TEXAS TECH UNIVERSITY
Office *of the* Provost
Office *of* Planning & Assessment

# *Degree Program Evaluation*
# *2017-2018 Report*

Office *of* Planning and Assessment

*The Degree Program Evaluation for all **2017-2018** assessment reports in Nuventive Improve was completed in the spring 2019 semester. Feedback was provided during summer 2019 department chair visits; our intention is to offer suggestions on quality improvements that will advance 2018-2019 assessment reporting.*

The Program Assessment Rubric (PAR) was designed to measure baseline evidence of student learning outcomes assessment as well as provide developmental feedback. There are four components to the rubric, each reflecting key assessment expectations. The maximum available score is a cumulative score of 16, which reflects a 4.0 for each of the 4 components. However, the maximum score is divided by 4 to reflect an overall score for each of the components ranging from "Initial" to "Highly Developed." A final score of 4.0 reflects a "Highly Developed" annual assessment report. A minimum score that would still be considered to meet baseline criteria would be one step below "Highly Developed" for each component, or "Developed." Lower than "Developed" would be either "Initial" (a score of 1) or "Emerging" (a score of 2). However, a program could also be found Non-Compliant if any section was not reported. The components are as follows:

- *Student Learning Outcomes* - This component has a maximum score of 4.0. All programs are required to have three to five outcomes that specifically measure student learning. Two outcomes are satisfactory, contingent on the quality of the outcomes documented.
- *Assessment Methods* - This component has a maximum score of 4.0. Each outcome requires multiple methods of assessment that are measurable and related to the outcome.
- *Results* - This component has a maximum score of 4.0. Not only is it important to document results of the assessment methods, but it is important that the results demonstrate critical reflection so they can be used to improve student learning.

- *Actions for Improvement & Follow-Up* - This component has a maximum score of 4.0.  Each program is required to document how results were used (or are planned to be used) to make improvements to student learning within the program.  OPA does not require Actions for Improvement or Follow-ups for every result, but there should be evidence that quality improvements are regularly implemented.

Based on a reviewer's comment during the 2015 SACSCOC On-Site visit, programs that had a significant number of online or distance coursework were recommended to report as a campus-based program and an online program.  Therefore, a total of 234 Nuventive Improve degree program accounts were evaluated for the 2017-2018 academic year.  Each degree program was evaluated twice by an OPA staff member.  See Chart 1 for a breakdown of reviews by OPA staff.
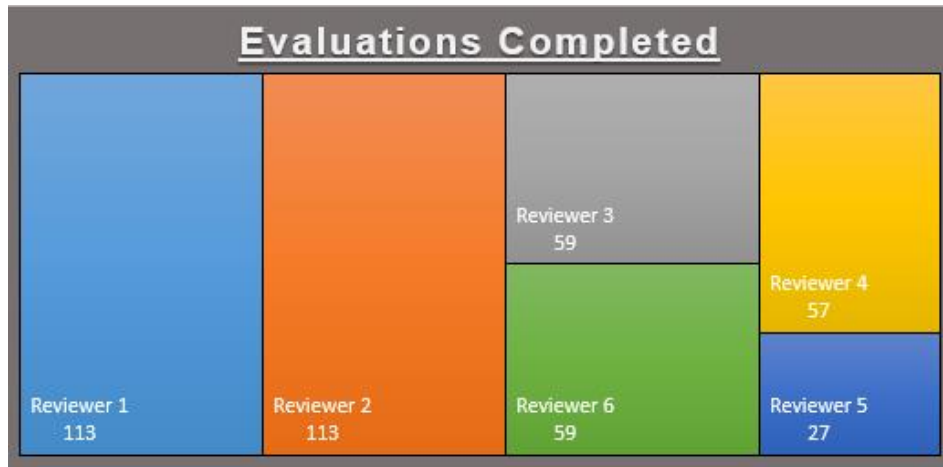
## 234 Programs Evaluated



### Evaluations Completed

Reviewer 1 — 113
Reviewer 2 — 113
Reviewer 3 — 59
Reviewer 6 — 59
Reviewer 4 — 57
Reviewer 5 — 27

*Chart 1*

Of those 234 accounts, 47% were found to be Non-Compliant.  The primary issue was a failure to report "Follow-Ups" in the "Actions for Improvement" section.  Note that this report demonstrates a higher level of non-compliant accounts for the 2017-2018 Academic Year.  The reasons for a decline in overall scores will be discussed in the conclusion section of this report, but a significant reason for the decrease in scores was due to scoring a program non-compliant if no "Follow-Ups" were identified. This was the first year for the new, more rigorous evaluation.

Chart 2

Of the 234 programs evaluated, 122 (53% of all programs) were found to be compliant, determined by having an overall score of at least a "Developed" status. Sixteen of these programs (7% of all programs) have also been identified as "Exemplary."  Exemplary programs were evaluated with a 4.0 for each of the component areas and demonstrated additional best practices.  This designation is largely qualitative, but is based on the collective experience of OPA staff.  At the end of this report a trend analysis will show that the overall evaluation scores have declined due to the increased expectations with reporting.  Additionally, a one-year change analysis (see chart 3) shows that the percentage change of evaluated programs shows a significant decrease in the number of programs that met the internal threshold of compliance, an overall score of "Developed" or above.  This can be attributed to the increased expectations with reporting for this assessment cycle.

The conclusion of this report will demonstrate the need to address what was significant progress since the 2015 SACSCOC Compliance Certification Report.  Strategies will also be discussed including the need for continued consultation with department chairs and program coordinators.
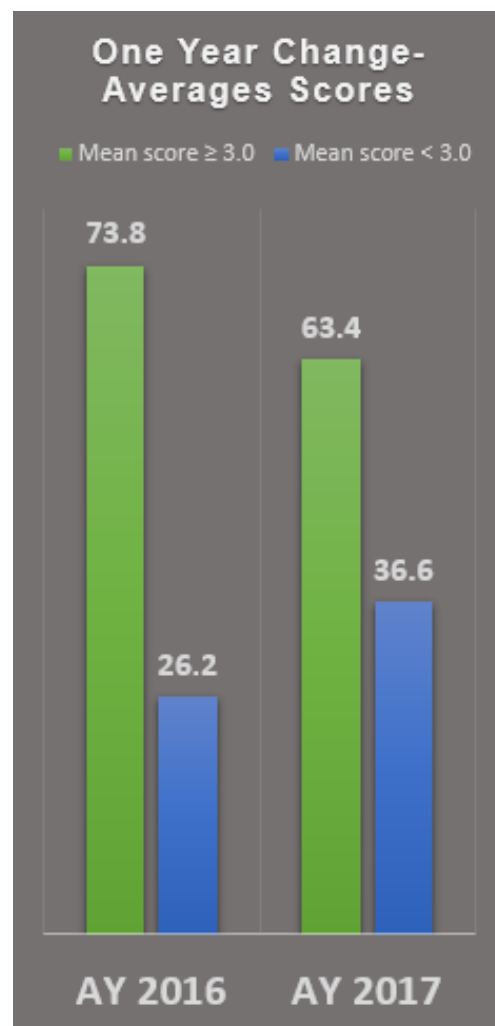


Chart 3

3

The Office of Planning and Assessment meets with academic departments annually to review findings and provide feedback. The program-level report (Graphic 1) provides a component area score, qualitative feedback, and three charts that provide comparative data. OPA additionally provides recommendations for improving future reporting, an analysis of findings, and, when appropriate, directions to ensure compliance. OPA also discusses the importance of future requirements. For 2018-2019 reporting, this will include the importance of addressing and documenting "Follow-Ups" for all "Actions for Improvement" identified in the 2017-2018 report. Below is the template that is used for those reports.
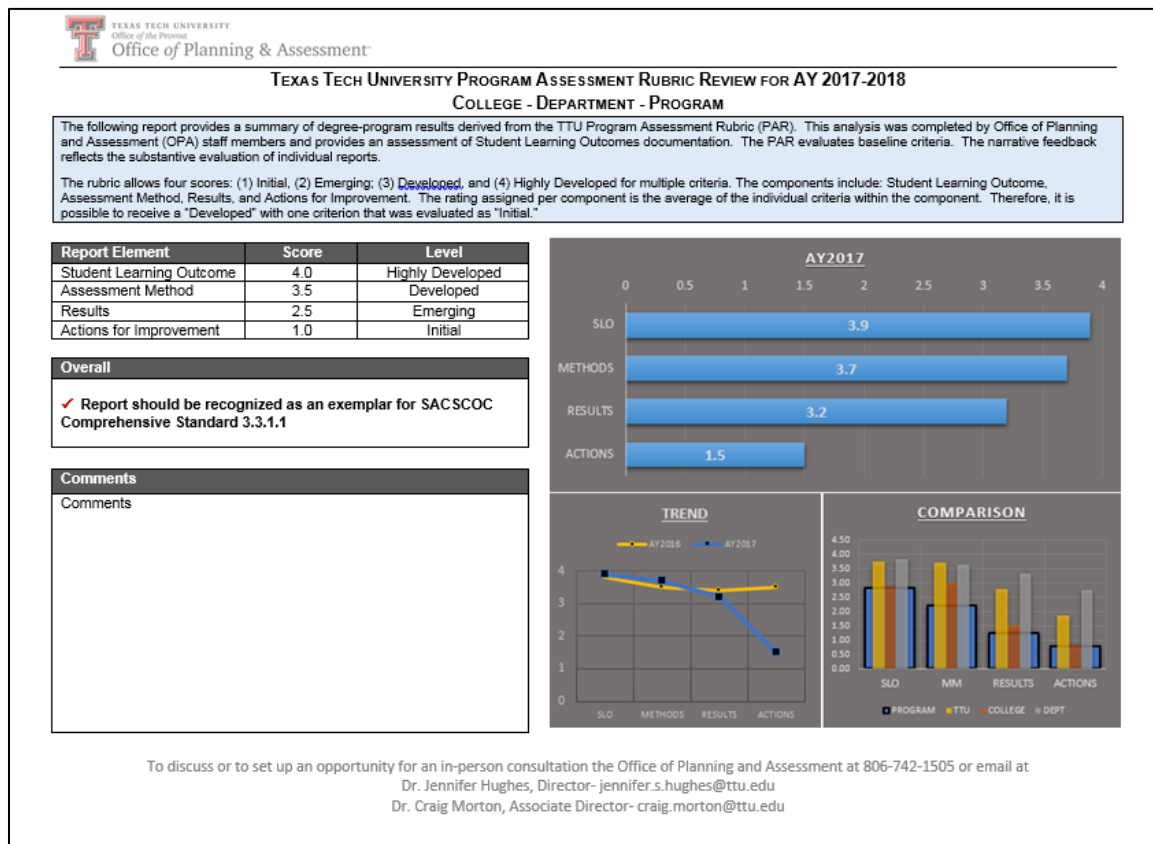


Graphic 1

## College Comparison

The overall college-level results from the PAR evaluation generated a mean score of 3.06, or just above the "Developed" threshold. Most colleges exceeded the mean score with two colleges exceeding the 3.50 mark. When comparing colleges and the evaluation scores for each college it is critical to keep in mind that there is significant variability in college size. Any one college's results do not necessarily impact the overall scores of the institution. However, there were three colleges whose mean scores were below the 2.50 mark and collectively this had an impact the overall score of the institution (see Chart 4).
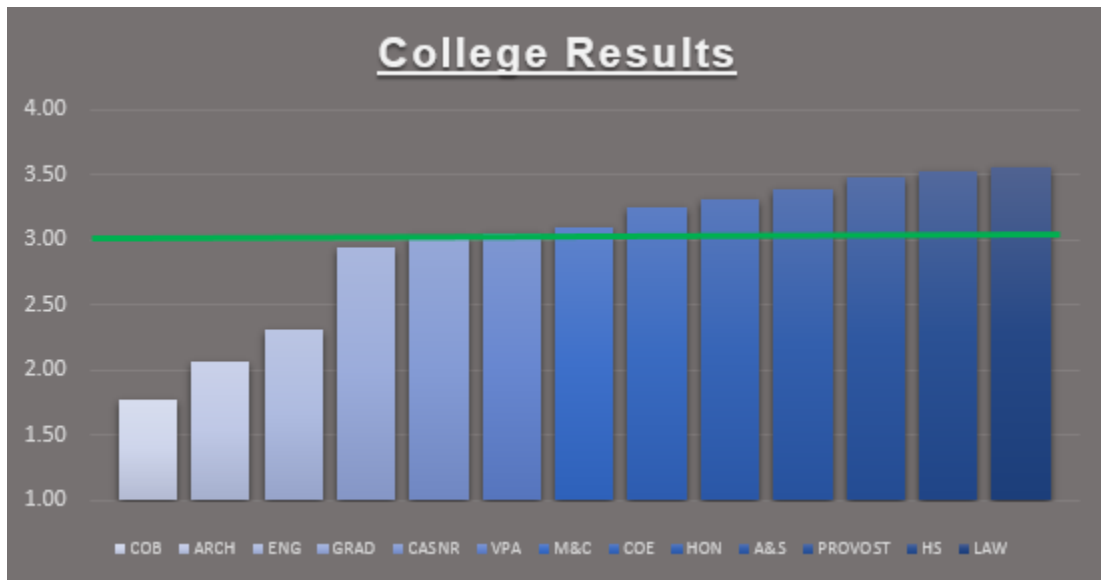
## College Results

*Chart 4*

*\* Due to revisions to assessment plans that would align with AACSB standards, Rawls College of Business did not report 2017-2018 assessment data by the required deadline for running and evaluating reports and were subsequently evaluated with minimal documentation. Since the analysis was completed, Rawls College of Business has provided additional documentation for 2017-2018 assessment. Rawls was notified of this situation during ongoing consultation.*

The variance in college-level evaluation scores is likely attributed to several factors such as reporting structure, centralized oversight, and factors related to institutional effectiveness measures.  However, there were two significant factors that impacted scores more than others:

- The most problematic area was that no "Follow-Up" documentation was provided (104 programs overall) with low-performing colleges being the most prone to this issue.

- The second contributor to low college-level scores was no reporting at all for 2017-2018 Assessment Reporting requirements.  The annual deadline for reporting is October 1, but extensions can be offered based on specific circumstances.  Most areas eventually reported, but many of those programs did not enter data until after evaluations had begun in January.  Low-performing colleges were again most prone to not reporting.
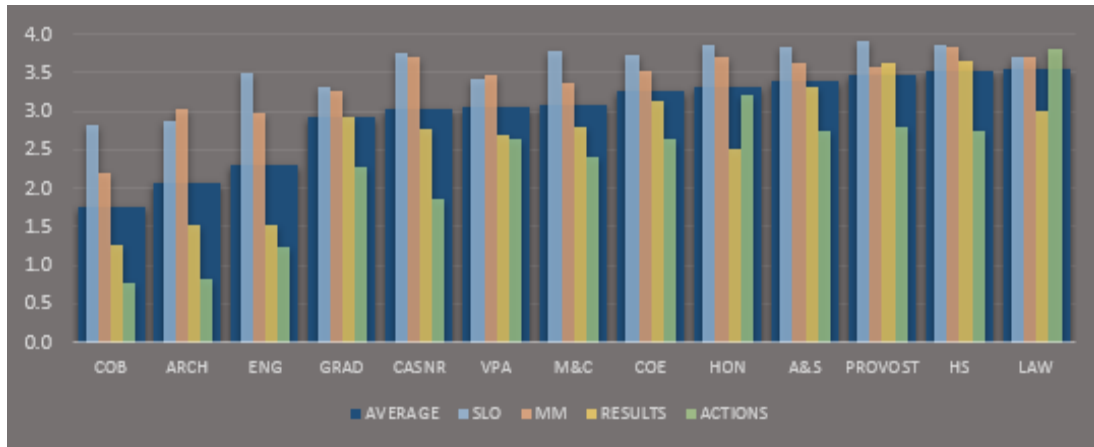
In the conclusion of this report, strategies will be discussed to improve college-level results, but it is clear that in addition to departmental and program coordinator outreach, specific college-level interventions are needed (see Chart 5).

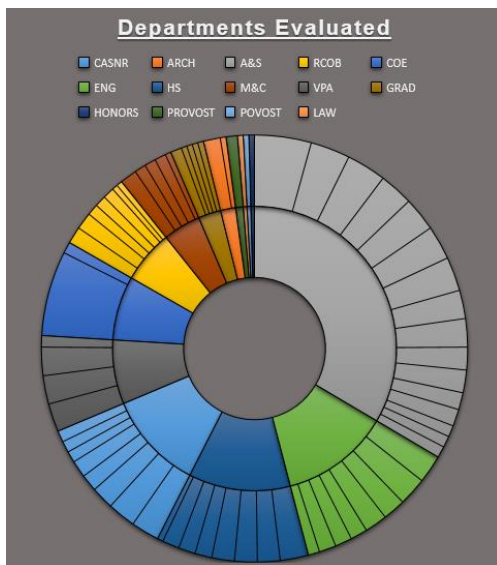## **Department and Program Level Comparison**



*Chart 6*

Departmental and program-level evaluations generate interesting findings. Chart 6 provides a breakdown of departments that were evaluated by college. As mentioned previously, the size of various colleges needs to be considered when comparing institutional impact and the three lowest performing colleges did have a negative impact on institutional scores. Despite these two conditions, the significant variation in scores indicates that an institutional understanding or commitment to degree program assessment is lacking. The longitudinal analysis at the end of this report demonstrates that there was a major improvement during reaffirmation, but since that time evaluation scores have steadily decreased despite the change in evaluation methodology. SACSCOC was undoubtedly the catalyst for change but what that change means has yet to be determined. Departments and programs that are primarily influenced by compliance or punitive impacts may lack the infrastructure for long-term change to student learning assessment. However, many departments have embraced student learning assessment and see it vital to ongoing compliance, impacting student learning and teaching pedagogy, or simply ensuring that the right person is managing the process.

Chart 7 demonstrates the variance among evaluation scores across the university with few programs having an identical score. With an institutional average just over 3.00, most programs are exceeding that threshold but represent less variance in score. However, what it also reflects is that those programs that fell below the mean had scores that dropped rapidly. This further indicates that strategies for improvement need to be targeted and specific to individual circumstances. The strategies for improvement need to address program, department, and college-level circumstances to assist these programs with ensuring compliance and understanding the value of student learning assessment.
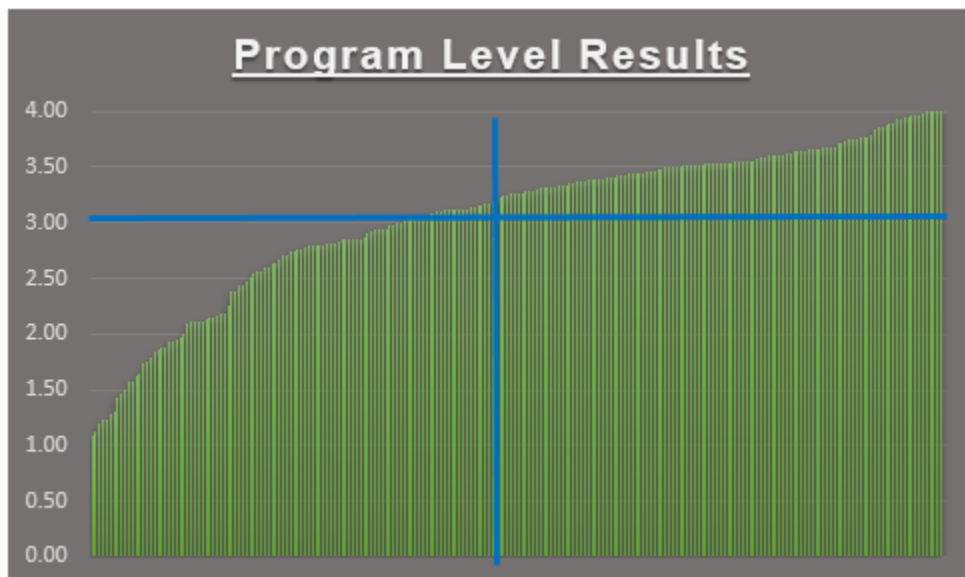


*Chart 7*

## Evaluation by Component Area

When looking at the evaluation by component, the previous arguments become even clearer. This portion of the report will look at an evaluation of aggregated data, but the same conclusions are still applicable. Table 1 and Chart 8 demonstrate two significant aspects of the evaluations.

- There is a rapid decrease from program assessment plans (Student Learning Outcomes and Methods of Assessment) to the annual reporting components (Results and Actions for Improvement). Assessment plans which may not change every year are relatively strong while annual reporting was more problematic.
- The standard deviations for each component demonstrate greater variance by component area. Most evaluations of assessment plans fall within a small range of scores, but annual reporting demonstrates that there is less understanding for or general participation in documenting continuous improvement.

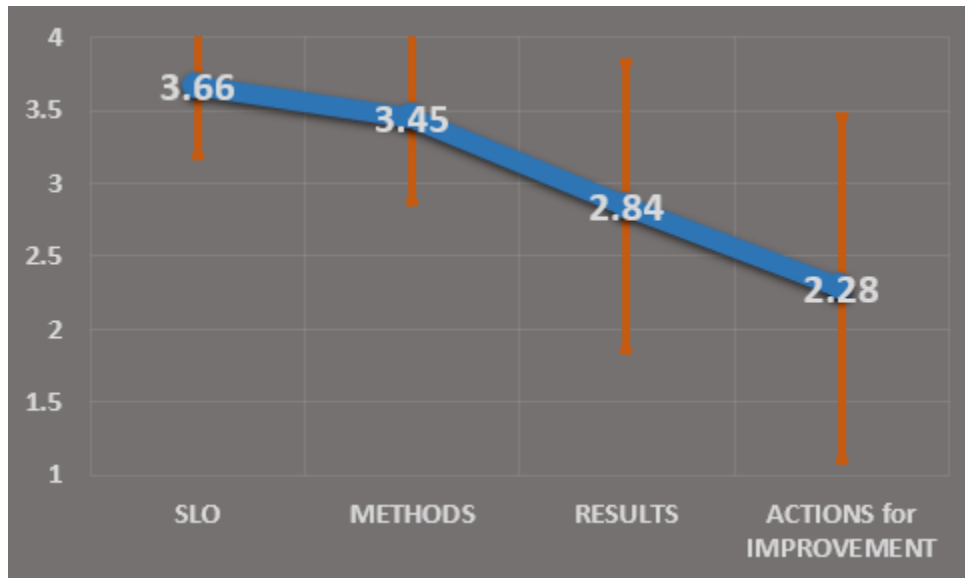|  | Mean | S.D. |
|---|---|---|
| **SLO** | 3.66 | 0.48 |
| **METHODS** | 3.45 | 0.58 |
| **RESULTS** | 2.84 | 0.99 |
| **ACTIONS for IMPROVEMENT** | 2.28 | 1.18 |

*Table 1*



*Chart 8*

**Faculty Peer Review**

The Program Assessment Rubric (PAR) is the primary method of assessing degree program annual assessment. However, of growing importance and influence is the Faculty Peer Review process established because of the development of an Institutional Effectiveness (IE) Committee. The institutional committee consists of representatives from each of the 13 colleges. Each member of the committee has as a part of their charge to oversee a College-Level Institutional Effectiveness (IE) Committee. The College-Level IE Committee has been asked to initiate a faculty peer review of a sampling of degree program annual reports. The rubric that is used for the Faculty Peer Review is different from the PAR in two significant ways. The first is that it is designed to be easier and quicker to complete. This is in part to garner support for the process, but also allow for multiple reviews by participating faculty. The second aspect of the Faculty Peer Review Rubric is that it is intended to evaluate appropriateness of assessment. While the PAR is more extensive, it is designed to evaluate completeness of reporting and general assessment practices. The PAR evaluation does provide qualitative feedback that is intended to assist programs in developing more meaningful assessment, but as evaluators that are not familiar with each discipline, appropriateness of assessment is not evaluated. The Faculty Peer Review is conducted by peers that

can give feedback on the types of learning expected and the methods selected.  The Simplified Peer Review Rubric asks faculty to provide feedback on a 6-point scale (Strongly Disagree to Strongly Agree) on the following questions:

1. The Student Learning Outcomes identified by this program are applicable and appropriate for the program.
2. The Assessment Methods used by this program for measuring student learning are applicable and appropriate to meet the disciplinary needs of the program.
3. The Results that the program entered are useful for understanding the extent to which students learned the intended outcomes.
4. The Actions for Improvement that the program entered will help that program better assess student learning or improve student learning in general.
5. Comments

At the time of this report, Faculty Peer Reviews for the 2017-2018 Academic Year are still being completed by College Level IE Committees.  Once the evaluations are completed, the results will be added as an addendum to this report.

**Conclusion**

*Longitudinal*

The Office of Planning and Assessment is currently making plans for the submission of the Fifth-Year Report to SACSCOC in March 2021.  The documentation of student learning assessment and demonstration of a commitment to continuous improvement are critical to that report.  Overall, this report reveals that the Office of Planning and Assessment has increased expectations for assessment reporting and hopes that these reporting expectations will continue in subsequent assessment cycles.

When the PAR evaluation process began for the 2015 Compliance Certification Report, institutional scores were very low for each of the four components.  It is worth noting that at the time of the initial review in 2015 that no Follow-Ups or Actions for Improvement were negatively evaluated and that certain "blanket statements" were permissible.  The basic infrastructure and institutional culture for learning assessment is strong and there are places of meaningful and significant improvement.  However, it is important that areas of opportunity are acknowledged.  Below, Chart 9 summarizes the overall mean score by component area for the past several assessment cycles.  Also included are a series of strategies that should be considered based on these data to improve reporting compliance.
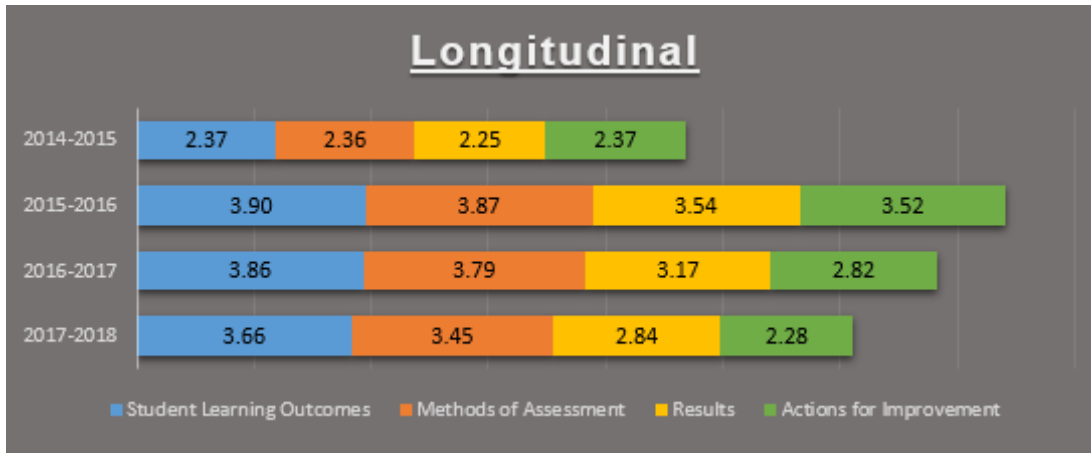
*Strategies for Improvement*

- **Educational Outreach** is an important role of OPA.  We offer software trainings, content-based trainings, and multiple individual and group consultations throughout the year.  OPA will continue to revise and assess our outreach opportunities.  However, it is important that assessment representatives and advocates encourage participation within their colleges.

- **Chair Visits** occur in the spring and over the summer and cover many topics that range from faculty rosters to Core Curriculum data.  In 2019, greater emphasis will be given to documenting actions for improvement and follow-ups.

- **Faculty Peer Reviews** are relatively new, but have the potential to provide substantive feedback from faculty peers.  Greater involvement in the process with more timely evaluations needs to be addressed.

- **The Institution-Level IE Committee** has the potential to have a significant impact on student learning assessment and continuous improvement.  The committee should discuss how to address areas of opportunity and continue to provide advocacy and support for the assessment processes within their individual colleges.

- **Non-Compliance Updates and Reports** should take priority.  OPA has historically tried to work with program coordinators and chairs to rectify late assessment reports, with notifications to the Provost's Office being a last resort.  However, earlier notifications to the Provost's Office did have a positive effect.