

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Doctor of Physical Therapy
SUBMITTED BY: Skye Donovan
DATE: 09/30/2020

Executive Summary: Description of Assessment Process

List all of the program’s learning outcomes, as of the assessment year’s catalog: (regardless of whether or not they are being assessed this year)

Learning Outcome	Year of Last Assessment	Assessed This Year (Y=Yes)	Year of Next Planned Assessment
1. function independently managing patients with a wide variety of simple or complex conditions;	2018-19		2021-22
2. perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently	2018-19		2021-22
3. apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;	2016-17		2020-21
4. manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes;	2015-16	Y	2022-23
5. exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences;	2015-16	Y	2022-23
6. create a self-directed plan for professional development and lifelong learning.	2016-17		2020-21

Provide a **brief** description of the assessment process used including how results are shared and discussed and strengths, challenges, and planned improvements to the **process**, providing evidence of a culture of continuous improvement based on assessment. If there is something that is impeding your ability to implement improvements, please comment on those issues (generally not more than two paragraphs, may use bullet points):

In the spring of 2020 the PT faculty reviewed the two learning outcomes scheduled for assessment during the 2019-20 academic year and confirmed the methods of assessment most appropriate for these. Due to curricular changes, and course delivery methodologies secondary to the COVID 19 pandemic, we identified a few new assessment methods this year that more accurately represent the outcomes we are interested in measuring. We also referred to our 5 year program review (completed in 2019) and the LOR from 2016 when these outcomes were last assessed. This allowed us to prudently select the appropriate assessment methods to most accurately measuring these outcomes. A strength of our process is all core PT faculty work together during annual faculty retreats where the curriculum and course work is discussed, ensuring that the best potential assessment methods are considered and implemented. In fact, this summer we met weekly to review best practices and areas for improvement, given the challenges surrounding the educational environment in the wake of the pandemic. We identified assessment methods that best represented the learning outcomes and tried to tie many of the assessment methods to course requirements. The faculty met early this Fall to review the learning outcomes report prior to its submission. We will continue to meet this year and make any necessary adjustments to improve the students’ abilities in reaching our Departmental mission and goals.

Closing the Loop: Progress on Planned Improvements from Prior Year

Describe how the program implemented its planned improvements from last year:

Outcome	Planned Improvement	Update
function independently managing patients with a wide variety of simple or complex conditions	Faculty will evaluate and refine as needed the complex patient cases for tutorial and practical exams to incorporate multiple diagnoses and psychosocial aspects into the skills courses.	Faculty revamped all of the tutorial cases, also of note the cases now include social determinants of health and racial/gender identifiers to add to the complexity of the cases. Practical exams offered during the year incorporated detailed past medical history, medications list and coincident health conditions that would either positively or negatively impact the treatment performed by the PT
function independently managing patients with a wide variety of simple or complex conditions	The final comprehensive written exam will contain new questions focused on complex patient cases, requiring students to use higher level clinical reasoning skills.	For AY 2019-2020 the comprehensive written exam was completely re-written and vetted by small faculty groups with expertise in those areas. In addition, a core faculty member who serves on our national board writing team reviewed and refined all questions on the exam.
perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently	The faculty will implement complex /multi-systems patient problems (including exam questions) to enhance clinical reasoning needed for effective clinical practice and for passing the national board exam.	Exam questions for PT 757 (short answer and essay), and the comprehensive written exam (multiple choice) all contained new questions that focused on multi-system pathologies and clinical reasoning. Varying formats of questions were used to enhance students' awareness of the need for a thought process grounded in clinical reasoning.
perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently	The faculty will explore an open-access journal option for students to publish their case reports, thereby placing enhanced importance on clinical reasoning	Faculty worked with our library liaison, Linda Todd to pilot an open access journal housing our case reports. Also in the Spring of 2020 all of the student final products were featured in a virtual research symposium which is housed on the Marymount website available/searchable to the general public.

Provide a response to last year's University Assessment Committee review of the program's learning assessment report:



Outcomes are clear, concise, observable and measurable. A suggested improvement was to add “students will” to the beginning of each learning outcome. The report acknowledged and thoughtfully discussed the limitations of their assessment tools.

It is clear that the program takes assessment seriously, consistently engages in the process, and uses it to improve. Well done!

Excellent report – keep up the good work!

Response: The Department appreciated the feedback and is continually looking to improve assignments and curricular design to meet the student learning outcomes, in addition to determining the most appropriate assessment methods.

Outcomes Assessment 2019-2020

Learning Outcome 1: manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes;

<p>Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p>Performance Standard <i>Define the acceptable level of student performance.</i></p>	<p>Data Collection <i>Discuss the process for collecting this data: who conducted the assessment, when, and how?</i></p>	<p>Result <i>Did you meet your target? What was the result?</i></p>
<p>Clinical Performance Instrument (CPI) – DIRECT AND INDIRECT; has student self-rating and clinical instructor evaluation of student performance Relevant domains from CPI:</p> <ul style="list-style-type: none"> • Plan of care • Cultural competence • Clinical Reasoning 	<p>100% of students will meet the standards as entry level performance defined as:</p> <ul style="list-style-type: none"> -Capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. -Consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. -Consults with others and resolves unfamiliar or ambiguous situations. -Capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner 	<p>The CPI has 2 sets of measures; student self-ratings and clinical instructor ratings of students. We are able to track outcomes for all students and they fall into the following categories: beginner, intermediate, advanced intermediate, entry level and beyond entry level. CPI data was evaluated for the Class of 2020 students in their final clinical rotation.</p>	<p>Yes, 100% of students rated themselves at entry level and 100% of Clinical instructors rated student at entry level (or beyond).</p>
<p>Alumni survey- INDIRECT</p>	<p>100% of alumni will state they are adequately prepared for this skill as measured in 1, 5 and 10 yr outcomes</p>	<p>PIE supplies the department with alumni surveys from graduates at the following time frames: 1 year, 5 years and 10 years</p>	<p>Yes. 1,5, and 10 year alumni survey results had a return rate of 23 students (20% response rate). All 23 responded to the following question regarding their ability to “manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes” The rankings were: adequately (22%), good (4%) and excellent (74%).</p>

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

The results of the CPI show that 100% of the students rated themselves and 100% of clinical instructors rated students of at least “entry level” for plan of care, cultural competence and clinical reasoning. Taking that information and the fact that 100% of the students passed their final clinical, the faculty feel the CPI accurately assesses this learning outcome. The faculty feel using all three of these outcomes measures is necessary to fully evaluate this learning outcome, as it encompasses several skills necessary to be a successful practitioner. As not to be reliant upon one methodology; we used two distinct assessment methods to measure this learning outcome. Our alumni survey (as distributed by PIE) asks this specific question, making it a good tool to determine the effectiveness of our curriculum in meeting this objective. The alumni survey revealed 100% of respondents rated themselves as at least “adequate” in: manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes. The faculty believe these two measures allow us to best assess this learning outcome, and demonstrate that we are meeting this objective. There are however places for improvement. We cannot reproduce a true clinical setting on campus that would incorporate all of the aspects that contribute to resource efficiency while providing effective patient care. In addition, students are supervised throughout their clinical experiences by a clinical instructor (CI) who is not a core faculty member; and each student has a unique clinical instructor. Although the expectation is that the online training program for completing the tool enhances the tool’s reliability in making judgments about achieving *entry-level* performance, there is still great variability based on settings and CI philosophy. In the alumni survey, although it asks the exact question we are after we struggle with response rates. For these specific results there was the potential of capturing 105 responses and only 23 returned the survey. In addition, the survey also captured graduates of the t-DPT program which is different than our entry level DPT program, potentially complicating the results.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

- 1.** Faculty will use tutorial sessions (modified problem based learning scenarios) to discuss resource efficient practice; specifically adding this as an objective to several cases
- 2.** Patient centered care, specifically social determinants of health and diversity equity and inclusion concepts will be integrated into all practice management courses in the curriculum, and will be part of new student orientation

Learning Outcome 2: Exhibit care, compassion and empathy in delivering physical therapy services sensitive to individual, cultural and social differences.

Outcome Measures	Performance Standard	Data Collection	Result
Evaluation of student performance on Case report final project PT 803: DIRECT	100% of the students will score at or above the acceptable level (B or above)	Data was collected, analyzed and aggregated from Spring 2020 grading forms.	Yes- 100% of students were performing outlined skills for an individual patient as identified on the Case Report Rubric at a level of B or better.
CPI: DIRECT & INDIRECT Relevant domains: <ul style="list-style-type: none"> • Professional Behavior • Communication • Plan of care 	100% of students will meet the standards as entry level performance defined as: -Establishes a physical therapy plan of care that is safe, effective, patient-	The CPI has 2 sets of measures; student self-ratings and clinical instructor ratings of students. We are able to track outcomes for all students and they fall into the	Yes, 100% of students rated themselves at entry level and 100% of Clinical instructors rated student at entry level (or beyond).

Outcome Measures	Performance Standard	Data Collection	Result
<ul style="list-style-type: none"> • Cultural competence • Clinical reasoning 	<p>centered, and evidence based. Plan of Care is defined as: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans</p> <p>-Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs -Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management</p>	<p>following categories: beginner intermediate, advanced intermediate, entry level and beyond entry level. CPI data was evaluated for the Class of 2020 students in their final clinical rotation</p>	

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

The results of the CPI-Web show that 100% of graduating students consistently believed they were at entry level cultural competence, professional behavior, plan of care, communication and clinical reasoning. As we demonstrated with our other learning outcome, the faculty are steadfast in employing at least two methods of assessment. We also use the capstone project as a method to determine achievement of this outcome. The difference in assessment methods is that the students are working on only one patient for their case report, while the CPI looks over the course of an entire clinical rotation ranging in length from 8-12 weeks. Both of these methods accurately represent this outcome in that they represent both a patient that the student has followed through an entire episode of care, where the student is able to provide and describe empathetic and specialized interventions, in addition to a wide spectrum of patients for whom the students may have only had limited interactions. One limitation may be that we only evaluated this objective in the final clinical rotation and the patient population may be static and lacking in diversity. In the past we have used the rubric which accompanies our service learning trip abroad, as this contains specific learning objectives related to this outcome, however not all students attend this experience. We will continue to look at these three methods of assessment to ensure they capture the outcome in the broadest sense. As the values of the University contain the aspects of global perspective and service and to others, we strive to stress patient preference and specificity in our program. Our program prioritizes delivering best care to those of differing cultures and value systems, and will continue to work on methods to improve student success in this area.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

1. Faculty will collaborate with various stakeholders e.g. APTA, Arlington Free Clinic, international partners to provide more volunteer opportunities and clinical assignment for students to participate in events that would highlight this outcome
 2. Faculty will engage in a year- long exploration of threading DEI initiatives (e.g. grand rounds discussion, student generated patient reflection assignments) into our curriculum and assess in our end of the year meetings
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Appendices (please only include items that will help reviewers understand your process – for example, test questions, rubrics, survey questions, more detailed description of assessment measures, summary tables of survey results, etc.)

CPI table

Criterion (CPI-Web Reference #)	Definition
Plan of Care (12)	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence based. Plan of Care is defined as: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans (Guide to Physical Therapist Practice 3.0: Alexandria, VA American Physical Therapy Association; 2014. Available at http://guidetopractice.apta.org/)
Cultural competence (5)	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs (CPI- WEB)
Clinical Reasoning (7)	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (CPI-WEB)
Professional Behavior (2)	Demonstrates professional behavior in all situations
Communication (4)	Communicates in ways that are congruent with situational needs

<u>Indirect Outcome Measures</u> CPI-Web Criteria (ref number)	<u>Performance Standard</u>	<u>Data Collection</u>	<u>Analysis</u>	
			<u>Entry Level</u>	
Plan of Care (12)	100% of students will rate themselves as “entry level” on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web student self-evaluations of final performance Student population: DPT Class of 2020 August 2020 graduates. N= 37	37	
Cultural Competence (5)			37	
Clinical Reasoning (7)			37	
Professional Behavior(2)			37	
Communication (4)			37	

<u>Direct Outcome Measures</u> CPI-Web Criteria	<u>Performance Standard</u>	<u>Data Collection</u>	<u>Analysis</u>	
			<u>Entry level</u>	
Plan of Care (12)	100% of students will be rated as “entry level” by their clinical instructors on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web evaluation of student performance Student population: DPT Class of 2020; August 2020 graduates. N= 37	37	
Cultural Competence (5)			37	
Clinical Reasoning (7)			37	
Professional Behavior (2)				
Communication (4)				

Case Report Rubric	4	3	2	1	Total
<p>Abstract</p> <ul style="list-style-type: none"> ● Problem under investigation clearly stated ● Bold headings include: Background and Purpose, Case Description, Outcomes, and Discussion. 	<ul style="list-style-type: none"> ● includes all components, <i>and</i> ● overview of the case is clear and thorough, <i>and</i> ● ≤ 350 words 	<ul style="list-style-type: none"> ● includes all components, <i>and</i> ● overview of the case is clear and thorough, <i>but</i> ● over 350 words 	<ul style="list-style-type: none"> ● One or two components missing, <i>or</i> ● overview of the case is unclear or incomplete, <i>or</i> ● over 350 words 	<ul style="list-style-type: none"> ● Three or more components missing, <i>or</i> ● overview of the case cannot be discerned from the abstract 	
<p>Background and Purpose</p> <ul style="list-style-type: none"> ● Introduces the topic and relays importance of topic/rationale ● Concisely reviews relevant literature: examines related work and existing theory, and supports methods used ● Includes an explicit purpose statement ● Defines which of the 7 case report types it will follow 	<ul style="list-style-type: none"> ● All components present, <i>and</i> ● literature review conveys importance of the case and all aspects of case methods 	<ul style="list-style-type: none"> ● All components present, <i>but</i> ● Literature review does not cover importance of the case <i>or</i> all aspects of case methods 	<ul style="list-style-type: none"> ● One or two components missing, <i>and/or</i> ● Literature review does not convey importance of case or numerous aspects of case methods 	<ul style="list-style-type: none"> ● Three or more components missing, <i>or</i> ● Does not discuss importance of the topic or assist the reader in understanding case methods 	
<p>Case Description</p> <ul style="list-style-type: none"> ● Describes subject/case (McEwen, p.64) ● Describes methods for <i>Examination</i> (history¹, systems review, tests & measures) ● Reports reliability and validity of instrumentation² 	<ul style="list-style-type: none"> ● Includes all components, <i>and</i> ● Thorough description allows duplication of methods, <i>and</i> ● Choice of examination tests and measures clearly explained, procedures completely described, <i>and</i> 	<ul style="list-style-type: none"> ● Includes all components, <i>and</i> ● Thorough description allows duplication of methods, <i>but</i> ● One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> ● One or two components missing, <i>or</i> ● Incomplete description prevents duplication of methods, <i>and</i> ● One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> ● Three or more components missing, <i>or</i> ● Two or more of the components do not meet the criteria stated under “4” 	

<p>Case Description (continued)</p> <ul style="list-style-type: none"> • Provides <i>Evaluation</i> (clinical judgments) based on Exam data • Establishes PT <i>Diagnosis</i> and <i>Prognosis</i> (including Plan of Care) • Analyzes problem(s) & provides hypothesis(es) of cause • Describes <u>proposed</u> <i>Intervention</i>³ • Describes rationale for proposed intervention⁴ 	<ul style="list-style-type: none"> • Decision-making process for hypotheses clearly explained, diagnosis stated as a <i>Guide</i> practice pattern, <i>and</i> • Decision making process for Interventions clearly explained, interventions completely described 	<ul style="list-style-type: none"> • One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> • One or two components missing, <i>or</i> • Decision making process is not clearly described, <i>and</i> • One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> • Three or more components missing, <i>or</i> • Two or more of the components do not meet the criteria stated under “4” 	
<p>Outcomes</p> <ul style="list-style-type: none"> • States results/outcome of intervention • and impact on impairments, activity limitations, & participation restrictions • Includes subjective & objective data 	<ul style="list-style-type: none"> • Includes all components, <i>and</i> • Objective measurements are linked to measurement of subject’s self-perceived disability and external factors, <i>and</i> • Measurements are reported for the intervention period, for the end of the intervention period and for a follow-up period 	<ul style="list-style-type: none"> • Includes all components, <i>but</i> • One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> • One or Two components missing, <i>and</i> • One of the components does not meet the criteria stated under “4” 	<ul style="list-style-type: none"> • Three or more components missing, <i>and</i> • More than one of the components does not meet the criteria stated under “4” 	
<p>Discussion</p> <ul style="list-style-type: none"> • Provides a statement of explanation for <i>exam/intervention choices</i> and links back to purpose • Explains hunches • Offers alternative explanations • Avoids implying cause & effect⁵ 	<ul style="list-style-type: none"> • All components present, <i>and</i> clearly conveyed to reader 	<ul style="list-style-type: none"> • All components present, <i>but</i> 1-2 components not clearly conveyed 	<ul style="list-style-type: none"> • One or two components missing, <i>and/or</i> three or more components poorly conveyed to reader 	<ul style="list-style-type: none"> • More than three components missing, <i>or</i> inappropriate information in this section 	

<ul style="list-style-type: none"> • Relates case outcome to literature • Gives suggestions for future research (i.e., Where do we go from here?) • 					
<p>Format</p> <ul style="list-style-type: none"> • Format adheres to the <i>Information for Authors</i> published by <i>PHYSICAL THERAPY</i>, with the exception of word limit (≤ 6000 words vs. <i>PTJ</i> suggested 3500) • Includes a clear/concise title that completely reflects case content • Includes citations & references in American Medical Association (AMA) format • Meets deadline 	<ul style="list-style-type: none"> • Completely adheres to all formatting requirements for paper and references, <i>and</i> • Meets deadline, <i>and</i> • Includes representative and clear title 	<ul style="list-style-type: none"> • Completely adheres to format, <i>but</i> • One of the components listed under “4” is less than optimal 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • One of the components listed under “4” is less than optimal 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • Two of the components listed under “4” is less than optimal 	
<p>Tables/Figures</p> <ul style="list-style-type: none"> • Have appropriate titles • Have adequate legends • Are readable/augment data presented • Adheres to format <i>Information for Authors</i> published by <i>PHYSICAL THERAPY</i> 	<ul style="list-style-type: none"> • Completely adheres to format 	<ul style="list-style-type: none"> • Completely adheres to format, <i>but</i> • Titles or legend or data is less than optimal presentation 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • Titles or legend or data is less than optimal presentation 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • Titles and legend and data are less than optimal presentation 	
<p>Style</p> <ul style="list-style-type: none"> • Use of proper grammar & correct spelling • Use of “people first” language • Includes clear organization & paragraph structure 	<ul style="list-style-type: none"> • Sentence structure and language are clear and concise, <i>and</i> • No more than 2 spelling and/or grammar errors, <i>and</i> • No direct quotations of others’ works 	<ul style="list-style-type: none"> • Sentence structure and language are occasionally unclear or not concise, <i>or</i> 3-5 spelling and/or grammar errors, <i>or</i> direct quotations of others’ works used 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • Sentence structure and language are confusing, <i>or</i>, 6-10 spelling and/or grammar errors, <i>or</i> direct quotations of others’ works used 	<ul style="list-style-type: none"> • Does not adhere to format, <i>and</i> • Sentence structure and language are so unclear that reader cannot determine major ideas and topics, <i>or</i> • 11 or more spelling and/or grammar errors 	

Grading Scale:

32.5-36	A
29-32.4	B
<28	Unacceptable/revise & resubmit with highest grade possible of 80%

FREQUENT PROBLEM AREAS:

¹Patient history is often too vague and needs MORE information. Please refer to “history man” in the Guide for extensive list of contents of patient history. The reader should be able to picture the patient in their mind’s eye given your comprehensive patient description.

²Psychometric properties of tests & measures must be included, accurate, and referenced.

³Intervention descriptions should be comprehensive, allowing for reproduction of the intervention by a reader.

⁴Justification / description of thought process for intervention must be included.

⁵A case report cannot, by definition, demonstrate cause & effect. Do not overstate the implications of your intervention.

⁶Discussion section was bare with little to no reflection on the whole process.