

EMORY UNIVERSITY
2021-2022 Assessment Report for Educational Programs
Assessment Period Covered: September 1, 2021 – August 31, 2022

Program: Doctor of Physical Therapy	Date Submitted: December 30, 2022
Contact Person: George Fulk, PT, PhD, FAPTA	Email address: gfulk@emory.edu

CONTEXT:

Emory University has offered professional education in physical therapy for nearly fifty years. We typically admit 70 students into the Doctor of Physical Therapy (DPT) program each year; we have reduced that number to 60 the past three years to minimize any possibility of delayed graduations due to pandemic-related disruptions in our clinical education programs. The DPT program is a nine-semester course of study with 144 credits required for graduation. The program is a competency- based program (not time-variable); competencies are interpersonal communications, teaching-learning, patient/client management, administration, research and consultation. The students are supported by 24 full time and 3 part time faculty and 9 staff members.

STUDENT GOALS:

Goal 1: The student will use the problem-solving process to demonstrate competence and to apply the theoretical frameworks of basic, behavioral, social, and medical sciences, as the basis for the practice of physical therapy. Competency is demonstrated by:

Goal 1a. Provision of care, which includes examining and evaluating patients, establishing an appropriate plan of care, and providing appropriate therapeutic services.

Goal 1b. Using the teaching-learning process in interactions with patients, healthcare providers, and staff.

Goal 1c. Using the interpersonal communications process with patients, healthcare providers, and staff, which includes an active recognition of the rights and dignity of the individual in planning and administering programs of care.

Goal 1d. Participating in the administrative responsibilities of a clinical physical therapist.

Goal 1e. Consulting with others in providing comprehensive care.

Goal 1f. Use of basic principles of research in: a) in planning and implementing the inquiry process. and b) in the critical analysis of concepts and findings generated by self and others.

Goal 2: Given an issue or interaction in the clinical setting, involving patients/clients, family members/caregivers, health professionals, students, consumers and payers, the student will effectively manage positive and negative outcomes by using self-assessment and reflection.

OUTCOMES DATA OF STUDENT GOALS:

Our expected outcomes related to Goals 1 and Goals 2 are that program graduates demonstrate competency in interpersonal communication, teaching and learning, administration, consultation and research skills related to the provision of care. Also, we expect program graduates to demonstrate competency in self-assessment and reflection as they evaluate outcomes of issues and interactions undertaken during provision of care.

Demonstration of these competencies are woven throughout the curriculum. Students first take courses related to interpersonal communication and teaching-learning in the first two semesters of the program and this content is then carried through the clinical science courses and clinical education rotations. Similarly, research is introduced in the evidence-based course in the third semester and culminates in a mentored group research projects in the final two semesters. Administration and consultation are introduced in our health services management course the fifth semester prior to a separate course on administration and consultation that includes students' submission of an administration or consultation project. The minimal level of achievement (that includes these competencies) in our courses is 80% (grade of B). The level of achievement on these competencies is also assessed on our Emory University Internship Clinical Evaluation (EUICE) tool, and our expectation is that across all three long-term clinical internships for the graduating class, that the clinical instructors indicate a "yes" that students meet criteria related to each competency.

A summary of our outcome data for each of our goals (Goals 1 and 2) is provided below, and these data indicate that program graduates are meeting the expected graduate outcomes. Our primary sources of outcome data are from the Emory University Internship Clinical Evaluation (EUICE) tool, alumni surveys and employer surveys. The EUICE data from students and clinical instructors is the most robust, as these assessments are mandatory. The alumni surveys generate an approximate 30%-35% response rate and the employer surveys generate a lower response rate of approximately 10%.

GOAL 1:

Goal 1a.

Emory University Internship Clinical Evaluation (EUICE): As indicated in 1C4, on the EUICE, across all three long-term clinical internships for the last graduating class (Class of 2022), the percentage of CIs and students who answered “Yes” on selected items of Provision of Patient Care is indicated below.

Given a client, the student was able to:

- 1) #16: Adhere to safety in provision of patient care (CIs: 99.1%) (Students: 99.1%)
- 2) #40: Demonstrate professional behavior (CIs: 99.1%) (Students: 99.5%)
- 3) #5: Identify and determine rationale for procedures to examine the client’s impairments or conditions (CIs: 96.9%) (Students: 96.4%)
- 4) #8: Evaluate examination findings (CIs: 97.3%) (Students: 97.3%)
- 5) #9: Establish a physical therapy diagnosis (CIs: 96.8%) (Students: 95.9%)
- 6) #12: Determine an intervention plan with rationale (CIs: 97.3%) (Students: 96.8%)
- 7) #14: Assess the effects of the intervention (CIs: 96.9%) (Students: 96.8%)
- 8) #15: Modify the intervention and/or goals as indicated (CIs: 97.3%) (Students: 96.8%)

Alumni survey: Percentage of respondents in 2022 rating patient care skills as “excellent” or “better than most of my entry level peers” was 70.6% for “Screening,” 64.7% for “Examination,” 64.7% for “Evaluation,” 58.8% for “Diagnosis,” 70.6% for “Establishing a plan of care,” 70.6% for “Implementing a plan of care,” 64.7% for “Evaluating a plan of care,” 82.4% for “Providing treatment” and 82.4% for “Outcome assessment.”

Goal1b.

Emory University Internship Clinical Evaluation (EUICE): On the EUICE, across all three long-term clinical internships for the last graduating class, 98.5% of CIs and 97.0% of students indicated “yes” (80-100%) on the total average percentage for items #28-#38 that relate to students’ performance on the teaching and learning process.

Alumni survey: Percentage of respondents in 2022 rating knowledge and skills in Teaching-Learning as either “excellent” or “better than most of my entry-level peers” is 76.5% for clients, 76.5% for families, 71.0% for professional colleagues, 82.4% for community, and 76.5% for self.

Employer/Supervisor surveys: Percentage of respondents in 2022 rating practicing graduates’ skills in teaching as “better than most” , “better than some” or equivalent to most is 100.0% for colleagues, 100% for patients, 100% for families, 100% for community, and 100% for self.

Goal 1c.

Emory University Internship Clinical Evaluation (EUICE): On the EUICE, across all three long-term clinical internships for the last graduating class, 98.9% of CIs and 98.6% of students indicated “yes” (80-100%) that students meet criteria on the total average percentage for items #18-#27 that relate to interpersonal communications.

Alumni survey: Percentage of respondents in 2022 rating their skill in interpersonal communications as either “excellent” or “better than most of my entry-level peers” is 94.1% for clients, 94.1% for families, 76.5% for professional colleagues and 76.5% for administrators.

Employer/Supervisor survey: Percentage of respondents in 2022 rating practicing graduates’ skills in interpersonal communications as “better than most” or “better than some” is 100% for clients, 100% for colleagues, and 100% administration.

Goal 1d.

Emory University Internship Clinical Evaluation (EUICE): On the EUICE, across all 3 long-term clinical internships for the last graduating class, 98.6% of CIs and 98.4% of students indicated ‘yes” (80--100%) that students met criteria on the total average percentage for items #39 and #41--#46 that relate to administration.”

Alumni survey: In 2022, 38.5% rated skill in “solving administrative problems” as either “excellent” or “better than most of my entry--level peers;” 53.6% rated this skill as “adequate.”

Employer/Supervisor survey: Percentage of respondents in 2022 rating practicing graduates’ skills in administration for “productivity,” “program planning” and “quality assurance” as “better than most” or “better than some” is 33.3%, 33.3%, and 66.7%, respectively, and 66.7%, 66.7% and 33.3%, respectively, “equivalent to most.”

Goal 1e.

Alumni survey: Percentage of respondents in 2022 rating knowledge and skills in “providing care to patients in collaboration with others” as either “excellent” or “better than most of my entry--level peers” was 61.54%, and 30.8% “adequate.”

Goal 1f.

Emory University Internship Clinical Evaluation (EUICE): On the EUICE, across all 3 long-term clinical internships for the last graduating class, 96.9% of CIs indicated “yes” (80--100%) that students met the criteria for #5: Identify and determine the rationale for procedures to examine the client’s impairments or conditions and 97.3% of CIs and 96.8% of students indicated “yes” (80--100%) for #12:

Determine an intervention plan with rationale.

Alumni survey: Percentage of respondents in 2019 rating skills in “Critiquing research” and “Participation in research” as “excellent” or “better than most of my entry-level peers” was 46.2% and 53.9%, respectively and 46.2% and 30.8%, respectively, indicated “adequate.”

GOAL 2:

DPT 905: In Current Practices in PT (DPT 905), using Gibb’s model and based on their clinical experiences, students exhibit proficient use of narrative reflection.

Alumni survey: Percentage of respondents in 2019 rating “assessing development” as either “excellent” or “better than most of my entry--level peers” was 53.6%; “adequate” was 46.2%.

FACULTY INVOLVEMENT

Describe how your faculty members were involved in this year’s assessment procedures.

Faculty are involved each year through course evaluations, exit interviews of graduating students, faculty retreat and surveys of alums and employers.

What learning outcomes will your program assess next year?

We will continue to assess the above goals as they relate to the competency- based curriculum we follow in our program. We will also assess the outcomes of our Learning Communities, which we began in 2019. Research is currently being done related to student and faculty perceptions of the learning community curriculum and outcomes.

ANALYSIS OF OUTCOMES DATA:

GOAL 1:

For patient/client management, teaching-learning, interpersonal communication, and administration, students and clinical instructors all rate students strong in these competencies. Responses from alumni and employers are similar to past years in most areas. This is encouraging because in the past the survey was administered to all students who had graduated 1-3 years, while this year the survey was administered to one cohort that had

graduated within 6 months. The graduates in earlier surveys had greater experience than those in the current survey. This also may explain the lower ratings for alumni compared to when they were students in goal 1a.

On items related to patient/client management (1a), alumni rate themselves lowest on implementing and evaluating a plan of care. This is consistent with some of the qualitative feedback we receive on exit surveys, as some students feel they do not have enough of a variety of treatment approaches or feel as confident progressing treatment programs, especially therapeutic exercise programs. This is not surprising, as our curriculum is designed to ensure students have excellent novice skills in examination and evaluation (diagnosis) so that they can apply specific treatments safely, effectively and efficiently without exposure to the vast array of potential treatment approaches. The result may explain alumni ratings higher in examination and evaluation than in providing treatment.

For teaching-learning (1b) alumni reported lower ratings for teaching and learning compared to when they were students. Alumni may not have had ample opportunity in just 6 months or less to practice these skills. However, employers rated graduates teaching-learning skills/abilities high.

Alumni and employers ratings on competence in administration (1d) is similar to past years, but low. This may be due to, again, limited opportunities to practice administrative tasks in less than 6 months as a new entry level physical therapist.

GOAL 2:

Alumni continue to report their ability to assess their development (which involves reflection) is strong compared to their peers. This area will need further longitudinal review because the program recently changed the advising process. We are now using learning communities, which promotes greater reflection by the students.

PLANS FOR IMPROVEMENT/NEXT STEPS:

GOAL 1:

Plans to improve outcomes for Goal 1 include:

1. Consider modifying the wording on alumni and employer surveys to match so that data is easier to compare
2. Increase use of case studies in clinical science courses to increase students' exposure to progression of treatment plans, including therapeutic exercise progression
3. Increase interprofessional education and collaborative practice experiences to improve alumni abilities in providing care in collaboration with others
 - a. For the class of 2025 we modified the curriculum slightly to include a new course called Interprofessional Education and Collaborative Practice. This new course emphasizes interprofessional practice in didactic setting, simulation cases, and implementation in clinical practice.

- b. The School of Medicine is undergoing review of the curriculum of all health programs to begin a transformation of medical education. The goal of this is to create learning opportunities for early and consistent interprofessional practice in both the didactic and clinical settings. The physical therapy program is currently exploring pilot project opportunities to incorporate interprofessional education in current courses with the MD and PA programs.
4. Increase our virtual continuing education courses (free to alumni) to improve alumni abilities in evidence-based practice and research

GOAL 2:

Though our outcome data related to Goal 2 supports reflection as a strength of the program, we have changed the reflection process following 3 early integrated clinical education experiences (in semesters 3, 4 and 5) to include all faculty co-mentoring DPT student Learning Communities. Our Learning Communities are comprised of 6-7 students, which allows for all students to read their reflections and for students and faculty mentors to discuss the reflections in more depth than our previous process (which involved larger groups of students and fewer faculty). We plan to assess any changes in outcomes related to this modification in 3 of our formal reflection assignments in 2023 when the first cohort of students under the new process graduates.