Understanding the Spirit Behind the CPA Accreditation Standards – Part 2: Program Evaluation & Quality Improvement

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Vancouver, BC
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What this session is designed to help you do:

- Recognize the key components of program evaluation and quality improvement from an accreditation standpoint
- Engage in a wider process of thinking around the implementation of the standards - AKA the ‘spirit’

What is not included:

- Specific directives about program structure or evaluation
- Specific examples of completed self-studies
  - But – the **CCPPP listserv** is a wonderful resource for these needs and many others: [www.ccppp.ca](http://www.ccppp.ca)
Highlights from Part 1 and Overview of Key Concepts in Program Development
Key for addressing all standards:

• *No program is perfect*

• Not simply a ‘yes or no’ checklist

• Much more so about HOW meeting / working towards meeting the standard

• Spirit is very much in the HOW and WHY
The accreditation standards ask programs to answer:

- **What do you do?**
- **Why do you do it?**
- **How do you do it?**
- **How well do you do it?**
- **How do you ensure that you continue to do it well and better?**

- This is a helpful global template for the information that the Panel expects to see addressed in a SS
Overarching Questions:

• What is the model?
• Are there specified goals?
• Are objectives operationalized?
• How are knowledge, attitudes, judgement and skills imparted?
• Are there evaluation mechanisms?
• Are data used to inform improvement processes?
Demonstrating Congruencies:

- Model to the institution/organization
- Model to the program
- Model to the faculty/staff
- Model to the students/interns
- Model to the outcomes
  - Proximal and distal data
- Is there clarity of the…
  - Organizational structure
  - Program (rotational) structure
For all standards - demonstrating HOW:

<table>
<thead>
<tr>
<th>Not Just…</th>
<th>But most importantly…</th>
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| We train scientist-practitioners | • Here are the competencies we view as important as a scientist-practitioner  
|                      | • Here is how we have structured the program to enable every student to acquire these competencies 
|                      | • Here is how we assess how well we are doing this 
|                      | • Here is how we make use of the info we collect                                       |
| We have \( N \) core faculty | • Here is how our program has evaluated the adequacy of faculty numbers, taking into account:  
|                      |   • Cohort size; student funding; research supervision, teaching & admin duties; available practica & internships; time to completion; etc. |
| We survey all past students/interns | • Here is how we know that our program is training students to do the right things and to do them well, based on both internal and external markers – and here is how we make and evaluate changes when needed |
Understanding the ‘Spirit’ behind Program Evaluation and Quality Improvement
Overarching Concepts of PE & QI:

• Program Evaluation **AND** Quality Improvement

• Thus –
  – Meeting an established threshold of **quality**
    **AND**
  – Collecting and using **data** to know this has occurred** AND**
  – Providing evidence of **ongoing** efforts to **enhance**
Overarching Concepts Continued:

• Ongoing process – not one-off or periodic

• External and internal assessment

• Program-wide process – not only DoT
  – Other faculty, staff, and students involved

• Constantly evolving – responsiveness, not complacent

• Thoughtful and coherent – proactive vs. reactive
  → Construction vs. convenience
Key Questions:

• Program evaluation needs to be designed to allow programs to answer important questions such as:

  – HOW does our program CONTINUALLY use the outcome data we collect (for e.g., competency ratings, career paths, etc.) to FEED BACK INTO program development?

  – How does our program USE this info to review and revise our standards for completion, policies, procedures, etc.?
    • Informed by both internal and external markers
    • Informed by both proximal and distal data
Key Questions Continued:

- Do our procedures enable us to select the most suitable students/interns?
- Are the standards for success in courses/practica/rotations appropriate and are they sufficiently adaptive to where the student/intern is in their training?
- Do our policies support supervisors in providing the best quality of supervision possible?
- Overall, how well does our program train students/interns? (NOT JUST how well do students/interns do upon completion, or how satisfied are they)
Proximal & Distal Data:

• Proximal Data
  – Outcomes on students/interns as they progress through and complete the program

• Distal Data:
  – Outcomes on students/interns once they have completed the program

• In both cases:
  – **Tied to program’s goals and objectives**
  – Aggregated across student cohorts to demonstrate trends across program – not only individual student outcomes
A Comparison:

<table>
<thead>
<tr>
<th>Proximal</th>
<th>Distal</th>
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</thead>
<tbody>
<tr>
<td>Supervisor evaluations of how well students/interns are meeting program’s goals and objectives</td>
<td>Alumni perceptions of degree to which program achieved its goals and objectives</td>
</tr>
<tr>
<td>Student/intern self-ratings</td>
<td>Alumni professional activities and accomplishments</td>
</tr>
<tr>
<td>Student/intern satisfaction</td>
<td>Alumni satisfaction</td>
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</tbody>
</table>

- Note that student/intern self-ratings and satisfaction ratings are useful information, but **NOT** sufficient alone
  - As may or may not reflect program quality!
Goals, Objectives, & Outcomes:

<table>
<thead>
<tr>
<th>Goal:</th>
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<tbody>
<tr>
<td>Objective(s):</td>
</tr>
<tr>
<td>Competencies Expected:</td>
</tr>
<tr>
<td>Relevant Training Activities:</td>
</tr>
<tr>
<td>Means Used to Assess Outcomes &amp; Minimum Achievements Expected:</td>
</tr>
<tr>
<td>Page #/Appendix # within SS where Relevant Evaluation Items are found:</td>
</tr>
<tr>
<td>Actual Outcomes Since Last SS:</td>
</tr>
<tr>
<td>Comments on this Goal &amp; Objectives:</td>
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</tbody>
</table>
PE & QI Summary:

• Ongoing, thoughtful, self-Assessment and improvement process

• Involvement of all program faculty

• Involvement of all students/interns

• **Standard II** – Philosophy, Mission, & Curriculum/Model goes **hand in hand** with **Standard IX/VIII** – Program Evaluation & Quality Improvement
For both Doctoral & Internship Programs:
• CCPPP Membership & Mentoring
  www.ccppp.ca
• Consultation with CPA Accreditation Panel
  www.cpa.ca/accreditation

Additional Resources for Internship Programs:
• APPIC Membership, Mentoring, & Sharepoint Resources
  www.appic.org
• CCTC Internship Development Toolkit
  www.apa.org/education/grad/internship-toolkit.aspx
Discussion
What are some things your program has done that have been helpful in your PE & QI efforts?

• Collecting feedback from residents on every seminar presentation, then reviewing this information every 6 months to adjust the series according to which topics have been most and least helpful
• Collecting feedback from residents on how well they feel the program is meeting its goals
• Surveying all applicants to the program who were interviewed – gives very useful information that can help to advocate for changes – for example, applicants noted having difficulty finding the program brochure online
What are some things your program has done that have been helpful in your PE & QI efforts? – continued

- Interns ‘have their ear to the ground’ – very useful to engage with them to collect feedback – allows responsiveness on everything from interview format to how salary is presented in the brochure
- Using social media to help collect data
- Collecting both formal and informal sources of info
- Experimenting with using student representatives to bring forward student concerns
- Being transparent about the difficulties in assessing and implementing changes – reflects a thoughtful process
Reiteration of Key Points re PE & QI:

• BOTH pieces are important – not either/or
• Intended to be a continual process – not something that is only considered when a self-study is due
• Intended as well to be a program-wide effort – not only the responsibility of the DoT
• Despite the work, your program should benefit from undertaking a self-study – due to feedback from site visitors, the Panel, and also from stepping back from your day-to-day activities and looking at the bigger picture
  → An opportunity to take pride in how far you’ve come!
Key Points re PE & QI – continued:

• Note that student/intern self-ratings and satisfaction, while useful data, are not sufficient – after all, no one thinks they are average!

• Consider whether there might be any part of your program that could in fact be deterring students from later success – for example, interns at a specialized rehab program often come in with specific goals, but still need to be trained with breadth (in spite of themselves!)

• There is no truly negative data – potentially negative outcomes can be used with management to create a positive change over time

• **Note: Please see handout on website with PE & QI questions**
Completion of Program Goals Table:

- Goals vs Objectives – ultimately, it is up to a program to decide what they deem a goal vs an objective.
- In general, a goal will be a larger overarching focus of a program, which by its nature will be quite broad, and there may be multiple routes to achieving the goal.
- An objective starts to more specifically operationalize the achievement of a goal – may still be somewhat broad.
- This is then where competencies come into play – as the concrete skills, knowledge, and attitudes one must develop – through relevant training activities – as a sign that the objective (and eventual goal) has been met.