

Weber State University  
Biennial Report on Assessment of Student Learning

Cover Page

Department/Program: [Department of Physician Assistant Medicine](#)

Academic Year of Report: 2022 and 2023 (covering Summer 2021 through Spring 2023) Date

Submitted:

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The Institutional Effectiveness website hosts a page for each program that displays assessment reports and information. All available biennial assessment and program review reports are located at the bottom of the program's page on our site. As a part of the biennial report process, we ask that you please review your page for completeness and accuracy, and indicate below the changes that need to be made in sections A-E.

**Program page link:** [https://www.weber.edu/ie/Results/Physician\\_Assistant\\_MedicineM.html](https://www.weber.edu/ie/Results/Physician_Assistant_MedicineM.html)

### **A. Mission Statement**

**Information is current; no changes required:** Yes \_\_\_\_\_ **No** X

Update if not current:

Our mission is to provide students with an integrated and experiential curriculum in primary care and adult hospital medicine in a climate of high academic standards. Students will be prepared to practice evidence-based, cost-effective, compassionate care as members and leaders of healthcare teams in the communities we serve.

### **B. Student Learning Outcomes**

(Please include certificate and associate credential learning outcomes)

**Information is current; no changes required:** Yes \_\_\_\_\_ **No** X

Update if not current: (In medicine, program outcomes are called EPAs -- Entrustable Professional Activities)

1. The Weber State University Department of Physician Medicine will prepare you to become an exemplary medical provider, qualified to work in a variety of healthcare settings and upon graduation, be entrusted to:
2. Interview a patient/family to obtain a medical history
3. Perform a technically proficient physical examination
4. Prioritize a differential diagnosis
5. Recommend, order, and interpret diagnostic and screening tests
6. Perform basic clinical procedures
7. Identify a patient requiring urgent/emergent care and initiate evaluation and management
8. Develop and implement treatment plans that include clinical and/or pharmacologic interventions, referrals to members of the healthcare team, and patient counseling/education

9. Document and present a clinical encounter
10. Participate as a member of an interprofessional team
11. Contribute to a culture of safety and quality

### C. Curriculum Grid

(Please review your current curriculum grid and verify that at least one course has been identified for each outcome in which you expect your students to demonstrate the desired competency of a graduating student. This could be shown in a variety of ways: classroom work, clinical or internship work, a field test, an ePortfolio, etc. You may request access to the Google Sheet on our site if that is easiest, or we can make the updates. Please reach out to [oiie@weber.edu](mailto:oiie@weber.edu) if you wish to have access)

**Information is current; no changes required: Yes \_\_\_\_\_ No X**

Update if not current

| YEAR 1      |                             |        |                                  |
|-------------|-----------------------------|--------|----------------------------------|
| Course Code | CREDIT Hrs                  | COURSE |                                  |
| S1          | <a href="#">MPAS - 6001</a> | 1      | Professional Development 1       |
|             | <a href="#">MPAS - 6030</a> | 1      | Clinical Pharmacology            |
|             | <a href="#">MPAS - 6010</a> | 2      | Mechanisms of Health and Disease |
|             | <a href="#">MPAS - 6020</a> | 3      | History & Physical               |
|             | <a href="#">MPAS - 6050</a> | 2      | Evidence-Based Practice 1        |
|             | <a href="#">MPAS - 6040</a> | 2      | Medical Diagnostics              |
|             | <a href="#">MPAS - 6080</a> | 3      | Infectious Disease               |
|             | <a href="#">MPAS - 6060</a> | 1      | Eyes, Ears, Nose, Throat - Neck  |
|             | <a href="#">MPAS - 6110</a> | 3      | Pulmonology                      |
|             | <a href="#">MPAS - 6101</a> | 2      | Clinical Integration 1           |
|             |                             | 0      | Summative 1                      |
|             | <b>20</b>                   |        |                                  |
| S2          | <a href="#">MPAS - 6002</a> | 1      | Professional Development 2       |
|             | <a href="#">MPAS - 6100</a> | 1      | Heme/Onc                         |
|             | <a href="#">MPAS - 6130</a> | 3      | Endocrinology                    |
|             | <a href="#">MPAS - 6070</a> | 1      | Dermatology                      |
|             | <a href="#">MPAS - 6150</a> | 1      | MSK 1 Rheumatology               |

|               |                             |                   |                            |
|---------------|-----------------------------|-------------------|----------------------------|
|               | <a href="#">MPAS - 6120</a> | 3                 | GU (Neph/Urology)          |
|               | <a href="#">MPAS - 6180</a> | 3                 | CV Medicine                |
|               | <a href="#">MPAS - 6102</a> | 2                 | Clinical Integration 2     |
|               |                             | 0                 | Summative 2                |
|               |                             | <b>15</b>         |                            |
| S3            | <a href="#">MPAS - 6003</a> | 1                 | Professional Development 3 |
|               | <a href="#">MPAS - 6200</a> | 2                 | MSK 2                      |
|               | <a href="#">MPAS - 6170</a> | 3                 | Neurology                  |
|               | <a href="#">MPAS - 6210</a> | 3                 | Psychiatry                 |
|               | <a href="#">MPAS - 6190</a> | 3                 | Gastroenterology           |
|               | <a href="#">MPAS - 6140</a> | 3                 | OB/GYN                     |
|               | <a href="#">MPAS - 6051</a> | 1                 | EBP 2                      |
|               | <a href="#">MPAS - 6103</a> | 2                 | Clinical Integration 3     |
|               |                             | 0                 | Summative 3                |
|               | <b>18</b>                   |                   |                            |
| <b>YEAR 2</b> |                             |                   |                            |
|               | <b>Course Code</b>          | <b>CREDIT Hrs</b> | <b>COURSE</b>              |
| S4            | <a href="#">MPAS - 6004</a> | 1                 | PD 4                       |
|               | <a href="#">MPAS - 6005</a> | 1                 | PD 5                       |
|               | <a href="#">MPAS - 6500</a> | 12                | Preceptorship 1            |
|               | <b>TOTALS</b>               | <b>14</b>         |                            |
| S5            | <a href="#">MPAS - 6006</a> | 1                 | PD 6                       |
|               |                             | 0                 | Master's Project           |
|               | <a href="#">MPAS - 6510</a> | 12                | Preceptorship 2            |
|               | <b>TOTALS</b>               | <b>13</b>         |                            |
| S6 6          | <a href="#">MPAS - 6520</a> | 12                | Preceptorship 3            |
|               |                             | 0                 | Summative 4                |
|               | <b>TOTALS</b>               | <b>12</b>         |                            |

#### **D. Program and Contact Information**

**Information is current; no changes required: Yes \_\_\_\_\_ No X**

Update if not current:

Department of Physician Assistant Medicine  
3985 Stadium Way  
Ogden, UT 84408  
Program Phone: 801-626-7203

#### **E. Assessment Plan**

We have traditionally asked programs to report on outcome achievement by students at the course level. We are encouraging programs to consider alternative assessment approaches and plans that are outcome-based as opposed to course-based, though course-based assessment can continue to be used. A complete assessment plan should include:

- a timeline (which courses or which outcomes will be assessed each year),
- an overall assessment strategy (course-based, outcome-based, reviewed juries, ePortfolio, field tests, etc.)
- information about how you will collect and review data
- information about how the department/program faculty are engaged in the assessment review.

**Information is current; no changes required: Yes \_\_\_\_\_ No X**

Update if not current:

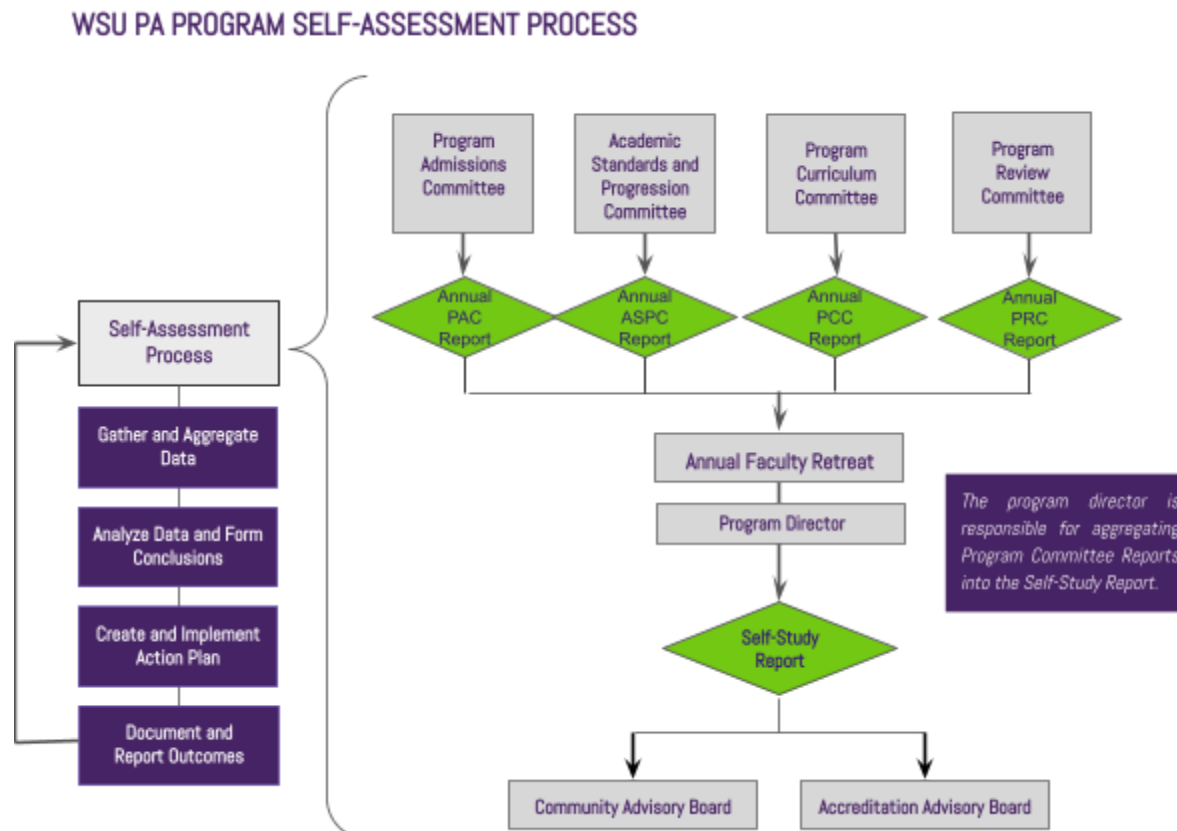
## TIMELINE

### Self-Assessment Process

The WSU PA program uses an ongoing iterative process to systematically apply statistical and/or logical techniques to describe, summarize, and analyze data. It allows for evaluation of overall program effectiveness, identification of program strengths and weaknesses, and delineation of plans for modifications and improvement. The process is guided and informed by our mission, goals, and the ARC-PA “C” Standards.

The program has four committees tasked with gathering, analyzing, and triangulating data from across multiple data collection tools to help determine cause and effect relationships, followed by developing action plans to address the desired modifications in triangulated areas of improvement which will be implemented by faculty and staff. The program committees will ensure the program’s ongoing compliance with ARC-PA Standards by facilitating and implementing the self-assessment process outlined below and making sure the program achieves its published mission, goals, and outcomes. Program committees carry out the aforementioned aspects of the self-assessment process and report back to the program director who has ultimate oversight of the process and assures the continuous review, improvement, and strengthening of the program’s ability to deliver high-quality education.

The WSU PA Program process of program self-assessment is diagrammed below.



Decisions regarding types of data collected are informed by ARC-PA Standards and the program's mission and goals. Raw data, (e.g., quantitative/qualitative, direct/indirect) are gathered by program committees throughout all phases of the program in accordance with program-set data collection times. Program-specific Data Collection Tools allow committees to collect evidence of program effectiveness in administrative functions/operations, student didactic and clinical learning, faculty effectiveness and sufficiency, and success in meeting program outcomes. The [Data Collection Tools Index](#) used in the self-assessment process provides links to the tools and defines what and how data (quantitative and qualitative) will be collected; which committee is responsible for gathering, collecting and analyzing the data; Likert scales assigned to each collection tool; planned benchmarks for strengths as well as areas in need of improvement; and finally, timing of data collection and analysis.

The following benchmarks for the self assessment were developed and determined using input from both internal and external sources. Internal benchmarking input originated from program faculty discussion as well as benchmarks of other programs within the Dumke College of Health Professions. External input came from benchmarking to match-made PA programs and programs in the local region. Most programs reported using a Likert scale of 1.0-5.0. with a benchmark of 3.5/5.0 defined as adequate and anything below 3.0/5.0 identified as areas in need of improvement. These benchmarks were converted into the corresponding percentages of 70% and 60% respectively. The following is a detailed breakdown of the WSU PA program benchmarks:

### Quantitative Data Analysis

The program utilizes a **4-point Likert and standard 4.0 grading scale** for quantitative data across all Data Collection Tools. The WSU faculty chose to use a 4.0 Likert scale instead of the 5.0 Likert scale to eliminate a neutral option thus requiring responders to state an opinion. When considering benchmarks, faculty agreed that the program should be held to high standards, so the adequate benchmarks were set accordingly at 75% (higher than the 70% set by other programs).

Analyzed **quantitative data** will be categorized into one of four categories:

**Program Strengths:**

≥3.5-4.0

**Adequate Benchmark:**

≥3.0-3.49

**Areas in need of Monitoring:**

2.4-2.99\*

**Areas in need of Improvement:**

<2.39

### Qualitative Data Analysis

Analysis of qualitative data will consist of **coding** responses and categorizing them to identify **themes**, both positive and negative. A theme is established when ≥20% of those surveyed comment on a specific item.

Analyzed **qualitative data** will be categorized into one of four categories:

**Program Strengths:**

≥60% positive themes and <50% negative themes (4)

**Meets Benchmark:**

0-39.9% negative themes - Adequate (3)

40-49.9% negative themes - Monitor (2)\*

**Below Benchmark:**

≥50% negative themes (1)

One comment indicating a possible violation of professional norms, program policy, university policy, or applicable local laws will also reach actionable levels.

*\* Any areas that require **Monitoring** for consecutive years or 3 out of any 5 years will convert to **Areas in Need of Improvement**.*



***The program will gather and aggregate data in the following areas, utilizing program and ARC-developed data collection tools:***

14B ADMINISTRATIVE ASPECTS of the PROGRAM and INSTITUTIONAL RESOURCES <sup>C1.01a</sup>

*Data Collection Tools/Sources - Index*

### **1) Gather and Aggregate Data: Collection of Appropriate Data**

The **Program Review Committee (PRC)** will gather and aggregate data that relate to the A1.06, A1.08, A1.09, and A1.11 Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools/sources which include but are not limited to:

- Faculty and Staff Evaluation of the Program
- Budgets, expenditures, and income (tuition, grants, and donations)
- Faculty/Staff Exit Survey
- Faculty and Staff Changes / Attrition
- Student Evaluations of Admissions
- Student Evaluation of Orientation and Resources
- Faculty and Staff Evaluation of the Program Director
- Demographics from CASPA on applicant as well as final matriculated cohort
- Student Evaluation of Didactic Phase
- Student Evaluation of Clinical Phase
- Student Exit Survey

### **2) Analyze Data and Form Conclusions: Critical Analysis**

Data regarding **administrative aspects of the program and institutional resources** will be compiled, tabulated, and triangulated across multiple data points in all areas of evaluation, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

### **3) Create and Implement Action Plan: Apply results leading to conclusions**

The Program Review Committee (PRC) will create and implement action plans based on trends and correlations identified during the analysis phase.

#### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the Program Self Assessment Tracker, which records the the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the issue/strength identified</li><li>● Description of the issue/strength</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PRC will summarize outcomes related to **administrative aspects of the program and institutional resources** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PRC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.

### 1) Gather and Aggregate Data: Collection of Appropriate Data

The **Program Curriculum Committee (PCC)** will gather and aggregate data that relate to the B1.01a-d, B1.02, B1.03, and B2.02-B2.20 Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools/sources which include but are not limited to:

- Student Evaluation of Didactic Instructors / Courses
- Students with C or below in didactic courses
- Student remediation in didactic courses (*students that have been remediated, an explanation of the individual situation, and outcomes*)
- Student Evaluation of Didactic Phase
- Preceptor Evaluation of Student Preparedness
- Student performance on End-of-Didactic semester summative assessments (*on written assessment, OSCE, and clinical/technical skills*)
- Student performance on End-of-Curriculum summative assessment (*on written assessment, OSCE, and clinical/technical skills*)
- Course Director Evaluation of Instructional Faculty
- Course exam scores and grades
- Student attrition
- PANCE performance
- Technical Skills / Procedures Competency Passport logging

### 2) Analyze Data and Form Conclusions: Critical Analysis

Data regarding **effectiveness of didactic curriculum** will be compiled, tabulated, and triangulated across multiple data points in all areas of evaluation, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

### 3) Create and Implement Action Plan: Apply results leading to conclusions

The PCC will create and implement action plans based on trends and correlations identified during the analysis phase.

#### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the Program Self Assessment Tracker, which records the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the problem was identified</li><li>● Description of the Problem</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PCC will summarize outcomes related to **effectiveness of the didactic curriculum** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PCC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.

### 1) Gather and Aggregate Data: Collection of Appropriate Data

The **Program Curriculum Committee (PCC)** will gather and aggregate data that relate to the B3 Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools which include but are not limited to:

- Student Evaluation of Preceptors / SCPEs
- Students with C or below in clinical rotations
- Student remediation in clinical rotations (*students that have been remediated, an explanation of the individual situation, and outcomes*)
- Student performance on EOR exams
- Student Evaluation of the Clinical Phase
- Student performance on EOR exams
- Student performance on End-of-Curriculum summative assessment (*on written assessment, OSCE, and clinical/technical skills*)
- Preceptor Evaluation of Student
- Clinical rotation patient logging (EXXAT)
- SCPE Selection, Monitoring, and Retention Survey
- Student attrition
- PANCE performance
- Technical Skills / Procedures Competency Passport logging

### 2) Analyze Data and Form Conclusions: Critical Analysis

Data regarding **effectiveness of clinical curriculum** will be compiled, tabulated, and triangulated across multiple data points, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

### 3) Create and Implement Action Plan: Apply results leading to conclusions

The PCC will create and implement action plans based on trends and correlations identified during the analysis phase.

#### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the Program Self-Assessment Tracker, which records the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the problem was identified</li><li>● Description of the Problem</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PCC will summarize outcomes related to **effectiveness of the clinical curriculum** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PCC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.

### 1) Gather and Aggregate Data: Collection of Appropriate Data

The **Program Curriculum Committee (PCC)** will gather and aggregate data that relate to the A1.09a, A2.14, B1.01a-d, B1.02, B1.03, B2.02-B.20, B3.03a-e, B3.04, B3.05, B3.06a-c, B3.07a-g, B4.01a-b, B4.03a-e Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools which include but are not limited to:

- Student performance on End-of-Didactic semester summative assessments (*on written assessment, OSCE, and clinical/technical skills*)
- Student performance on End-of-Curriculum summative assessment (*on written assessment, OSCE, and clinical/technical skills*)
- Student Exit Survey
- Faculty & Staff Evaluation of Program (Curriculum)
- Didactic course exam scores and grades
- Students with C or Below in didactic and clinical courses
- Student remediation in didactic and clinical courses (*students that have been remediated, an explanation of the individual situation, and outcomes*)
- Student Evaluation of Didactic Instructors / Courses
- Preceptor Evaluation of Student
- Student Evaluation of Preceptor / SCPE
- Student Evaluation of Didactic Phase
- Student Evaluation of Clinical Phase
- Student Attrition
- Alumni Survey (Annual)

### 2) Analyze Data and Form Conclusions: Critical Analysis

Data regarding **academic performance and preparation of graduates to achieve program-defined competencies** will be compiled, tabulated, and triangulated across multiple data points in all areas of evaluation, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

### 3) Create and Implement Action Plan: Apply results leading to conclusions

The PCC will create and implement action plans based on trends and correlations identified during the analysis phase.

### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the *Program Self Assessment Tracker*, which records the the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the problem was identified</li><li>● Description of the Problem</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PCC will summarize outcomes related to **academic performance and preparation of graduates to achieve program-defined competencies** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PCC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.



### 1) Gather and Aggregate Data: Collection of Appropriate Data

The **Program Curriculum Committee (PCC) and Academic Standards and Progression Committees (ASPC)** will gather and aggregate data related to the PANCE performance including first attempt PANCE pass rates, total test attempts, and ultimate pass rates for each cohort will be downloaded directly from the NCCPA website. PANCE performance data for the most recent 5 years will be published on the WSU PA program website as required by standard A3.12c. Other sources of data to assess PANCE performance include but are not limited to:

- PANCE performance
- Course exam scores and course grades
- Students with C or below in didactic and clinical courses
- Student remediation in didactic and clinical courses (*students that have been remediated, an explanation of the individual situation, and outcomes*)
- Student Evaluation of Didactic Instructors / Courses
- Student performance on End-of-Didactic semester summative assessments
- Student performance on End-of-Clinical summative assessment
- Student performance on End-of-Rotation (EOR™) exams
- Preceptor Evaluations of Students
- Preceptor Evaluation of Student Preparedness
- Student Evaluations of Preceptors / SCPEs
- Course Director Evaluation of Instructional Faculty

### 2) Analyze Data and Form Conclusions: Critical Analysis

Data regarding **PANCE performance** will be compiled, tabulated, and triangulated across multiple data points in all areas of evaluation, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

### 3) Create and Implement Action Plan: Apply results leading to conclusions

The PCC will create and implement action plans based on trends and correlations identified during the analysis phase.

#### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the Program Self-Assessment Tracker, which records the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the problem was identified</li><li>● Description of the Problem</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PCC will summarize outcomes related to **academic performance and preparation of graduates to achieve program-defined competencies** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PCC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.

### 1) Gather and Aggregate Data: Collection of Appropriate Data

To determine initial sufficiency of principal and instructional faculty and staff, the university along with the program director benchmarked our faculty-to-student ratio (FSR) *externally* to 1) other programs in UT and 2) other PA programs with less than 30 students per cohort, and 3) *internally* to programs within the DCHP. The PRC also gave consideration to the following:

- A mountain region average faculty-to-student (FSR) ratio of 14:1 (as reported by the PAEA Program Report 35 (pg 30))
- Curriculum breadth and depth
- Length of program (24 mo)
- Cohort size (20 students), maximum 40 students at any one time
- The program's integrated and experiential curriculum, with hands-on labs and simulation to aid in learning
- College and University Professional Association for Human Resources (CUPA-HR) data showing an average student-to-faculty ratio of 14:1.
- The amount of anticipated 1:1 student advisement
- Financial resources of the institution
- Program goals
- The amount of time necessary to gather, aggregate, and analyze data
- Availability of teaching support from faculty in other departments in the university
- Challenges of securing clinical rotation sites in the region

The institution will support the use of instructional faculty as necessary to fill gaps in didactic content delivery and ensure students have access to the necessary experts on all aspects of medicine taught in the program. The Program is fortunate to have access to highly qualified faculty in the areas of pharmacology, anatomy, physiology, pathophysiology, genetics, immunology, etc. for use as instructors in the program.

The institution supports the development and use of Clinical Instructional Faculty for preceptors. Human Resources has agreed that preceptors for the program will achieve the status of "Clinical Faculty" with the university, which allows them to take up to six credit hours of tuition per semester for free, access to the university gym and library, discounted tickets to university athletic and fine arts events, 20% discount at the university bookstore, discounts at participating local restaurants, and discounts of outdoor recreation rental / gear.

Going forward, to ensure sufficiency of principal faculty, instructional faculty, and staff to allow us to comply with ARC-PA Standards and fulfill obligations to matriculating and enrolled students, the Program Curriculum Committee (PRC) will gather and aggregate data that relate to the A1.07, A2.03, and A2.18 Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools which include but are not limited to:

- Student Evaluation of Faculty/Staff (sufficiency and effectiveness)
- Faculty and Staff Changes (attrition rates)
- Academic Tenure
- Student Exit Survey
- Faculty and Staff Exit Survey
- Faculty/Staff Evaluation of Program
- Student Evaluation of Preceptors / SCPEs
- Faculty and Staff Workload
- Student attrition
- Student remediation in didactic and clinical courses (*students that have been remediated, an explanation of the individual situation, and outcomes*)
- Student Evaluation of Program Director
- Faculty and Staff Evaluation of Program Director
- Budget expenditures and income (salary info)

## 2) Analyze Data and Form Conclusions: Critical Analysis

Following analysis of the above data,, a preliminary FSR benchmark was set at 10:1 and a staff-to-student ratio was set at 13.1, both deemed to be sufficient for our 20-student cohort and our curriculum. The PRC will continue analyzing data regarding **sufficiency and effectiveness of principal and instructional faculty and staff** will be compiled, tabulated, and triangulated across multiple data points in all areas of evaluation, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

## 3) Create and Implement Action Plan: Apply results leading to conclusions

Once we have students, the PRC will create and implement action plans based on trends and correlations identified during the analysis phase.

#### 4) Document and Report Outcomes: Outcomes and Modifications

Outcomes and modifications generated from the action plan(s) will be documented in the *Program Self-Assessment Tracker*, which records the following information:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>● Date the problem was identified</li><li>● Description of the Problem</li><li>● Associated ARC-PA Standards</li><li>● Data Sources (Triangulated Data)</li><li>● Action Plan</li><li>● Implementation Date</li></ul> | <ul style="list-style-type: none"><li>● Responsible party</li><li>● Impact / Anticipated Outcomes</li><li>● Follow-Up</li><li>● Close the Loop</li><li>● Succinctly written narratives that highlight correlations/relationships, and trends</li></ul> |
|---|--|

The PCC will summarize outcomes related to **sufficiency and effectiveness of principal and instructional faculty and staff** in a report for presentation and discussion at the annual program retreat. The program director will aggregate information from the PCC report and retreat discussion to produce an Annual Self-Study Report (SSR) which will then be dispersed to the Accreditation Advisory Board (AAB) for review.

## 1) Gather and Aggregate Data: Collection of Appropriate Data

The Program Curriculum Committee (PRC) will gather and aggregate data that relate to the A1.11a-d A3.12b-c, A3.12i, B1.01a-d, B1.02, B1.03, B2.02-B.2.20, and B4.01a-b, B4.03a-e Standards using combinations of multiple data sources including proximal and distal sources as well as qualitative and quantitative data from the following data collection tools which include but are not limited to:

### GOAL 1: PRIME

- Student Evaluation of Admissions
- Student demographics from CASPA
- Competitive candidate scoring
- Student attrition rates

### GOAL 2: PREPARE

- Student Evaluation of Orientation
- End-of-Didactic Phase Evaluation
- Preceptor Evaluation of Student
- Student Evaluation of the Preceptor/SCPE
- Student Evaluation of the Instructors /Courses
- Course Director Evaluation of Instructional Faculty
- Course exams and grades
- Student performance on EOD semester summative assessments
- Student performance on EOC summative exam assessment
- Student performance on EOR exams
- QIPS (Quality Improvement Patient Safety) Certificate Completion Data

### Goal 3: PASS

- PANCE data
- Course exam scores and grades

- Student performance on EOD semester summative assessments
- Student performance on EOC summative exam assessment
- Student performance on EOR exams
- Student Evaluation of Didactic Instructors / Courses
- Student Evaluation of Preceptors / SCPEs

#### **GOAL 4: PRACTICE**

- Student Exit Survey
- Utah DOPL data
- NPI search data
- 6 and 12 month Alumni Surveys
- Alumni Survey (annual)

#### **2) Analyze Data and Form Conclusions: Critical Analysis**

Data regarding **success in meeting program goals** will be compiled, tabulated, and triangulated across multiple data points, then studied and interpreted to assess for any correlations and/or trends. The subsequent understandings and conclusions will be used to validate current practices and identify strengths or identify any areas of program improvement and to make any necessary changes.

#### **5) Create and Implement Action Plan: Apply results leading to conclusions**

The PRC will create and implement action plans based on trends and correlations identified during the analysis phase.

#### **6) Document and Report Outcomes: Outcomes and Modifications**

Outcomes and modifications generated from the action plan(s) will be documented in the *Program Self-Assessment Tracker*, which records the following information:

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>● Date the problem was identified</li> <li>● Description of the Problem</li> <li>● Associated ARC-PA Standards</li> <li>● Data Sources (Triangulated Data)</li> <li>● Action Plan</li> <li>● Implementation Date</li> </ul> | <ul style="list-style-type: none"> <li>● Responsible party</li> <li>● Impact / Anticipated Outcomes</li> <li>● Follow-Up</li> <li>● Close the Loop</li> <li>● Succinctly written narratives that highlight correlations/relationships, and trends</li> </ul> |
|--|--|

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During the annual Program Retreat, all faculty and staff will review and discuss the individual self-study reports provided by each of the committees responsible for implementing the self-study process (PCC, PRC, ASPC, and PAC). Following the retreat, the program director will aggregate the reports into an annual Program Self-Study Report that highlights and addresses overall program strengths and areas in need of improvement

\*Note: OIE can help with additional assessment support through Canvas. Program learning outcomes can be added to Canvas so that outcomes can be aligned to assignments and rubrics. If you are interested in learning how this process works, please reach out to [oie@weber.edu](mailto:oie@weber.edu).



## Appendix B

Please provide the following information about the full-time *and adjunct faculty* contracted by your department during the last academic year (summer through spring). Gathering this information each year will help with the headcount reporting that must be done for the final Five-Year Program Review document that is shared with the State Board of Regents.

| Faculty Headcount  | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|--|---------|---------|---------|---------|
| <b>With Doctoral Degrees (Including MFA and other terminal degrees, as specified by the institution)</b> |         |         |         |         |
| Full-time Tenured  |         |         |         |         |
| Full-time Non-Tenured (includes tenure-track)  |         |         |         |         |
| Part-time and adjunct  |         |         |         |         |
|  |         |         |         |         |
| <b>With Master's Degrees</b>   |         |         |         |         |
| Full-time Tenured  |         |         |         |         |
| Full-time Non-Tenured  |         |         |         | 3       |
| Part-time and adjunct  |         |         |         |         |
|  |         |         |         |         |
| <b>With Bachelor's Degrees</b>   |         |         |         |         |
| Full-time Tenured  |         |         |         |         |
| Full-time Non-tenured  |         |         |         |         |
| Part-time and adjunct  |         |         |         |         |
|  |         |         |         |         |
| <b>Other</b>   |         |         |         |         |
| Full-time Tenured  |         |         |         |         |
| Full-time Non-tenured  |         |         |         |         |
| Part-time  |         |         |         |         |
|  |         |         |         |         |
| <b>Total Headcount Faculty</b>   |         |         |         |         |
| Full-time Tenured  |         |         |         |         |
| Full-time Non-tenured  |         |         |         |         |
| Part-time  |         |         |         |         |

## Glossary

### Student Learning Outcomes/Measurable Learning Outcomes

The terms ‘learning outcome’, ‘learning objective’, ‘learning competency’, and ‘learning goal’ are often used interchangeably. Broadly, these terms reference what we want students to be able to do AFTER they pass a course or graduate from a program. For this document, we will use the word ‘outcomes’. Good learning outcomes are specific (but not too specific), are observable, and are clear. Good learning outcomes focus on skills: knowledge and understanding; transferrable skills; habits of mind; career skills; attitudes and values.

- Should be developed using action words (if you can see it, you can assess it).
- Use compound statements judiciously.
- Use complex statements judiciously.

### Curriculum Grid

A chart identifying the key learning outcomes addressed in each of the curriculum’s key elements or learning experiences (Suskie, 2019). A good curriculum:

- Gives students ample, diverse opportunities to achieve core learning outcomes.
- Has appropriate, progressive rigor.
- Concludes with an integrative, synthesizing capstone experience.
- Is focused and simple.
- Uses research-informed strategies to help students learn and succeed.
- Is consistent across venues and modalities.
- Is greater than the sum of its parts.

### Target Performance (previously referred to as ‘Threshold’)

The level of performance at which students are doing well enough to succeed in later studies (e.g., next course in sequence or next level of course) or career.

### Actual Performance

How students performed on the specific assessment. An average score is less meaningful than a distribution of scores (for example, 72% of students met or exceeded the target performance, 5% of students failed the assessment).

### Closing the Loop

The process of following up on changes made to curriculum, pedagogy, materials, etc., to determine if the changes had the desired impact.

### Continuous Improvement

An idea with roots in manufacturing, that promotes the ongoing effort to improve. Continuous improvement uses data and evidence to improve student learning and drive student success.

### Direct evidence

Evidence based upon actual student work; performance on a test, a presentation, or a research paper, for example. Direct evidence is tangible, visible, and measurable.

### Indirect evidence

Evidence that serves as a proxy for student learning. May include student opinion/perception of learning, course grades, measures of satisfaction, participation. Works well as a complement to direct evidence.

### HIEE – High Impact Educational Experiences

Promote student learning through curricular and co-curricular activities that are intentionally designed to foster active and integrative student engagement by utilizing multiple impact strategies. Please see <https://weber.edu/weberthrives/HIEE.html>