



Meaning, Quality, and Integrity of Degrees at California Northstate University

California Northstate University (CNU) is an institution of higher education dedicated to advancing the art and science of healthcare and to educating, training, and developing individuals to provide competent, patient-centered care. The University consists of three colleges: the College of Pharmacy, the College of Medicine, and the College of Health Sciences. The College of Pharmacy and the College of Medicine offer a Pharm D degree and an MD degree respectively, whereas the College of Health Sciences offers a B.S. degree in Health Sciences.

Mission

The Mission of California Northstate University is to advance the art and science of healthcare.

Vision

To provide innovative education and healthcare delivery systems

Core Values

WE CARE:

- Working as a team
- Embracing diversity and workplace excellence
- Caring about our students, our staff, our faculty, and our profession
- Advancing our university, our goals, and our discipline
- Responding to challenges that may impede Mission
- Enhancing communication and partnership

I. Meaning of the Degrees at CNU:

The meaning of CNU degrees (the professional doctoral degrees and the baccalaureate degree) is defined by clearly articulated sets of expected Student Learning Outcomes (SLOs) at the Institutional, Programmatic, and General Education levels that are embedded in degree curricula and co-curricular activities.

All CNU graduates demonstrate learning outcomes that are based on—among others that are specific to each degree and/or degree level—the following themes that are vital to promoting healthcare and advancing the healthcare professions: social accountability and community service, personal and professional development, and working knowledge of healthcare delivery systems. All CNU graduates demonstrate the Institutional Learning Outcomes (ILOs), which are the WSCUC's Core Competencies: critical thinking, oral and written communication skills, information literacy, quantitative reasoning, and professionalism.

The meaning of CNU degrees is further defined by the knowledge, skills, values, and attitudes that students are expected to achieve through co-curricular activities and service learning opportunities. These opportunities enable students to apply what they have learned in their classroom. Service learning

activities at CNU provide a framework in which students gain exposure to various community-identified needs and develop and demonstrate cultural sensitivity and competence, social justice awareness, social and emotional intelligence, communication skills, and advocacy. Each college within the university has developed expected Co-Curricular Learning Outcomes (CoCuLOs) that are appropriate to their discipline and to the experiences deemed valuable for practitioners in the field.

Baccalaureate Degrees: Undergraduate degrees at CNU are designed to build the foundational skills, knowledge, values, and attitudes needed for students to work at the entry level in healthcare positions as well as to prepare them for admission to professional healthcare programs.

In addition to the Core Competencies, graduates earning an undergraduate degree demonstrate cultural and social intelligence; competence in the core sciences and mathematics; understanding of how arts and humanities enhance health, well-being, and healthcare practice and delivery; and professional interactions needed for employment in the healthcare professions.

Professional Doctoral Degrees: The professional doctoral graduate degrees at CNU are designed to build the professional skills, knowledge, values, and attitudes that prepare graduates to become qualified doctors and pharmacists who are committed to providing outstanding patient care and who are innovative leaders in their professions.

Doctor of Pharmacy: In addition to the Core Competencies and learning outcomes that all graduates of CNU demonstrate, graduates of the PharmD program demonstrate the following Program Learning Outcomes (PLOs): knowledge of the foundational sciences; the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care; the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally; the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation, entrepreneurship, and professionalism; the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice

Doctor of Medicine: In addition to the Core Competencies and learning outcomes that all graduates of CNU demonstrate, graduates of the MD program demonstrate the following PLOs: the ability to deliver competent patient care, medical and scientific knowledge, communication and interpersonal skills, professionalism, working knowledge of healthcare systems, and reflective practice and personal development.

II. Quality of the degrees at CNU:

The above-listed Learning Outcomes define the knowledge, skills, values, and attitudes that students are expected to demonstrate by the end of each degree program. Summative assignments and assessments are designed to measure students' performance and level of proficiency for each Learning Outcome at the end of courses and at the end of students' program of study. Student performance in assessment and course evaluation results are used to refine the delivery of content and learning activities, pedagogical methods, and assignments and assessments; results are monitored on an annual basis by course instructors, and the Assessment and Curriculum Committees. As an institution, CNU also conducts a cyclical review of assessment data to ensure that student learning outcomes for each degree program meet institutional standards for student performance, which include student achievement of learning outcomes at the "Developed" level for all PLOs and ILOs (Core Competencies).

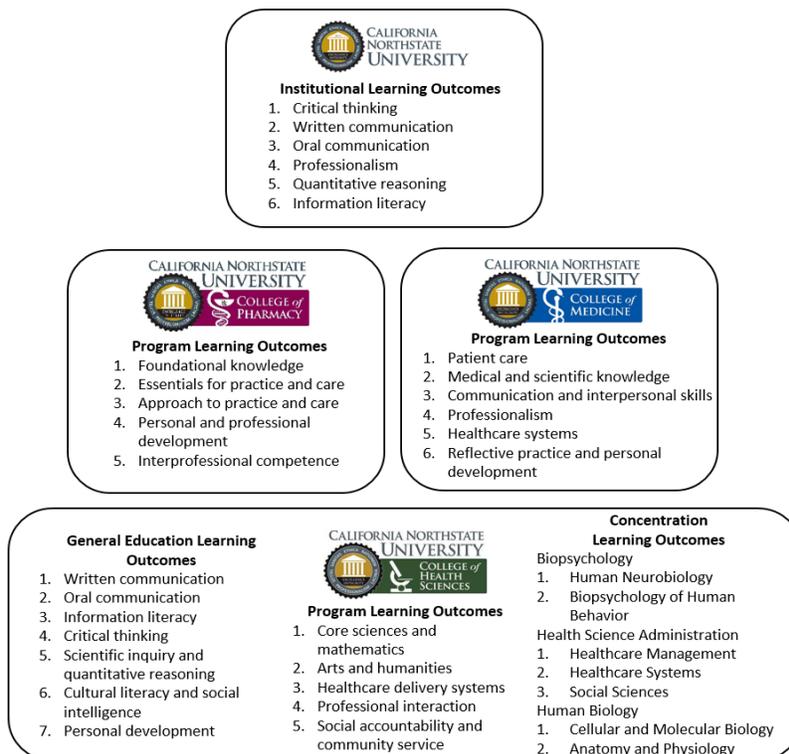
The quality of degrees conferred by CNU is a result of the institution’s commitment to top-notch curricula and experiential pedagogies that create opportunities for student-teacher interactions through associated learning technologies and educational resources to facilitate coherent, subject matter content delivery. All CNU courses are designed to develop students’ achievement of the course and relevant Program and Institutional Learning Outcomes (PLOs and ILOs). Courses are designed with the degree of depth, breadth, and rigor most appropriate for the program of study and degree level.

Both professional doctoral programs contain components of didactic and experiential education, which are of the appropriate depth, breath, and nature expected by the professional accrediting bodies, ACPE and LCME. Courses are of the appropriate duration, contact hours, and credits that are expected by the professional and regional accreditors and the Department of Education. Student achievement is measured not only at the end of courses and programs but also at designated points within the curriculum via internal milestone exams and external exams, such as the USMLE and the PCOA.

Quality is measured by the assessment of student learning outcomes at the course, programmatic, institutional (core competencies), general education, concentration, and co-curricular levels; assessment of student artifacts and scholarly projects; community service performance; performance on standardized tests; acceptance into professional schools and graduate programs; board pass rates; and an intensive program review process, which includes a self-study and analyses of pertinent statistical data summaries and a component of external program review.

III. Integrity of Degrees at CNU:

All degrees offered by CNU are characterized by the alignment of learning outcomes at all relevant levels and with the expectations of the professional accrediting bodies and associations (for those programs that are overseen by professional accreditors). The overarching domains of learning with delineated levels of proficiency are closely linked to the higher-level mission, vision, and values of CNU and its colleges, as described for each college in the following sections. The Learning Outcomes are summarized in the following diagram:



The CNUCOP's PLOs are based on both the Accrediting Council for Pharmacy Education (ACPE) standard and the American Association of Colleges of Pharmacy (AACP)'s CAPE educational outcomes. The CNUCOM's PLOs are based on Accreditation Council for Graduate Medical Education (ACGME) standards.

The integrity of CNU degrees is maintained by the adherence to appropriately rigorous standards for admission and graduation for each degree program. Further, students must maintain satisfactory academic progress (SAP), as outlined in the SAP Policy for each college, in order to progress. Students take the designated benchmark assessments, such as the Milestone exam and the PCOA in the College of Pharmacy and the NBME CAS and USMLE (steps 1 and 2) for the College of Medicine. Further, faculty, student, and preceptor feedback informs the review of curriculum in the annual and as well as full program review cycle, and preceptors assess student achievement of the PLOs.

Degree integrity is supported by a comprehensive program of learning outcomes' assessment at multiples levels across the institution as also described in the above diagram. Further, CNU engages in a comprehensive program review process, which includes a self-study, analyses of statistical data summaries and learning outcomes' results, a program review report, and an external review.

Baccalaureate Degrees, College of Health Sciences:

BS in Health Sciences

Within the general mission of advancing health science education, CHS's defined goal is to provide undergraduate students with a comprehensive academic program that prepares them for professional careers in the health sciences and future leadership in the field of healthcare.

Vision of Health Sciences Education: Quality education for students pursuing a career in healthcare professions begins with rigorous study of core sciences such as biology, physics, and chemistry. The program of education must further empower students to apply quantitative methods and critical thinking to the practice of healthcare. Strength of character and interpersonal skills essential for work in healthcare-related fields are developed and enhanced through the study of relevant humanities and social science disciplines. Along with traditional lectures and lab courses, opportunities to perform community service projects and independent scholarly research provides important capstone experience in applying concepts and theory learned in the classroom to real-world situations.

Our Values: Integrity, Ethical Conduct, Empathy, Inter-personal Collaboration, Social Accountability, Commitment to Service, and Respect for Human Diversity.

Educational Philosophy: CNUCHS's educational philosophy is to prepare students in terms of academic competency and personal development needed to pursue careers in biomedical sciences and healthcare. The academic competencies are outlined in the Program Learning Outcomes (PLOs), the Concentration Learning Outcomes (ConceLOs), and the Institutional Learning Outcomes (ILOs)/Core Competencies. The personal development outcomes are outlined in the General Education Learning Outcomes (GELOs) and the Co-Curricular Learning Outcomes (CoCuLOs).

Pedagogical Approach: CNUCHS faculty utilize a variety of active learning pedagogical approaches including but not limited to the use of the flipped classroom, debates, and think pair share.

Learning Outcomes: Students completing the Bachelor of Health Sciences' degree program demonstrate a set of carefully designed Program Learning Outcomes (PLOs) and General Education Learning Outcomes (GELOs). These outcomes specify the intellectual capabilities and interpersonal skills that students are expected to demonstrate by the time they graduate. As overarching educational standards for

student achievement, the expected PLOs define the primary learning agenda and the associated platform of assessment that measures student competency.

Program Learning Outcomes (PLOs):

Core Sciences and Mathematics

- Demonstrate knowledge of the core sciences and mathematics.

Humanities and Social Sciences

- Demonstrate understanding of how humanities and social sciences inform the policies and practice of healthcare and enhance human health and well-being.

Healthcare Delivery Systems

- Demonstrate understanding of the collaborative nature of healthcare delivery.

Professional Interaction

- Communicate with respect, empathy, and cultural competence.

Social Accountability and Community Service

- Act with social accountability and demonstrate a commitment to community service.

See Appendix 1 for PLO Rubrics - College of Health Sciences

General Education (GE) Requirements and Learning Outcomes: The GE Requirements encompass a suite of courses that provide a broad educational framework for students in each concentration. The GE curriculum at CNU CHS is designed to provide students specializing in any concentration with a solid foundation for advanced studies and essential skills needed to work effectively in diverse health-related careers.

As required by the California Code of Regulations– Title 5– Article 2 on Admissions and Academic Achievement Standards “At least 25 percent of the credit requirements for a Bachelor’s Degree shall be in general education.” Accordingly, the GE courses comprise approximately 48 (or 51 if MATH110 is taken) credit units of the minimum 123-125 required credits for graduation (38-41% of total degree credits). The General Education Learning Outcomes (GELOs) include the following:

Written Communication

- Demonstrate the ability to write lucid and logically structured prose.

Oral Communication

- Listen and speak effectively in formal communication.

Information Literacy

- Identify and search relevant libraries of information and databases; synthesize information obtained from primary literature using properly referenced citations.

Critical Thinking

- Exercise reasoned judgment to assess technical information and make well informed decisions using evidence-based approaches.

Scientific Inquiry and Quantitative Reasoning

- Demonstrate knowledge of the complexity of biological systems and chemistry of matter; demonstrate applied use of mathematics and statistics in problem solving.

Cultural Literacy and Social Intelligence

- Demonstrate knowledge of diverse human cultures and the influence of social forces, economic principles, and human interactions within the framework of social sciences.

Personal Development

- Demonstrate leadership and foster improvement of the local community through voluntary service.

The GE Learning Outcomes are fulfilled by completion of the following courses:

1. Written Communication ENGL110 Composition I (3 cr)
ENGL120 Composition II (3 cr)
2. Oral Communication
COMM110 Oral Communication (3 cr)
3. Information Literacy (3 cr)
 - 2.1 Literature searching and reference citations
COLL310 Scholarly Project I – Research Methods (3 cr)
4. Critical Thinking (3 cr)
 - 3.1 Designing and Conducting Scholarly Research
COLL320 Scholarly Project II – Independent Project (3 cr)
5. Scientific Inquiry and Quantitative Reasoning (14 or 17 credit units)
 - 5.1 Life Science (4 cr)
BIOL110 / BIOL110L Biology I, Evolution & Diversity of Life / Lab (3/1 cr)
 - 5.2 Physical Science (4 cr)
CHEM110 / CHEM 110L General Chemistry I / Lab (3/1 cr)
 - 5.3 Mathematics (6 or 9 cr)
MATH110 Introduction to College Mathematics (3 cr) (*optional requirement as determined by entrance placement exam*)
MATH120 Applied Statistics (3 cr)
MATH130 Differential and Integral Calculus (3 cr)
6. Cultural Literacy and Social Intelligence (9 credit units)
 - 5.1 Arts (3cr) (one course from the following list):
ARMU110 Art Appreciation (3 cr)
ARMU120 Music Appreciation (3 cr)
 - 5.2 Humanities (3 cr) (one course from the following list):
ANTH310 Cultural Anthropology (3 cr)
Humanities Elective (3 cr)
 - 5.3 Social Sciences (3 cr) (one course from the following list):
ECON310 Macroeconomics (3 cr)

GOVT210 U.S. Government (3 cr)
SOCL310 Sociology (3 cr)

7. Personal Development (7 or 9 credit units)

6.1 Preparing for Success and Leadership (3 or 5 cr)

COLL100 Student Success Seminar (2 cr) (*optional requirement as determined by program placement*)

COLL420 Leadership Seminar (3 cr)

6.2 Service to the Community (4 cr)

COLL210 Foundations of Service Learning (2 cr)

COLL220 Service Learning Practicum (2 cr)

CoCuLOs:

The CoCuLOs for the CHS include the following: Social awareness and cultural sensitivity, self-awareness and self-directed learning, service and leadership, professionalism, and oral communication.

Quality of the Degree:

The quality of degrees conferred by CNUCHS is a result of the institution's commitment to top-notch curricula and experiential pedagogies that create opportunities for student-teacher interactions through associated learning technologies and educational resources to facilitate coherent, subject matter content delivery.

All CNUCHS courses are designed to develop the course and relevant Program Learning Outcomes (PLOs) and Core Competencies/Institutional Learning Outcomes (ILOs). Courses are designed with the degree of depth, breadth, and rigor most appropriate for the program of study and baccalaureate degree level. Courses are of the appropriate duration, contact hours, and credits that are expected by the accreditors, the higher education community, and the Department of Education.

Quality is measured by the assessment of student learning outcomes at the course, programmatic, institutional (core competencies), general education, concentration, and co-curricular levels. Graduates are expected to achieve the PLOs of the BS program at the Developed level; graduates are expected to achieve the ILOs/Core Competencies at the Developed level. Graduates are also expected to achieve the GELOs and ConCeLOs at the Developed Level.

Educational Resources:

- Credentials of CHS faculty as educators and scholars
- Opportunities for faculty learning, development, and attendance of professional society meetings
- Diverse catalog of course offerings that convey learning outcomes and promote student success
- Access to library literature for teaching and research
- Use and availability of placement exams, remedial courses, tutoring, and grade remediation to aid students with weak preparation or learning difficulties
- Availability of appropriate information technology and help desk services
- Dedicated staff who provide a full complement of student support services
- Availability of appropriate laboratory facilities for hands-on learning
- Availability of career advising services and student mentoring
- Availability of preferred admission pipeline programs for acceptance of undergraduate students into CNU Pharmacy and Medical Schools

- Direct access of students to personal mentoring by on-site faculty

Indicators of Student Success:

- Collection and monitoring of assessment results for the LOs (ILOs, PLOs, ConceLOs, GELOs, CLOs, CoCuLOs)
- Graduation rate and time-to-degree metrics
- Student performance on various national standardized tests; e.g., MCAT, PCAT, GRE
- Acceptance of students into professional and graduate schools
- Presentation of student research projects at meetings of various professional societies
- Performance of community service projects by students
- Assessment of student artifacts and scholarly projects
- Community service performance
- Performance on standardized
- Portfolios

III. Integrity of Degree:

The integrity of the degree for the CHS is defined by the PLO alignment with the competencies needed for the graduates to become well-rounded, self-aware, and socially and intellectually competent individuals who are prepared for entry-level positions in the healthcare field.

<p>California Northstate University ILOs</p> 	
<p>ILO 1. Critical thinking. Exercise reasoned judgment to assess technical information and make well-informed decisions using evidence-based approaches.</p> <p>ILO 2. Written communication. Demonstrate the ability to write coherent, supported, and logically structured prose.</p> <p>ILO 3. Oral communication. Demonstrates oral communication skills.</p> <p>ILO 4. Quantitative reasoning. Demonstrate ability to use mathematics and statistics in problem solving.</p> <p>ILO 5. Information literacy. Identify and search relevant libraries of information and databases; synthesize information obtained from primary literature using properly referenced citations.</p>	<p>In the 2013 Handbook of Accreditation, Criteria for Review 2.2a states:</p> <p>Baccalaureate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and life-long learning. These programs ensure the development of core competencies including, but not limited to, written and oral communication, quantitative reasoning, information literacy, and critical thinking.</p>

Degree integrity is supported by a comprehensive program of learning outcomes' assessment at multiple levels across the institution.

College of Pharmacy PLOs



- PLO 1. Foundational Knowledge.
- PLO 2. Essentials for Practice and Care.
- PLO 3. Approach to Patient and Care.
- PLO 4. Personal and Professional Development.
- PLO 5. Interprofessional Competence.

College of Medicine PLOs



- PLO 1. Patient Care.
- PLO 2. Medical and Scientific Knowledge.
- PLO 3. Communication and Interpersonal Skills.
- PLO 4. Professionalism.
- PLO 5. Healthcare Systems.
- PLO 6. Reflective Practice and Personal Development.

College of Health Science PLOs



- PLO 1. Core Sciences and Mathematics.**
Demonstrate knowledge of the core sciences and mathematics.
- PLO 2. Humanities and Social Sciences.**
Demonstrate understanding of how humanities and social sciences inform the policies and practice of healthcare and enhance human health and wellbeing.
- PLO 3. Healthcare Delivery Systems.**
Demonstrate understanding of the collaborative nature of healthcare delivery.
- PLO 4. Professional Interaction.**
Communicate with respect, empathy, and cultural competence.
- PLO 5. Social Accountability and Community Service.**
Act with social accountability and demonstrate a commitment to community service.

CNUCHS engages in a comprehensive program review process, as well as an intensive program review process, which includes a self-study, analyses of statistical data summaries and learning outcomes' results, a program review report, and an external review.

The integrity of the Baccalaureate degree is further maintained by the adherence to appropriately rigorous standards for admission and graduation. CNUCHS has published admission requirements that include academic achievement, extra-curricular accomplishments, and a personal statement. Students must maintain satisfactory academic progress (pursuant to the SAP policy) in order to advance. CNUCHS has graduation requirements that include coursework and credit-hour accomplishments.

Professional Doctoral Programs:

College of Pharmacy (COP)

California Northstate University College of Pharmacy (CNUCOP) is a pharmacy college dedicated to educating, developing, and training individuals to provide competent, patient-centered care. CNUCOP offers a progressive educational program that emphasizes active learning, direct patient care experiences, and the role of research in advancing the profession of pharmacy. The goal is to graduate highly skilled pharmacists and promote the expanding role of pharmacy through leadership and lifelong services in the health care system.

Mission: To advance the science and art of pharmacy

CNUCOP's Vision of a Doctor of Pharmacy Education: To create innovative active learning strategies in educating students and practitioners, advance the practice of pharmacy, and improve the health of Californians.

CNUCOP's Values:

- Innovation in student-centered teaching methods
- Open and clear communication
- Diversity of experience, culture, and thought
- Inspiration of altruism, empathy, and civic virtue
- Professionalism and integrity in all interactions with stakeholders
- Innovation in teaching, scholarship, and research
- Fostering leadership and advocacy for patients and professionals

CNUCOP's Educational Philosophy:

The CNUCOP curriculum is designed to help students become active, self-directed lifelong learners. The four-year curriculum is designed to facilitate and optimize student learning in a progressive and integrated manner, both in didactic and experiential courses that utilize an innovative teaching pedagogy called Team-Based Learning.

CNUCOP's Pedagogical Approach:

Didactic Program

Team-Based Learning: CNUCOP uses TBL, an active-learning pedagogical approach throughout the first three years of the curriculum. Through TBL, students learn to exercise good judgment, master course content, communicate professionally and effectively with peers, develop and demonstrate teamwork skills, solve problems, and think critically. Students also learn to be accountable to themselves and their peers, collaborate with group members, and apply their learning through team assignments.

To create an optimal teaching and learning environment, students work in teams comprised of five to six students, based on criteria that help achieve an even distribution of resources across all teams. Students remain with the same team throughout the semester for each course.

The students participate in TBL in three phases. In Phase 1, students study independently outside of class to master identified objectives; this purposeful flipped classroom approach involves audiotaped mini-lectures, reading assignments, or other activities. In Phase 2, students are tested to assure their readiness to apply the concepts learned during Phase 1. Teams work collaboratively to retake the exam and reach a consensus on the answer for each question. The instructor provides immediate feedback on the concepts covered on the exam. In Phase 3, students complete in-class assignments and learning activities that promote collaboration, that allow them to apply knowledge and skills gained in Phase 1 and Phase 2, and that allow them to remediate learning deficiencies. At the end of a unit of study, teams simultaneously share their team's answers to the assignment to obtain immediate feedback, check understanding, challenge ideas, and reinforce critical thinking skills. Peer evaluations are conducted each semester to ensure students are receiving feedback from their team members about the quality of their participation, communication, and engagement in the team activities.

Curriculum based on ACPE 2016 Standards

CNUCOP's curriculum is designed to enhance and develop the elements of personal and professional development articulated in Standard 4 of the ACPE 2016 Standards that include leadership, professionalism, ethics, self-awareness, innovation, and entrepreneurship throughout the didactic curriculum such as Pharmacy Practice and Management, Communication, Longitudinal practicum, Law and Ethics, and Health Systems, as well as the Co-curricular activities. These standards' requirements are also accomplished during the students' experiential education component of their training. In the didactic,

experiential, and co-curricular portions of the curriculum, students are required to undertake projects that will help them develop their leadership, entrepreneurial, and professional competency and skills.

Additionally, CNUCOP has added to the curriculum a series of Practicums, which consist of hands-on, longitudinal labs in which students practice essential skills and use knowledge learned in didactic courses to build and develop these skills in a sequential and integrated way. The competency- and skills- based practicum curriculum embeds skills assessment that supports the Pharmacists' Patient Care Process Model (PPCM). These skills and competencies map to entry-level pharmacy competencies that are outlined in appendices B-D in the ACPE "Guidance for the Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree." These competencies are also mapped to the Program Learning Outcomes (PLOs) and are assessed by a variety of assessment tools for continuous quality improvement.

Practicum I provides an overview of the value of compounded dosage forms, and their limitations and relationship to FDA-approved drugs. Insight is given to the use of compounding pharmacies for the preparation of clinical trial materials, and various compounded preparations will be made. This practicum involves three pre-lab sessions, four wet lab sessions and nine hours of calculation sessions.

Longitudinal Practicum II provides students with a hands-on introduction to aseptic techniques, and personal safety measures. Patient counselling and interviewing skills are introduced and practiced. In addition, students learn how to conduct a physical assessment of patients, with a focus on smoking cessation, blood pressure monitoring, and blood glucose assessment. Students practice physical assessment techniques on simulated patients. In addition, students participate in an immunization certification program, and the concept of Medication Therapy Management (MTM) is introduced. Practicum II emphasizes oral presentation skills, leadership, professionalism, and ethics.

Longitudinal Practicum III, enables students to apply their knowledge of pharmacotherapy to clinical scenarios through the use of Objective Structured Clinical Exams (OSCEs) and debates. Basic laboratory elements are introduced and skill sets related to conducting MTM/motivational interviewing are refined. Students enhance their oral communication skills through patient counseling exercises and debates on topics related to psychiatry and/or neurology. Professionalism, including behaviors and attitudes that are consistent with being a health care professional, are reinforced.

Longitudinal Practicum IV provides students with an opportunity to develop and practice clinical skills through the assessment of case reports laboratory findings, pharmacologic principles and evidence based guidelines. Journal Clubs, MTM, SOAP Notes and Care Plans are revisited, using various cardiovascular, endocrinologic, and pulmonologic disease states as a platform. Students demonstrate clinical skills relevant to providing patient care in simulated learning activities with other healthcare professional students. Evidence-based patient case discussion and patient therapeutic treatment plan recitation are developed throughout the practicum. Students are demonstrate the professional skills, attitudes, and values necessary to enter a clinical service.

Longitudinal Practicum V provide students with practice of nutritional calculations, MTM review of cases using specific topics such as renal, gastroenterologic and oncologic disease from this semester's pharmacotherapeutic course. Students are provided with an opportunity to participate in an Inter-Professional Education (IPE) Simulation exercise; and there are team-based topic presentations to consolidate oral communication skills. Students are provided with sufficient exposure to learn and practice their skills in the area of leadership, MTM, patient care and inter-professional practice.

Longitudinal Practicum allows students consolidate their clinical skills and their understanding of the roles and responsibilities of the pharmacist in various practice settings. In particular, this longitudinal practicum builds on skills developed in previous didactic courses and practicums in order to optimize personal performance going into the Advanced Pharmacy Practice Experiences (APPEs). Emphasis is placed on infectious disease case scenarios in this practicum. Throughout Practicum VI students are exposed to simulations in community, hospital, and ambulatory care environments and reinforce their skills in prescription processing, order entry and evaluation, and disease state management. Students are exposed to patient case scenarios and tasked to assess, evaluate, and prioritize patient problems and provide appropriate treatment recommendations.

Experiential Program

After completing Introductory Pharmacy Practice Experiences in the second and third years, students progress to the Advanced Pharmacy Practice Experiences component of the degree requirements. Collectively, these introductory and advanced pharmacy practice experiences are designed to build a foundation of core competencies and skills that students can continue to develop after completing their degree. Experiential learning outcomes emphasize clinical judgment, professional behavior, and personal responsibility. Achievement of these competencies prepares graduates for pharmacy practice.

Quality of the Degree at CNUCOP

The quality of degree conferred by CNUCOP is ensured by the richness of educational resources; the appropriateness, rigor, and coherence of subject matter content delivered to students through interaction with instructors, peers, and associated learning technology; and the learning outcomes associated with each degree. Quality is further measured by achievements and outcomes of CNU students as documented by completion of scholarly projects, community service performance, performance on standardized tests, board pass rates, and acceptance into professional schools and graduate programs.

Summative signature assignments and assessments are designed to measure students' performance and level of proficiency for each Learning Outcome at the end of courses and at the end of students' program of study. Assessment results are used to refine the delivery of content and learning activities, pedagogical methods, and assignments and assessments; results are monitored on an annual basis by course instructors, and the Assessment and Curriculum Committees. CNUCOP also conducts a cyclical review of assessment data to ensure that student learning outcomes for each degree program meet institutional standards for student performance, which include student achievement of learning outcomes at the "Developed" level for all PLOs and ILOs (Core Competencies).

Graduates of the Doctor of Pharmacy program demonstrate the following Program Learning Outcomes:

Program Learning Outcomes

1. *Foundational Knowledge:* Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.
2. *Essentials for Practice and Care:* Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.
3. *Approach to Patient and Care:* Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

4. *Personal and Professional Development*: Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation, entrepreneurship, and professionalism.
5. *Interprofessional Competence*: Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice.

Refer to Appendix 2 for PLO Rubrics - College of Pharmacy

Co-Curricular Learning Outcomes (CoCuLOs)

1. *Social Awareness and Cultural Sensitivity*: Students demonstrate awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately and using effective interpersonal skills to better serve patients from diverse backgrounds and communities.
2. *Professionalism and Advocacy*: Students demonstrate professional behavior and effective interactions with other healthcare professionals and patients and advocate for initiatives to improve patient care, health outcomes, and practice settings in pharmacy.
3. *Self-Awareness and Learning*: Students demonstrate self-awareness through reflection and the development of appropriate plans for self-directed learning and development.
4. *Innovation/Entrepreneurship*: Students demonstrate innovation and creativity and develop novel strategies to accomplish professional goals.
5. *Public Health and Education*: Students apply skills learned in the classroom to create and effectively deliver public health initiatives and health-related education to the community.
6. *Service and Leadership*: Students demonstrate the ability to lead and work collaboratively with others to accomplish a shared goal that improves healthcare.

Refer to Appendix 3 for CoCuLO Rubrics – College of Pharmacy

CNU provides educational resources to maintain the quality of the program and degree:

- Credentials of CNUCOP faculty as educators and scholars
- Opportunities for faculty learning, development, and attendance of professional society meetings
- Diverse catalog of course offerings that convey learning outcomes and promote student success
- Library and access to library literature for teaching and research
- Academic advising and academic alerts
- Tutoring and grade remediation to aid students with weak preparation or learning difficulties
- Availability of appropriate information technology and help desk services
- Dedicated staff who provide a full complement of student support services
- Availability of appropriate laboratory facilities for hands-on learning
- Availability of career advising services and student mentoring
- Availability of preferred admission pipeline programs for acceptance of undergraduate students into CNU Pharmacy
- Direct access of students to personal mentoring by on-site faculty
- High quality research labs
- High quality pharmacy practice/compounding lab

The following are indicators of student success in the COP program:

- Student learning outcomes at the course, program, institution (Core Competencies), Co-Curricular levels



- Benchmarks: PCOA and Milestone achievement
- Board pass rates
- Graduation rate and time-to-degree metrics of the CNU student body
- Presentation of student research projects at meetings of various professional societies
- Performance of community service projects by students
- Residency
- Placement of students in Pharmacy-related careers, including clinical practice, community pharmacy, geriatric pharmacy, governmental agencies, home healthcare, hospitals, the pharmaceutical industry, pharmacy education, and specialized practice.

Integrity of the Degree at COP:

The integrity of the PharmD degree is characterized by the alignment of learning outcomes at all relevant levels and with the expectations of the professional accrediting bodies and associations (ACPE and AACP). Specifically CNUCOP’s PLOs are based on the educational outcomes of the ACPE 2016 standards and the CAPE outcomes.

College of Pharmacy PLOs	ACPE 2016 Standards	CAPE Educational Outcomes 2013
 <p>PLO 1. Foundational Knowledge. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.</p> <p>PLO 2. Essentials for Practice and Care. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.</p> <p>PLO 3. Approach to Patient and Care. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.</p> <p>PLO 4. Personal and Professional Development. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation, entrepreneurship, and professionalism.</p> <p>PLO 5. Interprofessional Competence. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice.</p>	 <p>Standard 1 – Foundational Knowledge. The professional program leading to the Doctor of Pharmacy degree (hereinafter “the program”) develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.</p> <p>Standard 2 – Essentials for Practice and Care. The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.</p> <p>Standard 3 – Approach to Practice and Care. The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.</p> <p>Standard 4 – Personal and Professional Development. The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.</p>	 <p>Domain 1 – Foundational Knowledge</p> <ul style="list-style-type: none"> • Learning <p>Domain 2 – Essentials for Practice and Care</p> <ul style="list-style-type: none"> • Patient-centered care • Medication use systems management • Health and wellness • Population-based care <p>Domain 3 – Approach to Practice and Care</p> <ul style="list-style-type: none"> • Problem solving • Educating • Patient advocacy • Interprofessional collaboration • Cultural sensitivity • Communication <p>Domain 4 – Personal and Professional Development</p> <ul style="list-style-type: none"> • Self-awareness • Leadership • Innovation and entrepreneurship • Professionalism

The integrity of the PharmD degree is maintained by the adherence to appropriately rigorous standards for admission and graduation. All candidates who are admitted into the CNUCOP program meet the stringent requirements for admission. The pre-pharmacy requirements ensure that applicants have the primary academic background necessary to complete a rigorous professional curriculum, as well as adequate exposure to a broad range of academic coursework. Candidates must demonstrate oral and written communication skills, maturity, dedication to graduate study in pharmacy, and aptitude to complete the program successfully and advance the field of pharmacy.

Students must maintain satisfactory academic progress (SAP), as outlined in the SAP Policy for each college, in order to progress. Students take designated benchmark assessments, such as the Milestone exam and the PCOA. Degree integrity is supported by a comprehensive program of learning outcomes’ assessment at multiples levels across the institution. Faculty verify students’ readiness for graduation by

following the degree conferral process initiated by the Registrar once all the final grades are posted; a list of eligible students is compiled, and faculty verify candidate preparedness for degree conferral pending completion of all graduating requirements.

Students are recommended and approved for the Doctor of Pharmacy degree by the COP. Approval is awarded provided that the student:

- Has conducted oneself in an ethical, moral, professional, and lawful manner;
- Has satisfactorily completed all of the CNUCOP curricular requirements in a timely fashion, not to exceed five (5) years from the date of initial enrollment (including approved leave of absence);
- Has fulfilled all tuition and financial requirements and completed all necessary paperwork for CNUCOP;
- Attends graduation and commencement ceremonies in person (under special circumstances the Dean of the College may release the attendance requirement for commencement).

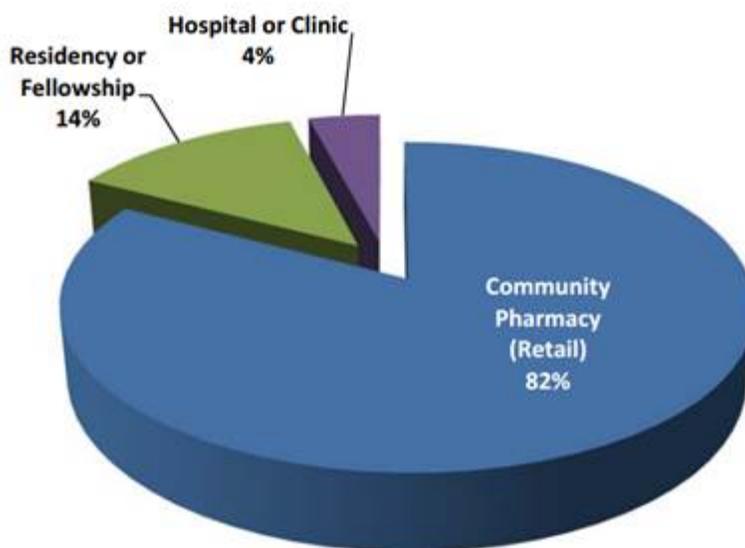
Further, CNUCOP engages in a comprehensive program review process, as well as an intensive program review process, which includes a self-study, analyses of statistical data summaries and learning outcomes' results, a program review report, and an external review. Further, preceptor feedback informs the review of curriculum in the annual and as well as full program review cycle, and preceptors assess student achievement of the PLOs. Additionally, preceptors serve on the college's Assessment and Curriculum Committees.

Finally, the integrity of the degree is determined by students' board pass rates on the Naplex exam and employment in fields relating to Pharmacy practice; historically, students have achieved the following pass rates and been employed in the following pharmacy-related fields:

NAPLEX AND CPJE BOARD EXAM PASS RATES FOR CNSUCOP STUDENTS COMPARED WITH STATE AND NATIONAL PASS RATES

	CNSUCOP NAPLEX (all attempts)	California NAPLEX (all attempts)	USA NAPLEX (all attempts)	CNSUCOP CPJE	California CPJE
2012	98.72	98.7	96.53	98.5	95.1
2013	90.63	97.2	95.35	86.7	89.6
2014	91.40	97.9	94.48	92.7	92.5
2015	93.81	97.4	91.35	89.7	92.6
4 year average	93.64	97.8	94.42	91.9	92.4

Graduate Employment Data by Category - Class of 2015



College of Medicine (COM)

California Northstate University College of Medicine (CNUCOM) offers a Doctor of Medicine (MD) program. The College of Medicine (COM) is committed to meet the nation's need for physicians with an emphasis on training in primary care with social accountability.

California Northstate University College of Medicine is dedicated to educating students to become competent, patient-centered healthcare professionals. Education is provided using an innovative, integrated, clinical presentation based curriculum. The graduates of CNUCOM will have the knowledge and skills to perform as a physician and to work in a multi professional environment. The graduates will be well prepared to meet the health and medical challenges in the 21st century.

Mission Statement: To advance the art and science of medicine through education, service, scholarship, and social accountability.

Vision: To develop a community-based medical school that delivers innovative programs in education, research, and patient care.

Core Values: The core values of California Northstate University College of Medicine are:

1. Excellence in Medical Care
2. Professionalism
3. Ethics
4. Compassion
5. Social Accountability
6. Innovation

Educational Philosophy

The curriculum is clinical presentation based, and the students learn basic sciences in the context of clinical scenarios. The students learn the medical skills and interact with experienced clinicians from the

first week of the program. The students undertake two longitudinal courses in Year 1 and 2: Medical Skills and Medical Colloquium, which prepares them to learn the art and science of medicine--the skills and behavior expected from a physician. In Medical skills courses, students learn the skills by practicing in a simulated safe learning environment, before practicing on real patients. The students undertake research during Year 2, as part of a scholarly project. The curriculum also focuses on global health issues.

During Clinical Clerkships in Year 3 and Year 4, the students have rotation postings in various clinical disciplines in hospitals to develop the skills necessary to practice medicine. The students also have the option to select disciplines in which they would like to receive additional training.

Pedagogical Approach:

The College of Medicine utilizes a variety of active learning and self-directed pedagogical approaches based on TBL and PBL, interactive didactic sessions, and hands-on skills and laboratory experiences to augment more traditional styles such as lectures and seminars.

CNUCOM PROGRAM LEARNING OBJECTIVES (PLOS):

CNUCOM’s Program Learning Outcomes (PLOS) are clearly articulated and are adopted from the Accreditation Council for Graduate Medical Education's (ACGME) six domains of outcome, and they are well aligned with the institutional outcomes.

1) PATIENT CARE [PC]

Scope: Students demonstrate ability to provide evidence-based care that is compassionate, respectful of patients’ differences, values, and preferences. Students demonstrate the ability to listen, clearly inform, communicate and educate patients for the promotion of health and the treatment of illness; they advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health. They demonstrate ability to accurately evaluate relevant social and clinical information in the context of the patient’s visit.

Assessment methods to evaluate the achievement of the “Patient Care” competency:

- Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills courses.
- Faculty and resident direct observation and evaluations during clinical clerkships.
- Patient case logs.
- Standardized Patient Examination (SPE).
- Medical Skills Lab: Standardized patient, simulation exercises
- Objective Structured Clinical Examination (OSCE)
- Self-assessment and Peer assessment.
- USMLE Step 2 Clinical Knowledge Exam and Clinical Skills Exam.
- Multiple choice questions (MCQ’s)
- 360 degree evaluation instrument

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
PC1: Clinical History Taking	<i>Demonstrates the ability to organize all relevant clinical history in a timely manner (1.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises

		<ul style="list-style-type: none"> • OSCE
	<i>Identifies alternative sources and or intuitively fill in the history gaps (1.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Shares knowledge in topics of disease prevention with patient (1.7,1.9)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
	<i>Documents how social/cultural situations have impacted the treatment recommendations (1.2, 2.5)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings • Faculty feedback from Masters Colloquium sessions • Self-assessment and peer assessment • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Demonstrates ability to inquire (non-judgmentally) about alternative medical practices being utilized by the patient at the time of presentation (1.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings • Faculty feedback from Masters Colloquium course sessions • Self-assessment and peer-assessment • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Faculty and resident direct observation and evaluations during clinical clerkships.
PC2:Patient Examination	<i>Performs a full or focused physical exam on an adult patient in a logical sequence appropriate for the scheduled visit in a timely manner for pediatric, adolescent, adult and elderly patients (1.1)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses. • Faculty and resident direct observation and evaluations during clinical clerkships. • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
	<i>Performs a complete, full mental and functional assessment of an elderly patient (1.1)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
	<i>Assesses a pediatric patient for developmental delay and genetic abnormalities (1.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships

		<ul style="list-style-type: none"> •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •USMLE Step 2 Clinical knowledge Exam and Clinical Skills Exam
	<i>Identifies pertinent positives and negatives in the exam to accurately determine stage of medical condition (1.4)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Formative and summative examinations in Phase A •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •MCQ's •Faculty and resident direct observation and evaluations during clinical clerkships. •USMLE Step 2 Clinical knowledge Exam and Clinical Skills Exam
	<i>Utilizes clinical findings to prioritize additional anatomic or physiologic testing (1.3, 1.5)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses •Faculty and resident direct observation and evaluations during clinical clerkships •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •MCQ's •USMLE Step 2 Clinical knowledge Exam and Clinical Skills Exam
PC3: Medical Notes	<i>Accurately completes a written H&P in a timely fashion with a well-developed differential diagnosis using the CP clinical algorithms to develop a differential diagnosis (1.2, 4.2, 4.5)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses •Faculty and resident direct observation and evaluations during clinical clerkships •Medical Skills Lab: Standardized patient, simulation exercises •OSCE
	<i>Completes a SOAP note using CP clinical algorithms to assist in developing a problem list (1.1, 4.2)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Formative and summative examinations during Phase A •Clinical Case Examples sessions during Phase A •USMLE 1 •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •Faculty and resident direct observation and evaluations during clinical clerkships.
	<i>Utilizes the problem list to develop a well thought out plan for ongoing treatment. (1.6)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Formative and summative examinations during Phase A •Clinical Case Examples sessions during Phase A •Medical Skills Lab: Standardized patient, simulation exercises •OSCE

		<ul style="list-style-type: none"> •USMLE 1 •Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Integrates periodic evaluation of said plan above to re-evaluate the efficacy of the plan to ensure treatment success (1.2, 2.1)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses •Faculty and resident direct observation and evaluations during clinical clerkships •Medical Skills Lab: Standardized patient, simulation exercises •OSCE
PC4: Oral Presentations	<i>Accurately presents a H&P or SOAP note to an attending without the use of note cards in a timely fashion indicating when to use “not relevant” or “no pertinent positives” (4.2)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Faculty feedback from Masters Colloquium and Clinical Case Examples sessions •Self-assessment and peer assessment •Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Includes a differential or problem list with treatment updates (1.2, 1.5, 1.6)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Formative and summative examinations in Phase A •Faculty feedback from Clinical Case Examples sessions •Self-assessment and peer-assessment •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Includes accurate assessments with prioritized diagnosis or problem list using relevant CP clinical algorithms (1.6)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses •Faculty and resident direct observation and evaluations during clinical clerkships •Medical Skills Lab: Standardized patient, simulation exercises •OSCE
	<i>Participates in a discussion of prioritized diagnostic approaches and is able to identify where patient teams and consultants are needed (4.2, 4.3)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Faculty feedback from Clinical Case Examples sessions •Faculty feedback from Masters Colloquium sessions •Medical Skills Lab: Standardized patient, simulation exercises •OSCE •Faculty and resident direct observation and evaluations during clinical clerkships •360 degree
PC5: Medical Skills	<i>Describes and practices the basic principles of universal precautions in all settings (1.3)</i>	<ul style="list-style-type: none"> •Faculty feedback in pre-clerkship settings •Medical Skills Lab: Standardized patient, simulation exercises
	<i>Has collected a signature to demonstrate observed performance of the skills</i>	<ul style="list-style-type: none"> •OSCE •Had passed BLS and ACLS certification

	<i>outlined in the required clerkship MS3 year (6.1, 6.6)</i>	exam
	<i>Has achieved certification in BLS (1.1, 6.6)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships. • 360 degree evaluation instrument
	<i>Has achieved certification in ACLS (1.1, 6.6)</i>	
PC6: Patient Care Teams	<i>Explains how the composition of an adult and pediatric hospital Patient Care Team (PCT) differs on each clinical service and can recognize and evaluate when their services should be ordered to facilitate recovery (4.2, 6.1)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises
	<i>Explains how the composition of an adult and pediatric outpatient PCT differs on each clinical service setting (primary care versus specialty) and can evaluate when their services should be requested (4.2, 6.1)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
PC7: Patient Management	<i>Describes a well thought out plan of management of all patients with acute and chronic illnesses in the adult population (1.5, 1.6)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
	<i>With appropriate supervision constructs a detailed patient management plan utilizing appropriate PCT members (6.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships
PC8: Cost Effective Comparison in Treatment	<i>Recognizes that there are differences in the cost of treatment options (6.3)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings • Faculty feedback from Masters Colloquium sessions • Medical Skills Lab: Standardized patient, simulation exercises • Faculty and resident direct observation and evaluations during clinical clerkships
	<i>Discusses treatment costs in the context of efficacy, social and cultural factors (6.3)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE
	<i>Uses this information to recommend a stepped approach to the treatment of common medical conditions in the adult patient (6.3)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises

		• OSCE
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2) MEDICAL AND SCIENTIFIC KNOWLEDGE [MSK]

Scope: Students must demonstrate knowledge of established and evolving biomedical and clinical sciences, and understand how/when to apply this knowledge to their practice of medicine. This requires an understanding of the scientific process, evidence-based approach to medicine, and research study “strengths” and “weaknesses”. The students must demonstrate their ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care as part of a life-long medical education process.

Spectrum of assessment methods to evaluate the achievement of the “Medical & Scientific Knowledge” competency:

- Written examinations (both individual and team-based) in basic science courses and clinical clerkships
- NBME shelf exams
- Faculty feedback in pre-clerkship settings including small groups, team-based learning, Masters Colloquium and Medical Skills courses
- Self-Directed Student Scholarly Project
- Faculty and resident evaluations during clinical clerkships
- Written and oral case presentations
- Medical Skills Lab: Standardized patient, simulation exercises
- Objective Structured Clinical Examination (OSCE)
- Peer assessment and self-assessment
- USMLE Step 1 and Step 2
- Multiple choice questions (MCQ’s)
- 360 degree evaluation instrument

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
MSK1: Knowledge of Medical Practices	<i>Evaluates how the major organ systems contribute to both health and disease (1.2, 1.3, 1.4)</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty feedback in pre-clerkship settings including small groups, team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment • USMLE Step 1 and Step 2
	<i>Explains how the organ system pathophysiology is reflected in the CP clinical algorithms and can relate this information to a clinical team (1.2, 1.3, 1.4)</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • Faculty feedback in pre-clerkship settings including small groups, team-based learning and Medical Skills courses • OSCE

	<i>Constructs CP clinical algorithms (1.2, 1.3, 1.4)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship and clinical settings including small groups, team-based learning and Medical Skills courses
	<i>Explains the anticipated clinical response to correctly selected medications for a specific number of medical conditions to patients, family members and team members (1.2, 1.3, 1.4, 1.7)</i>	<ul style="list-style-type: none"> • Faculty feedback from Masters Colloquium and Clinical Case Examples sessions during Phase A • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • MCQ's • Faculty and resident evaluations during clinical clerkships
	<i>Recognizes the most common drug interactions and their likely signs of presentation in the elderly and can explain them to patient and family (1.2, 1.3, 1.4)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • MCQ • USMLE Step 1 and Step 2
	<i>Recognizes what types of medical knowledge are specific to individual members of the PCT (patient care team) (6.1, 6.2)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including small groups, team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment
MSK2:Problem Solving & Diagnosis	<i>Correlates the findings of a patient at clinical presentation with specific CP clinical algorithms and prioritize the conditions in the order of most to least likely (1.1, 2.1)</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • Faculty feedback in pre-clerkship settings including small groups, team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment
	<i>Recognizes and is able to explain both typical as well as atypical presentations for commonly seen clinical conditions in MS3 clerkships (1.1, 2.1)</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • USMLE Step 1 and Step 2
	<i>Constructs comprehensive problem lists categorized as both</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and

	<p><i>acute versus chronic conditions and prioritize therapeutic interventions (1.6, 1.5)</i></p>	<p>clinical clerkships</p> <ul style="list-style-type: none"> • NBME shelf exams • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • USMLE Step 1 and Step 2
	<p><i>Demonstrates ability to order appropriate diagnostic tests needed to facilitate both diagnosis and evaluate response to therapy in a cost and time effective manner (1.5)</i></p>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • USMLE Step 1 and Step 2 • MCQ's
	<p><i>Analyzes and evaluates diagnostic tests in regards to sensitivity/specificity (1.1, 2.1, 2.3)</i></p>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • USMLE Step 1 and Step 2 • MCQ's
<p>MSK3: Medical Treatment</p>	<p><i>Identifies preventive, curative, and palliative therapeutic strategies (1.5, 1.6)</i></p>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty feedback in pre-clerkship settings including small groups, team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • OSCE • USMLE Step 1 and Step 2 • MCQ's
	<p><i>Identifies and judges, from direct observation/experience, how cost and social/cultural issues affect the selection of therapeutic interventions (6.3)</i></p>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty and resident evaluations during clinical clerkships • Faculty feedback from Masters Colloquium sessions • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • USMLE Step 1 and Step 2 • MCQ's

	<i>Selects and defends basic therapeutic recommendations for preventive, curative and palliative therapies seen in the MS3&4 clerkships (1.5, 2.3)</i>	<ul style="list-style-type: none"> • Written examinations (both individual and team-based) in basic science courses and clinical clerkships • NBME shelf exams • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • OSCE • USMLE Step 1 and Step 2 • MCQ's
	<i>Effectively utilizes ongoing diagnostic tests to modify recommended therapeutic strategies(1.4, 2.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • OSCE • Peer assessment and self-assessment
MSK4: Life-Long Learning	<i>Discusses the study design, data analysis and scientific findings of a journal article relevant to their patient's medical condition (2.1, 2.2, 2.3, 3.6)</i>	<ul style="list-style-type: none"> • Successful completion of a scholarly project • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations
	<i>Routinely reads medical journals (2.1)</i>	<ul style="list-style-type: none"> • Successful completion of a scholarly project • Faculty and resident evaluations during clinical clerkships
	<i>Organizes a self-educating approach for life-long learning (3.1, 3.2, 2.1)</i>	<ul style="list-style-type: none"> • Successful completion of a scholarly project • Faculty feedback from Masters Colloquium • Faculty and resident evaluations during clinical clerkships • Peer assessment and self-assessment
MSK5: Research or Knowledge Expansion	<i>Through research and/or community service, in the context of the "Self-Directed Student Scholarly Project", develops, applies, translates and/or communicate medical knowledge to their peers and/or community (2.6)</i>	<ul style="list-style-type: none"> • Successful completion of a scholarly project • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • OSCE • Peer assessment and self-assessment • 360 degree evaluation instrument

3) COMMUNICATION AND INTERPERSONAL SKILLS [C]

Scope: Students must demonstrate compassionate and effective interpersonal communication skills toward patients and families necessary to deliver effective medical care and promote shared decision making. Students must be able to articulate information and ideas (written and oral) in an organized and clear manner to educate or inform patients, families, colleagues, and community.

Spectrum of assessment methods to evaluate the achievement of "Communication & Interpersonal Skills" competency:

- Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills course
- Faculty and resident direct observation and evaluations during clinical clerkships
- Patient case logs

- Presentation of written and oral clinical information
- Standardized patient evaluations, simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- Peer assessment, self-assessment
- USMLE Step 2 Clinical Skills Exam
- Multiple choice questions (MCQ's)
- 360 degree evaluation instrument

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
C1: Doctor-Patient Communication	<i>Utilizes communication strategies involving nonverbal, verbal and written modalities to communicate with patients (4.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Faculty feedback from Masters Colloquium • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Demonstrates how to ask clarifying questions in a way that is socially and culturally sensitive (4.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Creates rapport with the patient in order to generate an effective environment for counseling on wellness and disease prevention strategies (4.1)</i>	<ul style="list-style-type: none"> • Faculty feedback from Masters Colloquium sessions • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • 360 degree evaluation instrument
	<i>Effectively uses health coaching strategies (3.8, 4.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Effectively communicates medical errors to patients (4.6)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment • 360 degree evaluation instrument
C2: Communication with	<i>Utilizes effective communication strategies involving nonverbal, verbal and written skills to</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations

family members	<i>communicate with family members (4.1)</i>	<ul style="list-style-type: none"> • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment • 360 degree evaluation instrument
	<i>Recognizes and effectively communicates his/her legal limitations due to patient privacy (5.3)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment • 360 degree evaluation instrument
	<i>Asks for the support/assistance of family members for encouraging changes in disease prevention or wellness strategies (4.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Effectively communicates medical errors to family members (4.6)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • Peer assessment and self-assessment • 360 degree evaluation instrument
C3: Communication with Medical Team	<i>Effectively communicates a H&P and SOAP note in both written and oral format (4.2, 4.3)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Effectively communicates new patient problems or complaints in healthcare to the medical team (4.2, 4.5, 4.4)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Written and oral case presentations • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Questions medical decisions in a non-confrontational manner (3.9, 7.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Effectively shares relevant information with the team (3.9)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument

C4: Communication with Faculty	<i>Identifies gaps or deficiencies in understanding on each clerkship and can effectively communicate educational needs to the interns, residents, and faculty to increase knowledge (3.1, 3.3)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
	<i>Discusses personal ethical/social or cultural issues with faculty members to resolve any personal conflicts that may arise in the management or treatment decisions made for the benefit of the patient (4.1, 4.7, 7.1)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument
C5: Communication with Community	<i>Demonstrates ability to communicate medical knowledge to the community at large in a professional manner (3.8)</i>	<ul style="list-style-type: none"> • Faculty and resident evaluations during clinical clerkships • Medical Skills Lab: Standardized patient, simulation exercises • OSCE • 360 degree evaluation instrument

4) PROFESSIONALISM [P]

Scope: Students must demonstrate a commitment to the highest standards of professional responsibility and adherence to ethical principles. Students must display the personal attributes of compassion, honesty, integrity, and cultural competence in all interactions with patients, families, and the medical community.

Spectrum of assessment methods to evaluate the achievement of the “Professionalism” competency:

- Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills courses
- Faculty and resident direct observation and evaluations during clinical clerkships
- Presentation of clinical information
- Completion of HIPAA training
- Standardized patient evaluations
- Simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- Praise/concern professionalism incident reports
- Peer assessment
- Self-assessment
- USMLE Step 2 Clinical Skills Exam
- Multiple choice questions (MCQ’s)
- Masters Colloquium on professionalism
- 360 degree evaluation instrument
- Patient survey

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
P1: Ethical Behavior	<i>Demonstrates respect, compassion and honesty in his/her approach to all patients and family members (5.1)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Completion of HIPAA training • Standardized patient evaluations

		<ul style="list-style-type: none"> • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Praise/concern professionalism incident reports • Peer assessment • Self-assessment • Masters Colloquium on professionalism. • 360 degree evaluation instrument • Patient survey
	<p><i>Recognizes and discloses one's errors to appropriate residents/Clerkship Directors and when they involve patient care, seeks guidance on how and with whom that disclosure will be made to the patient or family (4.6)</i></p>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Completion of HIPAA training • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Praise/concern professionalism incident reports • Peer assessment • Self-assessment • USMLE Step 2 Clinical Skills Exam • Masters Colloquium on professionalism • 360 degree evaluation instrument • Patient survey
	<p><i>Always displays professional attire and behavior (1.10)</i></p>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Simulation and inter-professional exercises • Praise/concern professionalism incident reports • Peer assessment • Self-assessment • Masters Colloquium on professionalism • 360 degree evaluation instrument • Patient survey
	<p><i>Demonstrates the ability to maintain- professional behavior in encounters with quarrelsome, hostile, abusive, arrogant or dismissive patients, family members or clinical staff (4.7, 7.1)</i></p>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Standardized patient evaluations. • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Praise/concern professionalism incident reports • Peer assessment • Self-assessment • Masters Colloquium on professionalism

		<ul style="list-style-type: none"> • 360 degree evaluation instrument • Patient survey
	<i>Identifies gaps in knowledge/skills and seeks appropriate assistance/clinical consults (3.1, 3.2, 3.3, 3.5)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Self-assessment • MCQ's • USMLE Step 2 Clinical Skills Exam • 360 degree evaluation instrument • Patient survey
	<i>Uses clinical hygiene for the prevention of nosocomial infection transmission (3.10, 1.3)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Masters Colloquium on professionalism • 360 degree evaluation instrument • Patient survey
P2: Ethical Responsibility	<i>Obtains patient consent for all therapies and/or procedures in which s/he is involved (5.6)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Completion of HIPAA training • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Masters Colloquium on professionalism • 360 degree evaluation instrument • Patient survey
	<i>Demonstrates ability to identify and relate full disclosure of the risks and benefits of a therapy or procedure (1.5)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Completion of HIPAA training • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • USMLE Step 2 Clinical Skills Exam • 360 degree evaluation instrument • Patient survey

		<ul style="list-style-type: none"> • MCQ's
	<i>Discusses alternative therapies/procedures with their relevant risks and benefits (5.1, 5.6)</i>	<ul style="list-style-type: none"> • Faculty feedback from Masters Colloquium sessions • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • 360 degree evaluation instrument • MCQ's
	<i>Identifies and adheres to institutional standards involved in patient care (6.1)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
P3: Ethical Principles and Boundaries	<i>Recognizes his/her role as the patient's advocate for clinical care (5.2, 7.2)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument • Patient survey
	<i>Demonstrates evidence of maintaining patient privacy (5.3)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Completion of HIPAA training • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Masters Colloquium on professionalism • 360 degree evaluation instrument • Patient survey
	<i>Demonstrates ability to treat all patients with dignity even when the approach is not reciprocated (5.1, 5.5)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Masters Colloquium on professionalism

		<ul style="list-style-type: none"> • 360 degree evaluation instrument • Patient survey
	<i>Recognizes his/her legal limits on imposing medical care that is considered to be in the best interest of the patient when it is being refused (5.6)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships. • Presentation of clinical information • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument • Patient survey
P4: Professional Relationships	<i>Demonstrates integrity, honesty, and authenticity in interactions with faculty and the medical community (7.1, 7.3, 8.5)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information. • Masters Colloquium on professionalism • 360 degree evaluation instrument
	<i>Identifies conflicts of interest in financial and organizational arrangements in the practice of medicine (6.5, 5.6)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Standardized patient evaluations. • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • Masters Colloquium on professionalism • MCQ's
	<i>Identifies and utilizes standards established by specific professional societies (1.2, 1.5, 2.3)</i>	<ul style="list-style-type: none"> • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident direct observation and evaluations during clinical clerkships • Presentation of clinical information • Standardized patient evaluations • Simulation and inter-professional exercises • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument • MCQ's

5) HEALTH CARE SYSTEMS [HC]

Scope: Students must demonstrate knowledge of and responsiveness to the larger context of health care (social, behavioral, economic factors) and the ability to effectively call on system resources to provide care that is of optimal value to the health of the individual and of the community.

Spectrum of assessment methods to evaluate the achievement of the “Healthcare Systems” competency:

- Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills courses
- Faculty and resident direct observations and evaluations during clinical clerkships

- Patient case logs
- Presentation of written and oral clinical information
- Standardized patient evaluations, simulation center evaluations
- Objective Structured Clinical Examination (OSCE)
- Peer assessment, Self-assessment
- 360 degree evaluation instrument
- Multiple choice questions (MCQ's)

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
HC1: Healthcare Delivery Systems	<i>Identifies all members and their roles in a patient care team (PCT) and explain which are specific to certain specialty areas of medical practice (7.2)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
	<i>Identifies the major components of a healthcare system and demonstrates understanding of how they can impact access, cost and compliance (7.2, 6.1, 6.3)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument • Multiple choice questions (MCQ's)
	<i>Demonstrates ability to navigate different hospital/clinic infrastructures in providing patient care (6.1)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Patient case logs • Presentation of written and oral clinical information • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
	<i>Identifies major monetary investment and legal needs in designing a student-run free clinic (6.3)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Presentation of written and oral clinical information • Standardized patient evaluations, simulation center evaluations • Peer assessment, Self-assessment
	<i>Interprets and uses multiple forms of health information technologies including electronic medical records, patient registries, computerized order entry and prescribing systems (3.7)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Patient case logs • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
HC2: Delivery Systems Improvement	<i>Recognizes the importance of current models of medical practice performance evaluation (6.6, 3.5)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Standardized patient evaluations,

		<ul style="list-style-type: none"> simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
	<i>Recognizes the importance of quality assessment and benchmarking in practice improvement (3.1, 3.2, 3.3, 3.5, 3.10)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Patient case logs • Presentation of written and oral clinical information • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument
	<i>Has used system approaches to prevent common medical errors and hazards (6.1)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Patient case logs • Presentation of written and oral clinical information • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • Peer assessment, Self-assessment • 360 degree evaluation instrument
	<i>Has participated in Phase B and/or C clinic rotation quality assessment for education performance improvement (3.1, 3.2, 3.3, 3.4, 3.5)</i>	<ul style="list-style-type: none"> • Faculty and resident direct observations and evaluations during clinical clerkships • Presentation of written and oral clinical information • Standardized patient evaluations, simulation center evaluations • Objective Structured Clinical Examination (OSCE) • 360 degree evaluation instrument

6) REFLECTIVE PRACTICE AND PERSONAL DEVELOPMENT [RP]

Scope: Students must demonstrate habits of analyzing cognitive and affective experiences that result in the identification of learning needs, leading to the integration and synthesis of new learning; they must also demonstrate habits of analyzing experiences that affect their well-being, productive relationships with groups and individuals, and self-motivation and limitations.

Spectrum of assessment methods to evaluate the achievement of the “Reflective Practice and Personal Development competency:

- Self-assessment writing
- Patient case logs/journal
- Evaluation by team members and peers in small group activities/clinical teams
- Faculty feedback in pre-clerkship settings including team-based learning, Masters Colloquium and Medical Skills courses
- Faculty and resident evaluations during clinical clerkships
- Standardized patient evaluations, simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- 360 degree evaluation instrument
- Patient survey

Sub-Competency Category	Educational Program Objective(s)	Outcome Measure(s)
RP1: Personal Assessment	<i>Accepts and responds appropriately to suggestions/constructive criticisms of performance including changing when necessary and discarding inappropriate feedback (8.1)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including Masters Colloquium and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Standardized patient evaluations, simulation and inter-professional exercises • OSCE • 360 degree evaluation instrument
	<i>Demonstrates the use of self-assessment and reflection skills for growth and development (8.1)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Uses self-assessment to identify gaps in knowledge and skill sets and finds an approach to fill such gaps (8.1)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Patient case logs/journal • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings • Faculty and resident evaluations during clinical clerkships • Standardized patient evaluations, simulation and inter-professional exercises • 360 degree evaluation instrument
	<i>Provides a balanced description of personal performance in a confident and skillful manner (3.1)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
RP2: Time Management	<i>Develops realistic plans and timelines to achieve desired outcomes (3.2, 3.3)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Refines and implements correction to timelines when appropriate (3.5, 3.10)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument

	<i>Implements corrective actions/changes to correct deficiencies and/or promote personal growth (8.1, 8.4)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
RP3: Stress/Wellness Management	<i>Works to identify a passion within the field of medical practice (2.1, 3.1, 3.3)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Identifies an outlet for personal stress and anxiety (8.2)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Identifies the signs, symptoms and triggers of personal stress and anxiety (8.1, 8.2)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Demonstrates ability to develop a personalized program for physical/mental health (8.2)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Recognizes and identifies when to seek help (8.1)</i>	<ul style="list-style-type: none"> • Self-assessment writing • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including Masters Colloquium • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
RP4: Conflict Resolution	<i>Demonstrates open-mindedness to the opinions and approaches of others (8.3)</i>	<ul style="list-style-type: none"> • Faculty feedback from Masters Colloquium sessions • Faculty feedback in pre-clerkship settings • Standardized patient evaluations, simulation and inter-professional exercises • OSCE • Patient case logs/journal

		<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty and resident evaluations during clinical clerkships • 360 degree evaluation instrument
	<i>Articulates opinions in a non-confrontational manner (8.3)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Standardized patient evaluations, simulation and inter-professional exercises • OSCE • 360 degree evaluation instrument
	<i>Formulates strategies to diffuse confrontational situations between team members and/or patient/family members and the patient care team (8.3)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Standardized patient evaluations, simulation and inter-professional exercises • OSCE • 360 degree evaluation instrument
	<i>Demonstrates ability to effectively negotiate with patients/family members to gain cooperation in the medical plan of treatment (1.7)</i>	<ul style="list-style-type: none"> • Evaluation by team members and peers in small group activities/clinical teams • Faculty feedback in pre-clerkship settings including team-based learning and Medical Skills courses • Faculty and resident evaluations during clinical clerkships • Standardized patient evaluations, simulation and inter-professional exercises • OSCE • 360 degree evaluation instrument • Patient survey

Refer to Appendix 4 for PLO Rubrics – College of Medicine

CNUCOM’s Co-Curricular Learning Outcomes (CoCuLOs)

Refer to Appendix 5 for CoCuLO Rubrics – College of Medicine

II. Quality of the MD program at COM



The students are expected to demonstrate competence in all the six domains of program outcomes which were adopted from ACGME (Accreditation Council for Graduate Medical Education). The session and course expected learning outcomes guide the students to learn the designated knowledge, skills and the behaviors. There are formative and summative assessments at appropriate points in the curriculum. Some of the assessment materials utilized are based on National Board of Examiners (NBME), which prepares the students for the board examinations. The course assessment ensures that these skills are being acquired and that the level of students' proficiency improves as they pass through all the phases of the program.

The MD program courses are continuously evaluated by the students and the faculty. The Assessment Committee ensures that the pedagogical methods employed and the assessments utilized are aligned with the expected course, programmatic, and the institutional learning outcomes. The Assessment Committee continuously collects data from the courses, analyzes the data, and uses the data to improve the courses and also to monitor the achievements of course and program objectives. The Assessment Committee prepares the assessment report at the end of each academic year. This document includes suggestions based on the feedback received by the Curriculum Committee. The Curriculum Committee decides on the follow up action based on the recommendations. The course directors are finally responsible for the follow up action on needed for the course. The Quality assurance team monitors the program continuously for improvement.

National Exams:

Students are advised to take the USMLE Step 1 at the end of Year Two and USMLE step 2 at the end of Year 4. Students are required to pass both exams.

Educational Resources:

- Credentials of CNUCOM faculty as educators and scholars
- Faculty development, and attendance of professional society meetings
- Diverse catalog of course offerings that convey learning outcomes and promote student success
- Library and access to library literature for teaching and research
- Tutoring and grade remediation to aid students with weak preparation or learning difficulties
- Availability of appropriate information technology and help desk services
- Dedicated staff who provide a full complement of student support services
- Availability of appropriate laboratory facilities for hands-on learning
- Availability of career advising services and student mentoring
- Direct access of students to personal mentoring by on-site faculty
- Research labs
- Anatomy lab
- High quality simulation labs/mannequins

Indicators of Student Success:

- Continuous monitoring of student performance by faculty, course directors, and the Assistant Dean for Student Affairs
- Early identification of students with academic issues and remediation
- Student performance on various national standardized tests; e.g., USMLE and Board exams.
- Graduation rate and time-to-degree metrics of the CNU
- Acceptance of graduates for residency programs
- Presentation of student research projects at meetings of various professional societies
- Performance of students in community service projects
- Student performance on standardized national examinations.

- Student academic progress and promotion in a timely manner.
- Graduation Questionnaire results.
- Residency Match outcomes.
- Progress as planned of all students through the levels of competency mastery.
- Completion by every student of all required PLOs by the end of the academic program.
- Completion by all students of required professional activities allowing seamless entry into residency.

Integrity

The integrity of the MD degree is characterized by the alignment of learning outcomes at all relevant levels and with the expectations of the professional accrediting bodies and associations (LCME and ACGME). The course directors ensure that there is an alignment of session objective/ Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs), using the curriculum map. The program outcomes are adapted from ACGME outcomes, which is a national requirement.

College of Medicine PLOs	ACGME General Competency Domains & Components
<p>PLO 1. Patient Care. Demonstrate ability to provide evidence-based care that is compassionate, respectful of patients' differences, values, and preferences. Demonstrate the ability to listen, clearly inform, communicate and educate patients for the promotion of health and the treatment of illness; advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health. Demonstrate ability to accurately evaluate relevant social and clinical information in the context of the patient's visit.</p>	<p>Competency Domain 1 – Patient Care</p> <ul style="list-style-type: none"> • communicate effectively; demonstrate caring and respectful behavior • gather essential and accurate information • make informed decisions about diagnostic and therapeutic interventions • develop and carry out patient management plans • perform competently medical and invasive procedures • provide patient counseling and education • use technology • provide preventive and health maintenance services • working with other care providers to provide patient-focused care
<p>PLO 2. Medical and Scientific Knowledge. Demonstrate knowledge about established and evolving biomedical and clinical sciences. Demonstrate ability to apply this knowledge to the practice of medicine. Demonstrate ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.</p>	<p>Competency Domain 2 – Medical Knowledge</p> <ul style="list-style-type: none"> • obtain biomedical, clinical, social-behavioral and epidemiological knowledge • demonstrate investigatory and analytic thinking <p>Competency Domain 3 – Practice-based Learning and Improvement</p> <ul style="list-style-type: none"> • identify strengths, deficiencies and limits in one's knowledge and experience • set learning and improvement goals • identify and perform appropriate learning activities • incorporate formative evaluative feedback into daily practice • systematically analyze practice and implement changes to improve practice • appraise and use scientific evidence • use technology to optimize learning • participate in the education of patients, families and other health professionals
<p>PLO 3. Communication and Interpersonal Skills. Demonstrate compassionate and effective interpersonal communication skills toward patients and families. Demonstrate ability to articulate information (written and oral) in an organized and clear manner in order to educate and inform patients, families, and colleagues.</p>	<p>Competency Domain 4 – Interpersonal and Communication Skills</p> <ul style="list-style-type: none"> • create and sustain a therapeutic, ethical relationships with patients • communicate effectively using listening, verbal, non-verbal, questioning, explanatory and writing skills • communicate effectively with patients, families and the public • communicate effectively with physicians, other health professionals and health-related agencies • work with other care providers as a team leader or member • act in a consultative role to other physicians, health-related agencies and policy-makers • maintain medical records
<p>PLO 4. Professionalism. Demonstrate a commitment to the highest standards of professional responsibility and adhere to ethical principles. Students should display the personal attributes of compassion, honesty, integrity, and cultural empathy in all interactions with patients, families, and the medical community.</p>	<p>Competency Domain 5 – Professionalism</p> <ul style="list-style-type: none"> • demonstrate respect, compassion and integrity, .. demonstrate responsiveness to patient needs that supersedes self-interest • demonstrate accountability to patients, society and the profession • demonstrate excellence and on-going professional development • demonstrate adherence to ethical principles • demonstrate sensitivity and responsiveness to diverse patient population • demonstrate respect for patient privacy and autonomy
<p>PLO 5. Healthcare Systems. Demonstrate knowledge of and responsibility to the larger context of health care (social, behavioral, economic factors). Demonstrate the ability to effectively call on system resources to provide optimal care.</p>	<p>Competency Domain 6 – Systems-based Practice</p> <ul style="list-style-type: none"> • understand how one's actions affect and are affected by the larger system • work in various healthcare delivery or public health settings • coordinate patient care • incorporate cost awareness and risk-benefit analysis • advocate for quality patient care and optimal health care or public health systems • work in inter-professional teams to enhance quality and safety • participate in identifying system errors

The course assessments ensure that the students achieve the required competencies which are defined by the program outcomes. The curriculum committee ensures that the assessments and teaching learning are aligned to the course / program outcomes. The achievement level for program outcomes are clearly defined by the PLO rubrics.

The integrity of the MD degree is maintained by clearly stated requirements for admission and graduation. The admission, promotion, and graduation criteria are clearly stated and published.

Students must maintain satisfactory academic progress (SAP), as outlined in the SAP Policy, in order to progress. CNUCOM has clearly defined promotion criteria within Phase A and from Phase A to Phase B (Year 1 to Year 2 promotion) and from Phase B to Phase C Year 3 to Year 4 promotion).

Assessment tools (Direct and indirect) are identified to ensure that the program outcomes are achieved. Students are expected to achieve each of the PLOs at the Developed level. The program outcomes and course objectives are published in the Curriculum management system and college website.

Degree integrity is further supported by a comprehensive program of learning outcomes' assessment at multiples levels across the institution. Graduation requirements include passing the USMLE Step 1 and the USMLE Step 2 CK and CS. Students must meet the educational goals and specific requirements of the curriculum at a passing level within the timeframe established by the Program and as recommended by the Student Promotions Committee. Students must attain the knowledge and skills, and develop capacity and behaviors required of a physician; Students must attain a level of clinical judgment which warrants entrustment by the Faculty in the student's independent practice; Students must demonstrate a sense of responsibility and social accountability to patients and the community; Students must comply with the School's standards of conduct, professionalism, and academic integrity.

Faculty verify students' readiness for graduation by following the degree conferral process initiated by the Registrar once all the final grades are posted; a list of eligible students is compiled, and faculty verify candidate preparedness for degree conferral pending completion of all graduating requirements. Finally, the Board of Trustees votes to confer the degrees. (BOT minutes doc)

Further, CNUCOM engages in a comprehensive program review process, which includes an analysis of statistical data summaries and learning outcome as well as a self-study process, a self-study program review report, and external review and report.

Student Achievement Results: Retention and Graduation

Class of 2017	Total New Graduate Enrollment Fall 2013		Students who fell back from previous class		Enrolled Spring 2016				Students who left the program						Students who fell back a year						Retention		
	# of students		# of students		# of students		% of Class Total		# of students		% of Class Total		% of # who left		# of students		% of Class Total		% of # who fell back		Retention		
Class total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Class total	114		9		103				11						4								90.4%
White, non-hispanic	8	15	1	1	7	12	6.8%	11.7%	1	3	0.9%	2.6%	9.1%	27.3%	0	1	0.0%	0.9%	0.0%	25.0%	87.5%	80.0%	
Black, non-hispanic	3	1	-	-	2	1	1.9%	1.0%	1	0	0.9%	0.0%	9.1%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	66.7%	100.0%	
Hispanic	0	4	-	-	0	4	0.0%	3.9%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	100.0%	
Asian	22	53	1	5	20	49	19.4%	47.6%	2	4	1.8%	3.5%	18.2%	36.4%	1	2	0.9%	1.8%	25.0%	50.0%	90.9%	92.5%	
Native Hawaiian or Pacific Islander	2	0	-	-	2	0	1.9%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	-	
American Indian or Alaskan Native	0	1	-	-	0	1	0.0%	1.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	100.0%	
Two or more races	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-	
Race/ ethnicity unknown	3	2	1	-	3	2	2.9%	1.9%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	
Non-resident Alien	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-	
Total	38	76	3	6	34	69	33.0%	67.0%	4	7	3.5%	6.1%	36.4%	63.6%	1	3	0.9%	2.6%	25.0%	75.0%	89.5%	90.8%	

Class of 2018	Total New Graduate Enrollment Fall 2014		Students who fell back from previous class		Students who transferred in during Fall 2016		Enrolled Spring 2016				Students who left the program						Students who fell back a year						Retention	
	# of students		# of students		# of students		# of students		% of Class Total		# of students		% of Class Total		% of # who left		# of students		% of Class Total		% of # who fell back		Retention	
Class total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Class total	120						119						120											97.5%
White, non-hispanic	6	17	1	-	-	-	7	15	5.9%	12.6%	0	1	0.0%	0.8%	0.0%	32.3%	0	1	0.0%	0.8%	0.0%	25.0%	100.0%	94.1%
Black, non-hispanic	2	0	-	-	-	-	1	0	0.8%	0.0%	1	0	0.8%	0.0%	33.3%	0.0%	0	0	0.0%	0.0%	0.0%	50.0%	-	
Hispanic	2	1	-	-	-	-	2	1	1.7%	0.8%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	100.0%	100.0%	
Asian	22	57	1	3	1	-	24	57	20.2%	47.9%	0	1	0.0%	0.8%	0.0%	33.3%	0	2	0.0%	1.7%	0.0%	50.0%	100.0%	98.2%
Native Hawaiian or Pacific Islander	1	1	-	-	-	-	1	0	0.8%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	1	0.0%	0.8%	0.0%	25.0%	100.0%	100.0%
American Indian or Alaskan Native	0	0	-	-	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	-	-	
Two or more races	3	0	-	-	-	-	3	0	2.5%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	100.0%	-	
Race/ ethnicity unknown	0	8	-	-	-	-	0	8	0.0%	6.7%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	-	100.0%	
Non-resident Alien	0	0	-	-	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	
Total	36	94	2	3	1	0	38	81	31.9%	68.1%	1	2	0.8%	1.7%	33.3%	66.7%	0	4	0.0%	3.3%	0.0%	100.0%	97.2%	97.6%

Class of 2019	Total New Graduate Enrollment Fall 2015		Students who fell back from previous class		Enrolled Spring 2016				Students who left the program						Students who fell back a year						Retention	
	# of students				# of students		% of Class Total		# of students		% of Class Total		% of # who left		# of students		% of Class Total		% of # who fell back		99.2%	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Class total	128				128					128					128							
White, non-hispanic	17	14	-	1	17	15	13.3%	11.7%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Black, non-hispanic	1	2	-	-	1	2	0.8%	1.6%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Hispanic	4	2	-	-	4	2	3.1%	1.6%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Asian	35	42	-	2	34	42	26.6%	32.8%	0	0	0.0%	0.0%	0.0%	0.0%	1	2	0.8%	1.6%	33.3%	66.7%	100.0%	100.0%
Native Hawaiian or Pacific Islander	2	0	-	1	2	1	1.6%	0.8%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	-
American Indian or Alaskan Native	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-
Two or more races	2	0	-	-	2	0	1.6%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	-
Race/ethnicity unknown	4	3	-	-	3	3	2.3%	2.3%	0	1	0.0%	0.8%	0.0%	100.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	66.7%
Non-resident Alien	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-
Total	65	63	0	4	63	65	49.2%	50.8%	0	1	0.0%	0.8%	0.0%	100.0%	1	2	0.8%	1.6%	33.3%	66.7%	100.0%	98.4%

Class of 2016	Total New Graduate Enrollment Fall 2012		Students who fell back from previous class		Graduating Spring 2016				Students who left the program						Students who fell back						Retention		Graduation	
	# of students				# of students		% of Class Total		# of students		% of Class Total		% of # who left		# of students		% of Class Total		% of # who fell back		93.5%		81.3%	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Class total	187	3			94				7					9										
White, non-hispanic	6	19	-	-	5	17	5.3%	15.9%	0	1	0.0%	14.3%	0.0%	14.3%	1	1	11.1%	11.1%	11.1%	11.1%	100.0%	94.7%	4.5%	15.5%
Black, non-hispanic	1	3	-	-	1	3	1.1%	3.2%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.9%	2.7%
Hispanic	4	5	-	-	1	3	1.1%	3.2%	0	2	0.0%	28.6%	0.0%	28.6%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	60.0%	0.9%	2.7%
Asian	24	42	-	-	22	35	23.4%	37.2%	1	2	0.5%	28.6%	14.3%	28.6%	1	5	11.1%	55.6%	11.1%	55.6%	95.8%	95.2%	20.0%	31.8%
Native Hawaiian or Pacific Islander	1	0	-	-	1	0	1.1%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	100.0%	-	0.9%	0.0%
American Indian or Alaskan Native	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-	0.0%	0.0%
Two or more races	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-	0.0%	0.0%
Race/ethnicity unknown	1	1	2	1	1	1	1.1%	1.1%	1	0	0.5%	0.0%	14.3%	0.0%	1	0	11.1%	0.0%	11.1%	0.0%	0.0%	100.0%	0.9%	0.9%
Non-resident Alien	0	0	-	-	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	-	-	0.0%	0.0%
Total	37	70	2	1	31	59	33.0%	60.6%	2	5	1.9%	71.4%	28.6%	71.4%	3	6	33.3%	66.7%	33.3%	66.7%	94.6%	92.9%	28.2%	53.6%

Student Achievement: Student Learning Outcomes

APPE performance

PLOs	Class of 2012	Class of 2013	Class of 2014	Class of 2015	Class of 2016
1	P	P	P	P	P
2	P	P	P	P	P
3	P	P	P	P	D
4	P	P	P	P	P
5	P	P	P	P	P

Key

- Initial
- Developing
- Developed
- Proficient

Board Pass Rates:

Pharmacist Licensure Exams

I. North American Pharmacists Licensure Examination (NAPLEX)

NAPLEX Graduate Pass Rate*

Graduate Year	Pass Rate
2012	98.7%
2013	89.9%
2014	91%
2015	97.7%

* Based on 1st Trimester Report

II. California Pharmacist Jurisprudence Examination (CPJE)

CPJE Graduate Pass Rate

Graduate Year	Pass Rate
2012	98.5%
2013	88%
2014	92.7%
2015	89.7

Appendix 1

Program Learning Outcomes Rubrics for College of Health Science

PLO 1: Core Sciences and Mathematics. Demonstrate knowledge of the core sciences and mathematics.

Indicator	Initial	Developing	Developed	Proficient
1.1 Identify scientific and mathematical terms, facts, concepts, principles, theories, and methods	<ul style="list-style-type: none"> Does not identify scientific and mathematical terms, facts, concepts, principles, theories, and methods 	<ul style="list-style-type: none"> Correctly identifies a few scientific and mathematical terms, facts, concepts, principles, theories, and methods Student may misidentify some critical terms, facts, concepts, principles, theories, and methods 	<ul style="list-style-type: none"> Correctly identifies most scientific and mathematical terms, facts, concepts, principles, theories, and methods Demonstrates the ability to discuss in context most scientific and mathematical terms, facts, concepts, principles, theories, and methods 	<ul style="list-style-type: none"> Correctly identifies and thoroughly explains all relevant scientific and mathematical terms, facts, concepts, principles, theories, and methods in context
1.2 Apply knowledge in order to analyze, create, and evaluate	<ul style="list-style-type: none"> Does not apply knowledge in order to analyze, create, and evaluate 	<ul style="list-style-type: none"> Attempts to apply knowledge yet makes mistakes that impede the ability to properly analyze, create, or evaluate 	<ul style="list-style-type: none"> Generally applies knowledge in a way that enhances the ability to analyze, create and evaluate 	<ul style="list-style-type: none"> Consistently applies knowledge appropriately that allows for thorough analysis, creation, and evaluation in context
1.3 Communicate knowledge through writing, speech, or graphical representation	<ul style="list-style-type: none"> Does not communicate knowledge through writing, speech, and graphical representation 	<ul style="list-style-type: none"> Attempts to communicate, but misrepresents, misinterprets, or misunderstands knowledge or data 	<ul style="list-style-type: none"> Communicates an adequate amount of knowledge in writing, speech, or graphical representation 	<ul style="list-style-type: none"> Thoroughly communicates all relevant knowledge through writing, speech, or graphical representation leading to a thoughtful exchange of information

PLO 2: Arts and Humanities. Demonstrate understanding of how the arts and humanities enhance health, well-being, and healthcare practice and delivery.

Indicators	Initial	Developin	Developed	Proficient
2.1 Describe and analyze and the way in which the arts and humanities have contributed to one's understanding of the human experience	<ul style="list-style-type: none"> Does not describe the way in which the arts and humanities have contributed to one's understanding of the human experience 	<ul style="list-style-type: none"> Does not sufficiently describe the way in which the arts and humanities have contributed to one's understanding of the human experience 	<ul style="list-style-type: none"> Sufficiently describes the way in which the arts and humanities have contributed to one's understanding of the human experience; analyzes and articulates one's own understanding of the human experience 	<ul style="list-style-type: none"> Thoroughly describes the way in which the arts and humanities have contributed to one's understanding of the human experience; thoroughly analyzes one's own understanding of the human experience and demonstrates ability to apply this understanding to contribute positively to the human condition
2.2 Demonstrate understanding of how the arts can be utilized to optimize patients' well-being	<ul style="list-style-type: none"> Does not demonstrate understanding of how the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrate knowledge of some of the ways that the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrates sufficient knowledge of multiple ways that the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrates thorough knowledge of the ways that the arts can be utilized to optimize patients' well-being and creatively applies this knowledge to improve well-being and the practice and delivery of healthcare
2.3 Demonstrate understanding of the way in which the humanities helps one better understand societal and cultural challenges and the way in which such an understanding provides insight, enabling one to cope with a changing future	<ul style="list-style-type: none"> Does not demonstrate understanding of the way in which the humanities helps one better understand societal and cultural challenges 	<ul style="list-style-type: none"> Demonstrate understanding of some ways in which humanities helps the understanding of societal and cultural challenges, but such an understanding only partially functions to inform one's insight to cope with a changing future 	<ul style="list-style-type: none"> Demonstrate understanding of various ways in which humanities helps one's understanding for societal and cultural challenges, and such an understanding only functions to inform one's insight to cope with a changing future but does not influence one's actions in a global context 	<ul style="list-style-type: none"> Demonstrate understanding of various ways in which humanities helps one's understanding for societal and cultural challenges and the way in which such an understanding informs one's insight to cope with a changing future and influences one's actions in a global context to better societal conditions

PLO 3: Healthcare Delivery Systems. Demonstrate understanding of the collaborative nature of healthcare delivery.

Indicators	Initial	Developing	Developed	Proficient
3.1 Demonstrate understanding of healthcare delivery systems parts and their respective relationships	<ul style="list-style-type: none"> Does not demonstrate understanding of healthcare delivery systems parts 	<ul style="list-style-type: none"> Demonstrates understanding of some parts of healthcare delivery systems but does not identify how they are related to each other 	<ul style="list-style-type: none"> Demonstrates understanding of most major components of healthcare systems and their respective relationships 	<ul style="list-style-type: none"> Demonstrates understanding of all major components of healthcare systems, their respective relationships, and their functions related to patient care
3.2 Demonstrate understanding of the forces that influence individual parts of healthcare delivery systems and how they affect patient care	<ul style="list-style-type: none"> Does not demonstrate understanding of the forces that influence components of the healthcare delivery system, including their connection to patient care 	<ul style="list-style-type: none"> Demonstrates understanding of some forces that influence the parts of healthcare delivery systems, but demonstrates minimal understanding of their connection to patient care 	<ul style="list-style-type: none"> Demonstrates understanding of the forces that influence the components of healthcare delivery systems, and demonstrates some understanding of their influence on the quality of patient care 	<ul style="list-style-type: none"> Demonstrates thorough understanding of the forces that influence components of healthcare delivery systems and demonstrates full understanding of their influence and implications on the quality of patient care
3.3 Demonstrate understanding of major challenges that affect delivery of healthcare	<ul style="list-style-type: none"> Does not demonstrate understanding of any challenges to systems that affect healthcare delivery 	<ul style="list-style-type: none"> Demonstrates understanding of some challenges that can affect delivery of healthcare 	<ul style="list-style-type: none"> Demonstrates understanding of most challenges that can affect delivery of healthcare, but does not demonstrate complete comprehension of the effects 	<ul style="list-style-type: none"> Demonstrates understanding of pertinent challenges to specific aspects of healthcare delivery by demonstrating abilities to thoroughly discuss the implications for the appropriate parts of health care delivery systems
3.4 Demonstrate understanding of how to work with the different subsystems to deliver healthcare	<ul style="list-style-type: none"> Does not demonstrate understanding of how to work with different subsystems to deliver healthcare 	<ul style="list-style-type: none"> Demonstrates some understanding of how to work with different subsystems and how they function to deliver healthcare, but demonstrates minimal awareness or understanding of one's own role within the healthcare delivery system 	<ul style="list-style-type: none"> Demonstrates understanding of how to work with different subsystems and how they function to deliver healthcare and demonstrates some understanding of one's role within the healthcare delivery system, but does not necessarily demonstrate application of knowledge in a manner that maximizes the quality of healthcare 	<ul style="list-style-type: none"> Demonstrates thorough understanding of how to work with different subsystems involved while also demonstrating understanding of one's role within the subsystems, and demonstrate appropriate application of knowledge in a manner that maximizes the quality of healthcare

PLO 4: Professional Interaction. Communicate with respect, empathy, and cultural competence.

Indicators	Initial	Developing	Developed	Proficient
4.1 Demonstrate professional communication and interactions with patients and the community	<ul style="list-style-type: none"> Does not demonstrate communication and interactions that convey respect or concern for patients and the community. 	<ul style="list-style-type: none"> Demonstrate communication and interactions characteristic of a minimal level of respect, and little concern for patients and the community is apparent through use of some appropriate communication, but student does not employ follow-up questions for clarification, when necessary, and student provides inappropriate detail in responses 	<ul style="list-style-type: none"> Demonstrate appropriate communication and interactions that are characteristic of a basic level of respect, and concern for patients and the community is apparent through use of appropriate communication, where student uses some clear, but not necessarily relevant or detailed, follow-up questions and responses 	<ul style="list-style-type: none"> Demonstrate professional communication and interactions by showing empathy, respect, and concern for patients and the community through use of appropriate communication where follow-up questions (as needed) and responses are clear, relevant, and detailed
4.2 Demonstrate respectful and responsive behaviors towards health beliefs and practices of diverse patients	<ul style="list-style-type: none"> Does not demonstrate an awareness of customs, beliefs, or perspectives in diverse patients 	<ul style="list-style-type: none"> Demonstrate a minimal level of awareness of customs, beliefs, or perspectives in diverse patients 	<ul style="list-style-type: none"> Demonstrate awareness of customs and beliefs, but may not clarify with patients about personal perspectives 	<ul style="list-style-type: none"> Demonstrate awareness of customs, beliefs, or perspectives in diverse patients Asks appropriate questions to clarify perspectives and perceptions in diverse patients
4.3 Demonstrate awareness and responsiveness to the cultural and linguistic needs of diverse patients	<ul style="list-style-type: none"> Does not demonstrate awareness of cultural and linguistic needs of patients in order to communicate health information 	<ul style="list-style-type: none"> Demonstrate minimal awareness of cultural and linguistic needs of patients; either does not or only attempt to adapt behaviors, but does so ineffectively, to communicate health information 	<ul style="list-style-type: none"> Demonstrate awareness of the cultural and linguistic needs of diverse patients, and adapt behaviors to communicate health information, but communication may not be effective 	<ul style="list-style-type: none"> Demonstrate full awareness of and responsiveness to cultural and linguistic needs of diverse patients by adapting behaviors appropriately in order to effectively communicate health information

PLO 5: Social Accountability and Community Service. Acts with social accountability and demonstrates commitment to community service.

Indicators	Initial	Developing	Developed	Proficient
5.1 Demonstrates accountability for actions	<ul style="list-style-type: none"> Does not demonstrate accountability for own actions 	<ul style="list-style-type: none"> Demonstrates accountability for some actions, such as those contributing to successes, but generally attempts to hold others responsible for failures 	<ul style="list-style-type: none"> Demonstrates accountability for actions by taking ownership in the outcomes, both failures and successes, but may not necessarily initiate actions to remedy failures 	<ul style="list-style-type: none"> Demonstrates accountability for actions by taking ownership of the outcomes, both failures and successes, by initiating actions to remedy failures
5.2 Contributes to the betterment of the community and surroundings	<ul style="list-style-type: none"> Does not participate in projects to better the community or surroundings 	<ul style="list-style-type: none"> Participates in projects solely designed by others but takes little initiation to offer input that contributes to the short-term or long-term improvement of the community 	<ul style="list-style-type: none"> Engages in projects mostly designed by others, but also offers input as needed to better the community in a manner that takes into account both its short-term and long-term interests 	<ul style="list-style-type: none"> Designs and implements projects by offering effective input as needed to better the community in a manner that takes into account both its short-term and long-term interests
5.3 Participates in community service events	<ul style="list-style-type: none"> Does not participate in community service events in any way 	<ul style="list-style-type: none"> Is present at but does not participate in events to the extent where efforts serve to benefit the community 	<ul style="list-style-type: none"> Actively participates in events where efforts largely function to benefit the community 	<ul style="list-style-type: none"> Leads or coordinates events where efforts function to not only benefit but promote the community

Appendix 2

Program Learning Outcomes Rubrics for College of Pharmacy

PLO 1: Foundational Knowledge. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care

Indicators	Initial	Developing	Developed	Proficient
<p>1.1. Evaluation of scientific literature Develops, integrates, and applies knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature</p>	<ul style="list-style-type: none"> Does not demonstrate ability to conduct a literature search or search is not conducted logically or thoughtfully 	<ul style="list-style-type: none"> Conducts an elementary, literature search that does not address areas appropriate for informing development a patient-specific therapy 	<ul style="list-style-type: none"> Conducts an evidenced-based literature search to inform development of a therapy that is generally patient-specific and appropriate 	<ul style="list-style-type: none"> Conducts a thorough, evidenced-based literature search that fully addresses all areas necessary for developing an effective patient-specific therapy
<p>1.2. Explanation of drug action Develops, integrates, and applies knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action</p>	<ul style="list-style-type: none"> Does not demonstrate understanding of the qualitative factors affecting the absorption, distribution, and elimination of drugs and does not demonstrate understanding of how these processes affect response to an administered drug Fails to correctly explain these processes; cannot relate these processes to drug response; rarely explains the impact of one drug on the rate processes of another drug 	<ul style="list-style-type: none"> Demonstrates partial understanding of the qualitative factors affecting the absorption, distribution, and elimination of drugs yet does not demonstrate understanding of how these processes affect response to an administered drug Explains some processes clearly but demonstrates confusion about others Demonstrates a limited understand of the relationship between the rate processes and drug response Sometimes correlates the impact of one drug on the rate processes of another drug 	<ul style="list-style-type: none"> Displays sufficient understanding of the qualitative factors affecting the absorption, distribution, and elimination of drugs and how these processes affect response to an administered drug Demonstrates sufficient understanding of the processes related to biological drug levels Demonstrates a good understanding of the relationship between rate processes and the response to a drug most of the time Frequently correlates the impact of one drug on the rate processes of another drug 	<ul style="list-style-type: none"> Displays a superb understanding of the qualitative factors affecting the absorption, distribution, and elimination of drugs and how these processes affect response to an administered drug Demonstrates superb understanding of the processes related to biological drug levels Consistently explains these processes clearly Consistently and clearly relates rate processes to the response to a drug Consistently correlates the impact of one drug on the rate processes of another drug
<p>1.3. Advancement of population health Develops, integrates, and applies knowledge from the foundational sciences (i.e.,</p>	<ul style="list-style-type: none"> Demonstrates little or no comprehension of important epidemiologic principles Does not identify methods that promote wellness and disease prevention 	<ul style="list-style-type: none"> Demonstrates minimal awareness of major epidemiologic principles inherent to the study of ADE in large populations Identifies elementary methods that promote wellness and disease prevention but has difficulty forming strategies for educating specific populations 	<ul style="list-style-type: none"> Discusses epidemiologic principles in detail and assesses when they are violated in the medical literature Identifies appropriate methods that promote wellness and disease prevention, formulates strategies to educate specific populations and recommends appropriate strategies but may not always recommend the best strategies 	<ul style="list-style-type: none"> Demonstrates the ability to evaluate reports and apply knowledge in clinical practice Identifies appropriate methods that promote wellness and disease prevention, formulates effective strategies to educate specific populations, and recommend appropriate strategies
<p>biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to advance population health and patient-centered care</p>	<p>that promote wellness and disease prevention</p>	<ul style="list-style-type: none"> Identifies elementary methods that promote wellness and disease prevention but has difficulty forming strategies for educating specific populations 	<ul style="list-style-type: none"> Identifies appropriate methods that promote wellness and disease prevention, formulates strategies to educate specific populations and recommends appropriate strategies but may not always recommend the best strategies 	<p>methods that promote wellness and disease prevention, formulates effective strategies to educate specific populations, and recommend appropriate strategies</p>

PLO 2: Essentials for Practice and Care. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care

Indicators	Initial	Developing	Developed	Proficient
2.1. Patient-centered care Demonstrates ability to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities)	<ul style="list-style-type: none"> Does not demonstrate ability to provide patient-centered care at the medication expert level; e.g., demonstrates ability to collect but not sufficiently interpret evidence, does not prioritize, formulates basic assessments and recommendations, does not sufficiently monitor and adjust plans nor document activities. 	<ul style="list-style-type: none"> Demonstrates ability to provide patient-centered care as the medication expert in some, but not all, areas as follows: collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities 	<ul style="list-style-type: none"> Demonstrates ability to provide patient-centered care as the medication expert (generally demonstrates ability to collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities) 	<ul style="list-style-type: none"> Demonstrates ability to provide sufficient patient-centered care as the medication expert (collects and interprets evidence, prioritizes, formulates assessments and recommendations, implements, monitors and adjusts plans, and documents activities)
2.2. Medication use and systems management Demonstrates ability to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems	<ul style="list-style-type: none"> Does not demonstrate understanding of healthcare delivery systems parts Does not demonstrate understanding of the forces that influence components of the healthcare delivery system, including their connection to patient care Does not demonstrate understanding of any challenges to systems that 	<ul style="list-style-type: none"> Demonstrates understanding of some parts of healthcare delivery systems but does not identify how they are related to each other Demonstrates understanding of some forces that influence the parts of healthcare delivery systems, but demonstrate minimal understanding of 	<ul style="list-style-type: none"> Demonstrates understanding of most major components of healthcare systems and their respective relationships Demonstrates understanding of the forces that influence the components of healthcare delivery systems, and demonstrate some understanding of their 	<ul style="list-style-type: none"> Demonstrates understanding of the major components of healthcare systems, their respective relationships, and their functions related to patient care Demonstrates thorough understanding of the forces that influence components of healthcare delivery systems and demonstrate
	<ul style="list-style-type: none"> affect healthcare delivery Does not demonstrate understanding of how to work with different subsystems to deliver healthcare 	<ul style="list-style-type: none"> their connection to patient care Demonstrates understanding of some challenges that can affect delivery of healthcare Demonstrates some understanding of how to work with different subsystems and how they function to deliver healthcare, but demonstrate minimal awareness or understanding of one's own role within the healthcare delivery system 	<ul style="list-style-type: none"> influence on the quality of patient care Demonstrates understanding of most challenges that can affect delivery of healthcare, but does not demonstrate complete comprehension of the effects Demonstrates basic understanding of how to work with different subsystems and how they function to deliver healthcare and demonstrate some understanding of one's role within the healthcare delivery system, but does not necessarily demonstrate application of knowledge in a manner that maximizes the quality of healthcare 	<ul style="list-style-type: none"> full understanding of their influence and implications on the quality of patient care Demonstrates understanding of pertinent challenges to specific aspects of healthcare delivery by demonstrating abilities to thoroughly discuss the implications for the appropriate parts of health care delivery systems Demonstrates excellent understanding of how to work with different subsystems involved while also demonstrating understanding of one's role within the subsystems, and demonstrate appropriate application of knowledge in a manner that maximizes the quality of healthcare
2.3. Health and wellness Designs prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness	<ul style="list-style-type: none"> Does not demonstrate understanding of how the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrates knowledge of some of the ways that the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrates sufficient knowledge of multiple ways that the arts can be utilized to optimize patients' well-being 	<ul style="list-style-type: none"> Demonstrates thorough knowledge of the ways that the arts can be utilized to optimize patients' well-being and creatively applies this knowledge to improve well-being and the practice and delivery of healthcare
2.4. Population-based care Demonstrates understanding of how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices	<ul style="list-style-type: none"> Does not demonstrate awareness of population-based care. 	<ul style="list-style-type: none"> Demonstrates minimal understanding of population-based care and how it influences patient-centered care Does not demonstrate awareness of how these notions influence the development of practice 	<ul style="list-style-type: none"> Demonstrates sufficient understanding of population-based care and how it influences patient-centered care Demonstrates sufficient understanding of how population-based care influences the development 	<ul style="list-style-type: none"> Demonstrates superb understanding of population-based care and how it influences patient-centered care Demonstrates superb understanding of how population-based care influences the development
		guidelines	of practice guidelines and best practices for patient care	of practice guidelines and demonstrates knowledge of best practices for patient care

PLO 3: Approach to Practice and Care. Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally

Indicators	Initial	Developing	Developed	Proficient
<p>3.1. Problem solving Identifies problems; explore and prioritize potential strategies; and designs, implements, and evaluates viable solutions</p>	<ul style="list-style-type: none"> • Is not able to correctly identify the problem or issue being considered. • Does not identify appropriate resources. Includes extraneous information or inappropriate or insufficient resources. • Does not demonstrate understanding of the content of materials reviewed. Makes inappropriate inferences. • Does not evaluate possible alternatives or generates ideas that are illogical or extraneous to issue at hand. • Does not propose a solution or does not articulate decision. • Does not adequately provide rationale for selected alternative or decision 	<ul style="list-style-type: none"> • Identifies the problem or issue but does not demonstrate awareness of all the factors associated with the problem or issues that impact decision making. • Identifies a few, but not all, resources needed for decision making. • Demonstrates ability to interpret some information and data but not all. • Does not fully or effectively evaluate alternative solutions. • Proposes a decision with many apparent weaknesses (i.e., not feasible, lack of regard for consequences, lack of supporting evidence, illogical, irrelevant to issue at hand, etc.). • Provides rationale for selected alternative or decision but does not build a solid position with supporting evidence. Is unable to defend decision or course of action. 	<ul style="list-style-type: none"> • Correctly identifies problem or issue being considered and demonstrates adequate awareness of the factors associated with this problem or issue that impact decision making. • Identifies most of the resources needed. • Demonstrates ability to interpret most information and data. • Considers and evaluates possible solutions in a way that generally leads to a logical decision or course of action. • Proposes a solution that does not contain apparent weaknesses that may or may not be the obvious clear choice. Solutions chosen demonstrate consideration of most of the strengths, weaknesses, feasibility, effects, consequences, relevance, etc.). • Provides rationale for selected alternative or 	<ul style="list-style-type: none"> • Consistently correctly identifies the problem or issue being considered and all of the primary factors associated with this problem or issue that impact decision making. Articulates the importance of these factors. • Identifies all appropriate resources. • Demonstrates ability to correctly interpret information and data needed for appropriate decision making. Demonstrates awareness of importance of these data in decision-making process. • Considers and evaluates possible solutions effectively and thoroughly. Evaluation leads to sound, logical, and “best” decision or course of action. • Proposes a solution that is entirely appropriate to the situation at hand. Solutions chosen demonstrate consideration of all of the important and relevant
			<p>decision which includes some solid supporting evidence. Is able to defend decision or course of action at a basic level.</p>	<p>strengths, weaknesses, feasibility, effects, consequences, etc.).</p> <ul style="list-style-type: none"> • Provides rationale for selected alternative or decision and builds a solid position with appropriate and relevant supporting evidence. Effectively defends decision or course of action.
<p>3.2. Education Demonstrates ability to educate all audiences through effectively communicating information and assessing learning</p>	<ul style="list-style-type: none"> • Does not appropriately counsel patients on proper usage of medications • Does not check for understanding, ask questions, and/or asks inappropriate questions. • Does not demonstrate the ability to find and utilize appropriate resources and references necessary for providing accurate pharmacotherapy counseling, consultation and education 	<ul style="list-style-type: none"> • Counsels patients regarding medication usage but leaves out pertinent information needed by patient • Communicates with basic level of clarity but does not always check for understanding or rephrase when confusion occurs. • Demonstrates the ability to find a one or two resources, yet the resources are not the best or most appropriate for providing accurate pharmacotherapy counseling, consultation and education 	<ul style="list-style-type: none"> • Generally demonstrates ability to counsel patients on proper usage of medications and demonstrates some of the following counseling techniques: demonstrates empathy, communicates accurate information clearly, checks for understanding • Seeks to ensure understanding and generally asks questions. • Frequently demonstrates the ability to find and utilize appropriate resources and references necessary for providing accurate pharmacotherapy counseling, consultation and education 	<ul style="list-style-type: none"> • Consistently demonstrates ability to counsel patients on proper usage of medications and demonstrate appropriate counseling techniques (demonstrates empathy, communicates accurate information clearly, checks for understanding) • Ensures understanding and asks appropriate questions. • Consistently demonstrates the ability to find and utilize appropriate resources and references for providing accurate pharmacotherapy counseling, consultation and education
<p>3.3. Patient advocacy Represents the patient’s best interests</p>	<ul style="list-style-type: none"> • Does not demonstrate the ability represent a patient’s best interest 	<ul style="list-style-type: none"> • Demonstrates awareness of issues that impact a patient • Demonstrates minimal ability to articulate these issues but does not demonstrate ability to sufficiently advocate on a patient’s behalf 	<ul style="list-style-type: none"> • Demonstrates sufficient awareness of issues that impact a patient • Demonstrates ability to articulate these issues • Demonstrates ability to sufficiently advocate on a patient’s behalf 	<ul style="list-style-type: none"> • Demonstrates full awareness of the most important issues that impact a patient • Demonstrates ability to clearly and effectively articulate these issues • Demonstrates ability to

				effectively advocate on a patient's behalf
3.4. Collaboration Engages collaboratively as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs	<ul style="list-style-type: none"> Does not participate in the team Does not demonstrate willingness to collaborate with preceptor/staff. Is not responsive. Does not demonstrate respect for others Does not demonstrate a focus on patient care Does not foster integrity, honesty, and respect in working relationships 	<ul style="list-style-type: none"> Reluctantly participates in team discussions and if so, only when asked by team members Collaborates with preceptor/staff in a way that focuses on oneself rather than the team—or does not always seek to collaborate with others. Demonstrates an attempt to foster integrity, honesty, and respect in working relationships yet exhibits lapses in one or more of these values 	<ul style="list-style-type: none"> Generally takes an active role in teamwork that produces positive outcomes for patients Collaborates with preceptor/staff in a way that generally enhances communication and promotes teamwork but does not always improve performance. Generally demonstrates integrity, honesty, and respect in order to foster collaborative working relationships 	<ul style="list-style-type: none"> Consistently takes an active role in teamwork that produces positive outcomes for patients Collaborates with preceptor/staff in a way that enhances communication, performance, and teamwork. Consistently demonstrates the highest level of integrity, honesty, and respect in order to foster collaborative working relationships
3.5. Cultural sensitivity Identifies social determinants of health and acts to diminish disparities and inequities in access to quality care	<ul style="list-style-type: none"> Does not demonstrate communication and interactions that convey respect or concern for patients and the community. Does not demonstrate an awareness of customs, beliefs, or perspectives in diverse patients Does not demonstrate awareness of cultural and linguistic needs of patients in order to communicate health information 	<ul style="list-style-type: none"> Demonstrates communication and interactions characteristic of a minimal level of respect, and little concern for patients and the community is apparent through use of some appropriate communication, but student does not employ follow-up questions for clarification, when necessary, and student provides inappropriate detail in responses Demonstrates a minimal level of awareness of customs, beliefs, or perspectives in diverse patients Demonstrates minimal 	<ul style="list-style-type: none"> Demonstrates appropriate communication and interactions that are characteristic of a basic level of respect, and concern for patients and the community is apparent through use of appropriate communication, where student uses some clear, but not necessarily relevant or detailed, follow-up questions and responses Demonstrates awareness of customs and beliefs, but may not clarify with patients about personal perspectives Demonstrates awareness of the cultural and linguistic needs of diverse patients, 	<ul style="list-style-type: none"> Demonstrates professional communication and interactions by showing empathy, respect, and concern for patients and the community through use of appropriate communication where follow-up questions (as needed) and responses are clear, relevant, and detailed Demonstrates awareness of customs, beliefs, or perspectives in diverse patients; ask appropriate questions to clarify perspectives and perceptions in diverse patients Demonstrates full awareness of and
		awareness of cultural and linguistic needs of patients; either does not or only attempt to adapt behaviors, but does so ineffectively, to communicate health information	and adapt behaviors to communicate health information, but communication may not be effective	responsiveness to cultural and linguistic needs of diverse patients by adapting behaviors appropriately in order to effectively communicate health information
3.6. Communication Effectively communicates verbally and nonverbally when interacting with individuals, groups, and organizations	<ul style="list-style-type: none"> Does not demonstrate an understanding of active and empathic listening techniques to decrease communication barriers Demonstrates highly inappropriate and ineffective use of nonverbal cues (e.g., paralinguage, gestures, facial expressions) that create uncomfortable, perhaps even hostile, misunderstandings between the patient and student. 	<ul style="list-style-type: none"> Demonstrates minimal basic active listening techniques Demonstrates use of nonverbal cues (e.g., paralinguage, gestures, facial expressions) when interacting with patients, but the use of these cues may contradict the verbal message, creating confusion between the patient and student 	<ul style="list-style-type: none"> Frequently utilizes active and empathic listening strategies during patient counseling to decrease the impact of communication barriers Demonstrates use of nonverbal cues (e.g., paralinguage, gestures, facial expressions) appropriate to the context where the student creates mutual understanding with the patient in an open, comfortable communicative environment 	<ul style="list-style-type: none"> Consistently utilizes active and empathic listening strategies during patient counseling to decrease the impact of communication barriers Demonstrates effective use of nonverbal cues (e.g., paralinguage, gestures, facial expressions) appropriate to the context where the student creates mutual understanding with and respect for the patient in an open, communicative environment

PLO 4: Personal and Professional Development. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation, entrepreneurship, and professionalism

Indicators	Initial	Developing	Developed	Proficient
<p>4.1. Self-awareness Examines and reflects on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth</p>	<ul style="list-style-type: none"> Does not demonstrate self-awareness, particularly of own biases and emotions that could impact patient outcomes 	<ul style="list-style-type: none"> Demonstrates minimal degree of self-awareness in terms of identifying own beliefs Demonstrates rudimentary ability to reflect on own knowledge, skills, abilities, and experiences 	<ul style="list-style-type: none"> Demonstrates self-awareness in terms of identifying beliefs and ability to reflect on own knowledge, skills, and abilities Demonstrates awareness of own motivations and emotions and some of own biases; demonstrates recognition of how these could impact patient care 	<ul style="list-style-type: none"> Consistently demonstrates professional attitudes and behaviors that uphold the integrity and competence of the work completed. Consistently demonstrates awareness of own motivations, emotions, and biases; demonstrates recognition of how these could impact patient care and outcomes and the
			<ul style="list-style-type: none"> and outcomes and the ability to function well on a healthcare team; acts in ways that mitigate harm from biases, beliefs, and emotions Seeks opportunities for personal growth and self-directed learning 	<ul style="list-style-type: none"> ability to function well on a healthcare team; regularly acts to prevent harm to others Regularly seeks opportunities for personal growth and self-directed learning
<p>4.2. Leadership Demonstrates responsibility for creating and achieving shared goals, regardless of position</p>	<ul style="list-style-type: none"> Functions to satisfy personal needs rather than those of the healthcare team 	<ul style="list-style-type: none"> Demonstrates minimal ability to contribute toward shared goals; does not lead but participates willingly 	<ul style="list-style-type: none"> Generally demonstrates attitudes and behaviors that respond to the accomplishment of shared goals that improve healthcare Demonstrates ability to work well with others to co-create shared goals Regularly takes responsibility for projects that improve healthcare 	<ul style="list-style-type: none"> Consistently demonstrates appropriate attitudes and behaviors that contribute to the accomplishment of shared goals that improve healthcare Demonstrates ability to work well with people and systems and to drive the creation, development, and implementation of shared goals that improve healthcare
<p>4.3. Innovation and entrepreneurship Engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals</p>	<ul style="list-style-type: none"> Does not demonstrate ability to use innovation or creative thinking to accomplish professional goals 	<ul style="list-style-type: none"> Demonstrates rudimentary ability to think creatively Engages in innovative activities that others devise Demonstrates willingness to work with others to accomplish professional goals 	<ul style="list-style-type: none"> Demonstrates creative thinking in problem solving Directs creative thinking toward improving healthcare support and the accomplishment of professional goals 	<ul style="list-style-type: none"> Regularly uses creative thinking to devise and execute innovative solutions to healthcare challenges and to improve healthcare support
<p>4.4. Professionalism Demonstrates behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society</p>	<ul style="list-style-type: none"> Does not consistently demonstrate professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) Demonstrates frequent lapses in accountability or quality of work 	<ul style="list-style-type: none"> Demonstrates some professional attitudes and behaviors yet there is inconsistency that may impede on the quality of work or treatment of patients and other healthcare team members (altruism, excellence, duty, accountability, honesty, and integrity) 	<ul style="list-style-type: none"> Generally demonstrates most of the professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) that are required in the profession Demonstrates ability to use these behaviors and values to improve healthcare 	<ul style="list-style-type: none"> Consistently demonstrates the professional attitudes and behaviors that uphold the integrity and competence of the work and the treatment of patients and other healthcare team professionals (altruism, excellence, duty, accountability, honesty, and integrity) Consistently uses these behaviors and values to improve healthcare
		<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> integrity) Consistently uses these behaviors and values to improve healthcare

PLO 5: Interprofessional Competence. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice

Indicators	Initial	Developing	Developed	Proficient
<p>5.1. Values and ethics Demonstrates ability to work with individuals of other professions to cultivate a climate of mutual respect and shared values</p>	<ul style="list-style-type: none"> Does not demonstrate ability to work well with individuals of other professions Does not demonstrate respect or shared values 	<ul style="list-style-type: none"> Demonstrates rudimentary ability to work with individuals of other professions Makes attempts to act respectfully and to support shared values Behavior does not always align with these values (e.g., might exhibit lapses in accountability or confidentiality) 	<ul style="list-style-type: none"> Generally demonstrates ability to work well with individuals of other professions Demonstrates ability to cultivate a climate of mutual respect and shared values (i.e., accountability, confidentiality, trust, integrity, honesty) 	<ul style="list-style-type: none"> Consistently demonstrates ability to work effectively with individuals of other professions Consistently cultivates a climate of mutual respect and shared values (i.e., accountability, confidentiality, trust, integrity, honesty)
<p>5.2. Roles and responsibilities Uses the knowledge of one's own role and those of other professions to assess and address the healthcare needs of the patients and populations served</p>	<ul style="list-style-type: none"> Does not use the knowledge of one's own role and those of other professions to assess and address the healthcare needs 	<ul style="list-style-type: none"> Demonstrates awareness of one's own role and those of other professions yet does not use this knowledge to address healthcare needs 	<ul style="list-style-type: none"> Generally uses the knowledge of one's own role and those of other professions to appropriately assess the healthcare needs of the patients and populations served but does not fully address these needs 	<ul style="list-style-type: none"> Consistently and appropriately uses the knowledge of one's own role and those of other professions to assess and address the healthcare needs of the patients and populations served
<p>5.3. Interprofessional communication Demonstrates ability to communicate with patients, families, communities, and other health professionals</p>	<ul style="list-style-type: none"> Does not demonstrate ability to communicate with patients, families, communities, and other health professionals in a responsive and responsible manner 	<ul style="list-style-type: none"> Demonstrates rudimentary ability to communicate with patients, families, communities, and other health professionals Communication is not responsive and/or does not support a team approach to the maintenance of health and the treatment of disease 	<ul style="list-style-type: none"> Demonstrates ability to communicate with patients, families, communities, and other health professionals in a manner that is generally responsive and responsible and that supports a team approach to the maintenance of health and the treatment of disease 	<ul style="list-style-type: none"> Demonstrates ability to communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that facilitates a team approach to the maintenance of health and the treatment of disease
		<ul style="list-style-type: none"> Exhibits lapses in responsibility and/or judgment 		
<p>5.4. Teamwork Apply relationship-building values and the principles of team dynamics to perform effectively in various team roles</p>	<ul style="list-style-type: none"> Does not apply relationship-building values and the principles of team dynamics to perform effectively 	<ul style="list-style-type: none"> Demonstrates awareness of relationship-building values and principles of team dynamics but does not appropriately apply them or applies them in a way that is inconsistent with patient/population-centered care that is safe, timely, efficient, effective, and equitable 	<ul style="list-style-type: none"> Applies relationship-building values and the principles of team dynamics to perform effectively in various team roles to plan and deliver patient-/population-centered care that is safe, timely, and generally effective 	<ul style="list-style-type: none"> Applies relationship-building values and the principles of team dynamics to perform effectively in various team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable

Appendix 3

Co-Curricular Learning Outcomes Rubrics for College of Pharmacy

CoCuLO	Initial	Developing	Developed	Proficient
<p>1. Social Awareness and Cultural Sensitivity.</p> <p>Students demonstrate awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately and using effective interpersonal skills</p>	<ul style="list-style-type: none"> • Does not demonstrate empathy • Does not demonstrate awareness of social and cultural differences when interacting with others 	<ul style="list-style-type: none"> • Demonstrates some awareness of others' feelings but has difficulty expressing empathy • Demonstrates awareness of social and cultural differences but has difficulty expressing sensitivity and respect for these differences 	<ul style="list-style-type: none"> • Generally demonstrates empathy and validates others' feelings • Generally demonstrates awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately, as displayed by use of some of the following: appropriate language, respectful tone, verification of understanding 	<ul style="list-style-type: none"> • Consistently demonstrates empathy and validates others' feelings • Consistently demonstrates full awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately to show respect for these differences, as displayed by use of all of the following: appropriate language, use respectful tone, verification of understanding
<p>2. Professionalism and Advocacy</p> <p>Students demonstrate professional behavior and effective interactions with other healthcare professionals, community members, and/or patients and advocate for initiatives to improve patient care, health outcomes, and the profession of pharmacy.</p>	<ul style="list-style-type: none"> • Does not consistently demonstrate professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) • Demonstrates frequent lapses in accountability or quality of work <p style="text-align: center;">And/ Or</p> <ul style="list-style-type: none"> • Does not serve as an advocate for the profession of pharmacy 	<ul style="list-style-type: none"> • Demonstrates some professional attitudes and behaviors; however, some inconsistencies are present that may impede on the quality of work or treatment of patients and other healthcare team members (altruism, excellence, duty, accountability, honesty, and integrity) <p style="text-align: center;">And/ Or</p> <ul style="list-style-type: none"> • Demonstrates minimal participation at advocacy events related to the profession of pharmacy 	<ul style="list-style-type: none"> • Generally demonstrates professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) • Often demonstrates ability to use these behaviors and values to improve healthcare <p style="text-align: center;">And/ Or</p> <ul style="list-style-type: none"> • Serves as an advocate for the profession of pharmacy through involvement in initiatives to improve the profession 	<ul style="list-style-type: none"> • Consistently demonstrates professional attitudes and behaviors that uphold the integrity and competence of the work and the treatment of patients and other healthcare team professionals (altruism, excellence, duty, accountability, honesty, and integrity) • Consistently demonstrates ability to use these behaviors and values to improve healthcare <p style="text-align: center;">And/ Or</p> <ul style="list-style-type: none"> • Assumes a key role in advocating for the profession of pharmacy through active engagement in initiatives to improve the profession of pharmacy
<p>3. Self-Awareness and Learning.</p> <p>Students demonstrate self-awareness through reflection and the development of appropriate</p>	<ul style="list-style-type: none"> • Does not demonstrate self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others • Does not seek opportunities 	<ul style="list-style-type: none"> • Demonstrates minimal degree of self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others • Demonstrates rudimentary 	<ul style="list-style-type: none"> • Often demonstrates self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others and often acts in a manner that mitigates 	<ul style="list-style-type: none"> • Consistently demonstrates self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others, and regularly acts in a manner

plans for self-directed learning and development.	for personal growth and self-directed learning	ability to reflect on own knowledge, skills, abilities, and experiences. • Occasionally seeks opportunities for personal growth and self-directed learning	harm from biases, beliefs, and emotions • Demonstrates some ability to reflect on own knowledge, skills, and experiences • Often seeks opportunities for personal growth and self-directed learning	that mitigates harm from biases, beliefs, and emotions • Demonstrates ability to reflect on own knowledge, skills, and experiences • Regularly seeks opportunities for personal growth and self-directed learning
4. Innovation/ Entrepreneurship. Students demonstrate innovation and creativity to develop novel strategies to accomplish professional goals, or students demonstrate an understanding for how innovation and creativity influence the development of novel strategies to accomplish professional goals.	• Does not demonstrate innovation and creativity to develop strategies to accomplish professional goals OR • Does not demonstrate an understanding for how innovation and creativity influence the development of strategies for goal accomplishment	• Demonstrates minimal innovation and creativity to develop strategies that are mostly unrealistic to accomplish professional goals OR • Demonstrates minimal understanding for how innovation and creativity influence the development of strategies for goal accomplishment	• Demonstrates innovation and creativity to develop novel, but not necessarily feasible and appropriate, strategies to accomplish professional goals OR • Demonstrates general understanding for how innovation and creativity influence the development of strategies for goal accomplishment	• Demonstrates innovation and creativity to develop novel strategies that are feasible and appropriate to accomplish professional goals OR • Demonstrates a thorough understanding for how innovation and creativity influence the development of strategies for goal accomplishment
5. Public Health and Education. Students apply skills learned in the classroom to create and effectively deliver public health initiatives and health-related education to the community.	• Does not demonstrate application of skills learned in the classroom	• Demonstrates difficulty in applying skills learned in the classroom to create and deliver public health initiatives and health-related education to the community	• Demonstrates sufficient application of skills learned in the classroom to create and deliver public health initiatives and health-related education to the community	• Demonstrates appropriate and effective application of skills learned in the classroom to create and effectively deliver public health initiatives and health-related education to the community
6. Service and Leadership. Students demonstrate the ability to lead and work collaboratively with others to accomplish a shared goal that improves healthcare.	• Functions to satisfy personal needs rather than those of the healthcare team	• Demonstrates minimal ability to contribute toward shared goals; does not lead but participates willingly	• Generally demonstrates attitudes and behaviors that respond to the accomplishment of shared goals that improve healthcare • Demonstrates ability to work well with others to co-create shared goals • Regularly takes responsibility for projects that improve healthcare	• Consistently demonstrates appropriate attitudes and behaviors that contribute to the accomplishment of shared goals that improve healthcare • Demonstrates ability to work well with people and systems and to drive the creation, development, and implementation of shared goals that improve healthcare

Appendix 4

Program Learning Outcomes Rubrics for College of Medicine

PLO 1: Patient Care. Demonstrate ability to provide evidence-based care that is compassionate, respectful of patients' differences, values, and preferences. Demonstrate the ability to listen, clearly inform, communicate and educate patients for the promotion of health and the treatment of illness; advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health. Demonstrate ability to accurately evaluate relevant social and clinical information in the context of the patient's visit.

Indicators	Initial	Developing	Developed	Proficient
<p>1.1. Clinical History Demonstrate the ability to obtain and organize all parts of a good clinical history including chief complaint, history of present illness, past medical and surgical history, medications allergy, social and personal history and review of systems</p>	<ul style="list-style-type: none"> • Does not demonstrate ability to obtain and organize any clinical history. • Does not demonstrate ability to listen carefully by accurately communicating information presented 	<ul style="list-style-type: none"> • Demonstrates some ability to obtain and organize most parts of a good clinical history • Demonstrates developing ability to listen; demonstrates awareness of importance of listening attentively 	<ul style="list-style-type: none"> • Demonstrates ability to obtain and organize all parts of a good clinical history • Demonstrates ability to listen carefully by accurately communicating information presented 	<ul style="list-style-type: none"> • Demonstrates superior ability to obtain and organize all parts of a clinical history. • Demonstrates superior ability to summarize the clinical history and present to the attending and the patient in an appropriate organized way. • Consistently demonstrates ability to listen carefully by accurately communicating information presented
<p>1.2. Physical Examination Perform a full or focused physical examination on any patient in a logical sequence appropriate for the clinical problem directed from the clinical history and visit type/time.</p>	<ul style="list-style-type: none"> • Does not demonstrate any knowledge of performing an appropriate physical exam. 	<ul style="list-style-type: none"> • Demonstrates ability to perform different parts of a full or focused clinical exam. Learning the skills of different exam techniques. 	<ul style="list-style-type: none"> • Generally demonstrates ability to perform a full or focused physical exam on any patient in a logical sequence. 	<ul style="list-style-type: none"> • Consistently demonstrates ability to perform a full or focused physical examination on any patient in a logical sequence appropriate for the clinical problem directed from the clinical history and visit type/time.

<p>1.3. Prioritization of Testing Utilize clinical findings to prioritize additional anatomical and physiological testing.</p>	<ul style="list-style-type: none"> • Does not demonstrate understanding of the significance of most clinical findings. 	<ul style="list-style-type: none"> • Demonstrates understanding of the significance and importance of most clinical findings. 	<ul style="list-style-type: none"> • Generally demonstrates ability to understand and utilize clinical findings to prioritize and request additional tests. 	<ul style="list-style-type: none"> • Consistently demonstrates ability to utilize clinical findings to prioritize additional anatomical and physiological testing in a systematic and logical way.
<p>1.4. Differential Diagnoses Complete a written H&P or SOAP note and generate a problem list with differential diagnoses.</p>	<ul style="list-style-type: none"> • Does not demonstrate ability to write any H&P or SOAP note. 	<ul style="list-style-type: none"> • Demonstrates ability to write H&P or SOAP note in a simple way and generate an incomplete problem list. 	<ul style="list-style-type: none"> • Demonstrates ability to complete a written H&P or SOAP note with problem list and differential diagnoses. 	<ul style="list-style-type: none"> • Demonstrates ability to complete a written H&P or SOAP note with a good problem list and careful differential diagnoses.
<p>1.5. Presentation of H & P and SOAP note Accurately and logically present the H&P or SOAP note to an attending without use of note cards including a problem list, differential diagnoses.</p>	<ul style="list-style-type: none"> • Does not demonstrate ability to present an H&P or SOAP note to the attending. 	<ul style="list-style-type: none"> • Demonstrates ability to start presenting H&P or SOAP note to the attending with limited problem list or use of note card. 	<ul style="list-style-type: none"> • Accurately and logically presents the H&P or SOAP note to an attending with use of note cards including a problem list, differential diagnoses. 	<ul style="list-style-type: none"> • Accurately and logically presents the H&P or SOAP note to an attending without use of note cards including a good problem list, and careful differential diagnoses.
<p>1.6. Plan of Management Describe a well-designed plan of management in any patient with acute or chronic illness.</p>	<ul style="list-style-type: none"> • Does not generate a good differential diagnoses and treatment plan. 	<ul style="list-style-type: none"> • Demonstrates ability to start generating a problem list, differential diagnoses and some treatment decisions. 	<ul style="list-style-type: none"> • Demonstrates ability to generate a satisfactory problem list and treatment plan for any patient with acute or chronic illness. 	<ul style="list-style-type: none"> • Demonstrates ability to describe a well-designed plan of management in any patient with acute or chronic illness.
<p>1.7. Evidence-Based Approach Demonstrate ability to use evidence-based approach to recommend a stepped approach to the treatment of common or must-see medical</p>	<ul style="list-style-type: none"> • Does not demonstrate knowledge of any evidence-based practice. 	<ul style="list-style-type: none"> • Demonstrates basic understanding of what constitutes an evidence-based approach but needs to apply this type of approach to common and must-see conditions. 	<ul style="list-style-type: none"> • Demonstrates ability to use an evidence-based practice approach for most common and must-see medical conditions. 	<ul style="list-style-type: none"> • Demonstrates ability to consistently use an evidence-based approach to recommend a stepped approach to the treatment of common or must-see
conditions				medical conditions

PLO 2: Medical and Scientific Knowledge. Demonstrate knowledge about established and evolving biomedical and clinical sciences. Demonstrate ability to apply this knowledge to the practice of medicine. Demonstrate ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.

Indicators	Initial	Developing	Developed	Proficient
<p>2.1. Knowledge of Medical Practice Evaluates major organ systems to explain their relationships to health and diseases, explain organ system pathophysiology in CP algorithms, construct CP algorithms, and communicate to stakeholders the clinical responses to various medications and drug interactions.</p>	<ul style="list-style-type: none"> • Demonstrates basic knowledge of the functions of organ systems • Demonstrates understanding of the concept that organ system pathophysiology is reflected in the CP algorithms but demonstrates difficulty in explaining this concept (see course-outcomes for Phase A.) • Does not demonstrate ability to design CP algorithms • Demonstrates ability to understand that treatment medications alters/assists the human body in response to clinical conditions 	<ul style="list-style-type: none"> • Demonstrates expanded knowledge of the major organ systems and how they contribute to both health and disease • Demonstrates minimal ability to explain how the organ system pathophysiology is reflected in the CP algorithms (see course outcomes for Phase A.) • Demonstrates ability to minimally design CP algorithms for new Phase A systems following course pathophysiology lectures • Demonstrates ability to understand how treatment medications alters/assists the human body in response to clinical conditions 	<ul style="list-style-type: none"> • Demonstrates expanded and detailed understanding of the major organ systems and how they contribute to both health and disease across all organ systems • Demonstrates ability to explain how the organ system pathophysiology is reflected in the CP algorithms • Demonstrates ability to construct CP algorithms • Demonstrates ability to explain the anticipated clinical response to correctly selected medications for routine medical clinical conditions 	<ul style="list-style-type: none"> • Demonstrates ability to evaluate how the major organ systems contribute to both health and disease (1.2, 1.3, 1.4) • Demonstrates ability to thoroughly and accurately explain how the organ system pathophysiology is reflected in the CP algorithms and can relate this information to a clinical team (1.2, 1.3, 1.4) • Demonstrates ability to effectively construct CP algorithms (1.2, 1.3, 1.4) • Demonstrates ability to explain the anticipated clinical response to correctly selected medications for an expanded number of medical conditions to patients, family members and team members 1.2, 1.3, 1.4, 1.7) • Demonstrates ability to recognize the most common drug interactions and their likely signs of presentation in the elderly and can explain them to patient and family (1.2, 1.3, 1.4)

				<ul style="list-style-type: none"> • Demonstrates ability to recognize what types of medical knowledge are specific to individual members of the PCT (patient care team) (6.1, 6.2)
<p>2.2. Problem Solving and Diagnosis Demonstrates ability to order appropriate diagnostic tests, correlate the findings of a patient at clinical presentation with specific CP algorithms, and prioritize therapeutic interventions</p>	<ul style="list-style-type: none"> • Demonstrates ability to understand the need to relate the findings of a patient at clinical presentation with specific organ systems and CP algorithms (Phase A level) • Demonstrates ability to construct simple problem lists • Demonstrates awareness that additional information will be needed for patient treatment 	<ul style="list-style-type: none"> • Demonstrates ability to correlate the findings of a patient at clinical presentation with specific organ systems and CP algorithms (Phase A level) • Demonstrates ability to construct extensive problem lists • Demonstrates minimal ability to construct lists of additional information needed for patient treatment and prioritize using considerations of both cost and time to receive results 	<ul style="list-style-type: none"> • Demonstrates ability to correlate the findings of a patient at clinical presentation with specific organ systems and CP algorithms-(Phase B level) • Demonstrates ability to recognize both typical and atypical presentations for common medical conditions specific to the Phase B clerkships • Demonstrates ability to construct more extensive problem lists and hypotheses • Demonstrates ability to develop a reasonable list of additional diagnostic tests needed to facilitate both diagnosis and evaluative response to therapy • Demonstrates ability to recognize the cost and sensitivity/specificity of the major diagnostic tests utilized in the Phase B clerkship rotations 	<ul style="list-style-type: none"> • Demonstrates ability to correlate the findings of a patient at clinical presentation with specific CP algorithms and prioritize the conditions in the order of most to least likely (1.1, 2.1) • Demonstrates ability to recognize and explain both typical and atypical presentations for commonly seen clinical conditions in Phase C clerkships (1.1, 2.1) • Demonstrates ability to construct comprehensive problem lists categorized as both acute versus chronic conditions and prioritize therapeutic interventions (1.6, 1.5) • Demonstrates ability to order appropriate diagnostic tests needed to facilitate both diagnosis and evaluative response to therapy in a cost- and time-effective manner (1.5) • Demonstrates ability to analyze the interpretation of diagnostic tests in regards to sensitivity/specificity (1.1,

<p>2.3. Medical Treatment Demonstrates ability to select and defend therapeutic recommendations for preventative, curative, and palliative therapies</p>	<ul style="list-style-type: none"> Recognizes that there should be a difference between preventive, curative, and palliative therapeutic strategies for the management of common clinical conditions relevant to the major organ systems covered in Phase A Demonstrates basic capability to detect how cost and social/cultural issues affect the selection of therapeutic interventions* Cannot select and defend basic choices for preventive, curative and palliative therapies for CP conditions discussed 	<ul style="list-style-type: none"> Recognizes the difference between preventive, curative, and palliative therapeutic strategies for the management of common clinical conditions relevant to the major organ systems covered in Phase A Demonstrates extensive capabilities to detect how cost and social/cultural issues affect the selection of therapeutic interventions* Selects and defends basic choices for preventive, curative and palliative therapies for CP conditions discussed 	<ul style="list-style-type: none"> Recognizes and is able to explain the difference between preventive, curative, and palliative therapeutic strategies for the management of common clinical conditions seen on Phase B clerkships Identifies and judges, from first-hand experience, how cost and social/cultural issues affect the selection of therapeutic interventions Selects and defends basic therapeutic recommendations for preventive, curative and palliative therapies seen in the Phase B clerkships 	<p>2.1, 2.3)</p> <ul style="list-style-type: none"> Identifies preventive, curative, and palliative therapeutic strategies Identifies and judges, from first-hand experience, how cost and social/cultural issues affect the selection of therapeutic interventions (6.3) Selects and defends basic therapeutic recommendations for preventive, curative and palliative therapies seen in the Phase C clerkships Effectively-utilizes ongoing diagnostic tests to modify recommended therapeutic strategies
<p>2.4 Life-Long Learning Demonstrates life-long learning skills needed to stay informed of relevant scientific findings needed to improve patient care</p>	<ul style="list-style-type: none"> Utilizes study design and data analysis to evaluate the scientific rigor of original scientific publications. Is not able to discuss why therapeutic efficacy for new therapies seems to change from what was published in original double-blinded studies to early clinical use 	<ul style="list-style-type: none"> Utilizes study design and data analysis to evaluate the scientific rigor of original scientific publications and appraises how/when findings are translated from bench to bedside. Demonstrates ability to discuss why therapeutic efficacy for new therapies seems to change from what was published in original double-blinded studies to early clinical use 	<ul style="list-style-type: none"> Demonstrates ability to discuss on Phase B clerkship rounds the study design, data analysis and scientific findings of a journal article relevant to their patient's medical condition Routinely reads at least one medical journal relevant to their long-term medical interests 	<ul style="list-style-type: none"> Consistently demonstrates ability to discuss on clinical rounds the study design, data analysis and scientific findings of a journal article relevant to their patient's medical condition (2.1, 2.2, 2.3, 3.6) Routinely reads medical journals (2.1) Demonstrates a self-educating approach for life-long learning* (3.1, 3.2, 2.1)
<p>2.5. Research or Knowledge Expansion Develops, applies, and articulates medical</p>	<ul style="list-style-type: none"> Demonstrates some ability in developing and applying medical knowledge, but has difficulty translating and/or communicating medical 	<ul style="list-style-type: none"> Through research and/or community service, in the context of the "Self-Directed Student Scholarly Project", develops, 	<ul style="list-style-type: none"> Through research and/or community service, develops, applies, translates and/or communicates medical 	<ul style="list-style-type: none"> Through research and/or community service, develops, applies, translates and/or communicates medical
<p>knowledge to peers and/or community stakeholders through research and/ or community service opportunities.</p>	<p>knowledge to peers and/or community</p>	<p>applies, translates and/or communicates medical knowledge to peers and/or community (A and C2.6)</p>	<p>knowledge to peers and/or community (A and C2.6)</p>	<p>knowledge to peers and/or community (A and C2.6)</p>

PLO 3: Communication and Interpersonal Skills. Demonstrate compassionate and effective interpersonal communication skills toward patients and families. Demonstrate ability to articulate information (written and oral) in an organized and clear manner in order to educate and inform patients, families, and colleagues.

Indicators	Initial	Developing	Developed	Proficient
3.1. Communication Skills Utilizes communication strategies involving nonverbal, verbal and written modalities to communicate with patients and family.	<ul style="list-style-type: none"> Does not effectively or compassionately communicate with patients and family. (in verbal, nonverbal, and/or written modalities) 	<ul style="list-style-type: none"> Demonstrates knowledge of communication strategies needed to communicate effectively with patients and family in each modality Demonstrates ability to utilize communication strategies to effectively communicate with patients and families in one or two modalities (nonverbal, verbal, or written) yet does not yet demonstrate proficiency in all 	<ul style="list-style-type: none"> Demonstrates ability to communicate effectively and compassionately with patients and family in all three modalities (nonverbal, verbal, and written) most of the time 	<ul style="list-style-type: none"> Consistently communicates effectively and compassionately with patients and family in all three modalities (nonverbal, verbal, and written)
3.2. Rapport and Empathy Creates rapport with the patient in order to generate an effective environment for counseling on wellness and disease prevention	<ul style="list-style-type: none"> Does not demonstrate ability to create and/or maintain good rapport with the patient in order to generate an effective environment for counseling on 	<ul style="list-style-type: none"> Demonstrates ability to create good rapport with the patient in some instances Does not always demonstrate appropriate degree of empathy or 	<ul style="list-style-type: none"> Demonstrates ability to create and maintain good rapport with the patient in most instances Demonstrates appropriate degree of empathy or compassion for patient's 	<ul style="list-style-type: none"> Consistently demonstrates ability to create and maintain good rapport with the patient Consistently demonstrates appropriate degree of empathy or
strategies	wellness and disease prevention strategies Does not demonstrate empathy or compassion for patient's situation Does not demonstrate appropriate level of respect (appears distracted, does not listen to questions posed, rushes through explanations, etc.)	compassion for patient's situation <ul style="list-style-type: none"> Demonstrates basic level of respect 	situation in most instances <ul style="list-style-type: none"> Demonstrates appropriate level of respect in most instances (focuses on patient, listens carefully and demonstrates responsiveness and concern for patient and patient's well being) 	compassion for patient's situation <ul style="list-style-type: none"> Consistently demonstrates respect (focuses on patient, listens carefully and demonstrates responsiveness and concern for patient and patient's well being)
3.3. Coaching Strategies Effectively uses health coaching strategies	<ul style="list-style-type: none"> Does not demonstrate effective health coaching strategies (does not break down instructions in clear and understandable terms, does not check for patient understanding, does not effectively respond to patient's concerns and questions) 	<ul style="list-style-type: none"> Demonstrates knowledge of effective health coaching strategies Demonstrates ability to break down instructions in clear and understandable terms but does not always check for understanding or respond appropriately to patient's concerns and/or questions 	<ul style="list-style-type: none"> Demonstrates ability to use effective health coaching strategies (breaks down instructions in clear and understandable terms, checks for understanding, responds appropriately to patient's concerns and questions) in most instances 	<ul style="list-style-type: none"> Consistently demonstrates ability to use effective health coaching strategies (breaks down instructions in clear and understandable terms, checks for understanding, responds appropriately to patient's concerns and questions)
3.4. Communication of Errors Effectively communicates medical errors to patients and family members	<ul style="list-style-type: none"> Does not effectively communicate medical errors to patients and family members (i.e., does not demonstrate sensitivity or compassion, does not take the time to respond to patient's questions or concerns, etc.) 	<ul style="list-style-type: none"> Communicates medical errors to patients and family members in a manner that demonstrates some degree of sensitivity and compassion Does not always respond appropriately to patient's questions and concerns 	<ul style="list-style-type: none"> Communicates medical errors to patients and family members in a manner that demonstrates sensitivity and compassion in most instances Responds appropriately to patient's questions and concerns 	<ul style="list-style-type: none"> Consistently communicates medical errors to patients and family members in a manner that demonstrates sensitivity and compassion Responds appropriately to patient's questions and concerns
3.5. Communication of Legal Limitations Recognizes and effectively communicates his/her legal limitations due to patient	<ul style="list-style-type: none"> Does not recognize or effectively communicate his/her legal limitations due to patient privacy 	<ul style="list-style-type: none"> Communicates his/her legal limitations due to patient privacy Does not always demonstrate clear and 	<ul style="list-style-type: none"> Communicates his/her legal limitations due to patient privacy in a manner that is clear and understandable in most 	<ul style="list-style-type: none"> Consistently communicates his/her legal limitations due to patient privacy in a manner that is clear and

privacy		understandable language	instances	understandable
<p>3.6. Communication within Healthcare Teams Effectively communicates new patient problems or complaints in healthcare and effectively share relevant information with the medical team</p>	<ul style="list-style-type: none"> Does not demonstrate ability to communicate new patient problems or complaints in healthcare to message recipients Does not demonstrate ability to share relevant information with the medical team 	<ul style="list-style-type: none"> Demonstrates minimal ability to communicate new patient problems or complaints in healthcare, but such information may be inadvertently misrepresented to message recipients Demonstrates ability to share information with the medical team, but information shared is not effective or relevant 	<ul style="list-style-type: none"> Demonstrates ability to communicate new patient problems or complains in healthcare where the information presented is generally sufficient and accurate to the message recipients Demonstrates ability to share information with the medical team, and the information shared is generally effective and relevant, but some important details may be excluded where inappropriate 	<ul style="list-style-type: none"> Demonstrates ability to communicate new patient problems or complains in healthcare where the information presented is sufficient, accurate, and necessary to the message recipients for informational and decision-making purposes Demonstrates ability to share information with the medical team, and the information shared is consistently effective, relevant, and detailed where appropriate
<p>3.7. Cultural and Social Sensitivity Demonstrates ability to ask clarifying questions in a way that is socially and culturally sensitive and discuss personal ethical/social or cultural issues with family members to resolve any personal conflicts that may arise in the management or treatment decisions made for the benefit of the patient</p>	<ul style="list-style-type: none"> Does not demonstrate ability to ask clarifying questions in a way that is socially and culturally sensitive Does not demonstrate ability to discuss personal ethical/social or cultural issues with family members 	<ul style="list-style-type: none"> Demonstrates ability to ask clarifying questions in a way that is generally appropriate and that Demonstrates knowledge of the importance of communicating personal ethical/ social and cultural issues with family members to resolve any personal conflicts that may arise in the management or treatment decisions made for the benefit of the patient 	<ul style="list-style-type: none"> Demonstrates ability to ask clarifying questions in a way that is socially and culturally sensitive Demonstrates ability to effectively and sensitively communicate in discussing personal ethical/social or cultural issues with family members to resolve any personal conflicts that may arise in the management or treatment decisions made for the benefit of the patient 	<ul style="list-style-type: none"> Demonstrates superb ability to ask clarifying questions in a way that is socially and culturally sensitive and appropriately compassionate Demonstrates superb ability to effectively and sensitively communicate in discussing personal ethical/social or cultural issues with family members to resolve any personal conflicts that may arise in the management or
		<ul style="list-style-type: none"> 		treatment decisions made for the benefit of the patient
<p>3.8. Communication within the Community Communicate medical knowledge to the community at large in a professional manner</p>	<ul style="list-style-type: none"> Does not demonstrate ability to communicate medical knowledge to the community 	<ul style="list-style-type: none"> Demonstrates some ability to communicate medical knowledge to the community, but may do so in a manner that lacks diplomacy. 	<ul style="list-style-type: none"> Demonstrates ability to communicate medical knowledge to the community, but the communication of the knowledge may not always be effective or accurate Generally demonstrates professionalism in communication 	<ul style="list-style-type: none"> Demonstrates ability to effectively communicate medical knowledge to the community Demonstrates a high degree of professionalism in communication

PLO 4: Professionalism. Demonstrate a commitment to the highest standards of professional responsibility and adhere to ethical principles. Students should display the personal attributes of compassion, honesty, integrity, and cultural empathy in all interactions with patients, families, and the medical community.

Indicators	Initial	Developing	Developed	Proficient
4.1. Sensitivity to Diversity Form doctor-patient relationships demonstrating sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity, and advocate for care for the underserved.	<ul style="list-style-type: none"> Identify aspects of doctor patient relationship with patients from different cultural, racial, and ethnic, gender and sexual orientation. Can justify the need for advocacy for care for the underserved. 	<ul style="list-style-type: none"> Demonstrate ability to form good doctor patient relationship is some aspects of cultural, racial, and ethnic, gender and sexual orientation in a simulated environment. 	<ul style="list-style-type: none"> Demonstrate ability to form good doctor patient relationship with patients from different cultural, racial, ethnic, gender and sexual orientation most of the time. 	<ul style="list-style-type: none"> Demonstrate ability to form excellent doctor patient relationship with patients from different cultural, racial, and ethnic, gender and sexual orientation consistently. Demonstrate ability as an advocate for the underserved (i.e., gathering information, lobbying on behalf of patient needs, providing information and directing the patient to Governmental/ other organization where the patient can seek help)
4.2. Respect Demonstrate respect, compassion, when interacting with peers, healthcare providers, patients, and families.	<ul style="list-style-type: none"> Identify aspects of respect, compassion, when interacting with peers, healthcare providers, patients, and families. 	<ul style="list-style-type: none"> Demonstrate some aspects of respect, compassion, when interacting with peers and simulated patients. 	<ul style="list-style-type: none"> Demonstrate respect, compassion, when interacting with peers, patients, and families most of the time. 	<ul style="list-style-type: none"> Demonstrate respect, compassion, accountability, dependability, and integrity when interacting with peers, healthcare providers, patients, and families consistently.
4.3. Responsiveness to Needs of Patient and Society Responds to the needs of the patient and Society.	<ul style="list-style-type: none"> Identify the need to be responsive to the needs of patients and society. 	<ul style="list-style-type: none"> Demonstrate responsiveness to the needs of patients in a simulated environment. 	<ul style="list-style-type: none"> Demonstrate responsiveness to the needs of patients and society most of the time. 	<ul style="list-style-type: none"> Demonstrate responsiveness to the needs of patients and society all the time.
4.4. Accountability and Reliability Demonstrate accountability and reliability in interactions with patients, families, and other health professionals	<ul style="list-style-type: none"> Identify the need to be accountable and reliable in interactions with patients and other health professionals all the time. 	<ul style="list-style-type: none"> Demonstrate accountability and reliability in interactions with students and faculty. 	<ul style="list-style-type: none"> Demonstrate accountability and reliability in interactions with patients, families, and other health professionals most of the time. 	<ul style="list-style-type: none"> Demonstrate accountability and reliability in all interactions with patients, families, and other health professionals consistently.
4.5. Ethical Practice Practice ethically and with integrity, including maintaining patient confidentiality, obtaining appropriate informed consent, and responding to medical errors	<ul style="list-style-type: none"> Describe ethical principles, patient confidentiality, informed consent, and identify medical errors 	<ul style="list-style-type: none"> Demonstrate ethical behavior, maintaining patient confidentiality and obtaining informed consent in a simulated environment. 	<ul style="list-style-type: none"> Demonstrate ethical behavior, maintain patient confidentiality and obtain informed consent. Identify medical errors. 	<ul style="list-style-type: none"> Demonstrate ability to practice ethically and with integrity, including maintaining patient confidentiality, obtaining appropriate informed consent, and responding to medical errors
4.6. Adherence to Institutional and Professional Standards	<ul style="list-style-type: none"> Demonstrate knowledge of institutional standards, and patient safety and 	<ul style="list-style-type: none"> Demonstrate adhering to institutional regulations and principles of ethical 	<ul style="list-style-type: none"> Adhere to institutional and professional standards and regulation 	<ul style="list-style-type: none"> Demonstrate adherence to institutional and professional standards
Adhere to institutional and professional standards and regulation for personal, patient and public safety, adhere to principles of ethical research, and manage conflicts of interest.	conflict of interest.	research.	for personal, patient and public safety, adhere to principles of ethical research.	and regulation for personal, patient and public safety, adhere to principles of ethical research, and manage conflicts of interest.

PLO 5: Healthcare Systems. Demonstrate knowledge of and responsibility to the larger context of health care (social, behavioral, economic factors). Demonstrate the ability to effectively call on system resources to provide optimal care.

Indicators	Initial	Developing	Developed	Proficient
5.1. Patient Care Team Demonstrates knowledge and roles of all individuals of an effective patient-care team.	<ul style="list-style-type: none"> Does not demonstrate ability to identify or demonstrate knowledge and roles of any individuals of a patient-care team. 	<ul style="list-style-type: none"> Demonstrates ability to identify some individuals, but not all, of a patient-care team, and demonstrates knowledge of minimal functional aspects of their roles. 	<ul style="list-style-type: none"> Demonstrates ability to identify all members of an effective patient-care team, and demonstrates ability to identify some functional aspects of their roles. 	<ul style="list-style-type: none"> Demonstrates ability to identify all members of a patient-care team, and demonstrates ability to accurately identify all functional aspects of their roles.
5.2. Components of a Healthcare Delivery System Demonstrates knowledge of all components of a fundamentally sound and complete healthcare delivery system.	<ul style="list-style-type: none"> Does not demonstrate knowledge of a complete healthcare delivery system. 	<ul style="list-style-type: none"> Demonstrates ability to identify some components of an effective healthcare delivery system. 	<ul style="list-style-type: none"> Demonstrates ability to identify most aspects of a complete healthcare delivery system and their corresponding components. 	<ul style="list-style-type: none"> Demonstrates the ability to identify all components of an effective and complete healthcare delivery system.
5.3. Healthcare Organization and Finance Demonstrates understanding and knowledge of the	<ul style="list-style-type: none"> Does not demonstrate knowledge of healthcare administration and finance. 	<ul style="list-style-type: none"> Demonstrates some knowledge of healthcare administration and finance, but demonstrates difficulty in understanding the 	<ul style="list-style-type: none"> Demonstrates knowledge of most aspects of a healthcare organization's administration and financial management, and demonstrates some 	<ul style="list-style-type: none"> Demonstrates knowledge of a healthcare organization's administration, and demonstrates understanding of its
administrative aspects of a healthcare organization and fundamental aspects of sound financial management with respect to cost control.		importance of sound financial management.	awareness of cost control as a critical aspect of financial management.	financial management with respect to cost control.
5.4. Current Standards of Practice Performance Evaluations, Benchmarking, Incentives, and Enhancements Demonstrates understanding of national or federal standards to evaluate practice performance based on quality benchmarking and accepted systems to enhance clinical outcomes.	<ul style="list-style-type: none"> Does not demonstrate knowledge of national or federal standards to evaluate, benchmark, or enhance practice performance. 	<ul style="list-style-type: none"> Demonstrates minimal knowledge by being able to identify only some federal or national standards that evaluate, benchmark, and enhance practice performance. 	<ul style="list-style-type: none"> Demonstrates knowledge by being able to identify most federal or national standards that evaluate, benchmark, and enhance practice performance. 	<ul style="list-style-type: none"> Demonstrates comprehensive knowledge by being able to accurately identify accepted federal or national standards used to effectively evaluate, benchmark, incentivize, and enhance practice performance.
5.5. Role of Electronic Medical Records and Federal CHiP Compliance Standards Demonstrates knowledge of the role of an effective electronic medical record (EMR) in the healthcare delivery system, and demonstrates knowledge of federal standards (CHiP).	<ul style="list-style-type: none"> Does not demonstrate knowledge of the role of an effective EMR, or federal CHiP standards. 	<ul style="list-style-type: none"> Identifies very few aspects of an effective EMR, and demonstrates minimal understanding of <u>CHiP</u> standards 	<ul style="list-style-type: none"> Identifies most aspects of the role of an effective EMR, and demonstrates knowledge of most federal CHiP standards 	<ul style="list-style-type: none"> Identifies all aspects of the role of an effective EMR in a healthcare delivery system, and demonstrates in-depth knowledge of all aspects of federal CHiP standards

PLO 6: Reflective Practice and Personal Development. Demonstrate ability to reflect upon their experiences with the goal of continual improvement. Demonstrate habits of analyzing experiences that affect their well-being and their relationships with groups and individuals. Demonstrate self-motivation and awareness of and responsiveness to their own limitations.

Indicators	Initial	Developing	Developed	Proficient
<p>6.1. Self-Reflection Demonstrates reflective practice through accurate self-assessment, ability to analyze one's experiences, ability to identify limitations and areas for self-improvement and further education.</p>	<ul style="list-style-type: none"> Does not demonstrate use of self-assessment and reflections skills necessary for growth and development Does not identify areas for self-improvement Does not demonstrate ability to analyze experiences 	<ul style="list-style-type: none"> Uses self-assessment to identify gaps in knowledge and skill sets Identifies limitations Demonstrates minimal ability to analyze experiences 	<ul style="list-style-type: none"> Uses self-assessment to identify gaps in knowledge and skill sets and finds an approach to fill such gaps. Identifies own limitations and actively works to overcome them Demonstrates ability to reflectively analyze own experiences and demonstrates ability to apply what is learned 	<ul style="list-style-type: none"> Demonstrates the use of self-assessment and reflections skills necessary for growth and development. Implements corrective actions/changes to correct deficiencies and/or promote personal growth Demonstrates ability to thoroughly and reflectively analyze own experiences and demonstrates ability to apply what is learned
<p>6.2. Self-Corrective Behavior and Self-Motivation Demonstrates self-corrective behavior, self-motivation, and ability to act on plans for self-improvement</p>	<ul style="list-style-type: none"> Does not accept and respond appropriately to suggestions/constructive criticisms of performance Demonstrates immature or disrespectful behavior Does not self-correct Does not demonstrate self-motivation 	<ul style="list-style-type: none"> Generally accepts and responds appropriately to suggestions/constructive criticisms of performance but demonstrates lapses in appropriate responses. Demonstrates desire to make self-improvements and some efforts at self-correcting Demonstrates some degree of self-motivation but sometimes waits until directed by others to act 	<ul style="list-style-type: none"> Accepts and responds appropriately to suggestions/constructive criticisms of performance including changing when necessary and discarding inappropriate feedback. Self-corrects and makes self-improvements Demonstrates self-motivation 	<ul style="list-style-type: none"> Consistently accepts and responds appropriately to suggestions/constructive criticisms of performance including changing when necessary and discarding inappropriate feedback. Consistently self-corrects and makes self-improvements Consistently demonstrates self-motivation
<p>6.3. Mental Health and Well Being Demonstrates ability to recognize triggers for stress and anxiety and demonstrates ability to take care of mental health and well being.</p>	<ul style="list-style-type: none"> Does not identify the signs, symptoms and triggers of personal stress and anxiety Does not recognize and identify when to ask for help. Does not demonstrate ability to attend to aspects of own health 	<ul style="list-style-type: none"> Identifies signs, symptoms and triggers of personal stress and anxiety Recognizes and identifies when to ask for help. Demonstrates awareness of importance of attending to one's own health 	<ul style="list-style-type: none"> Identifies the signs, symptoms and triggers of personal stress and anxiety and identifies an outlet for personal stress and anxiety. Recognizes and identifies when to ask for help. Demonstrates ability to attend to aspects of own health 	<ul style="list-style-type: none"> Identifies the signs, symptoms and triggers of personal stress and anxiety. Recognizes and identifies when to ask for help. Develops a personalized program for physical/mental health.

Appendix 5

Co-Curricular Learning Outcomes Rubrics for College of Medicine

CoCuLO	Initial	Developing	Developed	Proficient
<p>1. Social Awareness and Cultural Sensitivity.</p> <p>Students demonstrate awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately and using effective interpersonal skills</p>	<ul style="list-style-type: none"> Does not demonstrate empathy Does not demonstrate awareness of social and cultural differences when interacting with others 	<ul style="list-style-type: none"> Demonstrates some awareness of others' feelings but has difficulty expressing empathy Demonstrates awareness of social and cultural differences but has difficulty expressing sensitivity and respect for these differences 	<ul style="list-style-type: none"> Generally demonstrates empathy and validates others' feelings Generally demonstrates awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately, as displayed by use of some of the following: appropriate language, respectful tone, verification of understanding 	<ul style="list-style-type: none"> Consistently demonstrates empathy and validates others' feelings Consistently demonstrates full awareness of and responsiveness to social and cultural differences by adapting behaviors appropriately to show respect for these differences, as displayed by use of all of the following: appropriate language, use respectful tone, verification of understanding
<p>2. Professionalism and Advocacy.</p> <p>Students demonstrate professional behavior and effective interactions with other healthcare professionals, community members, and/or patients and advocate for initiatives to improve patient care, health outcomes, and practice settings in medicine.</p>	<ul style="list-style-type: none"> Does not consistently demonstrate professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) Demonstrates frequent lapses in accountability or quality of work <p>And/ Or</p> <ul style="list-style-type: none"> Does not demonstrate understanding of situations/ challenges 	<ul style="list-style-type: none"> Demonstrates some professional attitudes and behaviors; however, some inconsistencies are present that may impede on the quality of work or treatment of patients and other healthcare team members (altruism, excellence, duty, accountability, honesty, and integrity) <p>And/ Or</p> <ul style="list-style-type: none"> Demonstrates understanding of situations/ challenges but has difficulty recommending an appropriate course of action 	<ul style="list-style-type: none"> Generally demonstrates professional attitudes and behaviors (altruism, excellence, duty, accountability, honesty, and integrity) Often demonstrates ability to use these behaviors and values to improve healthcare <p>And/ Or</p> <ul style="list-style-type: none"> Demonstrates understanding of situations/ challenges and recommends a suitable, but not ideal, course of action 	<ul style="list-style-type: none"> Consistently demonstrates professional attitudes and behaviors that uphold the integrity and competence of the work and the treatment of patients and other healthcare team professionals (altruism, excellence, duty, accountability, honesty, and integrity) Consistently demonstrates ability to use these behaviors and values to improve healthcare <p>And/ Or</p> <ul style="list-style-type: none"> Demonstrates understanding of situations/ challenges and recommends the most appropriate course of action
<p>3. Self-Awareness and Learning.</p> <p>Students demonstrate self-awareness through reflection and the development of appropriate plans for self-directed learning and development.</p>	<ul style="list-style-type: none"> Does not demonstrate self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others Does not seek opportunities for personal growth and self-directed learning 	<ul style="list-style-type: none"> Demonstrates minimal degree of self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others Demonstrates rudimentary ability to reflect on own knowledge, skills, abilities, 	<ul style="list-style-type: none"> Often demonstrates self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others and often acts in a manner that mitigates harm from biases, beliefs, and emotions 	<ul style="list-style-type: none"> Consistently demonstrates self-awareness, particularly of own biases and emotions that could impact outcomes and ability to work with others, and regularly acts in a manner that mitigates harm from biases, beliefs, and emotions

		and experiences. <ul style="list-style-type: none"> Occasionally seeks opportunities for personal growth and self-directed learning 	<ul style="list-style-type: none"> Demonstrates some ability to reflect on own knowledge, skills, and experiences Often seeks opportunities for personal growth and self-directed learning 	<ul style="list-style-type: none"> Demonstrates ability to reflect on own knowledge, skills, and experiences Regularly seeks opportunities for personal growth and self-directed learning
<p>4. Innovation/ Entrepreneurship.</p> <p>Students demonstrate innovation and creativity and develop novel strategies to accomplish professional goals.</p>	<ul style="list-style-type: none"> Does not demonstrate innovation and creativity, and does not develop strategies to accomplish professional goals 	<ul style="list-style-type: none"> Demonstrates minimal innovative, creative strategies for goal accomplishment, and further application of these strategies are needed 	<ul style="list-style-type: none"> Demonstrates innovative, creative strategies for goal accomplishment, but such strategies are minimally feasible for application 	<ul style="list-style-type: none"> Demonstrates innovative, creative strategies that are well developed, feasible, and appropriate for goal accomplishment
<p>5. Public Health and Education.</p> <p>Students apply skills learned in the classroom to create and effectively deliver public health initiatives and health-related education to the community.</p>	<ul style="list-style-type: none"> Does not demonstrate application of skills learned in the classroom 	<ul style="list-style-type: none"> Demonstrates difficulty in applying skills learned in the classroom to create and deliver public health initiatives and health-related education to the community 	<ul style="list-style-type: none"> Demonstrates sufficient application of skills learned in the classroom to create and deliver public health initiatives and health-related education to the community 	<ul style="list-style-type: none"> Demonstrates appropriate and effective application of skills learned in the classroom to create and effectively deliver public health initiatives and health-related education to the community
<p>6. Service and Leadership.</p> <p>Students demonstrate the ability to lead and work collaboratively with others to accomplish a shared goal that improves healthcare.</p>	<ul style="list-style-type: none"> Functions to satisfy personal needs rather than those of the healthcare team 	<ul style="list-style-type: none"> Demonstrates minimal ability to contribute toward shared goals; does not lead but participates willingly 	<ul style="list-style-type: none"> Generally demonstrates attitudes and behaviors that respond to the accomplishment of shared goals that improve healthcare Demonstrates ability to work well with others to co-create shared goals Regularly takes responsibility for projects that improve healthcare 	<ul style="list-style-type: none"> Consistently demonstrates appropriate attitudes and behaviors that contribute to the accomplishment of shared goals that improve healthcare Demonstrates ability to work well with people and systems and to drive the creation, development, and implementation of shared goals that improve healthcare