

Student Learning Outcomes Assessment Summary

Department of Psychology, Ph.D.

College of Liberal Arts

AY 2013-14

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1. Assessment information collected

The Joint Ph.D. in Clinical-Community Psychology Program identified 3 Training Goals. Within each training goal there are multiple objectives and associated benchmarks (see PhD Plan). The Training Goals are:

Goal 1 – The Joint Ph.D. Program Will Prepare Culturally Competent Scientists

Program graduates will:

- Demonstrate culturally grounded knowledge and skills in scientific inquiry.
- Demonstrate competency in using the research and evaluation skills to disseminate new knowledge and inform clinical and community practice.

Goal 2 – The Joint Ph.D Program Will Prepare Culturally Competent Practitioners

Program graduates will:

- Demonstrate culturally grounded knowledge and skills in rural clinical-community practice.
- Demonstrate competence in developing and implementing culturally relevant prevention and intervention efforts and programs.

Goal 3 – The Joint Ph.D. Program Will Prepare Culturally Competent Policy and Social Change Facilitators

Program graduates will:

- Demonstrate culturally grounded knowledge and skills relevant to social and healthcare solutions.
- Possess the competency to facilitate policy and social change.

Learning outcomes data to assess completion of benchmarks for each of the goals for the UAF/UAA Clinical-Community PhD Program is collected in the following ways:

- All students in the program are given an annual professional development review in the Spring. This review is based on feedback given to the students' advisor by faculty and staff who had interactions with the students (through classes, research supervision, etc.).
<http://psyphd.alaska.edu/graduate%20forms.htm> "PhD Annual Student Professional Development Review"
- Clinical, community and research portfolios submitted by Ph.D. students are rated by faculty to evaluate the relevant competencies.

<http://psyphd.alaska.edu/graduate%20forms.htm> "2011 clinical rating form"
"2011 community rating form for the clinical-community portfolio" "research
portfolio rating form" "research project rating sheet"

- Supervisors evaluate students' clinical and community practicum performance.
<http://psyphd.alaska.edu/graduate%20forms.htm> "clinical practicum evaluation
form" "community practicum evaluation form"
- Courses completed and grades for courses (retrieved from Banner) are noted on
students' program requirements worksheets.
- A satisfaction survey and cultural competence assessment survey is emailed to
students at the end of each academic year. The Ph.D. outcomes committee
compiles the data and uses them to guide program improvements
- Successful completion of dissertation proposals and defenses is monitored

Outcome data were collected from a total of 48 student cases in 2012-2013 (22 from
UAF, 26 from UAA), and 45 student cases in 2013-2014 (19 from UAF, 26 from UAA).
Satisfaction survey responses were submitted by 23 students in the 2012-2013 academic
year, and 36 students in the 2013-2014 academic year.

2. Conclusions drawn from the information summarized above

A. Data from student training outcomes

Appendix A reports the aggregate data for the student training outcomes from the
2012/2013 year, and the 2013-2014 year for each of the three training goals. Findings
indicate that most students demonstrate acceptable performance in culturally
grounded knowledge and skills in scientific inquiry, rural clinical-community practice,
and social and healthcare solutions. The following strengths and weaknesses are noted.

Strengths

- Students demonstrate strengths in domain knowledge and understanding of
research methodology.
- Many students have successfully presented research at conferences as well as to
community audiences, and have submitted articles for publication.
- Students have served diverse clients, and demonstrate cultural, rural, and
community competence.
- Students demonstrate strengths in community program development and
community intervention in their community practicums.
- Students have shown attention to social justice, social policy, indigenous and
human rights, social problem-solving, and advocacy ethics.

Areas for improvement

- Many students struggle with timely completion of the dissertation.
- Some students could integrate evidence-based theory and practice to a
greater extent in clinical practicum.
- Some students could show greater skills in diagnosis and assessment in clinical
practicum.
- Additional opportunities for rural practice would be helpful.

B. Data from end-of-year student satisfaction survey

Appendix B reports the findings from the student satisfaction and cultural competence surveys conducted in Spring 2013 and Spring 2014. Table 1 indicates the mean satisfaction ratings for each of the assessed areas for the 2012-2013 and the 2013-2014 academic years. It also indicates response rates, and changes from the 2012-2013 to the 2013-2014 year.

Strengths

- 1) On average, students expressed a high level of satisfaction with **(1)** the administrative staff, **(2)** their research education, and **(3)** availability of faculty.
- 2) Students expressed a large increase in their satisfaction with the atmosphere in class. They reported a medium increase in satisfaction in 11 areas (availability of faculty, academic advising, community psychology, quality of community practicum, overall quality of classes, cross-cultural emphasis, coursework feedback from faculty, thoroughness of the curriculum, social advocacy and policy, integration of clinical/community/cultural, and ability to negotiate between campuses). They reported a small increase in satisfaction in 4 areas (research education, general feelings about the Ph.D. program, current Ph.D. requirements, and rural emphasis).
- 3) With regards to multicultural issues as measured by the Cultural Competence Survey, students' knowledge and awareness and culturally sensitive behaviors remains high.

Efforts to increase response rate seem to be successful. A total of 82% of the students submitted satisfaction surveys in 2014, compared to only 49% in 2013.

Areas for improvement

- 1) Ability to negotiate between campuses – Students continue to see this as our weakest area. Although many students have seen some improvement, other students remain frustrated with the problems that exist. Continued themes in the student feedback are the inconsistencies between campuses and the hostility of some individuals.
- 2) Written information about requirements – Students felt like the general guidelines are comprehensive, but guidelines regarding portfolios are either not clear or in flux, there is some general fear about the portfolios, and the policies within the student handbook are not always followed, and students don't know when they will be followed and when they won't.
- 3) Self-care – Students recognize the importance of this, but maybe don't quite know how to put it into practice given the demanding nature of the program. More examples or check-ins might be needed, or more flexibility with the program.
- 4) Other areas of deterioration – Although these items were not the very lowest, compared to last year students expressed significantly less satisfaction with (1) the technology used by the program and (2) the quality of clinical practicums.

Table 1: Satisfaction ratings and response rates for Spring 2013 and 2014 surveys

	AY 12-13			AY 13-14			Change from PY		
Overall Response Rate	N = 47	n = 23	49.00%	N = 44	n = 36	82.00%			
Label	N	Mean	Std Dev	N	Mean	Std Dev	CY-PY	Pooled SD	Cohen's d for change
Overall quality of classes	22	4.68	1.49	31	5.26	0.96	0.58	1.18	0.4915254
Atmosphere in classes	21	4.14	1.49	31	5.19	1.01	1.05	1.2038	0.8722045
Days and times when classes offered	21	5.1	1.11	31	5.26	1.09	0.16	1.0981	0.1457093
Cross-cultural emphasis	23	4.43	1.58	32	5.22	1.50	0.79	1.5335	0.5151767
Rural emphasis	23	4.3	1.52	33	4.64	1.50	0.34	1.5082	0.2254322
Clinical psychology	23	5.52	1.44	33	5.41	1.62	-0.11	1.5461	-0.0711481
Community psychology	22	4.59	1.15	33	5.33	1.29	0.74	1.234	0.5396753
Social advocacy and policy	23	3.78	1.59	33	4.91	1.38	1.13	1.4663	0.7706735
Integration of clinical, community, cultural	22	3.64	1.77	33	4.67	1.67	1.03	1.71	0.6023392
Research education	23	5.3	1.16	32	5.63	1.16	0.33	1.16	0.2844828
Quality of clinical practicum	21	5.52	1.43	27	5.07	1.66	-0.45	1.5594	-0.2885772
Quality of community practicum	14	4.86	1.25	20	5.3	1.30	0.44	1.2794	0.343908
Opportunities to engage in research	23	5.13	1.26	30	5.1	1.47	-0.03	1.3789	-0.021757
Self-care	22	4.18	1.56	32	4.31	1.67	0.13	1.6252	0.0799909
Written information about requirements	23	4.48	1.25	32	4.25	1.57	-0.23	1.4362	-0.1601463
Academic advising	23	4.78	1.64	32	5.41	1.58	0.63	1.6051	0.3925011
Career advising	23	4.61	1.55	32	4.75	1.78	0.14	1.6838	0.0831444
Availability of faculty	23	5.13	1.36	32	5.59	1.41	0.46	1.3891	0.3311518
Helpfulness of administrative staff	23	6.48	0.97	32	6.25	1.37	-0.23	1.2027	-0.191232
Cohesiveness of the student cohort	22	4.77	1.76	32	4.88	1.54	0.11	1.6296	0.0675
Technology used by program	23	5.52	0.97	32	4.5	1.52	-1.02	1.29	-0.7906977
Ability to negotiate between campuses	22	3.09	1.53	30	3.9	1.79	0.81	1.68	0.4821429
Thoroughness of the curriculum	22	4.45	1.08	29	4.93	1.41	0.48	1.2676	0.3786543
Coursework feedback from faculty	22	4.18	1.80	30	5.1	1.32	0.92	1.5231	0.6040404
Coordination of the curriculum	23	4.74	1.11	29	4.48	1.64	-0.26	1.4056	-0.1843774
Current Ph.D. degree requirements	23	4.52	0.97	32	4.81	1.23	0.29	1.1213	0.2586347
General feelings about Ph.D. program	23	4.52	1.41	32	4.97	1.62	0.45	1.5322	0.2936988

Color code for change over past year
 Large deterioration (d = -.8 or greater)
 Medium deterioration (d = -.3 to -.8)
 Small deterioration (d = -.2 to -.3)
 Small improvement (d = .2 to .3)
 Medium improvement (d = .3 to .8)
 Large improvement (d = .8 or greater)

3. Curricular changes resulting from conclusions drawn above

The PhD outcomes committee evaluated progress on recommendations from the 2012-2013 outcomes committee report, reviewed student feedback from the Spring 2014 student satisfaction survey, and developed some summary recommendations for continued program improvement. These recommendations were then discussed and refined at joint PhD faculty meetings. The following recommendations were made based on the findings.

Issue: Ability to negotiate between campuses

Recommendations:

1. The PDs will ask administration for money for travel again emphasizing the serious need in this area. Not only will the PDs ask for support for travel for 2 face-to-face faculty retreats, but also so that faculty members to travel to teach at the cross campus location and to support more frequent in person student interactions such as at the annual cultural experience.
2. With input from the students, the faculty will seek to develop joint program expectations of professionalism and collegiality that will apply to both faculty and students.
3. Faculty members will make greater effort to model professionalism and collegiality in how we talk about other faculty and the training that is provided on the opposite campus. Additionally, faculty will assist students in learning how to express concerns with faculty, students, and training in a professional manner.
4. To the extent possible, video conferencing will be left on for a greater amount of time before and after classes and meetings to allow faculty and students more opportunities for interaction.

5. The PDs will ask administration for financial support to hire a consultant to assist the program in efforts to improve collegiality and communication and to prepare for a future APA site visit.

Issue: Written information about program requirements

Recommendations:

1. Current efforts are underway to modify and clarify portfolio requirements and deadlines in committees and as faculty. These updates will be shared as soon as possible.
2. More regular reminders regarding requirements and deadlines will be provided including announcing multiple times any updates regarding handbook and requirement changes. Faculty and students should remember that all deadlines are included in the handbook and on the Program's Google Calendar, but reminders will also be made during program functions such as grand rounds and by faculty members during advising meetings.

Issue: Self-care

Recommendations:

1. The PDs will dedicate a greater portion of the new student orientation to self-care.
2. Faculty members will address it more in supervision and in advising interactions and a check-box for self-care discussions will be added to student's annual review form.
3. Dedicated time for faculty and students to share knowledge and experience regarding self-care will be included in grand rounds
4. Articles/links regarding self-care will be posted to the program website.

Issue: Technology

Recommendations:

1. Our technology person should provide more frequent updates and trainings on how to use the technology and problem solve issues – perhaps in faculty meetings.
2. In addition to setting up video conferences in response to faculty/administrative assistant requests, our technology person will use the Program's Google Calendar to double check to make sure that all cross-campus posted meetings are set up for video conferencing.
3. To the extent possible, our technology person will make himself/herself readily available right before and at the start of classes and meetings to help troubleshoot problems when they arise.

4. Identify the faculty members involved in reaching the conclusions drawn above and agreeing upon the curricular changes resulting

The PhD outcomes committee discussed the findings and put together a series of draft recommendations. The members of the outcome committee are listed below:
Chair: Joshua Swift; Members: David Webster, Jim Fitterling, Inna Rivkin, Vivian Gonzalez, student representatives Hugh Leonard and Kelley Tompkins

Joshua Swift wrote the satisfaction survey summary, which was then compiled into the current report along with training outcome summary by Inna Rivkin. The PhD outcomes committee refined the satisfaction survey summary and recommendations for

presentation to the full faculty. The joint faculty discussed findings and conclusions, and agreed upon recommendations for program improvement.