2008 ASSESSMENT NARRATIVE SUBMISSION—Department of Physical Therapy
Submitted by: Susan M. McGinty, PT, EdD, Director
mcgintys@csus.edu

Option 1: Narrative Submission:

1. **What goals or learning objectives/outcomes were assessed in AYs 2007-2008?**

We assess all 4 of our major learning objectives/outcomes every year according to the assessment plan established in addition to assessing our mission, philosophy, goals, curriculum plan, students (admission requirements, progress, successful retention, success on the national licensure examination, outcomes), faculty, and clinical faculty. We established our assessment plan with the development and accreditation of our Master’s curriculum in compliance with our accrediting requirements from the Commission on Accreditation in Physical Therapy Education. ([Attachment “A”](#))

2. **How did you assess these learning outcomes?**
   
   a. **Describe the measures you used and the information gathered?**
   
   (Description, date administered, results)

Multiple methods were used to assess all of the outcomes including:

1. Portfolio review (our culminating project for our students is a portfolio and these are reviewed and evaluated by our Community Advisory Committee every year to determine whether or not students’ work included in the portfolios demonstrate the program learning objectives. The particular category of Professional Competence we addressed with the Portfolio review this year was performance criteria #I b: Evaluation of an individual with a musculoskeletal disorder from a case study or actual patient contact per prescribed format. (PT 225; PT 245; PT 260; PT 300; PT 400). This particular item was chosen because 3 years ago the Advisory Committee indicated that they thought the format for the evaluation was lacking specificity and unanimity with respect to PT standards. Some curricular modifications were implemented by faculty teaching in the PT 225 & 245 courses (the primary musculoskeletal courses in our program) to address these concerns. The group of students graduating this past December was the first to go through the program with the changed course emphasis. Written grading rubrics completed by the Community Advisory Committee demonstrated that our graduates continue to struggle with meeting community standards in this critical area. The Curriculum Committee will meet and determine a course of action to address the ongoing deficits in this area. This area will need to be reevaluated in 3 years when whatever remediation is implemented and given time to take effect. ([Attachment “B”](#))
2. Graduate and alumni surveys that assess graduates and alumni perceptions of the preparation to practice they receive in the curriculum. Graduate surveys are completed the week prior to graduation in December each year and alumni surveys are completed ~6 months after graduation each summer. Graduate and alumni surveys reveal uniform agreement with statements of good to excellent preparation across all clinical areas except for two. In the two, integumentary and pelvic floor dysfunction, graduates reported adequate preparation for entry-level practice. Faculty agreed that the level of preparation in these areas although not optimal, is sufficient for entry-level practice. High levels of competency in these areas require specialization which is beyond the mission of our generalist practitioner. (Attachment “C”)

3. Clinical competencies were assessed through the Clinical Performance Instrument (CPI) completed by all clinical faculty after supervising students in clinical rotations (30 weeks of full-time internships—4 different rotations with 4 different clinical supervisors) that establish performance benchmarks of all of our graduates across multiple measures (24 criteria). Our graduates exceed entry-level competencies across the board. (Attachment “D”)

4. National licensure examination results from our graduates. Our graduate’s first-time pass rate this past year was 94%—exceeding the state and national averages which are ~88%. Our 3-year overall pass rate is 100%.

b. As a result of these assessments what did you learn about the program’s success in helping its students achieve these learning outcomes?

The multiple measures used revealed success on almost all levels. The graduate surveys demonstrated strong agreement with good to excellent preparation in all critical areas of clinical competence. The portfolios are serving as good vehicles for assessing clinical competencies of our graduates as perceived by our Community Advisory Committee. The Portfolio is proving to be a useful measure of student outcomes that provides us with valuable information that informs curricular decisions. The CPIs demonstrate our students are exceeding entry-level competencies on their clinical and professional skills across the board. Student success with the national licensure examination continues to exceed state and national averages. Our 3-year pass rate for the examination is 100%.

c. In what areas are students doing well and achieving expectations?

Students are doing well and achieving across all of our assessments with the exception identified above.

d. What areas are seen as needing improvement within your program?
The one area identified this year in our review process is the need for continued refinement of our student’s evaluations of patients/clients with musculoskeletal dysfunction. It was identified only in the portfolios and all other measures of this skill was fine (Clinical Performance Instrument and self-reported level of competency by graduates). The Curriculum Committee will reexamine this criteria and the feedback from the Community Advisory Committee at their first meeting in fall 2008.

3. **As a result of faculty reflection on these results, are there any program changes anticipated?**

There may be additional measures taken to address perceptions of deficiencies in the musculoskeletal assessment skills of our students. This decision will be made by the Curriculum Committee and faculty who teach in that specific area of the curriculum in the fall semester.

4. **Did your department engage in any other assessment activities such as the development of rubrics, course alignment?**

Every fall we must file an Annual Report with the Commission on Accreditation in Physical Therapy Education to reassure the Commission of our continued compliance with all accreditation criteria. We have been reviewing curricular content in the fall semester due to the rigor and intensity of that first fall semester in the curriculum as reported by students. We have had 2-4 students on academic probation at the end of each fall semester the last two years. We continue to try to see whether or not we can address the impact of the heavy course load in the first fall semester by adding a semester to the curriculum. That option has both financial implications for students and faculty workload issues associated with it so will be examined more thoroughly this fall.

5. **What assessment activities are planned for the upcoming academic year?**

We will continue to follow our assessment plan. We will continue to track student performance, especially in the first fall semester of the curriculum to see whether or not we need to rearrange the curriculum to lighten the semester. We have put in place some student tutoring to be available to assist students early in the semester, if needed. Any student receiving a “C” grade on an early test in a course will be advised of the availability of tutoring and the student’s advisor will be notified by the course instructor.
Educational Goals and Related Objectives (Attachment “A”)

The Graduates of the CSUS Department of Physical Therapy will be prepared to attain the following goals:

**Goal 1.0: Demonstrate Professional Competence**

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impairments.
   1.1.1 Discuss the etiology and clinical features of major disorders.
   1.1.2 Describe how pathological processes affect normal function.
   1.1.3 Discuss common medical/surgical treatments for major disorders.
   1.1.4 Analyze the effects of pharmacological agents on human function.

1.2 Determine the physical therapy needs of any individual seeking services.
   1.2.1 Perform an effective and efficient physical therapy screen.
   1.2.2 Carry out appropriate examinations in a safe and client-centered manner.
   1.2.3 Evaluate and interpret the results of examinations to arrive at a physical therapy diagnosis.
   1.2.4 Make a referral to another health care practitioner or agency when physical therapy is not indicated or the patient/client’s needs are beyond the expertise and training of the physical therapist practitioner.
   1.2.5 Determine the need for additional information and utilize technological search mechanisms to find that information.

1.3 Develop a plan of care that considers the person’s individual needs and goals, the pathophysiology involved, the biological mechanisms of human function, the environment where care is being rendered, accurate interpretation of the results of examinations, careful analysis of all gathered data, and resource constraints.
   1.3.1 Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, pathophysiology, and biological mechanisms within the constraints of the environment and resources.
   1.3.2 Determine the patient/client’s prognosis or the expected level of optimal improvement with implementation of the care plan.
   1.3.3 Select appropriate physical therapy interventions that consider the patient/client’s needs and goals.
   1.3.4 Determine the amount of time required to achieve optimal function with the implementation of the care plan.
   1.3.5 Modify the patient/client environment (with the permission of the patient/client) to facilitate effective therapeutic interventions.
   1.3.6 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.

1.4 Implement the physical therapy plan of care designed to restore and/or maintain optimal function consistent with current practice guidelines in
The Guide to Physical Therapist Practice, applying selected therapeutic interventions that demonstrate safe, effective, and efficient psychomotor skills in the performance of physical therapy procedures and techniques.

1.4.1 Apply the most efficient and effective therapeutic interventions utilizing appropriate physical therapy procedures and techniques to produce changes in the patient/client’s condition consistent with the diagnosis and prognosis.

1.4.2 Modify or redirect selected therapeutic interventions in light of reexaminations and/or patient/client’s response to interventions.

1.4.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

1.4.4 Assess patient/client progress towards goals/projected outcomes.

1.4.5 Coordinate patient/client care with other health care providers.

1.5 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate therapeutic interventions and interdisciplinary interactions and cooperation.

1.5.1 Determine the appropriate documentation for the recording of patient/client information consistent with the fiscal intermediary and the treatment setting.

1.5.2 Demonstrate thorough, yet concise, documentation that meets the requirements of professional documentation.

1.5.3 Communicate efficiently and effectively with other health care providers involved in the patient/client’s care.

1.6 Determine the appropriate discharge and follow-up plan for patients/clients.

1.6.1 Determine when further physical therapy intervention is no longer beneficial.

1.6.2 Determine when a patient/client is unable to continue to progress toward goals with further physical therapy intervention.

1.6.3 Determine when a patient/client has reached optimal goals with physical therapy interventions.

1.7 Provide rationales (evidence base) for all decisions made in patient/client care.

1.7.1 Access and evaluate information via contemporary technology to determine value and application to the specific presenting problem.

1.8 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

1.9 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups.

1.9.1 Promote health behaviors through education and modeling.
1.9.2 Apply basic educational concepts of teaching to the practice of physical therapy.

1.10 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for patient/client management and organizational operations.
1.10.1 Demonstrate the ability to use a variety of management software related to the business of physical therapy.

Goal 2.0: Demonstrate Professional Behaviors

2.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

2.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.
2.1.2 Work effectively with challenging patients.
2.1.3 Respect personal space of patients/clients and others.
2.1.4 Demonstrate behaviors that are non-judgmental about patients/clients’ lifestyles.
2.1.5 Respect roles of support staff and delegate appropriately.

2.2 Communicate effectively for varied audiences and purposes.

2.2.1 Demonstrate effective verbal and nonverbal communication skills considering the diversity of populations and environments.
2.2.2 Demonstrate facilitative therapeutic communication and interpersonal skills.
2.2.3 Discuss difficult issues with sensitivity and objectivity
2.2.4 Utilize communication technology efficiently and effectively, when appropriate.
2.2.5 Respect roles of support staff and delegate appropriately.
2.2.6 Communicate effectively for varied audiences and purposes.
2.2.7 Demonstrate effective verbal and nonverbal communication skills considering the diversity of populations and environments.
2.2.8 Demonstrate facilitative therapeutic communication and interpersonal skills.
2.2.9 Discuss difficult issues with sensitivity and objectivity
2.2.10 Utilize communication technology efficiently and effectively, when appropriate.

2.3 Participate in professional activities that serve the community and advance the profession of physical therapy

2.3.1 Participate in community service activities.
2.3.2 Participate in professional association activities.
2.3.3 Recognize roles as members and leaders of the health care team.
2.3.4 Promote and participate in clinical education.

2.4 Recognize the need for personal and professional growth through self-assessment, self-correction, and self-direction, and exhibit a commitment to lifelong learning.

2.4.1 Welcome and seek new learning opportunities.
2.4.2 Assume responsibility for own learning.
2.4.3 Accept responsibility and demonstrate accountability for professional decisions.
2.4.4 Recognize own biases and suspend judgments based on biases.
2.4.5 Demonstrate honesty, compassion, and courage in all interactions.
2.4.6 Demonstrate professional responsibility in all interactions.
2.4.7 Demonstrate dependability.
2.4.8 Demonstrate punctuality.
2.4.9 Follow through on commitments.
2.4.10 Recognize own limits.
2.4.11 Accept constructive criticism without defensiveness.
2.4.12 Demonstrate initiative.
2.4.13 Project a professional image appropriate to the setting.

**Goal 3.0:** Practice in an Ethical and Legal Manner

3.1 Practice physical therapy in a safe, legal, ethical and professional manner.
3.2 Abide by the APTA Code of Ethics
   3.2.1 Demonstrate knowledge of and apply ethical decision-making.
   3.2.2 Treat patients/clients within scope of practice, expertise and experience.
   3.2.3 Seek informed consent from patients/clients.
3.3 Adhere to all applicable state and federal laws.
   3.3.1 Demonstrate awareness of state licensure regulations.
   3.3.2 Practice within all applicable state and federal laws and regulations.
   3.3.3 Demonstrate the ability to search and find information about laws and regulations effecting physical therapy practice from state and federal electronic sources.

**Goal 4.0:** Demonstrate Scholarship

4.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.
   4.1.1 Question conventional wisdom without evidence.
   4.1.2 Formulate and reevaluate positions based on available evidence.
   4.1.3 Evaluate the efficacy and efficiency of physical therapy therapeutic interventions.
   4.1.4 Read, critique, and interpret professional literature.
   4.1.5 Utilize contemporary technology to access evidence.
4.2 Contribute to the body of knowledge of physical therapy.
   4.2.1 Participate in, plan, and/or conduct clinical, basic, or applied research.
   4.2.2 Disseminate the results of research.
### Goal 1: Demonstrate Professional Competence

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<thead>
<tr>
<th>Requirement</th>
<th>DEMONSTRATED</th>
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<tbody>
<tr>
<td>a. Evaluation of an individual with a musculoskeletal disorder from a case study or an actual patient contact.</td>
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<td>1.2. Determine the physical therapy needs of an individual with a musculoskeletal disorder seeking services</td>
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<td>1.2.3. Evaluate and interpret the results of examinations to arrive at a physical therapy diagnosis</td>
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<td>1.3. Develop a plan of care that considers the person’s individual needs and goals, the pathophysiology involved, the biological mechanisms of human function, the environment where care is being rendered, accurate interpretation of the results of examinations, careful analysis of all gathered data, and resource constraints.</td>
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<td>1.3.1. Prioritize patient/client problems taking into consideration the patient/client’s needs and goals, pathophysiology, and biological mechanisms within the constraints of the environment and resources.</td>
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<td>1.3.2. Determine the patient/client’s prognosis or the expected level of optimal improvement with implementation of the care plan.</td>
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<td><strong>1.7.</strong> Provide rationales (evidence base) for all decisions made in patient/client care.</td>
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<td><strong>b. Evaluation of an individual with a neurological disorder from a case study or actual patient contact.</strong></td>
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<td><strong>c. Two completed Clinical Performance Instruments at the end of the student’s final clinical education experience—one by the Clinical Instructor and one a self-assessment by the student.</strong></td>
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<td>Completed CPI from CI</td>
<td>Completed CPI from student</td>
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<td><strong>d. Reflection piece on portfolio process—why did student select certain items for inclusion</strong></td>
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<td></td>
<td>Demonstrates insight into value of portfolio and future application</td>
<td>Demonstrates some insight into own work and value of portfolio</td>
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<td>Goal 2: Demonstrate Professional Behaviors</td>
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<td>a.  Teaching presentation using PowerPoint</td>
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<td>2.2. Communicate effectively for varied audiences and purposes.</td>
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<td>2.2.4. Utilize communication technology efficiently and effectively, when appropriate.</td>
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<td>b.  Values clarification exercise</td>
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<td>2.4. Recognize the need for personal and professional growth through self-assessment, self-correction, and self-direction, and exhibit a commitment to lifelong learning.</td>
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<td>2.4.4. Recognize own biases and suspend judgments based on biases.</td>
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<td>Goal 4: Demonstrate Scholarship</td>
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<tr>
<td><strong>a.</strong> Written report of collaborative research with faculty per prescribed format from PT 222 (Abstract and Reflection).</td>
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<td><strong>4.2.</strong> Contribute to the body of knowledge of physical therapy</td>
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<td><strong>4.2.1.</strong> Participate in, plan, and/or conduct clinical, basic, or applied research.</td>
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<td><strong>b.</strong> An example of a critical review of the literature of any required article critique.</td>
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<td><strong>4.1.4.</strong> Read, critique, and interpret professional literature.</td>
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<td>Goal 3: Practice in an Ethical and Legal Manner</td>
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<td>a. Written response to a case study utilizing ethical decision-making in physical therapy per prescribed format.</td>
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<td>3.2. Abide by the APTA Code of Ethics</td>
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<td>3.2.1. Demonstrate knowledge of and apply ethical decision-making</td>
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Survey Key: ZS69586  (Attachment “C”)  
This is a validated survey.  
The number of people who took this survey by 2/1/2008 11:18:19 AM is: 31

Alumni Survey 2007

<table>
<thead>
<tr>
<th>Please rate the following areas regarding the Department of Physical Therapy (PT) at CSUS using the scale below. For each item, click on the button that represents your response. If an item below doesn't apply to your field, or if you feel you cannot respond, click on the &quot;x&quot; bubble for no opinion or not applicable.</th>
<th>1- Excellent</th>
<th>2-Good</th>
<th>3-Fair</th>
<th>4-Poor</th>
<th>5-Very Poor</th>
<th>X-No Opinion/NA</th>
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<tbody>
<tr>
<td>1. Mutual respect demonstrated between majors and professors in the PT department is</td>
<td>☑️</td>
<td>☐️</td>
<td>☑️</td>
<td>☐️</td>
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<td>2. I would advise a friend who wants to be a physical therapist that the PT program at CSUS is</td>
<td>☑️</td>
<td>☐️</td>
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<td>3. The quality of support and clerical staff in the PT program at CSUS is</td>
<td>☑️</td>
<td>☐️</td>
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<td>4. The contribution of clinical affiliation experiences to your academic development was</td>
<td>☑️</td>
<td>☐️</td>
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<td>5. Overall, how would you rate your experience in the Physical Therapy program in preparing you to be a Physical Therapist?</td>
<td>☑️</td>
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</table>
Please rate your level of preparation to perform the following based on your experience in the Physical Therapy program using the scale provided. For each item, click on the button that represents your response.

<table>
<thead>
<tr>
<th></th>
<th>1-Excellent</th>
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<th>3-Fair</th>
<th>4-Poor</th>
<th>5-Very Poor</th>
<th>X-No Opinion/NA</th>
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<tbody>
<tr>
<td>6. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Cardiovascular System.</td>
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<td>[18]</td>
<td>[1]</td>
<td>[0]</td>
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<tr>
<td>7. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Integumentary System.</td>
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<td>[15]</td>
<td>[5]</td>
<td>[0]</td>
<td>[0]</td>
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<tr>
<td>8. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Musculoskeletal System.</td>
<td>[9]</td>
<td>[19]</td>
<td>[3]</td>
<td>[0]</td>
<td>[0]</td>
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<tr>
<td>9. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Neuromuscular System.</td>
<td>[10]</td>
<td>[19]</td>
<td>[2]</td>
<td>[0]</td>
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</tr>
<tr>
<td>10. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Endocrine/Metabolic System.</td>
<td>[7]</td>
<td>[14]</td>
<td>[10]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>11. Determine the needs and diagnosis of an individual by examining and evaluating factors</td>
<td>[7]</td>
<td>[15]</td>
<td>[9]</td>
<td>[0]</td>
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</tbody>
</table>
### 12. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Genito-Urinary System.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>[6]</td>
<td>[13]</td>
<td>[11]</td>
<td>[1]</td>
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</table>

### 13. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Pulmonary System.

<table>
<thead>
<tr>
<th>1</th>
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<th>X</th>
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</thead>
<tbody>
<tr>
<td>[12]</td>
<td>[18]</td>
<td>[1]</td>
<td>[0]</td>
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</tbody>
</table>

### 14. Determine the needs and diagnosis of an individual by examining and evaluating factors within the Psychosocial System.

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
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<tbody>
<tr>
<td>[3]</td>
<td>[19]</td>
<td>[8]</td>
<td>[1]</td>
<td>[0]</td>
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</tbody>
</table>

### Please rate your level of preparation to perform the following based on your experience in the Physical Therapy program using the scale provided. For each item, click on the button that represents your response.

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Cardiovascular System.</td>
<td>[11]</td>
<td>[18]</td>
<td>[2]</td>
<td>[0]</td>
<td>[0]</td>
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<tr>
<td>16. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the</td>
<td>[8]</td>
<td>[13]</td>
<td>[10]</td>
<td>[0]</td>
<td>[0]</td>
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<tr>
<td>Integumentary System.</td>
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<tr>
<td>17. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Musculoskeletal System.</td>
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<tr>
<td>18. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Neuromuscular System.</td>
<td>![Cells]</td>
<td>![Cells]</td>
<td>![Cells]</td>
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<tr>
<td>19. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Endocrine/Metabolic System.</td>
<td>![Cells]</td>
<td>![Cells]</td>
<td>![Cells]</td>
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<tr>
<td>20. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Gastrointestinal System.</td>
<td>![Cells]</td>
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<tr>
<td>22. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the</td>
<td>![Cells]</td>
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<td>![Cells]</td>
<td>![Cells]</td>
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</tbody>
</table>
Pulmonary System.

23. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Psychosocial System.

<table>
<thead>
<tr>
<th>Please rate your level of preparation to perform in the following areas based on your experience in the Physical Therapy program using the scale provided. For each item, click on the button that represents your response.</th>
<th>1- Excellent</th>
<th>2-Good</th>
<th>3-Fair</th>
<th>4-Poor</th>
<th>5-Very Poor</th>
<th>X-No Opinion/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Recognize normal versus pathological factors that lead to impairments</td>
<td>☐</td>
<td>15</td>
<td>☐</td>
<td>[16]</td>
<td>[0]</td>
<td>☐</td>
</tr>
<tr>
<td>25. Determine a patient prognosis through physical therapy intervention</td>
<td>☐</td>
<td>[7]</td>
<td>☐</td>
<td>[23]</td>
<td>[1]</td>
<td>☐</td>
</tr>
<tr>
<td>26. Develop an individualized plan of care</td>
<td>☐</td>
<td>[13]</td>
<td>☐</td>
<td>[17]</td>
<td>[1]</td>
<td>☐</td>
</tr>
<tr>
<td>27. Demonstrate effective verbal skills</td>
<td>☐</td>
<td>[14]</td>
<td>☐</td>
<td>[17]</td>
<td>[0]</td>
<td>☐</td>
</tr>
<tr>
<td>28. Demonstrate effective written communication skills</td>
<td>☐</td>
<td>[14]</td>
<td>☐</td>
<td>[16]</td>
<td>[1]</td>
<td>☐</td>
</tr>
<tr>
<td>29. Recognize and demonstrate sensitivity to cultural, ethnic, economic, and psychological differences in the delivery of a clinical service</td>
<td>☐</td>
<td>[18]</td>
<td>☐</td>
<td>[12]</td>
<td>[1]</td>
<td>☐</td>
</tr>
<tr>
<td>30. Plan, organize, administer and direct human and fiscal</td>
<td>☐</td>
<td>[5]</td>
<td>☐</td>
<td>[20]</td>
<td>[6]</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>resources for patient/client management and optimal organizational operations</td>
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<tr>
<td>31.</td>
<td>Participate in professional activities</td>
<td><img src="13" alt="x" /></td>
<td><img src="12" alt="x" /></td>
<td><img src="6" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
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<tr>
<td>32.</td>
<td>Practice physical therapy in a safe, legal, and ethical manner</td>
<td><img src="21" alt="x" /></td>
<td><img src="10" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
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<tr>
<td>33.</td>
<td>Evaluate clinical decisions based on the available evidence</td>
<td><img src="15" alt="x" /></td>
<td><img src="16" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>34.</td>
<td>Evaluate the efficacy of physical therapy interventions</td>
<td><img src="15" alt="x" /></td>
<td><img src="15" alt="x" /></td>
<td><img src="1" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>35.</td>
<td>Self-assess, self-correct, and self-direct personal and professional growth</td>
<td><img src="14" alt="x" /></td>
<td><img src="16" alt="x" /></td>
<td><img src="1" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>36.</td>
<td>Demonstrate professional responsibility through dependability, punctuality, and follow through with commitments</td>
<td><img src="19" alt="x" /></td>
<td><img src="10" alt="x" /></td>
<td><img src="2" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>37.</td>
<td>Determine and implement an appropriate discharge plan</td>
<td><img src="7" alt="x" /></td>
<td><img src="17" alt="x" /></td>
<td><img src="7" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>38.</td>
<td>Provide physical therapy consultative services</td>
<td><img src="6" alt="x" /></td>
<td><img src="17" alt="x" /></td>
<td><img src="7" alt="x" /></td>
<td><img src="1" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>39.</td>
<td>Promote health behaviors through education and modeling</td>
<td><img src="13" alt="x" /></td>
<td><img src="14" alt="x" /></td>
<td><img src="3" alt="x" /></td>
<td><img src="1" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>40.</td>
<td>Read, critique and interpret professional literature</td>
<td><img src="10" alt="x" /></td>
<td><img src="20" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
<tr>
<td>41.</td>
<td>Contribute to the body of knowledge of physical therapy through clinical, basic or applied research and/or disseminate the results of research</td>
<td><img src="9" alt="x" /></td>
<td><img src="20" alt="x" /></td>
<td><img src="2" alt="x" /></td>
<td><img src="0" alt="x" /></td>
<td><img src="0" alt="x" /></td>
</tr>
</tbody>
</table>
42. What is your affiliation with the American Physical Therapy Association (APTA)? (please choose all that apply)
   - [20] I belong to the APTA
   - [11] I do not belong to the APTA
   - [6] I belong to an APTA section
   - [0] I hold office in the APTA

43. Have you attended any continuing education related to your practice as a physical therapist in the past year?
   - [5] Yes
   - [26] No

44. What is your age?
   - [19] 25-29
   - [6] 30-34
   - [1] 40-44
   - [0] 45-49
   - [0] 50 or above

45. What is your gender?
   - [10] Male
   - [21] Female

46. What is your racial/ethnic identity? (please choose all that apply)
   - [0] African American
   - [0] Native American
   - [24] Caucasian
   - [4] Mexican/Other Hispanic
   - [1] Asian/Pacific Islander
47. What year did you receive your degree in Physical Therapy from CSUS? (please enter "2007")

- [2007]
- [2007]
- [12/2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
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- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]
- [2007]

48. Are you currently working as a physical therapist?

- [4] Yes
- [0] No - employed full-time, outside of physical therapy
- [3] No - employed part-time, outside of physical therapy
49. How long did it take you to find your first position in physical therapy? Please indicate the time in months after you passed the licensure examination and sought a position. ______________ month(s)

- [ ] not applicable yet, awaiting eligibility for licensure
- [N/A] Will start work upon passing of licensure exam.
- [I actually received notice that the hospital I wanted to work for was opening a position in June of 2007. I had my official job offer by November, 2007. So I guess - 6 months.]
- [I have not found a position in physical therapy yet, although, through my clinical affiliations I have had 2 offers.]
- [0 months]
- [na]
- [I have not yet passed the licensure examination]
- [0, received a job offer from my first clinical]
- [Was able to apply and acquire a position prior to licensure examination]
- [NA]
- [n/a]
- [Seeking employment]
- [N/A]
- [N/A]
- [N/A]
- [0]
- [I have not taken the licensure exam yet.]
- [N/A]
- [A few days but am unable to start due to waiting for ability to apply for license.]

50. What type of position were you seeking? (please check all that apply)

- [23] Full-time
- [5] Part-time
- [12] Benefited
- [0] Not benefited
51. What type of position did you obtain? (Please check all that apply)

- [7] Full-time
- [2] Part-time
- [3] Benefited
- [1] Not benefited
- [2] Acute care
- [0] Long-term care
- [0] Adult
- [1] Pediatric

52. What is the approximate annual income of your current job?

- [5] less than $30,000
- [0] $30,000 - $39,999
- [0] $40,000 - $49,999
- [1] $50,000 - $59,999
- [6] $60,000 - $69,999
- [2] $70,000 - $79,999
- [0] $80,000 - $89,999
- [0] $90,000 or above

53. What curricular changes would you suggest in the Physical Therapy program that would have better prepared you for entry-level practice as a physical therapist? Please base your answer on both the academic coursework and clinical affiliations.

[Academic coursework is not demanding enough for Master's level curriculum. Students should be challenged to think critically more consistently throughout (there
were projects few and far between that required research and critical thought, but not on regular basis). We were done a disservice with the low expectations throughout the academic curriculum. Grades were not hard to achieve, and standards for high grades were completion of, rather than quality of work. While encouraging success is good for developing professionals, it would be worth more to the students to have weaknesses as well as strengths paid attention to. Time in labs was not used as efficiently as I'd hoped, and consequently we didn't get enough practice with manual skills in transfers, gait training, special tests, mobilizations. Some of this is on the students in the classes, to take it upon themselves to get the practice they need, but more structure in labs is needed to promote true learning. This is especially true with respect to the orthopedics classes, where organization was poor, testing did not require true understanding and knowledge, and practical examination did not truly measure skill or competence. I feel that the entire experience could have been more rewarding if the level of expectation were higher, if we felt challenged more consistently. On the other hand, the faculty are all wonderful people. I felt at home and comfortable with all of them and all students. The environment was encouraging, comforting, and supportive throughout. Clinical education was fantastic, and the process of assigning clinical rotations (a daunting process, for sure) was done as well as can be managed. With the exception of the need to feel more challenged and wishing expectations were higher academically, this program provided good professional preparation and I am proud of my decision to come here.

The program has provided me with an appropriate education and skills to perform well at the entry level. The clinical experiences have certainly been the most important part of my professional formation. I believe that physical therapy is hands on practice and for that most of the learning comes from the actual practice. This program has definitely surpassed my expectations as part of my professional formation and development. Thank you

[better note writing and documentation.]

[i would have benefited more if there was a different ortho review elective and i thought that the ther ex class was very poor with little structure around basic protocols after surgery, etc. Better communication between staff and students would have been better, we are supposed to be colleagues but felt like some professors talked down to the students.]

[More practical time in all areas. We received plenty of lecture material, but I feel we could have benefited from more lab time under the supervision of professors so that they could be available for feedback. When we practice together with other students, it's hard to know if you are doing things correctly. I really enjoyed the lab practicals Dr. Brad Stockert administered because I felt I learned not only in preparation for the practical but also during it. Great learning experience!]

[More time working in the ICU, perhaps more interspersed affiliations to allow for greater application of the information we acquire. Transitioning to the DPT to position therapists to have greater autonomy in the health care system.]

[More clinical experience throughout the program, a review of important subjects (ie ortho, neuro, acute) before clinical affiliations]

[More semesters of anatomy, actual dissection might help cement more of the]
information. Smaller labs the first semester - since there were not many instances where we would receive feedback and many of "looks like you're doing it right." Smaller labs for Ortho as well as more feedback. Pathokinesiology without emphasis on mostly the knee and overhead throwing athletes, the information needs to be more general for the generalist PT. Also not as much here is the information but "you'll get this next semester in Ortho."

None

More clinical time with orthopedic patients. Increased review of anatomy and pathokinesiology throughout the program.

It would have been nice to have mock clinic in the orthopedic classes. Also there were students from other schools that had observation days every Friday at the location of my last clinical. I think it would be beneficial to have students rotate to different clinical sites throughout the semesters (maybe one or two days per month).

I would have liked to have an ortho refresher course before going into clinicals since I wasn't in the ortho clinic elective. I felt like I had forgotten a lot of the ortho stuff by the time my second clinical rotation came around which was my outpatient rotation. Otherwise, I really liked the program

More complicated transfer techniques practiced in lab setting. Documentation differences inpatient vs. outpatient, insurance guidelines to documentation

Good Program. Dr. Stockert was the best professor. I feel prepared because of him.

More review of orthopedic special tests and measurements. Classes that integrate multiple subjects at once to make you think more like real life.

I would have liked a more thorough Therapeutic exercise course that gave examples of activities to do for specific diagnosis and how to progress that exercise plan. We learned these principles in a more general way and it would have been more helpful to have more specific examples. I also would have liked more focus/review on ortho and neuro. I also felt that we had individuals that were disruptive in class and disrespectful to their fellow students and professors by consistently coming in late or playing video games/searching the internet on their laptops during class. I am not sure how this should be addressed, but maybe a class meeting to address these problems or individual meetings with individuals with consequences if they continue this behavior.

1. Better use of time during the seminar the week prior to graduation - 2 full days would have been better for me than 5 days with 2-3 hours each day. 2. More clinical experiences earlier on in the program. Either short clinicals during winter breaks (2-3 weeks), or maybe one day a week for an entire semester. Having more exposure to the clinic setting earlier and more frequently might make it easier to pick and prepare for a preferred setting at the end of the program for a 3-6 month rotation. 3. More practice with documentation of SOAP notes in a classroom setting. Not much was collected and graded in our ortho setting, which might have been a better format to prepare for our clinicals.

I feel that the program has prepared me well for the "real world." It would of been helpful to know the future picture of PT as we are in the program - where is PT going. That would of been helpful. Overall, I feel like the program has prepared me well, now it is my turn to act.
I would have liked to have seen more time spent discussing the D/C planning process and taking with pt's families. I felt unprepared in this area. Also, I seemed to forget a lot of ortho manual techniques at the time of the clinicals b/c our last semester did not contain any ortho material. It would have been good if everyone was required to take an ortho review course or treat patients in a clinic setting in preparation of clinicals.

[More orthopedic and documentation practice.]

I would have liked to have had a better preparation for all the time on my feet, with the long days. I found sitting long days while in the class, was difficult to make the transition to the full-time work load in a hospital on my feet. I don't think this is something I would be able to prepare for fully while in the didactic environment, however this aspect was a big hurdle to overcome. Otherwise, I felt very well prepared, and CI's gave feedback to me directly that they were impressed with my preparation.

I think more hands on with actual patients in class would help a little before we go to our first clinical. Also some type of review of ortho would be nice before going out on our last clinicals. It would be good to tell incoming students that they should review anatomy or have taken it with in the last 2 years before entering the program. Clinical affiliations were good, and really helped me feel more prepared. Overall the program was good.

I would have preferred more orthopedic clinical practice. I understand there were only a limited number of slots available for the orthopedic elective, but I was one of the unlucky few who did not get into the orthopedic free clinic. Also, I would suggest setting up timed documentation sessions in class with respect to case studies. We generally had the luxury of going home and typing our SOAP notes and turning them in the next day. It would be good practice for 2nd year students to write up SOAP notes within 5-10n minutes because that's what it will be like in the actual clinical setting. Otherwise, the program prepared me well for the real world. I believe this program prepares the student better for the clinical setting rather than in the research setting, but luckily that is exactly what I want to go into. I would recommend this program to anyone interested in pursuing a career in physical therapy.

[Review of more complex transfers/more involved patients Case studies with multiple system involvements More realistic practice with ICU setting, moving patients with a number of lines. Review of special tests for ortho closer to the time we begin our clinical rotations.]

I would have benefited from more coursework on patient assessment, plan of care, and discharge planning. I was able to improve these skills during my clinicals but felt they were weak going into clinicals. Another area that would have improved my performance during clinicals was a better understanding of the different types of orthopedic surgeries and the precautions for each. Finally I felt we would have benefited from a more challenging orthopedics course. It was a good course but could have been more demanding.

I think the PT curriculum at CSUS was excellent, most if not all of the challenges I will face are things I need to work on and learn. I felt like at times I would be looking for answers at times, but I did not have to look far. I would refer to my notes
may times and probably will later. With even more practice I can learn the art of
goal writing to make them more both appropriate for time frame and for patient’s
progression. I am determined to stay linked to CSUS and become a CI one day, I
know how nervous I was at my clinicals and hopefully I may be reassuring to the
students.]

[I feel that the current orthopedic courses are lacking. Anatomy and
pathokinesiology form most of the basis of my orthopedic treatments. I feel that
there is currently a disconnect between the two sets of courses. It seems that we
learned anatomy, biomechanics, and pathokinesiology, and then disregarded much
of it once we began taking orthopedics. Orthopedics would be strengthen by making
a greater connection between science knowledge and clinical applied knowledge. If
nothing else the reinforcement would help strengthen the learning. Laboratory time
in ortho focused too much on mobilization and lacked interventions to formulate an
overall treatment approach or a treatment approach for those who would not benefit
from mobilization. I felt under prepared for transfers entering into clinicals. Transfer
training or first semester was rather meaningless because I had no basis for what
they would be useful for. Incorporating them into the coursework after the first
rotation would be beneficial. I would have liked to see instructors have a find
specific articles or give us good articles to read in preparation for searching the
literature and turning to good sources of information once we are in the clinic. Brad
utilized this method in Dif Diagnosis, and I found it to be quite effective. I would
have liked to see this done in more courses.]

[I think it would be nice to have a review class the last semester that combined
information from pathokinesiology, anatomy, and ortho classes. I think it would also
be nice to have some short clinical affiliations 1-2 weeks long over the winter break
or first summer so that we could observe more clinical practice. I also think that the
ortho mock clinic would be better if there were a few students assigned to one
patient for the whole semester, like it was in our neuro class. I also think a little more
child development, cognition, and behavior would be helpful in our pediatric class
for those entering pediatric rotations. Overall I think more clinical experience would
be helpful. I think it would be nice in the long run if our internships were more like a
residency program where we would be paid and it lasted for a year or so instead of 6
months total.]

[Further education opportunities in musculoskeletal and orthopedic classes/clinics.
More pediatric education. Improved education and preparation during death of
patient or family of patient. Further preparation for how to deal with difficult people
in the work place. Suggestions/resources for continuing education courses during
and after school. Make available more options for research projects.]

[I think just a little more practice in every field of study (neuro, ortho, special topics)
in coming up with a plan of care and and ways to re-evaluate for efficacy of said
plan. We did it a few times in every class but I think a lot of hypothetical patient
situations would be better. Other than that, I feel very good about my experience at
Sac State.]

End of Survey
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(Attachment "D")