Identification of the Theme

One of Western University’s basic objectives is to educate and train quality health care practitioners who provide enhanced quality care for humans, animals, and at the same time, expand biomedical knowledge. Yet, until now, we have not established a formal university-wide process to determine whether we are meeting this basic objective. Indeed, past inquiries have found that the university collects a great deal of information, but does not use this data consistently and/or apply findings in a broad manner. To improve this process, as well as build on work from the Capacity and Preparatory Review (CPR) phase, the goal of the Quality Assurance (QA) panel is to improve data utilization and to improve decision making at all levels of the university. This includes decision-making at the college level, for faculty, the Faculty Senate, administration, and non-academic university departments.

Specifically, the QA panel will explore processes for assessing student learning and engaging faculty in assessment efforts. We will investigate whether the university is measuring student learning outcomes effectively, whether students are achieving basic learning goals, and whether learning objectives are linked to outcomes, thus improving the institution’s capacity for self review and quality assurance.

Alignment with WASC

The purpose of this section is to accentuate the link between the Quality Assurance panel inquiry and the Western Association of Schools and College’s (WASC) standards (WASC, 2008) for accreditation. With respect to the WASC criteria for review (CFR 2.3, 2.4, 2.5, 2.6, 2.7, 2.10, 4.4, 4.6, 4.7), the central focus of the panel’s activities was to evaluate the effectiveness (CFRs 2.5, 2.6, 4.4, 4.7) of Western University of Health Sciences in measuring how and whether students are achieving learning outcomes and how successfully they are using this information to improve program effectiveness (CFR 2.5, 2.7, 4.4, 4.7). In doing so, we investigated the current university program’s outcomes assessments and mechanisms, such as standardized tests scores, performance tests, direct observations, research projects, key multiple choice tests, course or instructor evaluations, community service projects, annual university surveys and other published documentation to determine their effectiveness (CFR 4.4, 4.7). A specific interest was to explore Western University’s program review process by conducting an in-depth dialogue on assessment and student outcomes that lead to a quality improvement process (CFR 2.5, 2.6, 2.7, 2.10, 4.4, 4.6).

Structured surveys and interviews of faculty and institutional peers provided insight into the credibility of the university’s program review and outcomes assessment processes (CFR 4.4). Special attention was paid to determining whether existing data on program reviews and past program review efforts were effective (CFR 4.3, 4.4). The panel members reviewed Dr. Gary Gugelchuk’s, Executive Vice Provost, guidelines for conducting a program review. The Guidelines were designed for the Masters of Science in Health Sciences and the Masters of Science of Pharmaceutical Sciences programs. These programs have never performed a formal program review before (CFR 4.4, 4.6, 4.7). The information obtained throughout this self-study will allow us to improve educational effectiveness for the students (CFR 2.5, 2.6, 2.7, 2.10, 4.4, 4.6). We believe that refining the program review process will enhance assessment, student outcomes and quality of the curriculum (CFR 4.4). Ultimately, we hope that a university-wide program review process will open the door for colleges to communicate with each other to share best practices and reduce inefficiencies.
**Literature Review**

The literature review was conducted by the committee and addresses several areas including accreditation requirements, student learning objectives (assessment mechanisms), and utilization of assessment results.

The literature confirmed that faculty and program evaluation committees need to remember four important questions as they move forward: 1) What do we want to know? ; 2) Why do we want to know it? ; 3) What should we measure? ; and 4) And how should we measure it? (Gard, Flannigan and Cluskey (2004). In outcome-based education, product defines process. Outcome-based education can be summed up as “results-based thinking” and is the opposite of “input-based education”. In outcome-based education, the outcomes agreed upon for the curriculum guide what is taught and what is assessed (Harden et al., 1999).

Program evaluation data must be meaningful, credible, objective, and responsive. Inherent in the success of any quality improvement program is a culture that supports evaluation. Evaluation must be viewed as an ongoing, systematic process that meets accreditation standards and expectations of all stakeholders (Suhayda and Miller 2006).

Health education programs often have required or suggested student learning outcomes (SLOs), competencies or education outcomes from their respective professional organizations (practice-based outcomes), or specialized professional accrediting agencies that are used within the programs. Many programs have general SLOs, but simply having SLOs doesn’t guarantee that the process of assessment is taking place. It is clear that for the process of assessment to be complete, there must be direct and/or indirect assessment of SLOs along with analysis of these results and recommendations that are to be used to improve upon the process of teaching. This would be the final phase of the Quality Improvement process that “closes the loop”.

In reviewing the literature, the committee confirmed that multiple assessment methodologies are used in the health profession education programs. The definition of assessment is much broader than the traditional concept of assessment via standardized, paper-and-pencil achievement test. It consists of all measures of performance, perception, attitudes, and opinions. There is no single assessment technique that can provide all of the information needed to evaluate a program. Rather, there is a need to use a combination of approaches to achieve this goal. They include, but are not limited to: (1) written examinations utilizing multiple choice questions, extended matching items, completion questions, short answer, and essays; (2) objective structured clinical examination (OSCE); (3) objective structured practical examination (OSPE); (4) portfolios; (5) reflective papers; (6) service learning projects and (7) licensing examinations.

A wide range of assessment instruments are available for faculty to use. Although most health professions programs have established, to varying degrees, the methods and processes for gathering evidence to establish whether one or more of their assessment mechanisms assesses student learning outcomes, subsequent statistical analysis, interpretation and publication of the attained data is lacking in some disciplines. In designing and implementing student learning assessments, educators must be well informed of the expected outcomes and the methods available which might be applied to their measurement. Therefore, it is important to understand how to utilize assessment tools, and how to evaluate strengths, weaknesses, applicability and impact on learning under various instructional conditions. It is vital to note that assessment instruments must fulfill certain evidence-based criteria such as validity, reliability, impact on the
learner and educational program and practicality such as cost. It is also important that program SLOs complement both the mission/vision of the program and the sponsoring university.

**Study Planning and Organization**

The WASC Panel on Quality Assurance consisted of 11 members, representing both university faculty and staff. Eight of the 11 were faculty members. Four faculty members also held positions as Assistant or Associate Dean in their respective colleges. In addition, two panel members were staff from the University finance department. Overall, the colleges of Osteopathic Medicine, Allied Health, Pharmacy, and Veterinary Medicine were represented by 1-3 members each. Two new WesternU colleges (Dental Medicine and Optometry) were represented by current faculty/administrators. Faculty rank, tenure status, and experience were varied within the panel.

Each faculty panel member was assigned the task of obtaining information related to their profession. This included conducting a review of the literature for best practices in the use of outcomes assessment for a program review process. Faculty panel members also conducted interviews on best practices at selected peer institutions as well as within their programs at WesternU. Peer institutions were selected from a list provided by the Office of Institutional Research and Effectiveness (IRE), or based on panel members’ contacts with other institutions within the state or across the country. A staff panel member was invited to participate in the WesternU interviews to acquire information on how program review is tied to the budget process.

Following examination of literature findings, two interview surveys were developed. (See Appendices A and B). The WASC “Rubric for Assessing the Integration of Student Learning Assessment into Program Reviews” was considered in structuring the surveys. One survey was used to obtain information on current practices of peer institutions with interviews conducted by phone or via email. The other was used to ascertain the program review process at Western University with interviews conducted in person on campus. Faculty who were members of the college curriculum committee or who were responsible for program curricula participated in the interviews to obtain information about the program review process. All faculty interviews were conducted in person by a group of 2-3 panel members.

The surveys covered three major areas: identification of student learning outcomes, outcomes assessment, and the program review process. Interview questions related to the program review process included items such as who was involved (faculty, students, internal/external reviewers), assessment plans, benchmarking results, and assessment impact. Individuals who were interviewed were asked to report on how the curriculum plan was integrated with the budgeting process. Data was collected on the method of annual feedback to stakeholders and the review cycle. Peer institutions were asked to describe the university-wide program review process if applicable, as well as their individual program review process. Western University interviews were designed to elicit feedback regarding assessment of the eight essential student learning outcomes that were developed by the previous year’s CPR Assessment Database Panel and how the outcomes are related to the program’s mission.

**Major Findings**

**Survey** - The goal of the Higher Education Research Institution (HERI) faculty (See Appendix C) and Alumni survey (See Appendix D) are to explore the quality assurance process at Western University.

The HERI faculty survey was announced in the spring of 2008. In total, 147 administrators and faculty members were invited to participate. Of these, 74 responded (response
rate = 50.1%). Results of the HERI faculty survey were generally very positive. Findings suggest that the large majority of Western University faculty and administrators believe that the assessment of student learning outcomes is important for both individual courses (89.9% of teaching faculty, 87.5% of research faculty, and 100% of administrators agreed) and program curriculum (89.8%, 87.5%, and 100% respectively). Furthermore, both faculty and administrators agreed that each program review should evaluate university-level student learning outcomes (66.1% teaching faculty, 75.0% research faculty and 85.7% administrators). Finally, teaching faculty, research faculty, and administrators agreed that the identified eight University learning outcomes are a good basis for evaluating program performance in any future university program review process (69.5%, 62.5%, and 71.5% respectively).

On the other hand, when asked if the faculty and/or administrators think the program review should include a review of the program level student learning outcomes, and that university outcomes do not need to be assessed, a very high percentage of teaching faculty (37.3%), research faculty (62.5%) and administrators (42.9%) indicated neutral response and less than half of the respondents disagreed and strongly disagreed with the statement (45.8%, 37.5%, and 28.6% respectively). Results also revealed slight differences between teaching faculty (59.3%), research faculty (62.5%), and administrators (71.4%), on whether university level outcomes, which were identified by the WASC Assessment Database panel, should be adopted at this time.

On the open-ended question, faculty (both teaching and research) and administrators were asked to describe two to three changes that they have made to their individual courses or to the program’s curriculum based on assessment of student learning outcomes. In summary, the most common assessment tools indicated by respondents were performance on college and national exams, student formative and summative feedbacks, student evaluations of clinical experiences, and faculty teaching, exams, previous curriculum, faculty feedback, hospital partner feedback, course survey, and the comprehensive performance evaluation of OSCE. Respondents indicated changes in lecture format, exam format, homework assignments, practical exams, and guide/help for the exam based on past assessment efforts.

Alumni Survey - Western University’s educational effectiveness with regards to quality assurance was examined. Surveys were administered via the internet to Western University’s alumni. A total of 4153 alums were invited to participate in the survey via email (response rate = 7.9%, N = 328). Of the 328 participants, a majority of the participants graduated from the Osteopathic Medicine (DO) program (N = 152; 46.3%), followed by the Physician Assistant (MSPA) program (N = 57; 17.4%), the Pharmacy Pharm D program (N = 49; 14.9%), and the Veterinary Medicine (DVM) program (N = 25; 7.6%). A small portion of the participants graduated from other programs: Osteopathic Medicine (DO) Northwest Track (N = 1, 0.3%), Nursing programs (N = 6, 1.8%), Physical Therapy programs (N = 21, 6.4%), Physician Assistant (Certificate) (N = 12, 3.7%), Pharmacy Int’l (PharmD) (N = 1, 0.3%), Masters of Science in Health Sciences (N = 11, 3.4%) and are currently in a private clinical setting (N = 133; 40.5%) or a hospital-based setting (N = 117; 35.7%). Of these graduates, a majority graduated during the year 2000 and beyond (N = 209; 63.7%), with 54 from 2008 (16.5%), 42 from 2007 (12.8%), 29 from 2006 (8.8%), 23 from 2005 (7.0%), 21 from 2004 (6.4%), 18 from 2003 (5.5%), 10 from both 2002 (3.0%) and 2001 (3.0%), and two from 2000 (0.6%). Sixty-three graduated during the 1990’s (19.2%), and 52 graduated during the 1980’s (15.9%).
When asked to indicate their level of agreement regarding the clarity of their instructors and clinical preceptors’ expectations and outcomes and whether these related to their program’s mission and goals, the majority of participants (>78%) were in agreement that their instructors and clinical preceptors provided clear expectations and course and clinical objectives related well to their corresponding program’s mission goals. When comparing the total number of respondents to those who graduated during 2004-2008 (N = 169), a similar trend was found such that the majority of this group (>75%) agreed expectations were clear and related well to the program’s mission and goals. In addition, participants were asked to indicate the methods used by their instructors to provide clear expectations of what the students should know, understand, and be able to do after completing the course, by indicating whether these expectations were provided in all syllabi, some syllabi, in lecture/class only, and if the expectations were never presented. The majority of participants (59.1%) indicated expectations were identified in all syllabi, with 24.7% indicating expectations were identified in some syllabi, 7.2% indicated expectations were stated in lecture/class only, 3.8% stated expectations were never presented, and 6.4% indicated other methods were used. Half of the Veterinary Medicine (DVM) graduates stated expectations were not clear. When comparing the total number of respondents to those who graduated during 2004-2008 (N = 169), the majority of participants (69.7%) indicated expectations were identified in all syllabi, with 20.6% indicating expectations were identified in some syllabi, 2.4% indicated expectations were stated in lecture/class only, 3.0% stated expectations were never presented, and 4.2% indicated other methods were used. Regarding how achievement of course objectives/outcomes were assessed, a majority of participants (96.0%) indicated written exams were utilized, followed by practical exams (79.3%), special assignments (58.8%), oral exams (45.4%), and other methods (7.3%).

In response to how clinical preceptors presented expectations, a slight majority (50.6%) indicated their clinical preceptor/instructor explained the expectations at the beginning of or during the rotation, 42.4% indicated expectations were identified in a clinical education/rotation manual, 34.5% indicated expectations were presented in an orientation prior to beginning rotation, 22.3% indicated clinical objectives were not provided, and 7.9% indicated other methods were used. Of the Osteopathic Medicine (DO) graduates, 23.5% and 48% of the Veterinary Medicine (DVM) graduates indicated they did not believe Western University’s clinical preceptors provided clear expectations regarding what they should know, understand, or be able to do after completing clinical rotations.

Most of the participants indicated they were informed of changes to the program in class by the instructor (47.6%), followed by the student handbook/catalog (32.0%), and general student meetings (29.0%). Of the participants, 21.6% stated that changes were never presented, and 11.3% indicated other methods were used. When asked to state if they participated in the review of student learning outcomes, less than half (40.9%) responded. Of these 134 respondents, 89 participants (66.4%) responded with some form or variation of “Cannot Recall,” “N/A,” or “No.” Two responses were dismissed (1.5%) since they contained only one letter, for example “c,” or the response stated their program affiliation, for example, “Masters of Education.” The responses for the remaining 43 (32.1%) participants were grouped according to theme: Curriculum Development (N = 16; e.g. “Attended curriculum development meetings”), Evaluations/Surveys/Reviews (N = 8; “Yes through surveys”), Rotations (N = 3; e.g. “Review with Preceptor during clinical rotations”), Tutoring (N = 3; e.g. “As a second year student, I
Peer Institutions Interview – Panel members developed a 10 item interview questionnaire (See Appendix A) to determine current practices among the peer institutions on outcomes assessment and program review. Six universities/colleges were interviewed in person, by phone, or via email. They included Des Moines University College of Osteopathic Medicine, Samuel Merritt College (including Nursing and Physical Therapy programs), University of California San Francisco School of Nursing, Ohio State University College of Pharmacy, University of Maryland of the Eastern Shore College of Optometry (including Physician Assistant and Physical Therapy programs), and Mount St. Mary’s College Physical Therapy Program. The results are summarized below:

Outcome Assessment – All programs interviewed stated that they have their own list of student learning outcomes, which vary from 5 – 76 items. Overlapping areas include demonstrating knowledge, technical skills, interpersonal skills, humanism and compassion, critical thinking, and life-long learning. The results of the outcome assessments are often sent to stakeholders including a university committee.

Program Review – All programs interviewed stated that they conduct program reviews with extensive faculty involvement. Although the learning outcomes may vary, the process of the program review often includes surveys of students and faculty as well as local and national exams, portfolios, etc. However, when asked how effectively the program review processes are meeting the students’ and other stakeholders’ needs, none of the colleges were able to provide evidence to answer the question. Most of the programs interviewed stated that faculty is involved in evaluating the program’s SLOs, annual assessment findings, benchmarking results, curricular changes, and evidence concerning the impact of the changes. In addition, all interviewees suggested that faculty receive direct feedback and also participate in a university-wide committee. Most of the programs interviewed stated that they have a plan for the next cycle of assessment studies. Also, four out of six programs interviewed stated that they have faculty from other programs within their institutions as well as external reviewers evaluate the program’s SLOs, assessment plan, assessment evidence, benchmarking results, and assessment impact; only one of the programs interviewed stated that they plan to use external reviewers in the next cycle. The feedback from the internal and external reviewers usually was directed to the central university oversight committee. Several programs had additional bodies that also received reports, such as a Dean’s Council or Faculty Assembly. Most of the programs reported that the institution systematically integrates program reviews into planning and budgeting processes and indicated that the feedback is used effectively to improve student learning. Finally, most of the programs interviewed stated that they have a centralized university-level oversight committee, which is composed of faculty, administration and some included students, and which vary in size from 6 to 25 members.

In summary, all respondents are engaged in assessment of student learning outcomes. Such assessment includes feedback to all key stakeholders. Most institutions have an
institution-wide committee whose responsibility is to look at outcomes and assert oversight influence on the process. In general, these committees are broadly representative of the university or college community and include administrators and faculty. Finally, most of the programs interviewed claim to be closing the feedback loop, but no specific actions were stated as a result of their process.

**Individual Interview** - Panel members developed an 11 item interview questionnaire ([See Appendix B](#)) to determine current practices on application of outcomes assessment to program review and curriculum improvement. Designated representatives from each program on campus, including the three new programs, were interviewed by a team of 2-3 panel members. Program representatives consisted of faculty and/or administrators who were most familiar with the curriculum and review process. They were sent the questions prior to their scheduled interview and were asked to bring examples of policies and procedures on outcomes assessment and program review.

The interview was designed to ascertain major student learning outcomes (SLOs), who conducts outcomes reviews, how and when is it done, what committees are involved, and how and to whom are the results disseminated. Student learning outcomes, which are linked to core competencies required by professional accreditors, were correlated to the eight essential university-wide outcomes identified previously and adopted by all colleges. A matrix was developed to show which overall college objectives relate to the eight university outcomes. Faculty were working on a matrix that relates individual course objectives to the college/program outcomes and thus, would show which course objectives are associated with the eight university outcomes. All college/programs have a stated mission and vision and indicated that their student and program outcomes are in keeping with their mission. Upon review of this material it is evident that the missions align with the University mission and that outcomes are appropriate to the mission.

Colleges/programs that were interviewed include Dental Medicine, Nursing, Optometry, Osteopathic Medicine, Pharmacy, Allied Health (Physical Therapy and Physician Assistant), and Podiatric Medicine. An item by item summary of results is reproduced below:

1. What are students expected to know, understand, and be able to do after completing their coursework in your program? Do these outcomes correlate with WU’s 8 student learning objectives (SLO)?
   - All program base SLOs on core competencies in the areas of knowledge, clinical skills, and attitudes.
   - All programs align their SLOs with the eight essential University outcomes.

2. How do your program SLO’s relate to your program's mission and goals?
   - All programs have a mission and vision which is in alignment with the University’s mission and vision.
   - All programs routinely review and revise their mission/vision when appropriate.

3. How are faculty and students involved in the development and implementation of student learning outcomes assessment?
   - All colleges have established curriculum committees and include students in this process.
   - Three colleges have specific evaluation or outcome assessment/review committees.
   - The majority of programs use student course and faculty evaluations to assess the program outcomes.
• In four programs, assessments may be conducted by course/system director or trimester coordinators.
• Curriculum retreats to review outcomes and program are held occasionally by one college and at least once a year by three programs.

4. **Not** including your professional accrediting agency, do faculty from other programs and/or external reviewers (outside of WU) evaluate the program’s student learning objectives, assessment plan, assessment evidence, benchmarking results, assessment impact?
• Only two programs have used or plan to use external reviewers to evaluate the program’s SLOs and assessment practices.

5. What methods are used to assess academic programs and student outcomes?
• The majority of programs use the following methods to assess SLOs: written and practical exams, OSCE, student portfolios, clinical preceptor/instructor evaluations, self and peer evaluations, case presentations
• In addition results of state board licensure exams are used by all programs to assess both student outcomes and the academic program.
• Most programs use employer and alumni surveys to assess the academic program’s effectiveness.
• Student evaluations are also used in program assessment.

6. How and by whom are the data collected to ensure their reliability and validity?
• A majority of programs use ParScore for multiple choice exams. Scantron forms are processed by department staff who also may be responsible for entering scores into the program’s database.
• A variety of clinical instruments are used to assess student performance in the clinical setting. These instruments are reviewed and maintained by appropriate program faculty and staff.
• In some colleges the Outcomes Assessment (OA) Committee oversees the data collection process and provides feedback to the Curriculum Committee, faculty and students.
• Course evaluation data are collected electronically through on-line surveys administered by the Office of Institutional Research and Effectiveness.

7. How are the results of outcomes assessments being used to improve teaching and learning? At what points throughout the year are assessment results disseminated and used in decision making about students, programs, and/or personnel? Please provide specific examples.
• All programs undergo individual course reviews to assure appropriate content and SLOs. The review may be performed annually by individual faculty or college curriculum committees and shared with faculty and students.
• At the end of or during each semester student progress is reviewed by the college student performance/progress committee. Students are informed by the dean of issues pertaining to their performance or status in the program.
• Annual evaluation of faculty and staff are conducted in all colleges.

8. How are the results incorporated into curricular review and strategic planning processes?
• Most colleges rely on their curriculum, OA or other committees to oversee the review and strategic planning processes. Data identified above is collected and analyzed in terms of SLOs and overall program effectiveness.
• Many programs use peer and or chair teaching assessments to provide formative feedback to faculty.

9. How are stakeholders (students, faculty, accrediting agency, etc.) informed of curricular changes that resulted from your program review?
• Minutes of curriculum committee meetings are available to faculty and students; some college committees are open to all faculty and have at least one student representative in attendance.
• Student handbook/college catalog provides annual update on curriculum; course syllabi include changes as they are made.
• Annual reports for each college are submitted to the Dean, President and Board of Trustees. Reports are made available to all internal and external stakeholders.
• Various professional accrediting agencies require regular updates on curricular changes throughout the accreditation cycle.
• Four programs hold town meetings with students to inform them of changes.
• Alumni receive information on program changes via the electronic newsletter

10. If you use professional accreditation as a cyclic program review, please describe briefly the process and results. Indicate the range and typical length of this accreditation cycle.
• See list of profession accreditation agencies and cycle in Appendix E.

11. What committees are involved in curriculum program review and what is the role of each? Do these committees provide annual feedback on the quality of outcomes, assessment plans, assessment studies, benchmarking results, and assessment impact? If yes, is this feedback used effectively to improve student learning? Please provide examples.
• Each college has one or more committees devoted to some aspect of the curriculum and/or program review process. The names of these committees vary.
• The committees and/or other faculty are responsible for gathering data and making recommendations to the dean.
• Three colleges have a formal assessment plan which includes benchmarking and one is developing a plan.
• The primary assessment impact appears to be related to state board exam scores.

Discussion
1. All data showed that it is important to assess student learning outcomes.
   a. The majority of the faculty and administrators agreed that assessing student learning outcomes is important at course, program and university levels; specifically there is relatively high agreement at the course (>80.0% agreement rate) and program (>80.0% agreement rate) levels. This can be found in the internal interviews in which most of the Western University faculty interviewed agreed that all programs have a mission and vision that is aligned with its own program learning outcomes that in turn is aligned with the university eight outcomes. This is also evidenced by a majority of the alumni (>78.0%) who agreed that course instructors expectations and outcomes are clearly stated in syllabi and are related to their program’s mission and goals. However, less than half of the respondents in the alumni survey stated that clinical preceptors provided clear expectations regarding what they should know, understand, or be able to do after completing clinical rotations.

2. Most of the programs and colleges at Western University use professional accreditation
as a cyclic program review. The two programs do not use professional accreditation are Master of Science in Health Sciences (MSHS) and Master of Science in Pharmaceutical Studies (MSPS).

3. Lack of standard internal program review guidelines and procedures at the institution level.
   a. Among all the interviews, most of the peer institutions stated that they have standard program review guidelines for multiple healthcare programs in their institutions. Most of them also stated that they have an institution-wide committee that evaluates outcomes and asserts oversight influence on the process. In general, these committees are composed of faculty and administrators. According to data from the internal interviews, all Western University colleges have established curriculum committees and/or specific evaluation or outcome assessment/review committees. Some of the programs, assessments are conducted by course/system directors or trimester coordinators. Although all programs have a mission and vision which is aligned with the university’s mission and vision, the university lacks standard program review guidelines and procedures at the institution level. There is a lack of a universal procedures to look at the eight university-wide outcomes across all programs. Moreover, according to the Western University Alumni survey the students had very minimal participation in such committees.

4. Data are collected and stored at the college/program level.
   a. The majority of programs use the following methods to assess student learning outcomes: written and practical exams, OSCE, student portfolios, clinical preceptor/instructor evaluations, self and peer evaluations, case presentations, and state and national board licensure exams. Some programs also use employer and alumni surveys as indirect evidence in assessing the academic program’s effectiveness. The data are collected, analyzed and reported to their own college/program’s student performance/progress and/or curriculum committees. Each college relies on its committees to oversee the review and strategic planning processes. However, there is no true two-way communication process for the data collected between the college and the university.

Recommendations

The charge of the Quality Assurance Panel was to explore how programs determine student learning outcomes, assess the outcomes, incorporate the results into a regular program review process, and make appropriate curricular changes with follow-up reassessment. The panel discovered that all clinical programs rely on their external accreditation requirements as a program review process. While the external professional accrediting agencies require extensive self-study reports, these events occur at five to ten year intervals, depending on the program. Therefore, the panel is recommending a program review and action plan be established on an annual basis.

The program review process begins with assessment of student learning outcomes. Specific recommendations of the panel relate to the use of alumni surveys to gather data on outcomes and the curricular effectiveness. The following recommendations are:

1. IRE should annually collect, analyze and report alumni survey data to each program. This data should contain a breakdown by year of graduation to show trends in responses. The survey should be designed to meet the needs of each program.
2. Methods should be adopted that will increase alumni response rates. One method may involve investigating the types of emails currently sent to alumni and developing a system to transmit only emails of interest. Another method that might increase response rate would be to share results about program changes with alumni; this would indicate that their feedback is valued.

3. An exit interview or survey should be required for all graduating students. Currently not all programs engage this method to obtain relevant data from new graduates. Based on information collected from peer institutions and interviews with Western University faculty and administrators, the panel determined that specific recommendations related to the overall review process and “closing the loop” are needed. The panel recommends:

4. The establishment of a university-wide Academic Assessment Committee. In keeping with a similar recommendation from the Faculty Senate, the charge of this committee would be:
   a. Provide input on newly proposed college programs
   b. Provide input on ongoing program reviews (WASC)
   c. Identify and propose general academic policies for the university

The panel believes that this committee could serve as an oversight committee to monitor what each academic program does and make suggestions when appropriate. A program representative from each college would be identified. This person would be responsible for receiving the information and disseminating the information between the college and the university committee, and generating the action. The position should be rotated every 2-3 years.

Other recommendations specific to the charge of providing input on ongoing program reviews might include:
   d. Create a template to establish a uniform structure for annual program review reports. Every college should set up a protocol to conduct an annual self-review; they will use the University Academic Assessment Committee’s template to prepare the annual report.
   e. Develop a systematic method for all colleges to annually review 1-3 university outcomes.
   f. Support and guide each college in gathering and evaluating data, determining appropriate changes and reassessing the changes within an appropriate timeframe.
   g. Exchange information between college curriculum/assessment committees and the University Academic Assessment Committee and make recommendations to administration.
   h. Serve as external reviewers (within the University) for programs. The panel recognizes that professional accreditation agencies may serve as external reviewers of the program. The University Academic Assessment Committee which is comprised of members within the university but outside of a specific program may also be used as external reviewers.

5. All colleges/programs should include an assessment plan that includes the use of data, documenting changes and taking action. This may be accomplished by:
   a. Setting goals and strategies according to each college’s mission.
   b. Examining how each college can accomplish the university’s mission and goals.
   c. Using the University 8 SLO’s identify specific college/program and individual course objectives/outcomes related to each of the 8 SLOs. For example, each
college has mapped out its own college outcomes with the university’s 8 outcomes. Within each college, course objectives/outcomes should be matched to college outcomes. This will demonstrate which courses are related to the 8 university-wide outcomes.

d. Developing a method to track college/program curricular changes and what triggered each change. This may require identifying individual(s) to maintain and report results to the appropriate college and university committees.

6. The panel members suggested having a continuous self-review cycle in addition to the professional accreditation self-study process. The length of the internal self-review process should be shorter than the professional accreditation cycle, which currently varies from 5-10 years for individual programs. The emphasis of the review would be determined by individual colleges/programs.

**Continuing Challenges**

Although the panel believes the above stated recommendations and suggestions are achievable, they recognize potential challenges in completing the recommendations. These challenges may include:

1. Development of a database remains a challenge. The University IT staff and others have been trying to develop an efficient and effective means for data storage in a centralized database. At present this task remains a work in progress.

2. Data may not be readily available to appropriate individuals; i.e., the persons who should have the information are able to obtain the information. This may resolved when a centralized database is established.

3. Expertise in the use and interpretation of a database may be lacking. When the database is developed, administrators, faculty, and staff will require training on its use. A Director of Outcomes Assessment and Interprofessional Education Research (is this this person’s title – I thought it had IPE in it) has been hired with a July 1, 2009 start date. This individual will assist with training in this area.

4. College/program faculty may need assistance in generating program review action plans and may need additional preparation to participate effectively on curriculum and outcome assessment committees at all levels. This may require widespread training in understanding education and outcomes assessment. Attendance at CAPE workshops needs strongly encouraged.

The support of administration and faculty in the past indicates that these challenges can be overcome.
References


