

# Annual Evaluation of Program Review

## 2011-2012

The program review process is evaluated annually as part of integrated planning. The results of this evaluation are used for process improvement. Section 1 (Measures of Effectiveness) come from the Program Review Committee. Section 2 (Program Review Committee Self-Evaluation) is written by the Program Review Committee. Section 3 (Evaluation) is completed by the Institutional Planning Coordination Committee (IPCC), based on the information presented in Sections 1 and 2.

### 1. Measures of Effectiveness

#### 1.1. Percent of programs completing program reviews in 2011-2012:

	Number of Programs	Number of Programs Completing Program Review	Percent of Programs Completing Program Review
Instructional Programs	64	59	94%
Student Services Programs	18	18	100%
Administrative Services Programs	14	10	71%

#### 1.2. Percent of programs using student learning outcomes (SLOs/PLOs) for program improvement in 2011-2012:

	Number of Programs	Number of Programs Documenting Use of SLOs for Program Improvement	Percent of Programs Documenting Use of SLOs for Program Improvement
Instructional Programs	64	40	63.5%
Student Services Programs	18	17	94.5%
Administrative Services Programs	14	3	21.5%

#### 1.3. Percent of resource requests from program review that were validated in 2010-2011 and continued in the resource allocation process:

	Number of Requests*	Number of Requests Validated	Percent of Requests Validated	Number of Requests "Not Supported" by Program Review (Did not go forward)	Number of Personnel Requests Submitted (Did not require validation this year)
Instructional Programs	110	55	50%	16	42
Student Services Programs	35	18	52%	0	17
Administrative Services Programs	33	19	58%	0	14

*\*This category does not include personnel requests. Program Review did not have the resources or time to validate personnel requests due to the short turnaround time to be forwarded to the appropriate hiring committees.*

1.4. Percent of validated resource requests from program review that were funded:  
 Validation was not used this year. All requests were rated "Supported" and moved through the process, or "Unsupported" and then did not moved through the budget process.

	Number of Validated Requests	Number of Validated Requests That Were Funded	Percent of Validated Requests That Were Funded		Number of Personnel Requests Submitted	Percent of Personnel Requests That Were Funded
Instructional Programs	55	<b>6 Requests:</b> 5 IHACs Markers	11%		42	12%
Student Services Programs	18	<b>3 Requests:</b> Assess. Tests Athletics Modular SARs	17%		17	0%
Administrative Services Programs	19	<b>1 Request</b> OSHA Equipment	.05%		14	0%

## 2. Program Review Committee Self-Evaluation

The Program Review Committee evaluates the process in 2011-2012 by supplying the narrative below. The narrative should focus on the following components of the ACCJC rubric for evaluating program review:

- Are program review processes used to assess and improve student learning and achievement?
- Are the results of program review used to continually refine and improve program practices?
- Are the results of program review used to improve student achievement and learning?

### Processes

The process of completing the program review document required divisions and departments to review and evaluate their assessments to determine changes which could improve student learning and achievement as well as to respond to the needs of students.

The following excerpts from the document show the focus on student learning:

*List the current major strengths of the program*

*List the current weaknesses of the program*

#### 1.0 Trend Analysis

*1.1 Describe how these trends have affected student achievement and student learning*

#### 2.0 Student Learning and Curriculum

*2.2.b. Briefly summarize any pedagogical or curricular elements of courses/ programs that have been changed or will be changed as a result of developing assessment timelines and course/program alignment matrixes.*

- 2.3.b. *Briefly summarize any pedagogical or curricular elements of courses/ programs that have been changed or will be changed as a result of the assessments conducted.*
- 2.6 *For each program that was reviewed, please list any changes that were made.*
- 3.1 *What recent activities, dialogues, discussions, etc. have occurred to promote student learning or improved program/division processes.*
- 3.2 *Using the weaknesses, trends and assessment outcomes listed on the previous pages as a basis for your comments, describe your plans and/or modifications for program/division improvements.*

### **Improvements**

Curriculum Review was a common element of improvements defined by many instructional divisions along with teaching methodology and practices, student resources, and class sequencing. The document asks divisions/departments to list their most significant achievement since last year's report.

Non-Credit ESL stated that meaningful outcomes had been established to replace long-standing primarily grammatical objectives. The outcomes were based on student-identified goals of matriculation into credit programs and entry into the job force. The program focused on refining current assessment practices and creating new assessments based on a Bloom's taxonomy level.

Using the assessment data from the Biology Health Science PLO, the division submitted a grant proposal to the GCC foundation requesting funding for additional models and skeletons for use in the Anatomy and Human Biology courses. The grant proposal was approved and these models will contribute to student learning by providing greater access to study materials in the laboratories and in the Tom Rike Biology Study Room.

The results of the assessments in Nursing lab/seminar courses NS 201, 202, 203, and 214, have implemented simulation as teaching methodology into their curriculum. Simulation is designed to enhance student learning and experiences for preparation in the clinical areas. Also, practicum has been added into the core medical/surgical classes in each semester for psychomotor skills success and clinical enhancement prior to clinical rotation entry.

### **Results**

As a result of assessments:

Based on assessments of Chemistry 110, it was discovered that only 64 to 83% of students were achieving the SLO'. A lab manual was written to give the student more practice in problem solving techniques that will help them to

improve their success in achieving their SLO's

In Math's first year of giving a common final, a significant difference in the GPA of students taught by adjuncts and that of full time instructors was determined, yet the performance of adjuncts' students on exams was significantly lower than that of full-time instructor's students. Data was used to show the discrepancy and the topics that needed to be emphasized. Since the first year there has been a swing in data with the adjuncts' scoring results more closely aligning with the full-timers' scores. Workshops are held each semester to improve the assessments.

The Nursing Department added clinical practicum skills tests for students when they realized some hospital areas were simply not conducive to student learning. Assessment of lab/seminar courses led to implementation of simulation as a teaching methodology into core medical./surgical classes and has led to psychomotor skills success and clinical enhancement prior to clinical rotation entry.

Non-Credit ESL changes from assessments included the addition of a writing component to their placement exam and a writing and speaking component to their exit exams.

Admissions & Records is now tracking student complaints to identify common issues and enable the department to strategize ways to reduce them.

Based on survey feedback, Financial Aid has increased the number of students getting their own information

EOPS has introduced probation contracts for students which has resulted in improved GPAs.

### **Self-Evaluation**

The results of program review are assessed each year by the Program Review Committee through an exit survey distributed to all divisions/programs that participated in the process that year. The program review manager and faculty coordinator synthesize the information and present it to the committee for discussion, which results in improvements to the next annual document. Additionally, feedback is solicited from the IPCC and through discussion with the instructional V. P., Dean of Research and Planning and various constituencies such as the Academic Senate, SLO Committee and Curriculum Committee to determine changes and improvements for the next year's document. The focus for the 2011-2012 document was SLO/PLO assessment status information in anticipation of the fall 2012 SLO Proficiency Level reporting mandated by the ACCJC.

### 3. Evaluation

3.1. Based on the information presented above, evaluate the extent to which the program review process meets the following criteria:

	0 (not at all)	1	2	3 (very well)
Program review is implemented regularly				X
Results of program review are used in decision-making		X	X	
Results of program review are linked to resource allocation			X	
Results of program review are used to improve programs			X	
Results of program review are used to improve student learning			X	
Program review informs ongoing college planning			X	

3.2. Based on this evaluation, make recommendations for improving the program review process.

As detailed in the accreditation standards and in **Recommendation 1** from the college's 2010 accreditation Action Letter the following apply to program review:

e. Align the program review cycle and the annual planning and budget cycles to ensure that planning and resource allocation are data-driven and based upon annual outcome measures;

h. Facilitate increased campus wide awareness and understanding of the college's integrated planning and decision-making processes.

#### **Rubric for Evaluating Institutional Effectiveness - Part I: Program Review**

Proficiency Level:

- Program review processes are in place and implemented regularly.
- Results of all program reviews are integrated into institution-wide planning for improvement and informed decision-making.
- The program review framework is established and implemented.
- Dialogue about the results of all program reviews is evident throughout the institution as part of discussion of institutional effectiveness.
- Results of program review are clearly and consistently linked to institutional

planning processes and resource allocation processes; college can demonstrate or provide specific examples.

- The institution evaluates the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes.

### **Issues**

The results of program review are to be used in decision-making processes. This mandate is not easily evidenced. All resource requests were forwarded to the appropriate hiring committees, standing committees, etc. for prioritization. It is not known how the requests were prioritized and it is likely that each committee conducted their prioritization in a different manner.

The Budget Committee approved a list of six “must do’s” at a meeting on August 9, 2012. Four of the six items on the list went through the program review process; however, the remaining two items did not. One of these was not requested in the corresponding program review report which was submitted and the second was discussed with the program review office, but no program review report was ever submitted by that area. .

It should be noted that 22 resource requests received grant funding via Gateway, GAUSS, Perkins and/or Basic Skills. Additionally, three items were funded through collaboration with the GCC Foundation.

### **Recommendations:**

The prioritization of resource requests should be standardized and made public.

If resource requests are funded outside of the program review process, what is the incentive for programs to adhere to the program review process? Parameters should be set to avoid this occurrence in the future as it does not provide evidence that the college is supporting an integrated model.

### **Validation**

In the past, reports were validated by teams of three people and a template report was completed. By 2010, the system of giving stipends to validating teams was discontinued. Teams proved difficult to recruit and manage. In 2010, a decision was made by the program review committee that the reports would be divided and teams of three members would validate them using a prepared rubric. Given the number of reports, this was not only time consuming, but became even more difficult as the reports are not all turned in by the due date and organizing the reports that trickling in for several weeks is even more difficult.

This past year, for the first time, the reports were not validated. The program review committee agreed that validating the reports was extremely time consuming for the 11 members of the committee. There was no evidence that prioritization of the resource requests by the standing committees, etc. used validation, or the lack of validation in any way as a criteria for prioritization. The committee decided to take a new direction and

review the reports and categorize them as either compliant and therefore “supported” or noncompliant and therefore “not supported”. This determination was based on the instructional and student services reports being completed appropriately and having recorded SLOs/assessments and demonstrated that this information was used in some way within their departments, division, report, resource requests, etc.

A simple rubric was used. If a submitted report did not record SLOs/assessments then it would be considered “NS” (not supported). In every case, the report was returned to the writer with an explanation, an option for a conference and a brief outline of what was needed for the report to become compliant and resubmitted to the program review office. Several reports were resubmitted and then determined to be “supported”. Any resource requests submitted with a report determined to be “not supported” would not move forward in the budget process. Unfortunately, 16 resource requests were deemed to be “not supported” and were not moved forward through the budget process last year. Separate from the program review process, some of these “not supported” requests were funded through grants. It is apparent that the process is still not accepted by the entire campus.

### **Exit Survey**

In the spring, program review distributes an exit survey to faculty participating in program review. This year’s exit survey asked the following questions:

Who completed the report (an individual or as a group project)?

The remaining questions were asked using a 4 point scale of Unsatisfactory to Excellent:

Section 1: Data and Trends - ability to interpret trends from data, usefulness/relevance of data categories to represent trends and if the writer attended the data interpretation workshop, was it beneficial?

Section 2: SLOs & Curriculum - despite the difficulties with adding “links” to SLO data, did the report help identify strengths or weaknesses regarding SLO Proficiency Levels?

Section 3: Reflection and Action Plans - was the department/division able to identify improvements, did this section assist in supporting resource requests?

Section 4: Resource Requests -was the writer able to connect strengths, weaknesses, trends, SLOs or plans to resource requests.

Program Review Process - Usefulness of discussions and presentations by program review to complete the document, any support from the committee, comments on the document, process or other ideas that would help them to complete future documents..

As with previous years, the response was very low. Only 7 exit surveys were received. The survey was forwarded to all instructional divisions and they were asked to forward the document to all writers. It is fairly certain that this did not happen. In the future, exit surveys will need to be forwarded to each writer and hopefully that will improve responses.

### **Improvements for 2012-2013 Process**

The new document will focus on assessments and outcomes to be used as evidence for the college's fall 2012 SLO Proficiency Level mandate from the ACCJC. The submission deadlines for IHAC, SSHAC and CHAC requests will be firmly communicated to all areas as the due dates are near. All writers will continue to be reminded that they may forward draft reports to the program review office for a *quick review* at any time, if they are uncertain about how to proceed or would like the "OK" that they are on the right track. All program review documents and supplemental materials will be made available online for all groups. Compliance versus validation seems to be a reasonable way to manage the process and so that will be continued.

Program Review needs the college to "back up" and adhere to a process that will meet accreditation requirements for an integrated, open process. Further discussions are needed regarding how decisions must be made regarding resource requests funded outside the program review process.