

**BIENNIAL PROGRAM STUDENT LEARNING OUTCOMES ASSESSMENT REPORT FORM –  
ASSESSMENT COMPLETED IN AY2023-2024 (Due to the dean on November 15)**

**Submission date:** 11/14/2024

**Assessment Plan covered in this report:** Pre-Medical Studies PBCT

**College:** College of Health

**Campuses where the program(s) is delivered:** ☒ Anchorage ☐ KOD ☐ KPC ☐ MSC ☐ PWSC

**Submitted by:** Shannon Uffenbeck, term associate professor, sruffenbck@alaska.edu

*After responding to the questions below, the program should email this report form to the dean, with a copy to the appropriate community campus director(s) if the program is delivered on a community campus.*

- 1. Please list and number the Program Student Learning Outcomes your program assessed in the past academic year. For each outcome, indicate one of the following: Exceeded faculty expectations, Met faculty expectations, or Did not meet faculty expectations.**

1. Demonstrate an understanding of the core concepts in organic chemistry, biochemistry, genetics, including molecular genetics, and cell biology – Met faculty expectations

2. Demonstrate an understanding of the core concepts associated with the disciplines that are assessed as part of the Medical College Admissions Test, MCAT that is administered on the Association of American Medical Colleges. – Exceeded faculty expectations

3. Demonstrate the successful completion of the majority of the pre-requisite courses required for admission to the MD program administered by the Alaska WWAMI School of Medical Education – Met faculty expectations

**2. Describe what your assessment process was last year for these Program Student Learning Outcomes, including the collection of data, analysis of data, and faculty (and other, e.g., advisory board) conversations around the findings. (1000 words or less)**

For this assessment, we evaluated the level of interest in the program (i.e., the number of students over time) and their engagement with advising, as we have observed that advisor engagement is closely correlated with successful matriculation to medical school. Additionally, we examined traditional medical school criteria such as GPA and MCAT scores for each of our graduates. For our quantitative metrics, we compared our program graduates with data collected from all UAA-associated students who applied to medical school through AMCAS (American Medical College Application Service), which handles applications for all non-Texas medical schools in the United States. To gather our data, we utilized student information found within UAA Navigate, alongside the AAMC (Association of American Medical Colleges) Advisor Information System Portal.

**3. What are the findings and what do they tell the faculty about student learning in your program? (1000 words or less)**

**Overall Numbers:** Since 2021, we have had 86 students enter our program. 22 students have left the program without receiving any advising—most of those 22 students have completed fewer than two courses toward their certificate. While we have not followed up with the majority of these students, it should be noted that at least two left prior to graduation upon meeting the requirements for their particular graduate programs. As of summer 2024, we have graduated 10 students. Currently, we have 54 students in the program. These numbers indicate that the demand for our program was larger than we had originally anticipated.

**Engagement with Advising:** Since 2022, graduating students met with pre-med advisors an average of 2.6 times per year. This total does not include meetings with our program's academic advisors. The purpose of these meetings was specifically to help students understand medical school requirements, to formulate strategies for improving their profiles as medical school applicants, and to assist them in articulating their experiences in a medical school application. All but one of our graduates met with advisors at least twice per year. The total number of visits per student over the course of the program ranged from 1 to 8. Additionally, four of the ten graduates took at least one of our new support courses. Our review indicates that students are aware of our advising services and effectively access this resource.

**GPA Comparisons:** Looking specifically at our graduating students, we found noticeable improvement from an average undergraduate GPA of 3.515 to an average post-baccalaureate GPA of 3.735. Furthermore, our program's average GPA is slightly higher than the average undergraduate GPA for all UAA-associated AMCAS applicants, which is 3.689. Notably, two of our graduates had undergraduate GPAs below 3.0, grounds for automatic application dismissal. These students performed well in our program, and that success was used to demonstrate academic competence for medical school, leading to their acceptance into the Alaska WWAMI

program. These findings indicate that our program provides a successful path for students who demonstrate resilience.

**MCAT Comparisons:** For the MCAT, we analyzed total scores as well as categorical subscores, as these have been shown to correlate with early medical school performance. To provide context, the minimum MCAT score typically accepted is 498. The average MCAT score for all UAA-associated applicants over the last three years is 499, which barely meets the minimum criteria and falls well below the MCAT scores of the majority of medical school matriculates. Among our graduates who reported scores to AMCAS, the average MCAT score is 509.8. A score of 510 would place an applicant in the 80th percentile for MCAT scores. This average is impressive, but it should be noted that it is based on only 5 of our 10 graduates. It is also worth mentioning that three of the five students providing scores participated in our MCAT preparatory course offered through the BIOM department. These findings demonstrate that UAA courses successfully provide the foundational knowledge required for pre-med coursework and specifically prepare students for the MCAT.

**Medical School Matriculation:** Finally, we looked at the number of our graduates that have matriculated to the professional school of their choice. Of our ten graduates, four students have applied to medical school and all four of those students have been accepted. Three students are applying the current application cycle and two are preparing for the next application cycle. While the number of students is small, the 100% success rate for our applicants suggests that the program is successfully preparing our students for the application process.

**Other Considerations:**

- **Program flexibility** – Our program has been designed to meet the diverse needs of a wide range of students. The profiles of our graduates demonstrate that this inherent flexibility is effective. All our graduates are non-traditional students who come from various undergraduate backgrounds. At least two of our graduates are parents. Our graduate profiles indicate that the flexibility offered by our program successfully accommodates a variety of student needs.
- **An additional challenge** for our program is the recent changes to financial aid rules, which have disqualified our program from receiving financial aid—one of the key reasons for its initial establishment. The impact of this change on our student enrollment numbers remains uncertain. Our COH advisor is working individually with students to understand the role financial aid plays in their specific situations. Students who require financial assistance will either be recommended for scholarships or provided with personalized guidance tailored to their needs. These changes took place over the last six months and we are in the early discussions on how we might assess the impacts of these changes on our program.

**4. Based on the findings, did the faculty make any recommendations for changes to improve student achievement of the Program Student Learning Outcomes? Yes**

- i. Please describe the recommended action(s), what improvements in student learning the program hopes to see, the proposed timeline, and how the program will know if the change(s) has worked. If no recommendations for changes were made, please explain that decision. (1000 words or less)**

Based on the current Program Student Learning Outcomes, we do not recommend any changes. However, in the previous assessment cycle, we recognized that relying solely on MCAT scores and GPAs is insufficient for evaluating whether the students have thought enough about their professional identity to be competitive in a medical school application. While our quantitative metrics clearly demonstrate that our program effectively prepares students academically for medical school, we acknowledge that we are not capturing the full picture. In response, we have introduced an optional course specifically designed to incorporate UAA core competencies and address professional identity formation within the context of students' activities and medical school applications. We are considering making this course required for the certificate program. Obviously adding an additional required course reduces the flexibility that is appreciated by many of our students, thus we want to thoroughly assess the course before changing program requirements.

Over the next year, we aim to:

1. Better understand the impact of the new financial aid regulations on our program.
2. Provided that our program continues to attract students, we will explore a revision of our Program Student Learning Outcomes to specifically include professional identity formation and two of our UAA core competencies: effective communication and personal, professional, and community responsibility.
3. Investigate the use of the Preparing Your Medical School Application course as a way to ensure our students are developing their professional identity.

In the fall of 2025 we will begin making PSLO changes if warranted.

**5. In the past academic year, how did your program use the results of previous assessment cycles to make changes intended to improve student achievement of the Program Student Learning Outcomes? Please check all that apply.**

- ☒ Course curriculum changes
- ☐ Course prerequisite changes
- ☐ Changes in teaching methods
- ☒ Changes in advising
- ☐ Degree requirement changes
- ☐ Degree course sequencing
- ☐ Course enrollment changes (e.g., course capacity, grading structure [pass/fail, A-F])
- ☒ Changes in program policies/procedures
- ☐ Changes to Program Student Learning Outcomes (PSLOs)

- ☐ College-wide initiatives (e.g., High-Impact Practices)
- ☐ Faculty, staff, student development
- ☐ Other
- ☐ No changes were implemented last year. *(If no options above were selected)*

**If you checked “Other” above, please describe. (100 words or less)**

- 6. Do you have any information about how well these or other past improvements are working? Are they achieving their intended goals? Please include any data or assessment results that help you demonstrate this. (1000 words or less)**

Course Curriculum Changes: We have added two new courses to our department specifically designed to meet the needs of our post-baccalaureate students, although any pre-med student is welcome to enroll. The new courses are an MCAT Preparation Course and a Preparing Your Medical School Application Course. Both courses received strong engagement from students and received high ratings. After this upcoming application cycle, we will evaluate whether these courses have led to increased acceptance rates for our students.

Changes in Advising, Policies/ Procedures: To reduce the number of students incorrectly enrolling in our program, we now require a letter from a pre-med advisor for program admissions. This policy ensures that students meet with us initially, which we hope will encourage them to utilize our advising resources as they progress through the program. So far, it appears that our advisors have met individually with almost all our students. While there are still a few who occasionally complete admissions without seeing one of our advisors, that number is small enough that we can intervene early.

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#### **DEAN SECTION (Due to the program on January 15)**

*After completing the Dean Section and signing it, the dean should email this report form to the program, and copy [uaa\\_oaa@alaska.edu](mailto:uaa_oaa@alaska.edu) for posting. If the program is delivered on one or more community campus, the dean should consult with the appropriate community campus director(s) on the response and copy the appropriate community campus director(s) when emailing the response to the program.*

- 1. Based on the program’s responses above, what guidance and support do you have for the program moving forward? (200 words or less)**

The program continues to generate interest for students seeking a medical education. The tracking of advising appointments and requirement of an advising letter for acceptance into the program reflects thoughtful recruitment and student retention efforts. The program is encouraged to continue to track and measure established student learning outcomes and

consider how these outcomes also support the mission of the College of Health and Institutional Competencies. Continued tracking of student learning outcomes from the additional courses will assist with the determination on whether or not to require these courses as part of the certificate program. Additionally, I support consideration of a program learning outcome specific to professional identity and formation. COH appreciates the program's commitment to the assessment process and continuous improvement.

**2. Discuss what the program is doing particularly well in terms of its processes for the assessment and improvement of student learning, for example, the use of a common rubric or prompt, a signature assignment, etc. (200 words or less)**

The program is commended for utilizing a thoughtful and comprehensive approach to program assessment. Recognizing the importance of professional identity formation for medical students, the program implemented additional assessment measures to track student engagement with advising. All student learning outcomes were met or exceeded. Of note, is the average MCAT score for students who complete the certificate program. This increase demonstrates the preparatory success of the program. The careful consideration of additional required coursework is commendable, given the increased numbers of non-traditional age students in the program. In conclusion, the Post Baccalaureate Certificate in Pre-Medical Studies employs a thoughtful and student centered approach to assessment and curriculum development. The program is commended for continuing to navigate the recent changes to federal financial aid.

**Dean's signature:**



**Date:** 1/8/2025

Cary Moore, Associate Dean for Clinical Health Sciences