MARYMOUNT UNIVERSITY
Arlington, Virginia

STUDENT LEARNING ASSESSMENT REPORT

Academic year 2014-2015

PROGRAM: Health Sciences (B.S.)
SUBMITTED BY: Michelle Walters-Edwards. Chair and Associate Professor, Department of Health and Human Performance.
DATE: 9.30.2015
BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:
Documents are stored electronically and in hard copy at the desk of Dr. Michelle Walters-Edwards, Malek School of Health Professions, Caruthers Hall, room 2031 or in some cases with the instructor of the noted course.

EXECUTIVE SUMMARY

Program description from the Course Catalog: This undergraduate program, grounded in the Liberal Arts Core of the university, provides students resources for developing professional skills in exercise testing, physical activity leadership, health and fitness assessment, exercise programming, wellness coaching and health promotion. Graduates are prepared for beginning administrative, supervisory, and leadership positions in commercial and community health and athletic clubs, in corporate fitness and wellness programs, and for graduate study in health education, exercise science, occupational therapy, athletic training, chiropractic medicine, physical therapy and public health. In addition, qualified students may apply for an accelerated B.S. to M.S. program in Health Education and Promotion.

Students will choose from three emphasis areas: Health Promotion, Pre-Physical Therapy, or Pre-Professional. Students completing the baccalaureate degree in Marymount's Health Sciences programs are prepared to apply for Health and Fitness licensures such as the Certified Personal Trainer or Certified Exercise Physiologist licensures by the American College of Sports Medicine (ACSM).

Upon successful completion of this program, students will be able to:

Learning Outcomes:

Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
Demonstrate the knowledge and skills required to function as competent entry-level professionals in the health/fitness industry as determined by the ACSM or to attend graduate school (physical therapy, occupational therapy, chiropractic) if they desire	2010-2011	Yes	2017-2018
Acquire and demonstrate competence in using technology-based and non-technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications pertaining to health both in the classroom and at off-campus settings as determined by the ACSM	2013-2014	No	2016-2017
Demonstrate the ability to effectively educate and/or counsel individuals regarding lifestyle modification	2010-2011	Yes	2017-2018
Successfully respond in a rational, sensitive, and critical thinking manner about values and ethics in the health and wellness field	2012-2013	No	2016-2017
Demonstrate an ability to use technology in the classroom, in designing and evaluating health promotion programs, and/or in the clinical setting	2013-2014	No	2016-2016
Gather, evaluate, and utilize appropriate information to address the health needs/concerns of individuals or groups	2013-2014	No	2017-2018

Describe how the program's outcomes support Marymount's mission, strategic plan, and relevant school plan:

The Health Science program is designed to prepare students for a career in the health and wellness industry. The program uses as its guiding principle recommendations set forth by the American College of Sports Medicine (ACSM) which is the premier organization in the field of health and fitness. ACSM offers several professional certifications, including the *ACSM Certified Personal Trainer and the Certified Exercise Physiologist* licensures, which presupposes a diversity of knowledge, skills, and abilities of the applicant and professional. Candidates who successfully complete the ACSM qualifications must have at least an Associate's Degree

and are qualified to work with special populations with medically controlled diseases who have been cleared by their physician for independent exercise (www.acsm.org).

The Health and Human Performance (HHP) Department has used these recommended competencies in the development of learning objectives throughout the core health sciences curriculum. The above is in harmony with the MU mission of being "Committed to the liberal arts tradition, the University combines a foundation in the arts and sciences with career preparation and opportunities for personal and professional development. Marymount is a student-centered learning community that values diversity and focuses on the education of the whole person, promoting the intellectual, spiritual, and moral growth of each individual." Further, "Scholarship, leadership, service and ethics are hallmarks of a Marymount University education".

In January of 2011, the HHP Department moved into the new Malek School of Health Professions (Caruthers Hall). The HHP Department acquired its first ever HHP designated laboratory facility ("Kinesology Lab", room 2034) which houses new state-of-the-art equipment which helps to foster an "academic vision that emphasizes intellectual rigor; outstanding instruction; state-of-the-art facilities, technology, and learning resources." The Health Sciences program strives to uphold and exceed industry standards by utilizing ACSM as its guiding organization to provide a "high-quality academic program{s} and a learning environment that promotes student success".

As with the School of Health Professions mission, the Health Sciences program has at its core a responsibility to follow the Malek School of Health profession's goals to promote:

(a) A scholarly climate that fosters critical thinking, creativity, ethical decision making, and self-directed lifelong learning in an environment where knowledge and research are valued;
(b) A prominent presence in the community by providing health care, health education and promotion, and continuing education offerings;
(c) Graduates who are competent health professionals prepared to contribute and respond to society's changing health needs; and;
(d) Respect for life, human development, and individual differences.

Each of the two learning outcomes assessed in this report target both the University and School of Health Professions mission and strategic plan.

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Provide a brief description of the assessment process used including strengths, challenges and planned improvements and provide evidence of the existence of a culture of continuous improvement based on assessment:

The process of assessment in the HHP Department involves input from adjuncts, full-time faculty and the chair. The chair manages to obtain a fairly good response from all levels of faculty teaching at both the undergraduate and graduate levels. The chair will continue to solicit adjunct faculty for increased input into the assessment process as well as improve dissemination of results by targeting specific faculty and/or courses for improvement/modification. The HHP department keep the learning outcomes for the program in mind when planning revisions, modifications and updates to curriculum and syllabi. The department also stays up to date with published recommendations and updates to information from the American College of Sports Medicine (ACSM).

Describe how the program implemented its planned improvements from last year:

Planned improvements that were noted in the 2013/2014 annual assessment report pertained to both the departmental learning outcomes as well as the program review from the 2011/2012 academic year. Hence, updates to both are listed below with appropriate outcome updates.

Planned improvements from the 2011/2012 Program Review report included:

Outcome	**Planned Improvement**	**Update** *(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)*
1. Full time faculty in the department	Increase the number of full-time faculty in the department by two (to five).	Achieved. One full time faculty member was added in the fall of 2013 taking the number to four. A budget request was made and approved for a new Tenure Track faculty in the 2014/2015 academic year. Dr. Summerfield will return to the department faculty in Spring 2016. Full time faculty will be at 5 for the fall semester of the 15/16 academic year and six in spring of 2016.
2. Departmental dedicated laboratory space	Increase HHP dedicated laboratory space.	Has not been completed. The current lab space in Caruthers Hall does not allow for any expansion of HHP facilities. Our program continues to grow and sustain a cohort that is at least 10% of each Freshman class annually yet no further laboratory facilities have been identified for HHP. The scale of laboratory facilities does not match the program size (~160

		undergraduate students plus students in the minors). Our lab space can only accommodate 12 or 13 students comfortably at any given time and most classes have multiple sections of 15-20 students which presents logistical issues. Nursing and Physical Therapy have multiple laboratory and learning spaces dedicated to their programs.
3. Program accreditation	Achieve CAAHEP accreditation for the program.	The chair has reviewed the latest guidelines from CAAHEP. Extra lab space, and equipment would be needed in order to pursue accreditation (items 1-2 as above).
4. HHP curriculum	Make curricular changes to support the program's quest for accreditation and to strengthen the learning experience and cohesiveness of the Health Sciences curriculum.	HPR 308 was approved as the department's first fully online course in the 2014/2015 academic year and ran with full capacity during the spring and summer 2015. The program continues to make appropriate updates to course content based on changes from the ACSM.

Planned improvements from the 2013/2014 Learning Outcomes report included:

Outcome	**Planned Improvement**	**Update** *(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)*
#2. Acquire and demonstrate competence in using technology-based and non-technology-based equipment, industry tools/inventories, and/or other practical "hands-on" applications pertaining to health both in the classroom and at off-campus settings as determined by the ACSM.	Continue to encourage the maximum amount of exposure to and participation in hands on learning and the use of technology and non-technology based equipment and tools in core Health Sciences courses. Continue to acquire new lab equipment to	This department has an ongoing commitment to this learning outcome. Acquiring greater lab space will allow students to have greater space to move around freely in lab and with more comfort. In some instances students have to work in the halls of Caruthers in order to conduct their lab work comfortably (e.g. quiet space for blood pressure monitoring). The department did successfully purchase a second Monark cycle ergometer in the fall of 2014 which has helped to reduce the wait time for students to conduct cycle based exercise testing during lab.

	enhance the learning experience for students.	The Chair stays abreast of new recommendations coming forth from the ACSM and other recognized governing bodies in Health Sciences to ensure that the most current practical skills and interpretation of data can be made. The Chair made a budget request for A.D.A.M. interactive Anatomy software in the 2014/2015 budget. This will really enhance the student's ability to study anatomical structure and function in several key HPR courses (HPR 201, HPR 202, HPR 260, HPR 300, HPR 302, HPR 410, HPR 415).
#5 Gather, evaluate, and utilize appropriate information to address the health needs/concerns of individuals or groups	Continue to emphasize the importance of evidence-based learning and the use of such data in delivering meaningful information to a client, utilize librarian assistance to improve information literacy skills. Continue to stress critical thinking in assignments and laboratory work. Improve student's abilities to gather and communicate sensitive health data to clients and to follow the appropriate step by step procedures in gathering health information thus increasing student's confidence in practical, hands on health assessment practices.	This is an ongoing focus in the department. Faculty teaching INQ courses (HPR 225, HPR 302, HPR 415) are mindful to prepare students for critical thinking and evidence based information seeking and interpretation. Library instruction is encouraged in HPR 225 and HPR 302 to familiarize students with how to conduct a literature search and updates on electronic resources etc. The new library liason for HHP has been very effective in assisting with this strategy. A percentage of the final grade in HPR 302 and HPR 415 are based on student's ability to successfully and professionally gather and interpret health information to a client. Students are encouraged to practice their skills outside of class where needed. Departmental Graduate Assistants assist with open laboratory hours for students to have extra access to the lab to practice and refine their skills.

	Encourage active participation from all students in laboratory activities.	Faculty who teach lab based courses are reminded by the Chair to encourage active participation of all students whilst being mindful of certain culturally sensitive issues relating to laboratory interaction and participation. Participation-based grades have been introduced in some lab based courses (HPR 202, HPR 302, HPR 300) to promote active engagement and active learning.
	Continue to engage students in active research with faculty for credit (e.g. Discover summer, Student Research Conference, Honors) and as volunteer experience.	HHP faculty continue to recruit students to be engaged in scholarly research. During the 14/15 academic year all four faculty in the department engaged students in their own research which is commendable. Students from HHP presented work at the Student Research Conference in conjunction with HHP faculty (Tripken, Francavillo) and assisted faculty with research data collection to be presented nationally in the 15/16 academic year (Nordvall/Walters-Edwards). Dr. Nordvall had a successful external grant bid ($5000)with an Honors student during the spring 2015 semester which also provided new equipment for the HHP laboratory (Body composition analysis and hematological profiling equipment.

The undergraduate enrollment numbers in the HHP department continue to grow with 155 Health Sciences undergraduate students enrolled for the fall 2014/15 academic year (increasing from 153 in the 13/14 academic year) plus 22 students enrolled between the Interdisciplinary minor in Public Health (n=19) and the Health Sciences minor (n=3). The Health Sciences program **ranked fourth in the top 5 undergraduate programs for enrollment** for the first time in the 14/15 academic year. 43 students graduated from the program in the 14/15 academic year, the highest cohort to date.

The increased total enrollment has forced the department to divide most core courses into multiple sections (as many as three), especially for laboratory-focused courses (which are numerous in such a hands-on field e.g. HPR 201, 202, 300, 302, 304, 410 and 415). A more substantial laboratory space for the program will be a key determinate of whether the above program review objectives can be met (especially the quest for CAAHEP accreditation).

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Provide a response to last year's University Assessment Committee review of the program's learning assessment report:
Last year's report was accepted as submitted with all areas of review recorded as 'Met'. There were one or two discrepancies with catalog language for learning outcomes versus learning outcomes language in the report which have been amended/unified for this year's report. The department was very satisfied with the feedback and supportive comments. Responses are included here, where necessary. 2013-2014 Assessment Report Feedback Summary:

- "*Outcomes are very clearly stated and the relationship of the major to the MU and Malek School missions is nicely articulated.*"
- *"A bit more explicit discussion of how the specific items cited for both LOs on the internship evaluation instrument relate to the LO would be helpful, but overall, there is a very clear discussion of how outcomes were assessed in a variety of ways."*

Response: The internship evaluation outcomes are written specifically to address the Knowledge, Skills and Abilities (KSA's) outlined by the American College of Sports Medicine (ACSM) for their Personal Trainer and Exercise Physiologist certification options (Certified Personal Trainer, Certified Exercise Physiologist) within four areas of evaluation: Professional Conduct, Communication Skills, Service Delivery and Health/Fitness Knowledge. The learning outcomes for the Health Sciences program are also written with the same KSA's in mind. Thus, both instruments of evaluation are directly linked to ensuring that the competencies of the ACSM are taught throughout the HHP curriculum.

"All points here are explicitly described – very clear overview. One question: Will the referenced assignments developed for these LOs now stay stable over time so as to provide on-going comparative data about whether program improvements have long-term effects?"

Response: Yes. The chair and department faculty plan on keeping the assignments the same for these learning outcomes to permit repeated evaluations across time.

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Outcomes and Past Assessment

Learning Outcome 1: Demonstrate the knowledge and skills required to function as competent entry-level professionals in the health/fitness industry as determined by the ACSM or to attend graduate school (physical therapy, occupational therapy, athletic training and chiropractic) if they desire.

Is this outcome being reexamined? Yes
If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This learning outcome was last evaluated in the 2010-2011 academic year. Upper level (junior, senior) courses (HPR 302, 406 and 415) were chosen for this evaluation period to evaluate student's level of preparation as they build on foundational core courses from the first two years in the program and become entry-level professionals or prepare to enter graduate school. HPR 302 has a pre-requisite of HPR 202 and HPR 415 has a pre-requisite of HPR 302, thus each course supposes a certain level of knowledge and skills in health and fitness, with 415 being the capstone course in the major, along with the internship (HPR 400). HPR 406 fulfils an SS-2 requirement at the University for Liberal Arts Core. Hands on, practical skills related assignments from experiential courses were analyzed to determine student progression of Knowledge, Skills and Abilities outlined by the ACSM.

Students have demonstrated competency for this learning outcome **(3 or able)** when:

1. The assignment clearly reflects proper assessment or background research procedures.
2. The implementation (such as a stress or health inventory) within the assignment is clearly described, detailed and plausible.
3. The evaluation, synthesis, and/or critique within the assignment shows analytical skill and/or reflection of the original implementation (critical thinking).
4. The assignment shows justification for any suggested modification to the original decision/implementation.
5. The assignment incorporates proper literature citations, timeliness of methodology and justification (literature), use of proper terms/language, and/or proper techniques for analyzing data and/or results.

39 students from two sections of **HPR 302** in fall 2014 were evaluated on learning outcome #1 by using the practical final exam assignment at the conclusion of the semester. A skills and competencies check off list was used as a grading matrix for each student as they each lead a section of a comprehensive health assessment on a stranger from the Marymount University population. The

proficiency report rubric (see appendix 1) revealed that 66% of the 39 students (n=26) achieved a rating of "*very able*", 25.6% 'able' (n=10) and 7.6% 'somewhat able' (n=3) with respect to learning outcome #1. Note; this was the fifth cohort of students to take the inquiry designated HPR 302 (INQ) which has a more research focused student-guided learning experience. The three students who had a sub-par score in the final exam had shown consistent patterns of withdrawn and disengaged behavior throughout the semester, had failed to practice their lab skills with their group and had done the absolute minimum to engage with peers during lab experiences in the course (weekly). The spoken English was also poor for one of the students and she failed to express with clarity, confidence and professionalism, her expectations and support for the client during the health evaluation. Further, her skill in taking basic vital signs on a client in the final exam was poor, with numerous errors in methodological processes and verbal instructions to the client being evident.

An assignment in **HPR 415** which contained similarities in using practical skills in health status evaluation (compared to HPR 302) was targeted. The results determined that the majority, with some exception, of students had demonstrated an appropriate level of understanding of knowledge and skills required to function as competent professionals in the field. A total of 57 students in three sections of HPR 415 Applications in Human Performance, a WI and INQ course, were evaluated for this learning outcome. Students in small groups were tasked with performing an EKG (Electrocardiogram) on a fellow student in a final practical examination. A total of two groups (9 students) were determined to be "very able" (15% of total students) while 9 groups (n= 44), 57% of total students enrolled in this class were "able" to achieve this learning outcome. One group (4 students) (7%) was deemed 'somewhat able' (a 2 from 5 on a rating scale of 1 poor to 5 excellent) to achieve this learning outcome. This group in particular, despite advice to the contrary, did not prepare adequately to fully succeed on the final practical exam. Those that were particularly successful engaged the instructor during class, scheduled time to come to the lab to prepare for the exam, created instruction manuals (allowed) for the practical exam, and genuinely showed interest and were engaged in the material. Several students in these sections of HPR 415 have expressed interest in attending graduate school, and the professor has received several requests for recommendations. As a WI course with approximately 20 pages of written work required during the course of the semester, the experience they received will undoubtedly prepare many for the rigors of graduate school.

21 students were evaluated in HPR 406 *Stress Management* in terms of their ability to prepare a personal stress management plan and research paper. 16 students from the 21 (76.19%) observed were rated as at least 'able' or a 3 on the learning outcomes evaluation tool for this assignment. 13 (62%) of total students were further rated as 'very able', demonstrating exceptional ability to follow the instructions and complete the assignment with all required components, utilizing APA format citations and references. 4 students (19%) were rated as a zero for this assignment because they either failed to turn in the required work or the work did not meet the stated expectations for the paper.

There were 14 respondents to the Alumni Survey (AS) and 44 respondents to the Graduating Student Survey (GSS) as distributed by the Office of Institutional Effectiveness. Individuals perceived in most categories on the surveys (results attached in appendix 2) that their overall experience, academic quality, and major/academic program or department (HHP) was "good" to "excellent". Of the 18 indices on the Evaluation and Preparation section of the questionnaire, 11 were rated at or above 80% good to excellent (61%) with the remaining 7 below 80% but no lower than 56.8%. The greatest ratings were received for the indices of *work as part of a team, apply knowledge and skills to new situations, find appropriate sources of information, evaluate the quality of information, use qualitative/quantitative techniques within your professional field.*

The only indices receiving a low score <60% good to excellent on the GSS included *finding a job in your field (56.8%) and attain promotion within your existing job (59.1%)*. This rating corroborates with the information regarding finding professional employment on the Alumni Survey, whereby only 15.4% of students (n=14) believed that their education prepared them for finding a job in their field in that it took 3 months or more for the majority of students surveyed to find their first professional job in the field. Alumni in this survey were from 2007-2008 and 2011-2013 graduating classes. This could be a reflection of the current employment climate over the last 7-8 years nationwide. However, 84.6 % of the alumni who responded to this survey were employed at the time of the survey (7.7% part-time, 76.9% full-time) with the majority of students describing their current employment as 'somewhat related' to their educational preparation. Further, 84.6% of Alumni responding during this period rated their *overall experience* as good to excellent. Interestingly, 50% of respondents in the AS had transferred to Marymount from another institution. Overall, the percent good to excellent ratings were much lower on the Alumni Survey when compared to the GSS. There was a lower rate of participation in the AS versus the GSS 44 versus 14).

The GSS showed very good levels of satisfaction with regard to Faculty, Advisors and Courses. Of the 17 indices surveyed, 12 received ratings of good to excellent from more than 70% of students. The highest scores received were for the indices of *classes in my major challenged me to apply my knowledge in new ways (90.9% good to excellent), classes in my major were academically challenging (90.9% good to excellent) and faculty members had a high level of expertise in their fields (84.1%)*. There were several very positive comments regarding the supportiveness and friendliness of the faculty in the comments section of the report. The lowest areas of good to excellent rating were received for *my advisor explored my career options with me* (56.8% good to excellent) and *advisors discussed my future education options* (61.4% good to excellent) plus *classes in my major were offered at convenient times* (61.4% good to excellent). Many of our students juggle work and college life and more students than ever are commuting to school also which makes logistical challenges when planning their schedules. That said, we now offer at least two sections of every one of our HPR courses to allow for greater flexibility with schedule planning.

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2014-2015 Internship Evaluations

During the 2014-2015 academic year, a total of 37 students registered for HPR 400 (internship); (n=3 fall 2014, n=21 spring 2015, n=14 summer 2015). Performance evaluations provided by internship supervisors revealed that health sciences majors were "good" to "excellent" in all categories assessed (with the exception of one student who received at least "good" for all of their report items), including professional conduct, communication skills, and health/fitness knowledge. Such results are highly encouraging as a reflection that our program is producing competent entry-level professionals in the health /fitness industry.

Assessment Activity

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	**Performance Standard** *Define and explain acceptable level of student performance.*	**Data Collection** *Discuss the data collected and student population*	**Analysis** *1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.*
UG internship evaluation (indirect and direct)	A rating of "average" (3) or higher on the internship performance scale	Internship supervisor performance review (rubric attached) and site evaluation as applicable for health sciences majors.	Dr. Nordvall (designated internship supervisor) consults with the internship supervisor for each student and determines a grade of pass or fail using input from the performance evaluation scale and subjective feedback from the site supervisor. In some cases, Dr. Nordvall performs a site visit to observe students at their internship and to confirm adequate preparation of students necessary to perform their internship duties. 37 students undertook an internship over the Fall 2014, and Spring and Summer 2015 semesters. Performance evaluations provided by the student's supervisor using an established rubric (see appendix 3) on a 5 pt. scale by their site supervisor were reviewed using several categories of competencies including service delivery, professional conduct, communication skills, and health/fitness knowledge. When disregarding "no observation" on the internship evaluation scale, supervisor evaluations rated interns as performing at 4 "good" or 5 "excellent" in each of the above competencies 98% of the time. Clearly this

			indicates effective performance in the "real-world" for these learning outcomes.
Proficiency reports (rubric and grade reports in experiential classes) (direct)	A rating of "able" (3) or higher on a Chair generated proficiency report rubric and, using the same rubric, a demonstrated improvement for this outcome when comparing student work from mid-level (HPR 302) vs. an upper-level (HPR 415) core classes.	A rubric (template attached) was generated and used to determine proficiency on comprehensive assignments in targeted classes. In addition, students in classes with a significant experiential component must obtain a grade of C- or better in order to progress onto the next unit (experiential component).	The chair tracked student performance on assignments in core health sciences courses by matriculation level. A practical final exam from HPR 302 (INQ) was evaluated by the Chair. 39 students from HPR 302 were evaluated on learning outcome #1 by using their exam outcome results for knowledge and research regarding comprehensive risk factor screening and health status evaluation on a client. The *proficiency report rubric* revealed that on total observations **66.6%** of students achieved a rating of "*very able*", 25.6% were 'able' and 7.6% 'somewhat able' with respect to learning outcome #1. This assignment was evaluated using a skills check offs matrix. Similarly, a practical exam in HPR 415 (which contained similarities in using hands on skills compared to HPR 302) was targeted for the evaluation of this learning outcome. 57 students in HPR 415 were evaluated on learning outcome #1 by looking at their final grade in a final examination which required them to perform an EKG on a stranger, working as a small group. The *proficiency report rubric* revealed that 15.7% of students achieved a rating of "*very able*" with 57 % as able and 7% as somewhat able with respect to learning outcome #1. All students received the necessary grade (C-) to progress in the health sciences program onto their Internship experience (HPR 400). 21 students were evaluated on their ability to prepare a personal stress management plan and research paper in HPR 406 Stress Management (SS-2 on the LAC). Students were successful in this assignment if they were able to: • Recognize personal sources of distress as well as Eustress; • experience heightened awareness of the positive factors in life;

			• learn methods to cope with negative factors and evaluate those methods. Students compared and contrasted behavioral, biological, cognitive, developmental, trait, and socio-cultural perspectives of psychology. 76% of students (n=16) were rated as at least 'able' to achieve these learning outcomes. With 62% of the class (n=13 students) being rated as 'very able'. 4 students (19%) were unable to meet the learning outcomes for this assignment by failing to meet the criteria, failing to use APA style referencing and/or failing to turn in work or seek help with their work from the instructor. This course is open to non-majors at the University because it fulfils the SS-2 designation, so the results do not reflect entirely the preparation of Health Sciences students alone.
Alumni and Student Surveys (indirect) and Certification Results (direct)	A majority of responses indicate positive ratings (good to excellent) on surveys. Pass rate on certification exams.	Alumni, graduating student, and exit surveys (template attached) were distributed to health sciences students in order to determine satisfaction, preparation, and areas for improvement within the health sciences program.	There were 14 respondents to the Alumni Survey and 44 respondents to the Graduating Student Survey (as distributed and collected by the Office of Institutional Effectiveness). **Alumni Survey.** The majority of student responses to the Alumni Survey (n=14) revealed a positive evaluation of the program. Rankings relating to the overall academic experience were very strong, with 84.6% of students rating their *overall experience* as good to excellent, and *academic quality* as 76.9% good to excellent. The highest scores received were for the indices of *find appropriate sources of information* (69.2% good to excellent), *evaluate the quality of information* (69.2% good to excellent), *apply knowledge and skills to new situations* (69.2% good to excellent, and *solve problems in your field* 69.2% good to excellent). The lowest scores were for *find a job in your field* 15.4% and *pursue more education in your field* 53.8% and *conduct research to support a position* (38.5%). **Graduating Student Survey**. Results from graduating health sciences students (n=43) revealed means on par and in several areas exceeding the means of both the University and the School of Health Professions. In the 2013-2014

			report 89.5% of students (n=19) felt "*good to excellent*" in their *ability conduct research to support a position* versus 69.8% in 2014-2015. Also worthy of mention were the indices of *apply knowledge and skills to new situations* 86.4% in 2014-2015 versus 89.5% in 2013-2014, and *find appropriate sources of information* 86.4% in 2014-2015 versus 89.5% in 2013-2014) and *evaluate the quality of information* 86.4% in 2014-2015 versus 88.9% in 2013-2014). However, there were 44 respondents in 2014-2015 versus 19 in 2013-2014 so the means are calculated from a larger pool of student respondents, this being the programs highest ever number of respondents and graduating students in 2014-2015. The (INQ) and writing intensive (WI) designated courses in the major seem to be preparing the vast majority of Health Sciences students to function as competent entry-level practitioners. Also, 15 students in this graduating cohort completed HPR 390 Public Health minor capstone course working directly with department faculty (Tripken, Walters-Edwards, Francavillo), one of which was published at the Marymount University Student Research Conference in spring of 2015. The graduating cohort of 2014-2015 also included one Honors student who successfully defended an Honors Thesis proposal supervised directly by Dr. Nordvall plus two other Honors students who wrote their Honors Thesis proposals (Tripken) and one Psychology major's Honors Tutorial was supervised by a departmental faculty (Francavillo). One Honors student received a VFIC grant funding with a faculty mentor (Nordvall) of approximately $5000 to review hematological changes across the competitive season in cross country and triathlon athletes at Marymount University. Two students reported directly to the Chair of having passed a nationally recognized certification exam (ACSM Personal Trainer license) and commented that the Health Science program had prepared them in a very appropriate way to sit the exam (especially courses such as HPR 300, HPR 302 and HPR 415. Two other students had indicated their intent to sit for an ACSM

			license in the summer of 2015 but did not respond to an email survey pertaining to the outcome of their intent.

Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results)***:**

The majority of health sciences students achieved learning outcome #1. Minimal competencies have been established by the American College of Sports Medicine for the Certified Exercise and Health Specialist in several areas including exercise physiology, pathophysiology and risk factors, health appraisal and fitness testing, electrocardiography, patient management, exercise prescription, nutrition, human behavior and counseling, safety and injury prevention, and program administration. Competencies within these areas change with the publication of a new edition of ACSM's Guidelines for Exercise Testing and Prescription (see most recent reference below). The Health and Human Performance Department has addressed all ACSM HFS competencies through a variety of assignments, practical skills-based techniques (such as laboratory assignments), and work/experiential learning (internships). The HHP Department undertook a major evaluation and subsequent revision of course objectives, where necessary following the publication of the 2014 edition of ACSM Guidelines in order to uphold the high standards of the Health Sciences Program at MU. For the past year, the HHP Department has continued to address ACSM competencies. A new edition of ACSM Guidelines is not expected in the immediate future.

In HPR 302, 66.6% of students achieved a rating of 'very able', 25.6% were 'able' and 7.6% 'somewhat able' with respect to learning outcome #1. This assignment was evaluated using a skills check offs matrix. The faculty observed that the students who were least successful in this learning outcome where those that showed little engagement in the lab environment, were unwilling to work as part of a team and did little to take responsibility for their own monitoring of proficiency relating to health assessment skills. The students in 302 had the competency check off rubric from the third week of class and thus were adequately forewarned about the expectations of competency needed to satisfactorily pass this final exam. Further, the Graduate Assistants in the HHP department offered open lab practice times in the second half of the semester to enable students extra time outside of class to rehearse their health assessment skills. Some students made very good use of this opportunity, whereas the students who did poorly on the exam did little to prepare and showed limited enthusiasm and engagement. For one student, spoken English impeded communication competency in the final exam. Overall, the faculty was very pleased with the percentage of students who more than achieved this learning outcome (two thirds of the total number of students) with a 'very able' rating. Some students in this cohort already work in

the field as PT tech's and personal trainers which gives them an advantage in terms of confidence with patient practitioner communication and professionalism.

HPR 415 is one of the capstone courses in the major. 57 students were evaluated on their performance and practical, hands on skills in their final examination which required them to work in small groups to perform and interpret an EKG on a stranger. Students are expected to prepare the client for the exam as well as know contraindications to starting the test as well as test termination criteria during the test. The *proficiency report rubric* revealed that 15.7% of students achieved a rating of "*very able*" with 57 % as able and 7% as somewhat able with respect to learning outcome #1. Students must achieve a grade of C- or better in this class in the major. All students received the necessary grade to progress in the health sciences program.

21 students were evaluated on their ability to prepare a personal stress management plan and research paper in HPR 406 *Stress Management* (SS-2 on the LAC). The majority of students were successfully able to recognize personal sources of distress as well as Eustress, demonstrate a heightened level of awareness of the positive factors in life and learn methods to cope with negative factors and evaluate those methods. Students compared and contrasted behavioral, biological, cognitive, developmental, trait, and socio-cultural perspectives of psychology. 76% of students (n=16) were rated as at least 'able' to achieve these learning outcomes. With 62% of the class (n=13 students) being rated as 'very able'. 4 students (19%) were unable to meet the learning outcomes for this assignment by failing to meet the criteria, failing to use APA style referencing and/or failing to turn in work or seek help with their work from the instructor. This course is open to non-majors at the University because it fulfils the SS-2 designation, so the results do not reflect solely the preparation of Health Sciences students alone. Nevertheless, more than three quarters of the students in this group (76%) were at least able to achieve the expected learning outcomes for this assignment. Students who failed to meet the outcomes for this paper had difficulty with APA citation, did not follow the instructions provided by the instructor with regard to sections of the plan and failed to turn in final work products (also did not contact the faculty member to explain their lack of submission). The students who were most successful sought instructor feedback, were fully engaged in class discussion and preparation and took pride in the quality of their work.

Internship evaluations, and in some cases site reviews have revealed that the core HPR curriculum is adequately preparing individuals to function as competent entry-level professionals in the health and fitness industry. Certainly, not all students seek employment immediately upon graduation, but rather pursue advanced study. This is further evidenced by the alumni and

graduating student surveys which demonstrate that the majority of respondents believe that their education prepared them very well for finding work in the field, using quantitative/qualitative techniques within their field, applying knowledge and skills in new situations, and solving problems in the field. It should be noted that graduating student surveys revealed a relatively low percentage of students believing that their education prepared them to find work in their field. Most students enter the health sciences program as Pre-Physical Therapy (Pre-PT) students, yet only a very small percentage succeed in entering graduate school in this discipline. The score for this category may reflect this trend in lower acceptance rate, particularly since PT has moved to a national application process. Nevertheless, several courses, such as HPR 201, HPR 260 and 400 Internship, include opportunities to explore potential careers in the health sciences. As noted above, assignments, projects, and experiential learning have all been utilized to address the ACSM EHS competencies. A rubric, which was developed to analyze selected assignments for a student's ability to acquire the necessary knowledge, skills, and abilities to function as entry-level professionals in the field, revealed highly satisfactory outcomes in the chosen courses of HPR 302 and HPR 415, both requiring a C- or better grade and both being intensively experiential (lab and hands-on application of health evaluation principles and skills).

Reference: American College of Sports Medicine, *ACSM's Guidelines for Exercise Testing and Prescription 9th Ed.)*, 2014, Lippincott Williams and Wilkins.

Program strengths and opportunities for improvement relative to assessment of outcome:

The HHP Department faculty is dedicated towards achieving success in their departmental objective to prepare health sciences students for the rigors of employment in the health and wellness field. As such, the department has chosen ACSM, the preeminent sports medicine organization worldwide, as the resource for curriculum modification and development. Certainly, field placement in internships and student surveys provide very important data on the preparedness of MU health sciences students. Data from these resources indicates that the curriculum is addressing the competencies established by ACSM (knowledge) and preparing individuals to function as competent entry-level professionals in the field (skills and abilities). The HHP Department continues to stress the importance of certification to students, most of whom unfortunately do not sit for the *ACSM Certified Health Fitness Specialist (HFS)* certification. Several students have noted a desire to sit for the ASCM Personal Trainer license also upon graduation from our program.

Unfortunately, in each class observed a minority of students failed to meet the learning outcomes and showed a lack of enthusiasm to engage in active learning techniques (labs and small group activities). The HHP faculty are continuously aware for the need to flag such students with early warning alerts in Starfish and to reach out to the students to see if there are factors outside of class that are

impacting their ability to function. Faculty will continue to encourage all students to be responsible for their own engagement in laboratory activities by providing an environment that fosters intellectual curiosity.

While the HHP Department cannot mandate that students sit for the exam, a greater number of students obtaining HFS certification post-graduation would certainly do well to increase the reputation of the program and alumni alike. The chair will attempt to invigorate the student association in the Health Sciences Program and charge officers, via the faculty representative, to become more involved with ACSM. Data from student surveys delineated perceptions of the Health Science Program and preparedness in several core curricula areas. In most cases, the majority of respondents felt as though they obtained "strong" or "very strong" preparation in their career and field preparation as noted in the AS and GSS surveys. The majority of respondents to the GSS and AS expressed confidence in their ability to *apply knowledge and skills to new situations* (86.4% in GSS versus 69.2% in AS) as well as *find appropriate sources of information* 86.4% on GSS versus 69.2% on AS, as well as *evaluate the quality of information* 86.4% on GSS versus 69.2 on AS. Overall, mean scores on the GSS were slightly lower than the previous year of observation, but the 2014-2015 response rate was much greater (n=44 for GSS versus n=19 in 2013-2014 academic year). In addition, when queried on more specific components of the core curriculum, individuals felt "able" or "very able" to demonstrate program specific knowledge and skills. The majority of graduating students felt very able to apply anatomical principles to exercise training, use health appraisals and fitness testing data to develop exercise programs, and demonstrate skill in conducting comprehensive fitness assessments on individuals.

Lastly, the Doctoral Physical Therapy (DPT) program is, now a central database system similar to medical school, and because of this, the MU DPT program has seen an insurgence of applicants over the last three to four years (approximately 800 applicants for 35 spaces). As a result, the quality of DPT applicants has significantly increased compared to previous years and it is becoming increasingly more difficult for our undergraduate pre-PT students to gain a spot in our DPT program (on average only one or two Marymount undergraduate students per year are accepted into the DPT at Marymount). The chair and faculty will explain this phenomenon to health sciences students during their matriculation in order to stress the importance of being immediately committed to their academics. The addition of several new pre-professional tracks in Health Sciences in the fall of 2014 (pre-Occupational Therapy, Pre- Chiropractic and pre-Athletic Training) was in direct response to this issue in order to offer a broader scope of pre-professional preparation options rather than just PT. Also, we lose some of our strongest students from transitioning into the DPT because of competing program costs and living costs with other area DPT programs such as Virginia Commonwealth University.

Student perceptions of career prospects were poor on this year's surveys with regard to the indices of *find a job in your field* (56.8% good to excellent on GSS and 15.4% good to excellent on AS) and *succeed in a job in your field* (61.4% good to excellent on GSS [this

question was not on AS]) and *attain a promotion within your existing employment situation (59.1% good to excellent on GSS and 0% good to excellent on AS)*. The faculty in HHP is aware of the current economic climate and its continued knock on effect in the job market. Certain core courses utilize the assistance of the Center for Career Services (HPR 201, HPR 302, HPR 415) with regard to prompting students to prepare a resume and cover letter and how to present themselves for interview. Further all pre-PT students are invited to an annual informational session with the Marymount DPT faculty for a Q & A session about the expectations and entry requirements of a DPT. HHP faculty also emphasize the importance of early selection of an appropriate internship in order to optimize career preparation via experiential learning and also to improve the prospect of employment after graduation. The HHP Graduate Assistants also post continuous updates on the departmental Blackboard site regarding job and internship opportunities in the locale.

Discuss planned curricular or program improvements <u>for this year based on assessment of outcome:</u>

Based on the data obtained from both direct and indirect assessment measures, student learning outcome #1 is being effectively addressed in core classes through written work, practical assignments, and experiential learning. In addition to the measures above and similar to an accreditation review process (there is no industry accreditation process for the health sciences major) a recent review of ACSM Knowledge Skills and Abilities (KSA's) has revealed that the Health Sciences curriculum is addressing the knowledge and skills to function as competent entry-level professionals in the health/fitness industry. The inclusion of inquiry-based and writing intensive learning outcomes in key health sciences courses seems to have had a positive impact on better preparing health sciences students for this and other learning outcomes including the ability to conduct research. The department is currently supervising three Honors students research projects for the 2014/2015 academic year as well as engaging several other undergraduate students in community based experiential volunteerism in HPR 302 which should continue to positively impact the future confidence (and outcome evaluation) of students to conduct research in their field and their level of preparedness upon entering the workplace or pursuing further education. Students have thus far responded favorably (via course evaluation scores) to the Inquiry-designated course content changes with positive impact seen in their confidence in this area of study (via Graduating Student Survey scores). The chair will continue to work with departmental faculty and GA's to seek out new Internship relationships as well as posting current job vacancies from a variety of options within the Health Sciences field as well as supporting and encouraging career development opportunities for all Health Sciences students across the program tracks.

This year showed a significantly increased pool of respondents (n=44) to the GSS than in previous years (n=19) which co-indices with the greatest ever number of graduating students from the Health Sciences program in May 2015 (n=43). This result alone deserves credit and reflects positively upon the growth, success and retention of students in the Health Sciences program.

Learning Outcome 2: **Demonstrate the ability to effectively educate and/or counsel individuals regarding lifestyle modification**

Is this outcome being reexamined? Yes
If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This learning outcome was last evaluated in the 2010-2011 academic year. Internship performance evaluations provided by the student's supervisor using an established rubric (see appendix 3) revealed that health sciences majors achieved a minimum rating of "3 or average" on several categories related to this learning outcome. Two courses were targeted for their inherent learning objectives of educating and/or counseling individuals on lifestyle modification. These were HPR 302 and HPR 415, both taught by full time faculty members in the Department. Assignments in these two courses had students perform a mock health appraisal and subsequent follow-up which included recommendations on lifestyle modification. A student final practical exam assignment (HPR 302) and practical exam (HPR 415) were used for purposes of evaluating this learning outcome. Student work in HPR 302 was cross-referenced against HPR 415 to determine whether or not improvements were made relative to this learning outcome using a rubric. Results indicated that the majority of students in HPR 302 demonstrated improvement on a similar assignment in HPR 415 when matriculating in the Health Sciences Program. Lastly, surveys (alumni, graduating students, exit) revealed a general positive perception on abilities/education related to this outcome.

Since the last review of this learning outcome, the American College of Sports Medicine (ACSM) published an updated version (9th edition) of its *Guidelines for Exercise Testing and Prescription* (2014) textbook which is the gold-standard text in the Health Sciences field. Faculty who teach heavily from this text revised their syllabi and learning outcomes to include, for example, updated population incidence statistics for disease prevalence and updated criteria for risk stratification for cardiovascular disease risk. Minor changes to the HHP curriculum were needed because of such an update.

Students have demonstrated competency for this learning outcome (**3 or able**) when:

1. Lifestyle, health history, and readiness for physical activity assessments are obtained, interpreted, and used to implement appropriate lifestyle modification programs.

2. Recommendations for health programs, assessments, and any other health-related initiatives take into consideration culturally-based and/or other population-specific differences of an individual and/or group of individuals.
3. Confidentiality is appropriately maintained in the dissemination of information related to the skill application and/or inventory (such as the inclusion of informed consent).

Assessment Activity

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	**Performance Standard** *Define and explain acceptable level of student performance.*	**Data Collection** *Discuss the data collected and student population*	**Analysis** *1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.*
UG internship evaluation (indirect and direct)	A rating of "average" (3) or higher on the internship performance scale.	Internship supervisor performance review (rubric attached) and site evaluation as applicable for health sciences majors.	Dr. Nordvall, the internship coordinator and supervisor consults with the internship supervisor for each student and determines a grade of pass or fail using input from the performance evaluation scale and subjective feedback from the site supervisor. In some cases, the designated supervisor for internships from HHP performs a site visit to observe students at their internship and to confirm adequate preparation of students necessary to function during the internship duties. 37 students registered for an internship over the Fall 2014, and Spring and Summer 2015 semesters. Performance evaluations provided by the student's supervisor using an established rubric (see appendix 3) revealed that , when disregarding "no observation" on the internship evaluation scale, supervisor evaluations rated interns as performing at 4 "good" or 5 "excellent" in each of the above competencies 98% of the time. Clearly this indicates that students matriculating from Health Sciences program are effectively able to educate and/or counsel individuals regarding lifestyle modification. Thus, 98% of the enrolled students achieved a minimum rating of "4 or good" regarding their ability to: • *practice ethical standards*

			• *communicate effectively with clients* • *produce quality materials* • *effectively plan and organize their work* • *express courtesy and consideration in working with clients* • *demonstrate skill in conducting client screening and health appraisals* • *demonstrate skill in conducting fitness assessments* • *demonstrate knowledge of risk factors that might require medical referral* • *demonstrate knowledge of fitness assessment procedures.*
Proficiency reports (rubric and grade reports in experiential classes) (direct)	A rating of "able" (3) or higher on a Chair generated proficiency report rubric and, using the same rubric, a demonstrated improvement for this outcome when comparing student work from mid-level (HPR 302) vs. upper-level (HPR 415) core classes. Grade reports are also included here for core courses with significant experiential components.	A rubric (template attached) was generated and used to determine proficiency on comprehensive assignments in targeted classes. In addition, students in classes with a significant experiential component must obtain a grade of C- or better in order to progress onto the next unit (experiential component).	Two courses were targeted for their inherent learning objectives of educating and/or counseling individuals on lifestyle modification. These were HPR 302 and HPR 415. Assignments in these two courses had students perform a mock health appraisal and subsequent follow-up which included recommendations on lifestyle modification. In HPR 302 students were assigned randomly to lead one section of a health assessment whereby they could be assisted by peers but had to be the sole provider of verbal instructions, test procedure explanations including gathering informed consent as well as the execution of the test and explanation/interpretation of results in a professional and tactful manner. Students were evaluated against a set of skill check offs (expected competencies). Students in HPR 415 were tasked with a final practical exam, a component of which had them explain to a mock patient the results of a clinical exercise test. A rubric was provided outlining superior performance in the area of counseling individuals on the results of their test. Students were divided into small groups for the practical exam, and after the practicum had concluded, groups were instructed to sit down and explain the implications of the results of the test to this patient. Students were very able to achieve this objective if they explained the results correctly to the individual in a sensitive, non-technical, and thoughtful manner. In addition, groups were expected to explain to patients to seek further medical advice and/or recommended consultation with a physician or exercise professional depending on the results of the test.

			Student outcomes in HPR **302** (n=39) were compared to those in HPR **415** (n=57) to determine whether or not there was carry-over of learned skills and health assessment competencies from HPR 302 to HPR 415 (mandatory course sequencing in program). Students were able to achieve this learning objective if: • Lifestyle, health history, and readiness for physical activity assessments are obtained, interpreted, and used to implement appropriate lifestyle modification programs. • Recommendations for health programs, assessments, and any other health-related initiatives take into consideration culturally-based and/or other population-specific differences of an individual and/or group of individuals. • Confidentiality is appropriately maintained in the dissemination of information related to the skill application and/or inventory (such as the inclusion of informed consent) were analyzed. Results indicated that the majority of students (92.2%) in HPR 302 were rated as at least 'able' to achieve this learning outcome (3 or above) which was similar to HPR 415 whereby (92.9% of students were 'able' or 'very able' with respect to this learning outcome). The remaining 7% of students in both HPR 302 and HPR 415 were rated as 'somewhat able' having failed to meet the standard of skill demonstration and preparation to carry out the assignment completely. One student in HPR 302 had very poor spoken English which impaired her ability to adequately and clearly explain procedures to her client, she also gave incorrect methodological instruction to her client during the fitness testing component of the exam which posed a safety hazard to the client.
Alumni and Student Surveys (indirect) and	A majority of responses indicate positive ratings	Alumni, graduating student, and exit	**Graduating Student and Alumni Surveys** distributed to 44 individuals (GSS) and 14 revealed that the majority of students (81.8% on the GSS and 69.2% on the AS good to excellent) felt able to '*solve problems in your field using your*

Certification Results (direct)	(good to excellent) on surveys. Pass rate on certification exams.	surveys (template attached) were distributed to health sciences students in order to determine satisfaction, preparation, and areas for improvement within the health sciences program.	*knowledge and skills'*, '*determine the most ethically appropriate response to a situation'* (81.8% on GSS versus 61.5% on AS) and *work as part of a team* (81.8% on GSS [this question was not included in the AS]) and *apply knowledge and skills to new situations* (such as lifestyle modification techniques) (86.4% on GSS and 69.2% in AS). This shows a relatively high level of student perceptions relating to their ability to educate and counsel clients regarding health assessment and lifestyle modification. As above, two students passed a nationally recognized certification exam (ACSM Personal Trainer license).

Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results)***:**
Based on the results obtained from both direct and indirect measures, this learning outcome has been satisfactorily achieved by Health Sciences students as reflected by 98% of students in this cohort achieving at least a 4 or "good" in all of their evaluated internship indices. Internship evaluations, as well as assignment outcomes in HPR 302 and HPR 415 revealed that the vast majority (92%) of students in the Health Sciences Program are obtaining the necessary preparation to demonstrate an ability to effectively educate and/or counsel individuals regarding lifestyle modification. The Health Sciences program uses ACSM HFS Knowledge, Skills, and Abilities as a basis for establishing learning objectives in core courses with this learning outcome in mind. At the conclusion of their program, students should have acquired the necessary skill and ability to directly communicate with clients on how to approach lifestyle modification, and have practical, hands-on experience in HPR302 and HPR 415 of conducting a comprehensive health evaluation and interpreting the ensuing results to a client using evidence-based exercise prescription recommendations. As above, data revealed that Health Sciences students were courteous when working with clients, and demonstrated rational, sensitive, and critical thinking behaviors/skills when implementing lifestyle modification programs.

Program strengths and opportunities for improvement relative to assessment of outcome:
While direct and indirect measures have demonstrated that the majority of Health Sciences majors have achieved this learning outcome, a select number of students continue (also reported last year) to have a tendency to draw unwarranted conclusions and/or justify only a select number of results (as noted in the proficiency report rubric). The chair in consultation with faculty will

continue to stress to students the importance of obtaining, interpreting, and utilizing evidence-based resources in recommending lifestyle modification programs to individuals. A small cohort of students generally demonstrate a lack of confidence and/or ability to think critically when under pressure often drawing conclusions based on self-perceptions rather than from empirical evidence. The chair will continue to work with faculty to create assignments (such as case-studies) which stimulate critical thinking and problem solving abilities which draw upon evidence-based and best practice recommendations thereby exhibiting in students' skills of fair-mindedness and thoughtful analysis. Also, a small cohort of students do not participate as actively during laboratory-based experiences which directly impacts their confidence and skill-set as it translates to application in the field. The chair will remind faculty to be cognizant of encouraging active engagement of all students during laboratory experiences.

Discuss planned curricular or program improvements <u>for this year based on assessment of outcome:</u>

The chair will make a concerted effort to have faculty incorporate to a greater degree and/or more specifically involve students in inquiry guided learning assignments/projects. While the majority of faculty already take this approach, it is imperative to document improved learning outcomes of students matriculating in the Health Sciences program. In conjunction with the DISCOVER initiative, the previous chair created a more formalized strategy of developing student critical thinking and independent inquiry (inquiry courses). The inquiry designated courses require students, through assignments, projects, and/or presentations, to take greater ownership of their learning. A logical approach to this area of assessment would target courses at different stages of a student's matriculation in the health sciences program. Course sequences exist where similar assignments could be analyzed for developments in level of inquiry, and include the following approved inquiry courses; HPR 225 Health Psychology, 302 Health and Fitness Assessment, and 415 Applications in Human Performance. This would provide further evidence of the ability of the core HPR curriculum to address these and similar learning outcomes as well as document areas for curricular and/or programmatic improvement (as evidenced in this report where comparisons between HPR 302 and HPR 415 were provided).

Significant positive steps have already been made towards this objective. For example, one student in the 2014-2015 graduating class for Health Science was an Honors student who successfully defended a comprehensive Honors thesis on *Coping Mechanisms, Behaviors, and Perceptions of the Injured Marymount Athlete*. During the summer '15 semester, another Honors student plus a full time faculty (Dr. Nordvall) were awarded a VFIC grant and a discover grant totaling approximately $5000 to fund research on Hemoglobin, Hematocrit, and Anthropometric Alterations during the Competitive Triathlon and Cross-Country Seasons. Two further Honors students worked on their Honors thesis proposals in the 14/15 academic year; one was from the Nursing program choosing a Public Health topic supervised by Dr. Tripken. Finally, an Honors student who was a Psychology major also worked with a faculty mentor (Dr. Francavillo) on an Honors Tutorial titled *"Positive Psychology Outlook Tackling Bullying and Negative Attitudes: Social Media Style."* The student and made an oral presentation at the 2015 Discover Student Research Conference. During the 14/15

academic year, 15 students were also supervised by the full-time HHP faculty on their HPR 390 *Minor in Public Health Capstone* course. One student successfully presented her work product from this course at the 2015 Student Research Conference. This is a significant level of engagement in scholarly activity with just four full time faculty and the faculty should be applauded for this achievement. The full time faculty will expand to six members in the 2015/2016 academic year which will undoubtedly broaden the opportunities for scholarly collaboration and supervision for both undergraduate Health Science majors and Public Health minors. The department will also continue to offer dedicated Honors sections of its core HPR courses as appropriate.

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Appendices

Appendix 1. HHP Department Learning Outcomes Evaluation Rubric.

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FOR USE WITH UNDERGRADUATE HEALTH SCIENCES MAJORS

Dear HHP Faculty Member-

As part of our ongoing Institutional Assessment, the HHP Department along with Marymount University has selected a number of student learning outcomes in order to demonstrate certain knowledge and skills within the HHP core curriculum. In order to assess the overall competencies of students, the attached rubric has been developed to determine student learning outcomes in two primary areas this year:

- Demonstrate the knowledge and skills required to function as competent entry-level professionals in the health/fitness industry as determined by the American College of Sports Medicine (ACSM), and to attend graduate school (e.g., Physical Therapy) if they desire.
- Demonstrate the ability to effectively educate and/or counsel individuals regarding lifestyle modification.

The faculty member is asked to select one assignment in your HPR 240 course, preferably a final paper or project *or* a typical assignment during the course of the semester which assimilates the learning objectives of the course, and evaluate each HHP student's knowledge and skill for the two learning outcomes above. If you feel that the assignment did not address a particular learning outcome, please circle NA (not applicable). *Further*, if the assignment did not inherently incorporate each competency for a particular learning outcome, please select NA and explain how the learning outcome was addressed in part. While these learning outcomes are broad in language, your task is to evaluate the student based on the particular assignment. Please refer to the following pages of this document for an explanation of how to evaluate competency for each of the learning outcomes specified in the rubric.

In addition, please attach the written assignment and copies of the assignment (if appropriate) in your report. Upon submission of materials to the chair, please withhold student names and code both the student's assignment and the evaluation form (e.g., you may specify that the student is #1 on both the evaluation form and assignment). Thank you for your assistance in this matter.

Respectfully,

Michelle Walters-Edwards
Chair, Health and Human Performance
mwalters@marymount.edu
Phone: 703-284-1597
Fax: 703-284-3819

The following is a description of the criteria to be used for the evaluation of student learning outcomes for the assignment, paper, or project. Please note that competency for each learning outcome is representative of a "3 or able" rating on the scale. The following represents the criteria for ***undergraduate*** students.

Learning Outcome 1: undergraduate

Demonstrate the knowledge and skills required to function as competent entry-level professionals in the health/fitness industry as determined by the American College of Sports Medicine (ACSM), and to attend graduate school (e.g., Physical Therapy) if they desire.

Students have demonstrated competency for this learning outcome **(3 or able)** when:

1. The assignment clearly reflects proper assessment or background research procedures.
2. The implementation (such as a stress or health inventory) within the assignment is clearly described, detailed and plausible.
3. The evaluation, synthesis, and/or critique within the assignment shows analytical skill and/or reflection of the original implementation (critical thinking).
4. The assignment shows justification for any suggested modification to the original decision/implementation.
5. The assignment incorporates proper literature citations, timeliness of methodology and justification (literature), use of proper terms/language, and/or proper techniques for analyzing data and/or results.

A rating of **1 or unable** for this learning outcome reflects that the student:

1. In no way reflected proper assessment or background research.
2. Demonstrated little evidence of a clearly described, detailed, and plausible implementation.
3. Did not critically appraise or reflect on the outcomes as pertaining to the original implementation.
4. Did not justify their decisions nor offer any modifications to their original decisions/implementation.
5. Failed to review and cite pertinent literature within the assignment.

A rating of **2 or somewhat able** for this learning outcome reflects that the student's assignment was between a rating of "1 or unable" and "3 or able".

A rating of **4 or very able** for this learning outcome reflects superior achievement in each of the below descriptors. This rating should be reserved for the very best assignments and thus should demonstrate:

1. Clear and proper assessment or background research procedures. Work here is considerably more comprehensive than "3 or able".
2. Clearly described, detailed and plausible implementation (such as a stress inventory) *and* offers alternative solutions and/or recommendations.

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3. Evaluation, synthesis, and/or critique within the assignment shows *considerable* analytical skill and/or reflection of the original implementation (critical thinking). There are few details left unaddressed in the assignment.
4. Justification for any suggested modification to the original decision/implementation. *Further*, there is clear discussion of future implications the result of a gap in the literature.
5. Incorporation of proper literature citations, timeliness of methodology and justification (literature), use of proper terms/language, and/or proper techniques for analyzing data and/or results. Literature citation is considerably more comprehensive than "3 or able" work.

Learning Outcome 2: undergraduate
Demonstrate the ability to effectively educate and/or counsel individuals regarding lifestyle modification.

Students have demonstrated competency for this learning outcome **(3 or able)** when:
1. Lifestyle, health history, and readiness for physical activity assessments are obtained, interpreted, and used to implement appropriate lifestyle modification programs.
2. Recommendations for health programs, assessments, and any other health-related initiatives take into consideration culturally-based and/or other population-specific differences of an individual and/or group of individuals.
3. Confidentiality is appropriately maintained in the dissemination of information related to the skill application and/or inventory (such as the inclusion of informed consent).

A rating of **1 or unable** for this learning outcome reflects that the student:
1. Did not include lifestyle, health history, and readiness for physical activity assessments.
2. Did not consider culturally-based and/or other population-specific differences of an individual and/or group of individuals within the assignment.
3. Did not include an informed consent or otherwise demonstrate confidentiality in the dissemination of information.

A rating of **2 or somewhat able** for this learning outcome reflects that the student's assignment was between a rating of "1 or unable" and "3 or able".

A rating of **4 or very able** for this learning outcome reflects superior achievement in each of the below descriptors. This rating should be reserved for the very best assignments and thus should demonstrate:
1. Exceptional use of more than one lifestyle, health history, and readiness for physical activity assessments are obtained, interpreted, and used to implement elaborate lifestyle modification programs.
2. Exceptional critical-thinking skills in determining appropriate health programs, assessments, and any other health-related initiatives by taking into consideration culturally-based and/or other population-specific differences of an individual and/or group of individuals.
3. Innovative ideas/methods in the dissemination of information related to the skill application and/or inventory

Student Code_____**Course**_____**Semester**_____

Evaluate each **undergraduate** student on the following 2 learning outcomes for the chosen assignment. If a student is deficient in a particular learning outcome, please briefly describe in which competency(ies) they were deficient. Again, if not all of the competencies were inherently addressed in the assignment for a particular learning outcome, select NA and comment on how the learning outcome was or was not achieved. Please use the bullet points within each LO to assist you in summarizing your response.

Undergraduate Learning Outcome	Very Able	Able	Somewhat Able	Not Able	Not Applicable
Demonstrate an understanding of the knowledge and skills required to function as competent entry-level professionals in the health fitness industry as determined by the American College of Sports Medicine (ACSM), and to attend graduate school (e.g., Physical Therapy) if they desire.	4	3	2	1	NA
Comment					
Demonstrate the ability to effectively educate and/or counsel individuals regarding lifestyle modification.	4	3	2	1	NA
Comment:					

Appendix 2. Graduating Student Survey and Alumni Survey Results 2014-2015

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2014-15 Graduating Student Survey - Evaluation of Preparation

NU
UG
Health Sciences

	Responses	*Percent Good or Excellent*	*Mean*	*Std Dev*
Find a job in your field	*44*	*56.8*	*3.523*	*1.000*
Succeed in a job in your field.	*44*	*61.4*	*3.659*	*0.914*
Attain a promotion within your existing employment situation	*44*	*59.1*	*3.591*	*0.816*
Pursue more education in your field.	*44*	*81.8*	*3.955*	*0.645*
Conduct research to support a position.	*43*	*69.8*	*3.744*	*0.819*
Develop a coherent written argument.	*43*	*74.4*	*3.860*	*0.675*
Deliver a coherent oral presentation.	*44*	*81.8*	*4.091*	*0.676*
Use quantitative/qualitative techniques within your professional field.	*44*	*84.1*	*4.091*	*0.640*
Determine the most ethically appropriate response to a situation	*44*	*81.8*	*4.068*	*0.661*
Understand the major ethical dilemmas in your field.	*44*	*81.8*	*4.023*	*0.628*
Work as part of a team	*44*	*88.6*	*4.159*	*0.680*
Lead a team.	*44*	*81.8*	*4.045*	*0.861*
Manage time effectively.	*44*	*79.5*	*4.000*	*0.715*
Use technology effectively in a workplace environment.	*44*	*81.8*	*3.909*	*0.858*
Apply knowledge and skills to new situations.	*44*	*86.4*	*4.023*	*0.731*
Solve problems in your field using your knowledge and skills.	*44*	*81.8*	*4.000*	*0.835*
Find appropriate sources of information.	*44*	*86.4*	*4.114*	*0.754*
Evaluate the quality of information (e.g. scholarly articles, newspapers).	*44*	*86.4*	*4.091*	*0.676*

Responses on a 5 point scale: 1 (poor) to 5 (excellent)

MARYMOUNT UNIVERSITY
Arlington, Virginia

2014-15 Graduating Student Survey - Faculty, Advisors, and Courses

NU
UG
Health Sciences

	Responses	Percent Good or Excellent	Mean	Std Dev
Faculty members have a high level of expertise in their fields.	44	84.1	3.955	0.834
Faculty members are approachable.	43	79.1	3.930	0.856
Faculty members are available to address my needs outside of class.	44	77.3	3.909	0.858
Advisers are available at convenient times.	44	75.0	3.795	0.904
Advisers are helpful with selecting courses.	44	77.3	3.864	0.878
Advisers are knowledgeable about my degree requirements.	44	79.5	3.886	0.868
Advisers explored my career options with me.	44	56.8	3.477	1.151
Advisers discussed my future education options.	44	61.4	3.455	1.229
Classes in my major were generally available during semesters I need them.	44	77.3	3.682	1.073
Classes in my major were offered at convenient times.	44	54.5	3.273	1.128
Classes in my major challenged me to apply my knowledge in new ways.	44	90.9	4.023	0.731
Classes in my major were academically challenging.	44	90.9	4.068	0.818
Elective courses were generally available during semesters I need them.	43	69.8	3.628	1.047
Elective courses were offered at convenient times.	44	61.4	3.545	1.044
Sufficient electives were offered to meet my needs.	44	65.9	3.636	0.990
Elective classes were academically challenging.	44	72.7	3.795	0.878
Classes in the liberal arts core were academically challenging.	44	79.5	3.909	0.830

Responses on a 5 point scale: 1 (poor) to 5 (excellent)

MARYMOUNT UNIVERSITY
Arlington, Virginia

2014-2015 Marymount Alumni Survey Results - By Program

2007-08 Respondents:	*6*
2011-13 Respondents:	*8*
Number of respondents	*14*

Undergraduate
Malek School of Health Professions
Health Sciences

From your experience at MU, how would you rate each of following?	Percent Good or Excellent*	Valid N
Overall experience	84.6%	13
Academic quality	76.9%	13
Major department or academic program	61.5%	13
Library and Learning services	84.6%	13
Academic advising	69.2%	13
Marymount's academic reputation	46.2%	13

For each of the following skills, please indicate how well you believe your education prepared you to:		
Find a job in your field	15.4%	13
Attain a promotion within your existing employment situation	0.0%	0
Pursue more education in your field	53.8%	13
Find appropriate sources of information	69.2%	13
Evaluate the quality of information	69.2%	13
Conduct research to support a position	38.5%	13
Develop a coherent written argument	46.2%	13
Deliver a coherent presentation	61.5%	13
Use quantitative/qualitative techniques within your professional field	53.8%	13
Determine the most ethically appropriate response to a situation	61.5%	13
Understand major ethical dilemmas in your field	46.2%	13
Use technology effectively in a workplace environment	61.5%	13
Apply knowledge and skills to new situations	69.2%	13
Solve problems in your field	69.2%	13

**Based on a five-point scale: (5) excellent, (4) good, (3) adequate, (2) needs improvement, (1) poor.*

Which of the following statements describes your start at MU? N = 14	Percent
MU is the first college or university I have attended	42.9%
I transferred into MU from a community college or four-year college or university	50.0%
I earned a degree from another college or university prior to enrolling at MU	7.1%

Relative to completing your degree, when did you find your first professional position? N = 12	Percent
Continued a position held while attending school	16.7%
Found a new position prior to graduation	0.0%
0-3 months	8.3%
4-6 months	16.7%
7-12 months	8.3%
More than 12 months	16.7%
Have not yet entered professional position since graduation	33.3%

How closely related was your college/specialization to this position? N = 9	
Directly related	11.1%
Somewhat related	55.6%
Not related	33.3%

Which of the following best describes your current employment statuts? N = 13	
Employed full-time	76.9%
Employed part-time	7.7%
Not employed, but seeking employment	7.7%
Not employed, and not looking	7.7%
Other	0.0%

What is your salary range? N = 11

under $10,000	9.1%	$60,000 to $69,999	18.2%
$10,000 to $19,999	9.1%	$70,000 to $79,999	0.0%
$20,000 to $29,999	0.0%	$80,000 to $89,999	0.0%
$30,000 to $39,999	27.3%	$90,000 to $99,999	0.0%
$40,000 to $49,999	18.2%	$100,000 and above	0.0%
$50,000 to $59,999	18.2%	*Mean Salary***	$41,363.6

***Mean salary based on midpoint of range indicated.*

Have you pursued further education since completing your degree? N = 12

No	41.7%
Yes	58.3%

Number pursuing further degrees: N= 7

Associates	57.1%	Doctoral	14.3%
Bachelors		Professional	14.3%
Masters		Other	14.3%

MARYMOUNT UNIVERSITY
Arlington, Virginia

Appendix 3. Internship Evaluation Rubric.

MARYMOUNT UNIVERSITY

2807 North Glebe Road Arlington, Virginia 22207-4299 (703) 284-1580

INTERNSHIP MANUAL FOR SPRING 2015
HEALTH SCIENCES PROGRAM
DEPARTMENT OF HEALTH AND HUMAN PERFORMANCE
All Materials are due at COB Friday, May 1, 2015
(PLEASE SEND OR HAVE REQUIRED INTERNSHIP MATERIALS SENT TO DR NORDVALL ELECTRONICALLY)

Purpose of the Internship

The undergraduate internship in Health Sciences (HPR 400) is designed to provide the senior Health Sciences major with the opportunity to coordinate classroom learning with practical experience in a fitness, health, or sportsmedicine setting.

The internship should offer a continuum of supervised experiences, ranging from observation to full responsibility in leadership and programming. Internships are coordinated by a member of the Marymount University faculty in the Department of Health & Human Performance.

Objectives: At the conclusion of the internship experience, students will:

- gain practical hands-on experience in the field of health sciences.
- apply course theory to real-world situations.
- be prepared to sit for a national certification exam (such as ACSM Certified HFS).
- be more competitive in the job market.
-

Eligibility

To be eligible for internship, the student must:

- Complete at least 12 hours of core (HPR) requirements at Marymount University
- Have a cumulative grade point average (GPA) of 2.0 or better
- Receive a grade of C- or better in the following 3-credit HPR courses completed: 202, 260, 302, 304, and 410.
- Register for HPR 400 Senior Internship (3 hours of credit) during the internship semester. ***Note that students will not be able to register for HPR 400 without a signed contract (by all parties) found on page 5 of this manual. The HHP Internship Coordinator, Dr. Michael Nordvall, must have a signed contract in advance of the last day to add a course. Students who do not have an internship or anticipate finding an internship site after the last day to add a course, must complete a late internship add form (email Dr. Nordvall).***

Agency Search

- The student holds primary responsibility for obtaining an internship site. A listing of potential agencies is maintained in the Departmental Blackboard site and/or electronically with Dr. Nordvall in Caruthers Hall. Students are welcome to contact the agencies using these resources, or find a professional site not from the above resources.
- Guidelines for choosing an internship site:
  a) The agency should have a minimum of two full-time professional staff members.
  b) The agency should maintain a comprehensive and balanced program to provide a breadth of experiences.
  c) The agency should demonstrate its commitment to providing interns a high quality educational experience by having a supervisor available with time expressly for the purpose of teaching and guiding the intern.

Internship Requirements

- Complete "Internship Agreement with Cooperating Agency" (page 5 of this Manual) and complete all assignments as given during internship seminar meetings. Students should consult their advisor to determine the necessary credit load to complete the internship.
- Work a minimum of 150 hours to obtain 3 semester credits. If requesting a waiver of the 3 credits of Internship, complete a Request for Waiver of Internship form, available from the Chair of the Department of Health & Human Performance.
- Follow the schedules and regulations of the internship agency, which may include evening and weekend hours as well as daytime hours. Do not assume that you are excused during University holidays.
- Be punctual. When an absence is necessary, inform the agency supervisor as soon as possible. Absences due to illness or other reasons will be made up by either extending the time period or increasing the internship hours within the remaining time period.
- Keep a **log** of hours and duties performed for the duration of the internship and submit it to the university internship coordinator on a regular basis, either in campus mail or electronically. Use multiple copies of the log provided on Page 9.
- HPR 400 is graded on a pass/fail basis (as explained on p. 4). A grade of "pass" awarded by the university internship coordinator is necessary to fulfill the requirements of this course.

Holidays and Vacations

Although university schedules may not coincide with the schedule of the agency, student interns are required to follow the calendar year of the agency, unless special arrangements are made with the agency.

Professional Conduct

MARYMOUNT UNIVERSITY

Arlington, Virginia

FINAL AGENCY EVALUATION OF STUDENT INTERN PERFORMANCE

Marymount University
Dept. of Health & Human Performance
2807 North Glebe Road
Arlington, Virginia 22207
(703) 526-6876

This form is to be completed by the Agency Supervisor and returned to the Marymount Internship Coordinator during the **final week** of the internship: ***COB Friday, May 1, 2015.***

Student Intern:_____

Agency Supervisor:_____

On the following scale, please rate the intern by placing an 'X' for each item:

1=poor **2**=fair **3**=average **4**=good **5**=excellent **N/O**= no opportunity to observe

Professional Conduct	1	2	3	4	5	N/O
a. Willingness to carry out duties and accept responsibility						
b. Completion of assignments in a professional and timely manner						
c. Observation of rules, practices, schedules						
d. Practice of ethical standards						

Comments:

Communication Skills	1	2	3	4	5	N/O
a. Effectiveness of communication with peers						
b. Effectiveness of communication with supervisor						
c. Effectiveness of communication with clients						
d. Quality of materials produced by student						
e. Quality of verbal presentations						

Comments:

Service Delivery	1	2	3	4	5	N/O
a. Effectiveness of planning and organization of work						
b. Initiative and self-direction in carrying out tasks						
c. Courtesy and consideration in working with clients						
d. Skill in conducting client screening and health appraisals						
e. Skill in conducting fitness assessments						
f. Skill in leading exercise and health activities						
g. Skill in other areas required in internship Specify:_____						

Comments:

Health/Fitness Knowledge	1	2	3	4	5	N/O
a. Knowledge of basic anatomy and exercise science						
b. Knowledge of risk factors that might require medical referral						
c. Knowledge of principles of injury prevention						
d. Knowledge of basic principles of exercise training						
e. Knowledge of basic nutrition and weight control						
f. Knowledge of fitness assessment procedures						
g. Knowledge of exercise and health enhancement programs						
h. Understanding of program administration						

Comments:

Please discuss this evaluation with the student intern.

Signature of Agency Supervisor:_____ Date_____

Please return to Dr. Michael Nordvall at address above, by fax: (703) 284-3819, or email: mnordval@marymount.edu