

2019 Academic Program Review
Physical Therapist Assistant (PTA) Program

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Introduction

Physical therapy is a dynamic profession with established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function.

Physical therapist assistants work as part of the team to provide physical therapy interventions under the direction and supervision of the physical therapist. Physical therapist assistants provide these interventions to individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives.

The Physical Therapist Assistant (PTA) Program is an accredited, rigorous, limited-entry two-year program that provides contemporary curriculum, teaching and technology to ensure high quality, competent, entry level graduates that are able to safely and ethically provide physical therapy treatment interventions as defined by evidence based practice, under the direction and supervision of a licensed physical therapist. Once students complete the associate of applied science degree, they must then pass the PTA licensure exam and meet all other requirements of licensure. As a licensed PTA they have the opportunity to work as a PTA, under the direction and supervision of a licensed physical therapist, in a variety of healthcare settings including hospitals, rehabilitation hospitals, nursing homes/extended care facilities, outpatient clinics and home health.

Accreditation Status

The Physical Therapist Assistant Program at the College of Southern Nevada is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

The PTA program must maintain its accreditation status in order for graduates to be allowed to take the licensure exam and then work as a licensed PTA.

CSN Mission Statement

The College of Southern Nevada creates opportunities and enriches lives with inclusive learning and working environments that support diversity and student success. The College fosters economic development, civic engagement, and cultural and scientific literacy, while helping students achieve their educational, professional, and personal goals.

ESHE Mission Statement

The mission of the Engelstad School of Health Sciences (ESHS) is to provide high-quality, student centered certificate and degree programs that meet the needs of state and local communities.

PTA Program Mission Statement

The mission of the PTA program is to produce graduate physical therapist assistants who are capable of providing safe, competent and ethical physical therapy interventions under the supervision of a licensed physical therapist. This is consistent with, and supports, the missions of the college and school of health sciences.

Faculty

The program faculty provide positive, contemporary role models and an environment which emphasizes the need for individual commitment and continued professional development in order to further enhance one's knowledge and clinical skill. Professional attitudes and a commitment to serve the community and profession are stressed in class and through participation in local, state and national associations; and in participation in other community health related events. Faculty also develop and provide opportunities for the students to engage in interprofessional education (IPE) with other health care program students.

The accrediting body requires a minimum of 2 full-time core faculty for the PTA program, one who is the program director and one who is the academic coordinator of clinical education, along with teaching duties. Other part-time faculty as necessary to meet the teaching needs. The faculty are required to have expertise in their teaching subject matter through their degree, continuing education and focused areas of patient treatment experience. The PTA program

has 2 full-time faculty and 3 part-time faculty that meet or exceed accreditation requirements. Full-time faculty are not tenured. Full-time faculty do participate in institutional and professional service/committees, program assessment, and advising of potential and in-program students. All faculty consistently receive a score of Excellent on the teaching evaluation tool.

See resumes starting on page 13.

Student Information and Assessment

The PTA program is a limited entry program admitting a maximum of 12 students per year. Limited entry criteria are developed and modified over time to help ensure admittance of high quality students able to complete the program and pass the licensure exam. Limited entry is also used due to limited number of clinical affiliation placements and to not saturate the job market. Selection of students is based on scores achieved on the Selection Criteria. Each criteria is worth a certain amount of points and includes: GPA in pre-requisite courses, PT 100 course grade, Letters of recommendation, completion of general education requirements, observation/volunteer hours, humanitarian service hours, and the interview. GPA of accepted students is typically 3.6 or greater.

See Selection Criteria page 24.

Student profile:

Accepted in fall of:	Males	Females	Hispanic	Asian	Black	White	2 or more	Unkown
2016	2	8	1	3	3	2	1	
2017	3	7	2	1	2	5		
2018	6	6	1	4	2	4		1
Totals	11	21	4	8	7	11	1	1

As this shows, our program is very diverse in its population.

The completion rate for the 3 years of 2015, 2016, 2017 is 71%. Several students left the program due to academic failure or professional misconduct. However, some students left the program for various personal reasons: financial, decided this career path not for them, etc.

Completers (graduates) of 2015, 2016, 2017 have 100% employment rate.

One 2018 graduate was accepted and has started the DPT (doctorate in physical therapy) program at Baylor University.

Each semester, in-program students must pass all courses in the learning sequence to be able to continue to the next semester and to be able to participate in clinical affiliations. All lecture courses have a variety of methods by which students are evaluated as part of their final grade, including written exams and quizzes, assignments, projects and presentations. Students must pass every course with a 75% or higher. All lab courses include a variety of lab practicals (skills checks in a patient scenario) that must be passed at 90% or higher. All clinical affiliations (direct patient care in a community setting) use the CPI to evaluate performance. This is the Clinical Performance Instrument developed and standardized by the professional association, APTA. The final CPI must indicate "entry level" for the student to pass.

Student Learning Outcomes for the PTA program are:

1. Practice abilities and critical thinking skills necessary to carry out the physical therapy plan of care.
2. Provide competent, safe, and ethical patient care under the supervision of a licensed physical therapist.
3. Cultivate effective, respectful, and culturally sensitive communication and interpersonal skills.
4. Use critical thinking skills to assess patient response to treatment interventions.
5. Formulate educational plans for the patient, family, other providers, and the community related to physical therapy interventions.
6. Critique self-assessment and self-directed lifelong learning.

Final assessment of these student learning outcomes, and thus overall performance in the PTA program, are the scores achieved on the CPI in their final clinical affiliation which is the final course of the program. Passing this clinical affiliation at entry level is required in order to graduate.

For years 2015, 2016, 2017, 2018 there is 100% pass rate.

Curriculum

The curriculum consists of 72 credits of both general education courses and program specific courses that meet the requirements of the accrediting body and of the AAS degree in physical therapist assistant. See degree sheet page 26.

Each semester, in-program students must pass all courses in the learning sequence to be able to continue to the next semester and to be able to participate in clinical affiliations. All lecture courses have a variety of methods by which students are evaluated as part of their final grade. Students must pass with a 75% or higher. All lab courses include a variety of lab practicals (skills checks in a patient scenario) that must be passed at 90% or higher. All clinical affiliations (direct patient care in a community setting) use the CPI to evaluate performance. This is the Clinical Performance Instrument developed and standardized by the professional association, APTA. The final CPI must indicate “entry level” for the student to pass.

The PTA program learning environments are varied and are designed to meet the educational needs of the students. They continue to evolve to meet the needs of changing and emerging health care treatments and technologies. Lecture, skills laboratories, anatomy laboratory, clinical affiliations, interprofessional education (IPE), community events, and independent and group projects are integrated into the curriculum which strives to help students develop their academic, technical, professional and interpersonal skills. Providing opportunities to develop the qualities of compassion and motivation to be an effective health care provider are stressed. The faculty of the PTA program are in process of partnering with the Seating and Mobility Clinic. This is a free community service to evaluate the special needs for seating and mobility to anyone who is disabled. This will provide an enhanced learning opportunity for our PTA students and this is a large part of the treatment interventions provided by licensed PTAs, thus enhancing their marketability in the health care work force.

The curriculum is assessed on an ongoing basis to ensure that it is contemporary in nature, meets the needs of the evolving health care system and environments and is of appropriate rigor to ensure graduates are able to meet required standards as established by the licensure exam and other licensure requirements. This is achieved through maintaining current knowledge of CAPTE requirements, surveys of graduates and employers, journal and textbook reviews, regular input from the PTA advisory board which consists of community PTs and PTAs from various health care settings, input from clinical instructors during student affiliations and maintaining up-to-date information on accreditation criteria and licensure exam content. Syllabi, textbooks, teaching methods, student engagement methods are updated as necessary to meet all requirements.

See the CAPTE Curriculum Assessment Matrix page 27.

See the CSN Assessment Plan page 34.

See ESHS LEAP Domain Assessment page 43.

Examples: 1. Several years ago, the advisory board felt that an interview portion of the selection process should be added to enhance the quality of student from a behavioral and interpersonal perspective. The process was developed with interview questions and a scoring rubric to elicit critical thinking, team play attributes, interpersonal skills, etc. It has proven to be effective and continues to be modified to even better enhance the selection process. 2. New technology and equipment has been procured to mirror the changing physical therapy environment and enhancement of student learning and preparedness for the work force. 3. Clinical instructors felt the students needed better preparation to handle patients on oxygen. A program was developed with our respiratory program director to give students a better foundation in oxygen needs and care for the patient. See the interview questions and scoring rubric page 44.

Ultimate pass rate on the PTA licensure exam is 100% for graduates of 2015, 2016, 2017, 2018.

Results of graduate and employer surveys are over 90% positive in all categories for 2015, 2016, 2017. Results for 2018 are pending.

See the Employer and Graduate Surveys starting on page 47.

In 2016, the PTA program submitted its accreditation self-study and participated in the accreditation on-site review resulting in continued accreditation until 2026. See the CAPTE accreditation letter page 51.

Final assessment of student overall performance in the PTA program is the scores on the CPI in their final clinical affiliation which is the final course of the program. For years 2015, 2016, 2017, 2018 there is 100% pass rate. Passing this clinical affiliation at entry level is required in order to graduate.

Information, Technology, Space and Equipment Resources

Library resources include a variety of physical therapy publications including journals and magazines. Other health care publications that have relevance to physical therapy are also included. The PTA program also maintains a variety of

resources including publications, text books, and online references and sites that students have easy access to within the classrooms.

Minimal software programs are required. Students and faculty have access to these programs for minimal cost as stipulated in the syllabi. Students typically bring their own laptops or iPads or phones to record and video tape lectures and demonstrations.

The current PTA classrooms and labs were newly built in the last few years providing excellent space, equipment and smart systems to meet the program objectives. Perkins funding and Capital Equipment funding have been utilized to enhance equipment procurement. The rooms are utilized for all classes and labs and provide accreditation required open lab time during non-scheduled class time. Maintenance is adequate.

External Factors

The number of applicants varies from year to year in the range of 30-50.

Enrollment is set at a maximum of 12 per year. It is a 2 year program so there are 2 cohorts at any given time making faculty to student ratio 1-12. There are no other PTA programs in the NSHE system to compare to.

Results of graduate and employer surveys are over 90% positive in all categories for 2015, 2016, 2017. Results for 2018 are pending.

Completers (graduates) of 2015, 2016, 2017 have 100% employment rate.

Unique elements of the program include small cohorts allowing for more interaction between faculty and student from hands on teaching to advising. The faculty each have unique teaching styles and community involvement allowing for more well-rounded and better prepared graduates to enter our community health care system. Our graduates are well received by the community during clinical affiliations and employment with many community therapists commenting that our graduates are very well prepared for entry level employment and beyond.

The challenge our program faces is the increased number of PTA graduates with two for-profit programs entering the market over the last 5 years.

External Validation

See copy of continued accreditation letter with next self-study and on-site visit in 2026, page 51.

Areas of Concern and Recommendations

In our accreditation site visit of 2016, two main areas of concern were program and curriculum assessment methods, and safety. Program and curriculum assessment were addressed and documented in the Curriculum Assessment Matrix that is attached. The reviewers stated that it was not safety itself that was the issue but that it was not documented well. This was addressed by adding specific safety elements to the PTA handbook and to each syllabi. Both of these issues were then found to be in full compliance and the CAPTE re-affirmation of accreditation confirmed this.

Our other area of concern is percentage of completers. We address this by modifying our application process in order to admit high quality students with the ability to sustain a high rigor program for two years. We have also instituted and modified the interview process to address the qualities of professional behavior, critical thinking, ethics, etc. necessary in any health profession. While our process has improved the overall quality of admitted student, we are unable to account for the students that leave the program for personal reasons such as: financial, divorce, decided this is not the career path for them, etc.

Supplemental Narrative Questions – Program

1. How does this program relate to the Mission and Core Themes of the college?

The PTA program enriches the lives of our diverse population by providing a direct career path steeped in scientific literacy that leads to students achieving their educational, professional and personal goals. The PTA program provides competent, safe and ethical graduates that are employed by our health care community fostering economic development.

2. To the best of your knowledge, how and to what extent is this program essential because of state laws, regulations and outside agency regulations, board of regents or legislative priorities?

Physical therapist assistants are an integral part of the physical therapy team in a variety of health care facilities. In order for a PTA to practice in the state of Nevada and across the states, they must graduate from a CAPTE (Commission on Accreditation of Physical Therapy Education) accredited program and pass a national licensure exam. The CSN PTA program has been accredited since 1991

and had its accreditation re-affirmed in 1996, 2006, and 2016, with the next review in 2026. The program consistently meets or exceeds the stringent requirements of CAPTE thus producing excellent graduates that consistently score above the national average on the licensure exam. Our graduates are well received, and often preferred, by the health care community.

3. How and to what extent does this program relate to programs at other NSHE institutions? (for example, overlapping programs, articulations or transfer relationships, etc.)

UNLV has a doctoral program in physical therapy. Licensed PTAs must always work under the direction and supervision of a licensed PT. The two programs go hand in hand as together they produce the “therapy team” that provides competent, safe and ethical treatment to patients. An articulation agreement was recently developed with NSC to allow graduates of our program to transfer their entire program of courses and continue on to earn a BAS in Allied Health Sciences in 2 years or less. This then allows the graduate to directly apply to the doctoral PT program at UNLV and other universities. Since the inception of this articulation, several of our graduates have pursued this route and earned their bachelor degree. One of our 2018 graduates has already earned this degree and been accepted to the Baylor University doctoral PT program. See the NSC articulation agreement is attached page 54.

4. How and to what extent does this program relate to non-NSHE colleges in Southern Nevada?

Touro University in Henderson, NV also has a doctoral PT program, our graduates would relate in the same manner as above. Pima Medical Institute and Carrington College in Las Vegas each have a physical therapist assistant program. Their graduates would be colleagues of our graduates.

5. How and to what extent does this program depend upon prerequisite courses from other disciplines at CSN?

Prerequisite courses for this program include biology or HHP (Health and Human Performance), English and Math. Students are also required to take Communications, Fine Arts/Humanities/Social Sciences and US/NV History and Constitution in order to receive the AAS degree. Courses required are per the degree requirements. See the PTA degree sheet page 26.

6. How long and to what extent does this program utilize other college resources for academic support? (for example, library, technology, counseling, disability resource center, tutoring, writing or math centers)

All classrooms and laboratories have Smart Systems that are utilized in all classes. Student are highly encouraged to utilize services provided by the library, disability resource center, counseling, etc. to enhance their chances of success in the PTA program. Students that are experiencing academic difficulties in the program are identified early and counseled by faculty and the program director to seek out these resources. Faculty and program director also refer students through the eAlert system. Students having behavioral difficulties are discussed and/or referred to counseling and/or the conduct officer. The testing center is utilized for several online courses.

7. Does this program have an advisory board, or does the department have and advisory board relevant to this program?

The PTA program has an advisory board consisting of community PTs and PTAs from various community health care facilities.

8. If this program has a specialized accreditation, is this accreditation necessary for alumni licensure or employability?

The PTA program has specialized accreditation through CAPTE (Commission on Accreditation of Physical Therapy Education). Graduation from an accredited program is required for graduates to sit for the national licensure exam. Passing this exam is required for obtaining a PTA license. This license is required to be employed as a PTA.

9. How and to what extent does this program contribute to CSN's regional or national reputation?

The students/graduates of the CSN PTA program are well respected in the community. This is demonstrated by positive feedback on surveys from community PTs and PTAs while students attend clinical affiliations and subsequently employed. 100% of PTA graduates who seek employment as a PTA are employed.

10. Describe the level and nature of external demand for this program. (for example, occupational data, labor statistics, employer surveys, student surveys, etc.)

The Bureau of Labor Statistics, Occupational Outlook Handbook, states the job growth for PTAs is expected to be 30% from 2016-2026 with a median wage of \$57,430 in 2017. US News reports that the PTA is ranked as #32 in the overall top 100 jobs. CSN PTA graduates are 100% employed for those who sought employment. Graduate and employer surveys are highly positive.

11. Describe the level and nature of external financial or practical support for this program. (for example, grants, donations, employer or clinical partnerships)

The program has been approved in the past several years for Perkins grant funding to augment/update some of our equipment. Minor donations from physicians have been made to attempt to maintain the cadaver anatomy program though this was not successful. The PTA program does have in excess of 50 community partnerships with a variety of health care facilities that can provide clinical education to the PTA students as they progress through the program. The program also employs several part time faculty who are full time PTs in the community.

12. What other options exist for students in the region to earn this degree or certificate?

There are no other public institutions in the state of Nevada that provide a PTA program.

Other options are: Pima Medical Institute of Las Vegas, and Carrington College of Las Vegas.

JOANN GUTSCHICK, PT

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EDUCATION

Master of Business Administration (MBA),
Rosary College, River Forest, Illinois. May 1985.
Bachelor of Science, Physical Therapy (BS),
University of Illinois, Chicago, Illinois. May 1981.
Bachelor of Arts, Chemistry (BA),
Loyola University, Chicago, Illinois. May 1978.

EMPLOYMENT HISTORY

- July 2007 to present **PTA Program Director, College of Southern Nevada**
- Complete administrative duties related to the effective and efficient running of the PTA program, including: budget, equipment purchase, cadaver procurement and maintenance, accreditation, curriculum, etc.
 - Attend college/school/department meetings.
 - Maintain CAPTE standards.
 - Serve on college/school/department committees.
 - Supervise/mentor other PTA faculty and support staff.
 - Develop and instruct a variety of courses in the PTA program.
 - Develop and maintain positive relationship with community therapists and other health care professionals.
 - Advise potential and in-program PTA students.
 - Develop IPE opportunities for students
- Concurrent **Home Health Physical Therapist**
- Provide direct patient care for a variety of diagnoses to clients in their home setting.
 - Develop home programs to enable patients to re-enter the community and work environments as independently as possible.
- April 1996 to June 2007 **Instructor Physical Therapist Assistant Program, CCSN.**
- Develop and instruct a variety of courses in the PTA Program.
 - ACCE (Academic Coordinator of Clinical Education), develop and maintain local and out-of-town clinical contracts.
 - Coordinate and supervise students attending clinical affiliations.
 - Advise potential and in-program PTA students.
 - Assist program director in a variety of areas; i.e. budget, equipment purchasing, accreditation, etc.
 - Maintain: office hours, student files, updated information on the profession, etc.

- June 1993
to Nov.1996
- Southern Nevada Area Manager, RehabWorks, Reno, NV.**
- Manage Physical Therapists, Assistants and Techs in the delivery of therapy services in the Las Vegas area.
 - Represent RehabWorks as liaison to 10 contracted service sites in the Southern Nevada region.
 - Provide direct patient care.
 - Coordinate Rehabilitation component of Worker Comp program for RehabWorks parent corporation.
- 1992
- Director of Rehab Therapies - Horizon Specialty Hospital, Las Vegas, NV**
- 1993
- Direct all PT, OT and Speech Therapy activities and staff in a 30 bed rehab hospital.
 - Develop treatment and program protocols (head trauma, coma-stim, ortho) and department policies/procedures.
 - Manage departmental activities required to for hospital licensure/ accreditation (JCAHO, CARF etc.).
 - Provide direct patient care to rehabilitation and sub-acute, medically complex patients.
- 1991
1992
- Assistant Professor, Physical Therapist Assistant program Somerset Community College, Somerset, KY**
- Coordinate PTA program / teach PTA courses. Develop course outlines, lesson plans and laboratory exercises.
 - Develop PTA curriculum; perform state and APTA reporting; determine course schedules and make faculty assignments.
 - Advise PTA students regarding program requirements, state licensure, professional opportunities etc.
 - Serve on the State committee to revise PTA curriculum and program requirements.
 - Serve as ACCE; develop and maintain clinical sites; supervise students on clinical affiliations
- 1986
1991
- Director, Physical Therapy, DuPage/West Cook Region Special Education, Wheaton, IL.**
- Coordinate physical therapy aspects of a suburban special education program serving clients age 3 to 10.
 - Develop care plans, provide PT treatments and evaluate progress of students in the multi-orthopedic program.
 - Perform administrative duties necessary for the management and operation of the PT program.
- 1985
- Physical Therapy Director, Scottsdale Memorial Hospital, Scottsdale, AZ.**
- 1986
- Direct the PT department of an acute care hospital along with a skilled nursing facility.
 - Provide services to hospital / nursing home patients.

- 1981 **Assistant Director, Physical Therapy, Oak Park Hospital,
Oak Park, IL**
- 1985 • Manage, as clinical supervisor, student affiliations for PT / PTA
 students. Develop and monitor clinical experience. Document
 student clinical assessments.
- Supervise and evaluate physical therapist assistants on an ongoing
 basis.
 - Manage the department in the absence of the Director.
 - Provide patient care to neuro, ortho, burn, wound and cardiac
 patients both in/outpatient settings.

LICENSURE
REFERENCES

Nevada #709
Available upon request.

Regina McDade
6332 Monarch Creek
Las Vegas, NV 89130

702-358-2285 (c)
Gnahere@aol.com

EDUCATION:

1999 Community College of Southern Nevada, AAS Physical Therapist Assistant
This includes cadaver anatomy and dissection, aquatic therapy for MS and ALS patients, and massage fair held 1997/1998. Class President 1997 and Class Vice President 1998
Phi Theta Kappa
1987 Cerritos College, General studies
1984 NorthWest Technical Academy for Medical Assisting
1981 Chino High School, Diploma

LICENSURE:

- Physical Therapist Assistant State of Nevada A-0248 1999-present

EXPERIENCE:

COLLEGE OF SOUTHERN NEVADA

Temporary Full-time instructor/ACCE Physical Therapist Assistant Program 2016-present

Instructor:

- Kinesiology – Arthrokinematics, Osteokinematics, musculoskeletal system, palpation
- Observation and Measurement – Joint mobility and ROM, Musculoskeletal strength
- Pathology I and II – Musculoskeletal and organ systems diagnosis and physical therapy interventions

ACCE:

- Coordinator of student placement with clinical education experiences
- CPI Clinical Education Data

Adjunct Instructor - Physical Therapist Assistant Program 2013-present

- Neurodevelopmental Pediatrics/Neurology
Fundamental Pediatric Neurology/Diagnosis, Reflexes; normal and abnormal, Gait; normal and abnormal, Bracing, Torticollis, Brachial Plexus, Sensory Integration Disorder

Physical Therapist Assistant Advisory Board Member

SELECT PHYSICAL THERAPY/SELECT KIDS, PHYSIOTHERAPY ASSOCIATES/CHILDREN'S THERAPY CENTER, LAS VEGAS, NV

1999-present

Physical Therapist Assistant

- Work directly under Physical Therapist supervision following established plans of care.
- Perform hands-on treatment following evidence based protocols.
- Develop and perform evidence based goal directed tasks for successful patient outcomes regarding strength, flexibility, posture, balance, coordination, and ROM.
- Perform ROM measurements.
- Perform manual muscle testing.
- Assess reflexes.
- Assess patients for proper orthotics and bracing needs.
- Educate parents and caregivers in various diagnosis related interventions following the neurodevelopmental sequence.
- Develop and instruct home exercise programs for continued progression and success.
- Communicate with physicians, direct and by phone, regarding patient care and program needs or changes.
- Develop written correspondence with physicians and insurance companies to justify medical equipment needs of patients.
- Document daily clinical notes on the Therapy Source format.
- Organize instructional in-services for staff development.
- Organize educational observations for UNLV and TOURO Physical Therapy students.

APTA Certified Clinical Instructor

- Develop goals related to student affiliation achievement via timeline.
- Weekly student meetings for goal direction and problem solving.
- Review and educate in pediatric related diagnosis and presentations.
- Educate students in neurodevelopmental sequence application for treatment with direct hands-on practice.
- Skin integrity and wound care education.
- Educate students in medical equipment and bracing needs of patients with DME and orthotics professional in-services.
- Communicate with school advisors any student needs or concerns.
- Participate in Physical Therapy team student midterm and final evaluations through CPI.

Center Coordinator for Clinical Education

- Organize student placement at Children's Therapy Center for current and future clinical affiliations.

CERTIFICATIONS:

- APTA Certified Clinical Instructor 2001
- Aquatic Instructor 2004

MEMBERSHIPS:

- American Physical Therapy Association (APTA) 2001

HONORS/AWARDS:

- Nevada Disability and Advocacy Law Center – Family Advocacy Award 2005

Heather Marie Riggins

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Education:

University Nevada, Las Vegas- Las Vegas. NV May 2012
Doctor of Physical Therapy
Creighton University- Omaha. NE
Bachelor of Science with a Major in Exercise Science May 2008

Professional Summary

Skilled Pediatric Physical Therapist with 5 years of experience and an extensive knowledge of genetic, neurological, developmental and orthopedic disorders as well as movement problems related to pediatric injuries. Has experience working with birth to 21 population and families to designing and implement therapeutic programs to assist children in overcoming motor delays and recovering from injury. Excellent interpersonal and communication skills with both patients and families. Skilled in patient assessment, time management and therapy-program design. Enthusiastic team player, deeply committed to delivering quality care and achieving superior outcomes as a member of a multidisciplinary team.

Work Experience

Select Kids North West (former Physiotherapy Associates)

July 2012- present

Lead Pediatric physical therapist

- Performs evaluations, and re-evaluations on children with Cerebral Palsy, Down syndrome, sensory toe walking, Torticollis, Muscular Dystrophy, developmental delay, coordination deficits and other conditions of infants and children birth to 21 years.
- Develop treatment and POC related to impairments identified, using NDT facilitated handling, and positioning, therapeutic exercise, therapeutic activities, neuromuscular re-education, gait training, vestibular and proprioceptive activities
- Evaluate for bracing and mobility equipment when necessary
- Co-treated with OT and ST when appropriate for child and family for best outcomes
- Clinical Instructor for 3 years for both SPT and SPTA's, in addition to supervising 1 full time PTA and one part time PTA

Let's Talk Therapy

October 2016- present

Per diem Physical therapist for home bound children birth to 21, and Care Meridian for Children long term care hospital

- Work with highly involved home bound children to maximize function and mobility
- Develop home program for children and families
- Worked with children in Long term care facility with multiple conditions and levels including ventilators and feeding tubs
- Performed chart evaluations and documentation in Long term care setting
- Performed evaluations and re-evaluations on children for both Home health and Long term care settings

Elite Occupational Therapy- Early Intervention subcontractor

June 2014- April 2018

Per diem Physical therapist for home bound early intervention for Nevada

- Works with Pt and family in an education model to help parents to understand developmental progress and activities to assist child to make progress in gross motor skills
- Developed physical therapy programs to best meet needs of children
- Work with other member of team including SLP, OT, developmental specialist, and behavior specialist Develop physical therapy treatment plans to best address limitations of children.

Progressive Hospital

February 2013-June 2014

Per diem Physical therapist for Long term care hospital Adult

- Evaluated and treated patients with orthopedic and neuralgic diagnoses including THA, TKA, RA, spinal fusion, ORIF, SCI, CVA, Parkinson's, and TBI
- Administered and interpreted outcome measures such as 6 MWT, Berg Balance Test, Dynamic Gait Index, 10 meter walk test, TUG, POMA
- Completed chart reviews and all documentation necessary to Long term care setting.
- Developed treatment plan to best assist patients to return to PLOF.

Edward L. Hladek
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Work Experience

July 2015 to present Sunrise Hospital and Medical Center. Las Vegas, NV.

Physical Therapist

- Responsible for evaluation, treatment and management of patients in acute care setting within specialty areas of cardiovascular intensive care, neurological intensive care and neurological stroke services.
- Clinical instructor for 4 physical therapist students performing clinical rotations.

Jan. 2012 to present College of Southern Nevada. Las Vegas, NV

Instructor/Adjunct faculty member

- Instructor in physical therapist assistant program. Responsible for curriculum development and teaching of classes in Neurology, prosthetics/orthotics and anatomy

**May 2007 to July 2015 HealthSouth Desert Canyon Rehabilitation Hospital.
Las Vegas, NV.**

Physical Therapist and Therapy Team Leader

- Responsible for evaluation, treatment and management of patients in an acute rehabilitation setting.
- Physical Therapy Team Leader/Therapy Team Leader, responsible for clinical supervision and staffing of up to 50 employees.
- Acted as interim Director of Rehabilitation for 6 months during leadership transition.
- Facilitated and assisted in the initial development of the therapy department and opening of the hospital.
- Facilitated initiation of community stroke support group
- Clinical instructor for 10 physical therapist students performing clinical rotations

Jan. 2013 to Jan. 2015 Health & Care Professionals Network. Las Vegas, NV

Physical Therapist

- Responsible for evaluation, treatment and management of patients in home health setting. Also included supervision of 2 physical therapist assistants.

1999 to 2007 Sunrise Hospital & Medical Center. Las Vegas, NV.

Physical Therapist

- Responsible for evaluation, treatment and management of patients in an acute rehabilitation setting. Focus on CVA, TBI and SCI patients.
- Clinical instructor for 7 physical therapist students performing clinical rotations.

2001 to 2005 Gentiva, Rehab Without Walls. Las Vegas, NV

Physical Therapist

- Responsible for care of neurologically impaired patients in home setting with emphasis on reintegration into the community.

2002 to 2003 Lorian Home Systems. Las Vegas, NV

Physical Therapist

- Responsible for evaluation, treatment and management of patients in traditional home health setting.

Other Experience

2011 to 2014 Liberty High School. Volunteer track and field coach.

2011 to 2014 Liberty High School. Football Fundraising Committee Member.

2005 to 2007 Silverado Little League. Board member.

2002 to 2005 Las Vegas Stroke Survivors Support Group. Activities committee member.

Education

1998 Masters in Physical Therapy. Midwestern University. Downers Grove, IL

1994 B.S. in Athletic Training. UNLV. Las Vegas, NV

Certifications

NDT (Neuro-Developmental Training) certified

Bioness Functional Electrical Stimulation certified

CPR certified

First Aid certified

References

Available upon request

CEF VILLAFUERTE

+17024984497 cef@villafuerte.com | cef.com

Medical Professional with over 20 years experience with a history of multiple promotions within the same organization. A supervisor with a long running history of program development, increasing staff productivity, increasing employee engagement, and decreasing staff turnover. Seeking opportunities to improve patient care and continue to grow as a healthcare executive.

Work experience

- 5/2017 - present Director of Operations, Rehabilitation Service Division
HCA Far West and Mountain Divisions
Oversees the operations of rehabilitation inpatient services within Alaska, California, Idaho, Nevada, Utah, and other regions as designated by Regional VP of RSD. Manages each facility's inpatient Program Director to meet volume, FTE and financial targets, quality and compliance standards, and assist with physician recruitment, program development and referral development activities. Works with assigned Division leadership in development of key rehabilitation initiatives and strategies. Active communication at all levels within the Rehabilitation Services Division.
- 2009-Present Adjunct Faculty
College of Southern Nevada
Under the Direction of the Program Director. Developed and taught a Cardiopulmonary Physical Therapy Class and Physical Therapy Administration.
- 2015 - 4/2017 Director of Rehabilitation Services
MOUNTAINVIEW MEDICAL CENTER
Director of Rehabilitation Services Responsible for the daily operations of multiple cost centers: 35 Inpatient Rehabilitation Unit, OT, PT, ST, OP Cardiac/Pulmonary Rehabilitation, Outpatient Therapy Services, Front Desk, and Outpatient Admissions while reporting to the COO. Increased ADC in the IRU by 22% compared to prior year. Under my leadership the team and I facilitated the reduction of the Medicare error rate of the IRU by 60 points. We increased PEM scores for the IRU by 20 points when compared to prior year. We also moved patient satisfaction scores from the bottom 25th percentile to the 99th percentile by the 4th quarter of 2014. At this time the rehabilitation services group is composed of over 150 professionals and non-licensed staff. HEALTHSOUTH AT DESERT CANYON
- 2009 - 2015 Director of Therapy
HEALTHSOUTH AT DESERT CANYON
08 /2009-0 Director of Therapy Operations Responsible for the daily operations of multiple cost centers(OT, PT, ST, rehab techs, Outpatient, Front Desk, and Outpatient Admission) while reporting to the CEO. From increased therapy productivity by 24%. From recruited and retained 44 new team members. From 2011-2014 for full and part time staff turnover was the lowest in Western Region Our therapy team met corporate turnover target goals 4 years in a row. 2012 results from employee engagement survey showed that our Therapy Team was one of the most engaged teams in the region. 2013 YTD Press Ganey results show the OT and PT team with the highest patient satisfaction in the region. Helped develop the first JCAHO accredited Oncology Program in the country. 2014 results from employee engagement survey again shows the Therapy Team as one of the most engaged in the region.
- 2005-07 - 2011-11 Chairman
STATE OF NEVADA PHYSICAL THERAPY EXAMINERS BOARD
Chairman Assisted public and practitioners with interpreting state physical therapy practices acts. Assisted public and practitioners with complaints regarding licensed therapists in Nevada. Helped change state laws to ensure public safety and assist practitioners.

considered a gold standard for employee engagement in the country.

- 2002-01 - 2004-12
Physical Therapy Manager
VALLEY HOSPITAL MEDICAL CENTER
Physical Therapy Manager Managed Physical Therapy department operations within a 400 bed acute care hospital, 16 bed rehab hospital, off-site outpatient clinic, and Physical Therapists in the home care setting. Responsibilities included directly supervising 23 staff therapists and reporting to the Chief Operating Officer. Increased staff productivity by creating an electronic database for billing reconciliation and patient tracking. Implemented a wound care program that improved efficiency of services delivered and improved patient outcomes. Maintained a low staff turnover and successfully recruited staff in a region that has limited resources for therapy personnel.
- 2000-01 - 2002-01
Physical Therapy Supervisor
VALLEY HOSPITAL MEDICAL CENTER
Physical Therapy Supervisor Responsible for daily operations of the Physical Therapy department and maintained mandated department productivity and revenue. Reported to the Director of Therapy Services.
- 1999-01 - 2000-01
Lead Physical Therapist
VALLEY HOSPITAL MEDICAL CENTER GENTIVA HEALTH SERVICES
Lead Physical Therapist Responsible for daily operations of the Physical Therapy department and maintained mandated department productivity and revenue. Reported to the Director of Therapy Services.
- 1998-01 - 2000-01
Staff Physical Therapist
GENTIVA HEALTH SERVICES
Staff Physical Therapist Provided physical therapy treatments in various home care setting.
- 1998-01 - 1999-01
Staff Physicaltherapist
HEALTHSOUTH
Staff PhysicalTherapist Provided physical therapy treatments in various health care settings.
CERTIFICATIONS WOUND CARE CERTIFIED ONCOLOGY CERTIFIED

Education

- 2005 - 2008
M.B.A
GEORGE WASHINGTON UNIVERSITY
- 1995 - 1998
B.S. in Physical Therapy
UTICA COLLEGE of SYRACUSE UNIVERSITY
- 1988 - 1993
B.A
STATE UNIVERSITY CENTER AT ALBANY

**Fall 2019 Physical Therapist Assistant Program
Selection Criteria**

Applicant Name _____ NSHE# _____

1. Cumulative Prerequisite GPA:

GPA	Possible Points	Actual GPA	Points Awarded
3.60 – 4.00	6		
3.00 – 3.59	2		
2.50-2.99	0		

2. PT 100:

One point will be awarded if completed with a grade of "A."

Courses Completed	Actual Grade	Points Awarded
PT 100		

3. Three (3) Letters of Recommendation on approved form:

(<https://at.csn.edu/documents/pta-recommendation-form-admission>)

Scoring: Criteria marked "Excellent" = 2 points, "Good" = 1 point, "Average, Below Average, or No Basis for Judgment" = 0 points

*If letter is not signed and on approved form = 0 points

Total Recommendation Points	Possible Points	Actual Recommendation Points	Points Awarded
45 – 54	2		
30 – 44	1		
29 and below	0		

4. Completion of General Education Courses (2 points):

Points will be awarded ONLY if COM, US & Nevada Constitution, AND Social Sciences/Humanities additional general education requirement courses are all completed with a grade of "B" or higher.

Completion Of General Education Courses	Possible Points	Points Awarded
COM, US & Nevada Constitution, and Social Sciences/Humanities	2	

5. Observation/Volunteer/Work Experience in a Physical Therapy Setting:

(<https://at.csn.edu/documents/pta-observation-report-record>)

NOTE: Hours must be completed within 12 months of the application deadline.

Hours	Possible Points	Actual Hours	Points Awarded
25 hours or more	3		
Less than 25 hours	0		

6. CSN Serves:

If students complete 25 hours or more of volunteer work through CSN Serves <https://www.csn.edu/csn-serves> within 12 months of the application deadline they will receive three (3) points. Volunteer work completed thru CSN Serves must be documented on their form.

Volunteer work outside of CSN Serves will be accepted with Program Director Approval and students should submit a letter from the organization(s) where volunteer work was performed including the following:

- On letterhead
- Date letter was written
- Student's name
- Location of volunteer work
- Date volunteer work began and ended
- Number of volunteer hours completed
- Specific job duties
- Supervisor's contact information
- Supervisor's signature

CSN Serves	Possible Points	Actual Hours	Points Awarded
25 hours or more	3		
Less than 25 hours	0		

7. Other selected general education courses:

One point will be awarded for each of the following courses completed with a grade of "B" or higher.

Courses Completed	Actual Grade	Points Awarded
ALS 101		
BIO 223		
BIO 224		

8. Oral Interview:

The twenty applicants with the highest point sub-total will be invited to an oral interview to potentially earn more points toward selection.

SUB-TOTAL POINTS (Criteria 1-7)	/20
INTERVIEW POINTS	
TOTAL POINTS AWARDED	

Physical Therapist Assistant

ASSOCIATE OF APPLIED SCIENCE DEGREE (AAS)

REQUIRED CREDITS: 72

LIMITED ENTRY
DEGREE CODE: PT-AAS

This is a limited-entry program. Some of these courses are program prerequisites and MUST be completed before a student is considered eligible for entry into the Program. Students MUST attend a Health Programs orientation and meet with a Health Programs advisor for additional advisement.

DESCRIPTION

Upon successful completion of the program, students will receive the AAS degree in Physical Therapist Assistant. This entitles the graduate to take the national licensure examination. Successful passing of this examination and completion of the state licensure requirements will allow the graduate to function as a licensed physical therapist assistant (PTA). The program integrates classroom and laboratory experiences into a structurally sound curriculum that develops the competencies required to function as a safe, ethical, and competent PTA. Students are required to complete three clinical education affiliation experiences in hospitals and clinics affiliated with the program. Requirements for participation in these clinical experiences include having: 1) current CPR and First Aid cards; 2) a current personal health insurance policy; 3) a yearly negative TB test; 4) the appropriate immunizations; 5) a satisfactory physical examination; 6) drug and alcohol screen; and 7) background check.

The program is a limited-entry program and students considering applying to the program MUST attend a health programs orientation and meet with a health programs advisor for additional counseling. The program is accredited by the Commission on Accreditation in Physical Therapy Education, (CAPTE), 1111 North Fairfax St., Alexandria, VA 22314. (703) 706-3245. www.capteonline.org. email: accreditation@apta.org.

STUDENT LEARNING OUTCOMES

- Practice abilities and critical thinking skills necessary to carry out the physical therapy plan of care.
- Provide competent, safe, and ethical patient care under the supervision of a licensed physical therapist.
- Cultivate effective, respectful, and culturally sensitive communication and interpersonal skills.
- Use critical thinking skills to assess patient response to treatment interventions.
- Formulate educational plans for the patient, family, other providers, and the community related to physical therapy interventions.
- Critique self-assessment and self-directed lifelong learning.

PLEASE NOTE - The courses listed below may require a prerequisite or corequisite. Read course descriptions before registering for classes. All MATH and ENG courses numbered 01-99 must be completed before reaching 30 total college-level credits. No course under 100-level counts toward degree completion.

GENERAL EDUCATION REQUIREMENTS (24 CREDITS)

MATHEMATICS (3 credits)

Recommended: MATH 116 Technical Mathematics

ENGLISH COMPOSITION (3-5 credits)

See AAS policy p. 50 for courses

COMMUNICATIONS (3 credits)

COM 101 or 102 or 115 or 215

HUMAN RELATIONS (3 credits)

Required: PT 122 Psychological - Social Consideration & in Patient Care

NATURAL SCIENCE (5-8 credits)

HHP 123B and 124B; or BIOL 223 and 224

FINE ARTS/HUMANITIES/SOCIAL SCIENCES (3 credits)

PHIL 101 or above; PSY 101 or above; SOC 101 or above

U.S. AND NEVADA CONSTITUTIONS (4-6 credits)

See AAS policy p. 51 for courses

SPECIAL PROGRAM REQUIREMENTS (48 CREDITS)

PT 100	Introduction to Physical Therapy	3
PT 105	Musculoskeletal Anatomy Review	1
PT 110	Principles of Kinesiology	2
PT 111	Problems in Kinesiology	2
PT 117	Fundamental Principles for the Physical Therapist Assistant	2
PT 118	Fundamental Procedures for the Physical Therapist Assistant	2
PT 120	Observation and Measurement Principles for the Physical Therapist Assistant	2
PT 121	Observation and Measurement Procedures	2
PT 125	Principles of Physical Agents	2
PT 126	Physical Agent Procedures and Practices	2
PT 130	Administration in Physical Therapy	2
PT 134	Clinical Affiliation I	2
PT 225	Therapeutic Principles for Musculoskeletal Pathologies	3
PT 226	Therapeutic Procedures for Musculoskeletal Pathologies	2
PT 238	Pathophysiology I	3
PT 240	Orthotic and Prosthetic Considerations in Patient Care	1
PT 244	Clinical Affiliation II	2
PT 248	Pathophysiology II	3
PT 250	Therapeutic Principles for Cardiopulmonary Pathologies	2
PT 251	Therapeutic Procedures for Cardiopulmonary Pathologies	1
PT 254	Therapeutic Principles for Neuromuscular Pathologies	3
PT 255	Therapeutic Procedures for Neuromuscular Pathologies	2
PT 256	Clinical Affiliation III	2

See Degree Plan on next page.

- NOTE**
- Course numbers with the "B" suffix may be non-transferable for a NSHE baccalaureate degree.
 - Course numbers with the "H" suffix are designated Honors-level courses and can be used to fulfill equivalent general education requirements. For more information visit www.csn.edu/honors.
 - In no case, may one course be used to meet more than one requirement except for the Values and Diversity general education requirement (only AA, AS, and AB degrees) which may be used to fulfill the corresponding general education or emphasis requirement.
 - Students may elect to graduate using the degree requirements in effect at the time of matriculation, or when they declared or changed major or the current catalog. If a program is official after a student has matriculated, the student may choose the degree requirements of the new program. In no case may a student use a catalog which is more than six years old at the time of graduation.



CAPTE Curriculum Assessment Matrix

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
Curriculum model, program length, number of clinical hours, and degree awarded meet needs of program, students, and community 6C, 6K, 6L	Meetings with CIs, employers, advisory board, and institution admin. FSBPT content report. Graduation rate. Licensure pass rate. Employment rate.	Annually prior to admit of new cohort	PD, ACCE	>50% of a particular stakeholder indicates that students are not meeting their needs. FSBPT content reports scores below passing levels. Graduation rate or Licensure pass rate or employment rate below CAPTE thresholds.	All thresholds met. No action at this time.	
Students meet all course objectives and pass each course with a score of 75% or higher 2C, 6H, 2B1	End of course student scores on exams and assignments. End of lab course student scores on lab practicals. End of clinical affiliation CPI score.	End of each semester	Course instructors, PD, ACCE	> 3 students do not pass a particular course	Threshold met. No action at this time.	
Course content considers changing roles and responsibilities and dynamic nature of profession and health care delivery system 2C, 6A	Meetings with CIs, and employers, licensure practice exam content, clinical affil journal entries, post-affil student and CI surveys, textbook review, prof journal readings	End of each semester	Course instructors, PD, ACCE	50% of students or 50% of CIs or 50% of employers report students do not have contemporary knowledge/skills and as evidence shows need for update to curriculum. FSBPT content reports scores below passing levels.	Students needed to be better prepared for F/T patient care in several foundation areas. Clinical affil 1 modified to part time with increased practice assignments and other interprofessional education in specific patient care areas.	End of semester with completion of full time clinical affiliation

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
General ed and pre-requisite courses prepare students for technical portion of curriculum 6B	College requirements for AAS degree, exam scores, writing skills on assignments, communication skills on: lab practicals, presentations, and affiliations per meetings with CIs.	End of each semester	Course instructors, PD	>50% of students need remediation in a particular area.	Threshold met. No action at this time.	
Curriculum sequencing coordinates didactics with clinical experiences and prepares students to provide care to individuals with diseases/disorders of major systems, across lifespan and continuum of care 2C, 6D	Student achievement outcomes. Exam scores. Lab practical scores. Meetings with CIs. Post affiliation student and CI surveys. CPI scores.	Annually	Course instructors, PD	Exam answers/scores indicate >3 students are deficient in a particular area. >20% of surveys indicate students are deficient or unprepared in a particular area. > 3 students fail the CPI	Threshold met. No action at this time.	
Course syllabi contain all institution and CAPTE requirements 6E	College syllabus policy, CAPTE standard for syllabus, Review of syllabi	Prior to the start of each semester	Course instructors, PD	Any changes in college or CAPTE policy or any syllabi noted to not meet requirements	Syllabi for PT 100, 120, 122, 125, 130, 134, 244, 256 were found to be deficient in rubrics. All were updated. Lab syllabi for PT 111, 118, 121, 126, 226, 251, 255 were updated for critical safety elements.	End of semester that course is taught in.

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
Course objectives are written in measurable, behavioral terms that build from knowledge to application of skills. Assessment type matches objective type 6F, 6H	Review of syllabi, Review of assignments, exams, lab practicals. Review of CAPTE criteria. Advisory board input and meetings with CIs. Meetings with college assessment coordinator.	Prior to the start of each semester	Course instructors, PD	Review of all information/input in conjunction with college assessment coordinator indicates need to revise 1 or more objectives and/or 1 or more assessment types.	Threshold met. No action at this time.	
Course instructional methods meet the needs of the learners and facilitate achievement of the learning outcomes 6G	FSBPT content area scores. End of course student surveys, exam scores, lab practical and assignment scores. Faculty evaluations. CPI scores	End of each semester	Course instructors, PD	FSBPT content scores fall below passing levels. >50% of student surveys complain about the instructor. >3 students fail a course or fail the CPI. 1 unsatisfactory faculty evaluation in instructional methods.	Threshold met. No action at this time.	
The rigor of distance ed courses is equivalent to site-based courses, distance ed instructors are effective, and students meet expectations of faculty 6I1, 6I2, 6I3	College distance ed policies. Exam and assignment scores. Faculty evaluations.	Annually	Distance ed course instructors, PD	Changes in distance ed policies. >3 students fail the same distance ed course. Faculty evaluation of "Unsatisfactory" in distance ed section	Threshold met. No action at this time.	

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
There is a mechanism for determining student identity, for maintaining test security, and for maintaining student privacy in distance ed courses 614, 615, 616	College policies for student ID. College policies for distance education. College policies for posting grades. Meetings with testing center staff.	Annually	Distance ed course instructors, PD	Reported change or policy violation by students or staff	No reported violations. No action at this time	
Distance ed students have been informed of additional fees related to distance ed and have access to academic, health, counseling, disability and financial aid commensurate with services students receive on campus 617, 618	College Policies per "General Catalog & Student Handbook". Registration information in print and online. In person and online Health Programs Orientation. Student meetings with health program advisors.	Annually	PD	> 3 student issues/complaints	No student issues or complaints. No action at this time.	
The number of available clinical education sites meets the needs of the program 611, 612	Number of signed contracts is equal to or greater than 150% of the size of the cohort.	Annually	ACCE, PD	Number of signed contracts falls below 150% of the size of the cohort	Number of signed contracts is above 150% of size of cohort. Continue to seek as many new contracts as possible	

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
The variety of available clinical ed sites represent those in which PT is commonly practiced and allows for management of patients commonly seen in practice across the lifespan and continuum of care 6J1, 6J2	Meetings with CIs, Pre- and Post-affiliation CI questionnaire, Post-affiliation student questionnaire, CSIF information, Student reflective learning assignments, Student evaluation of clinical experience	End of each semester	ACCE, PD	Collective information indicates the variety of sites available is sufficient to place 100% of students in appropriate clinical site for each rotation.	Students continue to be placed in appropriate settings. No action at the time. Continue to seek new contracts to maintain this ability.	
Students are involved in interprofessional practice while on clinical experiences 6J3	Meetings with CIs. Student evaluation of clinical experience. Student reflective learning assignment. CI and student post-affiliation questionnaires.	End of each semester	ACCE, PD	> 2 students or >2 CIs report no interprofessional interaction on affiliation	All information states students are involved in interprofessional practice. No action at this time.	
Students participate as a member of the PT/PTA team while on clinical experiences 6J4	Meetings with CIs. Student reflective learning assignment. CI and student post-affiliation questionnaires. Student evaluation of clinical experience	End of each semester	ACCE, PD	1 report of student having no interaction with supervising PT	All students and CIs report PT/PTA team interaction. No action at this time.	

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
Students are involved in other experiences that lead to achievement of expected outcomes while on clinical experiences 6J5	Meetings with CIs. Student reflective learning assignment. Student evaluation of clinical experience. CI and student Post-affiliation questionnaires	End of each semester	ACCE, PD	> 2 reports of no ancillary experiences	All information indicates other experiences to meet outcomes. No action at this time.	
The admissions process and criteria meet the needs and expectations of the program 2B1	Meetings with: Core faculty, Limited Entry Director, Advisory board, Dean, Employers. Student outcomes reported per CAPTE	Annually	Core faculty, PD	Collective information indicates changes are necessary in order to admit students that better meet the needs and expectations of the program. Graduation rate or licensure pass rate or employment rate falls below CAPTE threshold	Information indicates: students unprepared for rigors of program, decline in affiliation site availability, decline in full time workforce needs. Entrance exam added. Admitted cohort number temporarily reduced.	Annually, prior to next cohort admission
Program enrollment appropriately reflects available resources, program outcomes and workforce needs 2B2	Meetings with: Core faculty, department chair, advisory board, Health Program's Advisors, CIs, Employers. New grad and employer surveys.	Annually	Core faculty, PD	Information from sources indicate resources inadequate or program outcomes not being met or workforce needs not being met. > 20% of surveys indicate particular outcome not being met or employer dissatisfaction in a particular area.	All thresholds met. Sources indicate that graduates are obtaining employment primarily as part time or per diem PTAs. Will continue to monitor the job market	Annually

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
Core and associated faculty meet program and curricular needs 2B3	Faculty CVs with areas of expertise. Student course evaluations. Faculty evaluations and CEU attendance. FSBPT content area scores.	Annually	PD, Department Chair	>20% of student course evaluations indicate unsatisfactory. At least one CEU course per year is relevant to teaching load. Unsatisfactory faculty evaluation. Below passing score on a FSBPT content area for 2 consecutive years	All thresholds met. No action at this time.	
Clinical education faculty meet program and curricular needs 2B3	Clinical instructor questionnaire. Student evaluation of clinical experience. Meetings with CIs. Student and CI post-affiliation questionnaires.	End of each semester	ACCE, PD	Information/questionnaires indicate each CI meets needs of each student and program. > 2 student complaints about CI in particular area	All current CIs meet the needs of the student and the program. No student complaints about any CIs. No action at this time.	
Program resources are meeting, and will continue to meet, current and projected program needs 2B4	Operating and staffing budget allocated to program. Availability of grant money. Equipment maintenance and procurement	Annually	PD, Department chair	Any budget and/or grant monies fall below ability to sustain faculty, staff or equipment needs of program.	Budget, staff and equipment are adequate at this time. Continue to monitor.	Annually at beginning of fiscal year

Area Assessed	*Mechanism(s) Used	Timing of Assessment	Who is Responsible	Threshold to Trigger Change	Analysis and Actions Taken	Timing of Re-assess
Program and relevant institutional policies and procedures meet program needs 2B5	College General & Student Handbook, School of Health Sciences Student Handbook, PTA Program Student Handbook. Monitoring student complaints.	Annually	Core faculty, PD, Department Chair	Any change in institutional policy. Any change in School of Health Sciences policies. > 3 student complaints about the program in a particular area.	No recent changes in institutional or school of health sciences policies requiring change in program policy. No student complaints filed about the program. No action at this time.	

College of Southern Nevada
AAS, Physical Therapist Assistant Title:
Three Year Assessment Plan
Academic Years (2017-2019):

Assessment Plan Submission Process

- All academic degree and certificate granting programs must submit a three-year assessment plan to the Department Chair and Academic Dean for review and approval by October 1 of Academic Year 1 in the planning cycle designated for the academic school.
- All approved and signed three-year assessment plans should be scanned and forwarded electronically from the Academic Dean's office to the Office of Assessment for final approval by October 12 of Academic Year 1.
- Each School will determine the role and responsibility that their assessment committee(s) will have in the assessment planning and submission process independent of these dates.
- Please use Font Arial 10 in the tables.

Academic Program: Physical Therapist Assistant
Department: Dental, Diagnostic and Rehabilitation
Dated Completed: 9-20-17 (updated 1-25-19)
Completed by: Joann Gutschick
Contact Email: joann.gutschick@csn.edu
Contact Phone: 702-651-5588
Academic Program External Accrediting Organization: (if applicable) CAPTE
Year of Next Accreditation Review: 2026
Mission (Program Mission Strategies) <i>Describe the assessment strategies the program faculty will pursue for this assessment planning cycle that will support the mission of your department, school and CSN. Provide specific examples.</i>
Program faculty along with the advisory board will assess PT 134, 244, 256 (Clinical Affiliations I, II, III) to ensure that the course descriptions, learning outcomes and grading policy are in compliance with accreditation requirements. This will enhance student learning in order to produce high quality graduates that meet the needs of the community workforce.
<i>Assessment review includes review of assessment data to determine achievement of student learning; and may include review of curricula associated with student performance including: course curricula, program curricula and curriculum sequencing.</i>
Projected Month of Annual Assessment Review: End of spring semester

Academic Year 1 (AY1):
All Program Student Learning Outcomes and 1/3 of Program Courses Must be Reviewed Annually
A Student Learning Outcome (SLO) is a specific measurable statement that describes a desired ability that the learner can achieve within a given time period.
<ol style="list-style-type: none"> 1. List all Program SLOs, the direct and indirect measures that will be used to assess the outcomes for achievement, and the timeframe within the program when the assessment measures will be administered. 2. List 1/3 of all program courses and their course SLOs that will be reviewed to show support for program SLOs.
1. Academic Program Student Learning Outcomes (SLOs) & Measures
<ol style="list-style-type: none"> 1. Practice abilities and critical thinking skills necessary to carry out the physical therapy plan of care. 2. Provide competent, safe and ethical patient care under the supervision of a licensed physical therapist. 3. Cultivate effective, respectful and culturally sensitive communication and interpersonal skills. 4. Use critical thinking skills to assess patient response to treatment interventions. 5. Formulate educational plans for the patient, family, other providers and the community related to physical therapy interventions. 6. Critique self-assessment and self-directed lifelong learning.
The direct assessment tool is the CPI, Clinical Performance Instrument. It is a nationally recognized assessment of student performance during their clinical affiliations. The CPI has a rubric to indicate various performance levels on a variety of psycho-motor, interpersonal, knowledge and safety criteria. This is administered during the student's final clinical affiliation that takes place in the eight weeks prior to graduation. Students must achieve an overall level of "Advance Intermediate" or "Entry Level" (minimum score 7/10) in order to be successful.

The indirect assessment tools are: 60% or higher graduation rate, 85% or higher licensure pass rate, 90% or higher employment rate within one year of passing the licensure exam, graduate surveys indicate "prepared" or "very prepared" in 90% or more of the criteria, employer surveys indicate "prepared" or "very prepared" in 90% or more of the criteria.

These indirect assessment tools are administered approximately one year after the licensure exam date per accreditation guidelines.

2. Course(s) and Course Student Learning Outcomes (SLOs) For Review

PT 134, Clinical Affiliation I

1. Demonstrate appropriate and effective communication skills: verbal, non-verbal and written.
2. Demonstrate the ability to read and understand information presented in the patient's chart/file; and to use this information appropriately in developing fundamental treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
3. Demonstrate professional, ethical and safe behavior.
4. Demonstrate appropriate use of fundamental assessment and treatment techniques and procedures.
5. Identify, implement and modify appropriate fundamental treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
6. Demonstrate effective use of time and personnel.
7. Comply with all departmental policies and procedures.
8. Research and present an in-service.
9. Maintain safety for patient, self and all personal at all times.

PT 244, Clinical Affiliation II

1. Demonstrate appropriate and effective communication skills: verbal, non-verbal and written.
2. Read and analyze information presented in the patient's chart/file and use this information appropriately in developing musculoskeletal treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
3. Demonstrate professional, ethical, and safe behavior.
4. Use appropriate assessment techniques for musculoskeletal pathologies and respond appropriately.
5. Identify, implement, and modify appropriate musculoskeletal treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
6. Demonstrate effective use of time and personnel.
7. Comply with all affiliation site policies and procedures.
8. Research and present an inservice.
9. Demonstrate entry level competencies of previously learned fundamental skills.

PT 256, Clinical Affiliation III

1. Demonstrate appropriate and effective communication skills: verbal, non-verbal and written.
2. Read and analyze information presented in the patient's chart/file and use this information appropriately in developing neuromuscular treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
3. Demonstrate professional, ethical, and safe behavior.
4. Use appropriate assessment techniques for neuromuscular pathologies and respond appropriately.
5. Identify, implement, and modify appropriate neuromuscular treatment interventions within the physical therapist's plan of care and under the supervision of the physical therapist.
6. Demonstrate effective use of time and personnel.
7. Comply with all affiliation site policies and procedures.
8. Research and present an inservice.
9. Demonstrate entry level competencies of previously learned fundamental and musculoskeletal skills

Academic Year 2 (AY2):
All Program Student Learning Outcomes and 1/3 of Program Courses Must be Reviewed Annually
<p>A Student Learning Outcome (SLO) is a specific measureable statement that describes a desired ability that the learner can achieve within a given time period.</p> <ol style="list-style-type: none"> 1. List all Program SLOs, the direct and indirect measures that will be used to assess the outcomes for achievement, and the timeframe within the program when the assessment measures will be administered. 2. List 1/3 of all program courses and their course SLOs that will be reviewed to show support for program SLOs.
1. Academic Program Student Learning Outcomes (SLOs) & Measures
<p>PT 134, 244, 256 were reviewed by faculty and advisory board in conjunction with accreditation requirements and recommendations. The name and course description of PT 134 was changed to Clinical Affiliation Preparation to come into compliance with accreditation and better meets the needs of the students as they prepare for full time clinical work. This was passed by curriculum committee. Subsequently, PT 244 and 256 required name changes only, to Clinical Affiliation I and Clinical Affiliation II. All course and program SLOs were reviewed and found to be appropriate, current and in compliance. The CPI continues to be the direct measure of student performance on program SLOs. 100% of students enrolled in the final clinical affiliation met or exceeded minimum passing scores.</p>
2. Course(s) and Course Student Learning Outcomes (SLOs) For Review
<p>PT 100, Introduction to Physical Therapy</p> <ol style="list-style-type: none"> 1. Discuss the history, philosophy and definition of physical therapy. 2. Discuss role and scope of practice, licensure and ethical issues of physical therapy. 3. Explain the need for, and identify major components of proper documentation. 4. Use appropriate medical terminology. 5. Identify and discuss legal concerns regarding patient care. 6. Discuss the role of other health care providers. 7. Identify and discuss the scope of employment opportunities in physical therapy. 8. Discuss the importance of clinical research and professional literature and its relationship to clinical practice and furthering one's education. <p>PT 104B, Dissection Techniques</p> <ol style="list-style-type: none"> 1. Develop techniques used when dissecting human cadavers. 2. Recognize similarities between cadaver tissues and structures and those presented in Netter's Atlas of Human Anatomy. <p>PT 105, Musculoskeletal Anatomy Review</p> <ol style="list-style-type: none"> 1. Identify the major landmarks of the skeletal and muscular systems. 2. Identify the major body surface landmarks relative to the musculoskeletal system. 3. Identify the individual and groups of muscles responsible for specific movements of the head, neck, trunk and extremities. 4. Identify the origins and insertions of selected muscles or groups of muscles. 5. Identify the major arteries associated with normal musculoskeletal function. 6. Identify the major nerves associated with normal musculoskeletal function. 7. Identify specific joint types of the trunk and extremities. 8. Identify the major structures of the typical synovial joint and discuss their function in normal movement. 9. Identify the major muscles that cross specific joints and describe the action(s) that each muscle produces at the joint. <p>PT 110, Principles of Kinesiology</p> <ol style="list-style-type: none"> 1. Demonstrate various movement patterns relative to the anatomical position. 2. Palpate the major superficial and bony landmarks of the skeletal and muscular systems. 3. Assess postural alignment using observation, palpation and movement techniques. 4. Demonstrate proper use of palpation techniques to identify superficial and deep structures of the musculoskeletal and neuromuscular systems.

5. Demonstrate stabilization techniques, muscle actions and the effects of internal and external forces on the vertebral column and selected joints of the body.
6. Demonstrate the significance of length-tension and force-velocity relationships in muscle contraction.
7. Identify the origins and insertions of selected muscles or groups of muscles on skeletons.
8. Demonstrate mechanical advantage principles and relationships on selected levers of the body.
9. Analyze basic motions and describe the internal and external factors producing and/or affecting that motion.
10. Demonstrate joint play in selected joints.
11. Demonstrate the use of the concave/convex rule in the treatment of selected joint pathologies.
12. Demonstrate the various normal joint end feels.
13. Demonstrate the differences between open and closed chain activities.
14. Identify, demonstrate and assess the major force couples in the musculoskeletal system.
15. Demonstrate appropriate body mechanics when completing specific techniques used in this class.
16. Demonstrate appropriate use of the Kin-Com in assessing muscle strength and selected treatment approaches.

PT 111, Problems in Kinesiology

1. Describe the diagnoses and deficits of the common neurologically involved adult and pediatric patient.
2. Identify the major stages of the developmental sequence and components of normal movement patterns of the pediatric and adult patient.
3. Identify abnormal movement patterns associated with neurologic pathologies in the pediatric and adult patient.
4. Identify the reflex patterns and their impact on treatment in the pediatric and adult patient.
5. Describe the interdisciplinary approach to management of the patients with traumatic brain injury, spinal cord injury and cerebral vascular accidents.
6. Identify early intervention programs and the physical therapy management of patients with various neurological disorders and deficits.
7. Describe the philosophy and the basic techniques used in the NDT approach to the neurologically involved patient.
8. Describe the philosophy and basic techniques used in the Brunnstrom approach to evaluation and treatment of the neurologically involved patient.
9. Describe the philosophy and basic techniques used in the Rood approach to evaluation and treatment of the neurologically involved patient.
10. Describe the philosophy and the major principles of proprioceptive neuromuscular facilitation and its use with the neurologically involved patient.
11. Describe the philosophy and the major principles of sensory integration and its use with the neurologically involved patient.
12. Describe the importance of family involvement in patient care and be able to instruct family members in appropriate treatment interventions.
13. Discuss the integration of various treatment techniques/approaches to patient care.
14. Identify and discuss the benefits of early intervention on patient outcomes.

PT 117, Fundamental Principles for the Physical Therapist Assistant

1. Discuss patient and therapist preparation for treatment.
2. Use proper documentation.
3. Name and identify a variety of mobility equipment.
4. Define and discuss normal body mechanics and movements.
5. Define vital signs and guidelines for infection control.
6. Identify, modify and progress an appropriate transfer and gait training program within the physical therapist's plan of care and under the supervision of a physical therapist.
7. Identify and discuss ADLs, architectural barriers and age related considerations.
8. Discuss different models of charting techniques used in various facilities and how to access and interpret necessary patient information for appropriate physical therapy treatment.
9. List and discuss a variety of terminology and equipment used in various medical facilities; i.e. acute care, rehab, long-term care, etc.
10. Identify safety issues that may result from the above interventions.

PT 118, Fundamental Procedures for the Physical Therapist Assistant

1. Properly prepare and instruct a patient for treatment.
2. Demonstrate and instruct proper body mechanics and movements.
3. Demonstrate, fit and instruct the use of a variety of mobility equipment.
4. Demonstrate proper technique for vital signs and infection control.
5. Demonstrate, instruct, modify and progress appropriate transfer and gait programs within the plan of care of the physical therapist and under the supervision of the physical therapist.
6. Demonstrate and instruct a variety of ADL's and negotiate a variety of architectural barriers.
7. Maintain safety of patient, self and all persons at all times.

PT 120, Observation & Measurement Principles for the Physical Therapist Assistant

1. Explain the components of a patient history and an assessment and their importance/purpose in modifying patient treatment programs.
2. Explain the difference between general tests, functional tests and special tests used in patient care.
3. Explain the difference between reliability, objectivity and validity and their implications in test construction and content.
4. Identify the normal and possible abnormal or compensatory responses that may occur during assessment.
5. State the purpose of general guidelines and techniques in gross muscle range of motion and strength screens.
6. Identify the major components of a goniometer, its use and the factors that affect measurements.
7. Identify the steps to follow when measuring joint range of motion including identifying the major landmarks.
8. Define muscle length, state the purpose and technique of muscle length testing.
9. State the general principles and techniques used in evaluating muscle strength.
10. Explain the methods of scoring a manual muscle examination, goniometric and muscle length measurements.
11. Identify the innervation (roots, terminal nerves) of selected muscle and sensory areas and the methods of assessing the sensory modalities.
12. Describe normal posture, how it affects normal motion and function and the methods of evaluating posture.
13. Describe the benefits of using volumetric measurements for determining the amount of edema in specifically identified structures.
14. Describe equilibrium and righting reactions and the body's response to loss of balance.
15. Demonstrate the ability to review and summarize the literature on selected topics related to observation and measurement techniques and application in conjunction with a written or oral presentation.

PT 121, Observation & Measurement Procedures

1. Identify and access relevant literature related to outcomes to understand outcomes measurement.
2. Offer suggestion to the physical therapist based upon the PTA's observations of patient status and performance.
3. Demonstrate proper techniques used in gross muscle and range of motion testing.
4. Demonstrate proper techniques during palpation, goniometry and muscle length testing.
5. Communicate observations and selected data to the physical therapist, family, patients and other health care providers and professionals.
6. Discuss the impact of reimbursement policies on outcomes and objectivity on patient recommendations and reports.
7. Demonstrate proper orthopedic measurement techniques including, but not limited to, gross observation, examination of contractile issues, pain, resistance, end feels, capsular patterns, ligament testing and joint play.
8. Demonstrate proper techniques during assessment of normal and abnormal posture including those of the head, neck, trunk and upper and lower extremities.
9. Demonstrate proper technique during assessment for sensory abilities, girth measurements, righting reactions, volumetric measurements, balance, equilibrium and functional activities measurements and assessments.
10. Demonstrate proper recording and documentation methods, including the ability to review documentation for absence or presence of established criteria to record compliance of documentation.

11. Demonstrate how specific techniques may be modified to accommodate age related or pathology related problems.

PT 122, Psycho-Social Considerations in Patient Care

1. Define and utilize appropriate and effective communication with patients, family/caregivers, peers, supervisors, other health care professionals and the community.
2. Explain how cultural diversity, personality styles, socioeconomic conditions and attitudes can affect treatment programs and patient compliance.
3. Identify and assess their own feelings, attitudes and reactions toward illness and disability.
4. Discuss the elements of professional behavior including, but not limited to, conduct, attitude, values and actions.
5. Discuss the various dimensions of interpersonal relationships.
6. Discuss the components of conflict and conflict resolution.
7. Identify the grieving process and its impact on therapeutic interventions.
8. Discuss a variety of resources in the community and the field of health care to assist in the various needs of the patient including, but not limited to, physical, emotional, substance abuse and psychological needs.
9. Identify and discuss various psychological factors that may impede patient compliance or progress including, but not limited to, symptom magnification, secondary gain, somatic pain presentation, illness behaviors and personality types.

PT 125, Principles of Physical Agents

1. Explain the various theories of pain management.
2. Describe a variety of pain scales and their use.
3. Demonstrate professional, ethical and safe behavior.
4. Explain the neurophysiological basis for pain modulation for the application of a variety of physical agents.
5. Describe various wound care techniques.
6. Describe the physiologic benefits, effects and responses of patients to the application of specific physical agents.
7. Identify and explain indications and contraindications of specific physical agents.
8. Describe the procedure and application of specific physical agents.
9. Describe various therapeutic approaches and progression using specific physical agents.
10. Research and discuss current literature related to various physical agents.

PT 126, Physical Agents Procedures and Practice

1. Demonstrate safe and appropriate preparation of the patient for treatment.
2. Demonstrate safe, appropriate and effective application techniques of specific physical agents.
3. Instruct patients/caregivers in safe, appropriate and effective application techniques of specific physical agents for home use.
4. Demonstrate appropriate wound care techniques using mock wounds.
5. Appropriately document treatment and patient response.

PT 130, Administration in Physical Therapy

1. Identify current issues in health care and their major impact in physical therapy profession.
2. Identify the role of the physical therapist assistant, both within the profession itself, and within the broader context of the health care delivery system.
3. Discuss the effects of federal, state, and local regulatory agencies on the delivery of health care in general and physical therapy specifically; i.e. JCAHO, Medicare, OSHA, MDS, DRG's, MSDS, HIPPA, etc.
4. Demonstrate an understanding of significant national and state laws (NRS and NAC) and regulations governing the practice of physical therapy.
5. Identify the strengths/limitations of specific management techniques and leadership styles.
6. Discuss the relevance of employee development programs, employee performance appraisals and a typical employee grievance procedure.

7. Identify models of teaching and learning styles as they relate to physical therapy practice.
8. Discuss the need for fiscal planning and responsibility in a physical therapy program/business.
9. Demonstrate the research and presentation skills necessary for a successful oral report.
10. Discuss marketing and customer relations issues in physical therapy practice.

Academic Year 3 (AY3):

All Program Student Learning Outcomes and 1/3 of Program Courses Must be Reviewed Annually

A Student Learning Outcome (SLO) is a specific measurable statement that describes a desired ability that the learner can achieve within a given time period.

1. List all Program SLOs, the direct and indirect measures that will be used to assess the outcomes for achievement, and the timeframe within the program when the assessment measures will be administered.
2. List 1/3 of all program courses and their course SLOs that will be reviewed to show support for program SLOs.

1. Academic Program Student Learning Outcomes (SLOs) & Measures

Faculty and advisory board reviewed all courses listed and found all course SLOs to be current and in compliance and support program SLOs. The expanded list of objectives under each outcome, listed in syllabi, were reviewed and updated to ensure students are well prepared to enter and meet the needs of the community workforce. Formative and summative assessments are used in all classes including verbal feedback, hand over hand demonstrations, written exams, quizzes, assignments and lab practicals. Indirect measures of licensure exam scores show 100% pass rate with program students exceeding the national average score in all categories of the exam. 100% employment of graduates with employer and graduate surveys indicating greater than 90% of criteria scored in the prepared or very prepared category.

2. Course(s) and Course Student Learning Outcomes (SLOs) For Review

PT 225, Therapeutic Principles for Musculoskeletal Pathologies

1. Describe the principles and physiologic effects of therapeutic exercise.
2. Describe treatment protocols and rationale for a variety of musculoskeletal pathologies.
3. List indications and contraindications and precautions for specific therapeutic exercises.
4. Identify, modify and progress therapeutic exercise interventions for a variety of musculoskeletal pathologies within the physical therapist's plan of care and under the supervision of the physical therapist.
5. Describe principles and techniques for taping various anatomical areas.
6. Appropriately document therapeutic exercise interventions.
7. Discuss reasons why clinical development of knowledge, skills and problem solving are required in order to become competent in the more advanced techniques of patient care.
8. Explain the basic principles of the Pilates method of exercise.
9. Appropriately incorporate the Pilates method of exercise into a therapeutic exercise program.
10. Describe the principles and implications of vestibular rehab.
11. Identify safety issues that may result from the above interventions.

PT 226, Therapeutic Procedures for Musculoskeletal Pathologies

1. Demonstrate and instruct a variety of therapeutic exercises.
2. Monitor the physiological effects of therapeutic exercise.
3. Demonstrate proper taping techniques for various anatomical areas.
4. Identify, implement, modify and progress therapeutic exercise interventions for a variety of musculoskeletal pathologies within the physical therapist's plan of care and under the supervision of the physical therapist.
5. Demonstrate a variety of Pilates method exercises.
6. Demonstrate various vestibular rehab activities/protocols.
7. Maintain safety of patient and self at all times.

PT 238, Pathophysiology I

1. Identify the stages in the inflammatory process and the stages in the soft tissue healing process.
2. Identify the embryological components of the musculoskeletal and nervous systems.
3. Identify and describe the major types of joints and tissues in the body.

4. Describe various injury mechanisms related to the ankle, foot and toes.
5. Describe various injury mechanisms related to the knee.
6. Describe various injury mechanisms related to the hip.
7. Describe various injury mechanisms related to the lumbar, thoracic and cervical spine.
8. Describe various injury mechanisms related to the shoulder complex.
9. Describe various injury mechanisms related to the elbow.
10. Describe various injury mechanisms related to the wrist and hand.
11. Identify and describe the functions of the muscles responsible for normal motions of the neck, trunk and extremities.

PT 240, Orthotic and Prosthetic Considerations in Patient Care

1. Discuss the history and definitions of orthotics and prosthetics.
2. Describe various materials and components that prosthetics and orthotics are made of.
3. Describe the normal biomechanics of gait.
4. List and describe various causes and levels of amputations and their impact on treatment.
5. List and describe various diagnoses associated with the need for orthotics.
6. Discuss the psycho-social, physical and socio-economic impact on patients requiring orthotics or prosthetics and their impact on treatment.
7. Identify and discuss use of various upper extremity, lower extremity and spinal orthotics and prosthetics.
8. Identify exercise and gait interventions within the physical therapist's plan of care for a variety of pathologies requiring the use of an orthotic or prosthetic.
9. Demonstrate and instruct proper residual limb wrapping techniques.
10. Instruct patient and family/caregivers in the safe use and care of various orthotics and prosthetics.

PT 248, Pathophysiology II

1. Identify and describe the basic components of the sensory and motor pathways.
2. Identify and discuss the characteristics of the normal functioning nervous system.
3. Describe the typical neurological pathways of the normal CNS/PNS/ANS.
4. Describe the etiology and clinical signs and symptoms of the disorders associated with the nervous system.
5. Identify and describe the procedures used to collect important information on the pathological condition and progress of assorted nervous system disorders.
6. Identify interventions and outcomes for a variety of neurological pathologies.
7. Describe how damage to the major neurological pathways effect sensory and motor function.
8. Identify the major circulatory pathways in the brain and describe the effect if these pathways are blocked.
9. Identify the 12 cranial nerves and indicate the function of each nerve.
10. Review selected topics in the literature and be able to prepare and complete written and oral presentations based on the findings of the review.

PT 250, Therapeutic Principles for Cardiopulmonary Pathologies

1. Approach each patient in a holistic manner, considering both the primary and secondary diagnosis.
2. Differentiate between acute care, rehabilitation, home health and outpatient clinics regarding patient pathologies and treatment intervention.
3. Identify the anatomical and physiological structure of the cardiac, pulmonary and renal systems.
4. Define the function of the pancreas in relation to diabetes.
5. Define the major pathologies which encompass the cardiovascular and pulmonary structures and system.
6. Define the therapeutic parameters utilized with patients who are diagnosed with cardiopulmonary disorders.
7. Define the three phases of cardiac rehabilitation.
8. Define the relationship between essential nervous system function and cardiopulmonary function.
9. Differentiate between cardiovascular, respiratory and muscular endurance.
10. State why specialized knowledge and skills are required to fully understand the principles and treatments required in cardiovascular and pulmonary rehabilitation.

PT 251, Therapeutic Procedures for Cardiopulmonary Pathologies

1. Demonstrate correct palpation of bony and muscular components of the thorax and rib cage.

2. Demonstrate correct palpation of all major pulse sites of primary arterial vessels.
3. Demonstrate proper auscultation of the heart and lungs.
4. Demonstrate consistent blood pressure and oxygen readings on individuals at rest, during exercise and post exercise.
5. Demonstrate postural drainage techniques.
6. Describe the effect of aerobic and anaerobic exercise on well and diseased populations.
7. Use the assessment techniques to measure cardiovascular and pulmonary endurance

PT 254, Therapeutic Principles for Neuromuscular Pathologies

1. Define the terms used in the study of kinesiology and biomechanics.
2. Define the terms used to describe the anatomical position and the movement of body parts from this position.
3. Identify the major surface and body landmarks of the bony.
4. Discuss the importance of the proper use of palpation techniques when identifying superficial and deep structures of the musculoskeletal and neuromuscular systems.
5. Discuss the importance of stabilization techniques, muscle actions and the effects of internal and external forces on the vertebral column and selected joints of the body.
6. Describe the physiological processes involved in muscle contraction.
7. Define and discuss the significance of length-tension and force-velocity relationship in muscle contraction.
8. Identify the specific joint types of the trunk and extremities.
9. Identify the individual and groups of muscles and their attachments responsible for specific movements of the trunk and extremities.
10. Identify the major structures of the typical synovial joint and discuss their functions in normal movement.
11. Describe the laws of motion, principles of force, equilibrium and balance, and classification of levels and how these principles affect normal motion.
12. Analyze the basic motions of the neck, trunk and extremity joints and describe the internal and external forces producing and/or affecting those motions.
13. Distinguish between physiological and accessory joint movements.
14. Define joint play in selected joints and describe the normal end feels.
15. State the concave/convex and convex/concave rules and describe their use in the treatment of selected joint pathologies.
16. Define open and close chain activities.
17. Define and give examples of force couples found in the musculoskeletal system.
18. Identify the various types of power and precision grasps.
19. Identify the components of a basic research project.

PT 255, Therapeutic Procedures for Neuromuscular Pathologies

1. Identify the deficits related to the neurologically involved adult and pediatric patient.
2. Identify the stages observed in the normal developmental sequence of the pediatric and adult patient.
3. Demonstrate the techniques used in testing developmental reflexes and their impact on treatment in the pediatric and adult patient.
4. Describe the interdisciplinary approach to management of the patients with traumatic brain injury, spinal cord injury, CVA and other neurological disorders.
5. Demonstrate the skills and techniques used in the physical therapy management of patients with selected neurological disorders and deficits.
6. Demonstrate the basic techniques used in the NDT approach to treating the neurologically involved patient.
7. Demonstrate the basic techniques use in proprioceptive neuromuscular facilitation treatment of neurologically involved patients.
8. Demonstrate appropriate and safe body mechanics for patient and therapist when employing the treatment techniques.
9. Demonstrate the ability to integrate the various treatment techniques and approaches identified in this course.
10. Identify and discuss the impact and importance of normal movement patterns in pediatric and adult patients.
11. Describe and demonstrate typical abnormal movement patterns found in neurologically involved pediatric and adult patients.



Engelstad School of Health Sciences
Assessment of Institutional Indicators

2017-2018

Program Name: Physical Therapist Assistant (PTA) Prepared By: Joann Gutschick

SPRING 2018

LEAP DOMAIN	LEAP OUTCOME	PROGRAM OUTCOME	MEASURE/INSTRUMENT	RESULT	ANALYSIS
Knowledge of Human Cultures & the Physical and Natural World	1.a. Through studies in the sciences and mathematics, social sciences, humanities, histories, languages and the arts.	Practice abilities and critical thinking skills necessary to carry out the physical therapy plan of care. (per PTA degree sheet and PTA handbook)	Clinical Performance Instrument (CPI) for terminal clinical students will pass at the Advanced Intermediate level or higher.	100% of students passed at advanced intermediate or higher.	Continue to monitor each terminal clinical rotation.
	2.b. Critical and creative thinking.	Use critical thinking skills to assess patient response to treatment interventions. (per PTA degree sheet and PTA handbook)	Clinical Performance Instrument (CPI) for terminal clinical students will pass at the Advanced Intermediate level or higher.	100% of students passed at advanced intermediate or higher.	Continue to monitor each terminal clinical rotation.
Personal & Social Responsibility	3.b. Intercultural knowledge and competence.	Cultivate effective, respectful, and culturally sensitive communication and interpersonal skills. (per PTA degree sheet and PTA handbook)	Clinical Performance Instrument (CPI) for terminal clinical students will pass at the Advanced Intermediate level or higher.	100% of students passed at advanced intermediate level or higher.	Continue to monitor each terminal clinical rotation.
Integrative & Applied Learning	4.a. Synthesis and advanced accomplishment across general and specialized studies.	Provide competent, safe, and ethical patient care under the supervision of a licensed physical therapist. (per PTA degree sheet and PTA handbook)	Clinical Performance Instrument (CPI) for terminal clinical students will pass at the Advanced Intermediate level or higher.	100% of students passed at advanced intermediate level or higher.	Continue to monitor each terminal clinical rotation.

REVIEWED BY: Program Director Dept Chair Assessment Coordinator Dean

Date _____

Applicant Name _____ NSHE# _____

Interviewer name _____ Interview Score _____

PTA Interview Rating Rubric: circle the score for each category then total all scores

1. What personal traits/characteristics do you need to work on to become a better student?

Follow up – How do you plan to accomplish this in order to be successful in the program?

-2	1	2	3
Answer is NONE and/or instructors need to change or better understand the student	Focus is on others with some reference to self-improvement but no specific traits given	Gives specific examples of traits for self-improvement but no indication of strategies to use	Gives specific examples with focus on taking responsibility for reflection and developing strategies to improve as a student

Comments _____

Respect:

Feeling of admiration for someone elicited by their positive abilities, qualities and achievements.

Your actions show you are aware of someone's rights, wishes, needs and feelings regardless of personal opinion or whether or not you like someone.

2. Discuss the meaning of respect.

Follow up – How do respectful interactions impact your classmates, instructors and patients?

-2	1	2	3
Unable to define respect or just says it means being nice	Vague definition of respect as per above with 0-1 examples of impact on interactions; and/or personal opinion of someone is part of their discussion	Fairly good definition of respect as per above with 2 examples of interactions	Clear understanding of respect with 3 or more specific examples of its impact on classmates, instructors and patients

Comments _____

3. What is meant by body language?

Follow up – Describe 2 types of negative body language you might display and its potential effect on your patient care.

Follow up – Describe 2 types of positive body language you might display and its potential effect on your patient care.

-2	1	2	3
Does not know what body language means	Describes body language and gives 1 or more examples of each but unable to relate to patient care	Describes body language and gives 2 or more examples of each with vague reference to patient care	Shows understanding of body language and able to give 2 or more examples of each with clear understanding of effects on patient care

Comments _____

Diversity:

The inclusion of people of different races, cultures or sexual identities in groups or organizations.

A mixed work force that provides a wide range of abilities, experiences, knowledge and strengths.

4. In today’s society, what is meant by Diversity?

Follow-up – Describe your experience at CSN with its diverse student population. (or in a work situation)

-2	1	2	3
Anything based on diagnosis, ethnicity, religion, gender, age, culture, or other discriminatory category.	Immediately refuses at first sign of patient being physically or verbally abusive.	A physically or verbally abusive patient that the PTA has tried to reason with on several occasions without success.	Any patient situation where the PTA is not competent to perform care plan interventions and/or would not refuse to work with any type of patient.

Comments _____

5. You are working with a patient in the PT department. There is a fire in the building and the power goes out. What do you do?

-2	1	2	3
States "I don't know" or "I'm not good in emergencies" or panics	Tries to find out more info, no reference to patient; or focus is on self and personal belongings	Some reference to patient safety but focus still on self or getting more info	First thought is safety of patient and getting them out of harm's way; may make reference to knowing facility policy

Comments _____

6. Poise

0	1	2	3
Nervous throughout, no eye contact, unable to stay on topic or answer question	Somewhat relaxed by end of interview, minimal eye contact, answered questions with one phrase or sentence	Relaxed at end of interview, maintained eye contact with one panel member, mostly stayed on topic with at least 2 sentences	Relaxed throughout, maintained eye contact with all panel members, stayed on topic for all questions 3 sentences or more

Comments _____

7. Overall impression

0	1	2	3
Poor applicant: no signs of enthusiasm, poor interpersonal skills; displays lack of interest in overall process	Average applicant: appears to give responses that he/she feels are expected rather than genuine; adequate interpersonal skills; the rigor of the program may be too much to handle	Good applicant: demonstrates potential for high achievement though may struggle with rigors of the program	Excellent applicant: demonstrates qualities of student who would take initiative for self-learning and self-improvement; appears mature and responsible and able to handle rigors of the program

Comments _____



Physical Therapist Assistant Program

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 joann.gutschick@csn.edu

Employer Survey

Dear Employer,

The faculty of the Physical Therapist Assistant Program at the College of Southern Nevada greatly value your input as to the contributions our graduates (your employees) make to your facility. Please complete both sides of this survey form and return it to the address above within 10 days or scan and email to the above email address or fax to the above number. Your response is very important in helping us improve the education of our students and the quality of your employees. Please feel free to make additional copies of this survey if you wish to comment on more than one graduate.

Thank you for your help.

Date _____

Please rate the degree to which the program prepared the graduate for entry level practice in the following knowledge, skills, behavioral and professional areas:

	<u>Underprepared</u>	<u>Prepared</u>	<u>Very Prepared</u>
Anatomy and physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Exercise, including balance & posture training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation and Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Agents including ultrasound, e-stim, compression, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-pulmonary Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Underprepared</u>	<u>Prepared</u>	<u>Very Prepared</u>
Implementation of treatment plan as developed by the PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modification and progression of treatment within the guidelines of care plan developed by the PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures including taking vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound care/infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate/effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/family education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role and scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in ethical/legal/safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative and fiscal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with diverse cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-social support for patient/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, how can we improve the education of our students to better prepare them as entry-level PTAs?

Please comment on anything related to your experience with our PTA graduate.

Would you hire other PTA graduates from the College of Southern Nevada? Yes No
 Why or why not?



Physical Therapist Assistant Program
 6375 West Charleston Boulevard
 Mail Sort Code - W1A
 Las Vegas, Nevada 89146
 (702) 651-5588 FAX 651-5506
 joann.gutschick@csn.edu

Physical Therapist Assistant Program Graduate Follow-up Survey

Dear PTA Graduate,

In order to continually evaluate our PTA program, you are asked to complete both pages of this survey form and return it within 10 days to the address above or scan and email. Your response is very important in helping us improve our program planning and development for the future. We greatly appreciate your participation.

Year of Graduation from the PTA Program at CSN _____

1. Were you employed as a PTA within 6 months of passing the licensure exam? Yes No
 If no, was it because: No positions available or Did not seek a position during this time

2. Current PTA employment Status:
 ___Employed 30 or more hours per week.
 ___Employed less than 30 hours per week.
 ___Unemployed, seeking work.
 ___Unemployed, not seeking work.

3. Current Employment (*Optional*)
 Name of Company _____
 Location (City and State) _____
 Date of Employment _____

4. Please rate the degree to which the program prepared you for entry-level practice in the following knowledge, skills, behavioral and professional areas:

	<u>Underprepared</u>	<u>Prepared</u>	<u>Very Prepared</u>
Anatomy and physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Exercise, including balance & posture training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation and Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Underprepared</u>	<u>Prepared</u>	<u>Very Prepared</u>
Physical Agents including ultrasound, e-stim, compression, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics and Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-pulmonary Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation of treatment plan as developed by the PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modification and progression of treatment within the guidelines of care plan developed by the PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures including taking vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound care/infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate/effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/family education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role and scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in ethical/legal/safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative and fiscal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with diverse cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-social support for patient/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In your opinion, how can we improve the education of our students to better prepare them as entry-level PTAs?

6. Please comment on anything related to your experience before, during or after the PTA Program.



Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association

SUMMARY OF ACTION

Physical Therapist Assistant Program
College of Southern Nevada
6375 West Charleston Boulevard, W1A
Las Vegas, NV 89146-1139

On April 26, 2017, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the Physical Therapist Assistant education program at College of Southern Nevada.

Status: ACCREDITATION

Action Taken: Continue Accreditation

Effective Date: April 26, 2017

Information Used to

Make Decisions: Compliance Report received December 14, 2016

Reason for Decision: The Commission's decision to continue accreditation status is based on the program's demonstration of general compliance with the intent of the Standards and Required Elements and on the professional manner in which the program has addressed the Commission's previous concerns.

The program is reminded that the status of accreditation has been continued based on the program described in the materials reviewed by the Commission. The institution and program are responsible for notifying CAPTE of all substantive changes in the program prior to implementation. Unexpected substantive changes are to be reported immediately after they occur. (See Part 9 of CAPTE's Rules of Practice and Procedure for more information about reporting changes.)

Next Activity: Self-study Report and On-site Visit in Spring 2026

NOTICES

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional materials, including the institution/program web site, where the program's accreditation status is disclosed.

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

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

PUBLIC NOTICE OF DECISIONS BY CAPTE

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

RESPONSIBILITY TO REPORT CHANGE(S)

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

Commission's Findings:

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with the intent of the following previously cited required elements: 2B1, 2C, 2D, 4N, 6E, 6H, 7D2, 7D3, 7D12, 7D13, 7D16, 7D23d, 7D24f, 7D24j and 7D24n.

The Commission has deemed the program to be in compliance with the intent of all of the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs. The Commission appreciates the thorough and professional manner in which these obligations have been addressed.



TRANSFER AGREEMENT

between

College of Southern Nevada

Associate of Applied Science in Physical Therapist Assistant

and

Nevada State College

School of Liberal Arts and Sciences

Bachelor of Applied Science in Allied Health Sciences

2016-2017

Article I Agreement on Principle

Nevada State College (NSC) and the College of Southern Nevada (CSN) agree that students who choose to transfer from a community college to NSC to earn a bachelor's degree should be provided with a smooth curriculum transition that minimizes loss of credit and duplication of coursework. Therefore, NSC and CSN agree to enter into this curriculum articulation agreement for students who complete the Certificate of Completion in Allied Health Sciences and the Associate of Applied Science (AAS) degree in Physical Therapist Assistant at CSN and transfer to NSC to complete the Bachelor of Applied Science in Allied Health Sciences. Both institutions enter into this agreement as cooperating, equal partners who shall maintain the integrity of their separate programs.

Article II Definitions

A transfer agreement is an officially approved agreement that matches coursework between a 4-year college and a community college. They are designed to help students make a smooth transition when transferring from a Nevada System of Higher Education (NSHE) community college to NSC. The transfer agreement is often referred to as a "major-to-major" or a "two-plus-two" agreement and the three terms are synonymous. Select programs may follow a "three-plus-one" model, with students completing additional credits at the Associate's degree-granting institution and transferring to NSC to complete their senior year.

Article III Agreement on Program Specifics

The Nevada System of Higher Education Board of Regents' policy stipulates, "The Bachelor of Applied Science degree is a four-year occupationally specific degree that is intended to respond to the needs of the workforce. A student with an Associate of Applied Science degree in a program approved by the Board of Regents seeking a Bachelor of Applied Science degree is guaranteed junior status upon transfer to another applicable NSHE institution." (Handbook Title 4, Chapter 14, Section 15.3) NSC and CSN agree that any student who has successfully completed the minimum requirements outlined in the attached Course of Study may transfer the course credits indicated toward a Bachelor of Applied Science in Allied Health Sciences NSC. Students who follow this articulated program agreement must apply and be admitted to NSC. The bachelor's degree graduation requirements for students who follow this articulated program agreement are listed on the NSC website under Transfer Center.

Article IV Agreement on Communication

NSC and CSN agree to cooperate in communicating with each other and with their common and respective publics concerning the established relationship between the two institutions. Communication may include the development of various kinds of publications to inform those who might benefit personally or professionally from the opportunities provided by this agreement. Faculty and staff at both institutions will share the information in this agreement with interested and qualified students and both institutions will provide counseling and advising to students and prospective students.

Article V Maintenance and Review Procedures

Responsibility for oversight of this agreement rests with NSC's Transfer Coordinator, Erin Hall.

NSC and CSN agree to communicate annually any changes in their respective programs that may affect this transfer agreement. This agreement is effective for the 2016-2017 NSC catalog.

Article VI Information for Students

Students who began CSN's program prior to the effective date of this agreement may use the agreement to the extent that the program requirements followed are consistent with this agreement. A copy of this agreement should be brought to all advising sessions. This transfer agreement was developed to provide a smooth curriculum transition for students who want to earn an associate degree from CSN and transfer to NSC to earn a Bachelor of Applied Science in Allied Health Sciences. The agreement is designed to minimize loss of credits and duplication of coursework in transferring.

1. Students should complete the Certificate of Completion in Allied Health Sciences and the Associate of Applied Science in Physical Therapist Assistant at CSN and the coordinated program of study for the Bachelor of Applied Science in Allied Health Sciences at NSC as indicated in this transfer guide. Any course substitutions should be made with the guidance of an advisor or counselor to assure that all requirements are met.
2. The completion of the associate of arts, associate of science, and associate of business degree at a community college automatically fulfills the lower-division general education requirements at any other NSHE institution. An associate of applied science degree does not automatically fulfill lower-division general education requirements.
3. Only courses with a grade of D or higher will be accepted for transfer to NSC. A course completed with a grade of less than 1.7, if counted toward graduation at the community college, may be used to satisfy NSC graduation requirements. However, the course will have to be repeated if the NSC major specifies a higher GPA for all students in the Bachelor of Applied Science in Allied Health Sciences. If a CSN course has more credits than the NSC equivalent course, the additional credits will be included in the program total as general transfer credit.
4. NSC requires that a minimum of 30 upper-division credit hours must be completed in residence at NSC.
5. Students may elect to graduate under the course catalog graduation requirements under any of the following options, provided that the course catalog at the time of graduation is not more than ten years old:
 - a. The course catalog of the year of enrollment in a baccalaureate level course/program at a NSHE community college (valid transfer agreement may be required.)

- b. The course catalog of the year of transfer into a baccalaureate level program at the universities, state college, or community colleges that offer select baccalaureate degrees.
 - c. The course catalog of the year of graduation from a NSHE institution.
6. Changing majors may change the course catalog and graduation requirements, which may increase the time to degree completion. The student will follow the requirements of a transfer agreement for the new major, effective at the time of the change of major.
7. Students should meet with the NSC Transfer Coordinator early, before completing an admission application to NSC. A copy of the transfer guide should be brought to all advising sessions.
8. For further information on the rights afforded to Nevada System of Higher Education AA, AB, or AS, or AAS graduates, refer to the Transfer Rights and Responsibilities document available at <http://system.nevada.edu/Nshe/index.cfm/administration/academics-student-affairs/students/transfer/>

Contacts:

Nevada State College

1125 Nevada State Drive, Henderson, NV 89002

Erin Hall, Transfer Coordinator erin.hall@nsc.edu 702-992-2118

Transfer Agreements are located at <http://nsc.edu/admissions/applying-to-nsc/transfer-students/transfer-center/transfer-agreements/index.aspx>

College of Southern Nevada

3200 E. Cheyenne Avenue, North Las Vegas, NV 89030

Dr. Hyla Winters, Associate Vice President 702-651-4554

Bachelor of Applied Science in Allied Health Sciences

The following tables identify the year-by-year course of study for students. Students earning their AA, AB, or AS at the CSN are granted junior status at NSC and have met the lower-division general education requirements of NSC. An AAS degree does not automatically fulfill lower-division general education requirements. The sequence of courses is recommended by the Bachelor of Applied Science in Allied Health Sciences and gives students a blueprint for successful completion of their baccalaureate degree in four years. If followed, students will enter their fourth year as a senior at NSC. A full listing of the NSC lower-division general education credits is found on the NSC website under Transfer Center.

The schedule has been developed to ensure students complete coursework on time to meet AAS program application deadlines.

Year 1 – Recommended Courses	
Summer Semester (10 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
BIOL 189 (4 cr)	Certificate requirement
ENG 101 (3 cr)	GE (English Composition)
PSY 101 (3 cr)	GE (Social Sciences)
Fall Semester (10 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
BIOL 223 (4 cr)	Certificate requirement
MATH 120, 124, 126, 127, 128, or 181 (3 cr)	GE (Math)
PT 100 (3 cr)	Required for admission to Physical Therapist Assistant Program
Spring Semester (12 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
BIOL 224 (4 cr)	Certificate requirement
HIT 117B (1 cr)	Certificate requirement
PSC 101 (4 cr)	GE (Constitution)
Fine Arts core (3 cr)	GE (Fine Arts)

Year 2 – Recommended Courses	
Fall Semester (12 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
COM 101 (3 cr)	GE (Humanities)
PT 105 (1 cr)	AAS Major requirement
PT 110 (2 cr)	AAS Major requirement
PT 111 (2 cr)	AAS Major requirement
PT 117 (2 cr)	AAS Major requirement
PT 118 (2 cr)	AAS Major requirement
Spring Semester (15 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
PT 120 (2 cr)	AAS Major requirement
PT 121 (2 cr)	AAS Major requirement
PT 122 (3 cr)	AAS Major requirement
PT 125 (2 cr)	AAS Major requirement
PT 126 (2 cr)	AAS Major requirement
PT 130 (2 cr)	AAS Major requirement
PT 134 (2 cr)	AAS Major requirement

Year 3 – Recommended Courses	
Fall Semester (14 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
PT 225 (3 cr)	AAS Major requirement
PT 226 (2 cr)	AAS Major requirement
PT 238 (3 cr)	AAS Major requirement
PT 240 (1 cr)	AAS Major requirement
PT 244 (2 cr)	AAS Major requirement

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PT 250 (2 cr)	AAS Major requirement
PT 251 (1 cr)	AAS Major requirement
Spring Semester (13 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
PHIL 101 or above (3 cr)	GE (Humanities)
PT 248 (3 cr)	AAS Major requirement
PT 254 (3 cr)	AAS Major requirement
PT 255 (2 cr)	AAS Major requirement
PT 256 (2 cr)	AAS Major requirement

Year 4 – Senior Recommended Courses

Summer Semester (9 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
ENG 102 or 114 (3 cr)	GE (English Composition)
One of the following: COM 315, 404, 412, 434, 464; or PSY 461 (3 cr; must complete at NSC)	BAS Major requirement
Upper-division elective (3 cr; must complete at NSC)	College requirement
Fall Semester (12 credits)	
<i>Course</i>	<i>Requirement: GE or Major at NSC</i>
ENG 407A (3 cr; must complete at NSC)	BAS Major requirement
PSY 450 (3 cr; must complete at NSC)	BAS Major requirement
Upper-division Cultural Diversity course (3 cr; must complete at NSC)	GE (Cultural Diversity)
Upper-division elective (3 cr; must complete at NSC)	Residency requirement
Spring Semester (12 credits)	
<i>Course</i>	<i>Requirement: GE or Major</i>
One of the following: COU 300, SOC 466, SOC 484 (3 cr; must complete at NSC)	BAS Major requirement

NSC Transfer Agreement-Bachelor of Applied Science in Allied Health Sciences

Two of the following: COM 315, 404, 412, 434, 464; PSY 461 (6 cr; must complete at NSC)	Major requirement
PSY 470 (3 cr; must complete at NSC)	Major requirement
Elective (1 cr; if needed to reach 120 credits total)	College requirement

NSC Major Program Requirements

Course	Title of Course	Credits
<i>Choose 3:</i> COM 315 COM 404 COM 412 COM 434 COM 464 PSC 461	Small Group Communication Principles of Persuasion Intercultural Communication Conflict Management & Negotiation Leadership: A Communication Perspective Executive Leadership	9
<i>Choose 1:</i> COU 300 SOC 466 SOC 484	Introduction to human Services & Counseling Sociology of Medicine Death & Dying	3
ENG 407A	Fundamentals of Business Writing	3
PSY 450	Industrial & Organizational Psychology	3
PSY 470	Health Psychology	3

**At least 30 upper-division credit hours must be completed in residence at NSC.*

Total credits = 120

The Chief Academic Officers at NSC and the respective community college have agreed upon and approved this transfer agreement.