**Sinclair Community College**

**Continuous Improvement Annual Update 2014-15**

**Please submit to your Division Assessment Coordinator / Learning Liaison for feedback no later than March 1, 2015**

**After receiving feedback from your Division Assessment Coordinator, please revise accordingly and make the final submission to your dean and the Provost’s Office no later than May 1, 2015**

**Department:** 0681 – Physical Therapist Assistant (PTA)

Year of Last Program Review: FY 2012-2013

Year of Next Program Review: FY 2017-2018

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

***What trends do you see in the above data?***

* Retention continues to be an issue for the PTA program. Until recently, the program utilized a wait list to enroll students. Due to retention issues, a competitive selection process has been piloted. The students enrolled in Fall 2014 were the first class to be determined entirely by competitive selection.
* The PTA program started its first cohort at the Courseview Campus Center (CVCC) in Fall 2011. Therefore, the increased number of graduates in FY 12-13 are including both Dayton and Courseview.

***Are there internal or external factors that account for these trends?***

* The graduating classes depicted in the graph are either fully comprised of open enrollment students or a mix of open enrollment and the competitive selection process. The graduating class of 2016 will be the first full class to be selected entirely by the competitive process.

***What are the implications for the department?***

* Accreditation (both current standards and new standards that will be effective January 2016).
* Graduation rates
  + Current standard: At least 60% averaged over **three** years
    - Dayton campus 3-year average: 59%
    - CVCC does not yet have a 3-year average.
  + New standard: At least 60% averaged over **two** years
    - Dayton campus 3-year average: 62.5%
    - CVCC 3-year average: 59.5%
* Performance-based funding: Decreased completion rates reduce state funding.
* Student satisfaction and overall program reputation could be negatively affected by poor completion rates.

***What actions have the department taken that have influenced these trends?***

* Continued mandatory program orientation: Orientation has been moved from just prior to the start of the Fall term to occurring during the Spring semester after the transcript review process has been completed. The earlier orientation allows students extra time to familiarize themselves with the PTA Program Student Handbook, prepare financially, take remaining general education courses, acquire child care, and secure reliable transportation.
* Continued mandatory one-on-one meetings with the PTA program director: These meetings allow students to ask questions regarding the PTA Program Student Handbook or the program in general.
* Continued use of a PTA Program Student Handbook and PTA Clinical Education Handbook to inform students of program policies and procedures.
* Continued mandatory faculty advising with an emphasis on professional behaviors to provided individualized attention to each student in the program and utilize resources as appropriate.
* Continued presentations by Counseling Services at the onset of the program to address time management, prioritization, stress management, and test anxiety.
* Continued face-to-face clinical site visits for every student at least once on each clinical.
* Continued mentoring of first-year students by second-year students to provide guidance and encouragement.
* Competitive selection: The PTA program has been piloting a competitive selection process to enroll students. The class of students who initiated the program in Fall 2014 (graduating class of 2016) is the first full class to be enrolled using this strategy.

***What strategies will the department implement as a result of this data?***

* The Test of Essential Academic Skills (TEAS) has been a requirement for the program, but a cutoff score has not yet been determined due to insufficient data. The program has been tracking scores and other outcomes to determine if a cutoff score is appropriate to include in the competitive selection criteria. With the current TEAS data the program has gathered, significant relationships were found between the following:
  + TEAS Reading Score and Total Review Points (rs = .20, p = .013)
  + TEAS English Score and Total Review Points (rs = .30, p < .001)
  + TEAS Science Score and Total Review Points (rs = .39, p < .001)

* Curriculum reduction: The program will comply with the state-mandated curriculum reduction to 65 credit hours.
* Curriculum revision: As part of the mandatory curriculum reduction, the program is reviewing the current curriculum and revising content for a more streamlined and logical progression of material.
* Proposed changes include:
  + Requiring BIO 1141 (prerequisite) and BIO 1242 (general education) instead of the current BIO 1121/1222 requirements.
  + Revision of PTA 1106 – Intro to PT (prerequisite) to include more information pertaining to program expectations.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

* High enrollment course: PTA 1106 – Introduction to Physical Therapy is a prerequisite course and the only PTA course that helps to increase enrollment. Success rates in this course have improved overall from AY 07-08 to AY 13-14. This course has been revised several times to ensure students are being exposed to current material relevant to clinical practice. We believe further revisions can be made to provide students even more information pertaining to program expectations.
* Substantial changes in success: PTA 1116 – Anatomy and Kinesiology is a course occurring in the first term of the program and historically has had high attrition rates due to the rigor and difficulty of the material. Success rates jumped from 74% in AY 12-13 to 96% in AY 13-14. One reason for the change in success rate in AY 13-14 could be that ~50% of the class was determined using competitive selection, while the remaining students were the last of the protected students from the wait list.
* Attrition in the first term is trending toward more personal reasons, rather than academic. See graph below.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

* Graduate/Licensure/Employment Rates:

The Grad Rate includes both individuals who graduated on time and those requiring more time. The Licensure Exam Pass Rate is the ultimate pass rate. The Employment Rate (of Licensed Grads) includes those individuals we have been able to get in contact with.

* See hyperlinks:
  + [PTA Program Outcomes Data](#ProgramsOutcomeData) (Graduate Survey data, Clinical Performance Instrument data)
  + [PTA Program Attrition Data 2012-2015](#AttritionData)
  + [1116 ANOVA and T-Test](#ANOVA)
* See attached:
  + Transcript Review Report – Class of 2015
  + Transcript Review Report – Class of 2016
  + Transcript Review Report – Class of 2017
  + Test of Essential Academic Skills (TEAS) Data

**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

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| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Improve alignment and allocation of services/supplies/equipment at Courseview to ensure equitable resources and manageable workloads to meet accreditation standards and to facilitate a working and learning environment focused on continuous improvement. | In progress  Completed  No longer applicable | **Alignment**: The Courseview PTA program is an expansion program (child program) of the Dayton campus (parent program).  -Curriculum: The curriculum is the same.  -Schedule: Courses run at the same time.  -Enrollment: The competitive selection process determines the top-scoring 50 students overall. Students are enrolled at the campus of their choosing, based on score and depending on availability (28 at Dayton, 22 at Courseview).  -Faculty:  -There are three full-time faculty at the Dayton campus.  - Program director (tenure-track) with limited teaching load due to administrative responsibilities.  - Academic coordinator of clinical education (tenured).  - Annually contracted faculty.  -There are two full-time faculty at the Courseview campus.  -Coordinator (tenure-track).  -Tenure-track faculty.  -Budget: Each campus has a separate operating budget.  -**Allocation of services**:  -The Courseview campus provides the following services:  -Student Success Advisors  -Testing Center: Students are NOT able to take the TEAS at Courseview.  -Tutorial Services  -Disability Services  -Courseview students must go to Dayton for the following services:  -Counseling Services: This, in particular, has been an issue for students needing these services because they have limited ability to schedule an appointment on the Dayton campus due to time, finances, or transportation.  -Career Services  -TEAS testing  -**Allocation of supplies/equipment**:  -Courseview is not able to accommodate more equipment due to limited space. The program was able to secure a hospital bed for each of the Dayton and Courseview campuses in order for students to practice clinical skills; however, Courseview’s bed had to remain at the Dayton campus due to a lack of space.  -Courseview’s operating budget allows for acquisition of adequate supplies and the program is making a concerted effort to increase the number of anatomical models to enhance student learning.  -Courseview students must go on a fieldtrip to the Mason Community Center for use of the pool, track, and weight room; while Dayton students have access to this on campus.  -**Equitable resources**:  -Classroom/lab space:  -The Dayton program has dedicated lab space and dedicated classroom space. Each are large enough to accommodate the full class of 28 students.  -The Courseview program has dedicated lab space and a dedicated study room. The dedicated lab space at Courseview has room for only 22 students. The study room is not large enough to hold a class and the program’s course schedule requires use of another classroom on the Courseview campus for lecture only classes. Courseview has been very accommodating with finding alternative classrooms to hold regular lecture courses.  -Large meeting space: This is limited at the Courseview campus. Scheduling of rooms outside of PTA’s dedicated lab space has been inconsistent; whereas the Dayton campus utilizes a system where rooms are booked through Outlook or R25.  -Faculty office space: Currently, the 2 faculty at Courseview share an office. This works out fine except when trying to schedule private faculty advising meetings. There is limited space available on the rest of Courseview’s campus to have a private meeting with a student and be able to electronically document the discussion for the student’s file. In regard to program resources, the new accreditation standards (effective 2016) state “*8D2: Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials*”.  -Other: The Courseview campus does not have a cafeteria or library. These are two resources that Dayton students use on a daily basis.  -**Manageable workloads**:  -Faculty:  -All faculty teach at both campuses.  -All faculty participate in faculty advising.  -Each PTA course has a course coordinator who is responsible for the development and implementation of the course in the learning management system, as well as communicating course info to other instructors.  -New adjunct faculty have been hired at both campuses to assist with lab courses.  -Release time was given to the academic coordinator of clinical education for the first time this year to assist with administrative responsibilities.  -A rehabilitation services department was created and houses both PTA and Occupational Therapy Assistant (OTA) programs. Emily Garber is now the chair of rehabilitation services and the program director of PTA. Release time was given for extra administrative responsibilities associated with oversight of the OTA program.  -Administrative assistants:  -The Dayton campus has a full-time administrative assistant, Eileen Trentman, who splits her workload between PTA and Nurse Aide Training.  -The Courseview campus has a part-time administrative assistant who works 10 hours/week for PTA. |
| Monitor the success of the competitive admission process to ensure the program is admitting qualified candidates for improved retention and achievement of personal and professional goals. | In progress  Completed  No longer applicable | See Transcript Review Reports (attachments). |
| Improve data collection to measure program and general education outcomes in a qualitative and quantitative way to ensure the program is promoting social responsibility, critical thinking, communication, and innovation. | In progress  Completed  No longer applicable | See [PTA Program Outcomes Data](#ProgramsOutcomeData). |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

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| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| It is recommended that the department prioritize its excellent suggestion to improve the Program Review process the next time around by developing “a data collection method that addresses these components and maintain the data through the years”. Often good intentions are lost to competing priorities once the Program Review process is completed for the next five years – care should be taken to ensure that the department follows through with this plan, which should result in an even more impressive self-study in five years’ time. The department has the opportunity to take its already substantial assessment work to the next level with strategic and systematic collection, analysis and use of data, and the review team hopes that the department will act on this opportunity. | In progress  Completed  No longer applicable | **-Database:**  **-**The department has progressed from a paper and pen admissions process to a spreadsheet, and now to a relational database that not only collects and stores all admissions data, but is now our program data repository for student general information and performance.  **-Analysis:**  -We have the capability to export data to Excel, SPSS, and R for advanced statistical analysis. As an example, we have preliminary data for our anatomy and kinesiology course, showing a significant improvement in the performance of students who were admitted by competitive admission as compared to those admitted from a wait list (see [1116 ANOVA and T-Test](#ANOVA)).  -Moving forward, with course and key exam data entered into the database, we will be able to analyze relationships of performance data to program prerequisites, general education requirements, and specialized testing such as the TEAS.  **-Sustainability:**  -As we are sensitive to the need for reliable and ongoing data entry, we have two administrative assistants who are responsible for updating the database during the admissions process and as course scores/grades become available. We recognize that building a database is much easier than maintaining it. We are confident that our administrative assistants will very effectively meet the needs of this most important process. |
| While the department has a solid history of serious efforts to reduce attrition, it continues to be something that the department should seek to address. The implementation of selective admissions holds great promise for lowering attrition, and it is recommended that the department carefully track the impact that these admissions changes have on subsequent student attrition and completion. Hopefully selective admissions will lead to substantial decreases in attrition, although even if they do the department should continue to explore other strategies that might increase retention of students in the program. | In progress  Completed  No longer applicable | See [PTA Program Attrition Data 2012-2015](#AttritionData). |
| The challenges of expanding the program to the Courseview Campus were discussed at length during the meeting with the review team, and while the department has truly done an excellent job of managing this expansion, there are still challenges with consistency in processes and procedures between the two locations that need to be addressed. At some point there will need to be contemplation and long-term planning regarding the eventual relationship between the two locations – will Courseview’s PTA program always be subordinate to the one at the Dayton Campus, or at some point will it eventually achieve a measure of independence? And what would the implications be institutionally and for accreditation? | In progress  Completed  No longer applicable | -**Inconsistency in processes and procedures**:  -Due process at the Courseview campus has improved with better communication between faculty, staff, and students.  -Scheduling of courses is different for each campus.  -Scheduling of classroom/large meeting space is different for each campus.  -Scheduling a classroom for a regular semester course been excellent and the accommodations have been greatly appreciated.  -Scheduling a classroom for a one-time event or meeting has been inconsistent and several mix-ups have occurred.  -Availability of Counseling Services, Career Services, and TEAS testing is limited at the Courseview campus, which creates a barrier for students to receive these needed services.  -The textbook adoption process does not always ensure the appropriate number of books are delivered to the Courseview campus.  -Interoffice mail is not taken/delivered on a daily basis, which creates an issue with meeting deadlines, in particular Pcard reports. |
| The Courseview Campus overall is still young and growing, and is in a position where decisions will frequently need to be made regarding priorities and allocation of resources. The department will need to be proactive in articulating its needs to help with prioritization of limited resources. | In progress  Completed  No longer applicable | -**Health Sciences Strategy**:  -Discussions regarding the Health Sciences Strategy have included a Health Sciences building, a rehab clinic, and increased interprofessional collaboration in the academic setting to graduate more productive and effective healthcare practitioners upon entry into the workforce.  -Rehabilitation Services department: As part of the Health Sciences Strategy, the college created a rehabilitation services department which houses both the PTA and OTA programs.  -Benefits include increased interprofessional collaboration through:  -Faculty mentoring  -Sharing of dedicated space  -Sharing of equipment and anatomical models  -First Annual Culture Day: Event created by PTA and OTA faculty for PTA and OTA students to increase awareness of the effect of culture and diversity in healthcare settings.  -Potential for increased collaboration in the classroom, as curriculum revisions of both programs occur.  -The PTA program has considered the possibility of incorporating the Courseview program into the Dayton program to better align with the college’s Health Sciences Strategy.  -The PTA program is concerned that accreditation issues may arise when the Health Sciences building and rehab clinic come to fruition if the program remains on two separate campuses.  -Courseview students would not have the same opportunity…  -To collaborate with OTA students, or other health science program students.  -To utilize and benefit from use of new equipment and technology (ie. simulation lab)  -To participate in education or patient care that occurs in the rehab clinic. |
| At the present time the chair of the department is heavily involved in Completion by Design, which provides some real benefits in terms of aligning the department’s goals with this initiative and positioning the department at the forefront of the institution’s efforts to increase completion. This connection should be leveraged in a synergistic way to both allow the department to support the Completion by Design initiative and allow Completion by Design to enhance the department’s efforts to increase student success. The department is uniquely positioned to support and be supported by this institutional initiative . | In progress  Completed  No longer applicable | The chair (now program director) of the program has been less involved with Completion by Design, but the program continues to support completion efforts. |
| It was noted in the self-study that not much data was reported for assessment results for program outcomes – while no doubt some data is currently collected, and more will be collected as the department increases its data collection and analysis efforts, in future self-studies – and in the Annual Updates the department submits in coming years - the department should make a point of explicitly reporting results of assessment of program outcomes. These results may include both quantitative and qualitative data. | In progress  Completed  No longer applicable | See [PTA Program Outcomes Data](#ProgramsOutcomeData). |

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| Please respond to the following items regarding external program accreditation. | |
| **Date of Most Recent Program Accreditation Review** | Date of most recent accreditation review: \_2009\_\_\_\_\_\_\_\_\_\_\_\_  **OR**  Programs in this department do not have external accreditation |
| **Please describe any issues or recommendations from your last accreditation review (if applicable)** |  |
| **Please describe progress made on any issues or recommendations from your last accreditation review (if applicable)** |  |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

**PLEASE NOTE – FOR THE NEXT TWO YEARS, GENERAL EDUCATION OUTCOME ASSESSMENT WILL BE TEMPORARILY POSTPONED. WE WOULD ASK THAT IN THIS ANNUAL UPDATE YOU IDENTIFY AT LEAST ONE COURSE IN YOUR DEGREE PROGRAM(S) WHERE ASSESSEMENT AT THE MASTERY LEVEL WILL OCCUR FOR THE FOLLOWING THREE GENERAL EDUCATION OUTCOMES:**

* **CRITICAL THINKING/PROBLEM SOLVING**
* **INFORMATION LITERACY**
* **COMPUTER LITERACY**

**NOTE THAT THERE WILL NEED TO BE AT LEAST ONE EXAM / ASSIGNMENT / ACTIVITY IN THIS COURSE THAT CAN BE USED TO ASSESS MASTERY OF THE COMPETENCY.**

**YOU MAY ALSO SUBMIT ASSESSMENT RESULTS FOR THESE GENERAL EDUCATION COMPETENCIES IF YOU HAVE THEM, BUT IT WILL BE CONSIDERED OPTIONAL**.

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| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year courses identified where mastery of general education competency will be assessed. | PLEASE INDICATE AT LEAST ONE COURSE WHERE MASTERY OF THE COMPETENCY WILL BE ASSESSED FOR EACH OF YOUR DEGREE PROGRAMS | What were the assessment results for this General Education competency?  (Please provide brief summary data)  **NOTE: - THIS IS OPTIONAL FOR THE FY 2014-15 AND FY 2015-16 ANNUAL UPDATES** |
| Critical Thinking/Problem Solving | | All programs | **2014-2015** | -PTA 2238 (Triple Jump)  -PTA 2115 (Inservice)  -PTA 2234 (Debate)  -PTA 2212 (CPI Category: Clinical Problem Solving) | See PTA Program Outcomes Data (Figure [19](#Fig19), [20](#Fig20), [31](#Fig31), & [32](#Fig32)). |
| Information Literacy | | All programs | **2014-2015** | -PTA 2115 (Inservice)  -PTA 2234 (Poster Presentation, Debate) |  |
| Computer Literacy | | All programs | **2014-2015** | -PTA 2115 (Inservice)  -PTA 2234 (Debate)  -PTA 2212 (CPI Category: Documentation) | See PTA Program Outcomes Data (Figure [27](#Fig27), [28](#Fig28), [31](#Fig31), & [32](#Fig32)). |
| Values/Citizenship/Community | | All programs | **2015-2016** | Due in FY 2015-16 |  |
| Oral Communication | | All programs | **N/A** | COM 2206/2211 |  |
| Written Communication | | All programs | **N/A** | ENG 1101 |  |
| Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes | | **OPTIONAL FOR FY 2014-15**   * Ensure general education outcomes are imbedded in particular course objectives. * Identify courses and particular assignments in which general education outcomes are Introduced, Refined, and Mastered. The program needs to be more specific about which assignments will be chosen to assess general education outcomes. | | | |
| How will you determine whether those changes had an impact? | | **OPTIONAL FOR FY 2014-15**   * Purposeful tracking of assessment data. | | | |

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| **Program Outcomes** | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment Methods  Used | What were the assessment results?  (Please provide brief summary data) |
| Demonstrate appropriate, effective written, oral and non-verbal communication, which reflects sensitivity and awareness to individual and cultural differences in all aspects of physical therapy services. (AFFECTIVE)  **PROGRAM OUTCOME #1** | COM-2206 COM-2225 ENG-1101 PTA-1106 PTA-1110 PTA-1112 PTA-2115 PTA-1124 PTA-1129 PTA-2211 PTA-2212 SOC-1145 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  In comparison to the other CPI categories, PTA students fall in the middle of the road with communication (Figure [31](#Fig31) & [32](#Fig32)). It is one of the professional behaviors emphasized in the program. In the new 65-credit hour curriculum, the COM requirement is expected to remain. Alternatively, students are rated very high in the Cultural Competence category on the CPI in both their first and second clinicals (Figure [31](#Fig31) &[32](#Fig32)). The average final scores for students in this CPI category have steadily increased between 2012 and 2014 on both the first and second clinicals (Figure [5](#Fig5) & [6](#Fig6)). |
| Demonstrate clinical problem-solving skills in order to adjust the plan of care established by the PT, provide supervision of the physical therapy aide and work effectively on an interdisciplinary team.(COGNITIVE)(PSYCHOMOTOR/ COGNITIVE)  **PROGRAM OUTCOME #3** | BIO-1121 BIO-1222 PHY-1106 PTA-1106 PTA-1110 PTA-1112 PTA-2115 PTA-1116 PTA-1129 PTA-2211 PTA-2212 PTA-2226 PTA-2230 PTA-2238 SOC-1145 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  Graduates perceive this program outcome to be the most important of the six (Figure [1](#Fig1)). Students’ CPI scores at the time of mid-term of the first clinical were averaged over the time period of 2012-2014. The average score in the Clinical Problem Solving category was one of the lowest (Figure [31](#Fig31)). Additionally, at the time of the final assessment at the second clinical, this category continued to be one of the lowest average scores (Figure [32](#Fig32)). |
| Participate in professional development based on self-assessment, performance appraisals and demonstration of behaviors reflecting conduct outlined in the Code of Ethics and Guide for Professional Conduct of the APTA.  **PROGRAM OUTCOME #6** | ALH-1101 PTA-1106 PTA-1110 PTA-2115 PTA-2211 PTA-2212 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  Graduates perceive this program outcome to be the least important of the six (Figure [1](#Fig1)). However, the PTA program spends a great deal of time focusing on professional behavior and development. It is the highest rated program outcome in terms of student satisfaction with the program’s training and preparation (Figure [2](#Fig2)). The average score for Clinical Behavior at mid-term of the first clinical is the highest of all the CPI categories (Figure [31](#Fig31)). At the final assessment of the second clinical, the average of student scores in this same category is tied with Cultural Competence for the highest scoring category (Figure [32](#Fig32)). |
| Perform data collection techniques as outlined in the plan of care, reported through accurate, timely and legible documentation. (PSYCHOMOTOR)  **PROGRAM OUTCOME #5** | ENG-1101 HIM-1101 PTA-1110 PTA-2115 PTA-1124 PTA-1129 PTA-2211 PTA-2212 PTA-2230 PTA-2238 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  Documentation is an area students routinely say they feel the program does not cover enough. Students are introduced to documentation in their first Professional Issues course in the program. In each successive class it is discussed and students are given numerous opportunities to apply their skills in a written format. However, the majority of clinical facilities are using an electronic documentation format. At this time, the PTA program only provides students minimal exposure to electronic documentation. This will change in the future, as WebPT will be implemented with case studies and assignments requiring students to submit electronic notes. Average Documentation scores at the final of the first clinical from 2012 to 2014 have steadily increased (Figure [27](#Fig27)). However, average scores at the final of the second clinical during the same time period have decreased overall (Figures [28](#Fig28)). |
| Provide quality, efficient and cost effective physical therapy services utilizing human and material resources, computer technology and current knowledge of reimbursement and regulatory requirements and state practice acts. (PSYCHOMOTOR AND AFFECTIVE)  **PROGRAM OUTCOME #4** | ALH-1101 ENG-1101 MAT-1270 PHY-1106 PTA-1110 PTA-2211 PTA-2212 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  Of all the program outcomes, this was rated the lowest by graduates in terms of their satisfaction with the training and preparation they received (Figure [2](#Fig2)). Computer technology is a component of this outcome and the issue of limited exposure to electronic documentation is a major factor. Additionally, concepts related to reimbursement are covered in multiple courses over the curriculum; however, as reimbursement policies differ from setting to setting (and change rapidly), this is a topic that is usually introduced in the classroom and applied while students are out on clinicals. Use of the WebPT electronic documentation system may provide opportunities for students to “bill” for their time as they would in a real clinical setting. Average CPI scores in the areas of Accountability and Resource Management at the final of the first clinical have steadily increased between 2012 and 2014 (Figure [23](#Fig23) & [25](#Fig25)). However, average final scores in these same areas have decreased overall when assessed at the final of the second clinical during the same time period (Figure [24](#Fig24) & [26](#Fig26)). |
| Provide safe, competent interventions and patient education, based on the plan of care established by the PT to minimize risk to the patient, self and others and ensure appropriate patient outcomes. (PSYCHOMOTOR/ COGNITIVE)  **PROGRAM OUTCOME #2** | BIO-1121 BIO-1222 PTA-1106 PTA-1112 PTA-1124 PTA-2211 PTA-2212 PTA-2226 PTA-2230 PTA-2238 SOC-1145 |  | -Graduate Survey  -Clinical Performance Instrument (CPI) | See PTA Program Outcomes Data:  Safety is greatly emphasized in the program and graduates rate it highest in importance compared to the other program outcomes (Figure [1](#Fig1)). In terms of satisfaction of preparation and training, safety is rated second highest to Program Outcome #6, which deals with professional behaviors and development (Figure [2](#Fig2)). Additionally, on average students are rated highly in the CPI category of Safety on the first and second clinicals (Figure [31](#Fig31) & [32](#Fig32)). In regard to interventions, students are rated lower in these CPI categories on the first clinical (Figure [31](#Fig31)). On the second clinical, their scores close the gap between the other categories, but still fall just shy of the other categories when comparing of average scores (Figure [32](#Fig32)). The two lowest scoring Interventions categories at the final assessment of the second clinical are the Electrotherapeutic Modalities and the Physical Agents and Mechanical Modalities (Figure [32](#Fig32)). These topics are covered in the same course and it is a course the program has struggled with for some time. The issue is determining how in-depth the material should be to fit the needs of a working PTA. This course is being given special consideration as the program faculty develop the new 65-credit hour curriculum. Every Intervention CPI category shows average final scores on the first clinical as increasing between 2012 and 2014 (Figure [9](#Fig9), 11, 13, 15, & 17). However, in all of the same categories, there is an overall decrease in the average final scores on the second clinical for the same time frame (Figure 10, 12, 14, 16, & 18). |

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| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?** | Many changes will be occurring with the new 65-credit hour curriculum. Among them are the following:   * Increased student exposure and use of electronic documentation. * Currently, the only courses students take between their first and second clinical are lecture courses (Professional Issues II and Practice Management). The CPI data shows a decrease in average scores during the second clinical in the areas of Documentation, Resource Management, Accountability, and all of the Intervention categories. It would seem the program needs to seriously consider whether one of the curricular changes includes a lab course between the two clinicals, two clinicals that occur back to back, or some other option that requires students to continue to hone their clinical skills in between clinical experiences. This change would benefit Clinical Problem Solving as well. |
| **How will you determine whether those changes had an impact?** | Continued tracking and analysis of Graduate Surveys, CPI data, graduation rates, and licensure passage rates will be used to determine whether these changes had an impact. |

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

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| Division | Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 |
| HS | 0681 | Physical Therapist Assistant | PTA.AAS | 24 | 22 | 20 | 26 | 19 | 2 | . |
| HS | 0681 | Physical Therapist Assistant | PTA.S.AAS | . | . | . | . | . | 29 | 25 |

**Course Success Rates**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Department Name** | **Course** |  | **FY 07-08** | **FY 08-09** | **FY 09-10** | **FY 10-11** | **FY 11-12** | **FY 12-13** | **FY 13-14** |
| 0681 | Physical Therapist Assistant | PTA-106 |  | 56.0% | 64.2% | 53.4% | 63.1% | 64.3% | . | . |
| 0681 | Physical Therapist Assistant | PTA-107 |  | 87.9% | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-110 |  | 96.4% | 100.0% | 96.7% | 93.5% | 86.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-1106 |  | . | . | . | . | . | 68.2% | 69.7% |
| 0681 | Physical Therapist Assistant | PTA-1110 |  | . | . | . | . | . | 86.0% | 97.9% |
| 0681 | Physical Therapist Assistant | PTA-1112 |  | . | . | . | . | . | 89.4% | 98.0% |
| 0681 | Physical Therapist Assistant | PTA-1115 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0681 | Physical Therapist Assistant | PTA-1116 |  | . | . | . | . | . | 74.0% | 96.0% |
| 0681 | Physical Therapist Assistant | PTA-112 |  | . | . | 100.0% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-1124 |  | . | . | . | . | . | 100.0% | 94.2% |
| 0681 | Physical Therapist Assistant | PTA-1129 |  | . | . | . | . | . | 84.2% | 90.4% |
| 0681 | Physical Therapist Assistant | PTA-1144 |  | . | . | . | . | . | 86.8% | 84.6% |
| 0681 | Physical Therapist Assistant | PTA-116 |  | 87.5% | 86.1% | 88.2% | 82.4% | 68.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-117 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-118 |  | 92.6% | 96.6% | 93.1% | 71.4% | 97.2% | . | . |
| 0681 | Physical Therapist Assistant | PTA-119 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-120 |  | 96.4% | 96.7% | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-124 |  | 88.0% | 100.0% | 90.2% | 90.0% | 97.1% | . | . |
| 0681 | Physical Therapist Assistant | PTA-125 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-129 |  | . | . | 100.0% | 89.3% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-130 |  | 84.6% | 94.1% | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-131 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-132 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-133 |  | . | 100.0% | 90.0% | 90.0% | 97.1% | . | . |
| 0681 | Physical Therapist Assistant | PTA-138 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-211 |  | 100.0% | 100.0% | 100.0% | 96.2% | 89.5% | . | . |
| 0681 | Physical Therapist Assistant | PTA-212 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-213 |  | 96.0% | 100.0% | 95.2% | 100.0% | 100.0% | 100.0% | . |
| 0681 | Physical Therapist Assistant | PTA-221 |  | 100.0% | 97.5% | 83.3% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-2211 |  | . | . | . | . | . | 93.9% | 93.5% |
| 0681 | Physical Therapist Assistant | PTA-2212 |  | . | . | . | . | . | 96.8% | 92.9% |
| 0681 | Physical Therapist Assistant | PTA-222 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-2226 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0681 | Physical Therapist Assistant | PTA-223 |  | 89.3% | 100.0% | 93.3% | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-2230 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0681 | Physical Therapist Assistant | PTA-2234 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0681 | Physical Therapist Assistant | PTA-2238 |  | . | . | . | . | . | . | 100.0% |
| 0681 | Physical Therapist Assistant | PTA-226 |  | 100.0% | 100.0% | 96.3% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-228 |  | . | . | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-230 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-233 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-235 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-238 |  | . | . | 90.9% | 100.0% | 100.0% | . | . |
| 0681 | Physical Therapist Assistant | PTA-240 |  | . | 100.0% | 100.0% | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-297 |  | . | 84.6% | . | . | . | . | . |
| 0681 | Physical Therapist Assistant | PTA-9238 |  | . | . | . | . | . | 97.1% | . |

**Physical Therapist Assistant Program Outcomes Data**

**PTA Program Outcomes**

1. Demonstrate appropriate, effective written, oral and non-verbal communication, which reflects sensitivity and awareness to individual and cultural differences in all aspects of physical therapy services.
2. Provide safe, competent interventions and patient education, based on the plan of care established by the PT to minimize risk to the patient, self and others and ensure appropriate patient outcomes.
3. Demonstrate clinical problem-solving skills in order to adjust the plan of care established by the PT, provide supervision of the physical therapy aide and work effectively on an interdisciplinary team.
4. Provide quality, efficient and cost effective physical therapy services utilizing human and material resources, computer technology and current knowledge of reimbursement and regulatory requirements and state practice acts.
5. Perform data collection techniques as outlined in the plan of care, reported through accurate, timely and legible documentation.
6. Participate in professional development based on self-assessment, performance appraisals and demonstration of behaviors reflection conduct expectations outlined in *the Code of Ethics and Guide for Professional Conduct* of The American Physical Therapy Association.

**Graduate Survey Data:**

Figure 1. This graph compares the graduates’ perception of the importance of each program outcome to the function of a PTA. A 1 to 7 scale was used where 1 = Not Important and 7 = Very Important.

Figure 2. This graph compares the graduates’ satisfaction with their preparation for each program outcome in the PTA program. A 1 to 7 scale was used where 1 = Not Important and 7 = Very Important.

**Program Outcome #1**

**Demonstrate appropriate, effective written, oral and non-verbal communication, which reflects sensitivity and awareness to individual and cultural differences in all aspects of physical therapy services.**

**Clinical Performance Instrument (CPI) Data: Communication**

Figure 3.

Figure 4.

**CPI Data: Cultural Competence**

Figure 5.

Figure 6.

**Program Outcome #2**

**Provide safe, competent interventions and patient education, based on the plan of care established by the PT to minimize risk to the patient, self and others and ensure appropriate patient outcomes.**

**CPI Data: Safety**

Figure 7.

Figure 8.

**CPI Data: Interventions – Therapeutic Exercise**

Figure 9.

Figure 10.

**CPI Data: Interventions – Therapeutic Techniques**

Figure 11.

Figure 12.

**CPI Data: Interventions: Physical Agents and Mechanical Modalities**

Figure 13.

Figure 14.

**CPI Data: Interventions – Electrotherapeutic Modalities**

Figure 15.

Figure 16.

**CPI Data: Interventions – Functional Training and Application of Devices and Equipment**

Figure 17.

Figure 18.

**Program Outcome #3**

**Demonstrate clinical problem-solving skills in order to adjust the plan of care established by the PT, provide supervision of the physical therapy aide and work effectively on an interdisciplinary team.**

**CPI Data: Clinical Problem Solving**

Figure 19.

Figure 20.

**CPI Data: Clinical Behavior**

Figure 21.

Figure 22.

**Program Outcome #4**

**Provide quality, efficient and cost effective physical therapy services utilizing human and material resources, computer technology and current knowledge of reimbursement and regulatory requirements and state practice acts.**

**CPI Data: Accountability**

Figure 23.

Figure 24.

**CPI Data: Resource Management**

Figure 25.

Figure 26.

**Program Outcome #5**

**Perform data collection techniques as outlined in the plan of care, reported through accurate, timely and legible documentation.**

**CPI Data: Documentation**

Figure 27.

Figure 28.

**Program Outcome #6**

**Participate in professional development based on self-assessment, performance appraisals and demonstration of behaviors reflection conduct expectations outlined in *the Code of Ethics and Guide for Professional Conduct* of The American Physical Therapy Association.**

**CPI Data: Self-Assessment and Lifelong learning**

Figure 29.

Figure 30.

**CPI Data: Overall**

Figure 31.

Figure 32.

**Comparison of PTA 1116 Grades Between**

**Open Admission Students and Competitive Students**

I looked at the grades from PTA 1116, Fall 2012 (open) and 2014 (competitive). I chose 1116 because it doesn’t change much from year to year. I didn’t even try 1112. Frankly I think this is enough data to say that what I’m seeing *in just this one instance* is real, and real big.

For the ANOVA, I set the alpha to 0.05. The ANOVA table shows a P value that is very low. Also the F value is way above the F-critical value. There is a very significant difference between these two classes.

I did a t-test as well just for the fun of it and it is also very significant. It will be interesting to see how this works out as our data become larger. I’m glad we had one full year on semesters and open admissions.

Once I get all the other courses exported and processed, I’ll do the same with them. It will be interesting to do the same with TEAS.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Anova: Single Factor |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SUMMARY |  |  |  |  |  |  |  |
| *Groups* | *Count* | *Sum* | *Average* | *Variance* | *SD* | *Low* | *High* |
| Fall 2012 | 41 | 3448.76 | 84.12 | 30.97 | 5.57 | 78.55 | 89.68 |
| Fall 2014 | 46 | 4103.26 | 89.20 | 32.64 | 5.71 | 83.49 | 94.91 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ANOVA |  |  |  |  |  |  |  |
| *Source of Variation* | *SS* | *df* | *MS* | *F* | *P-value* | *F crit* |  |
| Between Groups | 560.60 | 1 | 560.60 | 17.60 | 6.66E-05 | 3.95 |  |
| Within Groups | 2707.42 | 85 | 31.85 |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total | 3268.02 | 86 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| t-Test: Two-Sample Assuming Equal Variances | | |
|  |  |  |
|  | *1116 F14* | *1116 F12* |
| Mean | 89.20 | 84.12 |
| Variance | 32.64 | 30.97 |
| Observations | 46 | 41 |
| Pooled Variance | 31.85 |  |
| Hypothesized Mean Difference | 0 |  |
| df | 85 |  |
| t Stat | 4.20 |  |
| P(T<=t) one-tail | 3.33E-05 |  |
| t Critical one-tail | 1.66 |  |
| P(T<=t) two-tail | 6.66E-05 |  |
| t Critical two-tail | 1.99 |  |