

2017-2018 Assessment Cycle EDUC_Athletic Training BS

Mission (due 12/4/17)

University Mission

The University of Louisiana at Lafayette offers an exceptional education informed by diverse worldviews grounded in tradition, heritage, and culture. We develop leaders and innovators who advance knowledge, cultivate aesthetic sensibility, and improve the human condition.

University Values

We strive to create a community of leaders and innovators in an environment that fosters a desire to advance and disseminate knowledge. We support the mission of the university by actualizing our core values of equity, integrity, intellectual curiosity, creativity, tradition, transparency, respect, collaboration, pluralism, and sustainability.

University Vision

We strive to be included in the top 25% of our peer institutions by 2020, improving our national and international status and recognition.

College / VP and Program / Department Mission

Mission of College or VP-area

Provide the mission for the College or VP-area in the space provided. If none is available, write "None Available in 2017-2018."

The mission of the College of Education at the University of Louisiana at Lafayette is built on the three pillars of the academy: Teaching, Scholarship, and Service. A commitment to high standards in each of these areas enables the college to be responsive to community, regional, and state needs while addressing national and international concerns. Through Teaching, Scholarship, and Service, the college strives to prepare outstanding teachers, educational leaders, and other professionals in related domains, while developing viable public and private partnerships which systematically improve education. This mission, being fundamental and timeless, represents the professional and ethical imperative of the College of Education to be attentive to the needs of contemporary college students and to the challenges of serving a diverse, modern society.

Mission of Program / Department

Provide the program / department mission in the space provided. The mission statement should concisely define the purpose, functions, and key constituents. If none is available, write "None Available in 2017-2018."

Program Mission: The mission of the Athletic Training Program at the University of Louisiana at Lafayette is to prepare our students for professional assimilation through a rigorous education process that blends a challenging academic curriculum with aggressive, hands-on clinical experiences. Through this process, our students will become life-long learners that seek answers to the changing medical environment by exploring and conducting research. Ultimately, graduates of the Athletic Training Program at the University of Louisiana at Lafayette will be prepared to successfully attempt the Board of Certification (BOC) exam and become competent allied health care professionals for the physically active individuals of South Louisiana and surrounding region

Attachment (optional)

Upload any documents which support the program / department assessment process.

Assessment Plan (due 12/4/17)

Assessment Plan (Goals / Objectives, Assessment Measures and Criteria for Success)

Assessment List

Goal/Objective	Graduates of the Athletic Training Program will have a first-time pass rate on the Board of Certification (BOC) exam of greater than 70%. This is in conjunction with the Commission on the Accreditation of Athletic Training Education (CAATE) Standard 11 for continued maintenance of our program's accreditation status.(Imported)								
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Program / Department Assessment Narrative

The primary purpose of assessment is to use data to inform decisions and improve programs (student learning) and departments (operations); this is an on-going process of defining goals and expectations, collecting results, analyzing data, comparing current and past results and initiatives, and making decisions based on these reflections. In the space below, describe the program's or department's overall plan for improving student learning and/or operations (the "assessment plan"). Consider the following:

- 1) What strategies exist to assess the outcomes?
- 2) What does the program/department expect to achieve with the goals and objectives identified above?
- 3) How might prior or current initiatives (improvements) influence the anticipated outcomes this year?
- 4) What is the plan for using data to improve student learning and/or operations?
- 5) How will data be shared within the Program/Department (and, where appropriate, the College/VP-area)?

Assessment Process

Through didactic and clinical experiences, students will master the knowledge and clinical competencies related to the core content areas on the path to a successful career as a Certified Athletic Trainer. In addition to the core content, the AT Program goals and objectives are to:

- Develop decision making and critical thinking skills in students
- Develop effective communication skills in students
- Encourage students to be lifelong learners
- Prepare students to pass the BOC exam
- Promote involvement of students in professional associations and in community service
- Encourage significant contributions to the profession through research and service to professional organizations
- Facilitate student efforts in securing a position in graduate school or in the Athletic Training setting

Review and Analysis of the program's previously submitted action plan

1. Restructuring of Athletic Training Positions. (Implemented). Responsible faculty: Program Director, Director of School of Kinesiology, Dean of College of Education

a. During 2013-2014 academic year, the Program Director and the Clinical Education Coordinator changed titles. This switch was intended to place the tenure-track faculty member with a terminal degree in charge of the program. Dr. Randy Aldret stepped down as Clinical Education Coordinator and accepted the Program Director position. Ms. Aimee Mattox was hired as Clinical Education Coordinator. The 1st time pass rate during their first full year (2014-15) rose by 25%. For Academic Year 2016-17, the pass rate for the April window was 82%. This represents an increase of 57% for the first three cohorts that benefited from this administrative change, which directly addresses our program goals of preparing students for passing the BOC exam as well as developing critical thinking and decision making.

2. Add or split laboratory sections of Athletic Training courses with substantial manual (Hands-On) components. (Implemented). Responsible Faculty: Program Director

a. As of Fall 2013, separate laboratory sections were added to the courses entitled Modalities (KNES 345/346), Rehabilitation (KNES 425/436), Upper Examination (KNES 341/342) and Lower Examination (KNES 333/334) to allow for greater one-on-one instruction and more-hands on time, due to smaller class sections. The decreased class sizes also encouraged more "scenario-based" exercises and more repetitions with hands-on practical examinations. This change allowed for more rigorous preparation in line with the program's Mission Statement. Student engagement scores from preceptor evaluations have increased by 35% in the 2014-15 Academic Year. For academic year 16-17, this score rose an additional 8%.

b. Instructors are teaching hands-on techniques in the labs and then requiring students to complete skill proficiency assessments from Herb Amato's Practical Exam Preparation Guide of Clinical Skills for Athletic Trainers (3rd Ed.) with their preceptors. The lab classes are assisting the students with their critical thinking as well as decision making (two goals of the program) in a clinical setting. Students' core classes, lab practical, and clinical proficiency score sheets are all improving as a result of this modification. We have seen a 20% increase in preceptor scores on communication in the 2014-15 Academic Year. For academic year 16-17, this rose another 6%.

c. As of Fall 2014, Clinical Experiences in Athletic Training IV (KNES 437) and V (KNES 438) material has been restructured to reflect a more thorough and comprehensive review. KNES 437 now focuses on the different body regions (i.e. head, spine, shoulder) and brings the students through the entire evaluation process. They begin with hands on anatomy review through palpation, and move on to injury diagnosis (including special tests and range of motion), treatment, rehabilitation, and evidence based practice techniques. In KNES 438, seniors review different domain areas, such as injury prevention, rehabilitation and treatment, and immediate care. Students are quizzed weekly with BOC-style questions and also have a practical project due. This is to both prepare them for the BOC examination, as well as preparing them for their future profession.

3. Rearrange teaching and clinical assignments within the program to highlight the strengths of the faculty and preceptors. (Implemented). Responsible Faculty: Program Director, Clinical Education Coordinator

a. In Spring of 2013, faculty workloads were adjusted to facilitate and increase academic precision, and to highlight faculty expertise. This change was undertaken based upon the mission of the program to provide a rigorous preparation and to encourage students to engage in enrichment opportunities such as research. Students' scores in core classes and lab practicals are improving. We are also observing an increase in our BOC domain scores in our 3-year aggregate study. Because of the increased student participation in research, the Director of the School of Kinesiology has begun discussions with the Dean of the College of Education about adding an additional faculty member on an adjunct basis, with the eventual goal of adding another full-time, tenure-track faculty member for the degree transition. In academic year 2016-17, 2 seniors graduated with honors, which included a panel-reviewed, faculty-guided senior thesis and presentation of data. Two of our students graduated from the Honors program, which included an honors presentation, and another 5 were recognized by Who's Who in Colleges and Universities.

b. Students' strengths were further addressed by pairing them with preceptors that have expertise in the students' areas of weakness. Preceptors are now better able to challenge the students by targeting their respective weaknesses, allowing for better critical thinking and decision making, as well as increasing students' confidence and skill levels. This was seen

in the BOC pass rates the since implementation, as well as in students' overall class and clinical proficiency score sheets. With this adjustment, students and preceptors have had a greater frequency of positive subjective comments about each other in the reciprocal evaluation process.

4. Mandate early registration and BOC preparatory measures for the seniors in the program. (Implemented). Responsible Faculty: Program Director

a. As previously mentioned, we have identified an issue with our low "First Time" pass rates, which stem from the fact that an unusually large number of graduates that do not take the BOC exam within 6 months of graduation. Our data indicated that students' 1st time pass rate decreased by 31% if they take the exam outside of the February, April or June testing windows. This can be attributed to a drop in retention of information, a deterioration of study habits, and a decrease in exam preparation skills. When examining the students' breakdown of domain scores, the data demonstrates weak performance in Domain 3 (Immediate Care), Domain 4 (Treatment and Rehabilitation), and Domain 5 (Organization and Administration). Currently, taking the BOC-sponsored practice exam counts as the seniors' final exam for the KNES 438 Clinical Experience in Athletic Training V course. In the Spring of 2015, and again in 2016, all students in their cohort met this goal. As stated earlier, all 11 seniors took the BOC exam during the April 2017 testing window.

b. In January 2012 through 2017, we have hosted a nationally recognized BOC preparatory seminar (ACES) for all Athletic Training students in Louisiana universities. This was a mandatory workshop for our seniors, paid for with funds raised through their own student organization. With full attendance of the 2017 cohort, the program's 1st time pass rate on the BOC exam rose another 25% from the 15-16 cohort. This exceeded the data ACES provided to us, which demonstrated an 8% increase on the practice exams in each domain, and an overall increase of 5% per student.

c. While minimum clinical hours have been increased to improve quantity of contact with preceptors, we have not seen a dip in academic performance. We mentioned above our Spring 2017 honors, additionally, for the Fall 2016, 22 students achieved Dean's List status (3.5 GPA), and another 8 achieved President's List status (3.75 GPA). Our preceptors document an increase in student knowledge and have begun evaluating the students more positively on their evaluation forms, as well as on their clinical proficiency score sheets.

5. Increasing admission and retention standards. (Implemented). Responsible Faculty: Program Director, Clinical Education Coordinator, Director of School of Kinesiology, Dean of College of Education

a. Admission standards have been addressed with added emphasis on GPA and pre-admittance advising. Advisors of pre-Athletic Training students are now emphasizing the need for students to complete eight pre-requisite courses (KNES 201, KNES 230, BIOL 110/112, BIOL 216/217 or BIOL 220/ 221, HLTH 100, HLTH 101) prior to applying to the program, rather than allowing students to enroll in pre-requisite courses during the semester in which they apply to the program. The 2016-17 cohort exceeded our goals, in the Spring of 2017, 8 of the 21 students made the Dean's List (3.5 GPA or higher), and an additional student made the President's List (GPA 3.75 or higher). The cumulative GPA for the 2016-17 cohort stands at 3.06.

b. Students who have not completed their Junior Division courses (listed on our curriculum as courses that should be taken during their Freshman year) will not be allowed to apply to the Athletic Training Program. Students who have not completed the eight pre-requisite classes mentioned above or do not have the required minimum grade for the course (C or higher for BIOL 110/112, BIOL 216/217 or BIOL 220/221, HLTH 100, HLTH 101; B or higher in KNES 201 and 230) are also not eligible to apply to the program. While saw an increase in the number of applicants in November 2016, but mostly due to 3 CAATE programs closing and the associate number of students transferring to our university. The group that did apply had a mean GPA of 3.30, and no student had a GPA below 2.85.

c. Our self-study has identified a correlation between our BOC test scores and our pre-requisite courses, specifically the Anatomy-based courses BIOL 110/112 & 216/217 or 220/221. We have fully transitioned from the online Anatomy and Physiology for Kinesiology (BIOL 216/217) to a more rigorous, classroom based Anatomy and Physiology (BIOL 220/221).

d. Modifications to the existing curriculum designed to add earlier exposure to Anatomy are currently underway. For the current academic year, KNES 110 will be offered as an individual section for Athletic Training students only, with added emphasis on Anatomy instruction. In the 2015-16 curriculum, modifications are being made to an existing course (KNES 201: Introduction to Athletic Training) to include an extended exposure to musculo-skeletal anatomy, and to mandate that

all applicants to the Athletic Training Program take the more rigorous, anatomy-centered 220/221 Biology course instead of the online BIOL 216/217. This change has been a resounding success, as the course mandates that students spend 30-50 hours of observation with a certified Athletic Trainer. The number of students that we retained after the initial semester in the program was the highest in the previous 5 years of the program.

e. In the Fall 2016, the athletic training faculty applied for grant funding to allow for purchase of 5 Brayden advanced CPR mannequins. With the successful application, we are now able to share these learning tools with students in the other 4 disciplines in the School of Kinesiology, allowing us to gain further interaction with other future medical professionals. The Program Director allow successfully gained funding for a sleep quality study post-concussion, in which data collection is driven by designated senior students. This has furthered the stated mission of advancing research integration into the curriculum.

f. A study hall was instituted, beginning in Fall 2014. Those students that are below our standard of a semester or adjusted 2.75 GPA will have 10 hours of weekly study hall. They will, also, be placed on the program's academic probation. Academic probation students will have one semester to raise their GPA above a 2.75 or will be dismissed from the program. Those with a GPA between 2.75 and 3.00 will have 5 hours weekly of study hall only. Students with a 3.00 GPA or higher will not be required to attend study hall. As previously mentioned in the admission standard section, the program-wide GPA has significantly increased, as has the number students receiving academic recognition and academic scholarships.

It is a double edged sword for us: admitting more students into the program by lowering standards and not vetting them appropriately would not result in improved pass rates. We chose a different path of rigor in admissions and increased preparation in the program, and these qualitative improvements initially made our pool qualified applicants smaller. In November of 2016, we admitted a much larger class for two reasons: the faculty felt more prepared to move forward with all of our changes in place, and second, there were so many students that needed a place to go after their programs were shut down. Although we are confident that quality has gone up, our progress has been in small increments. Due to the large number of student and not enough programs remaining in Louisiana, our final three cohorts will be on the larger side, which bodes well for large improvements in our BOC test score and 3-year aggregate.

Corrective Action Plan and Supporting Data:

1. More Comprehensive Evaluation of Preceptors and Clinical Sites. (Ongoing). Responsible Faculty: Clinical Education Coordinator

a. Beginning in the Spring 2016, the program faculty examined its criteria to evaluate the quality of preceptors and clinical sites. This assessment is in step with the latest suggestions from our outside observers, and with our faculty's contention that future changes should focus on efforts outside of the classroom. With our attempted move to offer a Master's degree, we also need richer data on our preceptors in order to make decisions on which clinical sites will remain after the transition.

b. Beginning in the Fall of 2016, preceptors will also have to meet a baseline score of 70% on our objective evaluation in order to maintain their status as a clinical site. Preceptors that fall beneath this score will be placed on probation, will meet with faculty to create an improvement plan, and will be subject to additional unannounced sites visits. Preceptors that have 2 consecutive years below standard will be removed as a clinical site. Under this criteria, 3 preceptors are being replaced for the 2017-18 academic year.

c. Preceptor grades will be based on the following criteria: 3-year aggregate 1st time pass rate of the students they have supervised; yearly score of their students' performance on proficiency skills testing; announced and unannounced visit score.

d. Additionally, preceptors that make the degree transition with us will be mandated to participate in the NATA Preceptor Development Training as it is released to membership.

2. Remove Proficiency grading from preceptors; Create Proficiency Testing Periods each semester on-campus. (Ongoing). Responsible Faculty: All Faculty

a. In an effort to incorporate more hands-on learning, and to assure uniformity in the grading of proficiencies, we have removed this responsibility from our preceptors. Beginning in the Fall 2016, proficiencies are graded on campus by program faculty. By bringing proficiency scoring in-house, the students have responded with better preparation and collaborative practice amongst themselves. This also goes for the faculty, as we have placed emphasis on standardizing our proficiency scenarios and with improved training for our standardized patients.

b. In the spirit of inter-professional collaboration, and to assure authenticity, the Athletic Training faculty has begun discussions with our Nursing department to establish a standardized patient pool. The end goal of this collaboration would be greater interaction between two Allied Health programs that share many similarities. Nursing faculty and preceptors, along with athletic training program preceptors, will be utilized as standardized patients in the scenarios used to establish clinical competency via our proficiency testing. This is an extension of our ongoing efforts to work together with our other Allied Health programs on campus, which have already led to exchanges of supplies and training in each direction to the benefit of both faculties and program students.

Conclusion:

The Mission of the Athletic Training Program at the University of Louisiana at Lafayette is to prepare its students for entry into the workforce through a variety of academic and clinical experiences including research, academic coursework, and hands-on didactic fieldwork. Our curriculum aims to prepare them for successful completion of the BOC exam and a fulfilling career in the allied health profession in the greater South Louisiana region. We will accomplish this mission through the stated Program Goals such as decision making, critical thinking, effective communication, research and service. In addition, the data we have collected on the program points to several modifications that have been made or are the process of being made to further enhance the future of the program. Outside expert advice, students' core class grades, BOC first time and overall pass rates, student and preceptor evaluations, and internal program review has guided the changes that are taking place at the University of Louisiana at Lafayette. With a new mission statement and enhanced program goals, the Athletic Training Program has directed itself towards a positive future. An increased GPA, more demanding pre-requisite scores, more focus on practical skills, and better pairing of students with preceptors, students in the program will have increased opportunities both academically and clinically. In addition, this combined boost in skill and knowledge will help them successfully challenge the BOC exam, thereby increasing the program's first time and overall pass rate.

Results & Improvements (due 9/15/18)

Results and Improvement Narratives

Assessment List Findings for the Assessment Measure level for Graduates of the Athletic Training Program will have a first-time pass rate on the Board of Certification (BOC) exam of greater than 70%. This is in conjunction with the Commission on the Accreditation of Athletic Training Education (CAATE) Standard 11 for continued maintenance of our program's accreditation status.(Imported)

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Assessment Findings	Assessment Measure	Criterion	Summary	Attachments of the Assessments	Improvement Narratives
	Direct - Licensure Exam	Has the criterion 70% pass rate on the first attempt (CAATE Standard 11). been met yet? Met	We had a 90% (9 out of 10) first-time pass rate on the BOC exam. Our 3-year pass rate table is attached.	BoCPassRateForWebsite.pdf	- Assessment Process: Goals / Outcomes / Objectives changed: Beginning with Academic Year 2013-2014, the Commission on Accreditation of Athletic Training Education (CAATE) has mandated that accredited Athletic Training programs maintain a 3-year average "First Time" pass rate of greater than or equal to 70%. Since 2013-14, the "First Time" pass rate for our students has risen from 50% to 82% in academic year 2016-17. In addition, our 3-year pass rate has risen from 44% (11 of 25) in 2013-14 to 67% (16 of 24) in 2016-17. One of the issues that we addressed last year was that students were waiting too long to take the BOC exam. Due to the changes we have made in the endorsement and registration process for our students, our 1st-time pass rate in academic years 14-15 & 15-16 during the February, April, or June windows is 70%. In order to

					<p>remain in compliance with Standard 11, a plan for improvement was created to promote the mission statement and remediate the "Low Pass Rate" issue. A plan was submitted to CAATE in November of 2014 and again in 2015. Both documents were accepted by the CAATE as an action plan resulting from having failed to meet Standard 11 in Academic Year 2012-13 and 2013-14. In academic year 2016-17, all 11 seniors in the program took the exam during the April 2017 testing window.</p>
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Assessment List Findings for the Assessment Measure level for By 2025, all Athletic Training Program must transitiona graduate degree in order for its graduateto sit for the BOC exam.Our program has begun and will continue the process of transitioning the program to graduate education level.(Imported)

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	Indirect - Advisory Board	Has the criterion Successfully propose a graduate Athletic Training Program to the university administration, UL System Board and the Louisiana State Board of Higher Education. been met yet? Not met	The LOI for the Masters program is in review with the Vice-President for Academic Affairs and the Dean of the Graduate School. We anticipate submitting the LOI to the University of Louisiana System Board for review in Spring 2018.		- Policy / Process / Procedural: In Fall of 2016, when faced with the decision to voluntarily withdraw our accreditation, the university decided to do so and teach out the remaining three cohorts. Our final undergraduate class will graduate in May 2020. In December, we held multiple meetings to inform all the athletic training majors of this status change; complete Individual Education Plans (IEPs) for each student; and submit these materials to the CAATE. We have changed our information on the program website, and removed content to avoid confusion with prospective students. We were not pleased to make this choice, especially in light of the progress we have made over the previous years, our BOC results in April 2017, and the fact we were formally removed from probation by the CAATE in February of 2018. The progress we have made over

					<p>the past 30 months gives us fortitude to move forward with our masters application with the state Board of Regents and the CAATE. As a post-script, our Letter of Intent to transition to a Graduate degree program was approved by the UL System Board on August 23, 2018, and will now be examined by the Louisiana Board of Regents.</p>
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Assessment List Findings for the Assessment Measure level for Facilitate student efforts through the application process to obtain an entry-level athletic training position after graduation. Facilitate retention in the allied health professions through acceptance into graduate assistantships during a Masters degree program, or as a head/assistant athletic trainer in a traditional (high school, college, professional sports) or non-traditional (physical therapy clinic/hospital, physician extender, military/law enforcement, performing arts, or industrial) athletic training setting. Introduce more professional development and skills earlier in the curriculum.(Imported)

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Assessment Findings					
	Assessment Measure	Criterion	Summary	Attachments of the Assessments	Improvement Narratives

	Indirect - Graduate Acceptance	Has the criterion Graduate acceptance, job placement data, salary data, alumni survey, satisfaction surveys from employers of our graduates. been met yet? Met	We had 10 graduates during academic year 16-17. Of the ten graduates: 1 owns and operates a sport nutrition company and is applying for Physical Therapy school; 2 are intern athletic trainers with the UL athletic department; 3 are employed as athletic trainers in the Acadiana area; 1 is employed as an athletic trainer in New Orleans; 1 has been accepted into prosthetic design school at Northwestern University; 1 is awaiting another attempt on the BOC exam.	- Assessment Process: Continuous monitoring: As part of this year's Plan of Improvement, we again analyzed mid-term and final semester measurements of professionalism and communication, community service, professional interaction (State/Regional/National meeting attendance), proficiency assessment, acceptance rates to graduate schools, employment data, and academic performance in Allied Health-related courses. In academic year 2016-17, we had 7 seniors earn university service awards for time donated to the university outside of clinical hours. For the Spring 2017 semester, 13 students made the Dean's list (3.5 GPA) and another 3 made the President's list (3.75 GPA). Along with the longitudinal data (BOC scores, SACS reporting data, student artifacts, self-reflection), we have continued to consult experts in the field of Athletic Training to gain feedback and insight into our policies and procedures, in order to identify where our strengths and weaknesses lie. All faculty members attended the Athletic Training Educators Conference in February 2017, and the Program Director was actively involved in the CAATE Accreditation conference in October 2016. Attendance at these conferences was aimed at improving best practices for the program and at furthering the transition to the level of
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				<p>degree offered at the university. Through this consulting process, and in coordination with our department head and dean, the suggestions that we received were: increase rigor in the evaluation of preceptors and clinical sites; streamline the evaluation of proficiencies; and develop additional hands-on, in-class activities to bridge knowledge and practice. These suggestions complement earlier ones that we have implemented such as increasing the minimum GPA required for admission to the program, completing a self-study on the BOC domains in which students were deficient (per student domain scores on CAATE), evaluating and analyzing what students were learning from their clinical experiences, and dismissing students who did not meet the program's academic requirements. The implementation of these suggestions into the program's policies and procedures has already improved our students' academic knowledge, as well as their clinical preparation, which aligns with the program's mission.</p>
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Reflection (Due 9/15/18)

Reflection

The primary purpose of assessment is to use data to inform decisions and improve programs and operations;

this is an on-going process of defining goals and expectations, collecting results, analyzing data, comparing current and past results and initiatives, and making decisions based on these reflections. Recalling this purpose, respond to the questions below.

1) How were assessment results shared in the program / department?

Please select all that apply. If "other", please use the text box to elaborate.

Distributed via email (selected)

Presented formally at staff / department / committee meetings (selected)

Discussed informally (selected)

Other (explain in text box below)

2) How frequently were assessment results shared?

Frequently (>4 times per cycle)

Periodically (2-4 times per cycle) (selected)

Once per cycle

Results were not shared this cycle

3) With whom were assessment results shared?

Please select all that apply.

Department Head (selected)

Dean / Asst. or Assoc. Dean (selected)

Departmental assessment committee (selected)

Other faculty / staff (selected)

4) Consider the impact of prior applied changes. Specifically, compare current results to previous results to evaluate the impact of a previously reported change. Demonstrate how the use of results improved student learning and/or operations.

From 2014-15 to 2017-18 academic years, the first-time pass rate on the Board of Certification (BoC) improved from 56% to 88%. The three-year aggregate first-time pass rate rose from 54% to 70%. These two key indices are the standards by which our accreditation is renewed yearly (70% is the baseline for both indices). These improvements removed our program from probation from our accreditation agency, CAATE. Please see attached document for more information.

5) Over the past three assessment cycles, what has been the overall impact of "closing the loop"? Provide examples of improvements in student learning, program quality, or department operations that are directly linked to assessment data and follow-up analysis.

As mentioned above, the overall impact of "closing the loop" has been overwhelming. Not only has our program been removed from probation with our accreditation agency, but we have been able to move forward with plans to move our degree program to the graduate level. This move has been necessitated by our accreditation agency, and is necessary for the long term survival of our program. Three years ago, our outcomes would have forced us to shut down the program and not make the transition. On top of the program's pass rate success, we have been able to place our students in 11 local high schools, which improves the quality of healthcare locally, and demonstrates the quality of product the program is producing. Please see attached document for more information.

Attachments (optional)

Upload any documents which support the program / department assessment process.

AnalyticProgressActionPlan16_17.docx