with the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*.

The signer hereby reaffirms his/her commitment to maintain the confidentiality of all information relating to the pre-accreditation of this physical therapist education program and promises not to make copies of, disclose, discuss, describe, distribute or disseminate, in any manner whatsoever, either orally or in written form, any confidential information received or generated, and not to use any confidential information for personal or professional benefit or for any other reason, except directly in connection with service to CAPTE.

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 accrediting or preaccrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] The institution and program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program. If the institution or program chooses to disclose any additional information 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 it, acting on behalf of CAPTE, will make public correction, and it reserves the right to disclose this Candidacy Visit Report in its entirety for that purpose.

PREPARED AND SUBMITTED BY CAPTE CANDIDACY REVIEWER:

Martha J. Ferretti, PT, MPH, FAPTA
NAME (TYPED OR PRINTED)

January 28, 2015
DATE

GENERAL INFORMATION FORM

INSTITUTION					
Institution name		Indiana State University			
Name of Chief Executive Officer		Daniel Bradley, PhD			
Administrative title		President			
Unit or school in which the program resides		Department of Applied Medicine & Rehabilitation College of Nursing, Health & Human Services			
Name of administrative official of the unit or school in which the program resides		Jack Turman, PhD			
Administrative title		Dean			
ACADEMIC ADMINISTRATOR OF THE PROGRAM					
Name of Academic Administrator		Howell Tapley, PT, PhD, OCS			
Administrative title		Program Director			
PROGRAM					
Title of program		Doctor of Physical Therapy			
Year program expects to graduate first class		2018			
CURRICULUM DESIGN CHARACTERISTICS					
Identify type of term: eg, Semesters, Quarters	Semester	# of terms in academic year	3	Total # of terms to complete degree	9
Length of professional/technical coursework in weeks (including exam week; count exam week as one week)			128		
CLINICAL EDUCATION					
Total hours of clinical education	1440	# of weeks of full time clinical education			36
CORE FACULTY					
Number of core faculty allocated for 1 st year of program	PT full-time core	4	Non-PT full-time core	2	
	PT part-time core	0	Non-PT part-time core	0	
Number of FTEs this represents		6			
Number of vacancies in allocated core faculty positions for the 1 st year of the program	Full-time		1		
	Part-time FTEs		0		
Total number of faculty the program plans to have when the program is fully implemented		8			
Faculty/Student Ratio: Expected core faculty to student ratio		11.3	Faculty/Student Ratio: Expected average faculty to student ratios during laboratory experiences		15
ASSOCIATED FACULTY					
Number of associated faculty who will be involved in at least ½ the contact hours of a course in the 1 st year of the program					4
Number of FTEs represented by the above number of associated faculty					.8
Number of other associated faculty who are expected to teach in the 1 st year of the program					1
List the names and credentials of core and associated faculty members who will teach in the professional (entry-level) physical therapy program, at the very least this should include faculty to implement the first year of the curriculum. Identify the F.T.E. for each person. (See form instructions regarding calculation of F.T.E. allocations.) (insert rows as needed)					
CORE FACULTY					
NAME		FTE	Date Employed		
Dan Coovert, PhD		1	1/2013		
Alvaro Gurovich, PT, PhD		1	1/2012		
Kellee Hanigan, DPT		1	8/2014		
Stasia Tapley, PT, DPT		1	8/2013		
Howell Tapley, PT, PhD, OCS		1	6/2013		
Carolina Valencia, PhD		1	1/2012		

ASSOCIATED FACULTY							
NAME				FTE	Date Employed		
Dan Cleveland, PharmD				.2	Start spring 2016		
Al Finch, PhD				.2	1980		
James Hughes, PhD				.2	1982		
Mathew Hutchins, PhD				.2	2008		
Tiffany Idlewine, PT, DPT				.2	5/2010		
STUDENTS							
Number of students for whom faculty will have advising responsibilities in the first year of the program		30	Planned class size of the 1 st class of students to be enrolled			30	
Expected date of enrollment of the 1 st class of students into the entry-level program		5/2015	Expected month & year of graduation of the 1 st class from the entry-level program			5/2018	
Expected start date of penultimate (2 nd to last) term for charter class		8/2017	Expected end date of penultimate (2 nd to last) term for charter class			12/2017	
Projected maximum class size		30	Expected date for reaching maximum class size			2015	
Number of times per year that a new class will be enrolled.		1	Projected maximum enrollment (all classes) for next four years			90	
Expected MM/YYYY of the start of the last term of the charter class					01/2018		
Indicate the projected maximum enrollment for the next four years; please indicate the year							
Year: 2015	30; planned size is 15	Year: 2016	60	Year: 2017	90	Year: 2018	90

INSTITUTION COMMENTS:

We would like to make clear the following points:

1. There will be 6.0 FTE core faculty devoted to the entry-level DPT program during year 1 in addition to a vacancy for a 1.0 FTE full-time core faculty member during the 2015-2016 academic year. Another vacancy will become available to be filled for the 2016-2017 academic year which will yield a total core faculty FTE of 8.0. available during year 2.
2. We are formally requesting 30 students for the first cohort. The program has adequate resources to support 30 students, including over 125% of sites needed for the first clinical rotation as evidenced by contracts and LOI's which were uploaded with the original AFC. Though we are requesting a first class size of 30, we anticipate <30 for the first cohort due to fewer applications received without the use of PTCAS. The program intends to enroll up to 30 students beginning year 1, but will admit only students deemed to be qualified. The planned size is therefore "30" as originally stated in the AFC.
3. Associated Faculty Credentials Correction: Tiffany Idlewine, DPT (Not, Tiffany Idlewine PT, DPT)

PERSONS INTERVIEWED FORM
Indiana State University

AN ASTERISK (*) beside the name indicates who attended the Exit Summary.

Administrative Officers:

Daniel Bradley, PhD, President
Jack Maynard, EdD, Interim Provost & Vice President of Academic Affairs
Jack Turman, PhD, Dean, CNHHS
John Pommier, PhD, Interim Chair, Department of Applied Medicine & Rehabilitation

Program Administrator (Director, Chair, etc.):

Howell Tapley, PT, PhD, OCS, Program Director

Director of Clinical Education (DCE):

Stasia Tapley, PT, DPT

Core Faculty:

Dan Coover, PhD, Assistant Professor
Al Gurovich, PT, PhD, Assistant Professor
Kellee Hanigan, PT, DPT, Assistant Professor
Carolina Valencia, PhD, Assistant Professor

Associated Faculty:

Dan Cleveland, PharmD, Pharmacy Manager, Union Hospital
Al Finch, PhD, Professor, Kinesiology
James Hughes, PhD, Professor, Biology
Mathew Hutchins, PhD, Associate Professor, Applied Health Sciences
Tiffany Idlewine, DPT, Assistant Professor, Applied Medicine & Rehabilitation

Clinical Education Faculty (CCCEs and CIs):

Ashley Matchett, PT, OCS, Private Practice Owner
Gwen Wessel, PTA, Rehab Services Manager, American Senior Communities
Steve Walden, PTA, CCCE at Terre Haute Regional Hospital

Admitted Students (if students have already been accepted)

No students have been admitted. The following students are currently applying or plan to apply to the program:

Logan Laswell
Jordan Brown
LeVisa Evans

Advisory Committee:

Charlie Welker, PT, MBA, CEO Wabash Valley Health Center
Ashley Matchett, PT, OCS, Private Practice Owner
Mary Riley, Assistant to the Executive Director at Vigo County Education Foundation

Program Directors in the Department of Applied Medicine & Rehabilitation

Lindsey Eberman, ATC, PhD, Athletic Training Program Director
Russell Coutinho, MD, Physician's Assistant Program Director
Jeanne Sowers, OTD, MA, OTR, Occupational Therapy Program Director

Clinic Staff

Ryan Hanigan, MPT, Clinic Director
Danielle Jena, DPT, Staff Physical Therapist
Nicole Woodard, DPT, Staff Physical Therapist

Community Partners

Jack Jaeger, BSN, RN, CCRN, Director, Simulation Center at Union Hospital
Cindi Marietta, Building Manager, Landsbaum Center for Health Education

Attended the Exit Summary only, if applicable:

NA

INSTITUTION COMMENTS:

1. Also Attended the Exit Summary:

All Core Faculty

John Pommier, PhD, Department Chair
Jack Turman, PhD, Dean

2. Only Attended the Exit Summary:

Yasenska Peterson, PhD, Associate Dean

3. Core Faculty Credentials Correction: Kellee Hanigan, DPT (Not, Kellee Hanigan, PT, DPT)

MATERIALS PROVIDED ON SITE FORM

Criterion	MATERIALS AVAILABLE FOR ON-SITE REVIEW (insert additional rows as needed)	Provided by program	Reviewed by Candidacy Reviewer
I-1	If the institution's accreditation status is other than full accreditation, provide the most recent accrediting agency report	N/A	N/A
I-2	Union contract, if applicable	N/A	N/A
P-1	Minutes of faculty meetings at which program mission is discussed	X	X
P-4	Minutes of faculty meetings at which program assessment is discussed	X	X
P-4	Copy of needs assessment done to determine the need for the program.	X	X
P-5	Minutes of faculty meetings at which program planning is discussed	X	X
P-5, F-9	Planning documents, if any	N/A	N/A
F-2	Faculty/course evaluations for core faculty, if available	X	X
F-2	Sample course materials and assignments developed to date; must include course materials for first year courses	X	X
F-14	Written agreements on file that are fully executed and up-to-date	X	X
F-14	Minutes of, or notes from, meetings in which the written agreement is discussed	X	X
F-19	Minutes of core faculty meetings at which academic regulations are discussed	X	X
F-20	Minutes of core faculty meetings at which curricular decisions have been made	X	X
F-21	Minutes of core faculty meetings at which the core faculty discuss expectations for student readiness for clinical education	X	X
R-4	Program budget documents	X	X
CP-2.7, CP-2.8	Additional course materials, if available	X	X
CP-3	Minutes of meetings in which curriculum evaluation is addressed	X	X
CP-4	Minutes of meetings in which the clinical education program is assessed	X	X
CC-4	Revised/Updated Available Clinical Education Placement Table, if there has been changes since the AFC was submitted	X	X
CC-4	** Clinical education files for clinical sites planned to be used in for the first full-time clinical experience and any experiences that may precede it; at a minimum, clinical education files are expected to include a current Clinical Site Information Form or equivalent data and a copy of the current signed clinical education agreement	X	X
CC-4	** Signed letters of intent from each CCCE to offer clinical placements for the first full-time and any preceding part-time clinical experience	X	X
CC-5	Additional course materials, for the first year of the program	X	X
** Required for all Candidacy Visits			

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

CANDIDACY REVIEWER'S FINDINGS RELATED TO THE
EVALUATIVE CRITERIA FOR ACCREDITATION OF EDUCATION PROGRAMS
FOR THE PREPARATION OF PHYSICAL THERAPISTS

**AN OVERVIEW OF THE QUALITY OF THE
PHYSICAL THERAPY EDUCATION PROGRAM**

Brief description of the history of the development of the program

Indiana State University ("ISU", "the University") is fully accredited by the Higher Learning Commission of the North Central Association with reaccreditation reoccurring most recently in 2011.

In 2005 – 2006, ISU administration explored the feasibility of expanding educational offerings in the health care professions. This initial effort was followed in 2007 by the establishment of a faculty program committee to identify health-related programs appropriate for adding at ISU with the intent to address health needs of the citizens in the University's catchment area. In 2008, the College of Nursing, Health, and Human Services ("the College") was established. Also, a more extensive workforce needs assessment study sponsored by the West Central Indiana-Area Health Education Center was conducted by the Indiana University Bowen Research Center that resulted in the recommendation of adding four health-related programs including a degree program in physical therapy. In 2009, approval to develop a physical therapy program at ISU was granted by the Provost and the President. In March 2010, the Indiana Commission of Higher Education granted ISU approval to offer a Doctor of Physical Therapy Degree.

In 2011, Indiana State University submitted an Application for Candidacy (AFC) to the Commission on Accreditation in Physical Therapy Education (CAPTE). The application was denied. Following that outcome, a new Program Director, Howell Tapley, PT, PhD, OCS, was recruited and hired in June 2013, with the charge of initiating an entirely new AFC. Dr. H. Tapley initiated the process of gathering data and input, hiring consultants to work with him in preparation for submitting a new AFC to CAPTE. Dr. H. Tapley began adding to the core faculty with the hiring of Alvaro Gurovich, PT, PhD, FACSM, (January 2012), Carolina Valencia PT, PhD (January 2012), Dan Coover, PhD (January 2013), Stasia Tapley, PT, DPT (August 2013), and Kellee Hanigan, DPT (August 2014). Dr. H. Tapley also received approval to hire two additional core faculty. He has hired five associated faculty (three with PhD's, one with a Pharm D, and one with a DPT) and has approval to hire an additional associated faculty with a PhD.

A new AFC was submitted in December 2014.

Section 1: Institution and Program Integrity and Capacity

Institutional Integrity and Capacity

The core faculty, under the leadership of Dr. H. Tapley, developed the Program Policies and Procedures using the comprehensive ISU University Handbook and the Department of Applied Medicine and Rehabilitation Departmental Policies and Procedures Manual as guidelines while determining the policy and procedure needs by the Physical Therapy Program, including roles and responsibilities for teaching, designated time for scholarship and research, and attention to the ISU requirement for community engagement by all faculty, and service. The policies and procedures are presented thoroughly in the Department's Program Policy Manual dated 11-2-14.

Mission, Goals & Expected Outcomes

The Program's mission, goals, and expected outcomes carefully follow those of the University, the College, and the Department. In 2009, President Bradley initiated a strategy for ISU, The Pathway to Success, which consists of six goals: growth in enrollment, new degree programs, advancing experiential learning, enhancing community engagement, strengthening and leveraging of programs

of distinction and promise, diversifying revenue, and recruiting and retaining great faculty and staff. These goals are accompanied by 45 initiatives. (Found at: http://www.in.gov/che/files/ISU_Strat_Plan.pdf)

The College, under the leadership of its relatively new Dean, Jack Turman, PT, PhD, the Department under its recently appointed Chair, John Pommier, PhD, CTRS, and the Program under Dr. H. Tapley, consistently refers to and engage faculty in these goals. The physical therapy program represents the possibility of growth in enrollment. There are experiential learning opportunities throughout the proposed curriculum, including assignments and community engagement for its students, either led or facilitated by its faculty. Serving rural and underserved populations is part of this focus; it is expressed in the Program requirement for service learning projects, which each physical therapy student must complete, in addition to a variety of other assignments, including completing one full-time clinical rotation focused on underserved populations. The goal of establishing and promoting programs of excellence is an articulated focus of the Dean of the College of Nursing, Health and Human Services, the Chair of the Department of Applied Medicine and Rehabilitation, and the Physical Therapy Program Director.

Dr. H. Tapley and the Program faculty are focused on ensuring a successful outcome by the Physical Therapy Program. They created the Program's "Master Assessment Chart (MAC)." Timelines are established for when each of the assessments in the MAC are to be conducted and by whom. The "Clinical Education Assessment Matrix" has mirrored this approach. Both set thresholds for meeting CAPTE criteria and Program goals and identify methods of evaluation for each component. The process of program assessment is described as ongoing and regular, occurring at the end of each semester for semester courses by addressing challenges as they arise, and, as per Program Policy, conducting an annual end of summer faculty retreat devoted solely to program assessment, including review of all assessment data collected during the school year. Decisions are made by the faculty as a whole on how to address items that fall below the established thresholds. Faculty minutes and interviews confirm this approach and commitment.

Policies & Procedures

The policies and procedures promulgated by ISU and located in the University Handbook have served as the basis for those of the College, the Department, and the Physical Therapy Program. The DPT Program Student Handbook and the Clinical Education Handbook provide students with comprehensive information about their roles, responsibilities, rights and privileges in courses, in the Program and the University. Accordingly, each Program syllabus provides a repeat of standard policies and procedures specific to expectations for student behavior and includes policies and procedures unique to given courses.

Discussions with faculty and review of on-site materials confirmed the commitment of the College, Department, and Program to protect the rights and responsibilities of faculty and staff. Faculty confirmed this to be equally true for Program students including in the admissions process, while in didactic work, or in clinical rotations.

Faculty

The core and associated faculty are well qualified to present the content in each of their assigned courses. That many of the faculty are actively engaged in research related to teaching content for which they are responsible allows these courses to contain a strong scientific underpinning. All faculty are recognized with expertise in their areas of teaching based on their terminal degrees and ongoing continuing education. The Program intends for faculty to achieve specialty certification in areas of their expertise.

Indiana State University is led by a President acknowledged for his vision and an Interim Provost and Vice President for Academic Affairs that share his vision. Together, they are supportive of the growth of the College and of its Departments and Programs, including the Physical Therapy Program.

The Dean expressed enthusiasm about, commitment to, and strong support for the expansion of the College's programs to address health challenges in communities through research and outreach. The Chair's expressed philosophy of assisting faculty to secure the necessary resources to achieve success both in community outreach, as well as in successful teaching and research, is significant. This support at all levels of the administration for the DPT Physical Therapy Program is reported by the Program Director to have significant impact on his ability, and that of the faculty, to be innovative in their approach to developing a contemporary academic program designing exceptional student learning experiences.

Interviews with each core faculty member and associated faculty confirmed their stated commitment to offering a program of excellence. The faculty confirmed that ISU offers numerous opportunities for professional development that support teaching, research, and community outreach. A weekly "Teaching Tuesday" resource of upcoming educational events is emailed to each ISU faculty member. Faculty also reported significant support from the Program Director and administration for undertaking professional development activities that bolster their teaching and/or scholarly agendas.

Each faculty member either has an established line of research and a laboratory with state-of-the art equipment to support their research or a line of research and scholarship in planning stages. ISU requires productivity in scholarship. Faculty confirmed that the Program's scholarship expectations are consistent with or exceed that of CAPTE.

The energy and enthusiasm expressed by each faculty member and associated faculty member about their respective roles as faculty is contagious. Students who are in the process of applying or interested in applying to the Program are described as undergraduate students working with Program faculty in their research programs. As a group, they each spontaneously expressed their goal of using their abilities as physical therapists to improve the health of communities using the foundation of evidence they are confident they will gain in the Program. These students remarked that they understand from their mentors how the discipline of science can relate to solving health problems in the community. This reviewer found this sentiment to be unrehearsed and spontaneous.

Resources

The Program is supported by a large number of critical services. A full range of campus based student services are reported by faculty to be fully available to students in the Program. Students interested in the Program reported that ISU student services meet their needs.

The Program shares the Department's one full-time office manager, which, because programs in the department are co-located, allows for smooth operation. Currently, one Department administrative assistant manages clinical education responsibilities for contracts for the Program and a second is prepared to manage the admissions process for the Program. Administration has confirmed that they will support the Program with two dedicated Program administrative assistants who will assume these responsibilities when Candidacy is achieved. The Department's staff member who manages calls, visitors, and assists with other duties is currently shared by all programs.

Library and learning resources are reported to meet the needs of the Program.

A tour of facilities, classroom, laboratory, and research space confirmed adequate space, state-of-the-art teaching and research technology and laboratory equipment. The Program lab has a sufficient number of plinths. The Program will lease specific equipment to ensure students have access to the latest technology based equipment. Classrooms are equipped with smart boards, in-classroom audio recording equipment for capturing lectures, and distance broadcast technology.

The anatomy laboratory is fully equipped with modern dissection tables. The laboratory has overhead camera technology that permits sharing of unique dissections to others in the laboratory working at other tables. This technology will also support capturing unique dissections for later teaching and review.

A tour of the Rural Health Innovation Collaborative (RHIC) sponsored Union Hospital Simulation Center and the RHIC Landsbaum Center for Health Education confirmed unique community-based education support for a variety of health professional groups and health professional programs in Terre Haute.

Section 2: Curriculum Plan, Evaluation, Content, and Outcomes

Curriculum Plan and Evaluation

The curriculum is described as being a hybrid model. Interviews with administrators and faculty and a review of the curricular materials confirmed the intent to engage the students in independent and small group clinical reasoning and decision making. Faculty interviews and a review of the curricular materials confirmed that the curriculum provides a sequential approach to instruction on basic sciences, in conjunction with planned application of content, and progressively moves toward clinical sciences with increasing student responsibility for applying information in a variety of assignments. Faculty described the progression as being “cyclical” learning, or as an intentional recursive approach to teaching.

Most courses contain individual or small group assignments that challenge clinical reasoning and decision making, including students critiquing or presenting patient case recommendations, preparing literature critiques, working with simulated patients in the simulation center, participating in research activities, and completing service learning projects. Students are offered opportunities for selecting, and are expected to pursue, learning experiences, which include clinical rotations, and service and scholarly projects.

The Program Director and Chair of the Curriculum Committee, Dr. Kellee Hanigan, confirmed that curriculum assessment is a critical feature of assuring the success of the students and the Program. The DCE, Dr. Stasia Tapley, also confirmed that assessments established for clinical education will be an important part of overall program assessment.

Curriculum Content

Review of all syllabi confirmed that all first-year courses have fully developed syllabi and include samples of examinations, PowerPoint presentations, and defined course assignments. Courses for years two and three to be offered by current core faculty have fully developed syllabi with samples of examinations and PowerPoint presentations. Courses in years two and three that will be offered by yet-to-be hired faculty have less well-developed syllabi, but all include identification of content, topics to be addressed, and learning objectives.

Outcomes

CAPTE requires no statement of expectation for criterion at the time of Candidacy.

In summary: As a team, this well-qualified faculty have created a detailed curricular plan of well-designed courses with assignments that challenge students in synthesis, analysis, and clinical reasoning. A well-planned clinical education component has been developed. Faculty have also developed an extensive program assessment methodology. The Program is strongly supported by the Department, College, and higher administration.

INSTITUTION COMMENTS:

Core Faculty Credentials Correction: 3rd paragraph of "overview" on page 7.
Carolina Valencia, PhD (Not Carolina Valencia, PT, PhD... license is pending upon successfully passing board exam)

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

SUMMARY OF THE CANDIDACY REVIEWER'S FINDINGS

After a thorough review of the Application for Candidacy submitted by the program, review of material and information obtained during the site visit, opportunities to see the facilities and resources of the institution and program and interviews with the program faculty, institutional and program administrative officials, faculty from other departments, clinical educators, employers, and students, the Candidacy Reviewer finds:

The following areas appear to be well developed:

1. Curriculum design. The sequencing of courses and topics within courses has been well planned, and the topics and learning activities are well developed for the first-year courses.

Courses for the first-year students - summer 2015, fall 2015, spring 2016, and summer 2016 - are well developed with learning activities that emphasize active learning, and require analysis and synthesis of information and data, and recommendations of solutions to problems, including patient cases that lead to recommendation of approaches to examination, evaluation, and interventions.

2. Courses to be offered in both the second year and third years of the Program designated to be offered by the current core faculty are equally well developed.
3. Program assessment plans are clearly identified, including the Program's annual summer curriculum assessment retreat, which all core faculty are required to attend.
4. Program commitment and plans for meeting the ISU mission of serving communities is in large part accomplished by students designing service learning projects and focusing on rural and underserved populations. Each student will be required to participate in a clinical rotation that serves rural and underserved populations.
5. Faculty development plans for each core faculty member are well delineated. Associated faculty also benefit from counseling with the Program Director to augment their professional development plan that is developed in their home department.

The following areas appear to be insufficiently developed or are areas in which further development will be needed:

None noted.

Note: The above areas are those identified by the Candidacy Reviewer and may or may not be representative of the Commission's findings.

**CANDIDACY REVIEWER FINDINGS RELATED TO THE
EVALUATIVE CRITERIA FOR ACCREDITATION OF EDUCATION PROGRAMS
FOR THE PREPARATION OF PHYSICAL THERAPISTS**

COMMENTS RELATED TO SPECIFIC CRITERIA

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Indiana State University (ISU) is fully accredited by the Higher Learning Commission, North Central Accreditation, with most recent reaccreditation effective February 2011. The College of Nursing, Health, and Human Services was established in 2008. The West Central Indiana-Area Health Education Center Health Professions Workforce submitted a report in 2009 documenting the need for a variety of health care professionals in identified parts of Indiana. Based on the mission of ISU and the College, the report noted that the counties surrounding the University needed increased numbers of health professionals, including physical therapists. The University granted approval for the development of a physical therapy program in 2009. ISU met State requirements for developing the program and was approved on March 12, 2010 by the Indiana Commission of Higher Education to offer a Doctor of Physical Therapy degree program.

Comments related to the continued development of the program:

ISU intends to initiate the Doctor of Physical Therapy Program in summer 2015 if the program receives CAPTE accreditation in spring 2015.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS PROVIDED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Support for the physical therapy program was confirmed in interviews with Dr. Jon Pommier, Chair of the Department of Applied Health and Rehabilitation, Dr. Jack Turman, Dean of the College, Dr. Jack Maynard, Interim Provost and Vice President for Academic Affairs Maynard, and President Daniel Bradley.

Interviews with Dr. H. Tapley confirmed that, when faculty join ISU, they are oriented to all University, College, Department, and Program policies and that he is responsible for ensuring all faculty are alerted to any new policies as they are developed. The ISU University Handbook Policies and

Procedures Handbook is available online to all faculty. In addition to orientation by Dr. H. Tapley, new faculty are referred to this site. Of note is that the teaching loads of Program faculty are 15 credit hours over a 12-month period, which is intended to allow time for developing and sustaining a scholarly agenda. This teaching load is less than the regularly prescribed 15 credit hours per semester. Providing time supporting the development of and ability to sustain a scholarly agenda was negotiated with higher administration; it is not a uniform standard across all colleges or programs.

ISU policies that describe expected student behavior while enrolled in courses are uniformly presented in each course syllabi per the course syllabi requirements of the Department. Course-specific policies are also included. The Program Student Handbook presents specific program policies and procedures. Policies and procedures that support students while in clinical education courses are found in the students' Clinical Education Handbook.

Interviews with the Program Director and Department Chair confirmed that the Program faculty could bring before the College recommendations for changes in policies and procedures of the Department and of the College.

Comments related to the continued development of the program:

► In interviews, the Dean and Chairman reported strong support for the further development of the DPT Program. The PD reported that he experiences excellent support by these two administrators. He also reported enjoying an open and direct communication environment with these administrators.

INSTITUTION COMMENTS:

Minimum teaching loads for core faculty are considered 15 credit hours/12 months for the DPT program. Some faculty may eventually do 16-18 based on the needs of the program and faculty expertise. This is significantly less than what is expected of most faculty at this teaching institution, and it is in harmony with the American Association of University Professors' recommendations for graduate faculty teaching loads.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The program director reported the Program's mission, goals, and outcomes were developed by the core faculty in a series of small and large group meetings. Minutes of faculty meetings confirmed this. The Program mission is congruent with that of ISU. The Program goals and expected outcomes reflect its mission and contemporary thinking. Goals and measurable outcomes identified separately for students and faculty are mutually supportive to ensure student success, faculty achievement, and Program success.

Of note is one focus of the Program to prepare students to "contribute to the health equity of all, including rural and/or underserved populations." ISU emphasizes, beginning in the President's office and extending through all ISU colleges and programs, service to communities as part of its mission. Interviews with administrators, faculty, and students confirmed that this is a consistent and well-understood expectation within ISU, and numerous examples were reported by administrators, faculty, and students across ISU programs.

Comments related to the continued development of the program:

► The Program has a clearly detailed schedule of when faculty meetings and the major curriculum assessment retreat will occur. Interviews with faculty indicated a serious approach to program assessment by all faculty.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► The narrative for this criterion provides a broad goal statement; however, the expected outcomes listed in criterion P-3 are delineated under broader goal statements about students, faculty & the program. For students, these statements include:

- practice in an ethical and legal manner utilizing effective oral and written interdisciplinary communication skills to patients and stakeholders within the profession, including those in rural and underserved areas;
- demonstrate competent entry-level patient care skills and be able to critically reason in examination, evaluation, diagnosis, prognosis, and intervention while functioning as autonomous practitioners;
- promote health and wellness in their community; and
- demonstrate competence in accessing evidence-based literature, appraising the literature, and implementing it to enhance practice patterns.

The three statements for faculty address achieving a scholarly agenda, participating in continuous professional development and professional service, and engaging in clinical practice/community service to rural and/or underserved populations. The faculty reported that the goals in each of these areas are to be measured regularly and used as a basis for Program evaluation and, when appropriate, revision.

The goals articulated for the program address graduates passing the licensure exam; graduates who seek employment be employed within six months after graduation; graduates work in rural and/or underserved areas after graduation. Thresholds for each goal are identified.

A review of the course syllabi, including course assignments, indicated that each student goal is reflected throughout the curriculum. Active learning activities have been designed to prepare students for becoming problem solvers through synthesis and analysis of information or their research. Faculty confirm the intent for students to develop these skills and be prepared to graduate as autonomous practitioners.

Faculty workload is designed to provide adequate time to address the goal of scholarship and contributing to the body of knowledge. The Program Director indicated that receiving funding to support a scholarly agenda was included to encourage faculty to become part of and compete with their research in a larger community of researchers and scholars. The faculty goals also support creating a cadre of leaders in the institution and profession as articulated by having faculty serving as role models for students by achieving research success, becoming clinical specialists, and accomplishing service at a variety of levels, local to national. Role modeling leadership for the faculty is reported as important by higher administration and demonstrated by the accomplishments of the Chairman, Dean, Vice President, and President. In interviews, the President stated that he expects experiential learning opportunities to exist for students in all ISU programs. The Vice President stated that an expectation of the program is to develop graduates who will demonstrate excellence in

providing health care. The Dean articulated three areas of emphasis for the Program: excellent education for students, preparation of excellent clinicians, and development of a strong sense of community engagement. The Chairman commented that his goal is to support faculty in having the tools and resources to offer an excellent program.

Comments related to the continued development of the program:

► The stated AFC commitment to conduct annual program evaluation during the August faculty retreat suggests - and interviews with the PD and faculty confirmed - the commitment of developing a program of excellence that is guided and supported by data.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The stated outcomes presented in the AFC are consistent and mutually supportive of one another as described in the appendix. Program goals and outcomes were confirmed in interviews with faculty. Although not all statements in the narrative delineate a threshold; thresholds are delineated in the Master Assessment Chart.pdf

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The Program Director reported that the Master Assessment Chart (MAC) was developed by the core faculty to establish timelines and sources for evidence and to guide comprehensive assessment of the goals for the program, faculty, and students, and the Program's ability to meet the ISU Mission. Review of faculty meeting minutes confirmed this as a shared commitment.

The DCE reports that data from the Clinical Education Assessment Matrix will become part of the annual curriculum evaluation retreat.

The Program Director indicated that the APTA document, Outcomes Assessment in Physical Therapy Education, informed the development of the MAC, as well as other documents and input from Program consultants.

Program faculty minutes reviewed on site confirmed the regular meetings and actions taken by faculty in developing the Program and its mission, goals, and outcomes. The Program Director and chair of the curriculum committee reported a commitment to monitor student outcomes on a regular bases including from student input and end of semester course evaluations as well as yearly from data collected in the MAC and Clinical Education Matrix.

While the majority of items delineated in this criterion are addressed in the MAC, it does not appear to address assessment of the collective core faculty, the clinical education faculty, or the admissions criteria and prerequisites.

Comments related to the continued development of the program:

► A common goal in each of the categories of goals to be measured (students, faculty, and Program) is that of practice in a rural and/or underserved area. An interview with the Dean confirmed that this is a goal he has for all College programs. The Program Director and faculty confirmed that a goal of community engagement often interpreted by providing service activities is now part of the Promotion and Tenure document. They have interpreted community engagement as participating with rural and/or underserved populations and have planned specific student didactic and clinical requirements that include service learning activities and completing one clinical education experience that qualifies as addressing the needs of working with a rural or underserved population.

INSTITUTION COMMENTS:

The Master Assessment Chart (MAC) has been modified to include items for Assessment of Admissions. The original MAC currently does contain assessment of core faculty which is listed under "Resources", and the assessment of clinical education faculty is recorded in the Clinical Education Assessment Matrix Item #6.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:
IR_Revised_Master Assessment Chart

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The Program Director described the program's three to five-year planning process as being comprised of annual formal assessment using the data from the MAC and from the Clinical Education Assessment Matrix. He reported that changes will occur more frequently as data indicates a need. The Chairman, though attentive to annual changes, reports that he will specifically review the program on a three-year cycle.

The Program Director indicted that the Program's strategic plan is based on a five-year review and revision process.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, 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.

Comments related to satisfactory progress towards achievement of candidacy:

► The DPT Program Student Handbook and the program's website contain policies and procedures related to handling complaints outside of due process. The Dean and the Program Director indicated that complaints would be handled confidentially.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► As documented in the AFC and confirmed in interviews with the Program Director and faculty, policies of rights, responsibilities, safety, privacy, and dignity of faculty and staff are readily available to faculty and staff in a variety of resources including: Faculty Appointment, Promotion, and Tenure Policies Bulletin; the employee's contract when hired by ISU; College Grievance Procedures; and the ISU Handbook section that addresses confidentiality and privacy of personal information.

The Office of Student and Integrity web page, Complaints Against Members of the University Faculty and Administration (www.indstate.edu/sci/link2-process/content/complaintprocedures.htm), documents the process for students to offer complaints.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► On-site interviews confirmed that the planned admissions policy will be employed upon granting of candidacy. Dr. H. Tapley has designated himself to coordinate at least the initial admissions process and will train another faculty member in that process.

Interviews with prospective students confirmed that they believe they are fully informed about the admissions process, what is expected of them as a student, and they express confidence that they will be well supported as students and treated fairly based on their interactions to date with core faculty.

Review of the materials related to recruitment and admissions verified that information on the Program's website presents the current formal status for the Program. In addition, the website identifies the following requirements for application: BS from a four-year accredited university; preferred cumulative GPA of 3.0; recommended pre-requisite of 3.0 GPA for pre-requisite coursework; GRE within past five years and combined verbal/quantitative score of 290 required for consideration.

The core faculty developed a scoring form for admissions with definitions for each of the eight criteria to be applied in the admissions interview process.

The PD confirms that interviews of a limited number of applicants will occur and those conducting the interviews will be trained and evaluation of the interview process will occur.

On-site interviews confirmed the core faculty commitment to providing information about expectations for students clearly and regularly. The Student Handbook presents well-detailed policies and procedures that support and inform students about the program and their responsibilities. Many of these policies are part of each course syllabi.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Program policies, procedures, and practices regarding student recruitment and admission are well articulated and publicized in multiple formats that are easily available to potential applicants. Interviews with prospective students confirmed that they believe the admissions process to be equitable.

The admissions process is well outlined. Program faculty are educated about and supportive of affirmative action.

Comments related to the continued development of the program:

► The Program Director and faculty confirmed they are anxious to begin the selection process. Interview with the Program Director indicated a commitment to becoming alert to any features of the admissions process that may not serve the applicants or program well.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► Program policies, procedures, and practices assure the rights and responsibilities of the students and are well publicized in a variety of easily acceptable formats as indicated in the AFC. This includes clearly articulated expectations and protections in the Student Handbook. The Program Director confirmed that each admitted student will be required to sign a form located at the back of the Handbook to indicate they have read and understand the information in the Handbook. Critical policies related to student rights and responsibilities in courses are contained in each course syllabus.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► A review of these policies and procedures suggests the student retention and progression through the program are equitable and adhere to ISU policy and applicable law. Faculty interviewed expressed commitment to assisting students to become successful.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Review of program policies confirmed the existence of policies, procedures, and practices exist to protect the rights, safety, dignity, and privacy of patients and clients involved in the program.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The expectations for maintaining compliance with accreditation policies and procedures, which are the responsibility of the Program Director, are delineated in the Department's Policy and Procedures Manual.

Comments related to the continued development of the program:

► Interview with the Program Director confirmed his commitment to adhere to and guide the program successfully in adhering to all required CAPTE, ISU, College, and Department policies and procedures.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► On-site interviews verified a commitment to the annual program assessment retreat that will include an assessment of policies and procedures. Interviews with the program director confirmed the intent

for the assessment process to provide data that guides faculty to ensure these policies, procedures, and practices will be effective or determine if they need to be revised or replaced.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Interviews with each core faculty member and review of their curriculum vitae indicated that they possess contemporary expertise and are prepared to teach their assigned content.

Comments related to the continued development of the program:

▶ During interviews with faculty, they were very complimentary about the administration's support for ongoing faculty development in teaching, research, and scholarship. In addition, ISU provides a weekly bulletin, "Teaching Tuesday", which lists programs that enhance teaching or to advance content in particular educational topics that are available to all faculty. Administrators interviewed commented on the importance of excellence in teaching at ISU.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ Interviews with each core faculty member, including the DCE, and a review of each course syllabi for which they are responsible confirmed that their past teaching experiences, clinical or research, and/or administrative experiences provide them with the background to possess or develop effective teaching and student evaluation skills.

Comments related to the continued development of the program:

▶ The core faculty conveyed a sense of mutual respect, collegiality, and willingness to learn from each other in creating a program of excellence.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The Program enjoys the presence of two experienced and successful research core faculty (Gurovich and Valencia, the latter who is also Director of Research for the College) with ongoing research programs. All core faculty have defined scholarly agendas and a faculty development plan that addresses expanding or developing new research and scholarship skills.

Comments related to the continued development of the program:

► It appears that support from administration, guidance from the Program Director, and the faculty development programs will provide a positive environment to facilitate the achievement of successful records of research and scholarship.

INSTITUTION COMMENTS:

Dr. Valencia is Director of Research for the DEPARTMENT, not college

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► There is no expectation for this criterion at the time of Candidacy. However, interviews with each core faculty member confirmed plans to meet the University expectation for community engagement, to be active in professional association(s) and to serve as role models for students in each of these areas.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Review of Dr. H. Tapley's CV and on-site interviews with him, confirmed that he has had a number of past faculty experiences and responsibilities that appear to have prepared him to be a program director. He is a physical therapist with an earned PhD in Health Education/Health Promotion and has senior faculty status. He is appointed as an associate professor.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► Interviews with each of the faculty confirmed their confidence in the program director's leadership. The Dean and Chairman expressed confidence in his leadership skills. Dr. Tapley's relationship with administration of the College and with program chairs within the College was reported by other program directors to be open and collaborative. His successful negotiation of the 15 CH teaching load per year for each core faculty member is one example of his effectiveness.

Comments related to the continued development of the program:

► During on-site interviews, the Program Director indicated a commitment to continue to his development in this role. There are plans for him to continue to receive mentoring from experienced program directors.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► A review of the Department of Applied Medicine and Rehabilitation Policies and Procedure Manual (2013), Appendix C: Guidelines for Academic Promotion and Tenure (pp 30-34) confirms a well-delineated process of evaluation of faculty for promotion and tenure. The role of evaluation as described in the Manual was confirmed during on-site interviews. There is an annual written assessment provided by the PD to the Chairman for pre-tenure assessment, the process of which is clearly described on pp 32-34. The Program Director and the Program Promotions Committee provide evaluation for promotion that is also forwarded to the Chairman for his evaluation. The Chairman who, based on ISU policy, is responsible for the formal evaluation of each faculty member with input from the PD and the program faculty promotions and/or tenure committee. The Chairman submits a formal evaluation and recommendation as does the departmental faculty committee to the Dean; the Dean to

the Vice President, and this recommendation is then forwarded to the President. During the pre-tenure period faculty, as per policy, faculty receive copies of written evaluations for their progress towards tenure so they may work with the program director to address any areas of concern expressed in any of the individual evaluations. The same procedure is followed for promotion.

The Program Director will be providing annual assessments for each of the current core faculty and associated faculty. Since faculty are currently teaching non-program courses their annual assessment by the PD will be based on his knowledge of those teaching responsibilities or input he receives that are then combined with his assessment of the other roles and responsibilities of the core faculty. Their research and scholarly responsibilities and service will be based on ongoing activities.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

Program Promotions Committee should be "Department Faculty Affairs Committee"

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The Department of Applied Medicine and Rehabilitation Policies and Procedures Manual also delineates the evaluation requirements for associated faculty. The Program Director will provide his assessment of accomplishments, or lack thereof, to the associated faculty member's dean. In addition, he discusses his evaluation with each associated faculty member.

Comments related to the continued development of the program:

▶ Given the expressed commitment of the program director to all ISU, College, and Department policies and procedures the expectation is this will be managed as described.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

F-9. The program administrator has the responsibility and authority for planning and administering 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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The Program Director confirmed that he has been actively involved in budget planning with the Chairman for the budgetary needs of the program. The Chairman confirmed that one of his major responsibilities is to secure funding to support the needs of the programs in the Department. On-site review confirmed that the Department and the College currently has and will continue to assume the

budgetary responsibility for salary and fringe costs of the Program. The Program Director can request support for major program expenses.

The DPT Program fee of \$1,000 per student/per semester is the sole responsibility of the Program Director to budget as per program needs.

Comments related to the continued development of the program:

► The program fee, once the program is fully implemented with 30 students in each of the classes, will amount to a significant income for supporting the needs of the program.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► Review of faculty minutes and interviews with the program directors of the Athletic Training, Physician Assistant and Occupational Therapy programs confirmed that communication occurs in an effective and collaborative manner with Dr. H. Tapley. When asked about potential competition for funds, space, or other resources, they confirmed that the Department has been able to support change in a manner that does not foster competition.

The Chairman and the Dean confirmed that Dr. H. Tapley is an effective communicator.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Review of the clinical education program materials and interviews with Dr. Stasia Tapley, the DCE, confirmed that the DCE has a clear understanding of the needs of establishing a contemporary and quality clinical education program. Her previous experiences as a clinical instructor have given her opportunities to provide input into other clinical education programs. Discussions with two clinical education coordinators and one clinical instructor from the community confirmed that the DCE is organized, easy to communicate with, and willing to assist them to meet any needs they or their clinical faculty may have as they accept program students. The program's emphasis on graduating autonomous practitioners is a shared goal by both the DCE and the clinicians interviewed.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ Review of materials on site, the Clinical Education Handbook, the record of the number and variety of clinical site contracts, interviews with the three clinical education representatives, and discussion with the DCE confirmed the effective manner in which she has developed the clinical education program.

Comments related to the continued development of the program:

▶ In interview, the DCE expressed the importance in accessing data that will support evaluation of the clinical education program.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Review of the Clinical Education Handbook and clinical affiliation agreements confirmed that critical information about the clinical education program has been developed. Discussion with the clinical education representatives confirmed that the DCE has met their needs in providing information about the clinical education program and what is expected for supporting students in the three full-time clinical education courses (Note: PHTH 885 Clinical Education III is described by the DCE as being two eight-week rotations or one rotation in a facility with two different emphases.) One of the three clinical education faculty interviewed noted that his facility will not accept first-year students due to the specialty nature of his private practice based on the information he has received about what skills students can be expected to have in each rotation. Review of faculty meeting minutes confirmed planning and discussion about clinical education among the core faculty.

Comments related to the continued development of the program:

▶ Discussion with the DCE confirmed that she looks forward to further development of the clinical education program once students have been admitted, and have begun to participate in clinical education courses.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The written agreements reviewed on site confirmed a successful formal institutional process of securing clinical education rotations that provides CAPTE required data and written agreement of responsibilities of both the program and the formal organization representing the clinical education facility. The process and requirements for establishing clinical agreements meet standard requirements of the Department and require formal oversight by the Dean, ISU Risk Management, and the University General Counsel. The DCE reports she can consider a non-standard written agreement but that it must meet the requirements of Risk Management and ISU General Counsel.

Comments related to the continued development of the program:

► The DCE monitors completion of all program written agreements between the Department and the program.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Minutes of faculty meetings and discussion with the DCE confirmed that faculty have been involved in the planning of the clinical education program from the perspective of how content is taught in specific courses and how that instruction will allow students to apply information in clinical experiences. The Program Director describes the curriculum development process as being integrated with consideration for clinical education course objectives. The MAC and the Clinical Education Matrix will provide data that provides program evaluation information about the successful progression of students.

Comments related to the continued development of the program:

► The DCE has planned several opportunities for additional sources of information to be gathered to monitor the success of the clinical education program, including clinic visits, student assessments of their experiences, and CI assessment of student performance.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

F-16. The ACCE/DCE, using information provided by the clinical education faculty and other information as needed, is ultimately responsible for assessment of student learning in the clinical education experiences.

Comments related to satisfactory progress towards achievement of candidacy:

► The PD confirmed, and the DCE explained, that she is responsible for development, management, and reporting to the faculty the evaluation of the clinical education program. The Clinical Education Handbook states that the CPI is the evaluation tool used by the CI. The Handbook states that the grade for each rotation will be assigned by the DCE (also referred to as ACCE).

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Interview with the DCE confirmed her commitment to establishing a methodology for measuring the strengths and weaknesses of the clinical education program with the forms and approaches she has developed and identified in the AFC.

Comments related to the continued development of the program:

► The concept of applying measures that have acceptable thresholds in the documents to be used in evaluation of the clinical education program will be interesting to follow over time to determine the sensitivity of these measures.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Interviews with each of the core and associated faculty member and review of CV's and course materials developed to date suggested that collectively they are a blend of individuals with doctoral

preparation and demonstrated scholarship, research, and/or clinical expertise that supports their roles and responsibilities in the program.

Comments related to the continued development of the program:

▶ The core faculty have professional development plans to enhance their current levels of academic expertise and/or add to this expertise.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Review of faculty meeting minutes and interviews with the Program Director and core faculty confirmed that faculty are responsible for monitoring ISU academic regulations and developing those specific to the Program that will enhance the success of the Program and the students.

Comments related to the continued development of the Program:

▶ Interviews with the Program Director and core faculty confirmed their intent for the annual assessment of the curriculum to identify needed revisions, including those related to academic regulations.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Review of faculty meeting minutes and interviews with each of the core and associated faculty member confirmed that each faculty member is ultimately responsible for their respective course(s) but in collaboration with their colleagues to ensure cohesiveness of the curriculum and ultimately, success of the students.

Comments related to the continued development of the program:

▶ Interviews with faculty confirmed interested in discussing course development and their openness to considering other features of their courses if evidence can support the need for change.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► On-site review of faculty meeting minutes and interviews with all core faculty confirmed the methods identified in the AFC to assess if students are ready to participate in clinical education. These methods will rely primarily on student performance in written and practical examinations and applied assignments. Student performance will be reviewed after each semester.

Comments related to the continued development of the program:

► Monitoring of the practices identified for assessing students will inform faculty and the DCE if enough information is being collected on which to make decisions about student entering clinical education courses.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Review of first-year course syllabi and interviews with the PD confirmed that sufficient faculty have been hired to offer the first year of the Program. .

Faculty needs have been identified for second and third year courses; there are plans to hire two additional core faculty during the first year of the Program. The Dean confirmed that faculty additions will be supported once candidacy is achieved.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The AFC indicates that all CIs will be expected to have at least one year of clinical experience and clinical competence in their area of practice.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, 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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The DCE confirmed she is developing written clinical agreements considering the need for diversity of clinical opportunities available to students and with clinical sites that are judged to have experienced clinical instructors or CCCEs. The Clinical Education Matrix for assessment and other tools identified to collect information about the clinic's experience with students and vice versa will be used in identifying effective, as well as ineffective, clinical faculty. The DCE indicated that clinical faculty development will be offered.

Comments related to the continued development of the program:

▶ The DCE reported, as with other aspects of the Program effectiveness, clinical faculty will be evaluated and monitored.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Review of the "Applied Medicine and Rehabilitation Department Clinical Affiliation Agreement" indicated that it delineates the responsibility for clinical education faculty to evaluate student clinical performance. On-site interviews with clinical education faculty confirmed that they will be using the web-based CPI, which requires online training. In addition, they shared that the DCE has indicated her availability for support, if needed.

Review of the Clinical Education Handbook also confirmed that the role of the clinical education and the DCE (sometimes referred to as ACCE) are delineated.

Comments related to the continued development of the program:

► The DCE commented that methods of communication will be confirmed or revised as necessary once the clinical education program has been initiated.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The “Affiliate Faculty Remuneration Policy Department of Applied Medicine & Rehabilitation Indiana State University” (p2) states there is the opportunity for “clinical preceptors” to receive a non-cash benefit towards continuing education.

Clinical representatives interviewed expressed interest in participating in a variety of professional education offerings.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Interviews with the associated faculty, review of their educational background, and of their course syllabi appear to indicate that they are well qualified to teach the courses to which assigned.

Comments related to the continued development of the program:

Several associated faculty have many important skills to offer the program and students beyond the course(s) they are teaching.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The associated faculty interviewed confirmed they understand their responsibilities with the Program and know that they are invited to faculty meetings, but do not have voting rights.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► The associated faculty interviewed confirm they have the rights and privileges of the university as afforded other faculty in this capacity serving other programs at ISU.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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 among physical therapists.

Comments related to satisfactory progress towards achievement of candidacy:

► The Program Director and core faculty confirmed the goal of ultimately admitting 30 students in each entering class. However, the PD indicated the intent is to admit 15 students in the first class. The Program's Admission Policy is clearly outlined and understood by the faculty. The criteria states "Indiana residency (favored but not required)" and "potential for service in rural and/or underserved areas (favored but not required)." These two features are in keeping with the ISU emphasis on

meeting the needs of the primary catchment area of ISU as expressed by the President and the Program's emphasis on students becoming proficient in meeting the needs of rural and underserved populations.

Comments related to the continued development of the program:

► In interviews, the President, Vice President, and Dean reported that ISU has a significant graduation rate of first-generation students at the undergraduate level and that ISU is proud of the institutional supports available to these students. The Program Director is hopeful that the physical therapy class will include students from this group.

INSTITUTION COMMENTS:

Again, as mentioned earlier in this report, we are asking for an initial class size of 30, however, we do anticipate that the first cohort will be considerably smaller due to a lack of qualified applicants. Both the program faculty and administration have voiced their commitment to only admitting students deemed qualified and possessing the desired aptitude to endure the academic rigor of the DPT program. We are also committed to diversity in future student enrollments and plan to target minority highschools and colleges throughout the state of Indiana during recruitment efforts.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

Student Services

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

Comments related to satisfactory progress towards achievement of candidacy:

► Interviews with faculty and potential students indicated that student services are comprehensive and appropriate.

Comments related to the continued development of the program:

► Once students are admitted, the Program will be better able to judge this.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Interview with the Department's Office Manager (Julie Dininger) confirmed her role in the Department as addressing the needs of the Chairman and assisting program directors. She confirmed that the Program has access to the two full-time administrative assistants, one of whom works with admissions and the other who supports clinical education. The Program Director reported that two staff will be hired once candidacy is granted.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The Program Director confirmed that the budget reflected in the R-4 criterion response in the AFC reflects anticipated operating expenses. In addition, he confirmed budget support for eight core faculty and two administrative staff members. The administration has committed to startup costs, including faculty and staff salaries and fringe benefits. The PD confirmed that, after four years, the administration will continue to provide budget for the salaries and fringe benefits, but, at that time, the Program will become responsible for its own operating expenses.

It is anticipated that the program fees will meet the needs of the Program's operating expenses.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The Program Director reported that the library system is adequate for meeting the needs of the students and faculty. The reviewer did not tour these facilities.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► A tour of the building devoted to the Department's programs (Sycamore Center for Wellness and Applied Medicine Building (SCWAM) confirmed adequate dedicated classroom and laboratory space, storage space, and research laboratories for the first year of the program. Adequate shared classroom and laboratory space also exists for specific needs in SCWAM. Additional classrooms are available for scheduling in adjacent buildings on campus. A well-equipped simulation center was toured, which is approximately a ten-minute drive from campus. The simulation center is a shared facility that provides educational opportunities for a variety of health professionals and health professional students. Adequate parking is available to ISU programs.

Comments related to the continued development of the program:

► The President, Dean, Chairman, and Program Director reported that a bill is pending before the Indiana legislature to fund a new College of Nursing, Health and Human Services building, which, if funded, would house all programs of the College, including those in the Department of Applied Medicine and Rehabilitation. The Department of Nursing is currently located in a separate building.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► A tour of the core faculty offices confirmed their offices to be of sufficient size to meet their needs. Offices are equipped with desktop computers and standard desk, chairs, shelves, and filing cabinets. The offices provide for confidential meetings with colleagues and students.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► A tour of the designated research laboratories confirmed they are equipped with state-of-the-art equipment for ongoing faculty research programs and consist of: clinical cardiovascular laboratory; applied biochemistry laboratory (shared); therapeutic modalities laboratory; Pain Laboratory; and an

Applied Biomechanics Laboratory. Additional research laboratories are reported to be available on campus, which include those devoted to biomechanics, exercise physiology, and motor learning. Faculty who do not require a dedicated laboratory have access to a variety of campus resources to support their studies. For example, one study focused on child development requires interprofessional investigators including a core physical therapy faculty member who described the project as one that requires working with parents and children in their own environments. This project is led by the Dean.

Comments related to the continued development of the program:

► ISU has a history of promoting research and scholarly activities including an annual research conference, EXPOSIUM, designed for student research presentations. The 2015 conference is March 30 – April 1, 2015.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► A tour of current space confirmed adequate administrative and secretarial space is available to meet the needs of the Program for the first year.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► A tour of the laboratory confirmed that adequate equipment, as reported in the AFC, is available or will be leased to meet the needs of the Program and its students. The PD reported and the OT Program Director confirmed that the Program will share limited equipment with the Occupational Therapy Program. The PD confirmed that funds are available to purchase additional equipment as necessary.

Comments related to the continued development of the program:

► A fully equipped physical therapy clinic is located on the first floor of the Sycamore building (where the program is located) and has the potential for planned student laboratories. The Clinic Director indicated that such activities are welcome in the Clinic.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ A tour and discussion with a key research core faculty confirmed that the current research laboratories are fully equipped, operational, and well organized. The ongoing research is contemporary. He commented that the Program enjoys adequate technology support for teaching and research.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ The Department's Office Manager confirmed faculty have easy access to her and her staff for administrative support and that staff have the equipment, technology and materials needed.. They reported that IT support is available, timely, and excellent.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Following review of the curriculum plan and discussions with director and core faculty, it is clear this faculty carefully reviewed the previous curriculum plan and made revisions resulting in a contemporary educational plan. The director pointed to professional documents that have served as the basis for many planning discussions.

The director and core faculty have accessed consultants, are current in the literature, have a strong research background and/or clinical background, and have experiences in other physical therapy programs, all of which they have applied to the development of the current curriculum. The course syllabi reflect, and the faculty confirmed, a strong emphasis throughout the curriculum on active learning with a goal of students applying the development of problem-solving skills in courses, and on clinical experiences. The expected outcome is for graduates that are effective, autonomous practitioners.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Faculty minutes and discussions with faculty confirmed they worked together to develop a program philosophy reflecting contemporary practice using their individual doctoral work experiences, professional growth experiences, and the literature as the background for their curriculum planning discussions. The philosophy stated in under this criterion and again in criterion CP-2.5 reflects the nature of the discussion of faculty. Review of these statements indicates that the profession's value statements are integrated with the ISU statement of values. The ISU values were clearly stated in conversations with the President, the Vice-President, the Dean, the Chairman, and other departmental program directors.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ The AFC provides expected student and alumni outcomes to address the 4 student goals. A review of and discussion with the Program Director and core faculty about student outcomes confirmed the seriousness by the program faculty in developing measurable outcomes, monitoring progress of students in achieving them, and measuring success of these outcomes or making changes in the Program if data suggests weaknesses in the program.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ A baccalaureate degree is a prerequisite for admission to the Program.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ Discussion with the Program Director and core faculty confirmed their confidence that the identified prerequisite courses will prepare the student for success in the professional program.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ On-site review of meeting minutes and interviews with core faculty confirmed the curriculum model and education principles that are delineated in the AFC.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ In discussions with the Program Director, core and associated faculty, all expressed confidence in the organization of the courses and the sequenced nature of these courses in leading to successful student outcomes. The Department requires a standard and detailed format for all syllabi, including a number of ISU policies intended to enhance student success. Program faculty are allowed and a review confirmed they add course-specific policies to the ISU policies in the syllabi.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The objectives in aggregate describe a depth and breadth needed to meet student performance expectations. Discussions with faculty confirmed their intent to progress students through the curriculum requiring higher order thinking and active learning. Below are examples of this reviewer's assessment of a sample of typical course objectives.

"Demonstrate an understanding . ." Is a statement in many course objectives that is often not accompanied with how that will be accomplished at a high level of reasoning and decision making or identify how it would be measured.

PHTH 602 – Physical Therapy Examination: the two objectives are complimented by sub-objectives that, in a sequential manner, prepare and require the student to demonstrate the ability to learn about, demonstrate, synthesize, analyze, and, using evidence, apply the information to a patient situation and perform an appropriate examination.

PHTH 603 – Functional Anatomy/Kinesiology: several objectives state " demonstrate an understanding; explain; recognize, describe, discuss." Others show higher order of cognitive responsibility of "assess, evaluate." The assignments reflect higher order functioning. For example:

1. “ develop an understanding of the Tekscan foot pressure mapping system and use it to evaluate weight distribution during gait, posture/balance during stable and unstable conditions. See Posture/Balance Tekscan lab assignment.”

BIO 633 Advanced Pathophysiology: “Describe, discuss, understand” introduce the majority of major and sub course objectives. “Interpret, compare and contrast, use evidence, and analyze” terms exist but do not represent the majority of objectives/sub objective. However, students are responsible for knowing the changes in mechanisms of physiological mechanisms over the life span; they work in groups to write papers requiring analysis of physiologic responses to illness and treatment modalities and are evaluated by the use of evidence-based rationale to support their reasoning.

PHTH 605 PT Procedures: Primary objectives include terms of “perform, apply, demonstrate, describe, describe and demonstrate, appraise, explore. Sub objectives under each present a majority of higher-level cognitive responsibilities with terms of “identify, demonstrate appropriate and safe; prescribe and demonstrate; perform and analyze; appraise ” In this course, students perform self and peer assessments when demonstrating various tasks on a simulated patient in the simulation center.

PHTH 606 Applied Neuroscience I: The course objectives do not uniformly reflect the high cognitive responsibilities that are required in course projects. For example, one project requires pairs of students to use information about a neurological injury to create a case study. In this project, students are evaluated on how well they apply neurological anatomical and functional information to the injury. Students will then use that information to demonstrate that they know and understand the neurological anatomical AND the functional implications of the diagnosis by creating a case study. The project culminates in students presenting their findings in a round table discussion with classmates.

PHTH 624 Musculoskeletal I: The course Global Objectives reflect the intent of the course, which is focused on management of the lower extremity. The seven Enabling Objectives each contain several sub objectives that progress from the student being responsible for learning basic information to applying the information. These objectives also reflect progression in the process of managing lower extremity musculoskeletal conditions.

PHTH 622 Therapeutic Agents: thermal, electromagnetic, electrical, and mechanical therapeutic agents comprise the focus of this course. The course objectives are stated in “identify and contrast” terms followed by “Apply the appropriate Therapeutic Agents during . . . ; create a patient-based intervention . . . ; analyze patient-based interventions.” Laboratory assignments & instructions reflect active learning and application.

PHTH 623 Lifespan Development: The Course Description emphasizes development related to human movement and motor skills across the life span. The course objectives are more comprehensive and the Course Learning Outcomes sequentially address broad lifespan development narrowing to motor development. These objectives require students to “select, create, perform” reflecting active learning responsibilities complimented by course assignments.

This is the first course in the first year that specifically addresses objectives addressing service learning and inter-professional responsibilities.

PHTH 621 Pharmacology: The Course Objectives reflect higher-level cognitive activities though Objective 5, “Discuss the effects of drugs on physical examinations and physical movements such as general mobility and therapeutic exercise,” addresses a critical feature of this course the language is not reflective of the required Case Study responsibility that students are required to complete.

PHTH 685 Clinical Education I: The objectives are stated in terms consistent with the student responsibilities of the course. For example one objective states: “provide cost effective care/services

through participation in the financial management (reimbursement/billing) of clinical services and discuss through written reflection and online case discussion.”

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

See comments in attached appendix: CP2.7 Institution Comments.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

IR_CP2.7 Institution Comments.pdf

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ A wide variety of instructional methods are reflected in the various course syllabi. Faculty confirmed that active learning and having students seek additional information, synthesize and analyze it for recommended solutions to problems is a feature of this curriculum.

All first-year course syllabi are fully developed as are courses core faculty will teach in years two and three. Course files reviewed on site present examples of examinations and PowerPoint presentations.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ Discussions with core and associated faculty confirmed, and course syllabi present, a variety of evaluation techniques that will be used to evaluate student performance beyond traditional course tests. Applied tests as used in laboratory settings, as well as those used for written projects, have grading rubrics available for the first-year courses for students to understand the grading systems for assignments.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► Discussion with the DCE confirmed an equitable method for clinical course assignment. The process is described for students in the Clinical Education Handbook that students receive and will be discussed with them in regularly scheduled meetings. Requirements for each student for the sequence and type of rotation a student must participate in is described in the Handbook.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

Curricular Evaluation

CP-3. There is ongoing 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.

Comments related to satisfactory progress towards achievement of candidacy:

► Discussions with the Program Director, DCE, and core faculty and review of faculty meeting minutes confirmed the collaborative process of the development of evaluation of the courses and student performance, including clinical education. Evaluation of the curriculum is identified as one aspect of the annual Program evaluation retreat. Interview with the chair of the curriculum committee described her responsibility for the committee's evaluation of courses and the overall curriculum.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

► Interview with the DCE confirmed the plan she has established for evaluation of the clinical education program, and student performances through the three clinical education courses, and that the data collected from a variety of sources, including students, CIs, CPI, CSIF, and faculty. The Advisory Board will contribute to the annual program assessment discussion of the clinical education program.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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). Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

Comments related to satisfactory progress towards achievement of candidacy:

► Discussions with the core and associated faculty confirmed the rigor of the learning experiences in the biological and physical sciences taught in the professional program. The Program Director confirmed that he will use the faculty development plan for each faculty member as a tool for directing faculty to enhance their background in any emerging areas in content that is identified as needing strengthening in the curriculum.

Comments related to the continued development of the program:

► Biological and physical science-related research that core faculty are conducting will lend strength to curriculum evaluation of these areas and suggested desired revisions.

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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), including laboratory or other practical experiences.

Comments related to satisfactory progress towards achievement of candidacy:

► Interviews with the Program Director, DCE, and core and associated faculty confirmed student learning experiences in the behavioral sciences as outlined in the AFC. Courses in the curriculum, including PHTH 623 Lifespan Development shared with the students in the occupational therapy program provides the physical therapy students an interprofessional learning experience and strong introduction to a behavioral approach to working with clients. Other courses beginning in the second year, including ATTR 91 Research Methods in AMR, 899, PHTH 899 Scholarly Project, AHS 720, PHTH 800 Leadership and Administration, PHTH 820 Health Promotion Outreach, PHTH 823 Special Populations, and PHTH 841 Health Care Systems provide the students with principles and broad learning experiences in the behavioral sciences that is reinforced by application in program courses.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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), including laboratory or other practical experiences.

Comments related to satisfactory progress towards achievement of candidacy:

► Review of clinical sciences courses and interviews with core faculty confirmed that the clinical sciences courses are well designed, and, in most cases, reflect their area of ongoing research. The Program Director also pointed out the respective strengths in curriculum evaluation of many of these areas of curricular emphasis that are related to these areas of ongoing faculty research.

Comments related to the continued development of the program:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

► On-site discussion with the DCE and review of the written agreements and letters of intent from clinical sites confirmed more than the required number (125%) of clinical experiences for the projected first class size of 15 students. The DCE reported continuing to seek written agreements with clinical sites in readiness for expanding the subsequent class sizes to 30 and ultimately with 90 students requiring different levels of clinical rotations. The Department has an explicit manner of handling letters of intent for sites and written agreements that must be approved by ISU Risk Management and the ISU office of General Counsel.

Comments related to the continued development of the program:



INSTITUTION COMMENTS:

We have more than the required number (125%) of written agreements and letters of intent for a first class size of 30 students as uploaded in the original AFC.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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. The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
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.	Yes	Yes	Yes – introduced in PHTH 600 in first summer; reinforced in 685, 785, 885 (clinical education courses)	
CC-5.2 Have a fiduciary responsibility for all patient/clients.	Yes	Yes	Yes – as above	
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.	Yes	Yes	Yes – as above and 800	
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.	Yes	Yes	Yes – and as stated in AFC	
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.	Yes	Yes	Yes – and as stated in AFC; note this is an area of emphasis in the program and in the institution	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
Professional Practice Expectation: Altruism CC-5.6 Place patient's/client's needs above the physical therapist's needs.	Yes	Yes	Yes – as per AFC	
CC-5.7 Incorporate pro bono services into practice.	Yes	Yes	Students will design potentially pro bono services; not all students may have opportunity to practice in this setting/providing these services	
Professional Practice Expectation: Compassion/Caring CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.	Yes	Yes	Yes – as per AFC	
CC-5.9 Promote active involvement of the patient/client in his or her care.	Yes	Yes	Yes – this is an emphasis by PD and core faculty; as per AFC	
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.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC	
CC-5.12 Participate in self-assessment to improve the effectiveness of care.	Yes	Yes	Yes – introduced in 600; particular emphasis throughout curriculum with strong application in clinical education courses	
CC-5.13 Participate in peer assessment activities.	Yes	Yes	Yes – as per AFC	
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.	Yes	Yes	Yes – as per AFC	
CC-5.15 Participate in clinical education of students.	Yes	Yes	Yes – as per AFC	
CC-5.16 Participate in professional organizations.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
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.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – throughout curriculum many applied learning opportunities required of students to develop clinical reasoning skills; as per AFC	
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.	Yes	Yes	Yes – as per AFC	
Professional Practice Expectation: Evidence-based Practice CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.	Yes	Yes	Yes – throughout curriculum many applied learning opportunities required of student to develop habit of applying evidence to reasoning and decision making; as per AFC	
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.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
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.	Yes	Yes	Yes – as per AFC	
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.	Yes	Yes	Yes – as per AFC	
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.	Yes	Yes	Yes – emphasis on rural and underserved populations; as per AFC	
Professional Practice Expectation: Education CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC	
Patient/Client Management Expectation: Examination CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.	Yes	Yes	Yes – as per AFC	
CC-5.29 Examine patients/clients by performing systems reviews.	Yes	Yes	Yes – as per AFC	
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:			Yes – as per AFC for all CC5.30 Note: have opportunity to practice some skills in Simulation Center	
a. Aerobic Capacity/Endurance	Yes	Yes		
b. Anthropometric Characteristics	Yes	Yes		
c. Arousal, Attention, and Cognition	Yes	Yes		

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
d. Assistive and Adaptive Devices	Yes	Yes		
e. Circulation (Arterial, Venous, Lymphatic)	Yes	Yes		
f. Cranial and Peripheral Nerve Integrity	Yes	Yes		
g. Environmental, Home, and Work (Job/School/Play) Barriers	Yes	Yes		
h. Ergonomics and Body Mechanics	Yes	Yes		
i. Gait, Locomotion, and Balance	Yes	Yes		
j. Integumentary Integrity	Yes	Yes		
k. Joint Integrity and Mobility	Yes	Yes		
l. Motor Function (Motor Control and Motor Learning)	Yes	Yes		
m. Muscle Performance (including Strength, Power, and Endurance)	Yes	Yes		
n. Neuromotor Development and Sensory Integration	Yes	Yes		
o. Orthotic, Protective, and Supportive Devices	Yes	Yes		
p. Pain	Yes	Yes		Unique opportunity due to research by a core faculty member
q. Posture	Yes	Yes		
r. Prosthetic Requirements	Yes	Yes		
s. Range of Motion (including Muscle Length)	Yes	Yes		
t. Reflex Integrity	Yes	Yes		
u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])	Yes	Yes		
v. Sensory Integrity	Yes	Yes		
w. Ventilation and Respiration/Gas Exchange	Yes	Yes		Unique opportunity due to research of core faculty member
x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)	Yes	Yes		

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
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.	Yes	Yes	Yes – as per AFC	
Patient/Client Management Expectation: Diagnosis CC-5.32 Determine a diagnosis that guides future patient/client management.	Yes	Yes	Yes – as per AFC	
Patient/Client Management Expectation: Prognosis CC-5.33 Determine patient/client prognoses.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC	
CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.	Yes	Yes	Yes – as per AFC	
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC	
CC-5.38 Monitor and adjust the plan of care in response to patient/client status.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
Patient/Client Management Expectation: Intervention CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:			Yes – as per AFC for all CC 5.39	
a. Therapeutic Exercise	Yes	Yes		
b. Functional Training in Self-Care and Home Management	Yes	Yes		
c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration	Yes	Yes		
d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)	Yes	Yes		
e. Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment	Yes	Yes		
f. Airway Clearance Techniques	Yes	Yes		
g. Integumentary Repair and Protection Techniques	Yes	Yes		
h. Electrotherapeutic Modalities	Yes	Yes		
i. Physical Agents and Mechanical Modalities	Yes	Yes		
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.	Yes	Yes	Yes – as per AFC	
CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.	Yes	Yes	Yes – as per AFC	
CC-5.43 Practice using principles of risk management.	Yes	Yes	Yes – as per AFC	
CC-5.44 Respond effectively to patient/client and environmental emergencies in one's practice setting.	Yes	Yes	Yes – as per AFC	Have opportunity to use Simulation Center
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.	Yes	Yes	Yes – as per AFC; given emphasis on rural and underserved populations this is of particular emphasis in the curriculum and emphasized in PHTH 823 Special Populations	
CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.	Yes	Yes	Yes – as per AFC	
CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.	Yes	Yes	Yes – as per AFC	
CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.	Yes	Yes	Yes – as per AFC	
CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
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.	Yes	Yes	Yes – as per AFC; this is unique emphasis in curriculum as noted by AHS 720 Health Promotion and Wellness, and 820 Health Promotion Outreach, which are in keeping also with attention to rural and underserved populations	
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.	Yes	Yes	Yes – as per AFC	
CC-5.52 Apply principles of prevention to defined population groups.	Yes	Yes	Yes – as per AFC and attention in curriculum to rural and underserved populations	
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.	Yes	Yes	Yes – as per AFC	
CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.	Yes	Yes	Yes – as per AFC	
CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.	Yes	Yes	Yes – as per AFC	
CC-5.56 Participate in the case management process.	Yes	Yes	Yes – as per AFC	

	Indicate if reflective of entry level practice		Sufficient materials should be provided to demonstrate that each is covered; materials for the first year of the program must be fully developed.	
	Objectives	Learning experiences	Comments related to satisfactory progress towards achievement of candidacy	Comments related to the continued development of the program
Practice Management Expectation: Practice Management CC-5.57 Direct and supervise human resources to meet patient's/client's goals and expected outcomes.	Yes	Yes	Yes – as per AFC	
CC-5.58 Participate in financial management of the practice.	Yes	Yes	Yes – as per AFC	
CC-5.59 Establish a business plan on a programmatic level within a practice.	Yes	Yes	Yes – as per AFC	
CC-5.60 Participate in activities related to marketing and public relations.	Yes	Yes	Yes – as per AFC	
CC-5.61 Manage practice in accordance with regulatory and legal requirements.	Yes	Yes	Yes – as per AFC	
Practice Management Expectation: Consultation CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.	Yes	Yes	Yes – as per AFC	
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.	Yes	Yes	Yes – as per AFC; service learning is part of the ethic of ISU and is promoted by faculty and in coursework; attention to rural and underserved populations is an emphasis in coursework	
CC-5.64 Advocate for the health and wellness needs of society.	Yes	Yes	Yes – as per AFC	
CC-5.65 Participate and show leadership in community organizations and volunteer service.	Yes	Yes	Yes – as per AFC	
CC-5.66 Influence legislative and political processes.	Yes	Yes	Yes – as per AFC	

INSTITUTION COMMENTS:

CC-5.7 100% of students will participate in service learning projects which will provide free services to underserved clients in the region as part of health promotion and wellness coursework in year 3.

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The design of the Program meets these CAPTE requirements.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ The approved degree is a doctoral degree in physical therapy, DPT.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

Outcomes

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ There is no expectation for this criterion at this time.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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.

Comments related to satisfactory progress towards achievement of candidacy:

▶ There is no expectation for this criterion at this time.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ There is no expectation for this criterion at this time.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

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

Comments related to satisfactory progress towards achievement of candidacy:

▶ There is no expectation for this criterion at this time.

Comments related to the continued development of the program:

▶

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY:

**ADDITIONAL MATERIALS REQUESTED BY THE CANDIDACY REVIEWER
TO BE PROVIDED WITH THE INSTITUTION'S RESPONSE
APTA Department of Accreditation**

The following materials are to be provided to CAPTE as part of the institution's response to this report. At the time the Visit Report with Institution Response is submitted, upload each document via the program's home page of the CAPTE Portal using the *Upload Additional Materials* button under the AFC Grid. **The following instructions must be followed:**

- a. **Format:** All documents must be in PDF format. All large documents must be bookmarked.
- b. **Naming of document:** In order to clearly identify that it is part of the institution's response, the file name **must begin with IR** (eg, IR_CVBrown_NewCore.pdf). If it is a revised document, then 'revised' must also be included in the file name (eg, IR_RevisedClinEdHdbk.pdf). The document should be clearly named so that the reader will know what it is. Do not name by criterion, unless it is a revised narrative response.
- c. **Highlight Revisions:** Any revised document must have **all revisions highlighted**.
- d. **Identified in Visit Report:** The file name (e.g. IR_Revised CVSmith.pdf) must be included in the IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY box under each applicable criterion.

Should the program want to provide materials not requested by the reviewer, these instructions must be followed for all materials being provided AFTER the candidacy visit.

ADDITIONAL MATERIALS REQUESTED:

<u>CRITERION</u>	<u>REQUESTED MATERIAL(S)</u>
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CANDIDACY REVIEWER: IF ADDITIONAL MATERIALS ARE REQUESTED, LEAVE A COPY ON SITE WITH THE PROGRAM AND SUBMIT THIS FORM WITH THE VISIT REPORT. Only material viewed on site or missing from the AFC can be requested.