

EWU Programmatic SLO Assessment

AY 2015-16 and “Closing the Loop” for AY 2014-15

Introduction:

Assessment of student learning is an important and integrated part of faculty and programs. As part of ongoing program assessment at Eastern Washington University, each department is asked to report on assessment results for *each* program and *each* certificate for *at least one* Student Learning Outcome (SLO) this year. To comply with accreditation standards, the programs must also demonstrate efforts to “close the loop” in improving student learning and/or the learning environment. Thus, this template has been revised into two parts.

Resources:

Check this site for sample reports (created with the previous year’s template) by EWU programs and other assessment resources: <http://access.ewu.edu/graduate-education/academic-planning/faculty-support/student-learning-assessment/sample-program-slo-assessment-reports>

Additional resources and support are available to:

- 1) Determine whether students can do, know or value program goals upon graduation and to what extent;
- 2) Determine students’ progress through the program, while locating potential bottlenecks, curricular redundancies, and more; and
- 3) Embed assessments in sequenced and meaningful ways that save time.

Contact Dr. Helen Bergland for assistance with assessment in support of student learning and pedagogical approaches: hbergland@ewu.edu or 509.359.4305.

Use this template to report on your program assessment. **Reports are due to your Dean and to Dr. Helen Bergland (hbergland@ewu.edu), Interim Director for the Faculty Commons, by September __, 2016.**

Degree/Certificate: Doctor of Physical Therapy
Major/Option: Physical Therapy
Submitted by: Dr. Dan Anton, Chair, Department of Physical Therapy
Date: 8/23/16

Part I – Program SLO Assessment Report for 2015-16

Part I – for the 2015-16 academic year: Because Deans have been asked to create College-Level Synthesis Reports annually, the template has been slightly modified for a) clarity for Chairs and Directors, and b) a closer fit with what the Deans and Associate Deans are being asked to report.

1. **Student Learning Outcome:** The student performance or learning outcome as published either in the catalog or elsewhere in your department literature.

Graduates are Doctors of Physical Therapy prepared to practice as generalist clinicians

2. **Overall evaluation of progress on outcome:** Indicate whether or not the SLO has been met, and if met, to what level.

SLO is met after changes resulting from ongoing assessments, referencing assessment results from the previous year to highlight revisions;
 SLO is met, but with changes forthcoming;
 SLO is met without change required

3. **Strategies and methods:** Description of assessment method and choices, why they were used and how they were implemented.

Several assessment methods were used:

- Clinical internship diversity
 - Internship diversity is an indicator of preparation as a “generalist clinician”
- Completion of internships/Clinical Performance Instrument (CPI)
 - Clinical instructors evaluate clinical performance of the DPT student with the CPI and the Director of Clinical Education assigns the final internship grade. Students must obtain “entry-level” status on their final internship CPI.
- Graduation rate with a DPT degree
 - Graduation with a DPT degree is an indicator of “Graduates are Doctors of Physical Therapy”
- National Physical Therapy Exam (NPTE or “licensure examination”) pass rate
 - To practice physical therapy in the US, graduates must pass the NPTE and this is an indicator of “Graduates are Doctors of Physical Therapy”

4. **Observations gathered from data:** Include findings and analyses based on the strategies and methods identified in item #3.

a. Findings:

The following results are for the Class of 2016:

- Clinical internship diversity: graduates had exceptional diversity in their four clinical internships
 - 100% of graduates had a full-time acute care internship
 - 100% of graduates had a full-time rehabilitation internship
 - 95% of graduates had a full-time outpatient orthopedics internship
 - 26% of graduates had a pediatrics internship
- Completion of internships/Clinical Performance Instrument (CPI):
 - 100% of graduates obtained an “entry-level” status on their final internship.
- Graduation rate with a DPT degree:
 - 100% of students graduated on time with the DPT degree.
- National Physical Therapy Exam (NPTE or “licensure examination”) pass rate
 - As of 8/19/16, 2016 graduates had a 94.6% first time pass rate on the NPTE and a 95.3% ultimate pass rate.

b. Analysis of findings:

In general, our program has met this SLO. We will continue to attempt to achieve a 100% graduation rate with DPT degree. However, this benchmark is predicated on students passing clinical internships on time. There are several reasons why a student may not pass on time such as medical issues or actual failure of an internship.

Our previous NPTE pass rate was slightly higher in past years. A lower pass rate was due to 1) one student failed the first attempt and 2) two students have not yet taken the NPTE. Regardless, we have obtained detailed reports from NPTE on content area and graduate performance. With one exception, students from our program scored higher than the mean of students from all accredited programs in the US for *all* content areas on the NPTE. The one exception was “interventions,” where scores were essentially identical to the mean.

5. **What program changes will be made based on the assessment results?**

- a) Describe plans to improve student learning based on assessment findings (e.g., course content, course sequencing, curriculum revision, learning environment or student advising).

No substantial changes will be forthcoming. Beginning in the Winter Quarter 2017, students will have additional diversity in their clinical internships since they will be incorporating an Integrated Clinical Experience (ICE) during the DPT1 and DPT2 academic years. Students will rotate through the new Spokane Teaching Health Center. The ICE may have the added benefit of bolstering performance on the interventions content area of the NPTE.

- b) Provide a broad timeline of how and when identified changes will be addressed in the upcoming year.

Quarter	Fall 2016	Winter 2017	Spring 2017
Activity	<ol style="list-style-type: none"> 1. Director of Clinical Education develops initial ICE plan 2. Faculty discuss ICE at faculty retreat 3. Director of Clinical Education modifies ICE plan 	<ul style="list-style-type: none"> • ICE implemented 	<ul style="list-style-type: none"> • ICE implemented • ICE evaluation at final faculty meeting

6. Description of revisions to the assessment process the results suggest are needed and an evaluation of the assessment plan/process itself.

None needed. The SLO evaluated this year is the chief outcome we expect in a graduate from the DPT Program. The multiple methods of assessing this SLO continue to be appropriate.

NEW: PART II – CLOSING THE LOOP
FOLLOW-UP FROM THE 2014-15 PROGRAM ASSESSMENT REPORT

In response to the university's accrediting body, the [Northwest Commission on Colleges and Universities](#), this section has been added. This should be viewed as a follow up to the previous year's findings. In other words, begin with findings from 2014-15, and then describe actions taken during 2015-16 to improve student learning along, provide a brief summary of findings, and describe possible next steps.

PLEASE NOTE: The university also requests that Deans complete a College-Level Synthesis report, which synthesizes which programs/certificates have demonstrated "closing-the-loop" assessments and findings based on the previous year's assessment report.

Working definition for closing the loop: *Using assessment results to improve student learning as well as pedagogical practices. This is an essential step in the continuous cycle of assessing student learning. It is the collaborative process through which programs use evidence of student learning to gauge the efficacy of collective educational practices, and to identify and implement strategies for improving student learning.* Adapted 8.21.13 from <http://www.hamline.edu/learning-outcomes/closing-loop.html>.

1. **Student Learning Outcome(s)** assessed for 2014-15
SLO #1 = Integrate the principles of teaching and learning in professional practice.
2. **Strategies implemented** during 2015-16 to improve student learning, based on findings of the 2014-15 assessment activities.

It was determined that no revision in course content, curriculum, or pedagogical strategies is indicated based upon the outcomes reported for this SLO in the AY 2014-2015 report.

With regard to the distribution of alumni surveys, since the revision of the assessment process undertaken in Winter 2014 and described in previous SLO reports, the return rate for surveys from alumni one year post-graduation has improved dramatically (2012 – 14/34 graduates; 2013 – 20/43 graduates; 2014 responses – 19/37 graduates). We will continue to employ this method of alumni and constituent group surveys for the foreseeable future, and will use these data in addition to other measurable criteria to evaluate our revised SLOs.

With the revision of the University Assessment Plan and Process proposed in Spring 2016, The Doctor of Physical Therapy Program took the opportunity to review and revise our Program SLOs in order to consolidate outcomes where there was repetition, and to express SLOS in more measurable terms. The content of the current alumni surveys, along with other measurable criteria will serve as the basis for evaluation of these revised SLOs in the future. At the present time, the Program decided not to revise elements of the alumni

surveys, so that we are able to track changes across time, across constituencies, and across item content, as we implement the revised SLOs.

3. **Summary of results** (may include comparative data or narrative; description of changes made to curriculum, pedagogy, mode of delivery, etc.): Describe the effect of the changes towards improving student learning and/or the learning environment.

Findings: **Graduate Surveys**

Survey Item	Class of 2014 n=19	Class of 2013 n=20	Class of 2012 n=14
6. I design and manage a comprehensive physical therapy plan of care, considering the influence of biological, psychological, cognitive, social, economic, and cultural factors.	SA 6 A 12 N 1	SA 15 A 5	SA 7 A 6 N 1
7. I collaborate with clients, families, and colleagues to coordinate and optimize patient care.	SA 13 A 6	SA 14 A 6	SA 9 A 5
8. I practice collaboratively with other health care providers through timely, clear communication and appropriate referral to advance the care of my patients.	SA 11 A 8	SA 13 A 7	SA 7 A 6 N 0 D 1 SD
9. I coordinate and participate in discharge planning and follow-up care, including referral to other health care professionals and community resources as indicated.	SA 9 A 9 N 1	SA 11 A 7 N 2	SA 7 A 6 N 1
12. I demonstrate effective, professional written, verbal, and non-	SA 10 A 9	SA 15 A 5	SA 10 A 4

verbal communication with patients, families, colleagues and other health care professionals.			
14. I integrate current scientific knowledge and critical analysis into professional practice.	SA 6 A 11 N 2	SA 7 A 13	SA 3 A 10 N 1
15. I integrate the principles of teaching and learning into physical therapy practice, professional development, and the education of patients, students, colleagues, and the community.	SA 9 A 9 N 1	SA 14 A 6	SA 6 A 7 N 1
20. I plan and implement programs designed to promote and maintain health and wellness.	SA 5 A 11 N 3	SA 8 A 10 N 2	SA 2 A 9 N 1 D 2
21. I value lifelong learning through professional and personal growth.	SA 16 A 3	SA 16 A 4	SA 10 A 4
22. I engage in professional development by participating in continuing education opportunities.	SA 16 A 3	SA 15 A 5	SA 11 A 3
24. I provide professional development opportunities for others by offering professional presentations.	SA 1 A 5 N 7 D 6 SD 0	SA 3 A 6 N 9 D 0 SD 2	SA 3 A 5 N 2 D 4 SD 0

Employer Surveys

Survey Item	Class of 2014 n=16	Class of 2013 n=18	Class of 2012 n=12
4. Communicates orally and in writing with the referral source, the results of the evaluations, problems identified, their significance, the short and long-term goals, the plan of care, and changes in the patient's status and care plan as they occur.	SA 11 A 4 N D SD 1*	SA 14 A 4	SA 9 A 3
6. Provides physical therapy consultation as appropriate.	SA 12 A 2 N D SD 1* No response 1	SA 14 A 4	SA 10 A 2

* question regarding understanding of response scale.

Peer Surveys

Survey Item	Class of 2014 n=15	Class of 2013 n = 18	Class of 2012 n =12
5. Designs and manages a comprehensive physical therapy plan of care, considering the influence of biological, psychological, cognitive, social, economic, and cultural factors.	SA 13 A 1 N 1	SA 11 A 7	SA 11 A 1
7. Collaborates with clients, families, and colleagues to coordinate and optimize patient care.	SA 14 A 1	SA 13 A 5	SA 9 A 3
8. Practices collaboratively with other health care providers through timely, clear communication and appropriate referral to advance the care of my	SA 14 A 1	SA 13 A 5	Not asked

patients.			
10. Demonstrates professional, appropriate written, oral, and non-verbal communication with patients, families, colleagues, other health care providers, and the public.	SA 12 A 3	SA 10 A 7 N 1	SA 9 A 3
11. Designs home programs compatible with the patient's demographics, including consideration of culture, environment, cognitive, psychosocial, and other health care considerations.	SA 9 A 5 N 1	SA 11 A 7	SA 7 A 5
16. Engages in professional development	SA 11 A 2 N 2	SA 12 A 4 N 3	SA 10 A 2

Patient Surveys

Survey Item	Class of 2014 n=14	Class of 2013 n=13	Class of 2012 n=9
3. The physical therapist provided care to me in a competent manner.	SA 13 A 1	SA 13	SA 9
5. The physical therapist communicated with me in a clear manner.	SA 11 A 3	SA 13	SA 8 A 1
6. The physical therapist instructed me clearly regarding my care, my home program, my exercises, and other things that he or she expected of me.	SA 12 A 2	SA 12 A 1	Not asked in 2012 survey

Alumni Surveys: Class of 2014 added:

The number of respondents representing each constituency in the Class of 2014 was comparable to the Class of 2013, and far exceeded the Class of 2012. The Class of 2014 graduated a total of 37 students, whereas the class of 2013 graduated 43 students (a one-time over-enrollment contributed to this larger graduating class. Classes are now capped at 38 admitted students per year.) The class of 2013 had a graduate response rate of $20/43 = 46.5\%$; the class of 2014 had a graduate response rate of $19/37=51.3\%$. Response rates from the other constituencies are contingent upon the response rates from the graduates because they are responsible for distributing the surveys to the other constituent groups.

Responses across the items and the constituencies indicate that graduates, one year following graduation, demonstrate behaviors associated with **integrating the principles of teaching and learning in professional practice**. The greatest consistency across constituents is seen in the graduates' responses. There is slightly more variability between the Strongly Agree, and Agree responses in the employer, peer and patient surveys, but not to the extent that concern arises regarding the graduates' ability to integrate teaching and learning principles into professional practice.

Alumni Surveys: Class of 2015

The alumni surveys for the Class of 2015 will be distributed during Summer Quarter, and thus these data are also not available for analysis this year.

4. What **further changes to curriculum, pedagogy, mode of delivery**, etc. are projected based on closing-the-loop data, findings and analysis?

No further changes are anticipated at this time. This SLO has been incorporated into the revised SLOs, and will not be separately assessed in the future.

Definitions:

1. **Student Learning Outcome:** The student performance or learning objective as published either in the catalog or elsewhere in your department literature.
2. **Overall evaluation of progress on outcome:** This checklist informs the reader whether or not the SLO has been met, and if met, to what level.
3. **Strategies and methods used to gather student performance data,** including assessment instruments used, and a description of how and when the assessments were conducted. Examples of strategies/methods: embedded test questions in a course or courses, portfolios, in-class activities, standardized test scores, case studies, analysis of written projects, etc. Additional information could describe the use of rubrics, etc. as part of the assessment process.

4. **Observations gathered from data:** This section includes findings and analyses based on the above strategies and methods, and provides data to substantiate the distinction made in #2. For that reason this section has been divided into parts (a) and (b) to provide space for both the findings and the analysis of findings.
5. **Program changes based on the assessment results:** This section is where the program lists plans to improve student learning, based on assessment findings, and provides a broad timeline of how and when identified changes will be addressed in the upcoming year. Programs often find assessment is part of an ongoing process of continual improvement.
6. **Description of revisions to the assessment process the results suggest are needed.** Evaluation of the assessment plan and process itself: what worked in the assessment planning and process, what did not, and why.

Some elements of this document have been drawn or adapted from the University of Massachusetts' assessment handbook, "Program-Based Review and Assessment: Tools and Techniques for Program Improvement" (2001). Retrieved from http://www.umass.edu/oapa/oapa/publications/online_handbooks/program_based.pdf