

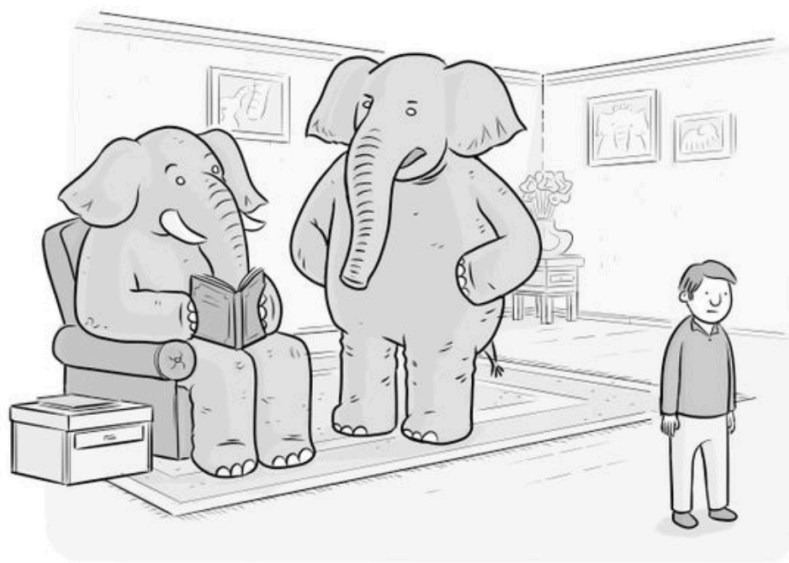


Assessment Basics for Performance Outcomes

Office of Assessment and Institutional Effectiveness

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"It's time we talked about the Carl in the room."

Source: Huffpost https://www.huffpost.com/entry/cartoonist-ellis-rosen_n_5979e678e4b0da64e8770071

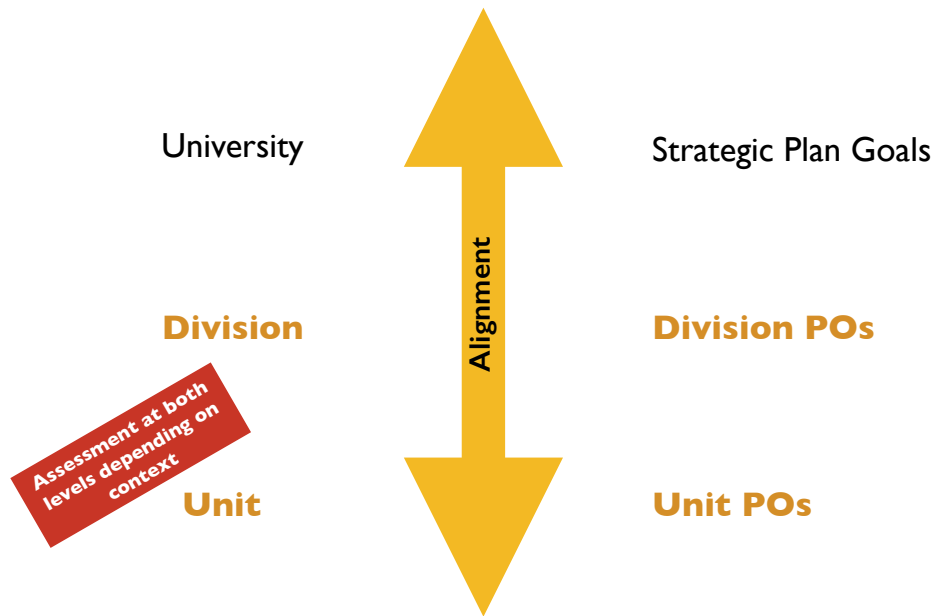
What is not assessment

- Assessment ≠ Accreditation
 - Accreditation requires assessment, but is not the primary purpose for assessment
- Assessment ≠ Evaluation
 - Assessment is unit-controlled, reflective, and aimed to increase (not judge) quality of operations
- Assessment ≠ Lots of extra work
 - Assessment can be done with existing, embedded measures that do not require a new set-up

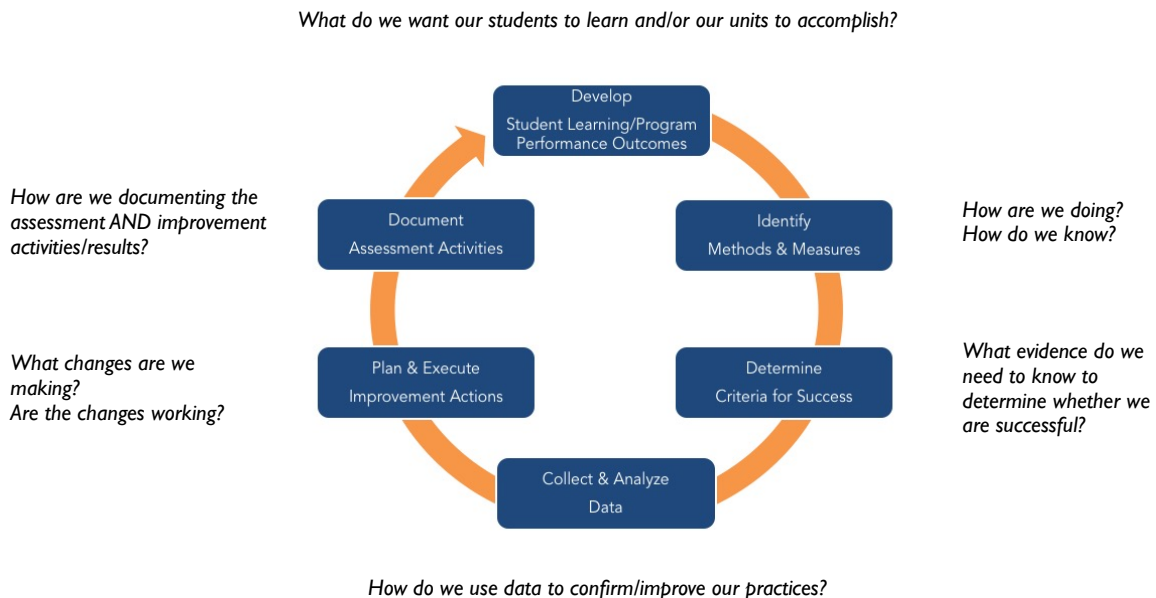
Assessment for improvement

- Assessment = Getting evidence-based answers to the questions that matter to us
 - *“Without data, you are just another person with an opinion.” (W. Edwards Deming)*
- Assessment = Improving operation efficiency and effectiveness
 - Assessment helps identify areas for improvement in our practices, and ways to improve them
- Assessment = Demonstrating effectiveness
 - Assessment showcases the positive impact of our hard work on student and institutional success

Three levels of assessment

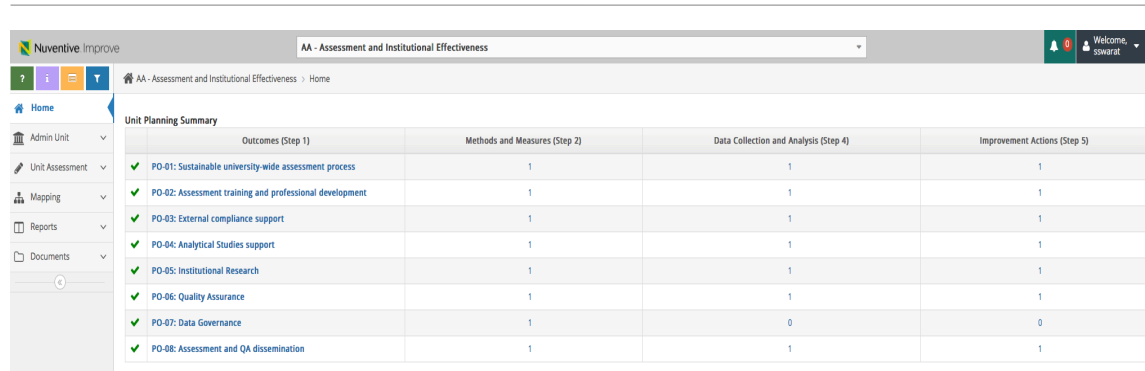


Six-step assessment process*



*AEEC Spring 2014

Annual assessment reporting and review



Unit Planning Summary	Outcomes (Step 1)	Methods and Measures (Step 2)	Data Collection and Analysis (Step 4)	Improvement Actions (Step 5)
✓ PO-01: Sustainable university-wide assessment process		1	1	1
✓ PO-02: Assessment training and professional development		1	1	1
✓ PO-03: External compliance support		1	1	1
✓ PO-04: Analytical Studies support		1	1	1
✓ PO-05: Institutional Research		1	1	1
✓ PO-06: Quality Assurance		1	1	1
✓ PO-07: Data Governance		1	0	0
✓ PO-08: Assessment and QA dissemination		1	1	1

- Assessment management system (AMS) available year-round for documentation
- Annual report collection (July 15)
- Assessment liaisons review to provide feedback



Step I: Develop performance outcomes

- A statement
- Measurable end results or consequences of activities, services, or program
- Variety of results
 - Timeline
 - Completion
 - Process efficiency
 - Process impact
 - Perception and satisfaction
 - Culture
 - ...



Start with a good PO

Service/Program

Appropriate
Comprehensive
Efficient
Effective
Satisfactory
Equitable
...

- Beneficiary centered, not division/unit centered
- Focus on “high-priority” operations/services
- Simple language
- Specific, clear and concise
- Demonstrable and measurable
- Discrete (no “double-barrel” statements)
- Manageable (more is not better)



Common issues with POs

Criteria for good POs	Example PO needing improvement
Beneficiary-centered, not division/unit-centered	The division provides excellent support to the campus.
Simple language	University processes are transformed with innovative technologies by advancing digital transformation to expand digital capabilities throughout the University.
Specific, clear and concise	Upon successful completion of a technology training, participants will demonstrate an increase in utilization compared to prior to their training. Further elaboration on this outcome, in response to feedback on the prior year's assessment report: 1) Upon successful completion of training, new staff will be able to: a) run a report b) post a system comment.
Demonstrable and measurable	Students will receive advising that optimizes their educational and personal success.
Discrete (no “double-barrel” statements)	Residents and clients will experience quality housing, residential engagement, and excellent food service.
Manageable (more is not better)	5-7 POs (recommended)

Case Study: Step I



Step 2: Identify methods & measures

- We are *already* and *always* assessing our performance
- The evidence/measures already in place are NOT always the best place to start
 - Do the measures address the PO?



Direct vs. Indirect

Direct

Actual impact of operations that speak directly to the PO

Quality/Quantity of service
 Completion/Usage/Error rate
 Processing time
 Needs analysis/Gap analysis
 Customer/Supervisor evaluation
 ...

Indirect

Reported perceptions about the impact of operations

Customer survey*
 Comparison to best practices
 Interview
 Focus group
 Impression or report by 3rd party
 ...

Use as **supplemental** evidence

Direct evidence helps tell us “what”, and indirect evidence helps tell us “why”.



Embedded & Value-added

Embedded

- Measures integrated into regular operations
- Prioritize embedded measures

Value-added

- Measures designed to capture the change, improvement or growth over time
- More indicative of the contribution of a division/unit
- Advanced practice (not required)



Choosing the right measure

- **Valid:** Are you measuring the outcome?
- **Reliable:** Are the results consistent?
- **Actionable:** Do the results clearly tell you what is or is not working?
- **Triangulation:** Are there multiple lines of evidence for the same outcome?
- **Meaningful and engaging:** Are staff engaged? Do the relevant stakeholders care?
- **Sustainable:** Can the process be managed effectively within the division/unit context?



Common issues with measures (part I)

Criteria for good measures	Example measures needing improvement
Valid	1. To measure the quality of services provided, the unit tracks the number of events held.
	2. To capture how administrative processes are being transformed with innovative technologies, the unit tracked the implementation timeline of new technologies.
Reliable	1. To measure attendance at professional development workshops, evaluation forms are counted.
	2. To measure employee satisfaction using a home-grown survey while the survey is about to go through major revision.
Actionable	1. The student success center measures its operational effectiveness by using the graduation rates of participating students.
	2. To measure participant satisfaction of an event, the unit asks the participants to use emojis to quickly indicate how happy they are with the event at the end of participation.



Common issues with measures (part 2)

Criteria for good measures	Example measures needing improvement
Triangulation	<p>1. To measure the impact of the communications campaign, multiple measures are used including email open rate, website page views, and website content updates. They yield different results, but no connections are drawn between the data points.</p>
Meaningful and engaging	<p>1. To measure employee satisfaction of a unit's services, employees are asked to take a 75-question survey to rate all services the unit provides. Employees receive \$20 for their participation.</p>
Sustainable	<p>1. The unit audits all paper-based records annually to determine compliance with policy.</p>
	<p>2. A program holds 25 focus groups every semester. The transcripts are reviewed by an intra-divisional committee.</p>

Case Study: Step 2



Step 3: Determine criteria for success (CFS)

- A performance standard
 - What level of performance is good enough?
 - Pre-determined!
 - Supported by historical data, reasonable expectations, professional standards...
- Can assume multiple formats
 - Average
 - Distribution pattern
 - Change from previous year/cycle
 - Difference from peers or other comparison groups
 - Can be qualitative depending on the corresponding measure



Common issues with CFS

- Some measures lack CFS
 - Every measure needs a corresponding CFS
- Focus on average and ignore score distribution
 - Average can be easily skewed
 - Distribution is often more telling, and helps pinpoint areas for improvement
- Inappropriate CFS
 - **Too high** (e.g. 100% attendees rate the workshop as “excellent”.)
 - **Too low** (e.g. Respond to 25% of student inquiries.)
 - **Ceiling effect** (e.g. Clients’ average evaluation rating improves by 10% every year.)
 - **Use average or “rate” when sample size is small** (e.g. 75% program participants rate the communications received as “effective”, when the cohort size is typically less than 10.)



Step 4: Collect and analyze data

- Same as what we do in a research study
 - Why collect the data (see step 1 - PO)
 - What data to collect (see step 2 - measures)
 - Where to collect data (prioritize “embedded”)
 - Who to include and how many
 - How the data are analyzed
- Sampling
 - Relevant, Representative, and Reasonably sized
 - Determined by the outcome and unit context
- **Disaggregation!**

Common issues with data collection and analysis



- No data
 - Expectation: 1 outcome per year
 - “Annual Assessment Summary” form needed if no data
- Misalignment between steps
 - Data collected do not match measures
 - Data analysis does not reference or match CFS
- Insufficient description of data collection or analysis
 - Where did the data come from
 - Who and how many participants/customers were included
 - How were the data collected and analyzed
 - How did the data compare with CFS
 - How did the data compare to prior years
- No reflection on how data relate to practice
- No connection between data from multiple sources

What would you like to see in an annual report?

Case Study: Step 3 & 4



Step 5: Plan and execute improvement actions

- Review the assessment findings

- Types of changes:

- Infrastructure
- Program design
- Service delivery
- Resource needs
- Assessment plan

- Don't forget to re-assess the improvement actions!

Weigh the pig

Feed the pig

Weigh the pig

NILOA (2014)



A good example for improvement actions

- For the “**Student Use of the HPAO for Allied Health Advising**” PO, the *Health Professions Advising Office* analyzed advising appointments for allied health professions, and found that there was room for growth for physical therapy advising.
- For improvement, the office:
 - identified there was no designated advisor for Kinesiology students;
 - discussed findings with Chair of Kinesiology Dept.;
 - began making classroom visits to KNES 202.
- The office reassessed after 1 year:
 - Pre-physical therapy advising appointments increased from 26 in 2018-19 to 67 in 2019-20.



Common issues with improvement actions

- Improvement actions have no connection to the data
- Improvement actions are vague
 - *“The leadership team will review the results and determine the next steps.”*
 - *“We will continue to monitor performance and make changes to the operations.”*
- Improvement actions do not have any follow-ups
 - Are the improvement actions from previous year/cycle implemented?
 - What is the impact of improvement actions from the previous year?
- Overemphasis on methodology (e.g. always focus on the measures)

Step 6: Document assessment activities



Nuventive Improve AA - Assessment and Institutional Effectiveness

AA - Assessment and Institutional Effectiveness > Home

Home

Admin Unit
Unit Assessment
Mapping
Reports
Documents

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✓	PO-08: Assessment and QA dissemination	1	1	1

Document
any time

Tell a
coherent story

Weigh the pig
AGAIN

Case Study: Step 5 & 6

Do assessment for the right reasons

Keep trying! You can make sure the results get used!
There's still hope! Try to improve the program!
Don't let your hard work go to waste!

This is just business. Just send that
boring assessment report and call it a
day. Don't worry about it.



Adapted from @AnnKEmery &
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