

ROCKY VISTA UNIVERSITY

**COLLEGE OF OSTEOPATHIC MEDICINE
2018 ASSESSMENT PLAN**



Office of Institutional Effectiveness

&

The Strategic Continuous Assessment Leading to Excellence

(SCALE) Team

Rocky Vista University 2018 Assessment Plan

College of Osteopathic Medicine

Assessment at Rocky Vista University (RVU) involves systematically collecting, analyzing, and using data related to its academic and operational programs in order to enhance student learning, accomplish the university's educational mission, achieve its operational goals, and improve institutional effectiveness. Since its inception, RVU has engaged in a wide variety of assessment activities that have been beneficial in improving every aspect of its programs.

Within RVU, assessment is conducted at the institutional level (e.g., assessing institutional operations and co-curricular and extra-curricular activities), at the programmatic level (e.g., curricular evaluation and improvement), activities within individual departments (e.g., instructional and course evaluation), and assessment of individual courses and student performance (e.g., student learning outcomes).

We are committed to implementing assessment activities designed to measure the college's success at achieving its goals, utilizing the results of these assessment processes to identify and address required curricular and operational changes, making the changes that are necessary to improve student outcomes, closing the assessment feedback loop by documenting and tracking each individual element of the assessment process, reporting our success at improving both student learning and program outcomes, and evaluating our processes to ensure quality improvement.

The RVUCOM Assessment Plan is one component of the larger Institutional Effectiveness Plan and the RVUCOM Program Review plan, which includes performance measures for learning outcomes in each academic department. The RVUCOM Assessment Plan includes Program Learning Outcomes (PLO's) and Student Learning Outcomes (SLO's) that are measured, analyzed, and reported annually.

RVUCOM's Assessment Plan is divided into four sections:

1. Student/Course Learning Outcomes (SLO) Assessment
2. Program Learning Outcomes (PLO) Assessment
3. Post Graduate Assessment
4. Program Evaluation/Review

SCALE

In 2013, the University introduced **SCALE**, a special initiative designed to spotlight both assessment and strategic planning within the university and to remind both students and faculty of the benefits that effective planning and assessment produce for the institution. **SCALE** is an acronym for **S**trategic **C**ontinuous **A**ssessment **L**eading to **E**xcellence. The program's name accurately describes its focus while the associated images directly relate to the institution's vision of *Achieving New Heights in Medical Education*.

SCALE encourages all employees to continue striving for excellence and to remain focused on our vision of achieving new heights within every facet of our institution. It also reminds us to **SCALE** our activities so that we maintain focus on the planning and preparation necessary to create the performance required to produce successful academic outcomes for the institution and its students.

SCALE promotes itself within the institution using a variety of positive methodologies featuring the following program logo:



The Assessment (SCALE) Team

The institution's Assessment Team (SCALE) is a group of university faculty, staff, and administration that assists in designating, guiding, tracking, evaluating, and monitoring assessment activities conducted throughout the institution. The SCALE Team is responsible for promoting the benefits of assessment and continuous improvement within the University. The Assessment Team is chaired by the Vice President for Institutional Effectiveness and currently consists of the following members:

- Office of Testing Coordinator: Ms. Melissa Davidson
- Associate Dean of Integrated Curriculum, COM: Dr. Cheryl McCormick
- Associate Professor of Physiology/Chair of Medical Humanities, COM: Dr. Nicole Michels
- Assistant Dean of Student Affairs: Dr. David Roos
- Clinical Data Analyst/Clinical Affairs, COM: Ms. Cathy Schreiner
- Associate Professor of PA Studies: Ms. Darcy Solanyk
- Director of Educational Support: Ms. Judy Thornton
- Associate Professor of Immunology, COM/Program Director, MSBS: Dr. Francina Towne
- Director of Clinical Assessment and Simulation: Ms. Tina Underwood
- Vice President for Institutional Effectiveness (Team Leader): Dr. Jennifer Williams

Overview of The Assessment Process

The University has adopted the following guidelines for structuring the process of assessment and ensuring continuous improvement of quality education and its non-academic operations within the College of Osteopathic Medicine:

1. **Set specific goals** for student learning, using internal and external benchmarks gleaned from historical data, that relate to the set of competencies established by the AOA for osteopathic medical students. The learning goals and outcomes for each course are clearly identified in each course syllabus. Specific operational goals are also established and pursued to support achievement of program outcomes. University operational goals are established at either the institutional or departmental levels and are detailed either within the University's strategic plan or within the associated departmental action plans.
2. **Collect evidence** of student learning and/or program outcomes from a variety of sources including evaluations of student course performance, the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and the United States Medical Licensing Examination (USMLE) board scores, standardized patient experiences, course evaluations, departmental reports, and other means as detailed in the assessment plan. Also **utilize opportunities** to benchmark student academic performance as evidenced through board scores against the performance of students at other osteopathic medical schools. Evidence collection may occur at the department level, the program level, or both.
3. **Report evidence and results** after review and analysis. This review and reporting process occurs within the context of the COM DO Curriculum Committee (DOCC). The DOCC is the decision-making body for the Osteopathic Medicine program wherein membership represents all stakeholders for the DO program. All assessments relating to the DO program learning outcomes are reviewed in this committee.
4. **Develop the appropriate plans and/or processes to improve** student learning and/or institutional operations. Evidence is reviewed, analyzed, and presented to DOCC by the individual(s) or department involved in conducting the assessment project.
5. **Implement the planned change or improvement.** Carried out by course directors or department. Decisions are made and recorded in minutes, routed to the IE Office for entry into assessment software, analyzed and conveyed through reports, and routed to Deans, Chairs, and institutional leadership for further discussion and/or decisions.
6. **Track and monitor performance.** The performance monitoring process itself is an evaluation of the improvement that may produce the need for further work. If so, the assessment process relative to the activity in question begins anew.

DOCC Description

The Rocky Vista University College of Osteopathic Medicine DO Curriculum Committee (DOCC) exercises oversight of the COM's modified systems, application-based curriculum. The mission of the DOCC is to create, review, improve, implement, and support the educational curriculum across all four years of instruction as delivered to the students, as defined by the AOA Commission on Osteopathic College Accreditation (COCA) and as it meets the Rocky Vista University College of Osteopathic Medicine Mission statement. Student curriculum representatives of the pre-clinical and clinical years serve as associate members of the DOCC. Faculty members from multiple departments and courses constitute the DOCC. These include Osteopathic and Clinical Skills Courses, Systems Courses, Track and Elective Courses, Medical Ethics and Evidence-Based Medicine Courses, Core Clinical Rotations, Preceptor Coordination, and Curriculum Management.

The DOCC meets monthly and reviews student performance in the pre-clinical and clinical years to ensure courses, learning activities, and clinical rotations are appropriate to program objectives and goals. Assessment and evaluation parameters of courses are delineated and systematically reviewed by Course Directors and presented to the DOCC via the standardized "Course Director Course Assessment Form." The DOCC revised the COM's Program Learning Outcomes (PLOs) in 2017 as an extension of the AOA Core Competencies that reflect the specific knowledge, skills, and abilities expected of all graduates of the COM. These PLOs are directly aligned with the COM's mission, SLOs, ILOs, and course objectives and are measured as specified through the COM's Assessment Plan.

Section I: Student Learning Outcomes (SLOs) Assessment

Assessment of student learning in the College of Osteopathic Medicine consists of a variety of methodologies as detailed in the assessment plan. These activities are designed to not only address the objectives of a department, curriculum, or course, but they also address specific student learning requirements established by the American Osteopathic Association (AOA).

The following basic minimum student competencies have been established by the AOA for all osteopathic medical schools. At the completion of the osteopathic medicine program, students will demonstrate:

- basic knowledge of **osteopathic philosophy and practice** and osteopathic manipulative treatment;
- **medical knowledge** through one or more of the following: standardized tests of the National Board of Osteopathic Medical Examiners (NBOME), post-core rotation tests, research activities, presentations, and participation in directed reading programs and/or journal clubs; and/or other evidence-based medical activities;
- excellent **patient care** from data gathering to establishing a differential diagnosis and treatment plan;
- efficient and collegial **interpersonal and communication skills** with patients and other healthcare professionals;
- **professionalism** in all interactions with the healthcare team, patient, and society;
- ability to use current medical literature in **practice-based learning and improvement**;
- knowledge of the elements of **systems-based practice**.

The overall objective of the College's curriculum is to produce students that are exceptionally well-prepared for residencies and who demonstrate the knowledge, skills, and abilities required of a physician. Each course within the medical school curriculum has specific learning objectives that are designed to meet these internal goals as well as the meet the competency requirements of the American Osteopathic Association.

The following tables illustrate the relationship between the learning objectives and outcomes for each course, within all four years of the current medical school curriculum, and the existing AOA core educational competencies.

Mapping the RVUCOM Curriculum to AOA Core Competencies

COMPETENCY	OPP	Medical Knowledge	Patient Care	Communication	Professionalism	PBLI	SBP
SYSTEMS COURSES							
OM 1003 - Cardiovascular System I	N/A	Taught and Assessed	Taught and Assessed	N/A	N/A	N/A	N/A
OM 2005 - Cardiovascular System II	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	Taught	Taught	N/A
OM 1006 - Endocrine/Reproductive System I	N/A	Taught and Assessed	N/A	N/A	N/A	N/A	N/A
OM 2008 - Endocrine System II	Taught and Assessed	Taught and Assessed	Taught and Assessed	N/A	N/A	Taught	N/A
OM 1007 - Gastrointestinal System I	N/A	Taught and Assessed	N/A	Assessed	Assessed	N/A	N/A
OM 2009 - Gastrointestinal System II	N/A	Taught and Assessed	N/A	N/A	Taught	Taught and Assessed	N/A
OM 1023 - Hematology/Immunology I	N/A	Taught and Assessed	N/A	N/A	N/A	N/A	N/A
OM 2003 - Hematologic/Lymphatic System II	N/A	Taught and Assessed	N/A	N/A	N/A	N/A	N/A
IPE 1901 - Introduction to IPE Seminar I	N/A	N/A	N/A	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed
IPE 1902 - Introduction to IPE Seminar II	N/A	N/A	N/A	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed

OM 1012 - Molecular & Cellular Mechanisms	N/A	Taught and Assessed	N/A	Assessed	Assessed	N/A	N/A
OM 1013 - Musculoskeletal System I	N/A	Taught and Assessed	N/A	Taught	Taught and Assessed	N/A	N/A
OM 2001 - Musculoskeletal System II	N/A	Taught and Assessed	Taught and Assessed	Taught	Taught	Taught and Assessed	N/A
OM 1014 - Neuroscience System I	N/A	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	N/A	N/A
OM 2002 - Neuroscience System II	N/A	Taught and Assessed	Taught and Assessed	Taught	Taught	Taught	N/A
OM 2020 - Psychiatry System	N/A	Taught and Assessed	Taught and Assessed	N/A	Taught and Assessed	N/A	N/A
OM 1021 - Renal System I	N/A	Taught and Assessed	Taught	N/A	N/A	N/A	N/A
OM 2013 - Renal System II	N/A	Taught and Assessed	N/A	N/A	Taught	Taught and Assessed	N/A
OM 2014 - Reproductive System II	Taught and Assessed						
OM 1004 - Respiratory System I	N/A	Taught and Assessed	Taught and Assessed	N/A	N/A	Taught	N/A
OM 2006 - Respiratory System II	N/A	Taught and Assessed	N/A	N/A	N/A	N/A	N/A
OM 1080 - Transition to Clinical Medicine	N/A	Taught and Assessed	N/A	N/A	Taught and Assessed	N/A	N/A

OM 1090 - Microbes and Infectious Diseases (MID)	N/A	Taught and Assessed	N/A	N/A	N/A	N/A	N/A
LONGITUDINAL COURSES							
OM 1070 - Intro to Evidence-Based Medicine	N/A	Taught and Assessed	Taught and Assessed	N/A	Taught and Assessed	Taught and Assessed	N/A
OM 1040 - Medical Ethics	Taught and Assessed	Taught	N/A				
OM 2040 - Advanced Medical Ethics	Taught and Assessed						
OM 1015 - Osteopathic Principles/Practice I	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	Taught and Assessed	N/A	N/A
OM 1016 - Osteopathic Principles/Practice II	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	Taught and Assessed	N/A	N/A
OM 2016 - Osteopathic Principles & Practice III	Taught and Assessed	N/A	N/A				
OM 2017 - Osteopathic Principles & Practice IV	Taught and Assessed	N/A	N/A				
OST 3010 - Osteopathic Principles and Practice Year 3	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	Taught and Assessed	N/A
OST 4010 - Osteopathic Principles and Practice Year 4	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	Taught and Assessed	N/A

OM 1019 - Principles of Clinical Medicine I	Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	N/A
OM 1020 - Principles of Clinical Medicine II	Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	N/A
OM 2018 - Principles of Clinical Medicine III	Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	N/A
OM 2019 - Principles of Clinical Medicine IV	Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught and Assessed	Taught	N/A
CORE ROTATIONS/ ROTATION ASSOCIATED							
OM 3301 - Family Medicine Core (rotation)	Taught and Assessed	N/A	N/A				
OM 3302 - Internal Medicine (rotation)	Taught and Assessed	N/A	N/A				
OM 3303 - Surgery (rotation)	Taught and Assessed	N/A	N/A				
OM 3304 - Obstetrics/Gynecology (rotation)	Taught and Assessed	N/A	N/A				
OM 3305 - Pediatrics (rotation)	Taught and Assessed	N/A	N/A				

OM 3306 - Psychiatry (rotation)	Taught and Assessed	N/A	N/A				
OM 3308 - Fundamentals of Surgery	Taught and Assessed	N/A	N/A				

Rocky Vista University
College of Osteopathic Medicine
Student Learning Assessment Plan AY 2018-19

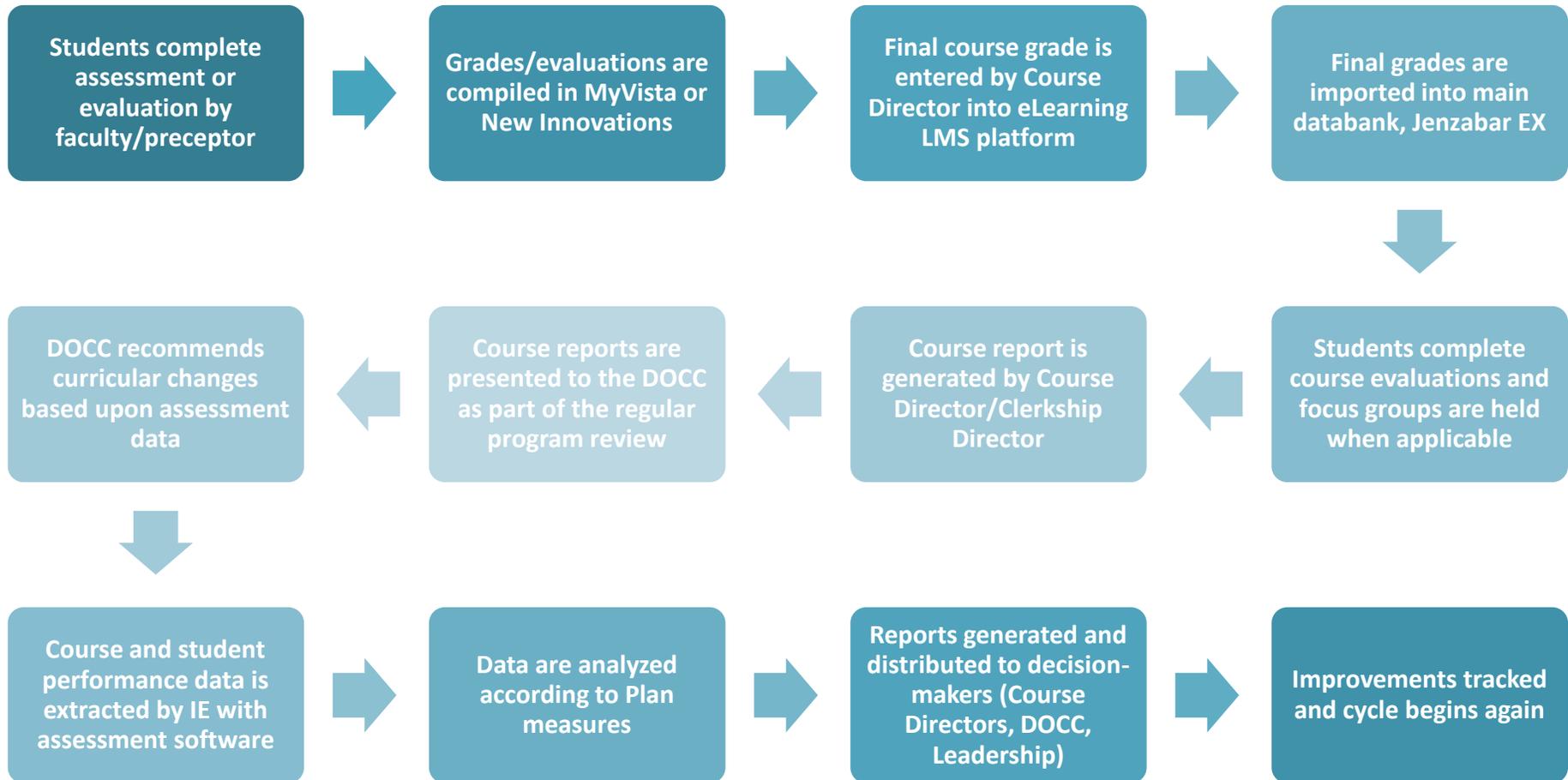
Evaluation Instrument/Data Source	Completed By & Frequency	Benchmark	Data Collected	Where Results Are Found & Disseminated	How Results Are Used	Type of Measure
<i>In this column, type the name of the instrument used as a measure for assessment of student success as defined by achievement of goals, objectives or outcomes. Many instruments are designed to measure more than one goal or objective. Examples appear below</i>	<i>In this column, type in the person(s) who will be completing the instrument and how often the assessment will be conducted. Examples are in the cells below.</i>	<i>Type the benchmark(s) that will be used to determine if the outcomes were achieved. Because the instruments generally will assess more than one goal/objective, summary benchmarks may be used. Examples are shown below</i>	<i>Since the instrument listed in column one is likely to measure more than one goal/objective or the name may not be fully descriptive of the measure; summarize the data to be collected by the instrument. In other words, what does it intend to measure?</i>	<i>Briefly describe where the summary reports from the data analysis for this instrument are kept. Examples are shown in the cells below. Also identify how the results are disseminated to stakeholders and for development/enhancement purposes.</i>	<i>Briefly describe how the results are used.</i>	<i>Identify if a direct or indirect measure. For example, student end of course evaluations may be used for self-assessment of learning but since they are not objective measures, they would be considered indirect.</i>
Course Examinations (written)	Enrolled students, Frequency: variable during course	Minimum pass rate determined by program; >70% for passing	Student knowledge for unit and/or course	Individual performance with Curriculum Management Team and course directors, course grades on transcript and LMS; aggregate results presented to DOCC	Formative: Student advising and student self-evaluation. Summative: Student progression and retention	Direct
Course Examinations (practical)	Enrolled students, Frequency: variable during course	Minimum pass rate determined by program; criterion based	Student skills and attitudes related to unit and/or course	Individual performance with course directors; course grades on transcript and LMS; aggregate results presented to DOCC	Formative: Student advising and student self-evaluation. Summative: Student progression and retention	Direct
Course writing/presentation assignments	Enrolled students; Frequency determined by course director	Minimum pass rate determined by program; criterion based	Student knowledge, skills and attitudes related to unit and/or course	Individual performance with faculty; course grades on transcript and LMS; aggregate results presented to DOCC	Formative: Student advising and student self-evaluation. Summative: Student progression and retention	Direct
NBOME COMLEX Level 1 and 2, CE and PE	Enrolled students; Annually at end of 2 nd year and 3 rd year	Class mean \geq national mean; first time pass rate \geq national mean	Student Knowledge, critical thinking, AOA competencies	NBOME website; in DOCC and on RVU website	Formative: Student self-evaluation	Direct

Evaluation Instrument/Data Source	Completed By & Frequency	Benchmark	Data Collected	Where Results Are Found & Disseminated	How Results Are Used	Type of Measure
					Summative: curricular assessment and modification	
NMBE Shelf Exams	Enrolled students; end of clinical core rotations	10 th percentile; determined by all exam takers nationally from pervious academic year in that quartile	Student knowledge; critical thinking	Individual performance with Office of Clinical Affairs; course grades on transcript and LMS; aggregate results presented to Clinical Education Committee and DOCC	Formative: Student advising and student self-evaluation. Summative: Student progression and retention	Direct
OMSIII and OMSIV Preceptor Rotation Evaluations	Preceptors; conclusion of all student clinical rotations	All marks accepted; review upon >5 marks of "needs improvement" and/or "does not meet"	Evaluation of student performance on clinical rotation-knowledge, skills, attitudes and behaviors	Individual evaluation to Office of Clinical Affairs; aggregate results presented to Clinical Education Committee and DOCC	Formative: Student advising and student self-evaluation; Student progression and retention	Indirect
Interprofessional Collaborative Competency Attainment Survey (ICCAS)	Enrolled students; annually at the end of IPE courses/events	Statistical difference between pre and post-survey behaviors	20 item self-assessment tool covering 6 core competencies in interprofessional collaborative practice	Aggregate responses to IPE Steering Committee and individual program curriculum committees	Summative: curricular assessment and modification	Indirect
Student Evaluation of Course, Teaching, and Clinical Rotations	Enrolled students, Conclusion of each course	Prior evaluations, Mean score for all items at least 3.5 (5.0 scale)	Curriculum management team, course directors, faculty teaching, etc.	Disseminated to each faculty member after grades are filed and to appropriate Associate Dean, Director of Preclinical Education	Faculty development and improvement of course content. Summary forms used by DOCC for curricular modification	Indirect

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Student Learning Outcomes (SLO) Information Flow



Section II: Program Learning Outcomes (PLOs) Assessment

Program assessment at RVUCOM is planned as a continuum of activities, projects, and events that begin when a student initiates the admission process and continues throughout their medical school education, throughout residency, and ultimately during the course of their careers. Assessment encompasses the entire relationship between the student and the university and includes student learning as well as many of the components of student life at the institution.

The pre-clinical curriculum focuses on applied basic science (anatomy, physiology, pharmacology, pathology, etc.), social science (ethics and communication), and clinical interactions with patients (data gathering, physical exam skills, differential diagnosis, and practice of OMT). Outcomes from course quizzes, examinations, lab exercises, writing assignments, oral presentations, and standardized patients is aggregated, plotted, and analyzed at the conclusion of each course. In addition, students submit an end-of-course evaluation after each course, providing their overall impressions of the course material, faculty, and learning outcomes. These data, in addition to COMLEX Level 1 scores, are compiled and reviewed at monthly DOCC meetings.

In the clinical rotation phase of medical education, students must apply the knowledge they have gained during the first two years of medical school as they interact with patients in a clinical setting. Assessment focuses on the students' experiences during clinical rotations, preceptor evaluations of student performance, and the students' abilities to demonstrate an expanded understanding of the knowledge and skills required of a resident physician. Data from student performance on COMLEX Level 2 PE and CE, NBME shelf exams, and preceptor evaluations provides evidence for student achievement of course and program learning outcomes.

The specific activities detailed in the following table are those assessment activities regularly conducted within the institution throughout the length of the DO program. Aggregate assessment data provide a comprehensive evaluation of student performance related to RVU's program learning outcomes.

Learned behaviors, knowledge, attitudes, and skills expected of all students that graduate from RVUCOM. PLOs are directly related to the academic discipline of the program (e.g., Medical Knowledge), are observable and measurable (e.g., Standardized Patient Encounters), focus on learning outcomes and not instructional objectives (e.g., Ability to diagnose accurately), and are singular in focus (Ability to design a research study). Program assessment is defined at RVUCOM as: "Specification and measurement of learning outcomes to understand how well program goals are being met."

The table below illustrates the COM program learning outcomes related to assessment methods, linked to AOA core competencies. Assessment measures are aligned with the COM’s strategic performance indicators to ensure data-driven planning process is utilized and results derived from assessment processes inform action planning and budgeting.

RVUCOM Program Learning Outcomes Assessment Plan

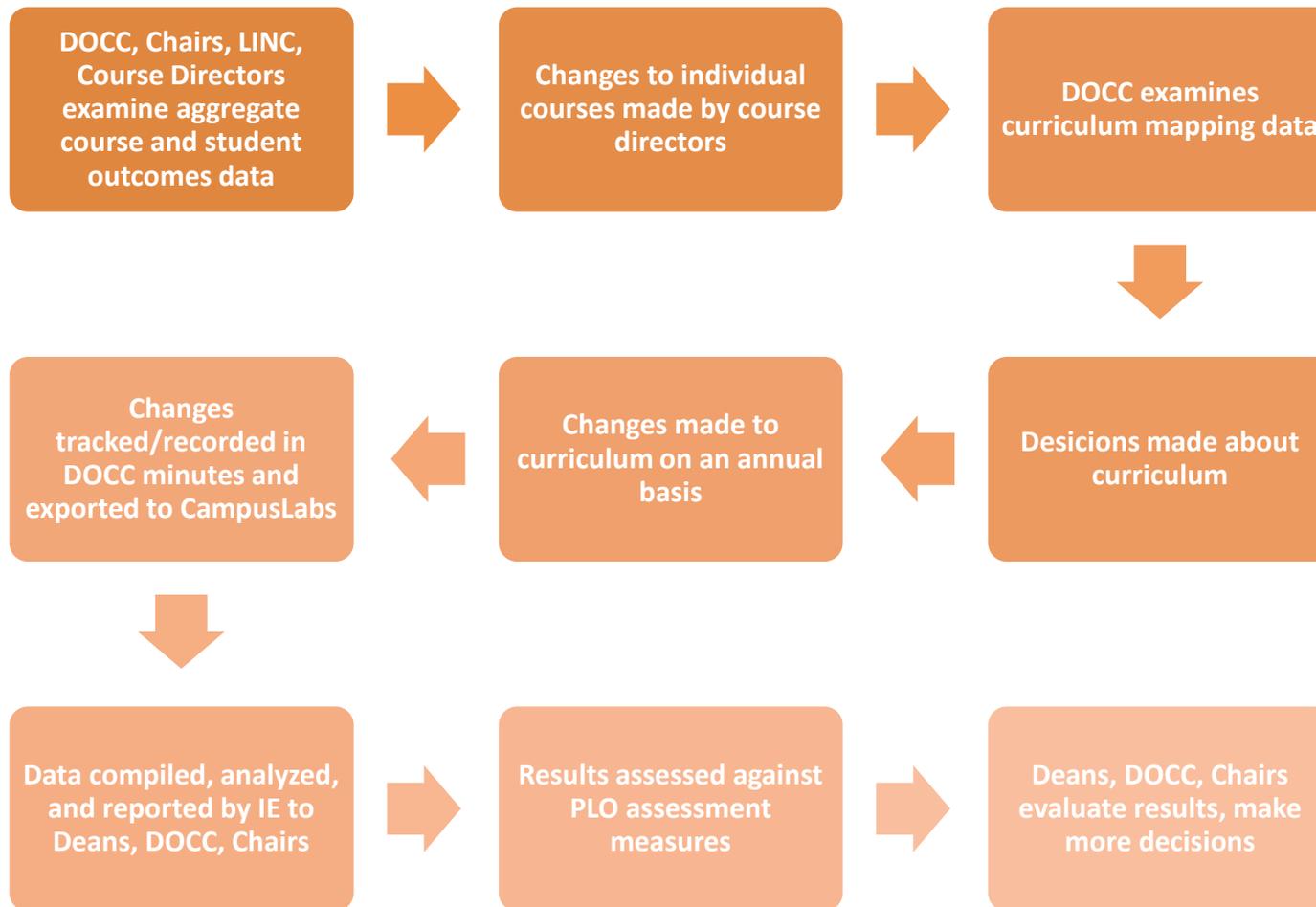
I. Demonstrate the Knowledge, Skills, and Aptitudes to Practice Medicine with Excellence	Assessment Methods/Data Source	AOA Core Competencies	Performance Measures	COM Strategic Plan Goals
A. Critical Thinking - Ability to identify and solve problems that require the integration of multiple contexts when performing patient care.	<ul style="list-style-type: none"> Course Examinations, written and practical COMLEX Level 1 and 2, CE and PE 	Osteopathic Principles and Practice, Medical Knowledge, Patient Care	*Course exam pass rates \geq 83% *Level 1: 50% of class with score of > 519 or pass rate > national mean *Level 2 CE: 50% of class with score of > 532 or pass rate > national mean *Level 2 PE: Pass rate of > 91 %	Goal 1: Enhance Student Didactic and Clinical Performance in National Board Examinations.
B. Breadth and Depth of Knowledge in the Discipline/Clinical Competence - Ability to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.	<ul style="list-style-type: none"> Course Examinations, written and practical COMLEX PE prep and COMLEX Level 2, CE and PE 	Osteopathic Principles and Practice, Medical Knowledge, Patient Care	*Course exam pass rates > 83% *PE Prep: minimum competency *Level 2 CE: 50% of class with score of > 532 or pass rate > national mean *Level 2 PE: Pass rate of > 91%	Goal 4: Continue Developing and Sustaining Quality Inpatient and Outpatient Experiences for Students.
C. Lifelong Learning Skills - Ability to engage in life-long, self-directed learning to validate continued competence in practice.	<ul style="list-style-type: none"> Performance on NBME shelf exams 	Medical Knowledge, Patient Care, Professionalism	*Mean discipline score \geq 25%	Goal 4: Continue Developing and Sustaining Quality Inpatient and Outpatient Experiences for Students.
D. Evidence-based Practice - Ability to utilize research and evidence-based practice and apply relevant findings to the care of patients.	<ul style="list-style-type: none"> Course writing/presentation assignments 	Practice-based Learning and Improvement	*Minimum competency per course	Goal 2: Promote and Support Student and Faculty Research.

II. Demonstrate the Knowledge, Skills, and Aptitudes to Practice Medicine with Compassion	Assessment Methods/Data Source	AOA Core Competencies	Performance Measures	Strategic Plan Goals
A. Humanistic Practice - Ability to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.	<ul style="list-style-type: none"> Course Examinations, practical (ISPE score) Course writing/presentation assignments 	Professionalism	<ul style="list-style-type: none"> *Course exam pass rates \geq 83% *ISPE scores \geq 90% *Minimum competency 	Goal 3: Promote Inter-Professional Collaboration by Developing and/or Supporting Relevant Healthcare Experiences in Patient Care Settings or Simulation Settings.
B. Ethical and Moral Decision-Making Skills - Ability to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.	<ul style="list-style-type: none"> Pass rate on Year 1/2 Ethics courses 	Professionalism	*Pass rate \geq 70%	Goal 5: Continue Developing the Rocky Vista University Center for Medical Education Excellence.

III. Demonstrate the Knowledge, Skills, and Aptitudes to Practice Medicine with Integrity	Assessment Methods/Data Source	AOA Core Competencies	Performance Measures	Strategic Plan Goals
A. Collaboration Skills - Ability to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.	<ul style="list-style-type: none"> 3/4th year preceptor rotation evaluation average scores IPE session assessment scores- Interprofessional Collaborative Competency Attainment Survey (ICCAS) 	Interpersonal and Communication Skills, System-based Practice	<ul style="list-style-type: none"> *students with \geq3 “needs improvement” flagged * Statistical difference between pre and post-survey behaviors 	Goal 3: Promote Inter-Professional Collaboration by Developing and/or Supporting Relevant Healthcare Experiences in Patient Care Settings or Simulation Settings.
B. Interpersonal Communication Skills - Ability to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.	<ul style="list-style-type: none"> IPE session assessment scores- Interprofessional Collaborative Competency Attainment Survey (ICCAS) 	Interpersonal and Communication Skills, System-based Practice	* Statistical difference between pre and post-survey behaviors	Goal 3: Promote Inter-Professional Collaboration by Developing and/or Supporting Relevant Healthcare Experiences in Patient Care Settings or Simulation Settings.
C. Accountability and Professionalism - Demonstrate accountability to patients, society, and the profession, including the duty to act responsibly, honestly, and respectfully.	<ul style="list-style-type: none"> 3/4th year preceptor rotation evaluation average scores 	Interpersonal and Communication Skills, System-based Practice, Professionalism	*students with \geq 3 “needs improvement” flagged	Goal 4: Continue Developing and Sustaining Quality Inpatient and Outpatient Experiences for Students.

(Assumptions: Other variables are examined but not assessed every year, as measures are alternated bi-annually.)

RVUCOM Program Learning Outcomes (PLO) Information Flow



Section III: RVUCOM Post-Graduate Assessment

RVU conducts an annual Alumni Survey which has been administered to seven graduating classes (2012-2018). The primary purpose of gathering information from graduates is to help determine if the education they received while students at RVU was appropriate and sufficient to prepare them for success in their residency programs and to utilize that feedback to improve current performance. Results are analyzed and shared with the Board of Trustees and appropriate administrators and faculty to ensure change are applied and tracked.

Additionally, an employer survey is under construction to determine if relationships exist between student attitudes/perceptions of their performance in residency with that of their attending physicians. The table below reflects the types of assessments used to collect information about graduate perceptions post-completion.

Post Graduate Assessment						
Project	Format	Goal/Objective	Department	Distribution/Participants	Frequency	Measures
Alumni Survey	Electronic Survey	To understand student residency experiences and applicability of the medical curriculum to their residency programs.	Institutional Effectiveness	All RVU graduates	Annual/Winter	Mean Rating of ≥ 4 or 80% agreement
Alumni Evaluation	Survey	Post graduate alumni association information	Alumni	Current graduate students	Annual/Spring	Mean Rating of ≥ 4 or 80% agreement
COMLEX Level 3	Comprehensive standardized national board examination	Measurement of graduate clinical competence	National Board Examination	Graduates	Annually during residency	Completion as required by residency program
Resident Supervisor Survey	Electronic Survey	Acquire resident supervisor evaluations of RVU graduates under their supervision	Institutional Effectiveness	Resident Supervisors	Annually	Mean Rating of > 4 or 80% agreement

Documenting Assessment

Assessment activities that produce specific decisions that impact either student academic experiences or institutional operations are documented. All course and rotation assessment outcomes are documented and tracked on a specific assessment outcomes form. The form was developed to facilitate documentation and provide a reporting structure to the DOCC. This form is completed by the department or course director responsible for the course content and is used to summarize the outcome and the decisions relating to the curriculum. DOCC decisions regarding curriculum are included as action items in meeting minutes. A sample copy of the RVUCOM Course Director Course Assessment form follows:

RVUCOM Course Director Course Assessment

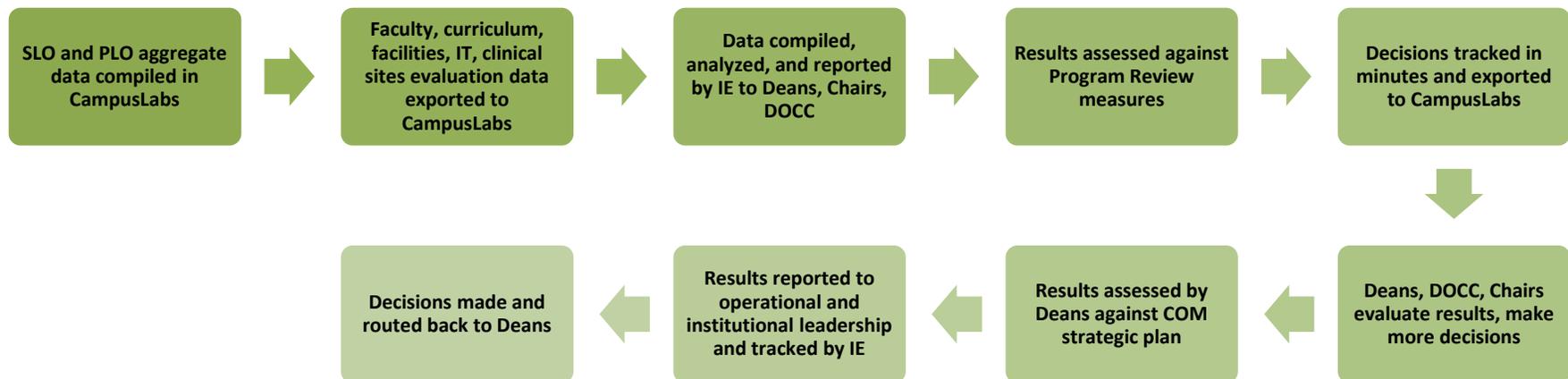
Course Director Course Assessment Form		
Course Name and Number	Course Director Class Year Course Faculty	Course Semester and Dates
Course Summary and Key Findings from Course Feedback	I. Notable Course Changes Implemented This Year II. Summary of Student Course Performance III. Course Evaluation Feedback--Points to Consider IV. Focus Group Feedback—Points to Consider	
Action items	The following alterations are suggested for next year based on student performance and course feedback:	
Decisions		
<i>Outcomes (Please use this section to close the loop the subsequent year.)</i>		

Section IV: RVUCOM Program Review

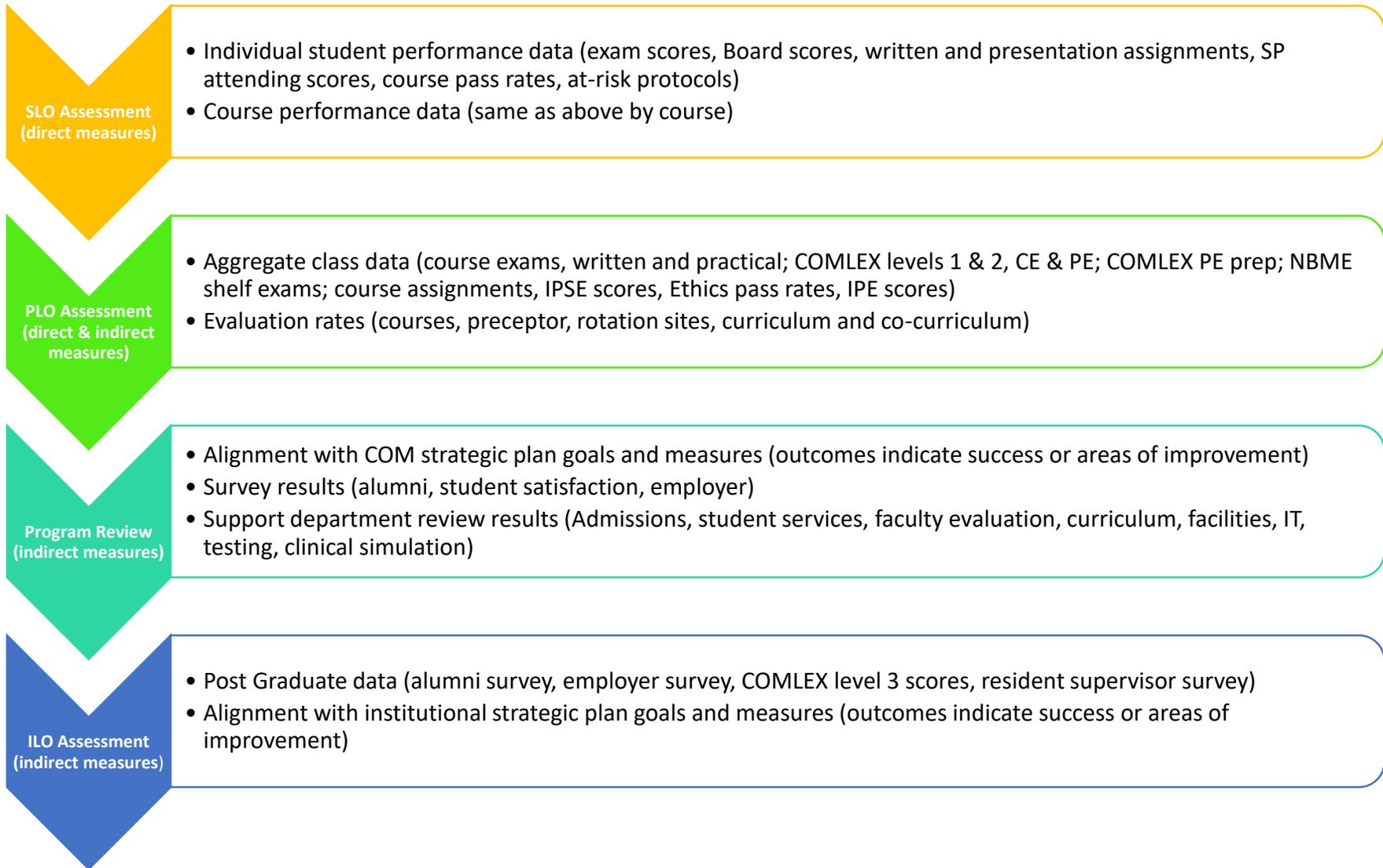
Rocky Vista University has reached a natural point in its evolution wherein program evaluation has become central to ensuring the program is performing and meeting established goals and its mission. Program review processes are currently under construction, although many types of evaluative processes already occur for operational and support services: e.g., facilities, IT, student services, clinical rotation sites, etc. The Institutional Effectiveness Office is working with COM leaders to develop a process that is user-friendly and mission-centric, and provides critical information to ensure progress toward goals is made.

Data from course evaluations, faculty evaluations, clinical site rotations, student surveys, and employer surveys are examples of information used to make decisions and make quality improvement decisions. Program review is defined at RVUCOM as: “The systematic and recurring review of academic programs to promote critical reflection, self-assessment, and strategic attainment of our goals.”

RVUCOM Program Review Information Flow



RVUCOM Assessment Plans Information Flow



RVUCOM Assessment Data Collection Flow

