

Graduate Degree Program Assessment Progress Report Cover Sheet:

Degree: Gerontology M.A., Graduate Certificate For Calendar Year: 2010

(Date submitted to college committee: April 1, 2011 By: Carolyn Turturro, Ph.D.)

(Date posted on college assessment website: _____)

Overall Rating: _____

Respond to all six parts following the “Degree Program Assessment Progress Report Instructions.” (NOTE: Parts 1 through 4 can be copied from the relevant sections of your assessment plan.) Attach additional pages as needed.

(1) Student learning goal(s) addressed this year:

This year the assessment plan called for assessment of Goal 1.

Goal 1. Students will understand the psychosocial and physical effects of normal aging and will be able to identify and distinguish it from the common disease processes that occur among older adults.

(2) Learning outcomes/objectives for those goals addressed this year:

Goal 1 Learning Objectives:

1. Students will correctly answer questions that discriminate between normal aging and disease process.
2. Students will correctly answer questions about the effects of normal aging on physical and mental health and on functional performance in late life.
3. Students will correctly identify definitions of the of the “3 D’s,” Dementia, Delirium, and Depression, and will correctly identify the threats to healthful and independent living imposed by these key mental health impairments in late life.
4. Students will correctly identify the personality changes that are common to late life.
5. Students will be able to identify preventive health behaviors and health promotion strategies that impact wellness among older adults.

(3) Courses & activities where assessed:

Curriculum Assessment Map: Degree Program Assessment

		Goal # 1 Students will discriminate between psychosocial and physical effects of normal aging and the disease process.				
Courses and Activities	How Outcomes are Addressed and Assessed	Outcome 1) aging vs. disease process	Outcome 2) effects of aging on health & function	Outcome 3) Dementia, Delirium, Depression	Outcome 4) personality changes in late life	Outcome 5) prevention & health promotion
Biology & Psychology of Aging	Emphasis: Assessed:	Extensive Exam; Paper	Extensive; Exam & Paper	Extensive; Exam	Somewhat; Exam	Extensive; Exam & Paper
Social Gerontology	Emphasis: Assessed:	Little; paper	Somewhat; Exam and paper	Somewhat; Exam	Extensive; Exam, paper	Somewhat; Exam
Aging & Social Policy I	Emphasis: Assessed:	Little; NA	Little; NA	None; NA	None; NA	Little; NA
Resources & Services for Older Adult	Emphasis: Assessed:	Extensive; Exam and Paper or Presentation	Somewhat; Case study	Somewhat: Exam and paper topic	Little: Exam	Somewhat: Exam and paper topic
Death & Dying	Emphasis: Assessed:	Extensive; Exam	Extensive; Exam	Little; Exam	Somewhat; Exam	None; NA
Aging & Social Policy II	Emphasis: Assessed:	Extensive Exams Term paper	Extensive Exams Term paper	Little; NA	Little; NA	Somewhat Exam Term paper

Social & Emotional Aspects of Illness & Disability	Emphasis: Assessed:	Somewhat Quizzes, Discussion, Paper(3rd credit), extra credit movie paper	Somewhat, Quizzes, Discussion, Paper (3rd Credit)	Little Quizzes, Discussion	Somewhat, Quizzes, Discussion	A Little, Quizzes, Discussion
--	------------------------	---	---	----------------------------------	-------------------------------------	-------------------------------------

(4) Methods used:

This year an alumni survey was offered to the 2010 graduates and 2011 prospective graduates. A variety of measures were identified and reviewed over the course of this year that identified competencies associated with gerontological education. Since Goal 1 focused on students' understanding of the psychosocial and physical effects of normal aging and their ability to distinguish it from the common disease processes that occur among older adults, this year's alumni survey was formed by selection of core competencies recommended by the Education Committee Writing Group of the American Geriatrics Society (2000). Items selected were from the knowledge of basic science which included epidemiology of aging and theories of aging; as well as familiarity with common geriatric syndromes and conditions, and diseases and disorders more common in older adulthood. In addition, items concerning the presenting signs and symptoms of and appropriate referral sources for psychosocial problems and issues common in late life, as well as disease prevention techniques were included.

Course Test results?

(5) What are the assessment findings? How did you analyze them?

The UALR graduate gerontology program was reactivated in the Fall of 2008 and offered a Graduate Certificate in Gerontology with 21 credit hours. In 2009, the Master of Arts degree in Gerontology was reactivated. To date, four students have received their MA in Gerontology and another two should receive them this May, 2011. Five students have received a Certificate in Gerontology, and an additional three students will receive their certificate this May, 2011.

These 14 graduates (or soon to be graduates) were contacted through email with a link to the alumni survey on Survey Monkey. In the email, they were asked to complete an anonymous survey regarding their assessment of their learning in the gerontology program, particularly as it applied to psychosocial and biological health of the older adult. One email address was no longer correct, and the email was immediately returned.

Of the 13 graduates, five responded to the survey, a response rate of 38%. Three of the five held MA degrees, the other two held Certificates. Most (80%) completed degrees in 2010. One person will complete degree in 2011. Bar Charts of the frequencies of responses were output and are presented in Figures 1 through 4.

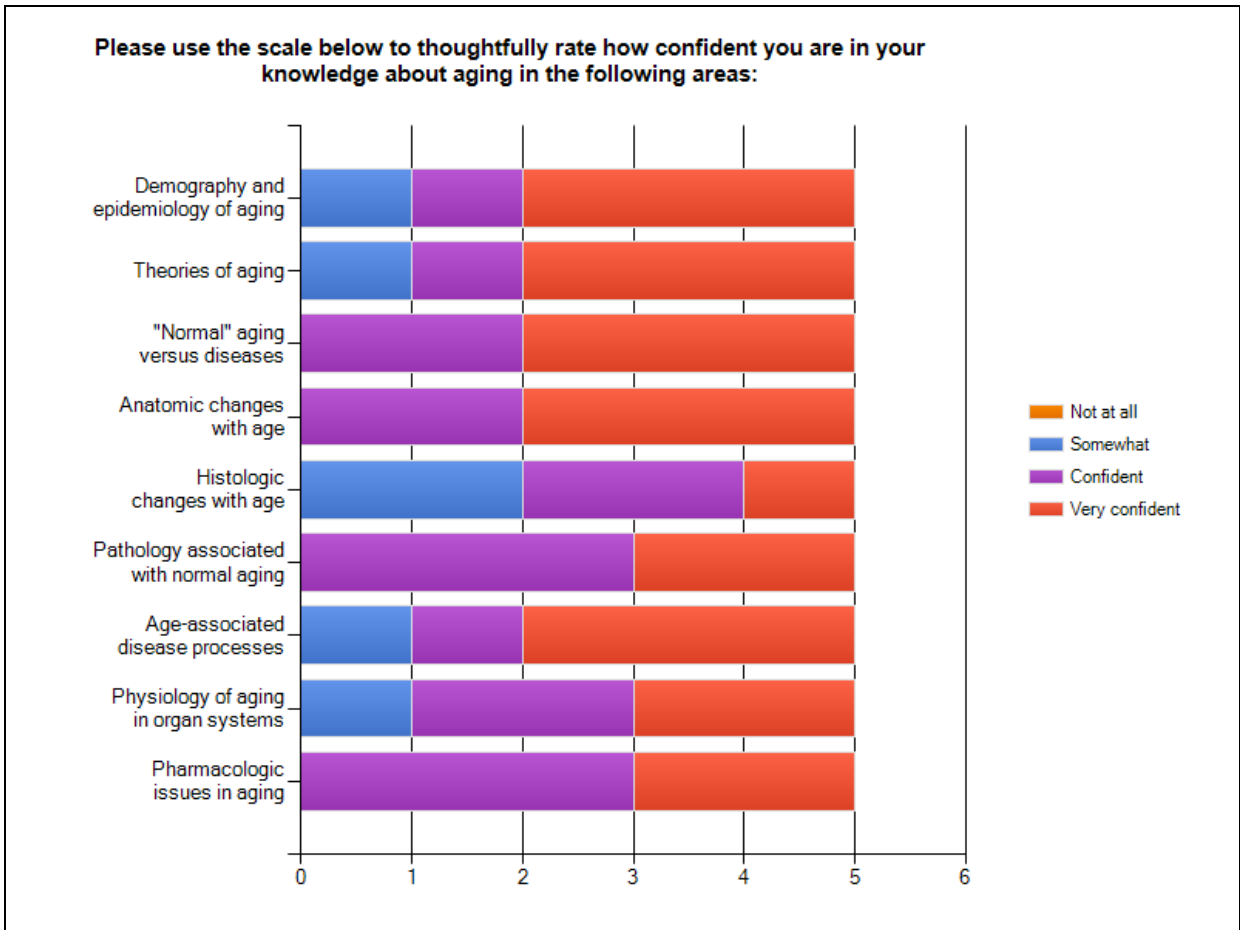


Figure 1. Confidence in Basic Knowledge About Aging.

Figure 1 presents the graduates confidence in their basic knowledge about aging. Most of the graduates were either confident or very confident in their knowledge about aging, although a few reported being only somewhat confident.

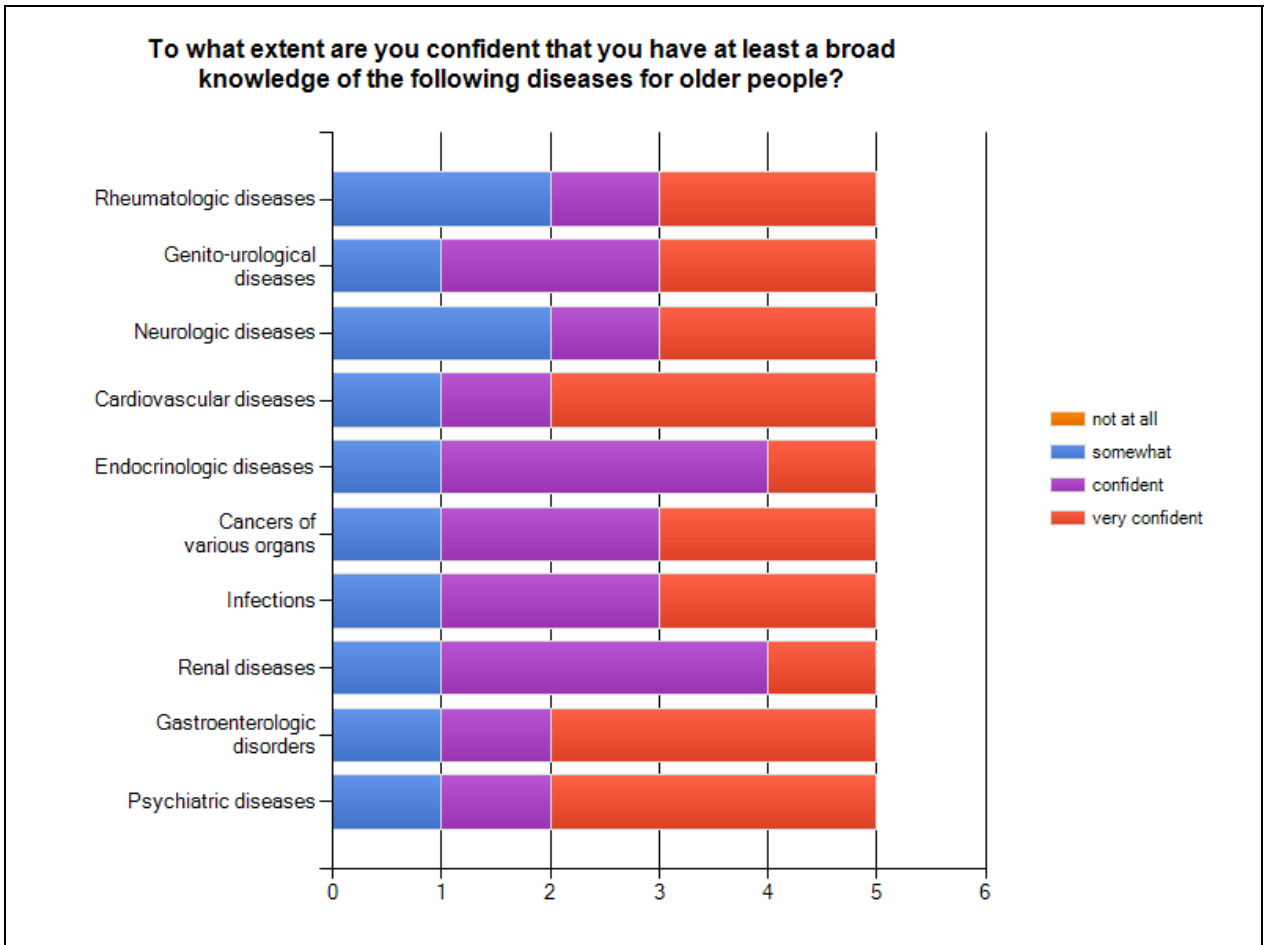


Figure 2. Confidence in Knowledge of Diseases for Older Adults

As shown in Figure 2, most graduates were confident or very confident in their broad knowledge of diseases for older adults. A little more than 20% of the time, a respondent reported only feeling somewhat confident in their knowledge of specific diseases.

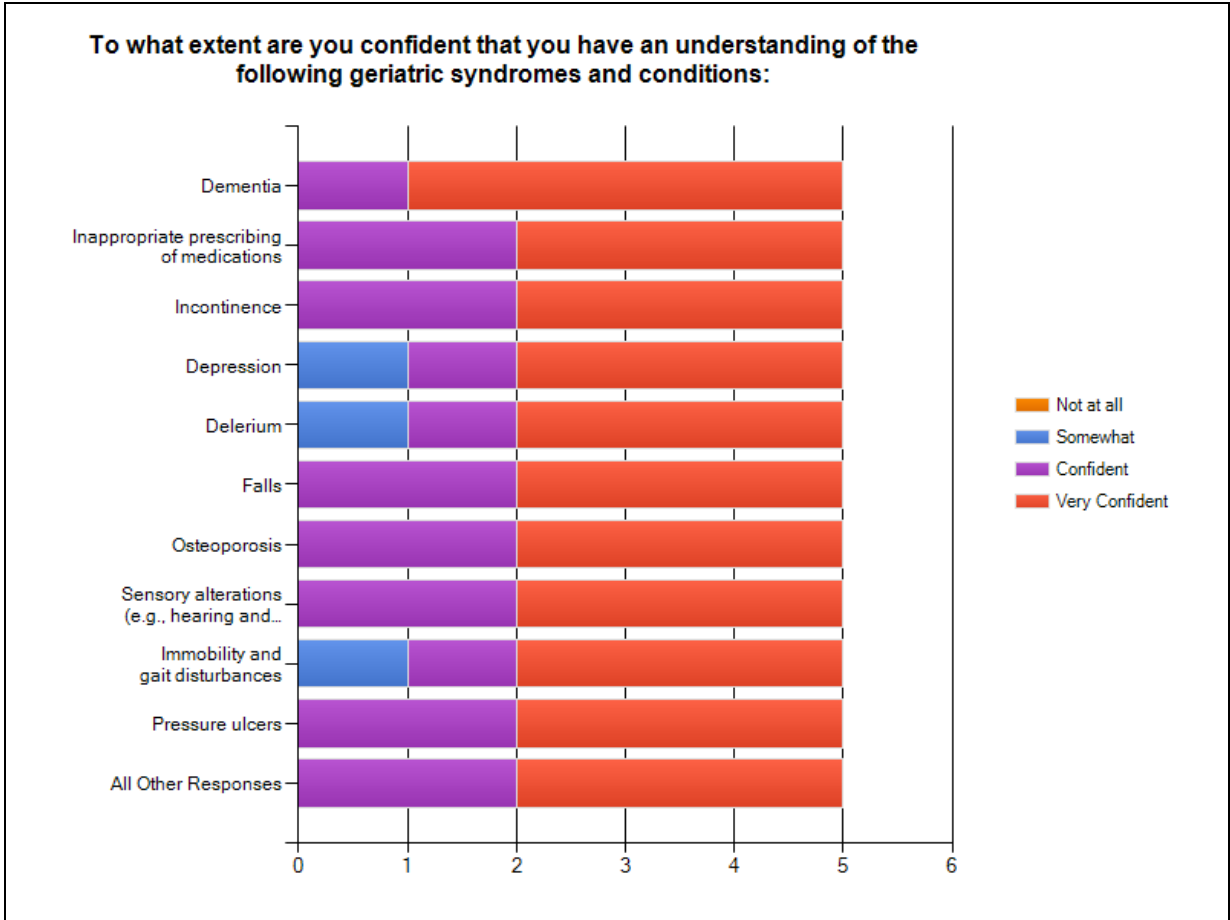


Figure 3. Confidence in knowledge of Geriatric Syndromes and Conditions.

Figure 3 shows that respondents reported being very confident or at least confident in their knowledge of the geriatric syndromes and conditions. Only in a few instances was it reported as only somewhat confident in their knowledge of conditions.

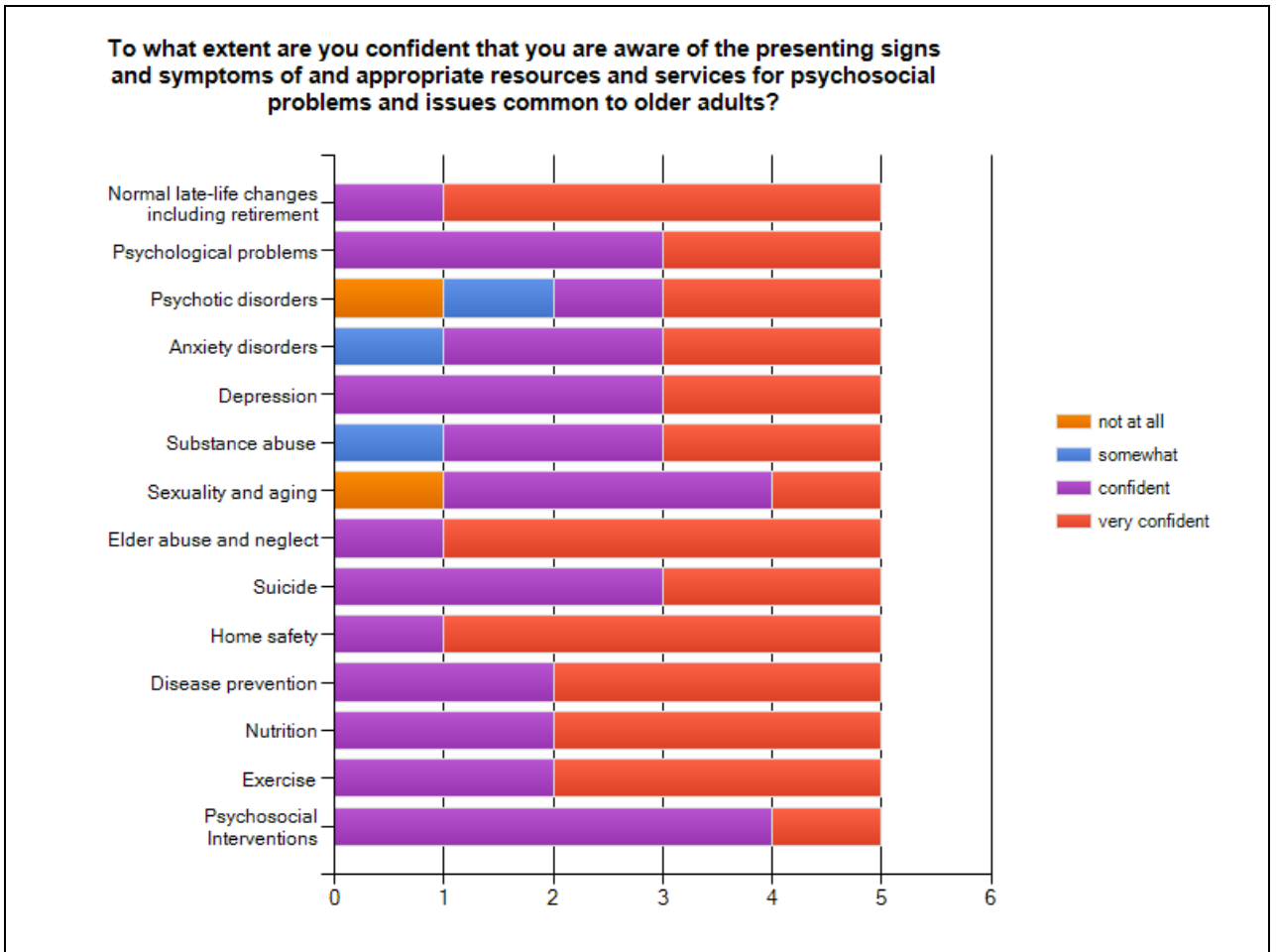


Figure 4. Confidence in knowledge of signs and symptoms and resources for psychosocial issues of older adults.

Figure 4 shows that respondents were primarily confident or very confident in their confidence in their knowledge of psychosocial conditions and issues. In two instances a respondent said they were not at all confident in their knowledge of psychotic disorders and sexuality and aging among older adults.

(6) What conclusions were drawn and what decisions were made as a result? How were stakeholder groups involved?

By May of 2011, the graduate gerontology program at UALR will have awarded six MA degrees and eight Graduate Certificates since it reactivated in 2008. The survey with recent graduates suggests that students do generally feel confident in the extent of their knowledge and understanding of the psychosocial and physical effects of normal aging and their ability to distinguish it from the common disease processes that occur among older adults. As students graduate from the program, we will continue to collect this data periodically.

The interest in the biological and physical area of our students understanding of aging is especially driven by our work with UAMS Reynolds Center on Aging. We are currently working closely with them to open our program to health related professionals there as well as other graduate students at UALR.