

School of Health and Human Sciences

Annual PRAC Report 2018-2019

The School of Health and Human Sciences (SHHS) consists of a eight departments: Health Sciences; Kinesiology, Military Science, Nutrition & Dietetics, Occupational Therapy, Physical Therapy, Physician Assistant Studies, Tourism, Event, and Sport Management.

Vision

To be educational innovators and leaders in developing future professionals in the fields of health, wellness, sport and tourism.

Mission

The School of Health & Human Sciences capitalizes on its unique urban location and inter-professional collaboration among educators, community partners, researchers, practitioners, and policy makers to prepare future leaders in healthcare, kinesiology, and event tourism. Through innovative research, experiential learning, and community engagement, this school strives to prepare leaders to transform the human experience and quality of life.

Objectives

In fulfilling its mission, the School of Health and Human Sciences seeks to achieve the following objectives with a commitment to diversity, equity and inclusion.

1. Create an accessible learner-centric culture that is diverse, engaging, and dedicated to academic excellence
2. Promote innovation and excellence in teaching and learning practices
3. Advance knowledge through applied research and scholarship emphasizing the translation of theory to practice
4. Enhance civic engagement with activities characterized by:
 - Collaborating within and across disciplines, the university, and community
 - Establishing equitable and sustainable partnerships
 - Capitalizing on our unique, urban location to support economic growth and cultural development
 - Benefiting the communities of Indianapolis and Indiana, nationally, and globally.

School of Health and Human Sciences

Annual PRAC Report 2018-2019

Report Contents

1. Health Sciences.....	2
2. Kinesiology.....	7
3. Military Science.....	7
4. Nutrition and Dietetics	7
5. Occupational Therapy.....	9
6. Physical Therapy.....	9
7. Physician Assistant Program.....	16
8. Tourism, Event, and Sport Management.....	30

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 21st 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.

NO REPORT SUBMITTED

School of Health and Human Sciences

Annual PRAC Report 2018-2019

PhD in Health and Rehabilitation Sciences

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

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

Note:

Learning Outcome	Assessment	Benchmark	Outcomes 2018/19	Changes
1. Articulate the theoretical frameworks of rehabilitation	Course grade	Each HLSC PhD student to pass HLSC H660	Met	
	Performance on comprehensive examination	Each HLSC PhD student to pass the comprehensive examination	Met	New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency.
2. Apply the theories of health promotion and disease prevention	Course grade	Each HLSC PhD student to pass HLSC H661	Met	This course has been redesigned and the outcome is under review.
	Performance on comprehensive examination	Each HLSC PhD student to pass the comprehensive examination	Met	New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency.
3. Demonstrate enhancement of knowledge base of	Grades in core courses	Each HLSC PhD student to pass all PhD core courses	Met	

School of Health and Human Sciences

Annual PRAC Report 2018-2019

health and rehabilitation sciences from an interdisciplinary perspective		Each HLSC PhD student to pass the comprehensive examination	Met	New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency.
4. Analyze health services methodological approaches to rehabilitation	Course grade	Each HLSC PhD student to pass HLSC H662	Met	This course has been redesigned and the outcome is under review.
	Performance on comprehensive examination	Each HLSC PhD student to pass the comprehensive examination	Met	New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency.
5. Critically evaluate research in health and rehabilitation	Course grade	Each HLSC PhD student to pass HLSC H760	Met	
	Qualifying exam	Each student will pass the qualifying exam.	Met	This has been added to the shell. New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency. Some students in cohorts prior to 2018 have elected this option.

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	Dissertation work	Each HLSC PhD student to have his/her dissertation proposal accepted	Partially met. One student has not had their proposal accepted.	
		Each HLSC 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 HLSC PhD student to pass HLSC H664	Met	Requirement changed to H664
7. Write a federal grant	Performance on Grant proposal project	At least 1 student will have a grant funded each year	Not met	This needs to be re-evaluated.
8. Write a manuscript for publication	Submission ready manuscript	At least 1 student each year will have an article accepted for publication	Met	
9. Conduct original research in area of expertise	Dissertation work	Each HLSC 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 HLSC PhD student to have a successful dissertation defense	Met.	

School of Health and Human Sciences

Annual PRAC Report 2018-2019

12. Meet ethical standards as set forth by the program	Evaluate ethical conduct	No HLSC 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 2018-2019	Impact of changes made	Additional Actions planned for 2019-2020
New qualifying exams (formerly comprehensive exam) implemented for 2018 cohort. New exam applies to research competency.	Some students have elected this format, and all have been successful. All students of the 2018 cohort will be required to take the new exam.	None.
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.		

School of Health and Human Sciences

Annual PRAC Report 2018-2019

Kinesiology

No Report Submitted

Military Science

No Report Submitted

Department of Nutrition and Dietetics

Summary:

This year we evaluated the outcome data for the Dietetic Internship Program achievement of goals and objectives as required by our accreditor the Accreditation Council on Nutrition and Dietetic Education. Outcome data are collected from program graduates and employers thorough online surveys (Survey Monkey), data provided by the Commission on Dietetic Registration (CDR) for passing rates on the national Registration Examination for Dietitian Nutritionists and data collected by the Department of Nutrition & Dietetics. All data is analyzed for a rolling three year average. This reports reflects data from our 2016-2018 Dietetic Internship graduates. Complete data for the 2019 program graduates is not available. In general, the dietetic internship program is performing its mission and meeting program goals. It should be noted that report rates from employers are low. This seems to be a national problem.

Dietetic Internship Program Mission:

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

Goal 1: The overriding goal of the Dietetic Internship Program is to assist the dietetic intern in making the transition from student to professional.

Objective	Outcome
Objective 1: 80% or more of the dietetic interns admitted will successfully complete the dietetic internship program within 15 months (150% of program length)	The dietetic internship program admitted 46 interns (2016-2018). One intern received a leave of absence and joined the internship in the next year's class. One intern was dismissed. 45/46 interns completed 97.8% Objective met
Objective 2: 100% of the program graduates will take the CDR credentialing for dietitian nutritionists within 12 months of program completion.	All 45 internship graduates sat for the Registration Examination for Dietitian Nutritionists within 12 months of program completion. Objective met
Objective 3: Dietetic Internship Program's one-year	Of the 45 internship graduates, 44 or 97.8%

School of Health and Human Sciences

Annual PRAC Report 2018-2019

Objective	Outcome
pass rate (graduates who pass the RD Exam within one year of first attempt) on the CDR credentialing exam for dietitian nutritionists is at least 80%	successfully sat for the RD Exam within one year of their first attempt. Objective met
Objective 4: 100% of internship graduates, who seek employment will be employed within 12 months of program completion.	Of the 45 internship graduates, One graduate chose to travel for a year. By six months post- graduation, 43/45 (95.6%) were employed. By 12 months post-graduation 44/45 were employed. 100% of those seeking positions were employed by 12 months. Objective met
Objective 5: 80% or more of program graduates, who respond to the survey, will report satisfaction with the preparation provided by the dietetic internship program.	Report rate was 44% (20/45), 75% (16/20) agreed or strongly agreed that they were well prepared for first position. 25% (n=4) were neutral. Majority were satisfied. Comments indicated in 2018 that program cost was an issue. Given national trends this is not surprising.
Objective 6: 80% or more of the employers of program graduates who respond to the survey will report themselves satisfied with the preparation of entry-level dietitians.	<p>Survey response was sparse. 19% (n=3) employers responded. All respondents agreed or strongly agreed that program graduates were well prepared and indicated that they would employ additional graduates. Objective met</p> <p>Current survey methodology requires program graduate to send the survey link to the employer. It is through this referral that the program graduate gives permission for the employer to respond. We share the questions that will be asked with program graduates and discuss the survey process with program graduates before they leave the program.</p>

Goal 2: Provide qualified health care professionals to serve the needs of the citizens of Indiana

Objective	Outcome
Objective 1: 50% of the dietetic internship graduates will find employment in the State of Indiana within the first year following graduation	Of the 45 internship graduates, 23/45 (51%) were employed in Indiana in the year following graduation. Objective met.

School of Health and Human Sciences

Annual PRAC Report 2018-2019

Department of Occupational Therapy

Currently revising their data assessment process with the transition from a master's program to the occupational therapy doctoral degree

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 Human Sciences

Annual PRAC Report 2018-2019

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 (Scores are an average out of 5) Scores for Class of 2019	Focus Group Interviews conducted at the end of the three year program Digital Stories Class of 2019	Board Exam Taken after completion of the program, Class of 2017-18	Post-Graduation Survey performed 6 months following graduation, (Percentage scores reflect aggregate of Adequate, Well or Very Well responses) Class 2017 - 2018	Physical Therapy Measure of Educational Program Quality (PT-MEPQ) Evaluation of Attribute Scores	
		Benchmark: 3.5 or above (Red indicates areas of needed improvement)	Benchmark: Consistent student reporting that correlates with other objective data (Red indicates areas of needed improvement)	Benchmark: Meet or exceed National Average (Red indicates areas of needed improvement) Score is out of 800 Passing is 600 or >	Benchmark: 75% or above (Red indicates areas of needed improvement)	Benchmark: 80% or above (Red indicates areas of needed improvement)	
1	Practice as autonomous point-of-entry provides of physical therapy services in adherence to ethical, professional and legal standards within a variety of clinical and community	Ethics Preparation 4.93	Overall, student responses indicated they felt well prepared during their clinical experiences and are ready to assume entry-level practice. Areas needing musculoskeletal integration, pediatric interventions	Examination	2017 - 707 2018 - 722	Ethics Preparation 2016 – 100% 2017 - 100% 2018- 100% Legal Preparation 2016 – 100% 2017 – 93.8% 2018 – 85% Overall Preparation 2016 – 100% 2017 – 93% 2018 – 95%	2017 2018
	Legal Preparation 4.74	Intervention		2017- 700 2018 – 711			
	Integrity 4.81						

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	settings.			All students felt prepared ethically and legally				
2	Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents.	Communicate	4.83	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	Communicate 2016-100% 2017-100% 2018 – 95% Patient Education 2016-83% 2017-100% 2018 – 100% Document 2016 – 100% 2017 – 100% 2018 – 95% Employers indicated 100% agreement that this is a significant strength of IU Graduates	Crucial Conversations 2017 Students – 89% Inter-professional Communication 2017 Students – 92%	
		Patient Education	4.69					
		Document	4.79					
3	Demonstrate proficiency in providing culturally competent care across the lifespan.	Cultural Sensitivity	4.83	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	Cultural Sensitivity 2016 – 100% 2017 - 100% 2018 – 95%	Diverse and Engaged Students 2016 Students - 85% Faculty – 77% 2017 Students – 93% Faculty – 81.4%	
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment,	Thinking Critically	4.71	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	Examination	2017- 707 2018 – 722	Thinking Critically 2016 – 100% 2017 - 100% 2018 – 95% Self-Reflective	Clinical Reasoning 2017 Students – 93% Faculty – 87%
		Apply clinical decision-making	4.74					

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	and reflective practice.	Use evidence with clinical decision making	4.62	for successful clinical practice.	Differential Diagnosis	2017- 711 2018 – 712	2016 – 100% 2017 - 100% 2018 – 95% <i>There were no significant areas of deficit noted for this content by recent graduates and alumni</i>		
		Integrate Self-Reflection	4.86						
5	Screen patients/clients to determine the need for further examination or consultation by a PT or referral to another health care professional.	Screening Patients	4.60	<i>Students indicated the curriculum covered screening for red flags well. Student felt prepared to entry clinical practice prepared for an environment supportive of treatment without referral</i>	Examination	2017- 707 2018 – 722	Patient Screening	2016 – 100% 2017 - 100% 2018 – 100%	Will receive data next year
		Consultation	4.40				Interdisciplinary Collaboration	2016 – 100% 2017 - 100% 2018 – 95%	
		Interdisciplinary Collaboration	4.74		Differential Diagnosis	2017- 711 2018 – 712	Consultation	2016 – 100% 2017 – 93.8% 2018 – 86%	
		Direct Access	4.71						
6	Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.	Musculo Exam	4.29	100% of graduates indicated they felt well prepared to make diagnostic decisions based upon examination findings	Neuro	2018 - 719	Musculo Exam	2016 – 100% 2017 – 93.8% 2018 – 95%	Will receive data next year
		Neuro Exam	3.98	Weaknesses noted in integumentary were based on a lack of exposure to wound care during their clinical experiences and not a deficit in classroom preparation.	Musculo Exam	2018 – 685	Neuro Exam	2016 – 100% 2017 – 100% 2018 – 100%	
		Integ Exam	3.02		Integ Exam	2018 - 733	Integ Exam	2016 – 100% 2017 – 93.8% 2018 – 81%	
		Cardio Exam	3.9	The students indicated feeling the least well prepared with pediatrics	Cardio Exam	2018 - 725	Cardio Exam	2016 – 100% 2017 – 93.8% 2018-91%	
		Peds Exam	3.24				Peds Exam	2016 – 100% 2017 – 87.5% 2018 – 95%	
		Geriatric Exam	4.48				Geriatric Exam	2016 – 100% 2017 – 100% 2018 – 95%	

School of Health and Human Sciences

Annual PRAC Report 2018-2019

7	Evaluate all available data (including examination, medical and psychosocial) to establish and communicate a physical therapy diagnosis and to determine patient/client prognosis.	Exam Synthesis	4.60	Students felt well prepared to establish a PT diagnosis and determine a prognosis for all types of patients	Examination II	2017- 707 2018 – 722	Establish a PT Diagnosis	2016 – 100% 2017 - 100% 2016 – 100%	Clinical Reasoning 2017 Students – 93% Faculty – 87%
		Diagnosis	4.67		Musculo-skeletal	2017- 707 2018 - 685			
		Prognosis	4.31		Cardio-pulmonary	2017- 706 2018 - 725			
					Neurological	2017- 705 2018 - 719			
					Integumentary	2017- 706 2018 - 733			
8	Establish a collaborative physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based.	Establish plan of care	4.67	Students felt competent in this area of clinical practice 100% of students believe the program has a strong basis in EBP, quotes: <i>“I think we get more evidence than other programs”</i> <i>“A strength of this program”</i>	No direct measurement with this test		Establish a Plan of Care	2016 – 100% 2017 - 100% 2018 – 100%	Experiential Learning Faculty – 78 Students - 79
		Apply evidence to plan of care	4.62						
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.	Patient advocacy	4.76	Students felt they wanted “More medical student involvement”	No direct measurement with this test		Coordinate Patient Care Management	2016 – 100% 2017 - 100% 2018 – 93%	Will receive data next year
		Accountability	4.74				Emulate Core Values	2016 – 100% 2017 - 100% 2018 – 100%	

School of Health and Human Sciences

Annual PRAC Report 2018-2019

10	Implement safe and effective physical therapy intervention plans within a variety of care delivery settings including reflective practice leading to optimal outcomes.	Musculo Rx	4.43	Graduates indicated that they were well prepared for musculoskeletal and neuromuscular intervention planning.	Intervention	2017- 700 2018 -711	Musculo Rx	2016 – 100% 2017 – 93.8% 2018 – 81%	Will receive data next year
		Neuro Rx	4.10		They felt good about cardiopulmonary preparation.	Musculoskeletal	2017- 707 2018 -685	Neuro Rx	
		Integ Rx	2.79	Graduates felt there was a lack of ability to practice wound management treatments due to exposure		Cardiopulmonary	2017- 706 2018 -725	Integ Rx	
		Cardio Rx	3.88		Students felt there was not enough educational opportunities with pediatric interventions	Neurological	2017- 705 2018 -719	Cardio Rx	
		Peds Rx	3.31			Integumentary	2017- 706 2018 -733	Peds Rx	
		Geriatric Rx	4.45					Geriatric Rx	
11	Provide effective education for patient/clients, caregivers, colleagues and the general public.	Patient Education	4.69	Graduates indicated that this was one of their strengths while in the clinical setting Community outreach programs provide effective avenues for practicing patient education and communication skills	Not measured with this test		Patient Education	2016 – 100% 2017 - 100% 2018 – 100%	Will receive data next year
12	Contribute to the advancement of physical therapy practice through critical evaluation and informed application of the findings of professional and scientific literature.	Apply evidence with clinical decision making	4.62	Graduates indicated that EBP is a theme that runs throughout the curriculum.	Not measured with this test		Evidence Based Practice	2016 – 100% 2017 - 100% 2018 – 95%	Research Integration 2017 Students – 90% Best Evidence Students – 94%
		Lifelong Learning	4.71				They feel confident in their ability to apply EBP within a clinical setting	Personal and Professional Growth	
		Professional duty	4.76						
13	Complete accurate and concise documentation in a timely manner that supports the problem solving process and	Communicate	4.83	Students felt well prepared to communicate effectively in writing and orally	Not measured with this test		Communicate	2016 – 100% 2017 - 100% 2018 – 95%	Not applicable

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	follows guidelines and specific documentation formats required by the practice setting.	Document	4.79			Document	2016 – 100% 2017 - 100% 2018 – 100%	
14	Participate in the administration of PT services including delegation and supervision of support personnel, management planning, marketing, budgeting, reimbursement activities and clinical education of students.	Delegate Support Personnel	4.31	Students rated supervision of personnel lower because of a lack of exposure during clinical internships.	Not measured with this test	Delegate Support Personnel	2016 – 100% 2017 - 100% 2018- 80.9%	Research Activities Student - 72
		Leadership	4.67	Graduates indicated that one of the strengths of the program is its focus on legal and ethical instruction		Excellence	2016 – 100% 2017 - 100% 2018 – 100%	
		Excellence	4.79					
15	Provide consultation services to individuals and groups including by providing wellness and health promotion program appropriate to physical therapy.	Consultation	4.40	Graduates indicated that they feel comfortable with concepts related to consultation and wellness.	Not measured with this test	Consultation	2016 – 100% 2017 – 93.8% 2018 – 71.7%	Service learning 2016 Students – 78% 2017 Students- 87%
		Health & Wellness	4.69	Graduates indicated a lack of exposure to this practice during clinical experiences.		Health & Wellness	2016 – 100% 2017 – 100% 2018 - 100%	
16	Formulate and implement a plan for personal and professional development and life-long learning based on self-assessment, reflection and feedback from others.	Professional growth	4.62	Students expressed a strong appreciation for the need to continue to learn beyond their entry level education.	Digital Story/Portfolio 2016 -100% indicated professional duty which includes lifelong learning as a key area for future practice	Professional growth	2016 – 100% 2017 - 100% 2018 – 100%	Leadership Development 2016 Students – 77 2017 Student – 90 Professional Development 2016 Student – 96 Faculty – 81 2017 Students – 93% Personal Growth Students – 91% Reflection
		Development Plan	4.50	They also indicated that self-assessment is an important part to professional development Evidence – Digital stories		Self-Reflective	2016 – 100% 2017 - 100% 2018 – 95%	
		Lifelong Learning	4.71					
		Professional duty	4.76					

School of Health and Human Sciences

Annual PRAC Report 2018-2019

								Students – 89%
17	Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities.	Professional advocacy	4.67	100% of students identified strongly with the programs civic engagement activities.	Digital Story/Portfolio 2019 -100% indicated at least one of the 7 core values as critical to their ongoing success. 62% (3/7 core values) were discussed in students' reflections on future professional practice	Responsibility for Mentoring	2016 – 100% 2017 - 100% 2018 – 95%	Professional Development 2016 Student – 96 Faculty – 81 2017 Students – 93% Service learning 2016 Students– 78% 2017 Students-87% Leadership Growth 2016 Students – 77 2017 Students – 90
		Professional Duty	4.76	Students felt “ <i>Fostered professional development and encompassing professional values</i> ”		Advocacy for the profession	2016 – 100% 2017 - 100% 2018 – 95%	
		Social responsibility	4.62	Students also valued “ <i>Opportunities for leadership</i> ” “ <i>Love the variety and exposure to patient care</i> ”		Emulate the APTA Core Values	2016 – 100% 2017 - 100% 2018 – 100%	

6. Implemented changes in 2017-2018	Changes made	Impact
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 the anatomy course more fully, which should allow for greater retention.	100% of students passed anatomy course 95% of students felt the course was excellent
Geriatric Course	The program has received approval to offer a specific course on Adult Geriatric Rehabilitation beginning fall of 2019.	Implemented geriatric course in fall 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.	First student admitted to the dual degree in 2019

School of Health and Human Sciences

Annual PRAC Report 2018-2019

8. Implemented Changes 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 Develop student learning outcome, map coursework to this outcome, determine what the graduate will demonstrate that is measureable
Pediatrics Course	Implement pediatric focused course in fall 2020
Musculoskeletal Sequence	Students would like to move the sequence earlier in the curriculum to prepare them better for their clinical experiences
Add course content	Students indicated that the fall second year semester was too light and would prefer a clinically based course to be taught in that semester

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 94% 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 advanced musculoskeletal treatment prescription. 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. Students suggested providing the musculoskeletal course sequences earlier in the curriculum and adding an advanced prescription course. These issues are targets of the action plan for 2020 with an emphasis on curricular structural changes.

School of Health and Human Sciences

Annual PRAC Report 2018-2019

Physician Assistant Program

Mission:

The mission of the Indiana University Master of Physician Assistant Studies program is to prepare compassionate and competent graduates for physician assistant practice, and to prepare leaders in the field to transform human experience and quality of life, with a focus on meeting the healthcare needs of the community.

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 domains of patient-centered medical knowledge, society and population health, health literacy and communication, interprofessional collaborative practice and leadership, professional and legal aspects of health care, and health care finance and systems. The IU MPAS program defined six program goals which are outlined below.

The mission and goals were revised in December 2018 and adoption of the Core Competencies for New PA Graduates occurred in May 2019. The program is still determining data that would best capture achieving goals and competencies; thus the below list is not extensive.

PA Competencies	Assessment Method	Goal	Result	Proposed Changes/Assessment
Patient-Centered Medical knowledge	<ol style="list-style-type: none"> 1. Student retention/completion 2. Program Summative examinations (OSCE & written) 3. PACKRAT I 4. PACKRAT II 5. Family Medicine EOR exam 6. PANCE 	<ol style="list-style-type: none"> 1. 95% retention/completion rate 2. 100% pass rate of summative evaluation 3. 85% students reach score of 124 or greater on PACKRAT at end of didactic year 4. 100% students reach score greater than 130 on PACKRAT at end of clinical year 	<ol style="list-style-type: none"> 1. <i>Class of 2019</i> graduated with a 95.5% (42/44) in August 2019. <i>Class of 2020</i> remains at 100% retention (44/44) after four completed semesters. The <i>Class of 2021</i> has 95.5% (42.44) retention after one completed semester. 2. Summer 2019: 100% of <i>Class of 2019</i> students who took the summative written examination passed and 100% of students were 	<ol style="list-style-type: none"> 1. The most recently matriculated cohort (class of 2021) had two students who voluntarily withdrew, though would have been dismissed had they not withdrawn due to not meeting academic standards. This was the last cohort that utilized the original rubric and scoring for admissions. The scoring was heavily

School of Health and Human Sciences

Annual PRAC Report 2018-2019

		<p>5. 100% students \geq 1.50 of the national mean on Family Medicine EOR exam, with 75% of students earning greater than the national mean.</p> <p>6. 96% pass rate of PANCE</p>	<p>successful on the practical assessment components (16 independent stations that evaluated history taking, physical examination, diagnostics and management across all organ systems).</p> <p>3. <i>Class of 2020</i> PACKRAT scores at the end of the didactic year resulted in 82% earning a raw score 124 or greater out of 225 questions.</p> <p>4. <i>Class of 2019</i> PACKRAT scores at the end of the clinical year resulted in 100% earning a raw score 130 or greater out of 225 questions.</p> <p>5. 100% of Class of 2019 students had end of rotation family medicine exams \geq 1.50. . 74% of students earned a scale score greater than the national mean. The program mean scale score (414) exceeded the national mean (403).</p> <p>6. The 2019 Class PANCE pass rate was 98% (41/42). This student is due to take the exam a second-time later this month.</p>	<p>weighed on objective data such as the math/science prerequisite GPA and overall GPA. This did not take in holistic review, and this prerequisite GPA could have been inflated due to repeat courses with grade replacement, or individuals who took the courses one at a time and did not have the academic rigor of having multiple hard science courses simultaneously. The admissions committee reviews at-risk students' files 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. Next year's PRAC will be able to demonstrate early academic success in the program with the new holistic admissions process.</p>
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School of Health and Human Sciences

Annual PRAC Report 2018-2019

				<p>2. The summative practical examination was revised in 2019 to include 16 5-minute stations to evaluate history taking, physical examination, diagnostics and management across all organ systems. Two of the stations performed poorly and will be revised for next year. We did not allow for these two stations to impact student final outcomes on the summative practical. These will be revised for the 2020 cohort. This format will continue in subsequent years as faculty found this format allows for faculty to identify if a student is safe and competent to practice as a graduated PA. In 2020 a national standardized summative written examination will be available.</p> <p>3. This outcome was surprising (82%),</p>
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School of Health and Human Sciences

Annual PRAC Report 2018-2019

				<p>though after analysis of national trends, the cohort mean was 0.349 standard deviations above the national mean, and after a second look at prior cohorts' data, 2019 was at 76% meeting the 124 score benchmark. This year's score is less concerning based on this additional information.</p> <ol style="list-style-type: none">4. Continue benchmark of 100% attain 130 or greater on PACKRAT II as this benchmark has demonstrated success on the national certification exam in prior literature.5. Unfortunately, the cohort that is currently on rotations (2020) has had two failures on the family medicine exam, though we are now using all three versions of this exam for our family medicine, outpatient and community medicine rotations, which could
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School of Health and Human Sciences

Annual PRAC Report 2018-2019

				<p>have an impact on the pass rate since the exam is being utilized 3x as much. The department will evaluate if using the exam is best for the outpatient and community medicine rotations.</p> <p>6. The individual that did not pass the national examination was a student that was on academic alert with the program throughout his time during the program. The department encouraged him to take an onsite review course in addition to our new Topics in Review course (a mini-board review course).</p>
health literacy and communication	<ol style="list-style-type: none"> 1. Oral presentations in clinical courses 2. Preceptor evaluations: <ol style="list-style-type: none"> a) Oral presentations are complete and concise, and include prioritization and analysis of medical issues; b) Transcribes an 	<ol style="list-style-type: none"> 1. 100% earn “B” or above. 2. 100% of students with scores greater than 4.00 on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. 100% of students in the 2019 cohort earned a “B” or above, in their end of rotation presentations. 2. Class of 2019: a) 89% received 4.25 or higher with the other students earning at least a 4.0 mean; b) 98% earned at least 4.0, 81% 	<ol style="list-style-type: none"> 1. These case presentations have been replaced with 5-minute quick topic overview recorded presentations in the 2020 cohort. This assessment will need to be altered to reflect these changes for next year.

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	accurate and organized patient record in either written/electronic form.		received 4.25 or higher, only one receiving a mean <4.00.	in reality, the preceptor evaluations may not be that useful in assessing true competency since each preceptor has their own set of expectations for our students and since students are not all rotating through the same discipline at the same time, if the preceptor doesn't take into consideration prior experience then the scores may be inflated or underscored. the department is in process of identifying a better method to collect this data.
Interprofessional collaborative practice and leadership	<ol style="list-style-type: none"> 1. Professionalism self-assessment 2. Preceptor evaluations: <ol style="list-style-type: none"> a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks; b) Demonstrates a respectful and 	<ol style="list-style-type: none"> 1. 100% participate in the self-assessment 2. 90% of students receive 4.5/5 or greater on each. 	<ol style="list-style-type: none"> 1. 100% <i>Class of 2019</i> students participated in the self-assessment during the clinical year. 100% of <i>Class of 2020</i> completed the didactic year professionalism self-assessment. 2. 86%, 86%, 88%, 86% respectively earned a 4.5/5 or better. 	<ol style="list-style-type: none"> 1. Continue these assessments but add in a self-reflection piece based on the current aggregate preceptor evaluation at that point in time during the clinical year. 2. The program will review these items on the professionalism scale within the preceptor evaluation at

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	<p>collaborative attitude with all members of the health care team;</p> <p>c) Responds positively and proactively to constructive criticism;</p> <p>d) Demonstrates ability to work cohesively with all health care practitioners in training.</p>			<p>the end of the mid-way point of rotations and address students who fall at 4.50 or below. All clinical students will complete the self-assessment at this time and the students will meet with their faculty advisors to address preceptor concerns and the self-assessment.</p>
Society and Population Health	<ol style="list-style-type: none"> 1. Preceptor evaluations: <ol style="list-style-type: none"> a) Conducts respectful interviews, with empathy and sensitivity. 2. Healthy People 2020 project grade 	<ol style="list-style-type: none"> 1. 100% receive 4.0/5 or greater on a 5-point-Likert scale (3/5 =meets expectations). 2. 90% receive 85% or higher 	<ol style="list-style-type: none"> 1. Class of 2019 %:100% had means at least 4.0 with 79% having means at least 4.5 2. The lowest grade on this two part project was a 90% (Class of 2021, Summer 2019). 	<ol style="list-style-type: none"> 1. continue opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum. Consider alternate methods to assess during clinical rotations. <p>In addition to this one assessment the department will need to consider additional parameters to assess besides the preceptor evaluations. The didactic year is full of reflections and assignments on empathy, social determinants of health. There are cases that incorporate social</p>

School of Health and Human Sciences

Annual PRAC Report 2018-2019

				determinants of health. The department could determine which % of the case groups are able to identify the social determinants of health and how to navigate the system in their cases. Consider using the Summative Evaluation standardized patient encounters for the transgender scenario and motivational interviewing with 95% passing the station. We do not have that data readily available from the 2019 cohort.
Professional and legal aspects of health care	1. Ethics debate			The department is in process of identifying how to assess this domain. The consideration for reflection on the ethics IPE session could be utilized here.
health care finance and systems	1. Course grade in K509	1. 95% earn B+ or better in the course	100% (42/42) of students in Class of 2021 earned As in the course.	1. This course was revamped with a new instructor and this is the second year for this instructor. The new assessments and online format have been favorable. The course was a success both from the student feedback and from the

School of Health and Human Sciences

Annual PRAC Report 2018-2019

				<p>student outcomes. This year the instructor eliminated the annotated bibliography since a similar assessment was occurring simultaneously in a different course. In its place she had students conduct article searches and discussions on current health affairs.</p>
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Program Goals	Assessment Method	Goal	Result	Proposed Changes/Assessment
Educate students for entry-level practice to provide quality patient-centered care in a wide variety of clinical settings.	<ol style="list-style-type: none"> 1. PA competency graduate survey 2. Post-graduation PA competency survey (6-mos) 3. PACKRAT II results 4. PANCE results 5. Summative Evaluation 	<ol style="list-style-type: none"> 1. 100% response rate; Cohort mean of 4/5 or greater on all areas (Self-report on strengths: 4/5= good) 2. 50% response rate; 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) 3. 100% >130 on PACKRAT II 	<ol style="list-style-type: none"> 1. Class 2019 100% response rate (42/42); None of the items for each domain had means below a 4/5. Domain means ranged from 4.31-4.51. 2. The 2019 survey was not sent yet. 3. The 2019 cohort did not have any student with a PACKRAT II score <130. 4. The Class of 2019 PANCE pass rate was 98% (41/42). 5. Summer 2019: 100% of <i>Class of 2019</i> students who took the summative written examination passed and 100% of students were successful on the practical assessment components (16 independent stations that 	<ol style="list-style-type: none"> 1. There are no comparisons for these items as this was the first time these domains and items were used. 2. Send the 2019 cohort their post-grad survey 3. PACKRAT II improvements from PACKRAT I can typically be attributed to the experience gained during clinical rotations. PACKRAT II scores are predictive of passing the PANCE, thus we will continue to monitor this assessment as an alert for students who score

School of Health and Human Sciences

Annual PRAC Report 2018-2019

		<p>4. 96% first-time test-taker pass rate (96% has been the national pass rate)</p> <p>5. 100% pass the summative evaluation</p>	<p>evaluated history taking, physical examination, diagnostics and management across all organ systems).</p>	<p><130 or near that score. There were 3/42 students who were >130 and <140, one of which did not pass the PANCE</p> <p>4. Future analyses will include other predictors of success on the PANCE with admissions profiles, specific course grades or # of Cs, B-, B in courses, End-of-Rotation exam results, & preceptor evaluations.</p> <p>5. The summative practical examination was revised in 2019 to include 16 5-minute stations to evaluate history taking, physical examination, diagnostics and management across all organ systems. Two of the stations performed poorly and will be revised for next year. We did not allow for these two stations to impact student final outcomes on the summative practical. These will be revised</p>
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School of Health and Human Sciences

Annual PRAC Report 2018-2019

				for the 2020 cohort. This format will continue in subsequent years as faculty found this format allows for faculty to identify if a student is safe and competent to practice as a graduated PA. In 2020 a national standardized summative written examination will be available.
Recruit highly qualified applicants who share the program values and possess characteristics to successfully complete our PA program.	<ol style="list-style-type: none"> 1. Admissions data 2. Retention rate 	<ol style="list-style-type: none"> 1. 100% of admitted students meet the new program values such as leadership, professionalism, diversity. 2. 100% retention rate at end of first semester 	<ol style="list-style-type: none"> 1. The entering class of 2022 has the most diversity of all prior cohorts in the cohort of 44 students; 10 males, 16 students of color, 2 with veteran/reserve/active service status, 2 foreign born. 2. 95% retention rate for Class of 2021 	<ol style="list-style-type: none"> 1. Continue with the holistic approach of admissions. 2. Review admissions files on these individuals to identify what characteristics may have led to their leaving the program
Prepare students for critical thinking and evidence-based decision-making.				The department is in process of operationalizing this measurement.
Promote a culture of diversity and inclusion through recruitment, curriculum design and	<ol style="list-style-type: none"> 1. Preceptor evaluations: Connects with patients and conducts interviews 	<ol style="list-style-type: none"> 1. 100% receive at least 4.0 or greater on a 5-point-Likert scale (3/5 =meets expectations). 	<ol style="list-style-type: none"> 1. Class of 2019 %:100% had means at least 4.0 with 79% having means at least 4.5 2. 100% of Class of 2019 had clinical rotations in medically 	<ol style="list-style-type: none"> 1. Consider alternate measures of clinical rotation exposures with diverse populations

School of Health and Human Sciences

Annual PRAC Report 2018-2019

clinical placement.	<p>with empathy and respect.</p> <p>2. Clinical year placement data</p>	<p>2. 100% of students in the clinical year have one or more rotations with medically underserved populations</p>	<p>underserved areas due to placement at Eskenazi Community Health Center-Grassy Creek; 100% students had 3 or more rotations at site with MUA designation. 67% of students had at least 5 rotations at a site with MUA designation.</p>	<p>2. 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.</p>
Educate students to provide culturally competent and sensitive health care in the context of the communities our learners serve.	<p>1. Group K505 health behavior change paper on specific populations</p>	<p>1. 90% earn 85% or better on paper grade</p>	<p>1. The lowest grade on this two-part project was a 90% (Class of 2021, Summer 2019).</p>	<p>1. The program has multiple curriculum opportunities to discuss cultural competency, health disparity, and social determinants of health . The program needs to identify how to measure success in these areas.</p>
Prepare students to work collaboratively and effectively with all members of the health care team.	<p>1. Preceptor evaluation: a) Demonstrates ability to work cohesively with all health care practitioners in training;</p>	<p>1. 100% earn 4.0 or greater on a 5-point-Likert scale (3/5 =meets expectations).</p>	<p>1. 100% of students earned at least a 4.0 or greater on both questions. 86% earned at least 4.5 for these questions as well.</p>	<p>1. Identify new measurements since preceptor evaluations do not seem to be the best measure due to the inconsistency in preceptors' assessments</p>

School of Health and Human Sciences

Annual PRAC Report 2018-2019

	b) Demonstrates a respectful and collaborative attitude with all members of the health care team			across all rotations and sites.
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Tourism, Event, and Sport Management

No data submitted, developing assessment plan for 2019-2020