

Guidelines for Undergraduate/Graduate Program Assessment Yearly Reports Due by October 1, of each year

The public is uncertain about the value of higher education and wants evidence that college graduates do have the abilities claimed by their degrees. As a result our accrediting agencies, The North Central Association, the State Legislature, and the University System are requiring evidence of student learning (i.e., achievement of intended outcomes) and institutional effectiveness. Assessment at Marshall University has two important roles to fill: program improvement and accountability. MU's assessment plan addresses both of those roles. In order for us to fulfill our commitment to program excellence, a yearly update of our assessment initiatives is essential.

Organization of the Report

The purpose of this annual report is to document the progress on assessing student outcomes based upon your program assessment plan. The objective is to determine program effectiveness, not evaluation of individual students or individual faculty. The primary focus of this report is to help you improve your program. The report for each program is due in the University Assessment Office by October 1 of each year, for the previous academic year. The University Assessment Committee (UAC) will review the report, provide feedback on each program and prepare the annual assessment report of the University. This assessment information will be essential in preparing the 5-year program reviews required by the BOT. It is imperative that each program be honest in its assessment efforts and in the preparation of this report. Only with careful scrutiny of our programs can we hope to improve.

I. Assessment Activities:

- A. Program Goals:** Provide a brief description of the program goals and describe any efforts the program has made in revising/improving these goals. Please indicate which goals were changed and nature of the changes.

The primary aim of the Doctor of Medicine (M.D.) degree from Marshall University Joan C. Edwards School of Medicine (MUSOM) is to provide medical student training that emphasizes primary care. The M.D. degree is a four-year program with a well structured curriculum that prepares future physicians for the practice of medicine.

Specific learning objectives were developed by the faculty to guide student education. The faculty believes that graduates should possess the **knowledge, skills, attitudes and behaviors** necessary to enter postgraduate education, continue lifelong learning, and enjoy a fulfilling career in medicine. The objectives listed are purposefully broad to accommodate an ever-changing health care environment. The goal of this document is to establish objectives not only for students to assess their progress through medical school but also for faculty to assure that their educational activities are designed to help the students achieve the objectives.

- B. Learning Outcomes/Data Collection:** For each outcome, please indicate the activities in the reporting year the department carried out in relation to the outcome. What did you do? How did you do it? How many and what kinds of data did you examine? For example, the number of students/papers/activities involved in the projects, assessed in relation to the outcome. What evidence do you have of the validity and reliability of your procedures? How useful were the data in determining the validity and reliability of the outcome.

Assessment of students' acquisition of knowledge, skills and attitudes and behaviors is measured by both internal and external measures. Internal measures include course specific exams, USMLE shelf exams (mini-boards), mentoring (shadowing of faculty during the first

two years), faculty evaluations (formative & summative), required passage of USMLE Step I & 2 exams, passage of school's clinical competency exam, etc. External Measures include passage of USMLE step exams and comparison of Marshall student's to national norms, success in finding a residency program, feedback from residency program directors about the knowledge, skills, attitudes and behaviors of graduates while pursuing graduate training, state licensure information, alumni follow-up surveys to ascertain student satisfaction with educational experience, etc.

- C. Results: What did you find out? Describe the results. What conclusions did you draw related to your data collection procedures? Relate your data to the outcome. What improvements/revisions in the program/outcome have you made or are considering making based on what you learned? The results may be displayed in chart/table form in addition to a brief narrative.

Comparison of student scores on the USMLE exams to the national norm shows Marshall students are scoring at the national average for all three exams. Students tend to "match" with the residency program and specialty of their choice, which proves they are competitive nationally for residency training positions. Residency director feedback is usually very positive with regards to MU medical students' knowledge, skills, attitudes and behaviors. Program directors usually rank MU students in the top 25% of residents training with their program. Students indicate they are satisfied with their educational experience at Marshall University Joan C. Edwards School of Medicine.

In the past, student scores on the USMLE were low, so the school instituted a Step I review course for second year medical students and a more informal Step II review course for fourth year medical students. Board scores have increased since the inception of these two strategies and fewer students are failing the exam.

- II. Plans for the current year:** What are your goals/plans for the current year and how do you hope to meet these goals/plans? What things will you do differently? What activities will you add/delete? What changes in your assessment plan are you considering?

Each year the curriculum committee reviews every required course. This review includes an evaluation of the course syllabus, how the course learning objectives are tied to the institutional learning objectives, review of student evaluations of the course and departmental faculty, formative and summative evaluation tools, etc.

By assessing the information provided by the Self Assessments and Peer Review Team Reports of each of the individual courses the Curriculum Committee is now in a position to review and revise the curriculum as a whole. The Curriculum Committee has already used the information obtained by the process to make multiple changes. Assessing omissions and redundancies was an additional purpose of this review. One example included the Self Assessment from "Cell Biology" which pointed out that they unnecessarily overlapped with "Biochemistry" in that both were teaching a similar lecture on membrane structure. The Curriculum Committee was then able to take action and correct this issue through their formal recommendations to the course directors to make the appropriate changes.

III. Assistance Needed: Given your plans for the current year's activities, what kind of assistance from the UAC do you need? On which topics would you like more information or assistance?

NONE

IV. What one most important thing has the department/program learned through this process?

Multiple changes have been made and continue to be made. This full "annual" evaluation of the curriculum has helped to augment the effectiveness of the "periodic" course evaluations conducted at the conclusion of each preclinical course (usually at the end of each semester) and at the end of each clerkship rotation.

Discussion of curricular revision, regarding the logical sequencing of various segments of the curriculum as well as horizontal integration, was a natural by-product of this review. An example would be to extend the "Introduction to Patient Care" course over two semesters instead of one thereby providing students with a more consistent exposure to elements of history taking and physical exam skills throughout their preclinical years.

The "Self Assessment and Peer Review Team Process" allowed the Dean, administration, faculty, residents and medical students to see a detailed description of the overall design of the medical school curriculum. Integration of all members of the medical school provided the opportunity for individuals from many different levels to have responsibility in managing and evaluating the curriculum. The process helped to clarify among the medical school faculty, administration, residents and students the responsibility of the Curriculum Committee in regards to managing the curricular process.

Marshall University
Assessment of Student Outcomes: Component/Course/Program Level

Component Area/Program/Discipline: School of Medicine **YEAR:** 2005-2006

Component / Course / Program Level					
Student Outcome	Person or Office Responsible	Assessment Tool or Approach	Standards/Benchmark	Results/Analysis	Action Taken
Knowledge	Office of Medical Education Curriculum Committee	Written Exams, Oral Exams, Oral Presentations, Observation, Evaluations, USMLE Exams, Clinical Competency Exam	“C” or better in all classes, passage of USMLE Exams, passage of Clinical Competency Exam	Students are performing at national norm on USMLE Exams.	
Skills	Office of Medical Education	Observation, Oral Presentations, Oral Exams, Evaluations, USMLE Exams Clinical Competency Exam, Employer Surveys	Passage of USMLE Step II Clinical Skills section, passage of Clinical Competency Exam, satisfactory evaluations	Students are performing at national norm on USMLE Exams.	
Attitudes & Behaviors (Professionalism)	Office of Medical Education Student Affairs	Oral Presentations, Evaluations, Mentoring Evaluation, Employer Surveys	Satisfactory evaluations, passage of USMLE exams, Employer satisfaction	Students are performing at national norm on USMLE Exams	

Instructions: Under student outcomes (Column I) please list the most current student outcomes/competencies to be demonstrated by your graduates. These should be in your assessment plan.

(Column II) Person/office responsible: If someone specific has been designated to collect the various pieces of evidence, please list their names in this column.

(Column III) Assessment Tool or Approach: Here you will need to designate the assessment measures you are using to assess the particular outcome. Measures/tools may include term papers, parts of essay tests, internship results; class projects; objective tests; standardized/normed or other licensure tests, or a variety of other measures that may indicate competence in a particular objective.

(Column IV) Standards/Benchmark: Here you may indicate a particular set of standards you have set for completion or if you are developing benchmarks, please indicate what those are. If you are using a national test, what are the indicators of competence?

(Column V) Results/Analysis: Indicate what the results were utilizing the assessment tool/measure and applying it against the benchmarks set. Please be fairly specific here, provide relevant data and a brief analysis.

January 16, 2007 (4:04PM)

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Form borrowed in part from Oakton Community College, Des Plaines, IL 60016

Prepared by the Office of Program Review and Assessment, Office of Academic Affairs, Marshall University, Huntington, WV 25755-2003

Marshall University
Assessment of Student Outcomes: Component/Course/Program Level

Component Area/Program/Discipline: School of Medicine **YEAR:** 2005-2006

(Column VI) Action Taken: Indicate any action taken based on the results/analysis you have completed.

PLEASE REMEMBER: Not all objectives have to be measured every semester or every year. All of your objectives should be measured in a 2 to 3 year cycle. Sometimes it depends on when particular courses are offered as to when objectives can be measured. A helpful tool may be implementation of the courses/objective matrix. Some programs have completed this some have not. If you are interested in completing one for your program, please let me know and this office will supply you with the forms and assist in completing this document.

January 16, 2007 (4:04PM)

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