

## CTE Annual Assessment Report Template

The purpose of CTE program-level assessment at PCC is to look at student achievement of degree and certificate-level outcomes and to help faculty focus on how to improve student learning based on assessment.

Please choose **one** of the degree and/or certificate outcomes that was part of this year's Summary Data Report, and provide a more in-depth explanation of your assessment process, results and how this might be used to enhance teaching and learning.

This form to be used for both assessments (first time the outcome is assessed) and for re-assessments (a follow-up for the initial assessment of the same outcome).

On completing the form, please e-mail it to [learningassessment@pcc.edu](mailto:learningassessment@pcc.edu).

SAC Assessment Contact(s):

<i>Name</i>	<i>e-mail</i>
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1. Which SAC do you represent?

Radiography

2. Which outcome is reported here? (Please provide the text of the outcome, and the degrees/certificates to which it applies).

RAD Program Outcome 5: AAS: Radiography – AAS Degree Students/Graduates demonstrate problem solving/critical thinking skills as it relates to image analysis and performing non-routine examinations.

For our Program Assessment Plan (PAP) used for our accrediting body, the goal listed is: Students will use critical thinking and problem-solving skills. The specific outcome is: The student will demonstrate competence in non-routine examinations.

3. Please share **how** this outcome was assessed to help us understand your process for assessment. Please attach a rubric, sample score sheet, or other assessment tool.

This is measured for 2<sup>nd</sup> year students at the end of the 5<sup>th</sup> term of clinic (RAD210) in the program. A data report is run of our online record keeping platform to list “Trauma Procedures” from the program competency list that our students have entered. Students have 21 possible trauma comps to choose from, but only 7 are required.

(See attached clinical competency form and clinical competency log.)

4. Please include information about your benchmark (the score that indicates successful attainment of the outcome), and how it was determined.

Our benchmark is that 90% of 2nd year students will achieve 2 Trauma competencies by the end of fall term. Students complete a large and consistent portion of their overall clinic experience during summer term of their 1<sup>st</sup> year. This is also “trauma season” in the hospitals which allows the student to become more familiar with trauma procedures and processes. Once they move up to a 2<sup>nd</sup> year student in the fall, they can work more independently and should have more confidence working with difficult patients that may require extra critical thinking and problem solving.

5. Please provide data collected in the assessment of this outcome (including score distribution and percent of students meeting benchmark). Summarize your findings in the box below. Attach supplemental information or appendices. For this report, **please do not include student identifying information**, but you can assign an arbitrary identifier, especially if you wish to reference individual scores in your discussion.

(See attached Trauma Goal Spreadsheet.)

Our findings are that 84.38% of students had earned at least 2 Trauma competencies by the end of the 5<sup>th</sup> term in clinic. The average number of Trauma competencies earned is 4.88. 5/32 students did not meet the benchmark and earned 0 or 1 trauma comps. 1/32 students met the benchmark exactly. 26/32 students exceeded the benchmark by earning 3 or more trauma comps; 3 of those 26 students earned 10+ trauma comps.

6. Please discuss your overall findings regarding student learning. (What did you learn from this assessment? Were there any surprises? Do the data make sense? How do the data relate to student learning?)

The data makes sense and we learned several things:

- 1) Students are overall able to think critically, and problem solve even the most difficult exams of challenging and very injured patients. This is shown by the fact that our students have earned an average of 4.88 trauma comps by the end of their 5<sup>th</sup> term in clinic. This is in the real working environment and they are showing they are adaptable.
- 2) We did not meet our benchmark, however, as only 84.38% of students had 2 or more competencies by the end of the 5<sup>th</sup> term in clinic.
- 3) That the definition of “trauma” exams is interpreted differently at different clinical sites. Within our competency log guidelines, Trauma is described as “an acute injury requiring the patient to be assisted and the exam performed with modifications from standard position and/or technical protocols.”
- 4) Not every clinic site has an abundance of “trauma” patients, thus it may be more difficult to receive enough practice or number of trauma exams in order to be competent and earn a competency for them.
- 5) In a certain competency category, if there is a required exam and an elective trauma competency, the students will prefer to satisfy their required exams first, even if perhaps the patient was actually a trauma patient. For example, a trauma patient may have come for x-rays of their femur and a student completes a competency of this exam. When they are logging this exam in E-value, they see a Femur Routine is a required comp while Femur Trauma is an elective comp, so choose to enter this exam as a Routine to satisfy their required comps first.

7. Please reflect on the entire project and share how your CTE SAC will use the results to improve student mastery of this outcome. Are there changes that need to be made to improve teaching and/or learning?

1. The AVERAGE number of Trauma competencies earned by students by the end of fall term is 4.88, (while some had 0 or 1, others had up to 12) which is well over the benchmark of 2 exams. We did notice a pattern that 3 of the students who had achieved either 0 or 1 were all at one clinical site where their definition of “trauma” is very strict (perhaps more so than our description implies). Thus, the benchmark is likely very attainable.
2. There are things in our control: how trauma is defined and when we can evaluate students on this. We will work on educating students of the assessment and how this is being evaluated/counted. We have also clarified the “trauma” designation in our Clinical Advisory Board meetings, so the preceptors are on the same page of what is required vs. expected.

3. There are things out of our control: how trauma definition is interpreted between all our 16 hospital sites (only 2 hospitals are Level 1 trauma centers), and location/patient demographics between the clinical sites. Sometimes, in order to satisfy the Trauma exams that are required for program completion, students may have to take the literal interpretation of the definition and select a patient that requires non-routine imaging execution but isn't necessarily a "trauma patient". This may require us to have more careful consideration for clinic site switches in order to provide more trauma opportunities at another institution that is not the home site for a student.

8. What changes do you plan to make to your assessment of this outcome in the future?

Some of what is mentioned above in #7 will likely impact the results of the assessment. We will also look at their reported Daily Activity Log to see how much practice they have had with trauma exams despite not actually comping an exam. This can also indicate how much comfort and confidence they have in dealing with difficult exams and traumatically ill patients.

**Has the outcome been assessed before? (If not, skip this question).**

9. Were any modifications to instruction implemented between the prior assessment and this one? How did the assessment methods and results compare with the prior assessment?

N/A – outcome has not been assessed before.

**To help us understand your SAC's overall processes, please complete these additional questions.**

1. Was the SAC able to include Part-Time (PT) and Full-Time (FT) faculty for this assessment? If PT faculty did not participate, please explain any barriers that might account for this fact.

Yes, our SAC assessment involved all our faculty, including PT and FT faculty as it involves a goal/outcome with related benchmarks for our program accreditation.

2. How do you plan to share this information with all members of your SAC?

It was discussed at a faculty department meeting in January 2019 (since assessment reporting period ended in Dec 2018).

3. Are there any areas that you might want help with from your CTE coach? Please let us know.

Not that I can think of.

4. Is there anything else you would like to share with us? Please let us know.

It would be beneficial to allow CTE programs, especially those with 3 FT faculty & 2 PT faculty, to be able to use our accrediting body specific goals and benchmarks as a measure of assessment and not have to do additional reporting.

*CTE Annual Assessment Report Template*

Thank you for completing this report!

We hope this has been a useful project to help your CTE SAC assist your students!