

School of Health and Rehabilitation Sciences

PRAC Annual Report 2014-2015

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 four 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, a Physician Assistant Program offering a Masters in the discipline, and the Department of Physical Therapy which offers an entry-level clinical Doctorate in Physical Therapy.

This report contains assessment data for all four professional programs (Nutrition and Dietetics, PT, OT, PA), the BS in Health Sciences and the PhD in Rehabilitation 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

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

| LEARNING BUNDLE | PULs | RISE | COMPETENCIES | ASSESSMENT | Benchmark * | OUTCOME | | CHANGES |
|--|--|------|--|--|-------------|-------------------------|------------------|---|
| | | | | | | 2013-14 | 2014-15 | |
| 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 & application of knowledge. 5 – Understanding society and culture | | Students will be able to: | | | | | |
| | | | 1. Use library to identify articles & write report (W100) (Freshmen FYS course) | Journal Report (assessment measure changed from 2013-2014) | See Note | 72% | 75% | Provide more guidance on use of library and following syllabus directions. |
| | | | 2. Identify current issues of critical importance in the allied health professions. (W210) | Final Exam (FA) Final Exam (SP) | See Note | 91% FA 93% SP | 83% FA 92% SP | No changes needed |
| | | | 3. Describe the roles and responsibilities of health professionals. (W211) | Career Paper | See Note | 100% 93% SP | 87% FA 86% SP | Encourage students to complete assignment. Instructor change for Fall semester. |
| | | | 4. Identify major global health challenges. (W250) | Comprehensive Final Exam | See Note | 88% FA <u>85% SP</u> | 83% FA 90% SP | Encourage students to take final exam. Emphasize exam open /close time. |
| | | | 5. Compare and contrast health professions globally. (W270) | Final Paper | See Note | 86% SP (final exam) | 92 % SP | No change needed. |

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| | | | 6. Explain the technology used in rehab. settings. (W320) | Final exam | See Note | 96% | 84% | Encourage students to take final exam. No other change needed. |
| | | | 7. Explore major issues in the rehabilitation administrative environment. (W330) | Case management paper | See Note | 96% | 83% | Encourage students to submit paper. No other change needed. |
| | | | 8. Describe different types of disabilities and successful coping strategies. (W340) | Final paper | See Note | 85% | 73% | Encourage students to submit paper. No other change needed. |
| | | | 9. Demonstrate knowledge regarding community resources for older adults. (W350) | Movie paper | See Note | 96% | 100% | Benchmark met. No change needed |
| | | | 10. Describe diverse populations in terms of values and perspectives related to culture, behaviors and practices. (W361) | Final exam | See Note | 90% | 85% | Encourage students to take final exam. No other change needed. |
| | | | 11. Describe the impact of policies, laws, and regulations on health and health care setting and providers. (W362) | Final paper Final Exam | See Note | 40% FA 39% SP | 59% FA 58% SP | Monitor students who have difficulty writing on other assignments and offer additional guidance on final paper. Evaluate questions on final exam |
| | | | 12. Formulate strategies to address the interrelationship of race, gender, culture, and ethnicity in rehabilitative services. (W365) | Group field assignment paper | See Note | 100% FA | 82% FA | Encourage students to complete assignment. Instructor change for FA 2015. No other changes need. |

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| | | | 13. Describe health professionals practicing in developing countries. (W380) | Final paper | See Note | 92% | 80% | Encourage students to complete assignment. No other changes need. |
| | | | 14. Explain relationship of aging on social functions. (W450) | Final paper | See Note | 64% | 50% | Encourage students to complete assignment. No other changes need. |
| Domain II : Practical Skills and Abilities | 1A – Express and interpret information 1C – Use information resources and technology 2 – Critical thinking 3 – Integration and application of knowledge 4 – Intellectual depth, breadth, and adaptiveness | I | 1. Evaluate the variation of operations among various health facilities. (W410) | Agency comparison paper | See Note | 80% | 100% | Benchmark met. No change needed. |
| | | | 2. Write a grant. (W420) | Grant proposal | See Note | 100% | 90% | Benchmark met. No change needed. |
| | | | 3. Find, analyze, and summarize evidence on a self-selected health topic (W442) | Annotated Bib. | See Note | 94% FA 100% SP | 95 % FA 86% SP | Benchmark met. No change needed. |
| | | | 4. Recognize, analyze, and evaluate health care services. (W445) | Program evaluation paper | See Note | 97% | 93% | Benchmark met. No change needed. |
| | | | 5. Compare & contrast US health care system with that of a country visited. (470) | Final paper | | 100% | 100% | Benchmark met. No change needed. |
| Domain III: Responsibilities and Performance | 5 – Values and ethics | | 1. Demonstrate proper documentation in all written papers; avoid plagiarism. | All course papers | No plagiarism | No incident reported | No incident reported | No changes reported |
| | | | 2. Demonstrate integrity in completing assignments and taking exams; avoid | Course assignment and exams | No incidents reported | No incident reported | No incident reported | No changes needed. |

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| | | | cheating. | | | | | |
| | | | 3. Maintain a CGPA greater than 2.0; avoid probation. | cGPA | 10% or less on probation for a semester | 8% FA 10% SP | 7% FA 7% SP | Increase outreach efforts to students to attend probation meetings with academic counselor. New Academic Counselor. |
| | | | 4. Maintain enrollment in Program until graduation; avoid dismissal. | cGPA | <1 % dismissed from the program | 1% | 1% | Continue to monitor and meet with probation students. No other changes needed. |
| | | | 5. Achieve high academic standard of 3.5 GPA each semester. | Semester GPA | 5% or greater placed on Dean's List | 34% SP | | No change needed. |
| | | | 6. (For students who choose to apply to graduate school or seek employment in the health care system), achieve acceptance or employment. | Exit interview | 90% or greater gain entrance into graduate school or secure employment | 60% of respondents. | Not yet determined | Send two reminder e-mails after initial form sent to secure follow up responses |
| | | | 7. (For those students who are enrolled in stand-alone certificates), complete one of three certificates. | Completion of required certificate courses | 90% complete in three years | 100% | 100% | No change needed. |

*For assessment noted, 90% of students must earn a grade of C or better.

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Follow up impact of changes implemented between 2013-14 and 2014 -15 academic years

| Implemented changes in 2014-2015 | Impact of changes made | Additional Actions planned for 2015-2016 |
|---|--|--|
| <p>W100: Proposed: Change requirements for career paper; change syllabus to describe content for career paper.</p> <p>Prior to Fall 2015 semester, the assessment criterion was changed to a Journal Report which demonstrates better use of the library.</p> | <p>50% increase in number of students earning a C grade or better on assessment. (36% change to 72%)</p> | <p>No additional actions planned. Maintain approach.</p> |
| <p>W450 : Proposed: Revise format for final paper.</p> | <p>47% increase in number of students earning a C grade or better on assessment. (30% changed to 64%)</p> | <p>Maintain approach. Monitor students who demonstrate writing difficulty with other writing assignments. Offer further guidance.</p> |
| <p>W362: Proposed: Change measurement to final exam.</p> | <p>Kept final paper for online students. 68% increase in number of students earning a C grade or better on final paper assessment. (40% changed to 59%)</p> <p>Changed to final exam for class room; 67% increase in number of students earning a C grade or better on exam assessment. (39% changed to 58%)</p> | <p>Maintain approach on final exam. Evaluate exam questions, eliminating and revising.</p> <p>Monitor students who demonstrate writing difficulty with other writing assignments. Offer further guidance on final paper.</p> |
| <p>Encourage faculty to include plagiarism prevention tutorial in course for course points</p> | <p>No plagiarism incidents reported. (4 incidents 2013-14 to 0 incidents 2014-15)</p> | <p>No additional actions planned. Maintain approach.</p> |

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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 2014-2015

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: Integration of scientific information and research into practice

| Student Learning Outcomes | | | Outcome | |
|--|--|---|---|--|
| CRD 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives | 80% (13/16) of all interns will receive Outstanding scores in this component of the Food Systems Core Rotation where assessment of services is measured. | 94% of all interns met this objective | | |
| CRD 1.2 Apply Evidence based guidelines, systematic reviews and scientific literature in the nutrition care process and model and in other areas of practice | 80% of all interns will receive Satisfactory Plus Scores (S+) or better in this component of the Diabetes Clinic Rotation | 94% of all interns met this objective | | |
| CRD 1.3: Justify programs, products, services and care using appropriate evidence or data. | 80% of all interns will receive Satisfactory Plus (S+) in the assigned data collection project (benchmarking data, sales data etc) in the Food Systems Core Rotation | 94% of all interns met this objective | | |
| CRD 1.4: Evaluate emerging research for application in dietetics practice. | 90% of all interns will earn full points 20/20 in this component of the professional seminar in N 591 Seminar in Nutrition & Dietetics | 11 out of 16 interns earned full points for this component of the seminar. 68%. | Goal not met. Analysis indicated that five interns lost credit for failure to fully address statistical analysis methods used in studies. Limitations of research not always recognized | Will emphasize this material in 2015-2016. |
| CRD 1.5: Conduct projects | 80% of all interns will earn | 94% of all interns | | |

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| using appropriate research methods, ethical procedures and data analysis | Satisfactory Plus (S+) in Food Systems Core Rotation assessment projects. 85% of all interns will receive full credit 25/25 pts for the research method component of the grant proposal project in N 563 | met this objective Only 2 interns (13% of class earned full credit for the research methods section of the grant proposal | Most common errors included failure to reference evaluation methods. Did not always include vendor information. In some instances did not include assessment methods to reach declared research aims | Most of the errors were minor but were identified on drafts of materials submitted for review. Interns did not appreciate level of precision required. |
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Department of Occupational Therapy

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| 1. Department of Occupational Therapy Student Educational Goals |
| <p>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)</p> |

| 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 | 97.2% | All but one student received a B or higher during AY 14-15. No change needed |
| 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 | 94.5% | |
| 3. Advocate, communicate and contribute to OT in existing and emerging practice areas | Alumni Survey | 80% agreement | 75% | Comments indicated the respondents were unclear how to interpret this item. Faculty will discuss wording of item and revise it. |
| 4. Value and demonstrate | Alumni Survey | 60% | 73% | |

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| professional engagement and community participation. | | | | |
| 5. Become role models, partners and collaborators attentive to minority and underserved populations. | Alumni Survey | 50% | 67% | |
| 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. | 100% | The change made asking graduates to discuss where they plan to practice provided information to advisors. So faculty have a better sense of where graduates are planning to practice (setting and state) |
| 7. Value life-long learning through participation in continuing professional development, specialty certification, and/or doctoral education | Alumni Survey | 50% will acknowledge one or many of these lifelong learning opportunities | 53% | This item was revised in 2014 to reflect attending the AOTA or a State OT Conference, as one of those are out one year not thinking/planning Doctoral work or specialty certificate and threshold changed to 50%. |
| 8. Analyze and synthesize program outcomes | Management Class | 100% | 100% | |

Note: **Red font** indicates action that was taken during the AY 2014-15r

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| 5. Program changes for 2014-15 based upon data assessment of student learning outcomes |
| 1. . See #s 3, 6 & 7 above |

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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 direct 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.

| Implemented changes in 2014-2015 | Impact of changes made | Additional Actions planned for 2015-2016 |
|----------------------------------|--------------------------------------|---|
| <i>Report on 3, 6, 7</i> | #6 & 7 were much improved | # 3 continues to be a confusing item. Faculty will discuss and revise this item on Alumni Survey. #7 what will be added are some other methods or actions the graduates can select that demonstrate their professional development (Since all states require CE for licensure they are doing something to continue their competency) |

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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. The five outcomes listed below focus on clinical competency with direct and indirect outcome 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

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 2014/2015 | Focus Group Interviews conducted at the end of the three year program | Board Exam Taken after completion of the program, Class of 2014-15 | Post Graduation Survey performed 6 months following graduation, (Percentage scores reflect aggregate of Adequate, Well or Very Well responses) Class 2013 - 2014 |
| | | PGL | 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) Score is out of 800 | Benchmark:75% or above (Red indicates areas of needed improvement) |
| 6 | Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures. | 1,2 | Musculo Exam 2014-100% 2015- 97% Neuro Exam 2014-100% 2015- 98% Integ Exam 2014-72% 2015-85% Cardio Exam 2014-97% 2015-100% Peds Exam 2014-83% | A significantly high percentage of graduates and alumni expressed agreement with regard to their clinical competency. Graduates indicated the lowest competency was with <i>pediatrics and exercise prescription</i> | Examination 2014- 687 2015- Differential Diagnosis 2014 – 725 2015- | Musculo Exam 2013-100% 2014- 100% Neuro Exam 2013-100% 2014- 100% Integ Exam 2013-93% 2014- 88% Cardio Exam 2013-100% 2014- 100% Peds Exam 2013-86% |

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| | | | 2015- 79% | | | 2014- 88% Geriatric Exam 2013-100% 2014- 88% |
| | | | Geriatric Exam 2014-93% 2015- 100% | | | |
| 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 2014-100% 2015-94% Diagnosis 2014-100% 2015-100% Prognosis 2014-93% 2015- 88% | Students felt well prepared to establish a PT diagnosis and determine a prognosis for all types of patients | Examination II 2014- 725 2015- Practice Patterns Cardiopulmonary 2014- 707 2015- Musculoskeletal 2014- 696 2015- Neurological 2014- 684 2015- Integumentary 2014- 715 2015- | Establish a PT Diagnosis 2013-100% 2014- 100% |
| 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 2014- 100% 2015-100% Apply evidence to plan of care 2014- 97% 2015-100% | Students felt competent in this area of clinical practice | No direct measurement with this test | Establish a Plan of Care 2013-83% 2014-100% |
| 9 | Demonstrate accountability for the efficient, coordinated management of care (primary, secondary, or tertiary) based | 1,2 | Patient advocacy 2014-94% 2015-94% Accountability | Students felt competent in this area of clinical practice | No direct measurement with this test | Coordinate Patient Care Management 2013-90% 2014-100% |

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| | on the patient's/client's goals and expected functional outcomes. | | 2014-97% 2015-97% | | | |
| 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 2014-88% 2015- 94% Neuro Rx 2014-100% 2015- 97% Integ Rx 2014-77% 2015- 59% Cardio Rx 2014-100% 2015- 100% Peds Rx 2014-83% 2015- 80% Geriatric Rx 2014-93% 2015- 100% | Students expressed areas of strength as musculoskeletal, neurological, and cardiopulmonary. Areas of weaknesses were integumentary, peds, and exercise prescription. For peds and integumentary, students expressed a lack of clinical exposure as the primary limitation in the preparation. | Intervention 2014-683 2015- Cardiopulmonary 2014- 707 2015- Musculoskeletal 2014- 696 2015- Neurological 2014- 684 2015- Integumentary 2014- 715 2015- | Musculo Rx 2013- 93% 2014- 100% Neuro Rx 2013-100% 2014- 100% Integ Rx 2013-97% 2014- 88% Cardio Rx 2013-86% 2014- 88% Peds Rx 2013-100% 2014- 76% Geriatric Rx 2013-94% 2014- 88% |

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| 6. Implemented changes in 2014-2015 | 7. Impact of changes made |
| Integrate advanced exercise principles as part of course content in P660 Selected Topics Program Expected Outcomes (PEO) - 1,6,10 | Content regarding exercise prescription was added to P660 selected topics that included applied learning modules. Students felt the module was valuable and added to their overall clinical preparation. Upon completion of their clinical internships, students still felt further development of exercise prescription is warranted. |

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| <p>Apply “flipped Classroom” learning approach for modalities to emphasize clinical application and retention</p> <p>PEOs - 1,6,10</p> | <p>Dr. Keith Avin implemented a flipped classroom approach for therapeutic modality education. Students were responsible for viewing online modules that covered introduction and education on each modality. Classroom activities focused on the implementation and application of each device with specific case examples. Overall, students felt the learning experience was impactful and provided them with strong clinical application guidelines.</p> | |
| <p>Implemented changes in 2013-2014</p> | <p>7. Impact of changes made</p> | |
| <p>Required Pro-bono participation in a student outreach clinic</p> <p>PEOs – 12, 17</p> | <p>2013/2014</p> <p>All students were asked to commit two hours to participation at the student outreach clinic. Prior to the experience, students were surveyed. 25% of students said they would not have volunteered unless required to during the integrated clinical experience. Following participation, 100% of students said they would volunteer again. Significant increases in student perceptions related to civic engagement included a greater awareness of social responsibility and altruism related to their chosen healthcare profession. These findings will be presented in a platform format at a national conference in February 2015</p> | <p>2014/15</p> <p>Data in revealed similar findings with 95% of students said they would return for volunteer experiences at the clinic. We are currently collecting actual data to determine what percentage of students follow through with this pledge.</p> |
| <p>Comprehensive Clinical Assessments</p> <p>PEOs - 1,6,10</p> | <p>2013/2014</p> <p>Implemented to address limited preparation for internships and low level skill performance. Examination and intervention courses created a combined final practical examination testing procedure that requires students to integrate learned material across the two courses. Results indicated that students felt more prepared for clinical internships because the testing procedure forced them to integrate material.</p> | <p>2014/2015</p> <p>Student feedback following clinical internships support the value of a comprehensive exam as students felt it helped to prepare them for clinical practice.</p> |
| <p>Complex Case Assessments</p> | <p>2013/2014</p> <p>Implemented to address the integration of a comprehensive treatment approach to patients with multiple morbidities. 4 complex cases were developed and implemented within the final semester of the three year curriculum. Students were required to integrate material to answer questions from memory. Data analysis revealed both significant areas of learning as</p> | <p>2014/2015</p> <p>Second year student feedback supported the need for training in complex patient case management. Students indicated that the value of the project was worthwhile when</p> |

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| PEOs - 1,6,10 | well as areas of limited integration. Minor changes to curricular teaching were made initially but major revisions were held prior to capturing more data. | considering the need to prepare for clinical practice. |
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| 8. New Actions for 2015-2016 | |
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| Student Learning Outcome Numbers from above that fell below benchmark levels | Actions planned to enhance learning |
| Change focus of exercise prescription to enhance student learning related to exercise for patients in P646 SLOs - 1,6,10 | The introduction to therapeutic exercise course will be reconfigured to allow for the addition of more focused exercise prescription content that is specific to disease related concepts. Applied learning activities will also be implemented. |
| Clinical Decision-making and inter-professional education SLOs – 4, 5, 7 | A one credit course for all students will be discussed and developed to foster student critical thinking and clinical decision making. In addition, as part of this course, inter-professional education modules will be added. The initial phase of IPE will focus on a grand rounds format. |
| Pediatric course content SLOs - 1,6,10 | Faculty will revamp pediatric curricular content to consider how best to increase congruency of material and better prepare students for clinical practice |
| Professional Identity SLOs – 12, 17 | Implement strategies across the curriculum to better educate students on their role of moving the profession forward with regard to content that is different and progressive when compared to clinical practice. Instill an understanding that students represent change agents for the progression of clinical practice. |

PT Program Expected Outcomes Review Summary

Overall students are performing above the national average on the licensure exam for all subcategories and overall outcomes with an overall pass rate of 100% since 2004. Both direct and indirect measures of student learning indicate student performance across all student learning outcomes

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to be very good. Likert scale survey data indicated that students identified the strengths of the program's academic preparation to be in the areas of musculoskeletal and neuromuscular coursework, evidence based practice, clinical decision-making, the integrated clinical and professional core values. Student comments also indicated that evidence based practice, community engagement, diversity, and resources were strongly supported positive themes.

Weaknesses were noted by lower Likert scale scores in the areas of pediatrics and integumentary coursework. Students qualified their lack of comfort and preparation in these areas by suggested that most of it is related to a lack of clinical exposure. The Students exit interviews revealed less than satisfied opinions with the amount of education in the area of applied therapeutic exercise and modalities. Student interviews also indicated a desire to have a more cohesive presentation on pediatric physical therapy. Finally, another area of concern for students involved a desire to have more education in the area of professional identity management and marketing as it relates to resume building.

Faculty reviewed student comments from exited interviews and noted that there is some disconnect between student identity and clinical practice. Faculty have worked very hard to make content and concepts contemporary with current American Physical Therapy Association expectations such as incorporating the ICF model and adhering to evidence based standards. Student comments seem to reflect a lack of awareness of their role as change agents with respect to moving clinical practice toward current benchmarks and expectations. This finding, faculty feel, warrants a focused approach to educate students better on their role as professional change agents.

The direct and indirect measures above indicate a significantly positive overall program outcome for students. Several key areas identified in table 8 will be focused on during the following academic year to attempt to improve overall student preparation and learning.

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Physician Assistant Program

Mission: The mission of the Indiana University Master of Physician Assistant Studies (IU MPAS) program is to prepare students for physician assistant practice, with a focus on urban and rural underserved communities in the state of Indiana, using an interprofessional team approach to education.

Educational Goals:

The goal of IU MPAS Program is to prepare physician assistant students for clinical practice and to provide the foundation for graduates to excel in the Physician Assistant Profession core competency areas of medical knowledge, interpersonal & communication skills, professionalism, patient care, practice-based learning & improvement, and systems-based practice. The IU MPAS program defined five program goals which are outlined below.

| PA Competencies | Assessment Method | Goal | Result | Proposed Changes |
|-------------------|--|--|---|--|
| Medical knowledge | <ol style="list-style-type: none"> 1. Passing didactic year courses with “C” or greater 2. Program Summative examinations (OSCE & written) 3. PANCE | <ol style="list-style-type: none"> 1. 90% pass rate of all didactic courses 2. 100% pass rate of summative evaluation 3. 90% program completion rate 4. 95% pass rate of PANCE | <ol style="list-style-type: none"> 1. Summer 2013-Summer 2015: 2% attrition rate of students who were dismissed in the didactic year; there was an additional 6.8% of students (6/88 students) who failed one course but successfully remediated and were retained in the program 2. Summer 2015: 100% of students passed the summative written examination and 8.1% (3/37) students successfully remediate the OSCE component after an initial failure. 3. 84.0% (37/44) of the Charter Class completed the program; 7.5% of the Charter Class decelerated and are expected to have a delayed graduation in Fall 2015; 9.1% (4/44) were | <ol style="list-style-type: none"> 1. The admission criteria are revised to improve admission of qualified candidates who have the academic qualities and characteristics of self-driven students to excel in the program. 2. Although all students in the charter class did pass their written summative examination, the program has ongoing program evaluation to ensure content area is covered thoroughly for students to master the content. The program will improve the expectations set forth for |

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| | | | dismissed or withdrew from the program 4. No PANCE data at this time. | the OSCE in advanced so students are more prepared. 3. Same as point 1. 4. TBD |
| Interpersonal & communication skills | <ol style="list-style-type: none"> 1. Oral presentations in clinical courses 2. Preceptor evaluations: <ol style="list-style-type: none"> a) Oral presentations are complete and concise, and include prioritization and analysis of medical issues; b) Transcribes an accurate and organized patient record in either written/electronic form. c) Demonstrates ability to work cohesively with all health care practitioners in training; d) Demonstrates a respectful and collaborative attitude with all members of the health care team | <ol style="list-style-type: none"> 1. 100% earn “C” or above. 2. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). | <ol style="list-style-type: none"> 1. 2014-2015 clinical year 100% of students earned a “C” or above; “B” was the lowest grade attained on the oral presentations. 2. Charter Class mean: a) 4.26/5; b) 4.26/5 c) 4.41/5; d) 4.47/5 | <ol style="list-style-type: none"> 1. Reassess and consider increase benchmarks. 2. Increase benchmark to 4.5/5 mean. |
| Professionalism | <ol style="list-style-type: none"> 1. Professionalism self-assessment & peer evaluation | <ol style="list-style-type: none"> 1. 100% participate in the self-assessment and peer evaluation | <ol style="list-style-type: none"> 1. 100% Class of 2016 students participated in the self-assessment and peer evaluation | <ol style="list-style-type: none"> 1. Although all students in Class of 2016 completed the self-assessment, the |

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| | <p>2. Preceptor evaluations:</p> <p>a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks;</p> <p>b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, and patients, at all times, including responding positively to constructive criticism.</p> | <p>2. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p> | <p>during the didactic year and developed a plan for improvement with their faculty advisor; 100% Charter Class completed the professionalism self-assessment during the clinical year.</p> <p>2. Charter Class mean: a) 4.45/5; b) 4.39/5</p> | <p>peer evaluation and met with their advisor, some students were not as proactive in scheduling with their advisors to review the process. A stronger emphasis will be made on the importance of this task.</p> <p>2. Increase benchmark to 4.5/5.</p> |
| Patient care | <p>1. Preceptor evaluations:</p> <p>a) Conducts respectful interviews, with empathy and sensitivity.</p> <p>b) The student collects sufficient essential and accurate history to direct physical examination and develops an appropriate differential diagnosis.</p> <p>c) Selects and interprets appropriate</p> | <p>1. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p> | <p>1. Charter Class mean:</p> <p>a) 4.31/5</p> <p>b) 4.13/5</p> <p>c) 4.11/5</p> <p>d) 4.15/5</p> | <p>1. a) Increase opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum</p> <p>b) Increase patient opportunities to demonstrate history and physical examination skills in the didactic year prior to the clinical year</p> <p>c) Add a specific radiology and laboratory medicine course to the didactic curriculum; effective Fall 2015</p> |

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| | diagnostic/lab studies. d) Formulates an appropriate prevention and treatment plan. | | | d) Provide more opportunities for case-based learning in the clinical medicine and clinical therapeutics courses. |
| Practice-based learning & improvement | <ol style="list-style-type: none"> Practice improvement project in K698 PICO scholarly project (K693 & K694) Course feedback in K693, K694, K698: a) I developed the ability to solve actual problems in this field. | <ol style="list-style-type: none"> 90% earn 85% or better on PI project 90% earn 85% or better on PICO project Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) | <ol style="list-style-type: none"> 87.5% (35/40) of Charter Class earned $\geq 85\%$ on the PI project 95% (38/40) of Charter Class earned $\geq 85\%$ on the PICO project Data collected but not analyzed to date. | 1. Reassess benchmarks for points 1-3. |
| Systems-based practice | <ol style="list-style-type: none"> Course grade in K509 Preceptor evaluation: a) Demonstrates understanding of importance of inter-professional team members | <ol style="list-style-type: none"> 90% earn 85% or better in the course Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). | <ol style="list-style-type: none"> 100% of students in Class of 2017 earned $\geq 85\%$ in the course Charter Class mean: a) 4.23/5 | 1. Reassess benchmarks for K509. |

| Program Goals | Assessment Method | Goal | Result | Proposed Changes |
|--|---|--|---|---------------------------------|
| Educate physician assistants to provide quality patient-centered health care | <ol style="list-style-type: none"> PA competency graduate survey Post-graduation PA competency survey (6-mos) Employer survey PANCE results | <ol style="list-style-type: none"> 100% response rate; Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5=good) 75% response rate; Cohort mean of 4/5 | <ol style="list-style-type: none"> Data collected but not analyzed to data Data not collected yet; first cohort completed the program on 8.7.15 Data not collected yet; first cohort completed the program on 8.7.15 | 1. Not determined at this time. |

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| | | <p>or greater on all areas (Self-report on strengths: 4/5= good)</p> <p>3. 50% response rate; Employer mean of 4/5 or greater on all areas (employer perception of graduate strengths: 4/5= good)</p> <p>4. 95% pass rate of PANCE</p> | <p>4. No data to date</p> | |
| Recruit from, and place students for clinical education in regions with medically underserved communities. | <p>1. Admissions data</p> <p>2. Clinical year placement data</p> | <p>1. 50% of matriculating students to be from an MUA</p> <p>2. 100% of students in the clinical year have one or more rotations with medically underserved populations</p> | <p>1. a) Charter Class: 50% applicants from MUA, 50% matriculated from an MUA and ; b) Class of 2016: 61% matriculated from an MUA; c) Class of 2017: 33% applicants from MUA, 39% matriculated from MUA</p> <p>2. 100% of Charter Class had clinical rotations in medically underserved areas</p> | <p>1. Increase recruitment from underrepresented populations and underserved areas; also increase profession awareness and mentor high school students to begin early recruitment and preparation for the IU MPAS program</p> <p>2. Continue relationship with Eskenazi Community Health Center-Grassy Creek; increase opportunities in rural areas for students to complete clinical rotations</p> |
| Develop the | 1. K510 course grade | 1. 90% earn 85% or | 1. 97.7% of Class of 2017 earned | 1. Reassess benchmarks for |

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| <p>student's ability to practice evidence-based medicine, reflect critically on their clinical practice, and develop life-long learning skills.</p> | <ol style="list-style-type: none"> 2. Practice improvement project in K698 3. PICO scholarly project (K693 & K694) 4. Course feedback in K693, K694, K698: <ol style="list-style-type: none"> a) I developed the ability to solve actual problems in this field. | <p>better on K510 course grade</p> <ol style="list-style-type: none"> 2. 90% earn 85% or better on PI project 3. 90% earn 85% or better on PICO project 4. Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) | <p>≥85% in K510</p> <ol style="list-style-type: none"> 2. 87.5% (35/40) of Charter Class earned ≥85% on the PI project 3. 95% (38/40) of Charter Class earned ≥85% on the PICO project 4. Data collected but not analyzed to date. | <p>points 1-3.</p> |
| <p>Educate physician assistants to provide culturally competent and sensitive health care</p> | <ol style="list-style-type: none"> 1. Participation in IPE care plan of Hispanic elderly patient. 2. Preceptor evaluations: Conducts respectful interviews, with empathy and sensitivity. | <ol style="list-style-type: none"> 1. 100% participation by first year students 2. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). | <ol style="list-style-type: none"> 1. All Class of 2016 students participated 2. Charter class mean: 4.31/5 | <ol style="list-style-type: none"> 1. Continue mandatory participation at the IPE event 2. Increase opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum with standardized patients or actual patient opportunities |
| <p>Educate physician assistants who demonstrate ethical and professional behavior with peers, patients, and families</p> | <ol style="list-style-type: none"> 1. Professionalism self-assessment & peer evaluation 2. Ethics debates in K500 3. Preceptor evaluations: <ol style="list-style-type: none"> a) Demonstrates reliability and dependability with timely attendance, appropriate dress, | <ol style="list-style-type: none"> 1. 100% participate in the self-assessment and peer evaluation 2. 100% earn 90% or greater. 3. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). | <ol style="list-style-type: none"> 1. 100% Class of 2016 students participated in the self-assessment and peer evaluation during the didactic year and developed a plan for improvement with their faculty advisor; 100% Charter Class completed the professionalism self-assessment during the clinical year. 2. Class of 2017: 100% earned | <ol style="list-style-type: none"> 1. Although all students in Class of 2016 completed the self-assessment, the peer evaluation and met with their advisor, some students were not as proactive in scheduling with their advisors to review the process. A stronger emphasis will be made on the importance |

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| | <p>preparation and completion of assigned tasks; b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, and patients, at all times, including responding positively to constructive criticism.</p> | | <p>90% or greater 3. Charter Class mean: a) 4.45/5; b) 4.39/5</p> | <p>of this task. 2. Reassess benchmark and identify more specific ways to measure ethical competency 3. Increase benchmark to 4.5/5.</p> |
| <p>Prepare students to address community health issues and health disparities in the context of societal and economic systems</p> | <ol style="list-style-type: none"> 1. Group K505 health behavior change paper on specific populations 2. K500 Exam I includes questions on health disparities and cultural competency 3. Preceptor evaluations: <ol style="list-style-type: none"> a) Connects with patients and conducts interviews with empathy and respect. | <ol style="list-style-type: none"> 1. 90% earn 85% or better on paper grade 2. 90% earn 85% or better on exam 3. Cohort mean of 4/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). | <ol style="list-style-type: none"> 1. Class of 2016: 10/11 groups earned 86% or better. 2. Class of 2017: 62.3% earned an 85% or better on Exam II in K500 3. Charter Class mean: 4.40/5 | <ol style="list-style-type: none"> 1. Reassess benchmarks for group paper 2. Evaluate the exam to identify areas of weakness and emphasize key concepts in future curriculum for the class. 3. Create additional questions on preceptor evaluations to more directly address competency in address health disparities |

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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:

| Learning Outcome | Assessment | Benchmark | Outcomes | Changes |
|--|--|---|----------|-----------|
| 1. Articulate the theoretical frameworks of rehabilitation | Course grade | Each SHRS PhD student to pass SHRS W660 | Met | 100% Pass |
| | Performance on comprehensive examination | Each SHRS PhD student to pass the comprehensive examination | Met | 100% Pass |
| 2. Apply the theories of health promotion and disease prevention | Course grade | Each SHRS PhD student to pass SHRS W661 | Met | 100% Pass |
| | Performance on comprehensive examination | Each SHRS PhD student to pass the comprehensive examination | Met | 100% Pass |
| 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 | Met | 100% Pass |
| | | Each SHRS PhD student to pass the comprehensive examination | Met | 100% Pass |
| 4. Analyze health services methodological | Course grade | Each SHRS PhD student to pass SHRS W662 | Met | 100% Pass |

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| approaches to rehabilitation | Performance on comprehensive examination | Each SHRS PhD student to pass the comprehensive examination | | |
| 5. Critically evaluate research in health and rehabilitation | Course grade | Each SHRS PhD student to pass SHRS W520 | met | 100% Pass |
| | Dissertation work | <ol style="list-style-type: none"> 1. Each SHRS PhD student to have his/her dissertation proposal accepted 2. Each SHRS PhD student to have successful dissertation defense | <ol style="list-style-type: none"> 1. No proposal 2. Met | 100% Pass |
| 6. 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 | Met | 100% Pass |
| 7. Write a federal grant | Performance on Grant proposal project | At least 1 student will have a grant funded each year | Not Met | Currently under faculty review. . |
| 8. Write a manuscript for publication | Submission ready manuscript | At least 1 student each year will have an article accepted for publication | Met | 1 student had 1 manuscript accepted. |
| 9. Conduct original research in area of expertise | Dissertation work | Each SHRS PhD student to have a successful dissertation defense | Met | 100% Pass |
| 10. Communicate effectively with regard to research area of expertise | Dissertation work | At least 10% of students enrolled will have a peer reviewed presentation | Partially Met | 1 student gave 1 presentation accounting for 3%. |
| | | | | This needs further review |

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| | | | | to determine if this is realistic or if better mechanisms are need. |
| 11. Think critically to solve problems in area of expertise | Dissertation work | Each SHRS PhD student to have a successful dissertation defense | Met | 100% Pass |
| 12. Meet ethical standards as set forth by the program | Evaluate ethical conduct | No SHRS PhD student to be charged with unethical conduct | Met | No incidents reported. |
| 13. 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 | Met | 100% of graduates were employed in an appropriate setting for their skill set. |

PhD Summary findings

Currently, there are 26 active PhD students, and of those, 12 are in dissertation phase. Seven of the active PhD students are international. The PhD program had no graduates as for spring 2015. The program had zero students admitted for fall 2015

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 have progressed to offering funding to a limited number of doctoral students.

| Implemented changes in 2014-2015 | Impact of changes made | Additional Actions planned for 2015-2016 |
|---|--|---|
| Item #7. One student will have a grant funded. This will be put under review by the core faculty. It must be determined if this is a realistic goal and if so how to incentivize or enforce this as a degree requirement. | After review of the progress of the current doctoral students this has been deemed unrealistic. | This will go under faculty review for modification or deletion as an outcome. |
| Items #8, #10, #13 Continue to monitor to insure that this year was not an outlier and that we maintain a stable performance. | Item 13 seems stable but will continue to be monitored. Items 8 & 10 seem stable but monitoring will continue. | Items 8 & 10 will go under faculty review for modification to be limited to national peer-reviewed research publication and whether the % should be increased with appropriate inducements. |

