

**Annual Report on the Measurement of Student Learning Outcomes
For Ongoing Program Improvement**

**College of Health and Human Services
August 1, 2008**

Earlie Washington, Dean

1. Evaluate unit-by-unit the implementation and use of assessment data in improving programs

According to the Annual Report on Assessment and Curriculum Change, 2008 (Dwan & Reinhold), the College of Health and Human Services (CHHS) had a total of five curriculum changes during the 2007-2008 academic year that were based on assessment data. All changes were in the undergraduate programs, and four of the five changes were to courses in the Bronson School of Nursing. The remaining change was to a course in the undergraduate holistic health program. Forty-four of the 53 curriculum changes in CHHS were processed prior to implementation of the new curriculum change form, and thus do not indicate the relationship of the change to the assessment process. Most of these changes were the result of a significant restructuring of the graduate program in social work.

Despite the relatively low number of changes that were reported in the Annual Report to be based on assessment data, departments in the College used assessment information to varying degrees in their curriculum revisions during AY 2007-2008. Below is a brief summary of each program's activity related to program assessment and the curriculum change process.

Speech Pathology and Audiology (SPPA)

Assessment of student learning in the Department of Speech Pathology and Audiology is driven, in large part, by the standards for professional certification and accreditation maintained by the American Speech Language and Hearing Association (ASHA) and its accrediting body. Educational programs must demonstrate mechanisms for formative and summative assessment of students' acquisition of an array of knowledge and skill competencies. The Master's program in speech-language pathology and the doctoral audiology program (Au.D.) each require different competencies, the development of which are assessed through ongoing formative assessment tools. Knowledge competencies are assessed through course work requirements, such as exam questions and specific case study assignments, developed by individual faculty members. Clinical competencies developed for different disorder areas are assessed through clinical evaluation protocols for diagnostic and therapeutic practicum experiences on and off-campus. The primary summative assessment is the PRAXIS examination taken by all graduates before they are allowed to apply for certification in their respective professional areas of emphasis. There is an annual systematic process of review for results from direct methods of assessment. These involve evaluation of PRAXIS scores, review of student competency assessment data and completion of the annual impact report. Mid-semester and end-of-the-term, faculty instructors and

graduate advisors identify students who fail to achieve a B grade or better in coursework. For these students, individual meetings are arranged to review material and correct deficiencies to satisfy competencies. If a student fails to demonstrate adequate clinical/professional progress, indicated by written evaluations of the student's clinical competencies, the student's performance is reviewed by the supervisor and clinic coordinator and a plan for fulfilling deficiencies is developed. If necessary, the Academic and Clinical Education Committee (ACEC) may also review the student's progress and a remediation plan is developed. These procedures are documented in the Policy on Graduate Program Continuation, Remediation, and Dismissal.

Results from indirect assessment methods, such as alumni and employer survey data, are reviewed within the context of other formative and summative assessment (i.e. PRAXIS scores) data. *Assessment results are summarized and evaluated by ACEC to determine the need for implementing curricular improvements and the development of specific action plans. Recommendations based on results are forwarded to the whole faculty via faculty meetings.* This year alumni and employer survey data were used in the Academic Program Planning process completed in Fall 2007.

Several program improvements arose directly from assessment data. Department faculty approved a curricular revision developed through the ACEC that eliminates all elective offerings in speech-language pathology, thereby providing the opportunity to acquire knowledge and skills in the full breadth of the scope of practice. Previous elective courses are now required (SPPA 6440 Motor Speech Disorders, SPPA 6450 Augmentative and Alternative Communication, SPPA 6490 Seminar in Phonological Disorders). This change aligns the curricula more directly with certification standards and goes into effect beginning Fall 2008. In addition, content from a stand-alone counseling course was folded into the Principles of Professional Practice course offered this summer.

School of Social Work (SWRK)

The school of social work has a well-developed methodology for acquiring assessment data, analyzing it, and using the results of assessment to guide the curriculum change process. The school maintains a feedback log document that faculty complete whenever they discuss the assessment results in their sequence committee or curriculum committee meetings. These feedback logs, while designed to document the impact of assessment on curriculum change, have proven to be less than successful. As a result, the assessment committee is revising the approach to the linkage of assessment and curriculum change. In fall 2008 faculty meetings, we will propose that a section be added to each committee's agenda to address assessment. In this way, meeting minutes will automatically include assessment discussion, and additional paperwork from faculty will not be required to document the impact of assessment on curriculum change.

Assessment results derived from the BSW student outcome surveys, MSW student outcome surveys, Field Instructor student outcome surveys, and alumni surveys are discussed in SWRK sequence and curriculum committee meetings. One of the decisions coming out of these committees is to wait until three data points are available

from which to make decisions regarding curriculum modification. This ensures that we have meaningful data from which to work. During AY 2007-2008, assessment data were discussed, but action often did not result from these discussions. Other SWRK committees have reviewed assessment items which have fallen below our 80% cutoff, and some changes have been suggested, such as having full-time faculty mentor adjunct and term faculty to help ensure consistency of course content. The concerns about student performance on licensure exams that were identified via assessment were addressed by offering seminars on licensure requirements to current students and by planning a Board Exam Preparation Seminar at the Kalamazoo campus.

Bronson School of Nursing (BSON)

The revised BSN program was fully implemented as of spring 2008 and provides for stronger clinical practice, increased opportunities for skill development and strategies for the ongoing development of critical thinking throughout each level. *The revised curriculum was developed based upon the evaluation and assessment data previously obtained that had identified shortcoming in these areas.* We are still awaiting the NCLEX results as a major indicator of success in implementing the revised curriculum, and also are awaiting results from the most recent alumni and employer survey. Standardized testing provided by ATI, Inc., is a primary tool for assessing student knowledge and these tests are administered at periodic intervals throughout the BSN program. Assessment data from each of the courses in the BSN sequence was evaluated by the BSN Curriculum Committee, and a faculty workshop held in December 2007 included a review of the entire process. This review revealed areas of strength and areas where original course designs needed to be changed, such as an increase in classroom time for the well elder course and overlap of community experiences for the sophomore students in NUR 2300 with senior students in NUR 4310. Changes are planned for these courses to eliminate overlap beginning fall 2008. It is these changes that are reflected on the Annual Report on Assessment and Curriculum Change cited above.

At the MSN level, continuous assessment with the introduction of each new course led to decisions on changing the sequence of courses for the next cohort, including not allowing first semester MSN students to take area of study courses as was allowed in the first cohort. Previously, new graduate students adjusting to graduate study were taking three courses instead of two, and they struggled in this process. However, in the future, it is likely that more applicants will want to complete the program in 2-1/2 years instead of 3-1/2 years as originally planned, so a decision on what courses are best for the first year of graduate student will need to be made. Assessment data course content and student performance has met or exceeded benchmarks set for the MSN program to date.

Occupational Therapy (OT)

As part of the self-study to prepare for ACOTE accreditation, the Occupational Therapy Department spent extensive time over the past two years in curriculum review. A combination of assessment methods was used including: research of competency-based designs (including presentation by an outside trainer from Brown University),

analysis of current curriculum against newly– published ACOTE accreditation standards for OT programs, faculty discussion and input on merits and limitations of the current curriculum, review of student feedback received from course evaluations, fieldwork surveys and anonymous survey data (graduating student and alumni surveys), and solicited feedback (informal focus groups) from students regarding specific courses and clinical experiences.

Student data was retrieved from the OTED database (developed with support from an internal assessment grant) for analysis and presentation at the Fall 2007 faculty retreat. Data consisted of student outcomes as well as survey data. Assessment data from these combined sources were used to prioritize curricular changes and the curriculum committee was charged with constructing scenarios for presentation to the faculty at large. Several changes to core courses were approved by faculty for implementation during 2007-2008.

Blindness and Low Vision (BLS)

This department continues to assess student outcomes using passing rates on the certification exams, performance on proficiency tests embedded throughout the program in various courses, clinical practice assessments conducted by students and their supervisors, and by employer and alumni surveys. Higher order analytical thinking is evaluated by competencies embedded in the research course required of all students.

No curriculum changes were requested for this department during the academic year.

Interdisciplinary Health Sciences

The Ph.D Program in Interdisciplinary Health Services has a well-developed plan for assessment and employs an individual part-time to ensure that assessment-related data collection is completed. While no curriculum changes were requested during the 2007-2008 academic year for this program, improvements to the program have been made as a result of previous assessment cycles. In particular, there is a more focused effort to periodically document completion of the various components via the annual review of students – a key feature of this program’s assessment plan. This assessment aids in keeping students moving forward toward graduation. A course in the philosophy of science was added to the curriculum in fall, 2008 based in part on the change from Interdisciplinary Health Studies to Interdisciplinary Health Sciences and the related need to infuse more content related to conceptual and philosophical issues in scientific study as related to health and human services.

Physician Assistant

The department continues to rely heavily on student performance on the PA accreditation exam as a means of program assessment. Graduate surveys, the use of mentoring portfolios and performance on preceptor-assessed clinical exams round out the assessment portfolio. This department reports that the assessment data did not reveal the need for curriculum changes during the 2007-2008 academic year.

2. Exemplars of best practice

The programs within CHHS have embraced an assessment culture and have developed clear and comprehensive strategies for assessing student performance and using the results of assessment to guide the curriculum change process. One reason for this is that the accrediting organizations for our various disciplines require that we conduct rigorous program assessments. These program assessments, like the assessments required by the University, focus on aggregating data from the performance of individual students. The accrediting bodies also require programs to reflect assessment results in program changes, also reflecting the charge of the university in this regard.

Several “best practice” approaches have emerged as we have refined our assessment approach during the past academic year. The Department of Speech Pathology and Audiology, for example, has taken steps to ensure that assessment occurs early in the program and occurs at frequent intervals throughout the program. In the Doctor of Audiology program, students take the First-Year Knowledge Assessment (first year material) each spring, while basic diagnostic clinical competencies are assessed mid-year. In speech-language pathology, students’ knowledge base and skills development relative to clinical competencies are evaluated in each clinical assignment according to a 5-point scale of increasing levels of independence. Clinical instructors meet individually with student clinicians for one mid-semester and one end-of-semester evaluation focused on performance outcomes. During these formative assessments of student learning, the student submits a self-evaluation of performance which is discussed relative to the instructor’s data, to share perspectives and identify strengths and weaknesses. Students keep an ongoing record of accomplishment for the required knowledge and skill outcomes using the Knowledge and Skills Assessment Summary Form (ASHA, 2003). In advising meetings with the Graduate Coordinator, the student data are verified through review of instructor-designed competency checklists and clinical competency evaluation documents. Students retain these documents as well as artifacts of their work in individual portfolios.

In the School of Social Work, assessment data are being collected annually from field instructors, students, and alumni. Frequent data gathering and analysis permits needed changes in the program to be identified quickly. All assessment findings are reported in faculty meetings and are then posted on a public web portfolio <http://www.iwebfolio.com/public/mccormickm>. Information is shared with students, alumni, field coordinators and other interested parties via the iwebfolio portfolio <http://www.iwebfolio.com/public/mccormickm>. The feedback loop is set up for information to be considered in conjunction with students, who serve on the committees which review the survey results. SWRK is our strongest department in regard to ensuring that procedures are in place to “feed” assessment results to the curriculum change mechanism in a systematic and timely manner.

An innovation in our school of nursing is the use of a uniform clinical performance evaluation tool in the Bachelor of Nursing program. This tool is based on professional nursing standards, and when evaluated in 2007-2008, was found to be effective in evaluating students at all 3 levels of the program. Use of the tool has resulted in improved diagnosis of learning difficulties and more timely use of learning plans and

performance contracts. An end result is less failures in junior and senior levels of the curriculum for academic or clinical deficiencies.

Also in the BSN, the Evaluation/Assessment Committee has begun to analyze the reports received every six months on student performance on the NCLEX-RN examination. These trend data concerning the various content areas is shared with faculty members, allowing them to identify content areas that may require more attention within their specific courses. This information is also shared with the BSN Curriculum Committee.

The MSN program used national standards for designing its curriculum along with community input and awareness of faculty resources. This design was affirmed when the program was site visited by CCNE in April 2008 and met all standards for accreditation.

In the Occupational Therapy program, assessment data led to significant change in two concurrent courses (3810 and 3820). (These changes are not reflected in the Annual Report on Assessment and Curriculum Change, 2008 because they occurred shortly before the assessment report was completed). These courses have been provided for the last 10 years using the problem-based learning teaching/learning model. This is a 12-credit hour block designed to prepare students for clinical experiences in the following semesters. Faculty assigned to these courses meet on a weekly basis to discuss student/group progress and make necessary modifications to content and process in the tutor groups and didactic portions of the curriculum. Anonymous student surveys are conducted at midterm and semester end and student input from the surveys combined with faculty input has been used as a basis for changes in these two courses over the past 10 years. Due to a combination of factors, this course block was targeted for significant changes.

The curriculum committee in OT considered faculty and student input and created several scenarios for implementation that preserved the strong components from the previous course structure, addressed concerns/weaknesses identified through faculty and student input, and strengthened the competency-based assessment of student outcomes. After discussion over several meetings faculty approved one of the scenarios for trial implementation during the fall 2008 semester. Formative and summative assessment methods will be utilized to evaluate the effectiveness of the revised course block. Faculty assigned to the courses will meet on a regular basis throughout the semester for informal discussion and complete a written analysis at the end of each module. Student survey data (anonymous) will also be collected at the end of each module. Analysis of faculty reports and student survey data will be completed at the end of the semester and utilized to make modifications to the course content and/or process during the spring 2009 semester.

3. All departments have reviewed their plans and are prepared for upcoming USAC review.

4. According to the January 10, 2008 letter from Provost Harik to Dean Washington, the college made satisfactory progress in the previous year on implementing department

assessment plans. No significant challenges were addressed in the letter. The letter notes that, beginning with the 2007-2008 AY, the Provost's Office will report on the degree to which colleges are using assessment data in requesting curriculum changes. The college will continue to encourage departments to refine their assessment plans and to ensure that the link between assessment and curriculum change is clear and timely. During summer 2008 the associate dean worked with each of the programs in the college to make the transition to the TRACDAT reporting system. The College is well-positioned for producing Assessment Impact Reports using TRACDAT for the 2008-2009 academic year.

5. The hiring of an associate dean in August, 2007 with direct responsibility for monitoring and improvement of the assessment work of the college will lead to improvement in the already strong assessment culture in the college. As noted above, assessment is the core of the program accreditation process that all of our programs (except the doctoral program) participate in. Another significant step in improving the assessment work of the college was the hiring in January, 2008 of a graduate assistant with primary responsibility for assisting departments in the move to TRACDAT and assisting departments in data entry and analysis. This GA, for example, contributed many work hours to the Bronson School of Nursing in spring 2007 as they worked to resolve a significant backlog in assessment-related data entry and analysis. She also has worked diligently to move outcomes and measures to the TRACDAT recording system.

6. College goals for 2008-2009 in regards to assessment:

Goal 1: The associate dean and the departmental assessment coordinator will conduct a review of assessment outcomes and related measures for each program as part of the ongoing assessment plan review process

To be completed by: May 1, 2009

Outcomes: Written recommendations will be provided to each program regarding ways to improve outcomes, measurement procedures, and departmental procedures for assessment data collection, data entry, analysis and interpretation

Goal 2: All programs will have mechanisms in place to produce annual assessment impact reports using TRACDAT

To be completed by April 1, 2009

Outcomes: TRACDAT impact assessment reports produced for all programs prior to deadline for spring, 2009

Goal 3: The associate dean will hold at least three meetings of the assessment coordinators to discuss issues of importance across programs, including the linkages between the assessment plan and the assessment related requirements of the accrediting bodies (economy of effort), the assessment-related training needs for the

college, and the opportunities offered by the provost's office for improving the assessment process

To be completed: November, 2008, February, 2009, April, 2009

Outcomes: Accomplishment of this goal will yield greater visibility for assessment in the college, an enhanced culture of assessment, and the opportunity to ensure that opportunities to strengthen the assessment process and culture are taken advantage of

Goal 4: GA support will be available for data entry and analysis and an ongoing plan for ensuring that the GA position in the Dean's office supports timely data analysis and report generation will be developed.

To be completed: January, 2009

Outcomes: Programs will have a plan for periodic report generation and for moving assessment data for the TRACDAT format