ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☐
Discussion/Direction	☐
Information	☒

DATE: **23 January 2024**

FROM: **Undergraduate Studies Committee**

SUBJECT: **Cyclical Program Review Executive Summary and Program Learning Outcomes – Bachelor of Health Science in Medical Laboratory Science**

COMMITTEE MANDATE:

In accordance with Article 8 of the Ontario Tech University Institutional Quality Assurance Process (IQAP) Cyclical Review (CPR) and Auditing Procedures, the appropriate standing committee of Academic Council (USC or GSC) is responsible for approving the Final Assessment Report (FAR), Executive Summary, and Implementation Plan (IP) resulting from the Review.

Additionally, in accordance with Article 6 of the IQAP Curriculum Change Procedures, editorial revisions to Program Learning Outcomes are considered Minor Program Adjustments and are sent to the standing committee for approval.

BACKGROUND/CONTEXT & RATIONALE:

In academic years 2021-2023 a program review was scheduled for the Bachelor of Health Science in Medical Laboratory Science. The site visit was conducted in June 2023. Following receipt of the External Examiners Report, the Dean and Program respond and an IP is prepared by the Dean. This IP is presented to the Academic Resource Committee for review and further follow-up. At the completion of a CPR the appropriate standing committee of Academic Council (USC or GSC) will review and approve the FAR, Executive Summary, and IP that synthesize the recommendations resulting from the review, identify the strengths of the program as well as the opportunities for program improvement and enhancement, and outline the agreed-upon plans for this improvement.

RESOURCES REQUIRED:

The Faculty's plans to address any resource needs are outlined in the action plan. Information and support will be required from various areas of the University in order to implement the plan. The Academic Resource Committee has reviewed the resources identified in the IP.

COMPLIANCE WITH POLICY/LEGISLATION:

The Ontario Universities Council on Quality Assurance (Quality Council), established by the Council of Ontario Universities in July 2010, is responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and Ontario's government. Under the Quality Assurance Framework, academic programs must undergo a cyclical review at least every eight years following their implementation. The purpose of the cyclical program review is to critically examine the components of a program with the assistance of outside reviewers with the goal of continuous improvement. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline opportunities that will lead to improvements for the future.

CONSULTATION AND APPROVAL:

The Academic Resource Committee Reviewed the Implementation Plan on 21 August 2023.
The Implementation Plan was presented to FHSc Faculty Council on 4 October 2023.
The Final Assessment Report, Executive Summary, Implementation Plan, and revised learning outcomes were approved at Undergraduate Studies Committee on 21 November 2023.

NEXT STEPS:
- Following presentation of the Executive Summary and IP to Academic Council and the Board of Governors, a Final Assessment Report (FAR), the Executive Summary, and the IP will be sent to the Quality Council as required under the Quality Assurance Framework. A summary report is then posted on the Ontario Tech corporate website.
- The FAR, Executive Summary, and IP will be provided to the Faculty, through the Dean, to serve as the basis for the continuous improvement and monitoring of the program. A report from the program outlining the progress that has been made in implementing the recommendations will be put forward in eighteen months' time.

SUPPORTING REFERENCE MATERIALS:
- Executive Summary
- Implementation Plan
- PLO Enhancement

FINAL ASSESSMENT REPORT
Executive Summary
Cyclical Program Review

Degree Program:	Bachelor of Health Science
Components:	Medical Laboratory Science
Dean:	Dr. Carol D. Rodgers, PhD
Date:	October 2, 2023

Under Ontario Tech University's Institutional Quality Assurance Process (IQAP) and the Ontario Quality Assurance Framework (QAF), all programs are subject to a comprehensive review at least/at minimum every eight years to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence.

In academic years 2021-2023, a program review was scheduled for Bachelor of Health Science in Medical Laboratory Science. This is the third program review for this program. A timeline of the review is provided below.

Program Review Timeline	Date
Program Review start date:	Nov. 21, 2022
Self Study submitted/approved:	Mar. 3, 2023
Site Visit:	June 12, 14-16, 2023
External Reviewers Report received:	June 21, 2023
Program Response received:	Aug. 2, 2023
Decanal Response received:	Sept 11, 2023

The self-study and the external reviewers noted that the Medical Laboratory Science program is, overall, highly effective, well-managed, with an impressive track record of success. There is a close community of students, graduates, faculty and staff. Laboratory space, maintenance of faculty/staff positions, and continued relationship building with community partners are important pieces for further enhancement.

The site visit took place on **June 12, 14-16, 2023.**

The review consisted of two external reviewers. During the virtual site visit, the reviewers met with the following groups and individuals:

Dr. Lori Livingston, Provost
Dr. Carol Rodgers – Dean, Faculty of Health Sciences
Dr. Lavern Bourne – IAT Chair
Dr. Otto Sanchez – Associate Dean, Undergraduate programs
Ms. Evelyn Moreau – Program Director and Practicum Coordinator
Staff from the Faculty of Health Sciences
Faculty from the Faculty of Health Sciences
Student Life Office representative
Internal Assessment Team members
Students in the Faculty of Health Sciences

The external reviewers identified four recommendations identifying specific steps to be taken to improve the program. Optimizing laboratory space, faculty recruitment, engagement with strategic partners, and implementing additional admission criteria to the program were highlighted as themes. The prioritized list of recommendations is available in the Implementation Plan.

A Final Assessment Report (FAR) has been prepared to synthesize the reports and recommendations resulting from the review, identifying the strengths of the program as well as the opportunities for program improvement and enhancement. The Implementation Plan (IP) presents a timeline of the follow-up and resource requirements addressing the recommendations from the external reviewers' report. Both documents, accompanied by this Executive Summary (ES), will be delivered to the appropriate standing committee of Academic Council (USC/GSC) and approved on **November 21, 2023.**

Governance	Document(s)	Type of review	Date
Faculty Council	IP	Feedback	October 4, 2023
Resource Committee	IP	Resource review	September 18, 2023
USC/GSC	FAR, ES, IP	Approval	November 21, 2023
Quality Council	FAR, ES, IP	QAF requirement	
Academic Council	ES, IP	For information	
Board of Governors	ES, IP	For information	
Corporate Website	ES, IP	QAF requirement	

Due Date for 18-Month Follow-up Report: **October 3, 2025**
Date of Next Cyclical Review: **2029-2031**

Timeframe for associated site visit: **Winter 2030**

IMPLEMENTATION PLAN
September 1, 2023
BHSc Medical Laboratory Science
Program Review
Prepared by: Evelyn Moreau [Program Director]
And Dr. Carol Rodgers

The table below presents a timeline of the follow-up and resource requirements addressing the recommendations from the external reviewers' report. The Dean solicits feedback on this Implementation Plan through Faculty Council.

Recommendation (corresponding # from reviewers' report)	Action Item(s)	Specify role of person responsible	Timeline for action and monitoring	Resource Requirements
1. Optimization of Laboratory Space The lack of a third dedicated laboratory space for the program is a major challenge and a barrier to growth. The requirement to share the lab with another faculty results in substantial inefficiency in the system that places additional burden on faculty and staff in the program. Additional dedicated laboratory space would allow for permanent placement of heavy and sensitive equipment and would likely improve efficiency of limited staff resources. This recommendation's urgency is further heightened to ensure a	Investigate options for enhanced use of UB3075 ideally on a permanent basis to enable at least one focus area [eg transfusion] and its associated equipment to be permanently located in this other space. If UB3075 is not available explore other space options within the university, taking into consideration increased use of simulation and/or more flexibility in lab scheduling.	FHSc Dean, Director of Planning and Operations, and MLSc Program Director	2023-24 academic year for Fall 2024 implementation.	

	quality student experience with increased enrollment.			
2.	Support and prioritize faculty recruitment: The program has a number of upcoming faculty retirements of key individuals that have been with the program since its inception. Appropriate faculty recruitment needs to be a priority of the program to ensure continued excellence and success.	Begin search process to fill pending vacancies – ensure that position descriptions align with both the needs of the program [created by the 3 upcoming vacancies] and current pedagogical trends in the field [ie simulation] as well as addressing the research needs of the program [TTT positions].	FHS Dean, MLSc Program Director, MLSc faculty	Fall 2023 – with goal to have all 3 positions in place by July 1, 2024	
3.	Engage with and leverage strategic partners: There is a significant need for trained medical laboratory technologists in the province and country. Given the need of clinical labs this may allow for strategic partnerships with clinical labs to support placement of students, teaching of specialized content, equipment and funding of the program.	Identify areas where clinical partnerships need to be cultivated to better avail students of a greater breadth of placement opportunities. Strengthen relationships with current clinical partners – development of continuing education courses for practicing MLTS [licensure requirement need]; annual conference on current topics in the field Explore options around shared buying opportunities for equipment and reagent with some of our closest partners like Lakeridge Health.	MLSc Program Director & Practicum Coordinator MLSc Program Director & Practicum Coordinator and discipline leads MLSc Program Director; FHSc DPO	Fall 2023 – Fall 2024 Spring 2024 – Fall 2025 Fall 2024	Continuing Educ.
4.	Support EDI-D in Admissions and throughout the Program: Currently admission into the program is largely based on high	Review options to include information beyond GPA only as part	MLSc Program Director and MLSc faculty	Fall 2023-24	Recruitment Office

school GPAs. The program should support social accountability and EDI-D principles with procedures to base admission on additional information beyond GPAs.	of the current admissions process.			
	Explore opportunities to create a fast-track for internationally trained MLTs.	MLSc Program Director	Winter 2024	
	Inventory curriculum re. EDIA inclusion/ opportunities	MLSc Program Director and MLSc faculty	Fall 2025	

Recommendations not Addressed and Rationale

#	Recommendation not Addressed	Rationale

Cyclical Program Review: Summary of program learning outcome enhancements
[This form should be used in cases where program learning outcomes have been enhanced for an existing undergraduate or graduate program as the result of a cyclical program review. The program and course learning outcomes must be reviewed and revised using resources provided by CIQE and the Teaching and Learning Centre (TLC). This form will be appended to the Final Assessment Report and presented at the appropriate standing committee of Academic Council (USC or GSC) for approval.]

Faculty: Faculty of Health Science	
Program: Bachelor of Health Sciences in Medical Laboratory Science	
Review year: 2021 - 2023	
Undergraduate: ☒	**Graduate**: ☐

Original program learning outcome(s): (Provide all of the initial program learning outcomes)

Demonstrated technical competence as an entry level medical laboratory technologist as defined by the national provincial competency profiles and standards. Adopted the professional and ethical practice standards of a medical laboratory technologist. Demonstrated respect for the patient's right to a reasonable and safe standard of care. Demonstrated research skills that further inquiry in the laboratory and health care setting. Adopted the behaviours for success in formal and/or informal leadership roles.

Total number of original outcomes: 5

Proposed enhanced learning outcomes: (Updated outcomes as a result of the program review learning outcome workshops)

Demonstrate technical competence as an entry level medical laboratory technologist as defined by the national provincial competency profiles and standards.

Adhere to the professional and ethical practice standards of a medical laboratory technologist.

Demonstrate respect for a patient's right to a reasonable and safe standard of care reflecting principles of equity, diversity, inclusion, and dignity.

Utilize critical thinking, problem solving, and research skills for continuous quality improvement in the laboratory and health care setting.

Model leadership qualities in the medical laboratory profession.

Communicate effectively to meet the needs of patients, colleagues, and other stakeholders.

Collaborate with colleagues and other health care professionals to provide patient-centred care.

Total number of enhanced outcomes: 7

Have the enhanced outcomes been mapped to the degree-level expectations (DLEs)?

☒ **Yes**   ☐ **No**

If no, this should be completed no later than:

Are you providing any additional supporting documents? ☒ **Yes**   ☐ **No**

If yes, which (list all)?

UDLE map is available from CIQE upon request.

CIQE INTERNAL APPROVAL

Appended to FAR	
FAR, Outcomes, Executive Summary, Implementation Plan approved by USC/GSC	
Final Approved FAR, Outcomes, Executive Summary and Implementation Plan sent to Faculty, through the Dean, as primary owner	
Outcomes entered into Curriculog	