

Progress Report for NCA Outcomes Assessment, May 2007

List of Program Goals

Department or Unit Name: Department of Health Sciences
Individual Completing Form: Glenn Goodman
Date: May 17, 2007

Program Name: Master of Occupational Therapy
Goal 1: Articulate a coherent rationale for occupational therapy services for a variety of populations.
Goal 2: Demonstrate the entry-level evaluation and intervention skills of an occupational therapist in a variety of settings.
Goal 3: Consistently produce effective documentation of services provided.
Goal 4: Interact effectively with care recipients, their families, team members, and all others associated with service delivery.
Goal 5: Assume a variety of roles as an occupational therapist to include direct service provider, teacher, consultant, advocate, supervisor, service-provider to the community, participant in the profession, novice researcher, and entrepreneur.
Goal 6: Promote occupational therapy to the general public, to health care providers, to payers, to legislators, and to care recipients.
Goal 7: Demonstrate the attitudes and behavior of an occupational therapist.
Goal 8: Demonstrate concrete ways to contribute to the profession.

Program Assessment Report

Department Name: Health Sciences

Individual Completing Form: Glenn Goodman

Program Name: **Master of Occupational Therapy**

Date: 5/17/07

GOAL #1: Articulate a coherent rationale for occupational therapy services for a variety of populations.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100% of Employers indicate students are strong or adequate in Foundational Content and in meeting this objective.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings-	80% of respondents to the alumni survey strongly agreed that this goal was met..

5. At least 80% pass rate on Certification exam	MOT 1 st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.
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GOAL #2: Demonstrate the entry-level evaluation and intervention skills of an occupational therapist in a variety of settings.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100% of Employers indicate students are strong/ adequate in all areas of OT Evaluation, Intervention and Services except standardized screening tools and assessments, use of modalities and home/community programs

4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	90% of alumni agree that this goal was achieved. Greater than 20% of Alumni list assessments, referrals, integration of information, formulating conclusions, care coordination, orthotics and prosthetics, modalities, home/community programs, Follow-up services, and discharge documentation as areas that could be better addressed.
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.

GOAL #3: Consistently produce effective documentation of services provided.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum	Spring 2007	Changed start date, added service learning components to two additional	The first year of the new curriculum will be completed this summer.

explanation of rationale for change based on student and faculty evaluations		based on faculty review of each course		courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006-Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100% of Employers indicate this is a strong area. One Employer lists a few weaknesses related to documentation.- standardized assessments, and reimbursement
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006-Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	100% of alumni agree that documentation of services was addressed in the Program.
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.

GOAL #4: Interact effectively with care recipients, their families, team members, and all others associated with service delivery.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7	95% of the students in Class of 2005-6 passed both level II fieldwork experiences	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.

	reviewed for first fieldwork placements	(n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)			
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006-Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100% of Employers indicate students are strong or very strong in this area.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006-Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	100% of alumni surveyed agree that this goal was achieved.
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.

GOAL #5: Assume a variety of roles as an occupational therapist to include direct service provider, teacher, consultant, advocate, supervisor, service-provider to the community, participant in the profession, novice researcher, and entrepreneur.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of	95% of the students in Class of 2005-6 passed both level II fieldwork	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.

	2006-7 reviewed for first fieldwork placements	experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)			
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100 % of employers find the students adequate or strong in this area.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	80% of alumni surveyed strongly agree that this goal was met. 20% marked agree!
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.

GOAL #6: Promote occupational therapy to the general public, to health care providers, to payers, to legislators, and to care recipients.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	One employer indicated students were weak in this area.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	60% of alumni marked strongly agree and 40% marked agree .
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have

					eventually passed the exam.
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GOAL #7: Demonstrate the attitudes and behavior of an occupational therapist.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	100% of employers find the students strong or very strong in this area.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006	Spring 2007	See attached summary of findings	80% of alumni surveyed strongly agree that this goal was met, and 20% agree.
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005	Pass rates is 87% on first attempt, and

				that they purchase the practice exam	97% of graduates (38/39) have eventually passed the exam.
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GOAL #8: Demonstrate concrete ways to contribute to the profession.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
1. 80 % pass rate or better on Capstone courses – HSC 595 OT Level II Fieldwork I and HSC 596 OT Level II Fieldwork II	MOT Class of 2005-6 reviewed for pass rates on Fieldwork. MOT Class of 2006-7 reviewed for first fieldwork placements	95% of the students in Class of 2005-6 passed both level II fieldwork experiences (n=20). 100% of Class of 2006-7 passed first fieldwork placement (n=31)	Spring 2007	None – The one student who did not pass repeated the fieldwork and passed it.	This excellent result leaves little room for improvement.
2. Course objectives in the OT curriculum are reviewed annually and curricular changes are documented with explanation of rationale for change based on student and faculty evaluations	Course reviews completed Spring 2007	See attached summary table of proposed changes in curriculum based on faculty review of each course	Spring 2007	Changed start date, added service learning components to two additional courses, changed credits for fieldwork, added content in neurological rehabilitation area.	The first year of the new curriculum will be completed this summer. The reduced number of courses offered in summer has been appreciated by faculty and students. Service learning has received very positive review.
3. at least 80% of employers rate CSU students as strong or very strong on for all items on the Employer survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall 2006.	Spring 2007	See attached Summary of findings	75% of employers find students adequate and one employer finds our students weak in this area.
4. at least 80% of alumni rate OT program with agree or strongly agree on all items of Graduate survey	MOT classes 2004-6	Surveys were returned Summer 2006- Evaluation Report completed Fall	Spring 2007	See attached summary of findings	70% of alumni marked strongly agree, and 30% agree this goal was achieved.

		2006			
5. At least 80% pass rate on Certification exam	MOT 1st class – Spring 2004-2006	See attached report	Spring 2006	Highly recommended to class of 2005 that they purchase the practice exam	Pass rates is 87% on first attempt, and 97% of graduates (38/39) have eventually passed the exam.

Department Self Assessment and Action Plan

Department Name: Health Sciences
Glenn Goodman

Individual Completing Form:

Program Name: **Master of Occupational Therapy**

Date: 05/17/07

A comprehensive assessment plan was in place for the undergraduate Occupational Therapy Program that has been phased out and replaced with a Master of Occupational Therapy (MOT).

NCA Level 2 Assessment Criteria	Meets level 2 criteria?	Action steps to get to level 2	Timetable for Action Steps
1. Goals *The program has specific student learning or student service goals. These goals reflect the discipline or service area professional standards.	Y	N/A	N/A
2. Outcomes *Outcomes that are directly measurable are defined for each goal.	N	Outcomes were changed in Spring 2006 based on feedback from 2005 internal review (see attached review)	OT Program faculty review Program and curriculum goals annually.
3. Research Completed *Research is systematically conducted to evaluate success or failure in achieving student learning/ service outcomes.	Y	The following measures are already in place and will be used with the MOT students: <ul style="list-style-type: none"> • Student performance in courses • Analysis of Certification Exam scores • Review of student performance in capstone courses using the Fieldwork Evaluation form The following outcome measures have been defined as part of the assessment plan and will be developed at the appropriate times: <ul style="list-style-type: none"> • Graduate Survey • Employer Survey 	Projected implementation: <ul style="list-style-type: none"> • Fall 2004-Spring 2006 • Spring 2006 • Spring 2006 • This instrument was developed and implemented in Spring 2006 and results tallied in Fall 2006.
4. Findings *research results are analyzed and interpreted; findings are determined.	Y	<ul style="list-style-type: none"> • Student performance in courses • Analysis of Certification Exam scores • Review of student performance in 	<ul style="list-style-type: none"> • Fall 2004- Spring 2007 • Spring 2007 • Spring 2007 • Spring 2007

NCA Level 2 Assessment Criteria	Meets level 2 criteria?	Action steps to get to level 2	Timetable for Action Steps
		capstone courses using the Fieldwork Evaluation form <ul style="list-style-type: none"> • Graduate Survey • Employer Survey 	
5. Review process *Findings are discussed and reviewed by appropriate groups and individuals; recommendations are made for action.	Y	Student performance in courses will be reviewed every semester. Analysis of Certification Exam scores will be reviewed at least once a year, or as they are disseminated. Student performance in capstone courses will be reviewed once a year in the Spring. Graduate and Employer Surveys findings will be reviewed once every three years.	Beginning: <ul style="list-style-type: none"> • Fall 2004-Spring 2007 • Spring 2005 • Spring 2005 • Fall 2006 • Completed Fall 2006
6. Actions *Recommendations are acted upon	Y	<ul style="list-style-type: none"> • Student performance in courses • Analysis of Certification Exam scores • Review of student performance in capstone courses using the Fieldwork Evaluation form • Graduate Survey • Employer Survey 	<ul style="list-style-type: none"> • Spring 2007 • Spring 2007 • Spring 2007 • Spring 2007
7. Improvement *Actions result in documented improvements in student learning.	Y	<ol style="list-style-type: none"> 1. Curriculum was changed to Fall Start date to improve recruitment and to reduce amount of academic course work taken in shortened Summer Semesters (see attached curricular changes) 2. Service Learning Program enhanced (see attached 	Beginning Fall 2006 Beginning Fall 2006 Implemented Fall 05 Survey s to be administered Summer 06 to class of 2004

NCA Level 2 Assessment Criteria	Meets level 2 criteria?	Action steps to get to level 2	Timetable for Action Steps
		<p>curricular changes)</p> <p>3. A seminar was developed to help students with how to pass the Certification Exam in Fall 2005</p> <p>4. The surveys of employers and graduates were constructed using the Accreditation Commission for Occupational Education Standards for educational programs and the National Certification Board for Occupational Therapy Domains for the Certification Exam. These criteria are used in designing our curriculum and as desired outcomes for student knowledge and performance</p>	and 2005 (first graduating classes of our new program)

List of Appendices and Supplemental Materials

Summary of Alumni and Employer Surveys – Administered Summer 2006

Pass Rates on National Certification Exam for Class of 2004-6

Summary of course changes based on student and faculty course evaluations 2004-5

Results from Survey of Alumni and Employers (completed Fall 2006)

Ratings from Alumni

The rating scale used for the survey ranged from 1 – strongly disagree to 4 – strongly agree. See Appendix 7 for the survey form used in this study.

Table 1 below shows the responses related to the OT Program objectives. CSU MOT alumni rated five objectives out of eight with a 3.5 or higher mean rating and no objective received a mean rating less than 3.0. The only objective that received any rating of disagreement was in the area of evaluation and intervention skills. “Too much emphasis on theory-little discussion of various interventions.”

Table 1 - Frequency Distribution of Alumni Responses Regarding OT Program Objectives (n=11)

Standard	%strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
Articulate a coherent rationale for OT services for a variety of populations			20	80	1	3.8
Demonstrate the entry-level evaluation and intervention skills of an occupational therapist in a variety of settings		10	70	20	1	3.1
Consistently produce effective documentation of services provided			100		2	3.0
Interact effectively with care recipients, their families, team members, and all others associated with service delivery			30	70	1	3.4
Assume variety of roles as an OT: direct service provider, teacher, consultant, advocate, supervisor, service provider to community, participant in the profession, novice researcher and entrepreneur			20	80	1	3.8
Promote OT to the general public, to health care providers, to payers, to legislators and to care recipients			40	60	1	3.6
Demonstrate the attitudes and behavior of an OT			20	80	1	3.8
Demonstrate concrete ways to contribute to the profession			30	70	1	3.7

Table 2 addresses ACOTE Standards and the Domains and Tasks from NBCOT. CSU MOT alumni rated 10 objectives out of 12 with a 3.5 or higher mean rating and no objective received a mean rating less than 3.3. The only

area that included a rating of disagreement in this table was achieving entry-level practice through a combination of academic and fieldwork education.

Table 2 - Frequency Distribution of Alumni Responses Regarding ACOTE Standards, Domains and Tasks from NBCOT Practice Analysis (n=11)

Standard	%strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
Breadth and depth of knowledge in the liberal arts and sciences			63.6	36.4	0	3.4
An understanding of issues related to diversity			40	60	1	3.6
Education as a generalist			40	60	1	3.6
Broad exposure to delivery models & systems used in settings where OT is currently practiced and where it's emerging as a service			60	40	1	3.6
Achieve entry-level competence through a combination of academic and fieldwork education		9.1	45.45	45.45	0	3.3
Prepared to articulate and apply OT theory			54.5	45.5	0	3.5
Evidence-based evaluations and interventions to achieve expected outcomes as related to occupation			40	60	1	3.6
Prepared to be a lifelong learner and keep current with evidence-based professional practice			36.4	63.6	0	3.6
Uphold the ethical standards, values, and attitudes of the occupational therapy profession			9.1	90.9	0	3.9
Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process			54.5	45.5	0	3.5
Prepared to advocate as a professional for OT services offered and for the recipients of those services			27.3	72.7	0	3.7
Prepared to be an effective consumer of the latest research and knowledge			45.5	54.5	0	3.5

Table 3 shows alumni responses to foundational content in the curriculum. CSU MOT alumni rated six objectives out of eight with a 3.5 or higher mean rating and no objective received a rating less than 3.3. Areas that included ratings of disagreement were logical thinking, role of socio-cultural, socioeconomic and diversity factors, and social conditions/ethics.

Table 3 - Frequency Distribution of Alumni Responses Regarding Foundational Content (n=11)

Standard	% strongly disagree	% disagree	% agree	% strongly agree	Missing	Mean
Written and oral communication			27.3	72.7	0	3.7
Logical thinking, critical analysis, problem solving and creativity		10	40	50	1	3.4
Basic computer use			36.4	63.6	0	3.6
Structure and function of the human body			63.6	36.4	0	3.6
Human development through the lifespan			36.4	63.6	0	3.6
Concepts of human behavior			36.4	63.6	0	3.6
Role of socio-cultural, socioeconomic, diversity factors and lifestyle choices in contemporary society		9.1	45.45	45.45	0	3.3
Social conditions and ethical context of engagement in occupations		9.1	27.3	63.6	0	3.5

Table 4 displays ratings related to the tenets of OT. CSU MOT alumni rated nine objectives out of 11 with a 3.5 or higher mean rating and no objective received a rating less than 3.4. The two areas that received ratings of disagreement by a single participant were the differentiation between occupation and activity and the effects of disease and injury to the individual, family and society.

Table 4 - Frequency Distribution of Alumni Responses Regarding Tenets of OT (n=11)

Standard	% strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
History and philosophical base of OT			36.4	63.6	0	3.6
Differentiate between activity and occupation		9.1	18.2	72.7	0	3.6
Areas of occupation, performance skills, performance patterns, activity demands, contexts, client factors			27.3	72.7	0	3.7
Articulate the unique nature and value of occupation			18.2	81.8	0	3.8
Balance of areas of occupation for achievement of health and wellness			36.4	63.6	0	3.6
Role of occupation in prevention			54.5	45.5	0	3.4
Effects of disease and injury to the individual, family, and society		9.1	36.4	54.5	0	3.4
Analyze tasks relative to OT Practice Framework			36.4	63.6	0	3.6
Sound judgment re: safety of self and others, adheres to safety regulations			45.5	54.5	0	3.5
Quality of life, well-being and occupation			36.4	63.6	0	3.6
Compensatory strategies for life tasks			45.5	54.5	0	3.5

Table 5 shows alumni responses regarding the teaching of OT Theory. CSU MOT alumni rated this single objective with a mean score >3.5.

Table 5 - Frequency Distribution of Alumni Responses Regarding OT Theory (n=11)

Standard	% strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
Use of theories, models of practice, and frames of reference in OT practice with various types of clients and practice contexts			36.4	63.6	0	3.6

Table 6 shows the responses to Evaluation, Screening and Referral. CSU MOT alumni rated two objectives out of 13 with a 3.5 or higher mean rating. Although ratings were lower in this category, no objective received a rating of less than 3.0. The specific areas that received ratings of disagreement included standardized and non-standardized screening tools, selecting appropriate assessment tools, administering assessments using standardized procedures, interpreting results, documentation and interview skills.

Table 6 - Frequency Distribution of Alumni Responses Regarding Evaluation, Screening and Referral (n=11)

Standard	% strongly disagree	% disagree	% agree	% strongly agree	Missing	Mean
Standardized and non-standardized screening tools	9.1	9.1	27.3	54.5	0	3.2
Select appropriate assessment tools	9.1	9.1	54.5	27.3	0	3.0
Administer assessments using standard procedures	9.1	18.18	27.27	45.45	0	3.0
Evaluate clients' occupations in ADL's, IADL's, education, work, play, leisure, and social participation			36.4	63.6	0	3.6
Interpret role of OTR and COTA in evaluation and screening; collaboration with COTA's			45.5	54.5	0	3.5
Interpret results of standardized assessments using appropriate professional terminology and theoretical frameworks	9.09	9.09	36.36	45.45	0	3.1
Consider factors that may bias results		18.18	36.36	45.45	0	3.2
Appropriate referrals to specialists		27.27	27.27	45.45	0	3.2
Documentation of Evaluation	9.1	9.1	54.5	27.3	0	3.0
Interview skills	9.1	9.1	27.3	54.5	0	3.2
Observation skills		18.18	45.45	36.36	0	3.1
Integration of information to guide intervention		27.27	36.36	36.36	0	3.0
Formulate conclusions to select intervention strategies		27.27	36.36	36.36	0	3.0

Table 7 shows alumni responses regarding Intervention, Planning and Implementation. CSU MOT alumni rated one objective out of 31 with a mean of 3.5. Of all the objectives evaluated, alumni rated this group lowest as seven objectives scored below 3.0. Of those, two were below 2.5. Areas of concern included case coordinator, orthotics and prosthetics, transfers and mobility, feeding and eating, use of modalities, follow-up services, and discharge planning. There were several areas in this section where at least one student indicated a rating of disagreement, but items with a mean rating of 3.0 or above were not considered areas of concern in this study.

Table 7 - Frequency Distribution of Alumni Responses Regarding Intervention, Planning and Implementation (n=11)

Standard	% strongly disagree	% disagree	% agree	% strongly agree	Missing	Mean
Develop occupationally based interventions		9.1	36.4	54.5	0	3.4
Select and provide direct OT interventions		10	50	40	1	3.3
Therapeutic use of occupations and activities		9.1	45.5	36.4	0	3.4
Training in self-care, home management, community and work integration		20	40	40	1	3.2
Development, remediation, and compensation		20	30	50	0	3.2
Therapeutic use of self		9.1	27.3	63.6	0	3.5
Care coordination, case mgmt, consultative process, and transition		36.36	36.36	27.27	0	2.9
Modification of environment, adaptation of processes (e.g. ergonomics)			63.6	36.4	0	3.3
Appropriate selection of assistive technologies and devices based on individual needs		9.1	54.5	36.4	0	3.2
Orthotics and prosthetics	9.09	45.45	36.36	9.09	0	2.4
Transfers and mobility	9.1	18.2	54.5	18.2	0	2.8
Feeding and eating	9.1	9.1	72.7	9.1	0	2.8
Use of modalities (principles for use, indications, precautions, and contraindications)	18.2	54.5	18.2	9.1	0	2.1
Home and community programs		27.27	27.27	45.45	0	3.1
Education of client, caregiver, family, and others		9.1	36.4	54.5	0	3.4
Grade and adapt			36.4	54.5	0	3.3

environmental tools, materials, occupations, and interventions						
Re-assessment and monitoring		9.1	72.7	18.2	0	3.0
Discharge planning		18.18	36.36	45.45	0	3.2
Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes		9.1	36.4	45.5	0	3.4
Termination of services		9.1	45.45	45.45	0	3.3
Prioritize intervention needs		9.1	63.6	27.2	0	3.1
Set measurable goals			45.5	54.5	0	3.4
Select interventions consistent with frames of reference or models of practice			72.7	27.3	0	3.2
Select interventions consistent with goals, in collaboration with the client			63.6	36.4	0	3.3
Estimate frequency and duration of intervention to achieve goals		9.1	72.7	18.2	0	3.2
Monitor intervention in relation to desired functional outcomes			72.7	27.3	0	3.2
Modify intervention plan based on outcomes		9.1	63.6	27.3	0	3.1
Documentation of intervention	9.09	18.18	36.36	36.36	0	3.0
Recommend follow-up services	9.09	27.27	36.36	27.27	0	2.8
Documentation of discharge	9.09	27.27	36.36	27.27	0	2.8
Wellness and prevention programs		18.18	45.45	36.36	0	3.1

Table 8 looks at the Contexts of OT Services. CSU MOT alumni rated all objectives below a 3.5 mean. Four out of five objectives were above 3.0 with a low score of 2.6. The one area of concern in this table was international contributions to research and practice.

Table 8 - Frequency Distribution of Alumni Responses Regarding Context of OT Services (n=11)

Standard	% strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
Differentiate between contexts of health care, education, community, and social systems in OT practice			63.6	36.4	0	3.3
Policy issues, social, economic, political, geographic and demographic factors			81.8	18.2	0	3.1
Role of practitioner to address changes in service delivery policies, system change, and emerging practice areas		9.1	45.45	45.45	0	3.3
Models of service delivery			72.7	27.3	0	3.2
Influence of international contributions to research, and practice	9.09	27.27	54.54	9.09	0	2.6

Table 9 covers Management of OT Services. CSU MOT alumni again rated only one objective out of 10 with a 3.5 mean. Seven of the ratings were ≥ 3.0 ; however, two ratings received a score of ≤ 2.7 . These areas of concern were systems to manage workloads and inventory and quality improvement.

Table 9
Frequency Distribution of Alumni Responses Regarding Management of OT Services (n=11)

Standard	% strongly disagree	% disagree	% agree	% strongly agree	Missing	Mean
Management and context		9.1	63.6	27.3	0	3.1
Management in various settings		18.2	63.6	18.2	0	3.0
Federal and state regulations		9.1	72.7	18.2	0	3.0
Licensure and Certification			72.7	27.3	0	3.2
Reimbursement		18.2	54.5	27.3	0	3.0
Systems to manage workloads and inventory	9.09	27.27	45.45	18.18	0	2.7
Marketing			63.6	36.4	0	3.3
Quality improvement	9.1	18.2	54.5	18.2	0	2.8
Supervision of occupational therapy and non-occupational therapy personnel	9.1	9.1	54.5	27.3	0	3.0
Participate in multidisciplinary team meetings or collaborate with others to coordinate multiple services			45.5	54.5	0	3.5

Table 10 provides data on the research component of the curriculum. CSU MOT alumni rated six objectives out of seven with a 3.5 or higher mean rating and no objective received a rating less than 3.4.

Table 10 - Frequency Distribution of Alumni Responses Regarding Research (n=11)

Standard	% strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
Importance of research			36.4	63.6	0	3.6
Evaluate quality of information/research			45.5	54.5	0	3.5
Use professional literature to make evidence-based practice decisions			36.4	63.6	0	3.6
Statistics and qualitative analysis			45.5	54.5	0	3.5
Participate in a research group			36.4	63.6	0	3.6
Write a research report			36.4	63.6	0	3.6
Grant writing process	9.1	9.1	63.6	18.2	0	3.4

Table 11 covers professional ethics and values. CSU MOT alumni rated five objectives out of 11 with a 3.5 or higher mean rating. Of the six remaining objectives, five scored above 3.0 with one receiving a rating of 2.9. The one area of concern with this area was contracts.

Table 11 - Frequency Distribution of Alumni Responses Regarding Professional Ethics and Values (n=11)

Standard	% strongly disagree	% disagree	% agree	%strongly agree	Missing	Mean
AOTA Code of Ethics			54.5	45.5	0	3.4
Membership in AOTA, WFOT, OOTA			45.5	54.5	0	3.5
Promotion of occupational therapy			36.4	63.6	0	3.6
Professional development			54.5	45.5	0	3.4
Professional liability			54.5	45.5	0	3.4
Roles of occupational therapy (practitioner, educator, researcher, consultant, entrepreneur)			36.4	63.6	0	3.6
Contracts	9.1	9.1	63.6	18.2	0	2.9
Ethical dilemmas			72.7	27.3	0	3.2
Ethical disputes and regulatory bodies			63.6	36.4	0	3.3
Consumer advocacy			36.4	63.6	0	3.6
Promotion of the profession			36.4	63.6	0	3.6

Ratings from Employers of New Graduates

The rating scale used for employer surveys ranged from 1 – very weak to 5 – very strong. See appendix eight. Unfortunately, only four employers participated in this study. Table 12 demonstrates the employer responses to the OT Foundational Content for CSU graduates. The employers rated five objectives out of six with a 3.5 or higher mean rating and no objective received a rating less than 3.2.

Table 12 - Frequency Distribution of Employer Responses Regarding Foundational Content (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Written and oral communication			50	50		0	3.5
Logical thinking, critical analysis, problem solving and creativity			25	75		0	3.7
Human development through the lifespan			50	50		0	3.5
Concepts of human behavior			75	25		0	3.2
Role of socio-cultural, socioeconomic, diversity factors and lifestyle choices in contemporary society			50	50		0	3.5
Social conditions and ethical context of engagement in occupations				100		0	4

Table 13 shows the employer responses regarding OT theory. The employers rated this single objective with a mean score >3.5.

Table 13 - Frequency Distribution of Employer Responses Regarding OT Theory (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Use of theories, models of practice, and frames of reference in OT practice with various types of clients and practice contexts			25	75			3.7

Table 14 demonstrates employer responses to Evaluation, Screening and Referral. The employers rated eight objectives out of 11 with a 3.5 or higher mean rating and no objective received a rating less than 3.0.

Table 14 - Frequency Distribution of Employer Responses Regarding Evaluation, Screening, and Referral (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Standardized and non-standardized screening tools		25	50	25		0	3.0
Select appropriate assessment tools			50	50		0	3.5
Administer assessments using standard procedures		25	25	50		0	3.2
Evaluate clients' occupations in ADL's, IADL's, education, work, play, leisure, and social participation			50	50		0	3.5
Consider factors that may bias results			25	75		0	3.7
Appropriate referrals to specialists			75	25		0	3.2
Documentation of Evaluation			50	50		0	3.5
Interview skills			25	50	25	0	4.0
Observation skills				75	25	0	4.2
Integration of information to guide intervention			25	75		0	3.7
Formulate conclusions to select intervention strategies			25	75		0	3.7

Table 15 shows the employers' response to Intervention, Planning, and Implementation. The employers rated 13 objectives out of 18 with a 3.5 or higher mean rating and no objective received a rating less than 3.0. The standards of occupationally based interventions, selection of direct interventions, therapeutic uses, therapeutic use of self, selection of interventions, and those appropriate to the goals received a perfect 4.0 mean.

Table 15 - Frequency Distribution of Employer Responses Regarding Intervention, Planning, and Implementation (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Develop occupationally based interventions			25	50	25	0	4.0
Select and provide direct OT interventions			25	50	25	0	4.0

Therapeutic use of occupations and activities			25	50	25	0	4.0
Therapeutic use of self			25	50	25	0	4.0
Appropriate selection of assistive technologies and devices based on individual needs			50	25		0	3.3
Orthotics and prosthetics			100			1	3.0
Use of modalities (principles for use, indications, precautions, and contraindications)		25	25	50		0	3.2
Home and community programs		25	25	50		0	3.2
Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes			50	50		0	3.7
Prioritize intervention needs			25	75		0	3.7
Set measurable goals			50	50		0	3.7
Select interventions consistent with frames of reference or models of practice			25	50	25	0	4.0
Select interventions consistent with goals, in collab with client			25	50	25	0	4.0
Monitor intervention in relation to desired functional outcomes			50	25	25	0	3.7
Modify intervention plan based on outcomes			50	25	25	0	3.7
Recommend follow-up services			33.3	66.7		1	3.6
Documentation of discharge			50	50			3.7
Wellness and prevention programs			66.7	33.3		1	3.3

Table 16 demonstrates the employer responses to OT Services. The employers rated two objectives out of three with a 3.5 or higher rating and no objective received a rating less than 3.3. There was one employer response missing for the standard of the roles of the practitioner.

Table 16 - Frequency Distribution of Employer Responses Regarding OT Services (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Differentiate between contexts of health care, education, community, and social systems in OT practice			25	75		0	3.7
Policy issues, social, economic, political, geographic and demographic factors			50	50		0	3.5
Role of practitioner to address changes in service delivery policies, system change, and emerging practice areas			66.7	33.3		1	3.3

Table 17 demonstrates the employer responses to the Management of OT Services. They rated four objectives out of seven with a 4.0 or higher mean rating and no objective received a rating less than 3.0.

Table 17 - Frequency Distribution of Employer Responses Regarding Management of OT Services (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Management and context			33.3	33.3	33.3	1	4.0
Federal and state regulations			33.3	33.3	33.3	1	4.0
Licensure and Certification			25	25	50	0	4.2
Reimbursement		25		75		0	3.5
Marketing			100			1	3.0
Quality improvement			50	50		0	3.5
Participate in multidisciplinary team meetings or collaborate with others to coordinate multiple services				100		1	4.0

Table 18 demonstrates the employer responses to Professional and Ethical Values. The employers rated five of eight objectives with a 4.0 or higher mean rating. No objective received a rating less than 3.5. This shows that employers are satisfied with CSU MOT graduate performance.

Table 18 - Frequency Distribution of Employer Responses Regarding Professional Ethics and Values (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
AOTA Code of Ethics				100		0	4.0
Membership in AOTA, WFOT, OOTA			50	50		0	3.5
Promotion of occupational therapy			25	50	25	0	4.0
Professional development			25	25	50	0	4.2
Professional liability				75	25	0	4.2
Ethical dilemmas			50	25	25	0	3.7
Ethical disputes and regulatory bodies			50	50		2	3.5
Consumer advocacy			25	50	25	0	4.0

Table 19 demonstrates employer responses to the OT Program Objectives. The employers rated four of eight standards with a 4.0 or higher mean rating. No objective received less than a 3.5 rating. This again reflects satisfaction with CSU MOT graduate performance.

Table 19 - Frequency Distribution of Employer Responses Regarding OT Program Objectives (n=4)

Standard	% very weak	% weak	% adequate	% strong	% very strong	Missing	Mean
Articulate a coherent rationale for OT services for a variety of populations			25	50	25	0	4.0
Demonstrate the entry-level evaluation and intervention skills of an OT in a variety of settings			25	75		0	3.7
Consistently produce effective documentation of services provided				100		0	4.0

Interact effectively with care recipients, their families, team members, and all others associated with service delivery				75	25	0	4.2
Assume variety of roles as an OT: direct service provider, teacher, consultant, advocate, supervisor, service provider to community, participant in the profession, novice researcher and entrepreneur			50	50		0	3.5
Promote OT to the general public, to health care providers, to payers, to legislators and to care recipients		25		50	25	0	3.7
Demonstrate the attitudes and behavior of an OT				50	50	0	4.5
Demonstrate concrete ways to contribute to the profession			25	75		0	3.7

Results, Discussion and Conclusions

The extensive nature of the alumni survey yielded positive and constructive feedback. Overall, students expressed satisfaction with CSU's MOT program with a mean rating of 3.9 out of 5.0. Of the eleven alumni responses, three ranked the program with the highest rating of five or very satisfied; four reported satisfaction or a rating of four out of five; and four were neutral reporting three out of five.

Ninety percent of the alumni who responded had one year or less of work experience and the mean overall job satisfaction was 7.9 on a rating scale of one to ten. Eight of the eleven alumni responded to the overall job satisfaction question. All eleven alumni were employed as OTs. Nine alumni reported annual salary with the majority or seventy-eight percent earning \$50,000 - \$60,000 annually. Eleven percent of respondents reported \$40,000 - \$50,000 and eleven percent earned \$60,000 - \$70,000 annually. With the majority of alumni working less than one year, few comments were provided on growth and development after degree completion. Despite this factor, two alumni presented at professional meetings and one earned a scholarship from a professional group.

Specific areas of the program were highly rated. Alumni agreed or strongly agreed with: five of eight program objective standards; 11 of 12 ACOTE and NBCOT standards; five of eight foundational content standards; nine of 11 Tenets of OT standards; six of seven research standards; and ten of 11 professional ethics and values standards. All eleven alumni agreed or strongly agreed with the OT Theory standard.

Lower rated areas were also identified and comments from survey standards and open-ended questions were coded and incorporated into major themes. Twenty-seven percent of alumni disagreed or strongly disagreed with 11 of 13 Evaluation, Screening, and Referral standards. Thirty-six percent of alumni commented on at least one of the survey standards. For example, one comment was “not enough education on modalities or application.”

The alumni were presented with 31 Intervention, Planning and Implementation standards. With results similar to the above domain, 25 of 31 standards were given disagree or strongly disagree rating by one or more alumni. Orthotics and prosthetics as well as use of modalities were poorly ranked by more than fifty percent of alumni.

Another theme noted was excessive focus on OT theory. “There is far too much focus on theory and not enough practical application.” Alumni expressed a desire to limit the amount of time dedicated to OT theory to one core class as it is addressed in multiple classes taking away from other valuable areas of study. Alumni expressed the need for additional program devotion to evaluations, assessments, and interventions, specifically, greater hands on practice with general evaluations, assessments and practical applications with the prime focus on current approaches in OT. An area of practice identified as needing greater attention was pediatrics - “need more time spent on pediatric assessments.” Finally, interviewing skills were noted to be poor due to limited exposure during the MOT program. It was suggested that observational experiences be expanded, and greater focus be directed on interviewing and critical thinking strategies.

Open-ended questions about the MOT curriculum, faculty, fieldwork, practicum experience, and university milieu were analyzed for content and again major themes were identified. 36% of graduates reported appreciation to the MOT faculty. Nine percent of alumni felt faculty worked against students and fifty-four percent of the alumni reported improved classroom comprehension when faculty was actively working in the field.

Seventy-three percent of alumni indicated fieldwork and practicum experiences were acceptable when they had the opportunity to select individual sites whereas twenty-seven percent of alumni didn't comment positively or negatively on the topic. Twenty-seven percent of graduates provided positive feedback for university milieu. Karen

Bradley, department secretary, was named as a valuable resource and the university Health Center and Adaptive Lab were positively referenced as aids to alumni as well.

Overall, employer comments about CSU MOT alumni were positive. All standards were met and ranked above 3.0. Strengths and weaknesses were identified. Employer comments reinforced alumni feedback in regards to areas of weakness and needed improvement.

Fifty percent of employers felt CSU alumni demonstrated weak documentation skills and fifty percent noted excellence with documentation capabilities. “Weaknesses are seen with CSU alumni with evaluation and documentation skills.” Twenty-five percent expressed concern with alumni’s ability to adjust treatment plans to incorporate cognitive issues whereas seventy-five percent reported good knowledge base and ability to thoroughly evaluate clients. Twenty-five percent of employers felt that the alumni had little exposure to assessments commonly used. Their reports suggest curriculum changes decreasing the number of assessments reviewed – such as those out dated techniques. “Little exposure to assessments commonly used [don’t need to review as many].” It was also suggested that two specific areas receive additional attention in the MOT curriculum– home and community programming. In addition, fifty percent of employers felt alumni had difficulty dealing with residents with dementia and demonstrated limited knowledge of the rules and regulations pertaining to nursing homes as well as PPS and RUG categories. Twenty-five percent reported that alumni possessed a solid mental health foundation.

Lastly, twenty-five percent noticed a lack of confidence demonstrated by alumni in their OT abilities whereas seventy-five percent described alumni as eager to learn and try new challenges, highly motivated, flexible, and friendly. In addition, CSU alumni were found to easily establish rapport with clients due to good communication skills and recognized that CSU provided a good knowledge base and foundation for entry-level OTs.

Conclusions

Despite low response rates, the alumni and employers provided excellent feedback. Suggested areas for improvements identified by both groups included documentation and intervention skills. Overall, 117 standards were surveyed. Eleven or nine percent received a rating of <3.0. Those areas included: care coordination, case management, consultative process, and transition; orthotics and prosthetics; transfers and mobility; feeding and eating; use of modalities; recommend follow-up services; documentation of discharge; influence of international contributions to

research, and practice; systems to manage workloads and inventory; quality improvement; and contracts. Sixty standards or 51 percent received ratings from 3.0 – 3.4, and 46 standards or approximately 40 percent received ratings of 3.5 or greater. Areas of excellence included but were not limited to: articulate a coherent rationale for OT services; assume variety of roles as an OT; demonstrate the attitudes and behavior of an OT; uphold ethical standards of the OT profession; articulate the unique nature and value of occupation; demonstrate concrete ways to contribute to the profession; prepared to advocate as a professional for OT services; and written and oral communication. Alumni were very satisfied with the faculty saying “all the faculty were excellent and knowledgeable in their particular areas.”

Employer comments reinforced the positive data received from alumni. Employers evaluated 62 standards. Each standard received a rating ≥ 3.0 . Eleven or 18 percent received ratings of 3.0 – 3.4 whereas 51 standards or 82 percent received ratings of 3.5 or higher. Employers were pleased and reported “CSU grads are eager to learn and try new challenges, highly motivated, flexible, and friendly.” The feedback from both groups is indicative that Cleveland State University’s Master of Occupational Therapy Program is meeting ACOTE Standards and Evaluation Criteria.

Important Information about MOT Program Graduates

Pass Rates for National Board of Certification of Occupational Therapist Exam

MOT Classes	Number of First Time Takers	Number of First Time Takers Who Passed the Exam	Percentage of First Time Takers who Passed the Exam	Number of Repeat Takers Who Passed the Exam	Total Percentage of Students who Passed the Exam
2004	6	5	83%	1	100%
2005	13	11	85%	1	92%
2006	20	18	89%	2	100%
Total	39	34	87%	4	97%

Average length of time to complete the program

28 months

Job placement rate of program graduates Class of 2004-2006

89%

Updated May 17, 2007

Summary of Course Changes implemented based on Curriculum Review completed Fall 2005-Spring 2006

Fall 2005

Course #	Proposed Change	Date of Implementation	Comments
HSC 559	<p>Limit discussions to actual experiences of the cohort at the practicum sites.</p> <p>Change order of the assignments and have some due earlier in the semester.</p> <p>Allow more time than the allotted 2 wks between initial submission of assignments to the field work supervisor and when the revised document is due to course instructor.</p> <p>Integrate an online discussion component on WebCT.</p> <p>Provide intro lecture about community-based, and community-built, programs.</p> <p>Provide a session on personal safety issues in community-based.</p> <p>Provide a session on respecting cultural environment.</p> <p>Discuss the supervision process.</p> <p>Provide reflective readings/discussion re: cultural integration.</p> <p>Provide unit on warning signs/and laws related to abuse/neglect.</p> <p>Discuss ethics of accepting gifts.</p>	<p>Implemented Fall 2007</p> <p>Implemented Fall 2007</p> <p>Implemented Fall 2007</p> <p>Not done</p> <p>Implemented Fall 2007</p> <p>Not done</p> <p>Not done</p> <p>Implemented Fall 2007</p> <p>Not done</p> <p>Not done</p> <p>Implemented Fall 2007</p> <p>Not done</p> <p>Not done</p> <p>Implemented Fall 2007</p>	<p>In-Class Time Constraint</p> <p>With a larger class cohort more in-class time had to be reserved for student presentations, thus could not add more content</p>
HSC 569	<p>Find replacement for Karen to teach half of class, or reassign Glenn's teaching load to allow him to teach entire class.</p> <p>Find a good site for more realistic WC Prescription Lab.</p>	<p>May 1, 2006</p> <p>Not achieved</p>	<p>Glenn teaches entire class</p> <p>Summers are problematic- paper case studies will continue this year</p>
HSC 506	<p>1. Will be changing the class to Fall: affects Glenn's teaching load and needs to be addressed as we look at MSHS courses and who will teach the medical portion of the class next year.</p> <p>2. Can Sue come back and teach units on Autism and PPD, Learning Disabilities? we can certainly cover this, but she knows more and can do it better?</p> <p>anything Sue could trade for?</p>	<p>August 1, 2006</p> <p>Not achieved</p>	<p>Dr. Radhika Kathety taught the course</p>

	<p>3. Can we make the change permanent where the physician covers the first half of course, and the OT second half. Sure was cleaner for dividing the course responsibilities.</p> <p>4. We need a new textbook badly</p> <p>5. Open forum, but focused discussion for medical conditions portion</p> <p>6. Take home midterm with clear expectations and grading criteria.</p> <p>7. Encourage student participation: discussions will take whatever direction they support</p>	<p>August 1, 2006</p> <p>New Text out October 2006</p> <p>August 1, 2006</p> <p>August 1, 2006</p> <p>August 1, 2006</p>	<p>Students this year were more creative in their presentations- U Tube Rocks</p>
HSC 560	<p>1 Collaborating with Bette Bonder to retool the culture session to make it more interactive and to build upon the foundation that is taught in PT program by Karen and in OT Program in environments class</p> <p>2. Consider adding Speech and Hearing lecture to go with Nursing, OT, PT, and physician</p> <p>3. Review the midterm and remove questions that perform poorly if any can be identified from last years test. Prepare students in advance that the test is not that easy, and consider reviewing important issues prior to test.</p>	<p>Done May 2006</p> <p>Not achieved</p> <p>Done July 2006</p>	<p>Bette got good feedback</p> <p>Larger class size really caused problems in team assignments, lab sessions</p>
HSC 536	<p>Revise client intervention assignment</p> <p>Refine BE's intervention plan assignment again</p> <p>Consider adding more site visits</p> <p>Continue looking for a better book</p> <p>Find a better video for stress management</p>	<p>Some revisions made - needs more</p> <p>Done, simplified and used by MM too</p> <p>New Pedretti used - much better</p>	
HSC 535	<p>1. Change this course to a one session 4 credit course. Lab activities are infused into classes and does not require separate lab hours. See course syllabus</p> <p>2. Develop a separate service learning course for the City Mission group component of the course.</p>	<p>1. Spring 2006 - done</p> <p>2. Service learning course will be implemented in Fall 2007.</p>	

HSC 518	Maintain amount of course work Consider how we can enhance teaching consistency for the second half of the course	Maggie Maloney, a full-time assistant professor, will be teaching the second half of the course in Fall, 2007.	
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Spring
2006

Course No.	Proposed Change	Date of Implementation	Comments
HSC 579	1. Some students stated that the texts were not helpful (<i>OT Manager and Business Fundamentals for Rehab Profession</i>). I will reassess the second text but will continue to use the OT Manager.	Fall 2006	Kept OT Manager Textbook, but added additional readings from who moved my cheese and critical condition
	2. Now that I have learned that the students traditionally received a lecture from the career services office at CSU, I do believe that the resume/cover letter assignment was redundant.	Fall 2006	Beth Sweeney from Lee, Hecht, and Harrison (professional outplacement organization) and Philomena Johnson from CSU Career Services spoke to the class about resumes and job interviews. The resume assignment was retained
	3. Will continue to have self analysis of communication and leadership styles.	Fall 2006	Deleted this assignment
	4. Will move the professional development plan to the first part of the semester.	Fall 2006	Deleted this assignment
	I will restrict it to what they plan to do to continue professional development in the initial year of their career vs. a five year plan.		
	5. Will redesign the advocacy assignment to have students create a promotional piece for occupational therapy profession (geared to various age spans) instead of a letter to political leader.	Fall 2006	Deleted this assignment
	6. Increase emphasis on Medicare, Medicaid, COTA supervision/roles	Fall 2006	multiple lectures on reimbursement systems and payment, COTA supervisory requirements, panel discussion on COTA/OTR interactions with 5 COTA's
7. Introduce the program proposal and business plan earlier and in its entirety (vs. in small sections as I had done). I had done so after reasoning that they would be overwhelmed by a large project, but they have voiced that they want it to be given to them all at once	Fall 2006	This project and examples of past student projects was introduced on the first day of class	

	<p>Develop/revise overall timeline. Have outside advisors agree to timeline before we allow them to advise students. Posters required but will be hung at faculty discretion. Mandatory 4 sessions: 2 stats sessions, they bring their data; half each time.</p>	<p>Done Fall 2006</p> <p>Not Done</p>	<p>Only one group did quantitative study this year</p>
HSC 517	<p>1. Follow with S-L sites to reinforce positives and improve client participation at Aids Task Force. 2. Teach S-L as a separate course. 3. Course load for this semester will change next year. 4. Hold students more accountable for learning the models; use classroom time to apply principles.</p> <p>Adopt Doris Pierce's book for S-L courses. Assign models to students for presentations so that all are presented. List Ludwig and Walker's book as reference for models.</p>		
HSC 527 BE	<p>Revise instructions for written assignments to clarify expectations.</p> <p>Split content into two courses.</p> <p>Hire someone to do the whole pediatric unit with sole responsibility.</p>	<p>Totally revised adult NDT assignment. Still needs more work.</p> <p>New course developed for ortho and biomechanical FOR - HSC 515. Much better. Cindy Rakow did great job with Neuro unit this year</p>	
HSC 527 RC	<p><i>Per Student Comments:</i> 1. Divide the course into two separate courses so all of the material can be discussed more in-depth with more time allotted to techniques (ie ROM and MMT) in lab.</p> <p>2. Please slow down the pace.</p> <p>3. Spread out when the written assignments are due. 4. Move this class to a semester that is closed to when the students have their fieldwork.</p>	<p>Done</p> <p>Done. More time since we split course into 2 - students didn't seem to mind the pace. Done- not an issue since this is now 2 courses</p> <p>Not done. Doesn't work</p>	

	<p><i>Per Instructor:</i></p> <ol style="list-style-type: none"> 1. The instructor is in agreement with the student comments. 2. If possible, bring in real-life patients (particularly those with ROM or strength deficits) on which the student can perform ROM and MMT. This would allow them to focus more and be more attentive than they are when performing these activities on each other. 3. As more students are enrolled in the MOT program, the method in which lab practical is administered will have to be altered. At present, this was an all day event with no break for the instructor from 9.00 AM to 3.30 PM. 	<p>with curriculum</p> <p>Not done - difficult to do this. ROM and MMT is now in HSC 515 - had more time to absorb concepts. Focused on occupational analysis considering ROM and MMT. Students seemed ok with pace.</p>	
<p>HSC 528 JB</p> <p>HSC 528 RC</p>	<ol style="list-style-type: none"> 1. Cover psychosocial issues with children in more depth. 2. Work load for students in Fall semester will change. 3. HSC 528 and HSC 517 will be different semesters alleviating confusion with models and frames of reference. 4. Require groups of students to present short summary of a frame of reference at beginning of class, then lead a discussion of its meaning and application. <p><i>Per Student Comments:</i></p> <ol style="list-style-type: none"> 1. Observe an actual group being facilitated in a mental health facility. 2. Learn more about facilitating groups with lower functioning individuals, as well as practicing running groups with individuals at different skill levels. <p><i>Per Instructor:</i></p> <ol style="list-style-type: none"> 1. Place all lab information (expectations, assignments, Co-Leader Critique) on WebCT for students to access any time. 	<p>Not implemented</p> <p>Not implemented</p>	<p>MM took course from JB The course now changed to the first (vs. previously the 2nd) semester of study and more time was devoted to the OTPF in order to orient the students Also, w/ larger cohort, need more in-class times for student led presentations.</p>

2. Introduce attendance points for each lab. A student will receive full number of points for attending the entire lab and arriving on time. Points will be deducted for students who arrive late or leave early, or who do not attend lab and do not give the instructor ample notice as to the reason for their absence.
3. Students may only attend their assigned lab session to eliminate trust and confidentiality issues that may arise by participating in another lab group.
4. Submit all Co-Leader critiques to the instructor via email.
5. Require students to submit an electronic copy of their group instructions to all of the students in the class (not just their individual lab group), so students can have a full complement of group activity ideas at the end of the course.