Student Outcomes Assessment and Success Report AY2019-20   *Consult with your college dean's office regarding due date and how to submit. Deans will submit reports to the Office of Assessment & Accreditation annually by October 15.*

Unit/Program Name: Doctorate in Athletic Training (DAT)   **Contact Name(s) and Email(s)** Lindsey Eberman Lindsey.Eberman@indstate.edu

Part 1a: Summary of Student Learning Outcomes Assessment
NOTE: If data from Spring 2020 is missing due to COVID-19 transition issues, please describe these issues, their impact on your ability to assess student learning, and what, if anything, will change as a result.

a. What learning outcomes do you assess? If this is a graduate program, identify the **Graduate Student Learning Outcome** each outcome aligns with.	b. (1) What assignments or activities did you use to determine how well your students attained the outcome? (2) In what course or other required experience did the assessment occur?	c. What were your expectations for student performance?	d. What were the actual data/results?	e. What changes or improvements were made or will be made in response to these assessment results or feedback from previous year's report? Who is responsible for the changes/improvements?
Quality Improvement – Students will demonstrate the ability to engage in quality improvement strategies to change their own clinical practice. Specific Learning Objectives – Students will demonstrate the ability: – To identify errors and hazards in your own care – To continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient needs – To design and test interventions to change processes and systems of care with the objective of improving quality Aligns with G5 Graduate Student Learning Goals.	**Assignments and Measures:** Program Development Plan, Individualized Goal Setting, and Comprehensive Exam Reflections (Courses – ATTR 755, 756, 855)	80% of students score an 80% or higher on these reflection and goal setting assignments	Goal Setting – 90.9% of students scored 80% or higher (avg=85.9±0.7%) in ATTR 755 Goal Setting – 77.3% of students scored an 80% or higher (avg=78.6±12.6%) in ATTR 756 Goal Setting – 76.2% of students scored 80% or higher (avg=80.2±9.8%) in ATTR 855 End of the Semester Goal Reflection and Action Plan – 90.9% of students scored 80% or higher (avg=9.3±2.2%) in ATTR 755 End of the Semester Goal Reflection and Action Plan – 90.9% of students scored 80% or higher (avg 90±5.3%) in ATTR 756 End of the Semester Goal Reflection and Action Plan – 100% of students scored 80% or higher (avg 99.3±2.7%) in ATTR	Data from the Program Development Plan, Individualized Goal Setting, and Comprehensive Exam Reflections show mixed results. Students appear to be struggling with goal setting as the progress through the program, but performing well on goal reflection and setting an action plan. We have devised several improvements for this learning activity, which will be carried out by Drs. Eberman, Games, and Post in AY 2020-2021.

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Quality Improvement Project (Courses – ATTR 811, ATTR 798 [II, III])	80% of students score an 80% or higher on these practice-based research project assignments	Proposal – 95.5% of students scored an 80% or higher (avg=89±3%) Data Collection – 76.2% of students scored an 80% or higher (avg=87±8%) Manuscript – 100% of students achieved an 80% or higher (avg=93±3%)	Data from the Quality Improvement project (first time implementation) is promising. Students are performing well in the proposal process, average in the data collection process, and well above average in the final stages of project completion. This project is facilitated by Drs. Rivera, Eberman, and Games.
Moot Court (Courses – ATTR 726)	80% of students score an 80% or higher on these Moot Court assignments	86% of students scored an 80% or higher (avg=87±7.5%)	Scores on the moot court assignment are above the benchmark.
Clinical Site Supervisor Evaluations (Courses – ATTR 755, 756, 855, 856)	Students ratings average 3.5/5 or better for integrating quality improvement into their practice	Students were rated as "exceptional" (avg=4.5±0.6/5) for integrating quality improvement into their practice.	Student ratings from the clinical site supervisor evaluation are above the benchmark.
Clinical Experiences Survey (Courses – ATTR 755, 756, 855, 856)	Students are able to integrate quality improvement at least 80% of the time in their patient care. Students rate themselves at an average or 3.5/5 or better for their effectiveness in integrating quality improvement into their practice.	Students integrate quality improvement care into their practice 55±29% of the time and rate themselves as "moderately effective" (avg=3.2±1/5).	The clinical experiences survey data indicate a continued need for concept reinforcement in the clinical education environment. This is consistent with the quality improvement project scoring low in data collection, which is done in the clinical setting. As students continue to develop these skills and are required to integrate them through the project, we will likely see a rise in this score. The project has only been implemented this way for 1 cycle, so no action will be taken at this time. Dr. Eberman is responsible for facilitating the data collection component of the quality improvement project.
Exit Survey	80% of students score that the program prepared them to	42.8% of students scored that the program was "very effective" and 57.2% of students scored	Data from the exit and alumni surveys indicate that graduates believe the program was

		integrate quality improvement into practice at 3.5/5 or better	the program was "effective" at preparing them to integrate quality improvement into their practice (avg=4.4±0.5)	effective at preparing them to integrate quality improvement into their practice.
	Alumni Survey	80% of alumni score that the program prepared them to integrate quality improvement into practice at 3.5/5 or better	45.5% of students scored that the program was "very effective" and 54.5% of students scored the program was "effective" at preparing them to integrate quality improvement into their practice (avg=4.5±0.5)	.
	Employer Survey	80% of employers score that the program prepared them to integrate quality improvement into practice at 3.5/5 or better	Unable to assess at this time. The number of responses for employer surveys is n=3 over 3 years.	

Part 1b: Review of Student Success Data & Activities

Use Blue Reports to generate the following information (as well as any other information helpful to you). A dashboard has been created in the Chairs view:

1) Cohort Sizes = 21 degrees conferred   2) Year-to-Year Retention = 100%   3) Average time to completion (graduate) = 2 years

Summary of Student Success Data Activities

a. What goals/objectives were established this past year to aid student performance, retention, persistence, and completion?	b. What primary action steps were taken to make progress on each goal and who was responsible?	c. What data informs progress on each goal?	d. What were some accomplishments or achievements for each goal and/or challenges confronted?	e. Please indicate goals that are continuing and any goals that will replace a previous goal. Any additional goals can also be added on a new line.
Graduation rate – 75% students will graduate from the program	All students have a program of study. This is maintained by the Program Director, updated, and shared with the student each semester.	Graduation rate calculation.	21 of 23 students completed the program on time (91.3%).	Continuing (required by CAATE accreditation).
Program retention rate – 75% of students will be retained	Students placed on academic probation have individualized remediation plans and meet	Retention rate calculation.	21 of 22 students were retained from Summer 1 to Summer 2 (95.5%).	Continuing (required by CAATE accreditation).

from the end of Summer 1 to the end of Summer 2	with academic advisors regularly. New policies were implemented for the incoming Class of 2020 to require continued progress toward a 3.0 GPA. Students are expected to graduate with a 3.0 GPA. These policies and action steps are maintained by the Program Director and faculty advisors.			
Professional advancement or placement – 100% of graduates in full-time employment will meet their personal or professional goals stated at the onset of the program and 100% of graduates in part-time employment will gain full-time employment upon program completion. Students will indicate significant improvements in contemporary athletic training skills, the core competencies and the program's points of distinction.	Career readiness activities integrated into ATTR 726 (resume building, interviewing, feedback, negotiating, etc.). The course instructor is responsible for this learning activity. Program faculty also serve as references and provide professional mentoring. Data collection is continuous and ongoing.	Program faculty remain in contact with graduates to determine employment status, change in title/pay. Program faculty calculate changes from the entrance and exit survey to inform student confidence and integration of contemporary athletic training skills, the core competencies, and the program's points of distinction. **These data are aggregate 3-year data (as per accreditation requirements).**	Students who entered the program with full-time employment – 9 of 9 students (100%) perceive their employment goals have been met by enrollment in the DAT. Students who entered the program with part-time employment – 10 of 12 students (83.3%) have been placed in full-time Athletic Training positions aligned with their professional goals. Evidence-based clinical practice +23.4% (t_{45}=-7.508, p<0.001) Prevention and health promotion +11.8% (t_{45}=-4.065, p<0.001)	Continuing (required by CAATE accreditation). Continuing. 3-year aggregate data suggest students report significant increases in student confidence and integration of contemporary athletic training skills, the core competencies, and the program's points of distinction.

			Clinical examination and diagnosis +7.8% (t_{45}=-4.089, $p<0.001$) Acute care of injury and illness +5.6% (t_{45}=-2.297, $p=0.026$) Therapeutic interventions +12.6% (t_{45}=-3.878, $p<0.001$) Psychosocial strategies and referral +20% (t_{45}=-6.080, $p<0.001$) Healthcare administration +18.8% (t_{45}=-5.745, $p<0.001$) Patient-centered care +23.4% (t_{51}=-8.423, $p<0.001$) Interprofessional and collaborative practice +17.8% (t_{51}=-6.360, $p<0.001$) Evidence-based practice +25.8% (t_{51}=-9.142, $p<0.001$) Quality improvement +32.2% (t_{51}=-12.798, $p<0.001$) Healthcare informatics +32.6% (t_{51}=-8.971, $p<0.001$) Professionalism +9.6% (t_{51}=-4.954, $p<0.001$) Education +20% (t_{51}=-8.142, $p<0.001$)	

			Leadership +19.6% (t_{51}=-7.074, p<0.001) Integrative approach to providing healthcare +26.2% (t_{51}=-8.617, p<0.001) Measuring outcomes +34.6% (t_{51}=-11.485, p<0.001)	
Publications and Presentations – Students are engaged in the dissemination of their scholarly work. **Research and Professional Publications** – We aim to have 50% of graduates experience publications related to student and faculty collaborations annually **Presentations** – We aim to have 80% of graduates experience local, district, national, or international presentations related to student and faculty collaborations annually	Data collection is continuous and ongoing.	Publications and presentations are documented and maintained on the NICER Lab website and through the program's social media accounts.	***3 year aggregate: student and faculty collaborations have resulted in 40 published or accepted manuscripts; 14 collaborations are in review; 1 collaboration is in process (13.3 publications per year)*** Class of 2020 - 11 student/faculty collaborations have been published or are accepted for publication; 8 collaborations are in review; 0 collaborations are in process. 90.5% of graduates submitted a manuscript for publication and as of 9/3/2020, 52.4% of graduates have experienced publication or acceptance for publication. ***3 year aggregate: student and faculty collaborations have resulted in 66 published or accepted manuscripts (22 presentations per year)***	Continuing. We continue to meet or exceed or publications and presentation dissemination goals.

			Class of 2020 – 20 student/faculty collaborations have been presented. 95.2% of graduates experienced a district or national presentation.	
Instructor effectiveness – Faculty course ratings will exceed a 3.5/5 on a continuing basis.	Faculty are in regular communication about course instruction.	Instructor evaluations are maintained through the University.	3-year aggregate data suggests that all core and affiliate faculty are meeting or exceeding this program goal. Aggregate course ratings indicate students are satisfied with course instruction (avg=4.39±0.40)	Continuing. We have discussed engaging in professional development relative to distance education in AY20-21. In addition, we have discussed the need to increase student response rate on course evaluations. The average number of responses per course is 8.3±4.9 of an average cohort size of 22. We do programmatic debriefing with the students each semester to gather additional feedback, but the response rate does impact usability of the overall data.

Notes

a. These goals could be program/department wide but may also be focused on specific sub-populations of interest (e.g., service course student performance, transfer students, part-time students, students of a particular class year, students of color, etc.).

c. Retention and completion data, D/F/drop rates, credit hour productivity (defined as credit hour enrollment at start of term versus credit hours earned at end of term) are common data examples. See Blue Reports database (access from Linda Ferguson in Institutional Research) or the Office of Institutional Research for ideas.

What worked well in supporting student success this year?

Student support for the clinical scholarship process that transcends all semesters of the program continues to be an area of strength that yields positive outcomes relative to on-time graduation and the programmatic goals relative to publications and presentations. A large majority of students have a dissemination experience, which goes above and beyond University and accreditation expectations. It also serves as an effective mechanism for recruitment.

What are the most significant opportunities for improvement upon which to focus in the coming year?

We believe the recent changes we have made (detailed in Part 2) will continue to improve the quality improvement outcome. Although we are showing consistent success in this area, we student understanding and action relative to quality improvement within clinical practice will serve them well as advanced practice leaders. In our previous iterations of this coursework, we focused on self-centered quality improvement, because the students seemed to have little control over their clinical experiences. The changes we have implemented give them more locus of control and psychological ownership over their workplace and we are hopeful it leads to less professional burnout in their future.

Part 1c: Summary of Career Readiness Activities – required for undergraduate programs; optional for graduate programs
We are a graduate program and opt out of the career readiness mapping as all of our students are required to be clinically practicing as athletic trainers during enrollment in the program.

Part 2: Continuous Quality Improvement
Reflect on the information shared above regarding student learning, success, and career readiness. In no more than one page, summarize:
1) **the discoveries assessment and data review have enabled you to make about student learning, success, and career readiness** (ex: What specifically do students know and do well—and less well? What evidence can you provide that learning is improving? How might learning, success, and career readiness overlap? What questions do your findings raise?)
2) **findings-based plans and actions intended to improve student learning and/or success (expansion of Part 1a, box e as needed)**
3) **what your assessment plan will focus on in the coming year**
4) **how this information will be shared with other stakeholders**

Although data from the exit and alumni surveys indicate that graduates believe the program was effective at preparing them to integrate quality improvement into their practice, the alumni report that they are not using many of these skills after graduation. Consequently, we embarked on additional surveying of alum to identify other mechanisms they use for continuous quality improvement and professional developing planning upon graduation.

We learned that a majority of respondents engage in professional development planning, but that they were using a key performance indicator and reflective journaling approach. We have adapted our programmatic assignments to match these real world practices.

The updated process takes students through the quality improvement process in a stepwise fashion. The first step requires first year students to complete a series of comprehensive examinations directly related to points of distinction of the DAT program. The goal of having the students complete the comprehensive examination questions at the onset of the program is to set the stage for students understanding the expectation of what they should be able to learn over the course of the program. At the beginning of the second semester, the students are given global feedback and are asked to compare and contrast their responses relative to the global feedback. Over the course of 9 weeks (3, 3-week cycles), the students will develop three areas of focus per programmatic point of distinction, which will lead to developing Key Performance Indicators (KPI) for subsequent clinical performance evaluations. The aim of this assignment is for students to achieve these goals throughout the program, not just in one semester. This process helps students build goals that are easily defined, quantifiable, and effectively communicated. The program also requires

the student to complete a mid-semester and end-of-semester reflective journal of their progress towards their goals and actions steps needed to reach them. As students embark on the last two semesters of the program, they are asked to redo the comprehensive examination questions. They are provided 2 hours per question and have 3 weeks to complete the assignment in the Clinical Education course. They are also asked to reflect on how much they have grown and what they plan to focus on in the coming semesters. They are asked to develop KPIs by week 4 of the 5th semester, meet with their supervisor to discuss, reflect at the mid and end of the semester. This will likely change next year, as the Class of 2022 will have previous KPIs to refine in year 2, but in implementing this for the first time for the Class of 2021, we felt this was a reasonable assignment and timeline to prepare their KPIs.

This year, we also asked alumni to respond to the comprehensive examination questions, to develop a database of appropriate responses. We used qualitative inductive coding to identify themes in the responses. These data will be used to provide second year students with guided feedback on areas for future improvement. At present, we are using a hand coding process, but we are hopeful to integrate TextIQ from Qualtrics to automate this feedback and minimize faculty time toward this feedback.

This past year, for the Class of 2020, we transitioned the practice-based research assignment into a specific, clinically integrated, quality-improvement project. In this project, students were to create a needs assessment for their practice and identify an area of their practice that they could improve upon utilizing the model for improvement (Plan-Do-Study-Act). Students were to create a project proposal for review, collect and analyze data in several cycles (at least 3), and then produce a final report on the results of their actions. We moved the quality improvement project out of the research project course and into the clinical experience classes to allow for a closer connection to clinical practice. This also built structure and allowed for a more focused proposal and data collection plan. This was also intention, to illustrate to students how quality improvement is not an ancillary project for a course, but part of their current daily clinical practice. Current data suggests that students performed well on the proposal, struggled a bit with data collection (which we know from observing the profession is the hardest part to integrate as a daily mini-habit), and were very successful with manuscript/report completion. In Summer 2021, we will interview alum from the Class of 2020 and 2021 about their continued integration of quality improvement in their practice to determine effectiveness of this programmatic change.

Overall, students are performing well within this programmatic goal. The area where we would like to see growth in 2021 is relative to the student's perceived effectiveness at integration within the clinical experiences survey. These data are collected biweekly while they are engaged in the quality improvement process. It is also likely we will conduct a sub-analysis and control the data for time of program/semester, instead of aggregate data. This would also allow us to observe any changes over time from semester to semester.

All data are shared with program faculty at a Program Meeting. This year, preliminary data was discussed at the Program Planning meeting on August 14th. This report will be discussed on Tuesday, September 8th.

Thank you so much for sharing your assessment process and findings for AY 2019-20 with the Assessment Council. You will find feedback and ratings on the rubric below. It is understood that some of the feedback might encompass practices that you already engage in but were not documented in this report. As the purpose of this evaluation is focused on recognizing great work and helping faculty improve assessment practice, it is not necessary to retroactively add documentation. Please feel free to let me know if you have any questions or if there is any way I can assist you in further developing assessment practice and use in your program.

This report will be shared with the Associate Dean(s) and Dean of your college and summarized findings will be shared as composite college/institutional data with the President's Office and the Provost's team.

Sincerely,

Kelley (x7975)

Program: Doctor of Athletic Training	Overall Rating: Exemplary* (2.94/3.00)
Strengths	Recommendations
- Learning outcome and associated objectives are clear, specific, and measureable. Alignment with Graduate Student Learning Outcomes is clear. - Multiple direct and indirect measures are tied to these objectives. Measures are well-designed to show student learning in real-world situations, including high-impact practices like clinicals. Clear rationale is provided for the use and design of measures, including thoughts for how measures can continue to be adapted as students progress through the program. The measures aligned in the assessment plan demonstrate truly exemplary practice. - Expected student performance thresholds are clear and appropriate. Actual data are reported clearly, including average and range data to aid in faculty interpretation of results. - Meaningful analysis of findings produced suggestions for improving student learning and improving faculty understanding of how students are applying learning in the field. - Assessment is clearly an embedded part of faculty teaching and learning in the program informing the practice and even involving students in understanding and mapping their own learning throughout the program and beyond. This again, is truly exemplary as far as making assessment meaningful, engaging, and worthwhile.	*The rubric score results in a "Mature" rating. This is due to lack of information about how faculty evaluated some measures (e.g. rubrics, checklists, etc); however, the information provided about other types of evaluative tools (student self-evaluation, supervised evaluations, etc.) and the overall exemplary nature of the assessment practice described in the report made it clear to me as the evaluator that the rating of "Exemplary" was most appropriate.

Evaluation Criteria	3 Exemplary	2 Mature	1 Developing	0 Undeveloped
Student Learning Outcomes	Identified, aligned learning outcomes are specific, measurable, student-centered, and program-level. Outcomes directly integrate institution or college-level learning goals. Outcomes are consistent across modes of delivery (if applicable). More than one outcome is assessed this cycle, and rationale is provided for why they were selected for assessment.	Identified, aligned learning outcomes are specific, measurable, student-centered, and program-level. Outcomes support institution or college-level learning goals. Outcomes are consistent across modes of delivery (if applicable). At least one outcome is assessed this cycle, and rationale is provided for why it was selected for assessment.	Learning outcomes are identified and alignment with courses is demonstrated. Outcomes are consistent across modes of delivery (if applicable). At least one outcomes is assessed this cycle.	No *(program)* learning outcomes are identified, and/or alignment of learning outcomes to courses is not demonstrated (e.g. – curriculum map).
Performance Goals & Measures	Performance goals are clear and appropriate, and rationale is provided for why these were selected. Identified measures and tools are assigned to each outcome, are clear and intentionally designed to address student performance on aligned outcomes, and rationale and examples are provided (e.g. – rubrics, checklists, exam keys). Most are direct measures, and their design enhances the validity of findings. Licensure exams and high-impact practices are reflected in measures (if applicable).	Performance goals are clear and appropriate. Identified measures and tools are assigned to each outcome, are clear and intentionally designed to address student performance on aligned outcomes, and examples are provided (e.g. – rubrics, checklists, exam keys). At least one direct measure is included.	Performance goals are identified with little rationale or clarity. Identified measures are poorly suited to performance goals, underdeveloped, or are solely indirect measures.	No goals for student performance of learning outcomes are identified, and/or no measures are provided.

Analysis & Results	Data collection process is clear and designed to produce valid/trustworthy results. The process is useful to those collecting and/or interpreting data. Data is collected and analyzed with clear rationale and description. Results are provided with thoughtful discussion of analysis and description of conclusions that can be drawn.	Data collection process is clear and designed to produce valid/trustworthy results. Data is collected and analyzed with clear rationale and description. Results are provided with some discussion of analysis.	Description of data collection is unclear as to process and quality. *(see recommendations on this)* Some data is collected and analyzed with little rationale or description. *(see recommendations on this)* Some results are provided with no discussion of analysis.	No information is provided about the data collection process, and/or no data is being collected. No results are provided
Sharing & Use of Results for Continuous Improvement	A plan for sharing information and included program faculty and appropriate staff in discussion and planning is detailed and enacted. Outcomes and results are easily accessible on the program website or other appropriate designated area. Plans for improvement or change based on results are clear and connected to results. If few students met performance goals, this is included in discussion and plans. Reflection if offered about results or plans moving forward, and compares prior year plans to current outcomes in an effort to foster continuous improvement as a result of assessment process.	A plan for sharing information broadly across program faculty is detailed and enacted. Plans for improvement or change based on results are clear and connected to results. If few students met performance goals, this is included in discussion and plans. Reflection is offered about results or plans moving forward.	Information is provided about sharing results, but sharing is limited in scope or content. Plans for improvement or change based on results are incomplete, vague, or not clearly connected to results. Little reflection is offered about results or plans moving forward.	No information is provided about sharing results and/or plans for improvement or change based on results. No evidence of reflection on results in provided.
Overall Rating	□ **Exemplary**	□ **Mature**	□ **Developing**	□ **Undeveloped**

Please see reviewer notes for more details.