A Roadmap for Future Assessment: Sustaining Our Upward Trajectory

For the last six years, UMKC has participated in the Higher Learning Commission’s Academy for Assessment. UMKC’s primary initiatives for the Academy have centered on revising and assessing General Education, as well as assessing every academic degree. Some of this excellent work is highlighted in this “Hospital Hill” edition of this newsletter.

I am happy to report that based on everyone’s collective efforts over the last several years, UMKC was selected as a “showcase” institution for the Higher Learning Commission Assessment Academy Results Forum in early June. Leah Gensheimer (Psychology), Drew Bergerson (History), and I outlined our progress and shared best practices with faculty and administrators from across the country. At the end of our presentation, we were asked to serve as Assessment Academy Mentors for other institutions in the coming years.

The HLC leaders were very pleased with our work, but they also required us to outline a plan for sustaining our assessment momentum. As we anticipate the coming academic year, here are the immediate projects on our docket:

1. Continue to upload annual academic degree assessment plans and the 1-2 page assessment narratives in WEAVE; these annual reports will be the same as they were the last two years and are due on October 1, 2013.

2. The one item that will be different in WEAVE is that all degree programs should upload their curriculum map by October 1, 2013 as well.

3. Implement the revised General Education curriculum and conduct General Education assessment this fall and spring.

4. Implement the Roo Writer; our new Coordinator of Writing Assessment, Henri Wood, is currently training evaluators and seeking Reading Packets from faculty members.

5. Identify and assess high impact learning experiences at UMKC; we want to track participation and document the achievement of learning outcomes in service learning, study abroad, undergraduate research, internships, etc.

The primary goal of assessment truly is the improvement of student learning, and I commend you for your dedicated efforts that have resulted in stronger goals, learning outcomes, measurements, findings, and action plans.

These many hours of work have also helped us retain a positive standing with the Higher Learning Commission, and I thank you sincerely for your important contributions. You have made a difference for our institution and our students!

~ Nathan Lindsay
Seven Assessment Strategies For Highly Effective Professional Programs

The assessment cycle represents a system of activities that continually examine an educational program to ensure the accomplishment of mission, purposes, and student learning outcomes, as well as the processes undertaken to achieve them. The steps are straightforward: Identify an outcome, gather evidence, interpret the evidence and implement changes.

The evidence of achievement of student learning outcomes provides the basic information upon which to structure modifications and improvements designed to promote student achievement. The School of Nursing and Health Studies (SoNHS) has found that a multi-method approach to the generation of this evidence works best for an academic program preparing students at the bachelor’s, master’s and doctoral levels.

This article describes seven assessment strategies that have resulted in specific modifications and improvements in achievement of student learning outcomes and enhancement of educational practices.

1. National Certification/Licensure Examination (NCLEX) pass rates:
This is a familiar data point to educational programs requiring accreditation by professional organizations. The first graduating class of the SoNHS did not meet the School’s expected pass rate of 90% and so several changes were made, including: changes to the admission policy; addition of standardized assessments throughout the program; addition of a minimum average test score for passing courses policy; curriculum revisions; and a stable core of clinical faculty. Now the SoNHS regularly exceeds both national averages and School goals for the program.

2. Advanced practice certification examination pass rates:
For students in the Nurse Practitioner (NP) and Doctor of Nursing Practice (DNP) programs, entry to advanced practice requires successful completion of certification examinations. The SoNHS goal for success is a 90% or better pass rate. In 2011, the pass rates in one of these programs fell below the 90% benchmark and faculty in the program met to discuss possible causes.

Modifications to the admission and curricular requirements were undertaken including a preference for more experience among applicants; a comprehensive multiple choice exam at the end of the practicum course; the increased use of case studies; more comprehensive on-campus residences; and increased one-on-one communications between students and preceptors. As a result, the certification pass rates for that program have risen to 100%.

3. Course-specific, online course evaluations:
Every semester students are asked to evaluate both their courses and their instructors. Data from these evaluations are subsequently distributed by the Associate Dean to appropriate faculty and modifications are implemented as needed. Modifications have included a range of changes from more rapid response to email communications to enhanced application of technological tools on Blackboard, and have resulted in a steady upward trend of satisfaction with courses.

4. Overall trending of evaluations across all courses:
In addition to individual course trends, trends in summary statements of student feedback across all courses is compiled annually and reviewed with faculty. For example, recent feedback included the opinion that too many texts were required that weren’t used. Faculty were notified of the feedback and asked to reassess textbook usage in their respective courses and eliminate non-essential texts, resulting in follow-up data indicating a perception of course improvement across programs for multiple years.

5. Clinical site evaluations:
The experience of each student in a clinical setting is assessed each semester. Comments include both global assessments of quality and open-ended solicitation of suggestions for improvement. In a previous semester, for example, comments indicated that evening rotations provided limited clinical exposure for students, resulting in the elimination of evening rotations as part of that course’s clinical experience.

6. Progression, retention and graduation rates across programs:
These data represent a shared objective of the University and the School and are monitored on a semester-by-semester basis, resulting in substan-
Objective Structured Clinical Examinations, OSCEs, are a standardized way to assess student competency during clinical education. At the School of Dentistry (SOD), OSCEs are currently being implemented at the beginning of the 4th year as an additional mechanism to assess the knowledge and skills of dental students.

This is the 3rd year of the OSCE implementation process. The experiences and results from the past two years of pilot testing have been used to develop the current OSCE. Faculty members from each specialty develop an assessment question for their area of expertise, and each item is designed to assess competencies critical to their specific clinical area.

These are not your standard multiple choice test questions. These questions require advanced clinical knowledge and the ability to apply skills appropriately to varied patient situations. As summarized by Kramer, et al. (2009), the clinical scenarios presented at each station are an opportunity for students to convey specific knowledge and clinical techniques. Through structured observation, faculty raters are equipped to assess student communication with mock patients as well as performance of clinical procedures. The most important element of each OSCE station is the assessment rubric. Faculty members are asked to describe in detail the observable behaviors that distinguish 3 specific levels of student performance: excellent, competent, and not clinically acceptable.

Students from the UMKC Theater department have volunteered to participate with the 2013 OSCE administration. Student actors are trained as standardized patients, and each is given a clinical scenario and specific symptoms to communicate to the dental student. Student dentists are then cooperatively evaluated by the student actor and a faculty rater. In addition to actively participating in the assessment of communication skills of dental students, this interprofessional education opportunity also provides the theater volunteer with a free dental cleaning.

Throughout the OSCE process, dental students are required to actively self-assess their performance. As detailed by Albino, et al. (2008), self-assessment is an integral aspect of effective clinical education. At predetermined points, students are directed to reflect on their performance. They are asked to evaluate whether they felt their performance at each station exhibited clinical competence, or if it reflected a need for further knowledge and skill development. Students who indicate a “developing” level of clinical ability in a particular area are asked to outline a brief plan that will help them gain the clinical knowledge and skills necessary for competence in that area.

After the OSCEs are completed, faculty ratings and student self-assessments are combined and analyzed. The findings illustrate the degree to which student dentists understand the tenets of reflective practice and how well they are able to accurately evaluate their own clinical performance.

~Chris Van Ness

Nursing Strategies (Continued from Page 2)

tional policy and personnel changes. For example, retention rates were found to be disproportionately influenced by non-academic issues such as financial concerns, family problems, and study skills. The SoNHS created a student support position and hired a full-time social worker to address these problems for students across programs, resulting in an enhanced retention and graduation rate as well as increased satisfaction of students with the institution.

7. Student focus groups:
The SoNHS conducts focus groups with current students in each program on a 3-year rotating schedule (undergraduate, graduate, doctoral students) to assess attitudes, perceptions and satisfaction with program components as well as suggestions for modifications.

For example, students in the original post-masters DNP plan of study noted inadequate time in the curriculum to complete required DNP projects. In response, an additional 3 credit hours were designed and added to the overall program specifically to address this issue, and subsequent feedback indicates that this has successfully addressed students’ concerns.

The curriculum and assessment cycle is, by definition, dynamic and continues to evolve. Implementation of the cycle, however, has become a part of the culture at the SoNHS and will result, we hope, in a steadily improving educational process and increasingly competent practitioners of healthcare for an expanding base of consumers.

~Steve Krantz & Kit Smith
From its inception, the UMKC School of Medicine has sought to develop physicians who hold strong professionalism values and act in accordance with those values. We infuse professionalism teaching and assessment throughout the curriculum.

In every phase of the curriculum students learn about and practice their professionalism skills through formal coursework in communication, professionalism, ethics, and medical humanities; required and elective clinical rotations; and in our unique system of small learning communities led by physician mentors.

We use a variety of methods to assess our students’ professionalism: The school-wide clinical performance assessment requires that faculty use a behaviorally-anchored scale to assess several dimensions of professionalism, including respect, compassion, empathy, honesty, responsibility, altruism and ethics. Students’ professionalism is assessed in all of their clinical experiences, beginning in their first semester.

In most of their clinical experiences, two or more attending physicians and residents complete the clinical performance assessment and provide written feedback to students.

- The SOM currently administers three performance-based assessments (PBA) that involve students interacting with a number of actors who are trained to portray patients in a standardized fashion. Each PBA assesses a different skill set depending on where they occur in the curriculum, but all three contain a professionalism assessment.

In year 2 of the curriculum, the PBA focuses on basic history taking, communication, and professionalism skills. The PBA in year 3 of the curriculum also focuses on history taking, communication, and professionalism skills, but has students interacting with more complex and sensitive topics such as sexuality, breaking bad news, and substance abuse.

The PBA in year 5 of the curriculum attempts to mimic a complete, authentic patient-physician interaction and focuses on history taking, physical exam, diagnostic reasoning, communication, and professionalism skills.

- Similar to our internally-designed PBAs, our medical students are required to pass the United States Medical Licensing Exam Step 2: Clinical Skills. The exam consists of 10 standardized patient stations where students are assessed on their ability to gather data from patients, reason through clinical problems, communicate effectively, and act professionally.

- During four of their required clinical experiences, students submit a peer assessment of all of the students they worked with during the two-month rotation. The peer assessment asks students to indicate in which components of professionalism their peers excel and which areas need improvement, and they are also asked to provide comments to support their ratings.

- Students submit a self-assessment at least once per semester, where they rate their current level of competence in professionalism against year-specific objectives, provide evidence that supports their rating, and develop a plan to improve their skill level. This self-assessment is completed just before the students’ attend their semi-annual advising meeting with their physician mentors and is reviewed during those meetings.

- Lastly, after our graduates have been in their post-graduate residency programs for at least one year, we ask their residency program directors to rate their professionalism in comparison to graduates of other medical schools.

Producing graduates with strong skills in professionalism has been and continues to be a cornerstone of the School of Medicine. We’ve developed a longitudinal approach using multi-method, multi-source assessments to get a complete and rich understanding of our students’ abilities to treat others with respect, compassion, empathy, honesty, and integrity.

~Jennifer Quaintance
Faculty from the History and Psychology departments are working with colleagues across the United States to develop more consistent student learning outcomes for their fields. The project, known as Tuning USA, is a concept brought over from Europe by the Lumina Foundation in 2009. Its primary aim is to “make degree outcomes more transparent to stakeholders.” (tuningusa.org). As outlined on this website, the mission statement for Tuning USA is to “engage faculty in a structured voluntary process that involves stakeholders to make what students know, understand and are able to do at the completion of a degree in a given discipline or professional program, explicit for students, family, employers, and other stakeholders.” (tuningusa.org/About.aspx)

The principal investigators for this initiative at UMKC were Drew Bergerson in the History department, Leah Gensheimer in the Psychology department, Assistant Vice Provost for Assessment Nathan Lindsay, and his assistant Dan Stroud. Time was spent in the fall formulating focus group protocols for stakeholders including entry level students, History and Psychology majors, and past and or potential employers of History and Psychology majors.

The purpose of this research was to solicit feedback from these groups regarding the current student learning outcomes, and to ask how well the outcomes were being met and how they might be improved. The results of this study were digitally recorded and analyzed by neutral third parties. This fall, the History department will be reviewing the results of the focus groups to develop appropriate action plans.

As the results from many campuses are analyzed, the broader goals of the study are twofold. First, there is a sincere hope that this national project will allow history and psychology departments in all states to offer similar curricula to their students, focusing on appropriate learning outcomes that prepare them for future employment. Second, and perhaps more importantly from a local standpoint, professors should be able to hone their syllabi and rubrics to meet student needs with regard to career outcomes as well as learning outcomes. ~ Dan Stroud

### 2013-2014 Proposed Assessment Sessions for FaCET

- **August 14, 2013** - New Faculty Orientation Presentation
- **August 15, 2013** - FaCET Symposium on General Education and Workshop on Using Clickers for Assessment
- **September 4, 2013** - Workshop on Using WEAVE Online
- **September 18, 2013** - Workshop on Assessment Basics
- **October 2013** - Workshop on General Education Assessment
- **November 2013** - Workshop on Conducting Focus Groups
- **January 2014** - Workshop on Assessing Service Learning and Other High Impact Practices at UMKC
- **February 2014** - Workshop on Departmental Satisfaction/ Learning Outcome Surveys
- **March 2014** - Workshop on the RooWriter
Learning the Lingo
A Helpful Glossary for an Outcomes Based Kangaroo Kulture

- **Achievement Target**: This is the overall level for satisfactory or desirable performance on a student learning outcome. It also outlines what percentage of students is expected to achieve this level of performance. Rubrics can help to clarify these items.

- **Action Plan**: This is an activity sequence designed to help accomplish intended outcomes/student learning outcomes and/or improvement of academic assessment plan. Action plans might include revising organizational structure, reallocating resources, revising administrative policies/procedures, revising curriculum, individual course revision, sequencing of courses, inclusion and/or modification of educational experiences and strategies (e.g., undergraduate research, internships, practicum, study abroad, service learning).

- **Direct/Indirect Assessment**: Direct assessment requires students to display their knowledge and skills in response to the measurement instrument itself, as in tests or exams, essays, portfolios, presentations, etc. Indirect assessment usually asks students to reflect on their learning rather than demonstrate it (as in interviews, surveys, focus groups, etc.). Indirect assessment may also ask employers or other interested parties to evaluate student learning as they have had occasion to observe it. Both forms of assessment are valuable, particularly when used in tandem.

- **Formative/Summative Assessment**: Formative assessment is any evaluation taking place during the course of instruction; summative assessment is an evaluation that takes place at the end of a unit of instruction. Formative assessment enables assessors to modify instructional practices in time to improve learning for the particular students being assessed. Summative assessment results inform changes in pedagogy or curriculum for future students. Both forms of assessment can be useful.

- **“Roo”bric (Analytic vs. Holistic)**: A rating scale with explicit criteria, used to evaluate any performance, including essays, speeches, presentations, etc. Essays may group various performance criteria under each numerical category (a holistic rubric), or break out each criterion separately and allow for different ratings for each distinct criterion (an analytic rubric). Holistic rubrics are useful for grading purposes, but analytic rubrics are more effective for doing outcomes assessment, since they capture very specific performance characteristics.