

## Program-Level Assessment: *Annual Report*

**Program(s):** Program in Physical Therapy

**Department:** Department of Physical Therapy and Athletic Training

**College/School:** Doisy College of Health Sciences

**Date:** September 26, 2018

**Primary Assessment Contact:** Randy R. Richter, PhD, PT

1. Which program student learning outcomes were assessed in this annual assessment cycle?

**PLO #3** Apply principles of evidence-based practice in patient care (access in AY ending in even number)

**PLO #4** Evaluate typical versus atypical physical movement (access in AY ending in even number)

2. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included?

**PLO # 3** – Rating on Clinical Performance Instrument – Item 12 – Plan of Care, for DPT 5291 Clinical Rotation 1A; DPT 6192 Clinical Rotation 2B; and DPT 6294 Clinical internship B. (DPT cohort 2018)

**PLO #4** Evaluate typical versus atypical physical movement – Video analysis of gait, for DPT 5123 Clinical Gait (DPT Cohort 2019)

Madrid students are not enrolled in these courses

3. How did you analyze the assessment data? What was the process? Who was involved?

**NOTE:** *If you used rubrics as part of your analysis, please include them in an appendix.*

**PLO#3-** A Department Administrative Assistant prepared spreadsheets of the Clinical Performance Instrument ratings. Rating data was analyzed by the faculty member serving as division lead for the Students / Outcomes Division, Program in Physical Therapy. The data was used to assess student achievement as per the assessment rubric.

**PLO #4-**The course coordinator of DPT 5123 Clinical Gait provided data from the video assignment. Data was analyzed by the faculty member serving as division lead for the Students / Outcomes Division, Program in Physical Therapy. The data was used to assess student achievement as per the assessment rubric.

4. What did you learn from the data? Summarize the major findings of your analysis for each assessed outcome.

**NOTE: If necessary, include any tables, charts, or graphs in an appendix.**

**PLO # 3** – The 3 courses, DPT 5291, 6192, and 6294, represent a developmental sequence with students having increasing responsibility for clinical care.

Rating on Clinical Performance Instrument – Item 12 – Plan of Care, for DPT 5291 Clinical Rotation 1A; DPT 6192 Clinical Rotation 2B; and DPT 6294 Clinical internship B. (DPT cohort 2018)

25% of ratings in the course will be reviewed, with an average of 85% achieving a ranking of “master” or higher using the corresponding assessment rubric. (met)

Across the 3 courses students are performing at the Reinforce or Master levels. From the first course, DPT 5291, to the last course, there is a shift from Reinforce to Mastery. At the end of final course, DPT 6194, 97% students were performing at the Master level.

**PLO #4** – Evaluate typical versus atypical physical movement – Video analysis of gait, for DPT 5123 Clinical Gait (DPT Cohort 2017)

25% of ratings in the course will be reviewed, with an average of 85% achieving a ranking of “master” or higher using the corresponding assessment rubric. (met)

Across the four video analysis assignments related to movement analysis, students identified major gait deviations, prioritize deviations, and identified compensatory movement patterns, reaching Mastery.

5. How did your analysis inform meaningful change? How did you *use the analyzed data to make or implement recommendations for change* in pedagogy, curriculum design, or your assessment plan?

**PLO #3** The data collected and analyzed for this PLO indicate that changes are not needed at this time.

**PLO #4** The data collected and analyzed for this PLO indicate that changes are not needed at this time.

6. Did you follow up (“close the loop”) on past assessment work? If so, what did you learn? (*For example, has that curriculum change you made two years ago manifested in improved student learning today, as evidenced in your recent assessment data and analysis?*)

Findings will be discussed at a fall 2018 Program in Physical Therapy faculty meeting. Based on faculty review, any potential actions will be identified.

**IMPORTANT: Please submit any revised/updated assessment plans to the University Assessment Coordinator along with this report.**

Appendix

Assessment Rubric

<b>Doctor of Physical Therapy (DPT)</b>			
Program Learning Outcome (PLO #1): Serve others by advocating for the health of society.			
<b>Below “Introduce” Level</b>	<b>Introduce</b>	<b>Reinforce**</b>	<b>Master**</b>
<p><u>DPT 5291</u> Clinical Rotation 1A</p> <p>•Rating on Clinical Performance Instrument – Item 3 – Accountability below 2</p> <p>Student performance is inconsistent. Clinical reasoning is performed in an inefficient manner.<sup>a</sup></p>	<p><u>DPT 5291</u> Clinical Rotation 1A</p> <p>•Rating on Clinical Performance Instrument – Item 3 – Accountability at or above 2</p> <p>The student demonstrates consistency in developing proficiency with simple tasks (e.g. medical record review), unable to perform skilled tasks (e.g. clinical reasoning).<sup>a</sup></p>	<p><u>DPT 6192</u> Clinical Rotation 2B</p> <p>•Rating on Clinical Performance Instrument – Item 3 – Accountability at or above 4</p> <p>Student is proficient with simple tasks and is developing the ability to consistently perform skilled tasks (e.g. examinations) and clinical reasoning.<sup>a</sup></p>	<p><u>DPT 6294</u> Clinical internship B</p> <p>•Rating on Clinical Performance Instrument – Item 3 – Accountability at or above 8</p> <p>The student is consistently proficient and skilled in simple and complex tasks and clinical reasoning.<sup>a</sup></p>

<sup>a</sup> Adapted from: American Physical Therapy Association (2006), Clinical Performance Instrument – Definitions

<b>Doctor of Physical Therapy (DPT)</b>			
Program Learning Outcome (PLO # 2): Communicate in a way that optimizes patient-centered care			
<b>Below “Introduce” Level</b>	<b>Introduce</b>	<b>Reinforce**</b>	<b>Master**</b>
<u>DPT 5291</u> Clinical Rotation 1A  •Rating on Clinical Performance Instrument – Item 4 – Communication below 2	<u>DPT 5291</u> Clinical Rotation 1A  •Rating on Clinical Performance Instrument – Item 4 – Communication at or above 2	<u>DPT 6192</u> Clinical Rotation 2B  •Rating on Clinical Performance Instrument – Item 4 – Communication at or above 4	<u>DPT 6294</u> Clinical internship B  •Rating on Clinical Performance Instrument – Item 4 – Communication at or above 8

<b>Doctor of Physical Therapy (DPT)</b>			
Program Learning Outcome (PLO # 3): Apply principles of evidence-based practice in patient care			
<b>Below “Introduce” Level</b>	<b>Introduce</b>	<b>Reinforce**</b>	<b>Master**</b>
<u>DPT 5291</u> Clinical Rotation 1A  •Rating on Clinical Performance Instrument – Item 12 – Plan of care below 2	<u>DPT 5291</u> Clinical Rotation 1A  •Rating on Clinical Performance Instrument – Item 12 – Plan of care at or above 2	<u>DPT 6192</u> Clinical Rotation 2B  •Rating on Clinical Performance Instrument – Item 12 – Plan of care at or above 4	<u>DPT 6294</u> Clinical internship B  •Rating on Clinical Performance Instrument – Item 12 – Plan of care at or above 8

<b>Doctor of Physical Therapy (DPT)</b>			
Program Learning Outcome (PLO # 4):			
<b>Below “Introduce” Level</b>	<b>Introduce</b>	<b>Reinforce**</b>	<b>Master**</b>
<u>DPT 5123</u> Clinical Gait  •Video analysis single joint assignment unable to identify gait deviations	<u>DPT 5123</u> Clinical Gait  •Video analysis: Identifies major gait deviations	<u>DPT 5123</u> Clinical Gait  •Video analysis Identifies major gait deviations and priorities	<u>DPT 5123</u> Clinical Gait  •Video analysis Identifies major gait deviations which are compensatory in nature.