

# School of Health and Rehabilitation Sciences

## PRAC Annual Report 2012-2013

The School of Health and Rehabilitation Sciences (SHRS) consists of a Department of Health Sciences that offers an Undergraduate and Master's degree in Health Sciences as well as a Ph.D. in Health and Rehabilitation Sciences. The School also has three professional programs: The Department of Nutrition which offers a Master's of Science in Nutrition and Dietetics; the Department of Occupational Therapy which offers a Master's of Science in Occupational Therapy and the Department of Physical Therapy which offers an entry-level clinical Doctorate in Physical Therapy. The School has most recently enrolled candidates for the Physician Assistant Program that started in late May of 2013.

This report contains assessment data for all three professional programs (Nutrition and Dietetics, PT, OT), the PhD program, and the BS in Health Sciences.

### **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.

BUNDLE	PULs	RISE	COMPETENCIES	Assessment	Benchmark *	Outcome	Changes
<b>Domain I : Knowledge of health care services in the world, population health needs, and health sciences</b>	1A – Express and interpret information 1C – Use information resources and technology 2 - Critical thinking 3 – Integration & application of knowledge. 5 – Understanding society and culture		<b>Students will be able to:</b>				
			1. Describe health care professional jobs. (W100)	Final exam	See Note	36%	Revise approach to content and redesign final exam questions
			2. Identify current issues of critical importance in the allied health professions. (W210)	Exam #2	See Note	92%	Met benchmark. No changes needed.
			3. Describe the roles and responsibilities of health professionals. (W211)	Career Paper	See Note	100%	Met benchmark. No changes needed.
			4. Identify major global health challenges. (W250)	Comprehensive Final Exam	See Note	82% FA <u>82% SP</u>	Continue revised approach as previously instituted. Provide study guides for mid-term & final exams. Add one open forum for Q&A prior to final exam.
			5. Compare and contrast health professions globally. (W270)	Final paper	See Note	88%	No change needed.

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			6. Demonstrate critical thinking & reflection on gerontology as a social, behavioral, and biological science. (W310)	Response papers #2 – Time to Die	See Note	97%	New faculty assigned. Apprise of previous results.
			7. Explain the technology used in rehab. settings. (W320)	Final exam	See Note	100%	Benchmark met. No change needed.
			8. Explore major issues in the rehabilitation administrative environment. (W330)	Case management paper	See Note	86%	No changes needed.
			9. Describe different types of disabilities and successful coping strategies. (W340)	Research paper	See Note	81%	Revise syllabus & rubric to clarify and be more specific.
			10. Demonstrate knowledge regarding community resources for older adults. (W350)	Final exam	See Note	85%	No change needed.
			11. Describe diverse populations in terms of values and perspectives related to culture, behaviors and practices. (W361)	Final paper	See Note	89%	No change needed.
			12. Describe the impact of policies, laws, and regulations on health and health care setting and providers. (W362)	Final paper	See Note	41% FA 28% SP	Schedule meetings w/students to offer writing guidance.
			13. Describe application of ethical/moral principles. (W363)	Final paper	See Note	85% FA 89% SP	No change needed.
			14. Explain the relationship of societal circumstances on individuals with disabilities. (W364)	Final exam	See Note	85% FA 87% SP	No change needed.

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		<p>15. Formulate strategies to address the interrelationship of race, gender, culture, and ethnicity in rehabilitative services. (W365)</p> <p>16. Explain adult development and the aging process. (W370)</p> <p>17. Describe health professionals practicing in developing countries. (W380)</p> <p>18. Describe theories of administration and leadership in rehab. services. (W441)</p> <p>19. Explain relationship of aging on social functions. (W450)</p>	<p>Group field assignment paper</p> <p>Final paper</p> <p>Final paper</p> <p>Final paper</p> <p>Portfolio</p>	<p>See Note</p> <p>See Note</p> <p>See Note</p> <p>See Note</p> <p>See Note</p>	<p>76% FA 97% SP</p> <p>93%</p> <p>62%</p> <p>85% FA 85% SP</p> <p>30%</p>	<p>No changes need.</p> <p>New instructor. Advise reg. outcome measures.</p> <p>Schedule meetings w/students to encourage completing paper.</p> <p>No change needed.</p> <p>Change final assignment to better reflect course objectives.</p>
<p><b>Domain II :</b></p> <p><b>Practical Skills and Abilities</b></p>	<p>1A – Express and interpret information</p> <p>1C – Use information resources and technology</p> <p>2 – Critical thinking</p> <p>3 – Integration and application of knowledge</p> <p>4 – Intellectual depth, breadth,</p>	<p>1. Evaluate the variation of operations among various health facilities. (W410)</p> <p>2. Write a grant. (W420)</p> <p>3. Find, analyze, and summarize evidence on a self-selected health topic (W442)</p> <p>4. Recognize, analyze, and evaluate health care services. (W445)</p>	<p>Agency paper</p> <p>Grant proposal</p> <p>Annotated Bib.</p> <p>Program evaluation</p>	<p>See Note</p> <p>See Note</p> <p>See Note</p> <p>See Note</p>	<p>89%</p> <p>94%</p> <p>78% FA 84% SP</p> <p>97%</p>	<p>No change needed.</p> <p>No change needed.</p> <p>No change needed.</p> <p>No change needed.</p>

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	and adaptiveness		5. Conduct literature searches on health topics. (W362; W380; W441; W450)	paper Journal reports	See Note	34% 50% 74% 40%	Revise grading rubrics so students can self-assess reports before submitting.
		Inter-national Study Abroad	6. Compare & contrast US health care system with that of a country visited. (470)	Final paper	See Note	0%	Only one student in course. No change needed.
<b>Domain III: Responsibilities and Performance</b>	5 – Values and ethics		1. Demonstrate proper documentation in all written papers; avoid plagiarism.	All course papers	No plagiarism	None	No changes needed.
			2. Demonstrate integrity in completing assignments and taking exams; avoid cheating.	Course assignment and exams	No incidents reported	No incidents reported	No changes needed.
			3. Maintain a CGPA greater than 2.0; avoid probation.	cGPA	10% or less on probation for a semester	8% FA 10% SP	Increase outreach efforts to students to attend probation meetings with academic counselor.
			4. Maintain enrollment in Program until graduation; avoid dismissal.	cGPA	<1 % dismissed from the program	1%	No changes needed.
			5. Achieve high academic standard of 3.5 GPA each semester.	Semester GPA	5% or greater placed on Dean's List	16% FA 18% SP	No change needed.
			6. (For students who choose to apply to graduate	Exit	90% or	60% of	Encourage students to

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			<p>school or seek employment in the health care system), achieve acceptance or employment.</p> <p>7. (For those students who are enrolled in stand-alone certificates), complete one of three certificates.</p>	<p>interview</p> <p>Completion of required certificate courses</p>	<p>greater gain entrance into graduate school or have secured employment</p> <p>90% complete in three years</p>	<p>respondents.</p> <p>100%</p>	<p>complete exit interview.</p> <p>No change needed.</p>
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\*For assessment noted, 90% of students must earn a grade of C or better.

### **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**

The principles of graduate learning are listed below for both graduate and professional programs. Each of these goals is highly correlated to existing graduate 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 2013
<i>1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice</i>		
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.	We returned to our traditional schedule of introducing the research materials after early concentration on medical nutrition therapy foundation. This worked well and we were able to select critical reading assignments from the Medical Nutrition Therapy literature.



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		With one or two exceptions, this dietetic intern class had a better grounding in critical assessment skills that classes of previous years. Target met
<b>2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice</b>		
DI 2.2 Demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Interns were able to successfully demonstrate critical reading skills but needed coaching in terms of following up on referenced studies. For example, they did not automatically look up questionnaires etc utilized in studies to determine whether they were appropriate.

<b>6. Program Outcomes</b>	<b>7. What program improvements have been made based on assessment findings?</b>
<p>The Class of 2011 first time pass rate was 94% in contrast to the class of 2010 whose first time pass rate was 65%. The Class of 2012 had a first time pass rate of 65% because they did not study sufficiently for the Registration Examination for Dietitians. This gives our program a 5 year first time passing rate of 80%. (2008-2012)</p> <p>Our first year post graduation passing rate for the same period (2008-2012) is 99% (n = 80/81)</p> <p>99% (n= 79/80) of all Dietetic Interns admitted from 2008 to 2012 successfully completed the program in 15 months.</p> <p>100% of all 2011 graduates of the Dietetic Internship Program who responded to the 1 year post graduate survey reported that they were satisfied or highly satisfied with their preparation</p> <p>All employers who responded reported themselves satisfied with graduate preparation and would hire again from our program.</p>	<p>We shared the experience of the Classes of 2010 and 2011 with the class of 2012 and 2013. The class of 2012 saw itself as the exception and did not believe that they would find the Registration Examination for Dietitians challenging. Part of the difficulty is that newly graduated dietitians can work for as long as 6 months before being Registered. In the absence of state licensure, there is little penalty for failing the RD Exam the first or even second time. We plan to make the final 6 week internship supervised practice experience graded rather than S/F and to require all interns to complete the StEP: Student Exam Prep which is a computer based preparation for the Registration Examination for Dietitians. The final score on the StEP Exam will be count as 50 % of the Capstone grade.</p> <p>No improvements need</p> <p>No improvements needed</p>

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<p>The most recent 5 year period 2008-2012, 85% of the Dietetic Internship Program graduates who sought employment were employed within 3 months following program completion</p>	<p>No improvements needed</p>
	<p>No improvements needed</p>

**8. Program improvements to be implemented in 2012-2013 to enhance student learning**

<p>Program Changes (2012-2013)</p> <p>A. We eliminated mandatory pretests in favor of self-evaluation and self-study</p> <p>We planned to develop a facebook page for preceptors</p> <p>We completed a two week community nutrition experience at the Indiana State Fair.</p>	<p><b>Outcomes</b></p> <p>Interns did not utilize the materials and turned up at supervised practice sites unprepared. As a result, pretests are back and will be administered using question data bases in Oncourse</p> <p>The initial steps to set up the facebook page were taken. It did not provide the level of flexibility we needed. Current plan is to utilize the drop box feature of the revised Oncourse and try those out this coming year.</p> <p>Results were mixed. We found that without significant supervision and coaching many interns did not take advantage of learning opportunities. We decided to replace this rotation with other experiences because we were not able to solve the supervision problem and the scheduling of the State Fair this year overlapped with other teaching obligations</p> <p>In place of the Indiana State Fair Community Nutrition Experience we designed a Garden on the Go experience with IU and added a separate one week Nutrition Assessment Experience for the 2013-2014 year.</p>
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**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	Class of 2013 – 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, analyzing and addressing occupational needs & using occupation-based interventions.	Occupation courses (I, II & III), Theoretical Foundations of OT course & Technology in OT course grades	80% of students receive a grade of B or higher	Class of 2013 – 81% of students met goal	Few students received below a B grade. Faculty will re-evaluate goal level to determine appropriate benchmark. Faculty will discuss possible 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	100%	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	77%	Faculty will review and determine if the Alumni Survey instrument needs modification to better discern this objective.
5. Become role models, partners and collaborators attentive to minority and underserved populations.	Alumni Survey	50%	61%	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% of students will discuss with their academic advisors the type of position they are considering upon graduation.	88% return	<b>31 of the 35 returned their confidential exit interview surveys. Some faculty had limited participation from their advisees. Some did not meet with their advisees to discern this objective. Class of 2014 will have these issues corrected. Faculty will be given a list of their advisees and asked to check them off as they submit the sealed envelope with the form. We can Faculty will also discuss this item specifically with their advisees.</b>

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7. Value life-long learning through participation in continuing professional development, specialty certification, and/or doctoral education	Alumni Survey	80% will acknowledge one or many of these lifelong learning opportunities	95%	<b>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 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.</b>
8. Analyze and synthesize program outcomes	Management Class	100%	100%	<b>Prof. Chaplin had a test item on Exam II in the Management Course that addressed this information. She will continue some form of this.</b>

Note: **Red font** indicates action that will be taken during the 2013-14 academic year

### 5. Program changes for 2013-14 based upon data assessment of student learning outcomes

1. Faculty will discuss other possible methods to better appreciate student learning outcomes.
2. Faculty teaching assessment and intervention didactic courses will provide more “hands on” experiences to improve student preparation for practice as this was a theme in the Alumni Survey.
3. Faculty will continue their commitment to research activities to continue to produce competent consumers of research.

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6. Outcomes from changes implemented from 2012-2013 assessment findings.	
Implemented Change	Impact on learning
1. Reflected above in the "Change Column"	
2. It was learned that faculty understood individuals and groups but were not as clear about their understanding of populations. Faculty will include more of this discussion in curriculum meetings and during classes.	Integrating this into lectures and learning activities will assist student learning and allow for improved performance on state board exam.
3. Survey monkey to be implemented as a data collection tool to make it easier for alumni to participate in program evaluation.	Survey Monkey was implemented with increase response rate of 15%. For Class of 2011, we had 61% return. Class of 2012, we had 72% return. Faculty suggested leaving the survey up for an additional month given we survey during the summer and people are busy with vacations, coverage, etc. So, the survey will be up July 15- August 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.

#### **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 both direct and indirect measurement tools. 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		Program Outcome Measures and Benchmarks				
		Post Clinical Survey (Percentages are an aggregate score of strongly agree or agree) Scores for Class of 2012/2013 )	Focus Group Interviews conducted at the end of the three year program	Board Exam Taken after completion of the program, Class of 2010-11 (IU Score/National Ave.)	Post Graduation Survey performed 6 months following graduation, Class 2010 - 2012 (Percentage scores reflect aggregate of Well or Very Well responses)	
		PGL	<b>Benchmark:75% or above</b> (Red indicates areas of needed improvement)	Benchmark: Consistent student reporting that correlates with other objective data (Red indicates areas of needed improvement)	<b>Benchmark: Meet or exceed National Average</b> (Red indicates areas of needed improvement) <i>Note: Unable to obtain 2012 data</i>	<b>Benchmark:75% or above</b> (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 2012 – 97% 2013 – 100% Legal Preparation 2012 – 100% 2013 – 100% Acute setting 2012 – 94% 2013 - 97% Rehab setting 2012 – 91% 2013 – 94% Outpatient setting 2012 – 94%	Overall, student communicated that they felt very well prepared to begin independent clinical practice	Safety and Professional 2010 = 646.4/650.6 2011= 679.3/647.7	Ethics Preparation (Good or Outstanding) 2011-100% 2012-93% Legal Preparation 2011-66% 2012-81.3% Overall Preparation 2011-91% 2012- 93.7%



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			2013 – 92%			
2	Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents.	3	Communicate 2012-97% 2013-100% Patient Education 2012-100% 2013-100% Document 2012-100% 2013- 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% 2012-100% Patient Education 2010- 93.7% 2011-91% 2012-100% Document 2010- 77.5% <b>2011-58%</b> 2012-100%
3	Demonstrate proficiency in providing culturally competent care across the lifespan.		Cultural Sensitivity 2012-97% 2013-97%	Dr. Bayliss provided excellent mentoring in this area. Students felt prepared	Not measured with this test	Cultural Sensitivity 2010-100% 2011-100% 2012-97%
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.	2	Thinking Critically 2012-97% 2013-100% Apply clinical decision-making 2012-100% 2013- 97% Evidence with clinical decision making 2012-94% 2013-92%	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 <b>integumentary and pediatrics</b>	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% 2012-100%
5	Screen patients/clients to determine the need for further examination or consultation by a PT or	2	Screening Patients 2012-97% 2013- 100% Consultation 2012-86%	Students felt very comfortable with screening and feel ready to work in a direct access	Examination (Part II) 2009 A. 671.1/645.6 B. 672.9/654 2010	Patient Screening 2010-93.8% 2011-91% 2012-100%

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	referral to another health care professional.		2013-94% Interdisciplinary Collaboration 2012-100% 2013- 97%	environment	A. 643.9/643 B. 658.1/647.5 2011 A. 657.2/648.7 B. 660.0/648.1	Interdisciplinary Collaboration 2010-81.3% 2011-91% 2012-97%  Consultation 2010-93.8% 2011-75% 2012-94%
6	Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.	1,2	Musculo Exam 2012-100% 2013-84% Neuro Exam 2012-91% 2013- 75% Integ Exam 2012-83% <b>2013- 25%</b> Cardio Exam 2012-91% <b>2013-67%</b> Peds Exam 2012-88% <b>2011- 50%</b> Geriatric Exam 2012-100% 2013-94%	Students felt very strong in most areas, biggest <b>weakness was integumentary and pediatrics</b>	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 <b>658.9/641.7</b> Integ 645.3/632.8 2011 Cardio 669.6/649.8 Musculo 648.6/642.7 Neuro <b>635.2/641.7</b> Integ 666.1/645.3	Musculo Exam 2010-100% 2011-75% 2012-83%  Neuro Exam 2010- 93.8% 2011-83% 2012-75%  Integ Exam <b>2010- 62.5%</b> <b>2011-50%</b> <b>2012-25%</b>  Cardio Exam 2010- 75% 2011-83% <b>2012-68%</b>  Peds Exam <b>2010- 62.5%</b> <b>2011-17%</b> <b>2012-30%</b>  Geriatric Exam 2010- 93.3%

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						2011-75% 2012-94%
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 2012-100% 2013-98% Diagnosis 2012-97% 2013-97% Prognosis 2012-88% 2013- 92%	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 2011 Cardio 669.6/649.8 Musculo 648.6/642.7 Neuro 635.2/641.7 Integ 666.1/645.3	Establish a PT Diagnosis 2011-91% 2012-97%
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 2012-100% 2013- 97% Apply evidence to plan of care 2012-94% 2011- 94%	Students felt well prepared in this area	Not measured with this test	Establish a Plan of Care 2011-83% 2012-93%
9	Demonstrate accountability for the efficient, coordinated management of care (primary,	1,2	Patient advocacy 2012-100% 2013-98%	Students felt this is an area of strong preparation	Not measured with this test	Coordinate Patient Care Management 2011-90%

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	secondary, or tertiary) based on the patient's/client's goals and expected functional outcomes.		Accountability 2012-100% 2013-98%			2012-97%
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 2012-100% 2013-86% Neuro Rx 2012-97% 2011- 78% Integ Rx 2012-66% 2013- 23.8% Cardio Rx 2012-91% 2013- 56% Peds Rx 2012-94% 2013- 42% Geriatric Rx 2012-100% 2013-98%	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% 2012-86%  Neuro Rx 2010- 93.7% 2011-58% 2012-78%  Integ Rx 2010- 62.5% 2011-25% 2012-24%  Cardio Rx 2010- 68.8% 2011-56% 2012-56%  Peds Rx 2010- 56.3% 2011-8.3% 2012-42%  Geriatric Rx 2010- 93.8% 2011-58% 2012-97%

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11	Provide effective education for patient/clients, caregivers, colleagues and the general public.	3	Patient Education 2012-100% 2013-100%	Students felt well prepared	Not measured with this test	Patient Education 2010- 93.7% 2011-91% 2012-100%
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 2012-100% 2013-98%	Students felt well prepared	Not measured with this test	Evidence Based Practice 2010- 100% 2011-100% 2012-91%
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 2012-100% 2013- 100%	Students felt well prepared	Not measured with this test	Document 2010- 77.5% <b>2011-58%</b> 2012-100%
14	Participate in the administration of PT services including delegation and supervision of support personnel, management planning, marketing, budgeting, reimbursement activities and clinical education of students.		Delegate Support Personnel 2012-88% 2013- 83%	Students felt prepared <b>but would like to see this integrated more</b>	Not measured with this test	Delegate Support Personnel <b>2010- 68.8%</b> <b>2011-67%</b> 2012-83%
15	Provide consultation services		Consultation	Students felt well	Not measured with this test	Consultation

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	to individuals and groups including by providing wellness and health promotion program appropriate to physical therapy.		2012-86% 2013-94% Health & Wellness 2012-100% 2013- 100%	prepared <b>but would like to see this integrated more</b>		2010-93.8% 2011-75% 2012-94%  Health & Wellness 2010-93.8% 2011-83% 2012-100%
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 2012-100% 2013-94% Development Plan 2012-91% 2013- 94% Lifelong Learning 2012-100% 2013- 98% Professional duty 2012-100% 2013-100%	Students felt overall well prepared	Not measured with this test	Professional growth 2010-93.7% 2011-91% 2012-94%
17	Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities.	4	Professional advocacy 2012-97% 2013-97% Professional Participation 2012-100% 2013- 97% Social responsibility 2012-100% 2013-100%	Students felt overall well prepared	Not measured with this test	Responsibility for Mentoring 2010-86.7% 2011-83% 2012-100%  Advocacy for the profession 2010-100% 2011-100% 2012-97%

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6. Implemented changes in 2012-2013	7. Impact of changes made	8. Additional Actions planned for 2013-2014
<p>Development of a strong connection to professional values using 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</p>	<p>Portfolio process was initiated with first year graduates. Technical challenges and faculty buy-in limited student follow through. Less than 50% participation with portfolio.</p>	<p>Portfolio Changes</p> <ul style="list-style-type: none"> <li>• Enhanced instructional plans and training with faculty to better understand the use of portfolio.</li> <li>• Enhance understanding of use with students with better written instructions and deadlines</li> </ul> <p>Additions</p> <ul style="list-style-type: none"> <li>• Implement assessment of professional development through the use of a digital story as a capstone project</li> </ul>
<p>Pharmacology course did not support physical therapy perspectives; faculty instructors were changed and specific physical therapy content was added</p>	<p>Significant increase in student satisfaction was realized (Positive course ratings increased by 50%)</p> <p>Student comments revealed satisfaction with content and course value</p>	<p>Pharmacology course improve</p> <ul style="list-style-type: none"> <li>• Measure student learning with development of pharmacology and pathophysiology co-project</li> <li>• Integrate pharmacology content throughout curriculum</li> <li>• Measure retention of pharmacology knowledge across the curriculum by adding questions to complex case analysis</li> </ul>
<p>Integumentary course: changed clinical exposure for this course to an integrated clinical approach.</p>	<p>Students report competency with content but lack clinical exposure. This is reflected in national board exam score (<i>highest content area score for students = 661</i>)</p>	<p>Integumentary Course</p> <ul style="list-style-type: none"> <li>• Add additional instructor to the course to manage clinical exposure</li> </ul>
<p>Implemented integrated clinical education III</p>	<p>Students reported benefits of seeing patients related to course work throughout the semester</p> <p>Faculty reported improved classroom discussions and better clinical decision making with implementation of this integrated clinical</p>	<ul style="list-style-type: none"> <li>• No additional major changes as benchmark numbers were achieved</li> <li>• Developing an assessment form to better understand impact of experience on student learning</li> </ul>

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	approach during the semester	
Implemented an electronic documentation system to educate students on this approach to medical record keeping	Poor integration of technology with course activities. Faculty felt poorly prepared to use system with courses	<p>Electronic Documentation</p> <ul style="list-style-type: none"> <li>• Develop a curricular approach to electronic documentation to better enable faculty to implement technology in the classroom</li> <li>• Survey faculty on use of technology within classroom</li> <li>• Present best practices within faculty meetings to educate all on use of technology within educational designs</li> </ul>
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	A comprehensive practical exam was implemented with first year students in Spring of 2013. 59% of students reported high satisfaction with the concept because it was realistic and offered them an opportunity to “put all of what they had to learn together”	<p>Comprehensive Exam</p> <ul style="list-style-type: none"> <li>• No changes</li> <li>• Continue to collect learning outcome data on approach</li> </ul>

<b>8. New Actions for 2013-2014</b>	
Student Learning Outcome Numbers from above that fell below benchmark levels	Actions planned to enhance learning
6 & 10	<p>Implement and analyze the use of complex integrated case studies as a measure of curricular integration to determine knowledge in areas of pediatrics and integumentary</p> <p>Enhance measurement tool to better determine why students score pediatrics and integumentary preparation low</p>
13	<p>Develop comprehensive curricular documentation training plan</p> <p>Determine measurement tools for documentation learning</p>



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14	Measure faculty integration of delegation principles within clinical courses
15	Physical Therapy students are involved in the Student Outreach Clinic developed by the School of Medicine The plan is to measure student learning outcomes in the probono environment emphasizing consultation, professional development, social responsibility, and Interprofessional Education.

### **PT Program Review Summary**

Overall students are performing well on the licensure exam with 100% rate achieved in July of 2013. Both direct and indirect measures of student learning indicate student performance across most student learning outcomes were good. Low student ratings continue with integumentary and pediatrics course work; however licensure exam scores and student course performance is high. Survey data indicated that the primary reason for low scores was a lack of clinical exposure in these areas. The direct and indirect measures above indicate a moderate to high level of learning for most student learning objectives. Additional strategies to enhance student learning and clinical preparation include: implementing comprehensive practical exams, complex case studies, 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.

Note: **(new goals added in red)**

Learning Outcome	Assessment	Benchmark	Outcomes	Changes
1. Articulate the theoretical frameworks of rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W660	1 student received a C- in the course; this student was on academic probation and was subsequently dismissed from the program	Benchmark not met No changes recommended
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	All students passed the comprehensive exam ; One student passed all three sections on the first attempt; 3 others needed additional attempts to pass	MET No changes recommended
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	MET No changes recommended
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	See above	MET No changes recommended

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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	As noted 1 student did not pass one of the required courses	Benchmark not met, No changes recommended
		Each SHRS PhD student to pass the comprehensive examination	See above	MET No changes recommended
4. Analyze health services methodological approaches to rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W662	All students passed the course	MET No changes recommended
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	See above	MET No changes recommended
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	MET No changes recommended
	Dissertation work	<ol style="list-style-type: none"> <li>1. Each SHRS PhD student to have his/her dissertation proposal accepted</li> <li>2. Each SHRS PhD student to have successful dissertation defense</li> </ol>	<p>100% of students had proposal accepted</p> <p>4 successful dissertation defenses (RS, KM, KV, MP)</p>	
3. Develop a course to include creating a syllabus, establishing	Course grade	Each SHRS PhD student to pass SHRS W672 or equivalent	This course was not offered in 2011-12; subsequent to discussion	While we had a faculty member from the SoE teach the W672 course in

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learning outcomes, and identifying appropriate pedagogy			with the School of Education we are substituting and education course (EDUC C750-either higher education pedagogy or college teaching)	our curriculum, we were dependent on her time schedule. The 2 courses offered out of the SoE are routinely offered each fall and spring semester. Students reported that this content offered by experts was highly desirable.
4. Write a federal grant	Performance on Grant proposal project	Score on federal grant project <b>At least 1 student will have a grant funded each year</b>	100% of students enrolled in the grant writing course or equivalent prepared a federal grant proposal <b>8 grants were submitted; 3 were funded; 2 are in review, 2 were not funded</b>	We have had success with students writing grants under supervision in independent study formats MET
5. Write a manuscript for publication	Submission ready manuscript	Through coursework or independent study, have manuscript ready for submission to a peer reviewed journal <b>At least 1 student each year will have an article accepted for publication</b>	100% of students enrolled in the writing for publication course or equivalent completed a submission ready manuscript <b>Four students had a total of six articles accepted for publication</b>	We have had success in students writing manuscripts under supervision in independent study formats <b>MET; may want to increase benchmark next year</b>
6. Conduct original research in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	4 successful dissertation defenses	MET No changes recommended
7. Communicate effectively with regard to research area of	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	4 successful dissertation defenses	MET

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expertise		At least 10% of students enrolled will have a peer reviewed presentation		
8. Think critically to solve problems in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	4 successful dissertation defense	MET No changes recommended
9. Meet ethical standards as set forth by the program	Evaluate ethical conduct	No SHRS PhD student to be charged with unethical conduct	We had one student who failed to cite sources as part of his qual exam; he was given a Failure and then required to retake	UNMET At the request of the PhD program director, the issue of plagiarism was discussed at a GAC meeting. This will continue to be an item for discussion at the campus level.
10. All graduates to be employed in positions that utilize the knowledge and skills gained from the PhD	Post graduate interview	Each graduate employed in a position that utilizes the knowledge and skills gained from the PhD	RS-faculty, PETM KM-new faculty, SHRS KV-appointed research manager in her company	MET

#### PhD Summary findings

All new objectives and benchmarks are identified in red. We currently have 20 active students. Seven students were accepted for fall 2013; 6 have accepted the offer of admission. Ten of the current students are in ABD phase. Seven of the current students are internationals, and 2 of the students accepted to start in fall are internationals. We have a total of four program graduates as of spring 2013.

As we have gained experience, we have become more deliberate in our selection process in assessing a student's research preparation and interest, and identifying potential mentors. We do not yet offer funding from the school for our students, but there is the expectation that we will be able to do so in 2013-14.

Leadership of the PhD program will change July 1, 2013, with the hiring of a new department chair. It is our expectation that the new chair will subsequently begin a review of the program. We will also have a new faculty member who will assume duties for one of the core courses.