



# Outcome-Based Program Review Handbook



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

Revised March 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 and enhancement.

### **Purpose**

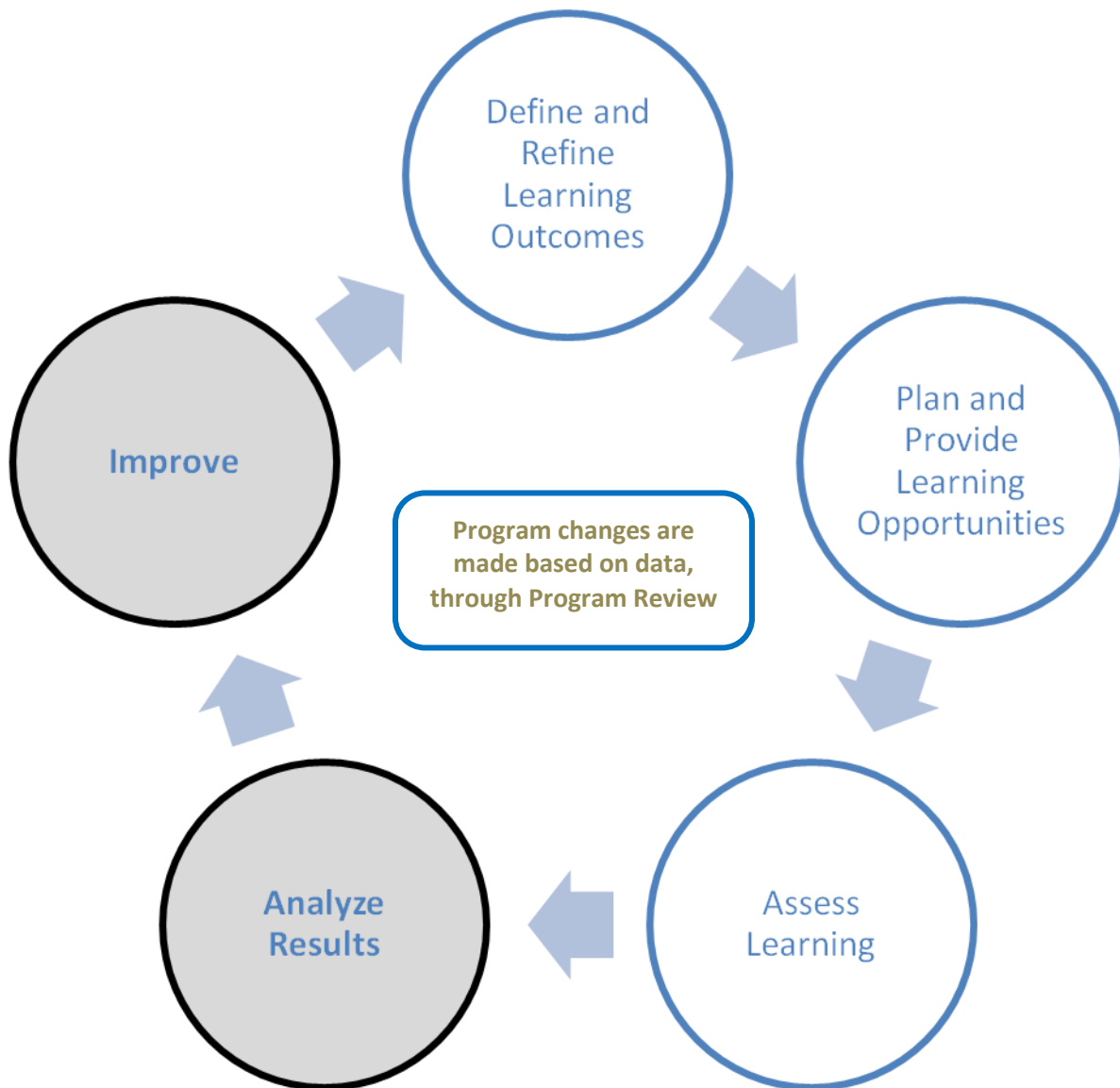
1. Instill a culture of evidence-based decision making for the planning and improvement of each academic program through the systematic analysis of student achievement and student learning data.
2. Initiate dialogue about student learning and achievement among key program constituents.
3. Impart an alignment 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. 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"> <li>• Data Analysis                             <ul style="list-style-type: none"> <li>○ Review data portfolio</li> <li>○ Evaluate status and effectiveness of previous Curriculum Conference and Program Review Action Items</li> </ul> </li> </ul>	 <ul style="list-style-type: none"> <li>• Evaluate and update course and program assessment plans</li> <li>• Evaluate and update course and program curriculum maps</li> <li>• Evaluate and update common mastery assessments</li> <li>• Evaluate resources- library, textbooks, software, equipment,</li> <li>• Identify opportunities for professional development</li> <li>• Best Practices Sharing                             <ul style="list-style-type: none"> <li>○ Rubrics</li> <li>○ Classroom curriculum</li> <li>○ Resources (videos, software, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Textbook Improvement Proposals (TIP)</li> <li>• Purchase Proposals</li> <li>• Course Improvement Proposals (CIP)                             <ul style="list-style-type: none"> <li>○ CLO modifications</li> <li>○ Grade components</li> <li>○ Common assessments</li> </ul> </li> <li>• Program Improvement Proposals (PIP)                             <ul style="list-style-type: none"> <li>○ Significant CLO/PLO modifications</li> <li>○ New courses</li> <li>○ Changes in units/hours</li> <li>○ Matrix changes</li> <li>○ Programmatic compliance updates</li> </ul> </li> </ul>



## 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 along and additional evidence then identifying course and/or program improvements 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
- Purchasing of 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 Specialist or designee 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 reviews for institutional planning and budgeting.

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 Specialist

**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 Specialist or designee
- Curriculum Specialist 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- <b>Action 3</b>	An increase in certification pass rates
• Restructure grade components to reflect a heavier weight in skills- <b>Action 1</b>	Increase student percentage in skill mastery

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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 benchmark of 85%.
    - b. 11 of the 25 CLOs measured (44%) did not meet the achievement benchmark of 85%.
  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 benchmark of 85%. 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 benchmark of 85%.
  - ✓ 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><b>ACTION 1:</b> 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><b>ACTION 2:</b> 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><b>ACTION 3:</b> 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><b>TASK 1</b> Discussion forum to be added to HCP101 addressing exam format change.</p>	2.28.14	Jaimi Paschal	Jaimi Paschal
<p><b>TASK 2</b> 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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<b>TASK 3</b>	Discussion forum to be added to HCP103 addressing the change in threshold request.	2.28.14	Jaimi Paschal	Campus Management
<b>TASK 4</b>	Constituents will meet with campus management to evaluate individual campus data.	2.28.14	Jaimi Paschal	Campus Management

### 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>
<b>ACTION 1:</b> 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.
<b>ACTION 2:</b> 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.	
<b>ACTION 3:</b> 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 a 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 evaluates and updates 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		
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.)

	<b>Status of Assessment Data Collection to Date</b>	<b>Initiatives for improvement</b>
<b>PLOs</b>	The group consensus was the PLOs were sufficient for the program.	No improvements are recommended.
<b>CLOs</b>	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	<b>Canceled</b>
Action Item 2	CMP 101 and CMP 102 revamp online course to improve student success.	9.2012	Anthony Doering GE Instructor - O	<b>In Progress</b>
Action Item 3	Develop common assessments for all HRA courses	8.2012	Carol Wilhelm HRA Instructor - V	<b>In Progress</b>
Action Item 4	Develop HRA program that blends with new BA standard design	4.2012	Richard Jennings, Christine Morgan, and Carol Wilhelm	<b>Completed</b>
Action Item 5	Corporate IT department to resolve statistical calculations on CLO report	6.2012	Elvis Vang IS - Corporate	<b>Completed</b>
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	<b>Completed</b>

### 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 the Curriculum Technician 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 the Curriculum Technician.

#### **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 the Curriculum Specialist.

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

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**Evidence and Support Documentation**

All proposals require evidence as part of the submitted portfolio for the proposed change. Evidence can include various support documentation and/or student achievement data.

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

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 Curriculum Technician 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 Technician 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 Technician:
  - 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 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 Technician.

Discussion on the text may continue.

If a majority of faculty reevaluate the decision, the proposal may be resubmitted.

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**SAMPLE**

Textbook Improvement Proposal

Approved: T. Gervais

Date: January 15, 2014

**STANDARD:** Proposed textbook revisions must support the outcomes of the program and be in alignment with SJVC’s Mission Statement.

**POLICY:** The Proposal form is to be completed and submitted to the Curriculum Technician at least 90 days before the preferred implementation date. **Proposals may not be accepted for textbooks that have been in use for less than one year.**

**PROCESS:** The *Textbook Change Proposal* is to be completed in full and submitted with support documentation to the Curriculum Technician. Supported proposals for change will be given to faculty for review and vote. Upon approval, Curriculum Technician will coordinate implementation.

**TIMELINE:** Textbook changes take a minimum of 90 days to implement.

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>
<b>SECTION 1: New Textbook Information</b>	
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>2<sup>nd</sup> 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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<b>SECTION 2: Cost Analysis</b>	
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>	
<b>SECTION 3: Summary of Benefits</b>	
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>

<b>SECTION 4: Academic Leadership Input</b>
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 Curriculum Technician.

*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 Technician 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 Technician will facilitate the forum discussion. All faculty members in the program are encouraged to participate.
  - ✓ After discussion period, the Curriculum Technician 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 Technician
4. BUILD: **from 2 to 60 days**
  - ✓ Changes are communicated to all impacted campuses with an effective date
  - ✓ Curriculum Technician will coordinate the implementation of the changes

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SAMPLE

### Course Improvement Proposal (CIP)

Approved: Christine Morgan  
 Date: 08.23.13 (Forum 7.2.13-8.23.13)  
 PR Number: \_\_\_\_\_

**STANDARD:** Proposed course improvements must support the outcomes of the program and be in alignment with SJVC's Mission Statement.

**POLICY:** The Proposal form is to be completed and submitted to the Curriculum Technician.

**PROCESS:** The *Course Improvement Proposal* is to be completed in full and submitted with support documentation to the Curriculum Technician. If the proposal involves a program on multiple campuses, stakeholders from those campuses will be asked to review the proposal during the vetting process. Fully vetted proposals will be made available for faculty review.

**TIMELINE:** Changes may take a minimum of 60 days to implement. Please plan accordingly.

**Course Improvements include but are not limited to:**

- Changes to common assessment and teaching tools (rubrics, skill-offs, exams, projects)
- Changes of less than 50% to course outline components (course description, SLOs, UOs)
- Grade components

Campus:	<i>All</i>
Program:	<i>MO/MA</i>
Course:	<i>HCP103</i>
Person Requesting:	<i>Mary S. Wainio, HCA/CMA Instructor – Visalia Campus</i>
Date:	<i>5/31/13</i>

**SECTION 1: Improvement Information**  
*What exactly would you like to change?*

*We would like to change the Common Mastery Assessment in HCP103 related to Electronic Health Records. The current eMedsys rubric includes mastery of Modules 1-9. I would like to propose a change for this class to be more appropriately an introduction to the concepts of front and back office by decreasing the mastery level to Modules 1-5.*

*The current goal of completing all modules is not necessary to meet the CLO (CLO5):*

- Demonstrate use of practice management and EHR software*

**SECTION 2: Summary of Benefits**

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<p><i>back office area, and entering a patient chart note. This change allows the students to demonstrate front and back office Electronic Health Record skills aligned appropriately with their respective PLOs.</i></p>		
<p>3. Provide a general explanation of the benefits of the change.</p>		
<p><i>The students would be exposed to a focused amount of Electronic Health Record activity that is most relevant to all Medical Assisting and Medical Office Programs.</i></p>		
<p>4. How does this change better support the course or program outcomes? Please address specific SLOs (by number is ok) in your response</p>		
<p><i>This course is FILLED with material, and it is often very difficult to get through all that is required. It is also a course that is meant for both MA and MO students, so it is important to plan activities and assessments that are appropriate for both programs.</i></p> <p><i>In this course, students should demonstrate an introductory use of Electronic Health Records. This is all that is required for the CLO to be successfully met, and by reducing the required number of EHR modules, students will get the learning they need. This will make assessment and planning of this course more manageable.</i></p>		
<p>5. How does the change meet 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>		
<p><i>This change creates a more achievable goal in a class where there are eight course learning outcomes. It gives all programs involved exposure to Electronic Health Records.</i></p>		
<p>6. Additional information:</p>		
<p><i>Proposal involves utilizing Modules 1-5 of eMedsys in HCP103 as outlined below. The remaining modules, 6-9, will be utilized in MO specific courses in AY1 and course MAP205 in AY2.</i></p>		
<p><b>SECTION 3: Academic Leadership Input</b></p>		
<p><i>A statement from your Program Director or Division Managers</i></p>		
<p><i>This change would encompass an improvement for both Medical Office and Medical Assisting programs (including certificate program). This will meet the course learning outcomes and still achieve mastery of those items that are relevant to the student's overall program learning outcomes. This course is packed with activities, and difficult to get through all that is required at its current state. All information will still be covered and outcomes met in the following books:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <ol style="list-style-type: none"> <li>1. Perform the administrative functions required in the medical office                             <ul style="list-style-type: none"> <li>• (*Section 2 Units 5-10) (^Modules 1-5)</li> </ul> </li> <li>2. Recognize various insurance plans and claim forms                             <ul style="list-style-type: none"> <li>• (*Section 2 Unit 7)</li> </ul> </li> <li>3. Discuss CPT/HCPCS and ICD coding                             <ul style="list-style-type: none"> <li>• (*Unit 7 Chapter 15)</li> </ul> </li> <li>4. Apply effective communication skills in the workplace                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 4 Chapters 7-8)</li> </ul> </li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>5. Demonstrate use of practice management and EHR software                             <ul style="list-style-type: none"> <li>• (*Section 2 Unit 6; Unit 3 Chapter 5) (^Modules 1-5)</li> </ul> </li> <li>6. Discuss medical law and ethics                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 3 Chapters 5-6)</li> </ul> </li> <li>7. Demonstrate improved keyboarding and 10-key skills                             <ul style="list-style-type: none"> <li>• (+Typing and 10-Key Resources)</li> </ul> </li> <li>8. Follow HIPAA guidelines                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 3 Chapters 5)</li> </ul> </li> </ol> </td> </tr> </table> <p><i>*Medical Assisting Administrative and Clinical Competencies Textbook</i>  <i>^eMedsys The Total Practice Management Workbook</i>  <i>+Typing and 10-Key Resources</i></p>	<ol style="list-style-type: none"> <li>1. Perform the administrative functions required in the medical office                             <ul style="list-style-type: none"> <li>• (*Section 2 Units 5-10) (^Modules 1-5)</li> </ul> </li> <li>2. Recognize various insurance plans and claim forms                             <ul style="list-style-type: none"> <li>• (*Section 2 Unit 7)</li> </ul> </li> <li>3. Discuss CPT/HCPCS and ICD coding                             <ul style="list-style-type: none"> <li>• (*Unit 7 Chapter 15)</li> </ul> </li> <li>4. Apply effective communication skills in the workplace                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 4 Chapters 7-8)</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>5. Demonstrate use of practice management and EHR software                             <ul style="list-style-type: none"> <li>• (*Section 2 Unit 6; Unit 3 Chapter 5) (^Modules 1-5)</li> </ul> </li> <li>6. Discuss medical law and ethics                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 3 Chapters 5-6)</li> </ul> </li> <li>7. Demonstrate improved keyboarding and 10-key skills                             <ul style="list-style-type: none"> <li>• (+Typing and 10-Key Resources)</li> </ul> </li> <li>8. Follow HIPAA guidelines                             <ul style="list-style-type: none"> <li>• (*Section 1 Unit 3 Chapters 5)</li> </ul> </li> </ol>
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<p><i>Annette Austerman, DM</i></p>		

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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 Specialist for review.

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

2. VETTING: requires **between 15 and 120 days**
  - ✓ Curriculum Specialist 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 Specialist.
3. APPROVALS: requires **between 60 and 90 days**
  - ✓ Proposal is submitted to Director of Assessment 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 Specialist or designee build course outlines
  - ✓ Faculty and Curriculum Specialist or designee revise/build common mastery assessments
  - ✓ Academic Application Administrator and Registrar(s) build program IDs and schedules
  - ✓ Curriculum Specialist or designee builds Curriculum Repository
  - ✓ Faculty choose ancillaries and textbooks
  - ✓ Curriculum Specialist or designee update all corresponding assessment plans
  - ✓ Curriculum Specialist 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)**

**STANDARD:** Proposed course and program revisions must support the outcomes of the program and be in alignment with SJVC’s Mission Statement.

**POLICY:** The Proposal form is to be completed and submitted to the Curriculum Specialist.

**PROCESS:** The *Program Improvement Proposal* is to be completed in full and submitted with support documentation to the Curriculum Specialist. If the proposal involves a program on multiple campuses, stakeholders from those campuses will be asked to review the proposal during the vetting process.

**TIMELINE:** Program changes take a *minimum* of 120 days to implement. Please plan accordingly.

Campus:	Bakersfield
Program:	Emergency Services and Safety Management
Program Director/Division Manager:	Melissa Cahill
Contact Person: Melissa Cahill	Melissa Cahill
Date:	08.16.11

**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:

As we need to incorporate the math and English changes at this time, it is ideal to also make the desired program course changes now. The teach out will require no extra classrooms and one extra part-time teacher for a period of 14 months. We will accommodate this by utilizing small rooms normally used for labs or CPR, which are available in the afternoon shift. Teach-out classes will generally be of small size so rooms seating 6 to 12 students will work well for the teach-out.

**SECTION 1: SUMMARY OF BENEFITS**

*Provide a detailed narrative that clearly explains the benefits of the proposed changes to the course, program and institution*

Summary of Changes:

- Incorporating the new math/English 121 & 122 courses
- Adding a 10-week EMT academy
- Combining ESSM44 and ESSM 45 into one 5 unit course: ESSM 46
- Changing CJ 62A&B into CJ 61A&B – they have always been the same PC832 courses as CJC, so fixing the numbering
- The removal of 6 existing courses: CJ 14, CJ 15, ESSM 3, ESSM 30, ESSM 31, ESSM 500, MTH 90, ENG 1

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### History:

This proposal was initiated in August 2010. Just before submitting for approval in December 2010, the math/English implementation and new proposal process caused this proposal to be waylaid. The campus put together a plan for implementation of math/English and wished to resubmit in January. Since that time, we have been gathering data (in fits and starts) related to potential placement opportunities and the instruction of the recommended academy.

### Summary of Benefits:

There is a need in the community of Bakersfield for an EMT course. Bakersfield College has a 10-week EMT course that is offered twice a year (APPENDIX E). This course is offered in two ways. One way is through their Fire Academy; all Fire Academy students must complete the EMT course. Currently there is a 50-person waiting list for this program; it will be a year before those on the waiting list can be enrolled. The second way appears to be more arbitrary. Any student may enroll in the EMT course, but there is currently an 80-person waiting list for non-Fire Academy students. It will also be a year before those on this waiting list can enroll in the course.

Changing the current emphasis of the program from general safety and security to first (emergency) responders by adding one 10 unit, 10-week course on the role of the emergency medical technician (EMT), will improve our static program enrollment. This Academy will help generate both interest and credibility for our program.

The EMT Academy is a program developed and monitored by the State of California. They have a standardized curriculum and requirements for faculty, clinical hours, and certification to teach the program (APPENDIX F). At this time, we would like to contract out this service to *Environmental Safety Solutions*, a regular contract provider for our ESSM program (APPENDIX G).

The combination of ESSM 44 and ESSM 45 into one course will allow students to have ample time to complete the BSIS firearms training. Currently we have been experiencing a very difficult scheduling issue – scheduling time at the shooting range during the 1 period of ESSM 44. If these courses are combined, it allows more flexibility in getting out to the range on particular days. In addition, we will be able to incorporate more curriculum in this timeframe, and prepare students to earn the California Guard Card.

### Course elimination justifications:

CJ 14: *Juvenile Law and Procedures* is not in keeping with the new focus and historically has not been significant in helping graduates obtain employment

CJ 15: The content from the course *First Aid, CPR, and Fitness* will be taught within the proposed EMT Academy

ESSM 3: *Environmental Management* is not in keeping with the new focus and historically has not been significant in helping graduates obtain employment

ESSM 30: *Safety in Construction* is not in keeping with the new focus and historically has not been significant in helping graduates obtain employment

ESSM 31: *Safety in Agricultural Occupations* is not in keeping with the new focus and historically has not been significant in helping graduates obtain employment

ESSM 500: Removal of this *Professional Seminar* course will allow space for the new math and English courses. Portions of ESSM 500 will be incorporated into the security academy and the PC832 courses.

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### Increase enrollment:

We have an average of 40 enrollments in the ESSM program per year (APPENDIX B). By providing an EMT academy in the Bakersfield area, we will be able to increase our enrollment as there are currently lists of 50-80 people waiting to get into the Bakersfield College EMT training. "The BAK admissions team supports the program change and believes it would stimulate renewed interest for the program."  
(Wendi Oliveira, 07.21.11)

### Increase in placement options:

Currently, our ESSM students primarily get placement in security guard positions. With this improvement to our program, students can get placements as EMTs, enroll in the Fire Academy, and get additional placements in the oil fields and on oil rigs (APPENDIX C).

### Increase student engagement:

Currently we have an average of a 37% drop rate in this program. Engaging the students in more meaningful curriculum will assist in keeping students enrolled. Students have expressed a desire for an EMT academy, as well as more experience and hands-on skills to be provided in this program (APPENDIX D & APPENDIX H).

## **SECTION 2: SUPPORT DATA**

**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 services department, extern sites or employers, detailed recommendations from programmatic accreditation associations or new laws and/or legislation, research on current industry trends

**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, Enrollment data, Retention data, Attendance data, Course surveys

**Appendix A:** Proposed Matrix

**Appendix B:** Enrollment data

**Appendix C:** Placement data / Career Service Advisor statement / Firefighter job description / provider statement / Research on placement by Division Manager

**Appendix D:** Retention data

**Appendix E:** Course comparison - Bakersfield College EMT program

**Appendix F:** EMT academy requirements

**Appendix G:** Contract provider information and cost of academy

**Appendix H:** Student emails

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### SECTION 3: IMPROVEMENT OF STUDENT ACHIEVEMENT

*Provide a detailed narrative that clearly explains how the proposed changes will increase student achievement in the course and program.*

The EMT academy will assist in preparing the students to become first responders. The current ESSM program includes environment, farm and agriculture and construction training. These courses do not focus on the students overall goal which is to gain employment in the first responder career field. By making the above listed changes the students will be focused on becoming a first responder and all of the courses will complement each other creating student success.

### SECTION 4: ALIGNMENT WITH OUTCOMES

*Provide a detailed narrative that clearly explains how the proposed changes align with and support the Student Learning Outcomes: CLOs, PLOs, and/or ILOs.*

The Program Outcomes for the ESSM program are:  
Upon completion of this program, the graduate will be able to:

1. Demonstrate the social skills, professional appearance, attitudes and behavior that employers expect of all SJVC grads
2. Relate and apply concepts of communication, reasoning, critical analysis, ethical behavior and appropriate interpersonal interaction to situations in his or her career and personal life
3. Monitor and enforce at an entry level, facility and personnel safety
4. Reference and use statutory codes and laws in a variety of safety and security duties
5. Prevent, suppress, and react to, as well as lead in, emergency situations in the workplace
6. Obtain the following certifications:
  - PC832 Firearms
  - PC 832 Arrest and Control
  - BSIS California Guard Card
  - BSIS Exposed Firearm Permit
  - IAHS Basic Training Certification
  - Campus Security Officer Certification
  - Basic Forklift Safety Training Certificate
  - Confined Space Entry Training Certificate
  - Basic OSHA Safety Training Certificate
  - First Aid Certification
  - CPR Certification

By improving the program, we can add more courses that will support every one of these outcomes. We may even be able to add a higher level outcome to the PLOs by expanding and deepening their certifications and emergency situation skills.

### SECTION 5: IMPACT ON STUDENTS

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

Students have been clamoring for a better ESSM program for some time. This change will give them an improved and upgraded program, and allow them to get better placements. When the program originally started it included the EMT training, however over the years the training was removed due to lack of instructors. Many students have dropped the program after realizing they are not provided with

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EMT training. Other prospective students have not enrolled in school because we did not provide this type of training.

Current students may want a change of contract. This proposal has been in the works for some time, and current students may want the opportunity of an EMT academy.

### SECTION 6: IMPACT ON FACULTY

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

Contracting out the academy, so we do not need to personally meet those requirements. However, if we were to need to try to teach the academy in-house, we would need to hire new faculty that meet the certification requirements and monitor the students' clinical hours. The other changes can be addressed by our current faculty requirements and staffing.

### SECTION 7: IMPACT ON RESOURCES

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

Contracting out the academy, we do not need to personally meet the clinical site requirements. However, if we were to need to try to teach the academy in-house, we would need: a hospital or first responder agency to allow the students to complete their clinical hours.

The actual contract with outside provider will be engendered upon approval of this proposal, and brought forward to Senior Management.

The incorporation of the California State EMT Academy creates a 10-week course block in AY2. This creates 3 dark starts in a matrix, but generally 2 dark starts annually (8 instead of 10). As we currently average only 4 students per start, this will require that we enroll 8 additional students throughout the year, across the remaining starts in order to make up for the lost start dates. With the improvement to the program, we believe this will be easily accomplished.

### SECTION 8: IMPACT ON ACCREDITATION

*Is this change impact more than 50% of the program? If so, WASC may need to be notified. Do you have an external accrediting body? What are their requirements for this sort of change?*

Even though we are moving and deleting many courses, we only have 6 of 19 new courses (including Math and English). Therefore, we have not reached a 50% change.

There is an accreditation body for the EMT academy, and we will be contracting out that service.

### SECTION 9: INPUT FROM ACADEMIC LEADERSHIP

**Input from Campus Director: Kelly Walters**

"I see tremendous value to our students with the proposed changes to the ESSM program. These changes will support a more focused program that fills the needs of students and the community. The program changes allow the program to become more professional independent and less similar to the CJ program with a defined focus on first responder. From many conversations I have had with students,

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this is something they want to see. I feel with a more defined focus we will see an increase in our census through increased enrollments and stronger retention.”

**Input from Academic Dean: Michael McCloskey**

“This major Course Change for the ESSM Program brings a much needed focus on safety and safety management to our students. The curriculum as it has existed is a patchwork of subjects added through the years casting a broad net of disparate topics. These changes bring a tighter focus and will greatly benefit our students in their future careers.”

**Input from Division Manager/Program Director: Melissa Cahill**

“Many students come to SJVC in hopes they are able to become first responders. This type of education includes the Emergency Medical Technician Program. This program is only offered at one location and the class is difficult to enroll in due to the high demand. Opening the market for students to become EMT’s will increase our number of students and be an asset to the community as a whole. I support this program and believe it would be a great addition to the ESSM program.”

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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 Technician. 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 the Curriculum Technician 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 Curriculum Technician. 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 Technician 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

<p><b>Standard:</b> New supply and/or equipment purchases must support the outcomes of the program or instructional department, be in alignment with SJVC's Mission Statement and Institutional Learning Outcomes (ILOs), and show a positive correlation to career placement.</p>	
<p style="text-align: center;"><b>Curriculum Purchases</b></p> <p><b>Policy:</b> Curriculum purchases are defined as NEW items requested by faculty specific to student achievement of course and program outcomes and job placement.</p> <p><b>Process:</b> The <i>Purchase Proposal</i> is to be completed in full and submitted with supporting documentation to the Curriculum Technician. If the proposal involves a program on multiple campuses, stakeholders from those campuses will be asked to review the Proposal prior to final approval.</p> <p><b>Examples:</b> Patient simulators, virtual labs, durable medical equipment, HVAC training equipment</p>	<p style="text-align: center;"><b>Instructional Purchases</b></p> <p><b>Policy:</b> Instructional purchases are defined as NEW items requested by faculty to support classroom instructional techniques. Instructional purchases are not specific to any one program.</p> <p><b>Process:</b> The <i>Purchase Proposal</i> is to be completed in full and submitted with supporting documentation to the Classroom Technology Specialist.</p> <p><b>Examples:</b> Laptops and laptop carts, Interactive whiteboards, Clicker response systems</p>
<p><b>Timeline:</b> Allow at least 90 DAYS for purchase and installation after approval.</p>	
<p><b>Item:</b> Handpiece Air Station / \$356.99</p>	
<p><b>Total Cost: (for all campuses included):</b></p> <ul style="list-style-type: none"> <li>• Fresno: \$356.99 (2) = \$713.98</li> <li>• Bakersfield: \$356.99 (1) = \$356.99</li> <li>• Visalia: \$356.99 (1) = \$356.99</li> <li>• All campus cost: \$1,427.96</li> </ul>	
<p><b>Person Requesting:</b> Tamara McNealy</p>	
<p><b>Supervisor:</b> Jeff House</p>	
<p><b>Campus:</b> Fresno</p>	<p><b>Program:</b> Dental Assisting</p>
<p><b>Date:</b> June 28, 2011</p>	<p><b>Course(s):</b> All</p>

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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.*

Equipment ensures lubrication of high speed hand pieces will be conducted prior to sterilization; this will minimize hand piece break down and repairs. In addition, it improves infection control procedures by having students complete all instrument processing procedures in the sterilization area; eliminating cross contamination from students having to go back and forth from operatories to sterilization area in the middle of processing.

### 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.*

*From Policy to Practice: OSAP's Guide to the Guidelines page 85*

*"Step by Step: Handpiece Processing General Recommendations"*

The guidelines identify the process to use the air-station to flush and sterilize the handpiece (See attachment)

### Section 3: Improvement of Student Achievement

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

Improves infection control procedures by having students complete all instrument processing procedures in the sterilization area; eliminating cross contamination from students having to go back and forth from operatories to sterilization area in the middle of processing procedures.

*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?*

No

### Section 4: Alignment with Outcomes

#### **Curriculum Purchase**

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

CLOs listed below are found in all DA courses:

1. Identify and apply infection control regulations and procedures in accordance with the Dental Board of California and Cal-DOSH in a pre-clinical pediatric or orthodontic environment (1070.2 (d)(D)) (Title 16, Division 10, Chapter 1, Article, 1 section 1005)
2. Implement principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform at the DHCP at a minimum (B&P 1070.2 (d)(N))

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

- Currently, students have to go back and forth from operatories to sterilization area in the middle of instrument processing procedures to run lubrication in hand pieces; in many cases, a sterilization step is overlooked and not completed which leads to hand piece breakdown and replacement.
- On the Fresno campus, three operatory suites do not have direct access to sinks causing students have to go back and forth from operatories to sterilization area in the middle of instrument processing procedures to run lubrication in hand pieces.
- In many cases, the step is overlooked and not completed which leads to hand piece breakdown and replacement.
- Lubrication shields which attach to the hand piece have been purchased to minimize spray created during chair side lubrication process
- Skill competencies have been adjusted to accommodate setting; however, the routine is time consuming and ineffective.
- The hand piece air-station will create an effective infection control process and ensure proper maintenance of hand pieces.

### Section 5: Implementation

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

None

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

No

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

No

### Section 6: Ordering Information

Attach all of the following documentation:

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

Henry Schein	Item: Handpiece Air Station	Item #: 772-7481	Price: \$356.99	Quantity: 2
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### Section 7: Internal Research (completed by AA staff)

How many students are enrolled in this program on all campuses?

Is this item in use on another campus? If so, which campus(s)?

How will we measure return on investment?

- Student enrollment in the DA program on all campuses is 201.
- This item is not in use on another campus.

#### **Measurement of return on investment:**

1. There will be a reduction in replacement and repairs of handpieces due to a more effective lubrication system
2. DA program will remain in compliance with DA-OSHA regulations as outlined in the OSAP guidelines



## **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  
Standard = 14 points; Goal = 14 points with no Emerging criteria

Criterion	Initial -0	Emerging-1	Developed-2	Highly Developed-3
<b>Participation</b>	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.
<b>Process</b>	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.
<b>Planning and Budgeting</b>	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.
<b>Types and Use of Evidence</b>	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.
<b>Assessment of Learning Outcomes (PLO, CLO)</b>	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.
<b>Analysis of Evidence</b>	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 about total program effectiveness including the success rate of Program Learning Outcomes. Trends are identified.

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