

## PROGRAM ASSESSMENT REPORT

<b>Program Code: APPTA</b>	<b>Program Name: Physical Therapist Assistant</b>	
<b>Division: HLT</b>	<b>Department: Allied Health</b>	
<b>Award</b> <input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input checked="" type="checkbox"/> A.A.S. <input type="checkbox"/> Cert. <input type="checkbox"/> Adv. Cert. <input type="checkbox"/> Post-Assoc. Cert. <input type="checkbox"/> Cert. of Completion		

**I. Review previous assessment reports submitted for this program and provide the following information.**

1. Was this program previously assessed and if so, when?

No, the original plan was created in 2006 with no assessment since then.

2. Briefly describe the results of previous assessment report(s).

N/A

3. Briefly describe the
- Action Plan/Intended Changes
- from the previous report(s), when and how changes were implemented.

N/A

**II. Background Information**

1. Indicate the semester(s) and year(s) assessment data were collected for this report.

Fall (indicate years below)	Winter (indicate years below)	SP/SU (indicate years below)
	2023, 2022, 2021	

2. Assessment tool(s) used (check all that apply):

- ☐ Portfolio  
☐ Test or outcome-related test questions  
☐ Other external certification/licensure exam (please describe): \_\_\_\_\_  
☐ Externally evaluated performance or exhibit  
☒ External evaluation of job performance (internship, co-op, placement, other)  
☐ Capstone experience (please describe): \_\_\_\_\_  
☒ Graduate Survey  
☐ Employer Survey  
☐ Transfer follow-up  
☐ Other (please describe): \_\_\_\_\_

3. Indicate the number of students assessed/total number of students enrolled in the course(s)/program.

*# of students assessed*

*Total population in course(s) or program*

12 from 2020 (students who received a license)

14 from 2020 (students who graduated from program)

18 from 2021 (students who received a license)

18 from 2021 (students who graduated from program)

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15 from 2022 (students who received a license)

17 from 2022 (students who graduated from program)

4. Describe how you selected students for the assessment.

a. Describe your sampling method.

b. Describe the population assessed (e.g. students in capstone course, graduating students, alumni, etc.).

All students who graduated were used in the data for outcomes #1 and 3. All students who received a license were used in the data for outcome #2 as it pertains to continuing education which is more suitable for those who have a license to practice versus those graduates that didn't receive a license to practice (either chose not to take the licensure exam or did not pass).

III. Results

1. State every outcome (verbatim) from the Program Proposal form or the Assessment Plan Change Form for the program. *Add more lines as needed.*

1. Provide students with an academic and clinical program that will lead to employment as an entry level physical therapist assistant who operates as a competent, ethical, compassionate member of the health care team who interacts skillfully and communicates effectively.

2. Provide students with educational (academic and clinical) experiences that will encourage their commitment to life long learning and professional development and contribution to the field of physical therapy.

3. Provide a dynamic curriculum that utilizes current educational technological resources, current educational theory and incorporates changes in physical therapy and the community.

2. Briefly describe assessment results **for each outcome** based on data collected during the program assessment, demonstrating the extent to which students are achieving each of the learning outcomes listed above. ***Please attach a summary of the data collected (as a separate document).*** *Add more lines as needed.*

1. The assessment tool for outcome #1 is a passing grade in PTA 250. This is further defined by stating that successful completion of PTA 250 with a passing grade indicates that students have demonstrated "entry-level" status. All students enrolled in PTA 250 were to be assessed. The benchmark states that "90% of students enrolled in PTA 250 are expected to successfully complete the assignments." The "entry-level" criterion is determined by the Clinical Instructor's (CI) evaluation of the student. Clinical Instructors are licensed physical therapy professionals (either a Physical Therapist (PT) or a Physical Therapist Assistant (PTA) that voluntarily supervise, mentor, guide, support, and facilitate a student through their clinical education. The CIs use a validated and reliable clinical assessment tool called the Clinical Performance Instrument (CPI). The current version of the CPI used for the assessment of the students in 2021-2023 is version 2.0. CIs must be trained on the use of the CPI. There are 14 performance criteria as well as a place for summative comments. The CPI has standardized definitions of performance dimensions and rating scale anchors including "entry-level". A definition of entry-level can be provided at the Curriculum and Assessment team request. For students that completed PTA 250 and graduated in 2021, 17/18, or 94%, passed with entry-level. For the 2022 cohort, 13/17, or 76% passed with entry-level. For the 2023 cohort, 14/16, or 87.5% passed with entry-level. 100% of students in all cohorts were scored between advanced intermediate and entry-level. The full-time faculty member that is the Academic Coordinator of Clinical Education (ACCE) reached out to each CI that did not score a student as entry-level. In all cases (1 from 2021 cohort, 4 from 2022 cohort, and 2 from 2023 cohort),



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the CI reported that that students performed very well and the CI had no concerns about the student passing the clinical rotation or becoming licensed PTAs. The CIs that worked in a specialty clinic (such as pediatrics) tended not to rate students as entry-level. Some CIs reported that students always have room to improve and therefore did not score the student as entry-level. Occasionally, if the CI was a PT evaluating a PTA student (rather than a PTA evaluating a PTA student), the CI did not score the PTA student as entry-level. It is commonly known in PT education that PT students do not get as much education about the scope of practice of a PTA as a PTA student gets about the scope of practice of a PT.

As a result of the above information, I cannot truthfully state that outcome #1 was met since the benchmark was 90% and **only the cohort from 2021 met this benchmark**. However, based on the information provided by the CIs regarding those students who were not scored as entry-level, I feel the program has been successful in graduating students who are capable of performing at entry-level. This is further warranted by our first-time passing rates on the national licensing board exam and our employment rate (many of our students receive job offers from their last clinical rotation). The first-time passing rate on the national licensing board exam for 2021 was 88.9%, for 2022 93.75%, for 2023 TBD. The employment rate (as defined by our accreditation body) was 100% in 2021 and 100% for 2022 (TBD for 2023). 9/16 students in our 2023 cohort were offered employment prior to graduation based on the Program Exit Survey.

Data collection attachment: The Excel spreadsheets attached (named: year Cohort Clinical Hour Summary Final) have a final column stating if the student met entry-level criteria.

The benchmark contains language about completion of assignments. There are assignments in PTA 250. The students have to fill out weekly goal sheets with their CIs and the ACCE must sign off on the weekly goals. The students must either complete an in-service for the staff at both parts of 250 or complete an in-service at one site and complete the Clinical Site Information Form at the other site. The Clinical Site Information Form (CSIF) is a form from the American Physical Therapy Association (APTA) and is used to gather data on the different clinical sites. It is part of the CPI website and lives with APTA. The students must fill out an APTA Clinical Site Evaluation Form for both rotations. The students must have a clinical site visit with their CI and the ACCE for both rotations. The students must provide each CI with a certificate of completion for continuing education credit for both rotations. Finally, the students must complete a verification quiz stating that the student understands the syllabus, drug testing procedures, the expectation of professional behaviors, and other policies and procedures. In the cohort for 2021 and 2023, 100% of students completed the assignments. In the cohort of 2021, one student missed 1 weekly goal. Therefore, **with regards to assignments, the benchmark was met.**

2. The assessment tool for outcome #2 was a survey of recent graduates including the questions "Are you currently a member of the APTA?" and "Have you attended continuing education courses since graduation from the PTA program?". The population to be assessed was alumni from within the last 2 years. The benchmark was that 70% of respondents were expected to have attended at least one continuing education course. In data gathered from a survey of 2022 graduates, 20% are members of the American Physical Therapy Association (APTA) and 100% of grads have attended a continuing education course in the past year. The survey had 10/17 respond (59% response rate) with 2 attempts of data collection. Data from the 2021 graduates showed that 30% are members of the APTA and 100% of grads have attended a continuing education course in the past 2 years. The survey had 10/18 respond (56% response rate). In the 2021 and 2022 graduating classes, **the benchmark was met.**

3. The assessment tool for outcome #3 was a compilation of comments from questions 18, 20, and 21 from the Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction Form which is a standardized form from the APTA. Its purpose is to provide



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a "voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience" (APTA). It contains questions for "students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience" (APTA).

In WCC's PTA program, students complete two (2) different clinical rotations as part of PTA 250. Each rotation lasts 6-weeks. The students must fill out the Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction Form for each rotation, or each site. The program assessment specifically stated that student comments from questions 18, 20, and 21 would be collected as these questions pertain to their academic preparation.

Question 18 states: "If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed." Students commented on workday flow, the intricacies of that particular healthcare environment, advanced exercises, and specific modalities. Based on the comments, the content mentioned is beyond the purpose and scope of the program. The program is to educate students to operate at entry-level. This was discussed above as it is defined by a standardized clinical assessment tool. The accreditation body also has a definition of entry-level and also has a list of "critical work activities of the PTA" and a list of "non-critical work activities". 14/17 items mentioned are either within the scope of practice of a Physical Therapist (PT) and not a Physical Therapist Assistant (PTA), or not considered critical work activities for the PTA as an entry-level clinician starting their career. I will speak to the other 3 items. Some comments include different ways of performing measurements or treatment techniques other than what was taught in the curriculum. The students did have a foundation of these techniques in the didactic portion of the curriculum. Clinicians adapt their techniques with experience and we rely on the clinical education portion of the curriculum to expose these techniques to the students. Team collaboration was mentioned. All of healthcare education is pushing for interprofessional components, including physical therapy education. Our program is actively taking steps to incorporate more of these activities within WCC and with partnerships outside of WCC.

Question 20 states: "What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*?" Students commented on the skills learned in all of their PTA coursework, especially PTA 100, PTA 150, PTA 180, PTA 198, PTA 200, PTA 220, PTA 225. Students mostly focused on skills but did mention communication, documentation, forming a therapeutic alliance with their patients and their families, and professional behavior as well.

Question 21 states: "What curricular suggestion do you have that would have prepared you better for *this clinical experience*?" Several, if not most, of the comments here pertain to the same comments from question 18. Again, most of these comments pertain to techniques that are not in the scope of practice of a PTA, or are within the scope of practice but are not considered entry-level and/or a critical work activity. However, the following items will be incorporated into the curriculum from this point forward: de-escalation techniques for behavioral issues, holistic care with regards to incorporating more interprofessional activities, spending more time on floor transfers, and continuing to add more instruction on insurance and billing for services.

**No specific benchmark stated in the original program assessment plan but based on the purpose of the tool and the answers given by students, the program is meeting the needs of the students.**

- For each outcome assessed, indicate the standard of success used, and the number and percentage of students who achieved that level of success. **Please attach the rubric/scoring guide used for the assessment (as a separate document).** Add more lines as needed.



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1. Benchmark: 90% of students enrolled in PTA 250 are expected to successfully complete the assignments. Successful completion of PTA 250 with a passing grade indicates that students have demonstrated "entry-level" status on the Clinical Performance Instrument.

Data: For students that completed PTA 250 and graduated in 2021, 17/18, or 94%, passed with entry-level. For the 2022 cohort, 13/17, or 76% passed with entry-level. For the 2023 cohort, 14/16, or 87.5% passed with entry-level.

2. Benchmark: 70% of respondents are expected to have attended at least one continuing education course

Data: 100% of respondents have attended at least one continuing education course

3. No benchmark indicated but assessment of data section states: Compilation and blind-score of the data collected from the Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction (items 18, 20, 21).

Please see above for a summary.

4. Describe the areas of strength and weakness in students' achievement of the learning outcomes shown in assessment results.

Strengths:

The program is providing students with the academic and clinical preparation that promotes operation as a competent, ethical, compassionate member of the health care team who interacts skillfully and communicates effectively.

After graduation and licensure, the graduates are pursuing continuing education opportunities for lifelong learning and professional development.

The program is providing students with the academic and clinical preparation that is current and allows the students to function in a contemporary physical therapy facility.

Weaknesses:

Not all students are finishing their final clinical rotation at "entry-level". As mentioned above, there are explanations for this (CI feels everyone has potential and room to grow, CI that is a PT evaluating a PTA student and having expectations more appropriate to a PT, or the CI works in a specialty clinic which is beyond entry-level).

Interprofessional activities have been lacking in the curriculum.

IV. Changes influenced by assessment results

1. Based on the previous assessment report Action Plan(s) identified in Section I above, please discuss how effective any changes were in improving student learning.

N/A

2. If weaknesses were found (see above) or students did not meet expectations, describe the action that will be taken to address these weaknesses. If students met all expectations, describe your plan for continuous improvement.

Interprofessional activities will be incorporated more in the curriculum. As the benchmark for entry-level was not technically not achieved but the quality of student performance was high, a change in the language of



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the outcome will occur. The CPI will continue to be used as it is a valid and reliable tool. However, the assessment has a subjective quality to it. Again, upon follow-up, there are no concerns. The outcomes need to be updated and the assessment tools need to be updated in order to better capture the goals of the program. Even though students met outcome #2, the data about membership in the national organization does not provide any valuable input into the quality of our program.

3. Identify any other intended changes that will be instituted based on results of this assessment activity. Describe changes and give rationale for change. (Check all that apply).

a. ☒ Outcomes/assessments from Program Assessment Plan Change Form or Program Proposal form:

b. ☐ Program Curriculum:

☐ Course sequencing

☐ Course deletion

☐ Course addition

☐ Changes to existing program courses (specify):

☐ Other (specify):

c. ☐ Other (specify):

4. What is the timeline for implementing these actions?

Fall 2023 or Winter 2024

V. Future plans

1. Describe the extent to which the assessment tools used were effective in measuring student achievement of learning outcomes for this program.

The assessment tool for outcome #1 is effective at measuring clinical performance. Our accreditation body requires that accredited programs produce entry-level clinicians. The CPI is the best tool to use at this point.

The assessment tool for outcome #3 is effective. It is a standardized way to collect student input on the curriculum and its ability to prepare the students for different clinical settings with the expectation of performing at entry-level.

2. If the assessment tools were not effective, describe the changes that will be made for future assessments.

As mentioned above, the assessment tool for outcome #2 will be changed. The outcome will also be changed as it needs to be updated to more accurately reflect our program's goals.

3. Describe when and how these assessment results will be discussed with the department and/or the faculty at large.

These results have already been discussed with the other full-time faculty member. The results will also be discussed with the part-time instructors during a faculty meeting. These results may also be discussed with the WCC PTA Advisory Board as needed.



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## Signatures:

Reviewer	Print Name	Signature	Date
Initiator Ashley Bernstein	Ashley Bernstein	<i>Ashley Bernstein</i>	5/30/23
Department Chair	Kristina Sprague	<i>Kristina Sprague</i>	5/30/23
Division Dean/Administrator	Shari Lambert	<i>Shari Lambert</i>	5/30/23
Please return completed form to the Office of Curriculum & Assessment, SC 257 or by e-mail to curriculum.assessment@wccnet.edu .			
Assessment Committee Chair	Jessica Hale	<i>J Hale</i>	4/23/25

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