Office of Academic Program Assessment, Office of Academic Affairs
The 2012-2013 ANNUAL ASSESSMENT REPORT

All annual assessment reports should be submitted by the academic unit (College/Department/Program) to the College Dean for review and onward transmission to Academic Affairs. Reports are due in Academic Affairs no later than July 1 each year in electronic format.

Please directly answer the following questions and make sure the answers to each question are written in a way that is easy for the general public and for the students, faculty, staff, and administrators to understand and to use. To ensure that the various readers have enough information to evaluate all parts of the report -- the learning outcomes, the methods/data, the criteria/standards of performance, the interpretations, and the conclusions -- please make sure you provide explicit information including how you have selected your sample (e.g. students or their work) and how you have analyzed and interpreted the data. There is no specific length expectation, although conciseness should be the goal.

1. As a result of last year’s assessment effort, have you implemented any changes for your assessment including learning outcomes, assessment plan, assessment tools (methods, rubrics, curriculum map, or key assignment etc.), and/or the university baccalaureate learning goals?
The Department of Physical Therapy does not offer a baccalaureate degree so this question is not applicable to our Department.
   a. If so, what are those changes? How did you implement those changes? N/A
   b. How do you know if these changes have achieved the desired results? N/A
   c. If no, why not? N/A

2. As a result of last year’s assessment effort, have you implemented any other changes at the department, the college or the university, including advising, co-curriculum, budgeting and planning?
The Department of Physical Therapy did not make any changes as a result of last year’s assessment effort.
   a. If so, what are those changes? How did you implement those changes? N/A
   b. How do you know if these changes have achieved the desired results? N/A
   c. If no, why not?
There were no findings that suggested a need for changes at the department, college, or university levels concerning advising, co-curriculum, budgeting and planning.

3. What PROGRAM (not course) learning outcome(s) have you assessed this academic year?
This year the learning outcomes we have measured include:
   i. Graduates’ self-assessment as to whether they have achieved program educational goals and objectives at time of graduation and 6 months following graduation.
   ii. Graduates’ pass rate of the National Physical Therapy Examination averaged over the last three years.
   iii. Graduates’ aggregate performance on criteria in the Clinical Performance Instrument (CPI).
   iv. Evaluation of graduates’ portfolios

4. What method(s)/measure(s) have you used to collect the data?
   i. Our most recent graduates were surveyed at graduation and 6-months following graduation to determine if, by self-assessment, they achieved program educational goals and objectives.
ii. Graduates' ultimate pass rates of the National Physical Therapy Examination averaged over the last three years were determined by information downloaded from the Federation for Physical Therapy Examinations, the organization that administers the licensure examination.

iii. The Department’s Director of Clinical Education (DCE) compiled the ratings and comments provided by clinical instructors on the CPI, the grading tool utilized by clinical instructors to rate students’ performance during clinical internships. The online CPI instrument produces reports on aggregate data for each clinical course.

iv. Students add materials representative of their growth and professional physical therapists over the 2.5 year duration of the physical therapy program. Graduates’ portfolios were evaluated by the Department’s Community Advisory Committee during our annual meeting.

5. What are the criteria and/or standards of performance for the program learning outcome?
   i. For graduates’ self-assessment as to whether they have achieved program educational goals and objectives, graduates rate each goal and objective on a zero to five scale (1=Excellent; 2=Good; 3=Fair; 4=Poor; 5=Very Poor). Each goal and objective that has an aggregate score of less than or equal to a 3.0 rating indicating graduates thought their preparation was only Fair or less than Fair would have been examined by the Curriculum Committee. The Committee determines in which courses the materials related to that topic are taught and, after analyzing the course curriculum, make recommendations to faculty as to whether or not a greater emphasis or alteration in teaching approach should be placed on the area.
   ii. Graduates’ pass rate of the National Physical Therapy Licensure Examination averaged over the last three years should be greater than 80%. If this threshold is not met, or a downward trend in the score is noted over time, curricular assessment in the areas for which low licensure scores are being achieved will be conducted by the faculty through the Curriculum Committee and the Program Council.
   iii. Graduates’ performance on criteria in the CPI requires that students attain at least threshold competency levels for 15 of the 18 performance criteria. Threshold expectations increase with each clinical course: For PT400A ratings at or above “Intermediate Performance” is required; for PT400B ratings at or above “Advanced Intermediate” is required; for PT400C ratings of “Entry Level” is required. Achievement of these minimal threshold ratings is required in order to pass the course. The percentage of students passing the courses is reported by the DCE.
   iv. Evaluation of at least 30% of graduates’ randomly chosen portfolios is performed. A grading rubric addressing a specified area of the portfolio is used to assess a program objective. This year graduates’ neurologic evaluations of patients attending our community “mock” clinic was evaluated. Presence or absence of the components of a neurologic evaluation was assessed and aggregate findings computed. Any findings of consistent absence of components of a neurologic evaluation were reported to the Curriculum Committee and instructors of the courses in which neurologic evaluations are taught. Discussions on how to address findings of concern are held with the Curriculum Committee and the course instructors.

6. What data have you collected? What are the results and findings, including the percentage of students who meet each standard?
   a. In what areas are students doing well and achieving the expectations?
      i. For graduates’ self-assessment as to whether they have achieved program educational goals and objectives data at time of graduation and 6-months following graduation were collected. All areas assessing educational goals and objectives were rated higher than a 3.0 by our graduates.
      ii. Graduates’ pass rate of the National Physical Therapy Examination averaged over the last three years was found to be 97%, well above the 80% minimum defined by the Commission on the Accreditation of Physical Therapy education and consistent with our Program’s past pass rate percentages.
iii. Graduates’ performance on criteria in the CPI for each clinical course is tracked by the DCE. The percentage of performance criteria met or exceeded by students in PT400A, PT400B and PT400C was 100%, 93%, and 98% respectively. For these courses, 96% of students met required course competency levels on the first attempt, with 100% success in repeat clinical courses.

iv. Evaluation of assessing this year’s graduates’ neurologic evaluations of patients attending our community “mock” clinic reveal students were meeting the expectations of appropriate examination, evaluation, goal setting, and creating a plan of care for patients with neurologic problems.

b. In what areas do students need improvement?

i. Graduates’ self-assessment as to whether they have achieved program educational goals and objectives, the lowest areas of ratings, while still above the 3.0 threshold, was found to be in the areas of diagnosing and determining areas of needs in patients with musculoskeletal problems and determining a plan of care for individuals with genitourinary and psychological problems.

ii. Graduates’ pass rate of the Physical Therapy Licensure Examination averaged over the last three years could improve to 100% and it is our goal to be as near to this number as possible.

iii. Graduates’ performance on criteria in the CPI and comments by clinical instructors as summarized by the DCE suggest that musculoskeletal clinical reasoning skills lag behind other clinical practice areas; a finding consistent with graduates’ self-assessments.

iv. Inclusion of “Participation” limitations in the examination, plan of care and interventions was lacking in up to 78% of graduates’ evaluations reviewed. Participation limitations are limitations in aspects of an individual’s social, recreational, vocational, or avocational life situations. These limitations are caused by functional limitation, and functional limitations are caused by body structure limitations. Our graduates were very effective in evaluating functional and body structure limitations, but they did not consistently address the participation limitation of their patients.

7. As a result of this year’s assessment effort, do you anticipate or propose any changes for your program (e.g. structures, content, or learning outcomes)?

a. If so, what changes do you anticipate? How do you plan to implement those changes?

• Overall, findings were positive (<3.0) in the graduate surveys at graduation and 6 months post-graduation so no major changes in program content/curriculum will be undertaken. The teaching approach in the musculoskeletal course emphasizing patient problem solving was addressed by informing the instructors of the musculoskeletal course of this finding. Additionally, a new instructor with advanced training and experience teaching orthopedic physical therapy from a problem solving perspective was assigned to co-teach the musculoskeletal course. It is now a goal of the instructors of the musculoskeletal courses to emphasize the problem solving aspects of musculoskeletal evaluation and treatment.

• The development of treatment plans for genitourinary problems is a specialty area in physical therapy. Students will continue to be exposed to this specialty care area through guest speakers and given guidance on how to improve their skills following graduation through post-graduate specialty courses. The Curriculum Committee will discuss this issue to determine if any additional emphasis should be placed on this topic.

• The Curriculum Committee will take up the issue of improving addressing psychological problems in patients’ plan of care and bring the discussion to the Program Council for discussion.

• The Curriculum Committee will take up the issue of improving addressing “Participation limitations in the examination, plan of care and interventions for patients with neurologic conditions in consultation with the instructors of the courses in which neurologic physical therapy is taught.
b. How do you know if these changes will achieve the desired results?
   - We expect the improvements in musculoskeletal problem solving to be reflected in our graduates’ self-assessment surveys and student performance as reflected on the CPI.
   - We expect improvement in addressing patients’ psychological problems in patients’ plans of care to be reflected in our graduates’ self-assessment surveys.
   - We do not expect improvement in addressing development of treatment plans for genitourinary problems to occur.
   - We expect improvements in graduates consistently addressing “participation” issues in their patient evaluations to be reflected in their neurologic patient evaluations included in their portfolios.

8. Which program learning outcome(s) do you plan to assess next year? How?
Next year we expect to assess the same program learning outcome measures we assessed this year. We will assess these outcome measures in the same way we assessed them this year.