

School of Health and Rehabilitation Sciences

PRAC Annual Report 2013-2014

The School of Health and Rehabilitation Sciences (SHRS) consists of a Department of Health Sciences that offers an Undergraduate and Master's degree in Health Sciences as well as a Ph.D. in Health and Rehabilitation Sciences. The School also has three professional programs: The Department of Nutrition which offers a Master's of Science in Nutrition and Dietetics; the Department of Occupational Therapy which offers a Master's of Science in Occupational Therapy and the Department of Physical Therapy which offers an entry-level clinical Doctorate in Physical Therapy. The School has most recently enrolled candidates for the Physician Assistant Program that started in late May of 2013.

This report contains assessment data for all three professional programs (Nutrition and Dietetics, PT, OT), the PhD program, and the BS in Health Sciences.

Vision

The Vision of the School of Health and Rehabilitation Sciences (SHRS) is to be recognized nationally and globally as a leader in graduate health and rehabilitation sciences, and a provider of excellent health care professionals for the state of Indiana and beyond.

Mission

In fulfilling its vision, the School of Health and Rehabilitation Sciences seeks to develop and maintain a scholarly and competent faculty who will provide excellence in:

- the teaching/learning process for programs in fields related to health professions,
- the advancement of knowledge through research, scholarship and creative activity, and
- the development of lifelong commitment to civic engagement locally, nationally, and globally with each of these core activities characterized by:
 - **collaboration** within and across disciplines, the university, and the community,
 - a commitment to **diversity**, and
 - the pursuit of **best practices**.

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Part 1: Bachelor of Science in Health Sciences Degree

Mission: To prepare students at the baccalaureate level for advanced study and employment opportunities in the health sciences.

**LEARNING
BUNDLE
CHANGES**

PULs

RISE

COMPETENCIES

ASSESSMENT Benchmark *

OUTCOME

2012-13 2013-14

LEARNING BUNDLE CHANGES	PULs	RISE	COMPETENCIES	ASSESSMENT	Benchmark *	OUTCOME	2012-13	2013-14
Domain I : Knowledge of health care services in the world, population health needs, and health sciences	1A – Express and interpret information 1C – Use information resources and technology 2 - Critical thinking 3 – Integration & application of knowledge. 5 – Understanding society and culture		Students will be able to:					
			1. Describe health care professional jobs. (W100)	Career Paper	See Note	36%	72%	Change requirements for career paper; change syllabus to describe content for career paper
			2. Identify current issues of critical importance in the allied health professions. (W210)	Final Exam (FA) PPT presentation (SP)	See Note	92% FA	91% FA 93% SP	Benchmark met. No changes needed
			3. Describe the roles and responsibilities of health professionals. (W211)	Career Paper	See Note	100%	100% FA 93% SP	Met benchmark. No changes needed.
			4. Identify major global health challenges. (W250)	Comprehensive Final Exam	See Note	82% FA <u>82% SP</u>	88% FA 85% SP	Continue revised approach as previously instituted. Provide study guides for mid-term & final exams. Add one open forum for Q&A prior to final exam.
			5. Compare and contrast health professions globally. (W270)	Final exam	See Note	88%	86% SP	No change needed.
			6. Demonstrate critical	Term paper	See Note	97%	60%	

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			individuals with disabilities. (W364)	(measurement changed 2014)				Benchmark met Spring. No change needed.
			15. Formulate strategies to address the interrelationship of race, gender, culture, and ethnicity in rehabilitative services. (W365)	Group field assignment paper	See Note	76% FA 97% SP	100% FA 100% SP	Benchmark met. No change needed.
			16. Explain adult development and the aging process. (W370)	Final exam (measurement changed 2014)	See Note	93%	78%	
			17. Describe health professionals practicing in developing countries. (W380)	Final paper	See Note	62%	92%	Benchmark met. No changes need.
			18. Describe theories of administration and leadership in rehab. services. (W441)	Final paper	See Note	85% FA 85% SP	100%FA 100% SP	New instructor SP semester
			19. Explain relationship of aging on social functions. (W450)	Final paper (measurement changed 2014)	See Note	30%	64%	Benchmark met. No change needed.
								Benchmark met. No change needed
								Revise format for final paper

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Domain II : Practical Skills and Abilities	1A – Express and interpret information 1C – Use information resources and technology 2 – Critical thinking 3 – Integration and application of knowledge 4 – Intellectual depth, breadth, and adaptiveness	I	1. Evaluate the variation of operations among various health facilities. (W410)	Agency comparison paper	See Note	89%	80%	No change needed.
			2. Write a grant. (W420)	Grant proposal	See Note	94%	100%	Benchmark met. No change needed.
			3. Find, analyze, and summarize evidence on a self-selected health topic (W442)	Annotated Bib.	See Note	78% FA 84% SP	94% FA 100% SP	Benchmark met. No change needed.
			4. Recognize, analyze, and evaluate health care services. (W445)	Program evaluation paper	See Note	97%	97%	Benchmark met. No change needed.
			5. Compare & contrast US health care system with that of a country visited. (470)	Final paper		0%	100%	Benchmark met. No change needed
Domain III: Responsibilities and Performance	5 – Values and ethics		1. Demonstrate proper documentation in all written papers; avoid plagiarism.	All course papers	No plagiarism	None	4 incidents	Encourage faculty to include plagiarism prevention tutorial in course for course points
			2. Demonstrate integrity in completing assignments and taking exams; avoid cheating.	Course assignment and exams	No incidents reported	No incident reported	No incident reported	No changes needed.
			3. Maintain a CGPA greater than 2.0; avoid probation.	cGPA	10% or less on probation for a	8% FA 10% SP	7% 6%	Increase outreach efforts to students to attend probation meetings with academic

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			4. Maintain enrollment in Program until graduation; avoid dismissal.	cGPA	semester <1 % dismissed from the program	1%	0	counselor. No changes needed.
			5. Achieve high academic standard of 3.5 GPA each semester.	Semester GPA	5% or greater placed on Dean's List	16% FA 18% SP	16% 31%	No change needed.
			6. (For students who choose to apply to graduate school or seek employment in the health care system), achieve acceptance or employment.	Exit interview	90% or greater gain entrance into graduate school or secure employment	60% of respondents.		Send two reminder e-mails after initial form sent to secure follow up responses
			7. (For those students who are enrolled in stand-alone certificates), complete one of three certificates.	Completion of required certificate courses	90% complete in three years	100%		No change needed.

*For assessment noted, 90% of students must earn a grade of C or better.

Follow up impact of changes implemented between 2012 -13 and 2013 -14 academic years

Implemented changes in 2013-2014	Impact of changes made	Additional Actions planned for 2014-2015
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W380: Schedule meetings w/students to encourage completing paper	67% increase in number of students earning a C grade or better on assessment. (62% change to 92%)	No additional actions planned. Maintain approach.
W450 : Change final assignment to better reflect course objectives	48% increase in number of students earning a C grade or better on assessment. (30% change to 62%)	Revise format for final paper to facilitate student completion.
W362: Schedule meetings w/students to offer writing guidance.	No change in percent of students earning a C grade or better on assessment.	Change final assessment to a final exam.
W340: Revise syllabus & grading rubric to clarify and be more specific	91% increase in number of students earning a C grade or better on assessment. (81% change to 89%)	No additional actions planned. Maintain approach.

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Part 2: Graduate Professional Programs

The principles of graduate learning are listed below for both graduate and professional programs. Each of these goals is highly correlated to existing graduate program goals for all disciplines within the School. Consequently, each of the goals below is numbered and linked to existing goals within each assessment data table. Goal association is marked as PGL (Principles of graduate learning) and then the corresponding number.

Principles of Graduate and Professional Learning

Graduate students earning an Indiana University or Purdue University Ph.D. on the IUPUI campus will demonstrate the following abilities related to the research focus of the degree:

1. Demonstrate the knowledge and skills necessary to identify and conduct original research, scholarship or other creative endeavors appropriate to the field
2. Communicate effectively high level information from their field of study
3. Think critically and creatively to solve problems in their field of study
4. Conduct research in an ethical and responsible manner

*Graduate students in **professional graduate** programs on the IUPUI campus will demonstrate the following abilities:*

1. Demonstrate the knowledge and skills needed to meet disciplinary standards of performance, as stated for each individual degree
2. Communicate effectively with their peers, their clientele, and the general public
3. Think critically and creatively to improve practice in their field
4. Meet all ethical standards established for the discipline

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Department of Nutrition and Dietetics 2013-2014

Program: **Dietetic Internship Program**

Mission: The mission of the Dietetic Internship Program is to provide advanced education and supervised practice opportunities for future leaders in the application and advancement of dietetics.

Report Overview: This year's report will focus on Scientific and Evidence Based Practice student learning objectives for the program.

Student Learning Outcomes			Outcome	
4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.				
DI 4.1 Use organizational processes and tools to manage human resources	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	N567 Management Issues in Dietetics	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation Community Services Rotation – Food Safety Inspections		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.3 Apply systems theory and process approach to make decisions and maximize outcomes	Food Systems Core Rotation		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.4 Participate in public policy activities, including both legislative and regulatory initiatives		N567 Management Issues in Dietetics Speaker Martha Rardin RD	100% of all interns will participate in IDA Legislative Day and will contact a legislator about an area of interest.	Interns did not participate in Legislative Day as was scheduled on a Wednesday which

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		Legislation and Reimbursement presentations and discussions		would require interruption of supervised practice. Interns did participate in creating letters for a legislator.
DI 4.5 Conduct clinical and customer service quality management activities	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.6 Use current informatics technology to develop, store, retrieve and disseminate information and data		N591 Seminar in Nutrition and Dietetics	100% of all interns will achieve a score of 70% or better on their seminar	Objective partially met. Interns did not read directions for the assignment and many did not meet deadlines.
DI 4.7 Prepare and analyze quality, financial or productivity data and develops a plan for intervention	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits	Food Systems Core Rotation		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met
DI 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes	Food Systems Core Rotation		100% of all interns will receive Satisfactory Scores (S) in SPR indicated	Objective met
DI 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements and supplies		N563 Research Methods in Nutrition and Dietetics	100% of all interns will earn a grade of C or better on their grant proposal	Objective met –more Cs than usual due to inability to follow directions and utilize reviewer comments
DI 4.11 Complete	Supervised practice		100% of all interns will receive	Objective met

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documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting	rotations		Satisfactory Scores (S) in SPR indicated.	
DI 4.2 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers.	Administrative components of the Food Service Core Rotation	N567 Management Issues in Dietetics Speaker Martha Rardin RD	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.	Objective met

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Department of Occupational Therapy

Mission: The mission of the Indiana University (IU) Department of Occupational Therapy (OT) is to provide a nationally recognized entry-level graduate professional program and advanced graduate education. Faculty and student scholarship increases opportunities for meaningful participation in individual, family and community life. Through collaboration with colleagues across IUPUI and the professional community, we explore initiatives and disseminate knowledge and approaches to improve overall health and quality of life for all persons. To this end, we embrace interdisciplinary and translational research as it relates to health, social participation, and rehabilitation sciences.

1. Department of Occupational Therapy Student Educational Goals

IU OT graduates will reflect the values of the AOTA Centennial Vision by being science driven, occupation-focused, evidence-based, professionals who assist individuals in meeting their occupational needs promoting participation at several levels. In concert with the IU Department of OT's mission, graduating students will demonstrate professional reasoning, communication, and reflection (Schön, 1983)

Learning Outcomes	Assessment Methods	Goal	Results	Changes
1. Being mindful, reflective, ethical and critical thinking practitioners.	Reflective Seminar Grade	80% of students receive a grade of B or higher	100 %	
2. Anticipating, analyzing and addressing occupational needs & using occupation-based interventions.	Occupation courses (I, II & III), Theoretical Foundations of OT course & Technology in OT course grades	80% of students receive a grade of B or higher	100%	
3. Advocate, communicate and contribute to OT in	Alumni Survey	80% agreement	100%	The survey indicated 78% stating yes. Analysis shows those who responded

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existing and emerging practice areas				“no” thought they needed to be doing both existing AND emerging areas of practice. Wording on Alumni survey will be revised for clarity on Class of 2014 Alumni Survey
4. Value and demonstrate professional engagement and community participation.	Alumni Survey	60%	72%	
5. Become role models, partners and collaborators attentive to minority and underserved populations.	Alumni Survey	50%	67%	
6. Discern entry-level positions that reflect their skills, interests, and abilities in a variety of practice settings.	Exit interviews with advisors	80% of students will discuss with their academic advisors the type of position they are considering upon graduation.	75%	After analysis, we learned all advisors did not meet with their Class of 2014 advisees. Some faculty sent out an e-mail asking their advisees to meet but did not require them to meet. So, a third of the students did not share what they were considering in terms of employment. The Exit Interview will be revised to capture the response for this item. And, Faculty will ask e revising the Exit Interview.
7. Value life-long learning through participation in continuing professional	Alumni Survey	80% will acknowledge one or many of these lifelong learning	100%	OT Faculty will develop more examples for this item for the next Alumni Survey to determine what alumni are doing to promote their

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development, specialty certification, and/or doctoral education		opportunities		professional development.
8. Analyze and synthesize program outcomes	Management Class	100%	100 %	

Note: **Red font** indicates action that will be taken during the 2014-15 academic year

5. Program changes for 2014-15 based upon data assessment of student learning outcomes
1. . See #s 3, 6 & 7 above

Occupational Therapy Report Summary

The program has connected outcome data with the program specific student learning objectives. The program was able to demonstrate attainment of benchmark outcomes for most of the student learning objectives for this year. The findings were based upon both direct and indirect measurement tools. The faculty did implement changes recommended from the last assessment process. Data analysis on these changes is ongoing and will be further explored during the next reporting period.

Implemented changes in 2013-2014	Impact of changes made	Additional Actions planned for 2014-2015
Implemented an item asking about whether students had a position or were pursuing a position with advisors as they exit the program.	Did get some useful data but it was not REQUIRED for advisors to meet with advisees.	See #6 above
Value Life Long Learning i.e. Specialty Certification, Membership in professional Organization and considering doctoral education.	Although students value life-long learning and were able to acknowledge one opportunity. It was not clear what other activities they also may be doing; three options provided were limiting.	See #7 above

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Department of Physical Therapy

Mission: The mission of the Department of Physical Therapy at Indiana University is to educate competent autonomous DPTS who, by their commitment to advance the health and quality of life for all, are leaders regionally, nationally and internationally. The faculty are dedicated to creating a collaborative environment demonstrating excellence in teaching and learning, research and creative activity and service to the community and profession.

Student Educational Goals: The Goal of the Department of Physical Therapy is to prepare autonomous Doctors of Physical Therapy who by their commitment to advance the health and quality of life for all humanity are recognized as leaders among health professionals and the community

Educational Program Plan: The curriculum of the physical therapy educational program is a balance of coursework in social sciences, humanities, and natural and health sciences. The curriculum incorporates strong foundational, clinical, and applied sciences that contribute to the unique body of knowledge in physical therapy and rests on five fundamental concepts.

1. Problem solving
2. Evidence-based clinical decision making
3. Guide to physical therapy practice
4. International Classification of Functioning model
5. Individual-centered approach to clinical decision-making

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Program Measurement: The program has identified 17 student learning objectives that are to be accomplished by the end of the three year curriculum. Seven of the seventeen are listed below with direct and indirect outcome measures to determine the impact of the curriculum on these learning objectives. Benchmarks for each source of measure were established by the faculty and reviewed annual at the Department's May retreat. Any findings not meeting the establish standard are highlighted in red. This report includes a comparison of similar data from the previous year to better understand any consistent trends.

Direct measurement: Board exam results

Indirect measurement: Post clinical surveys, Focus Group Interviews, Post-graduation surveys

DPT Program Student Learning Outcomes		Program Outcome Measures and Benchmarks				
		Post Clinical Survey (Percentages are an aggregate score of strongly agree or agree) Scores for Class of 2013/2014)	Focus Group Interviews conducted at the end of the three year program	Board Exam Taken after completion of the program, Class of 2010-11 (IU Score/National Ave.)	Post-Graduation Survey performed 6 months following graduation, Class 2010 - 2012 (Percentage scores reflect aggregate of Well or Very Well responses)	
		PGL	Benchmark:75% or above (Red indicates areas of needed improvement)	Benchmark: Consistent student reporting that correlates with other objective data (Red indicates areas of needed improvement)	Benchmark: Meet or exceed National Average (Red indicates areas of needed improvement) Score is out of 800	Benchmark:75% or above (Red indicates areas of needed improvement)
1	Practice as autonomous point-of-entry provides of physical therapy services in adherence to ethical, professional and legal standards within a variety of clinical and community settings.	1,2,3,4	Ethics Preparation 2013 – 100% 2014 – 97.1% Legal Preparation 2013 – 100% 2014 – 94.3%	Overall, student communicated that they felt very well prepared. Areas within the curriculum that were considered weaknesses included: therapeutic exercise, integration of modalities, and dealing with dementia	Examination 2014- 687 (Exceeds national average by 2%) Intervention 2014 – 683 (Exceeds national average by 1%)	Ethics Preparation (Good or Outstanding) 2012-93% 2013-100% Legal Preparation 2012-81.3% 2013-78.58% Overall Preparation (At or above other recent graduates) 2012- 93.7% 2013-92.8%

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2	Communicate verbally and in writing with patient/clients and their caregivers, colleagues, legislators, third-party payors and other constituents.	3	Communicate 2013-100% 2014-100% Patient Education 2013- 100% 2014-97.3% Document 2013- 100% 2014-100%	Students felt one of the strengths of the program was their comfort with communicating with patients and colleagues	Not measured with this test	Communicate 2012-100% 2013-93% Patient Education 2012- 100% 2013-93% Document 2012- 86.6% 2013-78.6%
3	Demonstrate proficiency in providing culturally competent care across the lifespan.		Cultural Sensitivity 2013- 97% 2014-100%	Dr. Bayliss provided excellent mentoring in this area. Students felt well prepared	Not measured with this test	Cultural Sensitivity 2012- 86.6% 2013-85%
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.	2	Thinking Critically 2013- 100% 2014-97% Apply clinical decision-making 2013- 97% 2014-100% Use evidence with clinical decision making 2013- 94% 2014-97%	Overall students felt prepared to handle most environments. Students also felt they are prepared to handle the unexpected. The areas they would like to have more knowledge include integumentary and pediatrics	Examination 2014- 687 (Exceeds national average by 2%) Differential Diagnosis 2014 – 725 (Exceeds national average by 6%)	Thinking Critically 2012- 97% 2013-100%
5	Screen patients/clients to determine the need for further examination or consultation by a PT or referral to another health care professional.	2	Screening Patients 2013- 100% 2014-100% Consultation 2013- 94% 2014-88% Interdisciplinary Collaboration 2013- 98% 2014-100%	Students felt very comfortable with screening and feel ready to work in a direct access environment	Examination 2014- 687 (Exceeds national average by 2%) Differential Diagnosis 2014 – 725 (Exceeds national average by 6%)	Patient Screening 2012-100% 2013-100% Interdisciplinary Collaboration 2012-80% 2013-86% Consultation 2012-60% 2013-75%

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6	Demonstrate competence in examination and re-examination of a patient/client using evidence based tests and measures.	1,2	<p>Musculo Exam 2013- 83% 2014-86%</p> <p>Neuro Exam 2013- 75% 2014-73%</p> <p>Integ Exam 2013- 24% 2014-16%</p> <p>Cardio Exam 2013-66.8% 2014-70%</p> <p>Peds Exam 2013- 70% 2014-75%</p> <p>Geriatric Exam 2013- 86% 2014-93%</p>	Students felt very strong in most areas, biggest weakness was integumentary and pediatrics	<p>Examination 2014- 687 (Exceeds national average by 2%)</p> <p>Differential Diagnosis 2014 – 725 (Exceeds national average by 6%)</p>	<p>Musculo Exam 2012-100% 2013-100%</p> <p>Neuro Exam 2012- 93% 2013-100%</p> <p>Integ Exam 2012- 40% 2013-30%</p> <p>Cardio Exam 2012- 80% 2013-100%</p> <p>Peds Exam 2012- 60% 2013-22%</p> <p>Geriatric Exam 2012- 86% 2013-93%</p>
10	Implement safe and effective physical therapy intervention plans within a variety of care delivery settings including reflective practice leading to optimal outcomes.	1,2	<p>Musculo Rx 2013-84% 2014-88%</p> <p>Neuro Rx 2013- 88% 2014-70%</p> <p>Integ Rx 2013- 22.8% 2014-11%</p> <p>Cardio Rx 2013- 55% 2014-72%</p> <p>Peds Rx 2013- 41% 2014-40%</p> <p>Geriatric Rx 2013-98% 2014-88%</p>	Students felt well prepared, areas of weakness were integumentary, peds, and musculoskeletal	<p>Intervention 2014- 683 (Exceeds national average by 1%)</p> <p>System Specifics</p> <p>Cardio 2014 – 707.1 (Exceeds national average by 4%)</p> <p>Musculoskeletal 2014 – 696.9 (Exceeds national average by 3%)</p> <p>Neuromuscular 2014 – 684.2 (Exceeds national average by 2%)</p>	<p>Musculo Rx 2012-94% 2013- 93%</p> <p>Neuro Rx 2012- 87% 2013-100%</p> <p>Integ Rx 2012- 34% 2013-10%</p> <p>Cardio Rx 2012- 80% 2013-86%</p> <p>Peds Rx 2012- 86% 2013-94%</p> <p>Geriatric Rx 2012- 86% 2013-94%</p>

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6. Implemented changes in 2012-2013	7. Impact of changes made
Required Pro-bono participation in a student outreach clinic	All students were asked to commit two hours to participation at the student outreach clinic. Prior to the experience, students were surveyed. 25% of students said they would not have volunteered unless required to during the integrated clinical experience. Following participation, 100% of students said they would volunteer again. Significant increases in student perceptions related to civic engagement included a greater awareness of social responsibility and altruism related to their chosen healthcare profession. These findings will be presented in a platform format at a national conference in February 2015
Comprehensive Clinical Assessments	Implemented to address limited preparation for internships and low level skill performance. Examination and intervention courses created a combined final practical examination testing procedure that requires students to integrate learned material across the two courses. Results indicated that students felt more prepared for clinical internships because the testing procedure forced them to integrate material.
Complex Case Assessments	Implemented to address the integration of a comprehensive treatment approach to patients with multiple morbidities. 4 complex cases were developed and implemented within the final semester of the three year curriculum. Students were required to integrate material to answer questions from memory. Data analysis revealed both significant areas of learning as well as areas of limited integration. Minor changes to curricular teaching were made initially but major revisions were held prior to capturing more data.

8. New Actions for 2013-2014	
Student Learning Outcome Numbers from above that fell below benchmark levels	Actions planned to enhance learning
1,6,10	Integrate more therapeutic exercise application in the P646 Introduction to Therapeutic Exercise Course. Advanced exercise principles will be implemented with the P660 Selected Topics Course.
1,6,10	Change structure of modality education by introducing a “flipped Classroom” approach that will focus on more modality integration and less on the nuts and bolts.

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All	Identify direct measure of course activities for all student learning outcomes
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PT Program Review Summary

Overall students are performing above the national average on the licensure exam for all subcategories and overall outcomes. Students over the past two years have a 100% first time pass rate. Both direct and indirect measures of student learning indicate student performance across most student learning outcomes were good. Students were less than satisfied with the amount of education in the area of applied therapeutic exercise and modalities. This will be addressed with the proposed changes to the curriculum. The direct and indirect measures above indicate a moderate to high level of learning for most student outcomes. The program has implemented several changes to move to greater content integration that are currently under investigation. Data from these curricular changes will be reported on in the subsequent program reviews.

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Part 3: **PhD in Health and Rehabilitation Sciences**

The Department of Health and Rehabilitation Sciences currently offers a PhD in Health and Rehabilitation Sciences (first student admitted in fall 2008), a Master of Sciences in Health Sciences (no students currently enrolled) and a BS in Health Sciences (first students admitted fall 2010).

Mission: Designed to develop scholars who, through their leadership and original research, will contribute to the knowledge base in health and rehabilitation sciences. We envision program graduates emerging as leaders in education and research in universities, clinical faculties and industry.

Note: **(new 2013-14 goals added in red)**

Learning Outcome	Assessment	Benchmark	Outcomes	Changes
1. Articulate the theoretical frameworks of rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W660	Met	
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
2. Apply the theories of health promotion and disease prevention	Course grade	Each SHRS PhD student to pass SHRS W661	Met	
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
3. Demonstrate enhancement of knowledge base of health and rehabilitation sciences from an interdisciplinary perspective	Grades in core courses	Each SHRS PhD student to pass all PhD core courses	Met	
		Each SHRS PhD student to pass the comprehensive examination	Met	
4. Analyze health services	Course grade	Each SHRS PhD student to pass SHRS W662	Met	

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methodological approaches to rehabilitation				
	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination		
5. Critically evaluate research in health and rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W520	met	
	Dissertation work	<ol style="list-style-type: none"> 1. Each SHRS PhD student to have his/her dissertation proposal accepted 2. Each SHRS PhD student to have successful dissertation defense 	<ol style="list-style-type: none"> 1. No proposal 2. Met 	
6. Develop a course to include creating a syllabus, establishing learning outcomes, and identifying appropriate pedagogy	Course grade	Each SHRS PhD student to pass SHRS W672 or equivalent	Met	
7. Write a federal grant	Performance on Grant proposal project	Score on federal grant project At least 1 student will have a grant funded each year	Not Met	Place under faculty review.
8. Write a manuscript for publication	Submission ready manuscript	Through coursework or independent study, have manuscript ready for submission to a peer reviewed journal	Met	

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		At least 1 student each year will have an article accepted for publication		
9. Conduct original research in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	Met	
10. Communicate effectively with regard to research area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense At least 10% of students enrolled will have a peer reviewed presentation	Met	
11. Think critically to solve problems in area of expertise	Dissertation work	Each SHRS PhD student to have a successful dissertation defense	Met	
12. Meet ethical standards as set forth by the program	Evaluate ethical conduct	No SHRS PhD student to be charged with unethical conduct	Met	
13. All graduates to be employed in positions that utilize the knowledge and skills gained from the PhD	Post graduate interview	Each graduate employed in a position that utilizes the knowledge and skills gained from the PhD	Met	

PhD Summary findings

All objectives and benchmarks added for the 2013-2014 academic year are identified in red. Currently, there are 21 active PhD students, and of those, ten are in dissertation phase. Seven of the active PhD students are international. The PhD program had a total of two graduates as of spring 2014. The program had three students admitted for fall 2014 with all three accepting the offer of admission.

As we have gained experience, we have become more deliberate in our selection process in assessing a student's research preparation and interest, and identifying potential mentors. We have progressed to offering funding to a limited number of doctoral students.

School of Health and Rehabilitation Sciences

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Implemented changes in 2013-2014	Impact of changes made	Additional Actions planned for 2014-2015
Item #7. One student will have a grant funded.	This benchmark was not met.	This will be put under review by the core faculty. It must be determined if this is a realistic goal and if so how to incentivize or enforce this as a degree requirement.
Items #8, #10, #13	These outcomes were met.	Continue to monitor to insure that this year was not an outlier and that we maintain a stable performance.