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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 four 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, a Physician Assistant Program offering a Masters in the discipline, and the Department of Physical Therapy which offers an entry-level clinical Doctorate in Physical Therapy.

This report contains assessment data for two of the four professional programs (No reports from Nutrition and Dietetics & OT), the BS in Health Sciences and the PhD in Rehabilitation 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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Bachelor of Science in Health Sciences Degree

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

LEARNING BUNDLE	PULs	RISE	COMPETENCIES A	SSESSMENT B		OUTCO 1 2015-16	ME 2016-17	CHANGES PLANNED
Domain I : Knowledge of health care services in the	1A – Express and interpret information 1C – Use information		Students will be able to: 1. Use of library; avoiding plagiarism; identify campus resources (W100) (Freshmen FYS course)	Final Exam	See Note	45% FA	75% FA	
world, population health needs, and health sciences	resources and technology 2 - Critical thinking 3 - Integration & application of		Describe general components of U.S. healthcare system (W200) Identify current issues of critical importance in the	Final Exam Mock presentation	See Note	61% SP (first time offered) 94% FA 100% SP	92% FA 92% SP 96% FA 88% SP	
	knowledge. 5 – Understanding society and culture		allied health professions. (W210) 4. Describe the roles and responsibilities of health professionals. (W211)	Career Paper (instructor changed between FA & SP 2015-2016)	See Note	92% FA 100% SP	75% FA 86% SP	
			5. Demonstrate understanding of aging (W220)	Current Event Presentation	See Note	100% FA 100% SP	92% FA 94% SP	
			6. Identify major global health challenges. (W250)	Comprehensive Final Exam	See Note	100% FA 94% SP	97% FA 97% SP	

7 Differentiate variety of	Response Paper	See Note	100% FA	96% FA	Ţ
7. Differentiate variety of disabilities from clinical,	Response Paper	see note	100% FA 100% SP	96% FA 97% SP	
societal, and anatomical			100/0 31	21/0 DE	
viewpoints. (W264)					
(11 204)	Final Paper	See Note		Not offered	
8. Compare and contrast health	I mai I apoi	20011000	100% SP	1.50 5116164	
professions globally. (W270)			34.4 22		
	Final Paper	See Note		93% FA	
9. Explain the technology used	-		97% FA		
in rehab. settings. (W320)					
	Case				
10 5 1:	management	See Note	1000/ 51	86% FA	No change necessary at
10. Explain major issues in the	paper		100% FA		this time
rehabilitation administrative	r - T				
environment. (W330)		See Note		97% SP	
11. Describe psychological	Final Project	Sec Note	96% SP	71/0 BF	
aspects of developmental and) J / U D1		
physical disability. (W340)					
(refined competency between 2014-					
2015; new instructor 2016 SP)					
12. Demonstrate knowledge	Movie paper	See Note		87% FA	No change necessary at
regarding community	rwp**		100%FA		this time
resources for older adults.					
(W350)					
· · · · · · · · · · · · · · · · · · ·		See Note		92% FA	
13. Describe personal, cultural,	Final exam	See Note	97% FA	92% FA 95% SP	
environmental factors			92% SP	75/0 51	
affecting health. (W361)) 2/0 DI		
(refined competency between 2014-2015; new instructor 2016 SP)					
2013, new instructor 2010 SP)	Final Exam	See Note		70% FA	Change weekly
14. Understand impact of	riliai Exam		60% FA	80% SP	assignments to
policies, laws, and			70% SP		Reflective Journals on
regulations on health and					readings to better prep
health care setting and					for final exam
providers. (W362)		G N		020/ 54	
		See Note		83% FA	

		15. Apply ethical principles in health practice (W363)	Ethical analysis paper		97% FA 97% SP (different instructor than	97% SP	
		16. Formulate strategies to address the interrelationship of race, gender, culture, and ethnicity in rehabilitative services. (W365)(instructor changed between FA 2015 and SP 2016)	Final Paper (SP 2016)	See Note	94% FA 78% SP	92% FA 94% SP	
		17. Explain changes that occur across physical, cognitive, emotional, social domains of functioning. (W370)(course taught first time FA 2015)	Movie Reflection Paper	See Note	64% FA	85% FA (new instructor)	
		18. Describe health professionals practicing in developing countries. (W380)	Health Care Provider Paper	See Note	82% SP	Not Offered	
		19. Identify causes, symptoms, physiology & pathology of disabling conditions. (440)	Final Paper	See Note	100% FA	100% FA	
		20. Discuss difference between leadership & management (441)	Leadership paper	See Note	97% FA 97% SP (different instructor)	100% FA 94% SP (1 student missed # of assignments)	
		21. Explain relationship of aging on social functions. (W450)	Final policy paper	See Note	79%SP	94% SP	
Domain II : Practical Skills and Abilities	1A – Express and interpret information	Demonstrate understanding of ageism & impact on society's perception of	Education strategy & ppt. presentation	See Note	Not offered	90% SP	

	1C – Use information resources and technology 2 – Critical thinking	2	normal aging and pathology associated with aging Evaluate the variation of operations among various health facilities. (W410)	Agency comparison paper	See Note	78% SP	89% SP	
	3 – Integration and application of	3	. Understand how to write a grant. (W420)	Grant proposal	See Note	96%SP	100% SP	
	knowledge	1 4	. Identify & describe the roles of the collaborative professional team in the clinical setting (W430)	Observation experience & paper	See Note	Not offered	100% SP	
	4 – Intellectual depth, breadth, and adaptiveness	5	Demonstrate how to find, analyze, and summarize evidence on a self-selected health topic (W442)	Annotated Bib	See Note	77% FA 76% SP	83% FA (3 students did not complete most of course work) 90% SP	Implement Librarian developed tutorial on Annotated Bib preparation
		6	. Recognize, analyze, and evaluate health care services. (W445)	Program evaluation paper	See Note	74% FA (different instructor) 97% SP	92% FA 97% SP	
		7	. Compare & contrast US health care system with that of a country visited. (470)	Final paper		No students enrolled in course	No students enrolled in course	
Domain III: Responsibilitie s and Performance	5 – Values and ethics	1	Demonstrate proper documentation in all written papers; avoid plagiarism.	All course papers	No plagiaris m	No incident reported	No incidents reported	
						One incident	No incidents reported	

2.	Demonstrate integrity in	Course	No	related to a		
	completing assignments and	assignment and	incidents	final exam		
	taking exams; avoid cheating.	exams	reported	Illiai Cxaili		
	taking exams, avoid cheating.	Camis	reported	8 FA (2%)	10 FA (2%)	BSHS Program
				11 (3%) SP	23 SP (6%)	significantly increased
3.	Maintain a CGPA greater	cGPA	10% or	# students on	23 51 (070)	enrollment between
	than 2.0; avoid probation.	CGITI	less on	probation		2015-2017
	man 210, a vota procautom		probation			2010 2017
			for a			
			semester	1 student dismissed	3 dismissed	
				from program	FA (0.8%)	
4.	Maintain enrollment in	cGPA	<1 %	for failure to	, ,	
	Program until graduation;		dismisse	improve GPA after two		
	avoid dismissal.		d from	consecutive		
			the	semesters on		
			program	probation		
				71 (20%) on	106 (260() EA	
~	A 1 · 1 · 1 · 1 · .	G (GDA	50 /	Dean's list FA 116 (33%) on	126 (36%) FA 149 (42%) SP	
	Achieve high academic standard of 3.5 GPA each	Semester GPA	5% or	Dean's list SP	147 (4270) 51	
	semester.		greater placed on			
	semester.		Dean's			
			List			
			List	Results not yet	Results not yet reported	
				reported to	to Program	
6.	For students who choose to	Exit interview	90% or	Program	10 110 614111	
	apply to graduate school or		greater			
	seek employment in the		gain			
	health care system, they		entrance			
	achieve acceptance or		into			
	employment.		graduate			
			school or			
			secure			
			employm			
			ent		1,000/	
				100%	100%	

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	7. (For those students who are enrolled in stand-along certificates), complete one of three certificates.	Completion of required certificate courses	90% complete in three years				
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^{*}Benchmark: 90% of students must earn a grade of C or better.

Follow up impact of changes implemented between 2015-16 and 2016 -17 academic years

Implemented changes in 2016-2017	Impact of changes made	Additional Actions planned for 2017-2018
W100 Added instructor. Added a Bridge pre-semester course.	Improvement noted from 45% achieving "C" grade or better to 75% achieving "C" grade	Continue the Bridge pre-semester course. Consider offering a second Bridge section.
W450 Refined guidance for final paper	Improvement noted from 79 % achieving "C" grade or better to 94% achieving "C" grade.	No additional actions necessary at this time
W362 Eliminated final paper and used final exam as assessment of knowledge. Provided study guide for final exam.	Goal was to increase to 70% during 2016-17 academic year. Achieved 80% earning "C" grade or better by Spring semester.	Monitor the implemented change in weekly writing assignments to determine continued positive impact on final exam results. Reevaluate /rewrite exam questions for which students scored a high percent of incorrect answers.
Continue to emphasize prevention of plagiarism through education / tutorials	No incidents of plagiarism reported	Continue to encourage more instructors to include plagiarism prevention tutorial as a course requirement.

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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, digital videos, CPI data

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

DPT Program		Program C	Outcome Measures	and Benchmarks	
Student Learning	Post Clinical	Focus Group	Board Exam	Post-	Physical Therapy
Outcomes	Survey	Interviews	Taken after	Graduation	Measure of Educational
Gateomes	(Percentages	conducted at the	completion of	Survey	Program Quality (PT-
	are an	end of the three	the program,	performed 6	MEPQ)
	aggregate	year program		months	
	score of		Class of 2015-	following	Evaluation of Attribute
	strongly agree	Digital Stories	16	graduation,	Scores
	or agree)			(Percentage	
	Scores for	Class of 2016		scores reflect	
	Class of			aggregate of	
	2015/2016			Adequate,	
				Well or Very	
				Well	
				responses)	
				Class 2014 -	
				2015	
	Benchmark:7	Benchmark:	Benchmark:	Benchmark:7	Benchmark:80% or
	5% or above	Consistent student	Meet or exceed	5% or above	above (Red indicates
	(Red indicates	reporting that	National	(Red indicates	areas of needed
	areas of needed	correlates with	Average	areas of needed	improvement)
	improvement	other objective	Red indicates	improvement)	
		data	areas of needed		
			improvement)		

			(Red indicates areas of needed improvement)	Score is out of 800		
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.	Ethics Preparation 2016 – 97% 2017 – 100% Legal Preparation 2016 – 97% 2017 – 100% Integrity 2016 – 100% 2017 – 100%	Overall, students communicated that they felt well prepared. 95% of students indicated strong ethical preparation Areas within the curriculum that were considered weaknesses included: therapeutic exercise for orthopedics (shoulders, etc), modality integration; comprehensive eval and treatment for orthopedics	Examination 2016- 726 2017- 707 Intervention 2016 -720 2017- 700	Ethics Preparation 2015- 94% 2016 – 100% Legal Preparation 2015-72% 2016 – 100% Overall Preparation 2015-100% 2016 – 100%	Will receive data next year
2	Communicate verbally and in writing with patient/clients and their caregivers,	Communicate 2016-100% 2017-100% Patient Education 2016-100%	Students felt one of the strengths of the program was their comfort with communicating	Not directly measured with national board exam	Communicate 2015-100% 2016 – 100% Patient Education	Will receive data next year

	colleagues, legislators, third- party payors and other constituents.	2015-100% Document 2016-100% 2017- 97%	with patients and colleagues		2015-83% 2016 – 100% Document 2015-73% 2016 – 100%	
3	Demonstrate proficiency in providing culturally competent care across the lifespan.	Cultural Sensitivity 2016-97% 2017- 100%	100% of students felt well prepared to meet the needs of a culturally diverse population	Not measured with this test	Cultural Sensitivity 2015- 89% 2016 – 100%	Diverse and Engaged Students 2016 Students - 85% Faculty – 77%
4	Demonstrate decision-making skills including clinical reasoning, clinical judgment, and reflective practice.	Thinking Critically 2016- 95% 2017- 100% Apply clinical decision- making 2016-100% 2017- 100% Use evidence with clinical decision making 2016- 97% 2017- 100% Integrate Self- Reflection	Overall students felt prepared to handle most environments. Students also felt they are prepared to handle the unexpected. Students reported that reflective practice is critical for successful clinical practice. There were no significant areas of deficit noted for this content by recent graduates and alumni	Examination 2016 -726 2017 - 707 Differential Diagnosis 2016 -701 2017 - 711	Thinking Critically 2015- 89% 2016 – 100% Self-Reflective 2015- 95% 2016 – 100%	Will receive data next year

5	Screen patients/clients to	2016-100% 2017- 100% Screening Patients	100% of students felt comfortable	Examination 2016 -726	Patient Screening	Will receive data next year
	determine the need for further examination or consultation by a PT or referral to another health care professional.	2016-100% 2017- 97% Consultation 2016-97% 2017- 97% Interdisciplin ary Collaboration 2016-100% 2017- 100% Direct Access 2016-95% 2017- 100%	with the screening process. 90% of students are not confident clinically with direct access concepts because of limited exposure to practice settings that are functioning as a direct access clinic "Feel ready as entry level practitioner not much opportunity for direct access"	2017- 707 Differential Diagnosis 2016-701 2017- 711	2015- 89% 2016 – 100% Interdisciplin ary Collaboration 2015- 73% 2016 – 100% Consultation 2015- 88% 2016 – 100%	
6	Demonstrate competence in examination and	Musculo Exam 2016 – 100% 2017- 94%	A significantly high percentage of graduates and alumni expressed	Examination 2016 -726 2017- 707	Musculo Exam 2015- 100% 2016 – 100%	Will receive data next year
	re-examination of a patient/client using evidence	Neuro Exam 2016 – 100%	agreement with regard to their	Differential Diagnosis 2016 -701	Neuro Exam 2015- 100%	

	based tests and	2017- 92%	clinical	2017- 711	2016 – 100%	
		2017- 7270	competency.	2017-711	2010 - 10070	
	measures.	Integ Exam	competency.		Integ Exam	
		2016 -84%	Graduates		2015- 88%	
		2016 -84%	indicated the		2013-88%	
		2017-92%			2010 – 100%	
		G 11 F	lowest competency		G 11 F	
		Cardio Exam	was with		Cardio Exam	
		2016 – 92%	pediatrics 45%		2015- 100%	
		2017- 100%	and		2016 – 100%	
			integumentary			
		Peds Exam	clinical reasoning		Peds Exam	
		2016 – 73%	40%		2015- 88%	
		2017- 94%			2016 – 100%	
		Geriatric			Geriatric	
		Exam			Exam	
		2016 - 100%			2015- 100%	
		2017- 100%			2016 – 100%	
7	Evaluate all available	Exam Synthesis	Students felt well	Examination II	Establish a PT	Will receive data next year
	data (including	2016 – 100%	prepared to establish a	2016 -726	Diagnosis	
	examination, medical	2017- 100%	PT diagnosis and	2017- 707	2015- 100%	
	and psychosocial) to	Diagnasia	determine a prognosis	Practice Patterns	2016 – 100%	
	establish and	Diagnosis 2016 – 100%	for all types of patients	Cardiopulmonary		
	communicate a	2017-100%		2016 -720		
	physical therapy	2017 10070		2017- 706		
	diagnosis and to determine	Prognosis				
	patient/client	2016 – 100%		Musculoskeletal		
	prognosis.	2017- 100%		2016 -724		
	I O			2017- 707		
				Neurological		
				2016 -712		
				2017- 705		

				Integumentary 2016 -699 2017- 706		
8	Establish a collaborative physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based.	Establish plan of care 2016 – 100% 2017- 100% Apply evidence to plan of care 2016 – 100% 2017- 100%	Students felt competent in this area of clinical practice 100% of students believe the program has a strong basis in EBP, quotes: "I think we get more evidence than other programs" "A strength of this program"	No direct measurement with this test	Establish a Plan of Care 2015- 100% 2016 – 100%	Experiential Learning Faculty – 78 Students - 79
9	Demonstrate accountability for the efficient, coordinated management of care (primary, secondary, or tertiary) based on the patient's/client's goals and expected functional outcomes.	Patient advocacy 2016 – 100% 2017- 100% Accountability 2016 – 100% 2017- 100%	Students felt competent in this area of clinical practice	No direct measurement with this test	Coordinate Patient Care Management 2015- 100% 2016 – 100% Emulate Core Values 2015- 100% 2016 – 100%	Will receive data next year
1 0	Implement safe and effective physical therapy intervention plans	Musculo Rx 2016 – 100% 2017- 97%	Students expressed areas of strength as musculoskeletal, neurological, and	Intervention 2016 -720 2017- 700	Musculo Rx 2015- 100% 2016 – 100%	Will receive data next year

	within a variety of care delivery settings including reflective practice leading to optimal outcomes.	Neuro Rx 2016 – 100% 2017- 86% Integ Rx 2016 – 81% 2017- 92% Cardio Rx 2016 – 92% 2017- 86% Peds Rx 2016 – 81% 2017- 94% Geriatric Rx 2016 – 100% 2017- 100%	cardiopulmonary. Areas of weaknesses were integumentary, peds, and exercise prescription. For peds and integumentary, students expressed a lack of clinical exposure as the primary limitation in the preparation.	Cardiopulmon ary 2016 -720 2017- 706 Musculoskelet al 2016 -724 2017- 707 Neurological 2016 -712 2017- 705 Integumentary 2016 -699 2017- 706	Neuro Rx 2015-100% 2016 – 100% Integ Rx 2015-88% 2016 – 100% Cardio Rx 2015-100% 2016 – 100% Peds Rx 2015- 88% 2016 – 100% Geriatric Rx 2015- 100% 2016 – 100%	
11	Provide effective education for patient/clients, caregivers, colleagues and the general public.	Patient Education 2016 – 100% 2017- 100%	Students felt well prepared	Not measured with this test	Patient Education 2015- 83% 2016 – 100%	Will receive data next year
12	Contribute to the advancement of physical therapy practice through critical evaluation and informed application	Apply evidence with clinical decision making 2016 – 100% 2017- 100%	Students expressed an overall sentiment that the concepts of evidence based practice were well taught.	Not measured with this test	Evidence Based Practice 2015- 88% 2016 – 100%	Will receive data next year

	of the findings of professional and scientific literature.	Lifelong Learning 2016 – 97% 2017- 100% Professional duty 2016 – 100% 2017- 100%	Comments from students about PT applications like muscle energy demonstrate that some students lack the practical application of the concept.		Personal and Professional Growth 2015- 84% 2016 – 100%	
13	Complete accurate and concise documentation in a timely manner that supports the problem solving process and follows guidelines and specific documentation formats required by the practice setting.	Communicate 2016 – 100% 2017- 97% Document 2016 – 100% 2017- 100%	Students felt well prepared to communicate effectively in writing and orally	Not measured with this test	Communicate 2015-100% 2016 – 100% Document 2015-73% 2016 – 100%	Will receive data next year
14	Participate in the administration of PT services including delegation and supervision of support personnel, management planning, marketing, budgeting, reimbursement activities and clinical education of students.	Delegate Support Personnel 2016 – 97% 2017- 97% Leadership 2016 – 100% 2017- 100% Excellence 2016 – 97% 2017- 100%	Students rated supervision of personnel lower because of a lack of exposure during clinical internships. Students expressed understanding of legal and ethical issues related to delegation.	Not measured with this test	Delegate Support Personnel 2015- 95% 2016 – 100% Excellence 2015-95% 2016 – 100%	Research Activities Student - 72
15	Provide consultation services to individuals and groups including	Consultation 2016 – 97% 2017- 97%	Students felt well prepared but would	Not measured with this test	Consultation 2015-89% 2016 – 100%	Service learning Student - 78

16	by providing wellness and health promotion program appropriate to physical therapy. Formulate and implement a plan for personal and professional development and lifelong learning based on self-assessment, reflection and feedback from others.	Health & Wellness 2016 – 97% 2017 - 100% Professional growth 2016 – 100% 2017 - 100% Development Plan 2016 – 94% 2017 - 97% Lifelong Learning 2016 – 97% 2017 - 100% Professional duty 2016 – 100% 2017 - 100%	Students expressed a strong appreciation for the need to continue to learn beyond their entry level education. They also indicated that self-assessment is an important part to professional development Evidence – Digital stories	Digital Story/Portfolio 2015 – 80% indicated the project made them think more deeply about their future 2016 -100% indicated professional duty which includes lifelong learning as a key area for future practice	Health & Wellness 2015-100% 2016 – 100% Professional growth 2015- 100% 2016 – 100% Self-Reflective 2015- 95% 2016 – 100%	Professional Development Student – 90 Faculty - 100
17	Demonstrate social and professional responsibility through mentoring and participation in professional and community organizations and activities.	Professional advocacy 2016 – 100% 2017- 97% Professional Duty 2016 – 100% 2017- 100% Social responsibility 2016 – 100%	Students identified strongly with the desire to be a mentor or contributor to the profession Evidence – Digital stories	Digital Story/Portfolio 2015 – 90% indicated at least one of the 7 core values as critical to their ongoing success. 43% (3/7 core values) were discussed in students' reflections on	Responsibility for Mentoring 2015- 100% 2016 – 100% Advocacy for the profession 2015- 100% 2016 – 100% Emulate the APTA Core Values	Professional Development Student – 96 Faculty – 81 Service learning Student – 78 Leadership Growth Student – 77

2017- 100%	future pro		
	practice	2016 – 100%	
	2016 -100		
	indicated	at least	
	one of the	7 core	
	values as		
	their ongo	oing	
	success. 5	7% (4/7	
	core value	es) were	
	discussed	in	
	students'		
	reflections	s on	
	future pro	fessional	
	practice		

6. Implemented changes in 2016-2017	7. Impact of changes made			
Pediatric Course	The program developed an initial syllabus and content structure for a focused pediatric PT course. New adjunct faculty are being consulted for further development. Course implementation will occur in 2019.			
Geriatric Course	The program will transition from a lifespan course to one more focused on aging and mental health. The development of a syllabus structure and course design was created.			
Human Structure	Evaluation of student performance in the new Medical School Human Structure course was assessed. Students were found to be at a disadvantage when studying embryology and histology. Students felt poorly prepared for this content, as a consequence, the DPT students will be relocated into the D528 Human Anatomy for Allied Professionals in 2018			
Implemented changes in 2015-2016	Impact of changes made 2015/16	Impact of changes made 2016/17		

Change focus of exercise prescription to enhance student learning related to exercise for patients in P646 SLOs - 1,6,10	Course change was implemented in Spring 2016. The course was created around a progression of healing from acute to chronic recovery principles. Modalities and exercise were integrated into the educational approach. Students reported that the class was most effective at giving them hands on practical knowledge. 50% of the students enjoyed the flipped classroom style. Further development is needed to clarify expectations for students since the majority of the class is a laboratory format.	The changes implemented in the previous year were continued and slightly enhanced with updates to case studies. Overall, student feedback continues to support the outcomes relate to the changes initiated in 2016.
Clinical Decision-making and inter-professional education SLOs – 4, 5, 7	A one credit course for all students was developed and will be implemented in fall 2016. Development of interprofessional modules have been discussed with Occupational Therapy and the IUPUI Director for Interprofessional education.	DPT students engaged in the IPE TEACH curriculum for the first time in the spring and fall semesters. Assessment of their experiences is ongoing
Pediatric course content SLOs - 1,6,10	A More hands-on approach was implemented with observations and lab activities. It has been decided that the curriculum will be updated in 2018 to include an entire course dedicated to pediatrics.	Implemented integrated clinical exposure for students. Students participated in at least one day of observation of treatment sessions with a therapist and a child in the clinic
Professional Identity/Leadership SLOs – 12, 17	Implemented discussion in leadership class on the concept of change in the profession and that new graduates are the change agents. Discussed findings from previous students with current students regarding expectations for our graduates to lead change within the profession. Included further discussions on this topic in P664 Administration and Management. Will assess further at post clinical time in May 2017	Implemented professional Webfolio project for development of personal leadership outcomes. Provided students with opportunity to debate current professional topics in physical therapy as a way to develop leadership skills and advocacy.

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8. New Actions for 2017-2	8. New Actions for 2017-2018			
Student Learning Outcome Numbers from above that fell below benchmark levels	Actions planned to enhance learning			
Pediatric Course	Acquire course approval for the new Pediatric Rehabilitation course			
Geriatric Course	Acquire course approval for the new Aging and Rehabilitation course			
Human Structure/Anatomy	Evaluate student performance in the new human anatomy course D528 Human Anatomy for Allied Professionals			

PT Program Curricular Review Summary

Overall students are performing above the national average on the licensure exam for all subcategories and overall outcomes with a first time pass rate of 100% in 2017. Both direct and indirect measures of student learning indicate student performance across all student learning outcomes to be very good. Likert scale survey data indicated that students identified the strengths of the program's academic preparation to be in the areas of musculoskeletal and neuromuscular coursework, evidence based practice, clinical decision-making, integrated clinical education and professional core values.

Weaknesses were noted in the areas of exercise prescription and pediatrics. Students qualified their lack of comfort and preparation in these areas by suggested that most of it relates to a lack of clinical exposure; however, students felt changes to the curriculum related to exercise prescription should help future students. Student interviews also indicated a desire to have a more cohesive presentation on pediatric physical therapy. These issues are targets of the action plan for 2018 with an emphasis on curricular structural changes.

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Physician Assistant Program: August 15, 2016-August 14, 2017

Mission: The mission of the Indiana University Master of Physician Assistant Studies (IU MPAS) program is to prepare students for physician assistant practice, with a focus on urban and rural underserved communities in the state of Indiana, using an interprofessional team approach to education.

Educational Goals:

The goal of IU MPAS Program is to prepare physician assistant students for clinical practice and to provide the foundation for graduates to excel in the Physician Assistant Profession core competency areas of medical knowledge, interpersonal & communication skills, professionalism, patient care, practice-based learning & improvement, and systems-based practice. The IU MPAS program defined five program goals which are outlined below.

PA Competencies	Assessment Method	Goal	Result	Proposed Changes/Assessment
Medical knowledge	 Student retention/completion Passing didactic year courses with "C" or greater Program Summative examinations (OSCE & written) PACKRAT I FAMILY Medicine EOR exam PANCE 	 95% retention/completion rate 100% pass rate of all didactic courses 100% pass rate of summative evaluation 95% reach score of 124 or greater on PACKRAT at end of didactic year 100% reach score greater than 130 on PACKRAT at end of clinical year 100% students z>-1.65 of the national mean on Family Medicine EOR exam 	1. August 2016-July 2017: 4.5% attrition rate of students for 2018 cohort -one student withdrew during the first semester due to low performance in her courses and the second student was dismissed due to not meeting academic standards during the third semester; and 2019 cohort had 2% attrition due to a student withdrawing after one semester to begin a doctor of osteopathy program. Class of 2017 completed the program with an overall 6.8% attrition and one student decelerated with an estimated completion in October 2017 2. There were no course remediations for Class of 2018 and 2019. A 2017 student failed one clinical rotation	The admission criteria ware revised for the admittance of the class of 2018, which were intended to improve admission of qualified candidates who have the academic qualities and characteristics of self-driven students to excel in the program. Until this cohort completes the PANCE, it is difficult to directly assess if this pool of candidates increased the program pass rate; Early intervention for at-risk students will continue be implemented.

		7. 96% pass rate of PANCE	course and will need to remediate in Fall 2017, delaying her completion date. 3. Summer 2017: 100% of students who took the summative written examination passed and 100% of students were successful on the OSCE/practical assessment components.
			4. Class of 2017 PACKRAT scores at the end of the didactic year resulted in 92.7% earning a raw score 124 or greater out of 225 questions.
			5. Class of 2017 PACKRAT scores at the end of the clinical year resulted in 97.6 % earning a raw score 130 or greater out of 225 questions.
			6. 97.5% of students had z>-1.65, with a cohort average of 78.7%, which was above the national mean (76.17).
			7. The 2016 Class PANCE pass rate was 95% (41/43) with the two initial failures resulting in passes after the second attempt.
Interpersonal & communication skills	 Oral presentations in clinical courses Preceptor evaluations: a) Oral presentations are complete and concise, and include prioritization and 	 1. 100% earn "B" or above. 2. Cohort mean of 4. 3/5 or greater on a 5-point-Likert scale (3/5 = meets expectations). 	 2016-2017 clinical year 100% of students earned a "B" or above Class of 2017 mean: a) 4.23/5; b) 4.23/5 c) 4.41/5; d) 4.47/5 The benchmarks for preceptor evaluations were increased to 4.3 since subsequent cohorts had been meeting the 4.25 benchmark

	analysis of medical issues; b) Transcribes an accurate and organized patient record in either written/electronic form. c)Demonstrates ability to work cohesively with all health care practitioners in training; d) Demonstrates a respectful and collaborative attitude with all members of the health care team			2. Oral presentation skills during the didactic year were not as frequent with this cohort, which might explain the 4.23/5 for oral presentations. Likewise, the differentiation between "above expectations" and "exceeds expectations" may not be consistent with preceptors and "above expectations (4/5)" may need to be the benchmark.
Professionalism	 Professionalism selfassessment Preceptor evaluations: a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks; b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, 	 1. 100% participate in the self-assessment 2. Cohort mean of 4. 5/5 or greater on a 5-point-Likert scale (3/5 = meets expectations). 	 1. 100% Class of 2017 students participated in the self-assessment during the clinical year. 2. Class of 2017 mean: a) 4.47/5; b) 4.47/5; c)4.46 	 The Class of 2018 didactic year assessments were moved to Fall 2017 semester and will be in next year's report. The benchmark was increased this year to 4.5/5. The cohort average was near this benchmark. At this time we have not determined how many individuals did not meet the benchmark and will add to next year's report.

	and patients, at all times c) Responds positively and proactively to constructive criticism.			
Patient care	1. Preceptor evaluations: a) Conducts respectful interviews, with empathy and sensitivity. b) Demonstrates a skillful medical interview, resulting in a sufficient and essential medical history c) Demonstrates accurate physical examination techniques and ability to tailor the examination to the presenting problem. d) Demonstrates problem solving and critical thinking skills when developing an appropriate differential diagnosis. d) Selects and interprets appropriate diagnostic/lab studies.	1. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 = meets expectations).	1. Class of 2016 mean: a) 4.39/5 b) 4.2/5 c) 4.09/5 d) 4.07/5 e) 4.05/5 f) 4.05/5	1. a) continue opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum b) Increase patient opportunities to demonstrate history and physical examination skills in the didactic year prior to the clinical year c) A specific radiology and laboratory medicine course to the didactic curriculum effective Fall 2015; reassess effectiveness of curriculum with Class of 2017 once the performance report is available for the PANCE d) More opportunities for case-based learning in the clinical medicine and clinical therapeutics courses were implemented with the Class of 2017 and additional improvements with the Class of 208; reassess effectiveness of curriculum with Class of

	f) Formulates an appropriate prevention and treatment plan.			2017 and 2018 by way of PACKRAT and PANCE-PACKRAT I for Class of 2018 demonstrated a small increase from the 2017 cohort and a significant increase from 2016 cohort.
Practice-based learning & improvement	 Practice improvement project in K698 PICO scholarly project (K693 & K694) Course feedback in K693, K694, K698: a) I developed the ability to solve actual problems in this field. 	 90% earn 80% or better on PI project 90% earn 85% or better on PICO project Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) 	 97.5% (40/41) of Class of 2017 earned ≥80% on the PI project 100% of Class of 2017 earned ≥85% on the PICO project K693 3.32/5, K693 3.09/5, K698 3.3/5 	1. The benchmark for the PI project was revised this year. 2. There will be a change in faculty for the scholarly inquiry four-course series, with two of the 1-1.5 credit hour courses being eliminated as the coursework has demonstrated to be redundant and beyond the scope of practicing PAs. The N were low in the evaluations (25% of the respondents), though the comments will be taken into consideration when offering the K698 course again next year.
Systems-based practice	Course grade in K509 Preceptor evaluation: a) Demonstrates ability to work cohesively with all health care practitioners	 95% earn B+ or better in the course Cohort mean of 4.5/5 or greater on a 5-point-Likert scale (3/5 = meets expectations). 	 97.7% (43/44)of students in Class of 2017 earned B+ or higher in the course, with one earning B. Class of 2017 mean: a) 4.41/5 	1. Nothing at this time. 2. The benchmark was increased this year to 4.5/5. The cohort average was near this benchmark. At this time we have not determined how many individuals did not meet the benchmark and will add to next year's report.

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Physician Assistant Program

Program Goals	Assessment Method	Goal	Result	Proposed
				Changes/Assessment
Educate physician assistants to	1. PA competency graduate survey	1. 100% response rate; Cohort mean of 4/5	1. Class 2017 100% response rate; 50% of the six competency areas	The program instituted two diagnostic study modules
provide quality patient-centered	2. Post-graduation PA competency survey (6-	or greater on all areas (Self-report on	(Interpersonal & communication skills, Patient care, and	(laboratory medicine and radiology) with the Class of
health care	mos)	strengths: 4/5= good)	Professionalism), had means of	2017- the students ranked
	3. Employer survey	2. 75% response rate;	>4/5- though not all items in one of	their ability to diagnose
	4. PANCE results	Cohort mean of 4/5	these scales had means at 4/5 or	and manage patients
		or greater on all	greater. The other three categories-	higher than their medical
		areas (Self-report on	Medical Knowledge, Systems-based Practice, and Practice-Based	knowledge. This self-
		strengths: 4/5= good) 3. 250% response rate;	Learning and Improvement-	assessment may be reflective of these
		Employer mean of	received scores of 3.98, 3.88 and	modules.
		4/5 or greater on all	3.94 respectively.	2. The lower ratings may be
		areas	2. Class of 2016 46.5% (20/43)	due to over-confidence at
		(employer perception	response; only 2 areas were rated	the time of graduation
		of graduate	>4/5 (Interpersonal &	compared to being in the
		strengths: 4/5= good)	communication skills and	field autonomously as a
		4. 95% pass rate of	Professionalism). All areas were	practicing PA. Additionally,
		PANCE	markedly reduced from their	the N was <50%, which
			competency ratings at the time of graduation. 79% of graduates felt	may not be reflective of the views of the other half of
			the program adequately prepared	the graduated cohort.
			them for practice as a PA, 10.5%	3. Data to be used to identify
			were neutral and 10.5% disagreed.	areas of weakness in the
			3. Employer surveys not yet sent out	curriculum.
			for the Class of 2016.	4. Following the PACKRAT
			4. The Class of 2016 PANCE pass rate	results at the end of the
			was 95% (41/430) with the two	didactic year students are
			initial failures resulting in passes	identified for intervention
			after the second d attempt.	if they earned <130 as >124

				+/- 11 is predictive of PANCE success.
Recruit from, and place students for clinical education in regions with medically underserved communities.	 Admissions data Clinical year placement data 	 33% of matriculating students to be from an MUA 100% of students in the clinical year have one or more rotations with medically underserved populations 	 Class of 2018: 18% applicants from MUA, 47.7% of the students matriculated were from an MUA based on county assignments; 100% of Class of 2017 had clinical rotations in medically underserved areas due to placement at Eskenazi Community Health Center-Grassy Creek 	1. Increase recruitment from underrepresented populations and underserved areas; also increase profession awareness and mentor high school students to begin early recruitment and preparation for the IU MPAS program; participate in IU-HCOP to retain students from educationally and economically disadvantaged areas 2. Continue relationship with Eskenazi Community Health Center-Grassy Creek; increase opportunities in rural areas for students to complete clinical rotations
Develop the student's ability to	 K510 course grade Practice improvement 	1. 90% earn 85% or better on K510	1. 100% of Class of 2019 earned ≥85% in K510	There will be a change in faculty for the scholarly
practice evidence-	project in K698	course grade	2. 97.5% (40/41) of Class of 2017	inquiry four-course series,
based medicine,	3. PICO scholarly project	2. 90% earn 80% or	earned ≥80% on the PI project	with two of the 1-1.5 credit
reflect critically on	(K693 & K694)	better on PI project	3. 100% of Class of 2017 earned ≥85%	hour courses being
their clinical	4. Course feedback in	3. 90% earn 85% or	on the PICO project	eliminated as the
practice, and	K693, K694, K698: a) I	better on PICO	4. Class 2017: K693 3.32/5, K694	coursework has
	developed the ability	project	3.09/5, K698 3.3/5	demonstrated to be

develop life-long learning skills.	to solve actual problems in this field.	 4. Cohort mean of 4/5 or greater on a 5-point Likert scale (4/5=agree) 5. 		redundant and beyond the scope of practicing PAs. The N were low in the evaluations (25% of the respondents), though the comments will be taken into consideration when offering the K698 course again next year.
Educate physician assistants to provide culturally competent and sensitive health care	1. Preceptor evaluations: Conducts respectful interviews, with empathy and sensitivity.	1. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 = meets expectations).	1. Class of 2017 mean: 4.39/5	Increase opportunities to demonstrate empathy and cultural sensitivity in the didactic curriculum with standardized patients or actual patient opportunities; increase benchmark to 4.5
Educate physician assistants who demonstrate ethical and professional behavior with peers, patients, and families	 Professionalism selfassessment Ethics debates in K500 Preceptor evaluations: a) Demonstrates reliability and dependability with timely attendance, appropriate dress, preparation and completion of assigned tasks; b) Demonstrates a respectful attitude and works appropriately with preceptors, staff, 	 1. 100% participate in the self-assessment and peer evaluation 2. 100% earn 90% or greater. 3. Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 = meets expectations). 	 1. 100% Class of 2017 students participated in the self-assessment during the clinical year Class of 2019: 100% earned 95% or greater 2. Class of 2017 mean: a) 4.47/5; b) 4.47/5; c)4.46 	 The Class of 2018 didactic year assessments were moved to Fall 2017 semester and will be in next year's report. Reassess benchmark and identify more specific ways to measure ethical competency Increase benchmark to 4.5/5.

	and patients, at all times c) Responds positively and proactively to constructive criticism.			
Prepare students to address community health issues and health disparities in the context of societal and economic systems	 Group K505 health behavior change paper on specific populations K500 Exam I includes questions on health disparities and cultural competency Preceptor evaluations for Grassy Creek Community Medicine Rotation: a) Conducts respectful interviews, with empathy and sensitivity. 	 90% earn 85% or better on paper grade 90% earn 85% or better on exam Cohort mean of 4.25/5 or greater on a 5-point-Likert scale (3/5 = meets expectations). 	 Class of 2018: all 9 groups earned 85% or better. Mean: 94% Class of 2019: 95% earned an 85% or better on Exam I in K500 Class of 2017 mean: 4.39/5 	 The behavior change paper was revised to include individual proposals and then students were grouped by population or behavior to develop their intervention as a group. This process and the expectations of the project developed improved products. Evaluate the exam to identify areas of weakness and emphasize key concepts in future curriculum for the class. Increase benchmark to 4.5

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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:

Learnin	g Outcome	Assessment	Benchmark	Outcomes 2015/16	Changes
1.	Articulate the theoretical	Course grade	Each SHRS PhD student to pass SHRS W660	Met	
	frameworks of rehabilitation	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
2.	Apply the theories of health promotion	Course grade	Each SHRS PhD student to pass SHRS W661	Met	
	and disease prevention	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive examination	Met	
3.	Demonstrate enhancement of knowledge base of health and	Grades in core courses	Each SHRS PhD student to pass all PhD core courses	Partially met (1 student)	Not at this time.
	rehabilitation sciences from an interdisciplinary perspective		Each SHRS PhD student to pass the comprehensive examination	Met	
4.	Analyze health services methodological	Course grade	Each SHRS PhD student to pass SHRS W662	Met	

	approaches to rehabilitation	Performance on comprehensive examination	Each SHRS PhD student to pass the comprehensive	Met	
			examination		
5.	Critically evaluate research in health and rehabilitation	Course grade	Each SHRS PhD student to pass SHRS W520	Met	
		Dissertation work	 Each SHRS PhD student to have his/her dissertation proposal accepted Each SHRS PhD student to have successful dissertation defense 	No proposals were conducted. Met	1 student successfully proposed their dissertation in December 2015
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	New course established W664 The Professoriate in Rehabilitation
7.	Write a federal grant	Performance on Grant proposal project	At least 1 student will have a grant funded each year	Not met	This needs to be re- evaluated.
8.	Write a manuscript for publication	Submission ready manuscript	At least 1 student each year will have an article accepted for publication	Met	
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	At least 10% of students enrolled will have a peer reviewed presentation	Partially met (2 students).	

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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

Implemented changes in 2016-2017	Impact of changes made	Additional Actions planned for 2016-2017
Items #8, #10, #13 Continue to monitor to insure that this year was not an outlier and that we maintain a stable performance.	Item 13 seems stable but will continue to be monitored. Item 8 has improved to "partially met" but monitoring will continue. Item 10 seems stable but monitoring will continue.	Items 8 & 10 are under faculty review for modification to be limited to national peer-reviewed research publication and whether the % should be increased with appropriate inducements. It is anticipated that the addition of the
		research methods course W760 will improve skill sets.