

EDUCATIONAL OUTCOMES COMMITTEE MEETING

DECEMBER 15, 2003

MINUTES

Present: Drs. Liller, Osman, Gultz, Dagne, Stockwell (for A. Sanchez-Anguiano), Onkst, Abbott, Urban, and Ms. J. Plazarin

The meeting began at 1:10 PM.

1. Dr. Liller welcomed everyone to the meeting and distributed the information provided by Dr. Onkst pertaining to the pass/fail rates of the Fall, 2003 comprehensive exam. Particular emphasis was placed on the results of the epidemiology and biostatistics portions of the core exam since these portions relate to our outcome indicators. As a whole, the College did well in that 88.1% of first-time takers of the core exam passed. As for MPH students who took the Biostatistics portion of the exam, 53.3% passed and 85.7% of MSPH students passed. For the epidemiology portion of the exam, 86.7% of MPH students passed and 100% of MSPH students passed. This is a noticeable improvement for epidemiology for MPH students as previous pass rates have been approximately 60%. One of the reasons for this may be that students now can take the core portion of the comprehensive exam after completing the core courses instead of having to wait until they also complete their concentration courses. As for the concentration portion of the exam, 100% of MSPH students passed and 80% of MPH students passed. This is a somewhat lower pass rate for the MPH students so these results will need to be monitored.

Even though some core scores have improved, we have not met our 90% pass rate for first-time takers on the epidemiology portion of the core exam and the 90% pass rate on the biostatistics portion of the exam. Therefore, it was decided that these areas will continue to be assessed next semester however the core comprehensive exam committee will analyze the questions from the Fall Exam and in the preparation of the Spring, 2004 exam based on the detailed components of the competencies developed by CEPH for epidemiology and biostatistics. We anticipate that if things continue to improve, another area of assessment will be addressed in Summer, 2004.

2. Dr. Onkst will make available to all departments the pass/fail rates for their students overall, for each core portion of the exam, and an item analysis for each core question allowing the departments to assess how

well the students performed pertaining to particular topics. She also is able to provide data on how individuals who took just the core did in comparison to those students who took the entire exam. Dr. Onkst will also be able to glean much more information from the data (ie. when students took the core class that they may have failed on the exam, the grades in the core classes versus performance on the exam, etc.). All of these reports will be available within the next few months and will be able to help assess the outcomes of students.

3. Due to the fact that it is now time to begin planning for the Spring, 2004 core exam, Dr. Gulitz will send an email to determine a date for the core exam committee to meet in January. In addition to the development of the Spring core exam and the categorization of the epidemiology and biostatistics competencies, the committee will address some key policy issues. These include whether we should retain the policy of removing a student from the college if he/she fails the comprehensive exam twice. Dr. Gulitz suggested that this might occur more frequently now (although to a very small number of students) due to the core portion of the exam being completely multiple choice. She suggested that a student, after the second failed attempt, retake the course or courses failed on the exam and then retake the exam a third time. Some committee members thought this might take some of the importance away from the exam. Dr. Liller suggested that this issue be addressed by the core comprehensive exam committee and most likely the college curriculum committee. All agreed and acknowledged the importance of this issue.
4. It was also discussed whether a policy should be developed whereby a student must pass his/her department core portion of the exam in order to pass the exam. This was brought up because students could feasibly fail two core areas and do only fairly well on a third area of the exam and still pass the entire core portion of the exam. This policy will be discussed in the committees noted above (see #3).
5. Much time was spent reviewing those test items in each core area where 50% or more students failed. Dr. Onkst was able to provide this information along with how the students answered. Discussion took place on how to better address these types of questions (application) and content in future courses and core exam review sessions. Dr. Gulitz suggested that departments should try to interweave epidemiology and biostatistics concepts in their core courses to allow students more practice in applying all the areas of public health to particular public health issues. This may raise scores on the exam.
6. Dr. Gulitz discussed the 41 criteria she will need to complete for SACS accreditation. Some of this includes information on indicators being

reviewed by our committee (publications, presentations, etc.). Therefore Dr. Gulitz will be addressing these criteria at our next meeting.

7. Due to the fact that students can now take the core portion of the comprehensive exam during their last semester of their last core class, the date for the next exam will be March 26, 2004 which is considerably later than previous Spring examination dates. This will help students attain much more information before sitting for the exam. It was also discussed if the concentration portion of the exam should be given at a separate time from the core portion. Dr. Gulitz said she will consider this if departments are responsible for the administration of the exam. More discussion pertaining to this will take place at future meetings.
8. The meeting adjourned at 2:40 PM.