



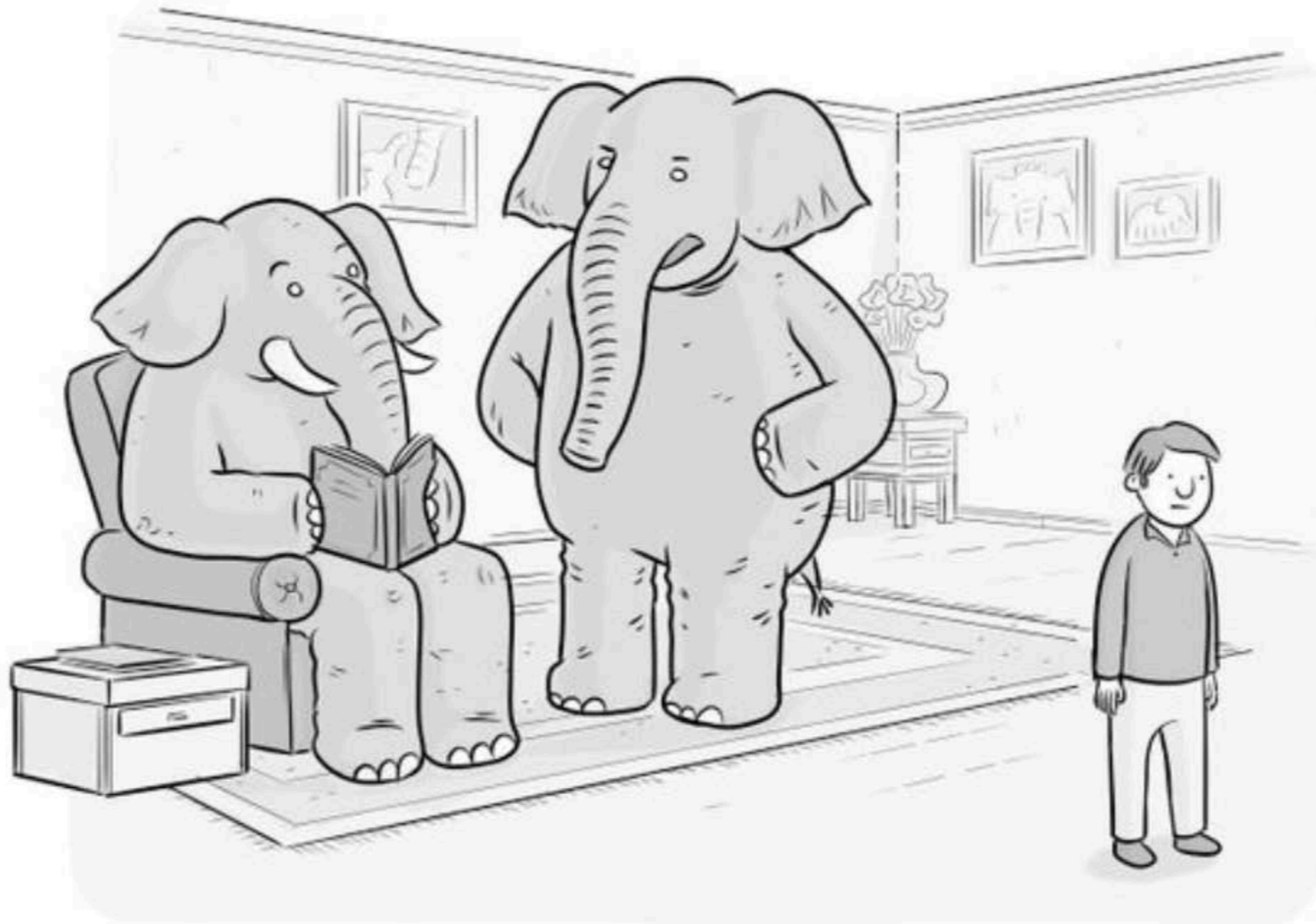
# Assessment Refresher for Non-Academic Units

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Office of Assessment and Institutional Effectiveness

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

*“We got 10 years from WSCUC,  
so why are we still talking about assessment?”*

*“What guarantee do I have that you will not use  
assessment data against me?”*

*“We are in the middle of a global pandemic.  
Stop adding more to our workload!”*

# What is not assessment

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- Assessment ≠ Accreditation
  - Accreditation requires assessment, but is not the primary purpose for assessment
- Assessment ≠ Evaluation
  - Assessment is division-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

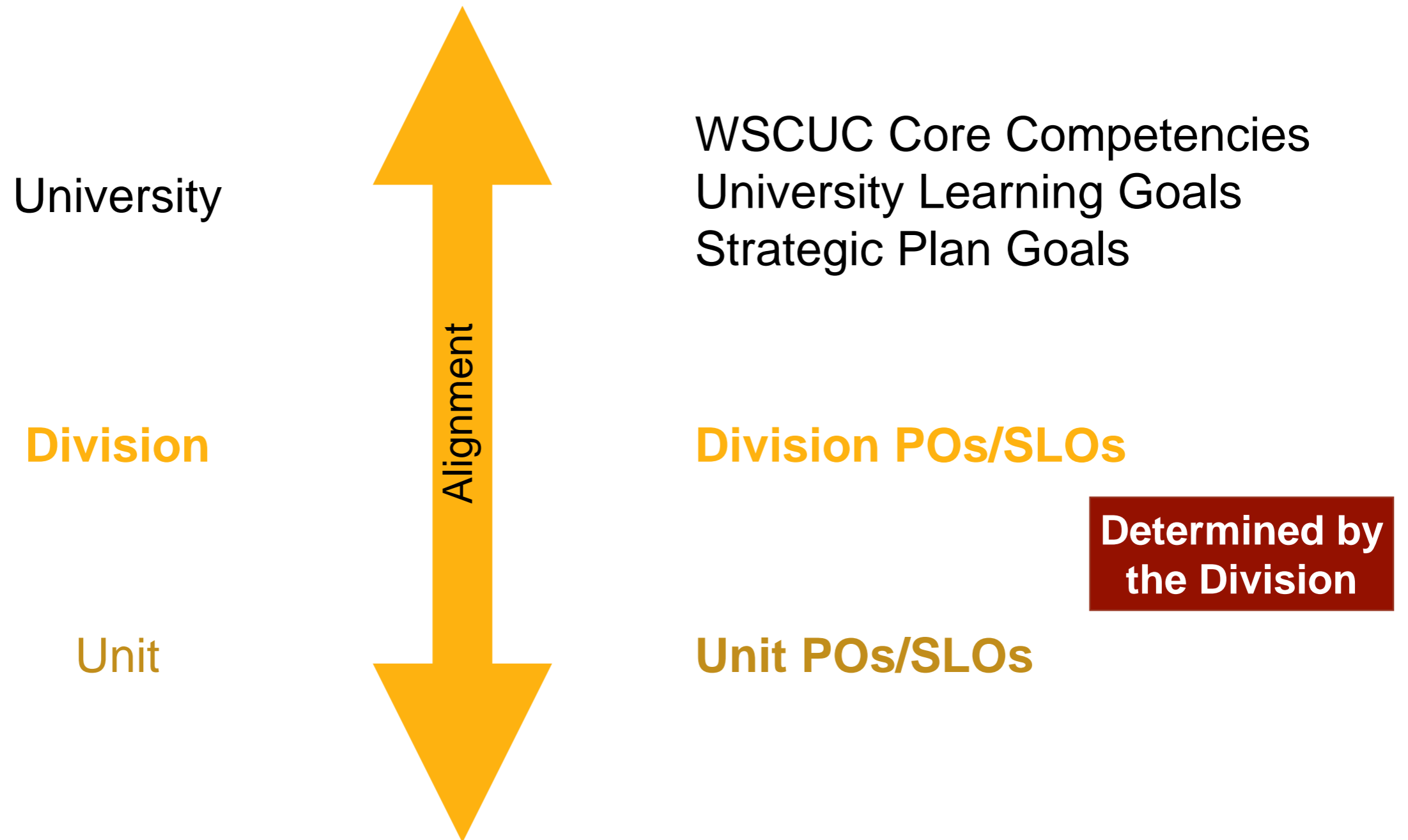
# Assessment for improvement

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- 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 teaching and learning
  - Assessment helps identify areas for improvement in student learning, and ways to improve them
- Assessment = Demonstrating operational effectiveness
  - Assessment showcases the positive impact of our hard work

# Three levels of assessment

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# Six-step assessment process\*

*What do we want our students and/or units to accomplish?*



*How are we documenting the assessment AND improvement activities/results?*

*What changes are we making?  
Are the changes working?*

*How are we doing?  
How do we know?*

*What evidence do we need to know to determine whether we are successful?*

*How do we use data to confirm/improve our practices?*

# Annual assessment reporting and review

The screenshot displays the Nuventive Improve software interface. The top navigation bar includes the logo, a dropdown menu for 'AA - Assessment and Institutional Effectiveness', and a user profile for 'Welcome, sswarat'. The left sidebar contains navigation options: Home, Admin Unit, Unit Assessment, Mapping, Reports, and Documents. The main content area shows a 'Unit Planning Summary' table with the following data:

	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 1: Develop POs/SLOs

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- A statement

## PO

- Measurable end results or consequences of activities, services, or program
- A variety of results demonstrating operational effectiveness

## SLO

- Significant and essential learning that students achieve at the end of a program
- What students should be able to accomplish at the end of a course, curriculum, or any educational experience

*PO or SLO?*

*Depends on the nature of the outcomes, not the function of the unit*



# Start with a good Outcome

## Service

Appropriate  
Comprehensive  
Equitable  
Efficient  
Satisfactory

## Knowledge

Facts  
Concepts  
Theories  
Principles

## Skill

Critical thinking  
Communication  
Teamwork

## Attitude

Civic engagement  
Cultural competency  
Professionalism  
Life-long learning

- Customer/beneficiary-centered, not division/unit-centered
- Aligned with the mission and goals of university/division, etc.
- Focused on “high-priority” operations/functions
- Simple language
- Specific, clear and concise
- Demonstrable and measurable
- Discrete (no “double-barrel” statements)
- Manageable (more is not better)



# Common issues with POs/SLOs

Criteria for good outcomes	Example SLO needing improvement
Customer-centered, not unit-centered	Division provides excellent customer service from all units.
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 experience advising that optimizes their educational and personal success.
Discrete (no “double-barrel” statements)	Residents and clients will experience quality housing, residential engagement, and food service.
Manageable (more is not better)	More than 5 POs/SLOs per reporting unit



## Step 2: Identify methods & measures

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- We are *already* and *always* assessing how we are doing and/or how our students are learning
- The evidence/measures already in place are NOT always the best place to start
  - Do the measures address the outcomes?



# Direct vs. Indirect

## Direct

Desired results of operations

Quantity and quality of service  
Completion/Usage/Error rate  
Analysis of processing time  
Needs analysis/Gap analysis  
Customer/supervisor evaluation

...

## Indirect

Reported perceptions about operations

Customer survey  
Interview  
Focus group  
Comparison to best practices in the profession

...

Use as supplemental evidence

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



# Embedded & Value-added

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## Embedded

- Measures integrated into regular operations
- Prioritize embedded measures

## Value-added

- Measures designed to capture the increase in students' learning during a program
- More indicative of the contribution a program makes to student learning
- Advanced practice (not required)



# Choosing the right measure

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- **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 unit context?



# Common issues with measures (part 1)

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 measure processes are transformed with innovative technologies, the unit tracked the prioritization of processes implemented.
Reliable	1. To measure attendance at professional development workshop, evaluation forms are counted.
	2. To measure students' leadership skills using a culmination exam while the exam is going through major revision.
Actionable	1. The advising unit tracks graduation rates.
	2. To measure students' understanding of major theoretical development milestones in the discipline, the faculty use a rubric to score student assignment. The rubric rates students' knowledge using a 5-point scale from "poor" to "excellent" without detailed descriptions.





# Common issues with measures (part 2)

Criteria for good measures	Example measures needing improvement
Triangulation	<ol style="list-style-type: none"> <li>To measure the impact of the communications campaign, multiple measures are used including email open rate, website page views, and website content updates. No connections are drawn between the data points.</li> </ol>
Meaningful and engaging	<ol style="list-style-type: none"> <li>To measure employee satisfaction of customer service for division units, employees are asked to take a 75-question survey to rate all division services, regardless of interaction with units. Employees are entered into a drawing to receive \$50 for participation.</li> </ol>
Sustainable	<ol style="list-style-type: none"> <li>The unit audits all paper-based records annually to determine compliance with policy.</li> </ol>
	<ol style="list-style-type: none"> <li>A program holds 25 focus groups every semester. The transcripts are reviewed by an intra-divisional committee.</li> </ol>



# Step 3: Determine criteria for success (CFS)

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- A performance standard:
  - What level of performance is good enough?
  - Pre-determined!
  - Supported by historical data, reasonable expectations, theoretical frameworks, 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

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- 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% students score in the “excellent” category on all of the rubric criteria.)
  - **Too low** (e.g. Students score at the national average level.)
  - **Ceiling effect** (e.g. Client evaluation rating improves by 10% every year.)
  - **Use average or “rate” when sample size is small** (e.g. 75% students receive a score of 80% or higher, when the cohort size is typically less than 10.)



# Step 4: Collect and analyze data

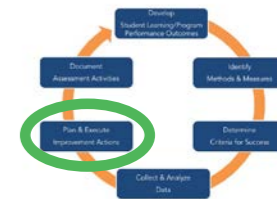
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- Same as what we do in a research study
  - Why collect the data (see step 1 – PO/SLO)
  - What data to collect (see step 2 - measures)
  - Where to collect data
  - Who to include and how many
  - How the data are analyzed
- Sampling!
  - Relevant,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

# Common issues with data collection and analysis



- No data
  - Expectation: 1 outcome per year
- Misalignment between steps:
  - Data collected do not match measures
  - Data analysis do not reference or match CFS
- Insufficient description of data collection, analysis or interpretation
  - Where did the data come from
  - Who and how many customers/students were included
  - How were the data collected and analyzed
  - How did the data compare with CFS
  - How did the data compare to prior years
  - How did the data inform practice
- No connection between data from multiple sources



# Step 5: Plan and execute improvement actions

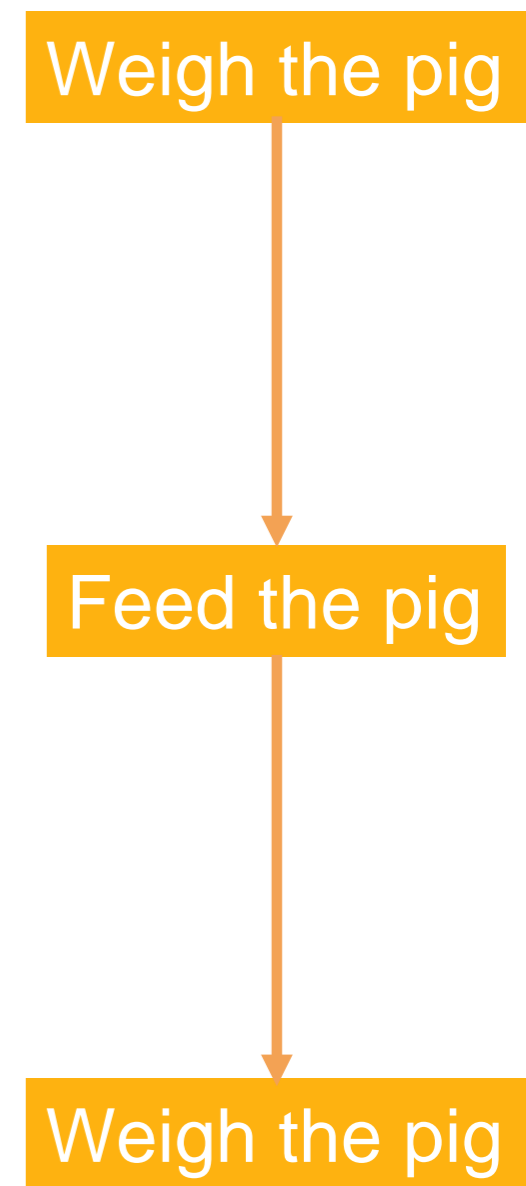
- Review the assessment findings

- Types of changes:

*Small changes matter*

POs	SLOs
<ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Program design</li> <li>• Service delivery</li> <li>• Tools used</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum</li> <li>• Pedagogy</li> <li>• Faculty/Staff support</li> <li>• Student support</li> </ul>
<ul style="list-style-type: none"> <li>• Resources</li> <li>• Assessment plan</li> <li>• More data collection?</li> </ul>	

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



NILOA (2014)



# A good example for improvement actions

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- 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

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- Improvement actions have no connection to the data
- Improvement actions are vague
  - *“The results will be shared with the staff.”*
  - *“We will continue to monitor performance and make changes to operations.”*
- Improvement actions do not have any follow-ups
  - Are the improvement actions from previous year/cycle implemented?
  - What is the impact of the improvement actions from the previous year/cycle?
- 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

Unit Planning Summary

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Document  
any time

Tell a  
coherent story

Weigh the pig  
AGAIN

# Adjust assessment for virtual environment

- Choose a PO/SLO that is least impacted by the modality of service
- Measure a previously assessed PO/SLO again to see impact of virtual operations
- Develop a new PO/SLO specific to the virtual setting



- Document throughout the year
- If you cannot carry out assessment, tell us why and what you will do next year to continue

- Prioritize embedded measures
- Indirect measures may be particularly telling
- Take advantage of technology to collect artifacts

- Reflect on the implication for online operations
- Change what you can - small changes are fine

- Adjust CFS to virtual settings
- Keep the same CFS to allow for comparison b/w virtual and F2F

- Sampling
- Use historical data (e.g. combine multiple years)
- Target specific population (e.g. demographic groups...)

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