

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Doctor of Physical Therapy

SUBMITTED BY: Skye Donovan PT, PhD, OCS

DATE: September 29th, 2016

BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:

Data for this report are documented and stored in three ways 1) in paper format in a locked filing cabinet in the Chair's office, 2)electronically on the University maintained Share drive 3) on a external drive secured in a locked drawer in the Chair's office

EXECUTIVE SUMMARY

Program description from the Course Catalog: Please copy and paste the current year's catalog description of this program. This is generally a one-two paragraph description immediately following the name of the program. Please be sure to include the listing of program outcomes as printed.

The Marymount University Doctor of Physical Therapy (D.P.T.) program prepares generalist practitioners to deliver best available physical therapist practice for improving movement, function and health across diverse individuals and communities. The program employs a dynamic learning-in-context environment that is warm and welcoming. Critical thinking, professionalism, respecting individual differences, and adherence to ethical practices ground all classroom, clinic, and community activities. The program utilizes a modified problem-based curriculum unique to the region.

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

- function independently, managing patients with a wide variety of simple or complex conditions;
- perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently;
- apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;
- manage a full-time physical therapist's caseload to achieve resource-efficient and patient-effective outcomes;
- exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences; and
- implement a self-directed plan for professional development and lifelong learning.



The physical therapy program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

List all of the program’s learning outcomes: *(regardless of whether or not they are being assessed this year)*

Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
1. function independently managing patients with a wide variety of simple or complex conditions;	2014-15		2018-19
2. perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently	2014-15		2018-19
3. apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;	2014-15		2017-18
4. manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes;	2013-14	x	
5. exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences;	2012-13	x	
6. implement a self-directed plan for professional development and lifelong learning.	2013-14		2017-18

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

The mission of the Doctor of Physical Therapy (DPT) degree program is to prepare generalist practitioners to deliver best available physical therapist practice for improving movement, function and health across diverse individuals and communities. The program employs a dynamic learning-in-context environment that is warm and welcoming. Critical thinking, professionalism, respecting individual differences, and adherence to ethical practices ground all classroom, clinic, and community activities. The mission of the university states, “Marymount University is comprehensive Catholic university, guided by the traditions of the Religious of the Sacred Heart of Mary, that emphasizes intellectual curiosity, service to others, and a global perspective. A Marymount education is grounded in the liberal arts, promotes career preparation, and provides opportunities for personal and professional growth. A student-centered learning community that values diversity and focuses on the education of the whole person, Marymount guides the intellectual, ethical, and spiritual development of each individual.” As the mission indicates that Marymount is committed to career preparation and professional development while focusing on the whole person, the student learning outcomes developed by the PT faculty attempt to show how the DPT program supports this Mission. Not only do our learning outcomes identify the skills



necessary to practice in the career of physical therapy (#1-4), they also measure the moral sensitivity to recognize and understand the diversity of individuals (#5) and professional development (#6).

It is the intent of the PT faculty to ensure that student learning outcomes also take into consideration the strategic plan of the University and of the Malek School of Health Professions. For the upcoming year, the Malek School of Health Professions is updating their strategic plan. The PT faculty plan to reflect on both the School's and the University's plan and the relationship to our programmatic student learning outcomes.

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:

In the spring of 2015, the PT faculty reviewed the two learning outcomes scheduled for assessment during the 2015-2016 academic year and confirmed the methods of assessment most appropriate for these. A strength of our process is all core PT faculty work together during a scheduled faculty meeting to determine the best way to assess the chosen learning outcomes. Since all faculty are present, the entire curriculum and course work can be discussed, ensuring that all potential assessment methods are considered. We identified assessment methods that best represented the learning outcomes and tried to tie many of the assessment methods to course requirements in order to improve student response rate. The faculty met early this Fall to review to learning outcomes report. We will continue to meet this year and make any necessary adjustments to improve the students' abilities in reaching our Departmental mission and goals.

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

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
Students will apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management	1. Utilize and collect data using new evaluation form during Costa Rica trip for both student self assessment and faculty	1. The self evaluation forms were not used this year in Costa Rica, due to trip constraints, multiple faculty evaluators, and changes in scheduling. We feel that we will be more prepared to use this

	<p>assessment of student performance</p> <ol style="list-style-type: none"> 2. Devise questions on the final comprehensive practical exam that evaluate this concept. 	<p>in future as we believe it is an excellent way to capture this outcome. As an alternative we have the required assignment of the Case report each year which also effectively measures this outcome (the grading rubric is attached in the Appendix)</p> <ol style="list-style-type: none"> 2. For this year we used the global experience to Costa Rica as the comprehensive practical exam. The 6 students that did not go to Costa Rica were administered the comprehensive practical examination in its typical format. The rubric for the comprehensive practical is provided in the Appendix and was used by faculty who attended the Costa Rica trip to assign passing grades to the students for their patient interactions. For the upcoming year (2016-17), faculty discussed an alternative format for the comprehensive practical exam; no conclusion was reached and we will continue our work on this on the Fall. These outcomes are already integrated into the case reports the students complete so it may be that we need to re-evaluate our assessment tool.
<p>Students will perform skilled physical therapist examinations, interventions,</p>	<ol style="list-style-type: none"> 1. Faculty will participate in several meetings discussing the early 	<ol style="list-style-type: none"> 1. Faculty met several times this past year to develop the concept of

<p>and clinical reasoning proficiently and consistently</p>	<p>implementation of clinical reasoning to the curriculum.</p> <ol style="list-style-type: none"> PT 701 and associated tutorials (First semester Fall) will employ course activities that focus on clinical reasoning 	<p>clinical reasoning. One entire meeting was dedicated to the discussion of a recent article on implementation of clinical reasoning in the PT curriculum. Dr. Diana Venskus has been instrumental in leading the faculty in ways to integrate these concepts into the classroom and clinic.</p> <ol style="list-style-type: none"> Both PT 701 and tutorials used a common article to discuss course related and patient case concepts. These activities started the students in their journey in clinical reasoning. A departmental slogan “What, So What, Now What” was implemented in all courses, with the goal of using common language to signify the importance and steps required for effective clinical reasoning. (A document outlining the common language of clinical reasoning we are using is attached in the Appendix)
<p>Students will function independently managing patients with a wide variety of simple or complex conditions</p>	<ol style="list-style-type: none"> All Practical exams in the program will have strict time constraints to assist with time management PT 745 Clinical Practice synthesis will implement an assignment related to designing a plan of care for a complex patient with multiple diagnoses. 	<ol style="list-style-type: none"> All of our practical exams have varying time limits, but are appropriate to the specific setting and developmental stage of the students. All students successfully completed practical exams in the time allotted in order to pass the course. Students who had difficulty with prioritizing patient care were given suggestions and strategies by faculty.

		<p>2. PT 745 implemented patient cases with both complex and multiple diagnoses. Class sessions engaged the students in learning activities revolving around those patient cases, and they were also as part of the final exam. Students were able to problem solve throughout the semester with feedback from peers and the course instructor during class sessions. Every student successfully passed the course and the final exam.</p>
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Provide a response to last year’s University Assessment Committee review of the program’s learning assessment report:

The comments that were provided last year were appreciated. This year’s submission will include the suggested final paragraph summarizing all planned improvements for the upcoming year. Additionally, outcomes were written in the suggested format using “students will”.

Outcomes and Past Assessment

Learning Outcome 1: Students will manage a full-time physical therapist’s caseload to achieve resource-efficient and patient-effective outcomes

Is this outcome being reexamined? Yes No

If yes, give a brief summary of previous results (including trends) and any changes made to the program.



In AY 2013-2014, this outcome was assessed. At the time the faculty decided to assess the “resource utilization” aspect of this outcome which includes aspects such as managing staff, billing, and effective time management.

In 2013-4 the following were noted as areas for continued improvement and implementation into the program.

1. Establishing a “home” for the professional development plan with an opportunity to discuss with faculty
2. Development of the new course; PT 757 Leadership, Professional Development, and Expert Practice which will have patient centered practice and effective use of resources as one of its major themes, with associated assignments and activities.
3. PT 732 (PT as a Manager) will highlight these topics as they relate to clinical practice
4. Faculty will implement strategies to integrate this skill into clinical topics courses

Both our students and our clinical faculty note that this is an aspect of clinical practice that continues to challenge students and new graduates. In 2014 the PT faculty devised strategies to enhance these concepts into the curriculum. Specifically, content was placed into PT 732 (PT as a Manager) and the clinical skills application courses (PT 722/21, PT 730/31, PT 740/741) to address the topic of resource utilization as it relates to various clinical practice settings. The PT faculty used data from the Clinical Performance Instrument (CPI-web) to evaluate the effectiveness of our curricular changes. In 2014 100% of the students achieved entry level of above for the skill described in criterion 17 “participates in the financial management (budgeting, billing, and reimbursement, time, space, equipment, marketing, and public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. Also the graduating class of 2014 was asked the following question “Do you feel that you were able to manage a full caseload upon entering clinical practice as a licensed physical therapist? A full caseload includes delegating, referring, billing, scheduling, managing documentation as well as patient care in an efficient manner. Please explain why or why not.” Data analysis of the 13 students who replied revealed that all of them felt they could manage a full case load. Students also stated in their comments that they felt prepared academically but lacked some real world experience that would enhance their confidence in this skill.

For this academic year the faculty also decided to look at the entirety of the outcome, and not only focus on the resource efficiency portion. In order to best assess this outcome, faculty wanted strong response rates and subjective (student self-perception) and objective assessment of students’ performance in the clinic. This skill is particularly difficult to measure in the confines of the academic setting, therefore using the clinic was a natural fit, and allows us to see how students directly interact with and manage patients.

Assessment method #1

The faculty chose to focus on both self-report from students and their clinical instructors (CIs) to help us assess this outcome. This outcome looks at patient management from the perspective of appropriate use of resources and time management, both of which are high level skills. Realistically students will not achieve this level of skill until their 3rd year, and during their final clinical rotation. Early in the program students do not have the development or the context under which to apply these skills. This cannot occur until they have worked with patients in various settings and have some level of autonomy in the clinic.

Clinical Performance Instrument (*CPI-Web*) –

The *CPI-Web* is the primary student evaluation instrument used to quantify student performance in the clinical environment against entry-level expectations of a licensed physical therapist. This proprietary tool was developed by the American Physical Therapy Association. It underwent extensive psychometric analyses of content throughout its development. The majority of physical therapy academic programs in the United States and Canada use this tool to assess student outcomes. The *CPI-Web* contains eighteen (18) distinct evaluative criteria that cross the spectrum of behaviors and actions required of a physical therapist in clinical practice. Each person inputting data into a *CPI-Web* tool must first complete an on-line course and certification examination to confirm basic knowledge and competency using the instrument. Data entered into the *CPI-Web* is immediately accessible to the Program and is easily downloaded for analyses.

The *CPI-Web* is a summative evaluation instrument. Both the student and his or her clinical instructor (CI) input data into the *CPI-Web* at midterm and completion of each clinical practicum experience. Data include Likert rankings and narrative comments. The Likert scale anchors with “beginning” on the left, or low end of the scale, and projects to “beyond *entry-level*” on the upper scale. Entry-level performance, which is positioned just below “beyond-entry-level”, is the expected student outcome on each criterion.

This report uses direct measures of CI assessment of student clinical performance. This data was extracted from documented student performance that occurred during final, fulltime clinical practicum experience in August 2015. These students graduated from MU following this clinical practicum. These data are measures of MU-DPT student entry-level performance.

Definition: Entry-Level Performance (*CPI-Web*)

- Capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- Consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- Capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner



Definition: Advanced-intermediate Performance (*CPI-Web*)

- Requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- Consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is capable of maintaining 75% of a full-time physical therapist’s caseload.

Limitations of the *CPI-Web* as an Assessment Tool

Students are supervised throughout their clinical experiences by a clinical instructor (CI) who is not a core faculty member; and each student has a unique clinical instructor. Although the expectation is that the online training program for completing the tool enhances the tool’s reliability in making judgments about achieving *entry-level* performance, there is still great variability based on settings and CI philosophy. The definition of *entry-level* is complex and the number of concepts embedded in each of the 18 overarching criterion can be large. If a student is deemed lacking in any aspect of a criterion, he/she will be graded below entry-level performance on all aspects of it, which makes it difficult to tease out specific areas of weakness.

Program faculty continues to support a graduate outcome goal that states: 100% of MU-DPT graduates will be rated *entry-level* in each evaluative criterion in the *CPI-Web* upon completion of their final clinical practicum. This is controversial in the professional community because students do not have the “real” opportunity to practice “without supervision.”

***CPI-Web* Criteria Used for this Student Learning Outcome**

***CPI-Web* Criteria Used in this Report**

Criterion (<i>CPI-Web</i> Reference #)	Definition
Plan of Care (12)	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence based. Plan of Care is defined as: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans (Guide to Physical Therapist Practice 3.0: Alexandria, VA American Physical Therapy Association; 2014. Available at http://guidetopractice.apta.org/)

Criterion (CPI-Web Reference #)	Definition
Cultural competence (5)	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs (CPI- WEB)
Clinical Reasoning (7)	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (CPI-WEB)

Indirect Outcome Measures CPI-Web Criteria	Performance Standard	Data Collection	Analysis		
			Advanced-intermediate (f)	Entry-Level (f)	Beyond Entry-Level (f)
Plan of Care (12)	100% of students will rate themselves as "entry level" on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web student self-evaluations of final performance Student population: DPT Class of 2016; August 2016 graduates. N= 36	7	39	0
Cultural Competence (5)			1	32	3
Clinical Reasoning (7)			9	37	0

Direct Outcome Measures CPI-Web Criteria	Performance Standard	Data Collection	Analysis		
			Advanced-intermediate (f)	Entry-Level (f)	Beyond Entry-Level (f)
Plan of Care (12)	100% of students will be rated as "entry level" by		2	31	2

<u>Direct Outcome Measures</u> CPI-Web Criteria	<u>Performance Standard</u>	<u>Data Collection</u>	<u>Analysis</u>		
			<i>Advanced-intermediate (f)</i>	<i>Entry-Level (f)</i>	<i>Beyond Entry-Level (f)</i>
Cultural Competence (5)	their clinical instructors on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web evaluation of student performance Student population: DPT Class of 2016; August 2016 graduates. N= 36 One file was corrupted so data was unable to be analyzed for 1 student.	0	30	5
Clinical Reasoning (7)			4	28	3

Assessment method #2

In 2016 during the final week of their last clinical rotation the students were asked to respond to the following question: “Do you feel that you will be able to manage a full caseload upon entering clinical practice as a licensed physical therapist? A full caseload includes delegating, referring, billing, scheduling, managing documentation as well as effective patient care in an efficient manner. Please explain why or why not.”

Assessment Activity

Indirect Outcome Measure	Performance Standard	Data Collection	Analysis n=12
Graduating students were asked to respond to a question regarding their ability to meet this outcome.	100% of students will answer yes to this question.	All students in the graduating class of 2016 were sent an email following their final clinical rotation. 12 students responded	Only 12 responded to the email, and 11 responded “yes”. The one student that responded “no” gave specifics in regards to not being able to manage a caseload which revolved around handling multiple patients at one time.

Interpretation of Results

Extent this learning outcome has been achieved by students: We used two distinct assessment methods to measure this outcome. Using one of the measures, 100% of students met this objective, while the other assessment revealed that 92% achieved this goal. The faculty feel strongly about using the clinical instructors' feedback of students to assess this learning outcome. Their evaluation of our students provides great insight into the students' abilities to function as independent practitioners. It is important to the DPT faculty to also assess student perceptions regarding readiness to enter the workforce as an effective practitioner. We believe these two measures allow us to best assess this learning outcome, as we cannot reproduce a true clinical setting on campus that would incorporate all of the aspects that contribute to resource efficiency while providing effective patient care. While we were not at our desired 100% of students meeting this objective, we feel that the students that did not feel confident in independently practicing resource efficient care put caveats onto the outcome, as indicated by their response to the open ended question "why or why not". The responses were revealing, and stated caring for multiple patients at one time and independent ordering of medical equipment were sources of challenge.

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

Further analysis of this learning outcome revealed opportunities for growth in this area within our curriculum. Both the CPI-Web and the question posed to students contain sections allowing for comments. The most frequently cited obstacles related to achieving this learning outcome were: managing multiple patients, patients with multiple diagnoses, delegation to a PT assistant, and ordering specific medical equipment such as wheelchairs. The faculty discussed these issues at our end of year meetings and implemented strategies for AY 2016-17 to mitigate them.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

- 1.** Faculty will host grand rounds clinical sessions involving all DPT students facilitating discussions centered on patient preferences and appropriate use of resources
 - 2.** Content in PT 732 (PT as a manager) and PT 757 (Leadership, Professional Development, and Expert Practice) will be evaluated at end of the year faculty meetings for effectiveness in achieving this outcome and new assignments/topical areas will be identified as needed.
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Outcomes and Past Assessment

Learning Outcome 2: Students will exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences

Is this outcome being reexamined? Yes No

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

Yes, this outcome was assessed in 2012-13 and it was determined through our direct and indirect measures that students were exhibiting care, compassion, and empathy in the delivery of physical therapy services and are sensitive to individual, cultural, and social differences. In the past we used both data from the CPI-Web, which is a standard used by nearly all PT programs, in combination with the evaluations from the international service learning trip. Since 2013 the rubric for the international clinical experience has been updated and modified to better reflect the values associated with this learning outcome. This rubric is also unique in that it is completed by core and adjunct faculty, whom are well versed in the department's mission, vision, as well as the greater University's initiatives and values. While the CPI- Web is considered an excellent measure of student behaviors, it is open to more subjectivity since the raters are from different clinical settings and possess varying educational and clinical experience. For this year AY 2015-16, we had a greater percentage of total graduating students (86%) attend the service learning trip than in 2012-13 (70%) and the faculty feels that the changes to the rubric and greater number of students participating in this experience enhances our program's ability to meet this learning outcome. Unfortunately, the situation abroad was not conducive to using this rubric for this year, and case report performance was used instead. For future years, faculty will discuss not only the best methods to assess this outcome but our ability to collect and analyze data.

Assessment Method #1:

This year the case report was used as a direct measure of delivery of PT services that respected individual, cultural and social differences. This assignment is completed by every student and requires that students receive feedback from their clinical instructors, core faculty and peers allowing for thorough reflection of what constitutes skilled care. The grading rubric is attached as an Appendix. Faculty believe successful completion of the case report accurately reflects how students view and exhibit care and individualized care in one patient case. Spending an entire semester focused on one patient allows the students to truly investigate the concept of skilled care and to evaluate their own value and beliefs systems as they pertain to their roles as health care providers.



Special attention was given to specific graded criteria that addresses this outcome and is listed under: Clinical reasoning process; establishes PT diagnosis and prognosis directed at patient goals and preferences.

Direct Outcome Measure	Performance Standard	Data Collection	Analysis
Direct Measure #1 Evaluation of student performance on Case report final project PT 803	100% of the students will score at or above the acceptable level (B or above)	Data was collected, analyzed and aggregated from Spring 2016 grading forms.	100% of students were performing outlined skills

Assessment method #2:

Information regarding the CPI-Web can be found under Learning Outcome #1

Assessment Activity

CPI-Web Criteria Used in this Report

Criterion (CPI-Web Reference #)	Definition
Professional Behavior (2)	Demonstrates professional behavior in all situations
Communication (4)	Communicates in ways that are congruent with situational needs
Plan of Care (12)	Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence based. Plan of Care is defined as: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans (Guide to Physical Therapist Practice 3.0: Alexandria, VA American Physical Therapy Association; 2014. Available at http://guidetopractice.apta.org/)
Cultural competence (5)	Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs (CPI- WEB)
Clinical Reasoning (7)	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (CPI-WEB)

Indirect Outcome Measures CPI-Web Criteria	Performance Standard	Data Collection	Analysis		
			Advanced-intermediate (f)	Entry-Level (f)	Beyond Entry-Level (f)
Professional Behavior (2)	100% of students will rate themselves as “entry level” on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web student self-evaluations of final performance Student population: DPT Class of 2016; August 2016 graduates. N= 36	0	32	4
Communication (4)			6	28	2
Plan of Care (12)			7	39	0
Cultural Competence (5)			1	32	3
Clinical Reasoning (7)			9	37	0

Direct Outcome Measures #2 CPI-Web Criteria	Performance Standard	Data Collection	Analysis		
			Advanced-intermediate (f)	Entry-Level (f)	Beyond Entry-Level (f)
Professional Behavior (2)	100% of students will be rated as “entry level” by their clinical instructors on CPI-Web Criteria 5,7, and 12 at the completion of the third and final clinical internship	Data source: CPI-Web evaluation of student performance Student population: DPT Class of 2016; August 2016 graduates. N= 36 One of the files was corrupted and we were not able to extract data	1	24	10
Communication (4)			4	28	3
Plan of Care (12)			2	31	2
Cultural competence (5)			0	30	5
Clinical Reasoning (7)			4	28	3

Interpretation of Results-

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

The results of the CPI-Web show that only 80% of the students consistently believed they were at entry level for this outcome. While cultural competence and professional behavior scored highly, plan of care, communication and clinical reasoning were self-perceived weaknesses. The comments from the clinical instructors mirrored the student's perceptions but not to the same extent. The clinical instructors rated 90% of our students as achieving this outcome. Interestingly the data collected from the case reports course shows that students are meeting this outcome. The difference in assessment methods is that the students are working on only one patient for their case report, and it is one that they chose with their CI, which leads to reason that it was a patient they likely managed well. We believe the case report is a good example of how repetition and reflection can help improve achievement rates of this learning outcome. The student uses the case report as a point of discussion with their CI and core faculty throughout the entire clinical experience, which likely makes them feel confident in their ability to provide and describe empathetic and specialized care. The faculty would certainly like to see improvement in these areas, especially the self-assessment of these qualities as measured by the student response portion of the CPI. In addition, in future years we would like to return to using the rubric from the service learning trip abroad, as this contains specific learning objectives related to this outcome. As the values of the University contain the aspects of global perspective and service and to others, we strive to stress patient preference and specificity in our program. Lastly, the core values of the American Physical Therapy Association include compassion, caring, and social responsibility which we as a department strive to instill in our students (and in ourselves) through various educational and clinical activities/experiences.

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

Program Strengths.

The program aims to assist students in achieving this outcome in multiple and diverse ways. Three separate parties rated our students on this skill; clinical instructors, core faculty, and students' self-assessed which allowed us to closely examine this concept from varying perspective. Our program prioritizes delivering best care to those of differing cultures and value systems, and will continue to work on methods to improve student success in this area.



Areas for Improvement.

We did not meet our threshold for this outcome, therefore faculty will develop methods to refine and develop this skill set through various curricular and extra-curricular activities. Additionally, the faculty wish to ensure that the students whom are not enrolled in the international service learning trip have a similar experience locally with a global focus and can be measured using a similar if not the same rubric. To increase student comfort with this behavior we would like to implement the embodiment of the APTA's core values later into our clinical courses and to create activities (seminars, panel discussions, volunteer opportunities) focused on delivery of culturally competent care. In addition, we would like to create more opportunities for core faculty to observe students in direct patient care.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

1. Faculty will meet to discuss local opportunities for students to participate in clinical practice activities highlighting these core values e.g. serving the underserved, and providing culturally sensitive care under the mentorship of faculty and clinical partners.
 2. Faculty will collaborate with the MU counseling center and MU center for global education to deliver workshops dedicated to this topic
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