



ROAD TO SACSCOC REAFFIRMATION

# NEWSLETTER

FEBRUARY 2025



## What is Reaffirmation of Accreditation?

The Southern Association of Colleges and Schools Commission on Colleges' (SACSCOC) Reaffirmation of Accreditation is a comprehensive internal and external review process to ensure that member institutions maintain continuing compliance with Commission policies and with [The Principles of Accreditation: Foundation for Quality Enhancement](#).

According to SACSCOC, "At the heart of SACSCOC's philosophy of accreditation, the concept of quality enhancement presumes each member institution is to be engaged in ongoing improvement of its programs and services and be able to demonstrate how well it fulfills its stated mission. Although evaluation of an institution's educational quality and effectiveness in achieving its mission is a difficult task requiring careful analysis and professional judgment, an institution is expected to document the quality and effectiveness of all its programs and services."

## Newsletter Archive

**Missed a Newsletter?** No problem! Visit our OAAE website to catch up on all past issues

- [December 2024](#)
- [January 2025](#)

## SACSCOC SITE VISIT SAVE THE DATE!!

While there is much work to be done between now and the SACSCOC On-site Reaffirmation Committee visit, please mark your calendars.

**MARCH 24th - 26th, 2026**

# STANDARD SHOWCASE:

Standard of the Month

## SECTION 8: STUDENT ACHIEVEMENT

### 8.2.a: STUDENT OUTCOMES: EDUCATIONAL PROGRAMS

**Standard 8.2.a** *The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below: Student learning outcomes for each of its educational programs. (Student outcomes: educational programs)*

Baylor College of Medicine (BCM) ensures that each of its educational programs identifies expected student learning outcomes (SLOs), assesses the extent to which it achieves those outcomes, and provides evidence of seeking improvement based on analysis of results related to SLOs. BCM's institution-wide outcomes assessment process and documents the ongoing use of results to drive improvement across all educational programs (also known as "reporting units").

BCM employs a common outcomes assessment process across all educational programs. The annual institution-wide process, overseen and supported by the Office of Accreditation and Education Effectiveness, informs changes and guides continuous improvement of educational programs in alignment with BCM's mission, vision, and values.

Assessment efforts and results for each educational program are documented in student learning outcomes assessment reports comprised of the following elements.

- Intended student learning outcomes (measurable statements of what students are expected to know or be able to do at specified points of the educational experience).
- Assessment methods to measure progress toward achieving each intended outcome. At least one direct method (exam items, professional practica, rubrics, etc.) per outcome is encouraged. In most cases, programs utilize more than one assessment method per outcome, to include an indirect method for more robust analysis.
- Criteria or targets that define "success" for each assessment method.
- Results, analysis of findings and, when appropriate, identification of areas in need of improvement.
- Action plans to remedy specific areas of need identified in results and analysis.
- Follow-up that describes impacts of, and progress toward completing previous action plans.
- Appropriate supporting evidence and documentation.

Each program's assessment *plan* is comprised of three elements: expected SLOs, assessment methods and criteria for success. An assessment *report* consists of the assessment plan, along with each year's results, analysis of results, supporting documentation, action plans, and follow-up describing progress and impacts of previous years' improvement efforts.

#### Annual Assessment Cycle

All schools and educational programs follow the same institution-wide annual assessment and reporting cycle, based on BCM's July 1 - June 30 academic year. Schools and educational programs compile, assess and report each year's results during the next academic year ("reporting year"). Each July, the Office of Accreditation and Education Effectiveness notifies responsible school and program personnel of assessment planning and reporting timelines and expectations for the coming year.

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#### **Meta-Assessment Rubric**

During 2023-2024, the Office of Accreditation and Education Effectiveness developed a meta-assessment rubric for academic program assessment reports to enhance the delivery of specific, constructive, actionable feedback to schools and programs. The meta-assessment rubric was designed in the style of a single-point rubric with the purpose of providing BCM program assessment liaisons a clear and transparent set of expectations within a growth mindset framework. For each construct, detailed feedback is provided on areas requiring attention, as well as specific areas of strength. Suggestions for growth are offered for continuous improvement of the overall program assessment reporting. Utilizing the Lawshe method, the rubric was validated by 4 external assessment experts all with over 10 years of experience in the field. Internal reliability was completed in Summer of 2024, with first implementation of the rubric for the 2023-2024 reports.

The rubric is used to rate and provide detailed feedback on the following areas:

- Clarity
- Methods
- Success Criteria
- Data
- Impact on Student Learning

This final step in the annual assessment process is intended to (1) highlight trends in the overall quality and completeness of assessment and reporting across all units; (2) provide component-specific feedback on strengths and weaknesses of each unit's annual report; and (3) increase institution-wide understanding and use of assessment to drive improvement.

#### **Institution-wide Engagement**

Each school and program designates individuals and/or committees to manage its internal assessment activities. Depending on the unit, deans, qualified faculty members, program directors, curriculum committee members, administrative leaders or others participate in assessment; review and update annual assessment plans and reports; analyze the degree to which student learning outcomes are being achieved; identify steps to drive improvement; and ensure availability of resources to carry out action plans.

#### **IDENTIFYING EXPECTED SLOs AND ASSESSING THE EXTENT TO WHICH THEY ARE ACHIEVED**

Each educational program at BCM establishes measurable, clearly defined student learning outcomes: statements of what students are expected to know or be able to do at specified points of the educational continuum. Each SLO is linked to at least one assessment method (preferably a direct measure), and each method has at least one criterion that defines "success." In combination, a set of outcomes, methods and criteria constitute an assessment plan.

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Assessment plans reflect College and program mission alignment, program priorities, national standards and requirements of program professional accreditation agencies. They may be adjusted over time, as deemed appropriate by schools and/or programs, in collaboration with the Office of Accreditation and Education Effectiveness. Common reasons for revising an assessment plan include the following.

- Improved or updated methodology (e.g., shifting from indirect to direct methods)
- Ongoing success that renders a method or outcome obsolete (no room for meaningful improvement)
- Programmatic changes
- Efficiency (e.g., deactivating overlapping methods that are not providing actionable information)

With assessment plans in place, each educational program completes the annual outcomes assessment and reporting process described above, including the following steps.

- Gather results related to established student learning outcomes.
- Analyze results to determine the extent to which outcomes are achieved.
- Gauge the impacts (if any) of previous year action plans.
- Identify new improvement plans, based on results.
- Document annual assessment results and action plans in outcomes reports (completed in the online reporting system).

The examples below delineate typical outcome statements, a direct assessment method, and success criteria for each of the College’s four schools.

### **School of Medicine**

SLO: Students will perform comprehensive and focused history and physical examinations which are appropriate for the clinical context and illness acuity.

- Assessment Method (Direct): Standardized patient exam in Practice of Medicine III course (POMIII CPX) scores for “history taking” component of the exam.
- Success Criteria: At least 85% of examinees will receive passing scores on this component.

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### **Graduate School of Biomedical Sciences, Neuroscience Program**

SLO: Students will demonstrate broad-based scientific knowledge and in-depth discipline-specific knowledge related to their specific research area.

- Assessment Method (Direct): Evaluation of student academic background knowledge during the Qualifying Exam using the QE-Written and QE-Oral Evaluation rubrics.
- Success Criteria: 75% of students will achieve a rating of 3.0 or higher on the Background scientific knowledge and Discipline-specific knowledge sections of the Qualifying Exam rubric (scale: 1-4).

### **School of Health Professions, Physician Assistant Program**

SLO: Students will demonstrate the clinical skills necessary to succeed as an entry-level practitioner in the domain of patient-centered practice knowledge as defined by the Physician Assistant Education Association (PAEA).

- Assessment Method (Direct): Scores on the Standardized Patient Exercise (SPE) conducted during the Physical Diagnosis I course.
- Success Criteria: At least 85% of the cohort will receive a score of at least 90 on the Standardized Patient Exercise Rubric.

### **National School of Tropical Medicine**

SLO: Students will be able recognize and describe treatment of diseases (e.g., HTLV-1, yellow fever, Lyme Disease, Diphtheria, etc.), the vector biology involved in the transmission of certain pathogens, and public health methods of controlling or preventing these diseases.

- Assessment Method (Direct): Final Exam (Didactic and Lab)
- Success Criteria: a) A minimum average of at least 75% b) No more than 50% of students will incorrectly answer any individual exam question.

## **EVIDENCE OF SEEKING IMPROVEMENT BASED ON ANALYSIS OF RESULTS**

As part of the annual, institution-wide outcomes assessment process, schools and programs identify specific action plans that are aligned with and responsive to findings and expected outcomes, and reasonably likely to improve future results. Deans, program and course directors and administrators compile and submit draft assessment reports for review by the Office of Accreditation and Education Effectiveness, which provides detailed feedback and individualized coaching to maximize the usefulness and impacts of each unit's assessment data and processes. Units are encouraged to identify trackable action plans for every method each year, with follow-up occurring in Spring to determine progress and viability of written action plans.

- If there is room for improvement (e.g., criteria were met but scores dropped; ratings improved, but could rise further), the accreditation lead – education effectiveness from the Office of Accreditation and Education Effectiveness will guide and assist those involved with the program's assessment to use data more effectively or precisely to identify possible action plans.

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- If criteria for a particular method (or an entire outcome) have been met for several consecutive years and meaningful improvement is not possible (e.g., scores or ratings are at or near the highest level every year), programs are encouraged to deactivate the method (or outcome) and replace it with another for which improvement is possible. The Office of Accreditation and Education Effectiveness provides direct support and guidance to units making such changes.

To ensure that units assess and document the effectiveness of each year's action plans, BCM incorporates a prior action plan section within its reporting template. The prior action plan section is a deliberate prompt for units to describe the extent to which the prior action plan has been implemented, and whether the prior action plan led to improved student achievement.

#### Evidence of Seeking Improvement

As described above in Section 1, Institution-wide Assessment Process, BCM has a well-established outcomes assessment and reporting cycle to seek and document ongoing improvement across educational programs. All programs follow the annual process to (1) Assess success in achieving expected outcomes by tracking and analyzing results; (2) Act by identifying and implementing appropriate action plans; and (3) document efforts to Improve by describing the progress and impact(s) of previous years' action plans.

The examples below document efforts by the BCM schools to improve student learning outcomes, based on analysis of assessment results during the most recently completed reporting cycles.

#### School of Medicine

#### Evidence of Using Assessment and Analysis to Drive Improvement

Assess	In each core clerkship, clinical instructors rate students' ability to accurately interpret physical findings. The success criteria, on a 1-9 scale, is 70% or above cumulative mean rating of 7.0 or higher on student performance item COMP6: "How would you rate this student's ability to interpret findings from the history, physical examination or mental status exam?"
Act	While the criterion was met in AY2022-2023, the SOM set an action plan for the Curriculum Renewal Workgroup to work with Clerkship Directors to develop a suite of work-based assessments. Included in these work-based assessments were new history and physical direct observation forms, as well as a written history and physical work-based assessment form. These assessment forms were piloted in the clerkships beginning in January 2024.
Improve	The action plan had a significant positive impact, as evidenced by the increase in the percentage of students in the Pediatrics Clerkship scoring average ratings of 7.0 or higher, which rose from 84.3% in 2022-2023 to 97.7% in 2023-2024.

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### **Graduate School of Biomedical Sciences Evidence of Using Assessment and Analysis to Drive Improvement**

Assess	As a requirement for admission to Candidacy for the PhD program, students must pass the Qualifying Exam. In 2022-2023, the pass rate was 56%. The QC-GS-5301: QCB Research Design was reviewed, and the program found cause for improvement.
Act	The course was redesigned by creating new curriculum to help assist with the second-year students Qualifying Exam performance and knowledge and grant writing skills. The class meets twice a week, has homework assignments, and a final, and is didactic.
Improve	The Qualifying Exam pass rate increased from 56% in 2022-2023 to 60% in 2023-2024

### **School of Health Professions Evidence of Using Assessment and Analysis to Drive Improvement**

Assess	In the Medical Genetics II course, student knowledge is assessed using performance on multiple choice module exams (Pediatric module, Prenatal module, and Adult/Cancer module). The success criteria are at least 87.5% of students will achieve a score of 80% or higher on each of the three modules. The criteria were not met in 2022-2023, with 67% of students meeting the benchmark.
Act	The Medical Genetics II course instructors increased the number of quizzes administered in this class to assess student understanding in a more pixelated manner (allowing for earlier identification of students that may be struggling on content areas that will be covered on the module exams). In addition, struggling students were referred to the Academic Success Center (ASC) where they can receive tutoring, work on test taking skills, and if necessary, refer students to the disability coordinator to explore if a student may qualify for accommodations.
Improve	As a result of the program interventions, student performance in scores increased in 2023-2024. 89% of students met the benchmark of achieving at least 80% on all three exam modules as compared with 67% of students meeting the benchmark in 2022-2023.

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### **National School of Tropical Medicine Evidence of Using Assessment and Analysis to Drive Improvement**

Assess	<p>At the conclusion of Module 3: Tropical Medicine in Practice, a didactic final exam is administered. The success criteria are: a) A minimum average score of at least 75% b) No more than 20% of students will incorrectly answer any exam question related to labor and delivery. In 2021-2022, the criteria were partially met. The average score was 90%; however, more than 20% of students answered 3 questions related to labor and delivery incorrectly.</p>
Act	<p>The Diploma in Tropical Medicine program instituted the following action plan: Improve clarity of the labor and delivery lecture, emphasize salient learning points, and reflect on test questions.</p>
Improve	<p>As a result of the program intervention, the average score increased to 93% and students met the criteria for all test items. Based on these results, the success criterion was increased from no more than 20% to no more than 50% of students will incorrectly answer any exam question related to labor and delivery.</p>

### **Conclusion**

BCM's educational programs have a documented history of seeking improvement based on analysis of assessment results. BCM schools and programs identify expected student learning outcomes, utilize appropriate assessment methods to gauge success in achieving those outcomes, and establish and implement action plans to enhance student learning and performance.



# REAFFIRMATION OF ACCREDITATION TIMELINE:

All dates subject to change throughout the process

Target Date	Accreditation Process	Quality Enhancement Plan
<b>October 2024</b>	SACSCOC Executive Committee Established and First Meeting  SACSCOC Reaffirmation 2026 Kick-Off  Review of SACSCOC narratives begins	Launch QEP Survey  Recruit QEP Director
<b>November 2024</b>	Reaffirmation Newsletter  Review of SACSCOC narratives	Review Survey Results/Analyze Comments  Examine Feasibility of Topic  Recruit QEP Director
<b>December 2024</b>	SACSCOC Annual Meeting, Austin, TX (12/7 to 12/10)  Reaffirmation Newsletter  Review of SACSCOC narratives	Review Survey Results/Analyze Comments  Examine Feasibility of Topic
<b>January 2025</b>	Reaffirmation Newsletter	Engage Content Specialist  Identify External review/advisory committee  Recommend Topic to Executive Leadership  QEP Topic Announced to BCM Community
<b>February 2025</b>	Reaffirmation Newsletter	Determine QEP time frame for implementation and budget
<b>March 2025</b>		
<b>April 2025</b>	Leadership Review of Compliance Certificate begins	
<b>July 2025</b>	Compliance Certificate Draft Completed	
<b>August 2025</b>	Final Review of Compliance Certificate	
<b>September 2025</b>	Compliance Certificate Due (9/8)	
<b>November 2025</b>	Site Visit Prep  Off-Site Peer Review Conducted (11/4 to 11/7)	
<b>December 2025</b>	Site Visit Prep  Mock Visit	
<b>January 2026</b>	Site Visit Prep  Mock Visit	
<b>February 2026</b>	Site Visit Prep  Optional Focused Report Due (2/10)	QEP Due (2/10)
<b>March 2026</b>	On-Site Peer Review Conducted (3/24 to 3/26)	Present and discuss QEP (3/24 to 3/26)
<b>December 2026</b>	Review by SACSCOC Committee Board (12/3 to 12/6)	

# OUR MISSION, OUR PURPOSE

**Mission:** Our mission at Baylor College of Medicine is to provide guidance, support and resources to help faculty and staff create and implement effective changes while ensuring the highest quality of education for our students.

**Purpose:** Our purpose is to promote academic excellence and innovation through accreditation and education effectiveness. We strive to foster a culture of continuous improvement and to provide resources and support for faculty and staff to develop and implement effective educational programs that prepare students for success.

## **The Office of Accreditation and Education Effectiveness supports the Baylor College of Medicine education enterprise by:**

- Facilitating institutional accreditation with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and monitoring ongoing compliance with SACSCOC principles of accreditation
- Providing support for program level specialized accreditation
- Coordinating ongoing assessment of educational programs and the university's quality enhancement plan (QEP)
- Conducting and reporting the results of academic program reviews
- Conducting general institutional research and data analysis
- Reporting key academic performance metrics to federal, state, and professional organizations
- Conducting general institutional research and data analysis
- Providing process expertise in the approval of substantial changes to existing programs
- Managing educational affiliation agreements, observerships, and external learners

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