**Oakland University Assessment Committee**

**Assessment Process for Programs with External Accreditation**

Overview

The Higher Learning Commission (HLC) of the North Central Association (NCA), the university’s accrediting body, requires the university to ‘*demonstrate a commitment to educational achievement and improvement through ongoing assessment of student learning’.* However, the NCA allows the university to decide how best to meet this requirement.

Typically, programs meet this requirement by participating in the university’s assessment cycle, as detailed by the university assessment committee (UAC). Programs normally participate in this cycle by first submitting an assessment plan to the UAC, and upon approval, implementing that plan and reporting the results of the implementation back to the UAC in two-year repeating cycles.

Programs with external accreditation sometimes operate with a slightly different process than other programs. Typically, external accreditors have assessment requirements that are more stringent then the requirements of the HLC. As such, fulfilling the assessment requirements of the external accreditor is usually sufficient to satisfy the requirements of both the UAC and the HLC. Programs with external accreditation are eligible to apply for a special waiver to have their accreditation process substitute for the normal university process, reducing the burden on programs with external accreditation and on the UAC.

This is how it works. First, the program must show how their external accrediting body’s requirements meet or exceed the requirements of the Higher Learning Commission. This is done through a simple ‘mapping’ process that is submitted to the UAC. Once the mapping process is reviewed and approved, the UAC then only requires your accrediting body’s formal letter of accreditation as evidence that the program is fulfilling the assessment requirements of the HLC. Each time a program is re-accredited, it will need to submit another formal letter, which serves as a substitute for the normal assessment process until its next round of accreditation. This saves the program and the UAC time, because the program does not have to submit formal plans or reports to the UAC.

Instructions: Summary

Step 1: Basic Information

Step 2: Mapping of Standards

Step 3: Final Steps

Please fill this form out electronically. If you are **not** accredited by an external body, use [this form](https://www.oakland.edu/upload/docs/OIRA/Assessment/Forms/UAC%20Assessment%20Report%20Format.docx) instead.

For questions, comments, or help with this form, contact Reuben Ternes (ternes@oakland.edu)***.***

Completed forms should be sent electronically to Reuben Ternes (ternes@oakland.edu).

**Step 1: Basic Information**

*Please fill out the following basic information about your program.*

Program Name: Doctor of Physical Therapy Program

School or College your program resides in: School of Health Sciences

Program Level (check all that apply):

Undergrad ☐

Master’s ☐

Doctoral x

External Accrediting Agency: Commission on the Accreditation of Physical Therapy Education (CAPTE)

Today’s Date: 10/12/2017

Current Assessment Contact Representative (& E-mail): John Krauss (krauss@oakland.edu)

Current Department or Program Chair (& E-mail): John Krauss – DPT Program Director (krauss@oakland.edu), Kris Thompson – Chair Human Movement Science Department (kathomps@oakland.edu)

Current Dean (& E-mail): Kevin Ball (kevinball@oakland.edu)

**Step 2: Program Mapping**

*Programs with external accreditation must still meet the accrediting standards of the Higher Learning Commission, or submit an assessment report using the long form. Programs with external accreditation must meet the following requirements as stipulated by the Higher Learning Commission of the North Central Association:*

1. The program has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.
2. The program assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.
3. The program uses the information gained from assessment to improve student learning.
4. The program’s processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

*In order for your mapping to be approved, your external accrediting agency must require the above criterions to be met, in some fashion or another. Below, please provide the exact language that your accrediting body uses to show that each of the requirements listed above is also required by your accrediting body. Understand that this mapping is to the HLC’s requirements and the requirements of your accrediting body, and has nothing to do with your program or how your program does assessment. Use the exact language of your accrediting body. In addition, you must provide the location of where members of the UAC can find this language – either a page number in a document or a hyperlink to the appropriate location on the website of your accrediting agency.*

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| **Higher Learning Commission Requirements** | **Your Accrediting Body’s Associated Requirements** | **Location** |
| The program has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals. | All accrediting body information contained within this matrix are from the CAPTE STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS (Revised 11/11/15; 3/4/16) |
|  | Standard 1The program meets graduate achievement measures and program outcomes related to its mission and goals.1B The program has documented goals that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes. | Page 1 |
| The program assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs. | 1C The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes.1C1 Graduation rates are at least 80% averaged over two years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.1C2 Ultimate licensure pass rates are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.1C3 Employment rates are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.1C4 Students demonstrate entry-level clinical performance prior to graduation.1C5 The program graduates meet the expected outcomes as defined by the program.1C6 The program meets expected outcomes related to its mission and goals. | Pages 1-3 |
|  | Standard 2:The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which: 2B1 the admissions process, criteria and prerequisites meet the needs and expectations of the program. 2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs. 2B3 the collective core, associated and clinical education faculty meet program and curricular needs. 2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services. 2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures. | Pages 4-5 |
| The program uses the information gained from assessment to improve student learning. | Standard 4:The program faculty are qualified for their roles and effective in carrying out their responsibilities.4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest. |  |
| The program’s processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members. | 2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice. | Pages 5-6 |

**Step 3: Final Steps**

*Please e-mail your completed form to the UAC/OIRA liaison, Reuben Ternes (**ternes@oakland.edu**). The UAC will review the program mapping to make sure it meets the HLC standards. After the review is complete, you will receive a response from the UAC indicating the final result of the review.*