

# STUDENT LEARNING ASSESSMENT REPORT

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**PROGRAM:** Doctor of Physical Therapy

**SUBMITTED BY:** Skye Donovan PT, PhD, OCS

**DATE:** September 29<sup>th</sup>, 2017

**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		2017-18

2. perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently	2014-15		2017-18
3. apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;	2014-15	X	
4. manage a full-time physical therapist's caseload to achieve resource-efficient and patient-effective outcomes;	2015-2016		2018-19
5. exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences;	2015-16		2018-9
6. implement a self-directed plan for professional development and lifelong learning.	2013-14	X	

**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. This past summer the PT faculty reflected on the University's strategic plan and mission statement in order to develop a new 5 year departmental strategic plan. We used our student learning outcomes to inform and structure our strategic plan.

**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 2017 the PT faculty reviewed the two learning outcomes scheduled for assessment during the 2016-2017 academic year and confirmed the methods of assessment most appropriate for these. We also reviewed the LOR from 2014 when these outcomes were last assessed. This allowed us to shrewdly select the appropriate assessment methods, most accurately measuring these outcomes. A strength of our process is all core PT faculty work together during several scheduled faculty meetings and 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 prior to its submission. 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>
<p>Students will manage a full-time therapist's caseload to achieve resource-efficient and patient-effective outcomes.</p>	<ol style="list-style-type: none"> <li>1. Faculty will host grand rounds clinical sessions involving all DPT students facilitating discussions centered on patient preferences and the appropriate use of resources.</li> <li>2. Content in PT 732 (PT as a manager) and PT 745 (Leadership, Professional Development and Expert Practice) will be evaluated at the end of the year faculty meetings for effectiveness in achieving this outcome and new assignments /topical areas will be identified as needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. The department hosted 2 grand rounds sessions this past year focused in 2 different practice areas (neurorehabilitation and orthopedics) All three cohorts of students (years 1-3) were in attendance. Three PTs presented a patient case and students actively participated in the patient management and clinical discussion. All faculty were also in attendance. These activities were valued by both students and faculty and will be continued for the foreseeable future. The students were able to ask questions of both the treating PTs and patient in regards to patient outcomes and resource efficiency during an in-context learning opportunity. Using this setting and learning activity was an excellent way to engage the students in a relevant activity, as well as exposing them to several differing opinions.</li> <li>2. Faculty met for the months of May and June to create new</li> </ol>

		<p>content and assignments in both of the courses mentioned. PT 732 will now incorporate guest speakers dedicated to resource efficiency in the clinic, in addition to exposure to various types of clinic. Leadership content will be put into both courses; the Chair of the program is currently sitting on a national task force for leadership in student physical therapists and will bring any information gleaned back to the MU DPT program. Faculty also identified the need for small group sessions in PT 745 focused on expert practice, incorporating examples from local specialist clinicians. These will be piloted for the Spring of 2018.</p>
<p>Students will exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Faculty will collaborate with the MU counseling center and center for global education to deliver workshops dedicated to this topic.</li> </ol>	<ol style="list-style-type: none"> <li>1. In AY-2026-17 the faculty both identified and implemented new clinical practice activities focused on empathy and cultural sensitivity. Some of these activities included providing pro bono care at Arlington Free Clinic to those who have no health insurance, fabrication of rehabilitation devices for a variety of children with no funding, and injury prevention tips for migrant workers. Students were assessed for both MU DPT and the collaborating agencies' outcomes. Qualitative data (interview style) was exceedingly positive, and students both verbalized and faculty witnessed improvements in culturally sensitive care.</li> </ol>

		<p>2. The counseling center piloted a project last year, specifically targeted to the PT department. They delivered 5 sessions to the students and faculty focused on self-care, the role of the caretaker, mindfulness and stress management. These topics were selected to help the students engage more fully in their clinical practice and to increase their patient focus. All of the sessions were well attended and the counseling center surveyed the students; resulting in the continuation of this project for the upcoming year.</p>
<p>Students will function independently managing patients with a wide variety of simple or complex conditions</p>	<ol style="list-style-type: none"> <li>1. All Practical exams in the program will have strict time constraints to assist with time management</li> <li>2. PT 745 Clinical Practice synthesis will implement an assignment related to designing a plan of care for a complex patient with multiple diagnoses.</li> </ol>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>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.</li> </ol>

**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".

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**Outcomes and Past Assessment**

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**Learning Outcome 1:** Students will apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;

**Assessment method #1:** The PT faculty used data from the Clinical Performance Instrument (CPI-web) to evaluate the effectiveness of our curricular changes. In order to best assess this outcome, faculty wanted strong response rates for both subjective (student self-perception) and objective assessment of students' performance in the clinic; both of which the CPI provides. 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. Data from the following criterion were used: #7 Patient management-Clinical reasoning: Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management and #12 Patient management-Plan of Care Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

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 2017. 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**

<b>Criterion (<i>CPI-Web</i> Reference #)</b>	<b>Definition</b>
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 <a href="http://guidetopractice.apta.org/">http://guidetopractice.apta.org/</a> )
Clinical Reasoning (7)	Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. (CPI-WEB)

<u>Indirect 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>
<b>Plan of Care (12)</b>	100% of students will rate themselves as “entry level” on CPI-Web Criteria 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 2017; August 2017 graduates. N= 37	7	29	1
<b>Clinical Reasoning (7)</b>			8	26	3

<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>
<b>Plan of Care (12)</b>	100% of students will be rated as “entry level” by their clinical instructors on CPI-Web Criteria 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 2017; August 2017 graduates. N= 37	7	16	14
<b>Clinical Reasoning (7)</b>			8	27	12



## Assessment method #2

A survey is sent out to our DPT alumni one year and 5 years after graduation by the Office of Planning and Institutional Effectiveness (PIE); this year's survey went out to the classes of 2014-2015 and 2010-2011. We ask a set of supplemental questions in addition to the University-wide standardized items. (see Appendix) A personal email from the Chair of the Dept. accompanies the survey request in an effort to increase response rate. This year we had a record response rate of 27.

### Assessment Activity

Indirect Outcome Measure	Performance Standard	Data Collection	Analysis n=27
Self report response to alumni survey question	90% of responses will rate themselves as at least "good" for the ability to apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management	Alumni Survey set out by PIE with supplemental questions designed by PT faculty	2 adequate 7 good 18 excellent

### Interpretation of Results

**Extent this learning outcome has been achieved by students:** At completion of the last clinical affiliation (commensurate with graduation from the program) 81% of students were rated as entry level by their clinical instructors for the skills: plan of care and clinical reasoning. Similarly self-ratings also revealed 80% of students believed they were at entry level for these 2 skills. Despite us not meeting our goal of 100%, all of our students passed their final clinical rotation, making them eligible to graduate and become licensed physical therapists. The CPI has several factors and each clinical instructor looks at the student holistically, not being at entry level for one skill does not fully embody all of the aspects of being a physical therapist nor predict success as a clinician. The faculty strive to have students be at entry level for each skill but that is highly subjective as to the clinical instructor's familiarity with novice physical therapists and students. The faculty will continue to monitor this outcome closely using this assessment tool. In addition we used the alumni survey to evaluate achievement of this outcome. The alumni survey results are a composite of 1 year and 5 year graduates. The survey asks if, after practicing as a licensed physical therapist, if Marymount University DPT program prepared them in performing skilled PT examinations. Although this is self-reported, and retrospective we feel this survey gives us an accurate representation of the graduates strengths/challenges. This survey also allows the graduates to participate in "reflective practice" which improves their clinical skills and role as a health care practitioner. Results showed that 93% ranked themselves as "good" or "excellent"; exceeding our goal of 90% for this outcome. The faculty feels it is important to use these two distinct assessment methods to measure this outcome, and as the data reveals, looking at only one of the measures would give us an inaccurate sense of meeting this goal. It is important for us to use clinical instructor feedback and self-report for this outcome.

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

Analysis of this learning outcome revealed opportunities to strengthen this area within our curriculum. Both the clinical instructors and the students cite this skill as needing to be developed in a subset of students. In the past, this outcome was assessed at a higher rate of achievement. Looking at specific comments from the students' self-report and the input from clinical revealed that a potential for improvement was in implementation (timing and placement) of certain treatment interventions in order to meet goals in a timely fashion. Interestingly, alumni felt they were adequately prepared in this skill, which could be skewed by the fact that they are out practicing and have better developed patient management skills. The collective faculty met and strategies have been put into place for the AY 2017-18 in both the core course and programmatic activities.

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

1. A seminar series for third year students will be piloted this year. The seminars will bring expert clinicians to campus to host interactive Q & A based on complex patient care scenarios requiring critical thinking and clinical reasoning.
2. The department will construct assignments for all skills related courses centered on plan of care, and will also foster discussion on this topic during bi-annual advising meetings.
3. A more formal adjunct faculty orientation will direct the instructors to review this material in tutorial sessions throughout the program.

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**Outcomes and Past Assessment**

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**Learning Outcome 2:** The student will implement a self-directed plan for professional development and lifelong learning

Assessment Method #1: CPI

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

<b>Criterion (CPI-Web Reference #)</b>	<b>Definition</b>
Professional Development (6)	Participates in self-assessment to improve clinical and professional performance

Details of CPI presented for previous learning outcome (see above).

Direct Outcome Measure	Performance Standard	Data Collection	Analysis
Professional practice Criteria #6 <b>Professional Development:</b> Rating determined by clinical instructor	100% at or above entry level	CPI data	N=37 0 below entry level, 16 at entry level, 21 above entry level

Indirect Outcome Measure	Performance Standard	Data Collection	Analysis
Professional practice Criteria #6 <b>Professional Development:</b> Rating determined by student self-report	100% at or above entry level	CPI data	N=37 4 below entry level, 22 at entry level, 11 above entry level

**Assessment method #2: Professional Development assignment**

This assignment is given to third year students in the Spring, just prior to graduation, as part of PT 757 PT Leadership, Professional Development and Expert Practice. Every student must complete this assignment, and discuss with their adviser in order to receive a passing grade. The assignment embodies creation of goals for the students’ third clinical rotation in addition to long term aspirations for their career as physical therapists. The written document and facilitated discussion allows the faculty to have meaningful discussions and subsequent assessment of our students’ capacity for personal reflection and goal setting, which are 2 skills needed in the health care profession. We also believe this helps us in achieving a sub-goal of creating leaders in the profession and preventing burn-out, which are 2 areas affecting the profession of physical therapy. The assignment and grading rubric are attached as an Appendix.

Direct Outcome Measure	Performance Standard	Data Collection	Analysis
Professional development plan assignment (see Appendix)	100% of graduating students will successfully complete the assignment with a grade of B or better	37 students completed the assignment and met with their advisers to discuss their plan. The course instructor sought feedback from each adviser and assigned a grade for the assignment.	N=37 100% of the students completed the assignment 100% of the students received a B or better

**Interpretation of Results-**

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

As evidenced by the professional development plan and the CPI data (clinical instructor comments) this learning outcome was met. Interestingly student report on the CPI data did not match our goal. Upon discussion with the faculty we feel we can aid in enhancing students’ self-perception. In our end of the year faculty meetings there was discussion surrounding the students’ level of anxiety and imposter syndrome, two factors that may impact their ability to accurately self-assess.

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

**Program Strengths.**

The program prides itself on preparing our students not only for entry level practice but also for longevity in their career. Our program provides multiple opportunities for students to learn about leadership, continuing education and expert practice. This is evident through the development of a new course (PT 757) and also in co-curricular and extra-curricular activities. We have a number of students pursuing advanced credentials post-DPT degree, and several who take on leadership and faculty roles. This is recognized not only by the program but also by our clinical partners.

**Areas for Improvement.**

Although we did meet our threshold for this outcome, faculty feel passionately about develop methods to refine and developing student self-assessment skills through various curricular and extra-curricular activities. Faculty are committed to improving this by hosting round table discussions and increasing student time with outside clinicians (both recent graduates and expert practitioners). Faculty will facilitate more discussion around this topic in our final advising session with students.

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

1. Professional development will be a topic covered in the series of seminars developed for the third year students including perspectives from recent graduates, mid-career professionals and expert clinicians from diverse backgrounds and work settings.
  2. Faculty will bring up the topic of professional development earlier in the curriculum and embed in the majority of advising sessions
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## Curriculum Map

*These will be sent for review and feedback to the Liberal Arts Core Committee.*

### GRADUATE CURRICULUM MAP

**Degree Program:** Physical Therapy (D.P.T.)

**Year:** 2016-17

**Program Outcomes:**

Program Outcome	Critical Reading <sup>2</sup>	Written Communication	Oral Communication/ Persuasive Argument	Identification, Investigation, and Application of Theory and Principles of the Discipline	Scholarly Presentation and the Use Resource Materials
Upon graduation students will be able to function independently managing patients with a wide variety of simple or complex conditions;	X	X	X	X	
Perform skilled physical therapist examinations, interventions, and clinical reasoning proficiently and consistently;	X	X	X	X	
Apply best available scientific evidence, clinical judgment, and patient preferences in physical therapy patient management;	X	X	X	X	X
Manage a full-time physical therapist's caseload to achieve resource-efficient and patient-effective outcomes;	X	X	X	X	
Exhibit care, compassion, and empathy in delivering physical therapy services sensitive to individual, cultural, and social differences;		X	X		
Implement a self-directed plan for professional development and lifelong learning.		X		X	X

<sup>2</sup> Graduate program competencies derived from GSC Committee Requirements for New Graduate Programs: "Achieving this criteria may be demonstrated by, but is not limited to:

1. Course content that is increasingly more complex and rigorous than UG courses (course objectives, learning activities, outcome expectations, etc.)
2. Coursework that produces graduates with advanced skills in reading critically.
3. Coursework that produces graduates with advanced skills in writing clearly.
4. Coursework that produces graduates with advanced skills in arguing persuasively.
5. Coursework that produces graduates competent in identifying, investigating, and applying theory and principles of the discipline to new ideas, problems, and materials.
6. Competence in the scholarly presentation of the results of independent study and in the use of bibliographic and other resource materials with emphasis on primary sources for data.
7. A capstone or final integrative activity that demonstrates achievement of graduate-level knowledge and application of the theory and principles of the discipline"

**Curriculum Map:**

For each course, indicate which competencies are included using the following key. Please refer to the director of assessment in Planning and Institutional Effectiveness if you need more detailed explanation of the four core competencies.

Level of instruction: F-foundational, A-advanced, M-mastery

Assessment: PR-project, P-paper, E-exam, O-oral presentation, I-internship, OT-other (explain briefly)

Required Course	Critical Reading <sup>1</sup>		Written Communication		Oral Communication/Persuasive Argument		Identification, Investigation, and Application of Theory and Principles of the Discipline		Scholarly Presentation and Use of Resource Materials	
	Level	Assess	Level	Assess	Level	Assess	Level	Assess	Level	Assess
PT 700 Clinical Neuroscience	F	PR	F	OT-written exam			F	PR	F	PR
PT 701 Applied Physiology	F	P	F	OT-Written Exam			F	PR	F	PR
PT 702 Health Care Delivery & Contemporary Society	F	P	F	P	F	O			F	P, O
PT 710 Gross Anatomy	F	PR							F	PR, O
PT 711 Foundations of PT Exam, Evaluation, and Diagnosis	F	OT-tutorial OT-Written Exam	F	OT-tutorial	F	OT-tutorial, OT-practical exam	F	OT-tutorial	F	OT-Tutorial
PT 712 Evidence Based Practice I: Critical Assessment of Information	F	P	F	P	F	O	F	P	F	P

PT 713 Therapeutic and Scientific Principles of Exercise	F,A	OT-written exam					F	P	F	P
PT 714 Therapeutic Technologies	F,A		F	OT-practical exam	F	OT-Practical Exam				
PT 720 Evaluation and Management of patients with orthopedic disorders	F,A	OT-tutorial OT-Written Exam	F,A	OT-written exam			F	OT-written exam		
PT 721 Clinical applications of PT management of patients with orthopedic disorders	F,A	OT-tutorial OT- Internship	F,A	OT-tutorial	F,A	OT-tutorial, OT-practical exam	F, A	OT-tutorial OT-Practical Exam	F, A	OT-Tutorial
PT 723 Research Principles and Design	F,A	P,PR	F,A	P,PR	F,A	P, O,PR	F,A	P,PR	F,A	P,PR,O
PT 730 Evaluation and Management of patients in acute care	F,A	OT-tutorial OT-Written Exam	F,A	OT-written exam			F,A	OT-written exam		

PT 731 Clinical applications of PT management of patients in acute care	F,A	OT-tutorial OT-Internship	F,A	OT-tutorial	F,A	OT-tutorial, OT-practical exam	F,A	OT-tutorial OT-Practical Exam	F,A	OT-tutorial
PT 732 PT as a Manager	F,A	PR	F,A	PR	F,A	PR,O	F,A	PR	F,A	PR, O
PT 735 Physical Therapy & the Older Adult	F,A	OT-Written Exam PR	F,A	PR OT-written exam	F,A	PR	F,A	OT-Written Exam PR	F,A	PR
PT 800 Clinical Practicum I	A	OT-Internship	A	OT-Internship	A	OT-Internship	A	OT-Internship	A	OT-Internship
PT 740 Evaluation and Management of patients with neurologic disorders	F,A	OT-tutorial OT-Written Exam	F,A	OT-written exam			F,A	OT-written exam		
PT 741 Clinical applications of PT management of patients with neurologic disorders	F,A	OT-tutorial OT-Internship	F,A	OT-tutorial	F,A	OT-tutorial, OT-practical exam	F,A	OT-tutorial OT-Practical Exam	F,A	OT-tutorial
PT 744 Case Report I: Foundations	F,A	P,PR	F,A	P,PR	F,A	P, O,PR	F,A	P,PR	F,A	P,PR,O



<b>PT 745 Clinical Practice Synthesis</b>	<b>A,M</b>	<b>PR OT-Written Exam</b>	<b>A,M</b>	<b>PR OT-Written Exam</b>	<b>A,M</b>	<b>PR,O</b>	<b>A,M</b>	<b>PR OT-written exam</b>	<b>A,M</b>	<b>PR,O</b>
<b>PT 746 Physical Therapy in Pediatrics</b>	<b>F,A</b>	<b>PR OT-Written Exam</b>	<b>F,A</b>	<b>PR OT-Written Exam</b>	<b>F,A</b>	<b>PR,O</b>	<b>F,A</b>	<b>PR OT-written exam</b>	<b>F,A</b>	<b>PR,O</b>
<b>PT 757 Leadership, Professional Development, and Expert Practice</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P,PR,O</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P,PR,O</b>
<b>PT 801 Clinical Practicum II</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT-Internship</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT- Internship</b>
<b>PT 803 Clinical Case Reports</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P, O,PR</b>	<b>A,M</b>	<b>P,PR</b>	<b>A,M</b>	<b>P,PR,O</b>
<b>PT 802 Clinical Practicum III</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT-Internship</b>	<b>A,M</b>	<b>OT- Internship</b>	<b>A,M</b>	<b>OT- Internship</b>

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