Student Learning Outcomes: The KU M.S.W Program

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In 2011, the School of Social Welfare began a process of evaluating our programs using Core Competencies established by our accrediting body, the Council on Social Work Education (CSWE). CSWE established 10 Competencies that all social workers should attain, each of which are operationalized through a variety of practice behaviors.
EPAS Core Competencies

• Identify as a social worker
• Apply social work ethical principles in practice
• Demonstrate critical thinking skills in practice
• Engage in diversity and difference in practice
• Advocate human rights and social/economic justice
• Engage in research informed practice
• Apply knowledge of human behavior and social environment
• Engage in policy practice
• Respond to contexts that shape practice
• Engage, assess, intervene and evaluate practice with clients
Evaluation Requirements

- The MSW program curriculum is divided into a foundation year and an advanced year. In the advanced year, students can choose a Clinical Practice Concentration or a Macro Practice Concentration. The Foundation, Clinical, and Macro Concentrations each are operationalized with different practice behaviors.

- The Foundation is standardized across all MSW programs, but the faculty had to develop the practice behaviors at the advanced level.
Evaluation Requirements

• This means that we have about 150 different practice behaviors across the three levels of the curriculum.

• Each of these have to be measured in at least 2 different ways each academic year. We chose to use 3 different ways of measuring each outcome, and average those scores for each item into a grand mean.
Our Evaluation Plan for the Foundation

We decided to evaluate the Foundation level in three ways:

• A Student Self-Survey of Competency Attainment
• Field Instructor Evaluations of Student Performance
• Embedded “Signature Assignments” completed by students and evaluated by faculty
Our Evaluation Plan for the Macro Practice Program

We decided to evaluate the Macro level in three ways:

• A Student Self-Survey of Competency Attainment
• Field Instructor Evaluations of Student Performance
• Embedded “Signature Assignments” completed by students and evaluated by faculty
Our Evaluation Plan for the Clinical Program

We decided to evaluate the Clinical level in three ways:

• A Student Self-Survey of Competency Attainment
• Field Instructor Evaluations of Student Performance
• A Clinical Exit Exam completed by students using Blackboard
Timeline

1. 2011-2012: Establish Practice Behaviors and Outcome Measures
2. 2012-2013: Develop new syllabi consistent with new practice behaviors
3. 2013-2014: Launch new MSW Foundation and evaluate the first year of data
4. 2014-2015: Launch the new Clinical and Macro classes and evaluate the second year of data
5. 2015-2016: Modify and “tweak” changes to the evaluation instruments
6. 2016-2017: Write our Self Study for our Reaccreditation Process with CSWE
Follow Up Process

• The MSW Program Director analyzes the data over the summer following the academic year during which data was gathered.

• Next, at the beginning of the Fall semester, meetings are convened with relevant faculty to discuss the outcomes that have fallen below an agreed upon threshold of overall student mastery.

• The faculty collectively chooses three issues to address in terms of curricular improvement. Particular items are assigned to Curricular Area Groups (CAGs) to work on interpreting the data and developing a Curricular Improvement Plan for that item. This is then reported to the MSW director, and implemented as soon as possible or at least during the following academic year.
## Example: Using Research To Guide Practice

<table>
<thead>
<tr>
<th>Practice Behavior</th>
<th>Student Self Evaluation</th>
<th>Field Instructor Evaluation</th>
<th>Signature Assignment</th>
<th>Mean</th>
<th>Meets Expected Threshold?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use practice experience to inform scientific inquiry</td>
<td>3.55</td>
<td>4.17</td>
<td>4.45</td>
<td>4.05</td>
<td>No</td>
</tr>
<tr>
<td>Use research evidence to inform practice</td>
<td>3.72</td>
<td>4.28</td>
<td>4.51</td>
<td>4.17</td>
<td>No</td>
</tr>
</tbody>
</table>

**Competency Benchmark:** 4.2  
**Competency Mean:** 4.11  
**Percentage of Students Meeting Competency:** 98%
Challenges in the Evaluation Process

• Agreeing upon the practice behaviors was time consuming and took a lot of “word-smithing”. We wanted a document that was comprehensive but not overwhelming for our stakeholders including students, instructors, adjuncts, etc.

• Writing the signature assignments and the clinical exam took a great deal of time and agreement. Ego had to be put aside, and compromises had to be made by faculty.
Challenges in the Evaluation Process

• Gathering data is somewhat more difficult than originally imagined. The MSW director has to send reminders to individual instructors to get scoring guides on the assignments returned, and then these need to be entered into an SPSS data base. This is time consuming, and there is a risk that completed paper scores could be misplaced or become scattered. We also have to pay an hourly student for data entry services.
Facilitators of the Process

• As time passed, faculty began to see some benefits to having a rigorous and clear process.

• Our outcomes were clearer in this model and thus some of our scores improved.

• In many cases, our problematic scores have been issues that have been difficulties for us for several years, suggesting some reliability between our previous instruments and this one. This was validating to faculty.

• And the MSW Director grew more confident about overseeing the evaluation process.
Facilitators of the Process

• Social work journals began publishing studies about the use of the new standards and faculty members began to join our ranks who had used these methods of evaluation previously. At the same time, the University began gathering more data, including indirect measures, and this legitimized the need to do this work in the eyes of the faculty.
Next Steps for the SSW and Suggestions for Others

• We are currently finishing up the clinical exam and will launch it in April, 2016. Writing the report while overseeing the distribution and collection of the other data gathering instruments is time consuming in a program with 350 plus students.

• Make sure everyone is on the same page all along the way. Write everything down and distribute minutes so that no one is able to rewrite history about the agreed upon plan.

• Establish the support of relevant administrators (Associate Deans, etc.) who can help you if instructors balk or refuse to complete assessments. We lost a couple of adjuncts who refused to use the assignments or scoring guides.
Next Steps for the SSW and Suggestions for Others

• Remember that some faculty or staff will argue about what data outcomes mean, and the best way to interpret and then address them. This is part of the process, but if left to consensus, you won’t ever get to a curriculum improvement plan.

• Also, if you can, establish the easiest way possible to gather data and enter it into appropriate statistical management software. I currently have 400 pieces of paper in my office from 50 different instructors—it is pretty overwhelming! Figuring out better data management strategies is part of our plan for the coming year.
BUT!

• All of that said, I do believe it is making us better instructors, helps us to hone in on what we teach, and provides us with a clearer sense of where we fall short as a program. We are looking forward to enhancing our instruction around social justice, theory selection, and using research in the year to come, and I think this is a contribution to the state, the field, and our students.
Questions?

• Feel free to email me at escanlon@ku.edu