Option 1: Narrative Submission:

1. What goals or learning objectives/outcomes were assessed in AYs 2010-2011?

   Each year, we assess our graduates overall success with developing professional competencies. The plan identifies five primary measures of graduate success identified below:

I. Graduates’ surveys
   A. Graduates are surveyed at the completion of the curriculum prior to graduation (during the PT280 Graduate Seminar II course) and at 6 months following graduation.
      1. Graduates self-assess whether they have achieved program educational goals and objectives.
         a. Surveys are distributed just prior to graduation during PT280
         b. Surveys are redistributed at 6 months after graduation.
         c. Tracking students
            1) Students provide the University and the Department with permanent addresses and e-mail addresses.
            2) Students are informed about the surveys during PT280. They take the first survey during the seminar. It is emphasized that it is their professional responsibility to provide feedback for the growth and development of the curriculum; and to assist the program with meeting accreditation requirements.
            3) E-mail reminders are sent to students when the second surveys are distributed requesting the names and e-mail addresses of their supervisors & employers for the employer online survey.
      2. At six months, graduates reevaluate their perceptions of preparation to enter practice.
   B. If the response of graduates to the 6-month survey is less than 70%, the surveys are mailed again with a new cover letter emphasizing the importance of the response. (We utilize electronic mailings now.)
   C. Evaluation of returned surveys
      1. The Chair of the Curriculum Committee is responsible for calculating descriptive statistics (% in each category of each response item) for returned surveys.
2. Responses from surveys are rank ordered by the % of alumni believing they were poorly or very poorly prepared to meet entry-level practice. Priority assessment by the Curriculum Committee will be given to items rank-ordered the highest above a specific threshold.

3. The Curriculum Committee considers the results and evaluates the implications for the curriculum and possible needed curricular change according to the following thresholds:
   a. Any area identified with an average of 3.0 or > indicating graduates thought their preparation was less than Fair—
      (1=Excellent; 2=Good; 3=Fair; 4=Poor; 5=Very Poor) would be examined.
   b. The committee examines the % distribution. Any area with 20% or > is evaluated. The committee determines
      in which courses the materials related to that topic are taught and then discuss and make recommendations to
      faculty as to whether or not a greater emphasis should be placed on the area.
   c. This discussion moves to the Department Council to make certain the whole picture and overall educational
      outcomes are kept in perspective.

II. Evaluation of online surveys of employers. (Not completed this year—only done every 5 years.)

III. Graduates’ performance on the National Physical Therapist Licensure Examination
   A. The Director receives a report from the Federation of State Boards of Physical Therapy
   B. The Director shares the results with PT faculty and other communities of interest.
   C. A pass rate < the national average is threshold for curricular assessment. The Curriculum Committee evaluates the content areas reflecting low scores to identify curricular implications, and presents the findings to the Department Council.
   D. Recommendations are considered by the Department Council for any proposed curricular changes consistent with the department’s policies and procedures. Proposed curricular changes take into account feedback from multiple sources as outlined in the Curriculum Plan.

IV. Graduates’ performance on criteria in the Clinical Performance Instrument (CPI).
   A. The Academic Coordinator of Clinical Education (ACCE) reviews all CPIs at the completion of each clinical rotation.
   B. The ACCE records the marks on the visual analog scale and makes certain narrative comments support marks for congruence to determine students’ successes in clinical affiliations.
C. The ACCE summarizes data from the final 3 clinical experiences and shares with faculty at a Department Council meeting.

V. Evaluation of graduates’ portfolios
A. A random sample of at least 30% of graduates’ portfolios is evaluated annually by the Physical Therapy Community Advisory Committee following a developed grading rubric.
B. The assessment addresses whether or not graduates are meeting the Department’s Educational Goals and Learning Objectives as demonstrated by work in their portfolios.
C. Feedback from the assessment of the committee is referred to the Curriculum Committee for review to determine whether or not deficits have been identified that need to be addressed by changes to the curriculum or recommendations to faculty.

2. **How did you assess these learning outcomes?**

   a. *Describe the measures you used and the information gathered? (Description, date administered, results)*

   We will complete the second part of our evaluation of graduates using our graduate survey. In July, we will administer the second part of our graduate survey; graduates completed the first assessment in December prior to graduation. We will compare alumni perception of their preparation for practice by the curriculum to see whether or not their impressions in December have changed after they have been in practice for a few months. In the first part of the assessment, students reported good to excellent preparation across the curriculum. None of the areas met the threshold for further investigation.

   One of the most authentic direct measures of our graduates’ success, is 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. This year we were especially looking at students’ success with cumulative scores on the *Clinical Performance Instrument* for the criteria that address ethical practice. It is noteworthy that their highest ratings are in the areas of ethical and legal practice, professionalism, and sensitivity to individual differences.

   Other measurements utilized for outcome success were data from the Federation of State Boards of Physical Therapy on the national licensure examination. Our 2010 graduates had a first time pass rate of 90.32% on the examination; the state average was 88.74% and the national average was 88.21% so we exceeded both slightly (within the standard deviation). Our mean
scale score of 658 also slightly exceeded the state mean score of 649 and the national mean scale score of 648. Those CSUS graduates who did not pass on the first attempt, retook the examination and following this, our graduates had a 96.7% pass rate with the national overall average being 95%. The results were shared with the Curriculum Committee and the Department Council at the 5/23/11 meeting. As a result, we do not plan to implement any changes in the current MPT curriculum.

Student portfolios will be analyzed by the Community Advisory Committee at our August meeting. We will be examining the area of ethical and legal practice this year with a rubric developed for that purpose. The Advisory Committee will be instructed in use of the rubric and will randomly select portfolios from the 2010 graduating class for review. We review at least 30% of the portfolios each year.

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 across all levels. The graduate surveys evaluated to date 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 and should prove so again this year. The CPIs demonstrate our students are exceeding entry-level competencies during their final clinical internships on their clinical and professional skills across the board. Student success with the national licensure examination continues to meet or exceed national averages. Students continue to advise lightening the first fall semester workload which we are trying to do with some faculty teaching changes.

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

Students are doing well and achieving across all of our assessments.

d. What areas are seen as needing improvement within your program?

We are moving to a professional DPT (Doctor of Physical Therapy) degree in fall 2012. We will continue to monitor the outcomes of our MPT students according to our current metrics.
3. **As a result of faculty reflection on these results, are there any program changes anticipated?**

We do not plan on making any changes to the current MPT curriculum. We will continue to provide tutoring and instructional assistants in the first fall semester to support students during this especially difficult semester in the MPT. We are adding an additional semester to the curriculum with the implementation of the DPT—this allow us to slightly lighten the course load in the first semester and spread the work out. We will continue to require mandatory advising each semester to make sure students are on track for success and continue to provide tutoring to students to provide the support needed.

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 a report due to them in September due to their concerns related to pediatric content in the curriculum. We reduced by one unit the pediatric content in the program in response to budget cuts and limited resources for part-time faculty. We eliminated a laboratory experience for students in the course. We strongly believe that students have demonstrated required minimum competencies in pediatrics supported by evidence in the CPIs with the change and we will be able to provide the documentation to demonstrate that to the Commission.

The other primary assessment activity in which we engaged was to revise our mission statement and student learning outcomes for the new DPT program. The new guiding documents include:

The primary mission of the California State University, Sacramento Doctor of Physical Therapy program is graduate knowledgeable, effective, adaptable and reflective physical therapist generalist practitioners and health care leaders. Graduates demonstrate ethical, responsible, professional behavior, are sensitive to cultural and psychosocial differences, use evidence derived from the scientific and professional literature to inform independent judgments to meet patient needs and to advance the profession. They utilize critical and integrative thinking and problem-solving, practice life long learning, and provide services that contribute to the optimal health and function of community residents.

The Graduate of the CSUS Doctor of Physical Therapy program will be prepared to attain the following learning outcomes:
Student Learning Outcome 1.0: Demonstrate professional physical therapist effectiveness by creating and documenting a comprehensive physical therapy patient management process, including determination of the physical therapy needs of any individual, designing a plan of care that synthesizes best available evidence and patient preferences, implementing safe and effective psychomotor interventions, and determining the efficacy of patient outcomes.

Student Learning Outcome 2.0: Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, and to communicate effectively with patients, families, other health care professionals and the public.

Student Learning Outcome 3.0: Demonstrate professional behaviors by reflecting on personal and professional development, and by integrating cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.

Student Learning Outcome 4.0: Practice in an ethical and legal manner through the consistent integration of sound decision-making with respect to established ethical, legal and professional standards.

Student Learning Outcome 5.0: Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.

We also developed new rubrics for assessing DPT student learning outcomes, mid-term and semester reviews, advancement to candidacy assessments, and assessments of doctoral projects of individual students to make certain they are making satisfactory progress in the program.

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

We will continue to follow our assessment plan for our MPT program. 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 Pathokinesiology, Principles of Human Movement, and Anatomy to be available to assist students early in the fall semester, if needed. There is going to be a faculty change for some teaching assignments in the fall. We will watch the outcomes of this change to make certain it does not negatively impact student success. 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.