

**Recreational Therapy Program
School of Health Sciences
Western Carolina University**

External Review Report

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I. Introduction

The Recreational Therapy Program review occurred from Sunday February 28 through Tuesday March 2, 2010. Preparations for the visit were coordinated by the Office for Planning and Effectiveness (David Onder & Pam Buchanan) in a timely and attentive manner. Prior to its visit the Review Team received paper and electronic copies of the RT Program's self study and had access to the University's website for additional documents.

The campus visit was well-organized and the schedule of meetings and related activities provided for an efficient and intensive review. Following a campus orientation (tour) and a dinner at the Madison House, the Review Team shared its initial impressions of the self-study and identified questions and issues that would guide its meetings with various representatives. The schedule included meetings with Dr. James Scifers, Director of the School of Health Sciences, Dr. Linda Stanford, Dean of the College of Health and Human Sciences, and Dr. Kyle Carter, Provost of the University. The schedule provided opportunities for discussions with the RT faculty both formally and informally, as well as a luncheon with students, agency intern supervisors, and other alumni of the program. The exit meeting on Tuesday was used to summarize the Team's overall findings and its preliminary recommendations, which are presented in the remainder of this report.

II. Analysis of Program

A. Curriculum

The Recreational Therapy Program (RTP) curriculum represents a thoughtfully constructed educational plan that is well designed to provide students with the necessary knowledge and skills to enter the profession of recreational therapy. The curriculum consists of a balance of Liberal Studies coursework (42 credits), major degree coursework (70 credits), and electives (8 credits) that represents a 120 credit degree plan. The RTP degree contains 11 distinct RT professional courses and 11 required support courses. The curriculum represents current state-of-the-art practice given that it is based upon the two most readily accepted academic preparation documents within the RT profession: the *NCTRC Certification Standards* (2009) and the *ATRA Curriculum Guidelines* (2009). As a result, graduates who complete the RTP degree program meet the sitting requirements for the NCTRC national exam and are well-positioned to qualify for national certification.

The overall RTP curriculum is designed with the student-learner as the primary focus. A review of curriculum materials indicated that great care has been taken to assist students in completing the necessary coursework within the expected timeframe. More specifically, syllabi are well developed, consistent, and linked to measurable educational outcomes that reflect both University and College guidelines as well as the fore-mentioned external professional documents. All course syllabi contain objective outcome indicators and include direct commitment to the University's *Quality Enhancement Program* and the goals of service learning to ensure that students are engaged as active learners. RT faculty members have incorporated current technology in the development of course assignments and in the delivery of class content. The overall sequencing of degree coursework provides a clear path toward the completion of degree requirements within a four-year time span if students enter the RTP in the freshman year.

The department advisement program is well established and appears to monitor student progress on a regular and routine basis. The *RT Student Handbook* is a valuable asset which serves as an excellent guide to students entering the major. Most notable is the comprehensive listing of the Recreation Therapy Technical Standards which delineates the necessary personal skills and abilities that students must possess to be effective RT professionals. The recently updated program website also provides a wealth of information that directly contributes to the student advisement process. The advisement program is systematically implemented to keep students on task to graduate in a timely manner. Unfortunately, due to the recent growth in student enrollment, the faculty-to-student advisement ratios and class sizes have become a concern. Faculty members have adjusted to this situation by offering extended office hours and by meeting with students outside normal classroom hours. Although the dedication demonstrated by the faculty is commendable, it comes at the cost of compromising other responsibilities.

B. The Student Body

Attention to student academic achievement and professional growth is the central theme of the Recreational Therapy program. The program has experienced rebound growth (57% increase) since 2005 and much of this success can be attributed to an active campaign to address student needs and learning outcomes. Students enrolled in the RT program reflect the general campus-wide demographics and academic performance. The enrollment patterns of the program do reflect a higher than average concentration of women as compared to University admissions. However, this ratio is consistent with RT practice in general, and with other specific health-oriented careers (e.g., nursing, social work, etc.). Through active recruitment, the program faculty is focusing their efforts to increase gender and ethnic/racial minority representation. The RT program has a well defined and effective admission policy. Students admitted to the program must have a 2.5 GPA and complete both a written essay and interview. Once admitted, students must maintain the 2.5 GPA standard and complete all degree coursework with a "C" or better

grade. The vast majority of students currently enrolled in the RT program demonstrate that they can adhere to the designated academic standards.

Recent student growth within the RT program has both a positive and negative effect. Such growth has significantly impacted both the advising program and course enrollment. The increased numbers have directly increased the student to faculty ratio. It appears that the program is being compromised by its own success. For instance, the recently implemented “pre-major” option raises concerns about the demand for the program outpacing the resources available to maintain quality instruction and clinical internship placement opportunities. However, in discussing this issue directly with students, this issue has yet to directly impact the quality of their individual classes or their general academic experience.

C. Planning and Assessment Strategies

The curriculum is systematically assessed on a regular and routine basis and modified as needed. In recent years, the curriculum has been strategically adjusted based on past annual reviews. More recently, it has been enhanced to reflect feedback from students, field placement supervisors, and the results on the national certification exam. All program faculty members are directly involved in assessment activities and participate openly in the planning and design of the curriculum. The RTP has completed the initial phase to establish an RTP Advisory Board consisting of alumni and employers to assist in the process of curriculum review and assessment.

The RT program has a distinctive and comprehensive system in place for documenting student progress toward stated goals and the achievement of learning outcomes. In addition to aligning all of the individual degree coursework with both the University’s Quality Enhancement Program (QEP) goals and national professional guidelines (NCTRC and ATRA), the program has also developed and implemented a systematic evaluation process to measure student progress and achievement. This evaluation program provides a base-line trend analysis of student progress from entry into the program through graduation. It includes several data points and contains information from several sources of measurement, including student self-assessment, course performance, portfolio review, internship performance, and pass rate on the national certification exam. The evaluation program was implemented two years ago and initial findings indicate significant achievement in student growth and academic development. However, conclusive evidence will not be available until several student cohorts have completed the degree cycle (4 years) and trend analysis and cross sectional comparison can be analyzed. Nevertheless, the program faculty should be commended for their willingness to design and monitor such a comprehensive system of student outcome review.

III. Analysis of Faculty

A. Qualifications

The WCU Recreational Therapy program currently includes three fulltime faculty members consisting of two tenure-track Associate Professors and one fixed-term, non-tenure-track Assistant Professor. These members generate 3 FTE through the undergraduate program. Currently, there are no adjunct instructors for the program. Of the tenure track faculty, one has received tenure and the other will submit her application in one year. All of the faculty members are Licensed Recreational Therapists and Certified Therapeutic Recreation Specialists. One has certification as a Low and High Ropes Course Facilitator. The tenure-track faculty members hold doctoral degrees and the fixed term faculty member holds a master's degree. The group possesses a high degree of expertise in the field and has significant experience in academia. They provide relevant and valued professional leadership within the state and nationally. Collectively, this level of experience informs their teaching and results in a curriculum that has currency and relevance.

B. Resources and Support

The Recreational Therapy Program is one of eight in the School of Health Sciences and located in the College of Health and Human Sciences. The program is housed in the Belk building and holds classes in various classrooms throughout the campus. All fulltime faculty have office space in a room partitioned into office cubicles with space shared by other faculty and staff from the university. The open space allows limited privacy for communication during advising with students. A table located in the center of the room is open for student use and meeting space, which again limits the level of privacy, afforded the faculty. The Director of SHS and administrative assistance is located in a different building on the campus which affects the efficiency of receiving administrative assistance. It is anticipated that the movement of the College to a new facility will remedy the issues of privacy and separation of services with opportunities for improved, more confidential communication between the RT faculty, students, community partners, and the office of the Director of SHS.

There appears to be a collaborative approach in the communication between the RT Program Director and the Director of SHS and a channel of open communication with the Dean of CHHS. This was evident in the Review Team's discussion with the director and dean about the planning process for the new facility. Faculty support for training opportunities is evident across the School, College and University.

Strong leadership in the program has resulted in excellent communication between faculty members in the program and has facilitated a sense of collegiality based on mutual respect. Regular weekly meetings that allow for collaboration and consensus building on program needs and the review of students has contributed to an atmosphere of responsibility-taking and initiative in course design, program advocacy and service outreach.

Budgetary concerns are presented by the Program Director to the Director of SHS and the Dean of CHHS. Negotiations have been made to assure equitable and fair distribution of limited financial resources based on program needs. Technical equipment specific to RT instruction appears limited and has been acquired predominantly by the program faculty with storage space limited and non-secured. With movement into the Millennial campus facility, it will be necessary to secure funds for purchasing instructional materials and equipment associated with the accessible roof-top garden, the therapeutic pool, an adventure therapy ropes course, as well as other RT equipment and additional adaptive equipment for demonstration of assistance techniques for individuals with physical disabilities, Alzheimer's disease and behavioral health. This will be essential to maximizing the instructional and service learning opportunities on this campus. However, these expenditures may also benefit other programs and cross-disciplinary training. For instance, continued interest in technology for biofeedback is shared by other programs within the School and College; therefore, opportunities exist for sharing in the cost of this equipment.

No data were provided to assess the adequacy of faculty salaries.

The RT Program is supported by the Hunter Library with a liaison that works with faculty on their instruction and scholarship and assists students in their research. The faculty note that the liaison has made extra effort to identify materials and resources for supporting the program.

C. Teaching, Research/Creative Activity and Service

All program faculty members demonstrate a high degree of professionalism, commitment and expertise in the field of recreational therapy by their continued involvement in professional associations through active membership, scholarship based on publications and presentations, and the integration of national standards into curricula. The program alignment with national standards and the implementation of the QEP required dedication and insight into the field that could not have been completed without superior leadership from the program director and open communication between faculty members.

Expectations of scholarship, teaching, service and collegiality are adequately explained in the School of Health Sciences Collegial Review Document. Faculty curriculum vitae, along with student and internship supervisor feedback indicate outstanding performance by the faculty in all four areas. Continued dedication to scholarship is evident in the recent tenure promotion of the Program Director and in the implementation of the Boyer model that allows for the identification of teaching and learning publications and presentations as part of the annual faculty review. Evidence of scholarship that is relevant to the RT discipline and consistent with the Boyer model is evident in all faculty CVs.

Prior to coming to WCU, each faculty member had demonstrated significant contributions in scholarship, teaching, and service. This dedication has

foundationally altered the program and significantly affected the enrollment increases as the identity of Recreational Therapy has grown across the campus and in the region. The recognition for hiring seasoned professionals must be attributed to the College and University's dedication to creating a community of scholarship in which the activities of faculty are "consistent with the highest standards of knowledge and practice in their disciplines."

Implementation of the QEP is a source of pride for the RT Program especially since the Program is being held up as a model for other programs within the University. The voluntary movement of the Program Director into the implementation of the QEP has extended to involvement of each faculty member in the program contributing to the development of strategies and activities. The provision of opportunities for service learning by students has resulted in greater understanding and commitment from the RT students. There is also strong evidence of collegiality in service across programs in the School, College and University in which the RT faculty have taken initiative in contacting others for collaboration on projects and workshops.

Faculty members have taken advantage of opportunities for training in technology and assessment from programs throughout the university including service learning and the Coulter Faculty Center. Evidence of this training appears in the program's strategic plan, student assessment process, course curricula and assignments, and faculty scholarship.

IV. Analysis of Operational Facilities and Budget

A. Adequate Facilities To Meet Educational Mission

As noted above, the creation of a new building on the Millennial campus is expected to relieve some of the space limitations currently experienced by the program. The impact of limited privacy on the advising of students and communication between program partners (supervisors and prospective employers of students) can be a source of tension for faculty as they conduct day to day activities on their students' behalf. Laboratory and adequate storage space is not available in Belk which requires faculty to improvise and seek space elsewhere which affects the quality of instruction and time efficiency. Administrative assistance is located in a building across campus and contributes again to the stress of delivering services for students and program partners.

The delivery of services to the university community and region within the new college facility will result in opportunities for further growth within the RT Program. The team recommends that the program continue to collaborate with other programs within the college in the acquisition of funding sources for shared equipment at the new facility. In this time of budgetary restraint it is will be necessary to be creative and cooperative with others to identify grants and initiatives that will sustain opportunities for student learning, service to community partners and promotion of scholarship. We also encourage the continuation of interdisciplinary projects to

promote greater understanding of RT services within the university and region. It can be anticipated that the education of others on the service benefits of RT through the program's location in the CHHS, will continue to effect enrollment growth and the request for outreach projects.

B. Adequacy Of Budget In Relation To Educational Mission

A preliminary review of the Program's budget indicates allocation adjustments have been made throughout the College to ensure equity and provide adequate monies for program functioning. The increased student enrollment and semester credit hours generated by the Program justify the program's receipt of its fair share. However, current funding for instructional equipment is quite limited and the demands of growing class sizes in clinical courses raises the question if plans are being made now to address program needs in the next five years. As mentioned earlier, the facility at the Millennial campus will need to include outdoor facilities and equipment necessary for training especially if the RT program chooses to develop specialized areas of concentration such as Adventure Based Therapy. Additional funding sources will need to be identified as the program continues to grow for the hiring of additional instructors, equipment, instructional material and support for faculty scholarship.

V. Summary of Program Strengths and Areas for Improvement

A. General Impression of the Recreational Therapy Program

Overall, the External Review Team was very impressed with all aspects of the Recreational Therapy Program at WCU. The program is well managed by a team of highly qualified and dedicated faculty. It is evident from the review process that the program is student centered and provides for a nurturing and caring learning environment. The program has made significant progress in recent years toward increasing enrollment and expanding its curriculum offerings. The review team was most impressed by the program's system for assessment and its commitment to service learning. The Recreational Therapy Program is well-respected and highly regarded by the University community at all levels including administration, faculty, alumni, and students. The External Review Team concurs with this assessment.

B. Recreational Therapy Program Strengths:

Faculty

- Dedication, availability, and the commitment of the faculty.
- Leadership and vision provided by Dr. Peg Connolly, Program Director.
- Purposeful growth based on employment of additional faculty with excellent clinical and academic backgrounds.

Collaboration

- Realignment within the College of Health and Human Sciences resulting in the establishment of strong positive interaction with other academic programs.
- Establishment of strong and effective communication lines among Program Director, Department Director and Dean of College.
- Openness to engaging with other programs in the development of the program, school, college, and university as noted by interdisciplinary projects and workshops, as well as faculty involvement in service.
- Involvement of loyal and proud alumni who are willing to be involved in promoting the program.

Curriculum

- Well designed curriculum that is aligned with national guidelines (ATRA and NCTRC) and scheduled for submission to national accreditation organization for approval.
- Significant investment in student academic success, personal and professional development, and skill acquisition as evident in course syllabi and feedback from student and alumni.
- Strong encouragement for student development of professional identity as evidenced by activity of campus Recreational Therapy Association, student and faculty attendance and participation at state and national annual meetings and conferences, and stated expectations in student handbook and syllabi.
- Full commitment to the University Quality Enhancement Program (QEP) with integration of service learning into two courses.
- Evidence of integration of Boyer Model in scholarship endeavors.

Assessment

- Development of a comprehensive model of student assessment beyond basic outcome data that includes the use of trend analysis.
- Inclusion of professional portfolio requirement as a means of tracking student development and achievement.
- Utilization of national certification exam pass rates and evaluation report to monitor student performance and modify current course offerings.

C. Recreational Therapy Program Areas for Improvement:

Faculty Resources

The RTP faculty members are working on overload. In addition to teaching a full compliment of coursework, they spend large amounts of time mentoring, advising, and meeting with students. The use of adjunct instructors is limited and provides no relief from the large advisement and course loads currently assigned to the full-time faculty. This resource issue severely impacts on the faculty's ability to effectively teach clinical coursework that demands a manageable faculty to student ratio and a "hands-on" approach to instruction. It also directly impacts the faculty's time and

ability to engage in research and scholarly activity. It would be appropriate to hire at least one (1) additional tenure track faculty member and one (1) fixed-term faculty member to help alleviate the current workload.

Curriculum Enhancement

The location and population density of Cullowhee and the surrounding environment serve as a hindrance to the expansion of practical academic experiences and service-learning opportunities. There are a limited number of practical sites that employ recreational therapists and offer students the opportunity to work with patients or clients. As a result the RT program needs to increase its inventory of equipment for teaching and demonstration. It is hopeful that this issue will be remedied once the program is able to relocate to the new teaching and clinical facilities at the Millennial Campus within the next two years. This will hopefully allow for the RT students to engage in clinical experiences and collaborative learning with students representing other allied health programs. In the meantime, the faculty should utilize case study reviews on a more frequent basis and invite RT practitioners to campus on a more regular basis. This effort might be enhanced by the establishment of a stipend program to entice practitioners to travel to the WCU campus.

Program Management

The RT program has experienced significant growth during the past three years and appears to have rebounded from a low enrollment pattern that existed when there was a lack of leadership within the program. The resurgence in enrollment is a positive development and the program needs to develop additional outlets to sustain growth and offer an expanded curriculum. One area to explore is the development of a unique “niche” related to the rural mountain environment that surrounds the WCU campus. The program needs to explore opportunities for developing “specializations” that reflect the region and that might support an increase in practical learning opportunities. Further exploration into such areas as adventure therapy, geriatrics, bio-feedback, and behavioral health/substance abuse may prove to be fertile ground for program growth and sustainability. In addition, articulation links with regional community colleges should be explored in an effort to develop a more consistent enrollment pattern.

Advisement

As documented throughout this report, increased enrollment patterns have significantly impacted the work load of the program faculty and have placed a heavy burden on current resources. This impact is most evident in the area of advisement. Although the program has a well designed advisement program with an array of assistive tools, the current faculty to student advisee ratio is significantly higher than in most health-oriented programs. In an effort to reduce current advisement loads, the School of Health Sciences needs to explore the possibility of establishing a centralized advisement support program. An alternative solution

would be to have all pre-majors advised through a centralized university advisement center to allow RT faculty to concentrate advising services with declared majors.

Research and Scholarship

To meet performance expectations as put forth by the Boyer Model and College guidelines, program faculty need to expand their efforts in research and scholarship. This need is especially true for faculty in tenure track positions. Faculty should explore opportunities to conduct applied research in settings where they currently teach and train students. Applied research could be conducted via service learning in geriatrics (and other established clinic opportunities). Additionally, faculty members need to continue to pursue interdisciplinary collaboration. Some initial successful collaborative efforts have been established with Engineering, Speech Communications, and Physical Therapy. All are hopeful that this developmental area will be readily expanded once the new building is occupied and clinical programs are established.

VI. Recommendations

As is evident throughout this report, the Review Team is very impressed with revitalization of the Recreational Therapy Program since 2005, especially in terms of its resurgence in enrollment and in curriculum refinement. During the exit meeting the Review Team characterized the RT Program as a “model” for its discipline, especially because of the incorporation of the most current curriculum standards and metrics for student outcome measurement. However, the Program’s ability to maintain its quality and achieve program goals will require certain actions. The following summary of recommended actions is drawn from the report’s narrative and offered for consideration.

A. Faculty and Staff Resources

- Increase faculty lines within the RT Program through allocation of high priority hires within the College or through reallocation of School faculty lines, including –
 - 1 tenure-track faculty hire to concentrate on clinical specialization and applied research;
 - 1 fixed-term faculty hire to coordinate clinical placements and upper-division advising;
- Develop a centralized advising unit within the School of Health Sciences to provide advising support to multiple programs and, in particular, relieve the RT faculty from managing admissions and advising pre-majors;
- Hire adjunct faculty to serve as sole instructors of specialty courses (geriatrics, etc.) or, alternatively, allocate a part-time instructional fund to provide stipends

to practicing recreational therapists to present clinical cases and other on-campus technical workshops.

B. Curriculum Development and Program “Niche”

- Continue to establish new and diverse community engagement opportunities for service learning, field practicum and internships through myriad outreach efforts (i.e., workshops, clinics, awareness events);
- Capitalize on the Program’s location and mountain ecology to create a unique programmatic niche within the RT discipline.
 - Seek internal start-up funding to support expansion of adventure-based therapy training, research and service. In addition to constructing a multi-use ropes course, acquire adaptive equipment for accessible outdoor recreation experiences.
 - Design revenue-generating activities such as an in-residence summer intensive training program for students and practicing therapists to earn continuing education credits and specialty certificates;
- Conduct a regional needs assessment to determine a “best fit” between the RT Program’s community engagement and service learning goals and select local and regional service needs (e.g., geriatrics, behavioral health).

C. Program Management

- Continue to monitor program quality with established assessment systems and metrics; convert internal reports into refereed journal publications within the discipline to illustrate methods and outcomes;
- Examine factors related to “right-sizing” program enrollment based on emerging accreditation standards (CARTE) and the employment market within the state and region (i.e., sustaining a high quality program and graduate placement without contributing to “saturation” of marketplace);
- Establish student-faculty ratios that reflect accreditation standards and program resources, and develop a contingency plan to cap enrollment, especially if additional faculty lines are not secured;
- Complete the creation of an Alumni Program Advisory Committee (APAC) and conduct semi-annual curriculum reviews;
- Establish a network of student-therapist mentors using alumni
- Develop a mechanism to “reward” clinical intern supervisors (e.g., continuing education at no-cost to intern supervisors)

D. Applied Research & Scholarship

- Develop an plan for applied RT research that harnesses the current cross-disciplinary collaboration and provides a pathway for establishing and utilizing multidisciplinary use of the “Common clinic” at the College’s new building;

- Prioritize applied research concentration (e.g., geriatrics, behavioral health/substance use) and then provide course release for designated faculty to work with University supports for identifying potential funding mechanisms including federal (e.g., DOD, NIDA), state and foundation (e.g., Christopher Reeves; Alzheimer's Association) funding sources and drafting relevant funding proposals;
- Identify and pursue scholarship (presentations and manuscripts) associated with the teaching-learning process that is integral to the RT program's quality and effectiveness.