Student Learning Summary Form AY2015-16   **Due to your dean by June 1**
                                                                                 Due from dean to assessment office by June 15

Degree Program Name: <u>B.S. in Athletic Training (Clinical Concentration)</u>   **Contact Name and Email:** <u>Kirk Armstrong</u>, <u>kirk.armstrong@indstate.edu</u>

Before you complete the form below, review your outcomes library and curriculum map to ensure that they are accurate and up to date. If not, you may submit a new version along with this summary.

Part One

a. What learning outcomes did you assess this year? If this is a graduate program, indicate the **Graduate Student Learning Outcome*** each outcome aligns with.	b. (1) What method(s)s 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 expectations did you establish for achievement of the outcome?	d. What were the actual results?	e. (1) Who was responsible for collecting and analyzing the results? (2) How were they shared with the program's faculty?
Utilize evidence-based techniques to perform patient-centered clinical examinations based on relevant pathology	1. Preceptor Evaluation of Student (ATTR 456, ATTR 356, ATTR 256) 2. Knee Standardized Patient Encounter (ATTR 355, ATTR 256) 3. Knee Oral Practical Examination (ATTR 256) 4. Shoulder Practical Examination (ATTR 365L) 5. Shoulder Standardized Patient Encounter (ATTR 455)	1. Senior students will achieve an average of 3.9/5.0, Junior students will achieve an average of 3.7/5.0, and Sophomore students will achieve an average of 3.5/5.0 on the Preceptor Evaluation of Student related to clinical evaluation and diagnosis. 2. 80% of sophomore students will achieve a score of 80% or higher on the Knee Standardized Patient Encounter rubric regarding obtaining a patient history and completing a physical examination 3. 80% of students will achieve a score of 80% or higher on the Knee Oral Practical Examination 4. 80% of junior students will achieve a score of 80% or higher on the Shoulder Standardized Patient Encounter rubric regarding	1. Senior students achieved a mean score of 4.41/5.0, junior students achieved a mean score of 4.19/5.0, and sophomore students achieved a mean score of 4.07/5.0 on the Preceptor Evaluation of Student regarding clinical evaluation and diagnosis skills. 2. 12/20 junior students (60%) and 12/14 sophomore students (86%) scored 80% or higher on the Knee Standardized Patient Rubric. 3. 15/15 (100%) of students scored 80% or higher on the knee oral practical examination. 4. 15/15 students (100%) scored 80% or higher on the shoulder practical examination. 5. 14/14 senior students (100%) of scored 80% or higher on the Shoulder Standardized Patient rubric.	Course instructors were responsible for collecting data during each respective course. Kirk Armstrong, Professional AT Program Director, collected the information from course instructors and completed the analysis. After results were analyzed, all results of the 2015-2016 assessment plan were shared with program faculty. Discussion of assessment results and mechanisms for programmatic change will be items on the first AT faculty meeting in the fall semester.

		5. 80% of students will achieve a score of 80% or higher on the Shoulder Oral Practical Examination		
		obtaining a patient history and completing a physical examination		
Demonstrate appropriate immediate and emergency medical care while providing patient-centered care	1. Preceptor Evaluation of Student (ATTR 455, ATTR 355, ATTR 255) 2. Protective Equipment Fitting & Removal Practical Skill Quiz (ATTR 255) 3. Concussion Standardized Patient Encounter (ATTR 455) 4. Cervical Spine Standardized Patient Encounter (ATTR 255) 5. Cardiac, respiratory, GI practical skills examination (ATTR 473)	1. Senior students will achieve an average of 3.9/5.0, Junior students will achieve an average of 3.7/5.0, and Sophomore students will achieve an average of 3.5/5.0 on the Preceptor Evaluation of Student related to providing appropriate and immediate care 2. 80% of students will achieve a score of 80% or higher on the Protective Equipment Fitting & Removal Practical Skill Quiz rubric 3. 80% of junior students will score 80% or higher on the Concussion Standardized Patient Encounter rubric regarding providing appropriate emergency care 4. 80% of sophomore students will score 80% or higher on the Cervical Spine Standardized Patient Encounter rubric regarding providing appropriate emergency care 5. 80% of students will achieve a score of 80% or higher on the practical skills examination over the cardiac, respiratory, and GI systems.	1. Seniors students achieved a mean score of 4.54/5.0, junior students achieved a mean score of 4.21/5.0, and sophomore students achieved a mean score of 4.10/5.0 on the Preceptor Evaluation of Student regarding immediate and emergency care skills. 2. 34/34 students (100%) scored 80% or higher in the protective equipment fitting and removal practical skill quiz. 3. 7/14 senior students (50%) achieved a score of 80% or higher in the Concussion Standardized Patient rubric. 4. 25/34 students (74%) achieved a score of 80% or higher on the Cervical Spine Standardized Patient rubric. 5. 21/21 students (100%) scored 80% or higher on the practical skills examination for the cardiac, respiratory, and GI systems.	Course instructors were responsible for collecting data during each respective course. Kirk Armstrong, Professional AT Program Director, collected the information from course instructors and completed the analysis. After results were analyzed, all results of the 2015-2016 assessment plan were shared with program faculty. Discussion of assessment results and mechanisms for programmatic change will be items on the first AT faculty meeting in the fall semester.
Interpret patient's needs to determine the appropriate	1. Preceptor Evaluation of Student (ATTR 456, ATTR	1. Senior students will achieve an average of 3.9/5.0, Junior	1. Seniors achieved a mean score of 4.58/5.0, juniors	Course instructors were responsible for collecting data

evidence-based therapeutic intervention (i.e., modalities, rehabilitation, medication)	355, ATTR 256) 2. Therapeutic Modalities Patient Case Studies (ATTR 472) 3. Therapeutic Modalities Practical Exam (ATTR 472) 4. Pharmacology Paper (ATTR 473)	students will achieve an average of 3.7/5.0, and Sophomore students will achieve an average of 3.5/5.0 on the Preceptor Evaluation of Student related to therapeutic interventions (separated out as modalities, rehabilitation techniques, pharmacology) 2. 80% of students will achieve a score of 80% or higher on the Therapeutic Modalities Patient Case Study rubric 3. 80% of students will score 80% or higher on the Therapeutic Modalities practical exam rubric 4. 80% of students will achieve a score of 80% or higher on the Therapeutic Rehabilitation Case Studies rubrics 5. 80% of students will score 80% or higher on the Pharmacology Paper rubric	achieved a mean score of 4.2/5.0, and sophomores achieved a mean score of 4.15/5.0 on the Preceptor Evaluation of Student regarding knowledge and skill in therapeutic interventions. 2. 13/15 students (87%) scored 80% or higher on the therapeutic modalities case studies (1 student each on 2 of 6 case studies). 3. 15/15 students (100%) students scored 80% or higher on the mid-term practical exam, 14/15 (93%) students scored 80% or higher on the final practical exam. 4. 21/21 students (100%) scored an 80% or higher on the pharmacology paper rubric.	during each respective course. Kirk Armstrong, Professional AT Program Director, collected the information from course instructors and completed the analysis. After results were analyzed, all results of the 2015-2016 assessment plan were shared with program faculty. Discussion of assessment results and mechanisms for programmatic change will be items on the first AT faculty meeting in the fall semester.

* See https://www2.indstate.edu/graduate/forms/review.pdf.

If you would like to report on more than three outcomes, place the cursor in the last cell on the right and hit "tab" to add a new row.

Notes
a. Use your outcomes library as a reference.
b. Each outcome must be assessed by at least one direct measure (project, practica, exam, performance, etc.). If students are required to pass an examination to practice in the field, this exam must be included as one of the measures. At least one of the outcomes must use an indirect measure (exit interview, focus group, survey, etc.). Use your curriculum map to correlate outcomes to courses.
c. Identify the score or rating required to demonstrate proficiency (e.g., Students must attain a score of "3" to be deemed proficient; at least 80% of students in the program will attain this benchmark."
d. Note what the aggregate level of proficiency actually was and the number of students included in the cohort or sample (e.g., "85% of the 25 students whose portfolios were reviewed met the established benchmark).
e. This may be a specific individual, a position (e.g., assessment coordinator), or a group such as the department assessment committee. Minutes should reflect that results are shared with members of the department at least annually.

Part Two

In no more than one page, summarize 1) the discoveries assessment has enabled you to make about your students' learning, the curriculum, departmental processes, and/or the assessment plan itself; 2) the changes and improvements you have made or will make in response to these discoveries and/or the coordinator's feedback on the previous summary; and 3) what your assessment plan will focus on in the coming year.

If you would like to reference any supporting materials (departmental meeting minutes, detailed assessment results, etc.), please provide the URL at which they can be found.
Based on the results of the 2015-2016 AY year, the program has identified additional areas where more emphases are needed (e.g., clinical evaluation and diagnosis, emergency and immediate care). The preceptors (those healthcare professionals who supervise students during clinical experiences and patient care) rate the student's knowledge and clinical skills higher than faculty in the classroom and laboratory experiences. Time will be given during preceptor development this summer to ensure that all preceptors are evaluating students in a similar manner. It is interesting that student's overwhelmingly scored higher on practical skills examinations than standardized patient evaluations. Practical skills examinations are often isolated bits of knowledge and clinical skill that allow a student to demonstrate their ability to perform essential skills necessary for patient care. The standardized patient evaluations are real-time patient encounters where students have to incorporate several components of knowledge and skill into patient care (similar to what clinical practice is really like). These findings highlight that more time should be spent in the classroom and laboratory settings to allow students to incorporate multiple components of patient care in a manner that is more similar to clinical practice (e.g., teaching standardized patients, simulations with task trainers, patient case studies).

Based on the results of previous years national certification examination (2014-2015) the program scored below the national average in both of these domains. Results from this AY years assessment demonstrate that while we are making improvements in clinical evaluation and diagnosis, and emergency and immediate care, more emphases are needed in reviewing these skills from semester to semester, not just during class. It should be noted that End of Semester Practical Examinations were added this AY as a mechanism to ensure that essential knowledge and skill were retained from semester to semester. This practical consisted of a cumulative skills examination completed at the end of each semester. In the fall 2015 semester, 37/54 students (69%) achieved a passing score of 72.5% on their first attempt, while all students achieved a score of 72.5% or higher on their second attempt. In the spring 2016 semester, 48/49 students (97%) achieved a score of 72.5% or higher on their first attempt. Second, students

Additionally, it should be noted that as of May 1, 2016, program graduate have achieved a 100% first-time pass rate on the Board of Certification examination for certification as an athletic trainer (though this is only a portion of total graduates of the program that opted for the earliest available testing date). This is a dramatic increase from 49% first-time pass rate during the 2014-2015 AY (http://www.indstate.edu/health/sites/health.indstate.edu/files/amr-at-cc-certification.pdf). The senior exit interview also highlighted programmatic areas where graduating students perceived that they needed additional preparation for clinical practice in, including pathophysiology, pharmacology, and emergency and immediate care. The senior exit interview also highlighted two key remarks that were noteworthy, including that (if possible) additional opportunities should be included where students have review anatomy via the cadaver lab later in the curriculum (junior/senior year). Second, students remarked that all faculty should have the same basic expectations in the classroom and laboratory settings. It was noted that students perceived that some faculty had lower expectations and lower levels of rigor in the classroom or laboratory setting, which did not mimic clinical practice or patient care.

For the 2016-2017 AY, the assessment plan will re-examine the practice domains of clinical evaluation and diagnosis, emergency and immediate care, but add injury prevention and wellness promotion rather than therapeutic interventions. The program will keep all benchmarks at an 80% of students achieving a score of 80% or higher, other than the End of Semester Practical Examination, which will remain at a passing score of 72.5% or higher.

Degree Program: ___BS in Athletic Training/Clinical___ Date: ___7.28.16___

	Level 0 – Undeveloped	Level 1 – Developing	Level 2 – Mature	Level 3 – Exemplary
1. Student Learning Outcomes	☐ No outcomes are identified.	☐ Outcomes were identified ☐ Some of the outcomes are specific and measurable. ☐ Some of the outcomes are student-centered. ☐ A Curriculum Map was provided.	☐ Outcomes are specific, measurable, student-centered, program-level outcomes. ☒ Outcomes at least indirectly support Foundational Studies Learning Outcomes or the Graduate Learning Goals. ☐ The Curriculum Map identifies where/to what extent each outcome is addressed. ☐ At least one outcome was assessed in this cycle.	☒ Outcomes are specific, measurable, student-centered program outcomes that span multiple learning domains. ☐ Outcomes directly integrate with Foundational Studies Learning Outcomes or the Graduate Learning Goals. ☒ Outcomes reflect the most important results of program completion (as established by an accreditor or other professional organization). ☐ Learning outcomes are consistent across different modes of delivery (face-to-face and online.) ☐ Outcomes are regularly reviewed (and revised, if necessary) by the faculty and other stakeholders. ☒ The Curriculum Map identifies where/to what extent each outcome is addressed and offers evidence that students have sufficient opportunity to master the associated learning outcomes. ☒ Two or more outcomes were

				assessed in this cycle.
2. Measures & Performance Goals	☐ No measures are provided. ☐ No goals for student performance are identified.	☐ Measures are provided, but some are vague and/or do not clearly assess the associated outcomes. ☐ Measures are primarily indirect. ☐ Measures include course and/or assignment grades, but there is no evidence that grades are calibrated to the outcomes. ☐ Performance goals are identified, but they are unclear or inappropriate.	☐ At least one direct measure was provided for each outcome. ☐ Some information is provided to suggest that measures are appropriate to the outcomes being assessed. ☐ Measures include course and/or assignment grades, and general information is provided to indicate that grades are calibrated to the outcomes. ☐ Clear and appropriate standards for performance are identified. ☐ Mechanisms (rubrics, checklists, criterion-referenced exams, etc.) were provided.	☒ Multiple measures were provided, and a majority are direct. ☒ Detailed information is provided to show that measures are appropriate to the outcomes being assessed. ☐ Measures include course and/or assignment grades, and specific evidence is provided to demonstrate that grades are calibrated to the outcomes. ☒ Clear and appropriate standards for performance are identified and justified. ☐ If students are required to pass a certification or licensure exam to practice in the field, this was included as a measure. ☒ Measures assess some [high impact practices](#) (internships, capstone course projects, undergraduate research, etc.) ☒ Some measures allow performance to be gauged over time, not just in a single course. ☐ Mechanisms (rubrics, checklists, criterion-referenced exams, etc.) were provided that demonstrate that the measure provides clear evidence of what students know/can do.

				☐ If a measure is used to assess more than one outcome, a clear explanation is offered to substantiate how this is effective.
3. Results	☐ No data are being collected. ☐ No information is provided about the data collection process. ☐ No results are provided. ☐ Students are meeting few of the performance standards set for them.	☐ Some data are being collected. ☐ Some data are being analyzed. ☐ Some results are provided. ☐ Insufficient information is offered to demonstrate that data collection, analysis, and interpretation processes are valid. ☐ Students are achieving some of the performance standards expected of them.	☐ Data are being collected and analyzed. ☐ Results are provided. ☐ Some information is offered to demonstrate that data collection, analysis, and interpretation processes are valid and meaningful. ☐ Students generally are achieving the performance standards expected of them.	☒ Clear, specific, and complete details about data collection, analysis, and interpretation of results are provided to demonstrate the validity and usefulness of the assessment process. ☒ Students generally are achieving the performance standards expected of them and demonstrate continuous improvement on standards they have yet to achieve/achieve less well. ☐ If students are required to pass a certification or licensure exam to practice in the field, the pass rate meets the established benchmark.
4. Engagement & Improvement	☐ No one is assigned responsibility for assessing individual measures. ☐ Assessment primarily is the responsibility of the program chair. ☐ No improvements (planned or actual) are identified. ☐ No reflection is offered about previous results or	☐ The same faculty member is responsible for collecting and analyzing most/all assessment results. ☐ It is not clear that results are shared with the faculty as a whole on a regular basis. ☐ Plans for improvement are provided, but they are not clear and/or do not clearly connect to the results.	☒ Multiple faculty members are engaged in collecting and analyzing results. ☐ Results regularly are shared with the faculty. ☐ The faculty regularly engages in meaningful discussions about the results of assessment. ☐ These discussions lead to the development of specific, relevant plans for improvement.	☐ All program faculty members are engaged in collecting and analyzing results. ☒ Faculty regularly and specifically reflect on students' recent achievement of performance standards and implement plans to adjust activities, performance goals, outcomes, etc. according to established timelines. ☐ Faculty and other important

	plans.	☐ Little reflection is offered about previous results or plans.	☐ Improvements in student learning have occurred as the result of assessment.	stakeholders reflect on the history and impact of previous plans, actions, and results, and participate in the development of recommendations for improvement.
				☒ Continuous improvement in student learning occurs as the result of assessment.
				☒ Outcomes and results are easily accessible to stakeholders on/from the program website.
				☒ Assessment is integrated with teaching and learning.
Overall Rating	☐ **Level 0 – Undeveloped**	☐ **Level 1 - Developing**	☒ **Level 2 – Mature**	☐ **Level 3 – Exemplary**

COMMENTS
Strengths, Concerns, Recommendations for Improvement

The learning outcomes are specific and measurable and are assessed by multiple measures, including the preceptor evaluation and several exams; I see you already have an indirect measure in place, too. The curriculum map shows where outcomes are addressed, but not the extent to which they are addressed. Standards for performance are very clear—the details suggest you have a great deal of experience in setting them, and I appreciate the progressively more difficult expectations for achievement. In your next report, provide links to the rubrics used so that I can see exactly how each measure relates to the outcome. Multiple faculty members are involved in student learning assessment (names would help me gauge the extent of the involvement). The results are shared widely, and specific meetings planned to discuss them.

The information included in Part Two is exactly what I hope to see—specific, detailed discussion of what you've learned about student learning in the context of the outcomes that were assessed; opportunities and plans for improvement; the impact of previous changes; and evidence that continuous improvement is occurring. I am pleased to see that the Board of Certification exam pass rate has begun to improve, and I will look for further evidence of this in your next report.

Keep up the good work!