2018-2019 Annual Program **Assessment Report Guide**

Please submit report to your department chair or program coordinator, the Associate Dean of your College, and to [james.solomon@csun.edu](mailto:james.solomon@csun.edu), Director of the Office of Academic Assessment and Program Review, by **September 30, 2019**. You may, but are not required to, submit a separate report for each program, including graduate degree programs, which conducted assessment activities, or you may combine programs in a single report. **Please include this form with your report in the same file and identify your department/program in the file name.**

**College:** College of Health and Human Development

**Department:** Physical Therapy

**Program:** Doctor of Physical Therapy

**Assessment liaison:**

1. **Please check off whichever is applicable:**

**A. \_\_\_x\_\_\_\_ Measured student work within program major/options.**

**B. \_\_\_x\_\_\_ Analyzed results of measurement within program major/options.**

**C. \_\_\_x\_\_\_\_ Applied results of analysis to program review/curriculum/review/revision major/options.**

**D. \_\_\_\_\_\_\_\_\_ Focused exclusively on the direct assessment measurement of General Education Arts and Humanities student learning outcomes**

**Overview of Annual Assessment Project(s).** On a separate sheet,provide a brief overview of this year’s assessment activities, including:

* an explanation for why your department chose the assessment activities (measurement, analysis, application, or GE assessment) that it enacted
* if your department implemented assessment **option A**, identify which program SLOs were assessed (please identify the SLOs in full), in which classes and/or contexts, what assessment instruments were used and the methodology employed, the resulting scores, and the relation between this year’s measure of student work and that of past years: (include as an appendix any and all relevant materials that you wish to include)
* if your department implemented assessment **option B**, identify what conclusions were drawn from the analysis of measured results, what changes to the program were planned in response, and the relation between this year’s analyses and past and future assessment activities
* if your department implemented **option C**, identify the program modifications that were adopted, and the relation between program modifications and past and future assessment activities
* if your program implemented **option D**, exclusively or simultaneously with **options** **A, B, and/or C**, identify the basic skill(s) assessed and the precise learning outcomes assessed, the assessment instruments and methodology employed, and the resulting scores
* in what way(s) your assessment activities may reflect the university’s commitment to diversity in all its dimensions but especially with respect to underrepresented groups
* any other assessment-related information you wish to include, including SLO revision (especially to ensure continuing alignment between program course offerings and both program and university student learning outcomes), and/or the creation and modification of new assessment instruments

1. **Preview of planned assessment activities for 2019-20.** Include a brief description as reflective of a continuous program of ongoing assessment.

# OVERVIEW OF ANNUAL ASSESSMENT PROJECT(S)

For the academic year of 2018-2019, the assessment plan focused on:

* SLO 2: Communicate in a professional manner to a diverse population in classroom activities and in clinical settings, and
* SLO 3: Practice in an independent and interdependent role in providing physical therapy services

In order to assess SLO2 and SLO3, a Professional Behavior Rubric was developed by the core faculty in the Physical Therapy Program. Additionally, student performance in clinical practice assessed through the Clinical Performance Instrument (CPI) was also designated for evaluation. Cohorts selected for analysis included Classes 61 and 62.

Main Goal: In 2016 there were 2 students below expectations for professional behavior; 3 in 2017 and 4 in 2018 with 2 failing their clinical practice due to lack of professionalism. In an attempt to improve consistency of assessment and improvement in this area, a professional behavioral rubric was implemented in the fall semester 2018 to be used as a standard tool throughout the entire DPT program and among all professors (full time and part-timers). The goals were to improve awareness of professional behavior, and standardization of assessment so that the Physical Therapy Department could remediate the situation and provide an opportunity for student growth prior to unsuccessfully finishing their clinical affiliation. Students were assessed before and after implementation of the Professional Behavior Rubric.

Outcome Measures:

Assessment of Professional Behavior Rubric:

The Assessment of Professional Behavior Rubric (attached) was implemented during fall semester 2018 with the purpose of promoting student awareness of their behaviors and to assess alignment with the professional behaviors and values necessary for success as a physical therapist. These values are stated in the Code of Ethics for the Physical Therapist provided by the American Physical Therapy Association (APTA). Detailed explanation and description of each item of the rubric was added to the Student Handbook. All faculty members (including part-time faculty) implemented this rubric within their syllabus. The 9 items of the Assessment of Professional Behavior Rubric include:

1. Critical Thinking: Participates in class in ways that indicate preparation, critical thinking & problem-solving.

2. Respectful Communication: Verbal, non-verbal & electronic communication with all individuals is considerate, courteous & with respect for one another.

3. Interpersonal Interaction: Conducted with self-awareness & self-control; is supportive, kind & culturally-sensitive to all individuals

4a. Accountability: Accepts responsibility for decisions & actions; follows through on commitments

4b. Punctuality & Time Management: Arrives to class/clinic/events & returns from breaks in timely manner, communicates absence in advance

5. Projects Professional Image: Dresses appropriately for setting, uses appropriate language & delivery & abides by conduct codes

6. Receptive/Reflective Feedback: Active listening, self-critiques, accepts & integrates feedback respectfully and non-defensively

7. Team Collaboration: Works with classmates in cooperative team effort; encourages others & delegates and accepts shared work

8. Stress Management: Awareness of stressors & reactions; able/willing to implement coping behaviors; asks for assistance if needed

9. Commitment to Learning: Takes responsibility for learning; is attentive & avoids disruptive behavior (side conversations, non-class work, electronic devices, sleeping, etc.)

The rubric may be used for student’s self-evaluation and/or as a feedback tool used by the faculty member as a mean to help to implement/suggest actions to remediate behavior and come up with a plan of action. The rubric may be rated as: demonstrates consistently, needs attention, Notification of Concern (NOC) (attached) or unable to observe. In the event there is a significant concern, a student may receive a NOC. This document will promote the student’s awareness of their professional behavior and will formulate a Plan of Action (POA) to correct and improve professional behavior. A copy of this signed NOC will be placed in the student’s record. An additional breach of this same professional behavior may result in a Notice of Deficiency (NOD) (attached) and is grounds for dismissal from the Doctor of Physical Therapy Program. If concerning behavior persists or if deemed egregious, the student will be required to meet with the Chair, a University official, or an otherwise designated group of faculty. At that point, a decision will be rendered relative to an appropriate course of action. The student will either be placed on probation or removed from the program or university. Egregious or repeated violations of professional behavior will result in a documented Professional Behaviors Notice of Deficiency Feedback Form that will be discussed and then signed by the student and the reporting faculty member. Feedback forms will be retained by the Department Chair. The student has the right to appeal the decision through appropriate University processes. It is also the expectation that students do not disturb the learning environment or general wellbeing of others outside of the classroom on the basis of race, color, creed, national origin, sex, age, handicap, marital status or sexual orientation. Civil right offenses lack compatibility with an inclusive philosophy rooted in respect for differences. As with all other offenses (civil, federal, etc.), students will be held accountable for their actions and behaviors while in the program. Upon awareness of an offense, the faculty will provide input to appropriate officials on the degree to which such behaviors violate departmental and professional standards.

Clinical Performance Instrument (CPI):

The CPI was created by the American Physical Therapy Association (APTA) and has been used nationwide. This is a standard clinical assessment tool used not only in the US, but also Canada and other countries. Within the CPI, several components may oversee different aspects of professional behaviors such as component 2 (Professional behavior), component 3 (Accountability), component 4 (Communication), and component 6 (Professional Development). These components of the CPI also reflect items addressed in the Professional Behavior Rubric.

Component 2 - Professional Behavior:

* + Definition: demonstrates professional behavior in all circumstances.
  + Sample behaviors:

a. Demonstrates initiative (eg, 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.

Component 3 - Accountability:

* + Definition: 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 underserve and underrepresented populations.

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

Component 4 - Communication:

* + Definition: 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).

Component 6 - Professional Development:

* + Definition: Participates in self-assessment to improve clinical and professional performance.
  + 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.

These components are all assessed by the Clinical Instructor during summer internship and some of these items are even considered by CPI as “red flag” criteria. A Red Flag Item, includes the items listed in CPI component 2, 3 and 4 above, and are all considered foundational elements in clinical practice. Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation, and a telephone call to the DCE (Director of clinical education). Possible outcomes from difficulty in performance with a red-flag item may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical experience.

Results:

Comparing the self-scores and CI scores for Professional Behavior category from the first internship among classes 61, 62 and 63, it was found that there were significant differences between cohorts p<.005. Differences were found between class 62 and 63 (p=.004) and 61 and 62 (p=.043) for self-score and for CI score differences were found between class 63 and 62 (p=.006).

Overall performance on Professional Behavior before and after the implementation of the rubric was analyzed. Comparing self-scores and CI scores, it was found significant differences between the years of 2018 and 2019 (p values of: p=.000 for self-score and p=.001 for CI score). Students demonstrated improvement in their overall scores for both categories, self-score and CI score. However, additional analysis is required to determine if these changes reflect the feedback provided by the professional behavior rubric or if it is due to the advancement of their abilities throughout the program.

Since implementation of the Professional Behavior Rubric during fall semester 2018, 4 students received Notification of Concern and 2 students received Notice of Deficiency (see attached sample NOC and NOD documents) within the classroom setting.

Two students failed to pass their summer internship in 2018 due to unprofessional behavior. Additionally, in that same year, 2 students were below expectations for professional behavior according to CI’s feedback. Prior years also raised a concern on the below expectation scores in 3 students in 2017 and 2 students in 2016. After implementation of the Professional Behavior rubric since fall semester 2019, we had no student failing their internship during summer 2019 due to lack of professionalism.

Conclusion:

As students have shown increasingly challenges with professionalism, we plan to continue to examine models that reflect longitudinal effectiveness for promoting and sustaining core values development. Based on the results from our first year implementation of the professional behavior rubric, we obtained positive results indicating that potentially the professional behavior assessment implemented in classroom is also reflected in the clinical practice experience. However, more analysis is required to determine if the natural advancement of their abilities throughout the program also play a role in improving their professional behavior. For the next academic year, we will continue to assess the impact of professional behavior rubric on the clinical affiliations, and possibly ask the CI to use the same assessment tool in the clinical practice and/or evaluate the same professional component of the CPI and determine what would be an appropriate cut off point to be used in the clinical setting considering different clinical experiences (e.g. first clinical experience versus second clinical experience). The ultimate goal is to provide timed feedback so that remediation and plan of action can also be implemented in the clinical practice experience as a result of using the professional rubric; also, to stablish more objective cut off points to be used as passing scores during theirs clinical affiliations. At the end of the semester, we will discuss about the experience of having this assessment tool in classroom and in the clinical affiliations; also, we will discuss if any student received any notification or required attention through the academic year. We will also reassess how many students had below expectations or failed on their clinical rotations due to unprofessionalism. The ultimate goal is to improve professional behavior in our students so all CSUN students can demonstrate appropriate professionalism in and outside school.

PREVIEW OF PLANNED ASSESSMENT ACTIVITIES FOR 2019-20

According to our 6-year Assessment Plan, we will assess SLO 2, SLO 3 and SLO4:

* SLO 2: Communicate in a professional manner to a diverse population in classroom activities and in clinical settings
* SLO 3: Practice in an independent and interdependent role in providing physical therapy services
* SLO 4: Practice as a reflective and competent clinician whose clinical decision-making skills are guided by ethical practice standards.

We plan to use both direct measurements (professional behavior rubric) and indirect measurements of CPI results to identify whether or not our students will be able to meet the goals of these two SLOs.