

# Los Medanos College

  

# Comprehensive Program Review Evaluation Report 2018

Submitted to Shared Governance Council

By The Planning Committee

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## **I. Purpose**

The purpose of this report is to:

- a. codify our current decision making and resource allocation processes at the College and the roles and responsibilities within the program review processes
- b. ensure appropriate dialog and to clarify how all constituent groups currently participate in decision making
- c. demonstrate the systematic evaluation of the College's mission and improvement of institutional effectiveness and academic quality

## **II. College Mission**

Los Medanos College (LMC) is a public community college that provides quality educational opportunities for those within the changing and diverse communities it serves. By focusing on student learning and success as our first priorities, we aim to help students build their abilities and competencies as lifelong learners. We create educational excellence through continually assessing our students' learning and our performance as an institution. To that end, we commit our resources and design our policies and procedures to support this mission.

## **III. Comprehensive Program Review Cycle**

Los Medanos College (LMC) conducts a comprehensive program review of all its instructional, student services, and administrative programs/units every five years. A five-year cycle was selected to align with the Title V requirement of updating all Course Outlines of Records (COORs) at least once in five years, and our course and program level assessment cycles. Year 1 of each cycle is designated as a Comprehensive Program Review year; our last Comprehensive Program Review was in 2012-2013 with our most recent Comprehensive Program Review ending in 2017-2018. This review will include Program Level Student Learning Outcomes for Cycle 1: 2012-2017. (Annual updates throughout Cycle 1 included only course level assessments.)

## **IV. Changes to Program Review Process**

The Planning Committee is leading the College in making significant changes to our Program Review process. The feedback gathered from the college community, during an intensive Flex workshop and subsequent survey, validated changes that were initially proposed by the Planning Committee. One significant change was to the frequency of our updates to the program review cycle. Rather than annual updates, we have modified the updates to occur in years three and year five of our five-year cycle. This will give programs and units additional time to achieve their goals and objectives set forth in their Comprehensive Program Review before being required to report on them; it will also allow a greater focus on implementing activities designed to achieve the objectives. The cycle summary will now occur in year one for Comprehensive Program Review, year three for an update, year five for an update, and then to year one again for Comprehensive Program Review.

In addition, the Comprehensive Program Review template has been substantially revised with the input of our deans, department chairs and the Vice President of Instruction and Student Services. The current template was designed to be a practical, meaningful, data driven tool that provided programs with a clear representation on the status of their programs, their outcomes, and any work that needs to be completed to keep their programs current and thriving.

Relevant data was gathered, with the assistance of the District Research Office, on an expanded set of data elements, and a new format was developed that made all data easily accessible to each program.

Aggregating the data provided by individual programs and units will be a rich source of data for the Planning Committee and the Shared Governance Council in the assessment of overall institutional effectiveness and needs for the next five years. Programs and units were asked to align their goals with our Strategic Planning and/or Integrated Planning Goals. Looking at how institutional goals are being addressed across multiple programs and units will allow us to develop a clearer vision of how those goals can be achieved, and what resources will be needed to attain them.

The Resource Allocation Process (RAP) is a budget augmentation methodology that incorporates shared governance into the core of its decision-making model. This methodology creates opportunities for college constituents to explicitly document their budgetary needs in a uniform format. It provides a structured, consistent criterion for the evaluation and approval of budget requests; utilizing a predictable and consistent schedule for budget development. Previously, a program/unit would develop their objectives in their annual program review and link any request for a budget augmentation(s) to their objective(s). Through a separate process the program/unit would need to complete and submit additional documentation and verification through a separate resource allocation process.

Based on input received from the campus to improve efficiency and effectiveness, the Vice President of Business and Administrative Services (VPB&AS) in collaboration with President's Cabinet and the Shared Governance Council, developed recommended changes to the Resource Allocation Process (RAP). The recommended revisions were presented to the Academic Senate, Classified Senate and Planning Committee for input and to further establish modifications to the Resource Allocation Process (RAP). The modifications will not replace the process however, these changes will improve its efficiency and effectiveness.

The improvements to RAP included simplification and standardization of the forms for submitting a budget augmentation request. The revised forms were divided into three (3) separate funding categories – operating supplies/equipment/services, personnel (non-full time faculty or classified staff), and professional development – and then incorporated into the Comprehensive Program Review templates. Additionally, the Business Office has created a centralized budget request database to “house” all budget requests for review and evaluation by the Shared Governance Council, President's Cabinet, Office of Instruction and Categorical Funding Agents.

## **V. Process Evaluation**

The College integrated program review and resource allocation into a comprehensive process that led to accomplishment of its mission and improvement of institutional effectiveness and academic quality. In an effort to assess the effectiveness of this integration, a process evaluation was conducted following completion of the Comprehensive Program Review period (between April and May 2018). This evaluation will assist the College in determining if the “activities”— including timeline, tasks, responsible parties, reports, etc. were implemented as intended and resulted in certain outputs. Results of this process evaluation will strengthen our ability to report on our activities and provide us with information to improve our next program review process. Section VI of this report provides the timeline, details and results of the process evaluation.

## VI. Timeline, Tasks, Responsible Party, Cross Section Reports, Due Date

### July-August 2017:

- A variety of data was made available including student learning outcomes, student services outcomes, equity data, student success data, enrollment data, and additional research and data specific to individual units. (*Planning & Institutional Effectiveness (PIE) and District Research*)

### September – January:

- A review and revise of the Comprehensive Program Review templates was conducted (*Deans, department chairs, unit leads, Vice President of Instruction & Student Services, President's Cabinet*)
- A review and revise of the Program Units list including PSLO and CSLO assessments (*Planning & Institutional Effectiveness, Deans, and Teaching & Learning Committee*)
- Provided training on Program Review (*Planning & Institutional Effectiveness and Deans*)
- Provided training on data analysis (*Planning & Institutional Effectiveness and District Research*)
- Provided training on CSLO and PSLO (*Teaching & Learning Committee*)
- Provided training on goal setting (*Planning & Institutional Effectiveness and Deans*)
- Provided training on resource requests (*Vice President of Business & Administrative Services*)

### February 2018

- Program Review Reports (including resource requests) were due on February 2, 2018 to the Office of Planning and Institutional Effectiveness.
- The Comprehensive Program Review (CPR) Reports were posted on the OneDrive titled "Comprehensive Program Review" by February 9, 2018.
- The Comprehensive Program Review dialogue began.

### March 2018

- Deans (Instructional and Student Services) reviewed the reports, discussed them with their department chairs/unit leads and certified completion. The certification forms were due before March 26, 2018 to the Office of Planning and Institutional Effectiveness (PIE).
- The Office of Planning & Institutional Effectiveness forwarded the resource requests to the Vice President of Business & Administrative Services (VPBAS) by March 19, 2018.
- February 12 – March 15, 2018:
  - Administrative Services unit reports were reviewed and discussed by the President's Cabinet
  - Student Services unit reports were reviewed and discussed by the Student Services Managers.
  - Instructional unit reports were reviewed and discussed by the Instructional Deans.

### March and April 2018

#### **Cross Section Reports**

- The Office of Planning & Planning & Institutional Effectiveness generated the following nine reports from the submitted Comprehensive Program Reviews by March 26, 2018:
  1. Degree and Certificate Requirements Report (Section 2)
  2. Course Offerings Report (Section 3)

3. Curriculum Report—Existing and New Curriculum Analysis, and Program Changes (Section 1, 4, and 5)
  4. CTE Advisory Board Report (Section 6)
  5. Assessment Report (Section 7)
  6. Course Completion and Success Outcome Report (Section 8)
  7. Goal Report (Section 9)
  8. Resource Requests Report
  9. Professional Development Report
- The following Committee/Office received reports to evaluate the College’s accomplishments and improvement of its institutional effectiveness and academic quality:
    1. Academic Senate and Office of Instruction will receive:
      - a. Degree and Certificate Requirements Report (Section 2)
      - b. Course Offerings Report. (Sections 3)
    2. The Curriculum Committee received the Curriculum Report. (Sections 1, 4 and 5)
    3. The CTE Committee and Workforce Development received the CTE Advisory Board Report (Section 6)
    4. The Teaching & Learning Committee received the Assessment Report and will incorporate it to their annual report to the Shared Governance Council in fall 2018. (Section 7)
    5. The Planning Committee, Integrated Planning Leadership Group, Office of Equity and Inclusion, and Academic Senate received the Course Completion and Success Outcome Report. (Section 8)
    6. The Planning Committee and the Integrated Planning Leadership Group received the Goals Report and the Planning Committee incorporated it into its annual report to the Shared Governance Council. (Section 9)
    7. The Office of Business & Administrative Services received the Resource Request Report and reported to the Shared Governance Council on May 9, 2018. (Resource Requests Sections)
    8. The Office of Equity and Inclusion and the Professional Development Advisory Committee (PDAC) received the Professional Development Report and PDAC will incorporate it into its annual report to the Shared Governance Council in fall 2018.

### **Instructional Program Review Units**

The three Instructional Deans reviewed and provided feedback to all program leads responsible for the submission of their respective comprehensive program reviews. Utilizing the Instructional Evaluation template, each Dean addressed the program reviews with the responsible program/unit leads. The feedback was shared among the three deans and the Vice President of Instruction & Student Services.

### **Student Services Program Review Units**

The three Student Services Deans reviewed and provided feedback to all program leads responsible for the submission of their respective comprehensive program reviews. Utilizing the Student Services Evaluation template, each Dean addressed the program reviews for services/units with the responsible unit/service leads. The feedback was shared among the three Deans, the Senior Dean of Student Services, and the Vice President of Instruction & Student Services.

### **Administrative Services Program Review Units**

The President's Cabinet reviewed, discussed, and provided feedback to its members on the program reviews for the Administrative Services units. Included with the feedback was their input on the overall process and suggestions for improvement. The feedback was shared among the President's Cabinet.

### **Resource Allocation Processes**

The Vice President of Business & Administrative Services (VPB&AS) presented the recommended revisions to the Resource Allocation Process (RAP) to the President's Cabinet, Academic Senate, Classified Senate, Planning Committee and Shared Governance Council during the spring 2018 semester. The VPB&AS reviewed and discussed the recommended revisions, and requested feedback. The input received was shared with President's Cabinet and the Shared Governance Council. Final approval for the modified Resource Allocation Process will be placed on the agenda (as an action item) for the September 12, 2018 Shared Governance Council meeting.

## **April – July 2018**

### **Process Evaluation**

Purpose: The College integrated its program review and resource allocation into a comprehensive process that led to the accomplishment of its mission and improvement of institutional effectiveness and academic quality. A process evaluation was needed after the completion of the comprehensive program review period to determine whether the comprehensive program review “activities”—including timeline, tasks, responsible party, reports, etc. were implemented as intended and resulted in certain outputs. The results of this evaluation will strengthen our ability to report on our activities and the information will be utilized to improve our next program review process.

Method: The Office of Planning & Institutional Effectiveness surveyed the program/unit leads, interviewed, and conducted focus groups: (a) the Academic Senate President; (b) all Deans; (c) Department Chairs/Leads; (d) Student Services Managers; (e) TLC leaders; (f) President Cabinet Members for feedback on the following questions:

1. How well is the process working? To what extent is the process being implemented as designed?
2. What were the kinds of problems encountered in delivering? Was there enough resources from the beginning to do it well? What were the barriers and/or enablers to the implementation?
3. Recommendations/Suggestions

Results: The feedback on the overall process was positive and indicated that this program review process created opportunities for dialogue. Reportedly, the length of the template worked well however, the quality in responses varied. For example, in sections that included guided questions the response quality was better than the responses to questions in other sections that were open-ended and less guided. It was also noted that a section on innovation was not included in the template nor any questions surrounding the outcome or “take-away” for the program/unit upon completing their program review. Additionally, the responses in the CSLO section were minimal as it was not as prescriptive. In addition, the section pertaining to the advisory boards was sometimes difficult to address as some advisory boards are informational therefore there is no impact to note for the program/unit.



## **PSLO Assessment**

Program Assessment is a good source of data and should be built into conversations on data for program review. The information contained in the Program Review Submission Tool (PRST) that was required to adequately respond to specific sections was difficult to access and affected the quality of those responses (i.e. prior years' program reviews, PSLO assessments, CSLO assessments, etc.). There is still some confusion for programs with multiple certificates and degrees, as became evident when reviewing the PSLO sections and assessment reports. Some programs/units copied and pasted their PSLOs for one certificate/degree to all of their certificates and degrees in their program/unit. In most cases, the same PSLO for one certificate/degree does not apply to another. Improved technology and tracking of Course Outlines of Records (COORs), CSLOs and PSLOs may help ease some of the frustration experienced when answering these sections. Clearer and more widespread communication needs to be developed to delineate the role of the Assessment Coordinator from that of program review, as many faculty thought the coordinator would assist them with completing their program reviews. The new enterprise software technology tool may also assist in delineating the role of Assessment Coordinator from that of Program Review Coach.

## **Template**

The process and template promoted dialogue both within most departments and with their program/unit Dean; however, it was also apparent that in some programs/units no dialogue was initiated. Additional guidance and training on the analysis and goal-setting sections with program/unit leads in advance may help increase the quality of responses in these sections. By revising the questions to become more prescriptive and including additional questions pertaining to goal setting such as – activities, timeline, metrics/data, etc. – the program/unit may develop more meaningful, focused and measurable goals. In addition to offering professional development on goal setting and alignment, activities should also be designed on how to interpret and utilize data. Restructuring the template questions so the program/unit lead must review their data when setting their goals may also result in improved goal setting and alignment. There should be flexibility and agility within the process and template for program/units to adjust their goals if necessary to allow for changes/updates to personnel, initiatives and data. The Deans will be meeting with their program/unit leads over the next two to three years to develop, implement and assess their established goals.

The template should also include more reflective questions that instruct the program/unit lead to “look back” at the previous year(s) first by reviewing their data, activities, accomplishments, disappointments, assessment(s), etc. and incorporate their reflective findings in their program review responses. After taking a “look back” the program/unit lead will take a “look forward” and design their future goals. Restructuring the program review process to incorporate a year of reflection in which broad discussions can occur and program/unit leads can review the activities, data and accomplishments from the previous year. The data sets for Student Services was minimal; consequently, it was difficult for the program/unit to utilize the data provided to complete their program review. If we begin to develop more consistent measures/data sets now including refined data tools and metrics from the state, it will result in more relevant and useful data for the next program review period.

The Deans indicated the feedback and certification phase of the program review process absorbed a significant amount of time specifically for those units who did not access or utilize the data and did not give the time and effort needed to complete a thorough comprehensive program review.



### Recommended Improvements

The feedback resulted in some recommended improvements to the process for the next program review period. The suggested revisions are:

- Revise questions in the templates to be more prescriptive and guided; include more questions on goal-setting, action steps, timeline; add sections on innovation and the outcome of the program/unit as a result of program review (i.e. take-aways).
- Revise the questions in the template to instruct the program/unit to be more reflective (review data, accomplishments, assessments, etc. from preview year).
- Review and possibly revise the PSLO assessment templates and subsequent trainings to allow for differences in programs/units (i.e. Philosophy versus Welding); improve the technology and tracking of Course Outlines of Records, CSLOs and PSLOs.
- Identify common needs and a shared understanding of a complete analysis by conducting professional development activities on program analysis, goal-setting and, utilizing and interpreting data to set goals (i.e. structure program review as a strategic plan for the program/unit); provide professional development for managers on how to have the dialogue with their program/unit regarding their program review; improve program review trainings to be clearer and more concise specifically for newly hired staff; increase engagement in trainings
- Revise the title of program review to become more about reflection and planning (i.e. Program Planning and Reflection).

### September 2018

- The Senior Dean of Planning & Institutional Effectiveness reports the results of the process evaluation to the Planning Committee at their September meeting. The Planning Committee will identify improvements to the process and implement those improvements during the next Program Review cycle.
  - The Planning Committee reviewed, provided feedback, and approved the draft to be disseminated to the College on September 6, 2018.
  - The draft “Comprehensive Program Review Evaluation Report 2018” will be disseminated to the College in September 2018 for review and feedback.
  - The final report will be submitted to the Shared Governance Council (SGC) for acceptance at their October meeting.
  - The Planning Committee will work with the stakeholders on implementing the recommended improvements for fall 2018.

**VII. Chart: Comprehensive Program Reviews Timeline**



## VIII. Comprehensive Program Review Process Evidentiary Documents

- A. Planning Committee Meeting Minutes
  - 1. [September 7, 2017](#)
  - 2. [December 7, 2017](#)
  - 3. [February 1, 2018](#)
  
- B. Comprehensive Program Review
  - 1. [Process](#)
  - 2. [Timeline](#)
  - 3. [Data Packet Webpage](#)
  
- C. Assessment
  - 1. [TLC Documents and Resources](#)
  - 2. [Program-level Assessment](#)
  - 3. [Accessing Data for Assessment](#)
  
- D. Resource Allocation Process
  - 1. [Proposed Revisions – January 2018](#)
  - 2. [Planning Committee Meeting Minutes – February 1, 2018](#)
  - 3. [Academic Senate Meeting Minutes – April 9, 2018](#)
  - 4. [Classified Senate Meeting Agenda – March 26, 2018](#)
  
- E. Evaluation and Survey
  - 1. [2017-2018 Comprehensive Program Review Process Survey \(Survey Monkey\)](#)

**IX. ACCJC Standards (to which this process contributes)**

- IB1. The institution demonstrates a sustained, substantive and collegial dialog about student outcomes, student equity, academic quality, institutional effectiveness, and continuous improvement of student learning and achievement.
- IB2. The institution defines and assess student learning outcomes for all instructional programs and student and learning support services. (ER 11)
- IB4. The institution uses assessment data and organizes its institutional processes to support student learning and student achievement.
- IB5. The institution assesses accomplishment of its mission through program review and evaluation of goals and objectives, student learning outcomes, and student achievement. Quantitative and qualitative data are disaggregated for analysis by program type and mode of delivery.
- IB6. The institution disaggregates and analyzes learning outcomes and achievement for subpopulations of students. When the institution identifies performance gaps, it implements strategies, which may include allocation or reallocation of human, fiscal and other resources, to mitigate those gaps and evaluates the efficacy of those strategies.
- IB7. The institution regularly evaluates its policies and practices across all areas of the institution, including instructional programs, student and learning support services, resource management, and governance processes to assure their effectiveness in supporting academic quality and accomplishment of mission.
- IB8. The institution broadly communicates the results of all of its assessment and evaluation activities so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities.
- IB9. The institution engages in continuous, broad based, systematic evaluation and planning. The institution integrates program review, planning, and resource allocation into a comprehensive process that leads to accomplishment of its mission and improvement of institutional effectiveness and academic quality. Institutional planning addresses short- and long-range needs for educational programs and services and for human, physical, technology, and financial resources. (ER 19)
- II.A.1 All instructional programs, regardless of location or means of delivery, including distance education and correspondence education, are offered in fields of study consistent with the institution's

mission, are appropriate to higher education, and culminate in student attainment of identified student learning outcomes, and achievement of degrees, certificates, employment, or transfer to other higher education programs.

- II.A.2 Faculty, including full time, part time, and adjunct faculty, ensure that the content and methods of instruction meet generally accepted academic and professional standards and expectations. Faculty and others responsible act to continuously improve instructional courses, programs and directly related services through systematic evaluation to assure currency, improve teaching and learning strategies, and promote student success.
- II.A.3 The institution identifies and regularly assesses learning outcomes for courses, programs, certificates and degrees using established institutional procedures. The institution has officially approved and current course outlines that include student learning outcomes. In every class section students receive a course syllabus that includes learning outcomes from the institution's officially approved course outline.
- II.A.11 The institution includes in all of its programs, student learning outcomes, appropriate to the program level, in communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, the ability to engage diverse perspectives, and other program-specific learning outcomes.
- II.A.16 The institution regularly evaluates and improves the quality and currency of all instructional programs offered in the name of the institution, including collegiate, pre-collegiate, career-technical, and continuing and community education courses and programs, regardless of delivery mode or location. The institution systematically strives to improve programs and courses to enhance learning outcomes and achievement for students.
- II.B.1 The institution supports student learning and achievement by providing library, and other learning support services to students and to personnel responsible for student learning and support. These services are sufficient in quantity, currency, depth, and variety to support educational programs, regardless of location or means of delivery, including distance education and correspondence education. Learning support services include, but are not limited to, library collections, tutoring, learning centers, computer laboratories, learning technology, and ongoing instruction for users of library and other learning support services.
- II.B.3 The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services includes evidence that they contribute

to the attainment of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.

- II.C.1 The institution regularly evaluates the quality of student support services and demonstrates that these services, regardless of location or means of delivery, including distance education and correspondence education, support student learning, and enhance accomplishment of the mission of the institution.
- II.C.2 The institution identifies and assesses learning support outcomes for its student population and provides appropriate student support services and programs to achieve those outcomes. The institution uses assessment data to continuously improve student support programs and services.
- II.C.3 The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.

## **X. ACCJC Manual for Institutional-Self Evaluation**

### 5.4 Requirements for Evidentiary Information

#### iii. Evidence of Quality Program Review

- Program review cycle/timelines
- Policies on curricular review
- Evidence that SLO assessment data are used for institutional self-evaluation, planning, and improvement of teaching and learning
- Action taken (improvements) on the basis of program review
- Connection to the budgeting and resource allocation processes
- Impact on institutional effectiveness, educational quality, and student success