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ABSTRACT

The purpose of this practicum was to evaluate whether graduates in Physical Therapy from Nova Southeastern University (NSU) (Florida) meet accreditation criteria and to compare student and clinical instructor evaluations. This was the first year in which the new Physical Therapy program had graduates who could be evaluated, and outcome measures were part of the requirements for accreditation of the program. The evaluation reported in the practicum considered discrepancies between the ideal performance criteria and the actual performance criteria for curriculum review. Following a literature review and review of accreditation requirements of the Commission on Accreditation of Physical Therapy Education (CAPTE), data were collected from new graduates and their faculty using a rating scale developed by the American Physical Therapy Association for physical therapy program outcomes. Fifty-eight graduates and 48 clinical instructors responded. Findings indicate that NSU physical therapy graduates are meeting the evaluative criteria for accreditation of education programs for the preparation of physical therapists as determined by a rating of 7.0 or above on the CAPTE criteria instrument. Program graduates' evaluation assessments did not agree in entirety with clinical instructors' evaluations of new program graduates, in that the evaluation assessments of new graduates were rated higher on the continuum than instructors' assessments. Recommendations are made for study of evaluation results and continued development of the evaluation process. Five appendixes contain NSU mission statements for the physical therapy program, the CAPTE performance requirements, a report from the Southern Association of Colleges and Schools, the CAPTE instrument, and a list of CAPTE committee members. (Contains 18 tables and 16 references.) (SLD)

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**EVALUATION OF THE PERFORMANCE CRITERIA RATINGS OF NEW
GRADUATES OF THE NOVA SOUTHEASTERN UNIVERSITY
PHYSICAL THERAPY PROGRAM**

**Preparing and Developing Staff in the Health Care Professions of the Future:
A Changing Educational Paradigm**

Gina M. Musolino

Nova Southeastern University

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**A practicum report presented to Programs for Higher Education in partial
fulfillment of the requirements for the degree of
Doctor of Education**

Nova Southeastern University

October, 1997

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**Abstract of an evaluation practicum report presented to Nova Southeastern
University in partial fulfillment of the requirements
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by

Gina M. Musolino

October, 1997

The nature of the problem was that Nova Southeastern University Physical Therapy (NSU PT) required evaluation of graduates for accreditation. The purpose was to evaluate whether graduates meet the accreditation criteria and compare the student and clinical instructors criteria ratings. The research question addressed was: “Are the NSU PT graduates meeting the accreditation criteria and how do the graduates’ and clinical instructors’ evaluations compare?”

Procedures included (a) review of the literature, mission, philosophy, and accreditation documents, (b) administration of accreditation criteria instrument to NSU PT graduates and clinical faculty, (c) data collection using the outcome criteria instrument, with descriptive statistics to present outcomes, (d) results of procedures, comparative conclusions and recommendations presented to the accreditation review team for validation, (e) validated findings presented to the director and faculty with

recommendations, and (f) dissemination of results to graduates, clinical faculty and NSU PT students.

Results indicated that the accreditation review team validated the criteria for NSU PT. The accreditation criteria were attained by the graduates, as measured by the instrument prescribed by the American Physical Therapy Association. Student ratings were higher than the clinical instructors for all criteria, with significant divergence.

Conclusions of the study, following the procedures, determined graduates are meeting the accreditation criteria. Recommendations made to the director were to disseminate the results to faculty, students and accrediting bodies. It was recommended to gather a task force for clinical education, continue outcome studies, curriculum review and needs assessment for continuing education. Further recommendations, were to consider cross-program comparisons with other universities and enhance educational efforts with clinical instructors.

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Chapter 1

INTRODUCTION

Nova Southeastern University (NSU) is a private university offering traditional and non-traditional programs of study from kindergarten through the doctoral level. The Physical Therapy Department is a component of the Health Professions Division at NSU as a result of a recent merger of Nova and Southeastern Universities. The physical therapy program was a new program, which received initial accreditation, with commendation, from the American Physical Therapy Association's (APTA), Commission on Accreditation of Physical Therapy Education (CAPTE), in October, 1996. The charter class of the Physical Therapy (PT) Program at Nova Southeastern University, began their studies in August of 1994. The mission of the NSU Physical Therapy Program (see Appendix A) is to prepare physical therapists as primary health care providers.

Nature of the Problem

The NSU PT Program matriculated the charter class in July of 1996. CAPTE required evaluation of the program graduates and therefore necessitated the need for evaluation of performance of the new program graduates. Evaluation of educational programs is an essential process in professional education, and was an accreditation requirement. Specifically, CAPTE Section 4.0 pertains to performance of program graduates (see Appendix B) and must be met through evaluation of the outcomes of graduates from the NSU PT Program. The problem was that the PT graduates required evaluation in terms of CAPTE Section 4: Performance of Program graduates (see Appendix B) to determine both didactic and clinical curriculum outcomes. To attain this goal, the NSU PT Program, problem based learning (PBL) curriculum, was designed to meet and

potentially exceed the CAPTE compliance evaluative criteria for accreditation. This project addressed the need for the evaluation of the program graduates performance in relation to these outcome criteria as outlined by CAPTE, Section 4: Performance of Program Graduates. Did the NSU PT Program meet CAPTE, Section 4.0, criteria?

Purpose of the Study

The purpose of this study was to evaluate the extent to which program graduates met the performance criteria according to CAPTE, Section 4: Performance of Program Graduate guidelines. The previously validated criteria, CAPTE, section 4: Performance of program graduates (APTA, 1995, b.) was utilized to gather the new graduate outcomes. No evaluation measures of graduates had been completed as there had been no program graduates prior, hence the need for the study.

The evaluation served to assist the faculty in program curriculum design and development decisions, for revision of instructional strategies and content, in this new program in PT. An implicit need was also served by this outcome evaluation; the results served as a needs assessment for revising program goals and offering continuing education units for program graduates, in order to meet curriculum discrepancies, ascertained from the evaluation. Education needs for clinical instructors were also identified.

Significance to the Institution

The Physical Therapy Program at Nova Southeastern University was a developing program seeking initial accreditation from the American Physical Therapy Association. A portion of the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists requires; in Section Four, Performance of Program Graduates, of the Self Study Report Format, the methods of evaluating the new graduates

to meet performance outcome criteria and samples of these methods for the on-site accreditation team to review. Prior to this study, no measurement existed of the program graduates. The feasibility of this study was significant as these outcome measures were a portion of accreditation requirements for CAPTE, Southern Association of Colleges and Schools (SACS) and outcomes linkage was the focus of the New Learning Outcomes Initiative at NSU per the Vice-president of Academic Affairs deliberating on the SACS (1996) report (Appendix C).

Relationship to Seminar

This practicum was directly related to the specialization seminar, **Preparing and Developing Staff in the Health Care Professions of the Future: A Changing Educational Paradigm**, whereas principles of health care reform were omnipotent considerations in program performance outcomes, within the health care delivery system. Donley (1994), related that as understanding how the principles of health care reform, simplicity, quality, savings, and choice interact within the framework of staff development sets the stage for understanding the professional and business opportunities awaiting staff development educators. As the NSU PT Program was responsible for future health care staff and a continuing education provider, this project related to these activities.

Relationship to Concentration

The area of concentration was **Physical Therapy Curriculum Development and Evaluation**. This objective based evaluation considered the discrepancies between the ideal performance criteria and the actual performance criteria for curriculum review. The evaluation of program outcomes was reflective of the review process for curricular development and analysis.

Research Questions

There were two research questions for this study: “1. Are the NSU PT new program graduates meeting the evaluative criteria for accreditation of education programs for the preparation of physical therapists, CAPTE section 4.0 performance of program graduates, as measured by the CAPTE evaluation criteria?” and “2. How do the NSU PT new program graduates’ evaluation assessments compare with the clinical faculties’ evaluation assessment of the NSU PT new program graduates, as measured by the CAPTE evaluation criteria?”

Definition of Terms

For the purposes of this practicum the following terms were defined.

Appropriate. Items which are suitable for meeting the purpose of the outcome survey.

Clinical Instructors/Faculty. Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. Clinical instructors are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor and affective domains as related to entry-level clinical practice and academic and clinical performance expectations (APTA, 1995, b.).

Clinical Site. Practice setting in which physical therapists practice, who have agreed to act as an external educational setting for internships, a broad range of inpatient, outpatient and community settings, including, but not limited to the following: hospitals, homes, physical therapy office practices, rehabilitation facilities, subacute care facilities, skilled nursing or extended care facilities, hospices, schools (preschool, primary and secondary), corporate or industrial health centers, work or occupational environments, athletic training

facilities, sports injury treatment centers, fitness centers, and education or research centers (APTA, 1995, b.).

Disability. Any restriction (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal (Stewart & Abeln, 1993).

Entry-level Clinician. An entry-level clinician utilizes critical thinking to make independent decisions concerning patient needs and in the provision of physical therapy services. The entry-level clinician needs only occasional guidance, primarily when addressing new and complex problems (APTA, 1995, b.).

Functional Limitation. Loss of function best described, not by impairment, but in terms of activity restrictions or altered task performance (Stewart & Abeln, 1993). A restriction of the ability to perform a physical action, activity or task in a typically expected, efficient or competent manner (APTA, 1995, b.).

Impairment. As defined by the World Health Organization, any loss or abnormality of psychologic, physiologic, or anatomic structure or function. Impairments are disturbances at the level of an organ (e.g., defects in or loss of limb, organ or other body structure) as well as defects or loss of mental function (Stewart & Abeln, 1993).

NSU PT Program New Graduate. Recent graduate of NSU PT who has completed six terms of 90 semester hours of didactic education and 20 weeks of clinical education, including a critical inquiry (master's thesis) project.

Objective. A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities (APTA, 1995, b.).

Outcome. The result of physical therapy management expressed in five areas: prevention and management of symptom manifestation, consequences of disease (impairment, disability, and/or role limitation), cost-benefit analysis, health-related quality of life and patient satisfaction. A successful outcome includes improved or maintained physical function when possible, slows functional decline where the status quo cannot be maintained and/or is considered meaningful by the patient (APTA, 1995, b.).

Physical Therapy. The care and services provided by or under the direction and supervision of a physical therapist, includes: 1) Examining patients with impairment, functional limitations, and disability or other health-related conditions in order to determine a diagnosis, prognosis, and intervention. 2) Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions. 3) Preventing injury, impairments, functional limitations, and disabilities, including the promotion and maintenance of fitness, health and quality of life in all age populations. 4) Engaging in consultation, education, and research (APTA, 1995).

Physical Therapist. A licensed health professional who offers services designed to preserve, develop and restore maximum physical function (APTA, 1995, b.).

Physical Therapist as primary health care provider. A physical therapist who is the initial, first or principal care provider for the diagnosis and treatment of physical impairments, functional limitations and disabilities that result in movement dysfunction (APTA, 1995, b.).

Problem-Based Learning. (PBL) a curriculum innovation characterized by the use of case studies as a vehicle through which small groups of students learn problem-solving skills while simultaneously directing their own acquisition of content knowledge (Albanese

& Mitchell, 1993). Upon presentation of a case, students decide how to identify major problems, gaps in their knowledge and skills, and strategies for resolving those gaps.

Learning is motivated by a need to resolve problems (Barrows, 1997). Faculty tutors guide the problem solving process and skill and content acquisition, rather than teaching through lectures (Vasconez, Donnelly, Mayo, & Schwartz, 1993).

Tier II Internship. A twenty week clinical education experience which takes place during the second year with the student selected clinical site location; this internship must provide the opportunity for meeting the program outcome objectives and provide an across the lifespan experience for the NSU student PT intern.

Valid. The items are appropriate for the outcome instrument for NSU PT program.

Chapter 2

REVIEW OF RELATED LITERATURE

Overview

The literature review considered the broad concepts of program evaluation and outcomes in education. Specifically, outcomes in physical therapy health care and concepts of preparing and developing health care professionals of the future, were considered.

Program Evaluation

Mason (1993) reports that the challenges and opportunities presented by evaluation are tremendous. But the risks are great, for if the evaluation is not properly conducted or is weak, then the education practice and program being evaluated are jeopardized. Svinicki (1993) agrees that because so much depends on evaluation it is important to try to make the evaluation as free from irrelevant errors as possible. She proposed utilization of the “four R’s in evaluation, relevant, reliable, recognizable and realistic” (p. 3), as a way to ensure the quality of an evaluation system. Worthen and Sanders (1993) recommend reviewing evaluations to determine what worked and what did not. They delineated eleven characteristics of a good evaluation. These included:

1. **Conceptual Clarity**-the extent to which the evaluation is well-focused and the purpose, role and general approach are clearly stated.
2. **Characterization of the Object of the Evaluation**-the extent to which the evaluation contains a thorough, detailed description of that which is evaluated.
3. **Recognition and Representation of Legitimate Audiences**-the extent to which all evaluation audiences had a voice in focusing the study and an opportunity to review results.
4. **Sensitivity to Political Problems**-the extent to which the evaluation has been sensitive to and coped satisfactorily with potentially disruptive political, interpersonal and ethical issues.
5. **Specification of Information Needs and Sources**-the extent to which the evaluation specifies needed information and sources of that information.
6. **Comprehensiveness & Inclusiveness**-the extent to which the evaluation has collected data on all important variables and issues, without getting bogged down in inconsequential data.
7. **Technical Adequacy**-the extent to which the evaluation design and procedures

yielded information that meets scientific criteria of validity, reliability and objectivity. 8. Consideration of Costs-the extent to which the evaluation considered cost factors along with other variables. 9. Explicit Standards/Criteria-the extent to which the evaluation contained an explicit listing and/or discussion of the criteria and standards used to make judgements and recommendations by the data. 10. Judgments and/or Recommendations-the extent to which the evaluation goes beyond reporting findings to offer judgments and recommendations suggested by the data. 11. Reports Tailored to Audiences-the extent to which the evaluation reports are provided at appropriate times and in appropriate formats to the identified audiences for the evaluation information. (pp. 382-383)

The objective-oriented evaluation determines the extent to which objectives of the course, instruction or program have been achieved. The objectives that were used in the program design are used in the evaluation. The strengths of this model were that it was reality oriented, it had measurable criterion (objectives) from which to work, and the relationship between evaluation and improvement is apparent. Tyler and Taba's Models have contributed to this type of evaluation. Critics of this model complain that it focuses on the stated objectives and sometimes important data about unintended outcomes are overlooked (Joyce, Weil & Showers, 1992; Kemp, Morrison, & Ross, 1994).

Education Outcomes

Mason (1993) relates evaluation to outcomes and points out that assessment requires attention to outcomes, but also and equally, to the experiences that lead to those outcomes. Four major standards were developed to evaluate the evaluation, utility, feasibility, propriety and accuracy. Most evaluations included ratings against predetermined standards, criteria or indicators of quality. Quality indicators are often developed by stakeholders associated with programs. These stakeholders, generally have a "vested interest in the program: teachers, students, governing board members, employees of social agencies, administrators, support services staff, and various employers" (p. 81). Many

evaluations require the program to identify major strengths and weaknesses for the professional team reviewers. If the evaluation is conducted appropriately and professionally, the team will have criteria, standards, or indicators of quality on which to rate most components of a program. The indicators of quality help provide a basis for developing the recommendations and commendations. The recommendations and commendation should relate to a checklist of standards or indicators of quality (pp. 79-85).

Bolman and Deal (1997) distinguish the challenge of accreditation as keeping on top of large, complex sets of activities, because organizations are complex. They related that “the complexity is compounded even further when a number of different organizations are involved” (p. 22). Bolman and Deal describe the properties of organizations as being “complex, surprising, deceptive and ambiguous, much of the time events and processes are so complex, scattered and uncoordinated no one can fully understand --let alone control-- what is happening” (pp. 22-24). Evaluations take considerable effort, time and money and produce lengthy reports and ceremony. Bolman and Deal relate that “rarely are insights or recommendations heeded” (p. 244). However, they also believe, “evaluation is necessary to ensure a responsible, serious, and well-managed image” (p. 244). Speaking of accreditation results, Bolman and Deal purport that, “negative results are often couched in vacuous language with high-sounding recommendations that no one is likely to take very seriously. Attempts to solve the problems disappear after the ceremony is over” (p. 245).

Preparing and Developing Staff in the Health Care Professions

Alsopach (1995) discusses Kramer’s phases of reality shock for the new graduate nurse. These steps proceed, if they proceed, from the honeymoon, to shock, to recovery and resolution. In the end the ideal is that the new graduate will resolve the “perceived conflict

between work and school values either by rejecting one set of values or the other, or (ideally) integrating the positive aspects of each set of values into one set that is realistic for the work setting; the term biculturalism refers to this blending of school and work value systems” (p. 206). With consideration of these phases, for the new graduate, it is important to offer support as the new graduate develops. Clinical faculty serve a prominent and ever-changing role in offering appropriate support, as new health care graduates go through these professional cultural adjustments.

According to Alspach (1995), “the capacity to solve problems is one of the hallmarks of professional practice” (p. 251). In addition, health care professionals must be capable of employing competent clinical decision making skills. As educators cannot predict the future of how health care will be delivered, however, educators can predict that health care workers will need to be capable of these methods of critical analysis. Therefore, the need to identify competency in these skills or recommend continuing education to address any gaps in the process of steps in the decision making model.

Physical Therapy Outcomes in Health Care

There is a need for physical therapists to understand the health care delivery system in relation to outcomes. As providers of specialty rehabilitation services, physical therapists often have limited awareness of the intricacies of the delivery system in which they work. This limitation contributes to a lack of understanding of the relationship between the services they provide and control and distribution of financial resources of health care services in general. Physical therapists often lose sight of the “big picture” as they become intensely involved in their own professional agendas. Consequently they approach their practice without realizing that their priorities, may at times, be very different from those of

the delivery system (Stewart & Abeln, 1993). This fact makes the need for program evaluation to assist in serving a secondary purpose of professional self evaluation to the forefront.

Summary

A systematic method to plan, develop, evaluate and manage the instructional process is needed to ensure competent performance by learners (Kemp, Morrison & Ross, 1994, p. 6). The completion of this process requires in depth knowledge of instructional design, methods of progress evaluation, and the role of the students, faculty, and clinical faculty. Considering the differences between expected outcomes and reality will serve to identify gaps in the curriculum and as a needs assessment for continuing education needs of new professionals.

Chapter 3

METHODOLOGY & PROCEDURES

Data Gathering Procedures

Six procedures were used to complete this evaluation practicum. First, a review of the literature was conducted to produce information relative to the topics of evaluation and nature of the problem of outcomes in higher education. The Nova Southeastern University Physical Therapy (NSU PT) Program mission, philosophy and objectives (see Appendix A), Commission on Accreditation of Physical Therapy Education (CAPTE) performance evaluation criteria (see Appendix B), and Southern Association of Colleges and Schools (SACS) recommendations (see Appendix C) were reviewed. These reviews included theoretical topics of evaluation and outcomes as well as applied topics of clinical-based objectives and outcomes.

Second, the CAPTE evaluation criteria, Section 4.0 performance of program graduates were administered for evaluation measures, to both the NSU new graduates and their respective clinical faculty (see Appendix D). The evaluation instrument was distributed through a mailing with a self-addressed stamped envelope for returning the completed evaluation and to facilitate the return rate.

Third, data from the evaluations were collected, using the outcome criteria instrument to survey the new program graduates and their clinical faculty, with the CAPTE validated criteria. This instrument was prescribed by the American Physical Therapy Association for PT program outcomes (APTA, 1995, b.) to measure the program performance criteria for new graduates and clinical affiliates. The instrument consists of a visual analog scale in which the rater places a hash mark on the continuum to indicate a level of agreement with

the criteria (see Appendix D). This continuum line was then equated with a ten centimeter measurement and the hash mark was assigned a measured numerical value, equated in centimeters. The researcher determined, following consultation with the director, that a rating of 7 and above was aligned with meeting the criteria for NSU PT and consequently, a rating below 7 was determined as not meeting the criteria of performance. For the open-ended questions, comparable themes and concepts were derived, by the researcher, in order to compile the data into like categories. This ex post facto grouping was completed to evaluate the data for common themes in order to explore possible relationships.

Descriptive statistics were used to present the outcomes of this comparison between the program graduates and their clinical faculty. Results were presented in narrative and tabular formats. Numerical values were averaged and ranked for the visual analog scale.

Fourth, the results of these procedures, conclusions and recommendations derived from the data were compared and presented to the CAPTE on-site review team (see Appendix E). The CAPTE on-site review team reviewed the data and provided expert validation, comparing the evaluation to the prior established criteria, hence, validating the results of these procedures.

Fifth, the findings validated by the CAPTE on-site review team were presented to an authority, the PT director, and the program faculty, with recommendations for curriculum revision changes. This procedure served as a potential basis (needs assessment) for continuing education unit offerings for graduates and clinical instructors and program improvements.

Finally, the findings were disseminated to program graduates, clinical faculty and current NSU PT program students, serving as a progress report update for the program.

Furthermore, recommendations were made with these evaluation results in terms of CAPTE Section 4: Performance of Program Graduates. These results will assist faculty in curricular revision decisions and as a needs assessment, for continuing education offerings through NSU, for program graduates.

Assumptions

It was assumed the CAPTE criteria for performance of program graduates, criteria were appropriate and valid. It was assumed the CAPTE on-site review of the evaluation was valid. There was an assumption that the experts were able to perform the task accurately. It was assumed that the results of the study were valid for NSU PT program from an environmental perspective.

Limitations

A limitation of this study was that the evaluation focused on outcomes specified in the criteria of performance. This evaluation was limited in that it was specific to the educational outcomes of the NSU PT new Program graduates. Another limitation was that the curriculum methodology had already been altered from that of the charter class (one year of traditional and one year of PBL, for the Class of '96, to all PBL, for the Class of '97), therefore, future comparisons were limited. Also a potential limitation was the problem of acceptance of these measures as valid and possibly ignoring other outcomes of the program.

Chapter 4

RESULTS

The literature review provided support for the need for evaluation of the new graduates of Nova Southeastern University Physical Therapy Program (NSU PT). The literature review was very specific in pointing out that education is being transformed with the use of outcomes data and that educators must incorporate the evaluative process to ascertain if these outcomes are indeed being surmised. The literature provided specific information and insight into the challenges of meeting both the internal customers, (faculty and students), and the external customers, (accrediting bodies and potential employers), needs in the evaluation process. The literature review illustrated how systematic methods of evaluation and management of the instructional process was needed to ensure competent performance by learners and aid in identification of curricular gaps in meeting program outcomes, mission and philosophy statements.

The review of the NSU PT program mission, philosophy and objectives revealed congruence with the Commission on Accreditation of Physical Therapy Program (CAPTE) documents and Southern Association of Colleges (SACS) criteria. Specifically, SACS recommendations demonstrated the need for explicit educational statements regarding student achievement and whether the learners were achieving these outcomes with the use of evaluation measures. The need for measures of institutional effectiveness was clearly delineated through review of these documents.

The CAPTE evaluation criteria, Section 4.0 performance of program graduates were administered for evaluation measures, to both the NSU new graduates and their respective clinical faculty (see Appendix D). Fifty-eight program graduates and 48 clinical instructors

completed these evaluations of NSU PT at the end of August 1996. The data were collected and the descriptive information follows to illustrate these results for both the clinical instructors, new program graduates and a comparison of the outcomes between the two groups.

Graduate Responses

In response to the graduates ratings in relation to the CAPTE Performance Criteria, Table 1 illustrates these results. Please refer to Appendix D to identify specific questions related to responses presented in the following tables. In Table 1, values are the average values of 58 graduates for each criteria rank on the continuum, with rating scale assigned measurable values from zero to ten, which were then ranked from highest to lowest. The data in Table 1 was derived from responses to questions 1 through 10 in Section I and questions 1 through 9 in Section II of the instrument.

Key components of this table were that graduates ranked ethical and legal practice, personal and professional growth, communication, evaluation skills, change agency, advocacy for the disabled and teaching in any role extremely high with values above 9.0. However, graduates ranked designing a comprehensive plan of care lowest, with a rating of less than 7.0. This was the only criteria that graduates did not meet in terms of CAPTE Section 4.0, performance of program graduates. All other categories were self-assessed by the graduates as met, according to the criteria, determined as a rating of 7.0 or above.

Table 1.

Graduates Performance Criteria Ratings

rating scale 0-10

Rank	Value	Performance Criteria (CAPTE Section 4.0)
		Section I: No. 1 - 10 & Section II: No. 1 - 9
1	9.42	Practice ethically and legally
2	9.40	Participate in activities to ensure personal and professional growth
3	9.27	Communicate appropriately with any audience
4	9.19	Participate in development of knowledge for profession
5	9.12	Conduct a patient interview and initial physical exam
6	9.10	Serve as a change agent
7	9.09	Advocate for the disabled
8	9.06	Teach in any role
9	8.95	Gather information from medical records, forms & team
10	8.95	Practice with integrity as a generalist in primary health care
11	8.87	Develop methods to meet PT needs of society
12	8.75	Identify patient's problems and goals
13	8.68	Apply principles of management and consultation

(table continues)

Rank	Value	Performance Criteria (CAPTE Section 4.0)
		Section I: No. 1 - 10 & Section II: No. 1 - 9
14	8.67	Select appropriate tests and measures
15	8.63	Prepare patients for assessment
16	8.51	Perform comprehensive tests and measures
17	8.38	Determine a diagnosis
18	8.37	Manage a plan of care
19	6.84	Design a comprehensive PT plan of care

The results from the open-ended questions from Section II of the instrument are delineated in Tables 2 - 9. These results were categorized by description as much as possible then ranked in descending order of frequency for compilation in the data tables. The open-ended question in Section II, question number 10, a, b, c, was answered by 52 respondents, 6 respondents chose not to answer these inquiries. For this question, it was determined that the responses were inconsistent and showed no trends. Therefore the data for these queries was not presented.

The open-ended question, 10 d “Who are you trying to become? If this has changed since you started PT school, describe why and how,” results are presented in Table 2. There were 58 respondents to this question. The majority of responses indicated the graduates are trying to become effective, ethical professionals with beneficent themes noted, in addition to graduates setting both personal and professional goals.

Table 2.

Graduates Description of Who They are Trying to Become, Why & How?

Number of Respondents to Statement	Description/Summary of Statement
11	Effective clinician as always
10	Make a positive change contribution/service to the profession, More than just a PT
7	Constantly grow mentally and professionally
6	Effective PT <i>and</i> person
5	Be well rounded
4	Put the patient first
4	No changes, legal, ethical person who is financially independent and secure
3	My principles have not changed
3	A good health care provider/ the best PT I can be
3	Continuing to serve God as a PT / biblically based
3	Able to work with the system
2	Find a career I truly love & I found it!
2	The same except I have the foundation to really help people

(table continues)

Number of Respondents to Statement	Description/Summary of Statement
2	Have fun doing what I am doing
1*	Other

***Note.** Each of the following statements were made by one respondent: Well known, highly recommended by others, be more altruistic, definition of best PT has changed, I still want to teach, at the 2nd floor of a very tall building and ready to keep climbing, further knowledge about the profession, now want to be a role model and spokesperson for PT, trying to become a person who is happy with their career

Table 3 delineates the results from the open-ended question, 11, about the graduates overall thoughts about their physical therapy education at NSU. There were 58 respondents to this question. It is important to note in this table that respondents were positive about the learning experience for the most part, especially the problem based learning format. The respondents not only expressed the sense of challenge, in overall thoughts about the program, but also felt the experience influenced the graduates quest for knowledge and professional responsibility. On the other hand, several respondents felt a deficit in the area of preparation for providing treatment. Several graduates also expressed overall thoughts of inadequacy in terms of documentation, organization and negative thoughts regarding the method of androgogy employed by NSU PT.

Table 3.

Graduates Overall Thoughts on NSU PT Education

Number of Respondents	Description/Summary of Graduates Statement
11	Excellent program & faculty, wonderful, great, top-notch, quality, received personal attention from faculty
10	Very little that I could not handle clinically prepared for any setting
9	Weak in treatments, want more faculty hands-on
8	Like/agree with problem-based, would go out of my way for PBL
7	Taught to be well rounded/better person
6	Taught me to go out and seek education, most powerful thing I learned
5	Prepared me for professional growth
4	Worked my tail off, long arduous, most challenging thing, overwhelming stresses but what does not kill us makes us strong, made me stronger because of the challenges
4	Faculty fostered our professional growth
4	Prepared for health care changing, managerial skills
3	Thorough, effective, practical
3	Learned a lot about the profession/serving the profession
3	Taught me how to learn, take responsibility for learning, think on feet
2	Needs more attention to details, disorganized

(table continues)

Number of Respondents	Description/Summary of Graduates Statement
2	Legal, documentation skills
2	Needed more instruction and traditional, not sold on problem-based
1*	Other

***Note.** Each of the following statements were made by one respondent: I need to know more, strong ethical foundation, can act critically in any situation, never stop asking questions, director was excellent, importance of research, strong assessment skills, problem-solving, ability to think, diversity, can't wait for Ph.D. program to start, I would do it all again, high goals which were set were important and good, 2 clinicals

Table 4 describes the 58 respondents' feedback to the open-ended question, "what are the graduates thoughts about their profession, their commitment to the profession and responsibilities?" Over half of the respondents felt membership in the American Physical Therapy Association, ethical and legal practice, lifelong learning qualities and research were important professional responsibilities. Fewer graduates, specifically noted that service, teaching, and being a change agent, were aspects pertaining to the graduates commitment to the profession.

Table 4.

Graduates Thoughts on the Profession & Responsibilities

Number of Respondents	Description/Summary of Graduates Statement
37	American Physical Therapy Association membership
26	Committed to new knowledge and skills, laws practice parameters, continuing education, stay on the cutting edge
23	Continued involvement in research
19	Service to the profession, committed to betterment of profession
8	Develop future students, be clinical instructor, teach
7	Advocate for change
6	Give patients 100%, patient comes first
6	Ethical behavior always
4	Pro Bono work, volunteer
4	Advocate for the disabled
1*	Other

***Note.** Each of the following statements were made by one respondent: Spread knowledge in the community, donate to political action committees, do a case study each year

Table 5 describes the 58 respondents' feedback to the open-ended question, what are the graduates greatest strengths. Key components of this table were that many graduates felt therapeutic presence, application of clinical knowledge and skills, and legal

issues were the graduates greatest strengths. While ethics and community service ranked lower in the respondents' feedback.

Table 5.

Graduates Greatest Strengths

Number of Respondents	Description/Summary of Graduates Statement
27	Good listener/communications skills/therapeutic presence/people skills/bilingual
14	Working knowledge of treatment of CVA/manual skills/Carry out a plan of care/analyze movement dysfunction/Clinical skills/confidence in my abilities as a general practitioner knowledge of practice parameters/practice Act/laws/knowledge of the human body/wound care/CVA's/Gait & balance training
12	Adaptable/comfortable in many settings/open minded/Non-judgmental
12	Enthusiasm to learn and grow/always learning/love for learning
10	Committed to my beliefs/profession/dedicated to good patient care
10	Motivated/self-starter/self-responsibility, productiveness, hard worker/self-starter
8	Make good decisions/effective/think on my feet/critically critique thinking skills
6	Empathy and compassion for patients as people not diagnoses benevolent/compassionate
5	Team player
5	Problem solving

(table continues)

Number of Respondents	Description/Summary of Graduates Statement
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4	Honesty/integrity/morals
4	Perseverance in understanding what's going on with patient/determination/integrate book learning & patient care
2	Documentation
2	Love what I do/positive attitude
1*	Other

***Note.** Each of the following statements were made by one respondent: Determined/see the big picture/experience from other professions/know when, where to look things up/know that how my patients do is a reflection of me, disciplined/spiritual

Table 6 describes the 58 respondents' feedback to the open-ended question, 14, "what are the graduates greatest weaknesses?" A majority of the graduates indicated weaknesses in specialized treatment areas in terms of knowledge and/or application of treatment principles. Several graduates indicated interpersonal psychosocial dilemmas in terms of professional behavior experiences. Fewer graduates noted difficulty with specific parameters of care in terms of clinical and administrative issues. Many graduates expressed difficulty with professional distance issues and frustration with the administrative and management aspects of clinical practice.

Table 6.

Graduates Greatest Weaknesses

Number of Respondents	Description/Summary of Graduates Statement
27	Knowledge/treatments of one kind or another: some treatment techniques, psychomotor skills, hands-on skills, manual skills, technical skills, pediatrics, wound care, pharmacology, neuro cases, the rare type orthopedic dysfunction, neurodevelopmental treatment, proprioceptive neuromuscular facilitation, trauma patients, anatomy, interpreting tests results, need to refine evaluations, patients with cognitive problems, balance, differential diagnoses
23	Self-criticism, too hard on myself, too laid back, fluctuating self-confidence, self-doubt, too demanding of myself and patients, always being right, expectations are too high, fluctuating attitude, too sensitive to opinions of others and criticism of others
14	Procrastination, time management, burn out with long hours, unorganized, distracted
12	Lack of experience, not enough clinical experience
11	How to progress patients, appropriate time frames for plans of care, what to expect when predicting patient outcomes, goal setting, not aggressive enough in choice of treatments, limiting myself in treatment strategies
10	Impatience, temperament, frustrated when not competent, stubborn, unable to adjust to new situations, Selfish, too independent, hard headed, don't always listen to the views of others on things I am committed to, lose interest with unmotivated patients

(table continues)

Number of Respondents	Description/Summary of Graduates Statement
7	Dislike of paper work, handwriting, ability to put thoughts into written words, documentation skills, insurance protocols
5	Take my patients home with me, get too close to patients too fast, want to spend too much time with patients, too emotionally involved with patients
5	High opinion of an opinion, easily let others influence me, intimidated by other health care professionals and administrators, lack of assertiveness
5	Not a team player, not involved with members of the profession, not involved enough with the association, too independent
4	Afraid to speak at large gatherings, speaking skills, voice too loud
3	Put others before myself, and often get taken advantage of, take on more than I can physically handle, make commitments I cannot keep
2	Forget a lot of what I learn, retention of material
2	Ability to delegate, want to do everything myself
2	Not enough attention to detail, too much attention to detail and miss the big picture
2	Communication skills, Listening skills

Table 7 describes the 58 respondents' feedback to the open-ended question, 15, which asked the graduates to describe the feeling as to how NSU PT prepared them for the goals in CAPTE Section 4.0 and rationales. Table 7 describes the affirmative responses, while

Table 8 describes the graduates expectations or negative comments regarding preparation for CAPTE Section 4.0 goals with the corresponding rationales for the graduates exception to preparation. The graduate responses covered a multitude of domains in terms of the expression of preparation or exception of preparation.

Table 7.

Graduates Feeling of Preparation for CAPTE Section 4.0 and Rationales

Number of Respondents	Description/Summary of Graduates Statement
11	Focused on clinical and profession, covered all aspects of the profession, courses and assignments were comprehensive, incorporated change in the profession, have overall picture of the entire profession
10	Taught how to think, so I can handle any problem in clinic or profession, taught me how to find information, confident in my skills, prepared me to continue to learn, prepared me to set new goals forever, taught me to be prepared for the future, prepared me to cope, confident I can meet any situation
6	From day one in the clinic I could treat effectively, confident in my skills, high level of autonomy in clinicals, could integrate base knowledge into patient care easily
5	We were aware of our goals throughout and continually asked to assess our goals, always had guidelines to practice skills
3	After two weeks in clinical, I needed very little supervision and took part in other responsibilities

(table continues)

Number of Respondents	Description/Summary of Graduates Statement
2	Positive comments from therapists confirm that we were prepared, comparable to others in the profession, clinical instructors in other states told me program prepared us for the profession
2	Can function as generalist
2	Wish both years were problem-based learning, problem-based is the better way
1*	Other

***Note.** Each of the following statements were made by one respondent: Emphasis on teamwork, feel ready to make an impact on the profession, as best as possible without real patients, emphasized clinical as well as management

As mentioned previously, Table 8 describes the graduates exception or negative comments regarding preparation for CAPTE Section 4.0 goals with the corresponding rationales for the graduates exception to preparation. Various responses were provided by the graduates with respect to specific reasons for exception, including patient care skill preparation, progression of patients, goal setting, and cognitive and psychosocial issues.

Table 8.

Graduates *Exception to Feeling of Preparation for CAPTE Section 4.0 and Rationales*

Number of Respondents	Description/Summary of Graduates Statement
6	Specific treatment types of patients: wound care, ICU, Outpatient
3	Progressing patients' plans of care as they get better or worse, goal setting out of class
2	Only goals that are problems are because of limited experience, I have only just begun
2	Get out of it what you put into it, so not all students at the same level, open-minded
1	But could have learned more from vast knowledge of our professors

Table 9 delineates the graduates responses to the recommendations for NSU PT curriculum, question, 16, with 58 respondents completing this question. Key features noted in this table were the graduates recommendations of the necessity for more direction and instruction in lab sessions, more clinical simulations and consideration for other clinical education models. Fewer graduates had very specific recommendations for certain curriculum instructional strategies and classroom management suggestions to improve faculty effectiveness.

Table 9.

Graduates Recommendation to the NSU PT Program Curriculum

Number of Respondents	Description/Summary of Graduates Statement
26	More demonstration in lab, more structure in lab, need more lab instructors, more feedback in lab, need mock patient care room, need more models in lab, need experienced technical clinicians, more orthopedics, mock labs don't compare to putting hands on patients, more detailed training
16	More actual treatment time before last affiliation, lengthen clinicals, more neuro patients, need to touch more actual patients, more orientation, more hands on patients throughout the curriculum
10	Have several affiliations throughout the curriculum rather than one long one, Make sure more variety of experiences on clinicals, various models of clinical rotations, motivated students should have more affiliations during summer
6	Be consistent in all directions given to students, grades need to reflect project work, stick to standards
6	Need to learn more from faculty experiences, more lectures, faculty need to give more ideas for treatment, keep anatomy as lecture
4	More documentation and goal setting on various forms, more on patient progress, more discussions of plans of care, what do I do if plan does not work
3	Expand movement science into anatomy/assessments, more kinesiology and physiology
3	Continue problem-based curriculum, it is excellent, all health professions should be problem-based

(table continues)

Number of Respondents	Description/Summary of Graduates Statement
3	None
3	More theory on particular treatments, more information on problem-based
3	Have one quality improvement project during clinicals, fewer projects during clinicals
2	Increase the numbers of minority students
2	Keep small groups and faculty team leader because valuable to have a faculty who knows you well, problems caught early
2	More help with research, faculty need to spend more one-on-one time for student feedback
2	Have more productive faculty meetings so things run more smoothly, more organization
1*	Other

***Note.** Each of the following statements were made by one respondent: get off the students' backs, some subjects beaten to death, have faculty role-play patients, educate clinical instructors on problem-based learning, students need to do more work to know more about clinicals, use more videos

Clinical Instructors Responses

The results of the clinical instructors general assessment of NSU PT Program follow in tables 10 - 19. Please refer to Appendix D to identify questions related to responses presented in the following tables. The results from the Section I of the CAPTE Performance Criteria: Section 4.0, are compiled in Table 10. Values are the average ratings on the visual analog scale of 48 clinical instructors for each criteria which were then ranked from highest to lowest. These results were categorized by description as much as possible then

ranked in descending order of frequency for compilation in the data tables. Interestingly, clinical instructors, as noted in the table, rated graduates as having met the criteria (rating of 7.0 or above) in only 12 of the CAPTE criteria and rated the graduates as not meeting the criteria (rating of below 7.0) in terms of 8 of the 20 total CAPTE criteria.

Table 10.

Clinical Instructors-Performance Criteria Ratings of Graduates

rating scale 0-10

Rank	Value	Performance Criteria (CAPTE Section 4.0)
		Section I: No. 1 - 10 & Section II: No. 1 - 10
1	8.23	Practice ethically and legally
2	8.06	Advocate for the disabled
3	7.87	Participate in activities to ensure personal and professional growth
4	7.72	Communicate appropriately with any audience
5	7.66	Practice with integrity as a generalist in primary health care
6	7.60	Choose actions that reflect consideration for consequences of decisions
7	7.56	Participate in development of knowledge that advances the profession
8	7.55	Serve as a change agent
9	7.41	Prepare patients for assessment
10	7.37	Gather information from medical records, forms, team members
11	7.08	Teach in any role

(table continues)

Rank	Value	Performance Criteria (CAPTE Section 4.0)
		Section I: No. 1 - 10 & Section II: No. 1 - 10
12	7.07	Perform comprehensive tests and measures
13	6.99	Conduct a patient interview and initial physical exam
14	6.94	Design a comprehensive PT plan of care
15	6.94	Select appropriate tests and measures
16	6.93	Develop methods to meet PT needs of society
17	6.92	Manage a plan of care
18	6.84	Apply principles of management and consultation
19	6.73	Identify patient's problems and goals
20	6.68	Determine a diagnosis

The results from the open-ended questions from Section III of the instrument are delineated in Tables 11 - 18. These results were categorized by description as much as possible then ranked in descending order of frequency for compilation in the data tables. Table 11 delineates the results from the open-ended question, Section III, and describes the 48 clinical instructors' feedback to the open-ended question, "what are the three greatest strengths of the NSU PT Programs?" Emphasis was noted in the respondents feeling the students were well prepared as problem-solvers, lifelong learners and the process of preparation for clinical education. The clinical instructors provided multitude of replies were noted in responding to this query.

Table 11.

NSU PT Greatest Strengths - Clinical Instructors

Number of Respondents	Description/Summary of Clinical Instructors Statement
14	Student taking responsibility for own education, learning, seeks knowledge independently, self assessment skills, goal oriented
13	Problem solving approach
12	Clinical internship process, length, interviews
11	Academic knowledge
8	Communication skills, public relation skills
8	Ability to utilize resources
5	Research knowledge
5	Flexibility
4	Professional behavior, professional attitude, rapport, maturity
4	Well rounded entry-level clinicians
4	Willingness to learn new clinical skills, willing to research answers to questions
3	Exposure to various settings
3	Initiative
2	Fosters team work
2	Faculty, Faculty proactive
2	Creative, Confident
2	Documentation skills
2	Change agent, Prepared for administrative/leadership role

(table continues)

Number of Respondents	Description/Summary of Clinical Instructors Statement
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2	Ability to diagnose
---	---------------------

1*	Other
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***Note.** Each of the following statements were made by one respondent: Ability to accept constructive criticism, Admitting students with strong educational backgrounds, Communication between faculty and student, Program evaluation, Organizational skills, Range of treatment techniques, Less paperwork for Clinical instructor, Program interested in feedback

Table 12 describes the 48 clinical instructors' feedback to the open-ended question, 2, Section III, "what are the NSU PT Program greatest weaknesses?" In terms of this question, the feedback varied significantly and demonstrated no specific trends from the 48 respondents. Lack of various specific skills and varying administrative issues were the most notable comments by the respondents. Many of the clinical instructors were concerned about the lack of clinical exposure and clinical education prior to their long clinical education experience. (Prior to the twenty-week clinical affiliation the students had only one, nine week clinical affiliation in a skilled nursing facility or long term care unit.)

Table 12.

NSU PT Program Greatest Weaknesses - Clinical Instructors

Number of Respondents	Description/Summary of Clinical Instructors Statement
10	Lack of clinical internship sites
9	Lack of manual, hands on skills, manual muscle testing
8	Lack of clinical exposure prior to 20 week affiliation
8	Lack of communication from faculty to clinical instructor
5	Weak documentation skills, goal writing, not aware of SOAP format
4	Lack of preparation by facility for type of program, baseline data and evaluation criteria for student
4	20 week affiliation too long
4	Ability to establish plan of care, modify plan of care and goals
3	Lack of neuro rehab skills
3	Time management skills
2	Lack of basic pediatric skills, comfort level with peds
2	Lack of ability of students to self evaluate
2	Lack of integration of academic knowledge and clinical skills
2	Difficulty integrating chart information, diagnosis and clinical picture
2	Tremendous pressure/stress to complete pointless projects, too many projects
2	Not used to working without group, reliance on group

(table continues)

Number of Respondents	Description/Summary of Clinical Instructors Statement
-----------------------	---

2	Problem solving approach not suitable for all students, Need more classroom/teacher interaction
2	Organization and structure of affiliation process
1*	Other

***Note.** Each of the following statements were made by one respondent: Discharge planning, knowledge of Medicare and insurance, ability to delegate, program fosters argumentative attitude in the student, lack of organizational skills, treatment techniques, lack of creativity, student personal appointments interfered with patient care, difficulty with physician communications, program emphasizes preparing a speech rather than comfort level with patient care, lack of confidence

Table 13 describes the 48 clinical instructors' feedback to the open-ended question, 3, (Section III), "overall, how does the NSU PT Program prepare its graduates for the challenges of today's health care system?". Table 13 describes the affirmative responses, with rationales while Table 14, describes the clinical instructors expectations or negative comments regarding preparation of the NSU PT Program graduates, and the corresponding rationales for the graduates exception to preparation. A conglomeration of responses was gleaned from the clinical instructors, with respect to these dichotomous issues.

Table 13.

Clinical Instructors - NSU PT Graduates Preparation for Today's Health Care Challenges

Description/Summary of Clinical Instructor Statement

Eager to learn

Created dynamic flexible student who could problem solve, accept a new challenge and run with it

Students prepared with good ethics and quality guidelines

Well rounded knowledge in legal, ethical, moral and quality issues

Strong problem solving skills

Able to treat appropriately in managed care/DRG's

Prepared for professional interactions

Students very mature

Well prepared with theoretical and clinical background but difficulty adapting to differences in insurance companies

Yes, but productivity and time management are significant issues

Loose structure by program but strong foundation by clinical PT

Prepared but need more patient exposure

Yes, but students need to learn how to be patient advocates

Well prepared for patient evaluation, best students we ever had

Students prepared on an administrative and political level only

Yes but need exposure to more clinical sites

Well prepared for transition from class to clinic

Good basic knowledge and theory

Table 14 delineates results from the clinical instructors in the negative regarding graduates preparation for the challenges of today's health care systems. Key features of this table were the lack of understanding of the educational methodology and philosophy of problem-based learning androgogy employed by the NSU PT program.

Table 14.

Clinical Instructors - NSU PT Graduates *NOT* Prepared for Today's Health Care Challenges

Description/Summary of Clinical Instructor Statement

Program needs more structure

Need to stress the importance of reliability in the clinical setting

Students are prepared by clinical instructor, not school

clinical instructors not informed of responsibilities

Student has to work hard to maintain position as a PT, requires verbal cuing

Too much time spent on "socializing" the student and lack of emphasis on basics

Significant weakness in evaluation skills

Students no longer learn but begin to teach

Lacks integration of clinical and academic skills

Students at a distinct disadvantage (no further rationale provided)

The results of the open-ended question, 4, in Section III, "If there can be only one thing that NSU PT could do better, what would it be?" are described in Table 15. There were 48 clinical instructor responses to this question with a mélange of responses.

Table 15.

Clinical Instructors - What ONE thing can NSU PT Do Better?

Number of Respondents Description/Summary of Clinical Instructor Statement

9	More structured and detailed eval form for Instructors to assess students
8	More hands-on experience in program with more supervision and structure, including demonstration of skills
5	Begin clinical experiences earlier in curriculum or spread out more evenly
4	More communication between clinical instructor and NSU
4	Break down 20 week clinical into two, 10 week affiliations
2	Improve evaluation and diagnosis skills
2	Increase training for neurological cases (such as addressing tone, traditional interventions, such as NDT, PNF, etc...)
2	More variety of clinical affiliations
1*	Other

***Note.** Each of the following statements were made by one respondent: Allow students to finish all paper assignments except one, so they can relax during clinical experience, instruct students to increase awareness of MRSA, more information on discharge planning to assure continuity of care, increase students awareness regarding insurance and reimbursement, have students leave affiliation site with a suggestion for improvement, do not make students compete for affiliations, increase clinical experience and clinical training to increased frequency, provide formal, didactic training in biomechanics and kinesiology, teach students to focus on relevant exercise in therapeutic exercise approach so the patient will get the most out of each exercise, develop skills in goal writing for high level patients

In Table 16 the data from the open-ended question, 5, in Section III, “Describe the type and frequency of communications with the NSU faculty,” is presented. The most notable features of this table were the critical problems with a void of communication between the university faculty serving as academic coordinators of clinical education and the clinic.

Table 16.

Description of Type, and Frequency of Communications with NSU PT Faculty

Number of Respondents	Description/Summary of Clinical Instructors Statement
5	No (0) communication during clinical
5	Telephone calls - no number specified
4	One meeting in person during clinical
4	Three phone calls during clinical
4	One phone call during clinical
3	Three times with faculty prior to clinical, on the telephone
3	One time prior to clinical (type unspecified)
2	Two to three times prior to clinical (type unspecified)
2	Received clinical education manual prior to clinical
1*	Other

***Note.** Each of the following statements were made by one respondent: Received a binder about program from student, None from academic coordinator of clinical education, Five times prior to clinical, Every other week during the first half of the clinical, Two phone calls during clinical, Only spoke with one faculty about two students and I had a total of five students

The final question responses from the 48 clinical instructors from Section III, regarding the quality of communication with the NSU PT faculty are presented in Table 17.

Interesting features of this table were that when communication was completed with the clinical instructors and the academic coordinators of clinical education, it was appropriate.

Table 17.

Description of Quality of Communications with NSU PT Faculty

Number of Respondents	Description/Summary of Clinical Instructors Statement
4	Polite and cordial, easy to access faculty
3	Would like more contact
3	Feel it would be improved with site visits
2	Appropriate for situation
2	Positive and responsive to questions
2	Good communication

The final results presented in Table 18 provide a comparison of the graduates and clinical instructors responses to CAPTE Section 4.0 Performance Criteria, with both ranks and values noted. Please note that the criteria, “choose actions that reflect consideration for consequences of decisions,” (Section I, question 10) was asked of the clinical instructors on the continuum but in an open-ended format for the graduates, and is therefore not directly compared in this table. This table compares the raw data from Table 1 and Table 10. This table illustrates considerable divergence between the ratings of the graduates and clinical instructors. As noted again, the lowest ranked area was, “design a comprehensive

plan of care,” for both the clinical instructors and the graduates. While the graduates rated themselves as meeting the criteria for performance (rating above 7.0) in all but the final criterion, there is considerable divergence from these ratings in terms of the clinical instructors ratings. Clinical instructors rated the graduates as meeting the criteria for performance in only 11 of the 19 criteria. Subsequently, clinical instructors ranked the graduates as not meeting the criteria (rating below 7.0) in 8 of the 19 criteria.

Table 18.

Comparison of Graduates Performance Criteria Ratings and Clinical Instructors

Responses

rating scale 0-10

<u>Graduates</u>		<u>Clinical Instructors</u>		Performance Criteria (CAPTE Section 4.0)
Rank	Value	Rank	Value	
1	9.42	1	8.23	Practice ethically and legally
2	9.40	3	7.87	Participate in activities to ensure personal and professional growth
3	9.27	4	7.72	Communicate appropriately with any audience
4	9.19	7	7.56	Participate in knowledge development that advances the profession
5	9.12	13	6.99	Conduct a patient interview and initial physical exam
6	9.10	8	7.55	Serve as a change agent

(table continues)

<u>Graduates</u>		<u>Clinical Instructors</u>		Performance Criteria (CAPTE Section 4.0)
Rank	Value	Rank	Value	
7	9.09	2	8.06	Advocate for the disabled
8	9.06	11	7.08	Teach in any role
9	8.95	10	7.37	Gather information from medical records, forms, team members
10	8.95	5	7.66	Practice with integrity as a generalist in primary health care
11	8.87	16	6.93	Develop methods to meet PT needs of society
12	8.75	19	6.73	Identify patient's problems and goals
13	8.68	18	6.84	Apply principles of management and consultation
14	8.67	14	6.94	Select appropriate tests and measures
15	8.63	9	7.41	Prepare patients for assessment
16	8.51	12	7.07	Perform comprehensive tests and measures
17	8.38	20	6.68	Determine a diagnosis
18	8.37	14	6.94	Manage a plan of care
19	6.84	17	6.92	Design a comprehensive PT plan of care

The Commission on Accreditation of Education for Physical Therapy Programs (CAPTE) validated the results by their on-site review and approved the findings by granting the subsequent five year accreditation. During the debriefing session, in terms of

the clinical education components of the curriculum, CAPTE recommended that the following actions be considered to enhance the clinical education experience: a training and inservice program to educate the clinical instructors regarding the NSU program and philosophies, continuing education offerings for clinical instructors in how to facilitate a problem based learning PT student in the clinical setting, improved efforts to communicate with the clinical instructors and a plan for follow-up, and continuing outcome studies of this nature for program improvement.

The program director was presented with the results and approved implementation of these plans. The program director also approved development and design of a clinical education videotape. This videotape will be provided to all clinical sites, both in state and out of state, to aid in education of the clinical instructors regarding the program philosophy, curriculum, how to incorporate problem based learning activities in the clinical setting and finally how to appropriately complete the performance rating instrument for the student affiliate. These activities were warranted by the feedback provided in the open-ended questions and because this program is one of only about a dozen problem based physical therapy programs in the country.

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Discussion

Utilizing the previously validated Commission on Accreditation of Physical Therapy Education (CAPTE), guidelines, Section 4: Performance of Program Graduates (APTA, 1995, b.), new graduate outcomes were gathered for NSU PT program. The underlying problem addressed by this study was that no outcome measures had been completed for NSU PT as this was a new program.

The project evaluation verified the extent to which new program graduates were meeting the criteria and compared the graduates self ratings with those of their clinical faculty. The evaluation corroborated the findings of previous outcomes measures (Mason, 1993, Alspach, 195, Stewart & Abeln, 1993) in terms of meeting the needs of the clinical environment, standards of outcome measures and the integration that occurs as the new graduate integrates didactic education with the clinical environment. Specifically, Alspach (1995), expounding on the clinical decision making skills as a necessity for health care professionals matches the findings for both the new graduates and clinical faculty evaluation measures in terms of the CAPTE criteria. Similar to the literature findings (Joyce, et al., 1992, Kemp, et al., 1994, and Worthen & Sanders, 1993), the CAPTE criteria served as a suitable, systematic method for evaluation outcomes and consideration for identifying potential curriculum gaps for NSU PT.

Table 1, Graduates Performance Criteria Ratings, delineates the degree to which the new program graduates met the CAPTE criteria with value ranges from 9.42 (practice legally and ethically) to a low of 6.84 (design a comprehensive plan of care). The majority

of ratings were above 8.37 value, indicating the new PT program graduates were meeting the evaluative criteria for accreditation of education programs, for the preparation of physical therapists, CAPTE Section 4.0. Further qualitative responses for the rationales supporting the new program graduates ratings were delineated in Table 7, **Graduates Feeling of Preparation for CAPTE Section 4.0 and Rationales**, and in Table 8, **Graduates Exception to Feeling of Preparation for CAPTE Section 4.0 and Rationales**.

In Table 10, **Clinical Instructors-Performance Criteria Ratings of Graduates**, delineated the findings of the clinical faculty value ratings for the new program graduates in terms of CAPTE Section 4.0 criteria with value ranges from 8.23 (practice ethically and legally) to 6.68 (determine a diagnosis). In Table 13, **Clinical Instructors-NSU PT Graduates Preparation for Today's Health Care Challenges** and Table 14, **Clinical Instructors-NSU PT Graduates NOT Prepared for Today's Health Care Challenges**, provided specific open-ended feedback on the program entities and provided extensive variability in responses with few specific trends noted. The small sample size was a contributing factor in terms of this data.

In Table 18, **Comparison of Graduates Performance Criteria Ratings and Clinical Instructors Responses**, compared the value ratings in terms of CAPTE Section 4.0. There was only one ranking where there was agreement, in the category, **design a comprehensive PT plan of care**. New program graduates thought they were better than what clinical faculty thought in determining a diagnosis, a divergence, which may be attributed to the fact that clinical diagnosis in physical therapy has only recently been incorporated into the PT Practice Act (American Physical Therapy Association, 1995, a.) and clinical instructors may not yet be adept at this skill and therefore unable to differentiate the skill of the new

program graduate in this clinical decision making activity. Furthermore, this was not noted as a weakness in the NSU program.

The standard of meeting the CAPTE criteria was set at 7.0. This perception of meeting the criteria was achieved by the program graduates on 18 of 19 criteria. In contrast, the clinical instructors rated the graduates at 7.0 or above in only 11 of 19 criteria and below a rating of 7.0 in 8 of 19 performance criteria ratings. Significant divergence is noted between the clinical instructors' perceptions and the graduates' perceptions.

Further confirmation of these findings would include efforts to follow-up with the graduates in a longitudinal fashion. This could be accomplished in survey format to the graduates in terms of how well they think they have done in a retrospective fashion in the clinical environment. Other methods to gather information on graduates performance criteria would include, employer surveys regarding the graduates performance, observation of the graduates in the clinical setting, and/or surveys of current patients, clients, and other health care personnel, who interact with the graduate on a professional basis, regarding aspects of the graduates performance.

Conclusions

According to the CAPTE Section 4.0 performance of program graduates, NSU PT new program graduates are meeting the evaluative criteria for accreditation of education programs for the preparation of physical therapists. The graduates met this criteria as determined by a rating of 7.0 or above on the CAPTE rating of performance of program graduates, criteria instrument. The NSU PT new program graduates' evaluation assessments do not agree in entirety with the clinical instructors' evaluation assessment of the NSU PT new program graduates, as measured by the CAPTE evaluation criteria. The

new program graduates' evaluation assessments agreed only on one criteria with the clinical instructors' evaluation assessment. This criteria was designing a comprehensive PT plan of care. With all remaining criteria, the new program graduates' evaluation assessments were rated higher on the continuum than the clinical instructors' evaluation assessment of the NSU PT new program graduates, as measured by the CAPTE evaluative criteria.

Implications

No evaluation measures of graduates had been completed prior to this study as there were no prior graduates. An evaluation of the extent to which the program graduates were meeting the CAPTE, Section 4: Performance of Program Graduate guidelines was completed. These findings served to assist the faculty in program design and development decisions.

Discovery and closure of gaps in the curriculum using determined outcome evaluative criteria will result in an improved curriculum and enhanced performance of NSU PT program graduates. The program faculty is responsive to the evaluation results and in the process of altering instructional strategies and methods to improve the outcomes of the program. The students have indicated their desires to seek continuing education in the identified areas of weakness, and faculty has taken this data into account in planning for future continuing education offerings.

In closing gaps between intended attainment of objectives and actual performance outcomes of the new graduates, efforts have been made in response to this data to improve the curriculum in this developing program. Continued utilization of the evaluative outcomes instrument could result in enhancing the alignment of outcomes with goals,

improving the educational process. Both faculty, administration and students can improve the strengths and weaknesses of the program by employing methods to address the outcome findings, in order to best meet the ever changing needs of the health care system in terms of physical therapy services and prevention measures. Items that were not met congruently in terms of the clinical instructors' ratings and the graduates, require follow-up assessment in the form of graduate, employer and consumer surveys and possible on-site observation of the new program graduates. Continued outcomes studies of this nature will assist in evaluation and program improvement for NSU PT.

Recommendations

The recommendations, which follow, were made as a result of the evaluation of the performance criteria ratings of new program graduates of NSU PT program. It was recommended, by the researcher, that the results be disseminated, immediately, to all faculty, students, and program graduates and the Commission on Accreditation of Physical Therapy Education (CAPTE) evaluation team, following review and approval by both the PT Program Director and Associate Dean.

It was recommended that the clinical faculty communication be enhanced between the program faculty and the clinics and in services be conducted with the clinical instructors regarding teaching methodologies and other concerns expressed by the faculty. This recommendation was made by the researcher, to the director, with the potential need to identify a task force to address the educational needs for the clinical faculty with provision of a videotaped in service regarding the program for the next Tier II implementation.

Further recommendations included review of the evaluation outcome results, with consideration, by the curriculum review committee in the summer review of the curriculum

content and design. This recommendation was made by the researcher to the director and curriculum committee chairperson. It was also recommended that an overview videotape be designed and produced for the clinical instructors. This educational videotape would pertain to NSU PT problem based learning methodologies, how to rate the performance instrument and facilitate the students in the clinical environment for educational purposes.

Final recommendations included, longitudinal studies for comparison of new program outcomes each year with the CAPTE criteria and clinical faculty ratings, continued curricular review for identification of gaps and assessment of outcomes and cross-program comparisons with other universities. Also, follow-up surveys with employers, graduates and their patients to further assess NSU PT program outcomes. These recommendations were made by the researcher to both the program director and PT faculty and as a portion of a report to the NSU Learning Outcomes Task Force.

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APPENDIXES

Appendix A

Nova Southeastern University Mission Statement

as found in the 1995-96 Health Professions Division catalog, is:
 Nova Southeastern University provides educational programs of distinction from prekindergarten through the doctoral level at times and in locations convenient to students, prepares students for leadership roles in business and the professions, encourages research and community service, and fosters an atmosphere of creativity and innovation utilizing technology where appropriate.

Approved by the Board of Trustees
 June 22, 1992

NSU Health Professions Division Mission Statement

The mission of the Health Professions Division is to *train primary care health practitioners in a multi disciplinary setting, especially for under served areas.*

NSU Physical Therapy Program Mission Statement

The mission of the NSU Physical Therapy Program is to *prepare physical therapists as primary health care providers.*

Operational definition:

Physical therapist as primary health care provider: a physical therapist who is the initial, first or principal care provider for the diagnosis and treatment of physical impairments, functional limitations and disabilities that result in movement dysfunction.

NSU Physical Therapy Program Philosophy

We believe the physical therapist--diagnoses, plans, treat and supervises care for physical impairments and disabilities that are the result of dysfunction of any body system, must be prepared to consider the influence of mind, body and spirit on health in order to prevent dysfunction and promote wellness, must anticipate the need for change in the profession and health care delivery, must contribute to the body of knowledge of physical therapy and be supportive of the collegial search for truth.

We believe the physical therapy profession--is committed to access to health care for all people, is essential to primary health care in order to meet the needs of the undeserved across their life spans in all strata of society, is dynamic and responsive to the health care demands of current society.

We believe that physical therapy education--demands a strong liberal arts foundation, including foreign language, to prepare physical therapists for leadership roles in a multi-cultural society, occurs best in a creative atmosphere that fosters exchange among faculty, students, and practitioners, who are all self-directed and able to function independently and in groups, occurs best when the roles of academic and clinical faculty are intertwined because they are equally vital to the learning process.

We believe that physical therapy faculty--must bring together a variety of academic, clinical, and life experiences which complement each other and are necessary to provide the depth and breadth of learning opportunities essential to the education of the generalist physical therapist or primary care practice.

We believe that physical therapy graduates-- must be committed to serve the profession and society through contributions to the advancement of the profession in their search for new knowledge and skills as life-long learners and applied scientists, must be committed to serve the profession and society in a variety of roles such as primary care providers, consultants, advocates for the disabled and change agents.

NSU Physical Therapy Program Outcomes

Graduates will be able to--practice with integrity as generalists in primary health care in order to serve diverse populations of any age and cultural, socioeconomic, and educational status, participate in activities that insure personal and professional growth, communicate appropriately with any audience, practice ethically and legally in any health care setting, advocate for the disabled, serve as change agents in organizations, including legislative bodies, apply the principals of management and consultation in any practice setting to assure efficient and effective health care, participate in the development of knowledge that advances the profession, teach in any role, choose actions that reflect consideration for the consequences of their decisions.

Appendix B

CAPTE SECTION 4.0

Section 4: Performance of Program Graduates

Performance of program graduates is expressed as statements of the roles and responsibilities of the physical therapist in the care of patients, education of practitioners and the public, and research and scholarly activity relevant to the advancement of physical therapy as an art and science.

Performances are described in three categories: patient care, the physical therapy delivery system; and the health care system and society. The program graduates recognize how social, economic, legislative and demographic factors influence the delivery of health care in the United States.

In judging compliance with the following evaluative criteria, the Commission on Accreditation in Physical Therapy Education and the On-site evaluators will seek evidence about the performance of program graduates. Evidence which supports compliance may include surveys of program graduates, surveys of clinical faculty and information solicited from employers and patients/clients of program graduates.

4.1. Patient Care

4.1.1 The program graduates practice in an ethical, legal, safe, caring and effective manner which is demonstrated by practicing with a knowledge of:

- 4.1.1.1. the scientific basis and effectiveness of physical therapy evaluation, prevention, and treatment procedures;**
- 4.1.1.2. standards of practice**
- 4.1.1.3. applicable state and federal laws;**
- 4.1.1.4. ethical principles;**
- 4.1.1.5. the scope of their abilities in the delivery of care;**
- 4.1.1.6. their responsibility to refer to other physical therapists and members of the health care team when indicated.**

4.1.2. The program graduates are able to screen individual to determine the need for physical therapy examination of for referral to other health professionals by:

- 4.1.2.1. identifying potential health problems;**
- 4.1.2.2. recognizing patient problems that may require other professional attention in addition to that from a physical therapist.**

4.1.3. The program graduates determine in any patient with physical dysfunction a diagnosis that is within the scope of physical therapy by:

- 4.1.3.1. **obtaining pertinent history and identifying patient problems through interview or other appropriate methods;**
- 4.1.3.2. **selecting and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate including but not limited to :**
 - 4.1.3.2.1. **body composition**
 - 4.1.3.2.2. **electrical physiological testing of muscles and nerves**
 - 4.1.3.2.3. **endurance/fitness/conditioning**
 - 4.1.3.2.4. **environment**
 - 4.1.3.2.5. **flexibility**
 - 4.1.3.2.6. **functional status**
 - 4.1.3.2.7. **gait and balance**
 - 4.1.3.2.8. **growth and life span development**
 - 4.1.3.2.9. **joint integrity and mobility**
 - 4.1.3.2.10. **joint range of motion**
 - 4.1.3.2.11. **motion analysis**
 - 4.1.3.2.12. **motor control**
 - 4.1.3.2.13. **pain**
 - 4.1.3.2.14. **perception**
 - 4.1.3.2.15. **physiologic response**
 - 4.1.3.2.16. **posture**
 - 4.1.3.2.17. **pulmonary and cardiovascular function**
 - 4.1.3.2.18. **reflexes**
 - 4.1.3.2.19. **righting and equilibrium reactions**
 - 4.1.3.2.20. **segmental length, girth and volume**
 - 4.1.3.2.21. **skin status**
 - 4.1.3.2.22. **somatosensory**
 - 4.1.3.2.23. **strength**
 - 4.1.3.2.24. **tone**
- 4.1.4. **The program graduates design a comprehensive physical therapy plan of care that includes:**
 - 4.1.4.1. **realistic measurable physical therapy goals and length of achievement;**
 - 4.1.4.2. **therapeutic procedures that have the potential for achieving the goals;**
 - 4.1.4.3. **recognition of the influence of biological, psychological, cognitive, social and cultural factors on compliance and the achievement of goals;**
 - 4.1.4.4. **concepts of health maintenance and promotion and**

- prevention of disease and disability;
- 4.1.4.5.** collaboration with patients, families, those individuals responsible for the patient and colleagues.
- 4.1.4.6.** re-evaluation and modification of the plan, treatment and goals.
- 4.1.5.** The program graduates manage a physical therapy plan of care by:
 - 4.1.5.1.** implementing a comprehensive treatment plan which may include but is not limited to:
 - 4.1.5.1.1.** activities of daily living and functional training
 - 4.1.5.1.2.** assistive/adaptive devices
 - 4.1.5.1.3.** biofeedback
 - 4.1.5.1.4.** cardiopulmonary rehabilitation
 - 4.1.5.1.5.** chemical agents
 - 4.1.5.1.6.** cryotherapy
 - 4.1.5.1.7.** developmental activities
 - 4.1.5.1.8.** electric current
 - 4.1.5.1.9.** electromagnetic radiations
 - 4.1.5.1.10.** environmental modification
 - 4.1.5.1.11.** exercise
 - 4.1.5.1.12.** gait training/balance improvement
 - 4.1.5.1.13.** hydrotherapy
 - 4.1.5.1.14.** massage
 - 4.1.5.1.15.** mechanical compression
 - 4.1.5.1.16.** mobilization
 - 4.1.5.1.17.** orthoses and external supports
 - 4.1.5.1.18.** patient and family education
 - 4.1.5.1.19.** posture training
 - 4.1.5.1.20.** prostheses
 - 4.1.5.1.21.** pulmonary hygiene
 - 4.1.5.1.22.** traction
 - 4.1.5.1.23.** ultrasound
 - 4.1.5.1.24.** work hardening
 - 4.1.5.1.25.** wound care
 - 4.1.5.2.** interacting with patients and families in a manner which provides the desired psychosocial support;
 - 4.1.5.3.** appropriately delegating to and directing the physical therapist assistant and supervising other support personnel;
 - 4.1.5.4.** participating in discharge planning and follow-up care including referral to other community resources as indicated;
 - 4.1.5.5.** documenting relevant aspects of history, examination, assessment, planning and treatment;
 - 4.1.5.6.** demonstrating effective written, oral and nonverbal

- communication with patients and their families, colleagues, other health providers and the public;
- 4.1.5.7. promoting effective interpersonal relationships in all aspects of professional practice.

4.2. Physical Therapy Delivery System

In each case, it is important that program graduates recognize the influence of social, economic, legislative and demographic factors on the delivery of health care. The successful graduate interacts with other health care professionals in ways that reflect the willingness to add new information to the system and effectively represent one's role and responsibility. The program graduates are knowledgeable of the fiscal management of physical therapy services.

The program graduates are able to:

- 4.2.1. apply concepts and principles of management in the provision of physical therapy to individuals, organizations, and communities;
 - 4.2.2. apply concepts of teaching and learning theories in designing, implementing and evaluating learning experiences used in the education of patients, students, colleagues and the community;
 - 4.2.3. apply basic principles of the scientific method to read and interpret professional literature, to participate in clinical research activities, and to critically analyze new concepts and findings;
 - 4.2.4. design and implement cost effective physical therapy services;
 - 4.2.5. plan and implement programs designed to promote and maintain health and wellness;
 - 4.2.6. use current information management technologies in the delivery of physical therapy services and analysis of data when indicated;
 - 4.2.7. demonstrate effective professional writing skills;
 - 4.2.8. assess treatment and service outcomes;
 - 4.2.9. participate in quality assurance programs;
 - 4.2.10. plan for future professional development to maintain a level of practice consistent with acceptable standards.
- 4.3. **The Health Care System and Society; The program graduates are able to:**
- 4.3.1. recognize the need for demonstrating accountability, cost effectiveness of services provided, and efficacy of services;
 - 4.3.2. participate in developing methods to meet the physical therapy needs of society;
 - 4.3.3. serve as consultants to individuals, colleagues in physical therapy, other health professionals, organizations and the community.

Appendix C

**Commission on Colleges
Southern Association of Colleges and Schools
Report of the Reaffirmation Committee
Nova Southeastern University
Fort Lauderdale, Florida
October 21-24, 1996**

Section III: Institutional Effectiveness

3.1 Planning and Evaluation: Educational Programs

The *Criteria* stipulate that planning and evaluation for teaching, research and public service activities must be systematic, broad-based, interrelated and appropriate to the institution. The institutional mission statement is quite brief and lacks the detail necessary to provide a framework for the evaluation of the institution's teaching, research or service missions. In addition, there does not appear to be a set of institutional goals that define the appropriate role of these important activities.

Furthermore, while planning and evaluation are occurring at an institutional level (master planning and strategic planning), not all academic centers or off-campus clusters are engaged in these activities in any systematic fashion.

(Recommendation 3) Therefore, the committee recommends that NSU develop institutional goals for teaching, research and service, complete with a process to ensure that the goals are being addressed by appropriate units across the entire institution.

A particularly important component of the evaluation process is the translation of broad educational goals into specific statements of expected educational outcomes at the program and course levels. While NSU has developed an institutional effectiveness process, requiring academic centers to provide assessment data to the Master Planning Committee, little information is currently available regarding student learning. The *Criteria* is very clear when it states that an "institution must develop guidelines and procedures to evaluate educational effectiveness, including, the quality of student learning..." (p 30, lines 17-19). Some units do provide it, however.

(Recommendation 4) Therefore, the committee recommends that NSU develop explicit educational statements regarding expected student achievement at the program level and a process for determining whether learners have achieved those outcomes, and use the results in regular and continuous evaluation and planning.

Appendix D

Nova Southeastern University Physical Therapy New Program Graduate Outcomes Evaluation

Instructions:

Please give your impression of your physical therapy program by marking the appropriate spot on each ten centimeter continuum. Be certain that your X's cross the line in order to "measure" your response accurately. Please be honest and thoughtful so that we can improve our program. This page will be separated from the demographic questionnaire so your responses will be anonymous.

Example of correct way to mark lines:

agree -----X----- disagree

Demographic information:

Please give changes in name and addresses so that we may keep in touch in order to continue to meet accreditation requirements.

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Undergraduate Major: _____
 Type of Work Setting: _____
 Location: _____
 Position/Title: _____
 Check one: _____ Part-time _____ Full time
 Starting Salary: \$ _____/Year

The Criteria numbers refer to Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Section 4.0 Performance of Program Graduates

Section I

1. The program's ability to prepare me to *Conduct a Patient Interview and Initial Physical Examination. Criteria 4.1.3.1: obtaining pertinent history and identify patient problems through interview or other appropriate methods.*
Totally unable ----- Very effective
2. The program's ability to prepare me to *Gather information from review of the medical record and/or in-take forms, from caregivers and in consultation with other members of the other member of the health care team. Criteria 4.4.3.1.*
Totally unable ----- Very effective
3. The program's ability to prepare me to *Select the appropriate tests and measures to initiate the evaluative process. Criteria 4.1.3.2. Selecting and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate.*
Totally unable ----- Very effective
4. The program's ability to prepare me to *Prepare for patient assessment.*
Totally unable ----- Very effective
5. The program's ability to prepare me to *Perform comprehensive test and measures. Criteria 4.1.3.2....and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate.*
Totally unable ----- Very effective
6. The program's ability to prepare me to *identify patient's problems and goal setting. Criteria 4.1.1.6., 4.1.2.1., 4.1.2.2., 4.1.4.1., 4.1.4.4.*
Totally unable ----- Very effective
7. The program's ability to prepare me to *Determine a diagnosis for a patient with problems related to movement tasks. Criteria 4.1.3.*
Totally unable ----- Very effective
8. The program's ability to prepare me to *Design a comprehensive physical therapy plan of care. Criteria 4.1.4.*
Totally unable ----- Very effective
9. The program's ability to prepare me to *Manage a plan of care. Criteria 4.1.5., by implementing a comprehensive treatment plan, delegating to supportive personnel and determining the effectiveness and efficiency of the care provided.*
Totally unable ----- Very effective
10. The program's ability to prepare me to *Participate in developing methods to meet the physical therapy needs of society. Criteria 4.3.2.*
Totally unable ----- Very effective

Section II

1. The program's ability to prepare me to *Practice with integrity as a generalist in primary health care in order to serve diverse populations of any age and any cultural, socioeconomic and educational status; Criteria 4.3.2.*

Totally unable ----- Very effective

2. The program's ability to prepare me to *participate in activities that insure personal and professional growth.*

Totally unable ----- Very effective

3. The program's ability to *prepare me to communicate appropriately with any health care setting. Criteria 4.1.5.2., 4.1.5.6., 4.1.5.7.*

Totally unable ----- Very effective

4. The program's ability to prepare me to *practice ethically and legally in any health care setting. Criteria 4.1.1.*

Totally unable ----- Very effective

5. The program's ability to *prepare me to be an advocate for the disabled.*

Totally unable ----- Very effective

6. The program's ability to prepare me to *serve as a change agent in organizations.*

Totally unable ----- Very effective

7. The program's ability to prepare me to *apply the principles of management and consultation in any practice setting to assure efficient and effective health care. Criteria 4.2.1., 4.2.4., 4.2.5., 4.2.6., 4.2.7., 4.2.8., 4.2.9., 4.3.1., 4.3.2.*

Totally unable ----- Very effective

8. The program's ability to prepare me to *participate in the development of knowledge that advances the profession. Criteria 4.2.3.*

Totally unable ----- Very effective

9. The program's ability to prepare me to *teach in any role. Criteria 4.2.2., 4.2.7.*

Totally unable ----- Very effective

10. The program's ability to prepare me to *choose actions that reflect consideration for the consequences of my decisions:*

a. *Five factors that will influence your patient care decisions:*

1.

2.

3.

4.

5.

b. Five factors that will influence your decisions about professional growth
Criteria 4.2.10.

- 1.
- 2.
- 3.
- 4.
- 5.

c. Describe how these factors have changed since you began PT school
Criteria 4.2.10.

- 1.
- 2.
- 3.
- 4.
- 5.

d. Who are you trying to become? If this has changed since you started PT school, describe how and why. Criteria 4.2.10.

11. What are your overall thoughts about your physical therapy education?

12. What are your thoughts about your profession and *your commitment to it*? Give three ways that you will demonstrate commitment to your professional responsibilities. Criteria 4.2.10., 4.3.2.

- 1.
- 2.
- 3.

13. What your greatest strengths?

- 1.
- 2.
- 3.

14. What are your greatest weaknesses?

- 1.
- 2.
- 3.

15. Overall, do you feel that PT school prepared you for the goals in this survey? Please discuss why or why not?

16. Your recommendations for NSU's curriculum are:

**Nova Southeastern University
Physical Therapy Program
New Program Graduate Outcomes Evaluation
1996 Clinical Site**

Instructions:

Please give us your impression of the NSU PT Program by marking the appropriate spot on each ten centimeter continuum. Be sure that your X's cross the line so that we can "measure" your responses accurately. Please include your comments and suggestions on the back of the last page so that we may continue to improve the curriculum. Your responses are anonymous. If not yourself, please have the person who is most familiar with the NSU program complete this questionnaire.

Example of correct way to mark lines:

agree -----X----- disagree

Demographic Information:

Your current job title: _____

Accurately describe the type of work setting in which the NSU student(s) were supervised(example-outpatient, multi center, different units within a hospital...):

Indicate the number of Tier I & Tier II NSU clinical students you supervised in your site in

1996: _____ Tier I (first year) _____ Tier II (second year)

Indicate the number of PT staff involved with the clinical education of NSU students in

1996: _____

Thank you for taking the time to assist us in maintaining the quality of the NSU PT program.

The Criteria numbers refer to Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Section 4.0 Performance of Program Graduates

Section I

1. The program's ability to prepare physical therapists to *Conduct a Patient Interview and Initial Physical Examination. Criteria 4.1.3.1: obtaining pertinent history and identify patient problems through interview or other appropriate methods.*

Totally unable ----- Very effective

2. The program's ability to prepare physical therapists to *Gather information from review of the medical record and/or in-take forms, from caregivers and in consultation with other members of the other member of the health care team. Criteria 4.4.3.1.*

Totally unable ----- Very effective

3. The program's ability o prepare physical therapists to *Select the appropriate tests and measures to initiate the evaluative process. Criteria 4.1.3.2. Selecting and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate.*

Totally unable ----- Very effective

4. The program's ability to prepare physical therapists to *Prepare for patient assessment.*

Totally unable ----- Very effective

5. The program's ability to prepare physical therapists to *Perform comprehensive test and measures. Criteria 4.1.3.2....and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate.*

Totally unable ----- Very effective

6. The program's ability to prepare physical therapists to *identify patient's problems and goal setting. Criteria 4.1.1.6., 4.1.2.1., 4.1.2.2., 4.1.4.1., 4.1.4.4.*

Totally unable ----- Very effective

7. The program's ability to prepare physical therapists to *Determine a diagnosis for a patient with problems related to movement tasks. Criteria 4.1.3.*

Totally unable ----- Very effective

8. The program's ability to prepare physical therapists to *Design a comprehensive physical therapy plan of care. Criteria 4.1.4.*

Totally unable ----- Very effective

9. The program's ability to prepare physical therapists to *Manage a plan of care. Criteria*

4.1.5., by implementing a comprehensive treatment plan, delegating to supportive personnel and determining the effectiveness and efficiency of the care provided.

Totally unable ----- Very effective

10. The program's ability to prepare physical therapists to *Participate in developing methods to meet the physical therapy needs of society. Criteria 4.3.2.*

Totally unable ----- Very effective

Section II

1. The program's ability to prepare physical therapists to *Practice with integrity as a generalist in primary health care in order to serve diverse populations of any age and any cultural, socioeconomic and educational status; Criteria 4.3.2.*

Totally unable ----- Very effective

2. The program's ability to prepare physical therapists to *participate in activities that insure personal and professional growth.*

Totally unable ----- Very effective

3. The program's ability to *prepare physical therapists to communicate appropriately with any health care setting. Criteria 4.1.5.2., 4.1.5.6., 4.1.5.7.*

Totally unable ----- Very effective

4. The program's ability to prepare physical therapists to *practice ethically and legally in any health care setting. Criteria 4.1.1.*

Totally unable ----- Very effective

5. The program's ability to *prepare physical therapists to be an advocate for the disabled.*

Totally unable ----- Very effective

6. The program's ability to prepare physical therapists to *serve as a change agent in organizations.*

Totally unable ----- Very effective

7. The program's ability to prepare physical therapists to *apply the principles of management and consultation in any practice setting to assure efficient and effective health care. Criteria 4.2.1., 4.2.4., 4.2.5., 4.2.6., 4.2.7., 4.2.8., 4.2.9., 4.3.1., 4.3.2.*

Totally unable ----- Very effective

8. The program's ability to prepare physical therapists to *participate in the development of knowledge that advances the profession*. *Criteria 4.2.3.*

Totally unable ----- Very effective

9. The program's ability to prepare physical therapists to *teach in any role*. *Criteria 4.2.2., 4.2.7.*

Totally unable ----- Very effective

10. The program's ability to prepare physical therapists to *choose actions that reflect consideration for the consequences of their decisions*.

Totally unable ----- Very effective

Section III

1. Give the three greatest strengths of the NSU program?

- 1.
- 2.
- 3.

2. Give the three greatest weaknesses of the NSU program?

- 1.
- 2.
- 3.

3. Overall, does NSU's PT school prepare its graduates for the challenges of today's health care system? Please discuss why or why not?

4. If there can be only one thing that NSU could do to be better, what would it be?

5. Describe the type, frequency and quality of communication with the NSU faculty, in preparation for the clinical education experiences and during the time the NSU student (s) were in clinical practice:

Please use the back of this form for further comments and/or suggestions.

Appendix E**CAPTE Validation Committee****CAPTE On-Site Review Team**

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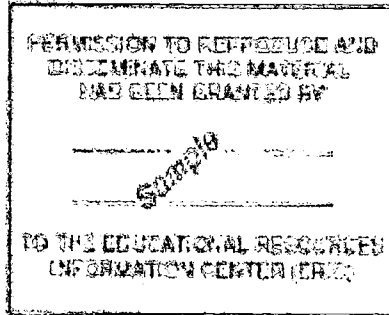
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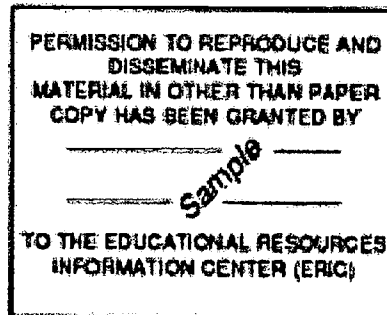
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