The University of Memphis
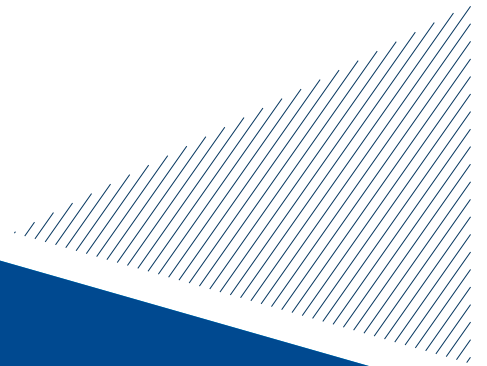
Institutional Effectiveness Manual

Institutional Effectiveness Manual

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Introduction

At the University of Memphis, we are committed to continually improving all facets of the university. Continuous improvement is a process that encompasses administrative divisions and academic units. Ultimately, it is a way for the university to prove to the university community, students, and various constituents that the UofM is committed to establishing goals and objectives, regularly assessing progress, and seeking ways to improve. This process is referred to as the "institutional effectiveness process" or IEP for short.

Overseeing the IEP is a centralized office, the Institutional Effectiveness, Accreditation, and Academic Assessment office. Though, actual implementation of the process flows upwards from individual academic units, administrative units, and subcommittees of faculty, staff, and students. In essence, it is these individual academic and administrative units that drive the IEP and assess learning outcomes and objectives at the unit level.

This manual has been designed to provide structure for the institutional effectiveness process. It will provide information that will prove useful for program coordinators, general education committees, the institutional effectiveness council, colleges and schools, and administrative units.

What is Institutional Effectiveness?

A rich description of institutional effectiveness is provided in the rationale and notes section of the SACSCOC Resource Manual and it says,

Student outcomes – both within the classroom and outside of the classroom – are the heart of the higher education experience. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support appropriate student outcomes for its educational programs and related academic and student services that support student success. To meet the goals of educational programs, an institution is always asking itself whether it has met those goals and how it can become better. (2018 SACSCOC Resource Manual – 3rd Edition).

According to the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Resource Manual (2018), standard 8.2 (the umbrella of which IE is under) says that "the institution **identifies expected outcomes**, **assesses the extent to which it achieves these outcomes**, and provides **evidence of seeking improvement** based on analysis of the results" of the following areas

a. Student learning outcomes for each of its educational programs.
b. Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.
c. Academic and student support services that support student success.

An analysis of 8.2 shows that the standard has three key pieces and three areas that the university is responsible for explaining and showing that there is a process for improving itself, also called institutional effectiveness. Highlighted in bold above are the three key pieces of the standard. The first piece is "**identifies expected outcomes**." These outcomes are manifested in the form of student learning outcomes for educational programs and for general education. Academic and student support services may use student learning outcomes or they may use goals/objectives depending on the appropriateness of these terms for each of the specific areas. The second piece of the standard is "**assesses the extent to which achieves these outcomes**." At the UofM, this is accomplished by each area providing appropriate assessment methods to assess the student learning outcomes or objectives. Benchmarks are commonly used across programs as one way to assess the extent to which the outcomes are met. Finally, the last key component of the standard states that the institution provides "**evidence of seeking improvement**." It is important to note that "seeking improvement" does not mean the institution must show proof of improvement, rather it must show it has a plan to improve student learning based on an analysis of the results. Each unit that participates in the IEP should strongly consider how the results inform what and how students are learning, according to the student learning outcomes/objectives that were established. Consequently, the evidence of seeking improvement should be focused on those student learning outcomes or objectives, not on improving the process in general. While making modifications to the process may be appropriate during one cycle, doing so in multiple cycles would show proof of an immature assessment process.

The UofM Institutional Effectiveness Process

The UofM participates in an annual institutional effectiveness process that is continual and ongoing. Individual units are charged with creating a culture of assessment within their areas by assessing student learning outcomes or objectives. In order to create this culture, assessment must be embedded in these individual units and the process must be ongoing. Assessment in the IE process is never a one-time event. Rather, it is an effort to create an ongoing assessment culture internally by intentionally and regularly assessing what it is the units believe students should be learning, analyzing the results, and using those results to inform improvement actions for the unit or academic program.

The chart below is a graphical representation of the IE process at the UofM from the unit or academic program level.

Identify Expected Outcomes

Assess Achievement of Outcomes

Use Results for Improvement

Repeat Assessment Cycle

The Institutional Effectiveness Process is a four-step process that includes Planning, Assessing and Analyzing, Improvement, and Review. This four-step process is described in more detail below:

Step 1 - **Planning**: All units that participate in the Institutional Effectiveness Process are required to create student learning outcomes (for academic programs and some selected non-academic units) or administrative objectives (for non-academic units). These outcomes or objectives are created by each of the individual units and should be tied to the university's strategic plan, mission, and values. The creation of the student learning outcomes or objectives needs to be decided upon with input and feedback from individuals within the academic program or administrative unit. This can take place at faculty meetings, pre-semester administrative meetings, staff meetings, etc. Once student learning outcomes or objectives have been determined, the department or academic unit will need to determine how each of the areas should be assessed. What measures could be used that are already embedded in the course that could help determine students' proficiency in the outcome? What measures could be created that would measure these outcomes? These are important questions to consider when thinking through how to assess the outcomes or objectives.

In creating these student learning outcomes or objectives, it's important to consider Bloom's Taxonomy for Action Words: https://uwf.edu/media/university-of-west-florida/offices/cutla/documents/Blooms-Action-Words-SLOs-2014-Update.pdf

Step 2 - **Assessing and Analyzing**: Assessing and analyzing the outcomes should occur on a yearly basis and again, should include feedback from the department or academic unit that is overseeing the assessment. What are the results telling the department about what students are learning? What gaps are identified in student learning or with administrative objectives?

Step 3 - **Improvement**: A key hallmark of the institutional effectiveness process is that there is continuous improvement of academic programs, general education competencies, and faculty and student services that work closely with students. This continuous improvement cannot occur unless units take the data and actually do something with it. Therefore, each unit in the institutional effectiveness process is required to create improvement actions based on an analyzation of the data. The data should inform how to close any gaps, improve student learning, and increase the effectiveness of the unit.

Improvement actions should always point back to the data to show how those actions were informed. Departments do not need to create an improvement action for every single student learning outcome, however, each department must create improvement actions based on an analyzation of the results from each of the student learning outcomes. Where many academic units fall short in this area is when they believe that

"planning to plan" will suffice as an improvement action or when they consistently make changes to the "process" but do not actually improve student learning.

Most common examples of poor improvement actions:

The department will raise the benchmark to 90% next year.

There are two problems with this improvement action. The most significant one is that the department is attempting to improve the "process" rather than improve student learning. How does raising a benchmark improve a specific student learning outcome…it does not…it only improves the standard the department sets. The second problem with this improvement action is that it is written in future tense, which means that the department is planning to do something instead of already implementing it. "Planning to plan" is not acceptable as an improvement action.

The department has changed the rubric to better capture student data.

Again, this is an example of the department attempting to refine the process of gathering data, rather than improving any of the student learning outcomes. While this may be acceptable in one assessment cycle, it would not be acceptable over multiple cycles because it would show signs that you have an immature assessment process.

All benchmarks were met, therefore no improvement actions are necessary.

Regardless whether benchmarks are met or not, there is always room for improvement of the student learning outcomes. By saying, there are no improvement actions necessary, it shows an inability to analyze the results and it corrupts the continuous improvement cycle.

Step 4 - Review: The final step in the institutional effectiveness process is the reviewing of program assessment reports. These reports, created at the unit level, should be reviewed by each academic or administrative unit, by department chairs, by the Dean or Assistant Dean, by the Institutional Effectiveness, Accreditation, and Academic Assessment office, and by members of the Institutional Effectiveness Council. This process cannot occur in a silo, it has to be a part of the university's assessment culture. Therefore, program assessment reports will be reviewed at multiple levels and feedback provided at each step.

The Three Areas of Institutional Effectiveness

As you may recall, the UofM implements the IE process in the following areas:

a.   Student learning outcomes for each of its educational programs.

b.   Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.

c.   Academic and student support services that support student success.

These three areas go through the IE process and therefore have some similarities in what is required, however, because these are three distinct areas, they have some slight nuances that must be addressed.

a. Student learning outcomes for each of its educational programs.

Standard 8.2.a states that "*The Institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results for students learning outcomes for each of its educational programs.*" While this wording is very similar to the 8.2 standard that was provided, the main difference is that it is specifically focusing on implementing an IE process with all academic programs. So, how are academic programs defined? An academic program is commonly referred to as a credential as defined by the institution. A degree with a defined major is clearly an academic program. In simple terms, all undergraduate, graduate, and graduate certificate programs are educational programs and, therefore, must be a part of the IE process. If you are wondering if your academic program should be assessed, please reference the Academic Program Inventory - a document of all active academic programs that have been approved by the Tennessee Higher Education Commission. A copy of the most recent Academic Program Inventory can be found at the Institutional Effectiveness, Accreditation, and Academic Assessment website under "Documents": https://www.memphis.edu/ieaaa/

NOTE: Included in this standard is the requirement to assess all students in the academic degree program including on-ground, online, and dual enrollment students.

b. Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.

8.2.b states that "*The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results for student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.*"

c. Academic and student support services that support student success.

Any unit that provides direct support to students and/or faculty are included within this area. Some of the areas that the SACSCOC resource manual states are commonly included in reporting are: library and learning/information resources, faculty resource centers, financial aid, residence life, student activities, dean of student's office, and admissions. However, this is not a comprehensive list. Other key offices on campus will be included in this standard and will be expected to assess outcomes.

Institutional Effectiveness Calendar

The institutional effectiveness process is continuous and ongoing. Therefore, a calendar and timeline has been included below to provide direction to all units that are a part of the process. The table below explains what a typical IE cycle will look like. Early in the fall semester, there will be IE workshops provided for program coordinators. These workshops will cover the IE process, including how to submit program assessment reports. Data are collected from the fall and spring semesters and the graph below depicts this as a September through May data collection period, though there may be instances where data could be collected in August due to the semester starting that month. At the end of the assessment cycle, each academic program or academic/student support service should analyze the results and create improvement actions. This review of the assessment year is most effective when done through a committee within the department. Once the local committee reviews the information, it is submitted to the department chair and administration with each college or unit. A deadline of July 1st has been set for this step. After department chairs and administration reviews the assessment reports, it must then be sent for review to the Office of Institutional Effectiveness, Accreditation, and Academic Assessment by August 1st. Finally, the last step of the review process is when a committee of the Institutional Effectiveness Council reviews the reports in October. You should expect feedback from this committee by November.

Institutional Effectiveness Calendar

Type of Unit/Dept.	IE Workshops	Implement IE Plan	Faculty committee or staff committee review	Dept Chair/Dean Review	IE Report Due to IEAAA Office	IEC Review
Academic programs 8.2.a	September	Sept-May	June 1	July 1	August 1	October
General Education 8.2.b	N/A	Sept-May	June 1	N/A	August 1	October
Academic/Student Support Services 8.2.c	September	Sept-May	June 1	July 1	August 1	October

Each Feedback Stage is Critical

In order for the institutional effectiveness (IE) process to occur at the highest levels, there must be feedback provided from all groups that are a part of the continuous assessment cycle. Below are important groups that will help to refine the IE process.

Academic Department or Faculty/Student Support Office. Each step of the IE process is very important but it can be argued that the academic department or student/support service where the assessment plan originates has the most important role. After all, it is in this area where student learning outcomes or objectives are created, the way you will assess those outcomes are determined, where the results are analyzed, and where the improvement actions are created. Therefore, a best practice is to have many individuals involved in this assessment process. Historically, some departments have chosen to task one individual with the responsibility to undertake creating students learning outcomes, conducting the assessments, and creating the improvement actions. However, this approach is not effective as it should be the faculty or staff from these departments that play an active role in the assessment cycle.

Department Chair/Dean's Office. Once your colleagues have had the opportunity to offer feedback on the assessment process, your assessment report should be delivered to the department chair and the dean's office of your specific college. These individuals have a stake in the success of your programs and should be well informed of how you intend to improve student learning.

The Institutional Effectiveness, Accreditation, and Academic Assessment Office. This office oversees compliance with all IE standards and reports to SACSCOC on the progress of all units involved in the assessment cycle. This office provides feedback on the assessment report in an effort to identify any areas that may be out of compliance.

The Institutional Effectiveness Council (IEC). The IEC has the responsibility to ensure high quality academic and non-academic programs and services across campus. This council staffed with faculty, staff, and students. A subcommittee of this council, the program assessment committee, meets in October every year to review program assessment reports for all academic programs across campus, general education, and student/faculty support services. You can expect to receive feedback and suggestions for improvement from this subcommittee by the end of November.

Internal Departmental Timeline

August Pre-semester	At a departmental meeting: 1. Discuss assessment results from previous assessment cycle; implement improvement actions 2. Establish or modify student learning outcomes for upcoming year
September	Attend Institutional Effectiveness Workshop
September-May	1. Implement improvement actions from previous cycle 2. Collect data for current plan
November	Receive feedback on program assessment report from IEC committee
July 1	Submit assessment report to departmental chairs and college dean/assistant dean
August 1	Submit assessment report to IEAAA office
	REPEAT CYCLE

Program Assessment Reports

Each unit that participates in the Institutional Effectiveness Process is required to submit a program assessment report. A program assessment report is a report that clearly outlines the student learning outcomes or objectives for the program, the means by which those outcomes or objectives will be assessed, a benchmark that the unit sets that is the minimum level of acceptability, yearly results, and improvement actions. An executive summary must also be included in order to summarize your program's efforts to incorporate results into the improvement actions. The program assessment report is commonly referred to as the 4-column report as each of these areas are represented in a report that contains four columns like the one below:

4-column program assessment report

Student Learning Outcomes	Means of Assessment/Benchmark	Results	Improvement Actions

Sample Program Assessment Report and Executive Summary

Student Learning Outcomes	Means of Assessment/Benchmark	Results	Improvement Actions
Ethics - Analyze examples of humane and responsible treatment of animals	Students will analyze ten case studies that pertain to cases involving the ethical treatment of animals. For each case study, the student will be required to write a three page synopsis identifying the ethical dilemma, summarizing the problem, and analyzing the example. Students will be scored based on a common rubric with a 1-10 range. **Benchmark (and how determined**): 70% of students will need to average a score of 7 or greater out of 10 on all case studies.	**Result Type**: Criterion Met 20 students analyzed the ten case studies on the ethical treatment of animals. Of those 20 students, 75% averaged a score of 7 or greater on a ten-point scale. (01/14/2019)	**Action Taken**: See Executive Summary for improvement action (01/14/2019
Theoretical Knowledge- Students will be able to compare and contrast veterinary ethical theories	Student enrolled in VETR 4000 will take four tests throughout the semester. Each test will contain ten questions that focus specifically on veterinary ethical theories. **Benchmark (and how determined):** 75% of students will answer correctly 30 out of the 40 questions regarding veterinary theories.	**Result Type:** Criterion Not Met 20 students in the VETR 4000 course took the four tests and answered the four questions on veterinary theories. Of those students, 60% (or 12 out of 20) answered 30 or more problems correctly. (01/14/2019)	**Action Taken**: See Executive Summary for improvement action (01/14/2019

EXECUTIVE SUMMARY

Provide an executive summary of the assessment results for this cycle: For the DVM program, two student learning outcomes were assessed. The first student learning outcome was in the category of Ethics and it stated that students should be able to "analyze examples of humane and responsible treatment of animals." Twenty students were assessed for this student learning outcome and we found that of those students, 75% averaged a score of 7 or greater on a ten-point scale. Our benchmark for this area was that 70% of students needed to average a 7 or greater. Therefore, the criterion were met. Our second student learning outcome, Theoretical Knowledge, has students comparing and contrasting ethical theories. We used four tests in the VETR 4000 course (10 questions from each test) to assess this SLO. While our benchmark was 75% of students would answer 30 or more questions out of 40, we found that only 60% answered 30 or more. Therefore, the criterion were not met.

Describe the improvement actions that have been taken: Our improvement actions for the DVM is focused on the second student learning outcome. Our faculty discovered that most of the students who incorrectly answered theoretical knowledge did so in the areas of animal genome testing. Therefore, in VETR 4000 we have added an additional lecture on the ethical considerations of genome testing and have added a research paper assignment on the topic.

Nuventive Improve

Nuventive Improve is the software program used by the Office of Institutional Effectiveness, Accreditation, and Academic Assessment to track the University of Memphis' program assessment. Formerly known as TracDat, this software provides a flexible framework to help academic and administrative units organize, align, document, report, and take effective actions for improvement. The system supports efforts in data-informed strategic planning, program review, accreditation, and managing academic and administrative outcomes. A brief explanation on how to use the software is provided in the appendix with additional training provided upon request.

University of Memphis Strategic Plan: Leading Through Innovation

The University of Memphis implemented its strategic plan in 2019 and it concludes in 2023. This plan includes the University's vision, mission, values, and highest priorities.

Vision: The University of Memphis is an internationally recognized, urban public research university preparing students for success in a diverse, innovative, global environment.

Mission: We provide the highest quality education by focusing on research and service benefiting local and global communities.

Values:
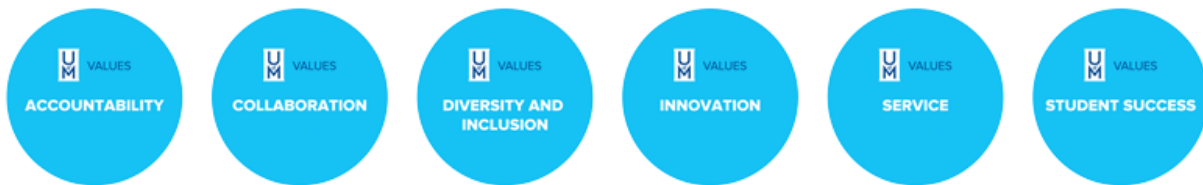
Accountability

Integrity, transparency, excellence and the highest standards govern everything we do.

Collaboration

We seek partnerships both within and beyond the University to enhance our actions and our outcomes.

Diversity and Inclusion

Everyone is respected, included and given the opportunity to excel.

Innovation

We consistently seek a better way, and we embrace challenges.

Service

Our purpose is to benefit our students and society through knowledge and effort.

Student Success

We provide every student with the opportunity to excel.

University of Memphis Strategic Plan: Leading Through Innovation

Highest Priorities:

- Student Success, Access and Affordability
- Academic Excellence
- Research and Innovation
- Diversity and Inclusion
- Community, Alumni and External Collaborations
- Brand Enhancement and Global Visibility
- Sustainability

Appendix A – Nuventive Improve Instructions

Some academic programs prefer to upload program assessment reports to Nuventive Improve, while others prefer to send the reports to the Office of Institutional Effectiveness, Accreditation, and Academic Assessment. Whichever option you choose is acceptable. If you choose to upload program assessment reports yourself, please contact Dr. Colton Cockrum (ccockrum@memphis.edu) in order to be added as a user in the Nuventive Improve system.

Logging into Nuventive:

-Use link below or type "Nuventive Improve" into search menu on UofM homepage

https://tracdat.memphis.edu/tracdat/faces/login.xhtml

-Enter UofM username and password

Creating/editing a student learning outcome/objective (SLO):

1. Find and select the applicable program in drop down menu at top center of page (be sure to select appropriate degree designation)
2. Select "Assessment Unit Plan" from drop down menu column at left (2nd option under "Home")
3. Select "Plan" (the headings "Mission and Goals" and "Outcomes" will appear)
4. Select green (+) icon on right to enter new information under designated heading
   - "*Outcome Name"- brief descriptor of outcome/objective
   - "*Outcome"- description of what students will know/be able to do as a result and is written in terms of student performance
   - "Outcome Status" – selection is based on current use (active/inactive)
   - "Start Date" - select date of entry
   - Click "Save" & "Return"
5. Select green (+) icon at right of "Assessment Method Details"
   - Use drop down menu to declare specific type of assessment being used (Course Embedded, Capstone Assignment/Project, Comprehensive Exams, etc.)
   - "Benchmark (and how determined)"- how you will measure the student performance of the specific outcome
   - "Notes" (if applicable)
   - "Date Added"- select date of entry
   - "Active"

Attaching a rubric (if applicable):

This can be done by selecting green wrench icon at right of "Related Documents" (under "Assessment Method Details") OR by going to "Documents" on main menu at left, choosing "Document Repository", selecting green (+) icon at right, and following prompts.

Entering data results:

1. Find and select the applicable program in drop down menu at top center of page (be sure to select appropriate degree designation)
2. Select "Assessment Unit Plan" from drop down menu column at left (2nd option under "Home")
3. Select "Results" to see a list of student learning outcomes & select (>) at left of outcome for which you want to enter the results
4. Select green (+) icon at right of the outcome (do *NOT* select (+) under "Directly Related to Outcome" heading)
5. "*Result Date" enters automatically; click box for calendar access if date needs to be changed
6. Enter "*Result" in same manner the benchmark is determined (specific score, percentage, etc)
7. Continue with data entry from drop down menus of "*Reporting Cycle" & "*Result Type"
8. Select yellow "Save" icon
9. Select green (+) sign at right of "Actions Taken" heading towards bottom of page
10. Report action using past tense

Outcomes	Assessment Method Details	Results	Actions Taken
Name: Details: Status: Years: Start Date:	Assessment type: Explanation: Benchmark: Notes:	Reporting cycle: Result type: Criterion Met/not met/ inconclusive Result details:	

Executive summary: Once results and improvement actions have been uploaded, go back to the Assessment Unit Plan drop down menu and choose "Executive Summary." You will be prompted to answer the following prompts:

1.) Provide an executive summary of the assessment results for this cycle.
2.) Describe the improvement actions that have been taken.

*If a department would like additional training on the use of Nuventive Improve, please contact Colton Cockrum at ccockrum@memphis.edu

<u>Academic Program Assessment Evaluation Form</u>

<u>Name of academic program (denote B.S., B.A., M.S. Ph.D. etc.):</u>

Does the program have appropriate Student Learning Outcomes (SLO)? Y N

Comments:

Do the assessment means appropriately measure the SLOs? Y N

Comments:

Does the assessment plan have appropriate benchmarks in place? Y N

Comments:

Are the results reported in the same manner the benchmark is worded? Y N

Comments:

<u>Improvement Actions (IA):</u>

Do improvement actions reflect that the program analyzed the data? Y N

Do improvement actions improve the student learning outcomes? Y N

Do improvement actions show the program is seeking improvement? Y N

Comments:

<u>Executive Summary:</u>

Does the executive summary provide a comprehensive view of assessment activities for this cycle and does it list appropriate improvement actions.

Y N

Committee Recommendations or Comments:

<u>Faculty/Student Service Evaluation Form</u>

<u>Name of faculty/student service being evaluated:</u>

Does the program have appropriate Student Learning Outcomes (SLO) or program objectives?

                                                  Y   N

Comments:

Do the assessment means appropriately measure the SLOs or objectives?   Y   N

Comments:

Does the assessment plan have appropriate benchmarks in place?   Y   N

Comments:

Are the results reported in the same manner the benchmark is worded?   Y   N

Comments:

<u>Improvement Actions (IA):</u>

Do improvement actions reflect that the unit analyzed the data?   Y   N

Do improvement actions improve the unit or student learning?   Y   N

Do improvement actions show the unit is seeking improvement?   Y   N

Comments:

<u>Executive Summary:</u>

Does the executive summary provide a comprehensive view of assessment activities for this cycle and does it list appropriate improvement actions.

                                                  Y   N

Committee Recommendations or Comments: