

**Degree/Certificate: Doctor of Physical Therapy Program**

**Major/Option: DPT degree**

**Submitted by: Meryl R. Gersh**

**Date: July 25, 2014**

**Part I – Program SLO Assessment Report for 2013-14**

**Part I – for the 2013-14 academic year:** Because Deans have been asked to create College-Level Summary 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.  
#3 Use ethical and moral principles in professional practice: Graduates practice in a safe, legal, ethical, caring, and effective manner
- 2. Overall evaluation of progress on outcome:** Indicate whether or not the SLO has been met, and if met, to what level.  
 SLO is met after changes resulting from ongoing assessments, referencing assessment results from the previous year to highlight revisions;  
 SLO is met, but with changes forthcoming;  
 SLO met without change required
- 3. Strategies and methods:** Description of assessment method and choices, why they were used and how they were implemented.

Survey of Graduates from Class of 2012 (one year post graduation): A new method for distribution of surveys was more successful this year: Please see #6 for details of the method of survey. Surveys completed by graduates, supervisors, peers, and patients were returned via mail, and number coded. A (non-physical therapy) student volunteer tallied the responses on a master sheet for each survey question. I identified the survey questions relevant to the SLO #3 above. The survey outcomes related to these questions are summarized in the tables below (Question 4).

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

Student outcomes are assessed by surveys of the graduates, employers, peer physical therapists, and patients, as well as by anecdotal evidence observed in graduates participating in professional development and ongoing educational opportunities, clinical research and publication, and professional leadership. Surveys are mailed one year after graduation to the

alumni from a given class (see Question 6 below for details), and their designated employers, peer physical therapists, and selected patients. Survey questions are based upon criteria required by the Accreditation Report. A summary of data collected in Winter 2014 for the Class of 2012 is presented below.

**Respondents: 14 graduates (Class of 35; 40% return rate; of those who responded that they would do the survey, 100% response rate); 12 employers, 12 peers, 9 patients**

*Related survey questions in italics*

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

a. Findings: Graduate Survey Outcomes n=14

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 11 A 3
	I collaborate with clients, families, and colleagues to coordinate and optimize patient care. SA 9 A 5
	I engage in physical therapy practice consistent with current standards of care. SA 10 A 4
	I demonstrate effective, professional written, verbal, and non-verbal communication with patients, families, colleagues and other health care professionals. SA 10 A 4
	I provide pro bono physical therapy services. SA 2 A 4 N 5 D 2 SD 1

	I advocate for the equitable distribution of physical therapy and health care services. SA 3 A 10 N 1
	I advocate for my patients' access to appropriate levels of health care services. SA 5 A 8 N 1

Findings: Supervisor Survey Outcomes n=12

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 11 A 1
	Implements a plan of care in a safe, ethical, and legal manner. SA 11 A 1

Findings: Peer Survey Outcomes n=12

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 10 A 2
	Implements a plan of care in a safe, ethical, and legal manner. SA 9 A 3
	Utilizes appropriate written, oral, and non-verbal communication with clients, families, colleagues, and the public. SA 9; A 3

Findings: Patient Survey Outcomes n=9

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 9
	The physical therapist designed a plan of care that met my needs SA 9
	The physical therapist provided me with a safe environment for my care. SA 9
	The physical therapist communicated with me in a clear manner. SA 8 A 1

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 your **clinical** strengths/concerns.’

Thirteen students specifically commented that their clinical strengths included communication, interactions with patients, safe handling of patients, interpersonal skills, professionalism, cultural competence and patient education.

b. Analysis of findings:

The responses to survey questions related to demonstration of professional behaviors associated with the delivery of physical therapy care in a safe, legal, ethical, caring and effective manner were overwhelmingly positive across all questions and all constituencies (SA or A responses to positively phrased questions). The single question to physical therapist graduates, “I provide pro bono physical therapy services” provided the greatest dispersion of responses, most likely due to the variety of opportunities and employment environments related to the provision of pro bono services. In many cases, new graduates work for employers or companies that do not permit the delivery of pro bono care within their practice environments. Additionally, patients receiving Medicare reimbursement may not be treated pro bono, due to federal regulations, and many new graduates work with patients receiving Medicare benefits.

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).

The data demonstrate that Student Learning Objective #3 is being achieved based upon the responses received across the four constituencies surveyed: graduates, their supervisors, their peers and their patients. Professional, ethical, safe, legal, and effective practice is emphasized in every course across the DPT curriculum. In addition, four specific courses, Professional Development Seminar I and II and Health Care Systems I and II, along with the six Clinical Education Seminar courses, address the specific knowledge, skills bases and practice opportunities for the development of behaviors associated with the ethical and moral practice of physical therapy. Curricular innovations across the health science programs curricula in the future, as the College of Health Science and Public Health develops, will enable us to extend this learning objective to interprofessional and collaborative courses, clinical experiences, and service experiences across the programs.

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

Changes are not anticipated in the coming year. Over the next three to five years, innovations across the health science programs' curricula in the areas of professional practice, ethical care, and interprofessional collaboration will evolve as the College of Health Science and Public Health develops and implements its strategic plan.

At this time surveys are administered to graduates approximately one year following graduation. We would like to administer repeated surveys to graduates five years following graduation, but have been unsuccessful in locating these graduates either by email or mailing address to date. We will continue to address these challenges and pursue alternative methods for gathering longer-term data.

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

The outcomes described above are based upon a recent revision of the assessment procedures undertaken in Winter 2014. After several years of dismal survey return rates from our annual assessment of program graduates (mailed, emailed, Survey Monkey – it did not matter), I initiated a new approach. In January I emailed a detailed letter to all graduates from the Class of 2012 whose current email addresses I accessed from that Class President who had retained a reasonably complete email distribution list, explaining the components of the survey and asking graduates who were willing to participate to send me a current mailing address. 14 of 37 graduates responded. I sent each of these graduates the four (4) written surveys required by our accreditation commission (graduate, supervisor, peer,

patient), requesting that they complete the graduate survey and distribute the other surveys accordingly. I also sent color and number coded hard copy surveys and coded self-addressed stamped envelopes so that at a future time, I could assess not only aggregate data, but the triangulation of responses between groups and even between individual graduates' responses and their co-surveyants. All data collection materials were numerically identified to maintain anonymity of responses. I included a nominal Starbucks gift card in appreciation with this mailing. I had a response rate of 100% (14/14) from these graduates, 12/14 from supervisors, 12/14 from peers, and 9/14 from patients. I have just initiated this process for the Class of 2013, reaching out to class leaders and the Class facebook page to access accurate email addresses for the initial contact, and plan to distribute the surveys in October 2014.

**NEW: PART II – CLOSING THE LOOP**

**FOLLOW-UP FROM THE 2012-13 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 2012-13, and then describe actions taken during 2013-14 to improve student learning along, provide a brief summary of findings, and describe possible next steps.

**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 2012-13**

SLO #4: Graduates serve individuals, organizations and the community as consultants in physical therapy and other health care roles.

Graduates of the EWU DPT program (and the BSPT and MPT programs in years past) fulfill a broad base of professional roles as clinical physical therapists and consultants, community leaders in health care initiatives, leaders in professional organizations, clinical educators for local, regional, and state physical therapy and physical therapist assistant students, lecturers and adjunct faculty for the Doctor of Physical Therapy program, and members of the EWU DPT Clinical Education Advisory Board. Selected examples of activities (Please see 2012-2013 report for full list of examples):

- 1 graduate is Director of Rehabilitation Services for Gentiva Health Services: facilitates organization and implementation of community health fairs for older adults and consults with Spokane Regional Health District in annual Fall Prevention Workshop and Interprofessional Fall Prevention Coalition
- Two graduates currently serve on the Board of Directors of the Physical Therapy Association of Washington (Classes of 2005 and 2006)
- 11/22 members of the EWU DPT Clinical Education Advisory Committee are EWU Physical Therapy program graduates.
- Approximately 50% of the local and regional clinical educators for current DPT students are graduates of the program.
- 3 graduates serve as adjunct faculty for the DPT Program in their areas of clinical expertise, in classroom and laboratory classes
- For the first time, a graduate of the program has applied and been accepted to the PhD program in Neurosciences at Washington State University, Pullman, WA. She plans to pursue clinical research with patients who sustain central nervous system impairment. She is the first physical therapist to have been accepted to that program.

2. **Strategies implemented and summary of results (includes responses to #3 below)** during 2013-14 to improve student learning, based on findings of the 2012-13 assessment activities.

- **Continued to incorporate opportunities for DPT students to participate in community health initiatives and service learning activities. Students participated in a wide variety of service and service-learning opportunities during the AY 2013-2014:**

The responsibility of a professional to serve one's community is emphasized throughout the DPT curriculum. During a summative course, PHTH 669, Health Care Systems II, students reflect upon and share the service or service learning activities that they have participated in throughout the year. Professional issues related to pro-bono care are incorporated into this discussion as well.

Interprofessional service activities organized by the Student Riverpoint Interprofessional Education and Research (RIPER) group including community health fairs; 50% of DPT students participated in the Physical Therapy and Dental Hygiene Serve the Veterans Day on March 1, 2014. Physical therapy screenings, referrals, and limited treatment interventions were provided by physical therapy students supervised by physical therapy faculty. Students participated in community health fairs and health "tent" events, including taping clinics for Bloomsday and Hoop Fest. Three students volunteered a week of their time in July to staff Camp No Limits, a camp experience for children with amputations, in Coeur D'Alene, ID. In August 2014, 2 students participated in an interprofessional rehabilitation service learning experience in Guatemala, collaborating with the Departments of Occupational Therapy and Communications Disorders.

- **Supported students in involvement and attendance at professional meetings and conferences**

Since 2009, the Physical Therapy department has supported and sought higher administrative support for the entire second year DPT class to attend the Combined Sections Meeting, the largest annual national research and education meeting of the American Physical Therapy Association. Support in the form of travel grants for students presenting papers or posters at these meetings, and well as vigorous student fund-raising activities supported this endeavor. Students who participate in this single activity become engaged in their professional activities and associations early in their careers, and many become future leaders in the profession. Finally, we support two second year students each year to attend the National Student Conclave, a national professional meeting designed to introduce students to the professional issues and health care challenges that the American Physical Therapy Association addresses. We have sent student representatives to this annual meeting since 2010.

- **Encouraged faculty to continue participation in professional association and leadership activities as role models**

We do our best to provide faculty the time to be involved in our professional organizations' activities. Currently 4 faculty members serve in leadership roles in the American Physical Therapy Association, on specialty councils and academy boards. One faculty member was appointed last year by Governor Inslee to the Washington State Board of Physical Therapy, the regulatory board in WA State for our profession, and the same faculty member serves on

several committees with the Federation of State Boards of Physical Therapy, the national regulatory agency for physical therapy state boards. When students observe these behaviors in our faculty, they are more inclined to model them – for example, this year one of our first year students was selected to be the student representative, representing all DPT students from EWU, UW, and UPS programs on the Physical Therapy Association of Washington (PTWA) Board of Directors. She is also our representative to national student group of the American Physical Therapy Association. 100% of our students are members of the American Physical Therapy Association and we receive recognition from the APTA each year for this achievement.

- **Included and expanded curricular exposure to the professional persona and responsibility of physical therapists by introducing the role of the professional organization and the physical therapy board of the Washington State Department of Health.**

During the Professional Development Seminar II course I invite the administrative head and a member of the Washington State Board of Physical Therapy to share information about the role of this regulatory board in professional practice. In November 2013, I was fortunate to have both members attend and share their experiences. Currently one of our faculty is also a board member and will be able to fulfill this request in coming years. First year students are encouraged each year to participate with a faculty member in PTWA Legislative Impact Day each January, an opportunity to visit our state representatives in Olympia and dialogue with them about pending legislation that will impact health care or physical therapy service delivery. In January 2014, approximately 18 students participated and witnessed the legislative process in action, which ultimately resulted in the return of spinal manipulation to the scope of practice of physical therapy in Washington State. This legislative action has taken more than six years to come to fruition and the students who participated in this activity have a much keener sense of their vital role in advocacy for their patients and their profession at the government level.

- **Encouraged and supported students' presentation of research at local, regional and national**

10 students presented papers or posters at the APTA National Combined Sections Meeting in February 2014, the primary research meeting for physical therapists. Several students also presented on the research that they are participating in with Dr. Dan Anton, on injury prevention in the construction industry at another national meeting. Students received some support (\$100 each from the Graduate Studies Office and from the Dean of College of Science, Health, and Engineering) to attend these conferences.

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.

**The results are summarized in #2 under each related bullet. The strategy is bolded and the results are unbolded.**

Finally, exciting new developments for the health science programs in the coming year will advance our response to SLO #4 even more completely. The formation of the new College of Health Science and Public Health on the Riverpoint campus, and the ultimate conversion of the programs within this new college to the semester calendar will permit the development of a cohesive interprofessional health science curriculum in the areas of service delivery, service of underserved populations, professional ethics and behaviors, collaborative clinical research, and coordinated service and service learning opportunities. We also look forward to extensive interprofessional education and collaborative practice opportunities with our colleagues at WSU, Providence Health Care and the Empire Health Foundation, as the Physical Therapy and Occupational Therapy departments will have clinic space in the new Spokane Teaching Health Center, planned to open on the Riverpoint campus in January 2016 and serving the underserved communities in our region. This clinic will include residency programs in family practice, internal medicine, psychiatry and ultimately pediatrics. Students from the health science, pharmacy, and nursing programs at EWU and WSU will have the unique and timely opportunity to learn in a truly cutting-edge interprofessional collaborative health care delivery model, indeed the future of health care delivery.

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

The faculty and department chairs of the new College of Health Science and Public Health will be developing a mission, vision, and strategic plan consistent with the values of interprofessional education and collaborative practice over the next few years. We look forward to curricular changes that will implement a variety of interprofessional academic and clinical learning experiences within the new College, with other programs at EWU, and between our University and our colleagues from WSU and UW who host student programs on the Riverpoint campus.

**Follow-up note to the implementation of the annual assessment survey of EWU DPT graduates:**

After several years of dismal survey return rates from our annual assessment of program graduates (mailed, emailed, Survey Monkey – it did not matter), I initiated a new approach. In January I emailed a detailed letter to all graduates from the Class of 2012 whose current email addresses I accessed from that Class' President, explaining the components of the survey and asking graduates who were willing to participate to send me a current mailing address. 14 of 37 graduates responded. I sent each of these graduates the four (4) written surveys required by our accreditation agency (graduate, supervisor, peer, patient) and a nominal Starbucks gift card in appreciation. I had a response rate of 100% (14/14) from these graduates, 12/14 from supervisors, 12/14 from peers, and 9/14 from patients. I have just initiated this process for the Class of 2013, reaching out to class leaders and the Class facebook page to access accurate email addresses for the initial contact, and plan to distribute the surveys in October 2014.