# UNIVERSITY ASSESSMENT COMMITTEE

# Feedback to Academic Departments on Assessment Activities Reported in 2008-09 Annual Reports $\underline{GRADUATE\ PROGRAMS}$

<b>DEPARTMENT</b> Office of Medical Education – M	D Progr	ram	_DATE_	April 26, 2010
COMMITTEE MEMBER(S) CONDUCTING REVI	IEWJ	oan H	awthorne,	Dexter Perkins
1. STUDENT LEARNING GOALS				
<ul><li>Were any goals referenced?</li><li>If so, were goals well articulated?</li><li>Do goals address student learning?</li></ul>	YES YES YES	X	NO NO NO	QUALIFIED Y/N
Comments: It appears that the ACCME specifies goal content and possible each of which is followed by a series of quite specific objective the degree program. Although many of the goals and objective and standards of practice which are more difficult to pin down interpersonal and communication skills with patients, families "Students will develop interpersonal and communication skills".	ves regaro ves refer vn, e.g., " s, and pr	ding co to very Student ofession	mpetencies concrete co ts will beco nal associa	to be demonstrated by conclusion of ompetencies, others refer to attitudes me physicians who use effective tes," followed by the objective,
2. ASSESSMENT METHODS				
Were any specific assessment methods referenced?  • If so, were specifically chosen assessment methods appropriately aligned with individual	YES_X		NO	
<ul><li>goals?</li><li>Were both direct and indirect assessment</li></ul>	YES	X	NO	QUALIFIED Y/N
methods used as components of a "multiple measures" approach?	YES	X	NO	QUALIFIED Y/N
Comments: Methods are very clearly aligned with goals in the narrative ritself. Many different assessment methods are used, and most indirect evidence is also collected (student survey data), but it that direct performance of the intended outcome would be a pgoals (e.g., the communication goal and objective cited above students are observed to demonstrate in their clinical rotation demonstrating the ability to suture, start IVs, do lumbar punc written exam, both SMHS-generated and nationally normed. knowledge and the licensure exam.	t are dire t makes s primary s e) are acc ns. Conc tures. Fi	ctly per ense fo ource o compan rete goo inally, s	formance by a competer of assessmentied by specials have consome kinds	pased. It does appear that some ency-based program like MD training at information. Even the less concretific measures, e.g., drawn from what increte assessments, e.g., of student learning are assessed by
3. ASSESSMENT RESULTS				
Were any assessment results reported?	YES	N	O_X	QUALIFIED Y/N
• If so, were the results clear in terms of how they specifically affirm achievement of goals?	YES	N	O_X_	QUALIFIED Y/N
If so, were the results clear in terms of how they indicate need for improvement?  We also be indicated to the formula of the state of the stat	YES	N	O_X_	QUALIFIED Y/N
<ul> <li>Were the results tied to goals for student learning?</li> </ul>	YES	N	O X	OUALIFIED Y/N

Comments:

We do know that assessment results were collected because it is clear that many of the various tests and clinical observations (the direct assessments) are built into the curriculum. However, the assessment section of the annual report did not include any results, either as raw data (e.g., scores) or as analyzed.

### 4. CLOSING THE LOOP

Were any actions taken on the basis of assessment			
results reported?	YES_X	NO	QUALIFIED Y/N
<ul> <li>If so, do curricular or other improvements/ changes arising from assessment results directly address goals for student learning?</li> </ul>	YES	NO_X_	QUALIFIED Y/N

#### Comments:

Results were not included with the annual report version of the assessment report, either in raw form or as analyzed. However, one specific example of loop-closing is cited, and that example is based on survey data. As a result of findings from a recent survey of first year students, a decision was made to "completely revamp the humanities component" of the medical school curriculum. The report also indicates that a comprehensive review of the four-year curriculum is underway in 2009-10, with subcommittees examining everything from goals to curriculum to faculty development. Based on findings analyzed as part of that loop-closing process, it seems likely that additional and perhaps quite substantive changes may be made in coming years.

### **SUMMARY**

#### Strengths Areas for Improvement \_X\_\_\_ A specific plan for assessment is in place. No specific plan for assessment is in place. **X**\_\_\_Student learning goals are well-articulated. \_\_\_\_ Student learning goals are not well-articulated. \_\_\_\_ Assessment methods are not clearly described. X Assessment methods are clearly described. \_X\_\_\_Assessment methods are appropriately selected. \_\_\_\_ Assessment methods are not appropriately selected. \_\_ Assessment methods are not well-implemented. \_\_\_\_Assessment methods are well-implemented. Direct and indirect methods are implemented. A single type of assessment methods predominates. Results are reported. X\_ No results are reported. Results are tied to closing the loop. Results are not clearly tied to closing the loop. (Decision-making is tied to evidence.) (Decision-making is not directly tied to evidence.)

### **OVERALL SUMMARY AND RECOMMENDATIONS:**

The MD program faculty seem to be working from a well-thought out assessment plan and we presume data have been collected. If those data were not analyzed and reviewed last year, they apparently will be in 2009-10 since the previous report describes this year as designated for comprehensive program review. We would suggest that medical school faculty(1) ensure that their most current assessment plan is posted on UND's assessment plan website (contact Joan Hawthorne, email below, for information about posting); (2) ensure that information about the year's assessment activities is pasted into the annual report yearly; (3) provide a bit of data, although certainly not every last piece of data for every goal, in order to allow a reader to get a sense of the kind of information that's been collected and reviewed (particularly useful in the cases where data actually fed into specific decisions); and (4) indicate examples of any changes which were made in teaching, in curriculum, or in other areas as a result of information learned through assessment activities. If you are following your plan, we are optimistic that you are doing interesting work – and it is helpful to be able to share assessment successes with faculty across the institution.

Finally, we note that it is not uncommon for faculty of a program to develop a good assessment plan and collect data – but never "find the time" for conversations about the results and their meaning. Therefore, good information gets wasted and decisions are made without the light that could be shed by the data (perhaps yet unanalyzed). In reviewing assessment reports, we often see that it is very helpful for departmental faculty to have a yearly retreat (or create some other mechanism) specifically designated for review of assessment findings, followed by any appropriate curriculum decision-making. If you are finding a gap between "what you collect" and "what gets used," we strongly suggest considering this sort of a process—so the work you're doing doesn't get wasted.

## MATERIALS REVIEWED

	report ices (cited in annual report) blease describe)	X Assessment plan (as posted) Previous assessment review
Reviewer(s):	Name Department Phone Number e-mail	_Joan HawthorneDexter Perkins
Section 1:Y	Section 2: _Y	Section 3: _NA Section 4:?
N NA	= no information available	ately and well or it is not done in relationship to student learning rent; however, evidence is lacking that this is completely and appropriately done