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Introduction

Assessment is a priority at Hackensack Meridian School of Medicine (HMSOM). Ensuring institutional effectiveness is necessary for HMSOM to realize its goals and fulfill its mission. The School’s chief accrediting bodies, the Middle States Commission on Higher Education (MSCHE) and the Liaison Committee on Medical Education (LCME), emphasize the need to conduct meaningful assessment to ensure continual quality improvement.

While assessment approaches vary among institutions, there are a few guiding principles that drive the process. Assessment must be **systematic**. It needs to be an established part of the daily operations of the institution. It needs to be **continuous**. Assessment cannot be an item on a checklist; it should be ongoing so that no process or procedure is left stagnant. Finally, and most importantly, assessment should **lead to some change**. Institutions cannot conduct assessment just to say they have done it; results must be used to better the organization.

Assessment occurs at the institutional, educational, and administrative and educational support (AES) unit levels at HMSOM. The Strategic Plan guides the systematic review of the institutional mission, goals, and outcomes and establishes organizational priorities. Educational assessment is primarily conducted through the School’s Curriculum Management Plan (CMP). The CMP establishes the process by which the goals, content, and structure of the curriculum will be assessed. Administrative and educational support assessment, the continual evaluation of the School’s programs and services, happens at the AES unit level and is guided by this handbook.

Figure 1 below presents a helpful visualization for assessment practices at HMSOM. As Figure 1 shows, although assessment is split into the three categories described above, there is constant communication and collaboration between them. The mission, goals, and outcomes of both academic and AES units should align with HMSOM’s mission, vision, and strategic plan. Institutional assessment gauges institutional effectiveness. Student learning is at the heart of an institution’s mission. Both the academic and AES units support teaching and learning, which in turn influence the students’ overall educational experiences and success. Therefore, the assessment of educational and AES units is an important component of institutional assessment. AES unit assessment could include objectives that are process, outcome, and satisfaction oriented.
Figure 1.

**ASSESSMENT AT HMSOM**

- **SYSTEMATIC**
- **CONTINUOUS**
- **LEADS TO CHANGE**

**INSTITUTIONAL ASSESSMENT**
Guided by: Strategic Plan
Review of institutional mission, goals, and outcomes and establishment of organizational priorities into six arenas:
- Community
- Active Learning
- Lifelong Learning and Problem Solving
- Interprofessional Education
- Professional and Mission-driven Attributes
- Diversity & Equity

**EDUCATIONAL ASSESSMENT**
Guided by: Curriculum Management Plan
Evaluation of student learning and achievement including the assessment of:
- Competency achievement (knowledge, skills, attitudes, behaviors)
- Student satisfaction
- Pedagogical approaches
- Curriculum
- Clinical outcomes

**ADMINISTRATIVE AND EDUCATIONAL SUPPORT UNIT ASSESSMENT**
Guided by: AES Unit Assessment Handbook
Continual assessment of the institution's programs and services including but not limited to:
- Admissions
- Library
- Office of Faculty
- Office of Medical Education
- Student Affairs and Well-being
Why Conduct Administrative and Educational Support (AES) Unit Assessment?

AES units play a crucial role in supporting the teaching and learning experience at HMSOM. They provide myriad services that directly and indirectly impact student success and help the school achieve its mission and strategic goals. Their services support and sustain daily institutional operations. As a result of the AES units’ significant impact on students’ success, HMSOM has been deliberate in its efforts to develop a comprehensive and cohesive AES unit assessment plan.

AES units are encouraged to develop five-year assessment plans using the template in Appendix A.

There are an unlimited number of reasons why an institution should take the time to conduct meaningful AES unit assessment. Six broad reasons have been listed below.

1. **Improvement** – assessment is a process of improvement. The all-important step in the process is taking what has been learned and using it to enhance the performance of the unit and in turn the institution (this is often referred to as ‘Closing the Loop’).

2. **Inventory** – internally, assessment is a framework under which a unit can take stock of the work being done and look for any inconsistencies, gaps, or inefficiencies as well as successes and good practices.

3. **Explanation** – externally, assessment can be a vehicle for informing and explaining to stakeholders and decisionmakers the unit’s goals, responsibilities, and accomplishments.

4. **Strategic Planning** – assessment activities are crucial resources in any institution’s strategic plan. The overall growth and improvement of the institution cannot be sustained without growth and improvement in each of the institution’s units.

5. **Collaboration** – oftentimes a unit cannot complete proper assessment without help from another unit. Lines of communication are established and greater collaboration benefits everyone involved.

6. **Accreditation** – as mentioned previously, LCME and MSCHE place a great deal of emphasis on assessment for their accredited institutions.

The list of benefits for conducting meaningful assessment exceeds far beyond what is presented above. It is important to note though that the word *meaningful* holds a heavy weight here. As stated previously, assessment needs to be systematic, continuous, and lead to change. If any one of these conditions is dropped at any stage during the process, assessment loses its impact. Units need to protect against “going through the motions” with their evaluation activities.
AES Units at HMSOM

Figure 2 below shows the AES units at HMSOM. There are 11 divisions. Most divisions have units within them. When a division does not have a unit within it (e.g., Admissions) that division is treated like a unit and conducts assessment at the division level. There is a total of 38 units.

**Figure 2.**

<table>
<thead>
<tr>
<th>Division</th>
<th>Unit</th>
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</thead>
<tbody>
<tr>
<td>Admissions</td>
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<td>Community Programs</td>
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<tr>
<td>Dean's Office</td>
<td>Government Relations</td>
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<td>Public Relations</td>
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<tr>
<td>Diversity &amp; Equity</td>
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<tr>
<td>Library</td>
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<tr>
<td>Office of Faculty</td>
<td>Faculty Affairs</td>
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<td>Faculty Assembly</td>
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<td>Faculty Compensation</td>
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<td>Faculty Recruitment</td>
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<td>Faculty Development</td>
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<td>Office of Finance &amp; Operations</td>
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<td>Facilities</td>
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<td>Human Resources</td>
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<td>Information Technology</td>
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<td>Philanthropy</td>
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<td>Office of Medical Education</td>
<td>Curricular Administration</td>
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<td>Institutional Effectiveness &amp; Assessment</td>
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<td>Phase 3 Clinical</td>
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<td>Research &amp; Graduate Studies</td>
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<td>Student Affairs &amp; Well-Being</td>
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<td>Advising &amp; Individualized Learning Plans</td>
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<td>Transitions Programs</td>
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<td></td>
<td>Wellbeing Events &amp; Services</td>
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</table>
The AES Unit Assessment Cycle

Assessment is a cyclical process. It is self-sustaining where the end of one sequence sets up the AES unit for the beginning of the next. The AES Unit Assessment Cycle at HMSOM can be seen in Figure 3 below.

As Figure 3 shows, the AES Unit Assessment Cycle at HMSOM is split into eight cyclical steps. The eight steps are described in greater detail below. At the center of the cycle is the School of Medicine’s Mission, its Strategic Plan, and the accreditation standards for both LCME and MSCHIE. It is imperative that units use these documents to develop and implement the assessment’s cyclical processes. The units’ operations and services assessed with the processes described in this section will provide evidence of institutional effectiveness.
Eight Cyclical Steps Defined

(Re)Define AES Unit’s Mission and Goals – The mission statement is the guiding principle for the AES unit. It describes the unit’s primary purpose. The statement should correlate with and show how the unit supports the institution’s overall mission and strategic plan. It is typically 2-to-3 sentences and clearly explains:

- Who the unit serves
- What the unit does
- Why it does what it does
- How it does what it does

Goals follow from the mission statement. They articulate what the AES units aim to achieve. Goals describe intended results in general terms. The mission and goals of the unit can change due to findings from previous assessment cycles and due to changes in the Strategic Plan of the institution.

Identify Objectives – Objectives follow from the goals and they are the tasks to be completed to achieve the goals. They are used to describe intended results in narrow terms. Objectives can be process, outcome, or satisfaction oriented.

- **Process** – A process that the unit intends to accomplish. Usually defined in terms of level or amount of activity, efficiency of processes, and compliance with good practices or regulations. For example, (1) The Admissions office will increase enrollment in 2021-2022; and (2) The Office of Financial Aid will increase financial aid dollars awarded to HMSOM students.

- **Outcome** – What the beneficiaries will be able to know, do, value, and believe after the unit’s services. For example, (1) Learners will be able to effectively utilize services of the library after attending an orientation session; and (2) Respondents will agree that the Office of Institutional Effectiveness and Assessment is helpful in offering assistance during the course review process.

- **Satisfaction** – The satisfaction level of the stakeholders after receiving the services. For example, (1) Respondents will rate the overall quality of the HMSOM website as good or excellent; and (2) Graduates will be satisfied with the overall quality of medical education.

Identify Desired Outcomes – Outcomes are manifest variables (indicators) of objectives. Preferably, more than one indicator should be used to measure each objective. Desired outcomes refer to performance targets. The AES units should have clearly stated standards of performance for each outcome.

Identify Assessment Methods – Assessment Methods are tools and techniques used to determine the extent to which the stated outcomes are achieved. Preferably, combinations of quantitative and qualitative assessment methods, and direct and indirect assessment methods should be employed.
Figure 4 shows how the unit can conceptualize its mission, goals, objectives, outcomes, and assessment methods.

**Collect Data** – Using various assessment methods, the AES unit collects assessment data and records it.

**Analyze Data and Report on Results** – After collecting the data, the unit synthesizes, analyzes, and reports on the results. The unit evaluates if actual results exceed, meet, or fall short of performance targets for each outcome assessed.

**Identify Areas of Improvement** – If the results show gaps between actual and desired outcomes or uncover other inefficiencies and inaccuracies, the unit then identifies possible areas of improvement.

**Implement Action Plans** – The unit creates action plans to address the gaps, inefficiencies, and inaccuracies identified based on the assessment results. Changes are implemented to improve the quality of services the AES unit provides. This last step in the assessment process is called “Closing the Loop.”
A Hypothetical Example

Figure 5 shows a hypothetical assessment cycle conducted by the Bursar’s Office. Although the below model focuses on only one outcome, AES units will be assessing multiple outcomes per cycle.

Figure 5.

1. (Re)Define Unit’s Mission and Goals
   - Part of the Bursar’s Office Mission is to provide students with financial records. A goal of the office is: Provide superior customer service and support to students seeking financial records.

2. Identify Objectives
   - In order to reach this goal, an objective set by the Bursar’s Office is: Develop and lead a workshop for all office staff that teaches best practices for customer service.

3. Identify Desired Outcomes
   - The desired outcome for this objective is: Students are satisfied with their interactions with Bursar’s Office staff when seeking financial records.

4. Identify Assessment Methods
   - In order to test this outcome, the Bursar’s Office will send a satisfaction survey to students via email after their interactions with office staff.

5. Collect Data
   - The survey goes out after staff attend the customer service workshop. It remains open for three weeks and garners 147 responses.

6. Analyze Data and Report on Results
   - Survey results are analyzed. The staff has a healthy 95.6% student satisfaction rating. The survey also revealed a 45.7% satisfaction rating with the form used to request financial records.

7. Identify Areas of Improvement
   - While the survey proved that students are satisfied with their Bursar’s Office interactions, it revealed the need to re-evaluate the online form used by students to request financial records.

8. Implement Action Plans
   - The success of the workshop is commended and it will become a permanent part of the office’s onboarding process. An objective will be added to investigate the online form further.
The AES Unit Assessment Reporting Process

The AES Unit Assessment Reporting Process relies on units submitting assessment proposals and then filing the assessment reports with the findings. Figures 6 and 7 demonstrate the assessment proposal and report templates, respectively.

Planning Stage

During the planning stage, the units decide what outcomes they want to assess that cycle. At HMSOM, units conduct assessment by testing actual outcomes to see if they exceed, meet, or fall short of desired outcomes. Outcomes are linked to objectives, which in turn are linked to unit goals and the unit’s mission.

AES units should complete an assessment proposal using the template in Figure 6 and submit it to the Institutional Quality Improvement (IQI) Committee by July 31 of the new academic year. The IQI Committee will review, provide feedback, and approve the assessment proposal within two months. It is recommended that units assess no more than two objectives in a cycle.

Collecting and Reporting Stage

AES units are encouraged to incorporate feedback they received from the IQI Committee on the assessment proposal. They can start their assessment projects after the IQI Committee approves the assessment proposals. Once they are finished collecting, synthesizing, and analyzing data, the units are required to submit an assessment report and present the findings to the IQI Committee using the template in Figure 7. Assessment reports are due by May/June of the following year. The AES units, however, are recommended to provide a mid-cycle report to the IQI committee. The IQI Committee will provide feedback on the unit’s overall report, but specifically to the plan to use the result(s) within two months of the receipt of the assessment reports. The assessment schedule is presented in Appendix B. The IQI Committee in collaboration with the unit heads will finalize the action plans. The final reports will then be presented to the Dean’s Cabinet.
Assessment Proposal Template

Figure 6 shows an assessment proposal template along with how the Bursar’s Office from the hypothetical example above would fill it out.

**Figure 6. Administrative and Educational Support (AES) Unit Assessment Proposal**

<table>
<thead>
<tr>
<th>Division</th>
<th>Student Affairs and Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>AES Unit</td>
<td>Bursar’s Office</td>
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<tr>
<td>Unit Leader</td>
<td></td>
</tr>
<tr>
<td>Academic Year</td>
<td>2021-2022</td>
</tr>
</tbody>
</table>

**Unit Mission**

**Unit Goal to be Assessed:** Provide superior customer service and support to students seeking financial records.

**Outcome to be measured this year:** Students are satisfied with interactions with Bursar’s Office staff when seeking financial records.

**Relationship to the Strategic Plan (Check all that apply):**
- ☐ Community: Actively integrate the community from the beginning of our students’ education, and continually engage it throughout the students’ training to develop a lifelong focus on understanding the impact of the community on health outcomes.
- ☐ Active Learning: Utilize active learning and evidenced-based pedagogical methods.
- ☐ Lifelong Learning and Problem Solving: Inspire and train for lifelong learning and problem-solving.
- ☐ Interprofessional Education: Employ an interprofessional training curriculum that promotes collaborative research and scholarship, innovation, and technological competence.
- ☐ Professional Attributes: Establish and sustain the values of empathy, altruism, humility, and respect for life across our school, university, and healthcare delivery systems.
- ☐ Diversity and Equity: Accelerate the engagement of Under-represented in Medicine (URiM) populations among students, faculty, staff, and community.

**Associated Objective**

Develop and lead a workshop for all office staff that teaches best practices for customer service.

**Assessment Tools**

Student satisfaction survey sent to students via email after their interactions with Bursar’s staff. (Instrument attached)

**Performance Target (Desired Outcomes)**

80% of learners reporting “Satisfied” or “Very Satisfied”

**Target Participants**

Learners

**Project Timeline (e.g., workshops and/or survey schedule; deadline for analyzing the data; and deadline for submitting the final report to the IQI committee)**

- Workshop: 11/1/19.

**Budgetary Implications**

Outsourced workshop development to consultant - $400 from consultant services budget line

**How has the unit utilized results from previous assessment cycles to plan for this cycle?**

**Feedback from the IQI Committee**
### Figure 7. AES Unit Assessment Report

<table>
<thead>
<tr>
<th>Division</th>
<th>Student Affairs and Well-Being</th>
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</thead>
<tbody>
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<td>Bursar’s Office</td>
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<td>Unit Leader</td>
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</tr>
<tr>
<td>Academic Year</td>
<td>2021-2022</td>
</tr>
</tbody>
</table>

#### Unit Mission

**Goal being Assessed:** Provide superior customer service and support to students seeking financial records.

**Outcome Being Assessed:** Students are satisfied with interactions with Bursar’s Office staff when seeking financial records.

#### Relationship to the Strategic Plan (Check all that apply):

- [ ] Community: Actively integrate the community from the beginning of our students’ education, and continually engage it throughout the students’ training to develop a lifelong focus on understanding the impact of the community on health outcomes.
- [ ] Active Learning: Utilize active learning and evidenced-based pedagogical methods.
- [ ] Lifelong Learning and Problem Solving: Inspire and train for lifelong learning and problem-solving.
- [ ] Interprofessional Education: Employ an interprofessional training curriculum that promotes collaborative research and scholarship, innovation, and technological competence.
- [ ] Professional Attributes: Establish and sustain the values of empathy, altruism, humility, and respect for life across our school, university, and healthcare delivery systems.
- [ ] Diversity and Equity: Accelerate the engagement of Under-represented in Medicine (URiM) populations among students, faculty, staff, and community.

#### Data Collected

See attached ‘Survey Results Spreadsheet’ for frequency tables and bar charts for student satisfaction survey.

#### Analyses and Results

When asked ‘How satisfied overall were you with your interaction with the Bursar’s Office staff member?’, 95.6% of students responded ‘Satisfied’ or ‘Very Satisfied’.

#### Areas in Need of Improvement

While overall satisfaction was high, students were not satisfied with the Financial Records Request Form (45.7% responded ‘Very Satisfied’ or ‘Satisfied’).

#### Areas of Strength

Discuss success and lesson learned

#### Continuous Improvement Plan

Workshop will become a permanent part of onboarding process for new Bursar’s Office employees. An objective of researching and updating the Financial Records Request Form will be added and will be assessed next cycle.

#### Feedback from the IQI Committee

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12
Glossary of Terms

**Accountability** – Assuring stakeholders of the effectiveness of the college, its program, services, and initiatives.

**AES Unit Assessment Handbook** – The document that guides Hackensack Meridian School of Medicine’s Administrative and Educational Support unit assessment efforts; explains the assessment cycle and the reporting process.

**Assessment** – The ongoing and systematic process of identifying goals, measuring those goals, using the outcomes to make decisions about improvement, and implementing those improvements.

**Continuous Quality Improvement** – A management philosophy that organizations use to reduce waste, increase efficiency, and increase internal and external satisfaction; an ongoing process that evaluates how an organization works and ways to improve its processes.

**Curriculum Management Plan (CMP)** – The document that guides Hackensack Meridian School of Medicine’s educational assessment efforts; a systematic framework for the evaluation and improvement of HMSOM’s educational offerings including, but not limited to, its curricular design, implementation, review, revision, and monitoring.

**Direct Assessment Method** – An assessment that is a direct demonstration of ability or knowledge. Ability is observed through direct sources of evidence. Examples of direct assessment methods include comprehensive exams, writing proficiency exams, national major field achievement tests, capstone courses, certification/licensure exams, and internship evaluations.

**Hackensack Meridian School of Medicine (HMSOM)’s Mission** – To develop our students, residents, faculty, and healthcare environment to deliver the highest quality care for all.

**HMSOM’s Strategic Plan** – The document that guides Hackensack Meridian School of Medicine’s institutional assessment efforts; the way HMSOM implements its Mission and Vision; the establishment of organizational priorities.

**HMSOM’s Vision** – Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

**Indirect Assessment Method** – An assessment where skills and abilities are inferred through indirect evidence. Most used indirect assessment method is survey data. Examples of indirect assessment methods include job placements, employer surveys, exit interviews, alumni surveys, and student satisfaction surveys.

**Institutional Assessment** – A gauge of institutional effectiveness.
Institutional Effectiveness – Refers to the effectiveness of an institution in achieving its mission, goals, and the following responsibilities:

1. Meeting stakeholder needs, especially student needs
2. Serving the public good
3. Stewardship
4. Accountability

Institutional Quality Improvement (IQI) Committee – The committee that monitors compliance to accreditation standards; reviews, and monitors evaluation and assessment data for all aspects of HMSOM; monitors and advises if HMSOM is achieving its educational and strategic plan goals; promotes, supports, and/or implements Quality Improvement (QI) projects/activities.

Liaison Committee on Medical Education (LCME) – Sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), an accrediting body for educational programs at schools of medicine in the United States and Canada.

Middle States Commission on Higher Education (MSCHE) – A voluntary, peer-based, non-profit association that performs peer evaluation and accreditation of public and private universities and colleges in a selected region of the United States.

Qualitative Assessments – Qualitative assessments use flexible, naturalistic methods and are usually analyzed by looking for recurring patterns and themes. Reflective writing, online discussion threads, and structured observation guides are examples of qualitative assessments.

Quantitative Assessments – Quantitative assessments use structured, predetermined response options that can be summarized into meaningful numbers and analyzed statically. Multiple-choice tests, rubrics, and rating scales are examples of quantitative assessments.

Rubric – A tool that clearly indicates achievement criteria across all the components of what is being assessed.

Stewardship – The prudent, effective, and judicious care and use of resources entrusted by others.
Resources

The Office of Institutional Effectiveness and Assessment (OIEA) and the Institutional Quality Improvement (IQI) committee will provide support and feedback to the AES units. Specifically, the OIEA will aid at every phase of the assessment, wherever needed, including the development of objectives, design of instruments, analyses of results, and use of the results. The IQI committee chaired by the Director of the IEA consists of members from different divisions. This committee is responsible for approving assessment proposals, reviewing the assessment reports, and providing feedback to ensure continuous improvement and institutional effectiveness.

The OIEA team members can be reached through somassessment@hmhn.org. Please use this email to schedule an appointment for any assistance you may need with any step of the assessment process.
Appendix A – AES Units Five-Year Plan

**Division:** Click or tap here to enter text.

**Unit:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Unit Mission:** Click or tap here to enter text.

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<th>Year</th>
<th>With what institutional strategic goal(s) does the unit goal align?</th>
<th>Unit Goal(s)</th>
<th>Objectives</th>
<th>Outcomes and Standard of Performance</th>
<th>Assessment Methods</th>
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### Appendix B – Assessment Schedule

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<td>Assessment proposal</td>
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<td>Approval of assessment proposal by the IQI committee</td>
<td>Review, discuss, and approve within two months, September 30, 2021</td>
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<td>Deliver the plan</td>
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<td>Assess the plan</td>
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<td>Periodic updates to the IQI Committee</td>
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<tr>
<td>Assessment report due</td>
<td>May/June 2022</td>
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<tr>
<td>Approve the report and finalize action plans</td>
<td>August/September 2022</td>
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