Option 1: Narrative Submission:

1. **What goals or learning objectives/outcomes were assessed in AYs 2008-2009?**

We assessed one aspect of one learning objective/outcome out of our four major learning objectives according to the assessment plan established in addition to our review of mission, philosophy, goals, curriculum plan, students (admission requirements, progress, successful retention, success on the national licensure examination, outcomes), faculty, and clinical faculty. Our assessment plan is consistent with our accrediting requirements from the Commission on Accreditation in Physical Therapy Education.

We focused our assessment this year on our first objective which is Demonstrate Professional Competence and specifically Goal 1B: Evaluation of an individual with a neurological disorder from a case study or actual patient contact. This objective was chosen based on our revision of the evaluation format taught to our students based on less than desired results from evaluating this criterion two years ago. In addition, we assessed whether or not students were demonstrating competence with Goal 1D: Reflection on the portfolio process.

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 the all outcomes reviewed this year:

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 #1b: Evaluation of an individual with a neurological disorder from a case study or actual patient contact per prescribed format. (PT 224; PT 244; PT 264; 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 224 & 244 courses (the primary neurological evaluation and treatment 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. A revised written grading rubric was developed to reflect increased specificity of the expected elements of inclusion in a complete neurological evaluation. The Community Advisory Committee was instructed in use of the new rubric and used to evaluate the work of our graduates. The review revealed that our graduates continue to struggle with meeting community standards in this critical area. Fifty-two percent of the portfolios contained neurological evaluations that were deemed to have 3 or more expected elements on the grading rubric (15 items) “not demonstrated”. The remaining 48% had 3 or fewer incomplete areas identified. 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 2 years when whatever remediation is implemented and there is time to assess the effects of the intervention.

For Goal 1D: Reflection on the portfolio process, 65% of graduates demonstrated a high degree of insight into the value of the portfolio process and future applications. Thirty-two percent demonstrated some insight into his/her own work and the value of the portfolio. One record was missing a reflection piece entirely. Faculty will be reminded of the necessity of having all components of the portfolio present before signing off on the portfolios as complete. Graduates seem to be acquiring a reasonable level of skill with reflecting on their work and learning from their experiences.

2. Graduate surveys that assess graduates perceptions of the preparation to practice they receive in the curriculum are completed the week prior to graduation in December each year and again ~6 months after graduation each summer. Graduate surveys reveal uniform agreement with statements of good to excellent preparation across all clinical areas.

Our threshold for re-evaluation of a curricular area is when graduates’ assessment of the area averages 3.0 or greater (on a 5-point scale where 1=Excellent, 2=Good, 3=Fair, 4=Poor, 5=Very Poor). The highest mean was for Implementation of a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the Psychosocial System. Faculty were gratified to see graduates believe their preparation for their professional responsibilities was the highest area (1.1) followed by their preparation to practice safely, legally, and ethically (1.2). They report believing they have developed strong self-assessment and self-correction skills which prepare them for personal and professional growth (1.3). In addition, they identified demonstration of sensitivity to cultural, ethnic, economic, and psychological differences as well-learned (1.4). Specific evaluation and treatment skills were in the system areas of
Neuromuscular (1.5) and Cardiovascular (1.6) followed by Musculoskeletal (1.8) and Integumentary (1.9).

Student narrative comments and suggestions identified that they felt they needed more rigorous and greater exposure to orthopedic teaching and patients. We hope to expand our offerings in this musculoskeletal area in the move to the DPT curriculum in the future. It is not an area we can expand in the current curriculum without adding an additional semester to the program.

The results of the December 2008 survey are included in this report as an attachment.

3. Clinical competencies were assessed through the Clinical Performance Instrument (CPI) completed by all clinical faculty after supervising students in the final 3 clinical rotations (24 weeks of full-time internships—3 different rotations with at least 3 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.

A list of the 24 criteria and the results by each of the 24 criteria for the graduating class are attached to this narrative report. The averages across the 3 rotations for all graduates is at the bottom of the spreadsheet along with the minimum thresholds established for success.

4. National licensure examination results from our graduates. Our graduates first-time pass rate this past year was 94%—exceeding both the state and national averages which were 85%. Our 3-year overall pass rate is 97.22%.

5. We assess student performance and success or failure at midterm of each semester and at the end of each semester in the curriculum. This past fall we had one student who was unsuccessful in retaking two courses in which she had previously been unsuccessful. The student is no longer enrolled in the program. Another student withdrew due to medical issues. One second-year student required remediation in one class this spring semester in order to be eligible to enter the final clinical rotations in the curriculum. Students have mandatory advising sessions with their academic advisors each semester and any difficulties are discussed with students during these semester meetings.

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 most 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 97.22%. Students continue to advise lightening the first fall semester workload.

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

Students are doing well and achieving across all of our assessments with the exceptions 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 students’ written evaluations of patients/clients with neuromuscular 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 2009. There continues to be concern by students and faculty about the heave workload students have in the first fall semester of the curriculum.

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 written Neuromuscular assessment skills of our students. Examination of faculty of the files and the Community Advisory feedback indicated that students had inserted partial evaluations (just their parts) of evaluations completed with a partner. At this point, faculty who teach in the neuromuscular area are planning to revise the instruction of the documentation template to make certain that it is complete and to remind students that the example they submit to their portfolios needs to be a complete, not partial, evaluation. All faculty advisors are to be advised to make certain that students place a complete evaluation in their files not part of one completed with another student.

We will continue to provide tutoring and instructional assistants in the first fall semester to support students during this especially difficult semester. We hope to add an additional semester to the curriculum when the program moves to the DPT. We will continue to require mandatory advising each semester to make certain students are on track for success.
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 2-3 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.

We revised the grading rubric used by the Community Advisory Committee for the assessment of the Portfolio to gain more specificity and clarity. The language of the previous rubric reflected accreditation language that was not easily understood by clinicians. The Community Advisory Committee reported this new instrument was much more intuitive and easier to use. I have attached a copy of this new rubric to this report.

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 in the areas of Pathokinesiolgy, Principles of Human Movement, and Anatomy to be available to assist students early in the fall semester, if needed. Any student receiving a “C” grade on any test in a course will be advised of the availability of tutoring and the student’s advisor will be notified by the course instructor. In addition, we are providing instructional student assistants to assist with the anatomy labs to support students in this challenging course.