

School of Health and Rehabilitation Sciences

PRAC Annual Report 2011-2012

The School of Health and Rehabilitation Sciences (SHRS) offers a Ph.D. in Health and Rehabilitation Sciences, Master of Science in Nutrition and Dietetics, Master of Science in Occupational Therapy, and Doctor of Physical Therapy. The school began offering a Health Sciences undergraduate major in fall of 2010 as well as a revised Master of Science in Health Sciences. This report contains assessment data for all three professional programs (Nutrition and Dietetics, PT, OT), the PhD program, and the BS in Health Sciences. Currently, there are no student outcomes for the Masters of Health Sciences program.

Vision

The Vision of the School of Health and Rehabilitation Sciences (SHRS) is to be recognized nationally and globally as a leader in graduate health and rehabilitation sciences, and a provider of excellent health care professionals for the state of Indiana and beyond.

Mission

In fulfilling its vision, the School of Health and Rehabilitation Sciences seeks to develop and maintain a scholarly and competent faculty who will provide excellence in:

- the teaching/learning process for programs in fields related to health professions,
- the advancement of knowledge through research, scholarship and creative activity, and
- the development of lifelong commitment to civic engagement locally, nationally, and globally with each of these core activities characterized by:
 - **collaboration** within and across disciplines, the university, and the community,
 - a commitment to **diversity**, and
 - the pursuit of **best practices**.

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Part 1: Bachelor of Science in Health Sciences Degree

Department of Health Sciences

Mission: To prepare students at the baccalaureate level for advanced study and employment opportunities in the health sciences.

Report Overview: The data below marks the first evaluation of the newly formed Health Sciences undergraduate program. The report outlines the three specific learning domains, their relationship to the PULs and specific learning objectives for each domain. Learning assessment techniques are provided as well as the benchmarks set by the department for each learning outcome. The most recent student outcome data appears in the outcome column and suggested changes for improvement for 2012-2013 are listed in the final column. This report represents the first analysis for the program; consequently, no follow up outcomes to the changes are reported.

LEARNING BUNDLE	PULs	RISE	COMPETENCIES	Assessment	Benchmark	Outcome	Changes
Domain I : Knowledge of health care services in the world, population health needs, and health sciences	1A – Express and interpret information 1C – Use information resources and technology 2 - Critical thinking 3 – Integration and application of knowledge. 5 – Understanding society and culture		Students will be able to: 1. Describe health care professional jobs. (W100)	Health profession description paper	90% earn 35 points or better	57%	Evaluated course content and requirements and made course content changes
			2. Describe the inter-relationships between culture and disabilities. (W110)	Final exam	90% earn 70 points or better	38% Fall 46% Spring	Changed course from 100 level to 300 level.
			3. Identify current issues of critical importance in the allied health professions. (W210)	Exam #2	90% earn 63 points or better	57%	Provide to students an essay exam rubric prior to exam
			4. Describe the roles and responsibilities of health professionals. (W211)	Career paper	90 % earn 70 points or better	91%	Currently met benchmark, will continue to monitor competency
			5. Identify major global health challenges. (W250)	Final Exam	90% earn 42 points or better	78%	Revise course instructions. Revise test items. Use audiovisual materials to emphasize key concepts.

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							Provide study guides for mid-term & final exams. Add one open forum for Q&A prior to final exam.
		6.	Compare and contrast health professions globally. (W270)	Final paper	90% earn 35 points or better	50%	Provide a grading rubric to use for self-assessment prior to submitting paper
		7.	Demonstrate critical thinking & reflection on controversial issues surrounding aging & healthcare. (W310)	Response papers	90% perform at 90 th percentile	75%	No specific change made at this time but will continue to monitor performance
		8.	Explain the technology used in rehab. settings. (W320)	Final paper	90% earn 17 points or better	83%	Schedule a video chat for Q&A prior to exam.
		9.	Describe different types of disabilities and successful coping strategies. (W340)	History & Theories paper Final paper	90% earn 7 points or better	100%	Currently met benchmark, will continue to monitor competency
		10.	Demonstrate knowledge regarding community resources for older adults. (W350)	Final paper	90% earn 105 points or better	93%	Currently met benchmark, will continue to monitor competency
		11.	Describe diverse populations in terms of values and perspectives related to culture, behaviors and practices. (W361)	Final paper	90% earn 70 points or better	39%	No specific change made at this time but will continue to monitor performance
		12.	Describe the impact of policies, laws, and regulations on health and health care setting and providers. (W362)	Final paper	90% earn 42 points or better	89%	Provide students a grading rubric to use for self-assessment prior to submitting paper.
		13.	Describe application of ethical/moral principles. (W363)	Final exam	90% earn 40 points or better	80%	No specific change made at this time but will continue to

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							monitor performance
			14. Explain the relationship of societal circumstances on individuals with disabilities. (W364)	Final Quiz	90% earn 14 points or better	80%	Add open forum for Q&A one week prior to final quiz
			15. Explain adult development and the aging process. ((W370)	Final exam	90% earn 14 points or better	90%	Add study guide to student materials; add one open forum for Q & A one week prior to exam.
			16. Describe health professionals practicing in developing countries. (W380)	Final paper	90% earn 35 points or better	50%	Provide students a grading rubric to use for self-assessment prior to submitting paper.
			17. Describe theories of administration and leadership in rehab. services. (W441)	Final Paper	90% earn 42 points or better	75%	Provide students a grading rubric to use for self-assessment prior to submitting paper.
			18. Explain relationship of aging on social functions. (W450)	Portfolio	90% earn 28 points or better	62%	Provide Students with a grading rubric to use for self-assessment prior to submitting portfolio
Domain II : Practical Skills and Abilities	1A – Express and interpret information 1C – Use information resources and technology 2 – Critical thinking 3 – Integration and		1. Evaluate the variation of operations among various health facilities. (W410)	Agency paper	90% earn 105 points or better	90%	Currently met benchmark, will continue to monitor competency
			2. Write a grant. (W420)	Proposal critique paper	90% earn 87 points or better	71%	Provide to students a grading rubric for paper
			3. Access and assess health care data and other health services information presented in graphs, charts, tables and diagrams.	Annotated bib.	90% earn 24 points or better	82%	No specific change made at this time but will continue to monitor performance

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	application of knowledge 4 – Intellectual depth, breadth, and adaptiveness		4. (W442				
			5. Recognize, analyze, and evaluate health care services. (W445)	Evaluation plan paper	90% earn 70 points or better	100%	Currently met benchmark, will continue to monitor competency
			6. Conduct literature searches on health topics. (W362; W270; W380; W441; W450)	Journal reports	80% earn total points for each report for each course	38% 23% 33% 56% 33%	Provide grading rubrics to students to self-assess reports.
		Inter-national Study Abroad	7. Compare & contrast US health care system with that of a country visited. (470)	Final paper	90% perform at 90 th percentile	No data available	Will report when data analyzed
Domain III: Responsibilities and Performance	5 – Values and ethics		1. Demonstrate proper documentation in all written papers; avoid plagiarism.	All course papers	No of incidents reported to be zero	One student	Insert additional information into Student Handbook. All faculty to emphasize in syllabi and classroom discussion. Require all new students to take the on-line plagiarism quiz
			2. Demonstrate honest actions in completing assignments and taking exams; avoid cheating.	Course assignment and exams	No of incidents reported to be zero	2 students in one course	All syllabi to contain increased emphasis and statements on cheating. Expand emphasis in Student Handbook. Expand emphasis in new student orientation.
			3. Maintain a CGPA greater than 2.0; avoid probation.	CGPA	10% or less on probation for a semester	8% Fall 8% Spring	Increase outreach efforts to students to attend probation meetings with academic counselor. Change policy: For GPA <2.0 for one semester, student receives warning not

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							probation letter. Change admission criteria starting 2013 and change transfer in criteria immediately.
			4. Maintain enrollment in Program until graduation; avoid dismissal.	CGPA	1 % or less dismissed from the program	0.6% dismissed	Currently met benchmark, will continue to monitor competency
			5. Achieve high academic standard of 3.5 GPA each semester.	Semester GPA	5% or greater placed on Dean's List	9% Fall 8% Spring	Currently met benchmark, will continue to monitor competency

Review Summary

The Health Science program demonstrated learning outcomes approaching targeted benchmarks. The faculty have outlined changes to include different active learning activities (audiovisual materials), self-assessment strategies, grading rubrics, and policy changes to help students achieve learning outcomes. Follow up findings evaluating the impact of these changes will be reported next year.

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Part 2: Graduate Professional Programs

IUPUI recently adopted the principles of graduate learning which are listed below for both graduate and professional programs. Each of these goals is highly correlated to existing program goals for all disciplines within the School. Consequently, each of the goals below is numbered and linked to existing goals within each assessment data table. Goal association is marked as PGL (Principles of graduate learning) and then the corresponding number.

Principles of Graduate and Professional Learning

Graduate students earning an Indiana University or Purdue University Ph.D. on the IUPUI campus will demonstrate the following abilities related to the research focus of the degree:

1. Demonstrate the knowledge and skills necessary to identify and conduct original research, scholarship or other creative endeavors appropriate to the field
2. Communicate effectively high level information from their field of study
3. Think critically and creatively to solve problems in their field of study
4. Conduct research in an ethical and responsible manner

*Graduate students in **professional graduate** programs on the IUPUI campus will demonstrate the following abilities:*

1. Demonstrate the knowledge and skills needed to meet disciplinary standards of performance, as stated for each individual degree
2. Communicate effectively with their peers, their clientele, and the general public
3. Think critically and creatively to improve practice in their field
4. Meet all ethical standards established for the discipline

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Department of Nutrition and Dietetics 2010-2011

Program: **Dietetic Internship Program**

Mission: The mission of the Dietetic Internship Program is to provide advanced education and supervised practice opportunities for future leaders in the application and advancement of dietetics.

Report Overview: This year's report will focus on Scientific and Evidence Based Practice student learning objectives for the program.

1. Student Educational Goals	
Goal 1: The overriding goal of the Dietetic Internship Program is to assist the dietetic intern in making the transition from student to professional.	Goal 2: Provide qualified healthcare professionals to serve the needs of the citizens of Indiana.

2. Dietetic Internship Educational Program Plan			
12 weeks of food systems management including extended care	15 weeks of medical nutrition therapy including special experiences in pediatrics, diabetes clinics and renal outpatient clinics.	6 weeks of community nutrition including WIC clinics, home delivered meals, congregate feeding, community clinics, food banks, soup kitchens and school feeding.	The concentration in Clinical and Customer Service is the final four weeks of the Dietetic Internship Program.

3. Competencies/Learning Outcomes	4. Target Benchmark	5. Outcomes 2011-2012
1. Scientific and Evidence Base of Practice: Integration of scientific information and research into practice.		
DI 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes	100% of all interns will receive Satisfactory Scores (S) in supervised practice rotations (SPR) indicated. 100% of all interns will receive a C or better in each course listed	All students were able to meet the established benchmark target. Faculty will continue to monitor student learning and determine if additional educational approaches and outcomes are warranted.

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DI 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the ADA Evidence Analysis Library, Cochran Database of Systematic Reviews and the US Department Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetic practice.	100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all interns will receive a C or better in each course listed	All students were able to meet the established benchmark target. Faculty will continue to monitor student learning and determine if additional educational approaches and outcomes are warranted.
DI 1.3 Justify programs, products, services and care using appropriate evidence or data	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	All students were able to meet the established benchmark target. Faculty will continue to monitor student learning and determine if additional educational approaches and outcomes are warranted.
DI 1.4 Evaluate emerging research for application in dietetics practice.	100% of all interns will receive a C or better in each course listed.	All students were able to meet the established benchmark target. Faculty will continue to monitor student learning and determine if additional educational approaches and outcomes are warranted.
DI 1.5 Conduct research projects using appropriate research methods, ethical procedures and statistical analysis	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	All students were able to meet the established benchmark target. Faculty will continue to monitor student learning and determine if additional educational approaches and outcomes are warranted.

6. Program improvements to be implemented in 2012 to enhance student learning

1. Based on the 2011-12 year, we decided to make the following changes in the Dietetic Internship Program.
2. We are eliminating mandated pretesting for the internship supervised practice component and will provide the pretests as a self-evaluation tool on Oncourse.
3. We are developing a facebook page for internship preceptors to provide them with additional resources and opportunities for continuing education.
4. We are replacing an outpatient clinical experience with the equivalent of a two week supervised practice community nutrition education rotation at the

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Indiana State Fair.

5. We will be emphasizing nutrition components of gut physiology in the August-September time frame for courses and then transitioning into research methods-critical reading components in late October as this scheduling utilized in 2010 provides a better progression in dietetic intern learning rather than emphasizing critical reading first and then moving into medical nutrition therapy.

Dietetic and Nutrition Report Summary

The learning objectives represent a portion of the expected outcomes for the program based upon accreditation standards. Students have demonstrated an ability to achieve these student learning outcomes routinely. Although student performance has been successful, the faculty appreciate the need to continue to advance their educational approach. Therefore, the faculty will be making specific educational changes that will attempt to impact student learning. Follow up data from these changes will be evaluated and reported next year.

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Department of Occupational Therapy

Mission: The mission of the Indiana University (IU) Department of Occupational Therapy (OT) is to provide a nationally recognized entry-level graduate professional program and advanced graduate education. Faculty and student scholarship increases opportunities for meaningful participation in individual, family and community life. Through collaboration with colleagues across IUPUI and the professional community, we explore initiatives and disseminate knowledge and approaches to improve overall health and quality of life for all persons. To this end, we embrace interdisciplinary and translational research as it relates to health, social participation, and rehabilitation sciences.

1. Department of Occupational Therapy Student Educational Goals

IU OT graduates will reflect the values of the AOTA Centennial Vision by being science driven, occupation-focused, evidence-based, professionals who assist individuals in meeting their occupational needs promoting participation at several levels. In concert with the IU Department of OT's mission, graduating students will demonstrate professional reasoning, communication, and reflection (Schön, 1983)

Learning Outcomes	Assessment Methods	Goal	Results	Changes
1. Being mindful, reflective, ethical and critical thinking practitioners.	Reflective Seminar Grade	80% of students receive a grade of B or higher	2012 – 100% of students met goal	Very few students achieved below a A- grade. Faculty will re-evaluate goal level to determine appropriate benchmark level for this learning objective. Faculty will also consider individual seminar assignments for measurement
2. Anticipating, analyze and address occupational needs using occupation-based interventions.	Occupational Therapy courses, theoretical foundations, & Technology course grades	80% of students receive a grade of B or higher	2012- 97.2% of students met goal	Very few students achieved below a A- grade. Faculty will re-evaluate goal level to determine appropriate benchmark level for this learning objective. Faculty will also consider individual course outcome measurements for assessment as well

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3. Advocate, communicate and contribute to OT in existing and emerging practice areas	Alumni Survey	80% agreement	81%	Will continue to monitor and consider additional individual direct measures of this learning outcome
4. Value and demonstrate professional engagement and community participation.	Alumni Survey	80% agreement	81%	Will continue to monitor and consider additional individual direct measures of this learning outcome
5. Become role models, partners and collaborators attentive to minority and underserved populations.	Alumni Survey	50%	71.4%	Benchmark goal was met this year. Will continue to monitor and consider additional individual direct measures of this learning outcome
6. Discern entry-level positions that reflect their skills, interests, and abilities in a variety of practice settings.	Exit interviews with advisors	80%	Not enough data to sufficiently determine outcome	Faculty had limited participation and no formalized tool for assessment gathering and consistency of data. Faculty will work to produce formalized interview assessments and determine alternative direct measurement
7. Value life-long learning through continuing professional development, specialty	Alumni Survey	80%	76% falls below expected goal level	Faculty believe alumni may have focused on the last part of the outcome question- "specialty certification" and recognize one needs to be in the field for a year before they are eligible to have a

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certification, and/or doctoral education				specialty certification and are not ready to commit to doctoral studies after only being out of their masters for a year. This will be described/asked more explicitly with the next survey.
8. Analyze and synthesize program outcomes	Management Class	100%	100%	Prof. Chaplin has a test item on Exam II to get this information. She will develop a tool that better measures this outcome specifically for the next data collection

5. Program changes for 2012, based upon data assessment of student learning outcomes

1. Faculty will work to identify more direct assessment measures to better appreciate student learning outcomes
2. Faculty will increase the amount of hands on training within clinical courses to improve student preparation for clinical practice
3. Faculty will maintain the same level of commitment to research activities to continue to produce research competent students
4. Faculty will evaluate assessment tools and surveys to better understand program outcomes

6. Outcomes from changes implemented from 2010-2011 assessment findings.

Implemented Change	Impact on learning
1. Feedback from students/ faculty suggested less reflective questions in total. Instead have reflective questions be more comprehensive.	Faculty continue to discuss adjusting questions to get a more comprehensive discussion from a professional perspective. This concept has yet to be fully explored and thus will continue through this year.
2. It was found that individuals and groups were understood but not populations. Faculty will include more of this discussion during class.	Faculty have integrated this into their lectures and learning activities. However, data is not yet available from the cohort with which this change has been made. Follow up to this change will be reported next year.
3. Survey monkey to be implemented as an assessment	Survey Monkey was implemented with increase response

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tool to make it easier to record alumni responses	rate of 15%.
4. Faculty will emphasize the value and need to join professional organizations as well as participating/attending professional conferences/publications.	Comments were made about this on the PE report.
5. Concerns included: focus on reflective topics during seminar courses and reduce the number of FW experiences from 2 to 1 between year 1 and year 2. Add the one to the end of year 2. Thus, making two of the Level IIs at the end of the curriculum. In addition, reflective questions were revised to be more comprehensive and being a synthesis of their learning, reducing redundancy.	Course content and curricular sequence changes have been made but data regarding these changes have not been collected as the first cohort is progressing through the new sequence

Occupational Therapy Report Summary

The program has connected outcome data with the program specific student learning objectives. The program was able to demonstrate attainment of benchmark outcomes for most of the student learning objectives for this year. The findings were based upon indirect measurement tools and thus faculty will work to add direct measurement tools for outcome assessment. The faculty did implement changes recommended from the last assessment process. Data analysis on these changes is ongoing and will be further explored during the next reporting period.

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Department of Physical Therapy

Mission: The mission of the Department of Physical Therapy at Indiana University is to educate competent autonomous DPTS who, by their commitment to advance the health and quality of life for all, are leaders regionally, nationally and internationally. The faculty are dedicated to creating a collaborative environment demonstrating excellence in teaching and learning, research and creative activity and service to the community and profession.

Student Educational Goals: The Goal of the Department of Physical Therapy is to prepare autonomous Doctors of Physical Therapy who by their commitment to advance the health and quality of life for all humanity are recognized as leaders among health professionals and the community

Educational Program Plan: The curriculum of the physical therapy educational program is a balance of coursework in social sciences, humanities, and natural and health sciences. The curriculum incorporates strong foundational, clinical, and applied sciences that contribute to the unique body of knowledge in physical therapy and rests on five fundamental concepts.

1. Problem solving
2. Evidence-based clinical decision making
3. Guide to physical therapy practice
4. International Classification of Functioning model
5. Individual-centered approach to clinical decision-making

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Program Measurement: The program has identified 17 student learning objectives that are to be accomplished by the end of the three year curriculum. For each of the learning objectives, the program faculty have identified both direct and indirect measures to determine the impact of the curriculum on these learning objectives. Benchmarks for each source of measure were established by the faculty and reviewed annual at the Department's May retreat. Any findings not meeting the establish standard are highlighted in red. This report includes a comparison of similar data from the previous year to better understand any consistent trends.

Direct measurement: Board exam results (2011-12 individual course performance indicators)

Indirect measurement: Post clinical surveys, Focus Group Interviews, Post graduation surveys

DPT Program Student Learning Outcomes		PGL	Program Outcome Measures and Benchmarks			
			Post Clinical Survey (Percentages are an aggregate score of strongly agree or agree) Scores for Class of 2011/2012)	Focus Group Interviews conducted at the end of the three year program	Board Exam Taken after completion of the program, Class of 2010 (IU Score/National Ave.)	Post Graduation Survey performed 6 months following graduation, Class 2008, 2009, 2010 (Percentage scores reflect aggregate of Well or Very Well responses)
			Benchmark:75% or above (Red indicates areas of needed improvement)	Benchmark: Consistent student reporting that correlates with other objective data (Red indicates areas of needed improvement)	Benchmark: Meet or exceed National Average (Red indicates areas of needed improvement)	Benchmark:75% or above (Red indicates areas of needed improvement)
1	Practice as autonomous point-of-entry provides of physical therapy services in adherence to ethical, professional and legal standards within a variety of clinical and community settings.	1,2,3,4	Ethics Preparation 2011 - 100% 2012 – 97% Legal Preparation 2011 – 97% 2012 – 100% Acute setting 2011 - 91% 2012 – 94% Rehab setting 2011 – 100% 2012 – 91% Outpatient setting 2011 – 97%	Overall, student communicated that they felt very well prepared to begin independent clinical practice	Safety and Professional 2009 = 667.3/649.3 2010 = 646.4/650.6 2011= 679.3/647.7	Ethics Preparation (Good or Outstanding) 2010-100% 2011-100% Legal Preparation 2010-81.3% 2011-66% Overall Preparation 2010- 93.7% 2011-91%

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			2012 – 94%			
2	Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents.	3	Communicate 2011-100% 2012-97% Patient Education 2011-100% 2012-100% Document 2011- 94.2% 2012-100%	Students felt one of the strengths of the program was their comfort with communicating with patients and colleagues	Not measured with this test	Communicate 2010-100% 2011-100% Patient Education 2010- 93.7% 2011-91% Document 2010- 77.5% 2011-58%
3	Demonstrate proficiency in providing culturally competent care across the lifespan.		Cultural Sensitivity 2011-100% 2012-97%	Dr. Bayliss provided excellent mentoring in this area. Students felt prepared	Not measured with this test	Cultural Sensitivity 2010-100% 2011-100%
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.	2	Thinking Critically 2011-100% 2012-97% Apply clinical decision-making 2011- 95.1% 2012-100% Evidence with clinical decision making 2011-100% 2012-94%	Overall students felt prepared to handle most environments. Students also felt they are prepared to handle the unexpected. The areas they would like to have more knowledge include integumentary and pediatrics	Foundation of Examination (IIB) 2009-672.9/654.0 2010-658.1/647.5 2011-660.0/648.1	Thinking Critically 2010-100% 2011-100%
5	Screen patients/clients to determine the need for further examination or consultation by a PT or referral to another health care professional.	2	Screening Patients 2011- 91% 2012-97% Consultation 2011-94% 2012-86% Interdisciplinary Collaboration 2011- 94% 2012-100%	Students felt very comfortable with screening and feel ready to work in a direct access environment	Examination (Part II) 2009 A. 671.1/645.6 B. 672.9/654 2010 A. 643.9/643 B. 658.1/647.5 2011 A. 657.2/648.7 B. 660.0/648.1	Patient Screening 2010-93.8% 2011-91% Interdisciplinary Collaboration 2010-81.3% 2011-91% Consultation 2010-93.8% 2011-75%

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6	Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.	1,2	Musculo Exam 2011-100% 2012-100% Neuro Exam 2011- 91% 2012-91% Integ Exam 2011- 43% 2012-83% Cardio Exam 2011-76.8% 2012-91% Peds Exam 2011- 64% 2012-88% Geriatric Exam 2011-94% 2012-100%	Students felt very strong in most areas, biggest weakness was integumentary and pediatrics	Examination (Part II) 2009- 671.1/645.8 2010 -643.9/643 2011-660.9/651.8 Practice Patterns 2009 Cardio 645.9/638 Musculo 653.3/633.9 Neuro 658.4/639.7 Integ 666.3/639.5 2010 Cardio 648.2/647.7 Musculo 634.5/640.4 Neuro 658.9/641.7 Integ 645.3/632.8 2011 Cardio 669.6/649.8 Musculo 648.6/642.7 Neuro 635.2/641.7 Integ 666.1/645.3	Musculo Exam 2010-100% 2011-75% Neuro Exam 2010- 93.8% 2011-83% Integ Exam 2010- 62.5% 2011-50% Cardio Exam 2010- 75% 2011-83% Peds Exam 2010- 62.5% 2011-17% Geriatric Exam 2010- 93.3% 2011-75%
7	Evaluate all available data (including examination, medical and psychosocial) to establish and communicate a physical therapy diagnosis and to determine patient/client prognosis.	1,2	Exam Synthesis 2011-97% 2012-100% Diagnosis 2011-94% 2012-97% Prognosis 2011- 93% 2012-88%	Students felt well prepared to establish a diagnosis and determine a prognosis for all types of patients	Examination (Part II) 2009 C. 671.1/645.6 D. 672.9/654 2010 C. 643.9/643 658.1/647.5 Practice Patterns 2009 Cardio 645.9/638 Musculo 653.3/633.9 Neuro 658.4/639.7 Integ 666.3/639.5 2010 Cardio 648.2/647.7 Musculo 634.5/640.4 Neuro 658.9/641.7 Integ 645.3/632.8	Establish a PT Diagnosis 2011-91%

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					2011 Cardio 669.6/649.8 Musculo 648.6/642.7 Neuro 635.2/641.7 Integ 666.1/645.3	
8	Establish a collaborative physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based.	1,2	Establish plan of care 2011- 97% 2012-100% Apply evidence to plan of care 2011- 98% 2012-94%	Students felt well prepared in this area	Not measured with this test	Establish a Plan of Care 2011-83%
9	Demonstrate accountability for the efficient, coordinated management of care (primary, secondary, or tertiary) based on the patient's/client's goals and expected functional outcomes.	1,2	Patient advocacy 2011-100% 2012-100% Accountability 2011-100% 2012-100%	Students felt this is an area of strong preparation	Not measured with this test	Coordinate Patient Care Management 2011-90%
10	Implement safe and effective physical therapy intervention plans within a variety of care delivery settings including reflective practice leading to optimal outcomes.	1,2	Musculo Rx 2011-94% 2012-100% Neuro Rx 2011- 89% 2012-97% Integ Rx 2011- 23.8% 2012-66% Cardio Rx 2011- 80% 2012-91% Peds Rx 2011- 53% 2012-94%	Students felt well prepared, areas of weakness were integumentary, peds, and musculoskeletal	Intervention (Part III) 2009-642.8/636.1 2010-647.3/641.3 2011-659.6/648.7	Musculo Rx 2010-100% 2011- 50% Neuro Rx 2010- 93.7% 2011-58% Integ Rx 2010- 62.5% 2011-25% Cardio Rx 2010- 68.8% 2011-56% Peds Rx 2010- 56.3% 2011-8.3%

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			Geriatric Rx 2011-91% 2012-100%			Geriatric Rx 2010- 93.8% 2011-58%
11	Provide effective education for patient/clients, caregivers, colleagues and the general public.	3	Patient Education 2011-100% 2012-100%	Students felt well prepared	Not measured with this test	Patient Education 2010- 93.7% 2011-91%
12	Contribute to the advancement of physical therapy practice through critical evaluation and informed application of the findings of professional and scientific literature.		Apply evidence with clinical decision making 2011-100% 2012-100%	Students felt well prepared	Not measured with this test	Evidence Based Practice 2010- 100% 2011-100%
13	Complete accurate and concise documentation in a timely manner that supports the problem solving process and follows guidelines and specific documentation formats required by the practice setting.	3	Document 2011- 94.2% 2012-100%	Students felt well prepared	Not measured with this test	Document 2010- 77.5% 2011-58%
14	Participate in the administration of PT services including delegation and supervision of support personnel, management planning, marketing, budgeting, reimbursement activities and clinical		Delegate Support Personnel 2011- 76% 2012-88%	Students felt prepared but would like to see this integrated more	Not measured with this test	Delegate Support Personnel 2010- 68.8% 2011-67%

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	education of students.					
15	Provide consultation services to individuals and groups including by providing wellness and health promotion program appropriate to physical therapy.		Consultation 2011-94% 2012-86% Health & Wellness 2011- 97% 2012-100%	Students felt well prepared but would like to see this integrated more	Not measured with this test	Consultation 2010-93.8% 2011-75% Health & Wellness 2010-93.8% 2011-83%
16	Formulate and implement a plan for personal and professional development and life-long learning based on self-assessment, reflection and feedback from others.	4	Professional growth 2011-100% 2012-100% Development Plan 2011- 100% 2012-91% Lifelong Learning 2011- 100% 2012-100% Professional duty 2011-100% 2012-100%	Students felt overall well prepared	Not measured with this test	Professional growth 2010-93.7% 2011-91%
17	Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities.	4	Professional advocacy 2011-100% 2012-97% Professional Participation 2011- 94% 2012-100% Social responsibility 2011-100% 2012-100%	Students felt overall well prepared	Not measured with this test	Responsibility for Mentoring 2010-86.7% 2011-83% Advocacy for the profession 2010-100% 2011-100%

6. Action plan and Follow Up 2011-2012	7. Impact of changes made from last assessment period
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Integumentary Course Perform peer review assess of teaching, provide faculty with CTL evaluation, discuss the addition of more case study formatting	Case study formatting was implemented. Faculty teaching review was performed. No significant changes were noted in student outcome measures for course.
Pediatric Course Content Increase case study critical thinking, add more skilled educator to course instruction, change format to allow more hands on learning	Case study design was added to the course New course instructor was recruited for the course More hands on actives were added to course content Students satisfaction ranks increased; need more time to evaluate impact on student learning and preparation for clinical practice.
Cardiopulmonary practice: Integrate more case study work	More case studies were added to course content Students reported that case studies increased their understanding of course material
Musculoskeletal: Integrate more case study work	More case studies were added to course content Students reported that case studies increased their understanding of course material
Student data collection: Add appropriate questions to survey form	Changes were made to end of the program and 6 month follow up surveys to reflect information need for program assessment
Program has implemented change to increase length of long term clinical internships	This has been approved by the curriculum committee. The first students to experience this will be spring 2013
Program has implemented an integrative clinical approach that will put students in the clinical setting early in the curriculum	The first two semesters of this program have been completed. Student response has been overwhelmingly positive. Data is being assess regarding student learning and effectiveness. Faculty report stronger clinical practical exam performance in the spring of 2012
Clinical practice pattern courses will integrate a course objective and learning opportunities for patient delegation and consultation	Each course has created a learning objective. Specific data regarding this outcome is being collected this year and next.
8. Action plan and Follow Up 2012-2013	9. Potential changes

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Development of a strong connection to professional values	Develop an e-portfolio that capture student progress towards professional development during the three year program. Adopt the APTA's Professional Core Values as the primary measure tool
Pharmacology course does not support physical therapy perspectives	Change faculty instructors and add specific physical therapy content
Integumentary course	Change clinical exposure for this course to ICE. Add additional instructor to the course
Implement ICE III	The success of ICE I and II warrants need to continue to advance this educational approach. Gain approval and site selection for ICE III
Electronic Documentation	Will plan to implement an electronic documentation system to educate students on this approach to medical record keeping
Library Orientation	Student understanding of evidence based searching, term paper writing, and appropriate citations is poor. Adding Endnote training and early library training will be used to improve student performance and learning
Comprehensive practical exam	To continue to strive to improve student learning and clinical preparation, faculty are considering developing a more comprehensive practical exam at the end of the first year of the curriculum.

PT Program Review Summary

Overall students are performing well on the licensure exam. Both direct and indirect measures of student learning indicate student performance is good. Low performance continues to be illustrated with integumentary and pediatrics. Specific changes to these courses have been outlined above. Additional strategies to enhance student learning and clinical preparation include implementing electronic documentation, comprehensive practical exams, and specific course changes.

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Part 3: PhD in Health and Rehabilitation Sciences

The Department of Health and Rehabilitation Sciences currently offers a PhD in Health and Rehabilitation Sciences (first student admitted in Fall 2008), a Master of Sciences in Health Sciences (no students currently enrolled) and a BS in Health Sciences (first students admitted Fall 2010).

Mission: Designed to develop scholars who, through their leadership and original research, will contribute to the knowledge base in health and rehabilitation sciences. We envision program graduates emerging as leaders in education and research in universities, clinical faculties and industry.

Learning Outcome	Assessment	Benchmark	Outcomes	Changes
1. Articulate the theoretical frameworks of rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W660	100% of students enrolled in course have passed	Included more critical thinking assignments
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination at first attempt	All students passed the comprehensive exam	Created a grading rubric for the comprehensive exam
2. Apply the theories of health promotion and disease prevention	Course grade	Each SHRS PhD student to pass SHRS W661	100% of students enrolled in course have passed	Included more critical thinking assignments
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	All students passed the comprehensive exam	Created a grading rubric for the comprehensive exam
3. Demonstrate enhancement of knowledge base of health and rehabilitation sciences from an interdisciplinary perspective	Grades in core courses	Each SHRS PhD student to pass all PhD core courses	95% of students enrolled in courses have passed	Benchmark not met, Expectations for course load will be added to orientation
		Each SHRS PhD student to pass the comprehensive examination	All students passed the comprehensive exam	Created a grading rubric for the comprehensive exam

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4. Analyze health services methodological approaches to rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W662	95% of students passed	Goal not achieved, will evaluate student learning activities and course content
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination on 1 st attempt	All students passed the comprehensive exam	Created a grading rubric for the comprehensive exam
5. Critically evaluate research in health and rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W520	100% of students enrolled in course have passed	Expectations for student performance during dissertation defense will be established
	Dissertation work	1. Each SHRS PhD student to have his/her dissertation proposal accepted 2. Each SHRS PhD student to have successful dissertation defense	100% of students had proposal accepted 1 successful dissertation defense	
3. Develop a course to include creating a syllabus, establishing learning outcomes, and identifying appropriate pedagogy	Course grade	Each SHRS PhD student to pass SHRS W672 or equivalent	Course not offered in 2011-12	N/A
4. Write a federal grant	Performance on Grant proposal project	Score on federal grant project.	100% of students submitted a federal grant proposal	Will continue to monitor objective
5. Write a manuscript for publication	Submission ready manuscript	Through coursework or independent study, have	100% of students completed a submission	Will continue to monitor objective

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		manuscript ready for submission to a peer reviewed journal	ready manuscript	
6. Conduct original research in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	1 successful dissertation defense	Expectations for student performance during dissertation defense will be established
7. Communicate effectively with regard to research area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	1 successful dissertation defense	Expectations for student performance during dissertation defense will be established
8. Think critically to solve problems in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	1 successful dissertation defense	Expectations for student performance during dissertation defense will be established
9. Meet ethical standards as set forth by the program	Evaluate ethical conduct	No SHRS PhD student to be charged with unethical conduct	UNMET : One student dismissed for academic misconduct	SHRS PhD Core Curriculum Committee made the decision to include a plagiarism unit in each of the 2 core courses offered each year in fall and spring

PhD Summary findings

The PhD program, in 2011-2012, had its first student successful defend their dissertation and graduate from the program. Overall, the program illustrates successful student progression. Current measurement tools focus on indirect measurement focused on student course grades. Faculty will work to add specific direct measurements of student performance.