Weave Wednesdays

Phase Two: Reporting Findings

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Training Agenda

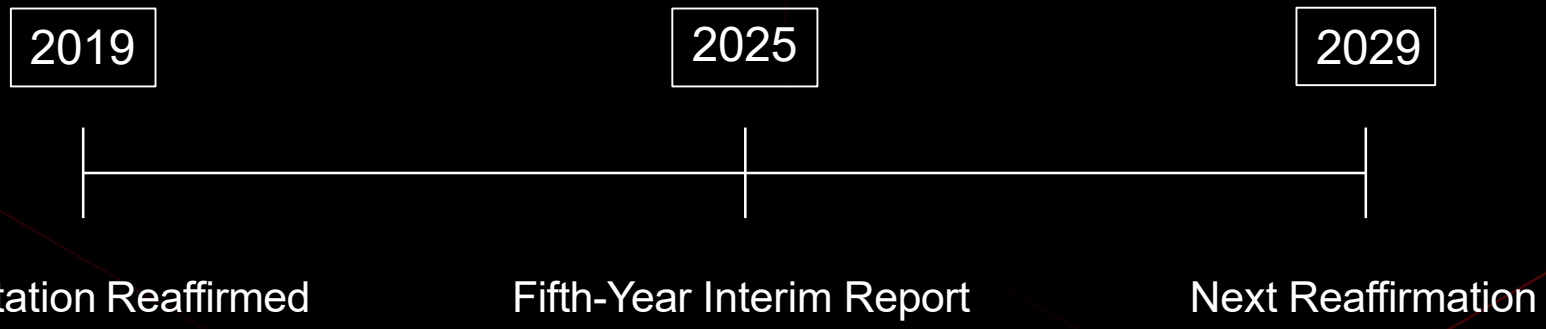
Part I: TTUHSC Assessment Cycle

Part II: Reporting Findings

Part III: Progress on Planned Improvements

TTUHSC

SACSCOC Accreditation Schedule



SACSCOC Standards

7.3

The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.

8.2.a

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 with regard to student learning outcomes for each of its educational programs.

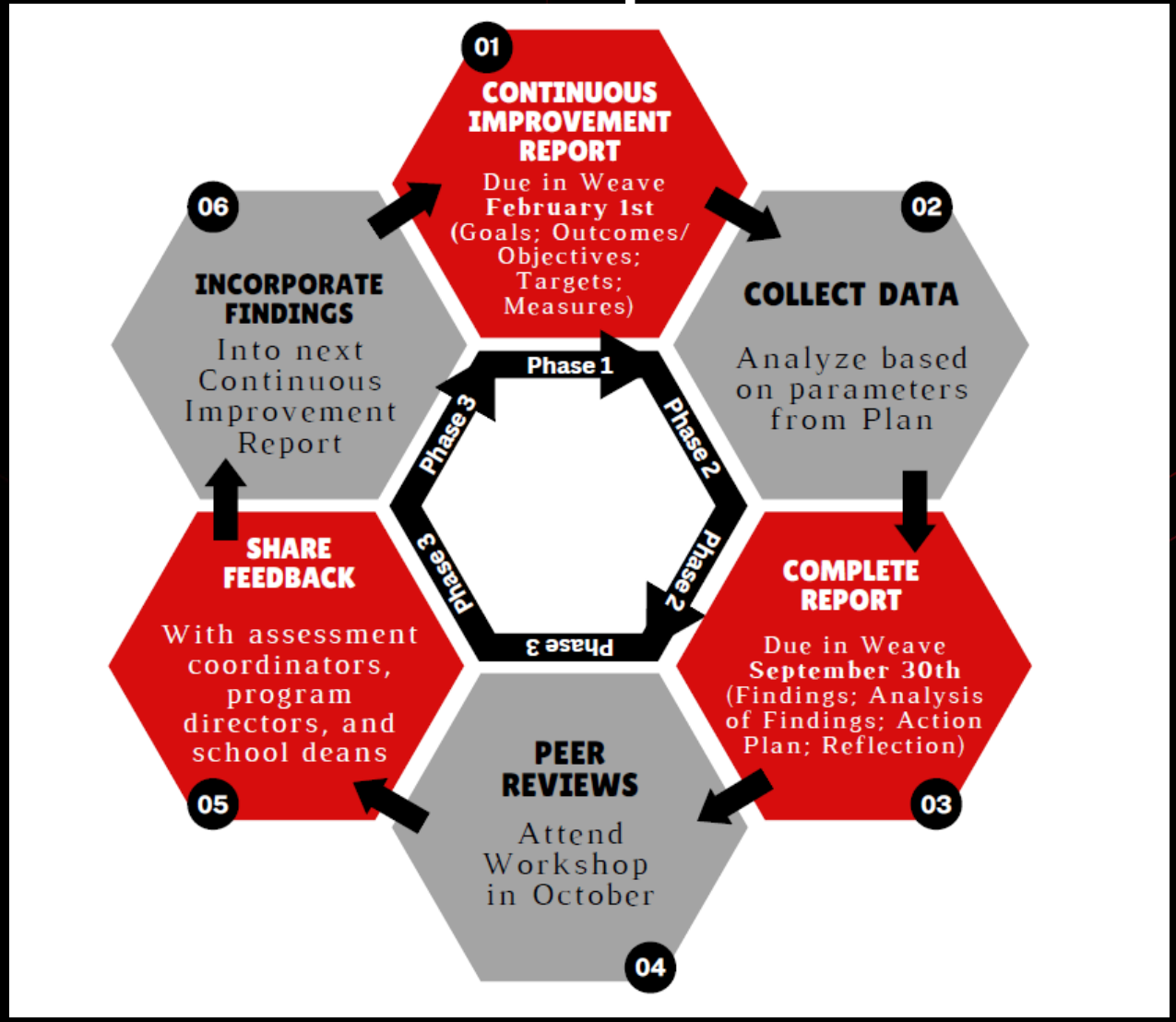
8.2.c

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 in the academic and student services that support student success.

What is Weave?

- An assessment management system where faculty and staff can document assessment plans and reports
- Implemented at TTUHSC in 2006
- 75 Weave plans in the current 2024-2025 cycle
  - 35 Educational Programs
  - 19 Administrative Units
  - 21 Academic & Student Support Units

Cycle of Continuous Improvement



Timeframe and Deadlines

- Weave plans/reports are completed on an ANNUAL basis
- The reporting cycle is **September 1 – August 31**
- **Phase One**: Planning should be completed by **February 1**
- The deadline for **Phase Two**: Reporting is always **September 30**
- **Phase Three:** Review occurs in **October**

Elements

Phase I: Planning

- Mission Statement
- TTUHSC Strategic Guidelines
- Outcomes/Objectives
- Measures
- Targets
- (Attachments)

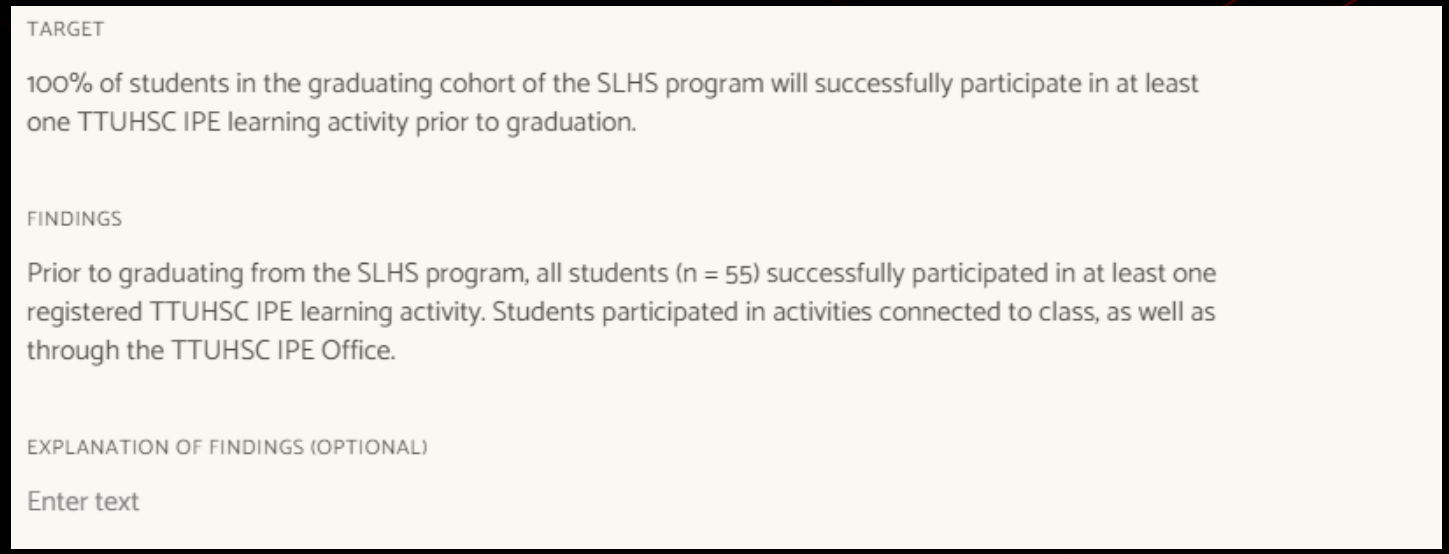
Phase II: Reporting

- Findings and Explanation of Findings
- Action Plans
- Progress on Planned Improvements
- (Attachments)

See TTUHSC Weave Cheat Sheet for definitions

Findings

- What were your 2024-2025 results? Did you meet your Targets?
  - Describe Outcomes/Objectives in terms of stated achievement Targets
  - Provide specific, yet objective, information about the results.
  - Provide a context for each Finding, if relevant.



Let’s practice

Academic Program Report Examples:

Needs improvement: Most of our students scored at or above the national average on the USMLE-Step 1 exam.

Let’s practice

Academic Program Report Examples:

Needs improvement: Most of our students scored at or above the national average on the USMLE-Step 1 exam.

Better: On their first attempt, our students achieved a mean score of 224 on the USMLE-Step I exam. In addition, 98% of our first-time examinees passed the exam compared to 93% of examinees from other U.S. and Canadian medical schools.

Let’s practice

<u>Administrative and Academic/Student Support Program Report Examples:</u>

Needs improvement: The target for fall enrollment was Met.

Let’s practice

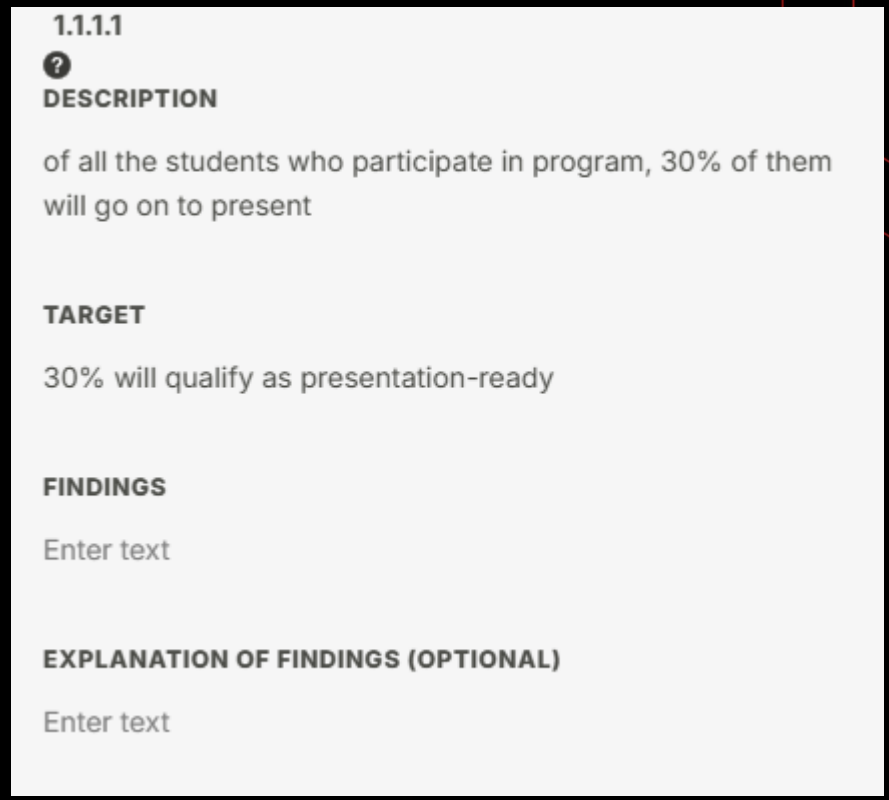
<u>Administrative and Academic/Student Support Program Report Examples:</u>

Needs improvement: The target for fall enrollment was Met.

Better: The official enrollment figure for Fall 2015 was 99 students, which exceeded the targeted enrollment of 85. Additional demographic data about these students can be viewed in the 20-21 Enrollment Report, which has been uploaded as supporting documentation.

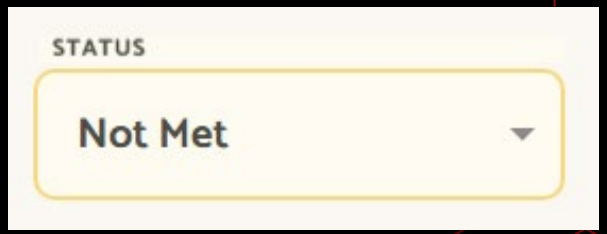
Explanation of Findings

- *How could we provide context to these findings?*
- *Anything else relevant or helpful?*



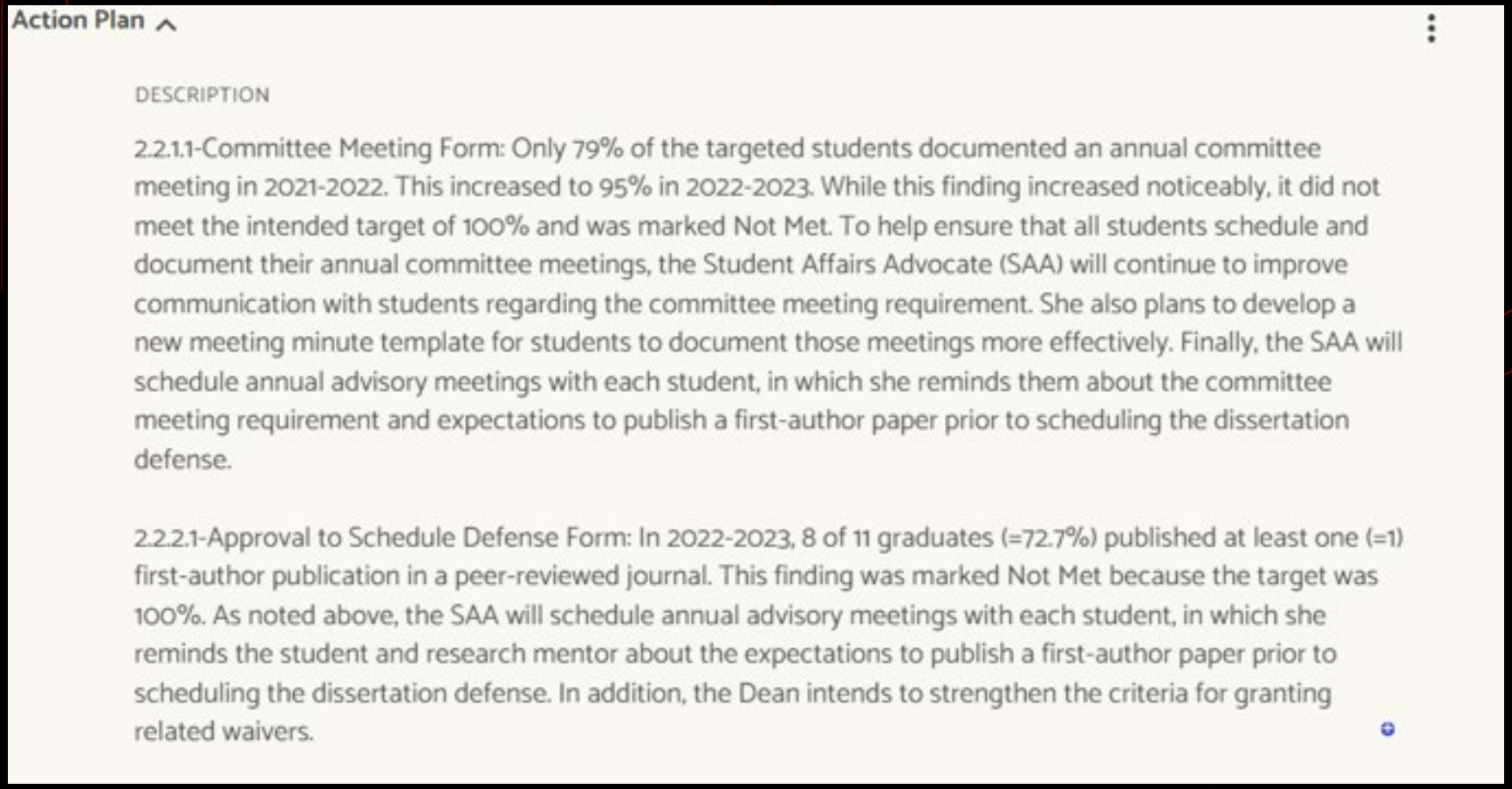
Action Plans

- Provide a detailed description of the actions you plan to take for the Targets marked as *Partially Met* or *Not Met*.



- If your department does not have anything additional to add, please indicate "*Target(s) was met. No action needed at this time*."

Action Plans



“Continuous improvement is better than delayed perfection.”

–Mark Twain

Progress on Planned Improvements

It's one thing to establish Outcomes/Objectives and measure progress, ***but it's how you use those results to promote improvement*** *that really matters!*

- Review the Action Plans for the Targets marked as *Partially Met* or *Not Met* from the *2023-2024 cycle*.
- Elaborate on the actions you took during the current 2024-2025 cycle to address those issues (previous Actions Plans).
- If you marked *Met* on all Targets in the previous year, please give a brief summary of program/unit successes or improvements that happened during the last year.

Progress on Planned Improvements

DESCRIPTION

In the 2021-2022 cycle, two targets were marked Not Met: (1) Every student (=100%) will have at least one advisory committee meeting per academic year; and (2) on an annual basis, every Ph.D. student (=100%) will participate in a poster and/or podium presentation in a professional setting. During the 2022-2023 cycle, a new Student Affairs Advocate (SAA) was hired in October 2022 to work with students in the Ph.D. in Biomedical Sciences degree program. The new SAA worked diligently to identify priorities for improvement. This included increased communication with students regarding: (1) committee meetings, and (2) publication/presentation expectations using multiple methods of communication, including email and in-person discussions. See, for example, Progress_Planned_Improvement_Annual_Advising_REDACTED for an example of a student's annual advisory meeting notes, in which the SAA reminded the student of related requirements. The SAA also worked more closely with the departmental coordinators to help encourage students to schedule committee meetings, complete appropriate documentation of such meetings, and understand the publication/presentation requirements. In addition, the target related to poster presentations was decreased from 100% to 90% since it is not a program requirement. Combined, these efforts resulted in improved compliance in 2022-2023.

Progress on Planned Improvements

DESCRIPTION

For 2021-2022, the Office of Academic Planning & Compliance (APC) had two action plans: (1) one for a Partially Met state authorization compliance target (1.3.2.1) and (2) one for a Not Reportable target on General Education Assessment (1.4.1.1). In 2022-2023, both of the action plans were addressed.

For the first action plan on state authorization, APC personnel reviewed the deadline for professional licensure annual submissions based on other deadlines within the office and for the schools. A summer deadline can bring complications (with travel and schedule changes, etc.); however, given that NC-SARA also requires a summer deadline for their annual report, we felt it was best to keep it in the summer. We still struggle with getting the professional licensure reviews submitted on time. APC personnel will continue to work collaboratively with the schools to improve compliance. One of the ways we will do this is through repeated reminders, a scheduled training meeting each year, and potentially an HSC Operating Policy for the process.

For the second action plan on General Education Assessment, APC personnel noted improvement opportunities in the annual reporting process. In the summer of 2023, APC personnel converted the PDF annual reporting template to a Qualtrics survey to improve the data-gathering process. In addition, the Personal and Social Responsibility exam, already in Qualtrics, was moved behind eRaider authentication to eliminate duplicate submissions. The annual reports for 2022-2023 won't be completed until October 9, 2023, so this improvement piece will also be included in next year's continuous improvement plan.

Further notable improvements for APC, not related to the action plans, in 2022-2023 are as follows:
(1) Working collaboratively with Academic Affairs, re-developed HSC OP 60.11 on the new program and modifications process;
(2) Faculty Success system configuration overhaul that required collaboration from each school;
(3) Successful transition of new General Education Assessment platform for the Proficiency Profile exam; and
(4) Development planning for the SACSCOC Fifth-Year Interim Report due in March 2025. The planning included the development of project timelines, confirmation of Institutional Effectiveness Advisory Committee (IEAC) members, review of all Standards, and a half-day training retreat with the IEAC members.

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Progress on Planned Improvements

DESCRIPTION

The Office of Interprofessional Education met all targets for AY 2022-2023. The following includes a brief summary of improvements that occurred during the past year.

1.1 Customer Outcome(s)/Process Objective(s): Interprofessional Education and Collaborative Practice - Knowledge – Students. Updates to the FICP modules included a major update to the Communication Module and minor content updates to all modules.

2.1 Customer Outcome(s)/Process Objective(s): Interprofessional Education and Collaborative Practice - Self-Efficacy/Confidence - Students. Updates to the FICP modules included additional student self-reflections to improve confidence and self-efficacy.

3.1 Customer Outcome(s)/Process Objective(s): Exposure-Level IPE Experiences - Attitudes and Perceptions - Students. Over the past year, there has been significant growth in the number and diversity of IPE activities offered by the Office of Interprofessional Education. There was a 14% growth in participation and all 6 TTUHSC schools actively participated in exposure-level IPE experiences. Improvements were made to each activity based on quality improvement feedback from the previous year including topics, logistics, and pre-work.

4.1 Customer Outcome(s)/Process Objective(s): Immersion and Competence Level IPE Experiences - Behavior Change - Students. Over the past year, there was significant growth in the number of immersion and competence-level IPE experiences offered by the Office of Interprofessional Education. Disaster Day was launched and Amarillo and the Interprofessional Toy Fair & Expo returned following a hiatus during COVID. Improvements were made in Disaster Day Lubbock and Shatter the Stigma based on quality improvement feedback from the previous year including case scenarios, logistics, and simulation station rotations.

TTUHSC

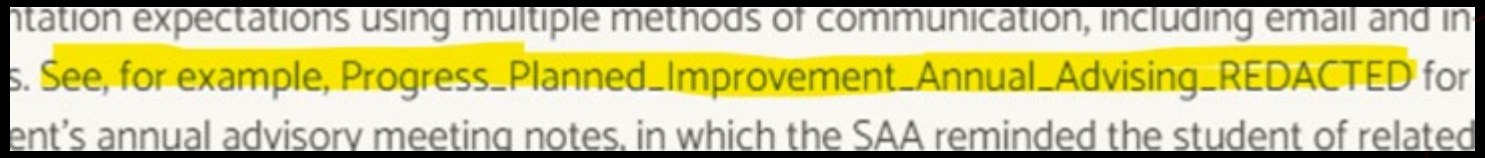
Progress on Planned Improvements

DESCRIPTION

In the previous academic year, the target of 50% improvement from pretest to posttest scores on the Occupational Therapy Knowledge Exam (OTKE) was not achieved in the previous cycle. OTKE scores improved by 47%, a few percentage points less than the target. This academic year, the program director reviewed OTKE data to determine which of the four domains of the OTKE showed the lowest performance of students who took the exam during this Weave reporting period. These domains were: (1) Select interventions for managing a client-centered plan throughout the occupational therapy process; and (2) Formulate conclusions regarding client needs and priorities to develop and monitor intervention. Faculty completed a review of the curriculum to identify course content that corresponds to these two domains. Two assignments were implemented in a course in their final semester of the didactic curriculum to address intervention planning. These courses will be implemented in the next academic year.

Attachments

- Upload any key documents that provide evidence of the progress you've
- made toward achieving your Outcomes/Objectives.
  - Rubrics
  - Assignments
  - De-identified Student Examples
  - De-identified Course/exam de-aggregated spreadsheets
- Reference the attachment in the narrative



- Save your file with a distinct and descriptive name (i.e., Annual Report for Targets 1.1.1.1 Findings).

Office of Academic Planning & Compliance

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https://www.ttuhsc.edu/academic-planning-compliance/weave.aspx