

Continuous improvement practices of Program Learning Outcomes involve collecting and evaluating evidence of whether students are learning what the faculty intend, and at what level. There are two main types of evidence that are used in assessment:

- < Direct Evidence: This type
- < Indirect Evidence: This type of evaluation looks at a self-reported or perceived learning
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- < **Clinical Skills/Competency Assessments:** For programs in health sciences or clinical fields.
- < **Oral Presentation Evaluations:** Assessing communication skills.
- < **Artistic Performance and Exhibit Ratings by Experts:** For programs in arts and creative fields.
- < **Grading with Scoring Rubrics Assessing Dimensions of the Learning Outcome:** Rubrics provide detailed criteria for assessment.

Capstone experiences: Tend to reflect a culmination of learning. There is breadth and depth of learning including knowledge, skill, and application. (e.g., senior research projects, recitals, exhibitions, civic engagement/collaborative Learning initiatives). These experiences

Breadth vs depth: Exams often evaluate recall and understanding rather than higher-order thinking (eg., analysis, synthesis, evaluation). PLOs may require deeper understanding and critical thinking.

Context Dependency: Many times, exams occur in controlled settings, unlike real-world contexts. Some PLOs, such as ethical decision-making or teamwork, are better assessed through authentic experiences.

Appendix

[University of California: Guidelines for the Development and Assessment of Program Learning Outcomes. Version 1.0 2013. Retrieved on May 15, 2024.](#)