



# Texas Southern University College of Pharmacy and Health Sciences

## Assessment Plan 2019-2022

Office of Assessment, Planning and Effectiveness (OAPE)

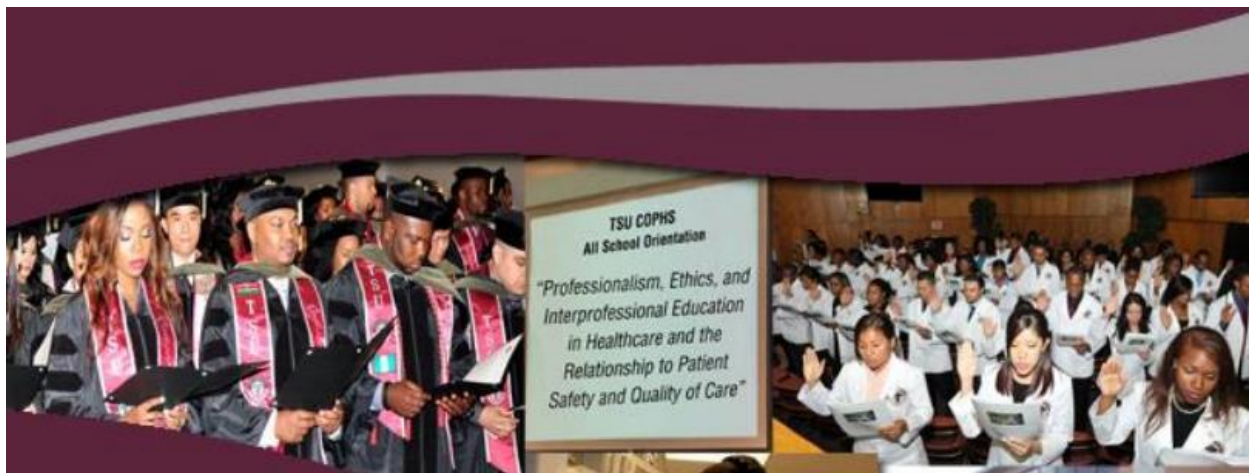




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## Introduction

The College of Pharmacy and Health Sciences (COPHS) assessment plan is in alignment with the Texas Southern University (TSU) and COPHS Strategic Plans. Administration of the plan will involve the following **four areas of assessment**:

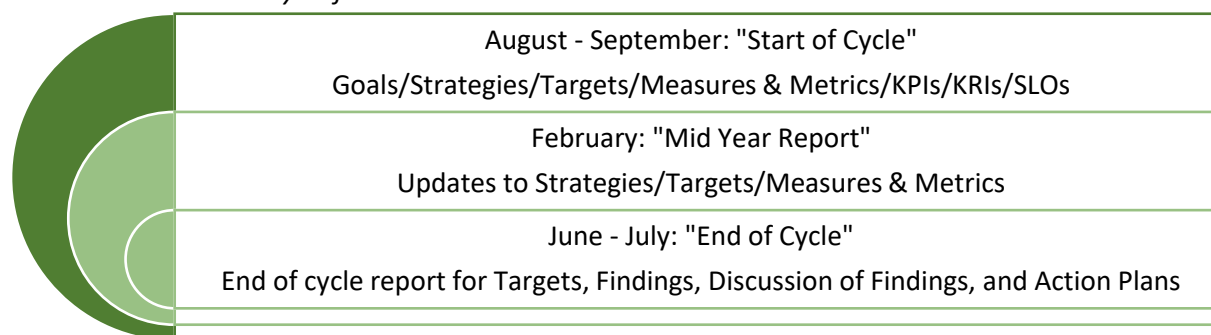
1. **COPHS Dean's Plan**; is owned by the TSU Senior Administration and is the scorecard for the College provided by the TSU Office of Institutional Assessment, Planning, and Effectiveness (IAPE). This plan operates on a three-year cycle and is reviewed each year by the College administration and the IAPE to provide justification for the college budgetary needs.
2. **COPHS Strategic Plan 2019-2022**; is owned by the College and aligned with the priorities from the TSU Strategic Plan. This plan is evaluated each year by the College faculty, staff, and administration for updates, amendments, and key performance indicators.
3. **Annual Academic Program Assessment Plans**; are owned by the IAPE and helps identify programmatic outcomes from each of the nine degree granting programs for the college. The plan operates on a three-year cycle and is reviewed each year by program directors and the COPHS Office of Assessment, Planning, and Effectiveness (OAPE) then by the IAPE for progress and improvements.
4. **Surveys**; are owned by the IAPE and COPHS which are identified in the schedule of surveys.

All assessment supports one or more of the five priorities in the COPHS 2019-2022 Strategic Plan as follows:

1. Student Success and Completion
2. Academic Program Quality and Research
3. Culture
4. Partnerships
5. Finances

The intent of the COPHS plan is to implement a "culture of assessment" through continuous improvements. Documents in the assessment process are considered "living documents" and are subject to updates, amendments, and revisions as needed. The cycle begins just prior to the start of the Fall Term and is completed near the end of the Summer Term. Chart 1A below provides a visualization of the COPHS assessment cycle schedule.

*Chart 1A Assessment Cycle for COPHS*





## Committees

*Assessment, Evaluation and Improvement Committee (AEIC)* – promotes assessment, evaluation, and improvement of the COPHS academic programs; works directly with curricular committee and the exam subcommittee to interpret the assessment data of all program activities; coordinate delivery of timely communication and reporting; and promote stakeholder involvement. AEIC is currently engaged in a new curricular mapping exercise in conjunction with the curriculum committee (Appendix D) requiring faculty to provide information about baseline knowledge and skills related to CAPE 2013 and the College’s outcome abilities upon course entry, the outcomes to be addressed during the course and assessment methods related to these outcomes.

*Curriculum Committee* – The Curriculum Committee evaluates and reviews all curricular matters including request for addition, modification and/or deletion of courses in the professional programs in pharmacy; establishes criteria for evaluation of the curriculum; periodically reviews existing programs with respect to quality, productivity indicators and effective management or administration; engages in assessment of curricular outcomes; develops short and long range strategic plans for the pharmacy curricula. The committee also facilitates the implementation of the College’s curricular initiatives consistent with national ACPE accreditation standards and with the mission of the College.

*Faculty of the College* – The faculty are responsible for a) reviewing and regularly updating their stated course outcome abilities and designing instructional and evaluation approaches to ensure that students are successful; b) providing assessment data on student achievement of course outcomes; c) evaluating data from all course assessments to develop and recommend strategies to maximize student achievement related to the college/programmatic outcomes. In addition, course coordinators and program directors will meet at least annually to ensure the coordination, sequencing, and integration of content for optimal use of teaching methods to achieve stated curricula outcomes.

*Students in the College* – Students are required to maintain a performance portfolio throughout their matriculation, complete course-related assignments, participate in classroom/laboratory assessments, and respond to requests for completion of survey instruments related to assessment.

*Office of the Dean* – The Dean’s Office provides support for and coordination of faculty development activities related to student performance assessment and program assessment. The Dean’s Office also provides resources to facilitate the work of the OAPE and AEIC.

*College Executive Committee* – The College Executive Committee reviews compiled information related to student performance and achievement of the overall educational mission and strategic initiatives of the College and sets policy related to assessment initiatives, including endorsement of specific activities to be completed by faculty and staff in all three departments in the College.



## COPHS Dean's Plan

The Dean's Plan is owned by the TSU Senior Administration and is the scorecard for the College provided by the TSU Office of Institutional Assessment, Planning, and Effectiveness (IAPE). This plan operates on a three-year cycle and is reviewed each year by the College administration and the IAPE to provide justification for the college budgetary needs. Each year the plan follows the routine schedule for input of the following six steps:

1. University Common Goal or Outcome (July 15<sup>th</sup> – August 1<sup>st</sup>); this step references the University goal and aligns with the TSU 2017-2019 Strategic Plan.
2. Action Steps (August 1<sup>st</sup> – August 30<sup>th</sup>); this step indicates the strategies that will be used to achieve the target of this goal. Each Action Step has a corresponding Target and Findings. You may discuss any strategies that relate to the goal, but must complete information on the required action step.
3. Achievement Targets (September 1<sup>st</sup> – May 31<sup>st</sup>); this step identifies the anticipated outcome, i.e., an increase over the baseline number from a prior year, an anticipated rate of success, a specific number to surpass, etc.
4. Mid-Year Progress (February 15<sup>th</sup>); record of completed action steps that were planned. Provide any adjustments needed to actions and record any status update available.
5. Final Results (June 1<sup>st</sup>); recorded outcome to include the final figures (if reporting percent, include the numerator and denominator used to calculate the percent.)
6. Data Interpretation and Recommendations (July 15<sup>th</sup>); provide interpretation and recommendations and any specific factors which impacted the results. Provide any additional enhancements that can be implemented or will the action steps continue as indicated in the plan.

Once each step is completed, it is reviewed by the Office of the Dean, Executive Committee, OAPE, and the IAPE. In each review the comments and edits provided by each stakeholder are implemented in order for the plan to serve as a "living document" of activity at the administrative level of the College. In Table 1.1 a sample portion of the Dean's Plan is provided. This plan will be active for three academic years and revised at the start of each academic year. Strategies and targets which have been met may be retired in the next iteration of the plan while other strategies can be continued in the next cycle or considered for decommission as applicable.



Table 1.1 Dean’s Plan Sample

<b>School/ College/Department:</b>		<b>College of Pharmacy &amp; Health Sciences</b>			
<b>Academic Year:</b>		<b>Fall 2019-Summer 2020</b>			
<p>(Note: You may add additional rows by clicking inside the blank cell at the bottom of the “Data Interpretation &amp; Recommendations” column, then using the right mouse button to display the cell’s options. Go to “Insert” option then you will see additional options appear, select the “Insert Rows Below” option. If you have multiple Action Steps and/or Targets within the same Common Goal or Outcome please list them in separate rows. This greatly helps proper alignment.)</p>					
Strategic Plan Measures			Status of implementation	Closing the Loop, Continuous Improvement & Planning	
<u>University Common Goal or Outcome</u> July 15 <sup>th</sup> -August 1st	<u>Action Steps</u> August 1 <sup>st</sup> - August 30 <sup>th</sup>	<u>Achievement Targets</u> Sept. 1 <sup>st</sup> -May 31 <sup>st</sup>	<u>Mid-Year Progress</u> Feb. 15 <sup>th</sup>	<u>Final Results</u> June 1 <sup>st</sup>	<u>Data Interpretation &amp; Recommendations</u> July 15 <sup>th</sup>
Include the University goal being referenced.	Indicate the strategies that will be used to achieve the target of this goal. <b>*Each Action Step MUST have a corresponding Target and Findings*</b> You may discuss any strategies that relate to the goal, but must complete information on the required action step. <b>*Required Action Step</b>	This is the anticipated outcome, i.e., an increase over the baseline number from a prior year, an anticipated rate of success, a specific number to surpass, etc.	Did you complete the action steps that were planned? Any adjustments needed to these actions? Any status update available?	What was the outcome? Include the final figures (if reporting percent, include the numerator and denominator used to calculate the percent.)	Provide interpretation and recommendations. Any specific factors impacted the results? Are there any additional enhancements that can be implemented or will the action steps continue as indicated?
<b>Increase Engagement</b> (Data source: your department)	<u>Strategies:</u>	<u>Targets for Strategies:</u>	<u>Status of Strategies:</u>	<u>Final Results of Strategies:</u>	<u>Recommendations based on Final Results:</u>



## COPHS Strategic Plan 2019-2022

COPHS Strategic Plan is owned by the College and aligned with the priorities from the TSU Strategic Plan. This plan is evaluated each year by the College faculty, staff, and administration for updates, amendments, and key performance indicators. This iteration of the strategic plan operates from 2019-2022 and there are five components to each priority in the plan:

1. Goal(s)
2. Strategies
3. Outcome Measures
4. Key Performance Indicators (KPI)
5. Key Risk Indicators (KRI)

Each year the plan follows a routine schedule for assessment, updates, and revisions to include:

1. All areas are reviewed in the summer semester (June-August) to assess
  - Goal Attainment
  - Strategy Revisions
  - Measures and Performance
  - Existing and/or new Risks
2. Measures and KPIs in the scorecard are updated at the close of each term
  - Fall updates (February 15<sup>th</sup>)
  - Spring Updates (June 15<sup>th</sup>)
  - Summer Updates (September 15<sup>th</sup>)
3. Revisions and Amendments
  - Summer (June-August)
  - Mid-Year (February)

The plan is a “living document” and routine status and updates are provided to the various committee meeting throughout the year. Snapshot 1A provides a snippet of the COPHS Strategic Plan for the priority “Student Success and Completion.”

### *Snapshot 1A Strategic Plan 2019-2022*

#### *“1.0 Student Success and Completion*

*The College of Pharmacy and Health Sciences is a student-centered institution that measures its success by the achievements of its students – past, present, and future.*

#### *Goal(s)*

*1. COPHS will cultivate and grow a student-centered college to engage and support students in Pharmacy and Health Science programs. The college is dedicated to this focus on students by committing resources toward persistence, progression, graduation, and certification.*

#### *Strategies*

*1.1 Provide advising at all levels of undergraduate, graduate, and professional education.*

*1.2 Establish transfer pathways with high schools and regional two-year institutions to facilitate enrollment in COPHS programs.*

*1.3 Implement improved technologies for online testing, advising, and progression.*



*Outcome Measures*

- 1.1 First year progression rates
- 1.2 Four-year and six-year first time graduation rates
- 1.3 Certification/Licensure rates

*Key Performance Indicators*

- 1.1 Progression/Persistence Rates
- 1.2 Graduation Rates (First Time in College and Transfer)
- 1.3 Certification/Licensure Rates (Scores, Attempts, Rank)

*Key Risk Indicators*

- 1.1 Retention (Course, Fall to Spring, and Fall to Fall)
- 1.1 Application/Conversion
- 1.2 & 1.3 Preparedness (Entrance Exams, Pre-Professional GPA, Progression)''

Each of the five priorities has a scorecard and Table 1.2 provides a sample portion.

*Table 1.2 Student Success and Completion Scorecard Sample*

<b>Office of Assessment, Planning, and Evaluation</b>				
	*19/20	20/21	21/22	
1.1 First year progression rates (First Time In College - Fall to Fall)				
1.1 First year progression rates (First Time In College - Fall to Spring				

<b>Office of Assessment, Planning, and Evaluation</b>				
	*19/20	20/21	21/22	
1.2 Four-year and six-year first time graduation rates (First Time In College Four-Year)				
1.2 Four-year and six-year first time graduation rates (First Time In College Six-Year)				
1.2 Four-year and six-year first time graduation rates (Transfer Four-Year)				
1.2 Four-year and six-year first time graduation rates (Transfer Six-Year)				





## Annual Academic Program Assessment Plans

Annual Academic Program Assessment Plans are owned by the IAPE and help identify programmatic outcomes from each of the nine degree granting programs for the College:

1. B.S. Environmental Health
2. B.S. Health Administration
3. B.S. Health Information Management
4. B.S. Clinical Laboratory Science
5. B.S. Respiratory Therapy
6. M.S. Health Care Administration
7. M.S. Pharmaceutical Sciences
8. PhD Pharmaceutical Sciences
9. PharmD

The plan operates on a three-year cycle and is reviewed each year by program directors, the OAPE, and then by the IAPE for progress and improvements. Each year the plan follows the routine schedule for input of the following steps:

1. The first steps are due August 30<sup>th</sup> and reviewed by the Program Director, OAPE, and IAPE
  - a. Goals
  - b. Student Learning Outcomes (SLOs)
  - c. Metrics
  - d. Methods of Assessment
  - e. Targets
2. Second steps are due June 1<sup>st</sup> and reviewed by the Program Director, OAPE, and IAPE
  - a. Findings
  - b. Discussion of Findings
  - c. Action Plans
3. The final step is plan approval for the cycle which is July 15<sup>th</sup> and reviewed by the Program Director, OAPE, and IAPE
  - a. Finalized plans are placed in the assessment system (Xitracs)

New additions to this cycle are the assessment levels of the SLO for:


1. Introductory = the basic level of knowledge, the first time a student is introduced to the concept.
2. Reinforcement = there has been a prior introduction of this concept, this SLO measures the additional/next level of knowledge a student should have acquired.
3. Mastery = this is the highest level of the learning outcome (at the respective degree level, i.e., UG, Graduate, Professional) this concept is the highest level of knowledge attainment]

Table 1.3 Academic Assessment Plan Sample

Academic Program Name:	Click here to enter text.
Academic Program Level:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate-Masters <input type="checkbox"/> Graduate-Doctoral (EDD or PHD) <input type="checkbox"/> Professional-Law <input type="checkbox"/> Professional-Pharmacy

Academic Program Mission:	Click here to enter text.
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Goal 1
Click here to enter text.

(Note: You may add additional objective(s) by clicking inside the table below, then clicking this icon  that appears at the bottom right of the table below. Repeat this process for each Goal that requires an additional objective.)

Student Learning Outcome(SLO)/Expected Outcome 1.1	
Click here to enter text.	
<p><b>What's the assessment level of this SLO?</b></p> <input type="checkbox"/> Introductory <input type="checkbox"/> Reinforcement <input type="checkbox"/> Mastery <p><b>[Introductory</b>=The basic level of knowledge, the first time a student is introduced to the concept.  <b>Reinforcement</b>=There has been a prior introduction of this concept, this SLO measures the additional/next level of knowledge a student should have acquired.  <b>Mastery</b>=This is the highest level of the learning outcome (at the respective degree level, i.e., UG, Graduate, Professional) this concept is the highest level of knowledge attainment]</p>	
Metric 1.1	
Click here to enter text.	
Assessment Method 1.1	Assessment Responsibility 1.1
Click here to enter text.	Click here to enter text.



<b>Target 1.1</b>	
Click here to enter text.	
<b>Findings 1.1</b>	<b>Target Outcome based on Findings 1.1</b>
<b>2019-2020 Findings</b>	
Click here to enter text.	<input type="checkbox"/> Yes (Target Met) <input type="checkbox"/> No (Target Not Met)
<b>2020-2021 Findings</b>	
Click here to enter text.	<input type="checkbox"/> Yes (Target Met) <input type="checkbox"/> No (Target Not Met)
<b>2021-2022 Findings</b>	
Click here to enter text.	<input type="checkbox"/> Yes (Target Met) <input type="checkbox"/> No (Target Not Met)
<b>Discussion of Findings 1.1</b>	
<b>2019-2020 Discussion of Findings</b>	
Click here to enter text.	
<b>2020-2021 Discussion of Findings</b>	
Click here to enter text.	
<b>2021-2022 Discussion of Findings</b>	
Click here to enter text.	



<b>Action Plan /Use of Findings 1.1</b>
<b>2019-2020 Action Plan</b>
Click here to enter text.
<b>2020-2021 Action Plan</b>
Click here to enter text.
<b>2021-2022 Action Plan</b>
Click here to enter text.

<b>Reference Documents: Goal 1</b>
Click here to enter text.



## Surveys

Surveys are implemented to garner data about the operations of the College. A score of 85% or above is considered acceptable on a Likert Scale of 1-5. Table 1.4 provides an overview of the scoring rubric.

Table 1.4 Survey Scoring Rubric







These two scores are combined for a response percentage of "Acceptable"	5 = Strongly Agree
	4 = Agree
These three scores are combined for a response percentage of "Needs Improvement"	3 = Neutral
	2 = Disagree
	1 = Strongly Disagree

Scores from surveys are shared with all stakeholders of the College and action plans are implemented to improve those scores with less than 85% acceptable. Table 1.5 provides the survey schedule for the College.

Table 1.5 COPHS Survey Schedule

COPHS Survey Schedule												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Applicant Pool, Enrollment, and Degrees Conferred (Student Surveys)												
Alumni Survey (every 3 years)												
Faculty Survey (every 3 years)												
Funded Research Grant Survey												
Graduating Student Survey												
Preceptor Survey (every 3 years)												
Funded Faculty Research Grant Survey												
TSU - College of Pharmacy & Health Sciences Surveys	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
End of Year Student Survey												
Student Course Evaluations (University)												
Faculty Professionalism Survey												

### Survey completion

	COPHS Students		OAPE
	P4		Preceptors
	Alumni		Faculty Principle Investigators
	Faculty and/or Staff		