

Eastern Washington University Certification Review Team
Request for Additional Information
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Request for Further Information:

1. Further clarification is needed to determine that the program has two full-time terminally degreed faculty members whose primary appointments are in the health services management program and who hold academic rank (at the level of assistant, associate, or full professor).

[Criterion Eligibility, D.] Please note that in late summer 2014, I had called Lacey to ask if I needed to submit all of the info for the faculty not within our department but who taught within the program as it is interdisciplinary. My understanding was that I did not need to do that. The information has been added to the faculty overview and faculty teaching tables and the scholarship tables.

- In the Faculty Overview worksheet in the AUPHA Self-Study Tables, Dr. Merry Jo Demarais's dates of service are listed from 2012 – 2014. She is also listed as a Lecturer. What is her current status? Merry Jo DeMarais's employment ended the end of August 2014. Our new tenure track assistant professor started September 2014.

- Dr. Anna Foucek Tresidder was identified under Criterion E as a tenure track assistant professor hired for the Health Services Administration Program during school year 2014 – 15, but she is not listed in the Faculty Overview worksheet in the AUPHA Self-Study Tables. I thought this was for the 2013-2014 yr only. Dr. Tresidder started September 2014, as an assistant professor. We are including her in both the faculty overview and faculty teaching tables although she did not start until after the study but was recruited during the study year.

- Please expand the Faculty Overview worksheet in the AUPHA Self-Study Tables to include all faculty teaching in the program and to correspond to the CVs submitted as "lastname.pdf" under D3a of the Self-Study. Please indicate % FTE in the program, if not full-time. [Criterion Eligibility, D.] See table Faculty overview

2. Further clarification is needed to determine whether students enrolled in the program receive not less than 25% of the instruction within the program from full-time university faculty.

[Criterion Eligibility, E.] The table faculty overview indicates fulltime faculty status which demonstrates the criteria is met.

- Please expand the Faculty Teaching worksheet in the AUPHA Self-Study Tables to include all faculty teaching in the program and to correspond to the CVs submitted as "lastname.pdf" under D3a of the Self-Study [Criterion Eligibility, D.] The faculty teaching worksheet has been updated to include all faculty for whom a cv was submitted.

- Is Annual Teaching Load a count of courses taught or some other unit of measure? It is measured in credit hours with 36 credits being what is stipulated in the collective bargaining agreement over 3 quarters. Summer classes are not counted in the 36 hrs.

3. Further explanation is needed to explain how full-time faculty have primary roles in the governance and organization of the program including academic planning, curriculum development and review, advising, and program improvement. [Program Structure, Faculty, and Resources, Criterion 6.] For each of the below bullet points, the following is provided, the table on committees has been expanded to include the breadth of committee involvement, agenda from the fall retreat for the College of Business and Public Administration and agenda from the department of planning, public and health administration minutes from that meeting.

- Please provide examples to illustrate the roles taken by full-time faculty, and elaborate upon what impact, if any, their roles have had.
- Please provide a copy of an agenda from the quarterly meeting in which full-time faculty discuss program governance, organization, and other administrative issues. [6c]
- Other than participation by Dr. Mary Ann Keogh Hoss in the Department Personnel Committee cited by the College Universities worksheet in the AUPHA Self-Study Tables, on what other committees do program faculty serve?
- Does the program have program meetings separate from the department? **Program meetings other than department meetings tend to be informal without minutes as offices are in the same area.**

4. Further explanation is needed to determine whether full-time employed faculty have demonstrated scholarly and/or professional activity in healthcare management/administration consistent with the mission of the program and scholarship expectations of the University. [Program Structure, Faculty, and Resources, Criterion 7.] **Please see expanded table.**

- Please expand the Faculty Scholarship and Faculty service worksheets in the AUPHA Self Study Tables to include all faculty teaching in the program and to correspond to the CVs submitted as “lastname.pdf” under D3a of the Self-Study [Criterion Eligibility, D.] **Please see expanded table.**

5. How do faculty balance the demands inherent in a 36 annual credit hour teaching load with scholarly and professional development? [Program Structure, Faculty, and Resources, Criterion 7.] **Each faculty is aware through their yearly workload and faculty activity plan what their commitments are as well as through the collective bargaining agreement. Faculty are contracted for 9 months each year. Each determines their own approach to meet the demands of the job. New faculty usually have lighter loads the first year to adjust to the work environment and teaching load.**

6. Further explanation is needed about how adjunct faculty are involved in the academic program. [Program Structure, Faculty, and Resources, Criterion 8.] **Adjunct faculty meet with the program director and review a syllabus and the book as well as assignments. Adjuncts mostly email but when needed meet with the program director on any issues that arise. Questions regarding program are discussed with the adjuncts and fulltime faculty so whatever needs to be addressed has carryover within the program. Adjuncts tend to be persons working full time in the field and have very little time for meetings although they are invited and welcomed to any faculty meeting they can attend. Classes are offered in the evening and online.**

- Please expand on the process for evaluating the performance of adjunct faculty. In addition, please describe the process for conducting peer observations through the department personnel committee. Please describe how the observations or other procedures are used in evaluating adjunct faculty. [8b.] **The same observation tool used for fulltime faculty is used with adjuncts. Generally the person doing the observation is the program person on the dpc. The DPC and CBA do not require observations for adjuncts.**

- Please provide examples to illustrate the adjunct’s actual involvement (i.e., it is noted that the adjunct is invited, but it is not elaborated whether or not the adjunct is indeed involved). [8d.] **Our most consistent adjunct is a member of the HSAD advisory board. They meet annually with the seniors and do a program review. The results of that do impact the program and its offerings very directly.**

- What is the level of adjunct participation within faculty meetings? Beyond the classroom, to what degree do they contribute to program? [8d.] **They come as their schedules allow and very**

much know if an issue or concern is being expressed and communicate that to the program director.

7. Are any computing resources described specifically dedicated to health administration (hardware or software) for students to gain experience in the use of industry standard information technology such as electronic medical records and practice management software? [Program Structure, Faculty, and Resources, Criterion 10.] **No there are no dedicated hardware or software IT computing resources. The university has an HITM program and they don't have these either. Consultants from the VA, Providence and Community Health Systems and Meditech come in and allow use of some of their training modules in HSAD 322 and MIS classes.**

8. How many of your courses are delivered primarily or exclusively in an online format? What demand is placed on the resources described in sections 11 e, f, & g of the Self- Study? [Program Structure, Faculty, and Resources, Criterion 11.] **Nothing is offered primarily or exclusively online. The classes that constitute a minor, HSAD 300, 310, 322, 410 & 435 are available online so that students irrespective of what quarter they enter may take a class to keep on a schedule to graduate.**

9. Resources for career planning are clearly described. Please also identify who is responsible for academic advising and how academic advising is accomplished. [Student Support Systems, Criterion 13.] **The first 2 years of schooling are done by a general advisor familiar with the HSAD program. Students must declare a major prior to their junior year in order to register for classes. When they sign up as a major, they meet with either a faculty member or a program advisor which some years we have and some not depending on resources available. A course /schedule are identified and follow up meetings occur quarterly or annually as needed.**

10. Please provide documentation during the self-study year of activities by the Health Services Administration Organization (HSAO) and classroom guest speakers from industry and professional organizations. [Student Support Systems, Criterion 14.] **Please see attachment of guest speakers and job shadows. Please note that HSAO activities are found in supplemental information 17 and 17c of the electronic submission**

11. Please identify who is on the community advisory board by indicating their relationship to the program (i.e., alumna, alumnus, practitioner, etc.). Please identify the alumni and the student representatives. One of each is required. [Professional and Alumni Linkages, Criterion 16.] **Judy Hutchinson is the alum on the advisory board. All others are practitioners. The HSAO president is considered an ex officio as the student representative.**

12. Please provide a copy of the Spring 2014 Internship Survey results. How many alumni were surveyed and how many completed surveys were received? [Professional and Alumni Linkages, Criterion 18.] **I am confused on this. The Student Internship Site Supervisor evaluation results from site supervisors are found in 28d. This is for students that completed an internship in spring 2014. The alumni survey results are attached. These are done through the alumni office and sent to graduates from the last five years.**

13. Further clarification is needed regarding curriculum and teaching. [Curriculum and Teaching, Criterion 19.]

- Please expand your discussion of teaching methodologies and modalities offered by section 19a of the Self-Study. Please provide examples of active learning approaches, simulations, case studies, and application exercises and map them to the classes in which they are employed. **Attachment numbered 13**

- Please elaborate on the Self-Study sections 19b, 19c, and 19d. Describe the minor in more detail. Who are the students typically enrolled in the minor? What are their majors? Are the

courses composing the minor offered in both face-to-face and online formats, or exclusively online? Do these courses have a mix of HSAD majors and minors, or are majors and minors segregated by delivery mode? **Minors do not have to declare. The minor is made up of 5 classes HSAD 300, 30, 322, 410, 435. That I know of there is no typical minor student. They come from either HITM, business or computer science but could come from any number of disciplines. Classes are offered both face to face and online. There is no segregation.**

- Please elaborate on how the program assesses if students have the skills and competencies to succeed in a distance learning environment. The rubrics cited in 19e of the Self-Study appear to be employed after students have entered the major or minor. **Writing rubric is used in all classes regardless of major, online or face to face. Skills and competencies refer to their ability to complete the work of the class as is required. If they are having difficulty with the class, a student consults with the instructor and the resources of online learning are employed to gain a successful outcome.**

- Please provide examples of how parity of education and learning outcomes is documented for traditional classroom-based and distance education courses. Can more information be made available as to how the program evaluates or assesses the equivalency of on-line versus classroom-based courses? What evaluation mechanism is in place to determine parity? Section 19f of the Self-Study indicates some adaptations are necessary. Please provide examples of those adaptations. **The same student evaluations are used in each class. Generally the same textbooks and assignments are used. Success with assignments which are the same or very similar demonstrates the parity.**

14. Please describe the extent to which these competencies were developed by the program or were adopted from other sources. Please describe how you incorporate these competencies in your various classes. [Curriculum and Teaching, Criterion 21] **The program competencies come from the Health Leadership Alliance model that is updated by ACHE. This is reviewed annually to determine if changes have been made to those competencies that are identified as reasonable for undergraduates with our advisory board. The focus is on competencies that are to be demonstrated as part of the internship program. Each class is reviewed to determine what is reasonably covered that relates to the five major competency areas in the model. These are to be incorporated into the syllabus and discussed with the class. Consistency can be an issue. Currently the program director and assistant professor are meeting 2x a month to review a class at a time for format, text, assignments, and competencies are reviewed and agreed upon for each class.**

- Competencies are explained in Section 21a of the Self-Study as derived from the Patient Care First Principle.

- Competencies are described in Section 21b of the Self-Study as condensed from the Healthcare Leadership Alliance competencies in 2006 and further reduced by an advisory board in 2013. Describe the process and who was on the board. **The list of Health Services Advisory board members are included in section 16. The advisory board made up of a majority of providers reviews the material and makes suggestions. Input from faculty and students are also discussed.**

- In the Course Competencies worksheet in the AUPHA Self-Study Tables, the following two competencies do not appear to be addressed by courses. Please explain

- Organizational mission, vision, objectives and priorities **The job shadowing assignment in HSAD 300 requires each student identify the organizations' mission, vision and value. This is a constant theme throughout and must also be addressed in the internship.**

- Characteristics of administrative systems/programs I believe these concepts are covered in both HSAD 300 and HSAD 310 and in the internship these are addressed.
 - What outcomes are associated with each competency? How is the program measuring those outcomes? Successful completion of assignments identified in each class related to the competencies is the measure. Overall success is determined by successful completion of a 15. The syllabi provided are not uniform. Please describe the process for reviewing course syllabi and ensuring that syllabi for different classes include the course content, assignments, readings, teaching and assessment methods, and learning objectives. [Curriculum and Teaching, 22.] During the self -study year, the assistant professor tenure track position was being recruited for after a failed search the year before. Because a permanent faculty was not in place I did not get to the curriculum standardization as I wanted the new faculty to work on the development of this with me. That process has been initiated this year and attached are the first 2 classes in the program which are standardized and work continues as we go through each class.
16. In the Course Content worksheet in the AUPHA Self-Study Tables, the US Healthcare system is described as covered in depth in at least one lecture in five courses. Please expand upon the topics covered and the instructional methods used. [Curriculum and Teaching, Criterion 23]
17. What are the learning outcomes of HSAD 490 fulfilled by the fundraising activities described in 26a? [Experiential and Applied Learning, Criterion 26]
18. Further explanation is needed to describe the process and method for assessing educational outcomes annually. [Program Evaluation and Improvement, 27.] Five domains have been developed around the many competencies adopted by the program: Communication & Relationship Management, Leadership, Professionalism, Knowledge of the Healthcare Environment, and Business Knowledge and Skills. These domains have been further defined with four to seven competencies identified for each. These domains and competencies comprise the foundation of the program's assessment efforts. They have also been adapted as program student learning outcomes which are published in the university's annual course catalog, as required by the institution's accrediting body. The university's assessment office assists with bridging assessment requirements in a manner useful to the program and that satisfies assessment requirements for each accrediting body. Because of the efforts to cross-index domains and competencies with the program's SLOs, assessment efforts are streamlined not only to address accrediting bodies' requirements, but more importantly to focus on student learning and indicators for pedagogical and program improvements.
- The domains and competencies are assessed on a regular basis with statistical analyses developed for each to compare results across years (e.g., the most recent documents compare results from 2012 and 2014). In most instances, no significant change has occurred in student learning. Where significant change has been identified (e.g., the Internship program in the Risk Management category), steps have been identified for pedagogical improvement. In addition, various components of clear and effective writing have been assessed. In those areas requiring attention—such as structure, tone, following directions, APA components, and the Reference Sheet—faculty have developed a plan for improvement. Other areas such as clarity, application of knowledge, and readability have demonstrated no significant change, indicating that students are demonstrating the requisite skills in these facets of writing.
- Your description of how the program measures progress towards mastery of learning objectives doesn't fully explore student learning objectives throughout the curriculum. You report on two particular foci: 1) written communication skills, and 2) integration of competencies in an

internship. It appears that these have been adequately documented. [27a] Please see response to the bulleted point directly above.

▪ What about other student learning outcomes? (For example, mastery of the course content) What are they and how are they routinely assessed?

Student Learning Outcomes (SLOs) are described in the course catalog. First a definition of the five core healthcare competencies is provided. This is followed by a listing of five SLOs:

Definition of the five core healthcare competency areas: HSAD students will focus on five core healthcare competency areas—communication and relationship management, professionalism, leadership, knowledge of the healthcare environment and business skills and knowledge.

SLOs

- demonstrate effective written, oral and presentation communication skills in healthcare settings;
- apply the five core healthcare competencies in healthcare settings;
- problem solve in a variety of situations in healthcare settings;
- manage projects utilizing the five core healthcare competency areas;
- integrate the five core healthcare competencies in an internship in a healthcare setting

These SLOs are assessed by the instructor in terms of assignments and exams related to the course or internship. If it appears that student learning can be improved in the course, this issue is brought forward to the program faculty to determine if a different pedagogical or curricular approach is needed. In an effort to more consistently evaluate student writing, a rubric has been developed and adopted by faculty in the program. The rubric evaluates conventions, clarity, application of knowledge, readability, tone, following directions, APA components, and the reference sheet.

▪ What role does your “capstone” course play in assessing student outcomes? The culminating experience in our program is the internship HSAD 495. Our “capstone” class is not our culminating experience. However this capstone course, HSAD 490, ensures that students have tools they need to enter the job market as one of the functions of the class. One of the key assignments is to coordinate an event, an experience which provides them with project-management experience. In the study year before the creation of a new class this year 2014-2015 on population health that was also explored.(Not sure what is meant by this sentence.)

The culminating experience in the program, as mentioned, is HSAD 495 – our internship program. This program has been honed over the past several years in areas such as clarifying the roles of student, site supervisor, and faculty supervisor. Moreover, in the 2012-13 academic year, the internship evaluations were revised to adhere to and support the five core healthcare competency areas, which had also been developed that year. This revision allows the program to better match assessment practices and results with the stated core healthcare competencies.

▪ You have a very high standard for remaining in the program (3.0 GPA in HSAD courses). Is this one of your methods of assessment? If so, then it should be addressed in this section. We don't consider this a high standard, as any eligible student can become a major. We regard this more as a safeguard for our students since this is a demanding career path. To otherwise prepare our students would risk them not being fully prepared and equipped to enter the job market successfully. Maintaining this standard has been discussed with the advisory board. The board agrees with the standard because they host these students in their organizations, and they see

directly what is required of students in order for them to be successful in this part of the workforce.

▪ Are your mission and values fully reflected in your student learning outcomes? If so, how and where are these assessed?

- **Mission**

This program supports the mission of EWU by providing a health services administration curriculum that prepares students with skills to become leaders in the healthcare services administration field. HSAD operates from a principle of Patient Care First. Evidence based approaches and safety are mandates of the Patient Care First principle. Values communicated in the program are communication, coordination and collaboration. This program strives to model the concepts of teamwork, systems approach and thinking, and continuous improvement

- **Values**

- Patient care first
- Communication
- Coordination
- Collaboration

The mission and values are directly reflected and assessed via the five core healthcare competency areas: communication and relationship management, professionalism, leadership, knowledge of the healthcare environment and business skills and knowledge; as well as the related five student learning outcomes (SLOs):

- demonstrate effective written, oral and presentation communication skills in healthcare settings;
- apply the five core healthcare competencies in healthcare settings;
- problem solve in a variety of situations in healthcare settings;
- manage projects utilizing the five core healthcare competency areas;
- integrate the five core healthcare competencies in an internship in a healthcare setting

- These core healthcare competencies and student learning outcomes are assessed in the program's courses, its capstone, and throughout the internship program as described above.

▪ Please provide a complete description of your educational outcomes assessment processes and tools. We would like to see the full list of educational objectives that are routinely and consistently assessed for the program, in addition to these areas that have been of particular emphasis during the self-study year.

- The five core healthcare competency areas—communication and relationship management, professionalism, leadership, knowledge of the healthcare environment and business skills and knowledge—as well as the five related SLOs:

- demonstrate effective written, oral and presentation communication skills in healthcare settings;
- apply the five core healthcare competencies in healthcare settings;
- problem solve in a variety of situations in healthcare settings;
- manage projects utilizing the five core healthcare competency areas;
- integrate the five core healthcare competencies in an internship in a healthcare setting

are assessed by the instructor through assignments and exams related to each course, and throughout the capstone and internship experiences. Program faculty determine what will be assessed based on the SLOs as well as student review of the program. In addition, the method and tools are identified by faculty to determine consistent methods of measuring progress. Information is collected, collated and reviewed to determine if progress is being made or if other actions need to be identified. This is done on a quarterly or annual basis, depending on what is being assessed. Assessment results assist faculty in determining whether revised pedagogical or curricular approaches should be adopted.

- Same concerns as above – what other student outcomes have you tracked over the past 3 years beyond the demonstration of competencies in the internship and the writing initiative? [27b]

- 2011-12, two SLOs assessed:
 - Demonstrate health services competencies through work completed in the undergraduate internship.
 - Demonstrate health services competencies in the areas of communication and leadership as defined by the Healthcare Leadership Alliance through work completed during the undergraduate internship.
- 2012-13, one SLO assessed: Demonstrate effective written and oral presentation communication skills in healthcare settings
- 2013-14, five core healthcare competencies assessed. (Please note that the final competency has been further divided into six categories, which were all assessed):
 - Leadership
 - Professionalism
 - Knowledge of the Healthcare Environment
 - Business Skills and Knowledge
 - Business Financial Management
 - Human Resource Management
 - Organizational Dynamics and Governance
 - Strategic Planning and Marketing
 - Information Management
 - Risk Management
 - Quality Improvement

- Please elaborate and provide more specific information on the process used by the program to review student achievements and outcomes, and to then develop an actionable plan for improvement. For example – “information gathered from the previous year” – what information? Is this only referring to the competencies or the writing metrics? Are there other sources of information used? What are the “various” student learning objectives? Who are the “various” stakeholders? Who is involved in the review and what are some of the “variety of interventions” used? Please clarify and provide more detail. [27c.]

The student learning objectives are listed below, preceded by a definition of the healthcare competencies. The definition is purposefully linked to the objectives and is published in the course catalog in order to provide students with an encapsulated snapshot of the program’s expectations in terms of students’ learning.

The five core healthcare competency areas—communication and relationship management, professionalism, leadership, knowledge of the healthcare environment and business skills and knowledge—as well as the five related SLOs:

- demonstrate effective written, oral and presentation communication skills in healthcare settings;
- apply the five core healthcare competencies in healthcare settings;
- problem solve in a variety of situations in healthcare settings;
- manage projects utilizing the five core healthcare competency areas;
- integrate the five core healthcare competencies in an internship in a healthcare setting

Students are generally assessed via assignments and exams. During their capstone course, students develop tools to successfully enter the job market. A key assignment is the coordination of an event. This is an experience which provides them with project-management experience. The culminating experience in the program is HSAD 495, our internship program. This program has been honed over the past several years in areas such as clarifying the roles of student, site supervisor, and faculty supervisor. Moreover, in the 2012-13 academic year, the internship evaluations were revised to adhere to and support the five core healthcare competency areas, which had also been developed that year. This revision allows the program to better match assessment practices and results with the stated core healthcare competencies.

A good representation of ways our program is planning for assessment now and into the future is located in Table 1 below. For each SLO the program has identified the following: 1) strategy or method of measurement, 2) observations gathered, 3) actions recommended based on observations, 4) plan and timetable for taking action, and 5) overall evaluation of progress.

Table 1: HSAD 2014-15 Program Assessment Update

Student Learning Outcome	Strategy or Method of Measurement	Observations Gathered	Actions Recommended Based on Observations	Plan and Timetable for Taking Action	Overall Evaluation of Progress
Demonstrate effective written communication skills	Undergraduate writing rubric rated for each individual paper	Quarterly	Analyze each quarter to determine trends Focus on APA	Create an individual profile for each HSAD student to show progress by quarter and share before start of spring Winter 2015	
Demonstrate effective oral presentation skills	Presentation rubric	Quarterly in classes with students giving presentations	Analyze each quarter to determine trends	Create an individual profile for each HSAD student to show progress by quarter and share before start of spring Winter 2015	
Manage projects utilizing the 5 core healthcare competency areas	Identify and utilize a project management tool	When project management class offered in conjunction with hospital fund raising event	Complete an evaluation of the project Spring 2015	Determine if actions needed based on evaluation	
Integrate the 5 core competencies in an internship in a healthcare setting	Site supervisor evaluation	Spring quarter 2015	Summer 2015 analyze spring internship evaluations	Fall 2015 make adjustments to curriculum based on supervisor evaluations on competency areas. Pay attention to Healthcare knowledge area	
Identify career advising opportunities in various HSAD	One targeted activity per quarter	Quarterly with feedback from students	Work with career services and student organization to identify specific activities	Initiate fall quarter 2014	

classes			starting fall 2014		
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Stakeholders include future (and possible current) employers, institutions of employment or education, and various clients/patients affected by the graduate's skills and knowledge. Faculty review assessment data and implement pedagogical and/or curricular revisions based on the results. An example of this type of review and revision—for the purpose of strengthening the program's work with various stakeholders—is the revision of the internship assessment process. Within the last three academic years, the internship evaluations were revised to adhere to and support the five core healthcare competency areas, which had also been developed that year. This revision allows the program to better match assessment practices and results with the stated core healthcare competencies. As part of the assessment, each class is reviewed to determine what is reasonably covered that relates to the five major competency areas in the model. These are to be incorporated into the syllabus and discussed with the class. The program director meets frequently with faculty to discuss the syllabus and accompanying assignments and evaluations. Another example of assessment is the job shadowing assignment in HSAD 300. This assignment requires each student to identify the organizations' mission, vision and values. The ability to identify these essential elements is a consistent theme running through the program and into internships.

19. Further explanation is needed of the process and method to assess programmatic outcomes and conduct that assessment at least annually. Program Evaluation and Improvement, 28.

The healthcare domains developed to encompass the program's competencies are a) Communication & Relationship Management, b) Leadership, c) Professionalism, d) Knowledge of the Healthcare Environment, and e) Business Knowledge and Skills. The domains are further defined and strengthened with the accompanying four to seven competencies identified for each. These domains and competencies comprise the foundation of the program's assessment efforts. In addition, these domains and competencies have been adapted as the program's SLOs which are published in the university's annual course catalog, as required by the university's accrediting body. The university's assessment office assists with bridging assessment requirements in a manner useful to the program and that satisfies assessment requirements for each accrediting body. Because of the efforts to cross-index domains and competencies with the program's SLOs, assessment efforts are streamlined not only to address accrediting bodies' requirements, but more importantly to focus on student learning and indicators for pedagogical and program improvements.

The domains and competencies are assessed on a regular basis with statistical analyses developed for each to compare results across years (e.g., the most recent documents compare results from 2012 and 2014). Faculty select the courses from which to draw data to assess the domains/competencies. Assessment data are analyzed, and the program has learned that in most instances, no significant change has occurred in student learning. When the program identifies significant change, such as recent results identifying need for improvement in the Internship program's Risk Management category, steps are identified for pedagogical improvement. Another example is faculty's assessment of student writing. Faculty learned that several areas required attention: structure, tone, following directions, APA components, and the Reference Sheet. As a result, faculty developed a plan for improvement and have implemented it.

- How does the Program interact with the College Assessment Committee? Is the document you've provided for the Self-Study the report or part of the report that you provided the CAC? Please provide more information about this process as it specifically pertains to your program.

[28a] **Don't know how to answer this one.**

• Section 28b mentions quarterly and annual assessment based on different objectives being assessed and different evaluation methods being used. As in the earlier question for Criterion 27, please provide more information. We would like to see the full list of programmatic objectives that are routinely and consistently assessed for the program, **in addition to these areas that have been of particular emphasis during the self-study year.** [28b]

As a broader reference, we refer again to Table 1 (copied below for your convenience) to identify the five core healthcare domains that are assessed by the program. These are also identified as the program’s student learning outcomes, published in the annual course catalog. **We address the “areas of particular emphasis during the self-study year” below the table.**

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Demonstrate effective oral presentation skills	Presentation rubric	Quarterly in classes with students giving presentations	Analyze each quarter to determine trends	Create an individual profile for each HSAD student to show progress by quarter and share before start of spring Winter 2015	
Manage projects utilizing the 5 core healthcare competency areas	Identify and utilize a project management tool	When project management class offered in conjunction with hospital fund raising event	Complete an evaluation of the project Spring 2015	Determine if actions needed based on evaluation	
Integrate the 5 core competencies in an internship in a healthcare setting	Site supervisor evaluation	Spring quarter 2015	Summer 2015 analyze spring internship evaluations	Fall 2015 make adjustments to curriculum based on supervisor evaluations on competency areas. Pay attention to Healthcare knowledge area	
Identify career advising opportunities in various HSAD classes	One targeted activity per quarter	Quarterly with feedback from students	Work with career services and student organization to identify specific activities starting fall 2014	Initiate fall quarter 2014	

Mary Ann—What were the programs focused on during the self-study year? (This relates to the reviewer’s comments highlighted in yellow, above.) Can you describe those or give me some idea of what the focus areas were? What assessments were conducted and where? What SLOs were focused on? What were the results and effects on the program/student learning? If you have documents that address those, I can summarize for you.

20. Please clarify by providing evidence to indicate that outcome assessments are the basis for program revision and improvement. [Program Evaluation and Improvement, Criterion 29]
Results of outcomes assessments have guided program revisions in both pedagogical approaches as well as curricular improvements. The internship evaluations were revised fairly recently to conform to and reinforce the five core healthcare competency areas. These five healthcare competencies had also been developed that year. From this revision, the program has improved

its ability to connect assessment practices and results with the stated core healthcare competencies. The program director collaborates with faculty to monitor the syllabi and course materials as they incorporate the five major competency areas. Students also participate in a job-shadowing assignment in HSAD 300. As part of this effort, each student is required to identify an organizations' mission, vision and values.

- The Program Assessment Update is presented as the most recent program improvement action plan, but it reads as a roadmap for the 2014 – 2015 academic year. Do you have a program improvement action plan for the self-study year? [29b]

Mary Ann, is there a table similar to the one above that could be inserted for the self-study year? If yes, I could draft text to describe the table. It would be great if you could also send some accompanying documentation that would help me contextualize the information and accurately describe the program assessment/improvement plan.