

School of Health and Rehabilitation Sciences

PRAC Annual Report 2015-2016

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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Bachelor of Science in Health Sciences Degree

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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

2014-15 2015-16

LEARNING BUNDLE	PULs	RISE	COMPETENCIES	ASSESSMENT	Benchmark *	OUTCOME	CHANGES	
						2014-15 2015-16		
Domain I : Knowledge of health care services in the world, population health needs, and health sciences	1A – Express and interpret information		Students will be able to: 1. Use of library; avoiding plagiarism; identify campus resources (W100) (Freshmen FYS course) 2. Describe general components of U.S. healthcare system (W200) 3. Identify current issues of critical importance in the allied health professions. (W210) 4. Describe the roles and responsibilities of health professionals. (W211) 5. Demonstrate understanding of aging (W220) 6. Identify major global health challenges. (W250)	Final Exam (measure changed from 2014-2015)	See Note	75%	45% FA	Change instructors (88% earned “C” or better for final course grade FA). First time course taught. Change - add more quizzes; provide more detailed study guides.(95% earned “C” or better for final course grade SP).
	1C – Use information resources and technology			Final Exam Final Exam (FA)	See Note	Not offered	61% SP	
	2 - Critical thinking			Mock presentation (assessment measure changed from final exam 2014-2015)	See Note	83% FA 92% SP	94% FA 100% SP	
	3 – Integration & application of knowledge.			Career Paper (instructor changed between FA & SP 2015-2016)	See Note	87% FA 86% SP	92% FA 100% SP	
	5 – Understanding society and culture			Current Event Presentation	See Note	Not offered	100% FA 100% SP	
				Comprehensive Final Exam	See Note	83% FA 90% SP	100% FA 94% SP	

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			7. Differentiate variety of disabilities from clinical, societal, and anatomical viewpoints. (W264)	Response Paper	See Note	(course not reported on in 2014-2015)	100% FA 100% SP	
			8. Compare and contrast health professions globally. (W270)	Final Paper	See Note	92 % SP	100% SP	
			9. Explain the technology used in rehab. settings. (W320)	Final Paper (assessment measure changed from final exam 2014-2015)	See Note	84% FA	97% FA	
			10. Explain major issues in the rehabilitation administrative environment. (W330)	Case management paper	See Note	83% FA	100% FA	
			11. Describe psychological aspects of developmental and physical disability. (W340) (refined competency between 2014-2015; new instructor 2016 SP)	Final Project (assessment measure changed from final exam 2014-2015)	See Note	73% SP	96% SP	
			12. Demonstrate knowledge regarding community resources for older adults. (W350)	Movie paper	See Note	100% FA	100%FA	
			13. Describe personal, cultural, environmental factors affecting health. (W361) (refined competency between 2014-2015; new instructor 2016 SP)	Final exam	See Note	85% FA	97% FA 92% SP	
				Final paper				Keep Final Exam; provide more

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		14. Describe the impact of policies, laws, and regulations on health and health care setting and providers. (W362)	Final Exam	See Note	59% FA 58% SP	60% FA 70% SP	detailed study guides. (83% earned "C" or better for final course grade FA)(97% earned "C" or better for final course grade SP)
		15. Apply ethical principles in health practice (W363)	Ethical analysis paper	See Note	(Not reported for 2014-15)	97% FA 97% SP (different instructor than FA)	
		16. Formulate strategies to address the interrelationship of race, gender, culture, and ethnicity in rehabilitative services. (W365)(instructor changed between FA 2015 and SP 2016)	Group field assignment paper (FA 2015)	See Note	82% FA	94% FA	
		17. Explain changes that occur across physical, cognitive, emotional, social domains of functioning. (W370)(course taught first time FA 2015)	Final Paper (SP 2016)			78% SP	New instructor refining guidelines for paper.(100% students earned "C" or better for course grade)
			Movie Reflection Paper	See Note	(Not reported for 2014-15)	64% FA (93% earned C or better for course grade)	Refine guidelines
		18. Describe health professionals practicing in developing countries. (W380)	Health Care Provider Paper	See Note	80% SP	82% SP	Provide more guidelines for each section of the Provider Paper (88% of students earned "C" grade or better for final course grade).
		19. Identify causes, symptoms, physiology & pathology of disabling conditions. (440)	Final Paper	See Note	(Not reported for 2014-15)	100% FA	
		20. Discuss difference between leadership & management (441)	Leadership paper	See Note	50%SP	97% FA 97% SP (different	

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			21. Explain relationship of aging on social functions. (W450)	Final policy paper	See Note	64% SP	instructor) 79%SP	One student did not submit paper. Provide examples of final law papers
Domain II : Practical Skills and Abilities	1A – Express and interpret information	I	1. Evaluate the variation of operations among various health facilities. (W410)	Agency comparison paper	See Note	100% SP	78% SP	Changes may not be necessary. Two students out of nine earned < C grade; six earned A grade (Eight students – 88% - earned “C” or better for final course grade) (97% earned “C” or better grade for course)FA (86% earned “C” or better grade for course) SP Change final project for SP 2017 Two students did not submit assignment. (SP)
	1C – Use information resources and technology		2. Understand how to write a grant. (W420)	Grant proposal	See Note	90%SP	96%SP	
	2 – Critical thinking		3. Demonstrate how to find, analyze, and summarize evidence on a self-selected health topic (W442)	Annotated Bib	See Note	95 % FA 86% SP	77% FA 76% SP	
	3 – Integration and application of knowledge		4. Recognize, analyze, and evaluate health care services. (W445)	Program evaluation paper	See Note	93%	74% FA (different instructor) 97% SP	
	4 – Intellectual depth, breadth, and adaptiveness		5. Compare & contrast US health care system with that of a country visited. (470)	Final paper	See Note	100%	No students enrolled in course	
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	
			2. Demonstrate integrity in completing assignments and taking exams; avoid cheating.	Course assignment and exams	No incidents reported	No incident reported	One incident related to a final exam	

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		3. Maintain a CGPA greater than 2.0; avoid probation.	cGPA	10% or less on probation for a semester	7% FA 7% SP	8 FA (2%) 11 (3%) SP # students on probation
		4. Maintain enrollment in Program until graduation; avoid dismissal.	cGPA	<1 % dismissed from the program	1%	1 student dismissed from program for failure to improve GPA after two consecutive semesters on probation
		5. Achieve high academic standard of 3.5 GPA each semester.	Semester GPA	5% or greater placed on Dean's List		71 (20%) on Dean's list FA 116 (33%) on Dean's list SP
		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	Not yet determined	Results not yet reported to Program
		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%	

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

Follow up impact of changes implemented between 2014-15 and 2015 -16 academic years

Implemented changes in 2015-2016	Impact of changes made	Additional Actions planned for 2016-2017
W100 changed assessment from Journal Report to a final exam	Did not demonstrate better assessment of Freshmen knowledge in use of campus resources (reduction in percent of students earning a “C” grade on assignment)	Change instructor. Add a Bridge pre-semester course.
W450 Offer further guidance for students who struggle with writing; monitor students writing assignments	Increase in number of students earning a “C” or better grade on final paper assignment. (64% to increase of 79%)	Continue to refine guidance in syllabus to complete paper. Post samples of previous semester successful papers as models.
W362 Monitored students who struggle with writing	Slight increase in number of students earning a “C” or better grade on final paper. (59% to 60%) More students earned a “C” or better grade on final exam (58% to 70%)	Eliminate final paper and use final exam as assessment of knowledge. Evaluate questions most missed by students; change presentation of topics to provide additional insight on topics.
Continue to emphasize prevention of plagiarism through education / tutorials	No incidents of plagiarism reported	Continue to encourage more instructors to include plagiarism prevention tutorial as a course requirement.

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Department of Occupational Therapy AY 2015-2016

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	100% of students received an A or higher	
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	100% of students received a B or higher	
3. Advocate, communicate and contribute to OT in	Alumni Survey	80% agreement	71% 21 responded,	Learning outcome was revised for Class of 2016 to "Advocating for OT in existing and emerging practice areas"

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existing/emerging practice areas			15 reported "yes".	for clarification.
4. Value and demonstrate professional engagement and community participation.	Alumni Survey	60%	81% reported "yes" in Alumni survey, compared to 66.7% reported in Exit survey.	Results from Exit Interview at completion of the program were compared to results from the alumni survey (one year after completion of the program) to determine progress on this outcome.
5. Become role models, partners and collaborators attentive to minority and underserved populations.	Alumni Survey	50%	52.4% 21 responded, 11 reported "yes".	
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.	22.2%	Assessment for the Class of 2016 will include the exit interview responses, exit interview survey and alumni survey. The alumni survey now includes this question: Upon accepting your first position were you able to discern what skills and abilities were needed in that position to be successful?
7. Value life-long learning through participation in continuing education, specialty certification, and/or doctoral education	Alumni Survey	80% will acknowledge one or many of these lifelong learning opportunities	100%	
8. Analyze and	Management Class Exam	100%	100% of	

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synthesize program outcomes			students demonstrated understanding
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Note: **Red font** indicates action that will be taken during the 2016-17 academic year

5. Program changes for 2016-17 based upon data assessment of student learning outcomes
1.

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.

Implemented changes in 2015-2016	Impact of changes made	Additional Actions planned for 2016-2017
See above		See above

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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. Seven of the seventeen are listed below 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, digital videos, CPI data

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

DPT Program Student Learning Outcomes		Program Outcome Measures and Benchmarks				
		Post Clinical Survey <i>(Percentages are an aggregate score of strongly agree or agree)</i> Scores for Class of 2015/2016	Focus Group Interviews conducted at the end of the three year program Digital Stories Class of 2016	Board Exam Taken after completion of the program, Class of 2015-16	Post-Graduation Survey performed 6 months following graduation, (Percentage scores reflect aggregate of Adequate, Well or Very Well responses) Class 2014 - 2015	Long Term Clinical Internship Average CPI Scores
		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)	Benchmark: 100% of students will receive entry level rating (score of 17/21) (Red indicates areas of needed improvement)
1	Practice as autonomous point-of-entry provides of physical therapy	1,2, 3,4 Ethics Preparation 2015 – 100%	Overall, students communicated that they felt well	Examination 2015 - 718 2016- 726	Ethics Preparation 2014-100% 2015- 94%	Criteria #3 2015 – 100%; avg. score of

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	services in adherence to ethical, professional and legal standards within a variety of clinical and community settings.		<p>2016 – 97%</p> <p>Legal Preparation 2015 – 97%</p> <p>2016 – 97%</p> <p>Integrity 2015 – 100%</p> <p>2016 – 100%</p>	<p>prepared.</p> <p>95% of students indicated strong ethical preparation</p> <p>Areas within the curriculum that were considered weaknesses included: therapeutic exercise for orthopedics (shoulders, etc), modality integration; comprehensive eval and treatment for orthopedics </p>	<p>Intervention 2015- 717 2016 -720</p>	<p>Legal Preparation 2014-89%</p> <p style="background-color: red; color: white;">2015-72%</p> <p>Overall Preparation 2014-89%</p> <p>2015-100%</p>	<p>18.36</p> <p>2016 – Still calculating</p>
2	Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents.	3	<p>Communicate 2015-97%</p> <p>2016-100%</p> <p>Patient Education 2015-97%</p> <p>2016-100%</p> <p>Document 2015- 97%</p> <p>2016-100%</p>	<p>Students felt one of the strengths of the program was their comfort with communicating with patients and colleagues</p>	<p>Not directly measured with national board exam</p>	<p>Communicate 2014-100%</p> <p>2015-100%</p> <p>Patient Education 2014- 94%</p> <p>2015-83%</p> <p>Document 2014- 100%</p> <p style="background-color: red; color: white;">2015-73%</p>	<p>Criteria #4 2015 - 100%; avg score of 18.21</p> <p>2016 - Still calculating</p>

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3	Demonstrate proficiency in providing culturally competent care across the lifespan.		Cultural Sensitivity 2015- 100% 2016-97%	100% of students felt well prepared to meet the needs of a culturally diverse population	Not measured with this test	Cultural Sensitivity 2014- 94% 2015- 89%	Criteria #5 2015 - 100%; avg score of 18.09 2016 - Still calculating
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.	2	Thinking Critically 2015- 100% 2016- 95% Apply clinical decision-making 2015- 97% 2016-100% Use evidence with clinical decision making 2015- 100% 2016- 97% Integrate Self-Reflection 2015- 100% 2016-100%	Overall students felt prepared to handle most environments. Students also felt they are prepared to handle the unexpected. Students reported that reflective practice is critical for successful clinical practice. <i>There were no significant areas of deficit noted for this content by recent graduates and alumni</i>	Examination 2015-718 2016 -726 Differential Diagnosis 2015- 729 2016 -701	Thinking Critically 2014- 94% 2015- 89% Self-Reflective 2014- 94% 2015- 95%	Criteria #7 2015 - 100%; avg score of 17.97 2016 - Still calculating
5	Screen patients/clients to determine the need for further examination or consultation by a PT or referral to another health care professional.	2	Screening Patients 2015- 100% 2016-100% Consultation 2015- 85% 2016-97%	100% of students felt comfortable with the screening process. 90% of students are not confident	Examination 2015-718 2016 -726 Differential Diagnosis 2015-729	Patient Screening 2014-100% 2015- 89% Interdisciplinary Collaboration 2014- 88% 2015- 73%	CPI Criterion #8 2015 - 100%; avg score of 17.76

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			Interdisciplinary Collaboration 2015- 91% 2016-100% Direct Access 2015-74% 2016-95%	clinically with direct access concepts because of limited exposure to practice settings that are functioning as a direct access clinic <i>“Feel ready as entry level practitioner not much opportunity for direct access”</i>	2016 -701	Consultation 2014- 83% 2015- 88%	2016 - Still calculating
6	Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.	1,2	Musculo Exam 2015- 97% 2016 – 100% Neuro Exam 2015- 98% 2016 – 100% Integ Exam 2015-85% 2016 -84% Cardio Exam 2015-100% 2016 – 92% Peds Exam 2015- 79% 2016 – 73% Geriatric Exam 2015- 100% 2016 - 100%	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</i> 45% and <i>integumentary clinical reasoning</i> 40%	Examination 2015-718 2016 -726 Differential Diagnosis 2015-729 2016 -701	Musculo Exam 2014- 100% 2015- 100% Neuro Exam 2014- 100% 2015- 100% Integ Exam 2014- 88% 2015- 88% Cardio Exam 2014- 100% 2015- 100% Peds Exam 2014- 88% 2015- 88% Geriatric Exam 2014- 88% 2015- 100%	CPI Criterion #9 2015 - 100%; avg score of 17.88 2016 - Still calculating
7	Evaluate all available data	1,2	Exam Synthesis	Students felt well	Examination II	Establish a PT	CPI Criteria #10

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	(including examination, medical and psychosocial) to establish and communicate a physical therapy diagnosis and to determine patient/client prognosis.		2015-94% 2016 – 100% Diagnosis 2015-100% 2016 – 100% Prognosis 2015- 88% 2016 – 100%	prepared to establish a PT diagnosis and determine a prognosis for all types of patients	2015-718 2016 -726 Practice Patterns Cardiopulmonary 2015-718 2016 -720 Musculoskeletal 2015-704 2016 -724 Neurological 2015-720 2016 -712 Integumentary 2015-743 2016 -699	Diagnosis 2014- 100% 2015- 100%	and #11 2015 - 100%; avg scores of 17.76 and 17.73 2016 - Still calculating
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 2015-100% 2016 – 100% Apply evidence to plan of care 2015-100% 2016 – 100%	Students felt competent in this area of clinical practice 100% of students believe the program has a strong basis in EBP, quotes: <i>“I think we get more evidence than other programs”</i> <i>“A strength of this program”</i>	No direct measurement with this test	Establish a Plan of Care 2014-100% 2015- 100%	CPI Criteria #1 and #12 2015 - 100%; avg scores of 18.39 and 17.97 2016 - Still calculating
9	Demonstrate accountability for the efficient, coordinated management of care (primary, secondary, or tertiary) based on the patient’s/client’s goals and expected functional	1,2	Patient advocacy 2015-94% 2016 – 100% Accountability 2015-97%	Students felt competent in this area of clinical practice	No direct measurement with this test	Coordinate Patient Care Management 2014-100% 2015- 100% Emulate Core Values	CPI Criterion #16 2015 - 100%; avg score of 17.85

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	outcomes.		2016 – 100%			2014-100% 2015- 100%	2016 - Still calculating
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	<p>Musculo Rx 2015- 94% 2016 – 100%</p> <p>Neuro Rx 2015- 97% 2016 – 100%</p> <p>Integ Rx 2015- 59% 2016 – 81%</p> <p>Cardio Rx 2015- 100% 2016 – 92%</p> <p>Peds Rx 2015- 80% 2016 – 81%</p> <p>Geriatric Rx 2015- 100% 2016 – 100%</p>	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.	<p>Intervention 2015- 717 2016 -720</p> <p>Cardiopulmonary 2015-718 2016 -720</p> <p>Musculoskeletal 2015-704 2016 -724</p> <p>Neurological 2015-720 2016 -712</p> <p>Integumentary 2015-743 2016 -699</p>	<p>Musculo Rx 2014- 100% 2015-100% 2015- 100%</p> <p>Neuro Rx 2014- 100% 2015-100%</p> <p>Integ Rx 2014- 88% 2015-88%</p> <p>Cardio Rx 2014- 88% 2015-100%</p> <p>Peds Rx 2014- 76% 2015- 88%</p> <p>Geriatric Rx 2014- 88% 2015- 100%</p>	<p>CPI Criterion #13</p> <p>2015 - 100%; avg score of 18.03</p> <p>2016 - Still calculating</p>
11	Provide effective education for patient/clients, caregivers, colleagues and the general public.	3	<p>Patient Education 2015-97% 2016 – 100%</p>	Students felt well prepared	Not measured with this test	<p>Patient Education 2014- 100% 2015- 83%</p>	<p>CPI Criteria #14</p> <p>2015 - 100%; avg score of 18.21</p>

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							2016 - Still calculating
12	Contribute to the advancement of physical therapy practice through critical evaluation and informed application of the findings of professional and scientific literature.		<p>Apply evidence with clinical decision making 2015-97% 2016 – 100%</p> <p>Lifelong Learning 2015-100% 2016 – 97%</p> <p>Professional duty 2015-100% 2016 – 100%</p>	Students expressed an overall sentiment that the concepts of evidence based practice were well taught. Comments from students about PT applications like muscle energy demonstrate that some students lack the practical application of the concept.	Not measured with this test	<p>Evidence Based Practice 2014- 100% 2015- 88%</p> <p>Personal and Professional Growth 2014 – 100% 2015- 84%</p>	<p>CPI Criterion #6</p> <p>2015 - 100%; avg score of 18.09</p> <p>2016 - Still calculating</p>
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	<p>Communicate 2015-97% 2016 – 100%</p> <p>Document 2015- 97% 2016 – 100%</p>	Students felt well prepared to communicate effectively in writing and orally	Not measured with this test	<p>Communicate 2014-100% 2015-100%</p> <p>Document 2014- 100% 2015-73%</p>	<p>CPI Criterion #15</p> <p>2015 - 100%; avg score of 18.06</p> <p>2016 - Still calculating</p>
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.		<p>Delegate Support Personnel 2015-76% 2016 – 97%</p> <p>Leadership 2015- 100% 2016 – 100%</p> <p>Excellence 2015- 100% 2016 – 97%</p>	Students rated supervision of personnel lower because of a lack of exposure during clinical internships. Students expressed understanding of legal and ethical issues related to delegation.	Not measured with this test	<p>Delegate Support Personnel 2014-97% 2015- 95%</p> <p>Excellence 2014-97% 2015-95%</p>	<p>CPI Criterion #18</p> <p>2015 - 100%; avg score of 17.61</p> <p>2016 - Still calculating</p>
15	Provide consultation services		Consultation	Students felt well	Not measured with	Consultation	CPI Criteria #8

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	to individuals and groups including by providing wellness and health promotion program appropriate to physical therapy.		2015- 85% 2016 – 97% Health & Wellness 2015-100% 2016 – 97%	prepared but would like to see this integrated more	this test	2014-100% 2015-89% Health & Wellness 2014-100% 2015-100%	2015 - 100%; avg score of 17.76 2016 - Still calculating
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 2015-97% 2016 – 100% Development Plan 2015-97% 2016 – 94% Lifelong Learning 2015-100% 2016 – 97% Professional duty 2015-100% 2016 – 100%	Students expressed a strong appreciation for the need to continue to learn beyond their entry level education. They also indicated that self-assessment is an important part to professional development Evidence – Digital stories	Digital Story/Portfolio 2015 – 80% indicated the project made them think more deeply about their future 2016 -100% indicated professional duty which includes lifelong learning as a key area for future practice	Professional growth 2014- 100% 2015- 100% Self-Reflective 2014- 100% 2015- 95%	CPI Criteria #6 2015 - 100%; avg score of 18.09 2016 - Still calculating
17	Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities.	4	Professional advocacy 2015-97% 2016 – 100% Professional Duty 2015-100% 2016 – 100% Social responsibility 2015-100% 2016 – 100%	Students identified strongly with the desire to be a mentor or contributor to the profession Evidence – Digital stories	Digital Story/Portfolio 2015 – 90% indicated at least one of the 7 core values as critical to their ongoing success. 43% (3/7 core values) were discussed in students’ reflections on future professional practice 2016 -100% indicated at least one of the 7 core values as critical to their ongoing success. 57% (4/7 core values) were	Responsibility for Mentoring 2014- 100% 2015- 100% Advocacy for the profession 2014- 100% 2015- 100% Emulate the APTA Core Values 2014-100% 2015- 100%	CPI Criteria #2 and #6 2015 - 100%; avg scores of 18.61 and 18.09 2016 - Still calculating

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					discussed in students' reflections on future professional practice	
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6. Implemented changes in 2015-2016	7. Impact of changes made	
<p>Change focus of exercise prescription to enhance student learning related to exercise for patients in P646</p> <p>SLOs - 1,6,10</p>	<p>Course change was implemented in Spring 2016. The course was created around a progression of healing from acute to chronic recovery principles. Modalities and exercise were integrated into the educational approach .</p> <p>Students reported that the class was most effective at giving them hands on practical knowledge. 50% of the students enjoyed the flipped classroom style. Further development is needed to clarify expectations for students since the majority of the class is a laboratory format.</p>	
<p>Clinical Decision-making and inter-professional education</p> <p>SLOs – 4, 5, 7</p>	<p>A one credit course for all students was developed and will be implemented in fall 2016. Development of interprofessional modules have been discussed with Occupational Therapy and the IUPUI Director for Interprofessional education.</p>	
<p>Pediatric course content</p> <p>SLOs - 1,6,10</p>	<p>A More hands-on approach was implemented with observations and lab activities. It has been decided that the curriculum will be updated in 2018 to include an entire course dedicated to pediatrics.</p>	
<p>Professional Identity</p> <p>SLOs – 12, 17</p>	<p>Implemented discussion in leadership class on the concept of change in the profession and that new graduates are the change agents. Discussed findings from previous students with current students regarding expectations for our graduates to lead change within the profession. Included further discussions on this topic in P664 Administration and Management. Will assess further at post clinical time in May 2017</p>	
Implemented changes in 2014-2015	Impact of changes made 2014/15	Impact of changes made 2015/16
<p>Integrate advanced exercise principles as</p>	<p>Content regarding exercise prescription was added to P660 selected topics that included applied</p>	<p>Students noted after internships that they would still like more specific exercise protocols for more</p>

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part of course content in P660 Selected Topics Program Expected Outcomes (PEO) - 1,6,10	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.	advanced orthopedics. They also indicated a need for more comprehensive review of a complete evaluation. Course content will be adapted to improve this curricular area
Apply “flipped Classroom” learning approach for modalities to emphasize clinical application and retention PEOs - 1,6,10	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.	50% of the students indicated positively with regard to the classroom style compared to 85% last year. Dr. Avin will continue with this approach with some modifications to classroom organization and structure to increase clarity of expectations.

8. New Actions for 2016-2017	
Student Learning Outcome Numbers from above that fell below benchmark levels	Actions planned to enhance learning
Pediatric Course	The program will develop plans for implementation of a new pediatric rehabilitation course to be implemented within the curricular content for 2018. This course should combine normal and abnormal child development The plan will be to have pediatric therapists be consulted for course implementation
Geriatric Course	The program will transition from a lifespan course to one more focused on aging and mental health. The

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	goal will be to outline the course content
Integumentary Course	Implement wound team as the primary instructors. Increase opportunity for hands-on laboratory activities and patient interactions.

PT Program Curricular 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 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. These have been consistent over the past 5 years indicating the curriculum is effective and stable.

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. These issues are targets of the action plan for 2016/2017 with an emphasis on curricular structural changes.

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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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. PACKRAT 4. 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% reach score of 120 or greater on PACKRAT at end of didactic year 5. 95% pass rate of PANCE 	<ol style="list-style-type: none"> 1. August 2015-July 2016: 2% attrition rate of students for each cohorts 2016 and 2017, due to students who withdrew during the didactic year; there were no dismissals. The one student in cohort 2016 who withdrew had one course failure, which accounted for the only course failure in this timeframe (97% pass rate of didactic courses). There was a student death in Class of 2016 in July 2016. 2. Summer 2016: 100% of students passed the summative written examination and 2.3% (1/42) students successfully remediate the OSCE component after an initial failure. 3. 95.5% (42/43) of the Class of 2016 completed the program; 2.3% (1/44) of the Class of 2016 decelerated and are expected to have a delayed 	<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; Earlier intervention for at-risk students will be implemented. 2. Although all students in the first two cohorts 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 improved the expectations set forth for

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			<p>graduation in Fall 2016; 2.3% (1/44) were dismissed from the program.</p> <ol style="list-style-type: none"> 4. Class of 2017 PACKRAT scores at the end of the didactic year resulted in 95% earning a raw score 120 or greater out of 225 questions. 5. The Charter Class PANCE pass rate was 90% (36/40) with the four initial failures resulting in passes after the second (3/4) and third attempts (1/4). The Class of 2016 are currently completing their PANCE and to date have a 97% pass rate (37/43 completed, 1/37 failed). 	<p>the OSCE in advanced so students were more prepared.</p> <ol style="list-style-type: none"> 3. Same as point 1. 4. Same as point 1. 5. Following the PACKRAT results at the end of the didactic year students are identified for intervention if they earned <120 as >120 that is predictive of PANCE success.
<p>Interpersonal & communication skills</p>	<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; 	<ol style="list-style-type: none"> 1. 100% earn "B" or above. 2. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. 2015-2016 clinical year 100% of students earned a "C" or above; "B" was the lowest grade attained on the oral presentations. 2. Class of 2016 mean: a) 4.33/5; b) 4.36/5 c) 4.53/5; d) 4.59/5 	<ol style="list-style-type: none"> 1. Reassess and consider increase benchmarks. 2. There was an overall increase in these metrics compared to the prior cohort, which could be due to student selection or better preparation in the didactic year. Increase benchmark to 4.5/5 mean.

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	d) Demonstrates a respectful and collaborative attitude with all members of the health care team			
Professionalism	<ol style="list-style-type: none"> 1. Professionalism self-assessment & peer evaluation 2. Preceptor evaluations: <ol style="list-style-type: none"> a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks; b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, and patients, at all times c) Responds positively and proactively to constructive criticism. 	<ol style="list-style-type: none"> 1. 100% participate in the self-assessment and peer evaluation 2. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. 100% Class of 2017 students participated in the self-assessment and peer evaluation during the didactic year and developed a plan for improvement with their faculty advisor; 100% Class of 2016 completed the professionalism self-assessment during the clinical year. 2. Class of 2016 mean: a) 4.56/5; b) 4.59/5; c)4.55 	<ol style="list-style-type: none"> 1. Although all students in Class of 2017 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 of this task. 2. There was an overall increase in these metrics compared to the prior cohort, which could be due to student selection or better emphasis on professionalism in the didactic year. Increase benchmark to 4.5/5.
Patient care	<ol style="list-style-type: none"> 1. Preceptor evaluations: <ol style="list-style-type: none"> a) Conducts respectful interviews, with empathy and sensitivity. b) The student collects 	<ol style="list-style-type: none"> 1. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. Class of 2016 mean: <ol style="list-style-type: none"> a) 4.51/5 b) 4.28/5 c) 4.17/5 d) 4.15/5 e) 4.13/5 	<ol style="list-style-type: none"> 1. a) continue opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum b) Increase patient opportunities to demonstrate

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	<p>sufficient essential and accurate history to direct physical examination</p> <p>c) Demonstrates problem solving and critical thinking skills when developing an appropriate differential diagnosis.</p> <p>d) Selects and interprets appropriate diagnostic/lab studies.</p> <p>e) Formulates an appropriate prevention and treatment plan.</p>			<p>history and physical examination skills in the didactic year prior to the clinical year</p> <p>c) A specific radiology and laboratory medicine course to the didactic curriculum effective Fall 2015; reassess effectiveness of curriculum with Class of 2017</p> <p>d) Provided more opportunities for case-based learning in the clinical medicine and clinical therapeutics courses with the Class of 2017; reassess effectiveness of curriculum with Class of 2017.</p>
Practice-based learning & improvement	<ol style="list-style-type: none"> 1. Practice improvement project in K698 2. PICO scholarly project (K693 & K694) 3. Course feedback in K693, K694, K698: a) I developed the ability to solve actual problems in this field. 	<ol style="list-style-type: none"> 1. 90% earn 85% or better on PI project 2. 90% earn 85% or better on PICO project 3. Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) 	<ol style="list-style-type: none"> 1. 79% (34/43) of Class of 2016 earned ≥85% on the PI project 2. 100% of Class of 2016 earned ≥85% on the PICO project 3. Data collected but not analyzed to date. 	<ol style="list-style-type: none"> 1. Reassess benchmarks for points 1 and 2. 2. Implement course improvements based upon results
Systems-based practice	<ol style="list-style-type: none"> 1. Course grade in K509 2. Preceptor evaluation: a) Demonstrates ability to work cohesively with all health care 	<ol style="list-style-type: none"> 1. 90% earn B or better in the course 2. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale 	<ol style="list-style-type: none"> 1. 100% of students in Class of 2017 earned B or higher in the course 2. Charter Class mean: a) 4.53/5 	<ol style="list-style-type: none"> 1. Increase benchmark to B+ or higher 2. Increase benchmark to 4.5/5

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	practitioners	(3/5 =meets expectations).	
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Program Goals	Assessment Method	Goal	Result	Proposed Changes
Educate physician assistants to provide quality patient-centered health care	<ol style="list-style-type: none"> 1. PA competency graduate survey 2. Post-graduation PA competency survey (6-mos) 3. Employer survey 4. PANCE results 	<ol style="list-style-type: none"> 1. 100% response rate; Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5= good) 2. 75% response rate; Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5= good) 3. 50% response rate; Employer mean of 4/5 or greater on all areas (employer perception of graduate strengths: 4/5= good) 4. 95% pass rate of PANCE 	<ol style="list-style-type: none"> 1. 100% of each six areas had means of >4/5; though not all items had means at 4/5 or greater. 2. 62.5% response (25/40); Means for each of the six course competencies were >4/5. 3. Data not analyzed yet. 4. The Charter Class PANCE pass rate was 90% (36/40) with the four initial failures resulting in passes after the second (3/4) and third attempts (1/4). The Class of 2016 are currently completing their PANCE and to date have a 97% pass rate (37/43 completed, 1/37 failed). 	<ol style="list-style-type: none"> 1. Develop curriculum that instills confidence in their medical knowledge ability; enhanced the diagnostic studies curriculum during the didactic phase in Fall 2015; incorporate billing and coding in the didactic curriculum to have early introduction to the concepts instead of waiting for the clinical year. 2. Comparative analysis between initial competencies at graduation and post-graduation follow up to be completed. 3. Data to be used to identify areas of weakness in the curriculum. 4. Following the PACKRAT results at the end of the didactic year students are identified for intervention if they earned <120 as >120 that is predictive of PANCE success.

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<p>Recruit from, and place students for clinical education in regions with medically underserved communities.</p>	<ol style="list-style-type: none"> 1. Admissions data 2. Clinical year placement data 	<ol style="list-style-type: none"> 1. 50% of matriculating students to be from an MUA 2. 100% of students in the clinical year have one or more rotations with medically underserved populations 	<ol style="list-style-type: none"> 1. Class of 2017: 33% applicants from MUA, 39% matriculated from MUA; 2. 100% of Class of 2016 had clinical rotations in medically underserved areas due to placement at Eskenazi Community Health Center-Grassy Creek 	<ol style="list-style-type: none"> 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; participate in IU-HCOP to retain students from educationally and economically disadvantaged areas 2. Continue relationship with Eskenazi Community Health Center-Grassy Creek; increase opportunities in rural areas for students to complete clinical rotations
<p>Develop the 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"> 1. K510 course grade 2. Practice improvement project in K698 3. PICO scholarly project (K693 & K694) 4. Course feedback in K693, K694, K698: a) I developed the ability to solve actual problems in this field. 	<ol style="list-style-type: none"> 1. 90% earn 85% or better on K510 course grade 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) 	<ol style="list-style-type: none"> 1. 100% of Class of 2018 earned $\geq 85\%$ in K510 2. 79% (34/43) of Class of 2016 earned $\geq 85\%$ on the PI project 3. 100% of Class of 2016 earned $\geq 85\%$ on the PICO project 4. Data collected but not analyzed to date. 	<ol style="list-style-type: none"> 1. Reassess benchmarks for points 1-3.

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<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 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. All Class of 2017 students participated 2. Class of 2016mean: 4.51/5 	<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; increase benchmark to 4.5
<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, preparation and completion of assigned tasks; b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, and patients, at all times c) Responds positively and proactively to 	<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 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. 100% Class of 2017 students participated in the self-assessment and peer evaluation during the didactic year and developed a plan for improvement with their faculty advisor; 100% Class of 2016 completed the professionalism self-assessment during the clinical year. 2. Class of 2018: 100% earned 95% or greater 3. Class of 2016 mean: a) 4.56/5; b) 4.59/5; c) 4.55 	<ol style="list-style-type: none"> 1. Although all students in Class of 2017 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 of this task. 2. Reassess benchmark and identify more specific ways to measure ethical competency 3. Increase benchmark to 4.5/5.

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	constructive criticism.			
Prepare students to address community health issues and health disparities in the context of societal and economic systems	<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 for Grassy Creek Community Medicine Rotation: 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 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. Class of 2017: 6/9 groups earned 85% or better. 2. Class of 2018: 88% earned an 85% or better on Exam I in K500 3. Class of 2016 mean: 4.3/5 	<ol style="list-style-type: none"> 1. Reassess benchmarks for group paper; emphasize the importance and relevance of the paper to encourage better performance 2. Evaluate the exam to identify areas of weakness and emphasize key concepts in future curriculum for the class. 3. Increase benchmark to 4..5

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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 2015/16	Changes
1. Articulate the theoretical frameworks of rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W660	Met	
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
2. Apply the theories of health promotion and disease prevention	Course grade	Each SHRS PhD student to pass SHRS W661	Met	
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
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	
		Each SHRS PhD student to pass the comprehensive examination	Met	
4. Analyze health services methodological approaches to	Course grade	Each SHRS PhD student to pass SHRS W662	Met	

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rehabilitation	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
5. Critically evaluate research in health and rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W520	Met	
	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 	<p>No proposals were conducted.</p> <p>Met</p>	1 student successfully proposed their dissertation in December 2015
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	This course was replaced by W710 Topical Seminar. This topic is being proposed as a regular course.
7. Write a federal grant	Performance on Grant proposal project	At least 1 student will have a grant funded each year	Not met	This needs to be re-evaluated.
8. Write a manuscript for publication	Submission ready manuscript	At least 1 student each year will have an article accepted for publication	Met	
9. Conduct original research in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	Met.	
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 (2 students).	
11. Think critically to solve problems in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	Met.	
12. Meet ethical standards	Evaluate ethical conduct	No SHRS PhD student to be	Met	

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as set forth by the program		charged with unethical conduct		
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	

PhD Summary findings

Implemented changes in 2015-2016	Impact of changes made	Additional Actions planned for 2016-2017
After review of the progress of the current doctoral students this has been deemed unrealistic.	This was deleted as an outcome.	None
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. Item 8 has improved to "partially met" but monitoring will continue. Item 10 seems stable but monitoring will continue.	Items 8 & 10 are under faculty review for modification to be limited to national peer-reviewed research publication and whether the % should be increased with appropriate inducements.