

UNIVERSITY ASSESSMENT COMMITTEE

Feedback to Academic Departments on Assessment Activities Reported in 2014-15

GRADUATE PROGRAMS

DEPARTMENT Physician Assistant Studies, Family and Community Medicine DATE 2/6/16

PROGRAM(S) COVERED IN REVIEW Masters of Physician Assistant Studies (MPSA)

COMMITTEE MEMBER(S) CONDUCTING REVIEW Mary Askim-Lovseth, Jim Casler, Joseph Appianing

1. STUDENT LEARNING GOALS

- | | | | | | | |
|---------------------------------------|----------|-----|-------------|----|-------------|---------------|
| • Were any goals referenced? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |
| • If so, were goals well-articulated? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |
| • Do goals address student learning? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |

Comments:

There are four student learning goals with several related objectives that are referenced in the Program's annual report. It was noted that these had been "slightly modified"; therefore, the most recent assessment plan posted (AY 2011-12) does not indicate the revised language. The only noticeable difference is the inclusion of a new objective—"Demonstrate a high level of responsibility and ethical practice while acknowledging professional and personal limitations"—to replace one of the objectives under the Professionalism competency/goal. The plan is very extensive and outlines formative and summative evaluations to track student progress towards achieving the learning objectives. It was noted in the last assessment review during AY 2012-13 that the plan and annual report regarding student learnings were not aligned; this continues.

The Program has been accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) since 1974 (Department website).

2. ASSESSMENT METHODS

- | | | | | | | |
|----------------------------------------------------------------------------------------------------------|----------|-----|-------------|----|-------------|---------------|
| Were any specific assessment methods referenced? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |
| • If so, were specifically chosen assessment methods appropriately aligned with individual goals? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |
| • Were both direct and indirect assessment methods used as components of a "multiple measures" approach? | <u>X</u> | Yes | <u> </u> | No | <u> </u> | Qualified Y/N |

Comments:

The assessment plan and annual report (a copy and paste from another source) indicated numerous direct and indirect assessment methods for each student learning objective. The distinction between the two were some course numbers were changed.

In the annual report, assessment methods for Program goals were reported (student self-evaluations, preceptor evaluations, survey of graduates and employers, and the NCPA PANCE [certification exam]). Embedded in the Program goals were some elements of the student learning goals. Then the next section of the annual report addressed student learning goals but that was only a listing; the organization of the reporting lacked clarity and was very confusing to follow.

3. ASSESSMENT RESULTS

Were any assessment results reported?	<u> X </u>	Yes	<u> </u>	No	<u> </u>	Qualified Y/N
• If so, were the results clear in terms of how they specifically affirm achievement of goals?	<u> </u>	Yes	<u> X </u>	No	<u> </u>	Qualified Y/N
• If so, were the results clear in terms of how they indicate need for improvement?	<u> </u>	Yes	<u> X </u>	No	<u> </u>	Qualified Y/N
• Were the results tied to goals of student learning?	<u> </u>	Yes	<u> </u>	No	<u> X </u>	Qualified Y/N

Comments:

Data were reported for the Program goals and as previously noted, with some alignment needing to be inferred. The student, preceptor, graduate, and employer evaluations/surveys results were given in tabular form but it is unclear what they mean. For example, the preceptor mean for "Medical Knowledge" was 4.30; what does this represent? It likely is derived from a scale or rubric but what are the end points and what do they represent? Medical knowledge encompasses anatomy, physiology, pathophysiology, and pharmacology (as noted in Objective 1.1). The data do not provide any indicators of where improvement is needed, though it is possible data were collected to determine so.

NCPAA PANCE scores were indicated for 2012 and 2014. Similarly, an aggregate percent was reported for the scholarly project and comprehensive exam. It was noted that the 2014 data were "pending analysis." It is difficult to understand how the results provide clarity and specificity on what needs improvement.

There was a comment to "Insert Program Outcome Chart here" but that was not provided.

4. CLOSING THE LOOP

Were any actions taken?	<u> X </u>	Yes	<u> </u>	No	<u> </u>	Qualified Y/N
• If so, were they based on assessment results?	<u> X </u>	Yes	<u> </u>	No	<u> </u>	Qualified Y/N
• If so, do curricular or other improvements/changes arising from assessment results directly address goals for student learning?	<u> </u>	Yes	<u> </u>	No	<u> X </u>	Qualified Y/N

Comments:

Several actions were noted that the Department reported originated from the survey data. These related to instructional enhancement; for example, simulation and electronic case study activities, an online anatomy software program, and PAEA clerkship examinations. Though these apparently are connected to student learning goals, the only one that can be inferred to be directly aligned with a specific goal is the online anatomy software program (Objective 1.1, medical knowledge and patient care). There was no commentary indicating what the other actions were to improve.

SUMMARY

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

OVERALL SUMMARY AND RECOMMENDATIONS:

The Program may have a very good assessment system in place but the annual report provided a lot of confusion because of how things were organized. Student learning goals are aligned with Programs goals and reported as such. Data are reported in the aggregate, such as a mean (based on some scale, but not provided) for medical knowledge. It is unclear how a mean (e.g., 3.88) provides any specifics on what knowledge needs to be improved. If specifics are tracked, then it would be important to indicate the type of data that are collected and how that related to the closing the loop actions taken.

It was noted in the last review that the assessment plan needs to be updated to align with the annual report; that has not yet occurred.

MATERIALS REVIEWED

X Annual assessment report
X Assessment plan (as posted)
X Previous assessment review
 Other

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Section 1: Y Section 2: Y Section 3: Q Section 4: Q

Coding Key:

- Y = yes, this is done appropriately and well (bearing in mind the kind of program(s) reviewed and recognizing that assessment is a cyclical process, i.e., with additional kinds of data to be collected in other years)
Q = qualified yes as action or progress is apparent; however, evidence is lacking that this is completely and appropriately done
N= no, it is unclear whether it was done at all, or it is not done in relationship to student learning