

Programmatic Level Educational Objectives

Purpose:

The purpose of this Policy is to incorporate the American Osteopathic Association's (AOA) Seven Core Competencies for Medical Education, which serve as the foundation for curricular design and evaluation across all phases of osteopathic medical education. These AOA competencies are incorporated into the fourteen American Association of Colleges of Osteopathic Medicine (AACOM) core competencies, which will be used as the COM program learning outcomes.

Scope:

This Policy shall apply to all Duquesne University COM students as well as faculty practicing medicine.

Responsibility:

The responsibility to review and revise this Policy is established by COM leadership and approved by the COM Dean and Duquesne University Provost. It is effective as of the date noted and shall remain effective until amended or terminated by the COM Dean or University Provost. Review and revision are to ensure consistency with accreditation elements and standards.

Policy:

The Duquesne University COM is committed to ensuring competency-based medical education throughout the four years of undergraduate medical education. The College has designed a curriculum to include activities and assessments which reflect educational objectives and incorporate the seven AOA core competencies within the fourteen AACOM Competencies. Students will be taught and assessed according to knowledge and skills related to these key competencies. The competencies are:

1. OSTEOPATHIC PRINCIPLES AND PRACTICE/OSTEOPATHIC MANIPULATIVE MEDICINE

Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to lifelong learning and practicing habits in osteopathic philosophy and OMM.

2. MEDICAL KNOWLEDGE

Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.

3. PATIENT CARE

Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, empathy towards patients, awareness of behavioral issues, as well as the incorporation of preventive medicine and health promotion.

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4. INTERPERSONAL AND COMMUNICATION SKILLS

Demonstrate interpersonal and communication skills that enable the student physician to establish and maintain professional relationships with patients, families, and other members of health care teams.

5. PROFESSIONALISM

Uphold the Osteopathic Oath in the conduct of one's professional activities, which promotes advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to the care of diverse patient populations, while being cognizant of the patient's physical, mental, and spiritual health in order to provide effective care.

6. PRACTICE-BASED LEARNING AND IMPROVEMENT

Demonstrate the ability to critically evaluate methods of clinical practice; integrate evidence-based medicine into patient care; show an understanding of research methods; improve patient care practices.

7. SYSTEMS-BASED PRACTICE

Demonstrate an understanding of health care delivery systems; provide effective and qualitative patient care within systems; and practice cost-effective medicine.

8. COUNSELING FOR HEALTH PROMOTION/DISEASE PREVENTION

Demonstrate an understanding of preventive healthcare including screening and prevention guidelines and be able to apply this knowledge to provide patient-centered, team-based care.

9. CULTURAL COMPETENCIES

Demonstrate an understanding of culture and the elements that affect a patient's healthcare; demonstrate cultural sensitivity and communication skills to care for patients with varying backgrounds, beliefs, and cultures.

10. EVALUATION OF HEALTH SCIENCES LITERATURE/SCIENTIFIC METHOD

Utilize current technologies to assess and apply evidence-based scientific information to patient care.

11. ENVIRONMENTAL AND OCCUPATIONAL MEDICINE

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Demonstrate an understanding of the impact of the environment and a patient's occupation on a patient's health. Demonstrate knowledge and skills to care for patients' environmental and occupational healthcare needs.

12. PUBLIC HEALTH SYSTEMS

Apply understanding of public health, the social determinants of health, and health policies to an overall understanding of individual, system-based, and community healthcare.

13. GLOBAL HEALTH

Demonstrate an understanding of the differences in diseases, preventive care needs, cultures, and healthcare systems outside of the United States.

14. INTERPROFESSIONAL COLLABORATION

Work collaboratively within a healthcare team demonstrating understanding and respect for the roles and responsibilities of each member of the team.

Effective Date: 1/1/2021

Revised: 6/17/2022 Revision: 1

The Commission on Osteopathic College Accreditation (COCA), Middle States Commission of Higher Education and Duquesne University's Office of the Associate Provost for Academic Affairs DUQUESNE UNIVERSITY requires that each program have clearly articulated program goals (Section I) and student learning outcomes statements linked to curriculum and course experiences/requirements (Section II). This assessment plan will help the COM determine the extent to which these outcomes are successfully being met through courses and other program requirements. [Middle States Statement of Accreditation Status; Standards - Middle States Commission on Higher Education \(msche.org\)](https://www.msche.org/)

Overarching Program Goal

The Duquesne University College of Medicine will graduate competent DO physicians, as measured by the seven (7) AOA competencies incorporated in the fourteen (14) AACOM core competencies, which will prepare graduates to enter GME residency programs. The COM will ensure that the curriculum includes instruction on the scientific method, diversity, equity, and inclusion, and OPP including both observation and hands-on application of OMM. The COM will also ensure that the curriculum includes self-directed learning experiences for students to develop skills for lifelong learning. Additionally, the curriculum will provide opportunities for interprofessional education in each year of the curriculum to prepare students to work collaboratively in healthcare teams.

I. Program Learning Outcomes (PLO) #1-14

Upon successful completion of the Doctor of Osteopathic Medicine, the student will be able to demonstrate proficiency in medical knowledge, skills, and the seven core competency domains established by the osteopathic profession at a level consistent with a graduate osteopathic physician. In addition, the student will demonstrate competency in treating patients ethically, compassionately, and competently and deliver patient-centered osteopathic medical care. Success in achieving the PLOs is evaluated directly or indirectly by measuring specific outcomes (Section II) related to the PLOs. Osteopathic physician competency areas for outcome measurement are:

- #1 Osteopathic Principles and Practice / Osteopathic Manipulative Medicine*
- #2 Medical Knowledge
- #3 Patient Care
- #4 Interpersonal and Communication Skills
- #5 Professionalism
- #6 Practice-Based Learning and Improvement*
- #7 System-Based Practice
- #8 Counseling for Health Promotion/Disease Prevention Competencies
- #9 Cultural Competencies
- #10 Evaluation of Health Sciences Literature Competencies/Scientific Method*

- #11 Environmental and Occupational Medicine Competencies
- #12 Public Health Systems Competencies
- #13 Global Health Competencies
- #14 Interprofessional Collaboration Competencies

*Note: Programmatic student learning outcomes (PLOs) have been modified and adapted to be consistent with current COCA standards. PLOs have been mapped to the goals of the program, including where the outcome will be taught and assessed in relevant courses and by other program requirements.

II. Curriculum Mapping: Using the map key below, evaluators can reference the degree to which an outcome will be taught and assessed in relevant courses and by other program requirements.

Map Key I = Outcome Introduced E = Outcome Emphasized R = Outcome Reinforced CA = Competency Achieved for GME Readiness		MS-1	MS-2	MS-3	MS-4
PLO #1	OSTEOPATHIC PRINCIPLES AND PRACTICES				
	1.1. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.	I, E	R	R	CA
	1.2. Use the relationship between structure and function to promote health.	I, E	R	R	CA
	1.3. Use OPP to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination.	I, E	R	R	CA
	1.4. Diagnose clinical conditions and plan patient care.			I	CA
	1.5. Perform or recommend OMT as part of a treatment plan.	I	E	R	CA
	1.6. Communicate and document treatment details.	I	E	R	CA
	1.7. Collaborate with OMM specialists and other health care providers to maximize patient treatment and outcomes, as well as to advance osteopathic manipulation research and knowledge.			I, R	CA
1.8. Evaluate the medical evidence concerning the utilization of osteopathic manipulative medicine.	I	E	R	CA	

	1.9. Principles of Osteopathic Medicine including observation and hands-on application.	I	E	R	CA
PLO #2	MEDICAL KNOWLEDGE				
	2.1. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation.	I,E	R	CA	
	2.2. Apply current best practices in osteopathic medicine.	I	E	R	CA
	2.3. Physician interventions			I, R	CA
	2.4. Demonstrate knowledge and application of the scientific method, including data collection to test and verify hypotheses.	I,E,R	CA		CA
PLO #3	PATIENT CARE				
	3.1. Gather accurate data related to the patient encounter.	I, E	R	R	CA
	3.2. Develop a differential diagnosis appropriate to the context of the patient setting and findings.	I, E	R	R	CA
	3.3. Implement essential clinical procedures.	I	E	R	CA
	3.4. Form a patient-centered, interprofessional, evidence-based management plan.	I	E	R	CA
	3.5. Health promotion and disease prevention (HPDP).	I, E	R	R	CA
	3.6. Documentation, case presentation, and team communication.	I	E	R	CA
PLO #4	INTERPERSONAL AND COMMUNICATION SKILLS				
	4.1. Establish and maintain the physician-patient relationship.	I	E	R	CA
	4.2. Conduct a patient-centered interview.	I	E	R	CA
	4.3. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals.	I	E	R	CA
	4.4 Work effectively with other health professionals as a member or leader of a health care team.	I	E	R	CA
PLO #5	PROFESSIONALISM				
	5.1. KNOWLEDGE - Demonstrate knowledge of the behavioral and social sciences that provide the foundation for professionalism competency, including medical ethics, social accountability and	I, E	R	R	CA

	responsibility, and commitment to professional virtues and responsibilities.				
	5.2. HUMANISTIC BEHAVIOR - Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness.	I, E	R	R	CA
	5.3. PRIMACY OF PATIENT NEED - Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.	I	E	R	CA
	5.4. ACCOUNTABILITY - Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of the professional behavior of others.	I	E	R	CA
	5.5. CONTINUOUS LEARNING - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.	I, E	R	R	CA
	5.6. ETHICS - Demonstrate knowledge of and the ability to apply ethical principles in the practice and research of osteopathic medicine, particularly in the areas of provision or withholding of clinical care, the confidentiality of patient information, informed consent, business practices, the conduct of research, and the reporting of research results.	I	E	R	CA
	5.7. CULTURAL COMPETENCY - Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	I, E	R	R	CA
	5.8. PROFESSIONAL AND PERSONAL SELF-CARE - Demonstrate understanding that he/she is a representative of the osteopathic profession and is capable of making valuable contributions as a member of this society; lead by example; provide for personal care and well-being by utilizing principles of wellness and disease prevention in the conduct of professional and personal life.	I, E	R	R	CA
	5.9. HONEST, TRANSPARENT BUSINESS PRACTICES	I	E	R	CA
	5.10. SELF-DIRECTED LEARNING – Demonstrate the ability to study independently, self-assess learning needs, analyze, synthesize and appraise information and credibility of sources.	I, E	R	R	CA
PLO #6	PRACTICE-BASED LEARNING AND IMPROVEMENT				
	6.1. Describe and apply evidence-based medicine principles and practices. Interpret features and meanings of different types of data, quantitative and qualitative, and different types of variables,	I	E	R	CA

	including nominal, dichotomous, ordinal, continuous, ratio, and proportion.				
	6.2. Evaluate the relevance and validity of clinical research.	I	E	R	CA
	6.3. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice.			I,R	CA
	6.4. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care.	I	E	R	CA
	6.5. Describe and apply systematic methods to improve population health.	I	E	R	CA
PLO #7	SYSTEMS-BASED PRACTICE				
	7.1. The candidate must demonstrate an understanding of variant health delivery systems and their effect on the practice of a physician and the health care of patients.	I	E	R	CA
	7.2. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society.	I	E	R	CA
	7.3. Demonstrate knowledge of how different delivery systems influence the utilization of resources and access to care.			I, R	CA
	7.4. Identify and utilize effective strategies for assessing patients.	I	E	R	CA
	7.5. Demonstrate knowledge of and the ability to implement safe, effective, timely, patient-centered, equitable systems of care in a team-oriented environment to advance populations' and individual patients' health.	I	E	R	CA
PLO #8	COUNSELING FOR HEALTH PROMOTION/DISEASE PREVENTION COMPETENCIES				
	8.1. Coordinate preventive health care across providers.			I, R	CA
	8.2. Identify roles for existing providers who provide clinical preventive services	I	E	R	CA
	8.3. Collaborate within a patient-centered team.		I	E, R	CA
	8.4. Demonstrate an understanding of and commitment to the patient-centered medical home concept of continuous, coordinated, and comprehensive care focused on quality, safety, and enhanced access for all.			I, R	CA

	8.5. Apply quantitative epidemiological principles to inform clinical practice with regard to screening and prevention (include limitations of study designs).	I	E	R	CA
	8.6. Identify and use existing sources of health data as well as appropriate prevention guidelines.	I	E	R	CA
	8.7. Describe clinical, ethical, and legal issues which may result from screening (e.g., genetic counseling).	I	E	R	CA
	8.8. Apply criteria used for screening tests, such as sensitivity, specificity, predictive values, bias, safety, cost, and prevalence.	I	E	R	CA
	8.9. Apply periodic health screening guidelines from the U.S. Preventive Services Task Force.			I	CA
	8.10. Demonstrate preventive health principles by modeling a healthy lifestyle.	I	E	R	CA
PLO #9	CULTURAL COMPETENCIES				
	9.1. Demonstrate an understanding of the scope of culture and the elements that form and define it.	I, E	E,R	R	CA
	9.2. Recognize personal and professional tendencies toward bias and stereotyping, and work to counter them.	I, E	E,R	R	CA
	9.3. Understand the public health implications of cultural competence in health care.	I, E	E,R	R	CA
	9.4. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.	I, E	E,R	R	CA
	9.5. Assess other health care resources and methods patients use (or used) either in addition to, or instead of their physician's recommended treatment (e.g., home remedies, traditional healers).	I	E	R	CA
	9.6. Assist the health care team in developing a mutually acceptable, culturally responsive plan for patients.			I, R	CA
	9.7. Demonstrate effective communication that takes into consideration the ability to elicit another's perspective, present concerns from another's perspective, refrain from behaviors that cause others to become defensive.	I	E	R	CA
	9.8. Identify and attempt recovery from mistakes in communication.	I	E	R	CA

	<p>9.9. Use interpreters appropriately and effectively.</p> <p>9.10. Use the cultural profile and history in the treatment of individual patients and record them appropriately in the medical record.</p> <p>9.11. Use the cultural profile and history with individual patients to assess health care needs in the community.</p>	I	E	R	CA
				I, E	CA
				I, E	CA
PLO #10	EVALUATION OF HEALTH SCIENCES LITERATURE COMPETENCIES				
	10.1. Utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature.	I	E	R	CA
	10.2. Use appropriate tools to critically appraise health science literature for its validity, reliability, impact, and applicability.	I	E	R	CA
	10.3. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.	I	E	R	CA
	10.4. Judge the statistical and clinical significance of findings in the health science literature.	I	E	R	CA
	10.5. Appropriately apply scientifically valid outcome guidelines & other current standards to patient care.	I	E	R	CA
	10.6. Apply critical concepts from statistics, epidemiology, and research design in the treatment of patients.	I	E	R	CA
	10.7. Recognize personal limitations in evaluating health science literature.	I	E	R	CA
	10.8. Apply principles of the scientific method including understanding of how data collection, testing and verifying hypotheses or questions regarding biomedical phenomena are conducted, evaluated, and explained to patients/subjects of a clinical study and applied to patient care. This process will apply to basic scientific and ethical principles of clinical and translational research.	I	E	R	CA
PLO #11	ENVIRONMENTAL AND OCCUPATIONAL MEDICINE COMPETENCIES				
	11.1. Provide osteopathic evidence-based clinical evaluation and treatment for injuries and illnesses that are occupationally or environmentally related.			I, R	CA

	<p>11.2. Understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).</p> <p>11.3. Understand the ethical considerations related to environmental and occupational health.</p> <p>11.4. Complete an environmental health history, recognize potential environmental hazards and sentinel illnesses, and make referrals for conditions with environmental etiologies (i.e. the basic mechanisms and pathways of exposure to environmental health hazards, basic prevention and control strategies, the interdisciplinary nature of effective interventions, the role of research, etc.).</p> <p>11.5. Demonstrate knowledge and skills relating to fitness and disability to determine whether a worker can safely work and complete required job tasks.</p> <p>11.6. Demonstrate knowledge and skills required to recognize, evaluate, and treat exposures to toxins at work or in the general environment (i.e. interpretation of laboratory or environmental monitoring test results, toxicokinetic data, etc.)</p> <p>11.7. Demonstrate the knowledge and skills necessary to assess and provide control measures if there is risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment.</p> <p>11.8. Identify and address individual and organizational factors in the workplace (i.e. absenteeism, health enhancement, and population health management) in order to optimize the health of the worker, etc.).</p> <p>11.9. Demonstrate the knowledge and skills to plan, design, implement, manage, and evaluate occupational and environmental health programs and projects.</p>	I	E	R	CA
		I	E	R	CA
				I, R	CA
		I	E	R	CA
		I	E	R	CA
			I	R	CA
				I	CA
				I	CA
PLO #12	PUBLIC HEALTH SYSTEMS COMPETENCIES				
	12.1. Apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention.	I, E	E,R	R	CA
	12.2. Assesses and address the determinants of health and illness factors contributing to health promotion and disease prevention.	I, E	E,R	R	CA

	12.3. Assesses and address the factors influencing the use of health services.	I, E	E,R	R	CA
	12.4. Apply basic public health principles, practices, and sciences to the practice of osteopathic medicine.	I	E	R	CA
	12.5. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.	I	E	R	CA
	12.6. Recognize the impact of environmental influences on human health.	I	E	R	CA
	12.7. Understand and apply knowledge of cultural differences to improve public health among divergent populations.	I, E	E,R	R	CA
	12.8. Understand the role of health policy on populations and individuals.	I	E	R	CA
PLO #13	GLOBAL HEALTH COMPETENCIES				
	13.1. Diagnose and manage diseases and/or patient presentations infrequently encountered in the United States.			I	CA
	13.2. Provide appropriate preventative and post-return care for patients travelling outside the United States.	I	E	R	CA
	13.3. Compare and contrast differing non-U.S. health care systems.	I	E	R	CA
	13.4. Understand the threat of pandemic and/or endemic health events.	I	E	R	CA
	13.5. Analyze the risk/benefit ratio of health care management in countries with differing health delivery systems and resources.	I	E	R	CA
	13.6. Identify & treat patients with varying cultural beliefs regarding health, disease, & patient care.	I	E	R	CA
	13.7. Compare and contrast population health and community health in the US and in other countries.	I	E	R	CA
	13.8. Identify key international organizations involved in global health.	I	E	R	CA
PLO #14	INTERPROFESSIONAL COLLABORATION COMPETENCIES				
	14.1. Act with honesty and integrity in relationships with patients, families, and other team members.	I, E	E,R	R	CA

14.2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	I	E	R	CA
14.3. Communicate one's role and responsibilities clearly to patients, families, and other professionals.	I	E	R	CA
14.4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.	I	E	R	CA
14.5. Choose effective communication tools and techniques, including information systems and communication technologies, for facilitating interprofessional discussions and interactions that enhance team function.	I	E	R	CA
14.6. Give timely, sensitive, instructive feedback to others about their performance on the team, and respond respectfully to feedback from other team members.	I	E	R	CA
14.7. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-base care.	I	E	R	CA

III. Assessment Timeline: A 4-year plan for assessment in which the Duquesne University COM will assess all Program Learning Outcomes with student learning outcomes representing each required for MSCHE (IE) and COCA reporting.

Academic Years	Outcome(s)	Course(s) and Other Program Requirements	Assessment Evidence (direct/indirect)	Assessment Method
	WHICH outcome(s) will you examine?	WHERE will you look for evidence of student learning (course(s)/program requirements)?	WHAT student work or other evidence will you examine to generate conclusions and recommendations?	HOW will you look at the evidence; what means will you use to quantify the evidence?
MS1-2 Biomedical Science	PLO #1, PLO #2, PLO #3, PLO #5, PLO #6, PLO #7, PLO #8, PLO #10	<ul style="list-style-type: none"> • Human Anatomy • Cell and Molecular Biology • Genetics • Physiology • Microbiology • Immunology • Foundations of Medical Research 	<ul style="list-style-type: none"> • Small group assignments • Team-based learning participation • Assigned readings and modules • Course Examinations • Standardized examinations • Student feedback on curriculum, and faculty 	<p>The Curriculum committee will complete an annual review of the curriculum to include a:</p> <ul style="list-style-type: none"> • Systematic analysis of every course and core clinical rotation incorporating data from student performance metrics and feedback.
MS1-2 Clinical Science	PLO #1, PLO #2, PLO #3, PLO #4, PLO #5, PLO #6, PLO #7, PLO #8, PLO #9, PLO #10, PLO #12, PLO #14	<ul style="list-style-type: none"> • Pathology • Pharmacology • Clinical Skills Course • Simulation Lab • Behavioral Health and SDOH • Professional Medical Practice • Early Clinical Learning Experiences • Musculoskeletal Medicine / OMM • Musculoskeletal & Integumentary Systems • Behavioral Health & Neurosensory Systems • Cardiovascular and Respiratory Systems • Nephrology, Hematology, and Immunology • Endocrine and Gastrointestinal Systems • Reproductive Health 	<ul style="list-style-type: none"> • Small group assignments • Team-based learning participation • Assigned readings and modules • Clinical Skills • Simulation and standardized Outreach experiences and early clinical learning opportunities • OMM competency-based evaluations • patient evaluation rubrics • Course Examinations, OSCEs • Standardized examinations • Student feedback on curriculum, and faculty 	<ul style="list-style-type: none"> • Statistical analysis of data and outcomes to determine validity of data and appropriately target areas for quality improvement • Compare standardized examination data to national benchmarks • Compare admissions data to national trends and assess progress toward the program's mission and goals.
MS3-4 Clinical Rotations	PLO #1, PLO #2, PLO #3, PLO #4, PLO #5, PLO #7, PLO #10, PLO #11,	<ul style="list-style-type: none"> • Simulation Lab • Medicine I, II • Medical Selective • Surgery • Obstetrics/Gynecology • Pediatrics • Psychiatry 	<ul style="list-style-type: none"> • Clinical Skills • Simulation and standardized patient evaluation rubrics • OMM competency-based evaluations • Outreach experiences and early clinical learning opportunities • Course Examinations and OSCEs 	

	PLO #14	<ul style="list-style-type: none"> • Family Medicine • Rural/Underserved/International • Med-Surg Selective • Medicine Selective I,II • Primary Care Selective • Surgical Selective • Geriatrics • Emergency Medicine • Electives 	<ul style="list-style-type: none"> • Clinical Rotation Evaluations • Standardized examinations • Assigned Educational Modules • Student feedback on curriculum, faculty, and clinical sites 	
Other			<ul style="list-style-type: none"> • AACOM Graduation Questionnaire • Match outcomes • Alumni survey data 	<ul style="list-style-type: none"> • Compare alumni and match data to national trends and assess progress toward the program's mission and goals. • Compare admissions data to national trends and assess progress toward the program's mission & goals.