A Competency-Based, Online Master of Public Health Program: A Model for Innovative Assessment Strategies

School of Allied Health and Life Sciences
University of West Florida

February 29, 2008
Best Practices for Assessment and Curricular Reform
UWF Spring Mini-Conference, in coordination with UWF Articulation Day

Presented by:
Melanie A. Sutton, PhD

CITATION:
2005 – Pre-planning for online Master of Public Health and Bachelor of Science in Health Sciences programs, with these priorities:

- **High quality** instruction

- Attract **highly qualified faculty and adjuncts** (support practitioner-based approach)

- **Involve regional community** via Advisory / Steering Committees

- Support regional/national **workforce development needs** with competency-based curricula
Start-Up Challenges

Faculty & adjuncts some of the BEST (and BUSIEST)

- 80% unable to attend any ATC-sponsored trainings at UWF
- 2005 – Reaction to going online?!?
  - Low faculty engagement / high frustration
  - Initial development efforts subpar
  - Prospective adjuncts reluctant to engage in online course development
  - Prospective faculty reluctant to allow majors within their college to enroll in online courses
Pre-planning Goals/Outcomes

• **High quality – commitment to ongoing enhancement**
  - Meet/exceed national standards (SACS, CEPH, etc.)
  - Meet/exceed UWF-ATC standards
  - Address all issues in CEPH-mandated Student Complaint Log
  - Promote self improvement

• **Marketability**
  - Seek accreditation
  - Increase faculty satisfaction (w/ developed content, training, etc.)
  - Improve % of overall favorable SUSSAI evaluations and % of positive NSSE survey items related to engagement
  - Develop national reputation
Pre-planning Goals/Outcomes

• **Low operational costs**
  - Strive for low turnover rate
  - Promote peer-to-peer support/training
  - Increase efficiency in training (e.g., training related to student feedback/complaints first)

• **Increase FTE generation**
  - Increase enrollment within and outside UWF’s geographic region
A 3-Step Approach to Assessment

- **Step 1: Start at the TOP**
  - Organizational Assessment and Strategic Planning

- **Step 2: Engage the faculty/adjuncts**
  - Peer-to-Peer Networking to Increase Engagement

- **Step 3: Engage the students**
  - Set the Example Using Solicited and Unsolicited Student Feedback on Engagement
Step 1: Start at the TOP
Organizational Assessment and Strategic Planning

• Literature Review
  Academic integrity       Accountability
  360 feedback/assessment  Change management
  Client/learner–centered services  Continuing medical education
  Efficiency

• Outcomes:
  – Brand the effort – selected theme:
    High Quality, with Innovation to Build and Support an Engaged Online Learning Community
  – “Community” = engaged faculty/adjuncts first, then engaged students to follow
  – Reality hit quickly (2005):
    • VERY painful
    • IT person doing training insufficient – needed administrator/lead faculty as champions
Step 1: Start at the TOP
Organizational Assessment and Strategic Planning

2005-2006:
Initiated/engaged in a 16-week online competition involving our Advisory Committee in judging...

- Epidemiology of Infectious Disease
  w/ George L. Stewart, PhD
  (aka a biologist and an administrator)

  vs.

- Introduction to Medical Terminology
  w/ Melanie A. Sutton, PhD
  (aka a computer scientist and a faculty member)

Idea:

If we succeed - more fun at meetings and trainings and new ideas for others to adapt

If we fail - we’d get some good laughs along the way

BEST PRACTICES:
Creatively engage participants and evaluators (for a VERY long road ahead).
Step 1: Start at the TOP
Organizational Assessment and Strategic Planning

- Client-Centered Care Organizational Assessment instrument

Survey Instrument:

How well does your agency provide client-centered services?

Having your entire staff complete the assessment below will provide you with a broad perspective of how well you’re doing, plus will open the door for further exploration and discussion of service improvement.

Note: There are many indicators for client-centered services. This is just a starting point!

Client-Centered Care Organizational Assessment

1. Vision/goals and clinical protocols emphasize client-centered care. Agree Disagree Don't know
2. Patient educators/counselors give all clients the same information. Agree Disagree Don't know
3. Client satisfaction surveys determine what clients want or expect in addition to how satisfied they are with services. Agree Disagree Don't know
4. A new client’s visit is usually over two hours. Agree Disagree Don't know
5. Clients go through more than five “stations” or stops in a visit. Agree Disagree Don't know
6. Waiting areas are clean, pleasant, and consistently tidy. Agree Disagree Don't know
7. All staff participate in initial orientation and ongoing training to enhance client-centered skills, incl. customer service, communication skills, etc. Agree Disagree Don't know
8. Waiting areas do not have toys for children. Agree Disagree Don't know
9. Job descriptions of all client-contact staff specifically address client-centered behavior. Agree Disagree Don't know
10. Input from clients is sought regularly (at least twice per year). Agree Disagree Don't know
11. There are no evening and/or weekend hours at the clinic. Agree Disagree Don't know
12. Client education is conducted in private areas, with no interruptions. Agree Disagree Don't know
13. Changes are made in clinic hours, structure, staffing, etc. based on client input. Agree Disagree Don't know
14. Staff regularly observe one another and give feedback on client-centered skills (i.e., use of open-ended questions, active listening). Agree Disagree Don't know
15. Staff strive to spend the same amount of time with each client. Agree Disagree Don't know
16. The clinic primarily serves people in the local neighborhood. Agree Disagree Don't know
17. Clients are able to receive an appointment within two weeks. Agree Disagree Don't know
18. Patient educators and clinicians direct their sessions with clients by asking a routine series of close-ended (i.e., “yes” or “no”) questions. Agree Disagree Don’t know
19. A client’s visit is never longer than two hours. Agree Disagree Don’t know
20. Clients sign in within the first five minutes of arrival at the clinic. Agree Disagree Don’t know

Guidance for Response Interpretation:

So what?

- For services to be truly client-centered, efforts must be made on many levels:
  - Direct impact on the client: the agency asks what clients want and acts on it; services and information are individualized; clients receive information and services specific to their needs/staff don’t assume that all clients need the same amount of time or the same information
  - Support for staff: staff receive skills training (e.g., staff are trained to ask open-ended questions rather than closed-ended questions; staff are trained to individualize their sessions with clients depending on client needs, etc.); staff receive management support for their client-centered behavior (e.g., job descriptions, protocols, etc.)
  - Systems issues: systems are in place to ensure that clients can receive an appointment quickly, and can get in and out of the clinic quickly, with a minimum of hassle, and that the clinic is clean and hospitable; the clinic should also be accessible to people from the entire community, via bus lines, etc.

Now what?

If your responses were different from the key for any of the items, your agency is creating inconveniences for clients.

- Different answers on items 1, 3, 4, 8, 10, 12, 13 and 14 may indicate that agency systems, protocols, and procedures are problematic.
- Different answers on items 1, 2, 7, 9, 14, and 15 indicate that your agency could do more to support staff in providing client-centered care.

Center for Health Training, Austin, 3/00
Step 1: Start at the TOP
Organizational Assessment and Strategic Planning

- Client-Centered Care Organizational Assessment instrument
  - 2005-2006: 30% compliance

- Areas of improvement:
  - Faculty/adjuncts run the show (aka learner-centered, then didactic)
    (Dewitt, 2003; Davis, et al., 1999)
  - Support just-in-time training
    (Gercenshtein, Fogelman, & Yaphe, 2002; Wind & Reibstein, 2000)
  - Provide hands-on problem solving of contextually relevant problems
    (Davis, 1998; Gercenshtein, Fogelman, & Yaphe, 2002; Sachdeva, 2005)
  - Case studies by local leaders/champions (aka The Iron Chef Competition)
    (Park, 2004; Weber & Joshi, 2000)
  - Support objective evaluation course design and implementation criteria
    (Leung, 2002)

BEST PRACTICES:
Balance creative engagement with formal evaluation and reporting.
Step 2: Engage the faculty/adjuncts
Peer-to-Peer Networking to Increase Engagement

eJams
- Monthly, weekly
- Roundtable training sessions or “learn-work-learn” sequenced training
- Peer faculty providing solutions (administrative/faculty leaders implementing/testing first and returning best practices)
- Peers/staff demonstrating student-tested, engagement-reinforcing strategies or innovative communication tools
- Didactic training in course design or management features available in flexible formats (traditional face-to-face & digital with pre-recorded videos or MP3 files loaded on iPods)

One-on-one support with eGurus
- Track by training absenteeism or course audits showing subpar design or implementation methods

Peer-to-peer support
- Cross-enrolling subgroups of peers in course templates
- Feedback on course rigor, redundancy, and topic coverage compared to other accredited programs

Supplemental, objective assessment (beyond SUSSAI)
- Optional, confidential, and supplemental mid-semester and end-of-semester course evaluations
- Voluntary but formal and confidential peer-based “interventions” to provide a comprehensive assessment of course design and implementation decisions contributing to subpar levels of student engagement
- Voluntary, but formal and confidential, course audits involving “grading” course design and implementation decisions using transparently communicated objective and standardized criteria
- Providing optional feedback alongside an interpretation of the quantitative State University System Student Assessment of Instruction (SUSSAI) evaluation of a course
Step 3: Engage the students
Set the Example Using Solicited and Unsolicited Student Feedback on Engagement

- Formally **track student complaints** (via an accreditation-mandated Student Complaint Log)
  - Track complaints against SUSSAI evaluations
  - Track complaints against faculty/adjunct training attendance
  - Formally document within a self-study reported to the Council on Education for Public Health (CEPH) accreditation agency for the online Master of Public Health degree

- **Monitor faculty satisfaction** (solicited and unsolicited)

- Optional **mentorship** as needed (online teaching is not for everyone)
Case Study:
Beta-Testing Second Life in the MPH Program

• Using Second Life as an Extra Credit Engagement Tool for Scavenger Hunts in the Online Master of Public Health Program


• Lead faculty attended ATC Second Life demos in 2007
Case Study: Moving Forward with Second Life

- SAHLS resolution to experiment with Second Life for a year as a low-stakes (i.e., low-credit) extra credit activity in several courses to solicit student feedback on their preliminary experiences.

- Stage 1 (2007-2008) primary courses selected for beta-testing/tracking:
  - Health Information Systems
  - Introduction to Bioinformatics
  - Introduction to Medical Terminology

- Stage 2 (2008-2009) primary courses selected for beta-testing/tracking:
  - Bioterrorism
  - Epidemiology of Infectious Disease
  - Strategies for the Prevention of Infectious Disease

- Supplemental tracking: CS Department (Laura White)

BEST PRACTICES:
Be willing to experiment, and learn A LOT from mistakes.
Case Study: Best Practices for Second Life Usage

• Current student levels of Second Life participation (2008): 25%
  – ~50 % successfully locate and report back on hunt-related items
  – ~50% unsuccessful in installation or navigation or experience consistent problems with lock-ups/crashes

• **Best practices** thus far:
  – Keep assignments low stakes/low credit or for extra credit.
  
    – Post directions for loading Second Life on a thumb drive (to plug & play on faster machines).
  
    – Keep directions/tasks simple for techno-phobic and/or non-gaming friendly students.
  
    – Make a movie of a sample (successful!) interaction in Second Life.
  
    – Apologize for any “Wild West” experiences.
  
    – Give specific locations to visit or provide a specific list of locations to get students started that will be interesting enough on their own, that if issues arise, they are minor distractions.
Back to the Original Outcomes

2005-2006:
- Client-Centered Care Organizational Assessment instrument: 30% compliance
  - 6 faculty and adjuncts involved in developing
  - 5 online courses for
  - 2 new programs

2007-2008:
- Client-Centered Care Organizational Assessment instrument: 80% compliance
  - 25 faculty and adjuncts developing and teaching
  - 32 different online courses in support of
  - 9 different programs
Outcome: High Quality/Quality Enhancement

2005-2008

- Faculty with subpar student evaluations:
  - showed sustained engagement over time following the first launching of their course
  - noted improved course evaluations, student engagement, and/or overall improved satisfaction in course quality in subsequent offerings
  - CEPH accreditation feedback during consultation visit supportive of efforts

- Subsets of faculty asked for optional re-evaluation on objective criteria

- First eLearning “intervention” in 2007 – well-received
Outcome: Marketability

Student Credit Hours Generated by Geographic Region for New Online BSHS and MPH Programs in SAHLS (Summer 2007-Spring 2008)

- Pensacola
- RWB
- Florida Other
- Southeast U.S.
- Other U.S.
- Non-U.S.

Legend:
- Summer 2007 student credit hours
- Fall 2007 student credit hours
- Spring 2008 student credit hours
Outcome: Operational Costs

2005-2008:

- Faculty/adjunct turnover rate: \(~5\%\)

- Main factors:
  - low faculty engagement and dissatisfaction with online student engagement
  - high levels of absenteeism during all available training opportunities
Cuba Gooding, Jr.

Show Me The Money!
[watch the You Tube video!]
# References

REFFERENCES UTILIZED FOR HIGH QUALITY-BASED PROGRAMMATIC PLANNING AND EVALUATION

<table>
<thead>
<tr>
<th>Reference</th>
<th>Notes</th>
<th>Impact Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Apollo Alliance</td>
<td>Supports efforts in efficiency and accountability in policies. [Update: initiatives later merged with BlueGreen Alliance]</td>
<td>2007- current</td>
</tr>
<tr>
<td><strong>UWF Review.</strong> (July-October 2006). J.L. Fisher, Ltd &amp; J.V. Koch. [Recommendation #13, p. 20]</td>
<td>Efforts to improve training for online course development supported within Recommendation #13: &quot;Hence, we recommend UWF redouble its efforts to familiarize its faculty with D2L by means of training sessions that perhaps focus on particular disciplines.; &quot;...there is abundant evidence that many [students] prefer to use technology...&quot;; and &quot;Hence, UWF would be well advised to make as many faculty as possible comfortable with D2L and other technology-related items.&quot;</td>
<td>2006- current</td>
</tr>
<tr>
<td>New research on academic integrity: The success of &quot;modified&quot; honor codes. (15 May 2000). Synfax Weekly Report. [SWR 00.17, p. 975]</td>
<td>Contributed to our academic integrity-based initiatives in the online Master of Public Health program (and associated Certificates), and in our outreach efforts in pre-college training for careers in allied health.</td>
<td>2006- current</td>
</tr>
</tbody>
</table>
# References

## REFERENCES UTILIZED FOR HIGH QUALITY-BASED PROGRAMMATIC PLANNING AND EVALUATION (cont.)

<table>
<thead>
<tr>
<th>Reference</th>
<th>Notes</th>
<th>Impact Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client-Centered Care Organizational Assessment:</strong> How Well Does Your Agency Provide Client-Centered Services? (2000). Center for Health Care Training, Austin, 3/00.</td>
<td>Formed the basis for formalizing our client-centered service initiatives. More resources <a href="#">here</a>.</td>
<td>2006-current</td>
</tr>
<tr>
<td><strong>Academic Learning Compacts.</strong> Board of Governors. State University System of Florida.</td>
<td>Contributed to our outcome-based assessment initiatives. Additional information <a href="#">here</a>.</td>
<td>2005-current</td>
</tr>
<tr>
<td><strong>CEPH Accreditation Process</strong></td>
<td>Formed the basis for our preliminary assessment planning for Master of Public Health program. Additional information available from the <a href="#">U.S. Department of Education</a>.</td>
<td>2003-current</td>
</tr>
<tr>
<td><strong>ABET Accreditation Process</strong></td>
<td>Formed the basis for our preliminary programmatic assessment planning. Additional assessment planning resources <a href="#">here</a>. Additional information available from the <a href="#">Council for Higher Education Accreditation</a>.</td>
<td>2002-current</td>
</tr>
</tbody>
</table>
# References

## REFERENCES UTILIZED FOR INNOVATION-BASED INITIATIVES TO BUILD AND SUPPORT AN ENGAGED ONLINE LEARNING COMMUNITY

<table>
<thead>
<tr>
<th>Reference</th>
<th>Notes</th>
<th>Impact Year</th>
</tr>
</thead>
</table>
| **Computers Don't Teach -- People Teach: The Socrates Online Method.** (1998). By Americ Azevedo, Director, Collaborative Intelligence Laboratory & Lecturer. Interdisciplinary Studies: University of California, Berkeley. | Formed the basis for programmatic planning for integration of technological innovation to enhance student-to-student, student-to-instructor, student-to-material, and instructor-to-instructor interactions. SAHLS INNOVATION-BASED QUALITY ENHANCEMENT PLAN (QEP) SUBGOALS:  
• Use innovations that can be provided asynchronously and yet still promote student-to-student and instructor-to-instructor dialogue.  
• Use technological innovations to provide materials in varied formats for varied learners (enhancing student-to-instructor and student-to-material engagement). | 2005-current |
Looking to the Future

Any questions?

Melanie A. Sutton  msutton@uwf.edu

Justice Mbizo  jmbizo@uwf.edu

Very Special Thanks:

John Crane, ATC  The best student advocate on campus!
Vance Burgess, ATC  ATC Certified Online Instructor course
ITS Helpdesk  Thousands of questions (and answers!)

CITATION: