EWU Programmatic SLO Assessment
AY 2014-15 and "Closing the Loop" for AY 2013-14

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/undergraduate-studies/faculty-support/student-learning-assessment/program-slo-assessment.xml

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 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), Office of Academic Planning, by Nov. 2, 2015.**

Degree/Certificate: Doctor of Physical Therap

Major/Option: Physical Therapy
Submitted by: Meryl R. Gersh, PT, PhD
Date: September 11, 2015

Part I – Program SLO Assessment Report for 2014-15

Part I – for the 2014-15 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 objective as published either in the catalog or elsewhere in your department literature.

   SLO #1 = Integrate the principles of teaching and learning in professional practice. (Note: I have served as Department Chair since 2010, and this SLO has never been assessed by me).

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;*
   ___X__*SLO is met, but with changes forthcoming; -* ***see response to #6 below.***
   _____*SLO is met without change required*

I do not anticipate the need for significant changes in the curriculum or pedagogical approaches; however, in culling data to respond to this assessment I found a limited number of items in the surveys that specifically address teaching and learning explicitly. Rather I selected items reflecting elements required in teaching and learning (communication, consideration of patient preferences, differences, cultures, etc., collaboration with families and with other health care providers, coordination of discharge planning and home program planning, critical analysis and integration of current literature, design and implementation of public wellness programs, lifelong learning, and continuing professional development). The outcomes of these survey items, where found, will be reported explicitly in 4a below.

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

Student outcomes are assessed by surveys of the graduates one year following graduation, their employers, peer physical therapists, and patients. Alumni are first contacted by emailed letter, through either the Class president's email distribution list, or the Class Facebook page, inviting them

to participate in the survey and explaining the expectations. Alumni are asked not only to complete their own written surveys, but to distribute the other written survey forms to a supervisor, a peer work colleague, and a patient, as appropriate. Alumni are asked to indicate their willingness to participate via an emailed response to the Department Chair, providing a "snail mail" address for surveys to be sent. We found that our return rate from electronic surveying (Survey Monkey) was abysmal so have returned to a written format. Once alumni have consented to participate in these surveys, they are sent color-coded survey forms for themselves, supervisor, peer, and patient, along with self-addressed stamped envelopes in which to return the surveys. All survey forms and the return envelopes are numerically coded so that we can track returns and also at some time in the future, triangulate the responses between each of the constituencies individually as well as collectively, by numerical identification. As an incentive, a Starbucks Gift Card, $10 value, is included in the packet to incentivize participation. Surveys are returned by early Fall. To date, we have data from three years of alumni, the Classes of 2012, 2013, and some surveys returned from Class of 2014 (hoping for a few more to come in). Survey questions are based upon criteria required by the Commission on Accreditation in Physical Therapy Education (CAPTE) Accreditation Report.

In addition, graduates each year are asked submit responses to a written exit survey two days before graduation. This less structured survey provides open-ended questions, rather than the Likert-scale based alumni surveys, and is focused more specifically on elements of the academic and clinical curriculum, pedagogical strategies, textbook and equipment recommendations, and suggestions for future development of the DPT program. Thus data presented from these surveys is culled subjectively, based upon open-ended responses from the graduates, as these responses pertain to the given SLO that is being assessed each year.

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

Key to Responses: (Strongly Agree – SA; Agree – A; Neutral – N; Disagree – D; Strongly Disagree – SD)

a. Findings:

Findings: **Graduate Surveys**

Survey Item	**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 15 A 5	SA 7 A 6 N 1
7. I collaborate with clients, families, and colleagues to	SA 14 A 6	SA 9 A 5

coordinate and optimize patient care.		
8. I practice collaboratively with other health care providers through timely, clear communication and appropriate referral to advance the care of my patients.	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 11 A 7 N 2	SA 7 A 6 N 1
12. I demonstrate effective, professional written, verbal, and non-verbal communication with patients, families, colleagues and other health care professionals.	SA 15 A 5	SA 10 A 4
14. I integrate current scientific knowledge and critical analysis into professional practice.	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 14 A 6	SA 6 A 7 N 1
20. I plan and implement programs designed to promote and maintain health and wellness.	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 4	SA 10 A 4

22. I engage in professional development by participating in continuing education opportunities.	SA 15 A 5	SA 11 A 3
24. I provide professional development opportunities for others by offering professional presentations.	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 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 14 A 4	SA 9 A 3
6. Provides physical therapy consultation as appropriate.	SA 14 A 4	SA 10 A 2

Peer Surveys

Survey Item	**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 11 A 7	SA 11 A 1
7. Collaborates with clients, families, and colleagues to coordinate and optimize patient care.	SA 13 A 5	SA 9 A 3
8. Practices collaboratively with other health care	SA 13	Not asked

providers through timely, clear communication and appropriate referral to advance the care of my patients.	A 5	
10. Demonstrates professional, appropriate written, oral, and non-verbal communication with patients, families, colleagues, other health care providers, and the public.	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 11 A 7	SA 7 A 5
16. Engages in professional development	SA 12 A 4 N 3	SA 10 A 2

Patient Surveys

Survey Item	**Class of 2013 n=13**	**Class of 2012 n=9**
3. The physical therapist provided care to me in a competent manner.	SA 13	SA 9
5. The physical therapist communicated with me in a clear manner.	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 1	Not asked in 2012 survey

Exit Surveys of Graduates: Open-ended questions ask students to identify areas of strengths/concerns in both the academic and clinical components of the curriculum

Class of 2015 –

Thirteen students identified patient communication and education as strengths; 5 students identified professionalism as a strength; 22 students identified building patient rapport as a clinical strength; 4 students identified patient education as a clinical strength

Class of 2014 –

14 students identified patient communication/education/professionalism as clinical strengths

Class of 2013 –

9 students identified communication/patient education/professionalism as general strengths and 21 students identified these areas as well as building patient rapport as clinical strengths

Class of 2012 –

5 students identified professionalism and communication as general strengths and 5 students identified patient interaction/education as clinical strengths

b. Analysis of findings:

Survey responses to items from the surveys of alumni, their supervisors, peers, and patients reflecting elements endemic to the teaching and learning process (communication, consideration of patient preferences, differences, cultures, etc., collaboration with families and with other health care providers, coordination of discharge planning and home program planning, critical analysis and integration of current literature, design and implementation of public wellness programs, lifelong learning, and continuing professional development) were documented in 4a. The great majority of alumni from the Classes of 2012 and 2013 agreed or strongly agreed that they demonstrated skill in planning and implementing a plan of care for their patients, considering patient differences, capacities, preferences, cultures, family support systems, and level of understanding. A preponderance of responding alumni also indicated strength in professional levels of verbal, written, and non-verbal communication, critically important to the processes of teaching and learning. More dispersion in responses is seen regarding collaborative practice; this is likely due to the differences in opportunities for collaborative practice in various physical therapy practice settings (acute care and rehabilitation have more opportunities for collaborative practice than private practice offices). Practice settings also determine how involved these physical therapists might be in the development of health promotion and wellness programs. Finally, first year alumni indicated that, while they all value lifelong learning and participate in professional development and continuing education, they generally did not offer professional presentations. This is not a surprising outcome for physical therapists in their first year of practice.

The other constituent groups (supervisor, peer, patient) concurred with the alumni regarding their competence as effective, professional communicators across the verbal, non-verbal, and written spectra. These groups also concurred that the novice physical therapists provided comprehensive, competent, and compassionate care. The patient responders overwhelmingly felt competently cared for, and indicated that they received effective instruction in all of the elements of their care, including instruction in discharge planning, and home exercise programs.

Based upon the collective data from surveys of graduates of the Class of 2012 and 2013, and their supervisors, peers, and patients, it appears that graduates of the DPT program effectively practice the elements of professional communication, development and implementation of comprehensive plans of care, and integrate patient and family teaching and learning into the comprehensive care and discharge process. Graduates also value and participate in professional development opportunities, although in their first year of practice, did not offer professional courses or presentations themselves.

In their responses to open-ended exit surveys, the graduates of the Classes of 2012, 2013, 2014, and 2015 indicated that they considered professional communication, the development of patient rapport, and patient and family education to be strengths in their preparation for clinical practice.

In summary, the alumni from the Classes of 2012 and 2013 who responded to the survey one year following graduation appear to demonstrate the professional and clinical skills essential to and reflective of integrating teaching and learning into professional practice. Constituent groups' responses concurred with this observation.

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).

    At this time no revision in course content, curriculum, or pedagogical strategies is indicated.

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

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

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 preliminary responses – 19/37 graduates so far with a final emailed reminder sent 9/9/2015). We will continue to employ this method of alumni and constituent groups survey for the foreseeable future.

I will consider adding items to future surveys that more specifically address the concepts of teaching and learning, so that the next time this particular SLO is assessed, we may have more specific meaningful data to report, rather than relying on "related" items that are incorporated into the

processes of teaching and learning (communication, consideration of patient preferences, differences, cultures, etc., collaboration with families and with other health care providers, coordination of discharge planning and home program planning, critical analysis and integration of current literature, design and implementation of public wellness programs, lifelong learning, and continuing professional development.) Of course, one needs to balance the value of adding items with respect for the length of the survey being inversely proportional to the return rate.

As the Doctor of Physical Therapy program undergoes curriculum review and revision for the transition to a semester-based program, we will necessarily consider revision of the SLOs associated with the program, and will better differentiate between STUDENT learning outcomes, GRADUATE/ALUMNI learning outcomes (practicing physical therapists), and PROGRAM learning outcomes that lead to the others. I anticipate that with future revisions in the University, College, and Program assessment processes, such a discussion will move all of us toward more clarity in the description and measurement of learning outcomes.

NEW: PART II – CLOSING THE LOOP
FOLLOW-UP FROM THE 2013-14 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 2013-14, and then describe actions taken during 2014-15 to improve student learning along, provide a brief summary of findings, and describe possible next steps.

PLEASE NOTE: The College-Level Synthesis report includes a section asking Deans to summarize 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 2013-14

Use ethical and moral principles in professional practice

2. **Strategies implemented** during 2014-15 to improve student learning, based on findings of the 2013-14 assessment activities.

   Based upon the outcomes reported in the 2013-2014 Assessment from survey data from the Class of 2012, the vast preponderance of responses from alumni, their patients, their peers, and their supervisors after one year in clinical practice indicated that our graduate used moral principles to demonstrate ethical practice behaviors. Changes in curricular content, practice or expectations were not indicated based upon the outcomes from the surveys returned from the constituencies described above for the Class of 2012. Professional behaviors continue to be modeled by academic and clinical faculty, and expected in all phases of the academic and clinical aspects of the DPT program. In fact, our Department Policy explicitly states that a student may be dismissed at any time for unsafe or unprofessional behavior during any phase of the program.

   One area of professionalism that emerged as a challenge last year was class attendance during the academic phase of the program, and the expectation by a small number of students that they could ask for and be automatically granted time off for a wide variety of

personal events, without incurring any penalties. A few students even expected faculty to reschedule final written or practical examinations for them because they wished to run a marathon, attend a wedding, etc. Our previous clear but more loosely written attendance policy was being abused. This level of unprofessional behavior inspired a revision in the Department's attendance policy, which was carefully scrutinized, and amended by the faculty to provide students with permission for a maximum of 3 anticipated, excused absence days per calendar (Sept-Aug) year (we are a year-round program), as well as clear definitions of what constitutes an excused v. unexcused absence and penalties for exceeding the maximum number of anticipated absences. This way it is the students' responsibility to be selective regarding the occasions for which he or she is requesting an excused absence, and accept the penalty if these requests exceed the prescribed limit. This policy, which I have copied at the end of this document under #4, has been distributed to all of the DPT students and is effective Fall 2015.

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.

   By way of comparison to the SLO report for AY 2013-2014 which included data from alumni surveys from the Class of 2012 and their patients, peers, and supervisors, comparative data from the Class of 2013 and constituencies (surveyed in September 2014), are included below. Please see the SLO report from 2013-2014 for an explanation of the implementation of these surveys and for explanations of the abbreviations. A total of 69/80 surveys (86%) were completed and returned.

   a. Findings: Graduate Survey Outcomes n=20

Student Learning Outcome	Survey Question and Related Responses
Use ethical and moral principles in professional practice: Graduates practice in a safe, legal, ethical, caring, and effective manner	I practice in an ethical, safe, legal, caring, and effective manner integrating the principles of evidence based practice, the APTA Code of Ethics, Standards of Practice, the Core Values, applicable federal and state laws into all professional responsibilities. SA 18 A 2
	I collaborate with clients, families, and colleagues to coordinate and optimize patient care. SA 14 A 6
	I engage in physical therapy practice consistent

	with current standards of care. SA 17 A 3
	I demonstrate effective, professional written, verbal, and non-verbal communication with patients, families, colleagues and other health care professionals. SA 15 A 5
	I provide pro bono physical therapy services. SA 2 A 9 N 5 D 1 SD 1
	I advocate for the equitable distribution of physical therapy and health care services. SA 7 A 7 N 6
	I advocate for my patients' access to appropriate levels of health care services. SA 8 A 11 N 1

Findings: Supervisor Survey Outcomes n=18

Student Learning Outcome	Survey Question and Related Responses
Use ethical and moral principles in professional practice: Graduates practice in a safe, legal, ethical, caring, and effective manner	Demonstrates professional behavior during interactions with others. SA 17 A 1
	Implements a plan of care in a safe, ethical, and legal manner. SA 17 A 1

Findings: Peer Survey Outcomes n=18

Student Learning Outcome	Survey Question and Related Responses
Use ethical and moral principles in professional practice: Graduates practice in a safe, legal, ethical, caring, and effective manner	Presents themselves in a professional manner. SA 15 A 3
	Implements a plan of care in a safe, ethical, and legal manner. SA 13 A 5
	Utilizes appropriate written, oral, and non-verbal communication with clients, families, colleagues, and the public. SA 10 A 7 N 1

Findings: Patient Survey Outcomes n=13

Student Learning Outcome	Survey Question and Related Responses
Use ethical and moral principles in professional practice: Graduates practice in a safe, legal, ethical, caring, and effective manner	The physical therapist demonstrated professional behavior during their interaction with me. SA 12 A 1
	The physical therapist designed a plan of care that met my needs SA 13
	The physical therapist provided me with a safe environment for my care. SA 12 A 1
	The physical therapist communicated with me in a clear manner. SA 13

In addition to these surveys, NEW graduates complete an open-ended written survey on the DPT program and curriculum the week of graduation. 35/37 graduates of the Class of 2014 recently completed this survey. While most questions focus on knowledge, resources, and skills development in specific content areas, one question that invited a broader response was:

'Comment on what you feel are you **clinical** strengths/concerns.'

In the Class of 2014, 14 students specifically commented that their clinical strengths included communication, interactions with patients, safe handling of patients, interpersonal skills, professionalism, cultural competence and patient education. In our most recent graduating Class of 2015, 36/37 students returned exit surveys. Eighteen students commented on their confidence in demonstrating professional behaviors and communication, and 22 remarked that building rapport with their patients was a particular clinical strength. These interpersonal professional skills are the most difficult to teach, the most challenging to remediate, and of course the most gratifying to see develop in our students.

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

   See amended Attendance Policy below – effective September 23, 2015

   POLICY 5.6.15

   ## Academic Attendance Policy

   Attendance serves as one of the professional responsibilities for a doctor of physical therapy student. Learning experiences in the curriculum are arranged sequentially to help build new skills and knowledge, and integrate this with prior learning. Missing class puts the student and future patients at a severe disadvantage due to the loss of collaboration and interactive learning that takes place in the classroom. There is no substitute for hands-on interaction with the course instructor(s) and fellow students, and these experiences cannot be replicated.

   With the exception of a medical emergency or illness, all examinations must be taken at the scheduled time. Students who miss an examination (written or practical), fail to submit an assignment, or fail to participate in a scheduled activity due to an absence will receive a grade of zero for that examination, assignment, or activity.

   MEDICAL EMERGENCY or ILLNESS ABSENCE: A student who is absent due to illness or a medical emergency must notify the department office as soon as practical (email to program chair/ program administrator AND submit a completed absence request form indicating emergency absence upon return to class). If this absence falls on the date an examination, assignment, or activity is due, provision for make up will be arranged with the instructor.

   PLANNED ABSENCE- EXCUSED personal leave: While you are expected to attend all scheduled classes, there are occasions when missing class may be a necessity. We allow a maximum of **3 excused absence days per academic calendar year (Sept-Aug).** You must complete the Absence Request form and obtain department chair signature **at least one month in advance** of the planned absence (or as soon as the date of absence is known) or days missed will be counted as an unexcused absence. It is the student's responsibility to make up missed work. (Examples of excused absences: Weddings, funerals, sibling graduation etc.)

UNEXCUSED ABSENCE: A student who misses class for any reason other than an illness, medical emergency, or excused absence will have that day considered an unexcused absence. An unexcused absence will be counted toward any missed time where the student failed to complete the absence request form. Unexcused absence is a sign of unprofessional behavior and will result **in 0.2-point deduction of the final grade** in EACH class missed for EACH unexcused day missed. Repeated unexcused absence could lead to dismissal from the program due to lack of professionalism. It is always the student's responsibility to make up missed work.

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