College of Health and Human Services
2020-2021 Assessment Report

1. Assessment Processes

    The College of Health and Human Services offers programs that represent sixteen distinct health-related disciplines. Nine of these programs are accredited and are in good standing with their accrediting bodies. The approach taken by CHHS is to create a process that is beneficial to both accredited and non-accredited programs, and that focuses on the collection of data relevant to student outcomes. During the 2016-2017 academic year, each program was asked to develop a plan for assessing student learning outcomes. One component of this plan was a timeline for assessing SLOs over a three-year period. A new report template was also created that highlights the SLOs to be assessed in a given year, the means of assessment, the criteria for success, results, and how the results were used to improve an instructional plan for each SLO (see Appendix A). The final page of the report seeks information about major difficulties experienced, and goals for the next academic year. The three-year cycle ended in 2020.

    In 2020, CHHS made an adjustment to the composition of the college's Assessment Team. In the past, the team consisted of four faculty members (representing each of the four schools), the four School Directors, and the Associate Dean (Chair). In October 2020, the CHHS Executive Council proposed a change to the Assessment Team structure that led to having more faculty members represented on the Team. The CHHS Faculty Advisory Council approved the new Team composition at their November 2020 meeting. The new Team format consists of eight faculty members (two from each school) and the Associate Dean (Chair).

    The newly developed CHHS Assessment Team met in January, 2021 to discuss the goals of the 2020-21 academic year. Given the ongoing COVID-19 pandemic and the impact it was having on normal operating procedures, it was decided to redirect our focus this academic year. The Assessment Team opted to focus on gathering information on how programs have used data and assessment outcomes to make substantial changes to the program or a course. Furthermore, the Team wanted to know if these changes led to an improvement in student learning outcomes…closing the loop.

    Each member of the Assessment Team conducted a discussion/interview with program directors from one or two CHHS programs. A number of "talking points" were created to help facilitate the discussions. In addition, a template was provided to record closing the loop examples. Appendix B provides a more detailed description of this exercise, as well as a copy of the report template. The deadline to submit these reports was April 15th.

    Program Directors generally take the lead in all program assessment efforts in CHHS. However, the expectation is that all faculty members participate in the process (i.e., data collection, analysis, synthesis, creation and implementation of action plans, etc.). The Dean and Associate Dean meet regularly with Program Directors as a group and individually to share information and discuss program-related matters. Assessment is a topic that is always

discussed. The Associate Dean is the go-to person for Program Directors to seek assistance on all areas specific to assessment and accreditation.

2. Specific examples of improvements made to courses, programs, instructional approach, etc.
3. Changes made to student learning outcomes and/or assessment processes.
4. Continuous improvement over time

Due to the nature of the above stated activity. For the purposes of this report, I will combine sections 2, 3 & 4 to avoid redundancy in the report. Below are examples from some of the CHHS programs that participated in this activity.

Sport Management

Both the undergraduate and graduate programs have undergone several changes during the past three years. The overall driver for these changes is to meet the students' needs to be both marketable and competitive. Therefore, the changes reflect the desire to have a curriculum that is current, applicable, and relevant within the field of sport management. A significant change was made to the undergraduate program to eliminate a three-class intent sequence because it was found to be problematic for students, and it was not serving its intended purpose. Additionally, SMGT 363: Sport Risk Management and SMGT: Sport Governance, Regulation, and Policy were revised and content tailored in such a way to prepare students for the industry, as well as capitalize the faculty's strengths. The graduate program's SMGT 567: Sport in American Society is now a required class in the program. This class discusses current societal issues related to sexism and racism that impact the field. Two electives, SMGT 665: Sport and Exercise Psychology and SMGT 560: Ethics in Sport Management Analytics have been added as required courses. These changes reflect the market demands and employer expectations in the field of sport management.

Another example of continuous improvement involves SMGT 255. The undergraduate Sport Management students must create an executive summary for a critical and creative proposal for a significant rule change within the sport entity of their choice, and assess their ability to critically examine a situation and develop a creative solution to better that sport. The program's criteria for success is that 80% of the students would earn an 80% or greater on this assignment. This goal had not been met, with only 64% of the students meeting the prescribed metric. The program decided to change the content map of the course and devote a class period to the organization, formatting, and the topic selection process. This alteration led to a 15% increase in performance.

Public Health Education

The Health Education graduate program requires students to successfully compile an electronic portfolio describing their proficiency in the Health Education Seven Areas of Responsibility identified by the National Commission for Health Education Credentialing (NCHEC). The program uses a grading rubric in HLED 695. The expectation is that 70% of

the students will score a "B" or better for each of the Areas of Responsibility. The table below displays the students' scores from 2017 to 2020.

Area of Responsibility		Percent Earned a B or Better (Percent Earned an A)			
		2017 (N = 8)	2018 (N = 6)	2019 (N = 5)	2020 (N = 5)
Area 1	Assess Needs, Resources and Capacity for Health Education / Promotion	75% ≥ B (50% A)	100% ≥ B (100% A)	80% ≥ B (40% A)	100% ≥ B (100% A)
Area 2	Plan Health Education / Promotion	88% ≥ B (50% A)	83% ≥ B (83% A)	80% ≥ B (20% A)	100% ≥ B (40% A)
Area 3	Implement Health Education / Promotion	75% ≥ B (50% A)	100% ≥ B (83% A)	80% ≥ B (40% A)	100% ≥ B (40% A)
Area 4	Conduct Evaluation and Research Related to Health Education / Promotion **(Most Competencies Advanced)**	88% ≥ B (50% A)	100% ≥ B (83% A)	60% ≥ B (40% A)	80% ≥ B (60% A)
Area 5	Administer and Manage Health Education / Promotion **(Most Competencies Advanced)**	75% ≥ B (50% A)	100% ≥ B (83% A)	40% ≥ B (40% A)	100% ≥ B (80% A)
Area 6	Serve as a Health Education / Promotion Resource Person **(Most Competencies Advanced)**	88% ≥ B (75% A)	100% ≥ B (83% A)	80% ≥ B (40% A)	100% ≥ B (80% A)
Area 7	Communicate and Advocate for Health and Health Education	88% ≥ B (50% A)	100% ≥ B (83% A)	60% ≥ B (40% A)	100% ≥ B (80% A)
Advanced Competencies are not expected to be mastered until a professionally prepared health education specialist (BS or MS) has 5 years of work experience. Some advanced competencies are doctoral level.					

The results of this SLO are presented to and discussed by Public Health Education faculty during the fall semester. This informs discussions and decisions regarding curricular changes, instructional strategies, or other identified issues. This ensures that MSHE graduates meet the current NCHEC competencies in order to successfully pass the Certified Health Education Specialist Exam (CHES).

Social Work

During AY2019-2020, the School of Social Work revised and updated all of its BSW and MSW core course syllabi in accordance with CSWE (Council on Social Work Education) accreditation requirements. To begin this process, the faculty worked in groups to update the course outcomes. The courses were grouped together by similar themes (e.g. research, policy, theory, practice, etc.) and by sequence in order to examine both the vertical integration between BSW and MSW Foundation courses and the horizontal integration.

Once the course outcomes were revised, the faculty aligned each course outcome to the competencies, dimensions, and system levels. Using this information, the assessment plans for the BSW curriculum, MSW foundation curriculum, MSW Health and Aging specialization curriculum, MSW Child and Family Services specialization curriculum, and MSW Mental Health and Substance Use Recovery specialization curriculum were developed. The assessment plans identified the competencies that would be measured in each of the courses by way of a competency assignment. Additionally, the assessment plans identify the outcome measure benchmark for each measure, and the competency benchmark for each competency.

Faculty took the lead of one or two courses to update the content, ensured each course outcome was reflected in the content, and created the competency assignments. The competency assignments require a standardized rubric that also had to be developed for each course. Once all of the syllabi were updated, curriculum maps were created for the BSW curriculum, MSW foundation curriculum, MSW Health and Aging specialization curriculum, MSW Child and Family Services specialization curriculum, and MSW Mental Health and Substance Use Recovery specialization curriculum. Each curriculum map must identify content that is aligned with all four dimensions for each of the nine competencies, and for competencies six through nine each of the five system levels.

During Summer 2020 instructional videos were created for the part-time lecturers and faculty regarding the revised syllabi and assessment methods, and Drs. Caren Putzu, Tana Bridge, and Barbara Walters met with all of the part-time lectures to review the changes and answer questions about their course syllabi. The program began implementing the revised syllabi and assessment plan in the Fall of 2020. Once the data has been collected (following the Summer 2021 semester) it will be analyzed to determine whether we met our benchmarks and discuss areas for improvement.

Occupational Therapy

Prior to 2018, students conducted a qualitative occupation focused research project to fulfill their capstone project requirements as part of OCTH 686 and 687. Based on faculty reflections during curriculum meetings and conversations, student course feedback, and an external examination on how other OT programs teach this process, the EMU OT program concluded that the project was focused more on a study of occupation and not closely linked to OT practice. In order to align the capstone project more closely with the curricular thread

of creating evidence-driven practitioners, and to ground the project more fully in clinical practice, the capstone project was revised. Since 2018, the capstone project consists of conducting systematic review of a clinically relevant topic. This research-based project expands off of foundational work done in OCTH 540 in which students critically appraise the literature related to a clinical topic proposed by an occupational therapist in the field. New to winter 2021, to further strengthen the connection between research and OT practice, students in one section of OCTH 686/687 are working with a therapist in the field to inform the topics of their systematic reviews. Students in the other section chose a topic based on student interest. Faculty reflections indicated that topics are more clinically relevant due to this change, and students continue to have opportunities to disseminate their work with practitioners in the community.

Physician Assistant

The Physician Assistant program has been engaging in various processes related to program assessment. Six competencies for student learning have been identified. The program has been actively collecting data to understand these competencies through course-specific surveys, instructor feedback, data collected at the end of the didactic year (year 1), and data collected at the end of the clinical year (year 2). Although the analysis of this data is underway, per feedback from their modified self-study from the ARC-PA in 2019, the program realized that they needed to triangulate data analysis by using more than one source to generate findings. The program has established benchmarks related to competencies and have been able to identify areas where students have failed. Some curricular changes have been made: adding clinical instructors to some courses (i.e., pharmacology) to support student learning application, using electronic documentation software and simulation software. This change has allowed students to learn in a virtual environment, and it also allows the program to collect data to inform competencies.

5. Goals for AY 2021-2022

    a. The CHHS Assessment Team will review current assessment report protocol and determine if changes need to be made to the current comprehensive process.

    b. Establish a program review process for non-accredited programs