Please see resources at the Academic Planning website http://air.sfsu.edu/assessment/resources

Department __Physical Therapy______________________________

Department Contact __Diane D. Allen, PT, PhD______________________

College __CHSS______________________________

Please list your program learning goals.

To prepare the DPT graduate as an evidence-based, primary care practitioner who:

**Goal 1:** Promotes health and wellness, examines, evaluates, diagnoses, prognoses, and provides intervention and manages physical therapy services for individuals with movement dysfunction.

**Goal 2:** Functions in a highly professional, ethical, legal, and culturally-competent manner and demonstrates commitment to society and the profession.

**Goal 3:** Communicates and educates the individual, family, community, and other professionals about rehabilitation, positive health, prevention, and wellness.

**Goal 4:** Critically evaluates and applies evidence as a basis for physical therapy practice, determines the effectiveness of intervention, and contributes to the body of knowledge in physical therapy.

We have several student learning outcomes listed under each goal (not reproduced here).

In addition, we have the following listed in the Strategic Plan for academic year 2016-2017:

**Student Performance -** every student is performing at or above the expected level, engaged in his or her learning, and contributing positively to the community.

And

**Human Resources -** diverse faculty and staff enthusiastically implement innovative and best practices, and are recognized and valued for their results.

Promote innovation in teaching and clinical education, and support teaching effectiveness of academic and clinical faculty.

What assessment finding(s) is the department addressing?

In the neurorehabilitation portion of our curriculum, we determined over multiple years (from discussions in faculty meetings, review of curriculum by special interest group faculty, clinical instructors, students in clinic) that students were insufficiently comfortable with movement analysis, particularly gait analysis, but also analysis of other movements related to balance and function. Based on discussion of curricular strengths and weaknesses in core faculty meetings, we had tweaked the gait analysis portion of the curriculum, and added time in PT 710 to practice analyzing gait in hemiplegia, but the students were still coming to the advanced neurorehabilitation course unable to analyze movement.

The general assessment findings were deemed important because they highlight a piece of program learning **Goal 1,** that graduates should be able to examine and evaluate movement dysfunction. The student learning outcome 1(b) under that goal identifies the level of entry level
performance we expect (entry level performance indicated by an 8 out of 10 on the Clinical Performance Instrument--CPI items 7, 9, 10), and that graduates, alumni, and employers should indicate that graduates are prepared and provide quality patient/client care. The variation between classes is due to multiple factors, but there is a distinct drop in the CPI scores for those graduating in 2015:

**CPI Averages for Class of 2016, PT 418 (final clinical experience):**
- Item 7: 8.27
- Item 9: 8.31
- Item 10: 8.37

**CPI Averages for Class of 2015, PT 418:**
- Item 7: 8.05
- Item 9: 8.15
- Item 10: 8.10

**CPI Averages for Class of 2014, PT 418:**
- Item 7: 8.38
- Item 9: 8.47
- Item 10: 8.50

Although the standard of 8/10 has been met in each case, we would like to do better. A couple of student comments also spoke to this issue. In 2015, one student wrote in response to the prompt *Indicate what topics received not enough emphasis in the DPT program:* “Evaluation of functional balance - how to judge if pts are safe? How to judge balance and function when using an AD?...” and another in response to *List the major weaknesses of the DPT program* wrote “...I don't feel adequate clinically to evaluate ability to live alone or functional balance with ADs”. We were also concerned about progression of the state of physical therapy practice, as identified in strategic plan items for student performance "at or above the expected level" and human resources for teaching "best practices".

What was the process through which faculty considered a response to those findings? A department meeting? A special meeting about assessment? An end of the semester or academic year retreat? A department assessment or curriculum committee?

Faculty impressions were brought to core faculty meetings and an ad hoc meeting was planned. The faculty teaching neurological course work met last spring (2016) to review course content in neurorehabilitation and determined what was being taught and how, and discussed additional ideas to promote skill in movement analysis.

What changes have you made or are you seeking to make in order to address the findings?

With the addition of a new clinical faculty member at UCSF (Catherine Printz), we assigned to her the task of collecting videos of abnormal movement while performing common tasks. She instituted an elective course for PT students to identify and catalog YouTube videos that met the criteria. The course received rave reviews by the third year students attending and yielded a treasure trove of resources for future classes. In addition, one faculty member (D. Allen) met with faculty teaching neurorehabilitation content in other PT programs at two of our largest
national meetings in physical therapy (Combined Sections Meeting and IV STEP). D. Allen also invited A. McCarthy, a co-instructor/lecturer in PT 710, to join the interprogram meeting at IV STEP. There we discussed best practices and heard what other programs were doing.

A. McCarthy and D. Allen revised the course sequencing and emphasis for PT 710 for Fall 2016 to incorporate both live and video movement analysis as a foundation for the course rather than as an isolated component. We also emphasized a different approach to intervention planning that has made linkages across diagnostic groups easier for students.

What assessment activities do you plan to undertake next academic year? Is there a particular program learning goal that you would like to assess? Are there other assessment findings that you'd like to address? In light of your assessment work, changes in the field, or other influences, do you want to take the opportunity to revise the program goals next year? Will you move on to assess a different learning goal?

We will assess the success of our changes via reflection questions in I-Learn this fall, feedback from the graduate assistants who participated in the course last year, student success on the neuro qualifying exam, and eventual feedback from the students after they have their clinical experience in winter 2017 and their final clinical experience in Spring 2018.

This work is an on-going process, not likely to be complete in a single year, but we hope to see progress based on student, graduate, and clinical instructor feedback.