

2009-2010 GRADUATE PROGRAM ASSESSMENT YEARLY REPORT
MASTER OF SCIENCE IN HEALTH CARE ADMINISTRATION

I. HCA AOL PROGRAM AND ITS RUBRICS: PROGRESS IN 2010

1. All Rubrics were measured, data collected, results analyzed and reported to AOL committee. This followed the timeline of Cycle 1, we sent last year.
2. The first page of “Structure of HCA Program” was changed to match the rest of AOL committee Programs documents (changed from “learning objectives” to “learning goals and measurements” to “Mechanism/objectives and measurements”, as suggested by Dean Farmer). From last year’s first page the second learning goal was changed from “written communication” to just “Communication” to match the mission of LCOB and to be able to include the oral communication which was not stated previously (see figure first page “Structure of the HCA program”). Finally, “Written Ethical Competency”, was re worded to “Competency in Written Ethical Analysis” to keep the flow with new changes.
3. The Time Cycle page was changed to make measurement every year instead of every 2 years. This change was the outcome of many HCA AOL meetings in which we realized if we offered each class annually, we would need to measure also annually, to try to close each loop ever year and not every 2 years.

4. Several meetings with all HCA faculty were held, in particular prior of the presentation of the HCA AOL program to the AOL committee on October 15th. All meeting were properly documented. Also the program's Rubric data collection was assigned among the three HCA members. More agreements included to measure frequencies of each score category (1, 2 or 3) in the results report (see results report) and to add each Rubric in the syllabus of the class to be measured. For the Fall 2010 classes, this was done in the same semester.
5. In addition to the use of Direct Measurements (Rubrics), it was used in each course of Dr. Coustasse, some Indirect Measurements. The most used was the "Group Informal Feedback on Teaching", brought from the AACSB, New York Conference. It has been consistently utilize in each course as it is a very rich helpful and practical tool to assess early feedback of teaching style, workload and many more issues. Finally, in each of the Health Informatics course it has been given an assignment to do a SWOT analysis of the HCA program. In the Fall of 2009, a direct outcome/consequence of this initiative was the identification of the lack of opportunities for the HCA students, for exposure to healthcare internships in hospitals or other types healthcare settings. This was brought to the attention of the Divisional Chair and 3 (three) internships were open in Cabell Hospital in Informatics Service (IS) Department thanks to the Chair leadership and a member of Board support. This SWOT exercise was repeated this Fall 2010 and again it was identified as an issue/problem

and it was sent to the Divisional Chair to try to expand this effort with local hospitals in Huntington and Charleston.

ASSESSMENT ACTIVITY IN 2010: RUBRIC MEASUREMENT AND EFFORDS TO CLOSE THE LOOPS

1. **Written Ethical Rubric:** Dr. Rutsohn was unable to measure the original Written Ethical Rubric competency in the Spring 2010 in the Health and Legal class, (HCA 630), as he didn't give enough emphasis on the ethical component, so he changed this Rubric measurement to HCA 655, Health Marketing in the of Summer 2010. The emphasis was given properly in marketing and ethics and a question/assignment was given to the students. The data was collected and analyzed latter in early Fall 2010. In a HCA meeting, it was recognized that the category "choosing an Action" (see Written Ethical Rubric), had a low mean compared to the rest, so Dr. Rutsohn on the Spring 2011 will change his teaching style and he will spent more time explain it in class (It was changed the class schedule by other administrative reasons from every summer to every Spring). The second measurement is scheduled to be measured at the end of the Fall 2010 which we hope it will close the first loop in this Cycle. Re-Analysis will follow. This Rubric had an external validation, performed by Dr. Emmett.

2. **Communication Rubric: 1. - Written component:** First measurement was collected in HCA 695, Field Research in HCA, in the Spring 2010 by Dr. Coustasse. Results were analyzed in early Fall 2010 and an external validation of the measurement was requested to the English Department. Specifically a Graduate Assistant of the English Department, Anna Jones, did an external validation reviewing 13 written research projects and her main suggestion was to increase the number of options of the Rubric to five categories, instead of 3 categories, as it was not possible to score properly with the original Rubric. This issue was discussed in the AOL meeting and among HCA faculty and it was agreed to change to have only 4 options: Exemplary, Proficient, Needs Improvement and Unacceptable, which was acceptable for the HCA team and it follows same standard of the LCOB undergraduate program. The overall means between the instructor and the GA were very similar and not major problems were identified. The modified Rubric will be replicated from the LCOB undergraduate program. It is our best understanding that this change with a new Rubric, will close this loop in Cycle 1, according to Dean Farmer, and validated by Dr. Harlan Smith. A second measurement will be done in the Spring of 2011 with the new Rubric in Cycle 2.
3. **Communication Rubric: 2) Oral component:** This Rubric was measured in the class of the Spring 2010, also in HCA 695, and it was video recorded each of the 13 presentations. This Rubric had also an external validation from the Communication Department, and its scores are shown in results section (see results). For reliability purposes it was compared the Communications

Department results using measurements of the only 6 individual presentations and compared it to the Communication Department scores (see results). There was found a significant difference between the Communication Department and the instructor mean (1.9 vs. 2.3, respectively), which can be explain as this is my first time using this tool and scoring a presentation with a Rubric. Additionally, it was suggested by this Department to add 4 more sections (movement/gesture; attire, demeanor and interaction sections). Also it was suggested indirectly, as the Communication Department scored in between categories, showing the need to have more categories in between and not just 3. It was agreed to change the Rubric following feedback provided. Results from analysis of the Rubric indicate weak scores in categories elocution, eye contact and graphics. The modified Rubric will be replicated from the LCOB undergraduate program. It is our best understanding that this change with a new Rubric, will close this loop in this Cycle 1, according to Dean Farmer, and validated by Dr. Harlan Smith. A second measurement will done on the Spring of 2011 with the new Rubric in Cycle 2, however this time I will show the video tape taken to students prior to their presentation with the emphasis in all categories of the Rubric and in particular with the elocution, eye contact and graphic categories.

- 3. Teamwork Rubric:** This rubric was oversampled and collected in HCA 600, the Healthcare System by Dr. Coustasse, HCA 653, Managed Care by Dr. Lee and HCA 615, Healthcare Economics by Dr. Rutsohn in the Spring 2010, and results were compared in early Fall 2010. It was found that most students

simply rated their peers as Exemplary, EXCEPT in Dr. Rutsohn's class, as he gave precise instructions about the use of the Rubric to his students which was not done in other classes. His results are reported and his style will be replicated by Drs. Lee and Coustasse in the Spring 2011. This was exposed to the AOL task force, who thought that the students may be thinking that the Rubric results were factored in their scores. To have a better understanding how this can be overcome, I will meet with the MBA Director, who had experienced similar problems and solved them. Dr. Rutsohn's results are presented in the results section. A second measurement will follow in the Spring of 2011 to try to close the loop.

- 4. Decision Making and Problem Solving Rubric:** The collection of first measurements was performed for first time in the Spring of 2010 in HCA 615, Healthcare Economics by Dr. Rutsohn. In the early Fall 2010, the category "Analysis and Evaluation" was identified by HCA faculty as the weakest result of the Rubric's results and more emphasis will be placed in that area. In addition to spread across the curriculum, Dr. Lee will adopt it in the Spring of 2011, for his class HCA 653, Managed Care, and he will begin measuring for now on, annually, and as a backup plan for this Rubric measurement.
- 5. Technology/ Health Information System Rubric:** A first measurement was performed in the Fall of 2009, using the Midterm Exam of HCA 656, Management of Medical Technology and Information Systems. The question of the Midterm Exam was the use of this Rubric using a reading analysis in HIS,

which, it was made optional although it was told to the students that it would be mandatory in the final exam. Sixteen (16) out of 22 (72.7%) students decided to answer it using the developed Rubric. Only one (1) student answered as expected by the instructor (6.3%). With the input and feedback of Dr. Harlan Smith, this Rubric was modified in significant ways (e.g., fewer scoring criteria (rows) were included, and the wording in each cell was revised to match up directly with the changes we made to the Technology/HIS learning objective itself).

It was also decided to distribute to the class the only correct format used by only one student, as an example of how to use the Rubric properly to answer future reading analysis cases. A month before the final exam it was explained it with detail to the class with the answer with a perfect score of this student, as example to follow and gave copies of it to each student in the class so all students would have more guidance on what was expected of them in terms of using the Rubric. However, only 9 out of 22 students or (40.9%) responded as expected by the instructor. After the analysis of results on early Fall 2010, in which it was scored using this Rubric, including the only one correct of the midterm it was found that the category Knowledge was the weakest the results (see results). It was given again same example to the students with the class score AND the Rubric score done 7 months later, to show them how it was being used this Rubric with a mandatory reading analysis in the final exam using the Rubric. In addition, it was made several reading analysis examples during course showing and emphasizing the Knowledge category and using the Rubric at the same time, and how they should use it, asking them directly in class to explain the different

categories to the instructor and the rest of the students, and their the logic in their answer. Each time more students understood how to use it and again it was an optional question of the midterm exam of the Fall 2010, with the understanding of it would be mandatory for the final exam. Eleven (11) out of 16 or 68.8% students responded it electively. Although it was scored only the midterm exam and it has not being measured the Rubric by itself, it was possible to count how many did answer it as expected (62.5% or 10/16 and 10/11 or 90.9%). As intended and in each case the achievement of the Learning Goal was increased. Dr. Harlan Smith and the AOL task force have thought one loop has already been closed on the assessment of Cycle 1, as I changed my teaching style and addressing the Rubric in the reading analysis. Next steps are to make it mandatory in the Final Exam of the Fall 2010 and to implement similar strategy with the use of Case Studies in Fall 2010. For that aim the use of the Rubric in the baseline will be made optional to obtain a baseline for next Fall 2011 to improve student attainment of this learning goal.