



## Submission Guidelines for **INTERIM** Assessment Reports (assessment results from AY 2016-17)

### Guidelines:

- 1) *Submission deadline: **October 2, 2017**, early submissions are encouraged*
- 2) *Submit electronically to Yvonne Kirby (Director of OIRA) as an email attachment ([ykirby@ccsu.edu](mailto:ykirby@ccsu.edu))*
- 3) *Provide a SEPARATE REPORT for each academic program. All certificate and degree programs are required to be assessed per NEASC. Check the reporting calendar to see which certificate programs are considered embedded in a degree program as these programs do not need to be reported on separately.*
- 4) *An Interim report consists of the completed Overview report for the academic program and General Education Overview, if appropriate.
  - a. *If your department contributes to the General Education (GE) curriculum and has not conducted any assessment on GE but your faculty have contributed artifacts to the Multi-State Collaborative, please indicate which faculty have provided artifacts (item 7 in the GE report).**

**Reminder:** Assessment reporting is on a five-year cycle, consisting of a full report in year one followed by interim reports for three years and then a summary report is due in the fifth year. The assessment cycle is aligned with the Program Review Cycle such that the full assessment report is due the year prior to the year that the department will submit their program review report. Departments are not required to submit an assessment report for a program in the year the department is scheduled to begin writing the Program Review self-study (see [Program Review Policy](#) and [Assessment Calendar](#)). For example, if your program is scheduled for program review in Spring 2017 or Fall 2017 then only a Summary assessment report will be due for that program in Fall 2017 (report covering AY 2016-17 activities); this is necessary to comply with BOR requirements. Departments that are accredited by an outside agency, and thus exempt from the Program Review Policy, should follow the guidelines for assessment reporting as described in this document and follow the Assessment Calendar. Where possible, the assessment cycle will be aligned with the accreditation cycle and a Summary report will be due in the year the self-study is due to the accrediting body.

**Interim reports:** complete ONLY the Overview for the program, complete with contribution to general education.

URL to Assessment website resources: [http://web.ccsu.edu/oira/assessment/assessment\\_aap.asp](http://web.ccsu.edu/oira/assessment/assessment_aap.asp)

**Overview:** The following questions are required by the Connecticut State Colleges and University Board of Regents, NEASC and the CCSU Academic Assessment Committee. These questions must be completed annually for all academic programs as well as all departments offering courses in general education. Submit a separate table for each program and for each general education learning outcome the department teaches.

- You are encouraged to address the questions using bullet statements rather than paragraph form —full details should be included within the text of the full report when it is due, not in the Overview.
- **Interim reports:** the Overview should append clearly labeled data tables as appropriate - for both the academic program as well as general education.

**Overview**

**Department:** Physical Education & Human Performance

**Report Preparer:** Peter Morano

**Program Name and Level:** Athletic Training, Bachelor's Degree

<b>Program Assessment Question</b>	<b>Response</b>
<b>URL:</b> Provide the URL where the learning outcomes (LO) can be viewed.	<a href="http://www.ccsu.edu/athletictraining/Education/?redirected">http://www.ccsu.edu/athletictraining/Education/?redirected</a>
<b>LO Changes:</b> Identify any changes to the LO and briefly describe why they were changed (e.g., make LO more discrete, align LO with findings). If no changes were made, please report not applicable.	No changes have been made since the last AY.
<b>Strengths:</b> What about your assessment process is working well?	We have detailed evaluation tools that are done regularly.
<b>Improvements:</b> What about your assessment process needs to improve? (a brief summary of changes to assessment plan can be reported here)	When we enter evaluation data on students, we need to calculate group averages at the same time.

## Practicum Written Cognitive Knowledge Exams

EXS 315, EXS 316, and EXS 319

### **Learning Objective #1**

#### **Knowledge (Cognitive)**

- Demonstrate the acquisition of knowledge and understanding necessary for the safe practice as a health care professional in the areas of prevention, clinical evaluation, diagnosis, immediate care, treatment and rehabilitation.
- Demonstrate the ability to document findings of initial evaluations, management plans, and referrals.

### **Learning Objective #2**

#### **Knowledge (Skills and Application)**

- Demonstrate the acquisition of the established necessary skills that are the basis for clinical proficiency.
- Demonstrate the ability to investigate, integrate concepts and problem solve in order to communicate the assessment findings to the patient and other health care team members.
- Demonstrate the ability to use comprehensive therapeutic judgment and the ability to identify modifying influences or deviations from the norm.

### **Assessment Data Analysis**

Written cognitive knowledge exams are evaluated by the individual course instructors. Students must pass with an 80% or better. Those students who do not achieve a passing score are permitted to retake the exam an additional time. Students who do not pass on the second time meet with the instructor and are required to repeat the course.

Following the conclusion of each semester ATEP Faculty have a Program Meeting to discuss at concerns and evaluate the data from both the written and practical exams in EXS 315, EXS 316, and EXS 319.

Additionally, student outcome data is examined when preparing to write the Annual University Academic Assessment Reports, which are necessary for NEASC accreditation. Completing the CAATE Annual Reports also provides another point in which student outcome data are evaluated by ATEP faculty.

## **Summary Data for Learning Outcomes #1 & 2**

Nine students participated in on-campus clinical rotations (EXS 315, 316, 319) in the fall of 2016 and 2 students participated in their internship (EXS 445). During the spring of 2017, four students participated in on-campus clinical rotations and 3 students participated in their internships.

For on-campus clinical rotations, students were evaluated through preceptor evaluations and through course-based written and practical exams (EXS 315, 316, 319). Students who were in EXS 315 Practicum I scored lower on preceptor evaluations than those in EXS 316 Practicum II and EXS 319 Practicum III and also had less opportunity to demonstrate certain skills (e.g. emergency care of head trauma/concussion, spine trauma). It is expected that the students in their first semester of clinical rotations perform lower and have fewer opportunities than those in their second and third semesters of clinical rotations. The younger students are demonstrating skills for the first time and in some cases have yet to learn the material in clinical coursework. See summary in Table 1 below. It is evident that students do improve their clinical skills and professional attributes over time. Students who were in EXS 319 were generally able to perform clinical skills independently (no supporting cues) or with minimal supporting cues from their preceptor. The faculty examine these evaluations at the end of each AY and look for trends in any areas where students are not meeting expectations and place emphasis on those areas in future semesters. The one area where students in EXS 319 did not meet expectations was with providing emergency care to a victim with a spine injury – this will be addressed in during the fall clinical rotations.

With regards to the clinical coursework attached to the clinical rotations (written and practical exams), 1 student did not meet the minimum requirements for passing in the fall of 2016 (this student did not return for the spring 2017 semester).

For off-campus internships, there were 2 in the fall of 2016 and 3 in the spring of 2017. Each student is evaluated with a mid-tem and final eval by their respective preceptors. All 5 students passed their mid-terms and final evaluations and all 5 students passed the BOC exam on their first attempt.

## Practice Ethically, Professionally and Compassionately

EXS 315, EXS 316, EXS 319, and EXS 445

### **Learning Outcome # 3**

#### **Practice Ethically, Professionally and Compassionately**

- Demonstrate the ability to provide health care services of an athletic trainer to a variety of patient populations without prejudice to age, activities, gender, and social or cultural difference.
- Demonstrate the ability to function as a health care provider during challenging situations by remaining composed and professional, while affording quality compassionate care to the patient.
- Practice confidentiality and abide by professional ethical standards of the profession.

#### **Assessment Data Analysis**

Assessment surveys are completed by the students themselves and also by the preceptors on record. Students participate in five 3-week rotations throughout each semester and are evaluated after each rotations. An average of all 5 preceptor evaluations are compiled on a master evaluation file. Preceptors and students meet at the end of the semester to go over their self-evaluation and preceptor evaluations. One section of the preceptor evaluations is titled “professional attributes” (See table 1 green section) and directly relates to Learning Outcome #3.

Additionally, student outcome data is examined when preparing to write the Annual University Academic Assessment Reports, which are necessary for NEASC accreditation. Completing the CAATE Annual Reports also provides another point in which student outcome data are evaluated by ATEP faculty.

#### **Assessment Conclusions**

Unlike Learning Outcomes 1 & 2, we do not see a big disparity between students in their first semester of clinical rotations and those who are more advanced (see summary in GREEN below for students in EXS 315, 316, 319). This suggests that students who are in the pre-professional program are well prepared to practice ethically, professionally and compassionately prior to formal admittance to the professional program. This data shows that Learning Outcome #3 has been met by both groups of students.

**Table 1**

	EXS 315	EXS 316	EXS 319
	Avg	Avg	Avg
<b>Ability To Perform Injury/Illness Prevention And Wellness Protection</b>			
Taping, Wrapping, Padding, Splinting	3.8	4.14166667	4.6
Equipment Selection and Fitting	3.083333333	2.875	4.38888889
Physical Screening	3.0625	3.66666667	4.37777778
Environmental Measures	3	2.25	4.55555556
<b>Ability to Perform Clinical Evaluations and Diagnosis</b>			
Orthopedic Evaluations Upper	2	3.5375	4.02777778
Orthopedic Evaluations Lower Extremity	2.5625	3.72916667	4.13333333
Orthopedic Evaluations Spine	1.5	3.04166667	3.44444444
General Medical Evaluations	1.916666667	3.20833333	3.93333333
<b>Ability To Perform Treatment And Rehabilitation</b>			
Upper	2.158333333	3.83333333	4.08333333
Lower Extremity	2.1375	3.875	4.13333333
Spine	1.625	3.5	3.27777778
Modality Application	2.575	4.23333333	4.63333333
<b>Ability to Perform Immediate Emergency Care</b>			
Wound Care	3.775	4.325	5
Splinting Upper Extremity	2	2.79166667	4.72222222
Splinting Lower Extremity	0	0.75	0
Medical Conditions	0	3.375	1.33333333
Head Trauma/Concussion	0	0	3.33333333
Spine	0	0	0
Cardiac	0	1	0
Respiratory	0	1.5	0
Transportation- Crutches, Boarding	1.5	3.25	4.22222222
<b>Ability to perform Organization and Professional Health and Wellness</b>			
Long Sheet Documentation	2.85	4.275	4.6
Initial Evaluation Note	2.4375	4.25	4.6
SOAP Note	3	4.43333333	4.73333333

Concussion Notes	1.5	1	4.08333333
MD Clinic Notes	2.375	4.08333333	4.56666667
	0	0	0
<b>Professional Attributes</b> Key: 3 = Excellent, 2 = Good, 1 = Fair, 0 = Poor			
The student is punctual to scheduled times.	2.8	2.65	2.8
	3	2.6	2.5
The student takes initiative to perform routines and necessary tasks without being told.	2.875	2.85833333	2.73333333
	3	2.95833333	2.86666667
The student accepts constructive criticism and is reactive with change.	2.625	2.75	2.6
	2.875	2.76666667	2.73333333
The student effectively communicates with the athletic training staff (certified).	3	2.6	2.83333333
	3	2.95	2.93333333
The student effectively communicates with injured/ill athletes.	2.45	2.53333333	2.93333333
The student effectively communicates with coaches and administrators.	2.21875	2.5	2.91666667
The student follows instructions given by authority.	3	3	2.66666667
The student demonstrates eagerness in becoming an athletic trainer.	3	2.66666667	2.8
The student takes personal responsibility for learning.	2.825	2.66666667	2.66666667
The student demonstrates medical care without personal bias.	3	2.95	2.93333333
The student demonstrates sound judgment and decision making.	2.825	2.51666667	2.53333333
Total	42.175	40.4416667	40.9

## Skill Scale

Score	Category	Score	Procedure Standard	Score	Performance Quality	Score	Level of Assistance Required
5	Independent	5	Safe Accurate Achieved Intended Outcome Behavior is Appropriate to Context	5	Proficient Confident Expedient	5	No Supporting Cues Required
4	Supervised	4	Safe Accurate Achieved Intended Outcome Behavior is Appropriate to Context	4	Proficient Confident Reasonably Expedient	4	Requires Occasional Supportive Cues
3	Assisted	3	Safe Accurate Achieved Most Objectives For Intended Outcome Behavior Generally Appropriate to Context	3	Proficiency Throughout Most of the Performance When Assisted	3	Required Frequent Verbal and Occasional Physical Directives in Addition to Supportive Cues
2	Marginal	2	Safe only with Guidance Not Completely Accurate Incomplete Achievement of Intended Outcome Behavior Generally Appropriate to Context	2	Unskilled Inefficient	2	Required Continuous Verbal and Frequent Physical Directive Cues
1	Dependent	1	Unsafe Unable to Demonstrate Behavior Lack of Insight into Behavior Appropriate to Context	1	Unskilled, Unable to Demonstrate Behavior /Procedure	1	Required Continuous Verbal and Continuous Physical Directive Cues
0	No Opportunity to Demonstrate Skill	0	No Opportunity to Evaluate Procedure	0	No Opportunity to Evaluate Performance	0	No Opportunity to Determine Assistance Level



## Professional Attributes Scale

45	Excellent
44	Excellent
43	Excellent
42	Excellent
41	Excellent
40	Good
39	Good
38	Good
37	Good
36	Good
35	Fair
34	Fair
33	Fair
32	Poor
31	Poor
30	Poor
29	Poor

## EXS 316, EXS 319, and EXS 445

### **Learning Outcome #4**

#### **Professional Development and Collaboration**

- Practice with the intent to advance personal professional knowledge and clinical skills by remaining current in the profession through participation in seminars and research, in order to best serve the patient population through the practice of evidence-based medicine.
- Participate in advocating the athletic training profession through engagement with local community events by volunteering time and professional skills.
- Practice with a commitment to share the knowledge and skills of the athletic trainer in support of joint collaboration efforts that lead to improving the quality of patient care.

### **Assessment Data Analysis**

Research Poster Presentations and Oral Presentations are evaluated by the course instructors during in EXS 316, EXS 319, EXS 445 and EXS 411. Students have the opportunity to present their clinical case study posters at the Undergraduate Research and Creative Activity Day (URCAD). Instructors and students meet at the end of the semester to review the evaluations and get feedback regarding their experience at the URCAD. Students who are in EXS 445 do an oral presentation on a case study before at their internship site in front of their preceptor, other staff at the facility and CCSU ATEP faculty. Students in EXS 411 spend an entire semester preparing a research project that follows this sequence: 1. develop a research topic/question; 2. Review of literature; 3. Develop methodology; 4. Collect data; 5. Analyze data; 6. Report results. This project is developed into a poster presentation and the class has a poster presentation day typically held in the Student Center (sometimes in the PEHP office if a venue in the Student Center is not available). The students receive feedback during each phase of the research project and receive a final grade for the project after the poster presentation.

The staff at CCSU organizes a Sports Medicine Symposium every year. All of the ATS's who are formally admitted to the professional program are involved with the organization of the Symposium (assist with attendee check-in, assist vendors with set-up and break-down, collect questions from attendees for panel discussion by presenters, distribute and collect attendee feedback forms).

All ATS's in the professional program are given financial assistance to attend the EATA conference each January. We have about a 75% attendance rate each year at the EATA Conference and each of our students attends at least one EATA Conference before they graduate. AT's are encouraged to volunteer their services to the "Nutmeg Games" which are held each summer – we have had several students volunteer each of the past few years.

Each year the ATS's participate in an "Emergency Simulation Day" in collaboration with New Britain EMS and the EMS trainees. Emergency scenarios are created by the ATEP faculty and the students are to respond with no assistance from the faculty/preceptors. The ATS's are to call EMS for assistance and work with the EMS trainees in the proper care/treatment of the emergency victims. After the emergency scenarios are completed, a debriefing with the ATEP faculty and EMS instructors takes place where the pros/cons of the day are evaluated.

### **Assessment Conclusions**

Learning Objective #4 has been met. Our students participate in a variety of activities that involve professional development, community engagement, volunteering, and collaboration.