

Weber State University
Biennial Report on Assessment of Student Learning

Cover Page

Department/Program: Athletic Therapy (Summer 2020-Spring 2021)/Rehabilitation Sciences (Summer 2021-Spring 2022)
Academic Year of Report: 2021 and 22 (covering Summer 2020 through Spring 2022)
Date Submitted:
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Program page link: https://www.weber.edu/ie/Results/Rehabilitation_Sciences.html

A. Mission Statement

Information is current; no changes required.

Update if not current:

The mission of the Weber State University Rehabilitation Sciences Program is to provide a quality educational and pre-professional clinical experience for students. Students are presented with didactic and psychomotor experiences that will lead them to being able to exercise sound ethical judgment. The coursework and internships will prepare to enter professional graduate programs in athletic training, physical therapy, occupational therapy, physician’s assistant programs, or medicine.

B. Student Learning Outcomes

(Please include certificate and associate credential learning outcomes)

Information is current; no changes required.

The Athletic Therapy major has been phased out in the Spring 2021 semester and replaced by the Rehabilitation Sciences Major, which launched in Summer 2021. With this change, the student learning outcomes have been revised along with the curriculum grid.

Student Learning Outcomes:

At the end of their study at WSU, students in the Rehabilitation Sciences (BS) program will have a solid foundation to:

1. Employ effective communication to appropriately care for a diverse patient population.
2. Implement evaluation techniques in the assessment of patients and formulate a clinical impression for the determination of a patients’ plan of care.
3. Provide immediate care and administer therapeutic interventions to recondition patients for safe performance and function.
4. Educate patients in proper performance of exercise techniques to minimize risk during rehabilitation.
5. Identify and implement professional management practices and guidelines to ensure personal and organizational well-being.
6. Engage in critical appraisal of clinical research to advance the students’ knowledge and provide quality care to their patients.

C. Curriculum Grid

Information is current; no changes required.

Core Courses:	Student Learning Outcomes (I = introduced, E = emphasized)
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	1. Employ effective communication to appropriately care for a diverse patient population.	2. Implement evaluation techniques in the assessment of patients and formulate a clinical impression for the determination of a patients' plan of care.	3. Provide immediate care and administer therapeutic interventions to recondition patients for safe performance and function.	4. Educate patients in proper performance of exercise techniques to minimize risk during rehabilitation.	5. Identify and implement professional management practices and guidelines to ensure personal and organizational well-being.	6. Engage in critical appraisal of clinical research to advance the students' knowledge and provide quality care to their patients.
RHS 1550: Intro to Rehabilitation Sciences						
RHS 2175: Intro to Sports Medicine	I	I	I	I	I	
RHS 1300: First Aid or RHS 2300: Emergency Response	E		E			
RHS 3300: Evaluation & Care of Musculoskeletal Injuries: Lower Extremities		E				
RHS 3301: Evaluation & Care of Musculoskeletal Injuries: Upper Extremities		E				
RHS 4150: Therapeutic Modalities for Rehabilitation Sciences			E			I
RHS 4250: Rehabilitation for Rehabilitation Sciences			E	E		I
RHS 4650: Management for Rehabilitation Sciences					E	

RHS 4890(INT): Cooperative Work Experience	E	E	E	E	E	
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D. Program and Contact Information

 Information is current; no changes required.

Update if not current:

As a Rehabilitation Science major, you'll prepare for graduate studies in athletic training, physical therapy, occupational therapy, physician's assistant, chiropractic, or medicine while gaining a strong foundation in orthopedics and working one-on-one with health care professionals. Students who graduate from this program will not be eligible to take the Board of Certification (BOC) exam to become a Certified Athletic Trainer.

In May 2021 the Athletic Therapy major was renamed Rehabilitation Sciences. Alongside this change, the program curriculum was also revised. Any undeclared students who are interested in this degree field should declare Rehabilitation Sciences as their major and pursue this new program of study. Students who declared Athletic Therapy as their major prior to May 2021 will be allowed to continue the former curriculum of the Athletic Therapy program. These students will have until Summer 2025 to fulfill the graduation requirements. After that time, the Athletic Therapy program will expire, and any remaining Athletic Therapy majors will automatically be transitioned to Rehabilitation Sciences majors.

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*Dr. Valerie Herzog will serve as interim program director from January 2023 – January 2024.

E. Assessment Plan

 Information is current; no changes required.

Student Learning Outcomes (Direct Assessment)

Outcomes	Measures	Criterion / Threshold / Benchmark
1. Employ effective communication to appropriately care for a diverse patient population.	1. RHS 4890: Midterm Student Performance Evaluation 2. RHS 4890: Final Student Performance Evaluation	1. 90% of students will score a 70% or higher on the Human Relations and Communication sections of the Midterm Student Performance Evaluation in RHS 4890. 2. 90% of students will score an 80% or higher on the Human Relations and Communication sections of the Final Student Performance Evaluation in RHS 4890.
2. Implement evaluation techniques in the assessment of patients and formulate a clinical impression for the determination of a patients' plan of care.	1. RHS 3300: Evaluation podcast final project 2. RHS 3301: Evaluation podcast final project	1. 90% of students will score an 80% or higher on the rubric for the evaluation podcast final project in RHS 3300 2. 90% of students will score an 80% or higher on the rubric for the evaluation podcast final project in RHS 3301
3. Provide immediate care and administer therapeutic interventions to recondition patients for safe performance and function.	1. RHS 4150: Midterm oral/practical exam 2. RHS 4150: Final Oral/practical exam	1. 90% of students will score an 80% or higher on the rubric for the Midterm oral/practical exam in RHS 4150 2. 90% of students will score an 80% or higher on the rubric for the Final oral/practical skills exam in RHS 4150.
4. Educate patients in proper performance of exercise techniques to minimize risk during rehabilitation.	1. RHS 4250: Skills labs 2. RHS 4250: Rehabilitation plan	1. 90% of students will score an 80% or higher on all labs in RHS 4250. 2. 90% of students will score an 80% or higher on the Rehab Plan assignment in RHS 4250.
5. Identify and implement professional management practices and guidelines to ensure personal and organizational well-being.	1. RHS 4650: Facility design project 2. RHS 4650: Policy and Procedures Manual 3. RHS 4890: Final Student Performance Evaluation	1. 90% of students will score an 80% or higher on rubric for the facility design project in RHS 4650 2. 90% of students will score an 80% or higher on the rubric for the development of a policy and procedure manual in RHS 4650 3. 90% of students will score an 80% or higher on the Profession Orientation section of the Final Student Performance Evaluation in RHS 4890.
6. Engage in critical appraisal of clinical research to advance the students' knowledge and provide quality care to their patients.	1. RHS 4150: Ignite Presentation 2. RHS 4250: Written annotated bibliography	1. 90% of students will score an 80% or higher on the rubric for Ignite Presentation in RHS 4150. 2. 90% of students will earn an 80% or better on the written annotated bibliography.

Commented [JS1]: I pause a little with seeing the same criterion and threshold for both the midterm and final. If we truly need both the midterm and final as assessments, shouldn't we be looking at growth over time?

Commented [CG2R1]: The final exam isn't comprehensive. The midterm cover part I of the course, while the final covers part II of the course.

Commented [VH3]: How will we handle this in the online section? I have tried to talk the students out of taking the online class, but two are in it so far for spring because they can't make the in-person section work in their schedule.

Commented [JS4R3]: This is something Conrad replaced. Thoughts, Conrad? They do still have labs in the online section but they are a bit modified to make it work for doing them at home with no equipment.

Commented [CG5R3]: Yeah, I actually look at all of the syllabi to determine which courses and assignments best assess each of these outcomes. For 4250, the labs seemed to provide the best assessment. I didn't see a rehab plan assignment or presentation in the syllabus.

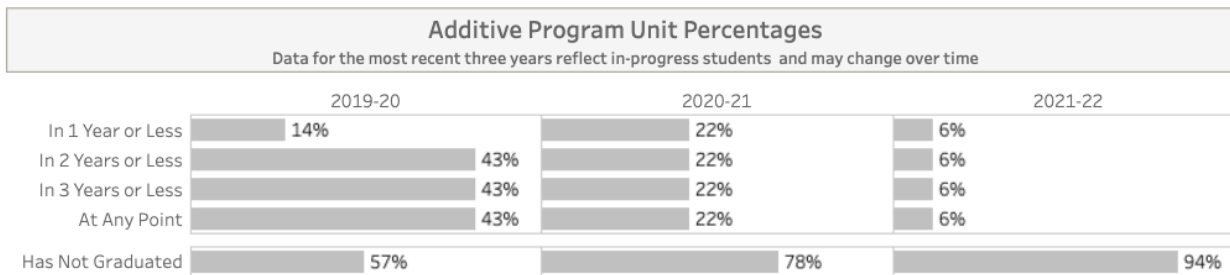
Commented [VH6R3]: Also, in 4890, if they're in a medical or PA clinic, they won't be working with patients with exercise techniques. I can build in some sort of lab assessment with the online 4250 based on what they do during the in-person course.

Program Effectiveness Outcomes (Indirect Assessment)

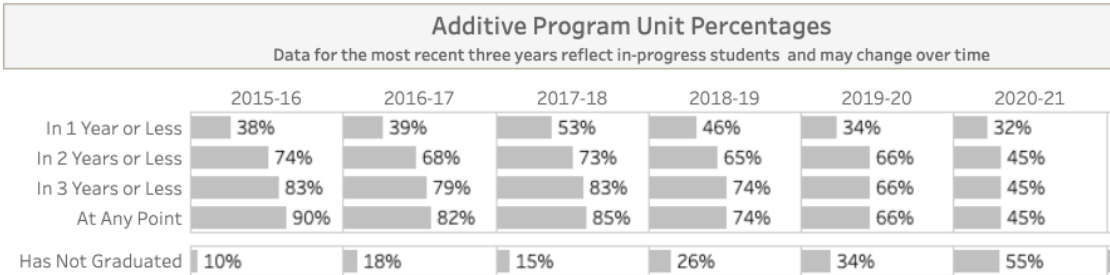
Outcomes	Measures	Criterion / Threshold / Benchmark
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1. Prepare competent students to enter professional graduate programs in health care	1. Graduate school placement rate via the Graduation Exit Survey 2. Preparation rating via the Graduation Exit Survey	1. 80% of graduates will gain acceptance into a graduate school within 2 years of graduating from the RHS program. 2. Graduates will rate an average of 70/100 on how well the program prepared them for applying to graduate programs.
2. Equip culturally competent students with foundational knowledge to prepare them for a career following graduate school	1. Preparation rating via the Alumni Follow-up Survey 2. Employment rate via the Alumni Follow-up Survey	1. Graduates will rate an average of 70/100 on how well the program prepared them to succeed in graduate school. 2. 70% of graduates will be employed in their chosen field within 2 years of completing their graduate degree.

F. Student Achievement



The Rehabilitation Sciences Program launched in May 2021. Therefore, this data is both inaccurate and irrelevant since most majors are newly declared and are in the early aspects of completing the program requirements. For comparison, the old program (Athletic Therapy) had an average completion rate of 73.7% between the academic years of 2015-16 and 2020-21 (see table below). We expect that within the next 5 years, the completion rate within the Rehabilitation Sciences Program will have similar statistics (if not better).



G: Evidence of Learning

A. Evidence of Learning Worksheet: Courses within the Major (direct assessment)

Measurable Learning Outcome	Method of Measurement*	Target Performance	Actual Performance	Interpretation of Findings	Action Plan/Use of Results	“Closing the Loop”
Learning Outcome 1: Employ effective communication to appropriately care for a diverse patient population.	Measure 1. RHS 4890: Midterm Student Performance Evaluation	Measure 1. 90% of students will score a 70% or higher on the Human Relations and Communication sections of the Midterm Student Performance Evaluation in RHS 4890.	TBD	TBD	TBD	TBD
	Measure 2. RHS 4890: Final Student Performance Evaluation	Measure 3. 90% of students will score an 80% or higher on the Human Relations and Communication sections of the Final Student Performance Evaluation in RHS 4890.	TBD	TBD	TBD	TBD
Learning Outcome 2: Implement evaluation	Measure 1. RHS 3300: Evaluation	Measure 1. 90% of students will score an 80% or higher on the rubric for the	TBD	TBD	TBD	TBD

Measurable Learning Outcome	Method of Measurement*	Target Performance	Actual Performance	Interpretation of Findings	Action Plan/Use of Results	“Closing the Loop”
techniques in the assessment of patients and formulate a clinical impression for the determination of a patients’ plan of care.	podcast final project	evaluation podcast final project in RHS 3300.				
	Measure 2. RHS 3301: Evaluation podcast final project	Measure 2. 90% of students will score an 80% or higher on the rubric for the evaluation podcast final project in RHS 3301.	TBD	TBD	TBD	TBD
Learning Outcome 3: Provide immediate care and administer therapeutic interventions to recondition patients for safe performance and function.	Measure 1. RHS 4150: Midterm oral/practical exam	Measure 3. 90% of students will score an 80% or higher on the rubric for the Midterm oral/practical exam in RHS 4150.	TBD	TBD	TBD	TBD
	Measure 2. RHS 4150: Final Oral/practical exam	Measure 4. 90% of students will score an 80% or higher on the rubric for the Final oral/practical skills exam in RHS 4150.	TBD	TBD	TBD	TBD
Learning Outcome 4: Educate patients in proper performance of exercise techniques to minimize risk during rehabilitation.	Measure 1. RHS 4250: Skills labs	Measure 1. 90% of students will score an 80% or higher on all labs in RHS 4250.	TBD	TBD	TBD	TBD
	Measure 2. RHS 4250: Rehabilitation plan	Measure 2. 90% of students will score an 80% or higher on the Rehab Plan assignment in RHS 4250.	TBD	TBD	TBD	TBD
Learning Outcome 5: Identify and implement professional management	Measure 1. RHS 4650: Facility design project	Measure 1. 90% of students will score an 80% or higher on rubric for the facility design project in RHS 4650.	TBD	TBD	TBD	TBD

Measurable Learning Outcome	Method of Measurement*	Target Performance	Actual Performance	Interpretation of Findings	Action Plan/Use of Results	“Closing the Loop”
practices and guidelines to ensure personal and organizational well-being.	Measure 2. RHS 4650: Policy and Procedures Manual Performance Evaluation	Measure 2. 90% of students will score an 80% or higher on the rubric for the development of a policy and procedure manual in RHS 4650	TBD	TBD	TBD	TBD
	Measure 3. RHS 4890: Final Student	Measure 3. 90% of students will score an 80% or higher on the Profession Orientation section of the Final Student Performance Evaluation in RHS 4890.	TBD	TBD	TBD	TBD
Learning Outcome 6: Engage in critical appraisal of clinical research to advance the students’ knowledge and provide quality care to their patients.	Measure 1. RHS 4150: Ignite Presentation	Measure 1. 90% of students will score an 80% or higher on the rubric for Ignite Presentation in RHS 4150.	TBD	TBD	TBD	TBD
	Measure 2. RHS 4250: Written annotated bibliography	Measure 2. 90% of students will earn an 80% or better on the written annotated bibliography.	TBD	TBD	TBD	TBD

B. Evidence of Learning Worksheet: Program Surveys (indirect assessment)

Measurable Program Effectiveness Outcomes	Method of Measurement*	Target Results	Actual Results	Interpretation of Findings	Action Plan/Use of Results	“Closing the Loop”
Outcome 1: Prepare competent students to enter professional graduate programs in health care	Measure 1. Graduate school placement rate via the Graduation Exit Survey	Measure 1. 1. 80% of graduates will gain acceptance into a graduate school within 2 years of graduating from the RHS program.	TBD	TBD	TBD	TBD
	Measure 2. Preparation rating via the Graduation Exit Survey	Measure 2. Graduates will rate an average of 70/100 on how well the program prepared them for applying to graduate programs.	TBD	TBD	TBD	TBD
Outcome 2: Equip culturally competent students with foundational knowledge to prepare them for a career following graduate school	Measure 1. Preparation rating via the Alumni Follow-up Survey	Measure 1. Graduates will rate an average of 70/100 on how well the program prepared them to succeed in graduate school.	TBD	TBD	TBD	TBD
	Measure 2. Employment rate via the Alumni Follow-up Survey	Measure 2. 70% of graduates will be employed in their chosen field within 2 years of completing their graduate degree.	TBD	TBD	TBD	TBD

Additional narrative:

The Rehabilitation Sciences Program launched in the 2021-22 academic year. When completing the Evidence of Learning table for the old Athletic Therapy Program for past program assessment reports and self-study reports, we relied on gradebook exports from Canvas for direct assessment. However, the exports are no longer provided by the Canvas support team. Therefore, our department has had to rethink our measurements and targets of the student learning outcomes. Additionally, with the RHS program being new, the faculty thought that it would also be best to update the student learning outcomes that were carried over from the old Athletic Therapy program. In conclusion, new learning outcomes for the RHS program have been proposed in this document, as well as the measurement methods and performance targets affiliated with them. The faculty plans to align learning outcomes to Canvas assignments and rubrics for our RHS courses. This will allow course data to be more accessible for data analysis in future biennial assessments reports and program self-study reports.

Furthermore, we will also begin to analyze new survey data that provides information about program effectiveness to provide an indirect assessment of the RHS program. Currently, we have a Graduation Exit Survey that we send to new graduates at the end of each Fall and Spring semester. There are questions on this survey that provide data on graduate program acceptance rate and their perception rating of how well the RHS prepared them for applying to graduate programs. Secondly, we are also planning to distribute an Alumni Survey in Fall 2022 that we will send to graduates who are 5 or more years removed from the program. There are questions on this survey that provide data on employment rate and their perception rating of how well the RHS program prepared them to succeed in their graduate program.

Appendix A

Date of Program Review: 02/21/2020	Recommendation	Progress Description
<p>Recommendation 1: Standard B. Curriculum</p>	<p>Streamline the curriculum to facilitate graduation efficiency, and provide more employment opportunities with a bachelor’s degree</p>	<p>2020 +1 progress: Revised program (Rehabilitation Sciences) and curriculum was approved. 2021 +2 progress: Rehabilitation Sciences major was launched and available for students to declare or change to. 2022 +3 progress: Some of the new courses have been listed as electives to better streamline student graduation.</p>
<p>Recommendation 2: Standard C. Student Learning Outcomes and Assessments:</p>	<p>Distribute an assessment survey every semester be tailored in a way that asks specific questions regarding the student’s status within the program.</p>	<p>2020 +1 progress We see the benefit of creating another survey for current students with the major and/or program. However, the feasibility and logistics of this survey requires further discussion. The application and graduation timeline of students in our current program is highly variable, which makes the timing and frequency of when this survey should be distributed difficult to determine. The faculty will revisit this recommendation during Spring 2023. In the meantime, we are planning to distribute our Alumni survey alongside our semiannual Graduation Survey in December 2022.</p>
<p>Recommendation 3: Standard E. Faculty</p>	<p>Continue to consider expanding the ethical and racial diversity of the faculty with future hires.</p>	<p>2020 +1 progress We remain committed to diversifying the faculty as openings occur. We have not had the opportunity to hire additional faculty since the beginning of the program review, but we did hire a new Administrative Specialist who also serves</p>

		as the academic advisor in Fall 2020 who is Hispanic and bilingual in Spanish. In every faculty search, we award the maximum number of points allowable for diversity and will continue to do so.
Recommendation 4: Standard G. Relationships with External Committees	Include clinical affiliates with the implementation of a program advisory board.	2022 +2 progress We have six members have agreed to serve on the RHS advisory board. Each from a different professional field of health care (AT, PT, OT, PA, DC, MD). The members have all agreed to attend the inaugural meeting (in-person) on November 28, 2022.

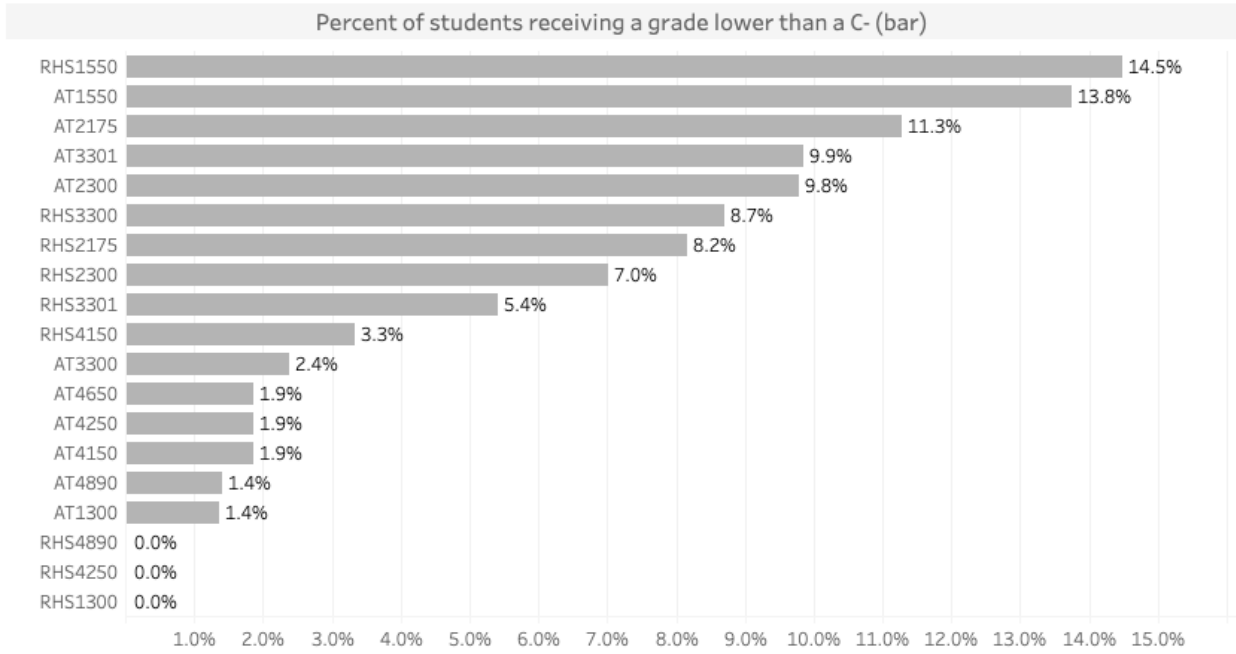
Appendix B

Faculty Headcount	2018-19	2019-20	2020-21	2021-22
With Doctoral Degrees (Including MFA and other terminal degrees, as specified by the institution)	4	4	4	4
Full-time Tenured	2	2	2	2
Full-time Non-Tenured (includes tenure-track)	2	2	2	2
Part-time and adjunct	1			
With Master's Degrees	1	1	1	1
Full-time Tenured				
Full-time Non-Tenured				
Part-time and adjunct	5	2	1	1
With Bachelor's Degrees				
Full-time Tenured				
Full-time Non-tenured				
Part-time and adjunct	1	1	1	1
Other				
Full-time Tenured				
Full-time Non-tenured				
Part-time				
Total Headcount Faculty				
Full-time Tenured	2	2	2	2
Full-time Non-tenured	3	3	3	3
Part-time	7	3	2	2

Please respond to the following questions.

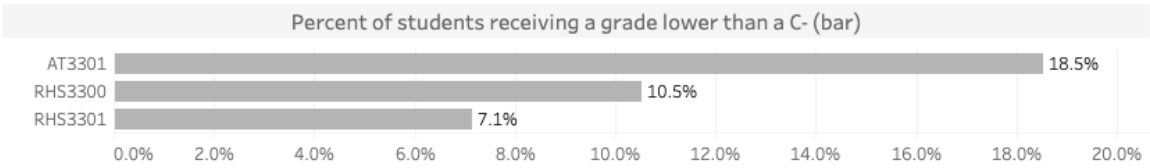
- 1) Looking back at your previous biennial report where you identified strategies for improvement, what progress has been made in implementing improvements?
 - a. As evidenced by Appendix A, we believe great strides have been made to improve this program for our students. We will summarize these improvements below.
 - i. A major revision of the Athletic Therapy curriculum and rebrand of the program to Rehabilitation Sciences, which launched in Summer 2021. This update was catered to students and allowed them more freedom to tailor the courses to their learning interests and graduate program prerequisites. As a result, students are empowered by the curriculum and given the opportunity to expedite their graduation timeline. Secondly, it allows the RHS program to serve more than one type of pre-professional student. The modular design of the curriculum is intended to support pre-AT, pre-OT, pre-PT, pre-PA, pre-chiropractic, and pre-med students. However, we believe that we have been able to provide this flexibility to our students without sacrificing the core mission and education that are unique to the major/program.
 - ii. The support from the college to develop a part-time academic advisor within the Department of Athletic Training. The College of Health Professions approved an additional pay increase for our department's Administrative Specialist II to also serve as a part-time academic advisor to Rehabilitation Sciences majors as of Summer 2021. This in combination with improved signage throughout our building has made it easier for our students to find and receive academic advising within the department.
 - iii. The development of an external advisory board for the Rehabilitation Sciences program. A total of six external community members have agreed to serve the advisory board: Veronica Bain, ATC; Brittany Kester, PA, ATC; Steven Scharmann, MD; Keoni Dellermann, DC, ATC; Deven Bawden, DPT; Darin Stratford, OT. The inaugural meeting is scheduled for November 28, 2022.
- 2) Please take a few minutes to review the new DFWI dashboard in the Report Gallery. This dashboard allows you to see the percentage of students in each course who earn a D+, D, D-, E, W, UW, or NC grade. The data can be filtered by several parameters. Reflect on the DFWI rates overall and of your underserved minority students versus your Caucasian students:

DFWI Grades (D+ or lower) Overall

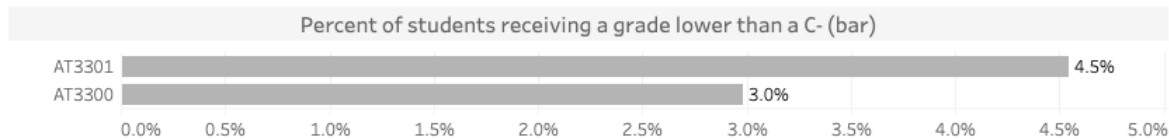


Online vs. F2F/Hybrid Instruction

Online Courses

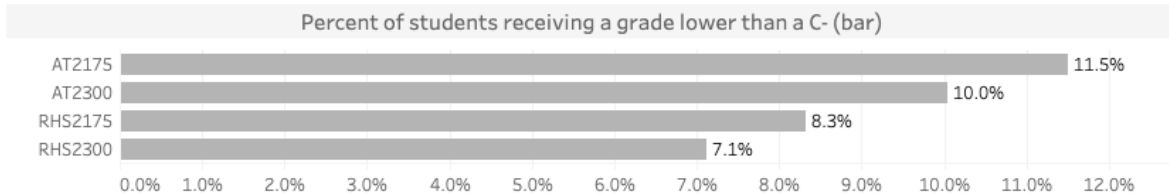


F2F/Hybrid Courses

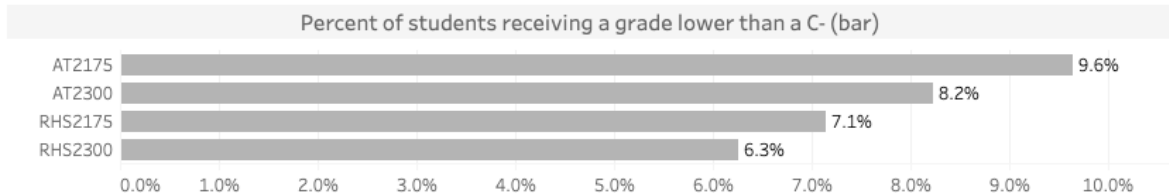


Concurrent vs. Non-Concurrent Enrollment

Concurrent Courses



Non-Concurrent Courses

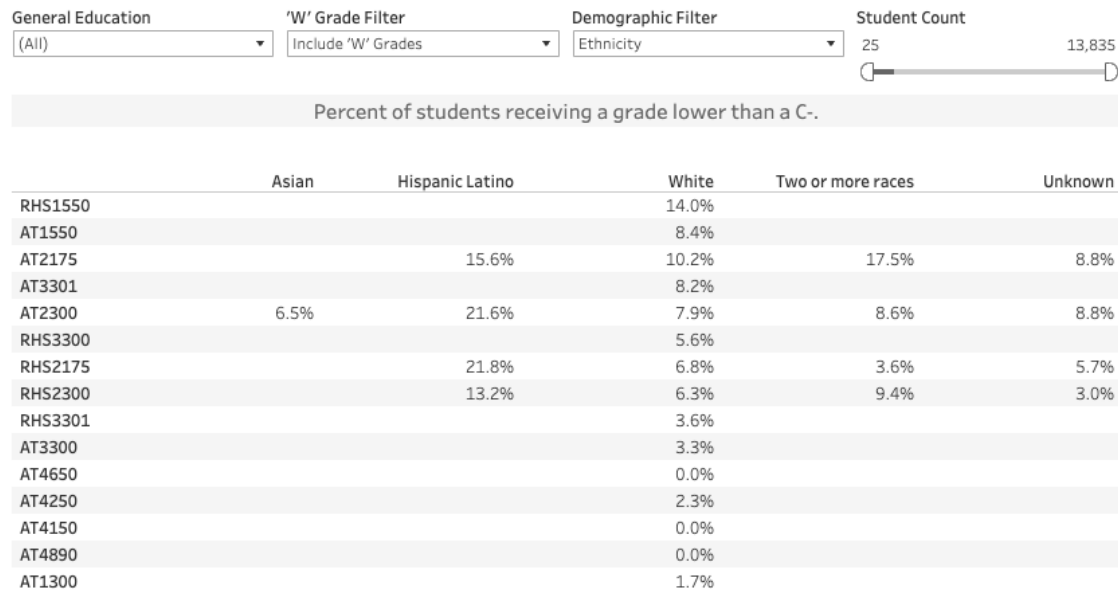


- a. What are you seeing?
- i. Both the RHS and AT course versions of the 1550 course have the highest percentage of students with grades lower than a C-. These courses are often taken by freshman students, many of whom may be taking college-level courses for the very first time. Those students who have received grades lower than a C- either were absent from multiple classes and/or had multiple incomplete assignments. To remedy this pattern, the course instructor has relied on Starfish to notify academic advisors of students who are absent from class or missing assignments early in the semester.
 - ii. The DFWI rate in RHS 1550 is a little higher than that of its predecessor AT 1550. This may be explained by the credit hour increase in RHS 1550 (2 credits) compared to AT 1550 (1 credit). There are a few more assignments in RHS 1550. In addition, most of the RHS 1550 sections in this data set occurred during the pandemic, which presented additional challenges for students.
 - iii. The majority of the RHS course versions have lower DFWI rates than the AT course equivalents. This suggests the curriculum update to Rehabilitation Sciences may have a positive impact on the academic performance of our students.
 - iv. We have offered our 3300 and 3301 courses to students in both online and F2F/hybrid formats over the past two years. When comparing online instruction to F2F/Hybrid instruction, there is a higher percentage of students with grades lower than a C- in

online courses compared to those in the F2F/Hybrid versions these same courses. If this trend continues, we may reconsider offering these classes online.

- v. We have offered our 2175 and 2300 courses as concurrent enrollment (taught at high schools) and non-concurrent enrollment (taught at Weber State University). When comparing the enrollment type, there is 1-2% higher percentage of students with grades lower than a C- in concurrent enrollment courses. High school students may have a lower investment in their success in these courses. We are working to embed more assessment into every section of RHS 2175 and 2300 so that we can better understand where the issues are.
- b. What concerns you?
- i. There is nothing overly concerning with this data. RHS 3300 has a higher percentage of students with grades lower than a C- compared to its predecessor AT 3300 (8.7% vs. 2.4%). The curriculum between these two courses is almost identical, so it's a bit perplexing. The course instructors may be able to offer some insight to better understand this disparity.
 - ii. More students receiving grades lower than a C- in online course sections when compared to the F2F/hybrid course sections. A partial explanation of this trend can be attributed to the influx of online and virtual course being offered during the COVID-19 pandemic for the purpose of public safety. However, now that we are on the backend of the pandemic, it is worth assessing the need of offering online and virtual course sections, especially if the academic performance of students continues to be better in hybrid and F2F course sections.
 - iii. The 1-2% higher rate of students receiving grades lower than a C- in concurrent enrollment compared to non-concurrent enrollment is interesting, but not concerning. This difference may be attributed to differences in student maturity and/or the educational setting of high school vs. college.
- c. What additional data could be beneficial?
- i. No additional data recommendations currently. It would be helpful to be able to sort the courses by division (lower→upper) to be able to better appreciate the effect of course progression/sequencing. Also, the instruction methods of online, virtual, and hybrid have not always been defined the same between 2020-2022. This may lead to false interpretations of the data.

DFWI Grades (D+ or lower) by Ethnicity



- d. What are you seeing?
 - i. When compared to white students, there is often a higher percentage of non-white students with grades lower than a C-. However, the data for non-white students is limited when compared to white students.
- e. What concerns you?
 - i. Although the non-white data that is available is limited, some of the percentages are alarming. It is worth educating our instructors about these preliminary findings and promoting EDI practices within courses. We are planning to invite the TLF chair to a department meeting in the Spring 2023 semester to educate our faculty on how to better serve minority students. Our department has zero tolerance for explicit biases towards students and faculty, and we aim to remove any implicit biases as a product of growth mindset.
- f. What additional data could be beneficial?
 - i. In time, we hope to have more data on non-white students to allow for a rich dataset that can better direct our department in EDI practices.

- 3) We have invited you to re-think your program assessment. What strategies are you considering? What support or help would you like?
- a. Our student learning outcomes have been revised to better align with the mission of the new Rehabilitation Sciences program.
 - b. Our measures and performance thresholds have been modified to allow for more alternative data analyses that will provide for a more effective critique of our student learning outcomes in future biennial assessment reports and self-study reports. To do so, instructors will need to align the new learning outcomes to certain assignments and rubrics within their Canvas courses. Gail Niklason has agreed to train the faculty on these procedures and how to conduct data analyses via Canvas reports.
 - c. We have developed a graduate exit survey and alumni survey that will allow us to measure program effectiveness as well. Data from these surveys will be presented in future biennial assessment reports and self-study reports.
 - d. We would like to review our curriculum and determine the courses that provide high impact educational experiences (HIEE) to students. All HIEE courses within the RHS program should be highlighted within the Curriculum Grid, Assessment Plan, and Evidence of Learning sections in future biennial assessment reports and self-study reports.

Glossary

Student Learning Outcomes/Measurable Learning Outcomes

The terms ‘learning outcome’, ‘learning objective’, ‘learning competency’, and ‘learning goal’ are often used interchangeably. Broadly, these terms reference what we want students to be able to do AFTER they pass a course or graduate from a program. For this document, we will use the word ‘outcomes’. Good learning outcomes are specific (but not too specific), are observable, and are clear. Good learning outcomes focus on skills: knowledge and understanding; transferrable skills; habits of mind; career skills; attitudes and values.

- Should be developed using action words (if you can see it, you can assess it).
- Use compound statements judiciously.
- Use complex statements judiciously.

Curriculum Grid

A chart identifying the key learning outcomes addressed in each of the curriculum’s key elements or learning experiences (Suskie, 2019). A good curriculum:

- Gives students ample, diverse opportunities to achieve core learning outcomes.
- Has appropriate, progressive rigor.
- Concludes with an integrative, synthesizing capstone experience.
- Is focused and simple.
- Uses research-informed strategies to help students learn and succeed.
- Is consistent across venues and modalities.
- Is greater than the sum of its parts.

Target Performance (previously referred to as ‘Threshold’)

The level of performance at which students are doing well enough to succeed in later studies (e.g., next course in sequence or next level of course) or career.

Actual Performance

How students performed on the specific assessment. An average score is less meaningful than a distribution of scores (for example, 72% of students met or exceeded the target performance, 5% of students failed the assessment).

Closing the Loop

The process of following up on changes made to curriculum, pedagogy, materials, etc., to determine if the changes had the desired impact.

Continuous Improvement

An idea with roots in manufacturing, that promotes the ongoing effort to improve. Continuous improvement uses data and evidence to improve student learning and drive student success.

Direct evidence

Evidence based upon actual student work; performance on a test, a presentation, or a research paper, for example. Direct evidence is tangible, visible, and measurable.

Indirect evidence

Evidence that serves as a proxy for student learning. May include student opinion/perception of learning, course grades, measures of satisfaction, participation. Works well as a complement to direct evidence.

HIEE – High Impact Educational Experiences

Promote student learning through curricular and co-curricular activities that are intentionally designed to foster active and integrative student engagement by utilizing multiple impact strategies. Please see <https://weber.edu/weberthrives/HIEE.html>