

## **Assessment and Evaluation**

How many learners will engage in the instruction? Approximately 25, but exact number will be determined on fall 2016 enrollment. The evaluation component will not be possible to complete until fall 2016 term, however, the following strategies are suggested to provide a methodology for evaluation once the online educational material is presented to students.

## **Formative Evaluation Strategies**

Mid-term evaluations by Karen McCulloch, Matthew Taylor, Carla Hill, and Patricia J. Slagter van Tryon were completed and reviewed, with all recommendations heeded.

See the following summary of formative evaluations:

The main suggestions from the capstone committee concerned the instructional materials used. The main suggestion from the capstone advisor included recommendation to incorporate suggested changes from Carla Hill, and to also address the nature of sedentary Americans as a justification for capstone creation, which included clarification on why the ACA wellness program was myopic (if it actually is) and a question on whether or not health promotion education in PT schools is indeed not yet universal. An attempt was made at clarification of these questions by updating the front-end analysis introduction.

- Matthew Taylor PhD, PT suggested adding additional BPS studies that showcase a wider range of diagnoses.

DECISION: The solution was provided by having students read the entire book chapter from Medical Therapeutic Yoga in the required reading, as it includes evidence-based support and citations for use of the BPS model across a wide range of diagnoses.

- Patricia J. Slagter van Tryon, EdD submitted feedback for improving organization of my existing instructional front-end analysis and defending my needs analysis and instructional materials selection.

DECISION: Her feedback took the longest to incorporate but has now improved the readability and flow of the ID analysis, as well as offered me the opportunity to expand the evidence-base to defend my analysis and capstone. Additionally, she noted that my approach, constructivist in nature, "lends itself well to many instructional techniques, and authoring would be a strong addition to the work...having students build with the new knowledge." "It takes the technology you are using and moves its integration one level deeper." Web-based resources that would scaffold the interaction and sustain it outside of the course experience could enrich the students' experience.

DECISION: Instead of journaling the experiential yoga practice reflection independently, the students could be encouraged to record a Voice Thread, less than 3-5 minutes, via a low-tech option such as recording a voice memo on their smartphone or on their laptop computer, to share with their classmates in the larger realm of social media.

- Carla Hill PT, DPT suggested less readings and increased Voice Thread use to review the readings students will have already seen earlier in the coursework. More specific feedback from Carla included: *"Here is some specific feedback to consider when revising,"*:

*-WHO ICF: The students will have previously learned the ICF model so perhaps instead of re-reading the article a brief review could be included in a VT.*

*-Shumpert: early in the semester the students read a couple articles that lay the foundation for PTs to be engaged in H&W in their practice and they spend a couple weeks learning/discussing several behavior change theories including SCT and HBM; considering all that, students will likely view this as redundant. If there are certain findings within that you want to highlight, consider including in VT.*

Shumpert et al., 2009. Examination of the role of health promotion in physical therapy. <http://msahperd.com/wp-content/uploads/2013/10/An-Examination-of-the-Role-of-Health-Promotion-in-Physical-Therapy.pdf>

DECISION: Because of the redundancy of this article, Shumpert and WHO ICF model reading was removed from the readings. The WHO ICF model is discussed in the book chapter required reading, making it redundant to include as a separate article and/or include as a Voice Thread.

*-Miciak: I'm not familiar with the 'common factors' model. If this is imperative to your case study, I'd say ok to keep it; if not, I'd say reconsider because I already get students commenting about how many models and theories are covered in the previous units.*

Miciak, M., Gross, D.P. And Joyce, A., 2012. A review of the psychotherapeutic 'common factors' model and its application in physical therapy: the need to consider general effects in physical therapy practice. *Scandinavian Journal of Caring Sciences*, 26(2), pp. 394-403.

DECISION: Miciak was removed from the readings because it is likely a topic for later discussion, not for an introductory discussion that this capstone provides. Additionally, I concur with Carla's point that introducing an additional model at this time could be overwhelming for students.

*-Kamper x2: seems there may be significant overlap with these, so pick one, otherwise students likely won't read the 2nd one if it seems duplicative.*

Kamper et al, 2014. Multidisciplinary biopsychosocial rehabilitation for chronic

low back pain. <http://www.ncbi.nlm.nih.gov/pubmed/25180773>

DECISION: The latest one was chosen and the other discarded.

*-Sanders: may be good as an intro (early) reading since the abstract appears to provide the foundation for including this lesson on BPS in the PT curriculum*

DECISION: Per Carla's suggestion, this article was retained in the reading list.

## **Summative Evaluation Strategies**

Two forms of evaluation could be used in summative evaluation, qualitative and quantitative. Course outcome effectiveness could be determined via a questionnaire that includes both types of evaluation (quantitative and

qualitative). Additionally, the success of the students in completing the assignment can also be used to judge the instructional outcome. The last of the three summative evaluation components includes a self-reflection that will be completed in full after the capstone materials have been posted and feedback is received.

1. Student evaluation includes:

- Reflective questions to consider for students' discussion board post and response
- Demonstration of use of rationale and guidelines for BPS application via case study analysis
- Guided yoga experience (prerecorded) with self-reflection

2. [Instructor evaluation](#) includes a quantitative and qualitative evaluation that was adapted with permission from Evaluation Toolbox (2016).

I will not have formal summative evaluation results until fall 2016, when students complete the course instruction in the Health & Wellness course here at UNC.

3. Self Evaluation - This will be completed in full once evaluations of, and questions concerning, the capstone are received via the capstone website. However, I would like to suggest improvements I know that can be made in the project as it currently stands prior to its defense:

After making changes to the introduction and instructional materials, the

instructional materials list shrunk significantly, which is probably a good idea for students so they are not overloaded. However, I would like to see the materials offered expand and grow, but first that would probably require having more teaching time. I am completely open to that possibility and, in the future, would be happy to expand on the material taught so that a more comprehensive experience in health promotion (through a biopsychosocial, interdisciplinary, integrative medicine lens) could be offered to the students. I would also like to see an expanded offering of experiential practices available for students, which I indicated would be made available for the fall term after I film an extensive collection of them in May 2016. Finally, as use of an integrated biopsychosocial model becomes more widely used in physical therapy, I hope to expand on the material offered in this course section beyond my own book chapters, podcasts, and experiential instruction (yoga practices).