

# Assessment of Student Learning Plan (ASLP): Therapeutic Recreation

2015-16 Academic Year

## A. College, Department, Date

College CSTH  
Department Recreation and Leisure Studies  
Date June 22, 2016

## B. Contact Person for the Assessment Plan

Name and title Holly J. Bean, MS, CTRS, Department Chair

## C. Degree Program

Name of Degree Program Therapeutic Recreation

## D. Assessment of Student Learning: Program Assessment

### Step 1: Identify the Student Learning Outcomes (SLO's)

- a. Do you have your student learning outcomes published on your department's website? No, but we are working on this piece and will have it completed by the end of the summer 2016.
  - i. If yes, please indicate the url: \_\_\_\_\_
  - ii. If no, please list 3-5 of the most important student learning outcomes for your program. **What will students know by the end of your program? 1. Students will become proficient in therapeutic recreation programing and facilitations by using evidence based practices 2. Students will understand and utilize the appropriate assessments for the individual to be assessed. Students will understand how best to choose assessments based on reliability/validity/usefulness and how to correctly document on individuals progress 3. Students will have accomplished two 24 hour practicums and one semester long 560 hour internship at a designated site. 4. Eligible students will have the ability and educational background to sit for the national certification exam.**

b. Please identify **which of your student learning outcome(s) were assessed this past academic year.** (One or more of the outcomes and corresponding assessment plans could come from your department's CORE Course Blueprint(s).

1. Practicums and Internships are assessed (evaluated) by the site program director. Written and verbal feedback are required. Students are required to write critical analysis papers of their site, educational opportunities, and how it ties in with the textbook and class room instruction.
2. Case studies are given to students during the semester. This requires the student to read the case history, choose the correct assessment and provide clinical reasoning skills that demonstrate it is the correct assessment tool. Students practice filling out assessments and then create an evidence based treatment plan (program) that has measurable goals and objectives.
3. Program and Facilitations requires the student to utilize a lit review to determine an evidence based practice of their choosing. They must then create an evidence based program and present it. Students use the APIE method of Assessment, Plan, Intervention, and Evaluate.
4. A policy and procedure manual is created as a capstone project by seniors. Students are graded on the quality of their material, accuracy, and professionalism.
5. Upon successful graduation, students have the opportunity to sit for the national exam provided by the National Counsel for Therapeutic Recreation Certification (NCTRC). After successfully completing the exam the student is a Certified Therapeutic Recreation Specialist (CTRS).

From NCTRC website, the necessary knowledge and skill set needed to pass the exam:

I. Foundational Knowledge (20%)

A. Theories and Concepts 1. Human developmental stages across the lifespan 2. Theories of human behavior and principles of behavioral change (e.g., Maslow's hierarchy, social learning theory, experiential learning model, self-determination theory, stress-coping, societal attitudes) 3. Concepts and models of health and human services (e.g., medical model, community model, education model, health and wellness model, person-centered care model, International Classification of Functioning, recovery model, inclusion) 4. Principles of group dynamics and leadership 5. Legislative and regulatory guidelines and standards (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Joint

Commission, CARF, Accreditation Canada) 6. Contributions of play, recreation, and leisure to health, and well-being (e.g., flow theory, benefits, quality of life, ICF)

B. Practice Guidelines 1. Models of TR/RT service delivery (e.g., Leisure Ability Model, Health Protection/Health Promotion Model, TR Service Delivery Model, Health and Well-Being Model) 2. Practice settings (e.g., hospital, long-term care, community-based, schools, home health care) 3. Standards of practice 4. Code of ethics 5. Professional qualifications (e.g., certification, licensure) 6. Cultural competency (e.g., social, cultural, educational, language, spiritual, socioeconomic, age, environment)

C. Diagnostic Groupings 1. Cognitive/developmental disorders and related impairments (e.g., dementia, traumatic brain injury, intellectual disabilities) 2. Physical/medical disorders and related impairments (e.g., diabetes, multiple sclerosis, muscular dystrophy, spinal cord injury, sensory impairments) 3. Psychiatric disorders and related impairments (e.g., addictions, PTSD)

## II. Assessment Process (19%)

A. Selection and Implementation of Assessment 1. Current TR/RT assessment instruments 2. Interprofessional assessment instruments, inventories and questionnaires (e.g., standardized rating systems, developmental screening tests) 3. Secondary sources of assessment data (e.g., records or charts, staff, support system) 4. Criteria for selection and/or development of assessment (e.g., reliability, validity, practicality, availability) 5. Implementation of assessment (e.g., behavioral observations, interviews, performance testing)

B. Assessment Domains 1. Sensory assessment (e.g., vision, hearing, tactile) 2. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness) 3. Social assessment (e.g., communication/interactive skills, relationships) 4. Physical assessment (e.g., fitness, motor skills function) 5. Affective assessment (e.g., attitude toward self, expression) 6. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge) 7. Functional skills assessment (e.g., access in the community, using social media, using transportation)

## III. Documentation (18%)

1. Interpretation and documentation of assessment results 2. Individualized intervention plan (e.g., identification of problems, strategies for treatment, modalities) 3. Writing measurable goals and behavioral objectives 4. Progress/functional status (e.g., SOAP, FIM, DARP) 5. Modification of intervention plan (e.g., reevaluation) 6. Discharge/transition plan of person(s) served 7. Required facility documentation (e.g., adverse incidents)

#### IV. Implementation (26%)

1. Selection of programs, activities and interventions to achieve the assessed needs of the person(s) served 2. Purpose and techniques of activity/task analysis 3. Activity modifications (e.g., assistive techniques, technology, and adaptive devices) 4. Modalities and/or interventions (e.g., leisure skill/education, assertiveness training, stress management, social skills, community reintegration) 5. Facilitation approaches (e.g., strengths based approach, holistic approach, person-centered, palliative care) 6. Intervention techniques (e.g., behavior management, counseling skills, experiential learning) 7. Risk management and safety concerns 8. Role and function of other health and human service professions and of interdisciplinary approaches (e.g., co-treatment, consultation, referral)

#### V. Administration of Therapeutic Recreation/Recreation Therapy Service (10%)

1. TR/RT service plan of operation (e.g., TRAM model, policy and procedure development) 2. Procedures for program evaluation and accountability (e.g., attendance, participation rates, cost benefit analysis) 3. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring) 4. Personnel, intern, and volunteer management (e.g., recruitment, supervision, coordination, evaluation) 5. Payment system (e.g., government funding, managed care, private contract, Medicare, Medicaid, ICDM) 6. Facility and equipment management (e.g., maintenance, upgrading, inventory) 7. Budgeting and fiscal management (e.g., fund acquisition, fund management)

#### VI. Advancement of the Profession (7%)

1. Professionalism (e.g., professional boundaries, professional appearance, and behavior) 2. Credential maintenance and upgrading professional competencies (e.g., certification, recertification, licensure, continuing education, specializations) 3. Advocacy for person(s) served (e.g., patient/consumer rights, grievance policies, HIPAA) 4. Legislation and regulations pertaining to TR/RT (e.g., related service definitions, Affordable Care Act) 5. Public relations, promotion and marketing of the TR/RT profession 6. Professional associations and organizations 7. Research activities (e.g., review of evidence-based literature, efficacy of TR/RT interventions) 8. Collaboration between colleges/universities and recreational therapists (e.g., provision of internships, supporting research)

c. *Do you have a **matrix or curriculum map** showing when your student learning outcomes are assessed and in which courses? Yes*

i. *If yes, do you have this map published on your website? Please indicate url or attach a copy of the curriculum map. No, the map is not published, yet, however, Bill Blais and I are working on this next week and should have it completed by the end of the summer.*

## **Step 2: Assessment Methods Selected and Implemented**

- a. *Identify which direct measures (other than course grades), that were used to determine whether students achieved the stated learning outcomes for the degree.*

A scoring rubric is utilized for grading, as well as, comprehensive exams, papers, case studies, portfolios, presentations, exhibits (Thinking Matters), group projects, capstone project (policy and procedure manual), internships and practicums.

- b. *Briefly describe when you implemented the assessment activity, and if a scoring rubric was used to evaluate the expected level of student achievement. (This information may be shown on your curriculum map).*

All outcomes listed are assessed during the semester of the course.

## **Step 3: Using the Assessment results to Improve Student Learning**

- a. *Briefly describe your unit's process of reviewing the program assessment results (i.e. annual process by faculty committee, etc). Currently, the faculty members discuss results and work to create an environment that better enabled the student. Moving forward, there will be monthly meeting for all instructors to discuss assessments and learning objectives.*
- b. *What changes have been or will be made to improve student learning, as a result of using the program assessment results? Changes will include: understanding where more instruction needs to be given (ie literature review papers) and provide additional classroom instruction.*
- c. *Date of most recent program review/self-study? May 2016, hired a new full time faculty member. Review of all syllabi and course objectives so as to improve curriculum and student outcomes.*

Working to change curriculum and when courses are offered to provide more options for students.

**E..Course Assessment Activities:** *Is your program able to report any assessment-related activities at the Course-Level... (i.e. created grading rubrics to use in required courses, examined student progress in entry-level courses, developed a new course, etc)? Please briefly explain any assessment projects.*

Rubrics are utilized at the course level

Reinstated pertinent courses that were previously dropped due to no faculty

Developed a travel course to Costa Rica

**F. Community Engagement Activities in your departmental curriculum:**

a. Does your department have a student learning outcome that is related to any community engagement activities? If so, please state the outcome.

Community engagement is essential to Recreation and Leisure Studies. Students are required to complete two 24 hour practicums and one 560 hour, semester long internship in the community under the direct supervision of a CTRS. RLS partners with Portland Center for Therapeutic Recreation, Maine Medical Center, New England Rehabilitation Center, Maine Adaptive, Pineland Farms, Togus, Maine Veterans Home, Sedgewood Commons, Bay Square, Portsmouth Hospital, Mass General, Southern Maine Agency on Aging, The Barron Center, and many, many other sites across the country.

b. Please indicate what community engagement activities are included in your program’s curriculum, and whether the activities are required or optional for students in your major.

<u>Community Engagement Activity</u>	<u>Included</u>	<u>Required/Optional</u>	
Student Research (related to a community-based problem)	R	R	O
Student-Faculty Community Research Project	R	R	O
Internship, or a Field Experience	R	R	O
Independent Study (community-related project)	O	R	O
Capstone Course (community-related project)	R	R	O
Service-Learning (course-based)	R	R	O
Study Abroad, or an International Program	O	R	O
Interdisciplinary Collaborative Project (community related)	R	R	O
Student Leadership Activities (related to a team project)	R	R	O
Students/Faculty Community Leadership (advisory boards, committees, conference presentations)	O	R	O
Other Activities (not mentioned above):			

c. Please list any courses (i.e. EDU 400) that have a community engagement activity in your program.

- Entry-level courses: REC 110, REC 121
- Mid-level courses: REC 382, REC 383
- Upper-level courses: REC 495, REC 498