

# ANNUAL PROGRAM ASSESSMENT REPORT AND PLAN MCAOM, September 2008

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## INTRODUCTION & SUMMARY

The past year has been one of growth and change for MCAOM. Considerable effort has gone into the ACAOM Self Study process which culminates in a report due April 2009. Programmatic self examination is a valuable tool not only because it reenergizes faculty and staff in the visioning process, but also because it helps suggest improved measurement and assessment tools to bring vision to reality. In September 2008, MCAOM has already implemented a change in EDTC and BNCC by adding treatments in facial acupuncture, an idea for increasing revenue generated in the self study process. MCAOM has also continued to focus on enhancing the educational benefit of clinical internships by (1) finalizing the Clinic Exit Exam for Trimester 8 students scheduled for Winter 2008, and by (2) adding additional seminar classes relating to specialized populations. Didactic coursework has been strengthened by revamping the Review and Synthesis class and by the detailed grading rubrics used in assessing the course on Herb-Drug Interactions.

Going forward into the 2008-2009 academic year, several areas of focus emerge. MCAOM will begin the mapping of additional University Learning Outcomes, working in this iteration with ULOs 4, 5 and 7 and will also integrate into its curriculum the Information Mastery Course developed in the CAM Education Research Project.

## I. ASSESSMENT REPORT

### A. CLINIC EXIT EXAM, TRIMESTER 8

Preparation has been ongoing throughout Winter and Summer 2008 as outlined in the last MCAOM Assessment Plan for 2007-2008. Test materials were completed in August 2008 and the exam will be implemented as planned in Winter 2009 as a formative exam. Exam attached as *Exhibit 1*.

**Implementation:** Winter 2009  
**Responsible Staff:** Xianhui Yang, Barbara Gosse and Sher Demeter  
MCAOM Faculty and Staff

**ULO:** ULO #1 and ULO #8  
**ACAOM Requirement:** ER #7 and ER #8

## **B. ACCESSORY TECHNIQUES**

Although the emphasis to include accessory techniques in clinical internship remains the same, the original plan to implement assessment of these techniques has changed. Beginning in September 2008, Fall Trimester, interns will be required to successfully perform three accessory techniques (cupping, auricular needling and electro-acupuncture) in each of their clinical internships. In addition to internship, study halls will also be made available where students can perform these accessory techniques.

In August 2008, students and clinic supervisors received notification of this change and a copy of the form for recording techniques, attached as *Exhibit 2*.

Including a requirement for accessory techniques in clinic is a first step. Following implementation of this change in procedure and discussion among MCAOM staff and administration, a decision will be made about the structure of assessing the techniques going into Winter and Summer 2009.

**Implementation:** Fall 2008  
**Responsible Staff:** Sher Demeter  
MCAOM Faculty and Staff

**ULO:** ULO #1 and ULO #8  
**ACAOM Requirement:** ER #7 and ER #8

## **C. ONLINE INTERN FEEDBACK FOR FACULTY FORM**

The results of introducing online course and clinic evaluations for students have been mixed. Although the administrative time to manually record evaluations has been reduced, the student response rate has significantly dropped.

Because valuable feedback is received from these forms, MCAOM has considered several ideas. One idea is to return to the written forms previously used. Another idea is to have the evaluation in two parts, one online and the other part as written feedback. A third idea is to require completion of the form in class and/or to tie receipt of grades to completion of the evaluation. A decision will be made prior to Winter 2009 trimester.

**Implementation:** Winter & Summer 2008  
**Responsible Staff:** Xianhui Yang, Barbara Gosse and Sher Demeter  
MCAOM Faculty and Staff

**ULO:** ULO #1  
**ACAOM Requirement:** ER #7

**D. RESTRUCTURE OF AAC6110, ACUPUNCTURE REVIEW AND SYNTHESIS**

Student feedback for this class has been inadequate and more information is needed to determine the need for change in this course.

**Implementation:** Winter & Summer 2008  
**Responsible Staff:** Tao Gong, Mark McKenzie

**ULO:** ULO #1, ULO #7 and ULO #8  
**ACAOM Requirement:** ER #7 and ER #8

**E. ONGOING CLINICAL ASSESSMENT**

No changes have occurred in this assessment.

**Implementation:** Ongoing  
**Responsible Staff:** Sher Demeter  
MCAOM Faculty and Staff

**ULO:** ULO #8  
**ACAOM Requirement:** ER #7 and ER #8

**F. MEETINGS WITH FACULTY**

Dean McKenzie and MCAOM faculty began monthly faculty meetings in Winter and Summer 2008 trimesters. These meetings have provided a forum: (1) to discuss problems regarding students, (2) to review and/or change course content and curriculum sequencing, and (3) to maintain an informational channel among faculty and MCAOM staff.

Specifically, two ideas generated in these meetings have yielded new developments in the program.

First, a new class entitled “Advanced Diagnosis and Treatment” (ACL5050) was created and offered in a pass/fail format to T5s in Summer 2008 as part of the five part clinic seminar series. (Syllabus for ACL5050, Part 1 attached as *Exhibit 3*. See also, Item H, Clinic Seminar Series). This seminar was planned to address a perception among some faculty members that interns were weak in diagnosis and theoretical constructs in treatment. The course was structured both as a review of didactic coursework of Trimester 3 (theory, diagnosis and treatment strategy) and as a deepening of diagnostic skills so as to provide greater confidence for T5s in their initial internship.

Second, discussion was initiated regarding a peer review process. One faculty member took the lead in developing a format for peer review and this format has been initially reviewed and will be finalized and implemented in Winter or Summer 2009. Draft of Peer Review attached as *Exhibit 4*.

**Implementation:** Winter 2008  
**Responsible Staff:** Mark McKenzie, Kathy Allen, Sher Demeter  
MCAOM Full-Time Faculty

**ULO:** NA  
**ACAOM Requirement:** ER #7, ER #8 and ER #9

### **G. ACAOM SELF STUDY**

MCAOM began in February 2008 with initial preparation for the ACAOM Self Study Report due in April 2009. In May 2008, MCAOM faculty and staff met for a self-study retreat to review program and University goals, to review curriculum and establish goals to direct the program in the future.

Among the highlights of discussion at the retreat were (1) the expansion of Western biomedical coursework and the direction this expansion should take; (2) goals to refine the herbal internship, especially by creating a separate herbal assessment and standardizing the orientation for herbal students; (3) \*decision to develop specialty clinics to increase income and provide possible graduate fellowship training; and (4) develop Chinese cultural sensitivity class.

In the months ahead, regular meetings of the ACAOM Self Study Steering Committee will continue and work products will be generated. Documents from May 2008 Self Study Retreat attached as *Exhibit 5*.

**Implementation:** Winter 2008 & Ongoing  
\*Cosmetic Acupuncture offered at EDTC & BNCC  
September 2008

**Responsible Staff:** MCAOM Faculty and Staff

**ULO:** All ULOs  
**ACAOM Requirement:** All ERs

### **H. CLINIC SEMINAR SERIES**

We have established an initial curriculum for MCAOM's five part Clinic Seminar Series. The first course in the series, "Advanced Diagnosis and Treatment" is described above. See Clinic Seminar Series document attached as *Exhibit 6*.

Another class in that series, “Acupuncture in Public Health,” premiered in Summer 2008. As you will see from the attached document, we were lucky to have as the lead instructor Pat Culliton, founding member of Society for Acupuncture Research and the National Association for Detoxification Acupuncture. Plans are to continue this class in future trimesters as both an undergraduate offering as well as for CEU credits.

Upcoming in October for the Fall 2008 trimester, the third part of the series, “Acupuncture in Treating Neurological Disorders” will be offered at Courage Center. The class will be co-taught by Steve Compton, clinic supervisor at Courage Center and by Huan Ma who has specialized in treatments for patients with neurological deficits in China.

Development for the fourth class, “Acupuncture in Hospital Settings,” begins September 2008 in meetings with Abbott and Woodwinds Hospital staff who are responsible for acupuncture clinical rotations at these sites. Implementation will be Winter 2009.

All classes in this series will be offered first in a pass/fail format. In the current academic year 2008-2009, MCAOM will further clarify learning objectives and develop assessment tools for the classes in this series.

<b>Implementation:</b>	<b>Summer 2008, Acupuncture &amp; Public Health Fall 2008, Acupuncture in Treating Neurological Disorders Winter 2009, Acupuncture in Hospital Settings</b>
<b>Responsible Staff:</b>	<b>MCAOM Faculty and Staff</b>
<b>ULO:</b>	<b>ULO #8</b>
<b>ACAOM Requirement:</b>	<b>ER #7 and ER #8</b>

I. ***CAM ED RESEARCH PROJECT (Information Mastery Course) and  
INTEGRATED HEALTH CARE RESEARCH PROJECT***

MCAOM Associate Deans continue to participate in the two research projects listed above. In the Integrated Health Care Research Project, Gosse acts in the role of clinical faculty and her involvement will also be useful in later phases of development for the Information Mastery course. Demeter acts with others in reviewing MCAOM curriculum and goals and their interrelationship with the learning objectives of the foundational course of Information Mastery.

<b>Implementation:</b>	<b>Ongoing</b>
<b>Responsible Staff:</b>	<b>Barbara Gosse and Sher Demeter Research Teams</b>
<b>ULO:</b>	<b>ULO #8</b>
<b>ACAOM Requirement:</b>	<b>ER #7 and ER #8</b>

## J. CHANGES IN DIDACTIC ASSESSMENT.

John Pirog has now expanded his question bank where questions can be configured into thousands of templates allowing for considerable variety of tests depending upon the needs of different courses. Additionally, Pirog refined teaching tools in the Herb-Drug Interaction class. Assignment and Grading Sheet for Assignment attached as *Exhibit 7*.

**Implementation:** Summer 2008  
**Responsible Staff:** John Pirog

**ULO:** ULO #1 and ULO #8  
**ACAOM Requirement:** ER #7 and ER #8

## II. ASSESSMENT PLAN

### A. Building on 2007-2008 plan items, MCAOM will:

1. Implement and assess the *Clinic Exit Exam* to be offered in Winter 2009.  
**ULO #8, ER #7 and #8**
2. Clarify learning objectives for *Clinic Seminar Series* and develop first assessment tools to be used in each seminar. Continue development of fourth part in series, "Acupuncture in Hospital Settings."  
**ULO #8, ER #7 and #8**
3. Continue with *ACAOM self study*. with focus on: (1) restructuring herbal internship, (2) continuing to reshape and strengthen western biomedical coursework with a view toward soon to be released standards from ACAOM, (3) development of specialty clinics to increase income and provide possible graduate fellowship training; and (4) development of Chinese cultural sensitivity class.  
**All ULOs and ERs**
4. Finalize plans about delivery of course and supervisor *evaluations*. See possible changes listed above.  
**ER #7**
5. Continue evaluation of program goals and curriculum as interrelated with foundational course and later courses of Information Mastery (*CAM ED Research Project*). Continue participation in *Integrated Health Care Research Study*.  
**ULO #8, ER #7 and #8**

**B. Initiating new items for 2008-2009, MCAOM will:**

1. Begin discussion with Institutional Effectiveness and other stake holders regarding *effectiveness of current clinical assessment tools* including possible expansion of scoring range for competencies.  
**ULO #8, ER #7**
2. Implementation of *Performance of Accessory Techniques* September 2008 and continued evaluation of this new clinic procedure.  
**ULO #8, ER #7 and #8**
3. Review and revise *PreClinic Workshop* offered in Trimester 4 and *Practice Management* clarifying learning objectives and refining exams, quizzes and experiential aspects of the classes.
4. Begin *mapping criteria of assessment for ULO #7* to MCAOM curriculum especially in relation to ongoing CAM ED, Information Mastery coursework.  
**ULO #7, ER #7**
5. Begin *mapping criteria of assessment for ULO #4 and ULO #5* as they relate to:  
(1) internships at public health venues (Salvation Army and Pillsbury House) and  
(2) course content developed by Diversity Committee regarding cultural competencies.  
**ULO #4, ULO #5, ER #1**