



Writing the SSR: A Faculty Guide to Programmatic Assessment January 2026

Introduction

A robust ongoing self-assessment process allows programs to review the quality, sufficiency, and effectiveness of their educational practices, personnel, and outcomes. This process identifies areas meeting expectations, as well as program strengths and areas needing improvement. As part of the accreditation review process, the ARC-PA considers the documentation of the program’s critical analysis of its overall effectiveness in operating the program and preparing graduates for clinical practice (Standard C1.01), as well as the sufficiency of program personnel (Standard C1.02) to be essential to its ongoing programmatic success. The self-study report (SSR) is used by the Commission to verify that the program implements its self-assessment process, leading to the validation of current practice or the development of plans for corrective action.

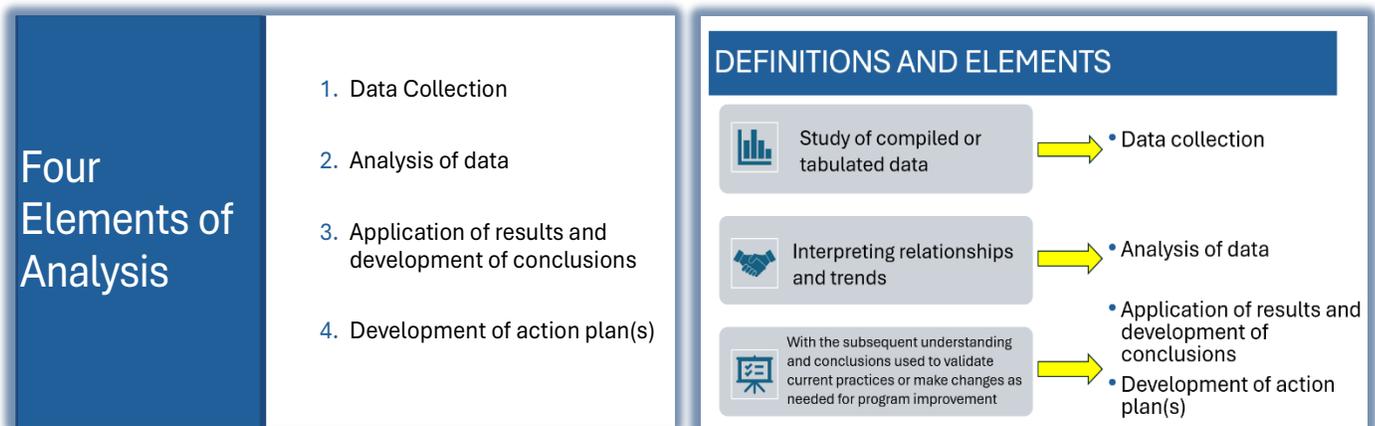
This document addresses the four components of data analysis and provides more information on the ARC-PA expectations and requirements for implementation and documentation of ongoing program self-assessment.

What is Analysis?

ARC-PA defines analysis as the systematic process of collecting, organizing, and examining data to extract meaningful insights and support decision-making. This process involves identifying trends (recurring patterns or directional movements within data over time or across groups) and relationships with other data sources to understand outcomes.

The Four Key Elements of Analysis

The ARC-PA’s definition of analysis directly relates to the four elements of analysis.



1. The first element is the regular and ongoing **collection of data** from multiple sources and multiple perspectives related to each topic. For ease of use and interpretation, the collected quantitative and qualitative data are clearly displayed in the data table templates provided in the application.
2. The second element is the **analysis of data**. This includes discussing and interpreting the relationships and trends, relating the data to the program's expectations or issues. This element is demonstrated by succinct narratives that highlight the relationships and trends revealed by and consistent with the summarized data presented by the program.
3. The third element is the **application of results and the development of conclusions** based on data analysis. Conclusions are succinctly stated and highlight the link between the data analysis and each conclusion. This element includes the identification of areas meeting expectations and areas needing improvement. While the 6th edition SSR no longer requires documentation of program strengths, the process also allows the program to recognize its strengths internally, ensuring those areas are maintained.
4. The fourth element is the **development of an action plan** for each area needing improvement. Action plans, too, are succinctly stated and result from the critical analysis of data.

ARC-PA EXPECTATIONS

Data Collection

The first piece of the SSR addresses data collection. It asks programs to present a summary of the data collected relevant to each area of the self-assessment process.

The data sets are displayed using the ARC-PA templates provided with the application. For Standard C1.01, these include data sets for: Admissions, PANCE, Attrition, Course Grades, Didactic Instructor Evaluations, Preceptor Evaluations, Course Evaluations, Clinical Site Evaluations, Summative Evaluations, Exit Surveys, Faculty Effectiveness, and Remediation. Standard C1.02 data table templates include FTE data, Program Personnel Workload data, and Sufficiency of Personnel data. Each data table includes instructions unique to the data set; therefore, it is important to read and follow the instructions for each template.

The program completes all data table templates for Standards C1.01 and C1.02; however, some data sets within the templates are marked "optional." If not marked as optional, then data entry is required. The provided data templates represent the minimum data required for the SSR, and the program may include additional data in the template that it utilizes in its self-assessment process. The program may provide up to three additional data tables in the SSR for C1.01 and C1.02. The Extra Data Tables tab within the data templates is used to display any additional data that does not fit in any of the prescribed tables (e.g., PACKRAT exam data). When completing the data tables, consider the following guidelines:

- The program reports quantitative data in aggregate in a way that allows for identification of trends over time. Data sets support the analysis narrative.
- Qualitative data is reported as a summary of central themes and patterns identified from the survey comments.
- Raw data is not included in the SSR but may be requested by the site visit team.

- Response rates (RR) are included for survey data in the data tables, as shown in the examples provided in the templates.

Analysis of Data

The program will use the required data it has collected and placed in the templates in its discussion and interpretation of the relationships and trends relating the data to the program's expectations. This is based on the program's data analysis process for the routine analysis of data collected throughout the year. This process includes consistent analysis of trends and relationships of specified data sets to answer each SSR question. The process may include secondary data, also known as additional or back-up data, in situations when, for example, relationships are equivocal or results are concerning.

Sometimes, programs struggle with the documentation of analysis. The program properly analyzes the data but struggles to provide a succinct, complete description of its analysis within the SSR. The analysis narrative includes a description of how the program identifies areas above or below its benchmark, trends over time, and makes comparisons to determine relationships. It does not summarize or restate the data; instead, it communicates the program's exploration of multiple data points to discover trends and relationships to help explain the data results.

Identification of areas that are above and below a program's established benchmark is an initial step in the analysis process, but analysis is not complete with comparisons to benchmarks alone. Benchmarks define the program's minimum threshold for performance. Before reviewing data, the program determines at what level (the benchmark) it considers the performance as satisfactorily meeting expectations. This suggests that areas performing below the program-defined benchmarks may potentially be identified as areas needing improvement once all of the trends and triangulations are complete. This also indicates that areas performing significantly above the program-defined benchmarks may be potential program strengths (no longer a requirement of the 6th Edition SSR). Within the SSR, the program must be clear in its identification of benchmarks. While communicating the rationale within the narrative is not required, having a rationale for benchmark selection is an important step in determining appropriate benchmarks. Although external data (e.g., university benchmarks, PAEA data, etc.) may be used, benchmarks are program-specific to account for the program's individuality.

Another step of the program's analysis process includes the identification of trends over time. Although a data point may be above a program's established benchmark, identifying downward trends in an area's performance can assist the program in recognizing areas needing improvement before falling below the benchmark or more serious issues arise. Alternatively, trends in a positive direction may signify improvement and the effective execution of an action plan.

Finally, no piece of data should stand alone. Data from one area of program assessment can be utilized

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Analysis of Data (Triangulation) Example:



Student evaluations for the Spring term Anatomy course fell below the program-defined benchmark. What are the program's next steps?

- Consider: What might be the issue? Course instructor? Course resources? Lack of student preparation for the course?
- Identifying the exact issue will likely require further analysis beyond that of the student evaluations alone.
- The program should analyze data from other sources to identify the root cause and derive a conclusion and subsequent action plan.
- Data sources that could be utilized for triangulation include student evaluation of the instructors, overall student performance in the course, student admissions data relative to anatomy prerequisites, peer evaluations of faculty, student performance on individual exams within the course, instructor evaluations, and faculty evaluation of the curriculum.

in the analysis of data from another data assessment area. For example, should student ratings for Anatomy course evaluations fall below the program-defined benchmark or meet the threshold for identifying an area needing improvement, it must not be assumed that the course instructor is the cause based solely on one data source. Data from the student evaluations *may* lead the program to suspect an issue with the course instructor. However, the program will need to analyze data from other sources to identify the root cause and derive a conclusion and action plan. In this case, the program's self-assessment process was designed to assess the students' evaluation of the instructors, overall student performance in the course, student performance on basic science sub-scores on the end-of-didactic exam, and student admissions data relative to anatomy prerequisites. If needed, the program may also rely on its secondary data, including peer evaluations of faculty, student performance on individual exams within the course, and faculty evaluation of the curriculum, before drawing any conclusions leading to possible changes to the Anatomy course.

This integration of trends and triangulation (comparisons) into the program's data analysis process is essential to identify relationships and provide a comprehensive analysis of program outcomes.

Good program assessment includes filtering data through the lens of the faculty's collective knowledge and experience, since faculty often have an important perspective. This "filtering" is an additional source of qualitative data to document and describe as part of the program's self-assessment process.

Application of Results and Development of Conclusions

The program's analysis narrative concludes with an explicit summary of the conclusions drawn. When documented, a complete description of the program's analysis of data will allow the reader to follow the program's process from the data collected to the identification of conclusions. For example, if the program

Development of Conclusions Example:

FYI

The program noted a relationship between quantitative student course evaluation rating, quantitative student instructor rating, downward trend in assessment scores over three cohorts, increased number of student remediations for the course, and a negative qualitative theme regarding instructor preparedness and lecture organization in the course evaluation comments. The program explored other related data sources to further determine potential relationships with course sequencing, communication of course expectations, adequate institutional resources and support, but it did not find data to support issues with any of these areas. After comprehensive data analysis, which of the following would be a logical conclusion?

- ✗ Institutional resources and support are inadequate.
- ✗ The students do not have a clear understanding of the course expectations.
- ✗ The course sequencing in the didactic curriculum is not well aligned.
- ★ **The course instructor is not effective in this course.**

were to conclude that the Anatomy course director was not an effective instructor, the reader should know, through the analysis narrative, that the program explored other reasons for the poor student evaluations in the Anatomy course, and the data provided in the SSR supported the identified conclusions. Identifying the Anatomy course instructor as inadequate may be an inaccurate conclusion if not supported by trends and triangulated data points. The program should explore other related data sources that it collects, such as qualitative

comments from the instructor evaluation for themes, qualitative comments from the course evaluation for themes, assessment and course outcomes data, and instructor self-evaluation of the course. Further, the program should consider variables related to student performance as noted in the analysis example.

Once a comprehensive analysis has been conducted to determine conclusions, the program will indicate its conclusions within the application by selecting the answers to the C1.01 and C1.02 SSR questions. If any area within the C1.01 and C1.02 SSR questions is identified as needing improvement, the program will select “area needing improvement” as its conclusion and develop a related action plan to address it.

Development of an Action Plan

Any conclusion identifying an area needing improvement is followed by an action plan. Action plans directly relate to the conclusion drawn, identify the person(s) responsible for implementation, and provide a reasonable timeline for the plan completion. In addition, action plans have expected outcomes. The expected outcome is the measure that the program will use to determine the effectiveness of the action plan.

Action Plan Example:



How can the program formulate an action plan to address the identified area needing improvement?

- The program identifies the area needing improvement as related to effectiveness of the didactic curriculum and 6th ed. Standard B1.01d.
- The program describes its plan for improvement as providing the course instructor support in planning through mentorship from the didactic coordinator and utilization of resources from the University Teaching Center.
- The program defines the expected outcome as improved student performance and course evaluation ratings, delegates responsibility of oversight to the Didactic Coordinator, and outlines a timeline for completion of 1 year.
- The program follows up by analyzing Anatomy course student evaluations, student evaluations of the instructor, and student course performance outcomes the following year.

RESPONSIBILITY

It is the program’s responsibility to demonstrate compliance with the *Standards*. Programs are expected to document analysis in a clear, coherent, succinct narrative that shows relationships and trends used to arrive at the conclusions and action plans. It is not the obligation of the site visitors or Commissioners to combine fragments of data and sentences that may represent analysis into a coherent demonstration of compliance.

EXAMPLES OF WHAT THE ARC-PA DOES NOT WANT TO RECEIVE

- Raw data. Data must be provided as an aggregate summary and organized using the data table templates provided with the application.
- A restatement of the program’s process of self-assessment when asked to present an analysis of the data provided.
- Descriptions of process and elements of data collection, internal discussions, conclusion, and action plans without a description of the relationships and trends identified (data analysis).

- Data as opposed to analysis. For example, the statement "Preceptors and employers of our graduates comment that our students and graduates are extremely well prepared and make excellent employees," is a summary statement of qualitative data, not analysis.
- Scattered pieces of data not presented in a coherent manner, with conclusions and action plans, but no evidence of analysis.
- Modifications that reflect routine maintenance of program functions (e.g., replacing faculty who resigned, updating policies, continuing to admit qualified applicants).
- Areas needing improvement that are not discussed or identified within the data analysis narrative.

EXAMPLES OF WHAT THE ARC-PA WANTS TO RECEIVE

- Complete data sets that, at least, include the minimum required data in the templates.
- A well-executed data analysis process that clearly led to the documented conclusions.
- A data analysis process that consistently compares related data sets to produce a 360-degree view of a topic from multiple perspectives, that includes both direct data (outcomes, scores) and indirect data (surveys).
- A data analysis process that does a "deep dive" into problematic areas, utilizing secondary data sources as needed to create action plans that are likely to resolve the issue.
- Action plans that clearly relate to the data analysis described in the narrative.

CONCLUSION

In conclusion, a robust ongoing self-assessment process is essential for each program to ensure that its outcomes are consistently achieved. The documentation of the process and its results supports the Commission in trusting that the program is self-aware and self-sustaining.

SELF-ASSESSMENT CHECKLIST

Data Collection Checklist

	Collect quantitative and qualitative data regularly and consistently.
	Record all required data sets (not raw data) on ARC-PA templates following the specific instructions on each spreadsheet.
	Include response rates (RR) for all survey data.
	Identify benchmarks for quantitative data.
	Highlight all data below the benchmark by filling the cell with a red background.
	Ensure qualitative themes are documented.
	Add additional program data to the related data tables and add up to 3 extra tables for additional data, only if needed.

Data Analysis Checklist

	Identify areas above and below benchmarks.
	Look for trends over time (positive or negative).
	Use triangulation (compare multiple data sources for deeper insight).
	Interpret relationships and trends beyond just summarizing or re-stating the data.
	Incorporate faculty perspectives as qualitative data.
	Document the SSR in a way that allows the reader to follow the program's process, from the data collected to the other reasons it explored and the conclusions it derived (with a clear link between the data analysis and the conclusions).

Action Plan Checklist

	Create an action plan for each area needing improvement.
	Link the action plan directly to the conclusion drawn.
	Define the expected outcomes of the action plan (measurable indicators of success).
	Assign responsibility for implementing the action plan.

	Set a timeline for completing the action plan.
	Plan for follow-up analysis to measure the action plan's effectiveness.
	Do not include routine maintenance changes as action plans (e.g., updating instructional objectives to reflect current medical terminology, replacing faculty who resigned).