

Unit Plan for Assessing and Improving Student Learning in Degree Programs

Unit: Kinesiology and Community Health

Unit Head Approval: Wojtek Chodzko-Zajko

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SECTION I: PAST ASSESSMENT RESULTS

The Department of Kinesiology and Community Health at the University of Illinois Urbana-Champaign (UIUC) is an interdisciplinary unit dedicated to the study of health, rehabilitation, and human movement. The advancement and dissemination of knowledge related to health, rehabilitation, and human movement is central to the Department's mission. Faculty in the Department utilize a broad variety of approaches in the integrative study of health, rehabilitation, and human movement, including research themes such as lifespan physical activity, community health, rehabilitation counseling, disability, well-being and inclusion, physical culture and education, pedagogy, human factors, and human performance.

In 1999 when the previous assessment report was submitted to the Office of the Provost, the Department of Kinesiology and Community Health was split into two separate units; one housing Kinesiology, the other Community Health. When the units were asked in 2000 to submit reports addressing changes and improvements made as a result of the assessment, they were submitted separately. Although the Department of Kinesiology was prospering and enjoying its status as the third ranked department in the nation, the Department of Community Health was struggling after the loss of a large proportion of faculty to retirements and competitive offers from other universities. As a means of strengthening both units, and in recognition of a compatible knowledge base, similar faculty research interests across the two units, and increasing emphasis placed by the university on developing additional interdisciplinary programs, a merger was discussed and ultimately approved by the Board of Trustees on January 20, 2005.

The success of the merger has been evidenced by important markers such as significantly expanded curricular offerings, increased numbers of students who have opportunities to participate in faculty-sponsored research at both the undergraduate and graduate levels, new opportunities for students to engage in cutting-edge practicum experiences and community-based learning courses, additional exposure to the interdisciplinary nature of health-related fields, and increased instructional contact time with tenure-line faculty.

SECTION II: REVISED ASSESSMENT PLAN

(a) **PROCESS:**

In 2007, a committee entitled the Ad-hoc Campus Reaccreditation Committee was established for purposes of leading the current review. The committee convened on numerous occasions throughout the academic year to (a) evaluate the reports submitted in 1999 by the separate units, (b) write student outcomes that reflect the knowledge, skills,

and abilities that undergraduate and graduate students acquire in the merged unit, (c) rewrite outcomes based on faculty input, (d) assess student progress toward meeting outcomes, and (e) develop a suggested plan for implementing the results. Faculty input was continuously sought throughout the process by means such as personal and electronic communication and during faculty meetings dedicated to discussions of the assessment project. In addition, a graduate student was employed to serve the committee and assist by conducting focus group interviews with students representing all degree programs and concentrations in the unit at both the undergraduate and graduate levels.

(b) STUDENT OUTCOMES: (See Measures and Methods section below for key)

Undergraduate Knowledge Outcomes

1. Understanding of the major current and historically significant theories, models, themes, and ideas in Kinesiology and Community Health. (1, 6)
2. Understanding of the interdisciplinary nature of Kinesiology and Community Health. (1, 5)
3. Understanding of physical activity and the relationship between physical activity, exercise, and health on the prevention and treatment of chronic disease. (1, 2, 5, 6)
4. Understanding of factors that facilitate and impede physical activity behavior and strategies to improve adoption and adherence. (1, 2, 5, 8, 9)
5. Understanding the role of qualitative and quantitative measurements in relation to different aspects of Kinesiology and Community Health. (1, 5, 6)
6. Understanding of unique difficulties, risks, and needs of different populations in relation to health and exercise (e.g., disabled, children, older adults, males/females, race/ethnicity, different geographic populations). (1, 2, 5, 6, 8, 9)
7. Understanding of the ethical principles involved in Kinesiology and Community Health. (1, 4, 6)
8. Understanding of and appreciation for the cultural and behavioral factors in health and human behavior and how these relate to health practice. (1, 2, 5, 6, 9)
9. Understanding of anatomy and the human physiological systems necessary for human movement. (Kinesiology) (1, 4, 5)
10. Understanding of human physiological adaptations to exercise and physical activity that are necessary for movement efficiency. (Kinesiology) (1, 4, 5)
11. Understanding of physical and psychological growth and development throughout the lifespan. (Kinesiology) (1, 4, 5)

12. Understanding of health as a human condition, and the concepts of health, health promotion, disability adjustment, disease prevention, epidemiology, and environmental health. (Community Health) (1, 4, 5)
13. Understanding of community structure and process, and identification of the community as a focus of concern and area of action in health improvement. (Community Health) (1, 4, 5)
14. Broad understanding of the field of public health and role of community health professionals. (Community Health) 1, 4, 5, 9)
15. Broad understanding of the design and implementation of population-based research and evaluation studies. (Community Health) (1, 3, 4, 5, 6, 9)

Undergraduate Skill and Ability Outcomes:

1. Utilizes library retrieval and demonstrates bibliographic skills. (1, 5)
2. Demonstrates effective written and oral communication. (1, 6, 8)
3. Reads and understands the scientific and academic literature so that continued learning and refinement can take place. (1, 2)
4. Uses both field and laboratory measurements, technology, and evaluation techniques for assessing health and fitness. (1, 5, 6, 8, 9)
5. Systematically diagnoses and evaluates exercise-induced injury and refers individuals for proper care and treatment. (1, 9)
6. Designs and implements a physical activity program for diverse populations. (1, 5, 8, 9)
7. Evaluates outcomes and provides feedback related to a physical activity program. (1, 6, 8, 9)
8. Demonstrates both critical thinking and creative problem solving skills. (1, 6, 8, 9)
9. Effectively works in team settings and understands the importance of collaboration. (1, 6, 9)

Graduate Knowledge Outcomes

1. Advanced understanding of current and historically significant theories, models, themes, ideas, and cultural and behavioral factors in Kinesiology and Community Health. (1, 3, 6, 7)

2. Understanding and appreciation of subdisciplines in Kinesiology and Community Health and other related disciplines. (1, 3, 5, 6, 7)
3. Advanced understanding of qualitative and quantitative research design (e.g., classroom, laboratory, population-based). (1, 3, 5, 6, 7)
4. Understanding of the ethical principles and guidelines for conducting research, practice, and disseminating knowledge. (1, 6, 7)
5. Advanced understanding of the methods for studying and characterizing the health and physical activity needs of specific groups within the population such as the aged, the disabled, minority populations, rural populations, and those with health disparities. (1, 3, 5, 6, 7)
6. Knowledge and experience in the process of grant seeking and writing. (1, 5)
7. Advanced understanding of the field of public health and role of Kinesiology and Community Health professionals. (1, 3, 6, 7)
8. Understanding of the philosophical foundations of Kinesiology. (Kinesiology) (1, 3, 6, 7)
9. Advanced understanding of health as a human condition, and the concepts of health, health promotion, disability adjustment, disease prevention, and epidemiology and environmental health. (Community Health) (1, 3, 5, 6, 7)

Graduate Skill and Ability Outcomes

1. Advanced ability to read and critique the scientific and academic literature so that continued learning and refinement can occur. (1, 3, 6, 7)
2. Advanced ability to write and format a manuscript specific to student's specialization. (6, 7)
3. Ability to communicate research findings through publications and oral presentations. (3, 5, 6, 7)
4. Effectively teaches others in classroom, laboratory, and social settings. (5, 10)
5. Advanced critical and creative thinking skills for drawing conclusions after weighing evidence, facts, and ideas. (1, 3, 6, 7)
6. Ability to apply advanced quantitative and/or qualitative methods to the collection, analysis, and interpretation of data (using computer technology when relevant). (1, 3, 6, 7)

7. Ability to conceptualize and conduct a complete research investigation in student's specific area of inquiry. (1, 3, 6, 7)
8. Ability to plan, implement, and evaluate health and/or physical activity programs and services. (1, 3, 6, 7, 9)
9. Consistently meets deadlines and exhibits determination and persistence. (1, 6)
10. Effectively interacts/collaborates with others in a variety of settings. (6, 7)

(c) **MEASURES AND METHODS USED TO MEASURE OUTCOMES:**

The measures that were used to assess outcomes are listed below and are referred to in each of the outcomes above.

1. Class exams and assignments
2. National certification exams
3. Oral exams
4. Senior survey
5. Focus group interviews
6. Performance (theses, exhibitions, projects, presentations)
7. Journal publications
8. Portfolios
9. Capstone experiences/internships
10. ICES results

SECTION III: PLANS FOR USING RESULTS

(a) **PLANS:**

After a careful evaluation of the curriculum in relation to the student outcomes listed above, and in light of student input, faculty suggestions, and a department-wide desire to promote the campus Strategic Plan, the goals described below were generated and will guide all aspects of our unit in the coming years. First, the department will continue to engage in internationally renowned scholarship, teaching, and outreach and will involve students in these endeavors so as to contribute to their growth as future leaders and researchers. Second, faculty will develop significant interdisciplinary projects on campus that include students, particularly at the graduate level. Third, the department will continue to ensure excellence in its academic programs and services for undergraduate students. To this end, the department will (a) add two new required courses to the core curriculum to encourage a stronger understanding of the individual disciplines and subdisciplines of Kinesiology and Community Health that constitute the merged unit (CHLH 101-Introduction to Public Health; KIN 122-Physical Activity and Health), (b) hire an additional academic advisor in the area of Community Health to assist with the increasing numbers of students in the program, (c) expand the number of community-based learning classes and experiences, and (d) implement a separate degree to facilitate accreditation for students in athletic training. Fourth, the department will ensure excellence in graduate

education by continuing to involve students in cutting-edge research, expanding the diversity of courses in the curriculum, and offering more courses at the graduate-only level. In addition, plans are underway to better socialize graduate students into the professoriate by developing a “PhD Student Teaching Program” to increase their exposure to teaching independently at the undergraduate level while receiving intense training and considerable faculty supervision. Finally, the department will continue to foster an inclusive campus community through conscientious efforts to enroll underrepresented students and hire faculty that more directly mirror the current composition of society.

(b) TIMELINE FOR IMPLEMENTATION:

The faculty has approved the plans for using the results from this assessment and has begun to implement the majority of those described above. In relation to curricular changes, proposals have been submitted to and endorsed by the College of Applied Health Sciences Educational Policy Committee and the UIUC Senate. Once approved by the Board of Trustees, they will go into effect. Plans for additional and improved community-based learning experiences are currently being piloted. A draft proposal for the PhD Student Teaching Program has been written and discussions for implementation are underway. Finally, we will continue to evaluate the curriculum on an on-going basis by assessing senior surveys and discussing program strengths and weaknesses during faculty meetings of the whole and regular meetings of the Educational Policy and Advisory Committees.

Ad-hoc Reaccreditation Committee:

Kim C. Graber, Chair

Steven J. Petruzzello

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