



Brian P. Kemp
Governor

Greg Dozier
Commissioner

Instructional Faculty Consortium Committee (IFCC)

Physical Therapist Assistant

Date: April 16th, 2021

Time: 9:00 am – 12:00 pm

Location: WebEx

Meeting Facilitator: Sasha Kahiga

Attendees

- 1) Sasha Kahiga- Curriculum Program Specialist, TCSG
- 2) Mary Walker- Program Director, Central GA Technical College
- 3) Ellen O'Keefe- Program Director, Athens Technical College
- 4) Caroline Angelo- VPAA/VPSA, Atlanta Technical College
- 5) Gina Barthelemy-Morton- Associate Dean, Chattahoochee Technical College
- 6) Aaron Freeman- Program Director, Chattahoochee Technical College
- 7) Joy Adams- Program Director, Lanier Technical College
- 8) Morgan Marcum- Clinical Coordinator, Chattahoochee Technical College
- 9) Saundra King- Academic Affairs Sr. Executive Director, TCSG
- 10) Tamey Howard-Feltner- Program Coordinator, Atlanta Technical College
- 11) Emil Norris- Director of Clinical Coordinator, Atlanta Technical College
- 12) Carol Donnelly- Clinical Coordinator, Lanier 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 provided a PowerPoint overview, explaining how to navigate the WebEx button options.

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 December 4th, 2020, IFCC meeting. Sasha asked the group to review the minutes and let her know if revisions were needed. The group stated no corrections were needed, and the minutes were accepted without further edits. Sasha called a motion for official acceptance of the minutes with no additional modifications. Joy Adams seconded the motion. Sasha stated and noted that the minutes have been 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 revision of the PHTA courses. The group stated to Sasha that they needed a little more time to get additional feedback on the courses and meet the needs discussed within the previous meetings. Sasha suggested that break-out sessions are created for the groups working together. Sasha asked each group to utilize the forum to work within their break-out sessions and provide a synopsis of their discussion & proposed revisions to the group during the last hour of the meeting.

The following break-out sessions were created, and each group provided a synopsis of their revisions and group discussion.

PHTA 2110 & PHTA 2120

Joy Adams: Lanier Technical College

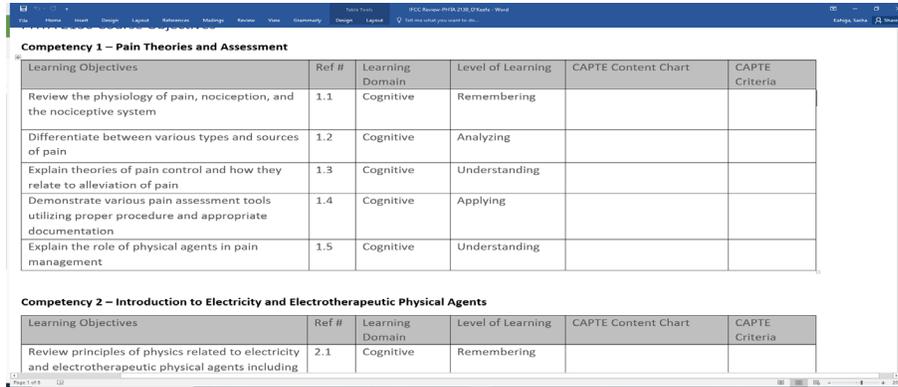
Mary Walker: Central GA Technical College

Ellen O'Keefe: Athens Technical College

- Discussed several national examination contents, such as special tests that are not captured within the CAPETA criteria, and suggested that they be added to the curriculum.
- Suggested that the IFCC adopt a general template to cross-check each program syllabi and utilize the template when adding missing content to the standard curriculum.
- Example of the general template was provided.

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Competency 1 – Pain Theories and Assessment					
Learning Objectives	Ref #	Learning Domain	Level of Learning	CAPTE Content Chart	CAPTE Criteria
Review the physiology of pain, nociception, and the nociceptive system	1.1	Cognitive	Remembering		
Differentiate between various types and sources of pain	1.2	Cognitive	Analyzing		
Explain theories of pain control and how they relate to alleviation of pain	1.3	Cognitive	Understanding		
Demonstrate various pain assessment tools utilizing proper procedure and appropriate documentation	1.4	Cognitive	Applying		
Explain the role of physical agents in pain management	1.5	Cognitive	Understanding		

Competency 2 – Introduction to Electricity and Electrotherapeutic Physical Agents					
Learning Objectives	Ref #	Learning Domain	Level of Learning	CAPTE Content Chart	CAPTE Criteria
Review principles of physics related to electricity and electrotherapeutic physical agents including	2.1	Cognitive	Remembering		

- Suggested moving the cardiopulmonary intervention content into PHTA 2120 to introduce the material to the students before their first clinical rotation.
- The group decided to utilize the course template and cross-check cardia rehab content to ensure if the cardiopulmonary content can remain or be moved.
- Joy (Lanier Tech), Mary (Central GA Tech) & Ellen (Athens Tech) noted that their steps are to continue reviewing both courses to ensure CAPETA standards are met.
- Additionally, they will add more content covered in the national examination but not listed as CAPETA criteria or within the state standards.

PHTA 2150 & PHTA 2160

Aaron Freeman: Chattahoochee Technical College

Tamey Howard-Feltner: Atlanta Technical College

- Moved all psychomotor learning outcomes within PHTA 2150 to PHTA 2160.
- Added a few missing CAPETA standards.
- Rephrase the language for amputation.
- Determining the proper language for understanding therapeutic management for pre-prosthetic & post-prosthetic.
- Added learning outcomes for pre-op & post-op functional limitations.
- Ensuring that the language is broad enough for individual programs to utilize but providing further explanation where needed.
- Moved Gait Deviation training and residual limb wrapping learning outcomes to PHTA 2160.
- Updated the language for pediatric disorders
- Aaron (Chattahoochee Tech) & Tamey (Atlanta Tech) stated that their next steps are to continue reviewing both courses to ensure CAPETA standards are met.
- Additionally, they would ensure that the Path & Reb courses are adequately aligned.

ALHS 1090: Medical Terminology

- A discussion surrounding the need for adding the ALHS 1090: Medical Terminology course as a required for completion of the PTA program.

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- Tamey (Atlanta Tech) stated that students who take the course as an elective before program admission are much more successful within the program. Additionally, Tamey (Atlanta Tech) noted that students who did not take the course prior to program admission find themselves struggling within the PTA courses and taking ALHS 1090 while taking their PTA courses.
- In response, Ellen (Athens Tech) stated that she agrees with Tamey but adding a course is not feasible for the program. However, providing students who have taken a Medical Terminology course with additional points towards their program admission application will benefit.
- Tamey (Atlanta Tech) agreed and stated that at their college, a Medical Terminology module was created by their college to help healthcare programs needing medical terminology material added within their Blackboard courses since ALHS 1090 is not a required course for completion of the program.
- Sasha agreed with Ellen and noted that adding the ALHS 1090 course will require justification and special SACS approval. Additionally, Sasha stated that based on her experience, the President's Council & State Board would most likely not approve additional credit hours added to the program. She further noted that utilizing a Medical Terminology module within the PTA courses is a better choice.
- Morgan (Chattahoochee Tech) provided the group with the following link, <https://www.merriam-webster.com/medical>. She has her students utilize this link when they have difficulty with Medical Terminology.
- The group thanked Morgan for the suggestion and agreed with Sasha's advice of not adding the ALHS 1090 course to the program requirements.

PHTA 2140, PHTA 2180 & PHTA 2190

Carol Donnelly: Lanier Technical College

Morgan Marcum: Chattahoochee Technical College

Emily Norris: Atlanta Technical College

- The primary goal for the clinical courses was to show the progression from each course to ensure that the students were improving their skills within every clinical rotation.
- The course description was updated to provide advancement within a percentage format to show progression. For example, it will state no more than 50% guidance by the CI before initiating those patient interventions.
- Additionally, the percentage goes down as the clinical courses progress. For example, Clinical Ed III will state less than 25% feedback. However, the red flag issues will require independent completion, and students will not receive assistance from the CI.
- Morgan (Chattahoochee Tech) asked the group if showing progression using percentages of assistance from CI is the best approach for revising the clinical courses.
- The group agreed.

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- Tamey (Atlanta Tech) asked the group if the outline they presented would be used for all three (3) clinical courses but would ensure that a demonstration of progression is present. She further asked if the specific language such as modality treatment & etc was removed.
- In response, Morgan (Chattahoochee Tech) stated that the specific language remained because they recognized that aspects such as Neuro content were not taught before Clinic 1. Therefore, having Neuro within the Clinic 1 course was not logical since the students were not exposed to the content. She further noted that they used the current objectives and wrote them in a fashion to where they showed progression.
- Joy (Lanier Tech) stated that adding a caveat that the standard is applicable to the clinical site alongside those treatment-specific standards such as reaching certain milestones may be needed. She noted that adding this language may be imperative because the students might not get all of the modalities and things in every clinical experience. Additionally, Joy stated that some students within the PHTA 2180 course might go to an outpatient facility while others may go into an inpatient facility, and both facilities are different.
- In response, Morgan (Chattahoochee Tech) stated that Joy's comments were good feedback, and adding the "if applicable" statement is feasible. However, utilizing a CI form that provides information on what students have been exposed to before each Clinic will be beneficial. Morgan asked the group their thoughts.
- Aaron (Chattahoochee Tech) stated that the "if applicable" statement does not need to be added to each standard; however, adding an overarching sentence somewhere with the standards should be sufficient. He further stated that an example of a sentence could be, *As applicable to their clinical setting, students will be able to demonstrate the following outcomes or is expected to demonstrate the following outcomes as applicable to their practical setting(s)...*
- Tamey (Atlanta Tech) stated that her concern about leaving those specific objectives within the standards requires that they assess the students at a particular competency. As an example, she noted that within PHTA 2140, there is a therapeutic massage standard that states, *Demonstrate the proper application & massage technique position of pressure rate and repetitions proper organization of massage through muscle groups. A variety of massage strokes and areas of the body are to be included in massage techniques.* Tamey further stated that although students may get exposure to this content or skill, they may not be able to demonstrate the competency for that skill.
- In response, Morgan (Chattahoochee Tech) stated that the criterion form should address those concerns since the CI is required to sign off if they believe that the student is competent in the skill and not just observe the student performing the skill. Morgan asked the group if, within the course description section, they should add verbiage "if applicable at the clinical site" or "to be experienced in 2180 or 2190, depending on clinical site", so that it is not added each standard.
- Sasha stated that they could add the statement to the course description to ensure the flexibility of the various clinical sites each student will be assigned to.

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- Morgan (Chattahoochee Tech) stated that they would add this verbiage to the course description of each clinical site.
- Carol (Lanier Tech) asked the group their thoughts on the percentages added to the clinical courses to show progression. Sasha asked the group to provide the percentages once more. Morgan (Chattahoochee Tech) stated that Clinical I said 75% assistance from the CI based on the levels outlined within CPI guide. Additionally, she noted that the percentages of assistance from the CI are for skills unless it is a critical skill, a red flag item. The Clinic I course is at 75% assistance from the CI, which is considered a beginner level. The Clinic II course is at 50% to 25% assistance from the CI, considered an intermediate level. Finally, the Clinic III course is less than 25% assistance from the CI, which is viewed as an entry-level for safety skills without help.
- The group agreed.
- Carol (Lanier Tech), Morgan (Chattahoochee Tech) & Emily (Atlanta Tech) stated that their next steps are to continue reviewing the clinical courses to ensure CAPETA standards are met.
- Additionally, they will add content that may be covered within the national examination not listed as CAPETA criteria; all while ensuring progression is shown from one Clinical course to the next.

Conclusion/Action Items

Sasha thanked the group for their hard work and stated that she had to jump on another WebEx meeting; however, they can continue to discuss the material and provide her with the details of their discussion at their next official IFCC meeting. Sasha noted that each break-out group still needed some modifications based on their discussions from today's meeting, and she suggested that they meet each Friday.

Sasha stated that she would create a reoccurring meeting link for each break-out group with an end date of May 14th. Afterward, their last official IFCC meeting will be held on Friday, May 21st, to discuss & finalize all of the program/course revisions. The group agreed. Sasha thanked the group once more and kept the meeting open for the IFCC to continue their discussion.

Meeting adjourned at 12:00pm

Meeting Notes submitted by Sasha Kahiga

Meeting Minutes submitted by Sasha Kahiga



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