Program Effectiveness Plan (PEP) Training Manual

ABHES

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THE PURPOSE OF THE PROGRAM EFFECTIVENESS PLAN

The Program Effectiveness Plan (PEP) replaces the Institutional Effectiveness Plan as the evaluation tool for internal quality assessment. The PEP evaluates each individual program within an educational institution by establishing and documenting specific goals, collecting outcome data relevant to these goals, analyzing outcomes against both minimally acceptable benchmarks and the program’s short- and long-term objectives, and setting strategies to improve program performance. The program effectiveness assessment is expected to result in the achievement and maintenance of outcomes.

For each of the outcomes identified by a program, the program must establish the level of performance that serves as a benchmark for acceptable program performance. These benchmarks must meet or exceed requirements established by any applicable state or federal authority or by ABHES policies or standards.

Program success is based on student achievement in relation to its mission, including consideration of the following outcomes indicators:

- Retention rates
- Participation in and results of required licensing and certification examinations
- Graduation rates
- Job placement rates
- Survey responses from students, clinical externship sites, graduates, and employers

Developing and using the PEP should fulfill several purposes, including:

1. Assisting the program in achieving internal effectiveness through establishing goals for both short- and long-term successes. Further, criteria for measuring the accomplishment of these goals can be defined, allowing the program to focus its plans and activities on the critical processes needed for effectiveness. Once defined, these goals and criteria should then be used to unify administrative and educational activities, which can help achieve a high degree of commitment and common direction among all employees.

2. Assessing progress and the need for change and continuously reviewing the process to help the program make timely changes based upon valid information to achieve even greater effectiveness.

3. Communicating key information regarding the program’s goals, its degree of effectiveness, and how it plans to enhance overall quality to the public, which includes graduates, employers, and community leaders. Information, which depicts the most important elements of the program’s operation, communicates clearly and accurately to the public how well the program is meeting the needs of students and providing quality-learning experiences.

4. Measuring how the PEP meets the expectations and requirements of approving or accrediting organizations (including state boards and ABHES) to demonstrate regulatory compliance. A document which defines program goals and educational processes is a primary focus of most accrediting agencies as they measure overall effectiveness and the quality of programs and services provided.

All program effectiveness goals and activities the program selects should link to the mission to demonstrate mission achievement and continuous improvement, as the mission is the driving force of
each program’s overall effectiveness program. The PEP requires each program within an institution to look at its past, present, and future, and to continuously ask:

Where have we been?  
This data becomes the baseline for gauging and demonstrating improvements.

Where are we now?  
Current data demonstrates how you will measure change from the baseline data using the caparison to identify changes needed.

Where do we want to go?  
A look towards the future for goals to improve or enhance processes and/or programs.

How do we get there?  
Processes used to achieve the new direction based upon the input of all relevant constituents.
THE STANDARDS FOR THE PROGRAM EFFECTIVENESS PLAN

The following is the Program Effectiveness Plan Content standard (Chapter V, Section I, Subsection 1) as published in the ABHES Accreditation Manual. The standards outline the ABHES requirements regarding the development, implementation, and maintenance of a Program Effectiveness Plan (PEP), including the outcomes assessment requirements (Section I, Subsection 2), which expounds on many of the required components of a PEP:

SECTION I – Program Effectiveness

V.I.1. A program has an established documented plan and process for assessing its effectiveness as defined by specific outcomes which meet the requirements of Appendix C, Program Effectiveness Plan.

Subsection 1 – Program Effectiveness Plan Content

The Program Effectiveness Plan includes clearly stated:

a. Program Objectives

Program objectives are consistent with the field of study and the credential offered and include as an objective the comprehensive preparation of program graduates for work in the career field.

b. Program Retention Rate

At a minimum, a program maintains the names of all enrollees by program, start date, and graduation date. The method of calculation, using the reporting period July 1 through June 30, is as follows:

\[
\frac{(EE + G)}{(BE + NS + RE)} = R\%
\]

EE = Ending enrollment (as of June 30 of the reporting period)
G = Graduates
BE = Beginning enrollment (as of July 1 of the new reporting period)
NS = New starts
RE = Re-entries
R% = Retention percentage

c. Job Placement Rate in the Field

A program has a system in place to assist with the successful initial employment of its graduates. At a minimum, a program maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment dates. For any graduates identified as self-employed, a program maintains evidence of employment. Documentation in the form of employer or graduate verification forms or other evidence of employment is retained.

The method of calculation, using the reporting period July 1 through June 30, is as follows:
\[(F + R) / (G-U) = P\%\]

F = Graduates placed in their field of training
R = Graduates placed in a related field of training
G = Total graduates
U* = Graduates unavailable for placement
P% = Placement percentage

*Unavailable is defined only as documented: health-related issues, military obligations, incarceration, death, or continuing education status.

d. Credentialing Examination Participation Rate

Participation of program graduates in credentialing or licensure examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment. The method of calculation, using ABHES’ reporting period July 1 through June 30, is as follows:

**Examination participation rate = G/T**

G = Total graduates taking examination
T = Total graduates eligible to sit for examination

e. Credentialing Examination Pass Rate

An ongoing review of graduate success on credentialing and/or licensing examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment is performed to identify curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result. The method of calculation, using ABHES’ reporting period July 1 through June 30, is as follows:

**F/G = L%**

F = Graduates passing examination (any attempt)
G = Total graduates taking examination
L = Percentage of students passing examination

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained.

f. Program Assessment

The program assesses each student prior to graduation as an indicator of the program’s quality. The assessment tool is designed to assess curricular quality and to measure overall achievement in the program, as a class, not as a measurement of an individual student’s achievement or progress toward accomplishing the program’s objectives and competencies (e.g., exit tool for graduation). Results of the assessment are not required to be reported to ABHES, but are considered in annual curriculum revision by such parties as the program supervisor, faculty, and the advisory board and are included in the Program Effectiveness Plan.

g. Student, Clinical Extern Affiliate, Graduate, and Employer Satisfaction with the Program Surveys
A program must survey each of the constituents identified below. The purpose of the surveys is to collect data regarding student, extern, clinical affiliate, graduate, and employer perceptions of a program’s strengths and weaknesses.

For graduates and employers only, the survey used must include the basic elements provided by ABHES in Appendix J, Surveys, of the Accreditation Manual. The required questions identified must be included, in numeric order, to more easily report the basic elements and specific questions provided.

At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty, and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

Two goals should be established for surveys:

1. A goal for the percent of surveys returned
2. Benchmarks for the level of satisfaction desired.

Accordingly, a program must document that at a minimum the survey data used in its effectiveness assessment include the following:

i. Survey Participation:

Survey participation rate:

\[ \frac{SP}{NS} = TP \]

SP = Survey Participation (those who actually filled out the survey)
NS = Number Surveyed (total number of surveys sent out)
TP = Total Participation by program, by group; meaning the number of students/clinical extern affiliates/graduates/employers by program who were sent and completed the survey during the ABHES reporting period (July 1–June 30).

ii. Satisfaction Benchmarks

Student:
Student evaluations are used as a composite of student views relating to course importance and satisfaction and overall class attitudes about the classroom environment.

Clinical affiliate:
Externship site evaluations include a critique of student knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks. They include an assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students. The sites also evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students’ externship.
Graduate:
A program has a systematic plan for regularly surveying graduates. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda). The results of the survey questions required by ABHES and identified in Appendix J, Surveys are summarized by numeric value and reported to ABHES in the Annual Report (July 1–June 30 reporting period).

Employer:
A program has a systematic plan for regularly surveying employers. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

The results of the survey questions required by ABHES and identified in Appendix J, Surveys, are reported to ABHES in the Annual Report (July 1–June 30 reporting period).

h. Faculty Professional Growth and In-Service Activities

A program maintains data that evidences faculty participation in professional growth activities and in-service sessions that promote continuous evaluation of the programs of study, instructional procedures, and training.

Subsection 2 – Outcomes Assessment

V.I.2. A program has a process for assessing effectiveness.

The Program Effectiveness Plan specifies a process and a timetable for the assessment of program effectiveness in achieving the outcomes it has identified with its objectives and criteria. The plan must:

a. Document historical outcomes and show evidence of how these historical data are used to identify expected outcomes and to achieve expected goals (e.g., evaluations, advisory boards, credentialing, etc.).
b. Identify and describe types of data used for assessment, how data were collected, rationale for use of each type of data, timetable for data collection, and parties responsible for data collection.
c. Evaluate at least annually to determine initial baseline rates and measurements of results after planned activities have occurred.
d. Provide a summary and analysis of data collected and state how continuous improvement is made to enhance expected outcomes.
e. Identify how data was used to improve the educational process.
f. Adjust goals as a result of the evaluation of a Program Effectiveness Plan.
g. Identify the activities that will be undertaken to meet the goals set for the next year.
DEVELOPING, IMPLEMENTING, AND MONITORING THE PROGRAM EFFECTIVENESS PLAN

Developing a PEP requires that a program collect, maintain, and use information reflecting the areas outlined in Chapter V, Section I of the ABHES Accreditation Manual, including Appendix C, Program Effectiveness Plan. The data should be analyzed for a specific period of time (as defined by the institution) and be used as the foundation for making comparisons across future time periods. Many institutions perform their analysis in conjunction with their fiscal/calendar year-end or, as recommended by ABHES, in conjunction with the institution’s annual reporting period (July 1 – June 30), since the majority of the required PEP information is also required on the ABHES Annual Report. Regardless of the selected timeframe, the data should be used as the foundation for making comparisons across future time periods and should be updated annually.

Development of a PEP involves a process that requires an institution to: (1) systematically collect data and information on each of the educational outcomes areas and achievement of its occupational objectives for each of the programs offered by the institution; (2) complete an analysis of the data and information including, but not limited to, performing a comparison with previous findings; and (3) identify what changes in educational operations or activities it will make based on the analysis.

Steps in preparing and managing the PEP are similar to those suggested for institutions preparing a self-study. Proper organization is essential. Although the exact organizational procedures will vary from institution to institution, the following suggestions may be helpful:

- Select administrators of the institution will assemble information provided by program directors and faculty from each of the institution’s programs for assembly and development of the PEP. The careful selection and empowerment of the proper individuals for PEP development will ensure continuous improvement and the ultimate success of the planning process.

- The process should involve each program’s faculty, administrators, staff, and advisory board members. Consideration should also be given to actively recruiting student, graduate, and employer representatives in the process. It is important that all members of the administration, faculty, governing board, and student body understand and appreciate the importance of the PEP and its value to the institution.

- Programs should establish baseline rates developed through analyzing the results of past annual retention and placement rates, which will be used in the analysis process. The data collected each year on the ABHES Annual Report includes retention and placement percentages for each program. Therefore, the annual report becomes a valuable part of the PEP. Programs should access these annual reports for reporting, and the institution should maintain these annual reports for at least three years in an effort to provide historical data from which goals may be determined. Program’s should be specific in the data to be collected and collect data that will clearly evidence
the level of educational outcomes and satisfaction experienced by current students, graduates, and employers.

- Programs must include information relevant to improving each program’s overall effectiveness, such as in-service training programs and professional growth opportunities for faculty.

- The PEP should be considered a work in progress, as there are many potential elements of each program’s daily operations which are relevant and important to improving program effectiveness. Each program should collect a variety of statistical data to assist it in improving its educational outcomes.

The following section is Appendix C of the Accreditation Manual, which was developed to serve as a guide as it contains elements that should be incorporated into the PEP:
APPENDIX C
PROGRAM EFFECTIVENESS PLAN

While each program must represent each element required of the Program Effectiveness Plan (PEP), the plan may be a comprehensive one which collectively represents all programs within the institution, or may be individual plans for each distinct program.

V.I.1. A program has an established documented plan and process for assessing its effectiveness as defined by specific outcomes which meet the requirements of Appendix C, Program Effectiveness Plan.

Subsection 1 – Program Effectiveness

a. Program Objectives

Program objectives are consistent with the field of study and the credential offered and include as an objective the comprehensive preparation of program graduates for work in the career field.

If an institution offers Medical Assistant, Nursing Assistant, and Surgical Technology programs, then its PEP might present the following overview:

EXAMPLE 1:

The Medical Assistant academic associate’s degree program prepares the graduate to become a multi-skilled allied health professional with diverse duties in medical offices, clinics and health centers. The program includes a balance of classroom, laboratory, and clinical experiences.

Objectives of the program are to:

- Prepare a knowledgeable entry-level employee with technical skills and work habits necessary to perform effectively in various health-care related fields including medical transcriptionist, medical billing specialist, medical office manager, and medical assistant.
- Provide clinical activities that include assisting the physician in patient care responsibilities by recording medical histories, taking vital signs, preparing the patient for examination, assisting physician during patient examination and surgical procedures, collecting and performing various laboratory tests, administering medications, performing diagnostic procedures such as EKGs and dressings, and providing patient education.
- Teach courses in anatomy, physiology, pharmacology, computer applications, clinical procedures, interpersonal skills, confidentiality, medical ethics, professional behavior, and patient interface, as well as basic office procedures to ensure competency.

At the completion of the program, the student will be able to:

- Assume a wide range of responsibilities in a medical office or ambulatory care center.
- Communicate with patients to schedule appointments, receive and process payments.
- Sit for the credentialing examination
EXAMPLE 2

The Nursing Assistant diploma program prepares the graduate to function under the supervision of a physician and/or a registered nurse and to participate as a member of a healthcare team in providing nursing care. The program includes classroom, laboratory, and clinical patient care experiences.

Objectives of the program are to:
- Prepare a competent nurse assistant to function effectively in acute, long-term care, and ambulatory settings.
- Provide a collaborative learning environment in which the student will develop and apply principles of systematic reasoning through critical thinking.
- Guide the learner in the continuing process of personal and professional growth.

At the completion of the program, the graduate will be able to:
- Function in the delivery of care to clients.
- Communicate with clients, client families, and members of the healthcare team.
- Perform nursing skills applying critical thinking.
- Integrate ethical, professional, legal responsibility, and accountability into actions and decisions.
- Assume responsibility for personal and professional growth.
- Sit for the State certification board exam.

EXAMPLE 3

The Surgical Technology certificate program prepares the graduate to function as an intraoperative team member under the direct supervision of a surgeon or registered nurse. The graduate is prepared for this role through didactic, laboratory, and external clinical experiences.

Objectives of the program are to:
- Prepare the graduate for a professional career.
- Prepare a competent surgical technologist to perform intraoperative first scrub duties.
- Guide the learner in the processes for certification and professional development.

At the completion of the program, the graduate will be able to:
- Effectively perform pre-, intra-, and post-operative duties
- Practice aseptic and sterile technique
- Practice all patient safety measures and act in an ethical manner
- Assume responsibility for personal and professional growth
- Sit for a national certification exam

b. Program Retention Rate

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date. The method of calculation, using the reporting period July 1 through June 30, is as follows:

\[
(EE + G / (BE + NS + RE) = R%)
\]

EE = Ending enrollment (as of June 30 of the reporting period)
G = Graduates
BE = Beginning enrollment (as of July 1 of the new reporting period)
NS = New starts
$RE = \text{ Re-entries}$

$R\% = \text{ Retention percentage}$

Programs should provide retention results for the last three annual reporting years as the baseline (if available), along with goals for the upcoming year. If a program has developed long-term goals for retention, this information should also be included with status updates.

**EXAMPLE 1:**

*Medical Assisting Program*

Retention rates for the past three years, taken from the Annual Report:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assisting</td>
<td>67%</td>
<td>69%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**EXAMPLE 2:**

*Dental Assisting Program*

Retention rates for the past three years, taken from the Annual Report:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assistant</td>
<td>64%</td>
<td>65%</td>
<td>67%</td>
</tr>
</tbody>
</table>

To establish the goals for the next reporting period 2007–2008, a program may choose to *average the three previous years for each program*. However, in the examples above the goal would be below the 70% benchmark for both programs; therefore, this would not be a practical way to determine the next year’s program goal.

A program may elect to *establish its goal by an increase of a given percentage each year (for example, 5%) or by determining the percent increase from year to year of the three previous years*.

**EXAMPLE 3:**

*Pharmacy Technician Program*

Retention rates for the past three years, taken from the Annual Report:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Technician</td>
<td>80%</td>
<td>81%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Note in the example that the pharmacy technician program increased retention 1% between 2004-05 and 2005-06 and then increased 4% between 2005-06 and 2006-07. So the average increase among those three years is 2.5%. Using the averaged percent method, a realistic 2008 goal then might be 87.5%.

The program may also establish intermittent goals of a percentage increase from month to month or an increase in relation to the same month or other predetermined time periods in the previous year—e.g., a 1% increase from month to month or a 2% increase in April 2008 over the April
2007 rate. Intermittent goals are advantageous as they keep everyone on target throughout the year.

Programs may also consider the following to address retention:

1. Setting an average daily attendance goal (for example, 90%)
2. Setting a maximum withdrawal rate per quarter (for example, 10%)
3. Setting a quarterly retention goal

Some programs may address retention by assigning quarterly grade distribution goals in the percentage of As and Bs for selected courses/classes. This chart describes the quarterly grade distribution goals for the anatomy and physiology course in the Radiologic Technology program:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>As %</th>
<th>Bs %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 04</td>
<td>45</td>
<td>22</td>
</tr>
<tr>
<td>Mar 05</td>
<td>62</td>
<td>35</td>
</tr>
<tr>
<td>Jun 05</td>
<td>62</td>
<td>35</td>
</tr>
<tr>
<td>Sept 05</td>
<td>61</td>
<td>32</td>
</tr>
<tr>
<td>Dec 05</td>
<td>50</td>
<td>26</td>
</tr>
<tr>
<td>Mar 06</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>Jun 06</td>
<td>49</td>
<td>34</td>
</tr>
<tr>
<td>Sept 06</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>Dec 06</td>
<td>54</td>
<td>31</td>
</tr>
<tr>
<td>Mar 07</td>
<td>72</td>
<td>25</td>
</tr>
<tr>
<td>Jun 07</td>
<td>83</td>
<td>11</td>
</tr>
<tr>
<td>Sept 07</td>
<td>51</td>
<td>32</td>
</tr>
</tbody>
</table>

Total: 681 305

Mean: 57% 25%

Total Average As & Bs: 82%

Based on this distribution, the program might elect to develop strategies to maintain the 82% rate or raise the goal to 85%. A quarterly intervention plan might be developed for those struggling students who are not achieving the higher scores. Such an intervention plan might enhance retention.

Similarly quarterly grade distribution goals could be set in overall enrollment performance.

Average Quarterly Grade Distribution for December 2005-September 2007

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total EOQ Students</th>
<th>FTEs</th>
<th>As%</th>
<th>Bs%</th>
<th>Cs%</th>
<th>Ds%</th>
<th>Fs%</th>
<th>Ws%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 05</td>
<td>571</td>
<td>1606</td>
<td>35</td>
<td>33</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Jun 06</td>
<td>354</td>
<td>1118</td>
<td>32</td>
<td>29</td>
<td>17</td>
<td>9</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>
Total  15134  376  378  209  103  38  95
Mean  1261  31%  32%  17%  9%  3%  8%

In the analysis trends of grade distribution are noted. Goals then could be set to raise the percentage of As and Bs while reducing the percentage of Ds, Fs and Ws accompanied by departmental strategies.

c.  **Job Placement Rate in the Field**
An institution has a system in place to assist with the successful initial employment of its graduates. At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment dates. For any graduates identified as self-employed, an institution maintains evidence of employment. Documentation in the form of employer or graduate verification forms or other evidence of employment is retained.

The method of calculation, using the reporting period July 1 through June 30, is as follows:

\[
\frac{(F + R)}{(G - U)} = P\%
\]

F = Graduates placed in their field of training
R = Graduates placed in a related field of training
G = Total graduates
U* = Graduates unavailable for placement
P% = Placement percentage

*Unavailable is defined only as documented: health-related issues, military obligations, incarceration, death, or continuing education status.

Placement results for the same annual reporting years identified above for retention are used as your baseline data, if available, along with goals for the upcoming year. In addition, if a program has developed long-term goals for placement, this information should also be included with status updates.

**EXAMPLE:** Placement rates for the past three years, beginning with 2005-2006, taken from the ABHES Annual Reports are:

**EXAMPLE 1**  
Medical Assisting Program

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistant</td>
<td>88%</td>
<td>90%</td>
<td>94%</td>
</tr>
</tbody>
</table>

**EXAMPLE 2**  
Dental Assisting Program

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assistant</td>
<td>85%</td>
<td>88%</td>
<td>91%</td>
</tr>
</tbody>
</table>

**EXAMPLE 3**  
Pharmacy Technician Program
These rates indicate a steady annual increase and all rates exceed the 70 percent ABHES benchmark. The chart shows a comparison of the medical assisting, dental assisting, and pharmacy tech programs to the overall placement.

Since these are good placement rates, each program may elect to simply maintain the rates for 2008 and develop strategies to maintain those rates, or each program may elect to increase a given percentage for 2008 such as two percent or use an average of the increases. A 2008 overall placement rate could be developed for each program using the same method of calculation.

d. Credentialing Examination Participation Rate

Participation of program graduates in credentialing or licensure examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment.

The method of calculation, using ABHES’ reporting period July 1 through June 30, is as follows:

Examination participation rate = $\frac{G}{T}$

G = Total graduates taking examination
T = Total graduates eligible to sit for examination

Programs should include results of periodic reviews conducted throughout the reporting year of certification exam results, as required for employment by accepted industry standards, along with goals for the upcoming year. If results are not easily accessible without student consent, the program should consider incentive procedures or devise alternate methods to make a concerted effort to obtain results, which can be documented to assess effectiveness. Again include the three most recent years of data collection. Data may be analyzed by class or just by program. Data collected and analyzed by class provides more detail.

EXAMPLE:

Nursing Assistant Program
Example by program

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GRADS '05</th>
<th>GRADS '06</th>
<th>GRADS '07</th>
<th>NUMBER TOOK EXAM '05</th>
<th>NUMBER TOOK EXAM '06</th>
<th>NUMBER TOOK EXAM '07</th>
<th>% GRADS TOOK EXAM '05</th>
<th>% GRADS TOOK EXAM '06</th>
<th>% GRADS TOOK EXAM '07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assistant</td>
<td>20</td>
<td>26</td>
<td>24</td>
<td>15</td>
<td>20</td>
<td>21</td>
<td>75</td>
<td>77</td>
<td>88</td>
</tr>
</tbody>
</table>

From this data, establish a goal for the next year’s percentage of graduates taking the exam.

The goal may be developed from the trends over the past three years or by averaging the last three years.

Looking at the nursing assistant graduate percentage of those who took the test versus those that have taken the test for the last three years would be lower than the 2007 pass rate. Therefore, it would be more advantageous to calculate the percentage increase between ‘05/’06 and ‘06/’07 to get an average to establish the percent increase for ‘07/’08:

**2007-2008 Goal for Percentage of Graduates Taking the Exam**

\[
2\% \text{(percent increase between 2005 & 2006)} + 11\text{(percent increase between 2006 & 2007)} \div 2 = 6.5
\]

So the goal for the number taking the nursing assistant exam in 2008 would be 94.5% (88% + 6.5% = 94.5%)

If students are admitted and graduate on a quarterly basis, the program might find data collected quarterly to be more beneficial such as this example:

**EXAMPLE:**
*Dental Assisting Program*

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GRADS '05</th>
<th>GRADS '06</th>
<th>GRADS '07</th>
<th>NUMBER TOOK EXAM</th>
<th>PERCENT GRADS TOOK EXAM</th>
<th>NUMBER PASSED</th>
<th>PERCENT PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assisting</td>
<td>20</td>
<td>26</td>
<td>24</td>
<td>15</td>
<td>75</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td>Winter</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>77</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>Spring</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>68</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td>Summer</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>75</td>
<td>7</td>
<td>76</td>
</tr>
<tr>
<td>Fall</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>4</td>
<td>77</td>
<td>7</td>
<td>75</td>
</tr>
</tbody>
</table>

Other data to demonstrate student-learning outcomes may include entrance assessments, pre- and post-tests, course grades, GPA, CGPA, standardized tests, and portfolios.
e. **Credentialing Examination Pass Rate**

An ongoing review of graduate success on credentialing and/or licensing examinations required for employment in the field in the geographic area(s) where graduates are likely to seek employment is performed to identify curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result.

The method of calculation, using ABHES’ reporting period July 1 through June 30, is as follows:

\[
F / G = L\%
\]

- **F** = Graduates passing examination (any attempt)
- **G** = Total graduates taking examination
- **L** = Percentage of students passing examination

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained.

**EXAMPLE:**

*Nursing Assistant Program*

**Example by program**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GRADS</th>
<th>NUMBER TOOK EXAM</th>
<th>NUMBER PASSED</th>
<th>PERCENT PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>'05</td>
<td>'06</td>
<td>'07</td>
<td>'05</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>20</td>
<td>26</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From this data, set a goal for the next year’s percentage of graduates passing the exam.

Since passing rates have not steadily climbed, setting a reasonably achievable passing goal could be established by merely averaging the three most recent passing rates \((80 + 75 + 76 ÷ 3 = 77)\), which would give a goal of 77% passing for the nursing assistant program.

If students are admitted and graduate on a quarterly basis, the program might find data collected quarterly to be more beneficial such as this example:

**EXAMPLE**

*Dental Assisting Program*

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GRADS</th>
<th>NUMBER TOOK EXAM</th>
<th>NUMBER PASSED</th>
<th>PERCENT PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>'05</td>
<td>'06</td>
<td>'07</td>
<td>'05</td>
</tr>
<tr>
<td>Dental Assisting</td>
<td>20</td>
<td>26</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Winter</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Spring</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
f. **Program Assessment**

The program assesses each student prior to graduation as an indicator of the program’s quality. The assessment tool is designed to assess curricular quality and to measure overall achievement in the program, as a class, not as a measurement of an individual student’s achievement or progress toward accomplishing the program’s objectives and competencies (e.g., exit tool for graduation). Results of the assessment are not required to be reported to ABHES, but are considered in annual curriculum revision by such parties as the program supervisor, faculty, and the advisory board and are included in the Program Effectiveness Plan.

Program Assessment Examinations (PAE) are valuable tools for pinpointing curricular deficiencies that are discovered in dips in outcomes indicator thresholds. The PAE should be designed to incorporate all major elements of the curriculum for assessment of quality. A well-designed PAE will point directly to that segment of the curriculum that needs remedy.

For example, if scores are consistently low in the anatomy and physiology segment of the PAE, as indicated by a three year trend, then an action plan for remedy may include that new textbooks are required, or an instructor change is necessary, or the course will be taught as a prerequisite instead of a core element. PAE scores are then closely monitored for upward trends that indicate that the plan is working.

A program may find it beneficial to score the PAE with ranges, rather than pass/fail. This communicates to the student that the PAE is being used an overall quality improvement tool, rather than a personal punitive one.

g. **Student, Clinical Extern Affiliate, Graduate, and Employer Satisfaction with the Program Surveys**

A program must survey each of the constituents identified above. The purpose of the surveys is to collect data regarding student, extern, clinical affiliate, graduate, and employer perceptions of a program’s strengths and weaknesses. For graduates and employers only, the survey used must include the basic elements provided by ABHES in Appendix J, Surveys. The required questions identified must be included, in numeric order, to more easily report the basic elements and specific questions provided.

At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty, and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

Two goals should be established for surveys: (1) a goal for the percent of surveys returned and (2) benchmarks for the level of satisfaction desired. Accordingly, a program must document that at a minimum the survey data used in its effectiveness assessment include the following:

i. **Survey Participation:**

Survey participation rate:
SP / NS = TP

SP = Survey Participation (those who actually filled out the survey)
NS = Number Surveyed (total number of surveys sent out)
TP = Total Participation by program, by group; meaning the number of students/clinical extern affiliates/graduates/employers by program who were sent and completed the survey during the ABHES reporting period (July 1–June 30).

Programs must assess satisfaction by surveys for the currently enrolled student, the clinical extern affiliate, the recent graduate, and the graduate’s employer. Standardized surveys developed by ABHES are required for graduate and employer satisfaction, and are available in Appendix J of the ABHES Accreditation Manual, 16th ed.

For each group surveyed, programs must identify and describe the following:

1. The rationale for the type of data collected
2. How the data was collected
3. Goals
4. A summary and analysis of the survey results
5. How data was used to improve the learning process.

The report table format should look like this:

<table>
<thead>
<tr>
<th>Rationale for Data</th>
<th>Collection Procedures</th>
<th>Goals</th>
<th>Summary/Analysis</th>
<th>Improvement Strategies</th>
</tr>
</thead>
</table>

A representative sample must provide feedback to determine program effectiveness; therefore, two goals should be established for both surveys:

1. A goal for the percent of surveys returned
2. Benchmarks for the level of satisfaction desired.

Note:
Data should be from the last three graduating classes.

**ii. Satisfaction Benchmarks and Reporting**

These are typically designed with a Likert scale (although design is left up to the program), with a larger percentage reported on the scale as positive for benchmarks (for example, 75% of respondents will score the surveys with 3 or greater on a 5 point scale for each established category).

1) **Student Satisfaction:**
Student evaluations are used as a composite of student views relating to course importance and satisfaction and overall class attitudes about the classroom environment.

**EXAMPLE**
Radiologic Technology Program
Student Satisfaction Survey
Current Year

i. Survey Participation

Survey Participation (those who actually filled out the survey) 74
Number Surveyed (total number of surveys sent out) 85

SP / NS = TP

74 / 85 = 87%

HOW TO REPORT

Student Satisfaction Survey Participation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologic Technology</td>
<td>82%</td>
<td>86%</td>
<td>87%</td>
</tr>
</tbody>
</table>

GOAL SETTING

The benchmark for survey participation for student satisfaction for 2011 is 90%.

ii. Satisfaction Benchmarks

Surveys are designed using the Likert scale. Students must score a 3 or greater on a 5 point scale for each category.

HOW TO REPORT

Results (3 Year Trend)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring</td>
<td>67%</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>Academic Advising</td>
<td>89%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Admissions Support</td>
<td>90%</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>100%</td>
<td>93%</td>
<td>87%</td>
</tr>
<tr>
<td>Career Services</td>
<td>78%</td>
<td>61%</td>
<td>55%</td>
</tr>
<tr>
<td>Library</td>
<td>87%</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>Fun Environment</td>
<td>90%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Recognition</td>
<td>80%</td>
<td>77%</td>
<td>75%</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>56%</td>
<td>58%</td>
<td>40%</td>
</tr>
<tr>
<td>Admin Accessibility</td>
<td>67%</td>
<td>76%</td>
<td>86%</td>
</tr>
</tbody>
</table>
Rationale for Data
Secure feedback from students on importance and satisfaction on customer service and overall attitudes related to the institution’s administration. Data used to reflect on what worked or didn’t work. End of term student evaluations used as composite of student views relating to course importance and satisfaction and overall class attitudes about the classroom environment. Faculty use the data to determine effective/ineffective activities and compare this information with other classes.

Collection Procedures
Student satisfaction surveys are collected semiannually

Goals (Benchmarks)
Using student satisfaction surveys (orientation through graduation) the benchmarks are:

Percentage listed will score 3 or greater on a 5 point Likert scale:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring</td>
<td>80%</td>
</tr>
<tr>
<td>Academic Advising</td>
<td>80%</td>
</tr>
<tr>
<td>Admissions Support</td>
<td>75%</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>75%</td>
</tr>
<tr>
<td>Career Services</td>
<td>75%</td>
</tr>
<tr>
<td>Library</td>
<td>80%</td>
</tr>
<tr>
<td>Spirited/Fun Environment</td>
<td>50%</td>
</tr>
<tr>
<td>Orientation Sessions</td>
<td>75%</td>
</tr>
<tr>
<td>Recognition</td>
<td>65%</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>50%</td>
</tr>
<tr>
<td>Admin Accessibility</td>
<td>80%</td>
</tr>
<tr>
<td>Facility</td>
<td>70%</td>
</tr>
<tr>
<td>Social Activities</td>
<td>50%</td>
</tr>
</tbody>
</table>

Survey return percentage 90%

Summary/Analysis
Feedback obtained from completed surveys tallied for each category. The following categories scored below the established benchmark:
Mission Statement 40% (-10%)

**Improvement Strategies**

The data is collected and benchmarks are set and analyzed for improvement strategies when measures fall below established baselines. Failure to achieve a baseline goal will be addressed at faculty and in-service meetings. The Mission Statement is to be revised through advisory committee input.

**GOAL SETTING**

Based on the results of student satisfaction surveys, all benchmarks have been met, with the exception of the Mission Statement. Our goal for 2011 is to meet the 50% minimum threshold for the Mission Statement category.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Who Responsible</th>
<th>Review Dates</th>
<th>Summary/Analysis</th>
<th>Strategy Adjustment</th>
</tr>
</thead>
</table>

2) **Clinical affiliate:**

Externship site evaluations include a critique of student knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks. They include an assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students. The sites also evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students’ externship.

Externship sites are off-campus labs enabling students to apply acquired knowledge and skills. Students on externship should be given an opportunity evaluate this experience just as they did in the classroom.

Summarized results of the externship site evaluations of the students’ knowledge and skills upon completion of their in-school training should reflect how well the students are trained to perform their required tasks, and include an assessment of the strengths and weaknesses, and proposed changes, if any, in the instructional activities for currently enrolled students. The sites should also evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students’ externship.

**EXAMPLE**

*Radiologic Technology Program*

*Clinical Affiliate Satisfaction Survey*

2009-2010

i. **Survey Participation**
Survey Participation (those who actually filled out the survey) 12  
Number Surveyed (total number of surveys sent out) 28  

SP / NS = TP 
12 / 28 = 42% 

How to report 
Clinical Affiliate Satisfaction Survey Participation 

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologic Technology</td>
<td>21%</td>
<td>36%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Goal Setting 
The benchmark for survey participation for clinical affiliate satisfaction for 2011 is 50%. 

ii. Satisfaction Benchmarks 
Surveys are designed using the Likert scale. Students must score a 3 or greater on a 5 point scale for each category. 

How to report 
Results (3 Year Trend) 

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>100%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Initiative/Appearance</td>
<td>90%</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>Communication</td>
<td>93%</td>
<td>63%</td>
<td>90%</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>92%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Information Use</td>
<td>71%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>75%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Multi-Tasking</td>
<td>65%</td>
<td>78%</td>
<td>70%</td>
</tr>
<tr>
<td>Technical Proficiency</td>
<td>90%</td>
<td>98%</td>
<td>90%</td>
</tr>
<tr>
<td>Professional Attitude</td>
<td>50%</td>
<td>54%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Rationale for Data | Collection Procedures | Goals | Return % | Summary/Analysis | Improvement Strategies |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rationale for Data
To maintain interaction with off-site labs to identify student skill level and provide follow-up instruction when deficiencies identified.

Collection Procedures
Externship site survey collected bi-weekly on Friday of each externship month
Student clinical experience evaluation

Goals (Benchmarks)
Data collected in the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>100%</td>
</tr>
<tr>
<td>Initiative/Appearance</td>
<td>80%</td>
</tr>
<tr>
<td>Communication</td>
<td>80%</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>80%</td>
</tr>
<tr>
<td>Information Use</td>
<td>90%</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>90%</td>
</tr>
<tr>
<td>Multi-Tasking</td>
<td>80%</td>
</tr>
<tr>
<td>Technical Procedural</td>
<td>90%</td>
</tr>
<tr>
<td>Proficiency</td>
<td>80%</td>
</tr>
<tr>
<td>Professional Attitude</td>
<td>80%</td>
</tr>
</tbody>
</table>

Survey Return Percentage
42%

Summary/Analysis
Feedback obtained from completed surveys should be tallied for each category. The following categories scored below the established benchmark

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative/Appearance</td>
<td>70%</td>
<td>(-10%)</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>80%</td>
<td>(-10%)</td>
</tr>
<tr>
<td>Multi-Tasking</td>
<td>70%</td>
<td>(-10%)</td>
</tr>
<tr>
<td>Professional Attitude</td>
<td>60%</td>
<td>(-20%)</td>
</tr>
</tbody>
</table>

Improvement Strategies
The data is collected and benchmarks are set and analyzed for improvement strategies when measures fall below established baselines. Deficiencies will be addressed in classroom, laboratory, class meetings, and advisory meetings. Threshold results will be monitored and strategies adjusted until benchmarks are met.

GOAL SETTING
Based on the results of clinical affiliate satisfaction surveys, all benchmarks have been met, with the exception of the following categories:
Initiative/Appearance
Professional Attitude
Multi-Tasking
Quality of Work
Our goal for 2011 is to meet the established thresholds for each category through various action plans (attached).

<table>
<thead>
<tr>
<th>Goals</th>
<th>Who Responsible</th>
<th>Review Dates</th>
<th>Summary/Analysis</th>
<th>Strategy Adjustment</th>
</tr>
</thead>
</table>

3) **Graduate:**
A program has a systematic plan for regularly surveying graduates. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda). The results of the survey questions required by ABHES and identified in Appendix J. Surveys are summarized by numeric value and reported to ABHES in the Annual Report (July 1–June 30 reporting period).

Standardized surveys have been developed by ABHES for graduate satisfaction (located in *Appendix J of the Accreditation Manual, 16th ed.*). The items must be provided in the order presented. The program may use the provided survey only, or may include additional items for internal assessment. Only those items provided by ABHES for graduate satisfaction assessment are to be included in the PEP.

The graduate survey is to be provided to graduates no sooner than 10 days following graduation.

The following Likert scale is used to score the surveys:

5 = **Strongly Agree** 4 = **Agree** 3 = **Acceptable** 2 = **Disagree** 1 = **Strongly Disagree**

Standardized graduate survey items are as follows:

1. *I was informed of any credentialing required to work in the field.*
2. *The classroom/laboratory portions of the program adequately prepared me for my present position.*
3. *The clinical portion of the program adequately prepared me for my present position.*
4. *My instructors were knowledgeable in the subject matter and relayed this knowledge to the class clearly.*
5. *Upon completion of my classroom training, an externship site was available to me, if applicable.*
6. *I would recommend this program/institution to friends or family members.*

The program may wish to include additional items for graduate satisfaction surveys for internal assessment, in addition to the items that ABHES requires in the standardized survey. Such information could include the relevance and currency of curricula, the quality of advising, the administrative and placement services provided, and other pertinent measures to determine graduate satisfaction. The information should be current, representative of the student population, and comprehensive. The program should also establish a graduate satisfaction survey return percentage (such as 50%).

25
EXAMPLE

Radiologic Technology Program
Clinical Affiliate Satisfaction Survey
2009-2010

i. Survey Participation

Survey Participation (those who actually filled out the survey)  52
Number Surveyed (total number of surveys sent out)  79

\[ SP / NS = TP \]

\[ 52 / 79 = 66\% \]

HOW TO REPORT

Clinical Affiliate Satisfaction Survey Participation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologic Technology</td>
<td>57%</td>
<td>67%</td>
<td>66%</td>
</tr>
</tbody>
</table>

GOAL SETTING

The benchmark for survey participation for clinical affiliate satisfaction for 2011 is 68%.

ii. Satisfaction Benchmarks

Surveys are designed using the Likert scale. Students must score a 3 or greater on a 5 point scale for each category.

HOW TO REPORT

Results (3 Year Trend)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1 Credentialing</td>
<td>100%</td>
<td>95%</td>
<td>80%</td>
</tr>
<tr>
<td>No. 2 Classroom/lab</td>
<td>90%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>No. 3 Clinical</td>
<td>93%</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>No. 4 Instructors</td>
<td>92%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>No. 5 Externship site</td>
<td>71%</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>No. 6 Recommendation</td>
<td>75%</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Rationale for Data
To ensure the ability of graduates to secure employment related to their interests and training both upon graduation and throughout their lifetime.

Collection Procedures
Surveys are mailed to graduates 7 weeks post-graduation.
66% of graduates during the reporting year return the completed survey within a 7-week period.
Data is collected no sooner than 10 days following graduation.

Goals ( Benchmarks)

1. *I was informed of any credentialing required to work in the field.*
   Benchmark: 95% of respondents will score 3 or greater on a 5 point scale.
2. *The classroom/laboratory portions of the program adequately prepared me for my present position.*
   Benchmark: 90% of respondents will score 3 or greater on a 5 point scale
3. *The clinical portion of the program adequately prepared me for my present position.*
   Benchmark: 90% of respondents will score 3 or greater on a 5 point scale
4. *My instructors were knowledgeable in the subject matter and relayed this knowledge to the class clearly.*
   Benchmark: 90% of respondents will score 3 or greater on a 5 point scale
5. *Upon completion of my classroom training, an externship site was available to me, if applicable.*
   Benchmark: 100% of respondents will score 3 or greater on a 5 point scale
6. *I would recommend this program/institution to friends or family members.*
   Benchmark: 95% of respondents will score 3 or greater on a 5 point scale

Survey Return Percentage
66%

Summary/Analysis
Feedback obtained from completed surveys tallied for each category.
   All categories met or exceeded established benchmarks, with the exception of item 1:
   *I was informed of any credentialing required to work in the field.*

Improvement Strategies
The data is collected and benchmarks set and analyzed for improvement strategies when measures fall below established baselines.
Category 1 of the standardized survey item describes credentialing information provided to the student for employment purposes. We have scheduled meetings with instructors, and
have reviewed and updated all published information. Scheduled meetings with students will specifically address credentialing requirements information.

**GOAL SETTING**

Benchmarks will remain the same, and our goal is to meet the minimum threshold for credentialing information requirements for 2011.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Who Responsible</th>
<th>Review Dates</th>
<th>Summary/Analysis</th>
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</tr>
</thead>
</table>

4) **Employer:**
A program has a systematic plan for regularly surveying employers. At a minimum, an annual review of the results is conducted and shared with administration, faculty, and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

The results of the survey questions required by ABHES and identified in Appendix J, Surveys, are reported to ABHES in the Annual Report (July 1–June 30 reporting period).

Standardized surveys have been developed by ABHES for employer satisfaction (located in Appendix J of the Accreditation Manual, 16th ed.). The items must be provided in the order presented. The program may use the provided survey only, or may include additional items for internal assessment. Only those items provided by ABHES for graduate satisfaction assessment are to be included in the PEP.

The employer survey is to be provided to the employer no fewer than 30 days following employment.

The following Likert scale is used to score the employer satisfaction surveys:

5 = **Strongly Agree** 4 = **Agree** 3 = **Acceptable** 2 = **Disagree** 1 = **Strongly Disagree**

Employer survey satisfaction items are as follows:

1. The employee demonstrates acceptable training in the area for which he/she is employed.
2. The employee has the skill level necessary for the job.
3. I would hire other graduates of this program (Yes / No)

Information about the degree of employer satisfaction regarding the competencies of graduates who have completed a program of study is a major part of determining program effectiveness. This information reflects how well employees (graduates) are trained to perform their required tasks, and include an assessment of the strengths and weaknesses, and proposed changes, if any, in the instructional activities for currently enrolled students. The program should also establish a percentage survey return goal.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Rationale for Data</th>
<th>Collection Procedures</th>
<th>Goals</th>
<th>Summary/Analysis</th>
<th>Improvement Strategies</th>
</tr>
</thead>
</table>
Rationale for Data
To maintain interaction with employing community, identify current workplace needs, and anticipate future job requirements that will shape the careers and graduate opportunities.

Collection Procedures
The employer survey is to be provided to the employer no fewer than 30 days following employment. 50% of the surveys provided must be returned to the program within a 3 week period.

Goals ( Benchmarks )
Utilize the employer satisfaction survey to rate graduate job performance. Utilize data to update and improve the program’s curriculum, objectives, and offerings. Baseline is to have 80% of surveys rated at 3 or above on a 5 point Likert scale.

In addition to ABHES required data, the following are assessed for internal purposes:

Technical Knowledge
- Proficiency 85%
- Information Use 80%
- Quality of Work 80%
- Multi-Tasking 70%
- Communication 85%
- Critical Thinking 75%
- Professional Attitude 85%

Baseline is to have 80% of surveys rated at 3 or above on a 5 point Likert scale.

Summary/Analysis
Feedback obtained from completed surveys should be tallied for each category.

Improvement Strategies
The data is collected and benchmarks are set and analyzed for improvement strategies when measures fall below established baselines.

GOAL SETTING
Goal is the same as for 2009-2010, with strategies to continue upward trend in data.

h. Faculty Professional Growth and In-Service Activities
A program maintains data that evidences faculty participation in professional growth activities and in-service sessions that promote continuous evaluation of the programs of study, instructional procedures, and training.

The program should include schedule, attendance roster, and topics discussed at in-service training sessions conducted during the reporting year. The data should evidence that the sessions promote continuous evaluation of the program of study, training in instructional procedures, and review of other aspects of the educational programs. Outline procedures for
monitoring all full-time and part-time faculty participation in professional growth activities in an effort to remain current in their fields. Include the past two years’ in-service training and professional activities outside the institution for each faculty member.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Rationale for Data</th>
<th>Collection Procedures</th>
<th>Goals</th>
<th>Summary/Analysis</th>
<th>Improvement Strategies</th>
</tr>
</thead>
</table>

**Rationale for Data**
Invest in faculty development to ensure current expertise and ability.

**Collection Procedures**
Professional development plan tied to other assessments (student evaluations, faculty evaluations, etc.) to directly address identified areas of need.
In-service and workshop schedules, attendance rosters, and topics discussed at in-service training sessions are assembled.
Monitoring plans and procedures are assembled professional growth participation.
Professional development plans prepared annually based on instructor evaluation and reviewed quarterly.

**Goals (Benchmarks)**
Full-time and adjunct faculty professional development participation, as documented in professional development plans and professional development programs, will increase.

*Participation minimum:*
On-campus quarterly in-service
Instructor initiated off-campus professional development directly related to teaching assignment
Current licensure where required in the field

**Summary/Analysis**
Feedback obtained from completed surveys tallied for each category.
In-service evaluation
Standard feedback form for PD activities

**Improvement Strategies**
Data collected and benchmarks set and analyzed for improvement strategies when personnel fail to fulfill plan.
Future topics based on survey feedback and in-service evaluations

**Subsection 2 – Outcome Assessment**

**V.1.2. A program has a process for assessing effectiveness.**
The Program Effectiveness Plan specifies a process and a timetable for the assessment of program effectiveness in achieving the outcomes it has identified with its objectives and criteria. The plan must:

- Document historical outcomes and show evidence of how these historical data are used to identify expected outcomes and to achieve expected goals (e.g., evaluations, advisory boards, credentialing, etc.).
Outcomes are the result of students’ successful completion of a program. Outcomes, though not limited to, are generally defined in terms of the following indicators:

1. Retention
2. Job placement
3. External validation (e.g., PAE, certification/licensing exam)
4. Student, graduate, extern affiliate, and employer satisfaction (through surveys).

At least three years’ historical outcomes should be used for each element. The last three PEPs (or IEPs if applicable) and Annual Reports should provide the necessary historical data. Data from other prior years may be used if it will better define the picture of progress or set more realistic goals. Describe the measurable standards used to judge the effectiveness of your program.

b. Identify and describe types of data used for assessment, how data were collected, rationale for use of each type of data, timetable for data collection, and parties responsible for data collection.

Programs are expected to collect data that will clearly evidence the level of educational outcomes of retention and placement and satisfaction experienced by current students, graduates, and employers of graduates. In addition, programs are to include information, which is relevant to improving overall effectiveness, such as in-service training programs and professional growth opportunities for faculty.

The program is encouraged to collect a variety of statistical data, which will assist it in improving the educational outcomes. A few examples of possible surveys and studies include:

- New or entering student surveys
- Faculty evaluation studies
- Student demographic studies
- Program evaluations
- Alumni surveys
- Labor market surveys
- Pre-test and post-test results
- Portfolios
- Graduate certification examination results
- Average daily attendance

Studies of student performance might include:

- Admission assessments
- Grades by course
- Standardized tests
- Quarterly grade distribution
- Pre-test and post-test results
- Portfolios
- Graduate certification examination results
- Average daily attendance

Consider other studies such as a review of surveys of professional and trade associations, Chamber of Commerce, U.S. Department of Labor, or economic development board studies.

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Rationale for Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer satisfaction surveys collected quarterly and tallied annually in November by career services department.</td>
<td>Using the employer survey, rate graduate job performance and use data to update curriculum, program objectives and program offerings. Rating goals:</td>
</tr>
<tr>
<td></td>
<td>Employer Response Rate 75%</td>
</tr>
</tbody>
</table>

Goals for data collected in the following areas:
85% of responses rate each element at 3 or above on 5 point Likert scale:
Acceptable training in the area for which graduate is employed.
Skill level necessary for the job
Employer would hire other graduates of this program

C. Evaluate at least annually to determine initial baseline rates and measurements of results after planned activities have occurred.

Data related to the PEP must be evaluated at least once per year and should take place at a predetermined time. Many programs evaluate data related to their PEP on a monthly or quarterly basis and complete an annual comprehensive evaluation. It is suggested that a program establish a schedule or range of evaluation dates for each year to ensure that proper monitoring is taking place.

To maximize the integrity of the process and opportunities for improving the educational program, the individuals involved in the evaluation of the data must have the responsibility and authority for the development of the educational program and educational process.

A program should develop an evaluation plan appropriate to its needs; no one model is prescribed. An example of how a program may evaluate the PEP could be by completing the following activities:

1. Measuring the degree to which educational goals have been achieved.
2. Conducting a comprehensive evaluation of the core indicators outlined in Section I, Subsection 1 of the Accreditation Manual.
3. Summarizing the programmatic changes that have been developed or implemented based upon information gained from the evaluation process.
4. Documenting changes in programmatic processes such as revised goals, planning documents, or program goals and activities.

EXAMPLE

<table>
<thead>
<tr>
<th>Goals</th>
<th>Summary/Analysis</th>
<th>Improvement Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% of graduates are placed locally</td>
<td>85% of graduates were placed locally in ‘08-‘09</td>
<td>Secure more clinical sites</td>
</tr>
<tr>
<td>immediately upon graduation in ‘08-‘09</td>
<td></td>
<td>Decrease enrollment to fit community needs</td>
</tr>
</tbody>
</table>

D. Provide a summary and analysis of data collected and state how continuous improvement is made to enhance expected outcomes.

Provide overview of the data collected. Summarize the findings for all elements reviewed that indicate the program’s strong and weak areas with plans for improvements, where applicable, and use results to develop the basis for the next annual review, presenting new ideas for changes to help the program further improve its effectiveness.
Employer Response Rate 45%

Overall Job Performance Rating:
70% of respondents rated each element at 3 or greater on a 5 point Likert scale

Entry-level preparation
Skill level
Would hire other graduates

Employer response rate improved but continued effort is needed to generate a better response.

The recommendation is that all programs add more emphasis in entry-level preparation. More case studies, lab practice skills, and practical applications in these areas will be included in all upper division courses. To improve response rate, surveys will be hand-delivered to respondents.

e. Identify how data were used to improve the educational process.

The PEP offers a program the chance to evaluate its overall effectiveness by:

1. Systematically collecting data/information on each of the outcomes indicators
2. Analyzing the data/information and comparing it with previous findings
3. Identifying changes to be made in educational activities (based on the findings)

A program may offer an exemplary educational program in terms of curriculum, but for one reason or another, the educational processes are not allowing the contents to be delivered effectively to the students. However, by analyzing the data in the PEP, such as employer, graduate, and student surveys, and faculty professional development, a program is able to change the process to enhance the program or change the program entirely.

Most programs establish specific goals for benchmarks to measure improvement (as long as they are not set lower than mandated thresholds). Goals can be set as an annual incremental increase or set as a static goal (e.g., 85 percent for retention and placement).

At least annually monitor activities conducted that include systematically collecting data/information on each of the elements; analyzing the data/information and comparing it with previous findings; and based on the findings, identifying changes to be made in educational activities.

<table>
<thead>
<tr>
<th>Summary/Analysis</th>
<th>Use of Data to Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development participation as documented in professional development plans increased and included all full-time and adjunct faculty. Professional development was tied to annual evaluations, licensing requirements, and student evaluations to directly address identified areas of improvement. Five of the nine faculty attended two field</td>
<td>Faculty participation in professional development activities has been widespread and generally successful. Full-time faculty members have usually followed through to complete their planned activities. Part-time faculty members have attended a variety of training sessions organized by the college. For instance, quarterly professional development sessions on campuses have been beneficial to full-time and part-time</td>
</tr>
</tbody>
</table>
related workshops, three renewed licenses, all attended at least two of the four in-services.

instructors, as indicated by faculty evaluation results from the sessions. Individual faculty plans will include at least two field related seminars with some financial support and campus-wide training will continue to be implemented based on instructional needs, as determined by faculty members, the Dean’s evaluation, and mid-term and end of quarter student evaluations, as well as other assessment data.

Also see #5 above. Monitor recommendations implemented to determine if making a difference.

*f. Adjust goals as a result of the evaluation of a Program Effectiveness Plan.*

At this juncture, it would be advantageous to include those responsible and establish periodic times for review to ensure that progress toward the new goals are on track or if not, determine why, new strategies, and/or adjust the goal.

<table>
<thead>
<tr>
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<th>Review Dates</th>
<th>Summary/Analysis</th>
<th>Strategy Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve employer survey return rate</td>
<td>Clinical coordinator</td>
<td>April 30, 2009&lt;br&gt;November 30, 2009</td>
<td>As of 4-30-09, employer survey rates have been improved by 30%</td>
<td>Strategy will continue through 11-30-09 and modified if drop-off in returns occurs</td>
</tr>
<tr>
<td>Hand delivering the surveys to respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problems/Deficiencies</th>
<th>Specific Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent externship recordkeeping</td>
<td>Monitoring instructor will contact externship supervisor two days prior to report due date. Three days following due date, if externship report not received, monitoring instructor will contact externship supervisor.</td>
</tr>
<tr>
<td>Low Employer Survey return</td>
<td>Within 10 days of surveys failing to be returned, the career services department will make a follow-up phone call to those delinquent.</td>
</tr>
<tr>
<td>Inadequate Graduate Survey return</td>
<td>Within 10 days of surveys not returned, the career services department will make a follow-up phone call to those delinquent.</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Increase to quarterly internal monitoring of career development for all</td>
</tr>
</tbody>
</table>
instructors. Request credentialing information every 90 days. Require instructors to obtain two CEUs per year.

OTHER EXAMPLES:

Examples of changes to a *process* that can enhance a program:

- If a course requires a certain amount of outside laboratory or practice time and an analysis of the students’ actual laboratory or practice time demonstrates that the students are not completing the required hours, formally scheduling those hours or adding additional laboratory times may dramatically increase the effectiveness of that course.

- If an analysis of the data demonstrates that a large number of students are failing a specific course or are withdrawing in excessive numbers, the program may change the prerequisites for that course or offer extra lab hours or tutoring to see if the failure or withdrawal rate are positively affected.

Examples of changes to a *program* that can enhance a program:

- If the analysis of the data indicates that large numbers of students are dropping or failing a course when taught by a particular instructor, the instructor may need additional training or a different instructor may need to be assigned to teach that course.

- If surveys from employers and graduates indicate that a particular software program should be taught to provide the students with up-to-date training according to industry standards, the program could add instruction in the use of the particular software program.

**CONCLUSION**

The results of a PEP are never final. It is a *working document* used as the primary resource to constantly identify and access the program’s goals that have been established to meet the educational and occupational objectives of the program. An effective PEP is regularly reviewed by key personnel and used in evaluating the effectiveness of the program.
STUDENT AS THE MAIN ACTOR

STUDENT LEARNING OUTCOMES DEFINED

STUDENTS ADMITTED

STUDENTS SATISFIED

STUDENTS SATISFIED, ACADEMICALLY SUCCESSFUL (RETENTION)

GRADUATES SATISFIED

EMPLOYERS SATISFIED

GRADUATES PLACED IN FIELD

STUDENTS GRADUATE