**Curriculum Renewal: Analysis and Action Plan**

**Massage Therapy**

**Program Name: March 1, 2012**

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| **Curriculum Renewal: Analysis and Action Plan Template****A. Analysis of Indicators**The following indicators are intended to guide the team in **thinking and reflecting** about the curriculum and the program. Data can be recorded in this section of the template.  |
| **1. Industry Trends*** 1. **New or emergent *industry-related* issues and trends identified over the past year and their potential impact on the program.**

- Trend toward varied skill set in MST modalities of the RMT. This has been addressed in the MST program that now includes 6 semester Modalities course.- Trend toward electronic data collection and preserving for all clinical employment opportunities. MVA, WSIB and submission of patient insurance benefits claims are requiring electronic submissions. This can be also addressed in our Case Studies course HLTH205.- Trend towards evidence based practice with research component, in order to educate other health care professionals regarding published data to support the need for the MST patient. This is currently included with our clinical reasoning process in HLTH 201/202.-Trend towards employee status in Spa’s, which implicates RMT demand on time and preferred practice of assessment. We can address this through our interpretation of EBP and increase emphisis on clinical reasoning model.* 1. **Advisory Committee recommendations from the past year that will affect the positioning, nature, or scope of the program.**

- Professionalism skills needed by all RMT students to support CMTO Standard of Professionalism, Standards of Practice (Communication and Technique) and Policy and Procedure documents.- Discounting of RMT services (CMTO policy changes 2011) to allow for greater accessability for public. However as a group did not feel this was best practice and discussion of alternate strategies are possible.- Positive support for case scenario implementation and modalities introduction.- Need for current computer program to obtain and store client files for student MST clinic, which will represent what most MST clinic’s, Physiotherapy and Chiropractor clinics and Spa’s are operating with in their business’s where RMT’s will be employed.- Need for MST student clinic website to be developed.- The recognition of high saturation rate in Peterborough area for RMT’s has not affected KPI”s for grad employment rate or satisfaction of employment after graduation.1.3 **Faculty and staff professional development, engagement in sectoral and profession associations, and involvement in community and employer networks connected to the field.**- Jennifer Chambers in an active member of Heads of MST (community Colleges), PAC meetings, RMT MGT meetings with CMTO, RMTAO.- Annette Doose continuing with Lymphatic Drainage certification course.- Jennifer Chambers completing Craniosacral Therapy course.- Jennifer Borland Rosin is registering for craniosacral course to teach in MST modalities course - Successful collaborations with Peterborough Health Unit, Trent University, ST. Joseph’s at Fleming, Fleming’s Alumni Services (Care for the Caregiver), YMCA of Peterborough, Fleming’s Recruitment Program (KPRS high school teachers orientation/education of MST). |
|  **2. Curriculum Development**2.1 **Curriculum changes in the last year such as changes in program positioning, course content, course/program outcomes, and delivery mode.** - Roll out of third year of revised MST program.- New third year courses: HLTH202 Clinical Tx 2, HLTH204 Psychology of Manual Therapy, HLTH205 Clinical Case Studies, HLTH206 Modalities.2.2 **Recent or anticipated initiatives that promote student pathways including high school articulations, program laddering, and university transfer/articulations.**- Marketing drive to encourage MST enrolment from high school.- Increase communication with GAS for pathways to MST.- Research Laurentian University articulations for grads 2013.-Creation of retention plan for MST semester one students will include student pathways.- Possiblitiy of offering part time studies through School of EHW Con Education which will increase enrolment and appeal to a wider student population ie. Mature, currently working student. Ony private schools are offering part time studies. 2.**3 New competitor programs.**- We currently do not have a community college in close proximity to Fleming.- Research has been done on Trilium College (private) in Peterborough with only 6 – 10 student enrolment.2.4 **New or changing provincial standards, accreditation, credentials, and/or industry certifications over the past year.**- Completed revised CMTO provincial learning outcomes to adapt to program. - Ensure new CMTO PVLO’s and EESO’s match course outlines for September 2012.- Completed National MST Performance Indicator Validation Survey.2.**5 Progress made from latest curriculum renewal initiative.** - Taught first round of third year of new MST program in 2011/2012.- First year of St. Joseph’s at Fleming clinic.- Awareness thru Exercise courses implemented with Certification for Personal Trainer in sem 4.-Connections with Heads of MST, CMTO and community organizations on regular basis.- MST clinic continues to hold a considerable profit margin and provide an excellent hands on learning experience.**Update curriculum map and attach to this document.** |
| **3. Student and Graduate Satisfaction**3.1 **Key performance indicators # 4, 8, 9, and 11 (See Appendix C for a description of these).**KPI #4 – continues to be above system and college. KPI #8 – rate has fallen to below system and college.KPI #9 – continues to be above system and college.KPI #11 – below average. All KPI’s are above average for school and system except for KP#11 – for graduation rate and retention. This issue is being addressed by creating a plan of action for retention for semester one MST students summer 2012. This plan will be worked on each summer adding marketing and using services that Fleming already offers to ensure increased retention for upcoming years. |
| **B. Curriculum Strengths and Challenges** Summarize the curriculum strengths and challenges identified by the team.  |
| * **Strength – MST program is taught using a scientific approach with emphasis on clinical reasoning skills.**
* **Strength – Development of physical awareness including certification options for Personal Training and Fitness Instructing.**
* **Strength – thoroughly revised MST program reflecting current trends in the MST profession internationally.**
* **Strength – 260 hours of treatment oriented practical instruction and experience in a variety of clinical settings. This includes, Fleming Student MST Clinic, St. Joseph’s at Fleming, Varsity Clinic.**
* **Challenge – implementing electronic data program and web based online booking for Public MST clinic.**
* **Challenge – Year one retention KPI is below school and system. Need to create a more student friendly program with options to re take science and other MST core courses throughout the summer semester.**
* **Challenge – Decreased enrolment.**
* **Challenge – Low maturity level of incoming students; how to recruit mature students committed to the MST profession; Option for a part time MST program over 4 or more years.**

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| **C. Action Plan**Identify priority actions for the next year and the rationale for their inclusion. For each, indicate the project lead, and the proposed timelines for completion.   |
| * **Jennifer Borland-Rosin/Annette Doose – revision and inclusion of correct material for all five MCQ tests and the Comprehensive Exit exam administered in semester six. Aug. 2012.**
* **Jennifer Borland-Rosin/Annette Doose – Creation of Retention/Recruitment Plan for year one of MST program. Aug. 2012.**
* **Kristina Lonsberry – creation of MST facebook page, Public MST Clinic website and researching of electronic data program to be used for online booking and up to date business practices. Aug. 2012.**
* **Paul Clifford – Augmenting Evidence-based practice course with Clinical Reasoning content. Addition of clinical examples of forms to the documentation manual. Revise clinical case studies manual.**
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| **D. Deferred Actions**Record any issues that will need to bemonitored, researched, or deferred for future action. |
| * **Part time MST program development.**
* **Implementation of Retention/Recruitment plan.**
* **Module based science courses offered during summer semester.**
* **Option to fast-track for University graduates using modules.**
* **Implementation of MST Student Clinic online booking and electronic record keeping.**
* **Ongoing monitoring of Clinic Website and Facebook page.**
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