



Brian P. Kemp
Governor

Greg Dozier
Commissioner

Instructional Faculty Consortium Committee (IFCC)

Physical Therapist Assistant Meeting Minutes

Date: October 30th, 2020

Time: 10:00 am – 1:00 pm

Location: WebEx

Meeting Facilitator: Sasha Kahiga

Recorder: Joy Adams

Attendees

- 1) Sasha Kahiga- Curriculum Program Specialist, TCSG
- 2) Donna Brinson- VPAA, Lanier Technical College
- 3) Emily Norris- Director of Clinical Education, Atlanta Technical College
- 4) Tamey Howard-Feltner- Program Coordinator, Atlanta Technical College
- 5) Joy Adams- Program Director, Lanier Technical College
- 6) Carol Donnelly- Clinical Coordinator, Lanier Technical College
- 7) Morgan Marcum- Clinical Coordinator, Chattahoochee Technical College
- 8) Mary Walker- Program Chair, Central GA Technical College
- 9) Ellen O’Keefe- Program Chair, Athens Technical College
- 10) Stephanie Puffer- Program Director, Chattahoochee Technical College
- 11) Sandra King- Sr. Executive Director of Academic Affairs, TCSG
- 12) Kathryn Hornsby- Assistant Commissioner of Technical Ed, TCSG
- 13) Gina Morton- Associate Dean of Health Sciences, Chattahoochee Technical College

Agenda Topics/Discussion

Welcome

Sasha Kahiga welcomed all participants and asked everyone to sign-in using the WebEx chat to ensure their attendance is captured and recorded. Sasha introduced herself and asked each participant to introduce themselves. Sasha provided a few housekeeping points and provided a PowerPoint overview, explaining how to navigate the WebEx button options. Furthermore, she explained the meaning of the IFCC– Instructional Faculty Consortium Committee and its purpose.

Brian P. Kemp
Governor

Greg Dozier
Commissioner

She also discussed the Academic Affairs (AA) webpage for a point of reference for instructors. She explained that the AA link is where instructors can locate the AA Team's contact information, links to the curriculum database (KMS), faculty training opportunities, IFCC agenda, and meeting minutes. She will provide the link within the minutes of the meeting.

AA Webpage Link: http://teched.tcsg.edu/academic_affairs.php

Selection of IFCC Officers

Sasha explained that before she can continue with the meeting, they needed to vote in their IFCC officers, only if they had more than one volunteer for each position. She explained her email before the meeting provided the IFCC guidelines. Sasha stated that the officers' duties were outlined within those guidelines, and a commitment timeframe of 2 years is required. She asked for IFCC Chair volunteers, and Joy Adams volunteered. Sasha asked for IFCC Co-Chair volunteers, and Tamey Howard-Feltner volunteered.

Sasha thanked the ladies for their time and asked that they take notes and review the chat throughout the meeting. Sasha told the group that she would provide the group with the IFCC guideline link within the meeting's minutes.

IFCC Webpage Link: http://teched.tcsg.edu/all_forms/aa_IFCCGuides.pdf

Curriculum Review and Updates

Sasha thanked the group for their organization amongst themselves and assigning the PHTA courses to one another. She continued to review the PowerPoint and explained to the group that prior to reviewing the courses, they must understand how the KMS standards are displayed and the TCSG definitions.

Sasha used this definition as a segway into the TCSG definition of a regular and other lab. She stated the following,

- A regular lab is any learning activity that is not explicitly designated as a lecture.
 - The teacher assists in learning activities require a little out-of-class preparation by the student and may require out-of-class practice assignments
- Other-lab is defined as either a practicum, internship, or clinical
 - Practicum is an instruction that emphasizes structured activities requiring the application and practice of occupational competencies.
 - Internship/Clinical is an instruction that emphasizes supervised work-experience activities requiring the application of occupational competencies.

She further provided within the PowerPoint the hour calculation for a lecture, lab, and other lab. She stated the following,

Brian P. Kemp
Governor

Greg Dozier
Commissioner

- Lecture
 - 1:1 Ratio
 - 750 minutes = 15 contact hrs = 1 credit hr
- Regular Lab
 - 2:1 ratio
 - 1500 minutes = 30 contact hrs = 1 credit hr
- Other Lab
 - 3:1 ratio
 - 2250 minutes = 45 contact hrs = 1 credit hr

Sasha stated that she read within the group's email correspondence that they would like to add hours to a few courses. She explained that currently, the program is at a total of 76 credit hours, and they should not go above those hours. She suggested that they consider reducing hours from other PHTA courses that can afford an hourly reduction and add those hours to the courses they are looking to increase the hours.

Sasha asked the group if they had any questions. The faculty asked which activities can designate the course to utilize regular lab hours. The faculty asked if research assignment can be used. Sasha stated that based on TCSG policy manual, there is a disclaimer stating that the designation of a lab activity is at the course developer's discretion.

Sasha stated that based on that information, when using regular lab hours as the faculty, they could determine which activities they want to assign to use the allocated regular lab hours of their course. She further explained that might be something different for each program, but they have the academic freedom while using professional judgment on which activities they will utilize during their regular lab hours.

The group thanked Sasha for sharing and providing the information outlined within the TCSG policy. Sasha requested for the group to begin the curriculum review of the PHTA courses. She asked that each member present and display their assigned courses in order of the course numbers and lead the group discussion of their proposed updates within the revised document.

The group agreed that was the best approach and begin the review.

PHTA 1110: Introduction to Physical Therapy

- Presented by Tamey Howard Feltner from Atlanta Technical College
- She explained that her proposed changes/updates were based on CAPTE criteria and recommendations from her programs' last site visit.

Brian P. Kemp
Governor

Greg Dozier
Commissioner

- She provided the following overview of her proposed changes/updates,
 - Additional learning outcomes are now aimed to show program progression, starting with this course.
 - Language used for the updates/changes is CAPTE criteria language.
 - Aligned the professional PTA work ethics to the standards TCSG work ethics standards.
- The group discussed adding inner professionalism within this course. It was stated that some of the programs had added a robust amount of program-specific learning outcomes for inner professionalism while teaching the course, and it should be added as a standard as well. Tamey stated that the best placement for cross-collaboration might fall to meet the request is within the Professional Responsibilities and Core Values competency.
- The group began a discussion on updating the verbiage, learning domain, and level of learning for the learning outcomes; to allow a little more flexibility on how programs can approach the objective to assess the students. It was stated that possibly the learning domain and level of learning could remain but place more flexibility with the verb being used to assess students' assessment. Tamey agreed and stated that the course has several learning outcomes with the affective learning domain, in which it is hard to assess how someone feels. She will go back and make adequate corrections.
- The group agreed that the learning outcomes needed to be revised and less restricted, allowing programs to customize the program while meeting the needs according to CAPTE criteria.
- Tamey will revise these proposed changes based on the group's action items and have it ready for review at the next meeting.

PHAT 1120: Patient Care Skills

- The course was not assigned and will be reviewed at the next meeting.
- Emily Norris has volunteered to review the course and make proposed updates based on the previous course's overall discussion.

PHTA 1130: Functional Anatomy and Kinesiology I

- Presented by Stephanie Puffer from Chattahoochee Technical College
- Based on the previous discussion, Stephanie has indicated that she will need to revise the course to make more general and updated learning levels where it is needed.
- She removed learning outcomes that were taught within Anatomy & Physiology.

Brian P. Kemp
Governor

Greg Dozier
Commissioner

- Sasha pointed out that Stephanie provided the CAPTE standard for each learning outcome, and she asked the group to do the same with the courses they revised as well. She stated that it is best to show how the KMS standards align with the CAPTE standards within the curriculum database.
- The group began a discussion on the functional range of motion, gross assessment range of motion, and strength. Stephanie stated that she would add the functional range of motion. Stephanie stated she has removed the gross assessment range of motion & strength from the Kinesiology II course and placed it within this course.
- The group began a discussion on special testing and where it should be placed. The group decided that a general introduction should be provided within the course, but students performing these tests should go into other courses that are either associated with test such as Kinesiology II, Rehabilitation I, or Pathology I.
- The group asked about adding specific language to be added to the levers standards to include pulleys, simple machines, include and etc. This will help ensure that they cover the aspect of the change in the direction of a particular muscle. Stephanie agreed to update the learning outcome to allow the verbiage.
- Stephanie stated that she removed several standards that were redundant and asked if anyone had any additional suggestions. With no additional discussion, Stephanie stated that she would make the updates discussed for the course.

PHTA 1140: Physical Therapy Procedures I

- Presented by Stephanie Puffer from Chattahoochee Technical College
- Stephanie stated that the standards for the course are outdated, and the contact hours needed to be adjusted.
- The group discussed the difficulty with teaching this course online due to the requirement to have the students “demonstrate” a few of these outdated standards such as using a Whirpool. Stephanie stated that she either removed those types of standards or make them broader. The group agreed that it was a good idea to remove outdated practices and making the standards broader because it will not restrict the programs. It was also stated that it is hard for new programs to justify purchasing outdated equipment that is not recommended by the program’s advisory board, but it’s something that must be taught based on the KMS standards listed.
- The group discussed the terminology usage of “therapeutic massage,” and it should be replaced with the term “soft tissue mobilization”. The group stated that there is a differentiation between therapeutic massage and soft tissue mobilization. However, there are various benefits of having the students know both techniques and perform those techniques. It was stated that the therapeutic massage is a great foundational skill for the students to have

Brian P. Kemp
Governor

Greg Dozier
Commissioner

to learn how to touch a patient therapeutically before getting into the next level of skills, which is soft tissue mobilization. The group agreed to keep therapeutic massage but rename the competency as “Therapeutic Massage and Soft Tissue Mobilization,” allowing it to include the detailed techniques required in both areas.

- The group began a discussion on the usage of “infrared” rather than “a-thermal”, allowing the standards to be more general and allow flexibility. The group agreed.
- The group began a discussion on the learning outcome written as, “For given patient scenario, provide education and instruction to patients and caregivers based on the plan of care established by the physical therapist”. It was stated that this learning outcome is CAPTE standard, and it should remain. Stephanie agreed, and that learning outcome should be listed under each competency. An additional suggestion was to reduce the redundancy of that learning outcome, and there should be a new competency added that is specifically related to intervention to the plan of care, allowing it to address the plan of care and the education-related to the client and patient management. The group agreed with the suggestion.
- The group began a discussion on adding a standard that outlines evidence-based literature review as it applies to the overall content/concept. Stephanie stated that it was a good idea, and it could be added to the new competency. She also suggested that it be added to all treatment courses. It was suggested that if the new competency is added to all the courses, it must show progression from one course to the next. Stephanie stated that she could do that and possibly name the new competency as clinical reasoning. However, she stated that the learning outcomes for this new competency would look different in each class. For example, in this course, she will develop learning outcomes that are the basic level of clinical reasoning. Stephanie stated that everyone should update their assigned courses to reflect the new learning outcome titled clinical reasoning.
- The group discussed the CAPTE recommendations for levels of learning. It was suggested that the PTA curriculum exhibits a level of applying and analyzing but avoids going beyond analyzing as a learning level. Stephanie agreed with the suggestion and stated that the courses provide a foundation, and any higher-level qualities are all learned within clinical.
- The group revisited the discussion of the new competency titled, clinical reasoning and it was stated that there might not be any progression from course to course because the learning outcomes for that competency will be skill-specific to that course. The group agreed and will update their assigned courses as needed.
- The group began a discussion on CAPTE recommendation of providing standards related to “light therapy”. It was stated that it would fall under “a-thermals”. It was stated that during the last CAPTE self-study workshop, the curriculum objectives must use terminology such as bio-feedback, compression, cryo-hydro, and it may not be a good idea to generalize those

Brian P. Kemp
Governor

Greg Dozier
Commissioner

learning outcomes. It was further stated that the KMS standards were going to be broad, but their individualized program objectivities were going to be more specific. This led to a discussion where Sasha explained that the KMS standards must be taught, and programs have the academic freedom to add to those standards but can never take away from the standards. This includes the competencies and the learning outcomes for each of those competencies. Stephanie stated she would revisit and update the learning outcomes as needed.

PHTA 2110: Pathology I

- Presented by Mary Walker from Central GA Technical College
- For competency #1: Review of System competency,
 - Mary suggested that learning outcomes be condensed and state the following:
Explain the various body systems' function and components.
 - She also stated that learning outcomes 1-5 can be combined to state, Examine the immune response, and remove the other learning outcomes.
 - She also stated that learning outcome #1 has 2 different learning levels. It has defined and explain listed as the learning levels. She suggested that the learning outcome be split into two separate learning outcomes with the level of learning selected.
- Mary made suggestions to the learning domain and level of learning.
- For Competency #2: Examination of General Medical Disorders and Diseases,
 - Mary suggested to add signs and made changes to the terminology of the learning outcomes.
 - For example, change the verbiage of learning outcome #2 to read “analyze” instead of “point-out”. She suggested that any learning outcomes with different learning levels be separated into two different learning outcomes.
 - She asked the group to clarify the intent for learning outcomes #10. The group stated the intent is to classify pathogens. Mary suggested that to show a higher level of learning, it may be best to elaborate on the learning outcome, including chain of infection, mode of transmission, etc.
 - She suggested that learning outcomes 12-15 be removed and placed within competency #1: Review of the System
 - Mary suggested that she would review the 7Bs of CAPTE standards to ensure that the remaining learning outcomes align with those standards. The group agreed that was a good idea, and it was suggested that they keep the specificity of the system the learning outcome is covering so that the CAPTE is aware that all

Brian P. Kemp
Governor

Greg Dozier
Commissioner

systems are being covered within the curriculum. Mary agreed and will make the corrections.

- She asked the group their thoughts of removing learning outcomes 30-35 referencing “burns” and place it within the PHTA 1140 course. The group stated that there is enough time to talk about burns in PHTA 1140 in the thermal agent aspect, but as a pathology course, burns can be a lot broader than the modalities. It was suggested that it could go in either class.
- For competency #3: Examination of Musculoskeletal System Disorders and Diseases
 - Mary stated that learning outcome #2 was out of place, and many of the learning outcomes refer back to anatomy related to the formation and bones. She stated this is information that the students should know, and reviewing the info is imperative, but then there is no need for a specific objective for those anatomy related learning outcomes.
 - Mary stated that learning outcome #12 is related to CPR, and she asked if any of the programs teach CPR within the course or is it a program requirement throughout the program or before admission into the program? The group stated that they require their students to obtain CPR certification before starting the program.
- Mary asked the group if any learning outcomes listed with “psychomotor” should be removed since there is no clinical rotation. Sasha explained that the usage of “psychomotor” could be used for regular lab as well, and since they have hours listed for regular lab, the learning domain can remain as is. Mary asked why is there 2 lab hours for a small number of psychomotor learning outcomes. Sasha explained that based on TCSG policy manual, the designated lab activities could be determined based on the course developer, and as instructors, they have the academic freedom to utilize those 2 hours with whatever activities they prefer. The group stated that they understood, and many were following that protocol when teaching the course.
- Mary suggested that the cardiovascular system's condition not be specific, and could be stated as, Recognize various pathologies that relate to the cardiovascular system? In addition, make changes to other learning outcomes that didn't provide flexibility. The group suggested providing a general learning outcome such as identifying the ideology and symptoms of various systems and pathologies. Mary agreed and will make those changes.
- The group suggested adding learning outcomes that provided students with the awareness of various diagnostic tools and their usage. Mary agreed and will that update as well.

Brian P. Kemp
Governor

Greg Dozier
Commissioner

- Mary suggested adding a clinical seminar learning outcomes that will include standard medical & surgical procedures to satisfy the 7B standards set by CAPTE. She explained that students could participate in various scenarios, review diagnostic lab results, common surgeries, professional behaviors & practices as a final review before going out to the clinical sites. The group agreed that it was a good idea and would like to see it added.
- Based on the full discussion and suggestions made, Mary will update and send back to the group for review before the next meeting.

PHTA 2120: Rehabilitation I

- Presented by Joy Adam from Lanier Technical College.
- Joy suggested that due to the amount of information embedded within the course, learning outcomes such as wheelchair management should be removed and placed within PHTA 1120: Patient Care Skills.
- She suggested to remove or reword learning outcomes that detailed the usage of specific equipment that may not be available for all programs. The group agreed that the learning outcomes should be reworded and made more general. Joy stated that she would make those changes.
- The group pointed out a few learning outcomes taught within PHTA 1130: Functional Anatomy and could be removed. Joy agreed and stated that she would remove those repetitive learning outcomes.
- Joy directed the group to the highlighted learning outcomes that she added to the course. She asked the group to review and provide her their feedback. Joy stated that she would revise the learning outcomes to provide the latest version of Bloom's Taxonomy. Someone suggested that the learning outcome, Identify medications commonly used for the muscular-skeletal system and their potential impact, should be broader. It was suggested that the learning outcome be revised to state the following, Identify medications that would impact the muscular system. Someone also suggested that much of the medications are covered and tested within the pathology course and changing the verbiage from discussing to assessing, ensuring the student's knowledge. The group agreed that the terminology needs to be changed to a higher learning level. For example, use analyzing or relating rather than discussing. This will allow programs to assess more than one way. The group agreed, and Joy will make the changes based on the agreed-upon suggestions.
- Someone pointed out the redundancy in a few of the added learning outcomes taught within PHTA 1140 & PHTA 2110 and asked the group if they should remain within the

Brian P. Kemp
Governor

Greg Dozier
Commissioner

course. Someone stated that PHTA 2110 & PHTA 2120 should be combined to allow the courses to compliment one another and decrease the redundancy of information already taught within PHTA 2110. This will result in pathology as the primary focus of PHTA 2110, whereas PHTA 2120 can align and focus on treating that pathology without repeating previous taught learning outcomes. It was stated that when you're not the instructor for both classes, you can find yourself reteaching a few learning outcomes, but you have to trust that your colleague has taught the course as required and teach based on the primary focus of the course. Joy agreed and stated that using learning outcomes that focus on the application of therapeutic exercises for various muscular-skeletal injuries and implementing a plan of care is an example of how these learning outcomes can be revised and aligned to compliment the learning outcomes already covered within PHTA 2110. Joy agreed with the group and will make adjustments to the learning outcomes based on the discussion.

- Someone pointed out the need to have special testing within this course. It was stated that the added learning outcomes require a lot more application in areas that only require the students to have general knowledge when they reach their first clinical rotation. It was suggested to remove the extra learning outcomes of applying special testing and place within a course where students' clinical reasoning skills are much more advanced and ready for those special tasks. It was stated that the removal of these learning outcomes would provide the course more time to focus on the primary learning outcomes of the course and not those that belong within PHTA 2110. Joy agreed with the group and will update the learning outcomes based on the suggestions.
- Someone suggested to discuss the request of adding “normal gait” to this course. It was suggested that it should be added to PHTA 2170. Joy stated that she added those learning outcomes per her clinical sites' request for students to have more manual skills, including joint mobilization. Someone stated that it should not be listed as a state-standard but rather a program standard to satisfy the clinical site request and needs. The group agreed and pointed out that CAPTE will accept it being a skills competence and check-off. That way, it ensures that the students are taught based on competency and not just practicing haphazardly within the lab, resulting in non-assessment of skills before a clinical rotation. It was reiterated that it should be program-specific and not a state-standard. Joy understood and stated that she would remove based on the discussion.
- Joy asked the group if the “gait training patterns” competency is more patient care skills related and if it needs to be reiterated in this course because of the various muscle-skeletal injuries in the weight-bearing status. One faculty member stated that it belongs in

Brian P. Kemp
Governor

Greg Dozier
Commissioner

the PHTA 1120: Patient Care Skills. The group agreed that it could be removed. Joy agreed and will make corrections based on the discussion.

- Joy directed the group to the Clinical Behavior competency added. She stated this was added to help prepare students for their clinical rotation the following semester. One faculty member pointed out the need to remove the learning outcomes that were programmatic requirements such as background checks, lab coat, etc. Joy stated the competency could be removed and placed within PHTA 1110: Introduction to Physical Therapy. Someone stated the competency should be removed and placed within the program or clinical handbook and not placed within any of the PHTA courses. The group agreed, and Joy will make updates based on the discussion.
- A faculty member asked if any “data collection” learning outcomes were added to the course. Joy stated that there was not, but could add it and add patient scenarios and evidence-based practice outcomes. The faculty member agreed and stated that maybe those suggestions could be added to the new clinical reasoning competency that will be listed in the appropriate courses. The group and Joy agreed. Joy stated that she would revise the clinical reasoning learning outcomes to be specific to the items taught within this course. Joy will make updates based on the discussion.
- Joy concluded and asked if anyone had any additional suggestions. With no additional discussion, Joy stated that she would make the updates discussed for the course.

Conclusion/Action Items

Sasha informed the group that the meeting has come to an end. She explained that there were a few more courses that needed to be reviewed for the next meeting. She asked how they would like to continue the curriculum review for the next meeting. Based on the discussion, the group stated that each faculty member will need to make the revisions to their assigned courses and allow enough time for everyone to review before the next meeting. During the next meeting, the group will have more time to review all the courses and provide discussion if needed. The group asked Sasha to create an OneDrive file for everyone to have access to the suggested course revisions. Sasha asked the group to schedule their next meeting. The group decided on Friday, December 4th, from 9:00 am until 12:00 pm for the next IFCC meeting. Sasha thanked the group for all of their hard work, their participation, and their valued feedback. Sasha concluded the meeting.



Brian P. Kemp
Governor

Greg Dozier
Commissioner

Meeting adjourned at 1:30 pm.

Minutes submitted by Joy Adams