



# Position Papers

## Accreditation Handbook

American Physical Therapy Association  
1111 North Fairfax Street  
Alexandria, Virginia 22314

[accreditation@apta.org](mailto:accreditation@apta.org) / [www.capteonline.org](http://www.capteonline.org)

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## POSITION PAPERS ADOPTED BY CAPTE

On occasion the Commission on Accreditation in Physical Therapy Education (CAPTE) will develop and endorse position papers on important topics. Papers are circulated among the educational community and/or are published in CAPTE's newsletter, *CAPTE Accreditation Update*. Papers may provide clarification about how CAPTE applies certain evaluative criteria or describe the Commission's position on topics of interest within the education and accreditation communities. The following papers have been adopted by CAPTE for such purposes.

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## **ACCREDITATION AND THE WORKFORCE**

The mission of the Commission on Accreditation in Physical Therapy Education is to serve the public by establishing and applying standards that assure quality and continuous improvement in the entry-level preparation of physical therapists and physical therapist assistants and that reflect the evolving nature of education, research and practice. In achieving its mission, CAPTE has adopted the principle that accreditation is a process of quality assessment pursued by academic programs using nationally agreed upon criteria (standards), yet measured in the context of each program's and institution's individual mission.

The accreditation actions taken by CAPTE are based solely on the institution's demonstration of compliance with the published evaluative criteria as they relate to the institution's mission. CAPTE has accepted and will continue to accept all applications for accreditation that fall within its defined scope. In so doing, CAPTE in no way restricts institutions of higher education in the development and implementation of physical therapy education programs. As a matter of opinion, CAPTE believes that newly developing programs have the same potential to add substantively to the quality and advancement of physical therapy education as existing programs. To restrict this category of programs could potentially disallow programs that may make significant contributions to physical therapy education in the future.

Therefore the Commission does not evaluate the need for a program based on market demand for graduates per se. However, all physical therapy education programs are encouraged to be attentive to marketplace issues as they can significantly influence the demonstration of compliance with CAPTE standards including admissions, student retention, quality of graduates, availability of a sufficient number and variety of clinical education sites, and employability of graduates. It has been and will continue to be the policy of CAPTE, through the APTA Department of Accreditation, to suggest to all those making inquiries regarding new and expanding programs to consider carefully the work force issues that may affect the new or expanding program's potential success.

(Adopted by CAPTE October 1998, revised April 2005, April 2010)

## INTERACTIVE ROLES IN CAPTE ACCREDITATION

The effectiveness of accreditation is dependent on the successful execution of several complementary roles inherent in the accreditation process. Primary among these are the roles of the academic program seeking accreditation, the On-site Review Team, the Commission Review Panel and the Commission on Accreditation in Physical Therapy Education (CAPTE) as a whole. Each has a unique role in the accreditation process. Optimum results of the accreditation process will be achieved when each of these roles is fully and appropriately executed.

The role of the academic program is to insure that the evidence provided for the purpose of accreditation is both thorough and accurate. The academic program seeking accreditation from CAPTE does so voluntarily and in the spirit of self-assessment and self-improvement. It recognizes CAPTE as a peer review organization, whose responsibility it is to make program accreditation status determinations in physical therapy education. The academic program has the primary responsibility to engage in this voluntary process in an honest, open and constructive fashion. Stakeholders in the academic program know best the attributes of the program, and can best describe these attributes relative to the CAPTE evaluative criteria. Production of the self-study documents should be the result of an organized and inclusive process of self-study, documented in a way that facilitates the improvement of educational quality. The success of the accreditation process is dependent upon the academic institution's engagement and integrity in the self-study process.

The role of the On-site Review (OSR) Team is to review, verify and clarify evidence used by the academic program to demonstrate compliance with the accreditation evaluative criteria. The OSR Team has the distinct advantage of reviewing all printed materials produced by the institution for accreditation AND the opportunity to go on-site to meet the various stakeholders in the accreditation process (students, faculty, administrators, clinicians) for the purpose of verification, clarification and a deeper understanding of the physical therapy program, its structure, resources, curriculum and assessment activities, in the context of the institution and its unique mission. The OSR Team has the unique responsibility to establish the validity of the data reported and to document that in the *Report of the On-site Review Team*.

The role of the Review Panel (PT or PTA) of CAPTE is to interpret and codify the evidence provided by the academic institution and further verified and clarified by the OSR Team as it applies to the set of evaluative criteria. The Review Panel has the distinct advantage of being able to look across programs being measured by the same evaluative criteria so as to exercise consistency and fairness in the application of evaluative criteria in determining accreditation status. In making such determinations, it is incumbent upon the Review Panel to consider all appropriate sources of data, recognize and evaluate situations in which evidence is contradictory, and apply the evaluative criteria with an appreciation for the unique institutional and/or environmental context in which the physical therapy education program exists. The Review Panel is the initial decision-making body of the accreditation process within CAPTE, and has the critical responsibility of demonstrating consistency in decision-making, thereby establishing reliability within the accreditation process.

The full Commission reviews all decisions made by the Review Panels and is the final decision-making body. In cases of adverse decisions, processes of reconsideration and appeal are also available.

(Adopted by CAPTE November 2000; Revised April 2010)

## **PRINCIPLES OF GOOD PRACTICE FOR DISTANCE LEARNING IN PHYSICAL THERAPY EDUCATION**

The Principles of Good Practice for Distance Learning in Physical Therapy were developed to guide faculty in the design, development, delivery and assessment of distance learning courses. Distance learning in physical therapy education is defined as a formal learning activity which occurs when students and instructor are separated by geographic distance or time, supported by communications technology such as online delivery or synchronous videoconferencing. The purpose of this paper is to address courses in which didactic content is provided primarily through distance learning; thus, this paper is not intended to address clinical education experiences.

### **Basic Assumptions**

Several assumptions are central to these principles:

1. Programs offering onsite, online or video-conferenced courses must meet current CAPTE Evaluative Criteria.
2. It is the program's and institution's responsibility to review educational programs and courses provided at a distance and ensure continued compliance with these principles.
3. Institutions offering courses through distance learning are responsible for satisfying all in-state approval and institutional accreditation requirements before students are enrolled.
4. Distance learning differs from traditional on-site learning in substantive ways, e.g., pedagogy, assessment.
5. Cognitive, affective and psychomotor skills need to be taught and assessed differently depending on the mode of delivery.
6. Students taking multiple courses through distance learning benefit from consistency in course design, communication, technology and assessment.
7. For the purposes of this paper, the following definitions pertain:
  - Distance Learning course: a course in which 50% or fewer of the contact hours are completed on-site with direct interaction between the student and the faculty member(s).
  - Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance learning courses.

### **Instruction and Courses**

All courses offered online or through video conferencing must:

1. Be part of a comprehensive curriculum plan that demonstrates effective integration between instructional components offered onsite and at a distance.
2. Result in learning appropriate to the rigor and breadth of the degree awarded.
3. Provide for appropriate participation and interaction between and among faculty and students.
4. Be taught by qualified faculty.
5. Include secure evaluative components to assess student performance appropriate to the method of delivery.
6. Meet academic standards for all programs or courses delivered at the institution where the programs originate.
7. Result in student outcomes of the same quality as other programs or courses offered at the campus where they originate.
8. Include appropriate pedagogy to match the mode of delivery, the content and the level of student.
9. Include syllabi and course materials that are complete and appropriate to the mode of delivery.
10. Include clear documentation in written course materials of the methods of teaching and assessment in the cognitive, affective and psychomotor domains, as appropriate to the course objectives and content.

### **Student Services**

1. The program or course provides students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, prerequisite technology competencies and skills, technical equipment requirements, availability of academic support services, financial aid resources, and costs and payment policies.
2. Enrolled students have reasonable and adequate access to the range of student services and resources appropriate to support their learning. Among the resources available are advising services, admissions, registration and scheduling, and information about student financial aid.

3. The institution has admission/acceptance criteria in place to assess whether the student has the background, knowledge, and technical skills required for undertaking the course or program.
4. Advertising, recruiting, and admissions materials clearly and accurately represent the program and the services available.

### **Commitment to Support**

1. The sponsoring institution and program demonstrate a commitment to ongoing financial and technical support for distance offerings.
2. The sponsoring institution will support faculty development in instructional and technological strategies for teaching online or through video conferencing.
3. The sponsoring institution and program will recognize the implications of the development and implementation of distance learning on faculty workload and adjust workload as appropriate.
4. The sponsoring institution and program will support student orientation to and training for participation in distance learning.
5. The sponsoring institution and program will support adequate library, electronic media and other learning resources.
6. Faculty, administration and students will be aware of institutional policies regarding intellectual property and copyright, and will adhere to all related federal regulations.
7. Where possible, institutions will continue to support programs or courses for a period sufficient for students to complete the degree.

### **Evaluation and Assessment**

The institution and program agree to routinely evaluate the outcomes of its distance learning offerings with other course and curricular reviews. Criteria for evaluation include the following:

1. The program and course effectiveness, including annual assessments of student learning and student and faculty satisfaction.
2. The assessment and documentation of student achievement in each course and at the completion of the program.
3. The accuracy of program or course announcements and electronic catalog entries, if applicable.
4. The levels of resources available to students.
5. The academic standards of distance courses and programs, as compared to those same classes offered through traditional delivery methods.
6. An appropriate interaction between faculty and students and among students.
7. The provision of reasonable levels of student services, including advisement, admission, registration and scheduling and information regarding financial aid.

### **Integrity of Courses Offered Online or through Video Conferencing**

Institutions will take whatever steps necessary to ensure that the student registered in a course is the student actually completing the work. As appropriate, verification will include proctored examinations with careful checking of identification. CAPTE accredited programs will cooperate in these and other efforts essential to maintaining the integrity of courses and programs offered at a distance.

### **Changes in Delivery Methods of Instruction**

According to CAPTE Rules of Practice and Procedure, programs must seek approval from CAPTE for a change in the delivery of courses to online or video conferencing methods for 25% or more of the technical/professional curriculum. Further changes in the mode of delivery of each 10% or more of the technical/professional curriculum must also be submitted for approval. Programs must submit an Application for Approval of Substantive Change (AASC) prior to implementation of these changes.

### **References (last accessed 4/19/2005)**

[http://www.ihets.org/progserv/education/distance/guiding\\_principles/](http://www.ihets.org/progserv/education/distance/guiding_principles/)  
<http://www.detc.org/>  
<http://www.uwex.edu/disted/home.html>  
[http://www.olin.org/about\\_olin/principles.php](http://www.olin.org/about_olin/principles.php)

(Adopted by CAPTE, May 2001, Revised April 2005, April 2006, April 2010)

## GUIDELINES FOR ACCEPTING STUDENTS IN THE EVENT OF ANOTHER PROGRAM'S CLOSURE

Due to planned closure, market fluctuations, etc., programs may find it necessary or convenient to outsource teaching responsibilities, either internally (e.g., through contracting for teaching services) or externally (e.g., transferring students to another accredited program). When a program finds it necessary to outsource a substantial amount of teaching to outside faculty, close surveillance of the teaching must occur in order that the quality of the teaching is not compromised and adherence to the Evaluative Criteria is assured. In an effort to assure that student's rights and expectations are not compromised, CAPTE has previously developed the *Statement on Academic Integrity Related to Program Closure* [see CAPTE Rules §1.3(c)], which guides the conduct of the institution as it provides such instances where a substantial amount of teaching is carried out by other than core faculty in programs where the student(s) remain part of the institution and will graduate with a degree from that institution. A distinction is made between those instances where students remain with the original institution and graduate with that institution's degree versus those instances where the students are transferred and become the responsibility of a second accredited program and are granted a degree from the second program's institution. These guidelines deal with the latter.

1. In those instances where students will be obtaining a degree from another accredited program, that accredited program must be aware that such students are to be considered transfer students with all the rights and expectations of other students in the program.
2. A decision to admit students from another program should be based on an assessment of
  - a. The impact of adding students on the program's compliance with the Evaluative Criteria, including the impact on all resources (e.g., faculty, space, equipment, clinical education capacity, etc). If the number of students to be accepted in transfer exceeds 25% of the current class size, the institution must inform CAPTE immediately in accordance to standing rule 9.3(b)(4). If class size is increased less than 25%, then the program is strongly encouraged to notify CAPTE staff about the impact on compliance with the Evaluative Criteria; and
  - b. The extent of curricular congruence (objectives, content, sequencing, and expectations for student performance) between the two programs.
3. The program must adhere to its own institutional policies and procedures with respect to transfer students, including but not limited to residency requirements. If exemptions to such policies are necessary, they must be obtained prior to admitting the transfer students. If such policies and procedures do not exist, the program is strongly encouraged to develop such policies and procedures.
4. When transfer students are expected to, or have the option to, "test out" of certain program requirements, clearly detailed learner assessment procedures in the form of entrance examinations, competency assessment, etc., should be employed.
5. Finally, an institution that accepts such students through a transfer-type process is choosing to include those students among its graduates and therefore must include the student cohort in all components of that program's outcome assessment, including NPTE test results.

(Adopted by CAPTE April 2002)

## THE DOCTOR OF PHYSICAL THERAPY (DPT) AS A FACULTY CREDENTIAL

The qualification of faculty is considered by the Commission from two perspectives; that of the individual qualifications of a faculty member and the collective qualifications of the physical therapy faculty as a whole. With individual members of the faculty, the Commission seeks evidence that faculty members have education and experience in the specific curriculum content areas for which they have teaching responsibility as well as ongoing scholarship to insure thoroughness and currency in teaching in the content area(s). When considering the faculty as a whole, the Commission seeks evidence that the faculty has the collective education and experience to address the many responsibilities the faculty has, including teaching, scholarship, service to the institution and community, development and revision of the curriculum and the evaluation of student learning.

When considering the Doctor of Physical Therapy (DPT) as a credential for a member of a physical therapy faculty, the Commission recognizes the DPT as the first professional degree at the doctoral level. Consistent with that, the Commission recognizes the DPT credential as evidence of professional preparation with the capability for independent practice. The Commission does not assume the entry-level DPT to indicate post-professional training in clinical practice or research. The DPT alone, regardless of when in one's career this was obtained, does not constitute sufficient qualification for physical therapy faculty. This becomes most apparent when one considers the example of a newly licensed practitioner with the DPT.

As with all entry-level preparation, individuals with the DPT as a clinical practice credential may be qualified as a member of a physical therapy program faculty when they also demonstrate evidence of additional clinical experience, specialty expertise or advanced training in the content area(s) for which they have teaching responsibilities. The Commission also recognizes that the collective responsibilities of the faculty as described above can be met when the program's faculty includes members who possess the DPT as their academic credential when accompanied by evidence of other appropriate qualifications.

(Adopted by CAPTE, November 2002)

## THE EVALUATIVE CRITERIA THAT ADDRESS THE RELATIONSHIP BETWEEN PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

The Commission on Accreditation in Physical Therapy Education (CAPTE) is in the unique position of being responsible for reviewing the curricula of both physical therapist and physical therapist assistant education programs. Included in the criteria about the physical therapist curriculum is the intent that graduates of physical therapist programs possess the skills to direct and supervise the physical therapist assistant appropriately. It is the intent of the physical therapist assistant curricular criteria that physical therapist assistant education prepares graduates for their role in the intervention component of the Patient Client Management Model (PCMM) only. A CAPTE review and audit of ten randomly selected self-study reports from physical therapist education programs found that not all programs are providing learning opportunities to adequately address direction and supervision of the physical therapist assistant or the physical therapist assistant's role in clinical care across patient populations. An audit of ten randomly selected self-study reports from physical therapist assistant education programs showed that there were instances in which the learning experiences and the evaluation of student performance went beyond the accepted role of the physical therapist assistant and exceeded the foundation provided by the general education coursework upon which the physical therapist assistant technical education is based.

The development of the Evaluative Criteria for both physical therapist and physical therapist assistant program curricula is based on several core documents, including the

- *Normative Model of Physical Therapist Professional Education*
- *Normative Model of Physical Therapist Assistant Education, and*
- *Guide to Physical Therapist Practice.*

In addition, both sets of Evaluative Criteria include expectations for adherence to professional, legal, and ethical standards, including the

- Code of Ethics for the Physical Therapist
- Standards of Ethical Conduct for the Physical Therapist Assistant and
- Standards of Practice.

The Patient/Client Management Model (PCMM), as delineated in the *Guide to Physical Therapist Practice*, is the framework used to describe the process of patient care in both sets of Criteria, which set the expectations for the content of curricula and the knowledge and skills expected of graduates at entry-level. The elements of Examination, Evaluation, Diagnosis, Prognosis, Plan of Care, and Outcomes are the sole responsibility of the physical therapist. The physical therapist and the physical therapist assistant under the direction and supervision of the physical therapist provide Interventions. The physical therapist is responsible for determining those aspects of intervention that may be directed to the physical therapist assistant for each individual patient depending upon patient acuity, stability, and complexity. When interventions require continuous examination for safe and effective application (such as, but not limited to, suctioning, joint mobilization, sharp debridement, instrumental activities of daily living training, and other components of interventions listed in the current version of the *Normative Model of Physical Therapist Assistant Education*), they may not be delegated to the physical therapist assistant. The physical therapist initiates and modifies the treatment program; the physical therapist assistant may modify specific treatment procedures in response to patient status. The physical therapist assistant may engage in specific, limited data collection activities in order to assess the patient's response to the intervention, but for this purpose only. At all times the physical therapist assistant works under the direction and supervision of the physical therapist.

Physical therapist education, which culminates in the awarding of a doctoral degree, prepares the physical therapist to take full responsibility for management of patient care. This preparation is achieved by a strong background in liberal arts and sciences, as well as the foundational and clinical sciences that form the basis for decision making to generate a diagnosis, prognosis and plan of care and to select and apply intervention strategies. Didactic course work should prepare the graduate to direct and supervise physical therapist assistants according to the legal regulations, ethical standards, practice guidelines, and institutional policies. The physical therapist identifies which interventions may or may not be delegated, and recognizes that examination, evaluation, diagnosis, prognosis, establishment of the plan of care and evaluation of outcomes are never delegated to the physical therapist assistant. The physical therapist provides appropriate instruction to the physical therapist assistant and assesses the physical therapist assistant's effective and

safe performance of directed tasks. Clinical education experiences for the physical therapist should provide opportunities for application of these practice management skills.

Physical therapist assistant education, which culminates in the awarding of an associate's degree, prepares the physical therapist assistant to participate in the application of interventions under the direction and supervision of a physical therapist. This preparation is achieved through general education and technical course work, within a 2-year (five semesters) program, designed to develop competency in the technical skills requisite for the role of the physical therapist assistant. The scope of education in a 2-year technical program cannot include the depth and breadth of foundational sciences that is necessary to safely and effectively perform interventions that demand a thorough understanding of pathokinesiology and pathophysiology. The graduate of a physical therapist assistant program should be able to apply selected interventions within the plan of care established by the physical therapist; to adjust and progress these interventions in response to patient clinical indications; and to recognize when interventions should not be provided due to changes in the patient's status, based on data collection related to the application of the interventions. Physical therapist assistants also recognize when the direction to perform an intervention or other procedure is inappropriate to their role, and should initiate clarification with the physical therapist.

The physical therapist assistant educational program may include content that fosters knowledge of the rationale for interventions that are beyond the scope of work of the physical therapist assistant at entry-level. However, it is not appropriate for the physical therapist assistant program to include objectives or learning experiences for the student to reach psychomotor competence in these interventions. Depending on state practice acts, it may be legal for physical therapist assistants with additional training and experience to provide certain interventions for which they are not adequately prepared at entry-level.

The Commission expects that learning activities and assessments of learning that are part of physical therapist and physical therapist assistant curricula clearly delineate that the physical therapist assistant provides care under the direction and supervision of a physical therapist and only within the intervention component of the PCMM. Physical therapist education programs will be cited for conditional or non-compliance with evaluative criteria when there are not didactic and clinical learning experiences and assessments that lead to the ability to 1) direct and supervise the physical therapist assistant in the application of appropriate interventions, or 2) recognize those elements of the PCMM that may not be directed to the physical therapist assistant. Physical therapist assistant education programs will be cited for conditional or non-compliance with evaluative criteria when didactic or clinical education learning experiences or assessments go beyond the application of appropriate interventions under the direction and supervision of a physical therapist.

The evaluative criteria used in the physical therapist and physical therapist assistant accreditation process that specifically pertain to the relationship between physical therapist and physical therapist assistant in the clinical setting include the following.

For physical therapist education programs, criteria state that graduates of the program are prepared to:

- Adhere to legal practice standards, including all federal, state, jurisdiction, and institutional regulations related to patient or client care, and to fiscal management. (CC-5.1)
- Practice in a manner consistent with the professional Code of Ethics. (CC-5.3)
- Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies. (CC-5.40)
- Direct and supervise human resources to meet patient's/client's goals and expected outcomes. (CC-5.57)

Criteria for physical therapist assistant programs state that:

- The curriculum plan includes courses with instructional objectives stated in behavioral terms that describe the depth and breadth of content, and the level of expected student performance. (3.2.3.)
- The physical therapist assistant criteria also state that courses within the curriculum include content designed to prepare program graduates to meet the following performance expectations.
  - Exhibits conduct that reflects a commitment to meet the expectations of members of the profession of physical therapy. (3.3.2.4.)

- Exhibits conduct that reflects practice standards that are legal, ethical and safe. (3.3.2.5.)
- Demonstrates competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. (3.3.2.7.) [Emphasis added.]
- Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care. (3.3.2.8.) [Emphasis added.]
- Recognizes when the direction to perform an intervention is beyond that which is appropriate for a physical therapist assistant and initiates clarification with the physical therapist. (3.3.2.12.)

(Adopted by CAPTE April 2004; revised April 2005, October 2005, April 2010)

## PHYSICAL THERAPY FACULTY AND SCHOLARSHIP

In light of the expectation that physical therapist education programs culminate in the awarding of a post-baccalaureate degree, CAPTE believes that it is incumbent on the physical therapy professoriate to be engaged in activities characteristic of faculty who teach in post-baccalaureate programs. Active engagement in scholarship is typically among those activities. To that end, CAPTE's Evaluative Criteria include the following criterion:

F-3. Each core faculty member has a scholarly agenda that is reflected by accomplishments that: 1) contribute to the development or creation of new knowledge, OR 2) contribute to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR 3) apply findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR 4) contribute to the development of critically reflective knowledge about teaching and learning.

CAPTE fully acknowledges that this accreditation criterion is appropriate for the purpose of setting a standard for all core faculty regardless of type of appointment or regardless of the size, type or mission of the institutions that house physical therapist education programs. It is not intended to set a standard to be used by faculty, programs or institutions in the tenure or promotion process. Individual faculty are responsible for meeting established institutional expectations for tenure and promotion.

The intention of this paper is 1) to explain the links among accreditation, physical therapy education, and scholarship; 2) to define the term 'scholarly agenda'; and 3) to illustrate the general development of such an agenda for faculty -- all within the context of scholarship as described in the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, particularly Criterion F-3, and the definitions and tables found in the Introduction to the criteria (pp. viii-ix).

### Rationale for CAPTE's Expectations Regarding Core Faculty Scholarship

There are important reasons for physical therapy core faculty to be engaged in scholarship:

#### **Continuous Advances in Physical Therapist Practice**

Accreditation has the special responsibility to help assure the safety and competence of each graduate as a practicing physical therapist. It is therefore the responsibility of CAPTE to assure that faculty have the ability to provide teaching and learning experiences that reflect contemporary practice.

Because knowledge and technology are changing at a rapid pace, faculty must keep abreast of new information and be able to evaluate how this information influences physical therapy practice. This is accomplished through a process of critical inquiry, including:

- Analyzing and applying research findings to physical therapy practice and education;
- Evaluating the efficacy and effectiveness of both new and established practice and technologies;
- Participating in planning, conducting and disseminating clinical, basic, or applied research.

#### **Faculty Serve as Role Models**

Modeling lifelong learning and the importance of making a contribution to the advancement of physical therapy practice are essential components of the faculty role. Faculty have responsibility for the intellectual growth of their students in terms of analytical and critical thinking skills and the delineation of best practice. Scholarship provides the means for faculty to demonstrate the link between theory and practice. Students learn the value of scholarship from faculty and have ongoing opportunities to observe various ways in which faculty carry out a scholarly agenda.

#### **Providing Evidence for the Efficacy of Physical Therapist Practice**

It is imperative that evidence for the efficacy of physical therapy practice continues to grow. As members of the academy, faculty are in a special position to provide leadership in the profession in developing the knowledge that is used to inform both clinical practice and education. Without ongoing scholarship,

clinical practice patterns and educational standards risk becoming stagnant and cannot reflect contemporary knowledge.

### **Faculty Qualifications**

Decisions about appointment, tenure and promotion involve many criteria, one of which is the applicant's record of scholarship. In many institutions this is the primary criterion upon which such decisions are made. Physical therapy faculty who have a record of scholarly accomplishments are more likely to be successful in the tenure and promotion process, and therefore contribute to the stability and on-going viability of the education program.

Based on this rationale, all core physical therapy faculty members are expected to develop a scholarly agenda and a record of accomplishments consistent with both the guidelines of their educational institution and the CAPTE evaluative criteria. The union of institutional mission with professional education is critical to successful graduate education in a doctoring profession. Institutions with physical therapy programs must recognize that the choice to offer a graduate professional educational program includes the obligation of scholarship among its program faculty because of the demands of contemporary clinical practice, the need for quality outcome assessment, and the complex nature of patient care. By offering the educational program, the institution endorses participation of the physical therapy faculty in scholarship and sanctions the expectations of graduate faculty in the academy.

The academic enterprise involves a blend of didactic, laboratory, and clinical experiences, scholarly activity, professional service, and community involvement that in combination define the students' learning atmosphere and the faculty's work environment. Regardless of the definition of scholarship embraced by any constituency, there are fundamental requirements of the scholarly product, including that it: (1) is significant to the profession, (2) is creative, (3) is peer-reviewed through various methods, (4) can be replicated or elaborated, and (5) is published, presented, or documented. Additionally, the scholarly process and results should contribute to the faculty member's teaching and/or practice. Each institution is encouraged to support its faculty in one or more forms of scholarship.<sup>1</sup>

In sum, each faculty member must establish credentials as a scholar, which means every faculty member must be able to demonstrate the capacity to engage in one or more types of scholarly activity and present the results to colleagues.

### **The Meaning Of Scholarship As Applied To Physical Therapy Education**

CAPTE recognizes that many definitions of scholarship have been described in the literature. For the purposes of this paper, Boyer's paradigm of four categories of scholarship<sup>1,3</sup> is being used. The table, Characteristics of Scholarship, in the Evaluative Criteria Introduction provides examples of each type of scholarship.

The **Scholarship of Discovery** contributes to the development or creation of new knowledge. This represents the traditional view of research, and is disseminated through publications such as peer-reviewed articles, books, and presentations at scientific meetings.

The **Scholarship of Integration** involves contributions to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study. This includes activities such as literature reviews, meta-analysis, and the synthesis of the literature from other disciplines and discussion of its significance for physical therapy.

The **Scholarship of Application/Practice** applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community. This involves taking findings generated via the scholarships of discovery and integration and applying them to clinical practice or teaching and learning.

The **Scholarship of Teaching** contributes to the development of critically reflective knowledge about teaching and learning. It is important to differentiate between the scholarship of teaching and "good" teaching. Each faculty member has an obligation to teach well. The scholarship of teaching is not

synonymous with excellent teaching. The attributes associated with scholarship of teaching include classroom assessment and evidence gathering, current ideas about teaching in the field, peer collaboration and review, and inquiry and investigation centered on student learning. It requires faculty members to frame and systematically investigate questions related to student learning, teaching methods and educational theory.<sup>4</sup>

The **Scholarship of Engagement** contributes to the identification, understanding and resolution of significant social, civic, or ethical problems and includes systematic data collection, analysis, interpretation and impact.<sup>5</sup>

In summary, consistent with the profession's commitment to evidence-based practice and graduate professional education, CAPTE expects scholarship of core faculty to be subject to peer review and disseminated to appropriate constituencies.

### **Development of a Scholarly Agenda**

A scholarly agenda is a long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include specific goals that identify types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues. The scholarly agenda may change as a faculty member's teaching, practice, or research interests evolve, but should also show some consistency over time to allow for professional development and growth in the chosen area of inquiry.

Three factors play a large part in defining a specific faculty member's individual scholarly agenda. First is the institutional context. The institutional mission may affect the resources that are available to support a scholarly agenda. Depending on the institution's mission, expectations for faculty scholarship may vary; however, regardless of an institution's mission, CAPTE expects evidence of scholarly activity for all core faculty.

Secondly, the specific role assigned to the faculty member may influence the depth and breadth of the scholarly agenda. Program directors, Directors of Clinical Education, faculty on a tenure-line (or the equivalent), and faculty with clinical appointments may approach scholarship with different goals to reflect their faculty commitments, their clinical or teaching responsibilities and their areas of expertise.

Thirdly, the stage of development of the faculty member as a scholar will also play a role. Faculty new to the responsibility of scholarship may have less well-developed agendas and may initially pursue more limited forms of scholarship than senior scholars. They also may need to seek assistance from mentors in their development as scholars. Agendas of more experienced scholars may reflect changes consistent with their on-going professional development and should show expectations for continued productivity throughout their career.

### **Demonstration of Scholarly Accomplishments**

Faculty members should be able to exhibit a pattern of scholarly accomplishments or products that contribute to their scholarly agenda. This is often facilitated by a focused agenda, but also can be achieved when the faculty member has a variety of interests. A close integration of scholarly inquiry, teaching and practice is most conducive to a successful outcome, meeting CAPTE's mission to serve the public and the faculty member's responsibility for scholarship. Such an integration of activities allows the faculty member to apply critical inquiry processes so that their practice or teaching may result in scholarly accomplishments. Accordingly, clinical and educational domains benefit from scholarly findings, and faculty members can be more efficient in their roles by focusing their scholarly activities in their areas of interest.

When scholarly accomplishments are of a more traditional form, as is typically true for Scholarship of Discovery, bibliographic citation is sufficient to document the product. For other types of scholarship, faculty members will need to document how it meets the standard for scholarship as described in the definition of scholarship included in the introduction to the Evaluative Criteria. In all cases, faculty members must demonstrate the link between the scholarly products and the scholarly agenda.

### **Faculty Scholarship Form**

The Faculty Scholarship form should include accomplishments within the last 10 years; regardless of the length of the faculty appointment. The form should clearly delineate that the work is peer reviewed and indicate how the work was disseminated using AMA style of citation. If the work is not typical of peer reviewed work then the narrative portion of the form should be used to provide details about the peer review process used and dissemination of the work. If the work was presented at a Research Day at your institution the number and description of the attendees and how feedback was provided to the presenters and by whom. Although the faculty member may refer to their curriculum vitae, the Scholarship Form should not reflect a limited view of accomplishments and should be representative of all accomplishments. The Form should not include things that would not meet CAPTE's expectations, such as supervision of student research projects where the projects are not part of the faculty members scholarly agenda or professional development activities such as enrollment in a doctoral program. Ongoing scholarship plans must include a completion timeline and identify planned dissemination in a peer review format.

CAPTE typically expects core faculty to provide evidence of at least one accomplishment for every two years of academic service; however, CAPTE will consider large, multi-year projects in lieu of the typical expectation. For accreditation purposes, new faculty (<5 years in any full-time faculty position) are not expected to have established scholarly record yet, but should have an appropriate AGENDA to meet CAPTE expectations. Although books and book chapters are acceptable as scholarship, being a text book reviewer is considered a service activity rather than scholarship. Journal articles accepted pending revision may be included on the scholarship form, noting that they are accepted, pending revision.

### **References**

1. Position Statement: Defining Scholarship for the Discipline of Nursing. American Association of Colleges of Nursing, January 1999. Available at <http://www.aacn.nche.edu/Publications/positions/scholar.htm> (Last accessed 10/27/2004)
2. Guide to Physical Therapist Practice, Second Edition. Phys Ther, 2001;81:9-744.
3. Boyer, E. (1990). Scholarship reconsidered: Priorities for the professoriate. Carnegie Foundation for the Advancement of Teaching; San Francisco: Jossey Bass Publishers, Ch. 2.
4. Hutchings, P. and Shulman, L. S. (1999). The scholarship of teaching: New elaborations, new developments. Change, 31(9):10-15.
5. Boyer, E. (1996). The Scholarship of Engagement. Journal of Public Outreach. 1(1): 11-20.
6. American Medical Association [AMA] Manual of Style, 10th ed, Baltimore, MD: Williams & Wilkins.

(Adopted by CAPTE, October 2004; Revised October 2007, April 2010)

## **EXTERNAL INFLUENCES ON THE DEVELOPMENT AND REVISION OF THE EVALUATIVE CRITERIA**

The Commission on Accreditation in Physical Therapy Education (CAPTE) is responsible for establishing the evaluative criteria for physical therapist and physical therapist assistant education programs. CAPTE's evaluative criteria form the basis for accreditation decisions. These criteria are developed and periodically revised based on input from various communities of interest. The criteria may be influenced by APTA documents and the requirements of external regulatory agencies.

### **Influence of APTA Documents**

Several APTA documents have been developed as products of consensus. They include the *Guide to Physical Therapist Practice*, the *Normative Model of Physical Therapist Professional Education: Version 2004*, the *Normative Model of Physical Therapist Assistant Education: Version 2006*, and the "Minimum Required Skills of Physical Therapist Graduates at Entry Level". (CAPTE notes that a similar document describing the minimum skills of the PTA at entry-level will be developed in the near future.) The Clinical Performance Instruments, the content of which were informed by the evaluative criteria, were developed and validated by an expert panel. APTA positions, policies and guidelines are established by the House of Delegates and the Board of Directors.

The *Guide to Physical Therapist Practice* is a resource for physical therapy clinicians and multiple other stakeholders that comprehensively describes physical therapist practice and terminology. The document was developed to encompass the scope of current PT practice without reference to level of educational preparation. The normative models provide a description of the profession's perspectives regarding physical therapist and physical therapist assistant entry-level education. The models include curricular content and guidelines that are desirable for programs to consider but are not required of them. The minimum skills document describes a consensus regarding essential foundational skills for physical therapist graduates, as will the minimal skills document for physical therapist assistants. The Clinical Performance Instruments are assessment instruments that may be used by programs to document student performance in the clinical setting. APTA positions, policies and guidelines are intended to describe best practice and CAPTE refers to selected guidelines to inform the criteria.

From CAPTE's perspective, these documents are resources for the educational community, each with a unique purpose relative to the profession. At CAPTE's discretion, components of these documents have been and may continue to be incorporated into the evaluative criteria, but they do not dictate the content of those criteria. The evaluative criteria are written in such a way as to accommodate a wide variety of curricular models and institution and program missions, and are not intended to be prescriptive. They represent the minimum standards for an entry-level physical therapy education program and address all aspects of the program. While APTA documents are valuable as resources for programs during the development, review and revision of curricula, all accreditation decisions are based solely on compliance with CAPTE's evaluative criteria.

### **Influence of Licensure Requirements**

The Federation of State Boards of Physical Therapy is responsible for development and administration of the National Physical Therapy Examination, including the content blueprint that is based on an analysis of entry-level practice. The purpose of the licensure examination is to assure the minimal level of knowledge required for safe practice and ultimately for protection of the public. CAPTE-accredited programs are expected to prepare graduates for the licensure examination. The evaluative criteria are not based on the examination blueprint; rather, they describe practice expectations that reflect the depth and breadth of entry-level practice, which may be different than the content of the examination.

### **Influence of CAPTE's Recognition Agencies**

CAPTE is currently recognized as a specialized accreditor by the U S Department of Education and the Council for Higher Education Accreditation, which are responsible for assuring the quality and integrity of the accreditation process. These agencies establish criteria that CAPTE must meet in order to maintain

recognition. Some of CAPTE's evaluative criteria have been developed in response to these requirements, particularly in the areas of accountability and due process.

(Adopted by CAPTE, October 2006)

## **ROLE AND QUALIFICATIONS OF THE DIRECTOR OF A PHYSICAL THERAPIST ASSISTANT PROGRAM**

The Commission on Accreditation in Physical Therapy Education (CAPTE) expects a physical therapist assistant (PTA) education program to be directed by an individual who has demonstrated leadership in physical therapy practice and has experience in higher education. The quality of a PTA program depends, in large part, on knowledgeable and competent program leadership. The program director is ultimately responsible for organizing, planning, implementing, and evaluating a program that is consistent with preparing competent, entry-level PTAs. This paper is intended to describe the role and qualifications of the PTA program director, as defined in Criterion 2.2.2.1.:

The program director of the physical therapist assistant education program is a physical therapist or a physical therapist assistant. The program director demonstrates the academic and professional qualifications and relevant experience in education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following: a minimum of a master's degree; licensure (if a physical therapist), or licensure, certification, or registration in states where applicable (if a physical therapist assistant); experience in clinical practice; didactic and/or clinical teaching experience; experience in administration; experience in educational theory and methodology (curricular design, development, implementation and evaluation); experience in instructional design and methodology; and experience in student evaluation and outcomes assessment.

This paper can be used to assist institutional administrators during the hiring process, and guide potential educators in establishing professional development programs that will prepare them to lead a PTA program. It also provides guidance to institutional administrators and program directors as they identify internal and external resources that can support the professional development of a novice program director.

The physical therapist or physical therapist assistant who serves as the program director of a PTA program is expected to have a post-baccalaureate degree and a minimum of five (5) years of clinical experience that includes experience with the physical therapist/physical therapist assistant (PT/PTA) relationship. The requisite depth and breadth of clinical experience is most effectively developed by a pattern of continuous full-time employment. During his/her clinical employment, the future PTA program director is expected to have participated in a variety of clinically-based teaching opportunities, including patient and family education, clinical instruction for student physical therapists and PTAs, staff in-services, presentations at professional conferences or grand rounds, and adjunct or guest teaching at a physical therapy program. The potential program director can develop skill in supervision and problem resolution by serving in leadership positions in the clinical setting. These types of experiences permit the program director to develop proficiency in clinical skills and a broad-based understanding of professionalism; the PT/PTA relationship; professional, legal and ethical issues; and the health care system--all of which are fundamental to being a competent academic leader and role model.

The program director leads the development, evaluation, and revision of the curriculum. The program director is responsible for planning, implementing and assessing curriculum and student outcomes. Curriculum management includes activities such as developing course syllabi that include behavioral objectives and learning outcomes; preparation of course materials, including audiovisual and multimedia materials appropriate for use with adult learners; defining and implementing teaching strategies appropriate for the course content; and, creating and implementing evaluation instruments.

Most physical therapy clinicians have had little, if any, formal training in curriculum and instructional design or program assessment. In addition, clinical education experience does not typically provide adequate opportunities for the physical therapist or physical therapist assistant to develop competence in managing a curriculum. Teaching experience, either as a faculty member or an Academic Coordinator of Clinical Education (ACCE), may allow the individual to develop competencies in curriculum management when there has been mentoring, professional development and opportunities for participation in curriculum planning activities.

Individuals with a primarily clinical background are unlikely to be prepared for the academic culture in which PTA programs exist. In order to function effectively, the program director must appreciate the various dimensions of the faculty role: e.g., intellectual exchange and inquiry, collegiality, academic freedom, governance, student rights, due process. The program director is responsible for representing the PTA program appropriately within the institutional framework: e.g., program assessment, policies and procedures, negotiation, and compliance with applicable institutional, governmental and accreditation standards.

Clinical practice management experience may provide an appropriate framework from which to develop competence in academic administration. The program director works within the institutional structure to develop budgetary requests for operational and capital expenditures and to manage an approved departmental or program budget. The program director evaluates the need for faculty and participates in recruiting and hiring individuals based on the needs of the curriculum, develops short and long-term planning for the PTA program, and develops and implements a plan to evaluate the program outcomes.

CAPTE recognizes that there is a limited pool from which to recruit PTA program directors, and that there are many clinicians interested in pursuing career development in an academic setting. Moreover, CAPTE is aware of the difficulty that clinicians experience when attempting to transfer their clinical skills to an academic environment. It is therefore essential that both the institution and the aspiring program director fully understand the requirements of the position. When preparing to develop a new program, it is imperative that the institution hire a program director who already possesses the requisite qualifications. The candidacy timelines make it very difficult to develop the program and the program director at the same time. Furthermore, failure to hire a qualified program director can seriously undermine the institution's ability to develop a program that complies with the evaluative criteria.

When there is an established program, and the institution employs someone without all necessary skills or education, there is a mutual obligation to create a feasible professional development plan that will prepare the program director to carry out his/her expected role. The plan should include specific goals and identify the activities, resources and timeline required to attain them. Ideally, these professional development activities would begin prior to the program director assuming responsibility for the program. Professional development activities may include courses in curriculum or instructional design and evaluation, observation of experienced faculty teaching in the classroom, identifying a senior faculty member in a related discipline to serve as a mentor, membership on unit and college-wide committees, service on various institutional task-forces, attendance at accreditation workshops, and outreach activities.

(Adopted by CAPTE, April 2007)

## FACULTY CONTENT EXPERTISE IN PHYSICAL THERAPIST EDUCATION PROGRAMS

CAPTE expects core and associated faculty members to have contemporary expertise in assigned teaching areas beyond what they have obtained in an entry-level physical therapy program, including a DPT (or tDPT) program. Although being an experienced physical therapist may qualify a faculty member to teach basic skills, such as goniometry and manual muscle testing, CAPTE expects faculty members who teach higher level physical therapy skills or specialty content (such as the biological and physical sciences, behavioral sciences, and clinical sciences) to demonstrate evidence of additional expertise. Longevity in teaching or previous experience teaching a particular course or content area does not, by itself, necessarily constitute contemporary expertise.

The Self-study Report narrative must include a description of the contemporary expertise for each faculty member in their assigned teaching area(s) with supporting evidence provided in the CV and/or other appendices. In addition to formal academic education, CAPTE recognizes that program faculty may develop and demonstrate content expertise through a variety of means. In the Self-study Report, faculty members should provide specific documentation to build a case for their contemporary content expertise.

Evidence demonstrating contemporary expertise in the assigned content area may include, but is not limited to, the following:

- Academic degrees or specific coursework
- Professional continuing education
- Specialty certification
- Past or current clinical practice
- Scholarly products/research activity
- Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) *by a content expert*
- Independent study and evidence-based review that results in critical appraisal and in depth knowledge of subject matter (include description of resources used and time frame for study)
- Formal mentoring (include description of experiences, time frame and qualifications of the mentor)
- Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences, assessments)

(Adopted by CAPTE, October 2009, Revised April 2010)

## **INTERNATIONAL CLINICAL EDUCATION**

CAPTE recognizes the value of exposing students to multi-cultural learning experiences, both in the classroom and the clinical setting. Thus, CAPTE's evaluative criteria do not preclude physical therapy students educated in the United States from obtaining a portion of their clinical experiences outside of the United States as part of their formal clinical education requirements. CAPTE would expect the physical therapy program to provide the same level of supervision, quality of experience and assessment that would be expected of any other clinical experience.

CAPTE's expectation of the clinical education component would remain the same for all clinical experiences, regardless of location, such that by the end of the professional program, students are able to achieve the program's goals and outcome expectations.

Additionally, CAPTE suggests that in the development of international clinical education experiences, programs consider the following:

- State Department travel advisories
- International Health Insurance
- Cost
- Access to emergency services
- Awareness of local laws/customs
- Cultural competence (both student and faculty)

(Adopted by CAPTE, October 2009; Revised April 2010)

## ENTRY LEVEL DEGREE FOR PHYSICAL THERAPIST ASSISTANTS

The elevation of the entry level preparation for physical therapists to the Doctor of Physical Therapy has led to the suggestion that physical therapist assistant preparation should be raised from the associate to the baccalaureate level. However, the available evidence and scope of work do not currently support increasing degree requirements for preparing entry-level physical therapist assistants to work under the direction and supervision of a physical therapist, and to enter the workforce upon graduation from an accredited program.

The associate degree still represents the expected level of knowledge required in practice and delineated in the current *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* and the current edition of *A Normative Model of Physical Therapist Assistant Education*. The consensus of physical therapist assistant program stakeholders and the professional community represented in the *Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level* (BOD G11-08-09-18) further reinforces the appropriateness of the associate degree as the entry point credential for physical therapist assistants.

Associate degree level education for entry-level physical therapist assistants does not preclude program, institutional, and professional efforts to identify and promote opportunities for continuing education, recognition, mentoring, and advanced credentialing.

(Adopted by CAPTE April 2010)

## **EXPECTATIONS AND INTENT FOR FULL-TIME CORE FACULTY IN PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS**

CAPTE's Evaluative Criteria for physical therapist assistant (PTA) education programs require the following:

2.2.1. The institution provides for sufficient program faculty resources to accomplish the mission and goals of the program. The program employs two full-time core faculty members. One of the full-time core faculty members is a physical therapist.

The intent of this requirement is that the program has access to a sufficient number of faculty members to address all of the activities required to successfully manage a quality education program for physical therapist assistants. Therefore, physical therapist assistant program directors are expected to provide necessary leadership as demonstrated through focus and attention to the needs of the program, its learners, and other stakeholders.

When institutional sponsors choose to meet the minimum full-time faculty requirements by employing only two full-time faculty members for a PTA program, the Commission intends each of those faculty members' time and efforts be dedicated solely to the benefit of the PTA education program. Institutions that assign full time faculty additional responsibilities beyond the PTA Program must take into consideration the impact of multiple assignments on the resultant effectiveness of leadership and instructional/program quality in the PTA Program. The Commission expects that programs include the comprehensive faculty workload (as it relates to other institutional and administrative duties) in any assessment of its effectiveness and achievement of its identified outcomes.

(Adopted by CAPTE November 2010)