Assessment Committee Membership:

Candace Barnett (Committee Chair)
Jordana Stephens Berry (Office of Student Affairs & Admissions)
Lea Bonner (Experiential Education)
Phillip Bowen (Dept. Pharmaceutical Sciences)
Liza Chapman (Alum)
Annesha Lovett (Dept. Pharmacy Practice & Committee Vice Chair)
Jennifer Knaack (Dept. of Pharmaceutical Sciences)
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Aayush Patel (P2 Student)
Erika Vance (P3 Student)
Objectives (Status √ = complete, IP = in progress)

2014-15 Objectives:
1. Address decline in response rate for AACP alumni survey administered two years post-graduation. (√)
2. Formulate a recommendation for the best place for administration of the 2016 NABP Pharmacy Curriculum Outcomes Assessment examination, a new accreditation requirement. (√)
3. Review assessments needed to meet Stds 2016 and make recommendations where needed. (√)
4. Formulate a recommendation regarding whether the Health Science Reasoning Test should be adopted as a measure of critical thinking and problem solving and if so make recommendations for administration. (IP)

On-going objectives:
1. Update the College Evaluation Plan. (IP)
2. Examine and distribute results from AACP surveys and other recurring assessments (including licensure examination results, graduating students’ practice intentions survey, P3 self-assessment of preparedness for entering the fourth year, comprehensive progression examinations, Rho Chi tutoring program summary). Request disposition reports from data users on selected items. (√)
3. Examine data on correlates of success in the Doctor of Pharmacy Program and transfer to data users. (IP)
4. Monitor course failures and attrition rate. (√)
5. Remain available as individuals and a group to advise on assessments on an as-needed basis. (√)

Response Rate for Alumni Survey. The following strategies were formulated to address the low response rate:
(1) Eliminate the one year post-graduation short alumni survey which has been used the last two years because the data gathered from it has not been different from what has been obtained from student evaluation of courses, and the alums may not be answering the longer alumni survey administered two years post-graduation because they have already provided input a year earlier. (2) Utilize social media. When possible, the class president or active alumni will be asked to post on Facebook an encouragement for the alumni class to complete the survey.

Pharmacy Curriculum Outcomes Assessment (PCOA). The ACPE Standards 2016 (which become effective July 1, 2016) require administration of the PCOA examination to students nearing completion of the didactic curriculum, i.e. third professional year (P3) students. The intent is that the examination serve as a measure of knowledge retention and be used by schools for benchmarking against peer schools and national statistics and for curricular assessment. The three available test windows for administration of the PCOA are approximately: (Jan12-Feb 6; March 30-April 24; and Aug 24-Sept 18). The Assessment Committee recommended the PCOA be administered in the first test window (Jan12-Feb 6), after the students return from P3 IPPE. Although the students will not have completed their entire third year curriculum at this point, performance of the P3 class will be benchmarked (data provided by NABP) against others (nationally) testing in the same window. Furthermore the timing (in the first test window) will be advantageous because it will not occur in close proximity to the administration of the comprehensive progression examination in early May. Because it will require 4 weeks for the students to obtain the results, using the first test window will ensure the students receive their results before they start APPEs and in time to discuss any poor performances with PDN advisors.

Assessments for Stds 2016. The required outcomes data and documentation for Standards 2016 were reviewed. It was determined that the College can provide all the required documentation with the following suggestions which will need to be addressed: Standard 2 – Essentials for Practice and Care [We should develop summative reports from the student portfolios. We may want to consider implementing an assessment like OSCI exams not tied to a course grade.] Standard 11 – Interprofessional Education (IPE). [We
need to locate the following or if not in existence we need to develop: Statements addressing IPE and practice contained within student handbooks and/or catalogs.] Standard 12 – Pre-APPE Curriculum. [We need to be sure we are documenting students’ acquisition of practice skills that encompass a patient’s lifespan (peds, adult, geriatric)] Standard 24 – Assessment Elements for Section I. [We need a document called the curriculum assessment plan that clarifies we assess our curriculum, i.e., use of mapping, end of course reports, student evaluation of courses, portfolios and periodic curricular audits, NAPLEX and MPJE results, AACP standardized surveys, focus groups].

Health Science Reasoning Test (HSRT). The Assessment Committee reviewed a description of a standardized assessment titled the Health Science Reasoning Test (HSRT). The Assessment Committee will examine it in 2015-16 and determine if the HSRT should be recommended for administration to our students.

RECURRING ASSESSMENTS:

College Evaluation Plan (CEP). The Assessment Committee reviewed the CEP focusing on how we assess the COP mission-based goals #11 and #5. Mission-based goal #11 reads “Participate with other stakeholders in the development of new and improved practice models.” The Assessment Committee clarified that the goal refers to the College overall, its programs, initiatives, and services. In 2015-16, the Assessment Committee will begin compiling a list of new and improved practice models in which the COP participates and will clarify which items from the AACP faculty, student, alumni, and preceptor surveys may also provide an assessment of this goal. Mission-based goal #5 reads, “Provide an environment where students participate in active learning and interprofessional education and develop critical thinking and problem solving skills.” The Assessment Committee noted that we assess participation in active learning and IPE; however specific assessments designed to isolate critical thinking and problem solving skills and show development in this area are not utilized. The Health Science Reasoning Test (HSRT) will be examined in 2015-16 for possible implementation. See above.

Examination of Results from AACP Surveys. In 2014-15 the Assessment Committee examined the results of the following AACP surveys: Survey of Graduating Students (GSS) [class of 2014, response rate 62.6%] and the Faculty Survey (FS) [administered in 2014, response rate 88.1%]. (The Alumni Survey [class of 2012] was not examined because of a low response rate [9.9%]). Data were transferred to the entire faculty and specific parties responsible for using the data, who provided written dispositions of how they would use the data for program improvement. Areas where specific changes/plans were formulated included:

Swilley Library: Will explore and implement additional ways to emphasize with pharmacy students what library services are available to them, any time, and from any location, especially access to online databases from remote locations. Educational Resources: The member from Swilley Library will provide updates on the above plan by Swilley Library. Rho Chi: Plans to conduct another student survey to obtain feedback on underutilization of their services (particularly help sessions). Professionalism Committee: Recommends the Office of Student Affairs remind students of the policy in the student handbook regarding the process of requesting time away from class due to conference attendance.” Curriculum Committee: Intends to conduct a survey to better understand faculty views on student responsibility for learning and depth of the curriculum. Department. Chairs: Chairs have clarified with their faculty that faculty development funds exist and how they are utilized. Executive Committee: The mentoring program will be enhanced to include information for mentors to help them assist their mentees with career development. Center for the Advancement of Teaching and Learning: Will consider holding round table discussions where practice and science faculty are paired up to have a conversation about what each other do. Will survey faculty about topics or programming that would be beneficial to them in improving teaching and learning. Office of Experiential Education: Will educate
students during P4 orientation about off-site access to databases and educational resources and edit the site standardization survey to include a measurement of their off-site usage. Director of Learning Technology: Will implement a student survey to collect more specific data related to their experience with technology resources on campus.

**Comprehensive Progression Examination Oversight.** In October 2014 the item analyses from the 2014 administration of the Comprehensive Progression Examinations (CPEs) were distributed to course coordinators for use in teaching during the 2014-15 academic year and in making revisions to selected items for the 2015 CPEs. The faculty completed a form which documented which questions they would change and which questions would result in adjustments in teaching practices. Minor revisions were made to 24 questions, major revisions to 59 questions, and changes in teaching practices were made related to the content of eight questions. The first time pass rates were 99.3% for P1 students, 94.5% - P2, and 98.7%- P3.

**Graduating Students’ Practice Intentions.** A survey of our 2014 graduates revealed that 56.9% planned to practice in chain or independent community pharmacies; 2.6% - hospital pharmacy practice; 19.0% - residencies; 0.9% - graduate school, and 14.7% undecided.

**NAPLEX and MPJE Results from 2014 Graduates.** The pass rate for Mercer’s 122 first time NAPLEX test takers in May-Aug 2014 was 95.08% compared to the national pass rate of 95.61% and state of 94.54%. The first time MPJE pass rates for Mercer’s 98 graduates testing for GA and 66 graduates testing for any state in May-Aug 2014 were 92.86% and 92.42% respectively (Nat’l=94.34%, state=91.78%). The previous decline in MPJE scores seems to be reversing as the Mercer pass rate for graduates testing for GA is now only 1.5% below national.

**Student Evaluations of Didactic and Experiential Teaching.** The cumulative and individual scores for student evaluations of faculty teaching and courses in the didactic and experiential curriculum were compiled and distributed to applicable data users. For the didactic curriculum, on a 5-point scale, the mean rating for course overall was 4.16 for Fall 2014 and 4.26 for Spring 2015. The mean rating for overall teaching ability was 4.42 for Fall 2014 and 4.39 for Spring 2015. For the experiential curriculum, the mean rating in academic year 2014-15 for overall teaching ability of primary APPE preceptors was 4.50 and for IPPE preceptors was 4.84 for P2 community and 4.73 for P3 institutional on a 5-point scale. The mean overall rating of the site/experience was 3.67 (4-point scale) for APPEs and 4.80 for P2 community IPPEs and 4.70 for P3 institutional IPPEs (5-point scale).

**P3 Preparedness to Enter P4 Year.** In spring 2015, P3 students (Class of 2016) rated on a 4-point scale (poor, fair, good, excellent) how well prepared they felt to perform 27 practice activities. Students entered their individual results in their portfolios and were encouraged to pursue self-directed learning prior to starting the P4 year. The cumulative results were examined, noting there were two items where 1/3 or more of respondents rated their feelings of preparedness as fair or less. These items were: “Analyze the scientific literature” – 33.3% rated their preparedness as fair and 1.3% as poor. “Evaluate serum drug levels” – 34.0% rated their preparedness as fair and 4.6% as poor. The Director of Advanced Practice Experiences communicated with the Class of 2016 and preceptors concerning the role of APPEs in refining all 27 practice functions including analyzing the scientific literature and evaluation of serum drug levels. The Graduating Class of 2015 was also administered the same survey. Preparedness for all 27 practice functions was rated as good or excellent for 85.5-97.9% of the respondents, which was an improvement over their responses in 2014, prior to entering their P4 year, when one item (evaluate serum drug levels) was rated as poor or fair by 1/3 of the students. This provided evidence that continued learning related to these practice functions had occurred in the P4 year. All data were also transferred to the Curriculum Committee.

**Rho Chi Tutoring Program Summary:** The Assessment Committee examined statistics on the pass rate for students within courses for which they received tutoring, which was 89.5% for fall 2014 and 100% for spring 2015, providing clear evidence that the program remains worthwhile.
**Professional Development Network (PDN).** The PDN was evaluated by administration of a survey questionnaire to PDN faculty and inclusion of evaluation items on the student experience survey administered by the OSAA. Needs identified by the results included the following: another PDN advisor training session prior to Fall 2016, greater alumni involvement with the PDN, earlier reflection due dates to allow greater time for grading, and fewer required PDN group meetings. The data was transferred to the Professionalism Committee.

**Correlates of Success.** The 2014-15 analysis of pre- and post-admission correlates of success in the doctor of pharmacy program are still in progress. Admissions changes made to date based on these reports include adjustments to the weighting in the admissions formula for PCAT subscores and interview scores from the Associate Dean for Student Affairs and Admissions. The cumulative science GPA will be included in the 2014-15 analyses.

**Course Failures and Attrition Rate.** Data on attrition, academic dismissals, withdrawals, and delayed graduation were examined and compared to the ACPE monitoring parameters. ACPE calculates attrition rate as 100% minus the on-time graduation rate. For the Graduating Class of 2015 the attrition rate was 15.6%, and for the Class of 2014 it was 19.5%, both well below the ACPE monitoring parameter of 24% of matriculating class size. It was noted that the number of academic dismissals (defined as those permanently dismissed and those eligible to apply for readmission) and withdrawals are fluid numbers that change as students are readmitted. At the conclusion of spring 2015, the academic dismissal rate for the Class of 2015 was 6.5%, which exceeded the monitoring parameter of 6%. The academic dismissal rate for the Class of 2014 was 1.3%. The withdrawal rate in 2015 was 0.6% and the 2014 withdrawal rate was 5.4%, both below the ACPE monitoring parameter of 6%. The delayed graduation rate in 2015 was 8.4% and in 2014 it was 12.8%, both below the ACPE monitoring parameter of 15%. Data on course failures were also examined. Total failures have dropped in the last three years, from 62 in 2012-13, to 47 in 2013-14, to 39 in 2014-15. The newer steps the school is using to address academic dismissals and course failures: student led help sessions and the PDN advising system appear to be effective.