Pathologists' Assistant (MS)
Program Assessment Plan - AY 2017-18

Programmatic Goal	Method of Assessment	Oversight	Outcomes (AY 15-16)	Resulting Action (AY 15-16)	Outcomes (AY 16-17)	Resulting Action (AY 16-17)	Outcomes (AY 17-18)	Resulting Action (AY 17-18)	Outcomes (AY 18-19)	Resulting Action (AY 18-19)
Maintain enrollment within and emphasize the importance of interprofessional studies	Annual review of interprofessional course evaluations to monitor and ensure content quality.	Program Director and Director of Assessment and Evaluation	Review of HMTD 500 course evaluations revealed a series of concerns regarding program inclusion in the course.	Program Director and the Director of Distance and Online Education met with HMTD coordinators to discuss issues (concerns tracked in internal complaint document) and attempt to come to a resolution. Concerns were received by HMTD course director and changes will be implemented in the 16-17 AY	Review of HMTD 500 (now HIPS) revealed improved incorporation via addition of the "Provider Fcous" sessions yet some complaints remained.	Pathologists' Assistant faculty member will become a small group facilitator to improve profession understanding and representation.	Pathologists' Assistant faculty became a group facilitator to improve profession understanding and representation.	Continued Monitoring	Pathologists' Assistant faculty have continued to maintain a role, within the now HIPS course, as a group facilitator to ensure appropriate profession representation.	Continued monitoring
90% or higher ASCP Certification Exam pass rate within one year of graduation	Annual review of ASCP Certification Exam scores.	Program Director	Calendar Year 15: 96%	Continued Monitoring	Calendar Year 16: 100%	Continued Monitoring	Calendar Year 17: 100%	Continued Monitoring	Calendar Year 18: 100%	Continued Monitoring
			Calendar Year 16: 100%	Continued Monitoring	Calendar Year 17: 100%	Continued Monitoring	Calendar year 18:100%	Continued Monitoring	Calendar Year 19:	Continued Monitoring
Graduate at least 80% of matriculated students per cohort	Annual data review of program completion rates as reported to the accrediting body.	Program Director and Administrative Coordinator	Class of 2016: 35 admitted Class of 2016: 32 graduated 91%	None	Class of 2017: 36 admitted Class of 2017: 35 graduated 97%	None	Class of 2018: 33 admitted Class of 2018: 31 graduated 94%	None	Class of 2019: 32 admitted Class of 2019: %	None
Successful placement of 80% or higher of graduates seeking positions as certified Pathologists' Assistants within 6 months of graduation	Review of 6-month post-graduation survey results as reported to the accrediting body.	Program Director and Administrative Coordinator	Class of 2016: 100%	None	Class of 2017: 100%	None	Class of 2018: 100%	None	Class of 2019: 100%	None

Pathologists' Assistant (MS)
Program Assessment Plan - AY 2017-18

Programmatic Goal	Method of Assessment	Oversight	Outcomes (AY 15-16)	Resulting Action (AY 15-16)	Outcomes (AY 16-17)	Resulting Action (AY 16-17)	Outcomes (AY 17-18)	Resulting Action (AY 17-18)	Outcomes (AY 18-19)	Resulting Action (AY 18-19)
Encourage an environment conductive to the support and development of faculty scholarship.	Annual faculty evaluations/workload model discussions	Program Director and CHP Dean	Poster presentation at annual AAPA conference on pilot of "Staffing Needs of Pathologists' Assistants"	Continued Monitoring	Submission of Predicting Staffing Needs of Pathologists' Assistants proposal to the IRB (pending approval)	Continued Monitoring	Approval received for Predicting Staffing Needs of Pathologists' Assistants proposal to the IRB. Data collection underway.	Continued Monitoring	Data collection in process. Assessment for writing to begin in Spring of 2019.	Continued Monitoring
Recruit and retain quality clinical sites for student education.	Annual faculty evaluations / workload model discussions	Director of Clinical Education	15-16 AY: 6 new sites	None	16-17 AY: 6 new sites	None	17-18 AY: 4 new sites	None	18-19 AY: 6 new sites	None

Program Evaluation Plan Summary Table
Pathologists' Assistant Department

EVALUATIVE COMPONENT	DATA SOURCE	METHOD/TOOL	SCHEDULE	FORMAT/MECHANISM OF EVALUATION
A. Academic faculty	**1. Students**	Course and instructor evaluation forms	Quarterly, end of each course	Course and instructor evaluations are reviewed at the end of each quarter during the required "quarter wrap-up" meetings
		Force field analysis	End of second year	Recommended changes and areas of concern are discussed at the annual curriculum retreat
		Personal communication (this occurs with all human data sources)	Ongoing	Ongoing
	2. Program director/department chair	Chair's evaluation of faculty performance, CHP workload model form	Annually	Individual meetings with chair and faculty
		Chair evaluation of faculty teaching	As needed	Chair shares observations with faculty; Formative mentoring & summative evaluation
	3. Dean's office	Evaluation of chair	Annually	Individual meeting with dean and chair
		University 5-year department review program	Every 5 years (next cycle AY 2021-22)	Formal process run from the dean's office, the college of health professions
	4. Peer academic faculty	Peer-to-peer evaluation form	Annually (as assigned)	Faculty provide written narrative with feedback about peer faculty
	5. Self	Curriculum vitae	Annually	Formal documentation of activities
		Self-evaluation of faculty performance (CHP workload model form)	Annually	Self-reflection of goals and accomplishments for previous academic year – shared with chair
	6. NAACLS	Accreditation process	Variable, 2011 then 2018	Feedback shared with stakeholders, action as needed

Program Evaluation Plan Summary Table
Pathologists' Assistant Department

EVALUATIVE COMPONENT	DATA SOURCE	METHOD/TOOL	SCHEDULE	FORMAT/MECHANISM OF EVALUATION
B. Academic curriculum	**1. Students and alumni**	Course evaluation form	Quarterly, end of each course	Course evaluations are reviewed at the end of each quarter during the required "quarter wrap-up" meetings
		Slide review evaluation form	Annually, end of spring quarter	Slide review evaluation is reviewed at the end of the spring quarter during the "spring quarter wrap-up" meeting
		Graduate questionaire	6-months post-graduation	Reviewed and discussed at the annual curriculum retreat
		Force field analysis	End of second year	Recommended changes and areas of concern are discussed at the annual curriculum retreat
		Department meetings	Monthly, starts in august	Ongoing
	2. Program director / department chair	Department meetings	Weekly	Department meetings standing agenda item
		Oversees all program assessment and evaluation	Regular and ongoing	Follows program evaluation plan
		End of quarter wrap up	Quarterly	Recommended changes and areas of concern are discussed
		Annual curriculum retreat	Annual	Recommended changes and areas of concern are discussed at the annual curriculum retreat
	3. Medical director	Personal communication	Regular and ongoing	Regular and ongoing communication between chair and department faculty and the medical director
	4. Academic faculty	Department meetings	Weekly	Department meetings standing agenda item
		Personal communication	Regular and ongoing	Regular departmental interactions
	5. Clinical faculty	Personal communication	Regular and ongoing	Ongoing communication between the director of clinical education and clinical preceptors
	6. External advisory board	Board meetings	Annually	Update on overall program including the academic curriculum with discussion and recommendations from board
	7. ASCP certification exam	National test statistics (external exam)	Ongoing, data aggregated and analyzed annually	Reviewed by chair and faculty (annual curriculum retreat and EAB)
	8. Employers of graduates	Employer questionaire	6-months post-graduation	Reviewed by chair and faculty (annual curriculum retreat)
	9. NAACLS	Accreditation process	Variable, 2011 then 2018	Self-study feedback and site visit report reviewed with all stakeholders – action taken as needed

Program Evaluation Plan Summary Table
Pathologists' Assistant Department

EVALUATIVE COMPONENT	DATA SOURCE	METHOD/TOOL	SCHEDULE	FORMAT/MECHANISM OF EVALUATION
C. Clinical faculty	**1. Students**	Student evaluation of clinical site	Quarterly	Reviewed by director of clinical education
		Site visit form	During clinical site visits	Director of clinical education or their designee fills out with student during site visit
		Student round-up sessions	Bi-annually (late Oct/early Nov and early April)	Attended by director of clinical education and departmental faculty
		Personal communication	Regular and ongoing	Occurs during site visits, via e-mail and phone
	2. Director of clinical education	Personal communication	Regular and ongoing	Occurs during site visits, via e-mail and phone
		Clinical facility fact sheet	Updated as needed	Reviewed by director of clinical education
	3. Medical director	Personal communication	As needed	Medical director communicates changes in the clinical environment as needed
	4. Academic faculty	Department meetings	Weekly	Any issues needing to be addressed are presented by director of clinical education
	5. External advisory board	Board meeting	Annually	Helps to maintain program relationships with external stakeholders including clinical faculty
	6. NAACLS	Accreditation process	Variable, 2011 then 2018	Self-study feedback and site visit report reviewed with all stakeholders – action taken as needed

EVALUATIVE COMPONENT	DATA SOURCE	METHOD/TOOL	SCHEDULE	FORMAT/MECHANISM OF EVALUATION
D. Clinical curriculum	**1. Students and alumni**	Student evaluation of clinical site	Quarterly	Reviewed by director of clinical education
		Clinical site visit form	During clinical site visits	Director of clinical education or their designee fills out with student during site visit
		Student round-up sessions	Bi-annually (late Oct/early Nov and early April)	Attended by director of clinical education and departmental faculty
		Personal communication	Regular and ongoing	Occurs during site visits, via e-mail and phone
		Force field analysis	End of second year	Reviewed by chair and faculty (annual curriculum retreat)
		Pre- and post-test	End of first year and end of second year	Scores compared – measure of improvement
		End of clinical year evaluation	End of the second year	Reviewed by director of clinical education
		Graduate questionaire	6-months post-graduation	Reviewed by chair and faculty (annual curriculum retreat)
	2. Director of clinical education	End of clinical year evaluation-dce	End of second year	Reviewed by director of clinical education
	3. Clinical faculty	Personal communication	Regular and ongoing	Ongoing communication between the director of clinical education and clinical preceptors
	4. Medical director	Personal communication	Regular and ongoing	Regular and ongoing communication between chair and department faculty and the medical director
	5. Academic faculty	Department meetings	Weekly	Department meetings – Standing agenda item
	6. External advisory board	Board meetings	Annually	Update on overall program including the clinical curriculum with discussion and recommendations from board
	7. NAACLS	Accreditation process	Variable, 2011 then 2018	Self-study feedback and site visit report reviewed with all stakeholders – action taken as needed

Program Evaluation Plan Summary Table
Pathologists' Assistant Department

EVALUATIVE COMPONENT	DATA SOURCE	METHOD/TOOL	SCHEDULE	FORMAT/MECHANISM OF EVALUATION
E. Students	**1. Potential students**	Phone calls, emails, communication at recruitment events	Ongoing	Number and nature of program inquiries strategically reviewed by academic faculty
	2. Applicants	Program admission report	Weekly, annually	Department meeting-standing agenda item
			Weekly, annually	For each admissions cycle data is compiled by the admissions office and analyzed by stakeholders
	3. Interviews	Multiple mini interviews and evaluation forms	Ongoing	Department coordinator and program director oversee the interview process, compile data and present at the annual curriculum retreat and share with stakeholders
		Post-interview survey	Ongoing	Office of admissions administers survey post-interview to garner student feedback
	4. Current students	Assessed and evaluated as part of the curriculum	Regular and ongoing	Formative assessment and summative evaluation of program student learning objectives
		Advisor meetings	Quarterly/as needed	Faculty meet with assigned advisees to discuss academic performance
		Student round-up sessions	Bi-annually (late Oct/early Nov and early April)	Graduating students are given the opportunity to discuss program curriculum and recommend changes
	5. Alumni	Graduate questionnaire	6-months post-graduation	Data compiled and analyzed, data then fed into program evaluation (annual curriculum retreat standing item)
		Personal communication at annual alumni dinner	Annually at the aapa national meeting	Feedback noted and fed into program evaluation
		Informal personal communication	Ongoing	Informal feedback noted and fed into program evaluation
	6. Employers of graduates	Employer questionnaire	6-months post-graduation	Data compiled and analyzed, data then fed into program evaluation (annual curriculum retreat standing item)
	7. ASCP certification exam	National tests statistics (external examination)	Ongoing, data aggregated and analyzed annually	Reviewed by chair and faculty (annual curriculum retreat; also shared with all stakeholders)
F. Resources	**1. Students**	Student round-up sessions	Bi-annually (late oct/early nov and early april)	Attended by director of clinical education and departmental faculty
		Personal communication	Regular and ongoing	Occurs during site visits, via e-mail and phone
		Site visit form	During site visits	Director of clinical education or their designee fills out with student during site visit
	2. Faculty (chair, director of clinical education, academic and	Department meetings	Weekly	Department meetings-standing agenda item
		Personal communication	Ongoing	Ongoing
	3. Dean of the College of Health Professions	Department budget	Annually	Budget process
		Space allocation	As needed	Discussions between chair and dean as needed
	4. External advisory board	Board meetings	Annually	Update on overall program including resources with discussion and recommendations from board
	5. NAACLS	Accreditation process	Variable, 2011 then 2018	Feedback shared with stakeholders, action as needed