Policy - Program Self-Assessment

Origin Date: March 10, 2014

Last Evaluated: June 2017

Responsible Party: Program Director

Minimum Review Frequency: Biennially

Approving Body: Principal Faculty

DPAS Associated Forms:
- DPAS End-of-Didactic Student Evaluation of Program
- DPAS Faculty Evaluation of Course
- DPAS Faculty and Staff Evaluation of Program
- DPAS Program Exit Survey Evaluation of Program
- DPAS Graduate Evaluation of Program
- DPAS Graduate Employment Survey

ARC-PA Associated Standards:
- **C1.01** - The program must implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.
- **C1.02** - The program must apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.
- **C2.01** - The program must prepare a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing program self-assessment. The report must follow the guidelines provided by the ARC-PA and, at a minimum, must document:
  a) the program process of ongoing self-assessment,
  b) results of critical analysis from the ongoing self-assessment,
  c) faculty evaluation of the curricular and administrative aspects of the program,
  d) modifications that occurred as a result of self-assessment,
  e) self-identified program strengths and areas in need of improvement, and
  f) plans for addressing areas needing improvement.
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Background and Purpose

The High Point University Physician Assistant Studies Program self-assessment plan establishes an organized, systematic, program-wide, and perpetual process designed to measure, document, analyze and improve program performance and effectiveness through:

- Early identification of deficiencies,
- Anticipation of problems, and
- Monitoring of compliance with educational standards.

Goal

The goal of this self-assessment program is to ensure continuous review, improvement and strengthening of our ability to deliver a high-quality physician assistant education that is responsive to the needs of the learners, trends in medical academia, and the profession.

Objectives

The objectives of the self-assessment plan are to:

1. Aggregate and critically analyze program performance data.
2. Verify that program strategies effectively achieve the mission and goals of the program.
3. Evaluate curriculum content.
4. Validate instructional design.
5. Monitor stability and effectiveness of existing processes.
6. Identify strengths, weaknesses and opportunities for improvement.
Ongoing Program Self-Assessment

The program conducts systematic continuous and ongoing self-assessment through a carefully designed self-assessment process that evaluates program effectiveness to support program improvement. The self-assessment process is modeled after the Plan-Do-Study-Act process that aligns with ARC-PA guidance on Data Analysis and Self-Study (see figure 1 below). The program’s self-assessment process is led by the Chair/Program Director (PD) and supported by the committee structure. The self-assessment process includes two major elements 1) continuous program effectiveness and improvement, and 2) maintaining compliance with ARC-PA Standards. Each program committee plays a key role in maintaining compliance with the Standards and conducting continuous self-assessment. Responsibilities for self-assessment and maintaining compliance with specific ARC-PA Standards outlined below.

<table>
<thead>
<tr>
<th>Committee/Responsible Party</th>
<th>Standards Compliance</th>
<th>Self-Assessment Key Data Sources Analyzed</th>
</tr>
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<tbody>
<tr>
<td>Chair/Program Director</td>
<td>A1, A2, A3.01-3.12, A3.19-3.23, D, E.</td>
<td>Faculty Self-Assessments Student Course/Faculty Evaluations University Assessment Faculty and Staff Attrition</td>
</tr>
<tr>
<td>Admissions Committee</td>
<td>A3.13 -3.18</td>
<td>Applicant data</td>
</tr>
<tr>
<td>Curriculum Committee</td>
<td>B1, B2, B3, C3.01, C3.04, C4.01, C4.02</td>
<td>Student Course Evaluations Student Evaluation of Clinical Sites Faculty Course Evaluations (Self-Assessments) Student (cohort) Course Performance</td>
</tr>
<tr>
<td>Student Progress Committee</td>
<td>C3.02, C3.03</td>
<td>Student Remediation Student (individual) Course Performance Student Professionalism Student Attrition</td>
</tr>
<tr>
<td>Self-Assessment Committee</td>
<td>C1, C2, and Self-Study Committee</td>
<td>Student (cohort) Performance – Program-wide Outcomes Student Program Evaluations Faculty and Staff Evaluation of Program Preceptor Survey of Student Preparedness (with Curriculum Committee)</td>
</tr>
<tr>
<td>Principal Faculty Committee</td>
<td>Supports holistic and integrated assessment of the program’s effectiveness</td>
<td></td>
</tr>
</tbody>
</table>
The Self-Assessment Committee (SAC) is responsible for collecting cohort performance data, survey data, and additional metrics to monitor student learning and attainment of the program’s 13 program learning outcomes. Data collected is laid out in a spreadsheet that ensures the process incorporates quantitative and qualitative data and additional columns that document critical analysis of data by the faculty to assess for cause and effect relationships that guide action plans.

Self-assessment of program effectiveness in administrative functions and outcomes is conducted through the collection of survey data and additional metrics that align with core functions related to Program Goals and core administrative functions including student attrition and remediation; faculty and staff attrition; faculty effectiveness and sufficiency; student poor performance rates in individual courses and rotations, student evaluations of individual academic courses, clinical experiences, and faculty; graduate evaluations of curriculum and program effectiveness; preceptor evaluations of student performance and suggestions for curriculum improvement and graduate performance on the PANCE.

**Figure 1: HPU DPAS Plan-Do-Study-Act Process**
Responsibilities

Department Chair/Program Director
The Department Chair/Program Director is ultimately responsible for all program self-assessment activities with specific responsibility for oversight of the process. Self-assessment program responsibilities have been delegated as described below.

Principal Faculty Committee
As the lead governance body of the High Point University Physician Assistant Studies Program, the principal faculty are responsible for identifying and prioritizing program improvement initiatives and approving plans or recommendations for change in policies and procedures affecting administrative, curriculum, or evaluation processes or content. The Principal Faculty Committee meets every four - eight weeks and receives reviews and evaluates program self-assessment reports and recommendations submitted from the Self-Assessment Committee.

Self-Assessment Committee
The Self-Assessment Committee is responsible for development of the Program Self-Assessment Plan and executing changes to the plan as appropriate. It is responsible for providing direction for implementation of the entire Program Self-Assessment Plan to the appropriate DPAS committee and providing guidance regarding the collection, management, and analysis of data. It works closely with other internal committees and external individuals/groups as appropriate to ensure that plans for program improvement are developed based on analysis of data, and that these plans have responsible parties identified, timelines for completion, and follow-up. This committee is responsible for all self-assessment activities not delegated to other individuals/groups and compliance review for accreditation standards not assigned to other program committees.

Curriculum Committee
- The program assessment responsibilities of the Curriculum Committee include analysis and review of all curriculum components using PAEA benchmarks, PACKRAT and PANCE outcomes, preceptor surveys, student performance, exit interviews, and graduate and employer surveys. Responsibilities include annual review of program compliance with all Accreditation B (Curriculum), C3 (Student Evaluation) and C4 (Clinical Site Evaluation) Standards and developing curriculum, student assessment and/or clinical site related program improvement initiatives when an opportunity for improvement is identified through any of the program’s self-assessment processes.
- Curriculum Committee Chair: The Curriculum Committee Chair is responsible for the actual collection and/or aggregation of this data. This individual is responsible for committee meeting agenda preparation, data presentation and preparing reports/minutes of meeting discussions. Other responsibilities include developing assessment instruments (paper and electronic) to collect required data elements, maintaining databases and self-assessment program records, and working closely with other program committees sharing program assessment responsibilities and institutional representatives and departments charged with student and program assessment oversight.
Admissions Committee

- The program assessment responsibilities of the Admissions Committee include annual review of program compliance with Accreditation Standards A3.13 through A3.18 (Fair Practice and Admissions) and performing all self-assessment activities associated with program applicants (data collection, aggregation and analysis) to assess the program application policies, procedures, and effectiveness in matriculating students who will fulfill the mission and goals of the program. Responsibilities include review and revision of admissions literature and verification of all information and policies required by Standards, as well as analysis of trends in applicant pool and admitted student data, using PAEA and CASPA benchmarks.

- Admissions Committee Chair: The Admissions Committee Chair is responsible for the actual collection and/or aggregation of this data. This individual is responsible for committee meeting agenda preparation, data presentation and preparing reports/minutes of meeting discussions. Other responsibilities include developing assessment instruments (paper and electronic) to collect required data elements, maintain databases and self-assessment program records, and working closely with other program committees sharing program assessment responsibilities and institutional representatives and departments charged with student and program assessment oversight.

Student Progress Committee

- The program assessment responsibilities of the Student Progress Committee include analysis and review of student attrition and remediation data using latest PAEA Annual Report benchmarks. This analysis is performed in the context of admissions demographics, student performance, professional behavior and graduate outcomes (PANCE).

- Student Progress Committee Chair: The Student Progress Committee Chair is responsible for the actual collection and/or aggregation of this data. This individual is responsible for committee meeting agenda preparation, data presentation and preparing reports/minutes of meeting discussions. Other responsibilities include developing assessment instruments (paper and electronic) to collect required data elements, maintain databases and self-assessment program records, and working closely with other program committees sharing program assessment responsibilities and institutional representatives and departments charged with student and program assessment oversight.

Self-Assessment Process

Plan, Do, Study, Act. As stated in the responsibilities section of this policy, the program principal faculty is “responsible for identifying and prioritizing program improvement initiatives and approving plans or recommendations for change in policies and procedures affecting administrative, curriculum, or evaluation processes or content.” These responsibilities will be fulfilled in the following manner:
The Process

1. Plan.
   a. Annual Review: The purpose of the annual review meetings will be to review and revise as necessary the mission, vision, goals, and outcomes of the program, and to prioritize self-assessment activities for the coming year and/or identify new self-assessment initiatives. Important questions that may be addressed during this annual meeting include:
      i. What are we trying to accomplish as a program? (establish strategic plan/improvement goals)
      ii. Is what we are trying to accomplish in line with our mission, vision, goals, and program outcomes?
      iii. How will we know there has been improvement? (establish self-assessment plans/priorities and benchmarks)
   b. Monthly Review: These will be ongoing review and discussion of:
      i. Self-assessment activities and results,
      ii. Committee reports of identified trends, programs strengths, and potential weaknesses, and
      iii. Progress toward accomplishing established performance improvement goals.

2. Do (Gather). The Curriculum, Admissions, and Student Progress Committee Chairs are responsible for all data collection and aggregation activities. Many of the data collection instruments are administered automatically as part of course management (e.g. student evaluation of course, student evaluation of faculty, preceptor evaluation of student, student performance data). Other data collection instruments will require administration or actual data collection (e.g. program administrative surveys, graduate surveys, faculty/staff evaluation of the program). The Committee Chairs will be responsible for aggregation of all datasets once collected and presentation of the data to the Self-Assessment Committee.

3. Study (Analyze). Critical analysis of self-assessment activities and data is the responsibility of the Self-Assessment Committee. In conjunction with critical analysis, the Self-Assessment Committee is charged with making decisions or developing conclusions regarding the significance of the self-assessment data and its application to program effectiveness and need for improvement.

4. Plan/Act. When the Self-Assessment Committee identifies potential areas of program weakness or need for improvement a plan is developed.
   a. Once a change or improvement plan has been developed it is presented to the Principal Faculty Committee for discussion, modification, and approval for adoption/implementation.

5. Repeat the Cycle: The gather, analyze, decide and plan is a perpetual dynamic process. When changes are made, the processes those changes affected need to be re-assessed to determine whether the change improved program effectiveness. All program processes must be continually re-evaluated to ensure uninterrupted high quality performance.
Data Collection and Aggregation

For purposes of assessment, program data has been divided into two categories: Essential and Provisional.

**Essential Dataset:** The essential dataset represents program assessment activities required to fulfill accreditation expectations.
1. Student evaluations for each course/rotation
2. Student remediation and Academic Intervention within courses across the curriculum to include remediation efforts and outcomes
3. Student attrition, withdrawal, and dismissal
4. Preceptor evaluations of student preparedness for rotations
5. Student exit and/or graduate evaluation of program
6. Most recent five-year first time and aggregate graduate performance on the PANCE
7. Sufficiency and effectiveness of faculty and staff are collected and analyzed by the Department Chair and Dean during the annual review process. Program defined assessment instruments for this category include:
   - Faculty self-assessments
   - Program/University assessments of faculty/staff
   - Student evaluations of faculty
   - Student evaluations of program
8. Faculty and staff attrition
9. Faculty and staff evaluation of the program

**Provisional Dataset:** This dataset includes assessment activities, topics and content that supports ongoing accreditation requirements and represents program-defined priorities or improvement initiatives.
1. Student evaluations of clinical sites
2. Preceptor evaluations of students
3. Preceptor feedback about curriculum content
4. Student assessments
   - Course/rotation examinations
   - Didactic phase assessments
   - Summative evaluation
   - Faculty/preceptor evaluations of student professionalism
5. Faculty evaluation of courses
6. Program committee meetings
7. Rotation logs
8. Applicant/matriculant/student performance profile comparison

These data collection instruments will generate both quantitative and qualitative raw data. In accordance with the data collection and aggregation timeline, the designated program committee will aggregate data from these sources in tabular spreadsheet format for presentation to the Principal Faculty Committee. At the discretion of the designated program committee or request of the Department Chair, graphical display of quantitative data may also be prepared for review. Aggregation of qualitative data will include categorization and grouping of common responses.
Data Review and Analysis

The purposes of data review and critical analysis are to:
- Evaluate program performance
- Identify trends
- Determine cause and effect relationships
- Recognize opportunities for program improvement
- Validate effects of program revisions

The analysis process should include and document:
1. Thoughtful evaluation and interpretation of results
2. Relevance, validity and reliability of the data
3. Evidence of student learning
4. Achievement of program goals/performance benchmarks
5. Identification of program strengths and weaknesses
6. Potential for improvement

Although actual statistical data analysis is not required, its use should be considered and included in documentation of the analysis process whenever applied. Similarly, graphical display of data can provide strong visual indications of need for revision and/or support conclusions reached during the analysis process.

Discussion/Conclusions

The Principal Faculty Committee must reach conclusions about the significance of the data and its application to program curriculum and other dimensions of the program (admissions, administrative functions, faculty development).

Action Plan

The self-assessment must include the development of an action plan. An action plan may include a specific change or can simply be to “continue to monitor.” When self-analysis concludes there is a need for change or opportunity for improvement, the action plan should outline how the program might proceed to effect the needed change, subject to approval of the Principal Faculty and Program Director.

Documentation of Assessment Activities

Self-assessment must include documentation of the process and should include the following:
1. Data: Ideally presented in tabular and/or graphical format
2. Analysis: Showing relationships between the various datasets and the analysis process discussion (as outlined above)
3. Conclusions: What conclusions were reached as a result of the analysis
4. Actions: What could be done as a result of the analysis to effect program performance improvement

The Self-Assessment Committee will maintain three summary reports of program self-assessment activities:

1. Summary of Program Modifications – which includes:
   - Description of modification
   - ARC-PA standard reference
   - Date modification occurred (mm/yyyy)
   - Data sources prompting modification

2. Summary of Program Strengths – which includes:
   - ARC-PA standard
   - Identified Strength

3. Areas Needing Improvement – which includes:
   - Identified area needing improvement and the related ARC-PA standard
   - Plans for improvement
   - Expected outcomes
   - Person(s) responsible
   - Completion timeline (mm/yyyy)

**Approved By:** Principal Faculty

**Modified:** April 24, 2015; April 12, 2016, June 2017

**Next Review:** Spring 2019