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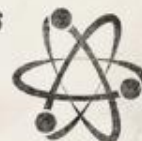
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A Model for Institutional Effectiveness (IE) Assessment

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Today's Moderator



Ms. Katie Kalmus

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Dr. Patricia Heydet-Kirsch, Director, Assessment and Program Evaluation, Florida Atlantic University

Tuesday, June 9 at 12:00pm CT



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Today's Presenter



Dr. Lance J. Tomei

(Retired June 2013) Director for Assessment,
Accreditation, and Data Management
University of Central Florida

A Model for Institutional Effectiveness Assessment

LiveText™ Webinar, March 24, 2015

Dr. Lance Tomei

- Retired (June 2013) Director for Assessment, Accreditation, and Data Management, University of Central Florida (UCF) College of Education and Human Performance
- Served on UCF's University Assessment Committee, which oversees university-wide institutional effectiveness assessment, from 2005-2013
- Chaired UCF's University Assessment Committee for academic years 2007-08, 2008-09, 2011-12, and 2012-13.

Webinar Outline

- Accreditation Expectations
- How IE assessment relates to other key institutional processes
- Characteristics of an effective IE assessment system and process
 - Structure
 - Scope
 - Leadership
 - Administrative, training, and technical support
- A model system
- A word about faculty “buy-in”

Accreditation Expectations

- Is Institutional Effectiveness Assessment driven primarily by accreditation requirements?
 - Institutional accreditation
 - Program accreditation
- If not, why should we embrace this process?
- Let's first look at accreditation mandates . . .

Regional Accreditation Agencies

The U.S. Department of Education and the Council for Higher Education Accreditation list a total of eight regional accreditation entities as recognized for higher education accreditation. Except for the Northwest Commission on Colleges and Universities, these are subdivisions within the regional agencies. They are:

- Middle States Association of Colleges and Schools – Middle States Commission on Higher Education (MSCHE)
- New England Association of Schools and Colleges –
 - Commission on Institutes of Higher Education (CIHE)
 - Commission on Technical and Career Institutions (CTCI)
- North Central Association of Colleges and Schools – Higher Learning Commission (HLC)
- Northwest Commission on Colleges and Universities (NWCCU)
- Southern Association of Colleges and Schools – Commission on Colleges (SACS COC)
- Western Association of Schools and Colleges (WASC) –
 - Accrediting Commission of Community and Junior Colleges
 - Senior College and University Commission

Middle States Association of Colleges and Schools

Middle States Commission on Higher Education (MSCHE)

Assessment may be characterized as the third element of a four-step planning-assessment cycle:

1. Developing clearly articulated written statements, expressed in observable terms, of key institutional and unit-level goals that are based on the involvement of the institutional community, as discussed under Standard 1 (Mission and Goals);
2. Designing intentional objectives or strategies to achieve those goals, as discussed under Standard 2 (Planning, Resource Allocation, and Institutional Renewal);
3. **Assessing achievement of those key goals;** and
4. **Using the results of those assessments to improve programs and services,** as discussed under Standard 2 (Planning, Resource Allocation, and Institutional Renewal), with appropriate links to the institution's ongoing planning and resource allocation processes.

New England Association of Schools and Colleges Commission on Institutes of Higher Education (CIHE)

2.2 Institutional research is sufficient to support planning and evaluation. The institution systematically collects and uses data necessary to support its planning efforts and to enhance institutional effectiveness.

4.10 The institution undertakes academic planning and evaluation as part of its overall planning and evaluation to enhance the achievement of institutional mission and program objectives. These activities are realistic and take into account stated goals and available resources. The evaluation of existing programs includes an external perspective and **assessment of their effectiveness**. Additions and deletions of programs are consistent with institutional mission and capacity, faculty expertise, student needs, and the availability of sufficient resources required for the development and **improvement of academic programs**. The institution allocates resources on the basis of its academic planning, needs, and objectives.

North Central Association of Colleges and Schools Higher Learning Commission (HLC)

5.D. The institution works systematically to improve its performance.

1. The institution develops and documents evidence of performance in its operations.
2. The institution learns from its operational experience and applies that learning to improve its institutional effectiveness, capabilities, and sustainability, overall and in its component parts.

Northwest Commission on Colleges and Universities (NWCCU)

4.A.2 The institution engages in an effective system of evaluation of its programs and services, wherever offered and however delivered, to evaluate achievement of clearly identified program goals or intended outcomes. **Faculty have a primary role in the evaluation of educational programs and services.**

4.A.3 The institution documents, through an **effective, regular, and comprehensive system of assessment of student achievement**, that students who complete its educational courses, programs, and degrees, wherever offered and however delivered, achieve identified course, program, and degree learning outcomes. Faculty with teaching responsibilities are responsible for evaluating student achievement of clearly identified learning outcomes.

4.B.1 **Results of core theme assessments** and results of assessments of programs and services are: a) based on meaningful institutionally identified indicators of achievement; b) **used for improvement** by informing planning, decision making, and allocation of resources and capacity; and c) made available to appropriate constituencies in a timely manner.

4.B.2 **The institution uses the results of its assessment of student learning to inform academic and learning-support planning and practices that lead to enhancement of student learning achievements.** Results of student learning assessments are made available to appropriate constituencies in a timely manner.

Southern Association of Colleges and Schools Commission on Colleges (SACS COC)

3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas:
(Institutional Effectiveness)

3.3.1.1 educational programs, to include student learning outcomes

3.3.1.2 administrative support services

3.3.1.3 academic and student support services

3.3.1.4 research within its mission, if appropriate

3.3.1.5 community/public service within its mission, if appropriate


Western Association of Schools and Colleges (WASC)

Senior College and University Commission

6: Quality Assurance and Improvement: Program Review; Assessment; Use of Data and Evidence (CFRs 2.4, 2.6, 2.7, 2.10, 4.1-4.7)

Successful quality improvement efforts are broadly participatory, iterative, and evidence-based. This component of the institutional report includes a discussion of three basic tools of quality improvement—program review, assessment of student learning, and data collection and analysis—and presents the ways these tools inform the institution's decision making.

A Few Examples of Program-accrediting Agencies Whose Standards Require Continuous Quality Improvement

- Council for the Accreditation of Educator Preparation (CAEP)
 - Accreditation Board for Engineering and Technology (ABET)
 - Council for Accreditation of Counseling & Related Educational Programs
 - National Association of Schools of Music
- 

Institutional Effectiveness Assessment

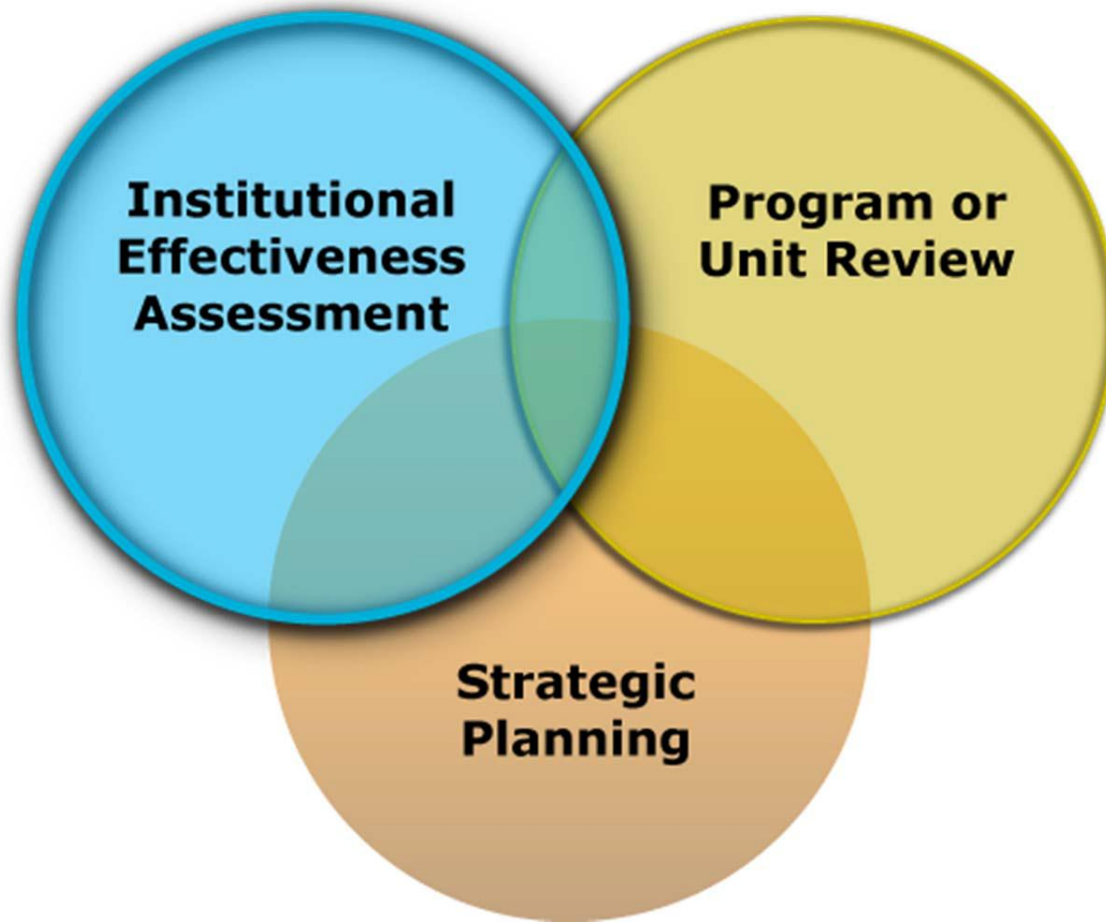
The Real Role of Continuous Quality Improvement

- Provide the highest quality academic programs
- Provide highly effective administrative and co-curricular support to students
- Provide outstanding services to the entire institutional family (students, faculty, staff, alumni, etc.)
- Promote student engagement
- **Ensure positive student learning outcomes**

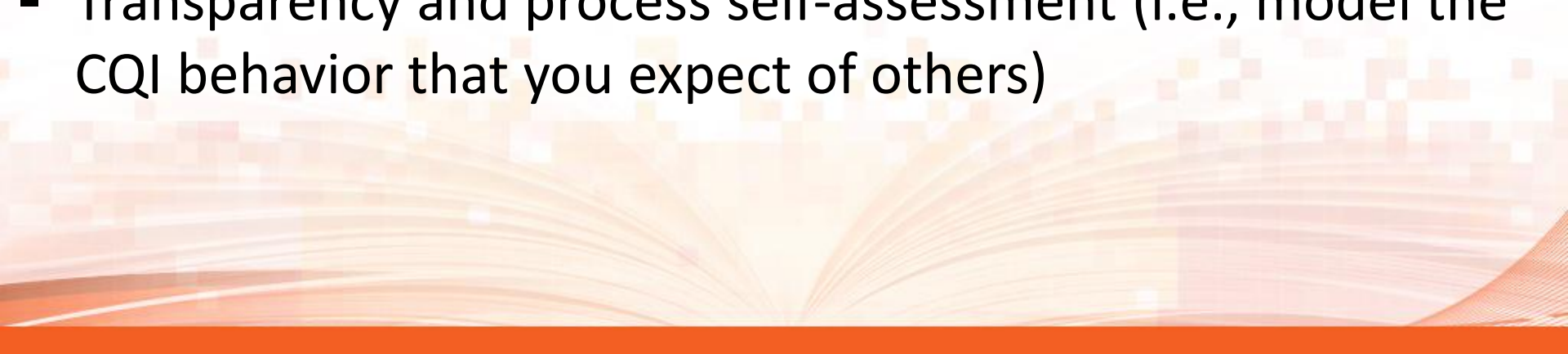
Key to Success – A Fully Integrated System

- One continuous quality improvement process that supports the institution's internal needs at all levels while also meeting the requirements of:
 - The regional accreditation agency
 - Program-level accreditation agencies
 - External stakeholders
 - State requirements for public institutions and/or state-approved programs
- And...IE assessment supports:
 - Key processes
 - Strategic planning
 - Program/unit reviews
 - Key decision making
 - Budgeting/resource allocation
 - Hiring priorities

IE Assessment - Interrelationships



Characteristics of an Effective IE Assessment System

- Strong leadership support
 - At all levels
 - Reflected in annual evaluation and promotion & tenure policies
 - A well-defined and well-structured system and process
 - A comprehensive scope
 - Strong administrative and technical support
 - Transparency and process self-assessment (i.e., model the CQI behavior that you expect of others)
- 

What might that look like?



Leadership & Organizational Structure



President

VPs and Deans

University-level
Committee

VP/College-level Committees

Program Coordinators/
Assessment Coordinators

Participating Faculty, Staff, Students, &
Stakeholders

Additional Structural Characteristics

- Defined framework and well-structured system and process
 - Formal plans and formal results reports
 - One template for academic programs
 - One template for administrative/support units
 - Defined plan requirements
 - Identify program or unit
 - Mission statement
 - Link to strategic planning
 - Required minimum number of outcomes and measures
 - Guidelines on direct vs. indirect measures
 - Establish targets/benchmarks for all measures
 - Defined cycle
 - Formal submission process
 - Established deadlines
 - Tracking process for accountability
 - Timely, ongoing feedback to leadership

Additional Structural Characteristics (cont.)

- A comprehensive scope
 - Academic programs:
 - All degree-granting academic programs
 - All stand-alone certificate programs
 - Administrative Units
 - Major administrative units (VP/Dean-level)
 - Units immediately subordinate to VP/Dean
 - Formally designated centers and institutes
 - Athletics
 - Alumni operations

Additional Structural Characteristics (cont.)

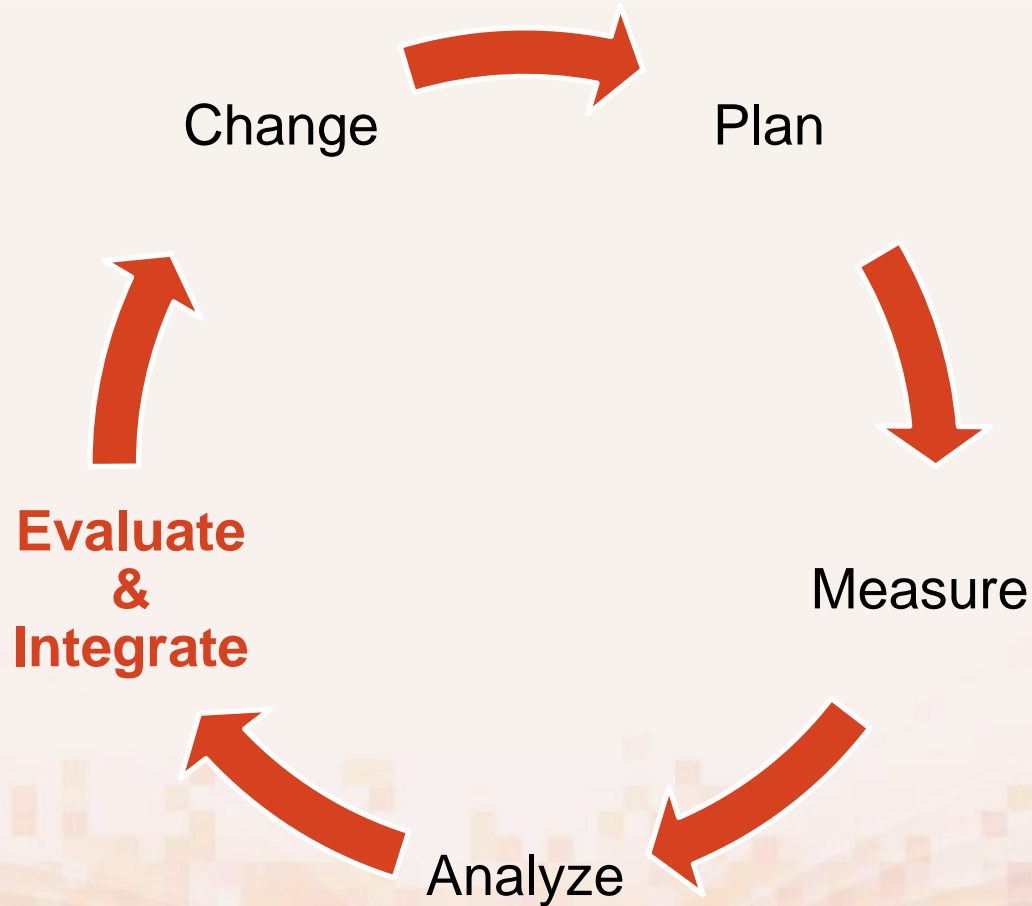
- Strong administrative and technical support (staffed office closely aligned with Institutional Research and Strategic Planning staff offices)
 - Technical and administrative support to the overall system and to the university- and VP/dean-level committees
 - Plan and results report templates maintenance and management
 - Data collection, maintenance, analysis, and mining
 - IE assessment process accountability and transparency (in partnership with and support of the university-level committee)
 - Accreditation support
 - Training/mentoring for key participants (all committee members and program/assessment coordinators) in partnership/collaboration with faculty/staff professional development office(s)

Additional Structural Characteristics (cont.)

- Transparency and process self-assessment
 - Establish a formal process to evaluate and continually improve the efficacy of the IE assessment process itself (i.e., model the behavior that is being asked of others)
 - Keep leadership and stakeholders fully informed on how well the process is supporting the institution
 - Provide formal institutional summaries annually
 - Provide formal summaries for major units (VPs/Deans) annually
 - Conduct an open annual summary presentation
 - Publish appropriately formatted information publicly

The Continuous Quality Improvement Cycle

A Revised Version



A Real World Example

- Over 350 programs and units reporting
- Two level of formal committees:
 - University Assessment Committee (UAC)
 - Divisional Review Committees (DRC) (VP/Dean-level)
- Centralized, locally developed and managed online reporting system
- Dedicated staff support office: Office of Operational Excellence and Assessment Support (OEAS)
- Decentralized approval authority for plans and results reports (DRCs empowered with this authority)
- Annual reporting cycle (target dates)
 - Results for prior academic year due early in the fall
 - Revised/new plans due by the mid fall
 - DRC annual reports due to University Assessment Committee by mid November
- November to December – DRCs report out to UAC for final review. UAC accepts or rejects DRC reports.
- Spring term: focus on meta-evaluation, process refinement, trend analysis, preparation of annual reports, etc.

IE Assessment Plan Rubric

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Beginning (1)	Emerging (2)	Maturing (3)	Accomplished (4)	Exemplary (5)
<p>One, two, or three of the Maturing indicators are met.</p>	<p>Four or five of the Maturing indicators are met.</p>	<p>ALL of the indicators below (1-6) are met.</p>	<p>ALL of the Maturing indicators plus at least one of the Accomplished indicators (7 & 8) are met.</p>	<p>ALL nine indicators are met.</p>
<p>NOTE: If none of the indicators are met or if a program or unit fails to submit a plan, a rating of "No effort (0)" will be assigned.</p>		<ol style="list-style-type: none"> 1. Mission statement describes the primary purpose, functions, and stakeholders of the program/unit. 2. Assessment process describes the program or unit's assessment strategy; how that strategy is translated into outcomes and measures; and the process for reviewing, analyzing, and applying assessment data for program/unit improvement. 3. Number of outcomes: <ul style="list-style-type: none"> • Administrative units: minimum of three outcomes • Graduate academic programs: minimum of three student learning outcomes • Undergraduate academic programs: minimum of eight student learning outcomes that incorporate academic learning compacts 4. Number and type of measures: For the required outcomes per indicator #3 above, a minimum of two appropriate, quantitative measures, at least one of which is a direct measure. 5. Measures for the outcomes that meet the minimum requirements listed in indicator #3 establish specific performance targets. 6. Specific assessment instruments are made available (e.g., via URL, as attachments, etc.), if not proprietary. 	<ol style="list-style-type: none"> 7. The plan explicitly links one or more outcomes or measures to strategic planning. 8. The plan clearly focuses on formative assessment to promote continuous quality improvement (e.g., establishes baseline data, sets stretch targets based on past performance, etc.). 	<ol style="list-style-type: none"> 9. The plan builds on previous assessment by including at least one measure to assess the impact of an implemented change, demonstrating a "closed loop" IE Assessment process.

Plan Rubric

Supporting Narrative

1. The mission statement should be specific to the program or unit.
2. The assessment process statement should paint a clear picture of all major aspects of the program or unit's Institutional Effectiveness Assessment process. This may include a description of how the plan evolves over time and how it produces continuous quality improvement for the program or unit. This narrative should be written for "external" reviewers so that someone not familiar with the program or unit will, after reading this statement, have a good understanding of how the program or unit pursues data-driven continuous quality improvement.
3. **IMPORTANT:** For academic programs, course grades and/or GPA may NOT be used as the metric for a measure.
4. Indicator 4: What constitutes a "direct measure" is contextually dependent. For academic program plans, a "direct measure" is typically assessment of student learning, while a survey of students' self-perceived efficacy would be considered an indirect measure. For an administrative unit measuring customer satisfaction, a survey instrument could be a direct measure.
5. For those outcomes and measures that satisfy the minimum requirements (per Indicators 3 and 4) each measure should identify a quantitative variable and establish a specific target outcome. This requirement does not apply to any additional outcomes/measures (beyond the minimum requirements) that a program or unit includes in its plan.
6. Assessment instruments (unless proprietary) should be submitted along with the plan either as attachments or links to online instruments. In the event an instrument is still in development when the plan is submitted, a brief description of the planned instrument along with a timeline for implementation may be attached. When this occurs, the program or unit should attach the final instrument to the subsequent Results Report.
7. Administrative units and academic programs should, whenever feasible, attempt to align one or more elements of an IE Assessment plan with strategic planning. That linkage may be to the UCF Strategic Plan or to supporting strategic plans at any subordinate level.
8. IE Assessment is a formative process. The primary purpose is to collect data that will help identify opportunities for continuous quality improvement. This is best evidenced when baseline data reveal an opportunity for improvement and a "stretch" target is set accordingly. In general, when a target for a measure is 100% or when a measure is written to "maintain" a particular level of performance, it is unlikely that the measure has strong formative potential.
9. Collecting data that will be used to evaluate the impact of an implemented change is central to the IE Assessment process. Measures designed for this purpose are the means to close the IE Assessment loop.

IE Assessment Results Report Rubric

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Beginning (1)	Emerging (2)	Maturing (3)	Accomplished (4)	Exemplary (5)
One, two, or three of the Maturing indicators are met.	Four or five of the Maturing indicators are met.	ALL of the indicators below (1-6) are met.	ALL of the Maturing indicators plus indicator #7 are met.	ALL eight indicators are met.
		<ol style="list-style-type: none"> 1. Complete and relevant data are provided for all measures (or an explanation is provided for incomplete or missing data due to extenuating circumstances). 2. Data reporting is accurate and thorough (see supporting narrative) 3. Results for each measure indicate whether the target for that measure has been met 4. Reflective statements are provided either for each outcome or aggregated for multiple outcomes 5. Report includes one or more implemented and/or planned changes linked to assessment data and designed to improve student learning, program quality, or unit operations. If no such changes are indicated, an explanation is provided including a strategy to improve IE assessment data collection. 6. Assessment instruments associated with the report and not previously submitted with the plan are provided via attachment or URL if not proprietary. 	<ol style="list-style-type: none"> 7. Data collection and analysis are used to assess the impact of implemented changes, demonstrating a fully “closed loop” process. 	<ol style="list-style-type: none"> 8. Follow-up data collected to assess the impact of implemented changes show improved outcomes.
<p>NOTE: If none of the indicators are met or if a program or unit fails to submit a report, a rating of “No effort (0)” will be assigned.</p>				

Results Report Rubric

Supporting Narrative

1. Justification for incomplete or missing data due to extenuating circumstances will not be permitted for two or more consecutive reports.
2. Accurate and thorough data reporting means:
 - a. Reported data match data requirements established by a measure.
 - b. Sampling methodology and response rates are provided for survey data.
 - c. The underlying “n” and “N” are provided for all percentage statistics.
3. This may be done explicitly (e.g., “target met” or “target not met”) or implicitly (i.e., the reported data clearly indicate whether the target was or was not met).
4. Whether individual or aggregated reflective statements are provided, all outcomes must be addressed.
5. Implemented and planned changes designed to improve student learning, program quality, or unit performance may be referenced in reflective statements, but should be thoroughly documented in the implemented and planned changes section of this report. NOTE: the IE Assessment Plan should be revised to include one or more measures to assess the impact/effectiveness of such changes. If no such changes are reported, the IE Assessment Plan itself should be carefully reviewed and revised as needed. Implemented or planned changes that are based on factors other than IE assessment data may be reported in the summary statement of the results report. New measures may also be established in the plan to evaluate the impact of those changes as well, regardless of the reason for the change.
6. Copies of assessment instruments should normally have been submitted with the plan during the prior IE Assessment cycle. If that previously submitted plan identified an instrument in development or if another new assessment instrument was developed and used in association with the current results report, that instrument should be attached to this report.
7. When an outcome and/or measure(s) evaluates the impact of a previously reported change, the reflective statement for that outcome should include a determination of whether the change resulted in an improvement.
8. Meeting this final criterion for one or more measures is the ultimate goal of IE Assessment. When data confirm improvement(s) in student learning outcomes, program quality, or unit operations, the improvement(s) should be well documented in the applicable reflective statement(s). In addition, the Summary of Assessment Process should provide a brief narrative that describes the entire “closed loop” process that resulted in the improvement(s).

A Final Comment on Faculty & Staff “Buy In”

- Most of us have experienced or heard many stories about institutions that struggle to achieve faculty and staff “buy in” for IE assessment.
- Challenges to be overcome:
 - Failure to appropriately value continuous quality improvement work in annual faculty and staff evaluation processes and in faculty promotion and tenure policies
 - Characterizing IE assessment as something done specifically for accreditation
 - Failing to adequately train faculty and staff on effective strategies for assessment in support of continuous quality improvement
 - **Asking participants to use non-actionable data for program or process improvement – this is usually the result of poorly designed assessment instruments**

Why Evaluate Assessment Instruments?

Building an Assessment System is Like Building an Arch



Image from <http://www.bing.com/image>

Questions?

