



Outcome-Based Program Review Handbook



**Process and Procedure Guides
For Improvements within Academic Programs**

Revised November 2014

San Joaquin Valley College
Outcome-based Program Review Handbook



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SJVC Mission

San Joaquin Valley College prepares graduates for professional success in business, medical, and technical career fields. The College serves a diverse student population with a common interest in professional development through career-focused higher education. The College is committed to student development through the achievement of measurable learning outcomes, emphasizing a balance of hands-on training and academic instruction. The College identifies and responds to the educational and employment needs of the communities it serves. *The College is committed to the success of every student.*

Our Core Values

Success – The College Community is committed to the personal, academic, and professional success of its students, employees, and graduates by providing high-quality education programs, instruction, professional development opportunities, support services, and guidance.

Integrity – The College Community expects personal and professional integrity in the fulfillment of its mission.

Excellence – The College Community sets excellence as a standard in all areas of operation.

Diversity – The College Community celebrates and embraces diversity; emphasizing inclusion and open dialogue.

Community Involvement – The College Community encourages and supports student and employee involvement in their respective communities to mutually enhance civic, personal, and intellectual development.

Lifelong Learning – The College Community fosters an environment where students and employees actively pursue lifelong learning.

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Program Review Overview

What is Program Review?

Program Review is a faculty-driven inquiry process that provides a structure for continuous quality improvement of each academic program. The process brings together key program constituents to evaluate a wide range of data about the program in order to reflect on the health of the program and the level of student learning. As a result of analysis of data portfolio, constituents construct plans for program improvement to be recommended to Senior Management for approval.

Purpose

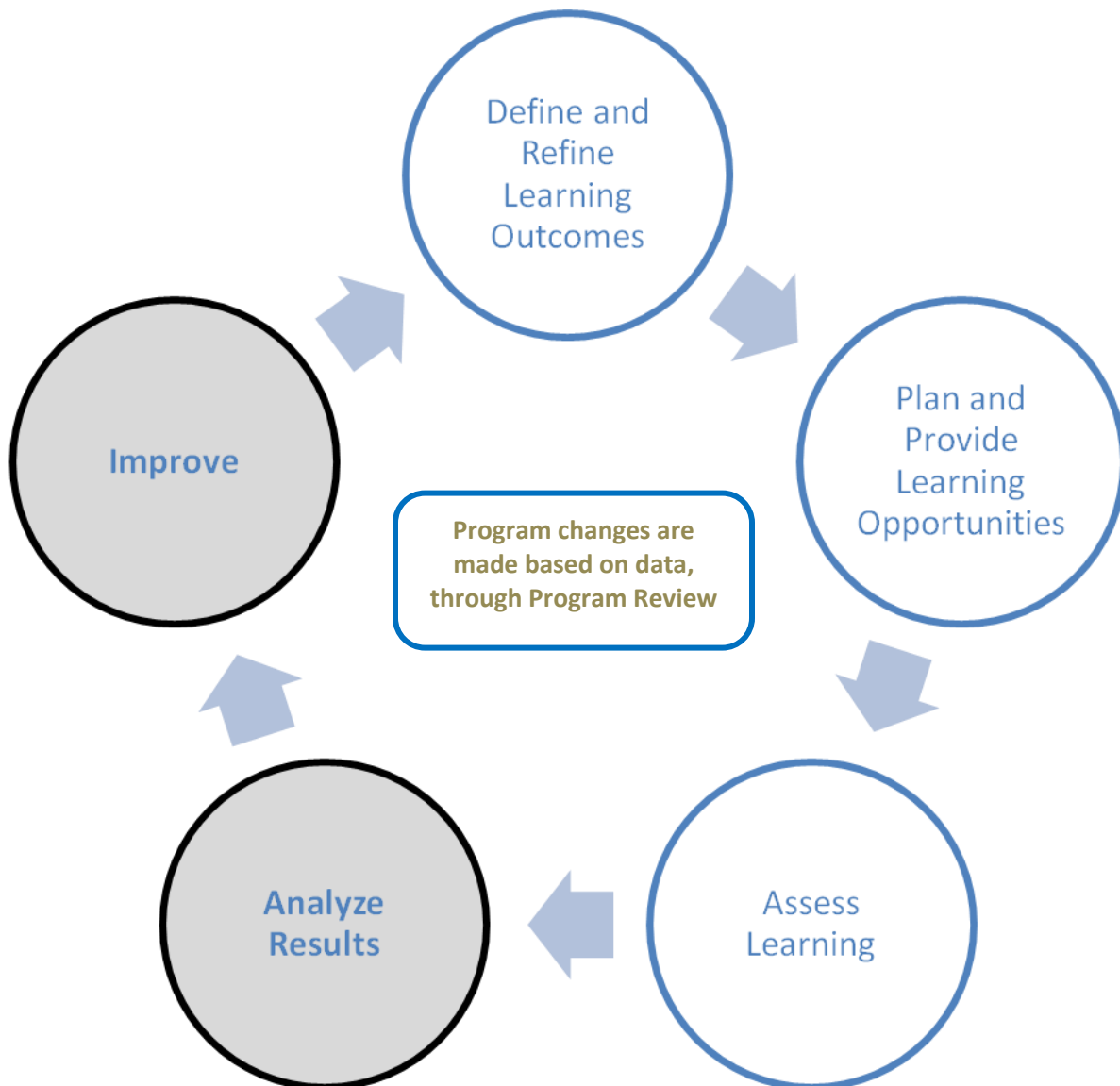
1. Instill a culture of evidence-based decision making for the planning and improvement of each academic program through the systematic analysis of student achievement and student learning data.
2. Initiate dialogue about student learning and achievement among key program constituents.
3. Impart an alignment among the College mission, core values, curriculum, teaching practices, and a commitment to student learning into the College culture.
4. Sustain compliance with accrediting body requirements.

Participants

Program Review is open to all key program constituents, including but not limited to, faculty, students, administration, student services, career services, admissions, staff, alumni, employers, Advisory Board members, and community members. Campus and Central Administration Office staff may invite key stakeholders for broad representation. A variety of participants is desired.





The Cycle of Outcomes and Assessment Tie Together through Program Review



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When do improvements happen?

| Program Review | Curriculum Conference | Outside of Review |
|--|---|---|
|  <ul style="list-style-type: none"> • Data Analysis <ul style="list-style-type: none"> ○ Evaluation of data portfolio ○ Identification of improvement actions based on data analysis ○ Review status and effectiveness of previous Curriculum Conference and Program Review Action Items |  <ul style="list-style-type: none"> • Evaluate and update course and program assessment plans • Evaluate and update course and program curriculum maps • Evaluate and update common mastery assessments • Evaluate resources - library, textbooks, software, equipment • Identify opportunities for professional development • Best Practices Sharing <ul style="list-style-type: none"> ○ Rubrics ○ Classroom curriculum ○ Resources (videos, software, etc.) | <ul style="list-style-type: none"> • Textbook Improvement Proposals (TIP) • Purchase Proposals • Course Improvement Proposals (CIP) <ul style="list-style-type: none"> ○ CLO modifications ○ Grade components ○ Common assessments • Program Improvement Proposals (PIP) <ul style="list-style-type: none"> ○ Significant CLO/PLO modifications ○ New courses ○ Changes in units/hours ○ Matrix changes ○ Programmatic compliance updates |



Program Review Process

Program Review is conducted formally at least once every three years for each program and cross-discipline program (General Education). Each Program Review follows an agenda that includes the analysis of program data along with ideas brought forth from faculty, Advisory Boards, student surveys, employer surveys, and accrediting bodies.

Number

Each Program Review will be assigned a number for tracking purposes. This number will be reflected on all documentation and actions referring to this review. Any resulting actions or tasks will refer to the original Program Review Number.

Before the Review

The data portfolio is available before the scheduled Program Review date. In preparation for the meeting, Program Review participants are expected to review the portfolio of program data and prepare feedback and input to be shared at the review.

During the Review

During the meeting time is spent analyzing the data portfolio and additional evidence then identifying course and/or program improvement opportunities based on this analysis.

Improvements may include, but are not limited to (WASC, 2009):

- Refining course level Student Learning Outcomes (CLOs) and/or Program Learning Outcomes (PLOs)
- Realignment among curriculum, course level Student Learning Outcomes (CLOs), College mission statement, College core values and Institutional Learning Outcomes
- Refining curriculum maps

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- Curriculum changes to improve student learning based on evidence
- Refining, reorganizing or refocusing curriculum to reflect changes in the accrediting agency, discipline or profession
- Professional development opportunities
- Refining course and program assessment processes
- Requests for new equipment or supplies based on evidence
- Refining of course grading components

Conclusions of analysis and the corresponding identified improvements are documented in the Program Review Report (see pages 11-16). Identified improvements are documented on the report as Action Items and are tracked through the institution's project tracking software.

After the Review

A draft of the Program Review Report is completed by the curriculum department and made available for evaluation. After the evaluation period, all documentation is uploaded to InfoZone where it is permanently housed.

Program Review reports are forwarded to the Senior Management committee headed by the Vice President of Academic Affairs and to the Board of Governors Academic Oversight Committee. These committees use the results of the Program Reviews for institutional planning and budgeting along with approving recommendations for program improvement.

Each Program Review is reflected upon and evaluated using the [SJVC Program Review Rubric](#) by all facilitators and co-facilitators of the meeting. Rubric scores are averaged into one score and used as a measurement of institutional objectives associated with Program Review effectiveness.

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Follow-up Reviews

Occasionally follow-up reviews are needed to complete or revisit items outlined by the original Program Review. Follow-up reviews are scheduled as needed to complete or “close the loop” on Action Items. Follow-up reviews are not the forum to begin new action on change or purchases.

Impromptu Reviews

Upon occasion, Program Reviews may need to be held to address pressing issues before the scheduled Review date. These Program Reviews can be held if the criteria for impromptu reviews have been successfully met. Impromptu reviews will follow the same culture of evidence processes as a regularly scheduled Program Review.

Criteria for impromptu review include but are not limited to:

- Changes in accrediting body requirements
- Changes in industry standards
- Program related data which indicates a need for attention

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Program Review Report

AUTHORITY: Curriculum Technician

POLICY: A Program Review Report is to be completed and posted no later than 30 days after the scheduled Program Review.

STANDARDS:

- Program Review Report follows guidelines set by the WASC/ACCJC rubrics for Program Reviews
- Program Review Report follows an assigned template
- Program Review Report is created in collaboration with program constituents
- Program Review Report documents the status of action items and the impact on student achievement
- Program Review Report documents the analysis and findings of course and program student achievement data
- Program Review Report documents an action plan for course and/or program improvement based on the data analysis and findings
- Program Review Report documents all involved constituents and their relationship to the program
- Program Review Reports are stored *on InfoZone > Departments > Program Review > Program Specific Documents (left) > choose Program > Program Review Reports and Data Portfolios*

PROCEDURE:

- An agenda and sign in sheet are required at each Program Review
- Program Review Report is completed no later than 30 days after the scheduled Program Review by Curriculum Technician or designee
- Curriculum Technician or designee uploads completed Program Review Report to the Program Review department of InfoZone
- Constituents have 10 days to review after upload and offer edits on the Report to the Curriculum Technician
- The status of Program Review Action Items will be updated at the next Curriculum Conference and/or Program Review

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SAMPLE

Program Review Report
To be completed at each Program Review

PR ID#: M10682 **Program:** Medical Office / Medical Assisting Shared Courses **Date:** January 24, 2014

Summary of Findings and Actions

Constituents examined program data for time periods that included previous student achievement data (1/1/2012 to 12/6/2013), which is from the conception of the courses in 2012, and Student Learning Outcome achievement data on the program and course levels (1/28/2013 to 12/9/2013). From the evaluation the program concluded the MO/MA shared courses are below benchmarks in attendance and CLO benchmark achievement. (Data Portfolio page 4).

The group also discussed the importance of the Meaningful Use Rule and how the medical office can now delegate the entry of physician orders, into the EHR system, to credentialed medical assistants. Attendees realized that the development of the MA certification protocol was designed specifically to comply with the Meaningful Use standards and offer entry-level career placement opportunities for our students.

IDENTIFIED TASKS:

- **TASK 1:** Discussion forum to be added to HCP101 addressing exam format change by 2.28.2014. Vote on format change to be complete by 4.30.2014.
- **TASK 2:** Thresholds in HCP102 to be adjusted to allow students to miss one question and still achieve CLO achievement benchmark. Task to be complete by 3.14.2014.
- **TASK 3:** Discussion forum to be added to HCP103 addressing the change in threshold request by 2.28.14.
- **TASK 4:** Constituents will meet with campus management to evaluate individual campus data. Task to be complete by 5.01.14

ACTIONS FOR INCREASING STUDENT ENGAGEMENT AND LEARNING:

- **ACTION 1:** Judy Snyder to reorganize grade components for shared courses to support an increase in percentage of student skills. Coordinating with Todd Gervais this action to be complete by 6.01.14.
- **ACTION 2:** Kimber Aydelotte to develop appropriate class projects in lieu of homework. The expected outcome is an increase in student daily attendance. Action to be complete by 9.01.14.
- **ACTION 3:** Common Mastery Assessment questions to be restructured to be more in line with certification examination questions. Expected outcome is an increase in Certification pass rate percentage. Action to be complete by 9.01.14.

Summary of Resources / Improvements:

| <u>Resource / Improvement</u> | <u>Expected Impact on Program</u> |
|--|--|
| • Instructors to align multiple choice mastery assessment questions with Certification exam questions- Action 3 | Achieve 100% certification pass rates |
| • Restructure grade components to reflect a heavier weight in skills- Action 1 | Achieve 80% on a CLOs in all HCP courses |

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I. Developing Strategic Competencies: Communication

Governance

Program Review Overview: Instructors engaged in a discussion about their role in program review, the purpose of having program reviews, and the need for their active participation. Instructors recognized how their participation has the ability to impact student learning and how it represents their role in the institution's governance process. The revised InfoZone interface was also reviewed including how to access the available forms and documents to make changes outside of the meeting.

II. Build Graduate Readiness: Student Achievement Data Observation

- A. Todd Gervais gave an overview of institutional targets. Sue DeLong gave a presentation on Curriculum Repositories and the new data collection methods. Constituents are reminded of the method for copying rubrics and grade item/drop box from Curriculum Repository along with rubric use.
- B. Data reflecting student attendance, grade distribution, and course completion was collected for the six shared MO/MA courses from all campuses. Attendance, Course Completion, and Grade Distribution observations:
- **Attendance**: – 76%. Attendance is below the 85% benchmark and over 75% of students are achieving grades of A's and B's. Instructors analyze data presented, observing:
 - ✓ Percentage of students attending $\geq 85\%$ is below the benchmark in all courses. Possible causes of low daily attendance is discussed among constituents and agreed to be course work related. **Action 2** and **Action 3**.
 - ✓ Attendance is significantly below benchmark, at 68% and 67% in HCP201 and HCP202 yet the completion rate for both courses is at or above the 90% benchmark.
 - **Course Completion**: Current – 90%. Course completion meets benchmark.
 - **Grade Distribution**: Current data spread (Data Portfolio page 4) is observed by constituents as consistent with Course Completion.
- C. **Actions for Improvements:**
- ACTION 1**: Judy Snyder to reorganize grade components for shared courses to support an increase in percentage of student skills. Coordinating with Todd Gervais this action to be complete by 6.01.14.
- ACTION 2**: Kimber Aydelotte to develop appropriate class projects (in HCP101, HCP102, HCP103) in lieu of homework. The expected outcome would be an increase in student daily attendance. This action to be complete by 9.01.14.

III. Achieve Student Learning Outcomes: Learning Outcome Data Observations and Analysis

Learning Outcome Aggregated data was reviewed for the date range 1/28/2013 to 12/09/2013. No PLO data was collected for these courses: courses are shared courses between the Medical Assisting Program and the Medical Billing Specialist Program.

- A. Course Learning Outcome Data observations (Course Outcome Results):
1. Data was electronically collected on 25 of the 32 CLOs in all the MO/MA shared courses (78%).
 - a. 14 of the 25 CLOs measured (56%) met or exceeded the achievement goal of 80%.
 - b. 11 of the 25 CLOs measured (44%) did not meet the achievement goal of 80%.
 2. Specific course observations by faculty.
 - a. **HCP101** – Structural Anatomy and Physiology:
 - ✓ Three of six HCP101 CLO's (CLO 1, 5, and 6) meet the achievement goal of 80%. CLO 4 is close to meeting benchmark at 82%. CLO 2 and 3 are below benchmark at 72% and 58%.
 - ✓ Changing the test format to increase student achievement was discussed. Discussion forum to be added to CR to address topic-**Task 1**
 - ✓ Low daily class attendance a possible contributor to low CLO achievement. Grade weight components to be modified to increase student attendance. **Action 1**

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- b. **HCP102**-Body System Anatomy and Terminology:
 - ✓ Only one of six HCP102 CLO's (CLO 6) meet the achievement goal of 80%.
 - ✓ Five of six HCP102 CLO's do not meet the achievement benchmark. CLO 1-80%, CLO 2-74%, CLO 3-64%, CLO 4-68%, and CLO 5-75%.
 - ✓ Threshold currently set at 85%. Due to low number of questions, the current threshold requires students to get all questions correct to achieve the CLO benchmark. Instructors would like the threshold adjusted to reflect students ability to miss one question and still achieve the CLO benchmark-**Task 2**
- c. **HCP103**- Foundational Office Skills:
 - ✓ Five of eight HCP103 CLO's (CLO 1, 4, 5, 7, and 8) meet the achievement benchmark of 85%.
 - ✓ Three of eight HCP 103 CLO's (CLO 2, 3, and 6) do not meet the achievement benchmark of 85%.
 - ✓ Threshold currently set at 85%. Due to low number of questions, the current threshold requires students to get all questions correct to achieve the CLO benchmark. Instructors would like to discuss the threshold being adjusted to increase students ability to miss one question and still achieve the CLO benchmark-**Task 3**
- d. **HCP203**- Office Management:
 - ✓ Five of Five HCP203 CLO's (CLO 1, 2, 3, 4, and 5) meet the achievement benchmark of 85%.
 - ✓ Student achievement attributed to current classroom assessment methods. Constituents agree to leave current threshold benchmarks as is.

B. Actions for improvement:

ACTION 3: Common Mastery Assessment questions to be restructured to be more in line with certification examination questions. Expected outcome would be to increase Certification pass rate percentage. This action to be complete by 9.1.14.

IV. Achieve Effective Program Review: Improvement Plan

| <u>Action</u> | <u>Expected Completion Date</u> | <u>Owner(s)</u> | <u>Resource(s)</u> |
|---|---------------------------------|-----------------------|--------------------|
| <p>ACTION 1: Judy Snyder to reorganize grade components for shared courses to support an increase in percentage of student skills.</p> | 6.01.14 | Judy Snyder | Todd Gervais |
| <p>ACTION 2: Kimber Aydelotte to develop appropriate class projects in lieu of homework. The expected outcome would be an increase in student daily attendance.</p> | 9.01.14 | Kimber Aydelotte | Jaimi Paschal |
| <p>ACTION 3: Common Mastery Assessment questions to be restructured in HCP101, HCP102, HCP203 to be more in line with certification examination questions. Expected outcome would be to increase Certification pass rate percentage.</p> | 9.01.14 | Sujanalatha DeAlmeida | Todd Gervais |

| <u>Task</u> | <u>Expected Completion Date</u> | <u>Owner(s)</u> | <u>Resource(s)</u> |
|--|---------------------------------|-----------------|--------------------|
| <p>TASK 1 Discussion forum to be added to HCP101 addressing exam format change.</p> | 2.28.14 | Jaimi Paschal | Jaimi Paschal |
| <p>TASK 2 Thresholds in HCP102 to be adjusted to allow students to miss one question and still achieve CLO achievement benchmark.</p> | 3.14.14 | Jaimi Paschal | Jaimi Paschal |

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| | | | |
|--|---------|---------------|-------------------|
| TASK 3 | 2.28.14 | Jaimi Paschal | Campus Management |
| Discussion forum to be added to HCP103 addressing the change in threshold request. | | | |
| TASK 4 | 2.28.14 | Jaimi Paschal | Campus Management |
| Constituents will meet with campus management to evaluate individual campus data. | | | |

V. Achieve Effective Program Review: Closing the Loop

2013 MO/MA Shared Curriculum Conference Action Items

| <u>2013 Actions</u> | <u>Status</u> | <u>Expected Outcome</u> | <u>Impact</u> |
|--|---------------|--|---|
| ACTION 1: Todd Gervais to determine faculty support of and the usefulness of "Medical Terminology Student Theater"-should it be removed. | Complete | Assessment of current delivery of medical terminology supplement will determine if students are meeting learning outcomes and student achievement. | Assessment determined the supplement was not meeting student achievement benchmarks and was removed from the ATL. |
| ACTION 2: Todd Gervais to launch discussion forum for HIPAA Online. | Complete | Development of a professional certification protocol, tracking system, and a recommended model for industry recognized certifications designed specifically to offer entry-level career placement opportunities. | |
| ACTION 3: Susan Hernandez to have faculty determine acceptable textbooks for HCP201 and submit proposal for adoption and implementation. | Complete | With the addition of a new textbook it is projected that student achievement and learning will increase as measured by the achievement of CLOs. | Faculty identified a textbook and a Textbook Improvement Proposal was submitted for review. Proposal currently in progress. |

Supplement to Program Review

Meaningful Use Compliance:

Todd Gervais discussed that the Centers for Medicare and Medicaid Services (CMS) Meaningful Use rule was adopted as part of a series of regulations implementing the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act provides for substantial Medicare and Medicaid incentives for physicians and hospitals to adopt electronic health records (EHRs).

One of the final objectives allows "**credentialed medical assistants**" to enter orders into the Computerized Physician Order Entry (CPOE) system for medication and for laboratory and radiology services. Previously, these entries could only be done by licensed providers. CMS extended the group of personnel permitted to enter orders to include only one non-licensed professional group – appropriately credentialed medical assistants.

Realizing the significance of this directive, SJVC has implemented an MA certification protocol that complies with the Meaningful Use rule requiring credentialing by a recognized professional organization. The purpose of this project was the development of a professional

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certification protocol, tracking system, and a recommended model for industry recognized certifications designed specifically to offer entry-level career placement opportunities.

VI. Participants

Campus Staff

| | |
|--------------------|--|
| Patrick Krebs | Division Manager, Online Division |
| Joshua Farquharson | CMA Instructor, Online Division via GoToMeeting |
| Theresa Paserb | MOA Instructor, Online Division via GoToMeeting |
| Toni Gee | CMA Instructor, Online Division via GoToMeeting |
| Shelly Sowers | CMA Instructor, Online Division via GoToMeeting |
| Alaine Johnson | Division Manager, Modesto Campus |
| Kristina Perkins | CAMA Instructor, Modesto Campus |
| Davina Cary | Division Manager, Ontario Campus via GoToMeeting |
| Karen Kennedy | ACHM Instructor, Ontario Campus via GoToMeeting |
| Lacy Malouf | CMA Instructor, Ontario Campus via GoToMeeting |
| Yvette Savala | CAMA Instructor, Ontario Campus via GoToMeeting |
| Andrea Busby | CMA Instructor, Ontario Campus via GoToMeeting |
| Sharon Cobb | CMA Instructor, Ontario Campus via GoToMeeting |
| Linda Burgess | CMA Instructor, Ontario Campus via GoToMeeting |
| Eric Lindberg | Division Manager, Visalia Campus |
| Cecilia Avalos | CAMA Instructor, Visalia Campus |
| MaryAnn Cuellar | HCA Instructor, Visalia Campus |
| Sujulana DeAlmeida | CAMA Instructor, Visalia Campus |
| Nina Lund | HCA Instructor, Visalia Campus |
| Carlota Reid | CAMA Instructor, Visalia Campus |
| Linda Roullard | CAMA Instructor, Visalia Campus |
| Melinda Sandoval | CAMA Instructor, Visalia Campus |
| Mary Wainio | HCA Instructor, Visalia Campus |
| Shannel Stewart | Student, Visalia Campus |
| Alma Puga | Student, Visalia Campus |
| Corinna Avina | CMA Instructor, Hanford Campus |
| Patricia Bishop | AHCM Instructor, Hanford Campus |
| Laura Cervantez | Allied Health Coordinator, Hanford Campus |

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| | |
|----------------------|---|
| Cheri Johnson | DM, Bakersfield Campus |
| Kimber Aydelotte | CAMA Instructor, Bakersfield Campus |
| Jan Klawitter | HCIS Instructor, Bakersfield Campus |
| Steve Prince | CAMA Instructor, Bakersfield Campus |
| Diana Torres-Alvarez | CAMA Instructor, Bakersfield Campus |
| Judy Snyder | Allied Health Coordinator, Bakersfield Campus |
| Jerry Franksen | Division Manager, Fresno Campus via GoToMeeting |
| Susan Hernandez | HCA Instructor, Fresno Campus |
| Sherry Rounsivill | CAMA Instructor, Fresno Campus |
| Staci Porter | AHCM Instructor, Hesperia Campus via GoToMeeting |
| Halette Cast | CAMA Instructor, Hesperia Campus via GoToMeeting |
| Virginia Harris | AHCM Instructor, Lancaster Campus |
| Angelique Carpenter | CMA Instructor, Lancaster Campus via GoToMeeting |
| LaShawna Fortenberry | AHCM Instructor, Lancaster Campus via GoToMeeting |
| Felisia Ross | CMA Instructor, Lancaster Campus via GoToMeeting |
| Shannon Koh | Academic Dean, Temecula Campus via GoToMeeting |
| Amanda Temple | AHCM Instructor, Temecula Campus via GoToMeeting |
| Jeff Herman | Tech Coach, Temecula Campus via GoToMeeting |

Corporate Support Staff

| | |
|---------------|------------------------|
| Sue DeLong | Director of Assessment |
| Todd Gervais | Curriculum Technician |
| Don Rhyne | Curriculum Technician |
| Jaimi Paschal | Curriculum Specialist |

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Curriculum Conference



AUTHORITY: Curriculum Technician

POLICY: The Curriculum Conferences evaluate and update a program's curriculum documents and resources to ensure currency and accuracy. Curriculum documents and resources include: assessment plans, curriculum maps, common assessments, grade components, library resources, textbooks and equipment. A Curriculum Conference will be held for each academic program between Program Reviews and a report documenting the conference will be completed by the Curriculum Technician within 30 days.

STANDARDS:

- Curriculum Conferences center on curriculum, teaching tools and the learning process
- Curriculum Conferences emphasize the sharing and collaboration of classroom ideas
- Curriculum Conferences can incorporate professional development trainings
- Curriculum Conference Report follows an assigned template
- Curriculum Conference Report is created in collaboration with program constituents
- Curriculum Conference Report documents the status of previously established action items
- Curriculum Conference Report documents all involved constituents and their relationship to the program

PROCEDURE:

- An agenda and sign in sheet are required at each Curriculum Conference
- Proposals for agenda items can be made through the Curriculum Technician
- Curriculum Conference report will be completed by the Curriculum technician within 30 days of the Curriculum Conference
- Curriculum Conference Reports are stored on *InfoZone > Departments > Program Review > Program Specific Documents (left) > choose Program > Curriculum Conferences*
- Constituents have 10 days after upload to review and offer edits on the Report to the Curriculum Technician
- The status of Action Items resulting from the Curriculum Conference will be updated at the next Program Review and/or Curriculum Conference

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SAMPLE

Curriculum Conference Report

To be completed at each Curriculum Conference

Curriculum Conferences are instructor-focused and center on teaching tools and the learning process through the sharing and collaboration of classroom ideas, engagement in professional development opportunities and the creation and evaluation of common curriculum for program assessment (e.g. rubrics, exams, projects)

Program: Human Resource Administration **Number:** M10511 **Date:** June 28, 2013

Guidelines for Success:

(from WASC Rubric for Assessing the Integration of Student Learning Assessment into Program Reviews; Highly Developed)

A well-qualified individual or committee provides annual feedback on the quality of outcomes, assessment plans, assessment studies, benchmarking results, and assessment impact. Programs effectively use the feedback to improve student learning. Follow-up activities enjoy institutional support.

Summary:

In reviewing the HRA program curriculum documents it was determined that some documents need updating due to the program revisions in 2012.

- Program Assessment Plan
- Program Curriculum Map

In reviewing common assessments, some courses need to have common assessments developed or current common assessments updated:

- Evaluate the suitability of common assessments created by the Assessment Coordinator for HRA25, HRA26, HRA32, HRA40, and HRA44
- Create common assessments for HRA31, HRA42, HRA56, and HRA400
- Update or develop course assessment plans and course curriculum maps based on identified common assessments

I. Developing Strategic Competencies:

A. Governance

- Overview: Instructors reviewed how to locate and access the Program Review Handbook and various improvement proposal forms on InfoZone. They discussed their role in curriculum conferences and the process for completing and submitting CIPs (Course Improvement Proposals), TIPs (Textbook Improvement Proposals), PIPs (Program Improvement Proposals), and Purchase Proposals for any suggested changes to the program.
- Improvements to Program Review process: Instructors were informed of the changes being made to the program review process based on recommendations of the Program Review NIPR (Non-Instructional Program Review) committee; an 80% success standard on outcome data and an expansion of the program review schedule.
- Todd Gervais stressed the importance of instructor participation and the impact it has on Senior Management decision making; how they use program review data and instructor proposals to drive program change.

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B. Repositories

Christine Morgan gave a brief tour of the new curriculum repository (CR) layout in the learning management system. Instructors and managers are enrolled in these courses and have full access to all materials within.

- There was discussion about how to copy to/from the CRs, and participants looked at examples of backward copying. Instructors asked several questions about LMS functionality.
- Next module instructors are required to copy the common mastery assessments from these repositories and use them to assess students.
- The Current TIP for CMP101 – Word and PowerPoint and CMP102 – Excel and Access was discussed. It was noted that the TIP was still pending evaluation on whether to use the illustrated or the *comprehensive* Microsoft versions.

II. Evaluation of Program Learning Outcomes (PLOs)

The program has defined achievement of following PLOs as “student success” in the program.

- Are the identified PLOs measureable, relevant, current and appropriate?
- Are the identified PLOs relevant to the students’ future needs when they leave SJVC?
- Are the stated PLOs a definition that our community shares or could agree with?

The group consensus was the PLOs meet all requirements as outlined above. No improvements are recommended.

III. Evaluation of Course Level Student Learning Outcomes

The program has defined achievement of the identified Course level SLOs as “student success” in each course within the program.

- Are the identified SLOs measureable, relevant, current and appropriate?

The group consensus was the CLOs meet all requirements as outlined above. No improvements are recommended.

IV. Evaluation of Assessment Plans and Curriculum Maps

Ensure the current course and program assessment plans and curriculum maps reflect any changes in courses or the program.

Initiatives for improvement

| | Initiatives for improvement | |
|-------------------------|--|----------------|
| Program Assessment Plan | Needs to be updated due to program revisions in 2012 | Action Item #1 |
| Course Assessment Plans | Course assessment plans to be updated based on identified common assessments for the following courses: HRA25, HRA26, HRA32, HRA40, HRA44, HRA31, HRA42, HRA56, and HRA400 | Action Item #5 |
| Curriculum Maps | Curriculum maps for all HRA courses need to be updated due to program revisions in 2012 | Action Item #2 |

V. Evaluation of Curriculum and Resources

Review the relevancy and effectiveness of current curriculum and resources (course and program content, textbooks, software, library resources, professional development)

- Do the varieties of learning experiences designed for this program allow students to achieve the outcomes identified?
- What additional or updated library resources are needed by the program to achieve the learning outcomes?
- Does the program need additional or different resources (human, physical, technical, time) to promote student progress and learning?
- Is the program using its existing resources efficiently?

Status of program curriculum including **Common Assessments**:

- Evaluate the suitability of common assessments created by the Assessment Coordinator for HRA25, HRA26, HRA32, HRA40, and HRA44 assessments (Action 3)

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- Create common assessments for HRA31, HRA42, HRA56, and HRA400 (Action 4)
- Update or develop course assessment plans and course curriculum maps based on identified common mastery assessments (Action Item #5)

Status of Program **Resources** (human, physical, technical, time) :

- The group consensus was the program resources were sufficient. No improvements are recommended.

Status of Program **Library Resources**

- The group consensus was the library resources were sufficient for the program. No improvements are recommended.

Status of Program **ATL:**

- The group consensus was the textbook resources were sufficient for the program. No improvements are recommended.

Status of Program **Equipment List:**

- The group consensus was the equipment resources were sufficient for the program. No improvements are recommended.

VI. Opportunities for Student Success

Additional topics

No additional topics were suggested.

VII. Evaluation of the Course and Program Assessment Processes

- Summarize the progress of gathering PLO and CLO achievement data
- Review the effectiveness of current assessment tools
- Refer to supporting documentation (common assessments, rubrics, surveys, instructor-designed assessments, dashboard reports, etc.)

| | Status of Assessment Data Collection to Date | Initiatives for improvement |
|-------------|--|------------------------------------|
| PLOs | The group consensus was the PLOs were sufficient for the program. | No improvements are recommended. |
| CLOs | The group consensus was the CLOs were sufficient for the courses in the program. | No improvements are recommended. |

Overall Effectiveness of the Program's Assessment Process:

The electronic process of collecting assessment data has not included common mastery assessments as of yet. The ease, effectiveness and consistency of the collection and evaluation process will be enabled by the implementation of common mastery assessments by January 2014.

Challenges to the Assessment Process:

The program has experienced a few challenges to the assessment process. These challenges include: 1) The HRA Assessment Coordinator's departure from the institution in midst of the development of common mastery assessments and corresponding assessment plans and curriculum maps. 2) The challenges with migrating to a new LMS, D2L, in 2012 and the upgrade of D2L in late 2012. With the shift to D2L, the program experienced a set-back in collecting electronic learning data.

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Initiatives for Improvement to the Program's Assessment Process:

Completion and use of common mastery assessments to collect learning data easily through embedded assessments within the program (Action Items #3 and #4).

VIII. Evaluation of Previous Actions: Closing the Loop

From Program Review February 23, 2012

| | Description | Completion Date | Owner(s) | Status |
|---------------|---|-----------------|---|--------------------|
| Action Item 1 | Find common assessments for business writing course. BUS 101 and BA 210 | 9.2012 | Carol Wilhelm HRA Instructor - V | Canceled |
| Action Item 2 | CMP 101 and CMP 102 revamp online course to improve student success. | 9.2012 | Anthony Doering GE Instructor - O | In Progress |
| Action Item 3 | Develop common assessments for all HRA courses | 8.2012 | Carol Wilhelm HRA Instructor - V | In Progress |
| Action Item 4 | Develop HRA program that blends with new BA standard design | 4.2012 | Richard Jennings, Christine Morgan, and Carol Wilhelm | Completed |
| Action Item 5 | Corporate IT department to resolve statistical calculations on CLO report | 6.2012 | Elvis Vang IS - Corporate | Completed |
| Action Item 6 | Review HR 21, 23, and 25 to make appropriate changes for data collection and measurement techniques | 9.2012 | Devin Daugherty DM - Online | Completed |

IX. New Improvement Tasks and Initiatives:

| | Description | Completion Date | Owner(s) | Resources |
|---------------|--|-----------------|-------------------|--------------------|
| Action Item 1 | Update Program Assessment Plan | 09.2013 | David Mora | HRA Faculty CAO |
| Action Item 2 | Update Curriculum Maps for all HRA courses | 09.2013 | Augustina Kendall | HRA Faculty CAO |
| Action Item 3 | Evaluate common assessments and identify CLOs for current assessments | 09.2013 | Clarence Braddock | HRA Faculty CAO |
| Action Item 4 | Develop common assessments needed for courses HRA 31, 42, 56, and 400 | 12.2013 | David Mora | HRA Faculty CAO |
| Action Item 5 | Course assessment plans to be updated based on identified common assessments for the following courses: HRA25, HRA26, HRA32, HRA40, HRA44, HRA31, HRA42, HRA56, and HRA400 | 12.12.2013 | David Mora | HRA Faculty CAO |

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X. Participants:

Campus Staff:

1. Clarence Braddock, Instructor – Visalia Campus
2. Eric Lindberg, Division Manager – Visalia Campus
3. Gabriel Giannandrea, Instructor – Visalia Campus
4. Augustina Kendall, Instructor – Visalia Campus
5. Nancy Lyles, Instructional Specialist – Online Division
6. David Morra, Instructor – Visalia Campus
7. Stanley Shawl, Instructor – Visalia Campus
8. Michelle Whitendale, Career Services – Visalia Campus

Central Office Support Staff

1. Annette Austerman, Instructional Specialist
2. Todd Gervais, Curriculum Technician
3. Christine Morgan, Curriculum Specialist

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Proposals for Improvement Overview

Program constituents can propose improvements that are not a direct result of the Program Review process at any time. Do keep in mind that program improvements can involve many departments and require review and processing before implementation is available.

Textbook Improvement Proposal (TIP)

To add, delete, or change a textbook, submit a **Textbook Improvement Proposal (TIP)** form ([Sample](#)) and additional support data to CurriculumImprovements@sjvc.edu at least 90 days before the preferred implementation date.

Course Improvement Proposal (CIP)

To suggest improvements to a course outline, assessment tools, CLOs, grade components, etc. outside the scheduled Program Review, you may submit a **Course Improvement Proposal (CIP)** form ([Sample](#)) and required support data to CurriculumImprovements@sjvc.edu

Program Improvement (PIP)

To recommend more dramatic improvements to a program, such as new courses, unit changes, matrix changes, or accreditation updates impacting several courses you may submit a **Program Improvement Proposal (PIP)** form ([Sample](#)) and required support data to CurriculumImprovements@sjvc.edu

| Course Improvements | Program Improvements |
|---|---|
| <ul style="list-style-type: none"> • Changes to common assessment tools (rubrics, skill-offs, questions, projects, dropboxes, grade items, thresholds) • Changes to wording of CLOs that do not impact meaning of CLOs • Changes of less than 50% to Course Student Learning Outcomes (CLOs) in one course • Changes of less than 50% to wording of course descriptions • Changes of less than 50% to the Unit Objectives of a course outline • Grade component changes | <ul style="list-style-type: none"> • Any change needing approval by an external accreditation body • Program name change • Matrix changes • Combining courses • Deleting courses • Adding courses • Course name changes • Clock hour or unit value changes • Changes to Program Learning Outcomes (PLOs) • Changes to performance standards (typing tests etc.) |

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Measurement, Evidence and Support Documentation

All proposals require a measurement of improvement and evidence of improvement need as part of the submitted portfolio. Measurement includes at least one metric that will measure the impact of the improvement by meeting a target by a specified date. Evidence can include various support documentation and/or student achievement data.

| Measurement. What metrics will be used to evaluate the effectiveness of the proposed changes (placement, licensure, certification, CLO/PLO achievement, course completion, etc.)? What is the current status and what is the expected target? | | | |
|---|------------|------------|---|
| Metric | Current | Target | By when |
| <i>Program Placement Rate</i> | <i>69%</i> | <i>75%</i> | <i>14 months after improvements are implemented</i> |

| Productive Evidence | Unproductive Evidence |
|--|---|
| <p>Productive Evidence includes but is not limited to:</p> <ul style="list-style-type: none"> • Documented Advisory Board minutes • Statements from Advisory Board members, extern sites, clinical sites, employers, Career Services Managers • Detailed recommendations from programmatic accrediting associations • Details on new laws and /or legislation • Course comparison with similar institutions • CLO data • PLO data • Retention data • Placement data • Grades | <p>Unproductive Evidence includes but is not limited to:</p> <ul style="list-style-type: none"> • Personal commentary and opinion not supported by productive evidence • Generalized statements such as “All of our students say...” • Marketing materials from publishers |

To access any proposal forms in MS Word format go to:
InfoZone > Departments > Program Review

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Textbook Improvement Procedure

1. Completed proposal form is submitted to CurriculumImprovements@sjvc.edu for review at least **90 DAYS** before the preferred implementation date.

FORM is located on InfoZone: Departments > Program Review > Document Center

2. Textbook cost increase of 5% or more must be submitted by the curriculum department to the Senior Management Budget Committee for approval.
3. Once approved, the proposal form is uploaded into eCourses for program members to review and discuss for a minimum of **25 DAYS**.
4. Curriculum department:
 - a) orders sample materials for all involved campuses
 - b) informs all appropriate publishers of possible change
 - c) notifies Corporate Director of Purchasing to begin review process
5. After the review period, faculty will be given the opportunity to vote on the text for a minimum of **5 DAYS**.
6. Proposal is approved by a majority of faculty votes. Voting results are posted in forum. Final approval can be dependent upon the level of faculty participation.

Proposal Approved

Corporate Director of Purchasing and Campuses are notified of textbook change. Textbook change is added to the ATL by week 2 day 3 of the next module.

Proposal Not Approved

Proposal is returned to requesting party with feedback from curriculum department.

Discussion on the text may continue.

If a majority of faculty re-evaluate the decision, the proposal may be resubmitted.

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SAMPLE

Textbook Improvement Proposal

| | |
|--|---|
| Person Requesting: | <i>Erika Hultquist, VT Instructor</i> |
| Date: | <i>January 6, 2014</i> |
| Campus: | <i>Fresno</i> |
| Program: | <i>Veterinary Technology</i> |
| Course: | <i>VRT 101</i> |
| Current text(s): | <i>Clinical Anatomy and Physiology for Veterinary Technicians CLASS SET: Mammalian Anatomy, The Cat</i> |
| ISBN: | <i>9780323046855; 9780895826831</i> |
| SECTION 1: New Textbook Information | |
| Title: | <i>Clinical Anatomy and Physiology for Veterinary Technicians Laboratory Manual</i> |
| Author: | <i>Colville and Bassert</i> |
| Publisher: | <i>Elsevier</i> |
| ISBN: | <i>9780323048033</i> |
| Cost: | <i>Bundle Price \$114.95 – SJVC Cost \$74.71 Textbook and Laboratory Manual</i> |
| Edition: | <i>2nd edition</i> |
| Software required: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IS notified: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| | |
|---|---|
| SECTION 2: Cost Analysis | |
| Cost increase of 5% or more must be submitted to Senior Management. | |
| Review Date: January 15, 2014 / Carole Brown | Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> |
| <p><i>Comments:</i></p> <p><i>The approval of this proposal would increase the total cost from \$50.66 / student (+ \$33.56 for a class set of "Mammalian Anatomy: The Cat") to \$74.71 / student.</i></p> <p><i>Current program data (01/10/2011 – 01/28/2013) shows VRT101 was taught 11 times with a total of 234 students.</i></p> <p><i>The data reveals an 84% completion rate with 82% of the students attending ≥ 85% of the time; both slightly below institutional targets.</i></p> <p><i>CLO achievement is exceptionally low with a 49% for CLOs 1 and 4; 53% for CLO 2; 61% for CLO 3; and 75% for CLO 5.</i></p> | |
| SECTION 3: Summary of Benefits | |
| 1. Provide a general explanation of the benefits of the new textbook. | |
| <p><i>This lab manual supplements the information contained in the textbook. There are many learning activities that will supplement the other teaching techniques used in VRT 101. The variety will help meet the varied learning styles of our adult students. Some examples are: Matching questions to terms, labeling anatomy within illustrations and learning games such as crossword puzzles. Implementation will also reduce the need for copies/handouts in VRT 101.</i></p> <p><i>PD Comments: This book will replace the Sebastiani text at this time. Currently the Sebastiani text is used as a class set. It is really not very supportive of the main Colville text and has led to a number of confusions between the uses of differing terminology than what is in the main text. Additionally the lab manual is meant to accompany and reinforce the main text. At this point both Erika and I are making copies out of the lab manual because it has vastly increased the student experience (just going off of commentary from the students themselves) and will greatly assist in cementing their knowledge of Anatomy.</i></p> | |
| 2. How does this textbook support the PLOs? | |
| <p><i>Anatomy and physiology are a core foundation of knowledge in the Veterinary health care field. Without a strong basis here, students will struggle throughout their school career and into their professional career until they build a strong foundation.</i></p> | |

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| |
|---|
| 3. How does this textbook better support the CLOs than the current textbook? (Please address specific SLOs in your response) |
| <p><i>This will supplement the current textbook and provide additional learning resources for the students. This current laboratory manual was made to accompany the current text. It provides not only reinforcement activities like crossword puzzles and word searches, but it also provides the instructor with real world activity ideas to incorporate into the lab to reinforce concepts.</i></p> <p><i>Additionally this workbook uses the same language and terminology as is used in the Colville text. This is greatly reduce student confusion when using it as a dissection guide.</i></p> |
| 4. How does this new textbook support the action items listed on your current Program Review Plan? If it doesn't directly align with action items, provide additional explanation or justification for change. |
| <p><i>This has not been discussed in Program Review, however AVMA requires us to constantly review textbooks and library holdings for accuracy and applicability to the current curriculum.</i></p> |
| 5. What additional instructor resources are provided with this textbook that are not provided with the current textbook? (PowerPoints, software, etc.) |
| <p><i>None</i></p> |
| 6. Additional Information: |
| <p><i>All of the additional resources are linked to the textbook (which possess the answer keys to the workbook exercises as well as the image library). This workbook provides better activities to use as reinforcement of material.</i></p> |

| |
|---|
| SECTION 4: Academic Leadership Input |
| A statement from your immediate supervisor |
| <p><i>Erika and I have talked at length about using this workbook in the Anatomy class. As the only two anatomy teachers currently we both believe that this would be a much better learning asset to our program and to our students.</i></p> <p style="text-align: right;"><i>Erin Miracle, VT PD</i></p> |

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Course Improvement Proposal (CIP)
Procedure

1. SUBMIT: Faculty members from any campus can initiate a proposal. Completed Proposal forms are submitted to the CurriculumImprovements@sjvc.edu

FORM is located on InfoZone: Department > Program Review > Document Center

Course proposals can be used for a variety of change requests; therefore the procedure may differ depending on the request. The curriculum department will determine appropriate steps.

2. VETTING: minimum of **15 days**
 - ✓ The proposal is uploaded into eCourses for program members to review through eCourses discussion forum
 - ✓ The curriculum department will facilitate the forum discussion. All faculty members in the program are encouraged to participate.
 - ✓ After discussion period, the curriculum department will initiate a vote if necessary
3. APPROVALS:
 - ✓ Depending on the nature of the Proposal, approval by the Senior Management Budget Committee may be required
 - ✓ Proposals may be approved by faculty through majority vote when required
 - ✓ Some proposals can be directly approved by the curriculum department
4. BUILD: **from 2 to 60 days**
 - ✓ Changes are communicated to all impacted campuses with an effective date
 - ✓ Curriculum department will coordinate the implementation of the changes

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SAMPLE

Course Improvement Proposal (CIP)

| | | | |
|---|---|---|-------------|
| Campus: | <i>Visalia, Bakersfield, Fresno, Ontario, Modesto, Hanford, Hesperia, Lancaster</i> | | |
| Program: | <i>RT</i> | Course: | <i>RT41</i> |
| Person Requesting: | <i>Kerry Green</i> | | |
| Date: | <i>8/25/14</i> | | |
| Improvement Information- Describe the proposed improvement and how the change will improve the course? | | | |
| Change | | Justification- Explain how each change will improve the course | |
| <i>Edit the wording to CLO 11 and add a CLO 12. To assess these two outcomes, they proposed updates to the existing rubric. RT41 CLO 11: Pass the Comprehensive Therapist Multiple-Choice secure self-assessment examination (SAE) for advanced level practitioner (RRT) RT 41 CLO 12: Pass the Comprehensive Clinical Simulation self-assessment examination (SAE) for advanced level practitioner (RRT)</i> | | <i>To be in alignment with RRT requirement</i> | |

| | | | |
|---|---------------------------------|---------------|-------------------|
| SECTION 1: Measurement What metrics will be used to evaluate the effectiveness of the proposed changes? (Placement, licensure, certification, CLO/PLO achievement, course completion, etc.) What is the current status and what is the expected target? | | | |
| Metric | Current | Target | By when |
| <i>RT41 CLO achievement</i> | <i>New CLO- no current data</i> | <i>80%</i> | <i>12.30.2016</i> |

Section 2: Additional information- Include any additional information that may be helpful with implementing the change

SECTION 3: Academic Leadership Input

A statement from your Program Director /Division Managers and Academic Dean documenting their knowledge and support of the proposed improvement (Separate Attachments or emails to the Curriculum Technician are acceptable).

All RT Program Directors agree via email by 9/11/14

Ontario supports this change.
Visalia agrees with Jeff.
Temecula is in favor of this change.
 I approve of this change.- Jeff Rutherford

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Program Improvement Proposal (PIP) Procedure

1. SUBMIT: Faculty members from any campus can initiate a proposal. Completed Proposal forms are submitted to the curriculum department at CurriculumImprovements@sjvc.edu

FORM is located on InfoZone > Departments > Program Review > Document Center

2. VETTING: requires **between 15 and 120 days**
 - ✓ Curriculum department gathers input from internal departments such as Academic Affairs, Academic Applications Administrator, Financial Aid, Admissions, Information Systems, Facilities, Associate VP, and any other affected campuses or departments.
 - ✓ External support documentation is gathered by faculty in collaboration with the curriculum department.
3. APPROVALS: requires **between 60 and 90 days**
 - ✓ Proposal is submitted to the curriculum department for review in no more than 15 DAYS
 - ✓ If the program has an external accreditation body, the proposal will also need approval of the Director of Program Compliance, and will be reviewed in no more than (the same) 15 DAYS
 - ✓ Proposal require submission to the Vice President of Academic Affairs for review and approval
 - ✓ Proposals may also require submission to Senior Management Budget Committee for review and approval
4. BUILD: requires a **minimum of 60 days** before implementation:
 - ✓ Approvals and timelines are communicated to all impacted campuses
 - ✓ Faculty and curriculum department or designee build course outlines
 - ✓ Faculty and curriculum department revise/build common mastery assessments
 - ✓ Academic Application Administrator and Registrar(s) build program IDs and schedules
 - ✓ Curriculum department builds Curriculum Repository
 - ✓ Faculty choose ancillaries and textbooks
 - ✓ Curriculum department update all corresponding assessment plans
 - ✓ Curriculum department updates Catalog and marketing materials
 - ✓ Any faculty hiring and/or training will occur as directed by each campus Academic Dean with support from the Director of Instruction

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SAMPLE

Program Improvement Proposal (PIP)

| | | | |
|--|--------------------|----------|-----------------------|
| Campus: | Fresno | Program: | Veterinary Technology |
| Contact Person: | Michele Lopez, RVT | | |
| Date: | April 24, 2014 | | |
| Improvement Overview: | | | |
| <ul style="list-style-type: none"> • <i>Modify course units to align rigor and complexity of content with the appropriate course hours (See pages 2-3 for details)</i> • <i>Strategically align courses on the matrix to prepare students for passing state board and licensing exams</i> • <i>Streamlining externship to enable students to get placed sooner than with current matrix</i> • <i>See proposed matrix in Appendix 1</i> | | | |
| Points to consider: | | | |
| <ul style="list-style-type: none"> • <i>No net change in units or hours of instruction</i> • <i>Teach-out will be required</i> • <i>No change in CLO/PLO number or language</i> • <i>Individual course codes will need to change to accommodate change in units and hours (see proposed matrix in Appendix 1)</i> • <i>Textbook replacement (see TIP in Appendix 3)</i> | | | |
| Expected Outcome: <i>The change is expected to increase CLO mastery, graduation and state board and licensure rates. Assessment of change will take place at the next Program Review which is scheduled for 18 month after change has been implemented.</i> | | | |

| SECTION 1: Measurement What metrics will be used to evaluate the effectiveness of the proposed purchase? (CLO improvement, licensure, certification, etc.) What is the current status and what is the expected target? | | | |
|---|--|---|---------------------------------------|
| Metric | Current | Target | By |
| <i>VTNE (the licensing exam)</i> | <i>25%</i> | <i>90%</i> | <i>18 months after implementation</i> |
| <i>State board scores</i> | <i>25%</i> | <i>90%</i> | <i>18 months after implementation</i> |
| <i>CLO achievement in ten courses</i> | <i>30 of 78 (38%) of VT CLOs were assessed and achieve 80% mastery</i> | <i>All 78 CLOs to achieve 80% mastery</i> | <i>18 months after implementation</i> |
| <i>Graduation Rate</i> | <i>52%</i> | <i>70%</i> | <i>18 months after</i> |

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| | | | |
|---------------------------------|---|---|--------------------------------|
| (11/21/11 – 12/17/12) | | | implementation |
| Placement (11/21/11 – 12/17/12) | 86% for 2012 per June 2014 Fact Sheet (see below) | Continue exceeding 75% institutional target | 18 months after implementation |

Placement Rate for On Time Program Graduates

| Calendar Year | Number of Students Who Began Program ¹ | Number of Graduates ² | Graduates Available for Employment ³ | Graduates Employed in the Field ⁴ | Placement Rate Employed in the Field ⁵ | Graduates Employed in the Field an average of less than 32 hours per week | Graduates Employed in the Field at least 32 hours per week |
|---------------|---|----------------------------------|---|--|---|---|--|
| 2011 | 110 | 36 | 35 | 29 | 83% | 4 | 25 |
| 2012 | 78 | 22 | 22 | 19 | 86% | 3 | 16 |

Improvement Information: Describe the proposed improvement – (See Appendix 1)

| Change | Justification |
|--|--|
| <p>VRT206 Companion Animal Nursing</p> <ul style="list-style-type: none"> Move to Term 1 Mod 1 and pair with VRT101 Increase from 5 weeks to 10 weeks Increase the units from 3 units to 5 units | <ul style="list-style-type: none"> VRT206 needs additional time to meet the CLOs 0 of 5 CLOs achieve target of 80% (CLO1-48%, CLO2- 60%. CLO3-77%, CLO4-56%, CLO5-66%)(see CLO data) |
| <p>VRT101 Anatomy and Physiology of Domestic Animals</p> <ul style="list-style-type: none"> Change from 5 weeks for 5 hours/day to 10 weeks for 2.5 hours/day | <ul style="list-style-type: none"> Pairing VRT101 (A&P of Domestic Animals) with VRT206 (Companion Animal Nursing) will provide stronger foundational knowledge More time spent on anatomy will increase state board scores in this area Anatomy is one of the areas our recent grads have had trouble with on their state boards |
| <p>VRT102 Fundamentals of Animal Nursing</p> <ul style="list-style-type: none"> Reduce from 10 weeks to 5 weeks Reduce the units from 5 units to 3 units | <ul style="list-style-type: none"> This class does not have enough content to support 10 weeks Time is better spent on increasing anatomy and physiology |

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| <p>VRT205 Laboratory Procedures</p> <ul style="list-style-type: none"> • Move to Term 2 Module 1 | <ul style="list-style-type: none"> • The students need the disease information to be able to meet the CLOs • The Lab portion focuses on diagnostics for some diseases. The way the course is set up now, students aren't taught about any of the diseases or symptoms until after the class. Consequently, they are unable to retain the information and differentiate between the various diseases. (For example we teach them how to perform a urinalysis, which can be used to diagnose or monitor kidney functions and kidney disease but currently we don't teach them or introduce them to kidney disease and its symptoms, why it's important, etc. until after this class in companion animal nursing). • The new matrix would have them learn the diseases first then learn the diagnostics. |
| <p>VRT208 Introduction to Pharmacology</p> <ul style="list-style-type: none"> • Move to Mod 2 Term 2 | <ul style="list-style-type: none"> • VRT208 needs to be offered after both VRT205 Lab Procedures and VRT102 Small Animal Nursing so that the students can apply pharmacology with knowledge from these courses • VRT208 needs to be offered closer to the surgery class taught in Term 3 so pharmacological knowledge can be applied to surgery |
| <p>VRT390 Veterinary Clinical Rotation</p> <ul style="list-style-type: none"> • Extend from 5 weeks to 10 weeks in Term 3 | <ul style="list-style-type: none"> • This will help in relieving the amount of hours for the student in the second 5 week session of term 3 |
| <p>VRT 308 Advanced Pharmacology</p> <ul style="list-style-type: none"> • Move to Term 2 Mod 3 | <ul style="list-style-type: none"> • There is too much content in VRT208 Beginning Pharmacology • There is not enough content in VRT308 Advanced Pharmacology |
| <p>MTH 121 and MTH 122</p> <ul style="list-style-type: none"> • Move to pair with the Pharmacology classes (VRT208 and VRT308) | <ul style="list-style-type: none"> • The math classes should be given with the pharmacology classes to ensure better understanding of the math required for pharmacology • MTH122 class is currently offered at the end of the program which is too late to assist with pharmacology content |
| <p>VRT 301 Beginning Surgical Assisting A VRT 306 Beginning Surgical Assisting B</p> <ul style="list-style-type: none"> • Combine beginning surgery lecture and | <ul style="list-style-type: none"> • Currently if a student fails the lab but has passed the lecture they only repeat the lab portion. This is a problem because they often have to take a leave for 15 or more weeks before the class is |

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| | |
|---|--|
| <p><i>beginning surgery lab to one class</i></p> <p>VRT 310 Advanced Surgical Procedures A</p> <p>VRT 320 Advanced Surgical Procedures B</p> <ul style="list-style-type: none"> • <i>Combine the advanced surgery lecture class with the advanced surgery lab class to one class</i> | <p><i>offered again.</i></p> <ul style="list-style-type: none"> • <i>The gap between lecture and skills class makes for more student failures upon repeating the class.</i> |
| <p>VRT 490 Externship A</p> <p>VRT 491 Externship B</p> <ul style="list-style-type: none"> • <i>Combine Externships A and B to one 15 week course</i> | <ul style="list-style-type: none"> • <i>Some students complete all extern hours prior to the start of VRT491 adding confusion and unclear attendance postings</i> • <i>Having a single course for all extern hours to be completed would simplify and clarify student records</i> • <i>As expressed in past VT Program Reviews, Career Services personnel support this change in expectancy of higher placement rates</i> |
| <p>ENG 121 and ENG 122</p> <ul style="list-style-type: none"> • <i>Place in the matrix where appropriate to accommodate core course improvements</i> | |

SECTION 2: SUPPORT DATA (Include as attachments to the Proposal)

2.1 Documentation: Attach at least **two** forms of documentation from outside sources that support the need for the change. Support documentation includes but is not limited to: Advisory Board minutes or statements from members; statements from career service department, extern sites or employers; detailed recommendations from programmatic accreditation associations or new laws and/or legislation; research on current industry trends; course comparison with other institutions

2.2 Student Success Data: Attach at least **five** forms of student support data listed below from the past 24 months. Student Success Data includes but is not limited to: CLO data, PLO data, Placement data, Retention data, Enrollment data, Attendance data, Course surveys

List the supporting data to be included as attachments.

- *Statements from former students*
- *CLO data (See Appendix 2)*

Explain how the listed data support the proposed improvement(s).

Previous student statements illustrate the need for a program improvement such as:

- *The classes are taught in such a way that students have trouble retaining knowledge because the class order is not designed to build on previous knowledge*
- *Information is given after the concepts it explains. (The pharmacology is given before the diseases – they learn the treatment of diseases before they learn about the diseases)*
- *The anatomy is given 25 weeks before the diseases are introduced*

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- *The diagnostic procedures are outline before the diseases are introduced or explained*

CLO Data

- *There are 78 total CLOs from all courses. Of the 78, 30 achieved target, 25 were below target and 23 were not assessed (from January 2013 to present)*
- *25 of 55 (45%) of common mastery assessment questions assessed did not meet the 80% target*
 - *The data illustrate the lapses in knowledge retention. Common Mastery Assessment questions in later classes require re-teaching of information due time gaps between introductory and advanced classes.*
- *Instructors spend several class hours in surgery class reviewing pharmacology and the students still have a difficult time grasping the concepts and remembering the drugs because pharmacology was taught too long ago when students get to the advanced classes.*

SECTION 3: IMPROVEMENT OF STUDENT LEARNING AND ACHIEVEMENT

Identify the expected measured result(s) the proposed improvements will have on student learning and achievement on the program and/or course levels. (Placement will increase to 90%; PLO 4 & 5 achievement will increase to 85%; etc.).

- *The students will be presented with concepts and ideas that form a strong foundation and build on it. Concepts are introduced before their application is expected, not after.*
- *Classes that are currently overloaded with content are lengthened.*
- *The pharmacology section being together allows for the material to be more evenly distributed, and still be introduced before the surgery skills class where the knowledge is to be applied. The difficulty of the content will be reduced due to the stronger foundation at the beginning of the program.*
- *Handling large animals requires experience with restraint and prior working knowledge of animal behavior. These skills will be further developed before they get to large animal nursing by offering the class at the end of the program.*
- *Moving the small animal nursing class to the beginning of the program will provide a stronger base of Knowledge to build upon throughout the remainder of the program.*

SECTION 4: ALIGNMENT WITH OUTCOMES

Provide a narrative that explains how the proposed changes align with and support the Student Learning Outcomes identified within the program (CLOs, and PLO). For Academic Affairs Use only.

New matrix will support achievement of current PLOs and ILOs. CLO and PLOs will not change. Courses will be shuffled and adjusted to the appropriate length for outcomes to be achieved.

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SECTION 5: TEACH-OUT

A “teach-out” is when current students will need to finish their original class schedule while new students will be given the changes – this can create the need for additional classrooms, teachers, or changes to student contracts.

This proposal will create a “Teach Out” situation: Yes No

Plan for addressing teach-out situation:

The current program is linear, and each term is a prerequisite to the previous term. The content shift will mean that students returning from an LOA may have to take independent study to catch up.

SECTION 6: IMPACT ON STUDENTS

Provide a detailed narrative that clearly explains how the proposed changes will impact current students both positively and negatively.

- *The current students should not be impacted by the change. There is adequate lab and lecture space for the new matrix to begin without any impact on the current students.*
- *The negative impact during the teach-out period would be that any failures of classes or any students on LOA or returning from LOA would need to take independent study courses to complete the program.*

SECTION 7: IMPACT ON FACULTY

Provide a detailed narrative that clearly explains how the proposed changes will impact any faculty scheduling or qualifications.

- *The surgery classes will require a commitment of 10 weeks per class instead of 5 weeks. This should not impact scheduling; the same teacher often teaches the lab and lecture portions of the class.*
- *The faculty members who teach the lecture are fully qualified to teach the lab. Frequently the same teacher teaches the lab and the lecture.*
- *The expectations in the class for the students will be clear and consistent because the same instructor will be teaching both lecture and lab.*

SECTION 8: IMPACT ON RESOURCES

Provide a detailed narrative that clearly explains how the proposed changes will impact any space/ facility usage or need new/additional equipment.

*The only resource requested is the textbook Veterinary Dentistry for the Nurse and Technician for ten of the VRT courses (See Appendix 3).
There is adequate lab and classroom space available. There are no additional equipment needed to implement these changes. There is no anticipated impact on other programs or departments.*

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SECTION 9: IMPACT ON PROGRAMATIC ACCREDITATION

Does your program have an external accrediting body? What are their requirements for this sort of change?

AVMA requires a letter notifying them of the changed matrix. Greg Osborn will assist with this requirement upon PIP approval.

SECTION 10: INPUT FROM ACADEMIC LEADERSHIP

Include statements, as separate attachments, from the academic leadership on your campus (Program Director or Division Manager, Academic Dean and Campus Director)

The proposed changes to the VT program will benefit students' academic, clinical, and professional journey. The requested changes reflect a better aligned curriculum ensuring students have necessary prerequisite knowledge and skills throughout the program. Careful consideration was taken after having taught the program to our recent students. Input from all VT faculty and administration has been received and reviewed resulting in a comprehensive program revision. I am confident that these changes will assist our students in achieving our ILOs.

Sumer Avila, CD

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Curriculum and Instructional Purchasing Overview

Program constituents can propose new supply and/or equipment purchases for the program or campus that are not a direct result of the Program Review process by submitting the required documentation to the Curriculum department. New purchases fall under two categories: *Curriculum Purchase* and *Instructional Purchase*.

Curriculum Purchase

A Curriculum Purchase is defined as NEW (not replacement) items requested by faculty specific to the student achievement of course and program outcomes and job placement. To request NEW items, submit the completed *Purchase Proposal* form to CurriculumImprovements@sjvc.edu with the required supporting documentation.

Instructional Purchase

An instructional purchase is defined as NEW (not replacement) items requested by faculty to support classroom instructional techniques. Instructional purchases are not specific to any one program.

Repair or Replacement of Supplies/Equipment

If equipment is in need of repair or replacement, please inform your facilities manager through the Service Desk System and it will be repaired or replaced. *These items have already been justified therefore no purchase proposal is necessary.*

Ongoing Replacement of Supplies / Consumables

Replacement of ongoing consumable supplies will be processed through the Purchase Request System (PRS) on InfoZone. *These items also have already been justified therefore no purchase proposal is necessary.*

Capital Budget Request

A purchase costing more than \$1,000 or having an estimated life span of two or more years requires a Capital Budget Request (CRB) and must also follow the purchase request policies. For additional questions about purchasing, please refer to the *Purchasing and Facilities Policies and Procedures Booklet* found on InfoZone.



Purchasing Process

Purchases

Purchase Proposal and CBR (if required) are submitted to CurriculumImprovements@sjvc.edu
Proposal form is uploaded into eCourses for program members to review and discuss for a minimum of **25 DAYS**



Proposal and CBR go to the Senior Management Budget Committee for final approval



Upon approval curriculum department notifies the campuses and forwards approved proposal and CBR to Corporate Director of Purchasing for purchase fulfillment



Selected equipment is then added to the approved program equipment listing

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SAMPLE

Purchase Proposal NEW Curriculum and Instruction Purchases

| | |
|--|---|
| Item | <i>Doppler Blood Pressure Monitor</i> |
| Total Cost (for all campuses included) | <i>\$1,255 / campus (Bakersfield in 2015)</i> |
| Is this request from Program Review? If so, please list the PR number | <i>No</i> |
| Person Requesting | <i>Robyn Nearn, DVM</i> |
| Supervisor | <i>Lisa Kisla</i> |
| Campus | <i>Fresno</i> |
| Date | <i>05/05/14</i> |
| Program | <i>Veterinary Technology</i> |
| Course | <i>VRT206, VRT301, VRT306, VRT310, and VRT320</i> |

| SECTION 1: Measurement What metrics will be used to evaluate the effectiveness of the proposed purchase? (CLO improvement, licensure, certification, etc.) What is the current status and what is the expected target? | | | |
|---|--|--|---------------------------------------|
| Metric | Current | Target | By |
| <i>VTNE (the licensing exam)</i> | <i>25%</i> | <i>90%</i> | <i>18 months after implementation</i> |
| <i>State board scores</i> | <i>25%</i> | <i>90%</i> | <i>18 months after implementation</i> |
| <i>CLO achievement in ten courses</i> | <i>30 of 78 (38%) of VT CLOs were assessed and achieve 80% mastery</i> | <i>All 78 CLOs to achieve 80% mastery</i> | <i>18 months after implementation</i> |
| <i>Graduation Rate (11/21/11 – 12/17/12)</i> | <i>52%</i> | <i>70%</i> | <i>18 months after implementation</i> |
| <i>Placement (11/21/11 – 12/17/12)</i> | <i>86% for 2012 per June 2014 Fact Sheet (see below)</i> | <i>Continue exceeding 75% institutional target</i> | <i>18 months after implementation</i> |

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Section 1: Summary of Benefits

Explain the benefits of the proposed supply/equipment to the course and program or instructional techniques.

The Doppler blood pressure monitor is the only blood pressure monitor that meets the standard level of care for measuring blood pressure in the awake patient. Our students must be familiar with the use of this equipment as it will be a common skill for them to perform in the daily practice routine. While both the Cardell and the Doppler are approved and acceptable for monitoring blood pressure in the anesthetized patient, the Cardell (the instrument we use now) is consistently inaccurate in smaller patients.

Section 2: Supporting Documentation

Attach at least two forms of documentation from outside sources that support the need for the purchase. Supporting documentation includes but is not limited to: Advisory Board minutes or statements from members, statements from career service department, extern sites or employers, detailed recommendations from programmatic accreditation associations or new laws and/or legislation, research on current industry trends.

Supporting items are (attached):

- *Recommendation for Doppler BP monitor Purchase by AVMA made during accreditation process*
- *Two statements from extern site hospitals and potential employer for Veterinary Technology graduates supporting the use of this equipment in the work place*
- *Statement from CVMA District V governor*
- *Statement from Instructor for VRT, 301, VRT306, VRT310, and VRT320*

Section 3: Improvement of Student Achievement

3a. Explain how the proposed supply/equipment will increase student achievement.

Student achievement will be increased due to the ability to be able to perform and interpret blood pressure measurements in awake patients, as well as anesthetized patients. This has applications in general veterinary practice as well as emergency practices. Blood pressure measurement is an essential part of the anesthetic monitoring process. It is also used in the diagnosis and monitoring of many medical patients. The students will gain an appreciation for the limitations of oscillometric blood pressure monitoring systems, as they would now be able to compare measurements in the anesthetized patient. In addition, the accuracy of student assessment of anesthetic depth will be improved with a more accurate monitoring device.

3b. Summarize how this purchase will assist student placement. Have any students been denied placement because of the College's lack of this supply/equipment?

The familiarity and ability to use the Doppler blood pressure will add to the skill level of the student and increase placement. This skill is used on a routine basis in awake and anesthetized patients. It is a standard of care that we are not meeting at this time. This skill is even more important in the emergency

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setting and will add to the students' placement at these types of hospitals.

It is unlikely that students will be denied placement because of lack of this one skill. However, the ability to use this equipment enhances the skill set of our SJVC veterinary technology graduates and improves placement.

Section 4: Alignment with Outcomes

*4a. Explain **HOW** the proposed supply/equipment aligns with and support the CLOs and/or PLOs. Please identify and list the specific SLOs.*

VRT 206:

CLO 2 - Evaluate and verify conditions affecting various organ systems in dogs and cats and conclude the correct methods of treatment and prevention.

VRT 301:

CLO 1 - Identify common surgical instrumentation and methods of sterilization

CLO 2 - Discuss the protocols for surgical patient care from admission to recovery

CLO 4 - Discuss proper technique and procedures of anesthetics in a veterinary setting.

VRT 306:

CLO 3 - Monitor patient during procedure and recovery.

VRT 310:

CLO 1 - Discuss anesthesia and critical care assessment.

VRT320:

CLO 1 - Apply various protocols to induce, monitor, and recover surgical patients with anesthesia.

4b. How are the CLOs and/or PLOs being currently taught and assessed without this purchase?

The same CLO's and SLO's are currently being taught with the Cardell monitor which is less inaccurate in small patients and those that are awake. This creates confusion for the student when determining how to treat patients. It is also not the equipment used in routine practice to assess patients that are awake.

Section 5: Implementation

5a. What maintenance or upkeep is required for this supply/equipment (Batteries, Belts, etc.)?

Batteries, service; only if trouble shooting is required.

5b. Will this supply/equipment become outdated and need to be replaced? If so, approximately how long until it is outdated?

No. It will not become outdated. The only need for replacement would be from damage. With proper care, this instrument can last for many years.

5c. Will faculty need to be trained on how to use this supply/equipment? If so, describe the training plan and skills assessment plan.

Faculty will not need to be trained as they are already familiar with the use of this type of equipment.

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Section 6: Ordering Information

Attach all of the following documentation:

- *Detailed equipment/supply specifications*
- *List of possible vendors*
- *Additional ordering information*

Any additional info or comment:

The complete kit includes the probe, sphygmomanometer, headset, carrying case, 9 volt battery, 2.5 cm cuss and 5.0 cm cuff. The 7.5 cm cuff and the 10 cm cuff will need to be purchased additionally. The carrying case, while costly is vital for the protection of this sensitive equipment during storage.

This product is available through Henry Schein Animal Health. It can also be purchased from MWI.

The price for the complete set is \$1,105.00.

Additional items: 10 cm cuff (\$80.00) and 7.5 cuff (\$70.00)



Additional Resources

SJVC Program Review Rubric

Accreditation References

WASC Student Learning Assessment in Program Review

ACCJC Institutional Effectiveness: Program Review

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PROGRAM REVIEW

Rubric for Evaluating the Effectiveness of the Program Review Process

Target = 14 points with no emerging criteria

| Criterion | Initial -0 | Emerging-1 | Developed-2 | Highly Developed-3 |
|---|---|---|---|---|
| Participation | Internal participants consist of division managers, program directors and corporate staff. | Internal participants consist of division managers, program directors, instructors and corporate staff. | A variety of internal participants consist of campus management; instructors; members of career services, admissions and corporate staffs; and students. | A variety of internal and external participants consist of campus management; instructors; members of career services, admissions and corporate staffs; students; alumni; employers; advisory board and community members. |
| Process | Participants evaluate the program's effectiveness on a needs basis. | Program review schedule is established where participants evaluate and modify curriculum resources based on traditional evidence. Minutes are written to capture the process. | Program review schedule is followed where participants evaluate and modify program practices based on direct and indirect evidence. Report is developed to capture the process. | Program review schedule is systematic where participants evaluate program effectiveness; modify program practices based on direct and indirect evidence and close the loop on previous initiatives. A report is developed that include new initiatives to improve student learning and program effectiveness. |
| Planning and Budgeting | No integration exists between program review and the College planning and budgeting processes. | A plan is developed to integrate retention, completion and placement results with the College planning and budgeting processes. | An informal process integrates student achievement and student learning data with the College planning and budgeting processes. | A systematic, formal process integrates program review results with the College planning and budgeting processes. |
| Types and Use of Evidence | Initiatives to improve program effectiveness are based primarily on grades and anecdotal information. | Initiatives to improve program effectiveness are based primarily on evidence of student achievement and less on evidence of student learning. | Initiatives to improve program effectiveness are based on indirect and some direct, authentic evidence of student learning and student achievement. | Initiatives to improve student learning and program effectiveness are exclusively based on a variety of indirect and direct, authentic evidence of student learning and student achievement. |
| Assessment of Learning Outcomes (PLO, CLO) | No student learning outcomes are being assessed. | Some student learning outcomes (PLOs, CLOs) are unevenly assessed and form an inconsistent pool of evidence. | Most SLOs, along with some PLOs, are systematically, electronically assessed and form a growing pool of consistent evidence. | All learning outcomes are systematically, electronically assessed and form a substantial pool of consistent evidence. |
| Analysis of Evidence | No evidence is analyzed through the program review process. | Evidence of student achievement is presented at program review and generally analyzed. | Participants review evidence prior to review. Data outliers are identified through collaborative analysis of evidence. | Participants review evidence prior to review. Dialogue ensues about total program effectiveness including the success rate of Program Learning Outcomes. Trends are identified. |

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PROGRAM REVIEW

Rubric for Evaluating the Effectiveness of the Program Review Process

Target = 14 points with no emerging criteria

| | | | | |
|--|---|---|--|---|
| <p>Evaluation of Assessment Tools and Process (Curriculum Conference)</p> | <p>No procedure exists to evaluate the quality of a program's assessment process.</p> | <p>Program constituents occasionally provide feedback on the program's assessment process. Feedback is based mostly on anecdotal information.</p> | <p>Program Conducted a Curriculum Conference within the past two years. Program constituents provide feedback on the program's assessment tools and process: the quality of learning outcomes; the effectiveness of common assessments; the impact and/or status of improvement initiatives; update assessment plans and curriculum maps. Report is written to capture results and improvement initiatives.</p> | <p>Program Conducted a Curriculum Conference within the past two years. Program constituents evaluate the quality of program's assessment tools and process and engage in rubric inter-rater reliability activities. Report is written to capture results and improvement initiatives.</p> |
|--|---|---|--|---|

PROGRAM REVIEW
 Rubric for Assessing the Integration of Student Learning Assessment into Program Reviews



| Criterion | Initial | Emerging | Developed | Highly Developed |
|---------------------------------------|--|---|--|---|
| Required Elements of the Self-Study | Program faculty may be required to provide a list of program-level student learning outcomes. | Faculty are required to provide the program's student learning outcomes and summarize annual assessment findings. | Faculty are required to provide the program's student learning outcomes, annual assessment studies, findings, and resulting changes. They may be required to submit a plan for the next cycle of assessment studies. | Faculty are required to evaluate the program's student learning outcomes, annual assessment findings, bench-marking results, subsequent changes, and evidence concerning the impact of these changes. They present a plan for the next cycle of assessment studies. |
| Process of Review | Internal and external reviewers do not address evidence concerning the quality of student learning in the program other than grades. | Internal and external reviewers address indirect and possibly direct evidence of student learning in the program; they do so at the descriptive level, rather than providing an evaluation. | Internal and external reviewers analyze direct and indirect evidence of student learning in the program and offer evaluative feedback and suggestions for improvement. They have sufficient expertise to evaluate program efforts; departments use the feedback to improve their work. | Well-qualified internal and external reviewers evaluate the program's learning outcomes, assessment plan, evidence, benchmarking results, and assessment impact. They give evaluative feedback and suggestions for improvement. The department uses the feedback to improve student learning. |
| Planning and Budgeting | The campus has not integrated program reviews into planning and budgeting processes. | The campus has attempted to integrate program reviews into planning and budgeting processes, but with limited success. | The campus generally integrates program reviews into planning and budgeting processes, but not through a formal process. | The campus systematically integrates program reviews into planning and budgeting processes, e.g., through negotiating formal action plans with mutually agreed-upon commitments. |
| Annual Feedback on Assessment Efforts | No individual or committee on campus provides feedback to departments on the quality of their outcomes, assessment plans, assessment studies, impact, etc. | An individual or committee occasionally provides feedback on the quality of outcomes, assessment plans, assessment studies, etc. | A well-qualified individual or committee provides annual feedback on the quality of outcomes, assessment plans, assessment studies, etc. Departments use the feedback to improve their work. | A well-qualified individual or committee provides annual feedback on the quality of outcomes, assessment plans, assessment studies, benchmarking results, and assessment impact. Departments effectively use the feedback to improve student learning. Follow-up activities enjoy institutional support |
| The Student Experience | Students are unaware of and uninvolved in program review. | Program review may include focus groups or conversations with students to follow up on results of surveys | The internal and external reviewers examine samples of student work, e.g., sample papers, portfolios and capstone projects. Students may be invited to discuss what they learned and how they learned it. | Students are respected partners in the program review process. They may offer poster sessions on their work, demonstrate how they apply rubrics to self-assess, and/or provide their own evaluative feedback. |

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Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges

Rubric for Evaluating Institutional Effectiveness – Part I: Program Review
(See cover letter for how to use this rubric.)

| Levels of Implementation | Characteristics of Institutional Effectiveness in Program Review <i>(Sample institutional behaviors)</i> |
|---|---|
| Awareness | <ul style="list-style-type: none"> • There is preliminary investigative dialogue at the institution or within some departments about what data or process should be used for program review. • There is recognition of existing practices and models in program review that make use of institutional research. • There is exploration of program review models by various departments or individuals. • The college is implementing pilot program review models in a few programs/operational units. |
| Development | <ul style="list-style-type: none"> • Program review is embedded in practice across the institution using qualitative and quantitative data to improve program effectiveness. • Dialogue about the results of program review is evident within the program as part of discussion of program effectiveness. • Leadership groups throughout the institution accept responsibility for program review framework development (Senate, Admin. Etc.) • Appropriate resources are allocated to conducting program review of meaningful quality. • Development of a framework for linking results of program review to planning for improvement. • Development of a framework to align results of program review to resource allocation. |
| Proficiency | <ul style="list-style-type: none"> • Program review processes are in place and implemented regularly. • Results of all program reviews are integrated into institution-wide planning for improvement and informed decision-making. • The program review framework is established and implemented. • Dialogue about the results of all program reviews is evident throughout the institution as part of discussion of institutional effectiveness. • Results of program review are clearly and consistently linked to institutional planning processes and resource allocation processes; college can demonstrate or provide specific examples. • The institution evaluates the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes. |
| Sustainable Continuous Quality Improvement | <ul style="list-style-type: none"> • Program review processes are ongoing, systematic and used to assess and improve student learning and achievement. • The institution reviews and refines its program review processes to improve institutional effectiveness. • The results of program review are used to continually refine and improve program practices resulting in appropriate improvements in student achievement and learning. |