

PHYSICAL THERAPIST ASSISTANT PROGRAM
Advisory Committee Meeting Minutes
Date: February 10, 2015
Building: 30 Room: 121
Note Taker: Marleena Pearson

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

PRESENT

Members: Kelly Marlow, SPTA, 1st year Student Rep.; Marcus Janky, PTA, 2013 LCC Grad.; Heather Chavin, COO NAIOMT; Jessy Shrive, PTA; Danielle Curran PT, DPT, NCS

RCC by Conference: Vice Chair Dennis Wilkerson, PTA ; Candace Taylor, PTA; Christine Morris, RCC TACT Coordinator, Allied Health Services

Faculty/Staff: Christina Howard, MPT, Program Coordinator; Beth Thorpe, PTA; Sheryl Berman, Dean; Marleena Pearson, Admin Support

ABSENT

Members: Maggie Cooper, PT; Leslie Godfrey, PTA; Kirsten Camerer, PTA; Jill Andrews, PT; Camilla Fortune PT, Kristi LeBlanc, PTA, 2013LCC Grad; Erin Enright, PTA, 2011 LCC Grad.

WELCOME AND APPROVAL OF MINUTES: Approval of Fall 2014 Minutes, with corrections (DPT & NAOMPT)

INTRODUCTIONS: Round table introductions.

AGENDA ITEMS:

I. Program Updates/ Christina Howard

Fabulous group of students this year, 28 are in clinics between the two cohorts of Lane and Rogue. Some students have decided to delay their entrance to clinical for personal reasons. First year ever all twenty from the first year were retained throughout. The students got access to iPads earlier this year, and both cohorts are effectively using them for practical communication with peers and self-review.

Accreditation site visit is scheduled for April 26th & 27th, 2016. They will be here to review program documents and interview students, graduates, employers, and staff. They would really like to talk about everyone's experience with the program.

Working to create systemic geriatric competencies, standardizing the requirements after it was a substantial topic at the CSM two years ago. The addition of a second year course was approved January 2^{1st}, 2015, PTA 206 Physical Therapy and the Older Adult. We recently partnered with the YMCA, and Exercise and Movement Science students on a Senior Fitness Panel, including several very fit 65-80+ year olds. It was a very lively and appreciative group. We have a simulation tomorrow with the EMTs and we would like to do more to partner with other programs. There is a plan to work together with the Nursing Program to simulate situations and collaboration within patient care facilities.

For the next meeting, we would like to get admissions process feedback including how to balance the high demand of the program but not ignore potential life experiences, work experiences, as the current process is heavily reliant on prior college.

II. Clinical Updates/Beth Thorpe

With 28 in clinical we have doubled the students some locations are taking, and thank them for their support. We are concerned about next year and some sites that may experience clinical student fatigue. We were able to be more flexible for students, around some personal health issues by thanks to the new variable credits.

Background checks have been a topic this year, as some exceptions to traditional policies on background checks were made to allow students to participate, because they would be constantly supervised by an instructor, or creative placement is required to find sites that would accept them. Students are then able to participate in clinical at these locations even though they would not meet the hiring requirements.

III. CAPTE Guidelines/Christina Howard

They are revising the standard for PT and PTA clinical requirements. It has undergone three passes for feedback and they have been very receptive to our suggestions and potential red flags. This includes criteria on how to work with a PTA student, which is currently not called out in the curriculum. This will require set up of a syllabus, with outcomes and student engagement like normal. As of January, the new criteria will be in effect. We are hoping there will be some wiggle room as this will be the first pass with the new criteria for both the teams sent to review and the programs being reviewed.

Beth will be reviewing the criteria to further define students meeting requirements for entry level. With the variety of clinical placements, some students might seem like they are not meeting the entry level requirements for a new hire in that department, but in reality those are specialty departments (neurology) that are not truly entry level positions for PTAs. This will require some education for the clinical instructor to make sure that students are judged to their scope. Beth gave examples of how some clinics have an expected workload. The balance of those sites used to having someone see 8 patients a day, around 45 minutes each to those seeing 15 patients with a 3 minute overlap. Hopefully, new hires students are not expected to perform at that level. This will be reviewed and addressed with CAPTE to make sure the expectations are realistic. Beth can creating week progression samples and enhanced language to directly tie to review for CAPTE. Beth is also working on a skill check off list for demonstrated skills, to ensure we are setting up the student for success.

IV. Entrepreneurial Activities /Christina Howard

We have been hosting a series of guest speakers, raising \$3,300 through the 2 hours workshops. There has been a mixed balance of PTAs and PTs, including a discount for alumni when they contact Christina. Hosting theory for Foot/Arch May 16th & 17th, in exchange we are receiving complimentary registration some to attend. These events have been effective; we just need to continue to sustain them with more speakers.

V. PTA AC Commitment / Dennis Wilkerson & Christina Howard

We are all here because we have gotten something from or positively been influenced by the program. We have insight into the market needs and educational experience of students. We want to encourage engagement to those who may be silent with questions, they may not always have the time but it's important for them to communicate their insight. Sheryl said the advisory committee is crucial to the college, and she thanked everyone for their efforts. Christina added that the committee is vital to expanding the clinical opportunities to students and colleagues in the Medford area. We are receiving tremendous support from Rogue CC, but are simply unfamiliar with the local job market. Lane has had jobs created for our students because of the relationships established by our students. We need to look at how do we match students and alumni with mentors and provide additional knowledge sources. What would be the best process for creating mentor programs? We should reach out to those not ready to be a CI, by allowing them to start with the smaller commitment of being a mentor. The committee brainstormed ways of including students in meetings and trainings already happening in order to mentor students within the normal work day, including vendor trainings and demonstrations, invitations to journal meetings, meeting to discuss observations and cases over lunch.

Meeting adjourned at 8:04 pm

**Next Advisory Meeting:
Wednesday, April 15, 2015 6:30 pm 30/121**