OMT Annual Report for Assessment of Outcomes 2011-2012

Please address the questions below
send to *learningassessment@pcc.edu* by **June 22, 2011;** with Annual Report in the subject line

Note: Information provided in this report may be inserted into or summarized in Section 2C (LDC/DE)) or 6B (CTE) of the Program Review Outline.

1. Describe changes that have been implemented towards improving students' attainment of outcomes that resulted from outcome assessments carried out in 2010-2011. These may include but are not limited to changes to content, materials, instruction, pedagogy etc.

- Changes implemented as a result of the 2010-11 outcome assessments have mainly affected the clinical laboratory portion of student training. The SAC developed rubrics for both clinical lab assessments as well as for mock skill evaluations conducted at the end of fall and winter term for second year students. Students were required to perform essential diagnostic tests under observation by clinical site supervisors. Assessment included skill technique, patient interaction and instruction, timing, test methodology and results. Students were provided with immediate feedback. Additionally, curriculum revisions were made to limit the amount of new material presented in the last term of the program. This change allowed for extensive review of previously presented material in preparation for national certification examinations. Students were required to submit a plan for success during this term that included specific commitments for study, milestones for completion and reporting for accountability.
- National examination results at the end of the 2010-2011 academic year provided information of content needing greater emphasis, in some cases major revision.
- Practicum evaluation rubrics are being developed and will be available for implementation during the 2012/2013 academic year.

For each outcome assessed this year:

2. Describe the assessment design (tool and processes) used. Include relevant information about:
   - **Assessment Methods**
     - Rubrics were developed for each clinical skill OMT students are required to master during the program. Campus labs have all been converted to performance rubrics based on direct assessment for measurement of outcomes mastery. Examples of rubrics developed are included in this report.
     - All students in the OMT program are now assessed using the performance rubrics. Greater emphasis is placed on this form of assessment during the second year of the program as clinical skills are more critical at this point in the student training.
     - National certification examination results show aggregate scores by specific content area and are now being used for year to year comparison of student performance.
   - The following is an example of two skills rubric currently in use. Instructors review criteria for reliable results both prior to and immediately following each lab session. Assessments are repeated as often as necessary during labs until students attain acceptable skill levels.

Worth 4 Dot Rubric

CRITERIA EXCELLENT All criteria met. (3PTS)		GOOD Most criteria met. (2PTS)	NEEDS IMPROVEMENT Some criteria met. (1PT)	UNACCEPTABLE Criteria not met. (No Points)
Performed correctly with good technique. Confident, efficient and timely. No errors.		Performed correctly with good technique. Self-corrected 1 or fewer errors. Acceptable time.	Technique sloppy. Needs coaching. 2 or 3 errors. Slow. Lacks confidence.	Cannot proceed without coaching. 3 or more errors. Slow. Lacks confidence.
TASK Motility: Worth 4 Dot Determine fusion ability				
Patient wears red/green filtering lenses over spectacles or contacts. Do not cover an eye.				
Ask patient to view the 4 dots @ 20ft in a dimly lighted room.				
Record the amount of lights seen and specify the colors of each light.				
Possible sensory perceptions: 2 red = suppression (OS) 3 green = suppression (OD) 3 (2 red/ 1 green) = suppression (OS) 3 alternating with 2 = alternate suppression 4 total = Worth 4 dot fusion 5 total = diplopia				
Perform the same test at near using the filtered glasses over best correction for near.				
Hold the worth 4 dot over a transilluminator at 16 inches from the patient.				
Proceed to ask the patient the amount of lights and colors that are seen and record.				

Vital Signs Rubric

CRITERIA EXCELLENT All criteria met. (3PTS)		GOOD Most criteria met. (2PTS)	NEEDS IMPROVEMENT Some criteria met. (1PT)	UNACCEPTABLE Criteria not met. (No Points)
Performed correctly with good technique. Confident, efficient and timely. No errors.		**Performed correctly with good technique. Self-corrected 1 or fewer errors. Acceptable time.**	**Technique sloppy. Needs coaching. 2 or 3 errors. Slow. Lacks confidence.**	**Cannot proceed without coaching. 3 or more errors. Slow. Lacks confidence.**
TASK : To measure pulse, blood pressure, and respiration rate of a patient				
Wash hands and explain procedure to the patient. Ask patient what their normal blood pressure is.				
<u>Pulse / Respirations</u> **Find the pulse at the wrist and correctly counts pulse for 30 seconds while assessing the regularity of the pulse**				
Continue holding the wrist while observing the rise and fall of the chest for at least 30 seconds to get the respiration rate.				
Record respirations and pulse accurately with notation for regularity.				
<u>Blood Pressure</u> **Place stethoscope in ears with the tips pointing slightly forward and the flat side of the bell acoustically activated,**				
Apply blood pressure cuff: Correct size BP cuff selected. Palpate the pulse point. Apply BP cuff with arrow mark above the brachial artery, with the gauge visible. Apply cuff evenly and snuggly around extremity. Place flat side of stethoscope bell over brachial artery just below the cuff.				
Take blood pressure Handle the valves correctly and inflated the cuff just above where brachial pulse is not heard. Let the air out slowly but not painfully slow. Note systolic pressure when pulse is first detected and diastolic pressure when pulse is last heard.				
Record the blood pressure correctly using even numbers with systolic on top and diastolic on bottom.				
Overall Assessment				

3. Provide information about the results (i.e., what did you learn about how well students are meeting the outcomes)?
   - Performance rubrics were reviewed at department SAC meetings in fall and spring term. Discussion focused on results, both expected and unexpected. Next steps, ways to improve reliability and methodology were reviewed.
   - National certification exam results were available at the conclusion of spring term. All PCC students passed the examination, the same result that was achieved in 2011. Prior to this year, the overall national pass rate for this exam was approximately 61%. Subject area averages were all well above the mean. With only one exception in one minor area, student scores improved this academic year compared to the 2010/2011 year.
     Comparison results can be found at: \\Sylan1\idata\AHELS\OMT\JCAHPO Certification Exam\JCAHPO scores 2012.xlsx

4. Identify any changes that should, as a result of this assessment, be implemented to help improve students' attainment of outcomes. (These may include, but are not limited to, changes in curriculum, content, materials, instruction, pedagogy etc).
   - Rubrics will be re-evaluated during fall SAC meeting – minor revisions are indicated to increase effectiveness.
   - Student feedback at the end of spring term provided several ideas for revising how total curriculum review is conducted during the final term of the program. This will not require changes in curriculum but rather modifications to current practice.
   - Content, materials and instruction in the one content area (ophthalmic photography) where students did not improve scores will be reviewed with the current instructor. It is unlikely major changes will be made as the national certification examination itself is being updated effective August 1, 2012.

5. Reflect on the effectiveness of this assessment tool and assessment process. Please describe any changes to assessment methodology that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome). Is there a different kind of assessment tool or process that the SAC would like to use for this outcome in the future? If the assessment tool and processes does not need to be revised, please indicate this.

   - Based on the assessment tools being utilized we can say that OMT students are achieving their intended outcomes.

   The combined use of performance rubrics in our lab classes and the integration of the national certification examination into our program three year ago have certainly led to vast improvements in the OMT program. Obviously, the OMT SAC would like to continue to improve and we feel these tools will continue to serve us well moving forward.

   Additional tools still in development are practicum rubrics and a revision of the methodology in which graduate and employer surveys are conducted. One outcome for the OMT program (Expand one's own professional career; adopt a model of lifelong learning and continuing education) is not explicitly addressed in our employer survey. In the future the survey will be revised to include questions that specifically reflect assessment of that particular outcome.