

Program Review and Assessment Committee

Thursday, October 18th, 2001

1:00-3:30 pm UC 1126

Ingrid Ritchie, Chair

Sara Heiliger, Recorder

AGENDA –

1. Approval of September MinutesRitchie
2. Convening of SubcommitteesRitchie
3. Student E-portfolio UpdateHamilton
4. Institutional Portfolio Update and Faculty Associates Matrix Kahn
5. Report on a 2000 Grant AwardHamilton
6. Update on NCA Process Banta
7. School of Medicine Program Assessment Presentation..... Smith
8. School of Allied Health Program Assessment PresentationMac Kinnon
9. School of Engineering & Technology Program Assessment PresentationYokomoto

MINUTES –

Present: D. Appleby, S. Avgoustis, T. Banta, K. Black, D. Boland, C. Dobbs, K. Duckworth, S. Hamilton, L. Houser, S. Kahn, J. Kuczkowski, J. Mac Kinnon, M. Phillabaum, P. Smith, R. Vertner, B. White, C. Yokomoto, N. Young.

Guests: T. Carey, E. Sener

Agenda Item 1. Approval of September Minutes (Ritchie)

Minutes approved.

Agenda Item 2. Convening of Subcommittees (Ritchie)

- o Three subcommittees are established: Grant Review, Student E-Portfolio, and Annual School PRAC Reports. Charlie Yokomoto was added to the Grant Review Subcommittee and Sam Milosevich to the Student E-Portfolio Subcommittee. Ingrid Ritchie will confirm membership on these committees and finalize the lists.
- o The Grant Review Committee is following revised guidelines for grant approval

- One proposal has been received so far from a faculty member in the Physical Therapy program, Terry Carey
- The first person on the members' list for each subcommittee is convener or chair

Agenda Item 3. Update on Student E-Portfolio (Hamilton)

Sharon Hamilton explained that the student electronic portfolios will be based on the same template used for last year's pilot. This year, the initiative is moving from the pilot phase into implementation. Continuing pilots are underway in a number of learning community courses and in the fourth-year nursing program.

Three subcommittees of the main Undergraduate Student E-Port Committee have been formed and charged with producing deliverables; PRAC members are included in each of these subcommittees. A separate committee will address security concerns raised last year about access to students' work and identities on the Web. Dennis Cromwell of UITS is on that committee, along with Robert Orr.

For purposes of evaluating student e-portfolios, the Assessment Committee is seeking to define what students should know and be able to do in relation to each PUL at certain points in their undergraduate education, i.e., when they earn an associate's degree (or after two years). Once students enter their majors, progress will be assessed by the major department.

Drew Appleby questioned whether the committee should take into account what graduate programs value, not just employers, in defining levels of proficiency. Hamilton agreed that this should be considered.

Charlie Yokomoto asked whether the student portfolio and institutional portfolio would be folded into Ali Jafari's portfolio project. Hamilton explained that Jafari's group is developing the technology platform for the student e-ports in consortium with three other campuses. He is thus providing needed technology support for the student e-port, not defining content or skill levels. As these develop, the committees will keep IUPUI's interests at the forefront; the priority is to meet our own needs as an institution.

Hamilton expects that the portfolio will be in final form and fully implemented by around Fall 2003. It is difficult to say for sure, however, since this initiative has technological and political ramifications, as well as intellectual ones.

Agenda Item 4. Institutional Portfolio Update and Faculty Associates Matrix (Kahn)

Susan Kahn introduced herself as new to the group. She is director of the Urban Universities Portfolio Project, a Pew Charitable Trusts grant initiative. The project was funded to develop electronic institutional portfolios to enhance accountability and experiment with a new approach to accreditation. The Office of Planning and Institutional Improvement is working to coordinate ongoing development of the portfolio with IUPUI's self-study for the North Central Association for our accreditation review in November 2002; in effect, the self-study will be incorporated into the portfolio itself. Developers of the portfolio/self-study will rely heavily on PRAC input, particularly the schools' oral reports, for evidence of ongoing assessment and improvement.

Kahn emphasized that our approach is innovative, but that regional accrediting associations have shown increasing interest in institutional portfolios. The Western Association of Schools and Colleges has mandated the use of institutional portfolios in place of traditional self-studies to show continuous efforts at improvement. North Central plans to experiment with electronic institutional portfolios as part of its Academic Quality Improvement Project. These portfolios look very different from the conventional paper self-studies.

Kahn noted that the results of the study done by the three faculty associates last year have been incorporated into the IUPUI portfolio in the form of an interactive matrix that matches schools with the PULs. She referred to the handouts, one which explains how to get to the matrix on the Web and the other an example of a matrix that shows the School of Liberal Arts paired with the principle of critical thinking. Currently, this matrix website is down, but please contact Susan if you have information to add for your school, especially on improvements initiated in response to assessment findings and on examples of good teaching, learning or assessment practices that might be incorporated into the portfolio. Good examples might include student work samples that demonstrate development and improvement over time. Materials that use video or other media to show real examples of teaching, learning or assessment would be especially useful in taking advantage of the electronic environment to make our activities more immediate, transparent and compelling to portfolio viewers.

Agenda Item 5. Report on a 2000 Grant Award (S. Hamilton)

Sharon Hamilton reported on two grant projects. The first project, funded by PRAC and using the Council of Writing Program Administrators' Consultant Evaluator Service, brought in two writing program administrators to look at three aspects of the writing programs on campus: the core classes, the Writing Center, and the Office of Campus Writing. Seven recommendations, listed on the handout that Hamilton distributed, were made as a result of this analysis. Hamilton worked closely on this project with Susanmarie Harrington, the Director of Writing, a program that works directly with students. Hamilton is the Director

of the Office of Campus Writing, which works with faculty. Hamilton's position has recently moved into the Office of Professional Development.

One of the most important results of this grant project is the recommendation that a vision and administrative structure for upper-division writing be developed and coordinated with efforts at the lower division. The English Department is working to implement this recommendation. Another recommendation, that Harrington's and Hamilton's titles be rethought and revised to clarify the differences between their programs, was not implemented.

Hamilton's second PRAC-support project is described in her second handout. The project, titled "Toward a Statement of Expectations for Senior Level Writing at IUPUI," has completed its first phase, which generated a draft statement of writing proficiencies for senior-level writing. Subsequent stages will involve more faculty members, beyond the eight included so far, in evaluating the draft's usefulness in serving the wide range of disciplinary expectations at IUPUI. Faculty teaching capstone courses will be consulted to help determine how students might be prepared by courses within the major to achieve the expectations. Ideally, the project will result in an agreed-upon campus-level statement of expectations for the writing proficiencies of graduating seniors and in evidence to support IUPUI's contention that its graduates can communicate effectively in writing.

In response to a question from Ritchie, Hamilton indicated that she would provide to PRAC a written report on the results of her grant work.

Agenda Item 6. Update on NCA Process. (T. Banta)

Trudy Banta referred to the handout, "An Approach to PRAC Reporting for 2001-02." This handout is intended as a guide on how to frame this year's school presentations to PRAC. Banta sent around the sign-up sheet for presentation dates and asked that schools please sign up to present their reports by the February meeting at the latest.

Banta explained that her staff will draft summaries of each school's presentation, have these reviewed by the school's PRAC representative, and then distribute them to the group. These reports will serve as key resources for the North Central self-study. We hope to have a draft self-study by next summer; the actual visits will take place November 18-20, 2002.

Banta then referred to a second handout, "What Does NCA Expect Us to Do in Assessment?" It is important to continue to bring information to this group about data generated by assessment efforts, and how improvements are made based

on the data. NCA wants to see evidence that assessment data are being used to make improvements.

Joseph Kuczkowski asked what to expect from the NCA visits, whether the team will visit faculty, and what faculty need to know in preparation. Banta answered that the team may talk to faculty. We will have some influence in deciding what the team does and who is on the team, but the team has not been constituted yet and discussions about the team agenda have not begun. The visit will most likely include a PRAC meeting; it will be important that the PRAC group help shape the visit.

Committee members noted that in reporting on student proficiencies, we should be focused on the skills that graduate and professional schools seek, as well as what employers want. Another concern was raised about measuring and evaluating independent research done by students. Banta suggested that we look at the final products and levels of proficiency reached in those projects.

Yokomoto commented that there seem to be several versions of the questions to be addressed in the school reports to PRAC and that, in preparing his report for today's meeting, he had responded to an earlier set; these focused on faculty attitudes toward assessment, strategies for and barriers to getting faculty involved, and changes made on the basis of assessment data. Kahn noted that the questions distributed today emphasize what students learn and how we know that, while the earlier set examine issues related to implementation and impact of assessment programs; ideally, the self-study should discuss both sets of issues.

Agenda Item 7. School of Medicine Program Assessment Presentation (P. Smith)

Paula Smith began her presentation by discussing the Red Book, completed in 1996 following the Brown University model of competencies for medical school graduates. The Red Book contains nine competencies, with three levels of competence defined for each of the nine, and several pages of criteria, including skills and behaviors. She explained that defining and assessing competencies is relatively new for medical schools, but is especially crucial for us, since most of the state's physicians are graduates of IUSM. The nine competencies are listed in Smith's handout on her Power Point presentation, "The Indiana School of Medicine Curriculum."

Students are required to pass a variety of assessments of their achievement of the competencies in order to graduate and qualify for a residency program. One assessment methodology utilized is the Objective Structured Clinical Examination (OSCE). OSCEs are given at the beginning and end of the third year in the new

Indiana University School of Medicine Clinical Skills Education Center. The OSCEs place students in a series of simulated clinical situations, which are videotaped, and evaluate students on a list of clinical competencies. Smith noted that OSCEs have proven to be reliable and valid and that evidence suggests they lead to improvements in students' performance.

Other assessment approaches used by IUSM include "Triple Jump" exams aimed at evaluating students' problem-solving skills. In a Triple Jump exam, students are given a list of clinical situations they will face, provided adequate time to research and collect data, and then return to the classroom, where they are handed laboratory results and other new information. Based on the data they have, students are asked to make diagnoses. Emphasis is not on getting the "right" diagnosis, but rather on students' ability to identify the kinds of information they need, to make a reasoned diagnosis based on the information, and other elements of effective clinical problem-solving.

Changes made on the basis of assessment data include development of a Triple Jump Committee, the construction of the Clinical Skills Education Center, which is used by students at the eight satellite IUSM sites as well as by those based in Indianapolis. At one point, assessment data showed that one of the satellite sites fell well below the others on skills assessment; after learning this, that center implemented a successful effort to improve their assessment results. Surveys of IUSM graduates' residency directors one year after their graduation show that our graduates do very well in residency programs.

Smith reported that faculty have somewhat mixed reactions to assessment, but understand its importance. Strategies for getting faculty involved in assessment have included restructuring the Dean's office, establishing assessment committees, implementing the competency-based curriculum, and the most recent LCME reaccreditation visit. Challenges to assessment that the school has faced include competing faculty priorities, getting faculty to understand and embrace the competencies, and motivating faculty who teach classes of over 140 students to break out of the multiple choice mode of testing. The school is currently working to adjust its promotion standards so that faculty are rewarded for excellent teaching. Smith also presented a list of actions that could be taken at the school and campus levels to get faculty more involved.

Agenda Item 8. School of Allied Health Program Assessment Presentation (J. Mac Kinnon with T. Carey)

Joyce Mac Kinnon distributed a packet that included a page from the *IUPUI Bulletin* on the Indiana University School of Allied Health's educational philosophy, vision, and mission, as well as a set of matrices summarizing school goals, competencies expected of both students and faculty, and related teaching

strategies, assessment approaches, results of assessments, and actions taken on the basis of assessment results. She brought with her a faculty member in Physical Therapy, Terry Carey.

SAHS has expanded the focus of its assessment to include incorporation of the School's five mission goals, as outlined in the IUPUI Bulletin and included in Mac Kinnon's handouts to PRAC. They have approached assessment as a school-wide effort, rather than compartmentalizing it by department and program. The SAHS Academic Affairs Council is the oversight body for school assessment efforts; benchmarks for the five major goals were created by an ad hoc representative committee. One approach used to collect data is an employer survey sent out one year after graduation; the survey has also yielded information about the skills employers are looking for. Alumni surveys have been less successful; alumni have been difficult to track past their first job after graduation and, after their first year out, are much less likely to respond. Mac Kinnon discussed the difficulty in collecting data from alumni further than one year out; any suggestions that PRAC has to increase the yield would be appreciated.

Mac Kinnon noted that SAHS faculty appreciate the feedback gathered through assessment and that work on assessment in recent years has shifted most faculty away from the idea that standardized tests provide sufficient measurement of student achievement. Faculty support for assessment has also been strengthened by specialized accreditors' focus on outcomes assessment.

Agenda Item 9. School of Engineering and Technology Program Assessment Presentation. (C. Yokomoto with E. Sener)

Responding to the questions listed in Agenda Item 6, Yokomoto began by commenting on issues that need to be addressed when designing and implementing an assessment program. For example, the School of Engineering and Technology had to grapple with such questions as: Who should lead assessment efforts? Should all students be included in assessment or just a sample? Should assessment be summative or formative? What methods should be used? Should the methods be direct or indirect? How should performance be judged? Should each department follow the same procedure? Referring to his handout, "PRAC Presentation-Oct. 18, 2001," he presented a summary of departmental assessment strategies and discussed the difficulty of condensing all of the data from assessment to draw meaningful conclusions.

Assessment in the School of Engineering and Technology is overseen by a representative school-wide committee. Yokomoto suggested that release time be provided to the chair of this committee, since keeping assessment efforts

alive requires ongoing, persistent effort by the person in this position. The school has mapped IUPUI's PULs to ABET-defined outcomes and is trying to assess for both sets of outcomes.

The School of Engineering and Technology has found that one key to implementing assessment has been to find one committed faculty member in each department to spearhead efforts. The school has also tried to emphasize that assessment is a responsibility integral to the faculty role and represents good citizenship by faculty. Along with Erdogan Sener, a faculty member and chair of Construction Technology, Yokomoto explained that faculty resistance to assessment arises from unusually heavy (even for IUPUI) teaching loads and high expectations for research; in addition, engineers are trained to build assessment and improvement into all processes they design and many faculty in the school thus feel that a formal assessment program is an unnecessary add-on. Faculty also believe that the reward system does not recognize the importance of assessment. Part-time faculty seem to be less resistant than full-time faculty, perhaps because they are working in industry and can see the need for the skills measured by assessment more clearly.

Each department in the school can decide how to implement assessment within parameters set by the school assessment committee. While surveys of students, alumni, and employers are used extensively, the major strategy is to collect direct evidence of student achievement in all skill areas defined by the school. Yokomoto noted that, as a result of assessment, at least four departments have made substantive improvements in curriculum, student learning of both fundamental skills like critical thinking and understanding of cultural differences, and engineering/technology-specific skills, and assessment processes and methodologies themselves.

Finally, Yokomoto explained that he keeps a "Golden Book" that contains the annual assessment report, major memos, as well as all the assessment data. This has helped keep all relevant information organized and is sent to all faculty members in the school.

Adjourn: 3:30

NEXT MEETING: November 9, 9:00-11:30, UL 1126

An Approach to PRAC Reporting for 2001-02

According to North Central Association guidelines for self-study, we must provide evidence of “assessment of appropriate student academic achievement in all programs, **documenting** proficiency in skills and competence essential for all college-educated adults and mastery of the level of knowledge appropriate to the degree granted.”

Many of our schools already address these matters in their annual assessment reports. For others, the context described in Items 1 and 3 below may be helpful. In any case, addressing Items 4 and 5 may help us move forward as a campus.

1. Suppose a parent or an employer asks you, “What will Mary Smith know and be able to do by the time she graduates from your program at IUPUI?” What would you say? (For undergraduate programs, please include the Principles of Undergraduate Learning in your thinking.) (Note: See Columns 1 and 2 of the matrix we have been using for PRAC reports.)
2. How will Mary learn these things? (Note: See Column 3 of the matrix.)
3. At graduation, what **evidence*** could you and Mary provide the parent and employer to demonstrate that Mary Smith knows and can do the things you told them she would learn? (Note: See Columns 4 and 5 of the matrix.)
4. Have you and colleagues in your **program** looked collectively at the work of Mary Smith, Jeff Jones, and all the others in their class to see what, in general, they know and can do? If so, what do your findings imply for your work? (Note: See Column 6 of the matrix.)
5. Are there additional implications of your findings for work at the **campus** level?

* Evidence should include examples of student work, but might also include survey responses; evaluations by internship, clinical, or service learning supervisors; or focus group data.

Assessment of the School of Allied Health Sciences Goal #1

May 2001(1999-2000 data)

To build upon sound principles of general education by preparing students to communicate effectively, exhibit quantitative skills, think critically, integrate and apply knowledge, exhibit intellectual depth and breadth, be intellectually adaptive, appreciate social and cultural diversity, and apply ethical standards and values to professional practice.

Goal/ Principle	School Competencies (Students will:)	Teaching Strategies	Measurements	Benchmarks	Met / Unmet	Actions Taken/ Notes
Communication/ Quantitative Skills	Demonstrate effective writing skills	Required papers Case study presentations Practical exams	Grades on papers Feedback on presentations Ratings on clinical experiences / fieldwork Employer surveys	The School to have a 90% pass rate on students' final clinical experience/fieldwork	MET (99%) MET (9 students)	No action necessary No action necessary
	Communicate clearly and effectively to diverse populations	Clinical experiences/ fieldwork laboratories	Student presentations at professional meetings Student professional papers	The School to have at least one student group present or publish at the state or national level When appropriate, programs to meet accreditation standards for communication /quantitative skills	MET (100%) MET (100%)	No action necessary No action necessary
	Use information technology to facilitate communication		Student portfolios Accreditation self-studies Clinical educator surveys	All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on employer surveys, if applicable		
	Quantitatively analyze data					
Critical Thinking	Recognize and define problems	Class discussions Article critiques Practical exams	Feedback on class participation Grades on critiques Ratings on clinical experiences/ fieldwork Student portfolios Accreditation self-studies	The School to have a 90% pass rate on the student's final clinical experience/ fieldwork When appropriate, programs to meet accreditation standards for critical thinking	MET (99%) MET (100%) MET (100%)	No action necessary No action necessary No action necessary
	Develop multiple hypotheses					
	Choose effective strategies/correct solutions					
	Critique professional literature					
	Analyze rationales for reliability and validity			All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on graduate surveys, if applicable		

<p>Integration / Application of Knowledge</p>	<p>Apply didactic knowledge to clinical/ practice settings</p>	<p>Clinical experiences / fieldwork Practical exams Summative exams</p>	<p>Accreditation results Ratings on clinical experiences/ fieldwork Student portfolios Capstone courses Employer surveys Licensure pass rates</p>	<p>All program certification / licensure pass rates to meet or exceed the national average All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on employer surveys, if applicable When appropriate, programs to meet accreditation standards for integration/ application of knowledge</p>	<p>UNMET MET (100%) MET (100%)</p>	<p>One program below national average; program director believes it might have been an aberrant year No action necessary No action necessary</p>
<p>Intellectual Depth, Breadth and Adaptiveness</p>	<p>Apply prior knowledge experience to new situations Demonstrate flexibility in clinical / practice settings</p>	<p>Clinical experiences / fieldwork Summative exams</p>	<p>Ratings on clinical experiences/ fieldwork Accreditation self-studies Student job placement Student portfolios Capstone courses Employer surveys</p>	<p>The School to have a 90% pass rate on the student's final clinical experience/ fieldwork All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on employer surveys, if applicable. When appropriate, programs to meet accreditation standards for intellectual depth, breadth, and adaptiveness</p>	<p>MET (99%) MET (100%) MET (100%)</p>	<p>No action necessary No action necessary No action necessary</p>

Society and Culture	<p>Take cultural differences into consideration in the clinical / practice setting</p> <p>Participate in activities which affect social or professional policies</p>	<p>Course work on cultural differences</p> <p>Class discussions on policy issues</p> <p>Accreditation self-studies</p> <p>Clinical experiences</p> <p>Practical exams</p> <p>Fieldwork</p>	<p>Ratings on clinical experiences/ fieldwork</p> <p>Graduate surveys</p>	<p>The School to have a 90% pass rate on the student's final clinical experience/ fieldwork</p> <p>All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on graduate surveys, if applicable.</p> <p>When appropriate, programs to meet accreditation standards for society and culture</p>	<p>MET (99%)</p> <p>MET (100%)</p> <p>MET (100%)</p>	<p>No action necessary</p> <p>No action necessary</p> <p>No action necessary</p>
Values and Ethics	<p>Adhere to the ethical standards of the profession</p> <p>Adhere to the legal standards of the jurisdiction of practice</p> <p>Incorporates ethical decision-making into practice</p> <p>Demonstrate academic honesty</p>	<p>Class discussions</p> <p>Case studies</p> <p>Accreditation self-studies</p> <p>Clinical experiences</p> <p>Practical exams</p> <p>Fieldwork</p>	<p>Ratings on clinical experiences/ fieldwork</p> <p>Employer surveys</p> <p>Review of incidences of academic dishonesty</p>	<p>The School to have a 90% pass rate on the student's final clinical experience/ fieldwork</p> <p>All incidences of academic dishonesty to be appropriately handled.</p> <p>When appropriate, programs to meet accreditation standards for values and ethics</p> <p>All programs to receive a summative rating equal to or greater than 3 (5 pt scale) on employer surveys</p>	<p>MET (99%)</p> <p>MET (100%)</p> <p>MET (100%)</p> <p>MET (100%)</p>	<p>No action necessary</p> <p>No action necessary</p> <p>No action necessary</p> <p>No action necessary</p>

Assessment of the School of Allied Health Sciences Goal #2

May 2001 (1999-2000 data)

To provide undergraduate and graduate degree programs that offer education related to the provision and management of health services by various health professionals.

Goal/ Principle	School Competencies (Students will:)	Teaching Strategies	Measurements	Benchmarks	Met / Unmet	Actions Taken
To provide undergraduate and graduate degree programs in allied health sciences	Complete certificate/degree programs Obtain necessary credentials to practice	Capstone projects papers, summative exams, portfolios, Clinical/fieldwork experiences	Successful completion of certificate/degree licensure/certification pass rates Employment rate	The School to have a 90% graduation rate The School to have a 90% pass rate on students' final clinical experience/ fieldwork All program certification/ licensure pass rates to meet or exceed the national average Within one year of graduation, 85% of graduates who choose to work in their chosen disciplines are employed Class capacity met for all capped programs	MET (95.5%) MET (99%) UNMET MET (100%) UNMET	No action necessary One program below national average as noted in Goal #1 Two programs did not meet class capacity; will continue benchmark and class capacities as currently configured and re-visit next year
To prepare allied health science students to participate in the management of health services at time of graduation	Complete program management component/course	Required papers, case studies, presentations Clinical/fieldwork experiences Web-based instruction Article critiques Formative and summative exams	Successful completion of program management component/course Graduate/alumni surveys Capstone projects	Programs to have a 90% pass rate on program management component/course Five years post graduation, 5% of the graduates are in supervisory positions	MET (100%) ?	No action necessary These data are not routinely collected; will drop this benchmark although encourage programs to obtain data where feasible

Assessment of the School of Allied Health Sciences Goal #4

May 2001 (1999-2000 data)

To provide continuing education for allied health practitioners wishing to further their career development.

Goal/ Principle	School Competencies (Students will:)	Teaching Strategies	Measurements	Benchmarks	Met / Unmet	Actions Taken
To provide continuing education for credentialed practitioners	Participate in life long learning provided by the SAHS Participate in activities to further career development	Provide programs that meet the requirements and approval of professional organizations for continuing education as well as meet the needs of practitioners in a dynamic health care environment Mentor the practice of life- long learning	Number of participants Participant evaluations Number of continuing education programs offered	SAHS will provide at least 1 for profit continuing education program annually SAHS faculty will provide at least 60 external professional lectures annually Participant evaluation of continuing education offerings to be equal to or greater than 3 (5pt scale)	MET (2) MET (187) MET (100%)	The SAHS Academic Affairs Committee decided to have only one subgoal under Goal #4 to read: To provide continuing education for credentialed practitioners. All benchmarks were met under subgoal. No action needed.

<p>OTE: A second subgoal was eliminated</p> <p>Joyce's WP Files\Administrative\principles of undergrad learning4.2001.wpd</p>					<p>UNMET Caps not met for CLS and respiratory therapy</p> <p>? This benchmark will be eliminated</p> <p>? Information not currently collected</p> <p>? Only data that were able to be analyzed was that of the 2000 cohort of AS students-41% enrolled in a baccalaureate program</p> <p>This subgoal has been eliminated. Class capacity will be measured under Goal #2</p>
---	--	--	--	--	---

Assessment of the School of Allied Health Sciences Goal #5

May 2001 (1999-2000 data)

To foster the development of life-long habits for scholarship and service among faculty and students.

Goal/ Principle	School Competencies (Students/Faculty will:)	Teaching Strategies	Measurements	Benchmarks	Met / Unmet	Actions Taken
To provide the SAHS faculty the opportunity to participate in scholarly activity	Present continuing education activities Present academic instruction informed by current research Participate in scholarly activity Participate in patient education	The School to provide opportunity for participation in patient, professional, classroom clinical, and laboratory education. The School to provide opportunity for participation in scholarly activity The School to provide mentoring.	Faculty reports Performance indicator reports	At least 90% of tenured/tenure track faculty will participate in scholarly activity as defined in goal#3 Measurements	UNMET (88%; 23/26)	Response requested from those programs that reported tenure/tenure track faculty not involved in scholarly activity
To provide students the opportunity to participate in scholarly activity	Participate in scholarly activity with SAHS faculty	Student exposure to/ participation in/ collaboration with SAHS faculty in scholarly activity	Experiences that support student scholarly activity Graduate/alumni surveys Collaborative research projects, publications/ presentations	At least 80%(changed to 70% for 2000-01) of SAHS students in their final year of study will be involved in scholarly activity At least 5% of the SAHS graduates will be engaged in scholarly activity 5 years post graduation The School to have at least one student group /individual present or publish at the state or national level	UNMET (71%) ? MET (9 students)	Decision was made to change level of benchmark and revisit when OT has moved to the MOT degree. Information not currently collected; benchmark will be eliminated

Goal/ Principle	School Competencies (Students/Faculty will:)	Teaching Strategies	Measurements	Benchmarks	Met / Unmet	Actions Taken
To encourage life long habits of service among the SAHS faculty	Participate in service activity at the University, professional and community levels	Seek/accept membership on committees Seek/accept leadership roles	Faculty reports Performance indicator reports	At least 90% of all SAHS faculty will participate in service and leadership activities	MET (99%)	No action needed.
To develop life long habits of service among students	Participate in service activity at the University, professional and community levels	Seek/accept membership on committees Seek/accept leadership roles	Reports of service among professional students Graduate/alumni surveys	At least 10% of professional students will participate in service and leadership activities At least 5% of SAHS alumni will participate in service and leadership activities	MET (53%) ?	No action needed. Information not currently collected; will eliminate as goal but encourage programs to collect this data as part of alumni surveys.

This document in its entirety was approved by the SAHS faculty at their April 14, 2000 meeting; revised by the SAHS Academic Affairs Committee 10/01 with input from affected programs.

The Indiana University School of Medicine Curriculum

What will Mary Smith know and be able to do by the time she graduates?

- Basic Science Knowledge Base
- Clinical Skills
- Assume Responsibility for Patient Care
- Be Prepared to Continue Medical Education

Competencies

- 1. Effective Communication**
- 2. Basic Clinical Skills**
- 3. Using Science to Guide Diagnosis, Management, and Prevention**
- 4. Lifelong Learning**
- 5. Self-Awareness, Self-Care, and Personal Growth**
- 6. The Social & Community Contexts of Health Care**
- 7. Moral Reasoning & Ethical Judgment**
- 8. Problem Solving**
- 9. Professionalism & Role Recognition**

How will Mary learn these things?

- Lectures
- Lab Experiences
- Service Learning
- Clinical Practice
- Small Group Work
 - ICM Groups
 - PBL Groups

At graduation, what evidence exists to demonstrate her knowledge and abilities?

- Triple Jump Exam
- Discipline Exams
- Competency Tracking
- Objective Structured Clinical Exams at beginning and end of 3rd year
- USMLE Shelf exams
- USMLE Steps 1 and 2

Have changes been made on the basis of assessment data?

- Triple Jump Committee
- Clinical Skills Assessment Center
- Regression Analyses
 - Statewide Exams
 - USMLE Steps
 - Triple Jump
 - PGY-1

How have faculty reacted to the need to spend time on assessment?

- Mixed, but it's importance is clear.

What has been successful in drawing faculty in on assessment?

- Restructuring Dean's Office
- Establishing Assessment Committees
- Implementation of Competency-Based Curriculum
- LCME



Bloomington

Evansville

Fort Wayne

Indianapolis

Lafayette

Muncie

Northwest

South Bend

Terre Haute

What are the difficulties faced in engaging faculty?

- Competing Priorities
- Understanding/Embracing Competencies
- Breaking out of the “multiple choice” mode

Are there any actions that have been or could be taken in your school to encourage more faculty to become involved?

- Faculty Development Retreat
- Involvement in Assessment/Competency Committees
- OSCE Case Development/Assessment
- Mandating Statewide Curricular Exams

Are there activities that could be undertaken at the campus level that would help engage faculty?

- Faculty Development Experiences
- Access to Experts in Performance-Based Assessment
- Collaborating with Medical Education Research

Have faculty looked collectively at Mary's work to see what, in general, she knows and can do?

- OSCE Tapes
- Dean's Letters

Are there implications of
IUSM's findings for work at the
campus level?