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## Instructional Faculty Consortium Committee (IFCC)

### Physical Therapist Meeting Minutes

Date: December 04, 2020

Time: 9:00am -12:00pm

Location: WebEx

Meeting Facilitator: Sasha Kahiga

Recorder: Joy Adams

#### Attendees

- 1) Sasha Kahiga- Curriculum Program Specialist, TCSG
- 2) Amy Holloway- VPAA, Central GA 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- Allied Health Dean, Chattahoochee Technical College
- 11) Sandra King- Sr. Executive Director of Academic Affairs, TCSG

#### 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 provided a PowerPoint overview, explaining how to navigate the WebEx button options. Joy Adams extended congratulations to Mary Walker for achieving CAPTE Accreditation and to Stephanie Puffer for promotion into a Dean position.

##### Review of Agenda

Sasha reviewed the agenda and asked the group if other items needed to be added for discussion. The group agreed with the agenda.

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### Approval of Minutes

Sasha reviewed the minutes from the October 30<sup>th</sup>, 2020 IFCC minutes. Sasha called for the committee to inspect for any corrections. The group stated there weren't any corrections needed, and the minutes were accepted without any further revisions. Sasha called a motion for official acceptance of the minutes. Emily Norris seconds the motion. Sasha stated and noted that the minutes were accepted and will be placed on the IFCC homepage.

<https://intranet.tcsg.edu/teched/academic-affairs/ifcc/ifcc-meeting-minutes/>

### Curriculum Review/Revisions

Sasha thanked the group for their ongoing review and revisions of the PHTA courses. The group began their review and discussion of their courses.

### PHTA 2140: Clinical Education I

- Presented by Carol Donnelly from Lanier Technical College
- The group discussed several objectives and the possibility of these objectives being met within the clinic. It was stated that not all learning objectives would be met based on the clinic facility and its measure of care.
- Stephaine asked those who recently went through an accreditation visit to provide any feedback that was given on the clinical courses.
- Mary stated that based on her recent experience, the group would need to consider the clinic's assessment method as the best approach to revising the clinical courses.
  - She stated that currently, the clinical courses' objectives are random objectives that correlate to the didactic learning taught within the other classes.
  - She further stated that there is no progression in terms of the level of learning within the clinical courses.
  - She noted that the objectives are repeated from one clinical course to the next and are not showing progression.
- Based on Mary's response, Stephanie agreed with the approach and asked the group if they were okay with removing all of the objectives from each clinical course and replacing it with the assessment method being used within the clinic.
  - She noted that the new standards should align with the CPI and show an increased level of learning.
  - The group agreed with the suggestions.
- To further discuss, Stephaine also asked the group their thoughts on how will the new objectives be written to show progression.
  - She used the example of a student having outpatient for Clinic 1 and then acute care for Clinic 2; the student's level of learning may be the same.
  - Mary agreed with the statement and noted that it would change for each student due to the variety of clinical experience, but their level of independence to

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complete the objective is what changes from one clinical course to the next. She suggested quantifying their independence level to show entry-level and advanced beginner is an example of showing progression. However, she noted that using specific terminology could be problematic in the future and suggested using language that will not box in the programs but provide flexibility. She indicated for Clinic 1 to use terminology such as the student demonstrate participation, and within Clinic 2 to use terminology such as the student demonstrated. She stated that these examples show the progression from one clinic course to the next. She noted that CAPTE wants advancement shown throughout the program.

- In agreement with Mary, Morgan stated that using percentages to show progression is a reliable approach. She used the example of requiring less than 50% supervision from the clinical instructor used within one clinical course, and within the subsequent clinical course, the supervision from the clinical instructor is reduced to 25%.
- Sasha agreed with everyone's suggestions and asked the group if they would like for her to send them a copy of other programs that have taken a similar approach of showing the progression from one course to the following while using the same objective.
- Tammy noted that she likes the idea of making the objectives read as the CPI assessment. She stated that the group can set those standards across the different experiences a student will encounter because the language is broad. She further noted that using the 14 criteria to develop objectives that can exhibit progression is doable since they are all using the assessment instrument to measure a student's ability to achieve these objectives.
- Mary noted that CAPTE had correlated all of the CPI indicators with the particular criterion except for pain. She stated that this could be easily fixed if the group refers back to the CAPTE standards. She also noted that she would place the updated version within the IFCC ShareDrive.
- In finalizing the discussion, the group has decided to align CPI or the clinical education evaluation criteria; should the CPI not be the future instrument of choice.
- The group has decided that the Academic Coordinator of Clinical Education (ACCEs) and Mary will work together to reform the objectives based on the discussion.
  - Additionally, the objectives' reformatting will include PHTA 2180: Clinical Education II and PHTA 2190: Clinical Education III due to the primary goal is to show progression amongst the clinical courses.

PHTA 2150: Pathology II

- Presented by Mary Walker from Central GA Technical College
- Mary explained that she utilized CAPTE 7D & 7B standards for outlining the course; however, most of the course was built on the 7B content chart.

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- For those not familiar with the CAPTE standards, Mary further explained how the CAPTE standards are listed and the importance of aligning those standards within the KMS standards in some form or fashion.
- Mary explained that CAPTE has 31 criteria, and CAPTE encompasses what they deem as the PTA essential curricular components.
- She further explained that each program would have to demonstrate to CAPTE how those components are taught throughout the curriculum. She noted that CAPTE looks at where each program introduces the content, how the content is threaded throughout the program, and how it is reinforced with performance in the clinic.
- Mary further explained that CAPTE requires that each program share 3 to 5 learning objectives at the highest level of learning related to the 7D criteria.
- Mary also stated that 7B is the content chart that CAPTE requires that programs show how already learning content such as Anatomy & Physiology is infused throughout the PTA curriculum.
- Mary provided the following overview of her proposed changes/updates,
  - Added essentially outcomes that were missing, such as motor control, motor learning, and postural control.
  - Provided a break down between the review of neruo anatomy & physiology along with the conditions.
  - Added a few concepts about the developmental delay, the neurodevelopmental sequence, primitive & pathological reflexes, and writing reactions.
  - Revised the different types of diagnoses based on the Patho Chart currently used within her program. The chart provides each diagnosis, its ideology, pathogenesis, clinical manifestations, and implications. The chart is filled in its entirety before clinical rotation that the students can refer back to while in the clinic.
    - Stephanie stated that she like the approach Mary took on this course and wanted to know the practical difference between categorizing and summarizing used within the objectives.
    - Mary explained that it is essential for the student to determine if it is congenital, traumatic, or progressive when referring to peditric pathology. She wants the students to categorize the type of diagnosis based on the pathology and the pathogenesis. Furthermore, the students must understand the difference between a progressive intervention verse a non-progressive intervention while independently summarizing the pathologies.
  - Additional learning outcomes are amid to show the progression
  - Removed learning outcomes that are better suited within another course.
  - Used CAPTE criteria language
  - Utilized the pathology chart to categorized pathologies.

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- The group discussed keeping the cognitive domain learning outcomes and remove the skill-based learning outcomes and place within one of the rehabilitation courses.
  - Allows collaboration between instructors of both courses to align the learning outcomes with feeding off one another, giving the students a better learning experience.
  - Stephanie stated that following this process is beneficial, but it is imperative to keep in mind that the key to this process is to ensure that the topic is introduced within pathology before it is reviewed in the rehab course. This is why proper scheduling within the two courses is crucial.
  - Mary added additional Pharmacology material for review within the course but wanted to ensure that these same key aspects and board exam material are covered within the Rehab course.
  - Stephanie asked that those responsible for revisions of the Pathology I & Rehabilitation I courses ensure that Cardiac Pathology is removed from other classes and the cognitive-based learning outcomes are placed within Patho I, and the skill-based learning outcomes are placed within the Rehab I course. The group agreed.
- Overall, the group agreed with Mary's suggested changes.

*PHTA 2160: Rehabilitation II*

- Presented by Joy Adams from Lanier Technical College
- Joy explained that many of these standards are programmatic standards that she believes was added to satisfy CAPTE recommendations.
- Joy provided the following overview of her proposed changes/updates,
  - Updated the learning outcomes to reflect the Blooms' Taxonomy.
  - Aligned the learning outcomes to the CAPTE standard.
  - Joy suggested that the Path I & Rehab I courses should be the same process for the Path II & Rehab II courses, where the cognitive-based learning outcomes are within the Path II course and the skills-related learning outcomes are within the Rehab II course.
  - Added a few learning outcomes that were based on the feedback received from their initial accreditation site visit.
  - Mary stated that there are many Pathology learning outcomes within the course and suggested that a comprehensive review is completed between Joy and the faculty reviewer of the Pathology II course.
    - The group agreed.
    - Mary, Joy, Carol, and Morgan will all work together to review both the Path II & Rehab II courses.

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- Stephanie stated that following this process allows faculty to spend time lecturing within the Pathology courses and allows more time within the Rehab course for hands-on experience. Students can spend an adequate amount of time working on problem-solving assignments and case studies.
- Mary stated that as for the students, they have already been through a clinical rotation and are ready to become more independent and start critically thinking, and the only way for that to be possible is to participate in intensive case studies that should be introduced to them at this point.
- Stephanie agreed and stated that although Rehab II's content is different from Rehab I, their expectations of their students are much higher, and they should be demonstrating higher levels of learning and showing progression between the two courses.
- Morgan agreed and stated as a former student herself of the program; many students feel that the program is solid because they are learning about conditions in one class, and within the other class, they are learning how to treat the condition they just learned about. She further stated that this process was well orchestrated and didn't feel that the content was being repeated consistently within one course. The method of learning the content in one class and practice in the next class was very effective.

PHTA 2170: Kinesiology II

- Presented by Stephanie Puffer from Chattahoochee Technical College
- Stephanie provided the following overview of her proposed changes/updates,
  - Made changes based on last meeting discussion of Functional Anatomy I.
  - The course comprises special tests, MMT, Posture equilibrium, Advance Muscular Skeletal Gait & other Gaits.
  - Stephanie stated that Neuro Gait should be within Rehab II and move Normal Gait to Rehab I based on discussion within the last meeting.
    - Joy stated that moving Normal Gait to Rehab I is not beneficial for her program since it is taught within the summer semester and may not have adequate time to cover the material. Furthermore, she would like for the students to learn the content before clinical rotation.
    - Stephanie explained that the order of the content is the same but is introduced within different semesters. Moving Normal Gait to this course will mean that the students are provided the content within the last didactic course. She asked the group their thoughts on this topic.
    - Ellen stated that she agrees with both points but believes that Normal Gait's introduction should be done at an earlier point, but the heavy specifics should stay within this course and allow aspects such as the Abnormal Gait to be reviewed.

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- For further explanation, Stephanie asked if specific mechanics such as the actual cycles are taught in an earlier course and items such as muscle activation are taught within this course.
- Ellen agreed that all the specific content, such as muscle activities, joint motion, and other detailed explicit content, are taught within this course. However, all the brief components and phases can be conducted within an earlier class.
- Stephanie and Joy agreed with Ellen's suggestion.
- The group asked to review the PHTA course.

*PHTA 2130: Physical Therapy Procedures II*

- Presented by Ellen O'Keen from Athens Technical College
- Joy suggested that the group consider moving hours from this course and place it within PHTA 2160 and Rehab I.
- Ellen stated Mary Oakley, an adjunct at Central GA Tech volunteered to take on the revisions for PHTA 1140 & PHTA 2130 courses to ensure that the terminology was correct.
- Ellen provided the following overview of the revisions/updates made by Mary,
  - These revisions' primary goal was to make some of the learning outcomes more generic in terms of aspects and not specific, creating less flexibility for the programs.
  - Removed the term constant traction due to preference of liking static.
  - Removed outcomes objected towards horizontal versus vertical.
  - In response to Joy's hourly suggestion, removing hours from this course is feasible if the Orthotics and bracing content at the end of the course are removed and placed within another class. The content is better associated with one of the Rehab courses. It could be added to the PHTA 2150 course as well.
  - Stephanie agreed that the Orthotics content could benefit within another course and would like to hear what the group thinks it should be moved. However, she feels that the course could decrease in hours without removing content.
  - Morgan suggested that the content is not added to Rehab II due to the limited time they have within the summer semester.
  - Ellen stated that orthotics for all pathological conditions could be covered over multiple courses. Each pathological condition will have orthotics or bracing added to that particular piece of content.
  - Stephanie stated she liked the idea but wanting to know what learning domain will be used within the course because if the objectives require the students to practice daunting and offing, each program will have to ensure that resources are in place for the students to use to practice. If the objective remains in a cognitive domain and our expectation is for our students to practice it within clinical, then

the content could be placed alongside each individual pathology throughout the pathology courses.

- Ellen agreed with Stephanie's suggestion due to the uncertainty of students having the ability to practice on the required intensive equipment for all pathological conditions. Keeping the objectives within a cognitive domain such as discussing, showing videos, or showing pictures will be adequate for the content.
- The group agreed.
- Joy asked if moving peripheral joint and spinal mobilization to the course will be beneficial since traction is already outlined within the class.
- Stephanie suggested not to have it within the standards since APTA is against any mobilization for the PTA. She believes placing the content within the curriculum can be damaging but adding the content to a program's syllabi is feasible since programs can teach above the state standards if they choose to.
- Ellen added that CAPTE had stated nothing spinal, and they are a little more lenient than the APTA position because their grade 1 and 2 extremities only. Due to CAPTE not requiring spinal objectives, she prefers it not to be an objective within the standards.
- Stephanie agreed that mobilization objectives should remain out of the TCSG standards and be individually added within each program as they see fit.
- Ellen agreed.
- Carol revisited the Orthotics content and stated that it is also covered within PHTA 2160. In agreement, Stephanie noted that the group would move it as a cognitive domain within Path I and Path II as it applies to each particular pathological condition. She further stated that if the content is found in any other course, it needs to be removed.
- Ellen suggested that instead of making an objective for each particular pathological condition, consider having a more global area within Path I & Path II and have it state Muscular Skeletal Conditions for Path I or Neurological Conditions for Path II. She noted that this way, it applies across the board as the faculty is teaching those areas.
- Stephanie agreed and suggested that whoever is writing Path I and Path II's objectives ensures that a global standard and specific objectives are placed within their syllabi.
- Joy stated that CAPTE has a specific standard 7D23b, titled Application of Devices & Equipment. She stated that including prosthetics/orthotics should be considered when added to clinical education competencies, including orthotics to the PHTA 2120 course.
- Stephanie thanked Joy for bringing that to their attention and asked if it could be included within PHTA 2140, PHTA 2180 & PHTA 2190.
- Ellen stated that the CAPTE standard could be addressed cognitively with the application of devices and equipment without necessarily having the equipment

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and practicing on the equipment. Additionally, place the standards within the clinical course as well.

- Morgan asked the group if the CAPTE standard requires that the students demonstrate and apply. If so, it might be best in a clinical setting because then the programs could avoid needing the equipment on hand.
- Stephaine agreed and asked those writing the clinical standards to include the CAPTE standard 7D23b with specifics of prosthetics/orthotics.
- Ellen stated that she did get much assistance from Mary Oakley with revision of this course and the clinical reasoning was added but unaware of why. Stephanie explained that the clinical reasoning was added to PHTA 1140 and the Therapeutic agent courses based on discussions at the last IFCC.
- Stephanie asked the group if the clinical reasoning competency should be added to other courses as well. She stated that objectives such as “following the patient,” “advancing their plan of care,” “collecting data to reassess,” & “research literature” are learning outcomes that could be placed within the competency to encompass the whole course.
- The group agreed. Ellen stated that some form of evidence-based competencies should be within all the courses. Additionally, she noted that the objectives of the competency should be global, allowing programs flexibility.
- Stephanie agreed and stated that the competencies written by Mary Oakley could easily be integrated within the other courses such as skills, lab, rehab & therapeutic.
- Joy stated that including the evidence-based learning with the courses is a great idea because it aligns with CAPTE standards regarding reviewing professional literature and integrating appropriate evidence-based resources to support clinical decision-making.
- The group agreed.
- Joy asked the group their opinion on the time spent within the course. She asked if the course could be shortened to allow more time within the Rehab I course.
- Stephanie stated that they agree that the Rehab courses need more time, but they need to ensure that the program remains within its total credit hours. She stated that Sasha could work on the calculation to see how that can be done.
- Ellen stated that if objectives are removed to make this course shorter, the orthotics objectives should be removed. Additionally, make sure that the contact hours are sufficient for lab practice.
- Stephanie stated that the Procedure courses have 120 contact hrs and Rehab courses have 105 contact hrs and doesn't seem right based on the amount of material covered within the Rehab courses. She suggested swapping the course contact hours, although that will mean that the contact hours within the Procedure courses will be lessened, which may not be what Ellen is looking to do.

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- Ellen stated that she is okay with the suggestions of switching the hours for those classes or taking hours away from the Procedures courses and add them to the Rehab classes, but ensure that the lab hours remain the same.
- Tammy stated that both classes have the same number of lab hours, and the difference is within the lecture requirement. She stated that within Procedures, there are 30 lecture hours, and Rehab has 15 lecture hours, making it a 15hrs difference between the classes.
- Ellen stated that using 30 lecture hrs within the Rehab course and only 15 lecture hrs within the Procedure course will decrease from 120 total contact hrs to 105 contact hours. She stated that is reasonable, especially if removing the content for the orthotics component from 2130.
- Stephanie stated that this should be feasible.
- Sasha stated that she has taken notes on the hourly change and will make those changes within KMS.

*PHTA 2200: Physical Therapist Assistant Seminar*

- Presented by Tamey Howard-Feltner from Atlanta Technical College
- The audio of Tamey's overview of the revisions/updates was challenging to understand, and the following synopsis is based on her provided document.
  - All changes are based on data received from the national examination results of past students
  - Revised several learning outcomes
  - Removed outdated learning outcomes
  - Added learning outcomes
  - By the time students take this course, Stephanie stated that they would have already been registered and ready to go to take their exam. She asked how is Tamey's program implementing these objectives?
  - Tamey stated that the objectives work for them because their students are done in April and must qualify to sit for the exam.
  - Stephanie stated that the other programs do not follow that same protocol, and the revision will not work for everyone. She asked if there is a way that the wording of objectives within the course could be revised and not tied to something meaningful.
  - Ellen agreed and stated that certain objectives such as Exam Preparation don't belong within the course to meet everyone's needs and should be more specific to a program's syllabus if there is a need for it.
  - Stephanie agreed that since many programs offering this course at different times within the curriculum, some of the objectives should be revised and made more general or removed.
  - Mary stated that this courses' current standards worked well for her program because it had basic learning objectives, allowing the flexibility to add more if

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desired. She further stated that if the objectives doesn't have a direct relation to the requirements of CAPTE, then it should be left out of the state standards and left to the individual programs to add if desired. She stated that great objectivites were added but can be used on their syllabi instead of the KMS standards as a learning objective that are all required to meet.

- With the group's suggestions of being more cognitive that everyone is on different schedules and how these learning objectives could potentially impact the programs' flow, Tamey removed the NPTE & Jurisprudence Exam Preparation and the Licensure Preparation competency.
- Ellen asked if students are working on CVs or resumes.
- Stephanie stated that she only works on resumes with her students.
- Tamey stated that many of their clinicians had asked the students for CV, which is why she included it within the course.
- Mary agreed with the addition and stated that students will advance within the profession and be involved in the hiring process. Within those positions, CV reviews are much more common than a resume.
- Ellen asked if the students are creating a resume, making the objective have a cognitive domain.
- Tamey stated that a cognitive function is required to make the resume so it can remain or place under Psychomotor.
- Tamey stated that she would continue to make revisions and place them within the OneDrive once completed.

### **Conclusion/Action Items**

Sasha thanked the group for their participation and informative discussions. She stated the following next steps,

1. Sasha will send the group an example of the clinical courses of a program that repeats its learning outcomes but shows progression within some of the verbiage or learning levels/domains.
2. Sasha will organize the One Drive Folder
3. Mary Oakley & Mary Walker are taking over PHTA 1140
4. Joy Adams will take over PHTA 2170
5. Clinical Education Courses will be revised by the ACCEs and Tamey Feltner
6. Joy, Mary, Morgan & Carol will coordinate material and labs between the PHTA 2110 & 2120 and PHTA 2150 & 2160.
7. Sasha will send out an official calendar request for the next meeting date scheduled for February 12<sup>th</sup> from 9 am until 12 pm.
8. During the next meeting, the curriculum revisions will continue; additionally, discuss the impact of removing Medical Terminology as a requirement.
9. Sasha asked that the group revise the overall program standards.



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Sasha asked if there were any further questions, concerns, or other business to discuss. The group stated that everything was covered and thanked Sasha, Joy & Tamey for conducting the meeting.

Meeting adjourned at 12:03pm

Meeting notes submitted by Joy Adams

Minutes submitted by Sasha Kahiga