

■ Building a Culture of Evidence: Assessment and Pre-Health Advising

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Peter Drucker (1973) said, “What is measured, improves.” This was the guiding philosophy for my NAAHP presentation on Assessment and Pre-Health Advising. With all of the discourse around the 3 A’s of higher education: accountability, affordability, and access, it is timely that pre-health advisors prioritize assessment of student learning outcomes. How can we stand by and ignore the higher education bubble rhetoric of potential crisis and collapse? State support has been declining for years. In Ohio, we are being funded based on graduation rates, rather than enrollment. A (2014) report released by the Education Trust entitled “Tough Love” proposed identifying the colleges that are the worst at access and student success and threatening them with the loss of all federal money unless they improve. Everyone is experiencing more regulations that require analysis, compliance, ongoing monitoring and reporting. In terms of quality of education, Arum & Roska (2010) noted that 36% of students at 4 year colleges “did not demonstrate significant improvement in learning” as measured by Collegiate Learning Assessment. Jaschik (2013) recently reported that Obama has called higher education an “undisciplined system.” Standing on shaky ground, pre-health advising offices must be guided by data, not habit.

If your office is ready to begin building a culture of evidence, you should start by defining what assessment is and establishing what it isn’t. For many years, pre-health advising offices have gotten by with counting numbers of students who attend appointments, workshops, and fairs, listing activities, and using anecdotal evidence as assessment. However, data and metrics are needed to support our opinions. Ewell (2002) defines assessment as, “a process that focuses on student learning, that involves reviewing and reflecting on practice as academics have always done, but in a more planned and careful way.” Choosing a clear, simple definition is important. Angelo & Cross (1993) provide an excellent example of this. They have referred to assessment as “an examination of assumptions.” This is particularly alluring given that pre-health advisors often simply do what they think works, but don’t always have data to undergird practice. There are plenty of anecdotes, but little empirical research to support them. Assessment is also participatory. According to Gray (2010) “assessment can help students see the big picture regarding their education, know what they are expected to learn, prioritize their studying, complete assignments and projects, and communicate to others what they have learned” (p. 184). The key ideas behind assessment

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are that it is intentional, evidence-driven, and supports improvement.

The North Central Association of Colleges and Schools accrediting body reports assessment is held back for three reasons: 1) basic misunderstanding about the purpose of assessment; 2) emotionally-based resistance to “measure” learning; and 3) inadequate information and skills to conduct it. It is important to acknowledge barriers that might exist upfront. Assessment is not intuitive for everyone. Because staff members have varying levels of experience with assessment, you must meet them at their level. There is a plethora of literature that suggests ways to create a culture of assessment. For the purposes of my presentation, I shared the following eight steps:

1. Think through alignment with other university strategic plans.
2. Conduct a state of assessment for your office, such as a SWOT analysis that looks at strengths, weaknesses, opportunities, and threats.
3. Get an idea of what data you can collect.
4. Develop learning outcomes.
5. Ease into the process and choose which learning outcomes to assess first.
6. Identify stakeholders in the assessment process.
7. Create a medium for communicating about your assessment process.
8. Focus on small wins. Be sure to have identified benchmarks so you can see progress.

Step one emphasizes that it is vital to align your pre-health advising assessment plan and institutional assessment to show that your work is central to the mission of the university. Ask how your pre-health advising office functions fit into institutional goals, such as retention and graduation rates. When conducting a state of assessment for your pre-health advising office, be sure to record what data currently exists and could be leveraged. Perhaps your institution conducts the Student Satisfaction Inventory (SSI) or the National Survey for Student Engagement (NSSE)? The acronym DAMAR can be used to help pre-health advisors think about developing learning outcomes. It stands for: develop, apply, measure, analyze, and report. Overall, it is essential to embrace assessment as an opportunity, not as an external requirement imposed by others.

The phrase, “advising is teaching” was born at a 1991 NACADA presidential address. Campbell & Nutt (2008) purport “the similarities between the role of an academic adviser and the role of a teacher should not go unnoticed: both develop clear curricula that specify expectations for learning, both craft clear sets of student learning outcomes,

both create a variety of learning experiences for students to learn what is expected, and both identify appropriate measures to determine the level of achievement of these outcomes in relation to learning expectations.” Advisors at the University of Cincinnati Pre-Professional Advising Center used the Hurt (2007) article which elaborated on the “advising is teaching” philosophy to spearhead the conversation about beginning an assessment plan for the office. We spent dedicated time at our retreat learning to use Bloom’s taxonomy to develop learning outcomes. Bloom’s taxonomy is a hierarchal classification of learning that is used to define how well a skill is learned. It illustrates that learning is a process. Learning outcomes must be observable, realistic, and measurable. When developing learning outcomes, be mindful of “Bloom’s basement,” or overloading from the basic Knowledge & Comprehension domains. We did not use CAS standards in developing our learning outcomes, but are mindful of their usefulness in assessing academic advising more broadly. White (2006) maintains that the CAS standards often serve as a primary tool for attaining acceptable standards of practice.

Next, we asked how we would evaluate our learning outcomes. When thinking about gathering data and measurement, it made sense to purchase an upgraded Survey Monkey account that offers enhanced features like the ability to customize survey design and reports. The tool is not labor-intensive and allows for converting quantitative data into charts and drafts. Having a central office log-in has made it easy to standardize survey design across advisors and created transparency. This simple, cost effective decision provided the evidence we needed to make thoughtful decisions related to process improvement. It also helped to identify staff members who had past experience conducting research and who understood empirical research and methodologies. We identified one staff member who had a natural proclivity for spearheading assessment and reminding others that assessment is not episodic, but ongoing. Lastly, professional development specific to assessment is paramount. Our Director attended the NACADA Assessment Institute to acquire information about best practices. When leadership models the way, assessment becomes part of the culture faster. The most helpful teaching that she brought back was an easy description of learning outcomes as something we want students to know, do or value. We have come back to this understanding many times in our implementation of assessment.

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To get started writing our learning outcomes, we began by thinking about everyday things we say to our students. For example, “you can major in anything and be pre-med.” A competitive application is “more than just grades and standardized test scores.” You should practice “email etiquette.” Pre-health advisors can also list the things they care about. Within just a couple of days dedicated to developing these outcomes, we finalized the following list based upon a student’s year in college:

Freshman/Sophomore Year

- Examine how your choice of major contributes to your professional goal. Describe the basic course pre-requisites and non-academic expectations of the professional programs of interest to you.
- Identify resources and support.
- Explore career alternatives.
- Establish a professional demeanor.
- Recognize the importance of ethical decision-making.
- Distinguish between membership, active participation and leadership.
- Recognize relevant university policies and procedures.

Junior/Senior Year

- Create opportunities for leadership.
- Assess your desire and ability to succeed in the admissions process of the professional programs of interest to you.

- Develop and implement a plan that prepares you to become a competitive applicant.
- Practice integrity throughout the application process.
- Produce a strong, timely, complete application to your professional program.

Once the learning outcomes are identified, there should be a shift to apply and directly measure them. We now begin all of our advising workshops with clearly articulated learning outcomes. Beyond assessing workshops, we collected data regarding our health professions fair and our website and have even piloted new learning outcomes specific to freshman orientation. Every year, pre-health advising staff should go back and ask what is missing from their list of learning outcomes. For instance, I have surmised that there should be a learning outcome developed for financial literacy and developing cultural competency. It is important to distinguish that learning outcomes are not the same as advisee responsibilities that help clarify student expectations for the advising relationship and might be listed on an advising syllabus. Martin (2007) states that advisee responsibilities are focused on the behavior that makes the learning outcomes possible and more likely to be achieved.

It is critical to have multiple measures of data collection due to limitations with survey fatigue. So beyond surveys, what other data can you access and collect? The good news is that data is everywhere!

- Professional association data
- Personal statement document review
- Registrar data
- Mailed surveys
- Phone surveys
- Advisor contact notes in Student Information System
- Video recordings
- Self-evaluation forms students complete during workshops
- Portfolios
- Web analytics
- Interviews

Collecting personal statements allows for directly measuring student learning. Utilizing student self-evaluations as a means of data collection involves students in assessing their own learning and increases their self-efficacy and engagement. Have you heard the phrase “data rich and information poor?” Often we may have collected plenty of information, but stop there and aren’t sure what to do next. Seize the data! Schedule time to interpret results at staff meetings or retreats. Decide on process improvement. Will you revise or develop trainings, curriculum or programming? Does the data allow you to _____ for more resources?

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Our office made several changes and improvements as a result of implementing assessment. We added an icebreaker to our personal statement workshop to get students talking early on. We also added example personal statements to this workshop. We expanded the time from 1 hour to 90 minutes. We found that in some workshops, we were trying to assess too many learning outcomes and scaled back. Results from our application workshop surveys told us we needed a workshop focused on letters of recommendation. Many times we look at the data we are collecting immediately after a first workshop offering if we are delivering a series of the same workshop. That way we can use the feedback as developmental and tweak the quality of advising as we go. We collected a multiple method assessment on our website, using a survey, focus group, and analyzing web analytics. As a result, we added permanent announcements about our letter of recommendation forms on our homepage so that information would be easily located, increased our student group listings and added links to their social media sites, and imbedded a Google calendar. Even if your data isn't statistically significant, it can be practically significant. For instance, we have used qualitative comments from evaluations as student testimonials in our office newsletter.

Assessment is a cycle of identifying outcomes, offering services, gathering evidence, analyzing the results and making improvements. Ultimately, assessment is not an end in itself but a vehicle for improvement. So, after each improvement, start over again! Throughout the assessment process, you should continually ask... can we use data to tell a compelling story? It helps to think ahead and ask what you are going to do with the data when you are done. Keep in mind the question, "who is the audience (internal and external to your office)?" What are the questions decision-makers might have? Instead of letting assessments collect dust, put your learning out into the world. Just as you need input, you need output! You can share results and improvements with administration, in an annual report, a white paper, on a website, in a newsletter, with committees, with accreditors, and at national conferences. We presented a poster at our regional conference on our personal statement workshop findings and changes we made as a result. When reporting, include an executive summary, recommend action steps, and address limitations.

So what was next for our pre-health advising office in terms of building a culture of evidence? We carved out time to develop a mission that would continue to help establish our organizational identity. It may seem backwards to develop learning outcomes before the mission. However, having learning outcomes established actually helped to

make the mission development process easier and more efficient. The learning outcomes should reflect the office mission. We also began to discuss drafting individual staff advising philosophies. There are still plenty of assessment related steps for our pre-health advising office to work on. Most importantly, we need to make our learning outcomes transparent by adding them to our website. We need to formalize financial literacy as a learning outcome so it begins to get measured. We should continue to work on reporting results to demonstrate value-added aspects of assessment and to document how we are using human and financial resources effectively. We also need to develop a vision for the office.

In the past, the University of Cincinnati advising community has been focused on three areas of assessment: student satisfaction with advisors, engagement, and retention. In 2011, the University of Cincinnati Pre-Professional Advising Center thought beyond student satisfaction to student learning. Formerly, little to no data was being collected by the office outside of random handwritten evaluations that lacked a sense of purpose or standardization. The idea that "actions speak louder than words" is at the heart of assessment. All pre-health advising offices can act to implement a robust assessment plan. What will emerge is a pre-health advising program that has developed consensus around collective expectations about student learning, gathered evidence to understand student learning, and used that evidence to support improvements in student learning. Ewell (1994) said self-regulation is a matter of integrity. By committing to a pre-health advising assessment plan, we are role modeling for students the honesty that we want them to display in the application process. If we are asking them to be honest with themselves, we must be honest with ourselves. Pre-health advising centers must feel a part of the culture of the academy that is grounded in teaching and learning. Remember we must be guided by data, not habit.

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