

Commission on Accreditation in Physical Therapy Education

American Physical Therapy Association

SUMMARY OF ACTION

Physical Therapist Assistant Program

Hocking College

3301 Hocking Parkway

DVD 309

Nelsonville, OH

45764-9582

On October 29, 2024, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the Physical Therapist Assistant education program at Hocking College.

Status:	WARNING, ACCREDITATION
Action Taken:	Reaffirm Accreditation place on warning
Effective Date:	October 29, 2024
Information Used to Make Decisions:	Self-study Report Visit Report with Institution Response Comments from the Program Director Comments from the Team

Reason for Decision: The Commission's decision to reaffirm accreditation status [for a period of ten years] is based on the program's general compliance with the intent of the Standards and Required Elements and on the expectation that the program can and will, within the next two years, bring itself into compliance with the following elements noted in the Commission's Findings: **1B, 1C2, 1C5, 1C6, 2A, 2B3, 2B4, 2D, 4A, 4D, 4G, 4H, 4O, 6J3, 7B, 8A, and 8F**.

That compliance must be appropriately documented in a Compliance Report which will be used by the Commission to determine compliance with the elements noted in the Findings and to monitor compliance with all the required elements.

Next Activity: Compliance Report due February 1, 2025

NOTICES

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional materials, including the institution/program web site, where the program's accreditation status is disclosed.

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call [INSERT Direct Program Phone Number] or email [INSERT Direct Program Email Address].

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

CAPTE's recognition by the United States Department of Education requires a limitation of two years for programs to be out of compliance with a required element [34 CFR 602.20(a)(2)(iii)]. When, after review of a Compliance Report, the program remains out of compliance with any required element and sufficient progress toward compliance has not been demonstrated, CAPTE may act to place the program on probationary accreditation or withdraw accreditation. CAPTE will place the program on probationary accreditation when a program remains out of compliance for 18 months. If the program continues to be out of compliance with any required element at the end of the two year period following the initial finding that the program is out of compliance, CAPTE will withdraw accreditation unless CAPTE judges the program, for good cause, to be making significant efforts to come into compliance with the standards and required elements. CAPTE defines a good cause effort as:

- (a) a completed comprehensive assessment of the problem/issue under review,
- (b) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years,
- (c) a detailed timeline for completion of the plan,
- (d) evidence that the plan has been implemented according to the established timeline, and
- (e) evidence that the implemented plan is showing results that provide reasonable assurance the program will achieve compliance within the allotted time frame.

It is the program's responsibility to make the case that a good cause effort has been made and continues to be in effect. During the extension for good cause, probationary accreditation status will be maintained, and the program's progress will be monitored. In no case, however, will an extension for good cause be longer than two years.

PUBLIC NOTICE OF REASONS FOR DECISIONS

Pursuant to expectations of the Council for Higher Education Accreditation, CAPTE provides public notice of the reasons for its decisions to grant candidacy or grant or reaffirm accreditation. These notices are in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education. The front page of this Summary of Action will be used for this purpose.

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accreditation or pre-accreditation actions with respect to the institution or program [34 CFR 602.23(d) and 602.23(e)]. If the institution or program chooses to disclose any additional information, beyond the accreditation or pre-accreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Accreditation staff finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Accreditation staff will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

PUBLIC NOTICE OF DECISIONS BY CAPTE

Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Accreditation staff will, within 24 hours of the official notification of the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

RESPONSIBILITY TO REPORT CHANGE(S)

The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE's *Rules of Practice and Procedure* (<https://www.capteonline.org/globalassets/capte-docs/capte-rules-practice-procedure.pdf>). **It is the program's responsibility to be familiar with these expectations and to provide notification of program changes as required.**

Commission’s Findings and Reasons for Decision:

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with all of the Standards and Required Elements for Accreditation except those noted below.

The program was judged to be in NON-COMPLIANCE with the following required elements. Non-compliance means that the program has in place less than a substantial portion of the components necessary to meet all aspects of the elements.

1.) 1B The program has documented goals¹ that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.

Although the SSR and Program Review Report indicated the presence of many goals for students and one goal for graduates, the Commission noted that **all** goals are program goals, and no student, graduate, or faculty goals are present.

In the compliance report, provide goals for students, graduates, and faculty that are based on the program’s mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.

INSTITUTION COMMENTS:

2.) 1C The program meets required student achievement measures² and its mission and goals as demonstrated by actual program outcomes.

1C2 Ultimate licensure pass rates³ are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

The FSBPT Report provided to CAPTE indicates that the program has a two-year ultimate pass rate for 2022-2023 of 69.57%. The Fall 2024 Compliance Report indicated that two strategies for improving pass rates have been undertaken: establishment of a minimum passing exam score standard and implementation of a Scorebuilders review course. Other planned actions have been postponed pending hiring of a new program director. Currently, the program remains out of compliance with this element.

In the Compliance Report, provide evidence that the program’s ultimate pass rate is at least 85%, averaged over two years. If the program’s ultimate two-year pass rate remains below the required 85% minimum, provide evidence of:

- An appropriate plan for achieving compliance within a reasonable amount of time frame, not to exceed two years, and regardless of PD hiring.
- A detailed timeline for completion of the plan and assignment of who is responsible for implementing elements of the plan.
- Evidence that the plan has been implemented according to the established timeline, and

¹ **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist assistant education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

² **Graduate and student achievement measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

³ **Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation.

- Evidence that the plan is showing results that provide reasonable assurance the program will achieve compliance within the allotted time frame.

INSTITUTION COMMENTS:

3.) 1C5 The program graduates meet the expected outcomes as defined by the program.

The Commission noted that the Program Outcomes provided by the program are not tied to program goals, and in the aggregate, are not measurable. While the Commission acknowledges the submission of CAPTE required outcomes to support this element, those are not included in documented expected outcomes as defined by the program.

In the Compliance Report, provide evidence of expected outcomes as defined by the program for each program goal developed to meet Element 1B, as well as evidence of whether program graduates meet the expected outcomes as indicated by post-graduation data.

INSTITUTION COMMENTS:

4.) 1C6 The program meets expected outcomes related to its mission and goals.

The Commission noted that there is no evidence that the program has a framework in place that is inclusive of program goals, outcomes, and assessment of outcomes.

In the Compliance Report, provide evidence of expected outcomes as defined by the program for each program goal developed to meet Element 1B, as well as evidence of whether program graduates meet the expected outcomes as indicated by collected data. For each outcome, provide the expected level of achievement, describe the process the program uses to determine if the expectation has been met, and provide a summary of the data and analysis of the extent to which the program meets its expected outcomes related to its mission and goals.

INSTITUTION COMMENTS:

5.) 4D Each associated⁴ faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

The Commission reviewed all documents provided, as well as documents uploaded later and the Program Review Report. It appears that the program has two 0.5 associate faculty members, although they are inconsistently identified. Regardless, insufficient evidence was provided that each associated faculty who is responsible for 50% or more of any course has contemporary expertise in assigned teaching areas. No evidence was provided to support demonstrated effectiveness in teaching and student evaluation.

⁴ **Associated faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the program resides or in other units of the institution, but who have primary responsibilities in programs other than the PTA program. Guest lecturers are not to be considered part of core or associated faculty. CHANGED IN THE SOA TEMPLATE BUT NOT IN SRES

In the Compliance Report, provide evidence of each associated faculty member's contemporary expertise specific to **all** assigned teaching content in the PTA program, as well as effectiveness in teaching and student evaluation.

INSTITUTION COMMENTS:

Program Director⁵

6.) 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:

- **is a physical therapist or physical therapist assistant who holds an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction;**
- **a minimum of a master's degree;**
- **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 within any US jurisdiction;**
- **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 credits of coursework in educational foundations, or previous CAPTE granted exemption.**

The program does not have a qualified program director. Although the program has indicated that the Dean of Allied Health, Tomara Moyer, who is a nurse, is the interim Program Director. Ms. Moyer is not compliant with this element as she is not a physical therapist or physical therapist assistant.

In the Compliance Report, provide evidence that the program has hired a program director who meets the requirements of Element 4G.

INSTITUTION COMMENTS:

7.) 4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

The program does not have a qualified program director. Although the program has indicated that a nurse who also serves as a dean is the interim PD, she is not compliant with this element as she is not a physical therapist or physical therapist assistant.

In the Compliance Report, provide evidence that the program has hired a program director who meets the requirements of Element 4H.

INSTITUTION COMMENTS:

⁵ **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program's academic administrator: Chair, Director, Coordinator, etc.

- 8.) 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 program is currently without a qualified program director, does not employ two full-time core faculty members, and does not have one full time core faculty member who is a physical therapist who holds a license to practice in the jurisdiction where the program operates. Although the program has indicated that a nurse who also serves as a dean is the interim PD, she is not compliant with this element as she is not a physical therapist or physical therapist assistant.

In the Compliance Report, provide evidence that the collective core faculty is sufficient in number to allow each individual faculty member to meet the needs of the program as stated in Element 8A. Provide evidence that the program has two full-time faculty members, one of whom is a physical therapist licensed to practice in Ohio.

INSTITUTION COMMENTS:

The program was judged to be in CONDITIONAL COMPLIANCE with the following required elements. Conditional compliance means that the program has in place a substantial portion, but not all, of the components necessary to meet all aspects of the elements.

- 9.) 2A The program has documented and implemented on-going, formal, and comprehensive program assessment processes that are designed to determine program effectiveness and used to foster program improvement.**

Although the Commission acknowledges a documented program assessment process is presented in the Assessment Matrix, it is not apparent that data collected from assessment has resulted in changes, nor that the assessment process is currently on-going.

In the Compliance Report, provide evidence that the assessment processes planned for the program are ongoing and data collected is utilized to make appropriate changes within the program.

INSTITUTION COMMENTS:

- 10.) 2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:**

2B3 the collective core, associated and clinical education faculty meet program and curricular needs.

The Commission acknowledges that there is a plan, as communicated in the Compliance Report, to update the curriculum and to ensure that core, associated, and clinical education faculty meet program

and curricular needs once a new PD is hired. However, it is unclear how assessment of the current faculty's ability to meet the needs of the program has been done, and in what ways data related to the faculty has informed assessment of current licensure pass rates.

In the Compliance Report, provide evidence that the collective faculty's ability to meet program and curricular needs is being assessed, provide an analysis of data collected, conclusions drawn, and how, considering student achievement of outcomes falling below the CAPTE required expected levels, the program plans to assess and address deficits.

INSTITUTION COMMENTS:

11.) 2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

It is unclear whether assessment of program resources meeting the needs of the program has been done, and in what ways data related to the resources has informed current licensure pass rates.

In the Compliance Report, provide evidence that the program resources have been assessed and provide an analysis of data collected, conclusions drawn, and how, considering student achievement of outcomes falling below the CAPTE required expected levels, the program plans to assess and address deficits.

INSTITUTION COMMENTS:

12.) 2D The faculty is engaged in formal short- and long-term planning for the program which guides its future development. The planning process considers program assessment results, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.

The Commission acknowledges that the faculty was engaged in short- and long-term planning until 2022 as reported in the SSR and Program Review Report. However, currently there is no evidence of engagement in planning due to the retirement of the program director in 2023.

In the Compliance Report, provide evidence of faculty engagement in short- and long-term planning, considering changes in higher education, the health care environment, and the nature of contemporary practice. Provide a planning document that is inclusive of any changes planned for the next 3-5 years.

INSTITUTION COMMENTS:

Individual Academic Faculty⁶

⁶ **Academic faculty:** Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.

- 13.) 4A Each core faculty⁷ member, including the program director and clinical education coordinator, has contemporary expertise⁸ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content hold an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction.**

The Commission reviewed Mr. Hill's Faculty Detail Page, which indicates he graduated in 2015, as well as the SSR narrative and Program Review Report, which indicated he graduated in 2012. Regardless, it is unclear to the Commission how Mr. Hill's three (2012-2015) years of full-time clinical experience and CEUs related to orthopedic, balance, and dementia courses serve as evidence of contemporary expertise in assigned teaching areas, particularly for cardiopulmonary content.

In the Compliance Report, clarify Mr. Hill's graduation date and full-time clinical experience, and provide evidence of Mr. Hill's contemporary expertise specific to **all** assigned teaching content in the PTA program.

INSTITUTION COMMENTS:

Clinical Education Faculty⁹

- 14.) 4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.**

The Commission acknowledges the program's intent to create a spreadsheet for collecting and tracking clinical instructor qualifications, as indicated in the Program Review Report Institutional Response.

In the Compliance Report, provide evidence that collection and tracking of CI qualifications has been implemented.

⁷ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the academic coordinator of clinical education (ACCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or non-tenure track positions.

⁸ **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

⁹ **Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist assistant students must be a physical therapist or a physical therapist assistant; however this does not preclude a physical therapist assistant student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

INSTITUTION COMMENTS:

15.) 6J The curriculum plan includes clinical education experiences¹⁰ for each student that encompass, but are not limited to:

6J3 involvement in interprofessional practice¹¹

While the Commission acknowledges the program's report that all students present in-services during clinical education rotations as included in the Program Review Report Institutional Response, this is not evidence that the curriculum plan includes clinical education experiences that encompass involvement in interprofessional practice.

In the Compliance Report, provide evidence that interprofessional practice is included in the plan for clinical education. Explain how all of the 6Js are being ensured and monitored for by the program.

INSTITUTION COMMENTS:

16.) 7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine, and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.

The Commission is unable to determine where and how clinical sciences content areas are taught due to the lack of course objectives at the highest expected level for each content area.

In the Compliance Report, provide an updated 7B PTA Content Chart inclusive of 3-5 sample objectives at the highest level for each content area delineated in Element 7B.

INSTITUTION COMMENTS:

17.) 8F The clinical sites available to the program are sufficient to provide the quality, quantity, and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.

The Commission is unable to determine that the clinical sites available to the program are sufficient to provide the quality, quantity, and variety to prepare students for their role as PTAs.

In the Compliance Report, provide evidence that sufficient clinical sites are available to the program, and that they meet the requirements of Element 8F.

INSTITUTION COMMENTS:

¹⁰ **Clinical education experiences:** That aspect of the technical curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

¹¹ **Interprofessional practice:** "When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care" (WHO, 2010).

Important Advisory Notice:

If CAPTE determines that the program remains out of compliance after review of the next Compliance Report, the program will have been out of compliance for 18 months with a specific element. The Commission reminds the program of the two-year limit to come into compliance and advises the program to review the expected timelines outlined in the *Accreditation Handbook*, Sub-Part 8F, 8.26 (b) (2) and in the Notice entitled *Two Year Limitation On Being Out Of Compliance* included in this Summary of Action. **As stated in this Notice, CAPTE will place a program on probationary accreditation when a program remains out of compliance for 18 months.** This relates to the element(s) cited as being out of compliance in this Summary of Action: **1C2 and 4G.**