

**Master of Physical Therapy (MPT)
Academic Program
Assessment of Student Learning Plan
University of New Mexico**

A. College, Department and Date

1. College: School of Medicine
2. Department: Orthopaedics and Rehabilitation/Physical Therapy Program
3. Date: May 12, 2008

B. Academic Program of Study

Master of Physical Therapy (MPT)

C. Contact Person(s) for the Assessment Plan

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D. Broad Program Goals & Measurable Student Learning Outcomes

1. Broad Program Learning Goals for this Degree/Certificate Program

Competence in:

- A. Evaluation, Diagnosis and Prognosis
- B. Technical Clinical Practice
- C. Clinical Judgment
- D. Cultural and Psychosocial Skills

2. List of Student Learning Outcomes (SLOs) for this Degree/Certificate Program

- A.1. Develop a client specific evaluation, establish a physical therapy diagnosis, set up a safe and effective treatment plan and monitor/re-evaluate effectiveness.
- B.1. Perform evaluative and treatment procedures in a safe, accurate and effective manner
- C.1. Provide a logical rationale for all clinical decisions based on knowledge of basic, behavioral and social sciences and principles of evidence-based practice.
- C.2. Articulate when to refer to another practitioner based upon intake history and or physical examination results.
- D.1. Demonstrate skills that minimize the potential negative impact of socio-cultural differences (eg: socioeconomic status, family and community structure and function, race, creed, color, gender, sexual orientation or disability/health status) on access to health care services as well as needs, attitudes, beliefs and practices relative to health care.

E. Assessment of Student Learning Three-Year Plan

All programs are expected to measure some outcomes annually and to measure all priority program outcomes at least once over two consecutive three-year review cycles. Describe below the plan for the next three years of assessment of program-level student learning outcomes.

1. Student Learning Outcomes

We are a learning objective driven curriculum and this is required by our accrediting agency, the Commission on Accreditation in Physical Therapy Education (CAPTE). All course syllabi have general learning objective for the course and additionally each unit or lecture, depending on course structure has learning objectives as well. These are distributed to the students with the syllabus and all testing is based upon the objectives. Please see syllabus and unit objectives for PT 570 that is attached as an example.

Relationship to UNM Student Learning Goals (insert the program SLOs and check all that apply):

University of New Mexico Student Learning Goals			
Program SLOs	Knowledge	Skills	Responsibility
Develop a client specific evaluation, establish a physical therapy diagnosis, set up a safe and effective treatment plan and monitor/re-evaluate effectiveness.	✓	✓	✓
Perform evaluative and treatment procedures in a safe, accurate and effective manner	✓	✓	✓
Provide a logical rationale for all clinical decisions based on knowledge of basic, behavioral and social sciences and principles of evidence-based practice.	✓	✓	✓
Articulate when to refer to another practitioner based upon intake history and or physical examination results.	✓		✓
Demonstrate skills that minimize the potential negative impact of socio-cultural differences (eg: socioeconomic status, family and community structure and function, race, creed, color, gender, sexual orientation or disability/health status) on access to health care services as well as needs, attitudes, beliefs and practices relative to health care.	✓	✓	✓

2. How will learning outcomes be assessed?

A. What:

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SLO	Assessment Description	Direct/Indirect**	Criteria for Success
A1. Develop a client specific evaluation, establish a physical therapy diagnosis, set up a safe and effective treatment plan and monitor/re-evaluate effectiveness.	<ul style="list-style-type: none"> • Course examinations • Problem based learning (PBL) feedback • Formative practice utilizing paper cases • Comprehensive Examination and National Licensure Examination (see below) • Clinical Performance Instrument (CPI)* 	Direct	<p>95% pass rate on first attempts</p> <p>See Grading Standards below.</p>
B1. Perform evaluative and treatment procedures in a safe, accurate and effective manner	<ul style="list-style-type: none"> • Objective Structured Clinical Exams (OSCE's) and comprehensive practical examinations • CPI* 	Direct	<p>95% pass rate on first attempt for OSCE's</p> <p>99% pass rate of first attempt for comprehensive practical examinations</p>
C1. Provide a logical rationale for all clinical decisions based on knowledge of basic, behavioral and social sciences and principles of evidence-based practice.	<ul style="list-style-type: none"> • Course examinations • PBL feedback • Most clinical courses have an evidence based presentation component • Comprehensive Examination and National Licensure Examination (see below) • CPI* 	Direct	<p>95% pass rate on first attempts</p> <p>PBL and presentations – 95% success, 100% with repeat or remediation</p>
C2. Articulate when to refer to another practitioner based upon intake history and or physical examination results.	<ul style="list-style-type: none"> • Course examinations • PBL feedback • Comprehensive Examination and National Licensure Examination (see below) • CPI* 	Direct	<p>95% pass rate on first attempts</p> <p>PBL 95% success, 100% with remediation</p>
D1. Demonstrate skills that minimize the potential negative impact of socio-cultural differences (eg: socioeconomic status, family and community structure and function, race, creed, color, gender, sexual orientation or disability/health status) on access to	<ul style="list-style-type: none"> • Course discussions, both in class and on-line threaded discussions on socioeconomic or cultural or ethical issues. • Comprehensive Examination and National Licensure Examination (see below) • CPI* 	Primarily direct, though participation is mandatory and monitored by course instructor CPI is direct	<p>95% pass rate on first attempts.</p> <p>Areas of concern are identified and if necessary, remediation by faculty advisor in semester advisement sessions is done. In some cases a remediation plan may be drafted and put into place with the student</p>

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health care services as well as needs, attitudes, beliefs and practices relative to health care.			and evaluated by the faculty or clinical instructors in an ongoing manner. 95% success rate without remediation of intervention, 100% success rate with remediation or intervention.
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Grading Standards

*The Clinical Performance Instrument (CPI) is a Nationally standardized evaluation tool used by all Physical Therapy Programs. On the student's first full time (of three total) clinical rotation, they must score at least 75% on each of the five "red flag" performance criteria. These five criteria are safety, responsible behavior, professional behavior, ethical practice and legal practice. The remaining criteria, 6 through 24 must have an average overall rating of at least 75%. By the end of the third clinical rotation, the student must have a rating of at least 90% on all 24 criteria.

Attached is an example of a scoring rubric (qualitative) for the final cumulative practical examination in orthopedics at the end of the first year. The generic abilities (10 items deemed essential to successful professional practice, eg. Interpersonal skills, communication skills, commitment to learning, stress management, critical thinking, problem solving, professionalism, responsibility, effective use of time and resources, use of constructive feedback) are assessed in an indirect and ongoing manner. There are four levels of performance on the generic abilities, beginning, developing, entry-level and post entry-level. Each level has sample behaviors identified. These are then assessed by the individual course instructors and all faculty in their interactions with students. Students do a self-assessment and an action plan each semester, their assessment and plan is discussed by the faculty at a faculty meeting and then the student's primary advisor meets with them and reviews their assessment and plan. Follow up meetings address whether students are following their plan.

Criteria for success is set for all examinations, written, OSCE and practical at a minimum of 72% across the curriculum (established by faculty consensus and consistent with University fractionated grading system). Most courses require a cumulative performance of the 72% (C) or better, however some courses require each examination to be at this level or above for successful progression in the Program. The comprehensive examination at the beginning of the second year requires a 70% score to pass. Students must retake the examination until a passing score is achieved. The national licensure examination (PES) requires a 75% for passage. The generic ability assessment is matched to the three years of the curriculum. First year students are expected to be operating at the beginning level, second years' at developing, third years' at entry level or post-entry level.

**Two indirect measures that are utilized for assessment of the student's preparedness for practice are the Self-Evaluation Survey, completed by the student at graduation and 6 months to one year post graduation and the Graduate Performance Survey, completed by the

student's employer 6 months to one year following graduation. These instruments rate the student's self perceived and their employer's perceived preparedness for the graduate to practice physical therapy.

Focus groups are structured and administered by the Program Director at the end of each of the three years for that respective cohort of students. Feedback from these focus groups is shared with the faculty during a regular faculty meeting and evaluated in an ongoing manner to look for trends and patterns that ultimately may lead to curricular change.

B. Who: Assessments are for all students in the program.

3. When will learning outcomes be assessed? When and in what forum will the results of the assessment be discussed?

Learning outcome assessment is continuous each semester. Course examinations are given throughout each course. OSCE exams are once to twice each semester in the first year. General practical exams are within courses as appropriate for skills addressed. There is a PBL* component in the curriculum each semester. The clinical performance instrument is utilized for all full time clinical rotations, which start in the summer between year 2 and year 3. The comprehensive examination is given at the beginning of the third year. The National Licensure Exam is taken by students after graduation, usually within 2 – 3 months. Assessment/evaluation of student performance and progression is ongoing. The faculty (8 core members) meet on a weekly basis throughout the academic year, less often during the summer. Student issues is a standing agenda item for these meetings. Additionally as information is collected; for example biannual report on licensure exam scores, comprehensive examination results, after clinical rotations, annual focus group data, at the mid-point and at the end of each academic semester, prior to and following advisement sessions on the generic abilities, this data is discussed at faculty meetings and curricular changes are made as agreed upon by the faculty. Graduation self-assess forms and post-graduate/employer assessment forms are completed as follow up. These address perceived strengths and weaknesses of the graduates and are also analyzed at faculty meetings leading to potential curricular changes.

4. What is the unit's process to analyze/interpret assessment data and use results to improve student learning?

As alluded to above, the curriculum (which is evaluated through student outcomes) is the primary focus of our program and our small faculty. All faculty are involved in the evaluation and revision process. Discussions on teaching/learning methodology, group learning, presentations, problem based, case based are all ongoing topics for discussion at regular faculty meetings. Usually twice per year, between the fall and spring semesters and during the summer, longer faculty curricular retreats are held during which student success and all curricular/student evaluation and feedback data are presented and discussed in the context of the expected outcomes and decisions are made on changes to the curriculum if appropriate. Curricular change is an ongoing process and also an ongoing challenge. Reactionary change to individual student or feedback item is not beneficial and can create instability and lack of continuity in the curriculum. Therefore, careful consideration is given to ongoing feedback/outcome data that identifies key areas of concern. Change is then implemented and outcome/feedback data analyzed again over time. Please see attached

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document entitled “Systematic Process of Evaluation and Revision” which outlines the processes of curricular assessment carried out by the Program.