

PHYSICAL THERAPIST ASSISTANT PROGRAM
Advisory Committee Meeting Minutes
Date: January 28, 2014
Building: 30 Room: 122
Note Taker: Kelly LaCost

Meeting called to order: 6:00 p.m.

PRESENT

Members: Joan Globus, PT; Chair Rick Bocko, PT; Vice Chair Dennis Wilkerson, PTA; and Candace Taylor, PT, Heather Chavin, COO NAIOMT

Faculty/Staff: Christina Howard, MPT, Program Coordinator; Beth Thorpe, PTA; Kelly LaCost, Admin Support; Sheryl Berman, Division Dean

ABSENT

Members: Maggie Cooper, PT; Leslie Godfrey, PTA; Kirsten Camerer, PTA; Jill Andrews, PT; Donovan Riley PT; Camilla Fortune PT, Danielle Curran, PT; Heather Chavin.

WELCOME AND APPROVAL OF MINUTES: Approval of October 2013 Minutes, all approve.

INTRODUCTIONS: Round table introductions.

AGENDA ITEMS:

I. Committee Vice Chair Elections: (Chair, Rick Bocko)

It has been a year since Dennis Wilkerson was elected as vice chair so he is now beginning his appointed status as chair for the advisory committee. Rick asks if anyone would like to be vice chair as there is now an open seat. Please think about this and there will be a vote for vice chair at the next AC meeting in Spring 2014.

II. Rogue Community College Update: (Christina Howard)

1. All of the 10 RCC students have been retained. Susan is a great instructor and she has open lab every Tuesday. Students are well supported. Winter term is difficult and loaded. Managing stress will be taught as a job skill.

2. Rogue has expressed interest in continuing the program and has talked with Christina about how much it would cost if they were to continue. Christina told them that she estimated it would cost between \$75,000-77,000 to move another cohort through from start to finish. Christina has spoken with the dean of RCC and they have discussed resources of RCC through foundations and he is trying to gather community support and community funds so that the program can continue. Christina indicated that the final decision will also be based on the Lane budget outcomes expected by April 2014

III. Exam Outcome Analysis: (Christina Howard)

1. Christina passes out reports: Our first graduating class was “strong” on the National Exam scores, our second class was “below” but our third was “above”. The fixed state testing has changed. In 2011, the students were given five months of preparation time. In 2012 only three weeks of prep was offered and performance went down. This year there will be more prep. Mark Duyck did course correction to frontload exam prep to include four months of study, and exam scores improved greatly, there were even two perfect scores. In the report it shows Mt. Hood scored a little higher in first time rates and we are still well above average. Students who did not successfully pass their first attempt had been offered some form of academic remediation while in the program. Faculty will be advising students who have experienced some academic challenges to take additional time to prepare for their first attempt. At \$500 per exam it’s expensive and not covered by financial aid. There is a limit of five attempts per lifetime.

IV. Spring Continuing Education Courses (Christina Howard)

1. Bill Temes has agreed to provide a course for us. It will be from 6:30 pm to 8:30 pm, May 6th. It will be a lecture and a lab. NAIOMT will be covering his honorary fee.
2. On the topic of what to charge; Doc Talks are \$50 and \$35 if you are a member of the committee, maybe we should mirror that system.
3. We need to do all we can to promote Bill. PTA’s will be invited at a discount and so will graduate students. We might want to announce it in the new newsletter. Maybe we could use blackboard program to electronically transmit the talk to Table Rock. Or, we could just video tape it and show it the next night. We would have to check with Bill. We don’t want to overwhelm ourselves with the very first attempt at this. Christina offers to look into what’s available at LCC for media services. Christina will look into what the cost is as well. There is a big market in the rural area for this type of webinar or simulcast video.

V. Updating Curriculum Plan/ CAPTE New Evaluative Criteria (Christina Howard)

1. Christina would like to find about four people to read and review our curriculum plan. CAPTE has just revised the program criteria for all PTA programs. They created a draft of criteria and have taken steps to align language between PT and PTA programs; this is a huge positive for PTA education. The big shift is that they have gone away from a prescriptive approach and are moving towards more of a knowledge approach. Another shift is the need to show evidence that curriculum reflects contemporary PT practice both nationally and regionally and that you have some process where it is being reviewed. Part of that is asking the clinicians in our community review the curriculum and look at the graduate outcomes and provide feedback.

2. Christina then presents a 36 page document of the current curriculum and says she last reviewed it in 2011. A lot has changed since then and she is hoping that some people will independently read the plan and then discuss it as a group. Kirstin Carmichael is part of the “curriculum committee” she is a recent graduate of our program. We are open to people on and off the committee reviewing the plan. We ask that you encourage any clinicians who might be interested in helping to review our curriculum to contact us and we will get them a copy in whatever format they prefer. It might be an interesting professional development opportunity for a clinician. Some names that came up to review the curriculum were:

- Kirsten Carmichael
- Candace Taylor
- Jill Andrews
- Danica
- Danielle Curran
- Dennis says he will ask around as well.

Christina will send it out to the committee and feel free to offer it to anyone interested. An example of what the process looks like to improve our curriculum is recently Joan and Christina developed a tool to evaluate students’ critical thinking in a systematic way.³ Christina passes out another handout that outlines a new process for the students to more accurately assess their ability to “Apply Learning” as a

core learning outcome. In the past we were seeing that the students self-assessed themselves at "entry level" prior to entering the clinical environment as a student. We are currently trying to develop a better rubric that will improve this outcome. This is done in class; we asked the students to give us feedback about the self-assessment test. They commented that it was difficult for them to give themselves a low number because they felt like they "should be better than that". We are not scoring it we are just using it as a guide. Christina asks for feedback from the group:

- One idea is that it be given later in their education; maybe after clinicals.
- Another idea is to remove the number (grade) that is associated with the skill so that there is no bearing on what level this skill is associated with. Removing the self-judgment.

4. If we all work together as a committee to improve this program's curriculum in a calculative and systematic way then we will be assured we are putting a good product into the community.

VI. Southern Oregon Focus Group (Christina)

1. Christina is going to Southern Oregon University with Dennis and Candice and six other colleagues who have RSVP'ed to be part of a focus group. They will be discussing a two-to-one clinical model on placing a Pacific University PT student with a Lane PTA student with a single CI.

2. We have had communication with Pacific and they want to start small. We have already tested this model with a local CI who is writing up there experience and we are sending it to Rebecca at Pacific to review. There is a lot of evidence to support efficacy for the model. The purpose for going to Pacific is two-fold; one is to see if they would embrace being the target site for this project and the other is to increase visibility for clinical sites. George Fox has a program now and we need to be thinking about future clinical sites. There will be a dinner and discussion. Christina will just be asking questions and gathering feedback. Dennis will focus on conversation with them regarding how we can move forward with this partnership.

VII. The Clinical Coordinators Report (Beth Thorpe)

1. Beth says students went to clinical yesterday. She is going to try to utilize more technology this term to efficiently engage with CIs and students. Brian Wilkinson did some of Beth's normal site visits by phone while she was away on sabbatical and it worked well. Beth is now going to employ this type of visit with clinical sites as well as use "Skype" or "Face_Time"

2. Beth is exploring ability to utilize some of our technology for facilitating in-service education and clinical faculty professional development at larger, multi-site facilities. She talked with them about the idea of having a PTA student offer to set up Skype between the sites and so help the clinics regain their in-service communication with no loss of pay for staff. That will help us provide a service that will make us more valuable and visible.

3. Also service learning presentations are coming up and we can coordinate so that we meet after that.

Next meeting will be after the service learning projects. All are welcome to come to presentation, please encourage anyone who might be interested to attend.

Next Advisory Meeting:

April 16, 2014 7 to 8:30 pm 30/121

PTA Second Years' Service Learning Presentations:

April 16, 2014 4:30 to 6:30 pm 30/122