

ASSESSMENT 1-2-3



Upcoming Topics:

- Faculty, Staff and Student Stress
- Self-Study Progress
- Ongoing Dashboards

TRANSPARENCY: NO 8 DIGIT, WITH SYMBOLS, CASE-SENSITIVE PASSWORD REQUIRED!

Password overload is sweeping the country! From multiple email accounts, to listservs, social and work media, on-line banking, retirement accounts, to satellite television providers. Even my own home wireless network requires a password so my neighbors don't steal my bandwidth.

And these accounts all force me to create 'strong' passwords that I can't easily remember. Just when I do get used to my imaginative, hard-to-hack password, 'they' force me to change it. One account even requires me to

change my password every 2 months! It's impossible for me to remember them all. My fervent hope is that no one finds the piece of paper I've stashed with my passwords written on it. (how's that for security) What does it all lead too? Inefficient use of technology and frustration.

So what is the good news? The good news is that we try to be transparent with our college assessment data. Most of it is open to the college, the university, and even the world.

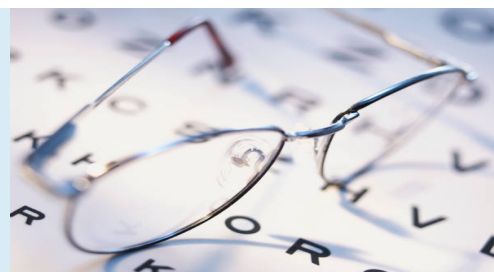
The goals are to make the information easy to find and to only capture and report the information that we need for improvement.

So once again, this issue of 1-2-3 provides summary information on a few of the key areas we care about. And specifically, the focus is on the Health Sciences Program.

Remember, you can always find this newsletter and other assessment reports on our website... no password required. CP

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HSCI Advising Trends

Number of interactions with Advisor

	'12	'13
Meetings	3.1	3.3
Emails	6.9	8.1
Other	.33	1.7
Total	10.4	13.1

2013 Highlights

Top Five (% Agree and Strongly Agree)

Is available for appointments (81.7%)

Is knowledgeable about CPHS policies (81.1%)

Is willing to spend sufficient time with me to deal with my questions and concerns (78.3%)

Is knowledgeable about my personal degree/program (78.0%)

Has encouraged me to take increasing responsibility for my academic progress (77.9%)

Bottom Five (% Agree and Strongly Agree)

Knows where to refer me for campus-wide support services (57.7%)

Has discussed professional involvement with me (60.0%)

Knows where to refer me for college support services (66.1%)

Has discussed career options with me (66.6%)

Knows where to refer me for information on campus-wide policies and programs (67.2%)

Overall, I have a good faculty advisor (73.4% Agreed or Strongly Agreed)

HSCI SENIOR SURVEY

Each year, we gather the perspectives of the graduating Health Sciences Majors. For the 2013 graduating class, 63% completed the survey. Here is a summary:

Curriculum: Over 95% think the courses were appropriate to build their knowledge and skills (90% last year). A full 100% thought the curriculum “provided opportunities to engage in active learning” and “I developed the skills needed to prepare me for continued learning after graduation”. They would still like more electives (over 30% said there were not enough HSCI related electives) and 35% didn’t see value in the Issues course sequence in the curriculum.

Senior Experience: Over 90% thought that their (cont’d on p.3)

TEACHING TRENDS

We’ve been measuring our teaching success over the last six years and have been implementing individual faculty teaching goals, development sessions and new teaching methods in an effort to improve. These efforts have

paid off.

For the last three years, we have exceeded our goal of **80%** of classes at the Similar, Higher, or Much Higher than the IDEA Center’s benchmark of **70%** of courses in their database.

Ratings	08-09	09-10	10-11	11-12	12-13
Much Higher	1.4%	1.6%	5.5%	8.2%	6.9%
Higher	18.3%	26.6%	34.2%	34.3%	36.8%
Similar	57.8%	43.8%	42.5%	43.8%	43.7%
Lower	15.5%	15.6%	12.3%	5.5%	9.2%
Much Lower	7.0%	12.5%	5.5%	8.2%	3.0%
% at DU Goal:	77.5%	72.0%	82.2%	86.3%	87.4%
IDEA Benchmark	70%	70%	70%	70%	70%

Senior Survey (from p.2) ... senior experience allowed them to ‘collaborate with other health care professionals’, was ‘valuable in helping them to achieve the capstone competencies’, and was ‘helpful to prepare for their career’. Yet over 30% didn’t feel they were permitted to be involved in research, observe patient care, or interact with diverse populations.

Educational Outcomes: The program outcomes most often cited as not being prepared for were: understanding the role of business models in health care, understanding the role of management models, communicating with granting agencies and communicating with the public. They felt most prepared for searching the HSCI literature, evaluating the HSCI literature, understanding relevant ethical issues and ethical conduct, understanding and applying scientific methods, working effectively in collaborative groups, and developing skills and experiences needed to achieve career goals.

Student Services: The student services office advising met their needs. Although many services were not utilized, most thought academic assistance, career planning, student health, and financial aid met their needs.

Facilities: Over 95% had positive responses to campus technology for learning, educational resources, classrooms, labs, study areas, and common spaces.

Student Experience: Ninety-five percent of graduates thought the college provided ‘timely information about news, events and important matters in the college’. The same number agreed that information was available on additional educational opportunities, and that the college used a variety of means to obtain student perspectives. Still, many did not feel the college encouraged them to participate in regional, state or national professional meetings. One quarter felt they were not treated equally compared to other majors in the college.

There are areas that suggest there is room for improvement. Ninety-five percent of HSCI students think that they are prepared to enter the next phase of their career, but if starting over, 20% would not choose to study HSCI and would not choose Drake. The challenge may be to recognize the disparities in the type of HSCI students and better individualize their experiences while also addressing some of the other shortcomings identified above.

UPDATES

ACPE: In response to the public focus on higher education costs and quality, the US Department of Education and the Council on Higher Education Accreditation have increased their expectations of accreditors like ACPE. In response, ACPE’s Board of Directors established a new policy detailing what Colleges and Schools of Pharmacy must make readily available on their websites. Requirements include: **1)** The on-time graduation rate for the most recent graduating class in the single degree pathway, **2)** the most recent year’s NAPLEX® results for first-time takers as found on the NABP website, and **3)** a measure of student achievement for the most recent graduating class. This can include things like the number of graduates going on to residencies and graduate school, the number employed in the profession, etc.

Student Successes: For 2012, Drake’s first time pass rate on NAPLEX was **99.06%**. As in previous years, our graduates have exceeded most schools’ residency placement rates. For 2013, **37%** of PharmD graduates have gone on to residency or graduate school!

Visit the Assessment website at:

<http://www.drake.edu/cphs/about/databook/>

Great Universities Measure What They Value