



Position Papers

Accreditation Handbook

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ACCREDITATION AND THE WORKFORCE

The mission of the Commission on Accreditation in Physical Therapy Education is to ensure and advance excellence in physical therapy education. 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 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 Standards and Required Elements 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 workforce issues that may affect the new or expanding program's potential success.

(Adopted by CAPTE October 1998; revised April 2005, April 2010, November 2015, January 2018)

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 reviewer(s), the Commission Review Panels and the Commission on Accreditation in Physical Therapy Education (CAPTE) as a whole. Each has a unique role in the candidacy and accreditation processes. 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 ensure that the evidence provided for the purpose of candidacy or 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 Standards and Required Elements. Production of the candidacy and self-study documents should be the result of an organized and inclusive process of self-review, 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-review process.

The role of the on-site reviewer(s) is to review, verify and clarify evidence used by the academic program to demonstrate compliance with the accreditation Standards and Required Elements (or, in the candidacy phase, progress toward compliance). The on-site reviewer(s) have 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 on-site reviewer(s) have the unique responsibility to establish the validity of the data reported and to document that in the report of the visit.

The role of the Review Panels (PT, PTA and Central) of CAPTE is to interpret and codify the evidence provided by the academic institution and further verified and clarified by the on-site reviewer(s) as it applies to the relevant set of Standards and Required Elements. The Review Panels have the distinct advantage of being able to look across programs being measured by the same Standards and Required Elements so as to exercise consistency and fairness in the application of Standards and Required Elements in determining candidacy or accreditation status. In making such determinations, it is incumbent upon the Review Panels to consider all appropriate sources of data, recognize and evaluate situations in which evidence is contradictory, and apply the Standards and Required Elements with an appreciation for the unique institutional and/or environmental context in which the physical therapy education program exists. The PT and PTA Panels are the first line decision-making bodies in the accreditation process within CAPTE. Each Panel has the critical responsibility of demonstrating consistency in decision-making, thereby establishing reliability within the accreditation process as a whole.

The Central Panel is the pre-accreditation decision-making body. The full Commission reviews all accreditation status decisions made by the PT and PTA Panels and is the final decision-making body for them. In cases of adverse decisions, processes of reconsideration and appeal are also available.

(Adopted by CAPTE November 2000; revised April 2010, November 2012, November 2015, January 2018)

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 Standards and Required Elements 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(e)], 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 Standards and Required Elements, 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 in accordance to standing rule 9.4(f)(7). 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 Standards and Required Elements; 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; revised November 2015)

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; revised November 2015)

PHYSICAL THERAPY FACULTY AND SCHOLARSHIP

Because physical therapist education programs are expected to culminate in the awarding of a doctoral degree, CAPTE believes it is incumbent on the physical therapist professoriate to be engaged in activities characteristic of faculty who teach in postbaccalaureate programs. Active engagement in research or scholarship is typically among those activities. To that end, CAPTE's Standards and Required Elements include the following criterion:

- 4B *Each core faculty member has a well-defined, ongoing scholarly agenda* that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.*

**Scholarly agenda: A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline and a target source for dissemination. The agenda may also include plans for relevant mentorship and collaboration with colleagues.*

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 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 to (1) explain the links among accreditation, physical therapist education, and scholarship; (2) describe scholarship as applied to physical therapist education; (3) define the term "scholarly agenda"; and (4) discuss the general development of such an agenda for faculty — all within the context of scholarship as described in the Standards and Required Elements for Accreditation of Physical Therapist Education Programs.

Rationale for CAPTE's Expectations Regarding Core Faculty Scholarship

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

Continuous Advances in Physical Therapist Practice

Accreditation has the special responsibility to help ensure the safety and competence of each graduate as a practicing physical therapist. It is therefore the responsibility of CAPTE to ensure 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 therapist 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 contributing to the advancement of physical therapist practice are essential components of the faculty role. Faculty are responsible 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 Related to the Efficacy of Physical Therapist Practice

It is imperative that evidence related to the efficacy of physical therapist practice continues to grow. As members of the academy, faculty are in a special position to lead 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 therapist 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 ongoing viability of the education program.

Based on this rationale, all core physical therapist 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 Standards and Required Elements. The union of institutional mission with professional education is critical to successful graduate education in a doctoring profession. Institutions with physical therapist 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 therapist 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, and/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 (American Association of Colleges of Nursing, 1999).

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 disseminate the results to a variety of stakeholders.

Scholarship as Applied to Physical Therapist Education

CAPTE recognizes that many definitions of scholarship have been described in the literature. For the purposes of this paper, Boyer's paradigm of five categories of scholarship is being used (Boyer, 1990; Boyer, 1996). For all types of scholarship, the subsequent scholarly products or achievements must be evaluated by people with similar competencies such that quality standards are ensured and credibility is established. Peer review of scholarship is the process by which products undergo critical assessment for accuracy and quality by individuals (reviewers) with content expertise. An assessment or decision is then made to revise, accept, or reject the product for dissemination in a variety of formats, such as publication in a journal or textbook, presentation at a conference (e.g., poster, platform, session), or other recognized format that is disseminated and accessible to the public. Decisions to revise may be accompanied by feedback to improve the scholarly product for future reconsideration. Ideally, the reviewers in this peer review process are blinded to the authors of the product. The peer-review process adds credibility to products that are accepted for dissemination. Consistent with the findings from the "Publishing Research Consortium Peer Review Survey 2015," CAPTE values the peer review process and agrees with the statement "without peer review there is no control in the scientific communication" (Ware, 2016).

Further, the scholarship must be publicly disseminated. The most frequent types of dissemination are presentations and publications. Other examples of scholarship accomplishments include grant awards, published policy papers or government reports, published books and/or book chapters, patents and/or license and/or copyrights, and service on an editorial board or as a peer reviewer.

Types of Scholarship

The Scholarship of Discovery contributes to the development or creation of new knowledge. This represents the traditional view of research.

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.

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.

The Scholarship of Teaching, sometimes referred to more broadly as educational research, contributes to the development of critically reflective knowledge about teaching and learning and educational outcomes. It is important to differentiate between the scholarship of teaching and “good” teaching, as all faculty have an obligation to high-quality teaching in their role as educators (Hutchings, 1999).

The Scholarship of Engagement contributes to the identification, understanding, and resolution of significant social, civic, or ethical problems (Boyer, 1996).

The table below summarizes the types and provides examples of characteristics associated with each type.

TYPE OF SCHOLARSHIP	TYPICALLY INCLUDES:	EXAMPLES OF ACCOMPLISHMENTS
<i>Scholarship of Discovery</i>	<ul style="list-style-type: none"> • Primary empirical research. • Historical research. • Theory development. • Methodological studies. 	<ul style="list-style-type: none"> • Peer-reviewed publications of research, theory, or philosophical essays. • Peer-reviewed professional presentations of research, theory, or philosophical essays. • Grant awards (not submissions) in support of research or scholarship.
<i>Scholarship of Integration</i>	<ul style="list-style-type: none"> • Inquiry that advances knowledge across a range of theories, practice areas, techniques, or methodologies. • Works that interface between physical therapy and a variety of disciplines. • Team Science. 	<ul style="list-style-type: none"> • Peer-reviewed publications of research, policy analysis, case studies, integrative reviews of the literature, and others • Copyrights, licenses, patents, or products. • Published books Interdisciplinary grant awards. • Peer-reviewed professional presentations. • Disseminated policy papers designed to influence organizations or governments. • Service on editorial board or as peer reviewer.
<i>Scholarship of Application/Practice</i>	<ul style="list-style-type: none"> • Development of clinical knowledge. • Application of technical or research skills to address problems. • Development and testing of innovations. 	<ul style="list-style-type: none"> • Peer-reviewed professional presentations related to practice. • Disseminated reports compiling and analyzing patient or health services outcomes. • Products, patents, license copyrights. • Grant awards in support of practice. • Published meta-analyses related to practice problems. • Peer-reviewed publications or presentations related to clinical demonstration projects. • Disseminated policy papers related to practice.

TYPE OF SCHOLARSHIP	TYPICALLY INCLUDES:	EXAMPLES OF ACCOMPLISHMENTS
<i>Scholarship of Teaching/Learning</i>	<ul style="list-style-type: none"> • Application of knowledge of the discipline or specialty applied in teaching/learning. • Development of innovative teaching and evaluation methods. • Program development and learning outcome evaluation. • Professional role modeling. 	<ul style="list-style-type: none"> • Peer-reviewed publications of research related to teaching methodology, learning outcomes, development or testing of educational models or theories, and successful applications of technology to teaching and learning. • Published textbooks or other publicly disseminated learning aids or teaching materials. • Grant awards in support of teaching and learning. • Peer-reviewed professional presentations related to teaching and learning.
<i>Scholarship of Engagement</i>	<ul style="list-style-type: none"> • Collaborative partnerships involving faculty, community members and organizational representatives (community-based research or interventions). 	<ul style="list-style-type: none"> • Peer-reviewed publications or professional presentations related to development of community-based intervention. • Grant awards in support of community-based intervention. • Disseminated policy papers, presentations, or reports compiling and analyzing community program outcomes that includes analysis and interpretation of data collected and leads to an outcome or plan.

Several activities that demonstrate the expertise of the faculty member as an educator, scholar, and subject matter expert do not usually meet CAPTE's definition of scholarship product. For example, continuing education courses or invited presentations do not usually undergo the type of review consistent with a rigorous peer-review process. Although presentations may be reviewed for eligibility for continuing education units, that review is not similar to the scientific review that occurs for presentations conducted in professional forums.

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. The primary mechanisms for disseminations are typically presentations in peer-reviewed forums and publications in peer-reviewed journals. Other mechanisms of disseminations exist such as those listed above.

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 and dissemination targets. The agenda also may 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 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. Second, 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. Third, the stage of development of the faculty member as a scholar also will 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 do 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 ongoing 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 it 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. 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 and where the work was disseminated.

Bibliographic citations are typically sufficient to document peer-reviewed publications, textbooks, and chapters. If a journal article has been accepted for publication, it may be included on the scholarship form, noting the manuscript is pending publication. Presentations at professional conferences with a known process of peer review such as the APTA Combined Sections Meeting may be documented with a citation that includes authors, title of the presentation, conference, and date. Multiple presentations of the same scholarly accomplishment should list the forums and dates under the presentation title rather than repeating the citation multiple times on the form. Similarly, if the faculty member serves on an editorial board or as a peer reviewer, this scholarly accomplishment should be listed once on the scholarship form regardless of the number of journals or boards on which the faculty member serves. 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. Generally, a Research Day at the faculty member's institution does not meet the expectations associated with the peer review-process; exceptions must be justified in detail.

The form should not include activities and products that would not meet CAPTE's expectations, such as supervision of student research projects that are not part of the faculty member's scholarly agenda, professional development activities such as enrollment in a doctoral program, and/or conducting continuing education courses or invited presentations that were not subject to peer review. Although books and book chapters are acceptable as scholarship, being a textbook reviewer is considered a service activity rather than scholarship.

Ongoing scholarship plans must include a completion timeline and identify planned peer-reviewed disseminations. 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 (less than five years as a core faculty in any institution) are expected to provide evidence of a scholarship agenda that meet CAPTE's expectations and one accomplishment within the first three years as a core faculty member.

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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 Element 4G.

4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:

- a minimum of a master's degree;
- holds a current license/certification to practice in the jurisdiction where the program is located;
- a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine academic (semester) credits of coursework in educational foundations.

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 Standards and Required Elements.

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; revised November 2015, January 2018)

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 Standards and Required Elements 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)
- Liability insurance for institution

(Adopted by CAPTE October 2009; revised April 2010, November 2015)

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 CAPTE's Standards and Required Elements for physical therapist assistant (PTA) education programs 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; revised November 2015)

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

CAPTE's Standards and Required Elements for physical therapist assistant (PTA) education programs require the following:

- 8A** The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.

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; revised November 2015)

EXPECTATIONS FOR THE EDUCATION OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS REGARDING DIRECTION AND SUPERVISION

As the regulator of quality education in physical therapy, the Commission on Accreditation in Physical Therapy Education (CAPTE) is in the unique position of being responsible for establishing and enforcing minimal standards for the education of entry-level physical therapists (PTs) and physical therapist assistants (PTAs). To ensure the ongoing safety of the public who are served by graduates of these education programs, CAPTE must be cognizant of, and responsive to, professional policies, position papers, best practices, relevant evidence, as well as existing and emerging trends in clinical practice when revising and enforcing its Standards and Required Elements related to curricular content. The Standards and Required Elements for physical therapist (PT) and physical therapist assistant (PTA) programs include expectations that students will be educated on their respective roles, responsibilities and limitations. CAPTE recognizes that these roles are subject to change based on multiple factors including, but not limited to, recent or potential changes in educational degree level, revisions to state practice acts, the emergence of new therapeutic interventions and clinical evidence, the implementation of new legislative and reimbursement policies for health care, shifting trends and expectations for employment, and opportunities for the development of advanced clinical competencies after graduation.

The primary function of CAPTE is to ensure compliance with minimal educational standards, not to define the scope of practice/work for physical therapy practitioners. CAPTE has historically used the Patient/Client Management Model (PCMM) delineated in the *Guide to Physical Therapist Practice*¹ as the framework for describing the process of patient care in both sets of Standards and Required Elements. As indicated in this Guide, the elements of Examination, Evaluation, Diagnosis, Prognosis, Plan of Care, and Outcomes are the sole responsibility of the PT. Interventions may be provided by either the PT or the PTA who acts under the direction and supervision of the PT. The [Standards and Required Elements for PT education programs](#) require evidence that the PT graduate is able to:

7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.

At its 2000 House of Delegates meeting, The American Physical Therapy Association (APTA) adopted a position which states that PTs should not direct PTAs to perform any interventions that require constant examination including procedures such as “spinal and peripheral joint mobilization, which are components of manual therapy, and sharp selective debridement, which is a component of wound management.”⁴ An analysis of practice performed by the Federation for State Boards of Physical Therapy (FSBPT) suggests that these procedures are being performed by a significant number of licensed PTAs.³ In jurisdictions where the physical therapy practice act does not limit the types of interventions that can be performed by PTAs, the decision to direct these or other interventions to PTAs is based on the professional judgment of the supervising PT. Thus, CAPTE expects education programs for PTs to include curricular content (i.e., course objectives, learning experiences, and assessment of learning) that addresses the reasoning process used by graduates to perform this supervisory role. In addition, CAPTE expects educational programs to prepare PT students to determine those components of interventions that may be directed to the physical therapist assistant. These considerations should include the level of skill and training required to perform the procedure, the level of experience/advanced competency of the individual PTA, the practice setting in which the procedure is performed, and the type of monitoring needed to accurately assess the patient’s response to the intervention. In addition, acuity and complexity of the patient’s condition and other clinical factors should be considered when directing PTAs to safely and competently perform any intervention. CAPTE also expects PTA educational programs to prepare PTA students to recognize components of interventions that are beyond their scope of work.

Likewise, CAPTE expects education programs for the PTA to select the appropriate depth and breadth of knowledge and skill needed to perform interventions that are consistent with the PTA’s responsibilities. These skills not only include specific intervention procedures but also the data collection skills needed to monitor and assess a patient’s response to an intervention. These data collection skills are outlined in the Standards and Required Elements. Regardless of the relative simplicity or complexity of the procedure itself, CAPTE also believes that those interventions which require more extensive foundational knowledge, manual

skill, and/or complex monitoring than a PTA is educated to provide should only be performed by the physical therapist.

CAPTE will cite PT education programs for conditional or non-compliance with Standards and Required Elements when there is insufficient evidence of curricular content that prepares graduates to direct and supervise the PTA in the application of appropriate interventions. Likewise, CAPTE will cite PTA education programs for conditional or non-compliance with its Standards and Required Elements when there is insufficient evidence of curricular content which specifies that the PTA provides care under the direction and supervision of a PT. Although not explicit in its Standards and Required Elements, CAPTE expects all education programs to provide students with sufficient information related to the scope of practice/work for both PTs and PTAs to enhance their understanding of this supervisory relationship.

Finally, CAPTE recognizes that education programs may have unique missions or goals that compel them to prepare graduates to practice at a level that is beyond CAPTE's minimal standards. When education programs for either PTs or PTAs choose to include instruction on clinical procedures that are not specified in the Standards and Required Elements, CAPTE will expect programs to provide: (1) rationale to support the inclusion of these procedures within the graduate's scope of practice/work consistent with the program's mission or goals, and (2) evidence that the program assesses student competence in the performance of these procedures prior to any full-time clinical experiences. Programs that fail to justify the addition of curricular content which is not usually included in entry-level education may be cited for conditional compliance of criteria related to their curriculum plan.

References:

1. American Physical Therapy Association. *Guide to Physical Therapist Practice*, 3.0. Alexandria, VA; 2014.
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4. American Physical Therapy Association. *Procedural interventions exclusively performed by physical therapists*. HOD P06-00-30-36 [position].
[http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/ProceduralInterventions.pdf#search=%22apta policy on interventions performed exclusively by physical therapists%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/ProceduralInterventions.pdf#search=%22apta%20policy%20on%20interventions%20performed%20exclusively%20by%20physical%20therapists%22). Accessed January 15, 2013.
5. Federation of State Boards of Physical Therapy. *Analysis of Practice for the Physical Therapy Profession: Entry- Level Physical Therapist Assistants*. Alexandria, VA; 2011.

(Adopted April 2013; revised November 2015)

INNOVATION IN PHYSICAL THERAPY EDUCATION

Innovation is a popular term in higher education and in health care. Innovation can be defined as the use of a new idea or method with the objective to create a better and/or more effective product, process or service. Innovation in the design and delivery of educational programs can provide opportunities for growth and improvement in educational methods and learning outcomes. Innovative approaches may provide opportunities for the development of critical thinking and/or psychomotor skills.

New developments in technology have produced many opportunities for innovation in physical therapy education, in both physical therapist and physical therapist assistant education programs. Technology allows educators to deliver programs to learners who are separated geographically using synchronous and asynchronous formats. The internet and social media have enhanced access to information and communication among teachers and learners. Telehealth allows practitioners to provide physical therapy services to clients at a distance using electronic signals. Simulation using sophisticated mannequins is another teaching method commonly used in health professions education. Simulating real life experiences provides opportunities for students to practice clinical decision making under similar conditions as those that occur in practice. Innovation is not limited to creative uses of technology. Innovation can be demonstrated by designing, implementing and assessing non-traditional approaches to teaching and learning such as team based or service learning, the use of interdisciplinary case studies and others.

The Commission welcomes innovation in physical therapy education. Programs are expected to describe their innovative methods and how these techniques support their program mission and/or the educational philosophy of the program. A clear rationale for what the innovative method intends to accomplish should be presented. Reporting evidence of the effectiveness of the innovative method that addresses specific learning outcomes is an important part of the process. Programs should consider faculty development that may be necessary to support the use of innovative methods. Developing, implementing and assessing innovative approaches that will better serve students is essential to advancing physical therapy education.

(Adopted April 2013; revised November 2015)

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; Rescinded November 2012;
Reinstated November 2015)

IMPLEMENTING DISTANCE EDUCATION IN PHYSICAL THERAPIST / PHYSICAL THERAPIST ASSISTANT PROGRAMS

Introduction

This paper is intended to clarify the role of distance education as a content delivery method. Definitions and examples are given. All programs, whether they are delivered wholly by distance, face to face, or a blend of distance and face-to-face, are expected to meet the same standards.

Definitions Related to Distance Education

USDE definition of Distance Education: Education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- (1) The internet;
- (2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (3) Audioconferencing; or
- (4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

CAPTE definition of Distance Education: An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

- Distance Education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) 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 education courses. Instruction occurs synchronously and/or asynchronously, with regular and substantive interaction between students and instructor(s) to achieve program goals and course objectives.

In contrast and for clarification, distance education is not:

- A form of self-study
- Massive open online courses (MOOCs) that are not institutionally-based.

Contact Hours: A formula for determining the number of hours that students are directly engaged in instruction to complete a class or learning activity. Traditional formulas were developed for lecture formats and suggested that students generally engage in 15 face to face total contact hours to earn 1 credit hour. There is currently no consensus on contact hours for distance learning experiences, and the number of contact hours may vary based on the learning activity. Programs should indicate on the syllabi the proposed number of student contact hours as they relate to the instructional methods. (See below for examples.)

Institutions generally use the Carnegie Definition of Credits and Contact Hours whereby a unit of credit equates to three hours of student work per week (1-hour lecture plus 2 hours of homework OR 3 hours of lab) for 16 weeks. A report by the Carnegie Foundation described the history and purpose of the "Carnegie Unit" for defining credit to contact hours. The Carnegie unit was developed early in the 20th century whose purpose was to provide consistency in the education during a time of huge variation between schools. The standard Carnegie unit (1 hour of classroom for 15 weeks to earn 1 credit hour) provided a valuable comparative standard for over a decade. However, as the report acknowledges, the advent of technological resources has raised questions regarding the usefulness of the Carnegie unit. The report questions whether the Carnegie unit has adequate flexibility and how educators can also address competencies and outcomes.

Examples:

- 2 credit hours of lecture class: students spend 2 hours of seat time each week for 15 weeks for 30 contact hours
 - In shortened term (i.e., 10 weeks): 30 contact hours get distributed over 10 weeks instead of 15
- 2 credit hours of lab course: students spend 4 hours each week for 15 weeks with a total of 60 contact hours.
 - In shortened term (i.e., 10 weeks): 60 contact hours are distributed over 10 weeks with a total of 6 hours each week.
- 2 credit hours of combination lecture/lab, assuming 50% lecture and 50% lab:
 - 1 credit hour = lecture time for 15 weeks = 15 contact hours
 - 1 credit hour = lab time for 2 hours each week for 15 weeks = 30 contact hours
 - Total=45 contact hours

CAPTE does not have a standardized definition of contact hours. Programs need to reach out to their institutions for the formulas used. If the program method is not consistent with the institution method, the program would need to provide rationale for the inconsistency.

Learning Management System (LMS): Software or online platforms that support web-based learning activities. LMSs are also known as course management systems. Learning Management Systems provide a range of levels of support and complexity. While some LMS platforms simply provide file management, others provide exam software, interactive discussion boards, and a variety of other activities. Use of these LMSs varies by program. Some use them to store course materials for student access, while other programs use them to deliver entire courses. Examples include: Blackboard, Canvas, Desire to Learn, and Sakii.

Curriculum Model: As defined by CAPTE, a curricular model is a general description of the organization of the professional curriculum content. Curriculum model is how the curriculum is designed and is not how the curriculum is delivered. Curriculum model can be described as systems-based model, case-based, problem-based, etc. or a combination of these generally referred to as a hybrid. This differs from the methods of instructional delivery as defined below. While the curricular model describes the framework for organizing curricular content, instructional method refers to the vehicle for delivering that curricular content.

Defining the Continuum of Instructional Delivery Methods

Traditional Instruction: All learning experiences occur face-to-face in classroom, lab, or community settings, with course credit hours dictating the number of hours per week students and instructors spend in the classroom and laboratory face-to-face. Traditional courses can use learning management systems (LMS) to provide online resources such as multi-media, articles, and databases; however, all formal instruction occurs synchronously within the same geographic location.

Flipped Instruction: A portion of the learning experiences occurs outside the classroom during the student's own time so the focus of the classroom instruction can be on application, problem-solving, and higher-ordered thinking. Students spend the same amount of time face-to-face as described under traditional instruction; however, the students do preliminary activities such as watching lectures at home to prepare to engage in the classroom.

Blended Instruction: Learning activities are restructured such that there is a blend of distance education, asynchronous learning and face-to-face synchronous learning experiences. In blended instruction, total student seat time is unchanged; however, it is distributed between the distance education method and face-to-face environments. For example, a 3-hour blended lecture course could blend 20 hours of distance education instruction (such as screen-captured lectures) with 25 hours of face-to-face instruction; and a 3 credit-hour lab course could blend 30 hours of distance education instruction (such as background information, video demonstration, interactive blogs where students demonstrate skills) and 60 hours of face-to-face lab instruction. Blended also includes the method of students learning in one location distant from the main classroom whereby instruction is delivered via video technology.

Online Instruction: All (100%) of learning activities occur in the online environment whereby faculty and students are separated by time and/or distance. Learning activities can be synchronous and/or asynchronous. Student seat time is completely via distance education, such that in a 3-credit hour lecture course, students would spend 3 hours of learning per week for 15 weeks for a total of 45 hours of distance education learning.

Examples of how the delivery of content can be accomplished with a LMS:

Program A describes itself as being 100% face-to-face, using Canvas for posting course materials, assignments, and student grades only. For example, students use Canvas to view the course syllabi, PowerPoints, and post their responses to discussion questions. Grades are also viewed through this LMS (traditional content delivery method).

Program B uses Blackboard to host recorded online lectures in courses where faculty have flipped the instruction time, so that face to face class time is spent on application activities. For example, students are expected to view the online lectures prior to coming to class. During class time, they will participate in activities designed to apply the material presented in the online lectures (blended content delivery method).

Program C uses Blackboard to provide all lectures, instructional videos, and discussions online to prepare students for the face-to-face (on-campus) class time. Students interact with the faculty and each other regularly through the LMS. This interaction may include discussion boards, online office hours, student assessment, and feedback to students. Student assessment occurs both online and face-to-face with at least 50% of contact hours face-to-face (blended content delivery method).

Program D uses a LMS for synchronous and/or asynchronous lectures where one cohort is present with the instructor while another cohort is separated from the instructor by distance, but students in the distant cohort are present for the same amount of time (blended content delivery method).

Program E uses D2L to provide all lectures, instructional videos, and discussions online to prepare students for the face-to-face (on-campus) class time. Students interact with the faculty and each other regularly through the LMS when they are learning online. This interaction may include discussion boards, online office hours, student assessment, and feedback to students. Content and student assessment may occur both online and face-to-face with less than 50% of contact hours being face-to-face (distance education content delivery method).

Technology Requirements

All programs must meet the standards of regional accreditors related to technology, technical standards, support, security and determining student identity during testing at a distance.

US Department of Education recommends the following as delivered at the Testing Integrity Symposium – Issues & Recommendations for Best Practice.

Section IV Testing Integrity Practices & Procedures for Online and Technology-based Assessments
Computer-based Testing (CBT) security policies should contain a variety of components, including the following:

- Limiting or disabling web browsers to prevent access to resources on the Internet
- Limiting or disabling computer applications, such as spell-check, calculators, and other tools
- Disabling “screenshot” abilities (the ability to take a digital picture of the screen)
- Disabling save, copy, and print functions
- Conducting CBT only in secure classrooms or computer labs
- Supervising test access through the use of secure student log-in identifiers or serial numbers
- Ensuring that technology is well-equipped to guard against hacking and other exposure
- Adequate capacity and maintenance of infrastructure
- Clear and comprehensive test security policy
- Strong and clear language addressing instructions for test administration
- Secure management of testing materials
- Protocol for reporting breaches (i.e., anonymous tip hotlines – other reporting systems)

- Explanation of analyses to detect irregularities (maintain exam integrity)
Such as – response time; number of wrong-to-right corrections; order in which questions are answered; keystroke patterns; etc. Data analysis to identify patterns and detect anomalies indicating cheating may have occurred. Use of personal information questions where information is obtained through public records where most likely only student would be aware.
- Sanctions for misconduct

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Distance and Correspondence Education Policy Statement Recommendations. This is an example and programs should refer to the institutional accreditor for its standards.

- The program demonstrates that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course and receives the credit by verifying the identity of a student who participates in class or coursework by using at the option of the institution methods such as:
 - a secure login and pass-code or
 - proctored examinations or
 - new or other technologies and practices that are effective in verifying student identification
- Program has a written procedure for protecting the privacy of students enrolled in distance education (including when a web cam is used to proctor students during high-stakes exams).
- Program has a written procedure distributed at the time of registration or enrollment that notifies the student of any projected additional student charges associated with verification of student identity (i.e., include cost of proctoring exams, additional hardware and or software costs).

Examples of testing options:

- Certified testing center
- ExamN - a part of ALL of E Solution
- Exam Soft
- Proctor U - Contract with University or program. Administer by Proctor U. A fee is generally charged generally per hour.
- PROCTORIO

Faculty Guidelines for Distance Education

Faculty developing and providing instruction through a distance learning format are appropriately trained in the use of the course management system, development of online content presentation options, student assessment methods, course assessment methods, and assessment of academic and student services.

Faculty teaching distance learning courses are required to maintain current expertise in the development and provision of courses offered in a distance learning format. Faculty should seek certification or recertification as required by their institution or state regulations.

Faculty workload considerations for distance education courses should account for the time required for the development of the course management system, content delivery method, and increased time needed for student interactions comparable to on-campus courses.

Faculty to student ratio in the course should allow for the faculty teaching the distance learning course to respond to the technical needs, instructional needs, and assessment needs of the students.

Faculty providing distance education courses will be provided the resources and technical support by the institution to develop and deliver their course content.

Faculty will be provided with the hardware and software needs as well as access to web-based resources to develop and deliver their course content.

The course content and objectives for distance learning courses developed by faculty will be equivalent to the course content and objectives provided in on-campus courses.

Faculty teaching courses in a distance learning format must, similar to all faculty, conduct assessment of student learning to determine the achievement of course objectives, retention, and satisfaction. Student performance in distance learning courses should be equivalent to that of comparable on-campus courses.

Programs, regardless of delivery mode, will conduct an assessment of academic and support services provided to all students.

The syllabus developed by faculty teaching in the distance education format will include all elements required by CAPTE plus information for students to configure their devices for maximum performance and compatibility with the course delivery method. It will include expectations for on-site work on campus or in clinical experiences.

The course design developed by faculty teaching distance learning courses will support interaction between students and between the faculty and students as well as providing the support services for when technology fails.

Faculty teaching distance education courses will ensure that students, who are enrolled in the course, are actually the students that are participating in the course.

Recommendations by CAPTE Standards and Required Elements

<p>Standard 1</p> <p>The program meets graduate achievement measures and program outcomes related to its mission and goals.</p>
<p>1A The mission of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation of physical therapists.</p> <ul style="list-style-type: none"> • Add: Comment on ways in which distance or blended learning are integral or related to the mission, vision or outcomes of the program
<p>Standard 2:</p> <p>The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement</p>
<p>2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.</p> <ul style="list-style-type: none"> • Add: <ul style="list-style-type: none"> ○ Describe how the course and/or instructor evaluations completed by students align with the delivery of the program ○ Describe how the assessment processes address teaching in the content delivery method ○ Describe how the assessment processes address the faculty teaching effectiveness in the content delivery method
<p>Standard 3:</p> <p>The institution and program operate with integrity.</p>
<p>3C Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including providing for reduction in teaching load for administrative functions.</p> <p>Evidence of Compliance: Portal Fields: Provide faculty workload data for each faculty member on the individual Core Faculty Detail page. Provide information related to teaching responsibilities in the Course Details page for each course.</p> <p>Narrative:</p> <ul style="list-style-type: none"> • Add: <ul style="list-style-type: none"> ○ 3C: Describe how workload is calculated for faculty engaged in distance or blended learning and how this supports the academic and professional aspects of the program ○ 3D: Comment on rights of program faculty not located at the program site and teaching via distance or in blended formats
<p>Standard 4:</p> <p>The program faculty are qualified for their roles and effective in carrying out their responsibilities.</p>
<p>4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.</p> <ul style="list-style-type: none"> ○ Add: Describe faculty development or training in the areas related to teaching and learning in their program, such as: writing course objectives, curriculum development, student assessment, and online / blended instruction. ○ Add: Describe how the course/ instructor evaluation process is aligned with the method of course delivery.

Standard 5

The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.

- Add: Describe how program determines if students are appropriate to the mission/vision/values and philosophies of the institution and content delivery method.

Standard 8: Resources

8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

- Add: Describe how the program determined the number of faculty needed to support distance education delivery method.

8D5 Technology resources meet the needs of the program

- Add: Describe the availability of resources to support maintenance and upgrades for LMS

Resources/References used to support the Position Paper

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LIST OF POSITION PAPERS THAT HAVE BEEN RESCINDED

PREPROFESSIONAL PREPARATORY EDUCATION (Adopted May 1998; Rescinded May 2007)

SENIOR FACULTY STATUS (Adopted October 1999; Rescinded April 2005)

EXTERNAL INFLUENCES ON DEVELOPMENT AND REVISION OF THE EVALUATIVE CRITERIA
(Adopted October 2006; Rescinded November 2012)

THE EVALUATIVE CRITERIA THAT ADDRESS THE RELATIONSHIP BETWEEN PHYSICAL
THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS (Adopted 2004; Rescinded 2012)

PTA EDUCATION AND JOINT MOBILIZATION (Adopted April 2012; Rescinded April 2013)

PRINCIPLES OF GOOD PRACTICE FOR DISTANCE LEARNING IN PHYSICAL THERAPY EDUCATION
(Adopted May 2001; Rescinded April 2019)