1. Introduction

Doctorate in Physical Therapy, College of Health Sciences

The Division of Physical Therapy (PT) offers the professional level Doctorate in Physical Therapy (DPT) degree. The Physical Therapy program at UK has been educating physical therapists since 1967. The Doctor of Physical Therapy (DPT) is a post-baccalaureate degree conferred upon successful completion of a doctoral level professional (entry-level) or post-professional education program. The DPT program is conducted at the Lexington, Kentucky campus and at the Center of Excellence in Rural Health in Hazard, Kentucky. The program is accredited by Commission on Accreditation in Physical Therapy Education (CAPTE).

1.1 Mission Statement of the Division of Physical Therapy

The purpose of the Physical Therapy Program at the University of Kentucky is foremost to meet the physical therapy needs of Kentucky and contribute to global needs overall by developing competent physical therapy practitioners who are analytical thinkers, educators and professionals. The Division of Physical Therapy strives to develop practitioners who are knowledgeable, ethical, independent, adaptable, reflective and service oriented. This practitioner development is accomplished through a wide variety of mechanisms:

1. Educational programs which are informed by scholarship and research and designed to provide excellence in instruction as well as accessibility to a diverse student body. These programs include the professional DPT (Lexington and Center for Rural Health campuses), post-professional program (PhD Program in Rehabilitation Sciences), and continuing education courses.

2. Scholarship, research, and creative activities which contribute to the discovery and expansion of knowledge in the health sciences.

3. Service to the public (in urban and rural communities), to other professional disciplines, and to the profession.

4. Professional socialization through participation in professional activities and organizations.
1.2 Basic Assessment Approach

The program will assess 3-5 learning outcomes within a three year cycle using direct methods. The program will assess program-level learning at summative points in the curriculum. The assessment will determine whether DPT students are able to retain and express curricular information during a comprehensive exam; whether they are able to meet or exceed expectations for professionalism during clinical activities; and confirm whether the curriculum provides students with the information set by national standards to pass the licensure exam.

1.3 Definition of Key Terms

*American Physical Therapy Association (APTA):* The American Physical Therapy Association is an individual membership professional organization representing more than 93,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy’s role in the nation’s health care system.

*Assessment:* A strategy for understanding, confirming, and improving student learning through a continuous, systematic process.

*Assessment Liaison:* The individual who represents the Division of Physical Therapy and is responsible for the coordination, collection and reporting of SLO data to the CHS Office of Assessment.

*Clinical Performance Instrument (CPI):* APTA’s Physical Therapist Clinical Performance Instrument, voluntary standardized valid instruments that assess student performance during clinical education experiences, were initially developed and field tested during a three-year period and published for use with physical therapist students in 1997. With ongoing use during a 10-year period, changes in physical therapy practice and entry-level education, it was necessary to undergo revision of both instruments to more accurately reflect expectations of graduates from physical therapist and physical therapist programs. The CPI was revised, field tested, and approved by APTA’s Board of Directors in November 2006. Likewise, in response to available technology, the need for greater efficiency, and outcomes data in clinical education, the CPI: Version 2006 transitioned from a paper-based instrument to a Web-based system in July 2008 that allowed for easy access by all users, ability to view and compare completed midterm and final reports online by users, access to a pdf version of the PT CPI, easy data retrieval, and with enhanced features that permit information communication through smart e-mail and the design of the system. In addition, to ensure greater consistency in the use of these instruments, online training and an assessment program through the
APTA Learning Center are used to teach all individuals involved in student performance assessment how to correctly use these instruments

*Commission on Accreditation in Physical Therapy Education (CAPTE)*: The Commission on Accreditation in Physical Therapy Education is an accrediting agency that is nationally recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants.

*Comprehensive Exam*: an exam which occurs at the end of the curriculum and serves as the culminating determinant for passing in the program. The content is comprehensive and the questions are drawn from each course taken in the curriculum.

*Curriculum Committee*: The faculty as a whole serves as the committee unless there is a need to split off in ad hoc committees to solve smaller issues. The Chair of the Curriculum committee serves as the primary contact for course changes, curricular changes, scheduling and retreats.

*Curriculum Map*: A visual depiction of how learning outcomes and/or professional standards are translated into individual courses taught within a program.

*Federation of State Boards of Physical Therapy (FSBPT)*: The mission of FSBPT is to protect the public by providing service and leadership that promote safe and competent physical therapy practice. The vision of FSBPT is to achieve a high level of public protection through a strong foundation of laws and regulatory standards in physical therapy, effective tools and systems to assess entry-level and continuing competence, and public and professional awareness of resources for public protection.

*Student Learning Outcomes (SLOs)*: Statements of learning expectations.

*Licensure Exam*: the exam taken by each physical therapist graduate student after completing all requirements for graduation from the program. Passing the licensure exam is a requirement to practice in the United States.

2. **Assessment Oversight, Resources**

2.1. College Learning Outcomes Assessment Coordinator: College of Health Sciences Office of Assessment

2.2. Unit Assessment Coordinator: The curriculum chair for the division of Physical Therapy will serve as the assessment liaison. The assessment liaison will lead the assessment conversation held each fall, interface frequently with the college-level Assessment officers and will write the assessment report due to the university on October 31st.
2.3. Other Assessment Resources: All Division faculty are available to assist and to discuss issues. Division Staff are available for assistance with technology issues.

3. **Program-Level Learning Outcomes**

3.1 Learning Outcomes by Program

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Develop practitioners as analytical thinkers: Use problem solving skills to gather data, identify problems, and choose among alternatives for successful resolution.</td>
</tr>
<tr>
<td>2.</td>
<td>Develop competent practitioners: display readiness to practice as entry level physical therapist.</td>
</tr>
<tr>
<td>3.</td>
<td>Develop professional practitioners as health care educators: Emulate and assimilate the qualities inherent in professionalism</td>
</tr>
</tbody>
</table>

3.2 Accreditation Standards/Outcomes by Program

The Physical Therapy DPT program is accredited by Commission on Accreditation in Physical Therapy Education (CAPTE). The program reviews accreditation standards yearly in a curriculum retreat and follow the required guidelines for a yearly report. This does not align with the UK process for SLO assessment. While the university assessment plans may be used as supporting documentation for the accreditation self-study, the processes are conducted separately.

4. **Curriculum Map**

Curriculum Mapping - (I= introduce, R = reinforce, E = emphasize)

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Type</th>
<th>Fall Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY412G</td>
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<tr>
<td>PT 804</td>
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<td>PT 854</td>
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<td>R</td>
</tr>
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<td>PT 834</td>
<td>Lecture and lab</td>
<td>I, R, E</td>
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<tr>
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<tr>
<td>ANA 801</td>
<td>Lecture</td>
<td>R</td>
</tr>
<tr>
<td>PT 770</td>
<td>Lecture/Seminar</td>
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**2nd Year**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Type</th>
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<th>2nd Year</th>
<th>3rd Year</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
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<tr>
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<td>Lecture and Lab</td>
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**3rd Year**

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**Spring Semester**

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<th>Spring Semester</th>
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<tbody>
<tr>
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<td>PT 603</td>
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<td>PT 645</td>
<td>Lecture</td>
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**2nd Year**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Type</th>
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<th>2nd Year</th>
<th>3rd Year</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
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<td>PT 654</td>
<td>Lecture and Lab</td>
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<td>PT 847</td>
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<td>PT 628</td>
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**3rd Year**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Type</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 676</td>
<td>Lecture and Lab</td>
<td>R</td>
<td>R</td>
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<tr>
<td>PT 860</td>
<td>Lecture and Seminar</td>
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<td>PT 850</td>
<td>Lecture and Lab</td>
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<td>R, E</td>
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<tr>
<td>PT 686</td>
<td>Electives</td>
<td>R</td>
<td>R</td>
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<tr>
<td>PT 888</td>
<td>Lecture</td>
<td>R, E</td>
<td>R, E</td>
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<tr>
<td>PT 839</td>
<td>Clinical</td>
<td>E</td>
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**Summer Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Type</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT 867</td>
<td>Lecture and Seminar</td>
<td>I, R</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. **Assessment Methods and Measures**

5.1. Direct methods include the use of the CPI scores on 5 items as well as the scores on the comprehensive exam and the national licensure exam (see table below).

5.2. All student learning outcomes use direct measures of student learning.

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLO # 1: Develop practitioners as analytical thinkers: Use problem solving skills to gather data, identify problems, and choose among alternatives for successful resolution.</td>
<td>The comprehensive exam is delivered via Canvas to model the method of delivery of the national licensure exam. Students take the exam in a computer classroom on the UK main campus. This is a multiple choice exam with 200 questions. Each course in the curriculum is represented with 3 questions per credit hour. The comprehensive exam is designed to test mastery of course content from the Division of Physical Therapy DPT curriculum and also to assist in preparing the professional students to sit for the national licensure exam. Raw scores, percent, means and standard deviations are calculated. There is a pre-set passing score of 70%.</td>
</tr>
<tr>
<td>SLO # 2: Develop competent practitioners: display readiness to practice as entry level physical therapist</td>
<td>Physical Therapy National Licensure Exam. All graduates of programs accredited through the Federation of State Boards, must take and pass this exam before they are licensed to practice physical therapy. Following graduation from an accredited program, passing the licensure exam indicates competence to practice. After completing all requirements for graduation, students register to sit for the exam at the next available time. Students are able to take the exam up to 3 times in one calendar year. Students must take the exam at specific</td>
</tr>
</tbody>
</table>
testing centers. It is a proctored exam. The Physical Therapy program receives an official report on pass rates but does not receive a breakdown of the scores on specific sections of the exam.

SLO # 3: Develop professional practitioners as health care educators: Emulate and assimilate the qualities inherent in professionalism

During clinical activity in PT 836, PT 837 and PT 838, the student and the clinical instructor assess professional behaviors that are expected during the rotations. This assessment is recorded on the Clinical Performance Instrument (CPI). The CPI is a performance tool that is nationally normed and used by the majority of PT programs in North America. The CPI is an all-electronic document and results can be viewed individually or in aggregate for each item on the instrument. Students are introduced to the CPI instrument the semester before the clinical experiences begin. Students are educated about the self-assessment component as well as the rating scale used by the clinical instructors. This introduction provides students with a clear roadmap of expectations and requirements during the clinical experiences.

Five of the Professional Practices have been selected to track for this assessment report. These are items 1 (Safety), 2 (Professional Behavior), 3 (Accountability), 4 (Communication), and 6 (Professional Development) on the CPI (see the attached CPI instrument, pages 14-20).

Students are rated on a scale from 0 (beginner) to 6 (advanced intermediate). For each of the courses in this sequence, any score within the range listed for each course is acceptable to successfully complete the CPI. Since the students come to the program with varying degrees of prior experience in physical therapy, the range allows for all students to make progress that corresponds with their previous skill level. In the event that a student scores below the expected level on the CPI, a personal remediation plan is designed to address these deficiencies. PT 836 occurs during the spring of the second year. PT 837 occurs during the summer of the second year. PT 838 occurs during the fall of the third year.

Students receive a rating from the Clinical Instructor and also have the opportunity to self-rate their performance. Scoring occurs at the midterm of the clinical rotation and again at the end of the rotation. The end score is the one used for student assessment and for program analysis.
6. Data Collection and Review

6.1. Data Collection Process/Procedures

6.1.1. When will data be collected for each outcome? See table below.

Six-Year Assessment Reporting Schedule for Division of Physical Therapy 2015-2021

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Assessment Method</th>
<th>Collect &amp; Analyze</th>
<th>Reporting Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cycle 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLO #1: Develop practitioners as analytical thinkers</td>
<td>Comprehensive Exam</td>
<td>August '14 August '15 August '16</td>
<td>October 31, 2016 Academic Year 15-16 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
<tr>
<td>SLO #2: Develop competent practitioners</td>
<td>National licensure exam</td>
<td>August '14 August '15 August '16 Always one year behind</td>
<td>October 31, 2017 Academic Year 16-17 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
<tr>
<td>SLO #3: Develop practitioners as health care educators</td>
<td>Clinical performance instrument (CPI)</td>
<td>August '15 August '16 August '17 Always one year behind</td>
<td>October 31, 2018 Academic Year 17-18 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
<tr>
<td><strong>Cycle 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLO #1: Develop practitioners as analytical thinkers</td>
<td>Comprehensive Exam</td>
<td>August '17 August '18 August '19</td>
<td>October 31, 2019 Academic Year 18-19 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
<tr>
<td>SLO #2: Develop competent practitioners</td>
<td>National licensure exam</td>
<td>August '17 August '18 August '19 Always one year behind</td>
<td>October 31, 2020 Academic Year 19-20 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
<tr>
<td>SLO #3: Develop practitioners as health care educators</td>
<td>Clinical performance instrument (CPI)</td>
<td>August '18 August '19 August '20 Always one year behind</td>
<td>October 31, 2021 Academic Year 20-21 &quot;Academic Year&quot; is the year of the report.</td>
</tr>
</tbody>
</table>

6.1.2. How will data be collected for each outcome? See table below.

6.1.3. What will be the benchmark/target for each outcome? See table below.

6.1.4. What individuals/groups will be responsible for data collection? See table below.
<table>
<thead>
<tr>
<th><strong>Learning Outcomes</strong></th>
<th><strong>Data collection process/method</strong></th>
<th><strong>Benchmark/Target</strong></th>
<th><strong>Persons Responsible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop practitioners as analytical thinkers: Use problem solving skills to gather data, identify problems, and choose among alternatives for successful resolution.</td>
<td>Students take the comprehensive exam electronically in the PT 890 Canvas shell. Faculty view final scores in the Canvas gradebook as each student completes the exam. The Division director, Department Chair, Director of Professional Studies and the faculty in charge of the comp exam have access to and store this information.</td>
<td>Pre-set pass rate of 70% Rationale: This score is similar to the cut score for the national licensure exam.</td>
<td>The Division of Physical Therapy Assessment Liaison will be responsible for data collection for assessment along with the assistance of the faculty. Data is automatically collected by the Division Chair and the faculty in charge of the comp exam.</td>
</tr>
<tr>
<td>Develop competent practitioners: display readiness to practice as entry level physical therapist</td>
<td>Physical Therapy National Licensure Exam. Following graduation, students take the licensure exam at specific facilities. The Physical Therapy program receives an official report on pass rates.</td>
<td>Meet or exceed national pass rate. Rationale: Passing score established nationally.</td>
<td>The Division of Physical Therapy Assessment Liaison will be responsible for data collection along with the assistance of the faculty. Data is automatically collected by the Division Chair in accordance with APTA accreditation standards.</td>
</tr>
<tr>
<td>Develop professional practitioners as health care educators: Emulate and assimilate the qualities inherent in professionalism</td>
<td>Assessments are recorded on the electronic Clinical Performance Instrument (CPI). The CPI results can be viewed individually or in aggregate for each item on the instrument. The clinical education staff assistant pulls the data on the 5 items used to measure student professionalism. This is compiled into a table for the report.</td>
<td>“Entry level” or “Beyond entry level” on a rating scale. Rationale: The level of expectation is set nationally.</td>
<td>The Division of Physical Therapy Assessment Liaison will be responsible for data collection along with the assistance of the clinical education faculty who have the specific information needed to complete the collection process.</td>
</tr>
</tbody>
</table>

7. **Assessment Cycle and Data Analysis**

7.1 Assessment Cycle  [1-3 years]

The program follows a three year assessment cycle, with one outcome being assessed each of the three years. Data are gathered annually for all outcomes. Results are analyzed and interpreted at the first or second faculty meeting of every academic year. Assessment reports are completed no later than October 1st of every year and submitted to the college’s assessment coordinator for review. Final reports are sent to the university’s assessment office no later than October 31st of every year.

Assessment of student learning takes place throughout the program and
occurs in all courses. Identified program faculty maintain records of assessment for clinical courses. Program-level assessment data will only be gathered at summative points in the curriculum.

7.2. Data Analysis Process/Procedures

7.2.1. Findings will be shared with faculty at the yearly Fall meeting where results are discussed. All 3 of the outcomes are discussed throughout the year.

7.2.2. Analysis of the results will be computer generated for all 3 of the outcomes.

- SLO # 1: Raw scores, percents, means and standard deviations are calculated through Canvas. There is a pre-set passing score of 70%. Advice is given to students about preparation for the national exam based on their scores, the mean score and the standard deviation. A summary report is generated from Canvas and reviewed/analyzed by all faculty.

- SLO # 2: Raw scores, percents, means and standard deviations are calculated through the FSBPT. Information on passing scores is released to programs while detailed scores are only released for a fee. Our program does not pay the fee for the extra information. A summary report is generated from the FSBPT website and reviewed/analyzed by all faculty.

- SLO # 3: During clinical activity in PT 836, PT 837 and PT 838, the student and the clinical instructor assess professional behaviors that are expected during the rotations. This assessment is recorded on the Clinical Performance Instrument (CPI) (see Appendix) The clinical education staff assistant compiles the results in aggregate for the assessment report and for use within the Division; the results of each student’s CPI are reviewed. A summary report is compiled by the Clinical Coordinator and reviewed/analyzed by all faculty.

7.2.3. When assessment results are presented to faculty for review and reflection, they are shared in comparison to the benchmark/target for that year’s learning outcome. As part of this process, the benchmark/target is also reviewed to determine whether it should be altered or remain the same based on the assessment results.

7.2.4. Data will be used to stimulate discussion about how to improve our processes, how to enhance learning, whether or not to change course or clinical sequencing, etc.

- For SLO # 1: The entire faculty meet to review the exam annually to assure that our exam is thorough and comprehensive. We also use the comprehensive exam to identify deficits in the curriculum. We assess the items and the analysis of the items to identify areas where content may
need to be enhanced. Each year, every item on the exam is analyzed. If a question is missed by more than 50% of students, then the question is sent back to the faculty member who wrote it for review and a reworking of the question. Changes are made annually to the exam: some questions are improved, some are dropped and some are added. The exam is a living document that changes with the curriculum. It is customized to each cohort of students that take the exam. We have found that there is a meaningful correlation between comprehensive exam scores and the pass rate on the national certification exam. We are able to advise students based on this very strong correlation. Students who score in the bottom quartile are advised to focus their studies on areas of deficit, meeting with faculty to review strategies before taking the national exam.

- For SLO # 2: Results are reported at faculty meetings each time a cohort takes the exam. The program has implemented a three step process for students who do not pass the national licensure exam the first time. 1. The student meets with a faculty member to review the entire exam to identify the correct responses to problems. 2. At an appointed time, the student will take a practice exam under the same conditions as the national exam. Once the student completes the practice exam, he/she will take the national exam for a second time. If the student fails again, he/she moves to step three. 3. The faculty member creates a personalized remediation process/study plan for the student. The student must wait six months between the second and third attempt at the national exam. Each year, the program faculty make updates to the program comprehensive exam to better reflect the national licensure exam.

- For SLO # 3: Students who do not meet the benchmark on the CPI items 1,2,3,4, and 6 receive a remediation plan for improvement during the clinical experience. The clinical education faculty (Lynn English and Kara Lee) may visit the student during the clinical experience to observe specific behaviors or the lack thereof. During the subsequent clinical rotations, students are re-evaluated regardless of their status during the prior affiliation. This model allows a student to benefit from multiple perspectives since each clinical rotation provides a clean slate on the CPI.

7.3 Data Analysis Report Process/Procedures
Each degree-granting academic program within the College submits a six-year assessment plan as part of the UK periodic review process. The assessment plan template is provided by the UK Office of Assessment. The assessment plans contain two three-year assessment cycles of student learning outcomes, curriculum maps and assessment tools. The
completion of the annual assessment reports and improvement action plans is a priority for the College and has been included as a metric in previous versions of the college strategic plan.

8. Teaching Effectiveness

8.1. Although traditional methods may not directly impact the chosen outcomes, the Division of Physical therapy will adhere to those methods as part of the commitment to providing high quality instruction. All instructors will use the University Teacher Course Evaluation (TCE) process to be evaluated by their students each semester. Each instructor will be asked to provide a self-reflection during the annual performance review (APR) process, which will include areas of improvement.

8.2 A key measure of teaching effectiveness is the performance on the annual faculty performance review. The review includes evaluation of the teaching portfolio, including the teacher course evaluation data. This information is used to develop individualized faculty intervention plans and/or College-wide faculty development initiatives as needed.

The Department Chair will review the TCE results, any available peer review forms, and the self-reflection with the instructors and provide feedback to the instructor. This will occur on an annual basis. Efforts to improve teaching effectiveness will be pursued based on these measures. Faculty discussions at a yearly curriculum retreat will explore the options for improvement that are evident during year-long examination of the courses within the curriculum. If there are gaps in student performance based on the comp exam or the licensure exam, the faculty will review these as a group and create educational enhancements to the curriculum.

9. Plans to evaluate students’ post-graduate success:

The Division collects data from an alumni survey that the program sends out every three years. The survey is sent to our most recent graduates as well as graduates of the past three years. We also send the survey to the employers of those cohorts. This is sent and returned electronically through Qualtrics. We also look at data provided by the College Alumni Surveys on an annual basis. The results are sent to all Division faculty for perusal. The results are also discussed at a faculty meeting. Results are compared to our benchmarks, our accreditation requirements and the FSBPT statistics. If there are areas of concern, we address those through our curriculum retreat each year or we form ad hoc committees to investigate the concerns.

10. Appendices
CLINICAL PERFORMANCE INSTRUMENT INFORMATION

STUDENT INFORMATION (Student to Complete)

Student’s Name: ________________________________________________________________

Date of Clinical Experience: __________________________ Course Number: __________________________

E-mail: ________________________________________________________________________

Total Number of Days Absent: _______________________________________________________

Specify Clinical Experience(s)/Rotation(s) Completed:

______Acute Care/Inpatient          ______Private Practice
______Ambulatory Care/Outpatient   ______Rehab/Sub-Acute Rehab
______ECF/Nursing Home/SNF         ______School/Pre-school
______Federal/State/County Health  ______Wellness/Prevention/Fitness
______Industrial/Occupational Health ______Other; specify ________________________

ACADEMIC PROGRAM INFORMATION (Program to Complete)

Name of Academic Institution: _______________________________________________________

Address: ____________________________________________ (Street)

__________________________________________________________ (Department)

__________________________________________________________ (City) (State/Province) (Zip)

Phone: __________________________ ext. ______ Fax: __________________________

E-mail: __________________________ Website: __________________________

CLINICAL EDUCATION SITE INFORMATION (Clinical Site to Complete)

Name of Clinical Site: ___________________________________________________________

Address: ____________________________________________ (Street)

__________________________________________________________ (Department)

__________________________________________________________ (City) (State/Province) (Zip)

Phone: __________________________ ext. ______ Fax: __________________________

E-mail: __________________________ Website: __________________________

Clinical Instructor’s* Name: ______________________________________________________

Clinical Instructor’s Name: ______________________________________________________

Clinical Instructor’s Name: ______________________________________________________

Center Coordinator of Clinical Education’s Name: __________________________________
PROFESSIONAL PRACTICE
SAFETY

1. Practices in a safe manner that minimizes the risk to patient, self, and others.

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Establishes and maintains safe working environment.</td>
</tr>
<tr>
<td>b. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.</td>
</tr>
<tr>
<td>c. Demonstrates awareness of contraindications and precautions of patient intervention.</td>
</tr>
<tr>
<td>d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc.).</td>
</tr>
<tr>
<td>e. Requests assistance when necessary.</td>
</tr>
<tr>
<td>f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).</td>
</tr>
<tr>
<td>g. Demonstrates knowledge of facility safety policies and procedures.</td>
</tr>
</tbody>
</table>

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

<table>
<thead>
<tr>
<th>Beginning Performance*</th>
<th>Advanced Beginner Performance*</th>
<th>Intermediate Performance*</th>
<th>Advanced Intermediate Performance*</th>
<th>Entry-level Performance*</th>
<th>Beyond Entry-level Performance*</th>
</tr>
</thead>
</table>

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

Midterm [ ] Final [ ]
2. Demonstrates professional behavior in all situations.

SAMPLE BEHAVIORS

a. Demonstrates initiative (e.g., arrives well prepared, offers assistance, seeks learning opportunities).
b. Is punctual and dependable.
c. Wears attire consistent with expectations of the practice setting.
d. Demonstrates integrity* in all interactions.
e. Exhibits caring*, compassion*, and empathy* in providing services to patients.
f. Maintains productive working relationships with patients, families, CI, and others.
g. Demonstrates behaviors that contribute to a positive work environment.
h. Accepts feedback without defensiveness.
i. Manages conflict in constructive ways.
j. Maintains patient privacy and modesty.
k. Values the dignity of patients as individuals.
l. Seeks feedback from clinical instructor related to clinical performance.
m. Provides effective feedback to CI related to clinical/teaching mentoring.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance
Advanced Beginner Performance
Intermediate Performance
Advanced Intermediate Performance
Entry-level Performance
Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

@brief [Midterm] [Final]
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.

**SAMPLE BEHAVIORS**

a. Places patient’s needs above self interests.
b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
c. Takes steps to remedy errors in a timely manner.
d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
e. Maintains patient confidentiality.
f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*
g. Identifies ethical or legal concerns and initiates action to address the concerns.
h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
i. Recognize the need for physical therapy services to underserved and under represented populations.

j. Strive to provide patient/client services that go beyond expected standards of practice.

**MIDTERM COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

**FINAL COMMENTS:** (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

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</tr>
</thead>
</table>

**Significant Concerns:** If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

- Midterm
- Final
PROFESSIONAL PRACTICE
COMMUNICATION*

4. Communicates in ways that are congruent with situational needs.

SAMPLE BEHAVIORS

a. Communicates, verbally and nonverbally, in a professional and timely manner.
b. Initiates communication* in difficult situations.
c. Selects the most appropriate person(s) with whom to communicate.
d. Communicates respect for the roles* and contributions of all participants in patient care.
e. Listens actively and attentively to understand what is being communicated by others.
f. Demonstrates professionally and technically correct written and verbal communication without jargon.
g. Communicates using nonverbal messages that are consistent with intended message.
h. Engages in ongoing dialogue with professional peers or team members.
i. Interprets and responds to the nonverbal communication of others.
j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
k. Seeks and responds to feedback from multiple sources in providing patient care.
l. Adjust style of communication based on target audience.
m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education*, cognitive* impairment*, etc).

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance | Advanced Beginner Performance | Intermediate Performance | Advanced Intermediate Performance | Entry-level Performance | Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

正常使用

Midterm [ ]
Final [ ]

18
PROFESSIONAL PRACTICE
CULTURAL COMPETENCE*

5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.

SAMPLE BEHAVIORS

    a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
    b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability* or health status.*
    c. Provides care in a nonjudgmental manner when the patients’ beliefs and values conflict with the individual’s belief system.
    d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
    e. Values the socio-cultural, psychological, and economic influences on patients and clients* and responds accordingly.
    f. Is aware of and suspends own social and cultural biases.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student’s clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

เภ Midterm  會 Final
PROFESSIONAL PRACTICE
PROFESSIONAL DEVELOPMENT


SAMPLE BEHAVIORS

a. Identifies strengths and limitations in clinical performance.
b. Seeks guidance as necessary to address limitations.
c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
d. Acknowledges and accepts responsibility for and consequences of his or her actions.
e. Establishes realistic short and long-term goals in a plan for professional development.
f. Seeks out additional learning experiences to enhance clinical and professional performance.
g. Discusses progress of clinical and professional growth.
h. Accepts responsibility for continuous professional learning.
i. Discusses professional issues related to physical therapy practice.
j. Participates in professional activities beyond the practice environment.
k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

MIDTERM COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

FINAL COMMENTS: (Provide comments based on the performance dimensions including supervision/guidance*, quality*, complexity*, consistency*, and efficiency*.)

Rate this student's clinical performance based on the sample behaviors and comments above:

Beginning Performance  Advanced Beginner Performance  Intermediate Performance  Advanced Intermediate Performance  Entry-level Performance  Beyond Entry-level Performance

Significant Concerns: If performance on this criterion is unacceptable, check the box and call the ACCE/DCE.

☑️ Midterm  ☑️ Final