On November 12, 2014, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapist education program at Florida Agricultural and Mechanical University.

**Status:** ACCREDITATION

**Action Taken:** Reaffirm Accreditation

**Effective Date:** November 12, 2014

**Information Used to Make Decisions:** Compliance Report received 9/12/2014

**Reason for Decision:** The Commission's decision to reaffirm accreditation status is based on the program's general compliance with the intent of the Evaluative Criteria and on the expectation that the program will, within the next two years, bring itself into compliance with the criteria noted in the Commission's Findings which are attached. That compliance must be appropriately documented in a Compliance Report which will be used by the Commission to determine compliance with the criteria noted in the Findings and to monitor compliance with all the criteria.

**Next Activity:** Compliance Report due March 1, 2015, related to issues identified on the following pages.

**Notices:** The program is advised to heed the following notices which are appended:

- TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE
- ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION
- REQUIRED STATEMENT OF ACCREDITATION STATUS
- PUBLIC NOTICE OF DECISIONS BY CAPTE
- PUBLIC NOTICE OF REASONS FOR DECISIONS
- RESPONSIBILITY TO REPORT CHANGE(S)
NOTICES

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 an evaluative criterion. [34 CFR 602.20(a)(2)(iii)] When, after review of a Compliance Report, the program remains out of compliance with any criterion and sufficient progress toward compliance has not been demonstrated, CAPTE may act to place the program on probationary 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 criterion 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 to be making a good faith effort to come into compliance with the evaluative criteria. CAPTE defines a “good faith effort” as 1) a completed comprehensive assessment of the problem/issue under review, 2) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years, 3) a detailed timeline for completion of the plan, 4) evidence that the plan has been implemented according to the established timeline, and 5) reasonable assurance that the program can and will achieve compliance as stated in the plan.

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

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION
The institution and program must make accurate public disclosure of the accreditation or preaccreditation 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 preaccreditation status, contents of reports of on-site reviews, and accreditation or preaccreditation 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 preaccreditation 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, 1111 North Fairfax Street, Alexandria, Virginia 22314; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Department of Accreditation 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 Department will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

REQUIRED STATEMENT OF ACCREDITATION STATUS
Once a program has been accredited, and for as long as it remains accredited, the program must use the following statement on all educational and promotional materials, including the institution/program website, where the program’s accreditation status is disclosed:

[Name of Program] at [Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.
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.

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 Department of Accreditation will, within 24 hours of notifying the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

PUBLIC NOTICE OF REASONS FOR DECISIONS
Effective November 2014, pursuant to expectations of the Council for Higher Education Accreditation, CAPTE will provide public notice of the reasons for its decisions to grant candidacy, or grant or reaffirm accreditation. These notices will be in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education.

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 (http://www.capteonline.org/AccreditationHandbook/). It is the program’s responsibility to be familiar with these expectations and to provide notification of program changes as required.
Commission’s Findings:

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with the intent of the following previously cited evaluative criteria: P-3, P-4, P-5, P-7, P-10, P-14, F-3, F-9, F-12, F-21, F-22, F-23, CC-39.d, and CC-5.55.

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

1. F-17. The ACCE/DCE determines if the clinical education faculty are meeting the needs of the program. This determination is based at a minimum on the assessment, in collaboration with the CCCE, of the clinical education provided by CIs who supervise the same student for at least 160 hours in a given academic year.

In the Compliance Report, the program has documented that it now has in place a plan and process for determining the collective developmental needs of clinical education faculty based on the assessment of CI effectiveness as educators. The program has determined that clinical education faculty professional development needs include obtaining CEUs and is in the process of determining how the program can meet this need. However, a determination if the CIs are meeting the program needs and what, if any, professional development is needed to support the clinical education program is still in the planning process. The Compliance Report indicates that a mailing to the clinical education faculty will be conducted in Spring 2015 to collect related data.

In the Compliance Report, describe the implementation of the process to determine if the clinical education faculty are meeting the needs of the program. Provide a summary of data collected. Provide examples of clinical education faculty development needs, if any, identified from the assessment process and the plan, with timelines, to address the identified needs.

INSTITUTION RESPONSE:

3. F-24. The clinical education faculty (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe practices.

Review of the Compliance Report, including the appended P-4: Revised Program Assessment Plan Matrix, states that the DCE, Dr. Dalal, initiated activities in the summer of 2014 that will continue into the spring of 2015 to obtain assessment data demonstrating the teaching effectiveness of the clinical education faculty. However, no summary data and analysis were provided. In the Compliance Report, provide a summary and analysis of assessment data obtained to date related to the teaching effectiveness of the clinical education faculty that also provides evidence that the program is following the actions and timelines described in its assessment plan.

INSTITUTION RESPONSE:

4. F-27. Associated faculty have contemporary expertise in assigned content areas and in
assigned teaching responsibilities, including effectiveness in teaching and student evaluation.

The Compliance Report indicated that associated faculty member, Dr. Sherif Gendy, is temporarily teaching PHT 5115 Gross Anatomy while a core faculty member is on medical leave. The report indicates that Dr. Gendy is a physician who has been teaching Anatomy and Physiology at Florida A&M University since January 2013. However, no other evidence is provided that addresses Dr. Gendy’s preparation to teach gross anatomy to doctoral level physical therapy students.

In the Compliance Report, provide evidence that the individual who is teaching Gross Anatomy has the foundational and contemporary knowledge and instructional expertise necessary to effectively teach this course.

INSTITUTION RESPONSE:

5. CP-4. There is ongoing and formal evaluation of the clinical education program.

Review of the Compliance Report indicates that the program has a plan and activities in place to formally and regularly evaluate the clinical education program. The program also provided in the Compliance Report an analysis of aspects of the clinical education program regarding the number and adequacy of clinical sites. However, the program did not provide as requested a summary of data collected that would have informed the analysis and related actions of additional site and contract acquisition. In the Compliance Report, provide a summary of clinical education program assessment data to date that would provide the basis for analysis and changes.

INSTITUTION RESPONSE:

6. CO-3. When averaged over 3 years, 80% or more of all graduates pass the licensure exam.

Review of the 3rd quarter licensure pass rate data provided by the Federation of State Boards of Physical Therapy on October 14, 2014 indicated that the program’s current three-year, ultimate pass rate for 2011-2013 is 77.59%, which is below the 90% threshold for compliance with this criterion. This was based on the following ultimate rate data:

2011: 84.62%; based on 13 graduates taking the exam
2012: 89.47%; based on 19 graduates taking the exam
2013: 65.38%; based on 26 graduates taking the exam

In the Compliance Report, provide the pass rate to date for each cohort graduating in 2011 through 2013; include (1) the total number of graduates who took the exam, (2) total number of graduates who passed the examination after all attempts, and (3) percentage of graduates who passed. Based on this data, provide the most current ultimate, three-year pass rate for the 2011-2013 cohorts. If this rate is below 80%, provide a comprehensive analysis of the profiles of successful and unsuccessful graduates on the NPTE including, but not limited to, summary assessment of: admissions criteria; performance in clinically-based course work; and feedback from clinical instructors. In addition, provide a summary assessment of the adequacy of curricular content and
facult y expertise related to areas of unsatisfactory performance on the NPTE and the teaching and evaluation of student performance skills of faculty.

If the ultimate three-year pass rate is below 80%, provide a description of the intervention strategies that have been developed that are consistent with the identified factors that may be contributing to these performance deficits, including timelines to implement and reassess to determine the effectiveness of the changes. Provide the timeline for when these changes are expected to impact the licensure pass rates and describe what is being done to assist current and recent graduate students to be successful in the NPTE exam.

INSTITUTION RESPONSE:

7. CO-4. Graduation rates and employment rates are consistent with the program mission, goals, and expected student outcomes.

Review of the Compliance Report indicates that the program has conducted an analysis of the factors that may negatively impact graduation rates and has described a plan to improve graduation rates to come into compliance with this criterion. However, the program remains out of compliance with this criterion because the current graduation rate for class years 2011, 2012, and 2013 is reported to be 72%. The Compliance Report reported that the retention rate for the first year class admitted in 2014 is currently 88%, but did not provide student retention data for the 2015 and 2016 graduating class years.

In the Compliance Report, provide an updated graduation rate for class years 2011-2013 and the initial graduation rate for the class of 2014, using the Graduation Rate Table found in the Self-study Report forms packet. If necessary, a copy of this form can be provided by the Accreditation Department. The Commission recognizes that the 2014 graduation rate might not be a final number since 150% time to complete the program has not yet occurred. In addition, provide the retention data for all current cohorts. Provide an analysis of how the student retention plan in place has improved current student retention to ensure that the program will come into and remain in compliance with this criterion.

INSTITUTION RESPONSE: