

UNIT REPORT

Physical Therapy (DPT) - 01.Reviewer's Report - Academic Data

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Physical Therapy (DPT)

Doctor Physical Therapy

Mission:

Doctor of Physical Therapy Program Mission: To educate physical therapists who embrace evidence-based practice, deliver compassionate care, embody professionalism, and lead by example in the profession and communities. The program's mission aligns with our department, college and university missions. The first part of the mission of the Program, to educate physical therapists, is consistent with the educational missions across divisions. Teaching is considered a fundamental role of the institution, and all faculty contribute to this mission. The program mission recognizes this essential role by placing education first and foremost in the mission statement. These educational missions are interwoven at each level with goals related to advancing fundamental knowledge and science. For instance, the Program seeks to educate physical therapists who embrace evidence-based practice, that is, apply the most current rehabilitation science to patient care. Therefore, the program is also addressing the department's goal to advance rehabilitation practice, and the preparation of clinical practitioners with a broad foundation is also consistent with the college's mission to advance the breadth of knowledge, the quality of science, and the attainment of professional distinction. The Program mission is also congruent with the missions of the University, College, and Department in acknowledging research and scholarship as integral to the educational process. The Program is dedicated to incorporating results of rehabilitation research and scholarship into the curriculum, where possible, as a means to enhance our student's learning experience. Many of our adjunct and core faculty are actively involved in the scholarship of discovery and lecture to the entry-level students, providing role models as clinical scientists as well as integration of scientific evidence throughout our curriculum. Finally, the Program mission is congruent with the missions of the University, College, and Department in valuing the role of service to the profession and the community. The institution views sharing the benefits of research and knowledge for the public good as a fundamental obligation. The College and the department embrace service as a means to promote the health and well-being of individuals as well as communities. Active participation and leadership in service is explicitly integrated into the DPT mission.

Program Type and Level: Professional Doctorate

Start: 07/01/2022

End: 06/30/2023

Program: Physical Therapy (DPT)

Program CIP: 51.2308

Site Information: On Campus (Residential)

If Other Site: :

Responsible Roles: Amy Ladendorf (aladendorf@ufl.edu)

PG 1 On-time graduation

Goal: On-time graduation of 100% of the students.

Program: Physical Therapy (DPT)

Evaluation Method:

Annual review of graduation data from registrar's office at the University.

Results:

75 students matriculated into the class of 2023. 73 of those matriculants graduated "on-time" in 2023. With respect to the two who did not - one student withdrew in the first semester from the program after deciding that a career as a physical therapist was not what they desired, and one student required an additional semester to complete program requirements due to health-related interruptions to the clinical experience/education portion of the DPT program.

PG 2 Pass rate on licensure exam

Goal: 100% pass rate on licensure exam.

Program: Physical Therapy (DPT)

Evaluation Method:

Review of the ultimate pass rate on the National Physical Therapy Exam (NPTE).

The NPTE is designed to assess entry-level competence after graduation from an accredited program or from an equivalent non-accredited program. This is a requirement for licensure for two reasons: 1) to ensure that only those individuals who have the requisite knowledge of physical therapy are licensed as physical therapists, and 2) to help regulatory authorities evaluate candidates and provide standards that are comparable from jurisdiction to jurisdiction.

Results:

There have been 2 opportunities for 2023 graduates to take the NPTE examination in 2023. 72 of 74 students have attempted the NPTE. 68 students have passed to date (94.4%). This method for calculating pass rate on the NPTE is working well.

PG 3 Prepared to practice

Goal: Graduates prepared to practice at entry-level in all practice settings.

Program: Physical Therapy (DPT)

Evaluation Method:

This goal is met when students are rated at "entry-level" performance by clinical preceptors/instructors using the Clinical Performance Instrument (CPI). The CPI was used to grade students on four (4) 8-wk full time clinical experiences in a minimum of three (3) different healthcare settings - high complexity and acuity care such as inpatient hospital acute care; moderate complexity and acuity, such as an inpatient rehabilitation facility; and low complexity setting such as an outpatient ambulatory care clinic. The tool contains 18 domains considered essential to physical therapist practice. All students receive "entry-level" by the final full-time internship.

Attached Files

[Clinical Performance Instrument.pdf](#)

Results:

74 students began the series of clinical experiences. All 74 students completed the sequence with a rating of "entry-level" clinical performance. This tool supported comprehensive and effective assessment of students' readiness for practice.

SLO 1 Knowledge

Outcome: Apply evidence-based practice concepts.

SLO Area (select one): Knowledge (Grad)

Assessment Methods Checklist: Paper(s) - includes reports, plans, other documents
 Project(s)
 Practica/Internship

Assessment Method Narrative:

Assessment methods:

1) Student reflection on applying evidence-based principles in current clinical practice is the framework for the final paper and presentation. PHT6930 Evidence Based Course 3 is in the final semester of the Program. Students give a presentation and participate in discussion of clinical decision making in the framework of evidence based practice and practice based evidence. The rubric for the final paper is included here.

| | 5 | 3 | 0 |
|---------------------------|--|---|-------------------------|
| Response to reviewers | Response to reviews includes detailed response to each reviewer comment | Response is included but does not address reviewer comments | No response included |
| Abstract | Abstract accurately reflects the contents of the paper and includes setting, characteristics, treatments, outcomes and reflection | Abstract reflects contents of paper but is missing at least one of the required elements | No abstract included |
| Setting | Setting is described in detail: Size of staff/clinic, Demographics/location (Rural/urban), Socioeconomics, Clientele, insurance, etc, General patient load diagnostic categories | Setting description is missing key elements needed to compare settings. | No information included |
| Patient group/s | Information about included patients is reported in detail: Diagnostic category, Demographic summary, Number of patients included, age, gender, Comorbidity. | There is partial information presented, or is missing key data needed to compare to benchmark | No information included |
| Outcome measures reported | Psychometrics of each measure including published metrics of change or those calculated, indications of validity for group are included. Choice for measurement time points are articulated. | Partial information is presented. Missing information about validity for patient group. | No information included |

| | | | |
|---|--|---|--|
| Treatment parameters | Treatment parameters are reported enough enough detail: interventions provided, general length of times of treatment. How interventions were chosen is presented. | Some detail is provided but not enough to replicate the general intervention plan or compare to other people in the same setting. | No information included |
| Treatment outcomes A | A summary of outcomes is presented (a table would work for this purpose). Missing outcomes and reasons for missing data is included. | A summary is presented but no information about missing data. | No information included |
| Treatment outcomes B | Average change in each outcome is presented, along with change in outcome/visit and proportion of patients who made measurable change in 2 and/or 3 visits. | Incomplete presentation of outcomes | No information included |
| Comparison to UFDPT class benchmarks for similar patient cohort | Outcome results are compared to the benchmark and potential reasons for difference (comorbidity, age, clinic/system characteristics) presented. | Outcomes are compared but no information about potential variance from benchmark. | No information included |
| Facilitators/Barriers | Reflection is included about the facilitators and barriers to completing this project including clinical and personal characteristics. | There is restating of results. Little or no reflection about about facilitators or barriers. | No information included |
| Future directions | Recommendations regarding clinical facilitators or barriers are included. Personal developemtn for future practice is included. | Limited detail provided about rrecommendations for future outcome collection. No reflection about future practice. | No information included |
| Writing "quality" | Well constructed paragraphs with minimal run on sentences. Punctuation, number agreement, tense is accurately used throughout. Statements are references and those references are presented. | Occasional punctuation and tense related mistakes. | Multiple errors: missing punctuation, number agreement and tense are mixed and inconsistent, long run on sentences, etc. No references included. |

2) Completion of the clinical outcomes quality improvement project. The data for this project are collected by all students during the final clinical experiences and is the basis for the paper in Assessment 1. Students collect outcomes across three time points in two different settings and calculate treatment efficiency and value of the care they provided based on current health economic principles.

3) Student performance of "entry level" in Clinical Performance Instrument (CPI) skills 7 through 14. Program faculty members specifically designated to handle clinical experiences contact the assigned clinical instructor at the end of week 1, at midterm, and at final to follow student's progress. The one-week time point catches any early "red flags" related to deficits in knowledge, midterm identifies applied knowledge and skills for focus in final 4 weeks, and final determines if student met "entry-level" for that type of clinical site. An exemplar skill, clinical reasoning, is included here.

**PATIENT MANAGEMENT
CLINICAL REASONING***



7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

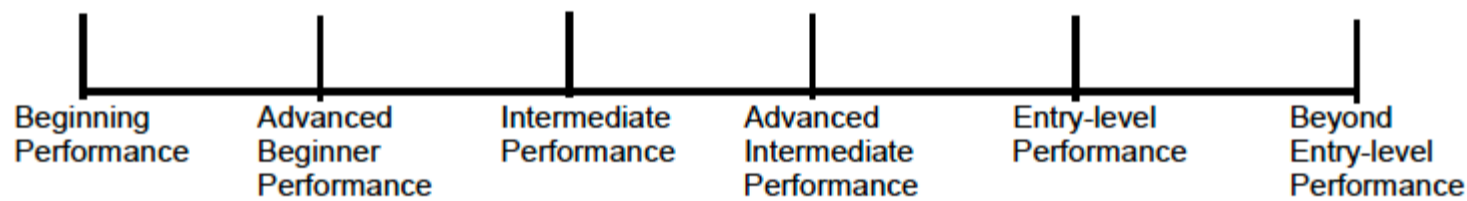
SAMPLE BEHAVIORS

- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
- b. Makes clinical decisions within the context of ethical practice.
- c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
- d. Seeks disconfirming evidence in the process of making clinical decisions.
- e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
- f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
- g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
- h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
- i. Assesses patient response to interventions using credible measures.
- j. Integrates patient needs and values in making decisions in developing the plan of care.
- k. Clinical decisions focus on the whole person rather than the disease.
- l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

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

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

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



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

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

1. All students received passing grades on the final paper and presentation in PHT6930 Evidence Based Practice 3.
2. All students submitted clinical outcome data and calculated efficiency and value for the quality improvement project.
3. All students reached entry-level performance on CPI skills 7 to 14.

The combination of these methods is functioning well. Overall, students were well prepared to provide evidence based care as all reached "entry-level" practice ratings on CPI skills that include knowledge and application of evidence based practice principles. There were no student weaknesses identified by these assessments.

SLO 2 Skills - Communication and cultural competence

Outcome:

Communicate expressively and receptively in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

SLO Area (select one): Skills (Grad)

Assessment Methods Checklist: Practica/Internship

Assessment Method Narrative:

Assessment method:

1) Performance on annual comprehensive exams - one administered when students were in the first year of the program and one administered in the second year. These annual competency examinations used standardized patients and students were assessed on their communication skills, including patient education. All students must pass these exams to move into the clinical portion of the Program.

2) Student performance Clinical Performance Instrument (CPI) skills #4 Communication; #5 Cultural Competence; #14 Educational Interventions; #17 Financial resources. Exemplar skills are included here.

PROFESSIONAL PRACTICE
COMMUNICATION*



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

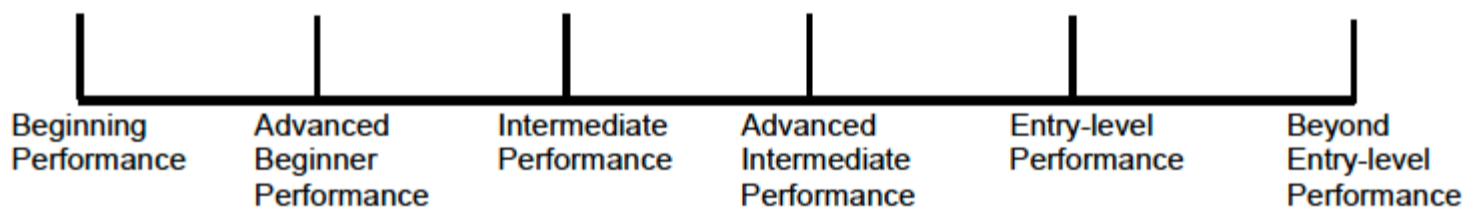
SAMPLE BEHAVIORS

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

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

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

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



**PROFESSIONAL PRACTICE
CULTURAL COMPETENCE***

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

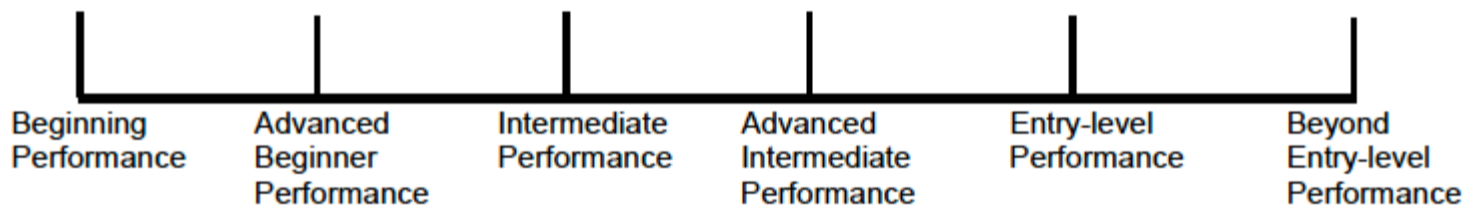
SAMPLE BEHAVIORS

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

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

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

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



SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

1. All students passed the competency examinations.
2. All students reached entry-level on CPI skills; however, communication with "policy makers" was not consistently performed for every student and thus not assessed for every student.

Strengths were the consistently high ratings for student on clinical skills related to communication with patients, families, health team members, billing and insurance companies. These ratings happened in both competency exams and on clinical experiences. Weaknesses were that not all students interacted (directly or indirectly with policy makers) in the past 12 months.

SLO 3 Skills - Prepared to practice at entry-level

Outcome: Prepared to practice in all entry-level practice settings and meet the multifaceted needs of patients.

SLO Area (select one): Skills (Grad)

Assessment Methods Checklist: Practica/Internship

Assessment Method Narrative:

The Clinical Performance Instrument was used to grade students on four full time internships in a minimum of three different practice settings based on the complexity of care and acuity of the patient health conditions. the CPI includes 18 domains consider essential to physical therapist practice. Students must reach "entry-level" performance, as rated by clinical preceptors/instructors, in all domains. Entry-level, in this context, is equivalent to independent or unsupervised practice.

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

All students reached "entry-level" on all CPI skills. This tool is functioning well and students are prepared to practice

SLO 4 Skills - Clinical reasoning skills

Outcome: Students will be able to use clinical reasoning skills

SLO Area (select one): Skills (Grad)

Assessment Methods Checklist: Faculty developed examination(s)/test(s)

Performance/Production

Practica/Internship

Assessment Method Narrative:

Assessment method:

1) Faculty developed examinations: Practical examinations are held in coursework that includes elements of patient care.

Students are expected to reach "intermediate" level on the Clinical Reasoning Assessment Tool prior to beginning full time clinical experiences. The tool includes areas of knowledge, psychomotor performance, and conceptual reasoning.

Conceptual Reasoning (Cognitive and Metacognitive Skills – data analysis and self-awareness/reflection)- entails the interrelationship and synthesis of information upon which judgment is made utilizing reflection and self-awareness. (Making sense out of all of the information)

Sample behaviors to assess and questions to ask:

1. Appropriately justifies, modifies, or adapts test/measure or intervention based upon patient case.
2. Interprets exam findings appropriately including interpreting information from the patient (communication)
3. Applies and interprets patient information across all aspects of the ICF model to justify test/measure or intervention
4. Active listening
5. What additional information do you need to make decisions/judgments?
6. What would you do differently if you were able to do this examination again?

VISUAL ANALOG SCALE (please mark)

| Beginner | Intermediate | Competent | Proficient |
|--|--|---|--|
| Justifies choice for a few tests and measures/interventions | Justifies choice for most tests and measures/intervention | Justifies choice for all tests and measure/intervention | Generates a hypothesis, understands patient perspective, and reasoning is a fluid, efficient, seamless process (demonstrates "reflection in action") |
| Able to identify some patient problems | Identifies relevant patient problems | Prioritizes problem list and incorporates patient goals into plan of care | |
| Interprets results of selected tests/measures | Generates a working hypothesis and begins to prioritize a patient problem list | Confirm/disprove working hypothesis and determines alternate hypothesis | |
| | | Synthesizes relevant patient data | |

Comments:

Resident must meet or exceed *identified level (Competent or Proficient)* for satisfactory completion in the following areas (please check):

Content Knowledge: Satisfactory Unsatisfactory

Procedural Knowledge/Psychomotor Skill: Satisfactory Unsatisfactory

Conceptual Reasoning: Satisfactory Unsatisfactory

General Comments:

2) Performance: Students participate in annual competency examinations. Students were assessed for competency in performing the clinical assessment and interventions including education, and clinical reasoning skills. A written section was included requiring students to address key concepts from the clinical classes (i.e. consideration of psychological factors, selective tissue tension testing, differentiating the medical and physical therapy diagnosis, and intervention selection) within the context of their given patient case scenario.

3) The Clinical Performance Instrument was used to grade students on the skill of “clinical reasoning” on four full time internships in a minimum of three different settings (acute, orthopedic, neurological). All students receive "entry-level" on final full-time experience.

PATIENT MANAGEMENT
CLINICAL REASONING*



7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

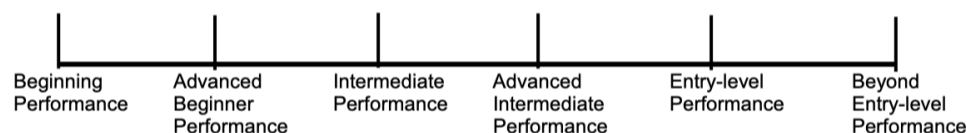
SAMPLE BEHAVIORS

- a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
- b. Makes clinical decisions within the context of ethical practice.
- c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).
- d. Seeks disconfirming evidence in the process of making clinical decisions.
- e. Recognizes when plan of care* and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
- f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
- g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
- h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
- i. Assesses patient response to interventions using credible measures.
- j. Integrates patient needs and values in making decisions in developing the plan of care.
- k. Clinical decisions focus on the whole person rather than the disease.
- l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

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

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

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



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

Midterm Final

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

All students passed the competency examination, were rated at intermediate clinical reasoning prior to experiences and rated at entry-level by the end of clinical experiences. The tools are providing useful information to gauge readiness for clinical experiences. Students who showed deficits in clinical reasoning in the first year competency worked on development plans with content expert faculty and were able to reach intermediate level.

Strengths were consistently high ratings of student performance by clinical instructors on clinical reasoning.

SLO 5 Skills - patient education

Outcome: Educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

SLO Area (select one): Skills (Grad)

Assessment Methods Checklist: Faculty developed examination(s)/test(s)
Performance/Production
Practica/Internship

Assessment Method Narrative:

Assessment method:

1) Practical examinations are used in courses that include clinical skills to assess student mastery of these skills. Each practical examination has a section related to patient education that must be completed by all students. These section include assessment of the the extent to which students 1) consider influences of patient background and identity on learning styes and 2) modify education based on these considerations; eg teaching style, patient resources including literacy, educational materials).

- 2) Students complete an annual competency exam (ie one in Year 1 and another in Year 2) that test skills across domains. Each competency includes a patient education domain. Students were assessed on their communication skills and competency in performing patient education (e.g. explain an intervention or home exercise) with a similar emphasis to that in the practical exams.
- 3). The Clinical Performance Instrument (CPI) #14 is used to grade clinical performance of students In the domain of patient education. CPI #7 also rates whether students take learner needs into account. All students must reach entry-level.

PATIENT MANAGEMENT
EDUCATIONAL INTERVENTIONS*

14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.

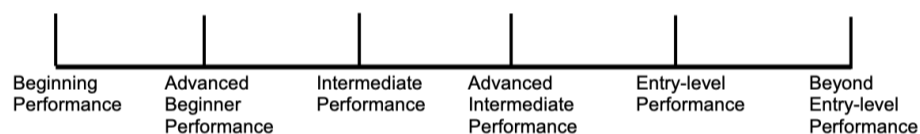
SAMPLE BEHAVIORS

- a. Identifies and establishes priorities for educational needs in collaboration with the learner.
- b. Identifies patient learning style (eg, demonstration, verbal, written).
- c. Identifies barriers to learning (eg, literacy, language, cognition).
- d. Modifies interaction based on patient learning style.
- e. Instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community.
- f. Ensures understanding and effectiveness of recommended ongoing program.
- g. Tailors interventions with consideration for patient family situation and resources.
- h. Provides patients with the necessary tools and education* to manage their problem.
- i. Determines need for consultative services.
- j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments*, corporate environmental assessments*).
- k. Provides education and promotion of health, wellness, and fitness.

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

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

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



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

Midterm Final

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

100% of graduating students passed practical examinations, annual competency examinations and were competent in patient education interventions on clinical experiences. The combination of assessments provided a comprehensive view of student performance on this communication skill and thus functioned well.

That all students reached entry-level was considered a strength by DPT program faculty members.

SLO 6 Professional Behavior

Outcome: Demonstrate social responsibility and advocacy.

SLO Area (select one): Professional Behavior (Grad)

Assessment Methods Checklist: Project(s)
Practica/Internship

Assessment Method Narrative:

1) Expected professional behaviors are based on the physical therapists professional code of ethics (which includes social responsibility and advocacy) and were introduced to students in semester 1 of year 1.

Performance on expected professional behaviors was rated in coursework across the curriculum. An example section of the professional behaviors rubric is shown here and an example rubric for a service project presented in final semester.

PROFESSIONALISM: BEGINNING LEVEL *****

Abides by all aspects of the academic program honor code and the APTA Code of Ethics

Demonstrates awareness of state licensure regulations

Projects professional image

Attends professional meetings

Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

2. Student performance on the Clinical Performance Instrument (CPI) #2 - Professional behavior

PROFESSIONAL PRACTICE
PROFESSIONAL BEHAVIOR



2. Demonstrates professional behavior in all situations.

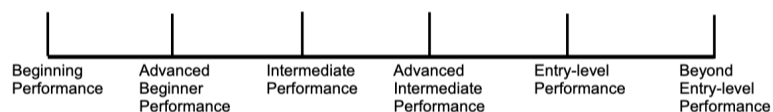
SAMPLE BEHAVIORS

- 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.

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

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

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



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

Midterm Final

and #12 - Plan of Care (which include advocating for patients access to care).

PATIENT MANAGEMENT
PLAN OF CARE*

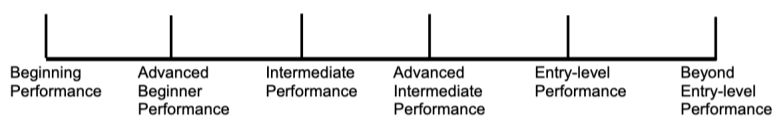
12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.

- SAMPLE BEHAVIORS**
- a. Establishes goals* and desired functional outcomes* that specify expected time durations.
 - b. Establishes a physical therapy plan of care* in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
 - c. Establishes a plan of care consistent with the examination and evaluation.*
 - d. Selects interventions based on the best available evidence and patient preferences.
 - e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
 - f. Progresses and modifies plan of care and discharge planning based on patient responses.
 - g. Identifies the resources needed to achieve the goals included in the patient care.
 - h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
 - i. Discusses the risks and benefits of the use of alternative interventions with the patient.
 - j. Identifies patients who would benefit from further follow-up.
 - k. **Advocates** for the patients' access to services.

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

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

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



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

Midterm Final

Attached Files

[PHT6504 HPW3 Rubrics.docx](#)

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

All students demonstrated professional behaviors at the expect level to begin clinical experiences. All students reached entry-level performance on the professional behavior and plan of care skills on those experiences. At the individual course level, professional behaviors were assessed and graded with differing methods (eg points awards, points deducted, etc) and consistent rubrics across the entire curriculum are being developed for the next cycle.

SLO 7 Skills AND Professional Behavior

Outcome: Apply knowledge and skills to practice physical therapy.

SLO Area (select one): Professional Behavior (Grad)

Assessment Methods Checklist: Faculty developed examination(s)/test(s)
 Practica/Internship

Assessment Method Narrative:

Assessment method: 1) Annual competency exams with standardized patients. Students complete skills checks in case based scenarios with skills performed on standardized patients. Criterion to pass on the individual level is 80% with no safety violations. Scores below 80 require remediation and successful retake before beginning clinical experiences.

2) Student performance Clinical Performance Instrument (CPI) in domains related to examination, intervention, plan of care and patient management.

SLO Not Assessed This Year:

Threshold of Acceptability: 100

How many students did you assess for this outcome?: 74

How many students met the outcome?: 74

What percentage of students met the outcome?: 100

Does this meet your threshold of acceptability?: Yes

Results:

The assessment methods are working well. All students reached entry-level ratings on clinical performance of **examination, intervention, plan of care and patient management skills** prior to graduation.

Programmatic Use of Results

Improvement Types Checklist: Revised one or more existing Student Learning Outcomes (SLOs).

Removed one or more SLOs.

Added one or more SLO assessment methods.

Revised one or more existing Program Goals.

Use of Results for Improvement Narrative - Required:

The results were reviewed and summarized by the program director, director of curriculum and director of clinical education for the Doctor of Physical Therapy program, and shared with program faculty. Several areas were identified where changes could be implemented to improve process efficiency and provide more global assessment of outcomes.

Goal1. Based on review of previous years' outcomes, endorsement of building an inclusive learning environment for all learners by the DPT program, and increasing economic pressures on students, faculty discussed that expecting one or more students may need additional time to complete all program requirements is reasonable and a more accurate goal. Therefore, the review team recommended that the criterion for this goal will change from 100% on time to 95% on time. A modification to the AAP will be submitted for the next cycle.

Goal 2. Change this to "100% ultimate pass rate on licensure exam" to clarify which pass rate is to be reported.

Goal 3. All students graduating from the Program must attain "entry-level" ratings across the skill domains of the Clinical performance Instrument, which is a performance based instrument. We plan to add questions to exit interviews to determine if students also believe themselves to be prepared to practice across different healthcare settings. This will provide additional qualitative information regarding student perceptions of their level preparedness to practice.

SLO1: No needed changes were identified.

SLO2: Review of this goal indicated that the assessment of student interaction with policymakers was not being effectively captured. A modification to the assessment plan, approved by faculty, will be submitted to add assessment of these interactions.

SLO3. A revision of this goal is needed to remove "all", as it is impossible for a student to complete supervised experiences in "all" healthcare settings given there are only four clinical rotations that a student will complete.

SLO4: No needed changes were identified.

SLO6: After review of progress in this SLO and discussion with faculty, the faculty agreed to add additional assessments, for example, the American Physical Therapy Association Professional Behavior Development tool, to this SLO to better track outcomes related to professional behaviors.

SLO7: This outcome is redundant with #3 and #6 and does not provide the program with additional Information needed to assess student outcomes. The faculty agreed that this SLO be removed in the next cycle.

Program Results Not Reported This Year:

Program Results Reporting Complete: true

Doctor Physical Therapy AAP Detail

Providing Department: Physical Therapy (DPT)

Assessment Cycle:

Analysis and Interpretation: June

Program Modifications: Completed by Summer A

Dissemination: Completed by Summer B

| SLOs | Year | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 |
|------------------------------|------|-------|-------|-------|-------|-------|-------|-------|
| Content Knowledge | | | | | | | | |
| #1 | | X | X | X | X | X | X | X |
| Skills | | | | | | | | |
| #2 | | X | X | X | X | X | X | X |
| #3 | | X | X | X | X | X | X | X |
| #4 | | X | X | X | X | X | X | X |
| #5 | | X | X | X | X | X | X | X |
| #6 | | X | X | X | X | X | X | X |
| Professional Behavior | | | | | | | | |
| #7 | | X | X | X | X | X | X | X |

SLO Assessment Rubric:**Assessment Oversight:**

| Name | Department Affiliation | Email Address | Phone Number |
|---------------|------------------------|--|--------------|
| Mark Bishop | PT | bish@php.ufl.edu | 273-6112 |
| Amy Ladendorf | PT | aladendorf@php.ufl.edu | 273-6507 |
| Gloria Miller | PT | gtmiller@php.ufl.edu | 273-6109 |

Methods and Procedures - Undergraduate and All Certificate Programs:**Curriculum Map - Undergraduate Degree Programs:****Research :**

The Doctor of Physical Therapy is a professional degree. As a result the students are not required to complete individual research projects, but do complete a quality improvement project based on their clinical outcomes and benchmark outcomes related to the overall class performance in different clinical practice domains. These projects are completed in collaboration with physical therapy faculty members with content and scientific writing expertise. Students formulate their own clinical questions and hypotheses, and collect de-identified clinical data during their clinical education affiliations and then analyze these data in the final class (PHT 6609: Evidence Based Practice III). In this class students complete a scientific paper that meets the submission requirements for our profession's peer review journal (*Physical Therapy*) and create a poster that conforms to submission requirements for our profession's annual meeting (American Physical Therapy Association Combined Sections Meeting).

SLO Measures - Graduate and Professional Programs:**Indirect Assessments**

We are required by the Commission on Accreditation in Physical Therapy Education (CAPTE) to evaluate our program yearly gathering and analyzing data including indirect measures such as admission, enrollment and application means, graduation and retention rates, and employment placement.

CAPTE also requires a survey of graduating students (yearly), alumni, and employers. Graduated students rate their perceived competence in meeting healthcare and academic objectives on five point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Average scores of 3 (Agree) or better are expected.

CAPTE evaluates all performance data listed above and student performance on the NPTE exam (below) every year.

Direct Assessment Measures

Evidence-based Research Evaluation Paper and Poster – Student performance on scientific paper and poster presentation. Each student must achieve an equivalent of 80% competency.

American Physical Therapy Association (APTA) Clinical Performance Instrument (CPI) for students – National evaluation process for student performance on clinical rotations. Each student must meet a 100% competency for safety, 90% competency for skills related to professional behavior (Professional Behavior/Accountability), and a minimum of 80% competency on the remaining 17 skills.

Comprehensive skills examination – Administered at the end of Year 1 (semester 3) and the end of Year 2 (semester 5). Each student must achieve a score equivalent to 80% competency.

Case studies emphasizing critical thinking (administered in several courses to include PHT6189C: Examination/Evaluation, PHT 6186C: Motor Control I, PHT6761C: Neurorehabilitation I, and PHT6190C: Motor Control II) – Each student must achieve a minimum score of 80% competency. Rubric attached.

Service learning project/presentation – Each student must achieve an equivalent of 80% competency.

Performance on the National Physical Therapy Examination (NPTE) – To remain accredited CAPTE requires 80% of first time test takers to pass the exam.

Procedures

Faculty members from the DPT program meet yearly in the summer semester to review the curriculum and student performance. At this meeting the Program Director and Curriculum Coordinator present summary data from the measures listed above, and action plan for any concerns is formed by the faculty group, including the formation of committees and task forces with specific charges to complete the action plan. Improvements are implemented by faculty and staff as warranted by the action plan.

Attached Files

[Case study Rubric.docx](#)

Assessment Timeline - Graduate and Professional Programs:

Assessment Timeline for Doctor of Physical Therapy

| Assessment | Assessment 1 | Assessment 2 | Assessment 3 | Enter more as needed |
|------------------------------|----------------------|-------------------|--------------|----------------------|
| SLOs | | | | |
| Knowledge | | | | |
| #1 | Spring 2023 | Spring 2023 | Spring 2023 | |
| Skills | | | | |
| #2 | Summer 2021, 2022 | Spring 2023 | | |
| #3 | Spring 2023 | | | |
| #4 | Semester 1 through 6 | Summer 2021, 2022 | Spring 2023 | |
| #5 | Semester 1 through 6 | Summer 2021, 2022 | Spring 2023 | |
| Professional Behavior | | | | |
| #6 | Summer 2021, 2022 | Spring 2023 | | |
| #7 | Summer 2021, 2022 | Spring 2023 | | |

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