

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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.

*Please note that in subsequent years reports from the following departments will be included within the School of Health and Human Sciences PRAC Report*

### **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**.

### **Report Contents**

#### **Part 1: Undergraduate Program**

1. Bachelors of Science in Health Sciences.....2

#### **Part 2: Graduate Professional Programs**

1. Nutrition and Dietetics .....9
2. Occupational Therapy.....12
3. Physical Therapy.....16
4. Physician Assistant Program.....28

#### **Part 3: Graduate Programs**

1. Doctorate of Philosophy in Health and Rehabilitation Sciences.....45

# School of Health and Rehabilitation Sciences

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## Annual PRAC Report 2017-2018

### Part 1: Undergraduate Program

#### Bachelor of Science in Health Sciences Degree

**Background:** The following report focuses solely on the Undergraduate Bachelor of Science in Health Sciences, housed in the Department of Health Sciences. The degree provides students with the academic foundation to apply for professional programs (i.e., physical therapy, physician assistant, etc.) or entry-level careers in the health sciences field. The degree requires 44 credit hours in core health sciences courses with an additional 32 credits of open electives. This small core, combined with the option to pursue pre-professional tracks or minors/certificates through elective courses, is a major strength of the program.

In July, 2018, the department welcomed a new Undergraduate Program Director, who was specifically charged with reviewing and updating the current curriculum. The program is experiencing tremendous growth, with enrollment increasing from 19 students in 2010 to the current 505 students. The increase in students spurred an external review of the program, which occurred fall 2017. In addition, the Program Director completed an internal review of the program focusing specifically on learning objectives and current curriculum goals and objectives.

**Students:** There are currently 505 students participating in the degree program, of which 29% (n=146) are first generation students, 24% (n=121) are 21<sup>st</sup> Century/Pledge grant awardees, and 24% (n=121) are Pell-eligible. The majority of our students aspire to be admitted to professional health sciences programs.

**Mission** of the health sciences program (revised) is:

The interdisciplinary faculty and staff in the Department of Health Sciences seek to improve the communities and lives of Hoosiers and beyond through education and research excellence aimed at progressing healthcare.

We do this by supporting a diverse student body across the undergraduate and graduate degree spectrum and preparing the next generation of healthcare professionals for fulfilling and meaningful high demand careers.

#### Internal review of curriculum

The outcomes of the internal review indicate the existing course objectives do not clearly align with the program learning goals, nor is there a curriculum map outlining knowledge acquisition. In addition, contrary to institutional focus, there is little to no offerings of high impact practices in the course curriculum.

Specifically, the internal review indicated that the previous program learning goals and objectives included three domains:

- 1) Knowledge of health care services in the world, population health needs, and health sciences;

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

- 2) Practical skills and abilities; and
- 3) Responsibilities and performance.

Within these domains, there were 21 learning objectives listed under domain 1; six in domain 2; and seven in domain 3. However, when reviewing course syllabi from 24 of the health sciences course offerings, the following discrepancies were noted. Only 11 of the course learning objectives listed in the 24 courses address the three domain objectives. Of these, five listed objectives were in gerontology courses and three objectives came from rehabilitation courses. The gerontology and rehabilitation courses are electives and not a requirement for all health sciences students. Therefore, students taking only core health sciences courses were never exposed to eight of the 11 listed learning objectives.

Further, the health sciences department employs 23 adjunct faculty, who teach approximately 73% of the courses within the department. The syllabi analysis indicated that, for three of the core courses, adjuncts are teaching sections with different learning objectives than the same course taught by full time faculty. This “curriculum creep” poses problems given students are exposed to different learning objectives for the same course.

Finally, although the Health Sciences department offers three certificates (Gerontology, Global Health and Rehabilitation Studies, and Rehabilitation and Disability), there were no stand-alone learning goals and objectives for each of these certificates. (A Nutrition certificate is also offered via the Nutrition department.) Since these students may come from other disciplines outside health sciences, it is imperative to address core competencies within the certificate itself.

To address these discrepancies, faculty developed new program learning goals and objectives specifically addressing the mission of the program. These objectives were discussed at the annual department retreat on August 31 and finalized September 24 at the faculty curriculum meeting. The new learning outcomes are provided on pages BSHS 3-7. For the remainder of the 2018-19 Academic Year, assessment goal efforts, led by the Program Director, are to:

- Develop and refine a curriculum map (initial map by Oct. 22, 2018)
- Develop a data collection plan by December 2018
  - Collect data on specific objectives December 2018; May 2019; and August 2019
- Outline a data collection grid for Academic Years 2019-20; 2020-21; and 2021-22
- Attend the IUPUI October Assessment Institute to learn and institute relevant policies and practices within the current plan
- Provide regular and measureable outcomes to faculty throughout the academic year
- Work on a “Purposeful Pathway” project to align the program mission with objectives integral to student’s chosen career paths along with developing and introducing high impact practices into the program curriculum.

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Summary

The Department of Health Sciences is currently in a state of transition as we work to improve learning outcomes and student program objectives (i.e., retention, graduation, and professional program admission rates). Data from 2017-18 indicate this revision is necessary. Specific assessment details and outcomes for the program will be provided via the October 2019 PRAC report. The focus for the 2018-19 Academic Year is on improving program curriculum, including the introduction of high impact practices, enhancing student learning outcomes, and increasing retention and graduation rates.

### Core Health Sciences Goals and Learning Objectives (revised September 2018)

| Goal   | Objectives (Desired outcomes)  |
|--|--|
| I: Graduates will understand the complexity of healthcare systems in the U.S. and globally.                  | 1.1: Students will describe the historical evolution of the U.S. healthcare system and services, as well as the current components, services, and issues of the U.S. healthcare system generally and regarding the underserved, the aging and the rehabilitation populations.<br>1.2: Students will describe the roles and responsibilities of healthcare professionals including, but not limited to, clinical, rehabilitative, osteopathic, non-traditional, and preventative practitioners.<br>1.3: Students will compare and contrast healthcare systems, professions, financing, policies, and current issues in the U.S. health care system with other countries.                            |
| II. Graduates will develop a thorough understanding of the structure and functions of the healthcare system. | 2.1: Students will identify ways in which health determinants (social, biological, behavioral, environmental, and access), culture, gender, socioeconomic status, race, ethnicity, and other identities impact health and access to health care across the life course.<br>2.2: Students will formulate strategies and interventions to address health disparities and inequities in the health care system, at the individual level, and within specific healthcare practices.<br>2.2: Students will explain basic principles in healthcare related to: health promotion, designing health interventions, communicable and chronic disease, infectious disease, and related statistical analyses. |
| III. Graduates will understand administrative, financial, ethical, and                                       | 3.1: Students will understand the role of ethics and its impact on healthcare practices.<br>3.2: Students will describe basic sources of law and the relationship of laws and  |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|  |  |
|--|--|
| <p>regulatory policies facing healthcare systems.</p>  | <p>policies to healthcare, practices, and responsibilities.</p> <p>3.3: Students will explain the specific social, economic, and political factors that have historically shaped and continue to impact health care.</p> <p>3.4: Students will identify qualities of leadership and management that contribute to success as a health professional.</p> <p>3.5: Students will connect principles of leadership to the support and improvement of health and functionality for patient populations across the life course.</p>  |
| <p>IV. Graduates will explore healthcare from both the consumer and practitioner lens to evaluate issues, theories, policies or concepts critical to each viewpoint.</p> | <p>4.1: Students will define health related development, aging, and behavioral theories critical to understanding complex patient and healthcare needs, behavior change, and/or practice for individuals and society.</p> <p>4.2: Students will recognize and be capable of evaluating and applying critical concepts of health behaviors, policies, theories and interventions at the individual and community levels across the life course.</p> <p>4.3: Students will discuss how cultural personal biases, thoughts, and opinions influence health care system policies, health care practice, and patient health outcomes across the life course.</p>   |
| <p>V. Graduates will develop critical skills necessary for employment success.</p>   | <p>5.1: Students will develop written communication skills.</p> <p>5.2: Students will improve listening, interpreting, and speaking skills.</p> <p>5.3: Students will develop and improve interpersonal skills through collaboration and interaction with others.</p> <p>5.4: Students will demonstrate efficiency in analyzing and synthesizing information from a variety of resources.</p> <p>5.5: Students will identify and use appropriate resources for research, publications, and presentations.</p> <p>5.6: Students will develop the ability to deliver professional presentations with measurable objectives targeting a specific audience.</p> <p>5.7: Students will engage in experiences designed to instill professionalism and develop skills critical to finding and securing employment.</p> <p>5.8: Students will engage in real world internship experiences to augment/advance their didactic learning</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Gerontology Certificate Goals and Learning Objectives (September 2018)

| <b>Gerontology Certificate</b>  |   |
|---|---|
| <b>Goal</b>   | <b>Objectives (Desired outcomes)</b>  |
| I: Graduates will understand the aging process, reasons to study aging, and societal implications of aging. | 1.1: Students will discuss principle theories of aging to include: biological, development, psychological, social, and longevity.<br>1.2: Students will explore concepts related to intergenerational relationships, caregiving, and social variability and inequalities.   |
| II. Graduates will explore psychosocial and physiological parameters facing older adults today.             | 2.1: Students will discuss the principles upon which conflicting sides of aging related controversies are based.<br>2.2: Students will articulate the impact of health and wellness activities on the physical and mental functioning and life satisfaction of older adults.  |
| III. Graduates will explore the aging process from a healthcare and social policy framework.                | 3.1: Students will define various concepts, terms, and social programs and polices associated with aging such as ageism, geriatrics, life course, gerontology, age related morbidity, life span, life expectancy, autonomy, function and decline, cognitive function, elder vulnerability and abuse, Medicare, Medicaid, and Social Security.<br>3.2 Students will understand the financial, social, and policy implications of an aging society from individual and societal frameworks.<br>3.3 Students will be able to identify pertinent social support programs and policy related to older adults and caregiving. |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Global Health and Rehabilitation Certificate Goals and Learning Objectives

| <b>Global Health and Rehabilitation Certificate</b>  |   |
|--|---|
| <b>Goal</b>  | <b>Objectives (Desired outcomes)</b>  |
| I: Graduates will explore historical, cultural, financial policy, and political factors affecting disabilities and rehabilitation healthcare in the U.S. and globally. | 1.1: Students will understand globalization and its social, political, and financial underpinnings, with emphasis on healthcare delivery and health care providers in various countries of the world.<br>1.2: Students will articulate the importance of cultural competency in healthcare in the U.S. and globally.  |
| II. Graduates will describe the personal, social, and economic consequences of disability for individuals and for global societies.                                    | 2.1: Students will explain the importance of considering the health determinants and cultural contexts of disability.<br>2.2: Students will discuss the global burden of disability and its impact on individuals, the health care systems, and societies.  |
| III. Graduates will explore disability and rehabilitation in terms of global healthcare structure, delivery, and disease.  | 3.1: Students will identify and describe inequalities, inequities and injustices in healthcare delivery for persons with disabilities.<br>3.2: Students will examine the impact of medical (disease) and contextual (social, environmental, intrapersonal) factors on health outcomes for persons with disabilities<br>3.3 Students will experience real-world contact with another country's health care system. |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Rehabilitation and Disability Certificate Goals and Learning Objectives (September 2018)

| <b>Rehabilitation and Disability Certificate</b>   |   |
|--|---|
| Goal   | Objectives (Desired outcomes)   |
| I: Graduates will demonstrate knowledge and understanding of issues related to disability and rehabilitation.  | <p>1.2 Students will discuss emerging topics related to disability determination.</p> <p>1.2 Students will compare the equity and equality of adaptive and assistive technology among minorities and other underserved populations with that of other populations.</p> <p>1.3 Students will demonstrate knowledge of the relationship among the health determinants (social, biological, environmental, behavioral, and access) to populations functioning with a disability and participating in rehabilitation.</p> |
| II. Graduates will understand rehabilitation organizations from the perspective of management, social, economic, and policy issues affecting healthcare                          | <p>2.1: Students will describe the organizational structure of programs providing rehabilitation services and economic, social and policy factors impacting operations.</p> <p>2.2: Students will demonstrate knowledge of current laws and national policy as it relates to disability in terms of equity and equality.</p>  |
| III. Graduates will explore healthcare policies and structure from both the consumer and practitioner lens to evaluate issues, theories, or concepts critical to each viewpoint. | <p>3.1: Students will become familiar with the roles of related professionals in the disability and rehabilitation team.</p> <p>3.2: Students will describe major rehabilitation organizations, organizational structures for the delivery of services, and professional resources available to the consumer for rehabilitation.</p> <p>3.3: Students will discuss his or her attitudes toward disability and how to overcome cultural bias to promote better interaction with persons with disabilities.</p>         |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Part 2: Graduate Professional Programs

#### Department of Nutrition and Dietetics

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

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

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

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

| 3. Competencies/Learning Outcomes   | 4. Target Benchmark  | 5. Outcomes 2017-2018                           |
|---|--|---|
| <b>1. Scientific and Evidence Base of Practice: Integration of scientific information and research into practice.</b>                       |  |   |
| CRDN 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes | 100% of all interns will receive Satisfactory Scores (S) in supervised practice rotations (SPR) indicated.<br>80% of interns will earn 90% or more of the Statement of Problem and Aims of Grant Proposal in N 563 Project | 16/16 100% of interns                           |
| CRDN 1.2 Apply evidence based Guidelines, systematic reviews and scientific literature  | N 591 Seminar Project  | 2016-2017: 11/16, 69%<br>2017-2018, 16/16, 100% |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice   | 90% of interns will receive a grade of B(85%) for the evaluation component of the professional seminar   | 2016-2017: 13/16, 81%<br>2017-2018: 15/16, 94%  |
| <b><i>2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitians level of practice</i></b>   |  |   |
| CRDN 2.14: Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.                             | Interns attend Indiana Academy of Nutrition & Dietetics Legislative Day at the Indiana State Capitol.<br>90% of interns will receive 100% credit for reflection report.<br><br>N 567 "Legislation" presentation and assignment to prepare letter for legislator on issue of choice. 100% of all interns will receive 90% of credit for project | 2017-2018: 16/16, 100% received full credit<br>For reflection report<br><br>2017-2018: 12/16, 75% received 90% or better on letter. 25% of class received 80% of credit for letter. Interns did not address appropriate legislator. |
| <b><i>3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations</i></b>                                  |  |   |
| CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.   | 100% of all interns will receive a satisfactory or higher rating in the Corporate Wellness Rotation  | 2017-2018: 16/16, 100%  |
| CRDN 3.7: Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management  | 100% of all interns will receive a satisfactory or higher rating in the Corporate Wellness Rotation  | 2017-2018: 16/16, 100%  |
| CRDN 3.8: Deliver respectful, science-based answers to client questions concerning emerging trends  | 100% of all interns will receive a satisfactory or higher rating in the Corporate Wellness Rotation  | 2017-2018: 16/16, 100%  |
| <b><i>4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.</i></b> |  |   |
| CRDN 4.4: Apply current nutrition informatics to develop store, retrieve and disseminate information and data   | 100% of interns will receive a B(85%) or better in development and presentation of their case study.   | 2016-2017: 13/16, 81%<br>2018: 16/16, 100%  |
| CRDN 4.5: Analyze quality, financial and productivity data for use in planning  | 100% of interns will receive a Satisfactory or better score in Food Systems Core Rotation:   | 2015-2016: 13/14, 93%<br>2016-2017: 16/16, 100%   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  | product acceptability audits and similar activities. | 2018: 16/16, 100% |
|  |  |                   |

### Program Outcome Summary 2017-18

There was some improvement in critical thinking skills. The IPE Grant Proposal project in N 563 was successful particularly with respect to group work skills and IPE skills.

| 6. Implemented changes in 2017-18   | 7. Impact of changes made   | 8. Additional Actions planned for 2018-2019   |
|---|---|---|
| Reworked all supervised practice rotations to reflect new 2017 Accreditation Standards with input from preceptors for all the rotations | Worked fairly well. Identified a number of rough spots during that year.  | We identified a number of rough spots and revised the pediatric rotation, Clinical II rotation and the Food Systems Core Rotations again. Revised the policy and procedure manual |
| The IPE grant proposals worked well. Unfortunately, the SON course was discontinued   | IPE skills were enhanced. Some improvement in critical thinking but generally insufficient. Interns did not apply skills/knowledge learned in August. | Adopted a new Research Methods text for N 563 written for Nutrition and Dietetics. Went to short course format with intensive assignments and quizzing.                           |
|   |   |   |

### Dietetic and Nutrition Report Summary

**Pleased with the changes we made last year. We think the interns were better prepared but work is still needed on critical thinking skills and ability to critique the literature.**

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Department of Occupational Therapy

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

#### 1. Department of Occupational Therapy Student Educational Goals

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

| Learning Outcomes  | Assessment Methods  | Goal   | Results | Changes          |
|--|---|--|---------|------------------|
| 1. Being mindful, reflective, ethical and critical thinking practitioners.                           | Reflective Seminar Grade  | 80% of students receive a grade of B or higher | 100%    | 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 | 100%    | No change needed |
| 3. Advocating for our discipline and profession in   | Alumni Survey   | 80% agreement                                  | 88.46%  | No change needed |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|  |   |  |        |                               |
|--|---|--|--------|-------------------------------|
| existing and emerging practice areas   |   |  |        |                               |
| 4. Value and demonstrate professional engagement and community participation.  | Alumni Survey                                   | 60%  | 84.62% | No change needed              |
| 5. Become role models, partners and collaborators attentive to minority and underserved populations.   | Alumni Survey                                   | 50%  | 65.38% | No change needed              |
| 6. Discern entry-level positions that reflect their skills, interests, and abilities in a variety of practice settings.                      | Exit interviews with advisors and Alumni Survey | 80% of students will discuss with their academic advisors the type of position they are considering upon graduation. | 100%   | No change needed              |
| 7. Value life-long learning through participation in continuing professional development, specialty certification, and/or doctoral education | Alumni Survey                                   | 80% will acknowledge one or many of these lifelong learning opportunities  | 92.31% | No change needed              |
| 8. Analyze and synthesize program  | Management Class                                | 100%   | 97.2%  | Discussion led to decision to |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|          |  |  |  |  |
|----------|--|--|--|--|
| outcomes |  |  |  | wait and see as the 2.3% decline reflects one student. Will revisit this item next year (Not: Next year is the last time these measures will be used). |
|----------|--|--|--|--|

Note: **Red font** indicates action that will be taken during the 2018-19 academic year

|   |
|---|
| <b>5. Program changes for 2018-19 based upon data assessment of student learning outcomes</b>                     |
| 1. None at this time. Strategically this is optimum as we are actively transitioning this MSOT degree to the OTD. |

### 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 2016-2017  | Impact of changes made | Additional Actions planned for 2018-2019 |
|---|------------------------|--|
| No PRAC summary was submitted in 2016-2017 due to the resignation of the Chair and appointment of an Interim Chair. Concurrently the department was designing a new curriculum and any prior assessment measures were sunseted. Therefore as expected, the measures on this report are almost perfect (the bar was not raised in 2016). |                        |  |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

The PLAN for the next set of student's educational goals is to tie them more directly to the **Educational Goals of the program in design which states:** As a community of scholars, the faculty, students and fieldwork educator's **work together to prepare students to enter the profession as competent clinical practitioners who achieve the following** outcomes: Function as an advocate of *participation* and stand up for the right of every individual to have access to services and accommodations needed for full *participation* in society

1. Utilize occupation based theory in initial approach to understanding *humans as occupational beings* before proceeding with knowledge of evidence and clinical reasoning to enable that individual to overcome limitations and challenges that impede *participation*.
2. Exercise Professionalism and *Leadership* to promote the profession of occupational therapy to influence changing policies, environments, and complex systems.
3. Promote best practice in occupational therapy through seeking and disseminating evidence in the workplace and modeling use of systematic *ways of thinking*.
4. *Advocate* for the beliefs and tenets of occupational therapy through all roles in health and human service organizations including but not limited to serving in positions of leadership at local, state, national and international levels.
5. Disseminate scholarship by submitting, presenting, consulting, and/or publishing locally, nationally and internationally.

# School of Health and Rehabilitation Sciences

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## Annual PRAC Report 2017-2018

### 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

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

**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, PT-MEPQ

| DPT Program Student Learning Outcomes |   | Program Outcome Measures and Benchmarks  |  |   |  |   |
|---------------------------------------|---|--|--|---|--|---|
|                                       |   | Post Clinical Survey<br><i>(Percentages are an aggregate score of strongly agree or agree)</i><br>Scores for Class of 2017/2018      | Focus Group Interviews conducted at the end of the three year program<br><br>Digital Stories<br><br>Class of 2018                          | Board Exam Taken after completion of the program,<br><br>Class of 2016-17   | Post-Graduation Survey performed 6 months following graduation,<br>(Percentage scores reflect aggregate of Adequate, Well or Very Well responses)<br>Class 2016 - 2017 | Physical Therapy Measure of Educational Program Quality (PT-MEPQ)<br><br>Evaluation of Attribute Scores |
|                                       |   | <b>Benchmark:75% or above</b><br><b>(Red indicates areas of needed improvement)</b>  | Benchmark:<br>Consistent student reporting that correlates with other objective data<br><b>(Red indicates areas of needed improvement)</b> | <b>Benchmark: Meet or exceed National Average</b><br><b>(Red indicates areas of needed improvement)</b><br>Score is out of 800<br>Passing is 600 or > | <b>Benchmark:75% or above</b><br><b>(Red indicates areas of needed improvement)</b>  | <b>Benchmark:80% or above</b><br><b>(Red indicates areas of needed improvement)</b>                     |
| 1                                     | Practice as autonomous point-of-entry provides of physical therapy services in adherence to ethical, professional and legal standards within a variety of | <b>Ethics Preparation</b><br>2017 – 100%<br>2018 - 100%<br><b>Legal Preparation</b><br>2017 – 100%<br>2018 – 95%<br><b>Integrity</b> | Overall, students communicated that they felt well prepared in the areas of musculoskeletal and neurological examination and intervention  | <b>Examination</b><br>2017- 707<br>2018 - 722<br><b>Intervention</b><br>2017- 700<br>2018 - 711   | <b>Ethics Preparation</b><br>2016 – 100%<br>2017 - 100%<br><b>Legal Preparation</b><br>2016 – 100%<br>2017 – 93.8%   | <b>2017</b><br><br><b>2018</b>  |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|   |  |   |   |   |  |  |
|---|--|---|---|---|--|--|
|   | clinical and community settings.   | 2017 – 100%<br>2018 – 100%  | Areas needing improvement:<br>pediatrics and exercise progression<br><br>100% of students felt prepared ethically and legally   |   | <b>Overall Preparation</b><br>2016 – 100%<br>2017 -  |  |
| 2 | Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents. | <b>Communicate</b><br>2017-100%<br>2018 - 100%<br><b>Patient Education</b><br>2017-100%<br>2018- 100%<br><b>Document</b><br>2017-100%<br>2018-100%  | Students felt one of the strengths of the program was their comfort with communicating with patients and colleagues   | Not directly measured with national board exam  | <b>Communicate</b><br>2016-100%<br>2017–100%<br><br><b>Patient Education</b><br>2016-83%<br>2017-100%<br><br><b>Document</b><br>2016 – 100%<br>2017 – 100% | <b>Crucial Conversations</b><br>2017<br>Students – 89%<br><b>Inter-professional Communication</b><br>2017<br>Students – 92%        |
| 3 | Demonstrate proficiency in providing culturally competent care across the lifespan.  | <b>Cultural Sensitivity</b><br>2017- 100%<br>2018 - 100%  | 100% of students felt well prepared to meet the needs of a culturally diverse population. Students felt this was a strength of the curriculum   | Not measured with this test   | <b>Cultural Sensitivity</b><br>2016 – 100%<br>2017 - 100%  | <b>Diverse and Engaged Students</b><br>2016<br>Students - 85%<br><b>Faculty – 77%</b><br>2017<br>Students – 93%<br>Faculty – 81.4% |
| 4 | Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.                                       | <b>Thinking Critically</b><br>2017- 100%<br>2018 - 100%<br><b>Apply clinical decision-making</b><br>2017- 100%<br>2018 – 97%<br><b>Use evidence</b> | 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.<br><br><i>There were no significant</i> | <b>Examination</b><br>2017- 707<br>2018 - 722<br><br><b>Differential Diagnosis</b><br>2017- 711<br>2018 – 712 | <b>Thinking Critically</b><br>2016 – 100%<br>2017 - 100%<br><br><b>Self-Reflective</b><br>2016 – 100%<br>2017 - 100%                                       | <b>Clinical Reasoning</b><br>2017<br>Students – 93%<br>Faculty – 87%   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|   |  |   |   |  |   |                             |
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|   |  | <p><b>with clinical decision making</b><br/>2017- 100%<br/>2018 – 97%</p> <p><b>Integrate Self-Reflection</b><br/>2017- 100%<br/>2018 – 97%</p>   | <p><i>areas of deficit noted for this content by recent graduates and alumni</i></p>  |  |   |                             |
| 5 | Screen patients/clients to determine the need for further examination or consultation by a PT or referral to another health care professional. | <p><b>Screening Patients</b><br/>2017- 97%<br/>2018 - 100%</p> <p><b>Consultation</b><br/>2017- 97%<br/>2018 – 92%</p> <p><b>Interdisciplinary Collaboration</b><br/>2017- 100%<br/>2018 - 100%</p> <p><b>Direct Access</b><br/>2017- 100%<br/>2018 -</p> | <p>100% of students felt comfortable with the screening process and direct access.</p> <p>20% felt they learned this on their clinical experiences.</p> <p>Students would like “<i>more discussions about how to reach out to physicians when there are issues</i>”</p> | <p><b>Examination</b><br/>2017- 707<br/>2018 - 722</p> <p><b>Differential Diagnosis</b><br/>2017- 711<br/>2018 - 712</p>   | <p><b>Patient Screening</b><br/>2016 – 100%<br/>2017 - 100%</p> <p><b>Interdisciplinary Collaboration</b><br/>2016 – 100%<br/>2017 - 100%</p> <p><b>Consultation</b><br/>2016 – 100%<br/>2017 – 93.8%</p> | Will receive data next year |
| 6 | Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.                          | <p><b>Musculo Exam</b><br/>2017- 94%<br/>2018 – 97.3%</p> <p><b>Neuro Exam</b><br/>2017- 92%<br/>2018 – 84%</p> <p><b>Integ Exam</b><br/>2017- 92%<br/>2018 – 92%</p>   | <p>100% of graduates indicated they felt well prepared to make diagnostic decisions based upon examination findings</p>   | <p><b>Musculo Exam</b><br/><b>2018 – 685</b></p> <p><b>Neuro Exam</b><br/><b>2018 - 719</b></p> <p><b>Integ Exam</b><br/><b>2018 - 733</b></p> <p><b>Cardio Exam</b><br/><b>2018 - 725</b></p> | <p><b>Musculo Exam</b><br/>2016 – 100%<br/>2017 – 93.8%</p> <p><b>Neuro Exam</b><br/>2016 – 100%<br/>2017 – 100%</p> <p><b>Integ Exam</b><br/>2016 – 100%<br/>2017 – 93.8%</p>                            | Will receive data next year |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|   |  | <p><b>Cardio Exam</b><br/>2017- 100%<br/>2018 – 92%</p> <p><b>Peds Exam</b><br/>2017- 94%<br/>2018 – 84%</p> <p><b>Geriatric Exam</b><br/>2017- 100%<br/>2018 – 100%</p> |   |   | <p><b>Cardio Exam</b><br/>2016 – 100%<br/>2017 – 93.8%</p> <p><b>Peds Exam</b><br/>2016 – 100%<br/>2017 – 87.5%</p> <p><b>Geriatric Exam</b><br/>2016 – 100%<br/>2017 – 100%</p> |  |
| 7 | Evaluate all available data (including examination, medical and psychosocial) to establish and communicate a physical therapy diagnosis and to determine patient/client prognosis. | <p><b>Exam Synthesis</b><br/>2017- 100%<br/>2018 -</p> <p><b>Diagnosis</b><br/>2017- 100%<br/>2018 -</p> <p><b>Prognosis</b><br/>2017- 100%<br/>2018 -</p>               | Students felt well prepared to establish a PT diagnosis and determine a prognosis for all types of patients | <p><b>Examination II</b><br/>2017- 707<br/>2018 - 722</p> <p><b>Practice Patterns</b><br/><b>Cardiopulmonary</b><br/>2017- 706<br/>2018 - 725</p> <p><b>Musculoskeletal</b><br/>2017- 707<br/>2018 - 685</p> <p><b>Neurological</b><br/>2017- 705<br/>2018 - 719</p> <p><b>Integumentary</b><br/>2017- 706<br/>2018 - 733</p> | <p><b>Establish a PT Diagnosis</b><br/>2016 – 100%<br/>2017 - 100%</p>   | <p><b>Clinical Reasoning</b><br/>2017<br/>Students – 93%<br/>Faculty – 87%</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| 8  | Establish a collaborative physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based.  | <p><b>Establish plan of care</b><br/>2017- 100%<br/>2018 -</p> <p><b>Apply evidence to plan of care</b><br/>2017- 100%<br/>2018 -</p>   | <p>Students felt competent in this area of clinical practice</p> <p>100% of students believe the program has a strong basis in EBP, quotes:<br/><i>“I think we get more evidence than other programs”</i><br/><i>“A strength of this program”</i></p> | No direct measurement with this test   | <p><b>Establish a Plan of Care</b><br/>2016 – 100%<br/>2017 - 100%</p>   | <p><b>Experiential Learning</b><br/>Faculty – 78<br/>Students - 79</p> |
| 9  | Demonstrate accountability for the efficient, coordinated management of care (primary, secondary, or tertiary) based on the patient’s/client’s goals and expected functional outcomes. | <p><b>Patient advocacy</b><br/>2017- 100%<br/>2018 - 100%</p> <p><b>Accountability</b><br/>2017- 100%<br/>2018 -</p>  | <p>80% of students felt competent in this area of clinical practice.</p> <p>Students felt they wanted <i>“More medical student involvement”</i></p>   | No direct measurement with this test   | <p><b>Coordinate Patient Care Management</b><br/>2016 – 100%<br/>2017 - 100%</p> <p><b>Emulate Core Values</b><br/>2016 – 100%<br/>2017 - 100%</p>   | <p><b>Will receive data next year</b></p>                              |
| 10 | Implement safe and effective physical therapy intervention plans within a variety of care delivery settings including reflective practice leading to optimal outcomes.                 | <p><b>Musculo Rx</b><br/>2017- 97%<br/>2018 – 97%</p> <p><b>Neuro Rx</b><br/>2017- 86%<br/>2018 – 86%</p> <p><b>Integ Rx</b><br/>2017- 92%<br/>2018 – 87%</p> <p><b>Cardio Rx</b><br/>2017- 86%</p> | <p>100% of students felt well prepared.<br/>Students indicated that their weakest areas were in pediatrics and exercise progression.</p>  | <p><b>Intervention</b><br/>2017- 700<br/>2018 - 711</p> <p><b>Cardiopulmonary</b><br/>2017- 706<br/>2018 - 725</p> <p><b>Musculoskeletal</b><br/>2017- 707<br/>2018 - 685</p> <p><b>Neurological</b><br/>2017- 705</p> | <p><b>Musculo Rx</b><br/>2016 – 100%<br/>2017 – 93.8%</p> <p><b>Neuro Rx</b><br/>2016 – 100%<br/>2017 – 100%</p> <p><b>Integ Rx</b><br/>2016 – 100%<br/>2017 – 93.8%</p> <p><b>Cardio Rx</b><br/>2016 – 100%</p> | <p><b>Will receive data next year</b></p>                              |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
|    |  | 2018 – 97%<br><br><b>Peds Rx</b><br>2017- 94%<br>2018 – 84%<br><br><b>Geriatric Rx</b><br>2017- 100%<br>2018 – 100%   |   | 2018 – 719<br><br><b>Integumentary</b><br>2017- 706<br>2018 - 733 | 2017 – 93.8%<br><br><b>Peds Rx</b><br>2016 – 100%<br>2017 – 87.5%<br><br><b>Geriatric Rx</b><br>2016 – 100%<br>2017 – 100%                |   |
| 11 | Provide effective education for patient/clients, caregivers, colleagues and the general public.  | <b>Patient Education</b><br>2017- 100%<br>2018 – 100%   | Students felt well prepared   | Not measured with this test                                       | <b>Patient Education</b><br>2016 – 100%<br>2017 - 100%  | <b>Will receive data next year</b>  |
| 12 | Contribute to the advancement of physical therapy practice through critical evaluation and informed application of the findings of professional and scientific literature. | <b>Apply evidence with clinical decision making</b><br>2017- 100%<br>2018 – 97%<br><br><b>Lifelong Learning</b><br>2017- 100%<br>2018 -<br><br><b>Professional duty</b><br>2017- 100%<br>2018 - | 100% Students expressed an overall sentiment that the concepts of evidence based practice were well taught. | Not measured with this test                                       | <b>Evidence Based Practice</b><br>2016 – 100%<br>2017 - 100%<br><br><b>Personal and Professional Growth</b><br>2016 – 100%<br>2017 - 100% | <b>Research Integration</b><br>2017<br>Students – 90%<br><b>Best Evidence</b><br>Students – 94% |
| 13 | Complete accurate and concise documentation in a timely manner that supports the problem   | <b>Communicate</b><br>2017- 97%<br>2018 - 100%<br><br><b>Document</b>   | Students felt well prepared to communicate effectively in writing and orally                                | Not measured with this test                                       | <b>Communicate</b><br>2016 – 100%<br>2017 - 100%<br><br><b>Document</b>   | <b>Not applicable</b>   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|    |  |   |   |  |   |  |
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|    | <p>solving process and follows guidelines and specific documentation formats required by the practice setting.</p>   | <p>2017- 100%<br/>2018 - 100%</p>   |   |  | <p>2016 – 100%<br/>2017 - 100%</p>  |  |
| 14 | <p>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> | <p><b>Delegate Support Personnel</b><br/>2017- 97%<br/>2018 -</p> <p><b>Leadership</b><br/>2017- 100%<br/>2018 – 92%</p> <p><b>Excellence</b><br/>2017- 100%<br/>2018 -</p> | <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.</p> | <p>Not measured with this test</p>   | <p><b>Delegate Support Personnel</b><br/>2016 – 100%<br/>2017 - 100%</p> <p><b>Excellence</b><br/>2016 – 100%<br/>2017 - 100%</p> | <p><b>Research Activities</b><br/>Student - 72</p>   |
| 15 | <p>Provide consultation services to individuals and groups including by providing wellness and health promotion program appropriate to physical therapy.</p>   | <p><b>Consultation</b><br/>2017- 97%<br/>2018 – 92%</p> <p><b>Health &amp; Wellness</b><br/>2017- 100%<br/>2018 -</p>   | <p>Students felt well prepared <b>but would like to see this integrated more</b></p>  | <p>Not measured with this test</p>   | <p><b>Consultation</b><br/>2016 – 100%<br/>2017 – 93.8%</p> <p><b>Health &amp; Wellness</b><br/>2016 – 100%<br/>2017 -</p>        | <p><b>Service learning</b><br/>2016<br/>Students – 78%<br/>2017<br/>Students- 87%</p>  |
| 16 | <p>Formulate and implement a plan for personal and professional development and life-long learning based on self-assessment,</p>   | <p><b>Professional growth</b><br/>2017- 100%<br/>2018 -</p> <p><b>Development Plan</b><br/>2017- 97%</p>  | <p>Students expressed a strong appreciation for the need to continue to learn beyond their entry level education.</p> <p>They also indicated that self-assessment is</p>                            | <p><b>Digital Story/Portfolio</b></p> <p><b>2016 -100%</b> indicated professional duty which includes lifelong learning as</p> | <p><b>Professional growth</b><br/>2016 – 100%<br/>2017 - 100%</p> <p><b>Self-Reflective</b><br/>2016 – 100%<br/>2017 - 100%</p>   | <p><b>Leadership Development</b><br/>2016<br/>Students – 77<br/>2017<br/>Student – 90</p> <p><b>Professional Development</b><br/>2016<br/>Student – 96</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

|    |  |   |  |   |  |   |
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|    | reflection and feedback from others.   | 2018 -<br><b>Lifelong Learning</b><br>2017- 100%<br>2018 -<br><br><b>Professional duty</b><br>2017- 100%<br>2018 -  | an important part to professional development<br><br>Evidence – Digital stories  | a key area for future practice  |  | Faculty – 81<br>2017<br>Students – 93%<br><b>Personal Growth</b><br>Students – 91%<br><b>Reflection</b><br>Students – 89%   |
| 17 | Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities. | <b>Professional advocacy</b><br>2017- 97%<br>2018 - 97%<br><br><b>Professional Duty</b><br>2017- 100%<br>2018 -<br><br><b>Social responsibility</b><br>2017- 100%<br>2018 - | 100% of students identified strongly with the programs civic engagement activities.<br><br>Students felt <i>“Fostered professional development and encompassing professional values”</i><br><br>Students also valued <i>“Opportunities for leadership”</i><br><i>“Love the variety and exposure to patient care”</i> | <b>Digital Story/Portfolio</b><br><br><b>2016 -100%</b> indicated at least one of the 7 core values as critical to their ongoing success. 57% (4/7 core values) were discussed in students’ reflections on future professional practice | <b>Responsibility for Mentoring</b><br>2016 – 100%<br>2017 - 100%<br><br><b>Advocacy for the profession</b><br>2016 – 100%<br>2017 - 100%<br><br><b>Emulate the APTA Core Values</b><br>2016 – 100%<br>2017 - 100% | <b>Professional Development</b><br>2016<br>Student – 96<br>Faculty – 81<br>2017<br>Students – 93%<br><b>Service learning</b><br>2016<br>Students– 78%<br>2017<br>Students-87%<br><b>Leadership Growth</b><br>2016<br>Students – 77<br>2017<br>Students – 90 |

|  |  |
|--|--|
| <b>6. Implemented changes in 2017-2018</b> | <b>7. Impact of changes made</b>   |
| Human Anatomy                              | Moved start date of program from August to May to accommodate a transition to “Anatomy for Allied Health” courses. Medical School anatomy course integration left DPT students at too much of a disadvantage when studying histology and embryology. The new summer anatomy course will allow DPT students to concentrate on |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  | the anatomy course more fully, which should allow for greater retention.   |   |
| Geriatric Course                                     | The program has received approval to offer a specific course on Adult Geriatric Rehabilitation beginning fall of 2019.   |   |
| Dual DPT/PhD   | Created and received approval for long term funding model for the PhD/DPT dual degree and completed the policies for recruitment and admission. Opening for enrollment spring 2019 with initial recruitment starting in Fall 2018.   |   |
| <b>Implemented changes in 2016-2017</b>              | <b>Impact of changes made 2016/17</b>  | <b>Impact of changes made 2017/18</b>   |
| Human Anatomy  | Evaluation of student performance in the new Medical School Human Structure course was assessed. Students were found to be at a disadvantage when studying embryology and histology. Students felt poorly prepared for this content, as a consequence, the DPT students will be relocated into the D528 Human Anatomy for Allied Professionals in 2018 | Moved anatomy class to summer sessions. Class integration with physician assistant students and occupational therapy students. Course will focus on more anatomy related to extremities and human movement  |
| Inter-professional education (IPE)<br>SLOs – 4, 5, 7 | DPT students engaged in the IPE TEACH curriculum for the first time in the spring and fall semesters. Assessment of their experiences is ongoing   | DPT students continued participation within the IPE Teach curriculum. Anchors 2 and 3 were found by most students to improve their appreciation for inter-professional collaboration.<br><br>Limitations were noted with the time of day and length of content. Changes will be made to allow students to participate during the day instead of in the evening. |
| Pediatric course content<br>SLOs - 1,6,10            | Implemented integrated clinical exposure for students. Students participated in at least one day of observation of treatment sessions with a therapist and a child in the clinic   | The program developed an initial syllabus and content structure for a focused pediatric PT course. New adjunct faculty are being consulted for further development. Course implementation will occur in 2020.   |
| Dual Degree DPT/PhD<br><br>SLOs – 12, 17             | Created conceptual framework and identified coursework that would count towards both degrees. Sought approval of degree  | Obtained approval to offered dual degree<br><br>Initiated development of admissions process and funding approach  |

## School of Health and Rehabilitation Sciences

### Annual PRAC Report 2017-2018

| 8. New Actions for 2018-2019   |  |
|--|--|
| Student Learning Outcome Numbers from above that fell below benchmark levels | Actions planned to enhance learning  |
| Research Investigator  | Considering a transition of philosophy for students to graduate with an appreciation for research design and clinical implementation that will benefit treatment quality and long term evolution<br><br>Develop student learning outcome, map coursework to this outcome, determine what the graduate will demonstrate that is measureable |
| Geriatric Course   | Implement adult geriatric focused course in fall 2019  |
| Human Structure/Anatomy  | Evaluate student performance in the new human anatomy course D528 Human Anatomy for Allied Professionals   |
| IPE  | Each cohort will participate during the day events, divided evenly over a single day to allow better physical therapy student participation.   |
|  |  |

#### **PT Program Curricular Review Summary**

Overall students are performing well above the national average on the licensure exam for all subcategories and overall outcomes with a first time pass rate of 99.1% for the past three years. Both direct and indirect measures of student learning indicate student performance across all student learning outcomes to be 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, integrated clinical education and professional core values. This has remained consistent for the past three years.

Weaknesses were noted in the areas of exercise prescription and pediatrics. Students qualified their lack of comfort and preparation in these areas by suggested that most of it relates to a lack of clinical exposure; however, students felt changes to the curriculum related to exercise prescription should help future students. 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 2018 with an emphasis on curricular structural changes.

# School of Health and Rehabilitation Sciences

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## Annual PRAC Report 2017-2018

Faculty are considering an increase in student research skills as part of the identity of a clinical therapist. 2018/2019 faculty meetings will focus on a development of these principles and how they will encompass the graduate. A new graduate learning outcome will be created to support this philosophical approach.

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Physician Assistant Program

PRAC Report 2017-2018

August 15, 2017-September 30, 2018

**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/Assessment   |
|-------------------|---|--|---|---|
| Medical knowledge | Student retention/completion<br>Passing didactic year courses with “C” or greater<br>Program Summative examinations (OSCE & written)<br>PACKRAT I<br>PACKRAT II<br>Family Medicine<br>EOR exam<br>PANCE | 95% retention/completion rate<br>100% pass rate of all didactic courses<br>100% pass rate of summative evaluation<br>95% reach score of 124 or greater on PACKRAT at end of didactic year<br>100% reach score greater than 130 on PACKRAT at end of clinical year<br>100% students z>- | August 15 2017-August 14 2018: <i>Class of 2020</i> completed one semester with a 100% retention rate entering into the second semester. <i>Class of 2019</i> completed the didactic phase of the program with a 95.5% retention rate-one student was dismissed due to not meeting academic standards following one semester of probation in Spring 2018, and the other student was reported in PRAC 2017 report; Thirty seven of the 44 students | The admission criteria were revised for the admittance of the <i>Class of 2018</i> , which were intended to improve admission of qualified candidates who have the academic qualities and characteristics of self-driven students to excel in the program. Until the remainder of the cohort completes the PANCE, it is difficult to directly assess if this pool of candidates increased the program pass rate, though as of 8/30 the 37 student who took the PANCE have passed; The admissions committee is reviewing at-risk students’ files |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  |  | <p>1.50 of the national mean on Family Medicine EOR exam, with 75% of students earning greater than the national mean. 96% pass rate of PANCE</p> | <p>who matriculated into the <i>Class of 2018</i> completed the program as of August 3, 2018. Five students decelerated (1 due to course failure, 4 due to medical leaves). The other two students were reported in PRAC 2017. Assuming all five decelerated students complete the program there will be an overall 4.5% attrition rate for the <i>Class of 2018</i> cohort.</p> <p>There were no course remediations for <i>Class of 2019</i> and <i>2020</i>, though one 2019 student did need to remediate the women's health module within a course. A 2018 student failed one clinical rotation course and will need to remediate in Fall 2018, delaying her completion date.</p> <p>Summer 2018: 100% of <i>Class of 2018</i> students who took the summative written examination passed and 100% of students were successful on the OSCE/practical assessment</p> | <p>from all previous cohorts to identify potential red flags that were in the application in order to develop an objective process for reviewing future applications.</p> <p>Early intervention with faculty advisor notification of poor performance for at-risk students will continue to be implemented. Remediation of modules within a course (does not equate a course failure) was implemented in Fall 2015 to ensure competency of that material; this practice will continue. All students with assessment grades below 73% are expected to meet with their respective instructors to review the material. This became a requirement in Summer 2018. The summative written examination was revised again in 2018. This exam will be evaluated and revised if necessary. In 2020 a national standardized summative examination will be available which the department will adopt. The summative practical skills evaluation format was revised in 2017, with new cases developed for 2018. This format will continue in subsequent years as</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  |  |  | <p>components (3 patient encounter stations evaluating competency in a specific domain of PA practice-i.e. history taking, physical examination technique, developing differential diagnose, devising a management plan).</p> <p><i>Class of 2018</i> PACKRAT scores at the end of the didactic year resulted in 95.2% earning a raw score 124 or greater out of 225 questions.</p> <p><i>Class of 2018</i> PACKRAT scores at the end of the clinical year resulted in 97.6 % earning a raw score 130 or greater out of 225 questions.</p> <p>Beginning with the <i>Class of 2018</i> the benchmark increased to passing an EOR exam was <math>z &gt; -1.50</math>. 100% of students had <math>z &gt; -1.50</math>, with a cohort average of 79.9%, which was above the national mean. 86% of students earned a raw score greater than the national mean.</p> <p>The <i>2017 Class</i> PANCE</p> | <p>faculty found this format allows for faculty to identify if a student is safe and competent to practice as a graduated PA.</p> <p>Consider increasing the benchmark to 130 for PACKRAT I.</p> <p>Continue benchmark of 100% attain 130 or greater on PACKRAT II.</p> <p>The utilization of the z-score will remain however the scoring will now be reported to us as a scale score to all comparison of the different versions of the respective exam.</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|                                      |  |  | pass rate was 98% (40/41) with the one initial failure resulting in passes after the second attempt.  |  |
| Interpersonal & communication skills | <p>Oral presentations in clinical courses</p> <p>Preceptor evaluations: a) Oral presentations are complete and concise, and include prioritization and analysis of medical issues;</p> <p>b) Transcribes an accurate and organized patient record in either written/electronic form.</p> <p>c) Demonstrates ability to work cohesively with all health care practitioners in training;</p> <p>d) Demonstrates a respectful and collaborative attitude with all members of the health care team</p> | <p>100% earn “B” or above.</p> <p>Cohort mean of 4.0 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p> | <p>2017-2018 clinical year 100% of students earned a “B” or above, and 100% were a “B+” or above.</p> <p>Class of 2018 mean: a) 4.24/5; b) 4.24/5 c) 4.4/5; d) 4.49/5</p> | <p>Increase benchmark to “B+” for 2019 students</p> <p>Review of aggregate preceptor evaluations across four cohorts all resulted in similar means for the respective items listed. The difference between a 4.25 and a 4.3 has minimal contextual difference with the ability of our students. The differentiation between “above expectations” and “exceeds expectations” may not be consistent with preceptors and “above expectations (4/5)” was deemed to be the benchmark for the 2018 cohort. One benchmark for the future to consider is a review of individual aggregate evaluations and set it at 90% of students with scores greater than 4.25. .</p> <p>There is one preceptor/site that has precepted all of our students since the first cohort. Upon review of her evaluations of students from <i>Class of 2017</i> to <i>Class of 2018</i> there was a large increase from 4.24 to 4.88 in “oral presentations are concise...” which is most likely</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|                 |   |   |   | due to the increase in oral presentation practice during their didactic phase. b) increased from 4.17 to 4.72, c) 4.61 to 4.98, and d) 4.88 to 4.98. These differences were not seen with the aggregate of all preceptor evaluations.  |
| Professionalism | <p>Professionalism self-assessment</p> <p>Preceptor evaluations: a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks;</p> <p>b) Demonstrates a respectful and collaborative attitude with all members of the health care team.</p> <p>c) Responds positively and proactively to constructive criticism.</p> | <p>100% participate in the self-assessment</p> <p>Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 =meets expectations) and 90% of students receive 4.5/5 or greater on each.</p> | <p>100% <i>Class of 2018</i> students participated in the self-assessment during the clinical year. 100% of <i>Class of 2019</i> completed the didactic year professionalism self-assessment.</p> <p><i>Class of 2018</i> mean: a) 4.47/5; b) 4.49/5; c) 4.48/5. At least 50% of students received 4.5/5 or greater on these items, and only 1 individual earned &lt;4.0.</p> | <p>Continue these assessments. The cohort average was near this benchmark. The differentiation between “above expectations” and “exceeds expectations” may not be consistent with preceptors. While only 50% of students received preceptor evaluations at 4.5/5 or greater, in total 100%, 100%, and 98% respectively received a 4.00 or greater. This outcome benchmark could be added to aim for 100% received 4.005/5 or greater. The program will review these three items on the professionalism scale within the preceptor evaluation at the end of the mid-way point of rotations and address students who fall at 4.00 or below. All clinical students will complete the self-assessment at this time and the students will meet with their faculty advisors to address</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|              |  |  |  | preceptor concerns and the self-assessment.  |
| Patient care | <p>Preceptor evaluations: a) Conducts respectful interviews, with empathy and sensitivity.</p> <p>b) Demonstrates a skillful medical interview, resulting in a sufficient and essential medical history</p> <p>c) Demonstrates accurate physical examination techniques and ability to tailor the examination to the presenting problem.</p> <p>d) Demonstrates problem solving and critical thinking skills when developing an appropriate differential diagnosis.</p> <p>e) Selects and interprets</p> | <p>Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). PANCE cohort performance at least at the national average and an increase from the Class of 2016 cohort Exit Competency Survey &gt;80% respondents at graduation rating their competency at good or outstanding (5-point scale; Poor, Fair, Satisfactory, Good, Outstanding); End of Didactic Year &gt;70% rating their competency at good or outstanding</p> | <p><i>Class of 2018</i> mean:<br/> a) 4.37/5<br/> b) 4.23/5<br/> c) 4.16/5<br/> d) 4.12/5<br/> e) 4.09/5<br/> f) 4.09/5</p> <p><i>Class of 2017</i> PANCE results<br/> Dx Studies: cohort mean 78, national mean 80, z=-0.200; improvement from z=-0.400 in 2016 cohort<br/> Clinical Intervention: cohort mean 79, national average 77, z=0.222; improvement from z=-0.222 in 2016 cohort<br/> Pharm Therapeutics: cohort mean 79, national mean 78, z=0.100 ; improvement from z=-0.400 in 2016 cohort<br/> <i>Class of 2017</i> Exit Competency survey indicated 75% felt their competency was good or outstanding at time of graduation. <b>Class of 2018</b> was 90%. <i>Class of 2019</i> End of Didactic Year indicated 76.67% felt their</p> | <p>1. Overall these scores were slightly higher than the previous cohort following some curricular changes to increase opportunities for developing treatment plans. However, when we review the scores from a preceptor who has precepted every one of our students did give significantly higher scores to this cohort [a)4.98 compared to 4.88, b)4.7 compared to 4.24, c) 4.7 compared to 3.93, d)4.63 compared to 4.02, e) 4.56 compared to 3.63 and f)4.72 compared to 4.17. This may reflect the preceptor has seen an improvement in our curriculum or she may have changed her expectations for the level of competency after years of precepting. A follow up qualitative assessment with the preceptor will strive to explain these increases. As previously mentioned, there may not be any contextual difference in the abilities from a 4.0 to a 4.25 to a 4.5 thus a 4.0 may be an acceptable benchmark for the cohort. The program can look into individual scores to assess</p> |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  | <p>appropriate diagnostic/lab studies.<br/>f) Formulates an appropriate prevention and treatment plan.</p> <p>PANCE performance</p> <p>diagnostic studies</p> <p>clinical intervention</p> <p>pharmaceutical therapeutics</p> <p>Competency surveys: end of didactic and exit</p> <p>appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis</p> |  | <p>competency was good or outstanding at time of graduation.</p> | <p>these parameters and determine that at least 90% of the students are meeting a 4/5.</p> <p>a) continue opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum</p> <p>b) An increase in peer history taking may have contributed to the improvement in score. Continue to increase peer and patient opportunities to demonstrate history and physical examination skills in the didactic year prior to the clinical year</p> <p>c) reassessment effectiveness of diagnostic study curriculum with Class of 2017 PANCE performance demonstrated an improvement, though no significant differences on aggregate preceptor evaluations between Class of 2016, 2017, and 2018 cohorts</p> <p>d) More opportunities for case-based learning in the clinical medicine and clinical therapeutics courses were implemented with the <i>Class of 2017</i> and additional improvements with the <i>Class of 2018</i> and <i>2019</i>; The preceptor evaluations across <i>2016, 2017, and 2018</i> did not demonstrate</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  |  |  |  | <p>large differences in these parameters, though the PANCE results did show a difference. Likewise, the preceptor that worked with all of our students from each cohort showed a large improvement based on her scores. See note above about qualitative follow up with this preceptor.</p> <p>The <i>2017 cohort</i> improved upon their critical thinking and decision-making on the PANCE compared to the <i>2016 cohort</i>. The <i>2018 cohort</i> report is not available yet to compare, though their self-assessment of their competencies specifically in developing a differential diagnosis was a 15% increase at the time of graduation. Additionally, the <i>Class of 2019</i> students at the end of the didactic year already had more individuals who felt competent in their area prior to rotations beginning. This may be an effect of the change in the clinical therapeutics course to promote more critical thinking and clinical reasoning, though we do not have prior data from this point in the program from</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|                                       |   |   |   | other cohorts.  |
| Practice-based learning & improvement | Practice improvement project in K698<br>K510 Intro to EBM course grade<br>Course feedback in K510, a) I developed the ability to solve actual problems in this field. | 8% earn 80% or better on PI project<br>90% earn 85% or better on K510 course<br>Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) | 88.1% (37/42) of <i>Class of 2018</i> earned $\geq 80\%$ on the PI project<br>100% of <i>Class of 2019</i> earned $\geq 92\%$ in the K510 Intro to EBM course<br>4.14/5; prior K510 course feedback with the former instructor ranged from 2.67 (n=44) to 3.76 (n=18) | 1. We did not meet the benchmark this year, though at this time the main driver for a lower rate may be due to the timing of the assignment was due occurred a few months in advance of prior years, thus students may not have had adequate exposures to develop a quality PI project.<br>2. There was a change in faculty for the scholarly inquiry four-course series, with three of the 1-1.5 credit hour courses eliminated as the coursework has demonstrated to be redundant and beyond the scope of practicing PAs. Since there is not a comparable assessment between the former instructor and the instructor for the <i>Class of 2018</i> students we are using the K510 Intro to EBM course grade as benchmarking for practice-based learning and utilization of EBM to make clinical decisions. This data demonstrates that the new curriculum and instructor were effective in delivering appropriate content on EBM. |
| Systems-based                         | Course grade in   | 95% earn B+ or  | 100% (44/44)of students in  | 1. This course was revamped   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| practice | K509<br><br>Preceptor evaluation:<br>a) Demonstrates ability to work cohesively with all health care practitioners | better in the course<br>a) Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).; b) 85% or more students earn 4.0/5 or greater. | <i>Class of 2020</i> earned A or higher in the course.<br><i>Class of 2018</i> mean: a) 4.44/5; 100% of students earned 4/5 or greater, with 33% earning 4.5/5 or greater | with a new instructor, new assessments and a new format for online. Overall, the course was a success both from the student feedback and from the student outcomes.<br>2. 86% (1074/1246) of the responses were agree or strongly agree, though this does not account for the number of individual students who earned at least a 4/5.<br>The program will strive to maintain the 100% of individuals earned 4.0/5 or greater benchmark. |
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| Program Goals  | Assessment Method   | Goal   | Result  | Proposed Changes/Assessment  |
|--|---|--|---|--|
| Educate physician assistants to provide quality patient-centered health care | PA competency graduate survey<br>Post-graduation PA competency survey (6-mos)<br>Employer survey<br>PANCE results | 100% response rate;<br>Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5= good)<br>50% response rate;<br>Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5= good) and cohort mean 4/5 for program adequately prepared them for practice (4/5= agree)<br>25% response rate; | <i>Class of 2018</i> 100% response rate (40/40 with 2 outstanding graduates); 50% of the six competency areas (Interpersonal & communication skills, Patient care, and Professionalism), had means of >4/5. These means were also improved from the prior cohort., Not all items in the Patient Care competency scales (8 items) had means at 4/5 or greater; “develop and carry out patient management plans” and “competently perform medical and surgical procedures considered essential in the area of | Overall the program has been increasing learning opportunities for students in the simulation lab, with standardized patients, with real patients in the didactic year, with more case-based learning and improved clinical rotation sites which have all played a role in student competency.Changes to the curriculum to improve upon evidence based decisions (Practice-base learning) and inner workings |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  |  | <p>Employer mean of 4/5 or greater on all areas (employer perception of graduate strengths: 4/5= good)100% pass rate of PANCE</p> | <p>practice”</p> <p>The other three categories- Medical Knowledge, Systems-based Practice, and Practice-Based Learning and Improvement- received scores of 3.96, 3.79 and 3.86 respectively, which were all lower from the prior year</p> <p><i>Class of 2017</i> post-graduate survey response was 34% (14/41) response; 3 areas were rated &gt;4/5 (Interpersonal &amp; communication skills, Patient Care, and Professionalism). All areas were consistent or slightly improved compared to their cohort’s competency ratings at the time of graduation. 92.3% of graduates agreed or strongly agreed the program adequately prepared them for practice as a PA.</p> <p>The employer survey for <i>Class of 2016 and 2017</i> have not been disseminated at this time.</p> <p>The <i>Class of 2017</i> PANCE pass rate was 98% (40/41) with the one initial failure resulting in pass after the second attempt. Currently the <i>Class of 2018</i> has 100% pass rate, though there are 5 outstanding scores due to declaration.</p> | <p>of the healthcare system (Systems-based practice) were made with the Class of 2020 and we anticipate to see these items increase at time of graduation.</p> <p>The results were consistent or slightly improved compared to their cohort’s competency ratings at the time of graduation. The N was &lt;50%, which may not be reflective of the views of the other half of the graduated cohort and these may be individuals who excelled in the program thus have a more positive assessment</p> <p>The program will disseminate the employer survey for the 2016 and 2017 graduating classes to identify areas of weakness in the curriculum from an employer perspective</p> <p>PANCE success is predicted upon the PACKRAT results at the end of the clinical year. Students are given this self-assessment exam at the end of the didactic year and in the clinical year to identify strengths and weaknesses. Students are identified for intervention if they earned</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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|  |  |  |  | <p>&lt;130, as &gt;124 +/- 11 is predictive of PANCE success per published articles. The 2018 cohort had 1/42 students prior to graduation score &lt;130 (127) on the PACKRAT; the individual was alerted to our concern and did pass the PANCE at the first attempt. Future analyses will include other predictors of success on the PANCE with admissions profiles. This will also influence admissions decisions in the future. For next year, we will include the following benchmarks from the Preceptor evaluation: a) 100% review of suggestions to improve IUMPAS student preparedness for this rotation in the future</p> <ul style="list-style-type: none"> <li>b) 90% of students receive "Yes" on the question "Overall, the student was academically prepared to function within the discipline".</li> <li>c) Individual student mean preceptor evaluation score at least 4.0/5 as a benchmark</li> </ul> |
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## School of Health and Rehabilitation Sciences

### Annual PRAC Report 2017-2018

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| Recruit from, and place students for clinical education in regions with medically underserved communities. | Admissions data<br>Clinical year placement data | 33% of matriculating students to be from an MUA<br>100% of students in the clinical year have one or more rotations with medically underserved populations | <i>Class of 2020</i> : 39% of qualified and complete applicants were from MUA, 54.5% of the students matriculated were from an MUA based on county designations; 100% of <i>Class of 2018</i> had clinical rotations in medically underserved areas due to placement at Eskenazi Community Health Center-Grassy Creek; 93% (39/42) students had 3 or more rotations at site with MUA designation. 40% of students had at least 5 rotations at a site with MUA designation. | 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. This identification of underserved population also has flaws as not all of Marion county is an MUA, though we do not do a street analysis, just county of permanent address. Consideration for the admissions committee to reduce the allocation of preference for MUA in Indiana in the future. Continue relationship with Eskenazi Community Health Center-Grassy Creek and other institutions that provide care for underserved populations; create opportunities in rural areas for students to complete clinical rotations in this challenging environment to get access for learners in this setting. |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| <p>Develop the student's ability to practice evidence-based medicine, reflect critically on their clinical practice, and develop life-long learning skills.</p> | <p>Practice improvement project in K698 K510 Intro to EBM course grade Course feedback in K510, a) I developed the ability to solve actual problems in this field.</p> | <p>8% earn 80% or better on PI project<br/>90% earn 85% or better on K510 course<br/>Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree)</p> | <p>88.1% (37/42) of <i>Class of 2018</i> earned <math>\geq 80\%</math> on the PI project<br/>100% of <i>Class of 2019</i> earned <math>\geq 92\%</math> in the K510 Intro to EBM course<br/>4.14/5; prior K510 course feedback with the former instructor ranged from 2.67 (n=44) to 3.76 (n=18)</p> | <p>1. We did not meet the benchmark this year, though at this time the main driver for a lower rate may be due to the timing of the assignment was due occurred a few months in advance of prior years, thus students may not have had adequate exposures to develop a quality PI project.<br/>2. There was a change in faculty for the scholarly inquiry four-course series, with three of the 1-1.5 credit hour courses eliminated as the coursework has demonstrated to be redundant and beyond the scope of practicing PAs. Since there is not a comparable assessment between the former instructor and the instructor for the <i>Class of 2018</i> students we are using the K510 Intro to EBM course grade as benchmarking for practice-based learning and utilization of EBM to make clinical decisions. This data demonstrates that the new curriculum and instructor were effective in delivering appropriate content on EBM.</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| <p>Educate physician assistants to provide culturally competent and sensitive health care</p> | <p>Preceptor evaluations:<br/>Connects with patients and conducts interviews with empathy and respect.</p> | <p>Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p> | <p><i>Class of 2018</i> mean: 4.37/5</p>   | <p>Increased the benchmark to 4.5/5 since prior years the cohort mean was &gt; the benchmark of 4.25. The continued opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum with standardized patients or actual patient opportunities have assisted in maintaining this benchmark. As mentioned in prior sections, is there a clinical difference in care with a 4.25 compared to a 4.5 cohort mean. 95% of students earned at least a 4.0/5 or greater on this evaluation item. Only 2 students received &lt;4.0. As with the professionalism competency, the program will review this item on the professionalism scale within the preceptor evaluation at the end of the mid-way point of rotations and address students who fall at 4.00 or below. A benchmark for next will include 100% &gt;4.0/5</p> |
| <p>Educate physician assistants who demonstrate ethical and</p>                               | <p>Professionalism self-assessment<br/>Preceptor evaluations: a)<br/>Demonstrates reliability</p>          | <p>100% participate in the self-assessment and review with faculty advisor</p>              | <p>100% <i>Class of 2018</i> students participated in the self-assessment during the clinical year and <i>Class of 2019</i> completed the didactic year.</p> | <p>Continue the self-assessments as is and add in a review of preceptor evaluations to help coincide with the perceived</p>   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| <p>professional behavior with peers, patients, and families</p>                          | <p>and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks;<br/> b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, and patients, at all times<br/> c) Responds positively and proactively to constructive criticism.</p> | <p>Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p>             | <p>Class of 2018 mean: a) 4.47/5; b) 4.49/5; c) 4.48/5</p>   | <p>professionalism of our students.<br/> The benchmark was increased to 4.5/5.0 from 4.25/5 from last year due to meeting these benchmarks consistently. The means were close to 4.5 and meet our expectation. We calculated the % of students who were at or exceeded the benchmark: 52%, 52% and 52% respectively. This can be added for next year's benchmark to have 100% at least 4.0/5 and at least 60% with 4.5/5 or greater<br/> An ongoing effort to ensure student professionalism occurs with self-assessment, preceptor evaluations and faculty feedback. Additionally, faculty are considering a summative evaluation station that will address professionalism and demonstrate competency.</p> |
| <p>Prepare students to address community health issues and health disparities in the</p> | <p>Group K505 health behavior change paper on specific populations<br/> A K500 Exam includes questions on health</p>   | <p>90% earn 85% or better on paper grade<br/> At least 75% of the class correctly answers the items</p> | <p><i>Class of 2020:</i> all 11 groups earned 85% or better. with 82% earning 90% or greater, Mean: 93%<br/> <i>Class of 2020</i> % correct for each of the 10 questions:86%, 70%, 100%,</p> | <p>The behavior change paper was revised to include group proposals and and interventions. The instructor was only able to conduct</p>   |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| <p>context of societal and economic systems</p> | <p>disparities and cultural competency<br/>Preceptor evaluations for Grassy Creek Community Medicine Rotation: a) Conducts respectful interviews, with empathy and sensitivity.</p> | <p>corresponding to disparities and cultural competency.<br/>Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p> | <p>84%, 88%, 86%, 100%, 48%, 84%,91%<br/><i>Class of 2018</i> mean: 4.95/5</p> | <p>online sessions for the first month of the course, thus the emphasis and clear expectations on this project was decreased from prior years. The concept will continue with more clear expectations.<br/>The instructor evaluated the questions that performed below benchmark and will revise either the item or the delivery of the content area. The benchmark was increased to 4.5 this year , with significant increase of mean score for this cohort. This item is graded by the same preceptor that has all of our students since 2014. Additionally, the % of students who earned 4.5 or greater was calculated (95% of students were rated at least at 5/5). A follow up interview will be conducted to identify why this has improved significantly from the prior cohorts.</p> |
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# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

### Part 3:

### PhD in Health and Rehabilitation Sciences

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

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

| Learning Outcome   | Assessment                               | Benchmark   | Outcomes 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              | Exam has been changed for 2018 cohort. These students will be required to complete a preliminary research project. It is anticipated that that this year will be the last year for the old form. |
| 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                  | Grades in core courses                   | Each SHRS PhD student to pass all PhD core courses          | Met              |  |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| health and rehabilitation sciences from an interdisciplinary perspective   |  | Each SHRS PhD student to pass the comprehensive examination          | Met     | See above                      |
| 4. Analyze health services methodological approaches to rehabilitation   | Course grade                             | Each SHRS PhD student to pass SHRS W662                              | Met     |                                |
|  | Performance on comprehensive examination | Each SHRS PhD student to pass the comprehensive examination          | Met     | See above                      |
| 5. Critically evaluate research in health and rehabilitation   | Course grade                             | Each SHRS PhD student to pass SHRS W760                              | Met     |                                |
|  | Dissertation work                        | Each SHRS PhD student to have his/her dissertation proposal accepted | Met     |                                |
|  |  | Each SHRS PhD student to have successful dissertation defense        | Met     |                                |
| 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     |                                |
| 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. |

## School of Health and Rehabilitation Sciences

### Annual PRAC Report 2017-2018

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| 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                        | Met  |  |
| 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 as set forth by the program  | Evaluate ethical conduct    | No SHRS PhD student to be charged with unethical conduct  | Met  |  |
| 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 2017-2018  | Impact of changes made  | Additional Actions planned for 2016-2017 |
|---|---|--|
| 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 “met” but monitoring will continue. Item 10 seems stable but monitoring will continue. |  |

# School of Health and Rehabilitation Sciences

## Annual PRAC Report 2017-2018

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| <p>Item #7 Needs further review and will likely be modified to not be exclusive to federal grants. Considering the limited faculty in the program, there are not timely opportunities for students.</p> |  |  |
|---|--|--|