# Learning Analytics for Continuous College Improvement

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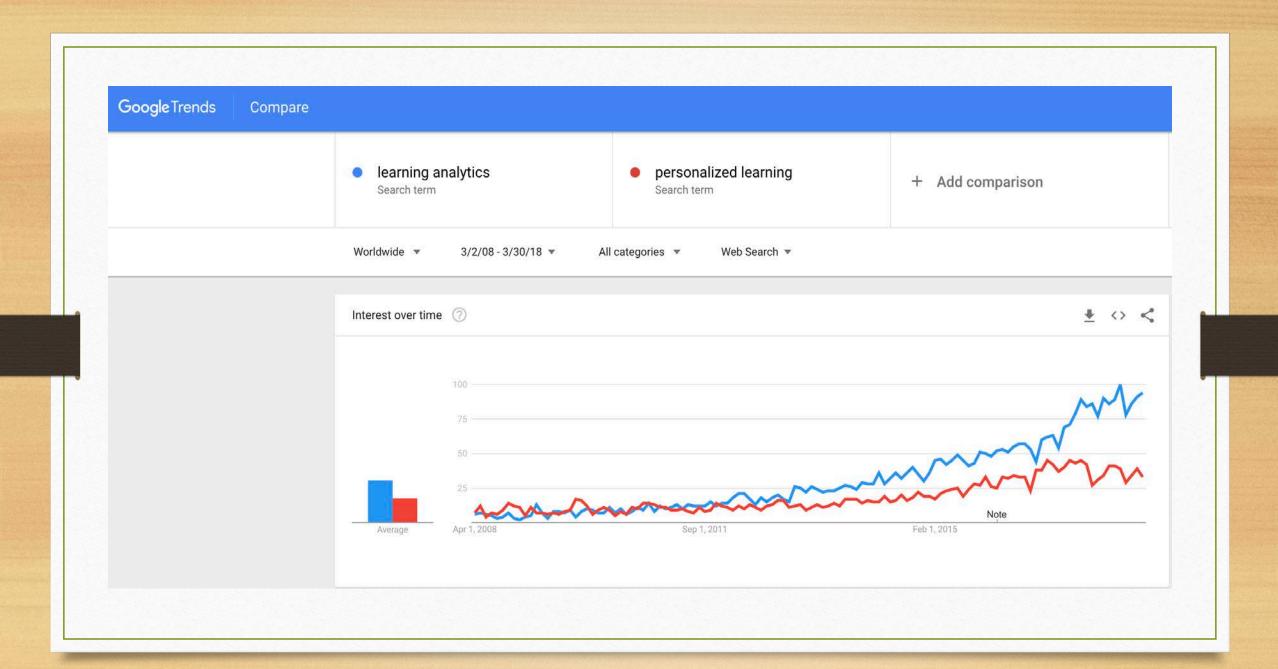
Associate Dean for Curricular Affairs and Accreditation, Clinical Professor

#### Learning Analytics

• Collection, analysis, and application of data to assess behavior of learning communities (Larusson & White, 2014).

#### Quick Poll

- Do you use learning analytics outside of a gradebook or quiz results to improve the courses you teach?
- Do you use learning analytics to monitor struggling students across a program or multiple courses?
- Do you use learning analytics to support accreditation requirements?



#### Learning Analytics

- Common approaches:
  - Statistical techniques, predictive modeling, interactive visualizations, taxonomies and frameworks

#### Learning Analytics

- Common Use Cases:
  - Optimize student and faculty performance
  - Improve pedagogical strategies and curriculum mapping
  - Highlight potentially struggling students

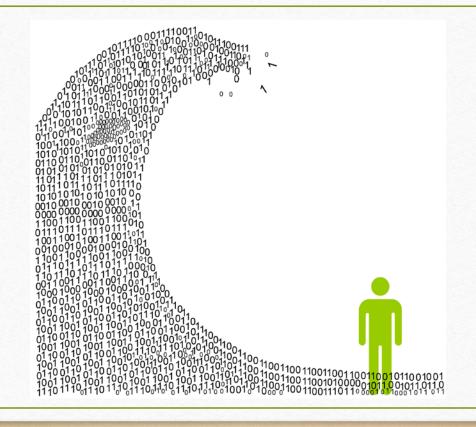
#### Why Learning Analytics Today

- Learning Management Systems, institutional data warehouses, and digital records are ubiquitous.
- Linking unconnected external institutional data to existing data structures offers even more opportunities to understand teaching and learning in higher education.

#### Speaking of data...



#### Are you crushed by the data wave?



#### "Jobs to be Done"

#### Love People, not Data

Focus on what your faculty, administration, staff and students are trying to accomplish in a given situation or circumstance as compared to the data, the models, the methods, etc.

(cf. Clayton Christensen's "Jobs to be Done" theory.)

## Simple Evaluation Metric: Do your learning analytics improve the "jobs to be done"?



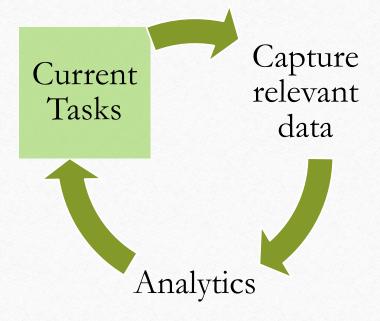
#### Common Learning Analytics Approach

Task

Report

Capture

### Finding ROI



#### Where to begin?

- What are students, faculty, and administrators trying to do?
  - Passing tests, earning grades, and completing degrees...does your analytics support the student's current study/work practices or is it built for an ideal student that may or may not exist?
  - Developing more effective lessons and assessments. . .does your analytics support a faculty member's desire to assess the quality of the instruction or does it merely provide performance metrics?
  - Documenting competencies, outcomes, and standards. . .does your analytics allow for both a granular level of detail (one student) in addition to a macro view of program/course performance for competencies with appropriate metadata?

#### Learning Analytics at the College of Pharmacy

- Why Learning Analytics
  - **Continuous Improvement:** Strategies for improvement started to require analysis of data from diverse sources to understand areas we wanted to improve. Example:
    - Predict success on the National Board Exam: How does admissions data, performance across courses, soft-skills assessments, and performance in the clinical setting contribute to passing the board on first attempt? (Diverse data sets that are housed in 4 different offices)

#### Learning Analytics at the College of Pharmacy

- Why Learning Analytics
  - We Need Reports "Just in Time": Sometimes an understanding of data is needed frequently (ie, weekly) to address needs. (We cant wait for the annual SACs reporting). Example:
    - Tracking of Student Professionalism Across multiple course: We wanted to identify a student who is acting unprofessionally in active learning sessions. To accomplish this, staff were manually tracking data in excel sheets and flagging students who had frequent problems. (time intensive for staff and risk of error)

#### Accreditation Requirements

- Recent changes to the ACPE Standards have resulted in a need outcomes assessment data in multiple areas (knowledge, practice skills, soft-skills, clinical reasoning, outcomes from co-curricular activities).
  - To interpret the outcomes data, we need to consider factors (ie, input data) that contributed to the findings. This involves diverse data courses.
  - \*\*Learning analytics is <u>not</u> an accreditation requirement. But, learning analytics helps us do a better job in continuously tracking all these data and generating reports that can be meaningfully interpreted.\*\*

#### How Learning Analytics Can Benefit Your Program

- Your program does NOT have to involve the extensive outcomes assessments that pharmacy has to benefit from learning analytics.
- Examples of how learning analytics can be used by any College/Program here at UF:
  - Early identification of "at risk students"
  - Faculty Teaching Evaluations:
    - How does an individual faculty member compare to other faculty in the department and College.
    - How does a chair determine that a faculty member's evaluations are significantly lower than others in the College? (without having to do a lot of analysis themselves)

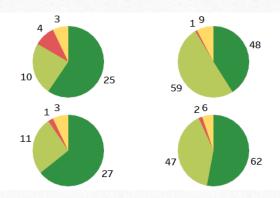
## Learning Analytics For Intervention of Students at Risk



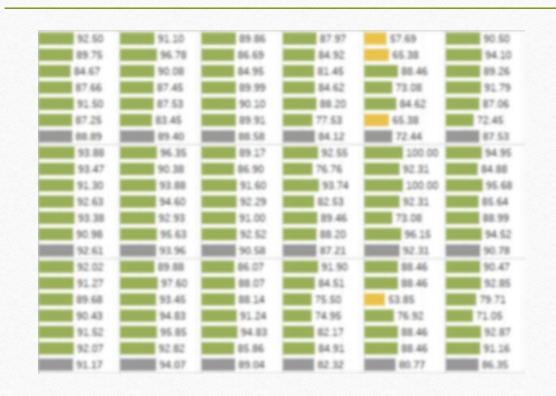


### Learning Analytics Related to Faculty Teaching Evaluations

Q1: Description of course objectives and assignme	nication of ideas a	Q3: Expression of expectatio.	students in	Q5: Respect and concern for students			asm for the	i Q9: Encour agement of indepen	Q10: Overall rating of the instructor	Mean of Items 1-9	Amount learned	Difficulty of the subject matter	The educat ional value (relev
4.37	4.22	4.29	4.32	4.41	4.22	4.20	4.46	4.36	4.27	4.32	4.17	3.82	4.35
3.69	3.15	3.45	3.16	3.03	3.32	3.06	4.38	3.43	3.03	3.41	3.31	3.49	3.80
4.32	4.18	4.15	4.22	4.39	3.96	4.06	4.07	4.18	4.09	4.17	3.98	3.70	4.06
4.43	4.22	4.38	4.25	4.49	4.15	4.28	4.18	4.24	4.29	4.29	4.23	3.41	4.42
4.57	4.59	4.59	4.63	4.65	4.49	4.55	4.55	4.53	4.59	4.57	4.57	3.51	4.57
4.67	4.64	4.62	4.50	4.64	4.51	4.59	4.67	4.64	4.59	4.61	4.62	3.54	4.67
4.62	4.65	4.61	4.56	4.73	4.61	4.59	4.68	4.55	4.61	4.62	4.39	3.47	4.49
4.88	4.83	4.84	4.89	4.92	4.80	4.82	4.84	4.80	4.89	4.85	4.73	3.40	4.66
4.06	4.22	3.88	4.08	4.41	3.98	3.89	4.52	4.21	4.10	4.14	3.99	4.16	4.29
4.83	4.83	4.53	4.90	4.90	4.78	4.73	4.83	4.83	4.80	4.80	4.57	3.75	4.57
4.78	4.78	4.76	4.79	4.80	4.78	4.78	4.78	4.76	4.78	4.78	4.41	3.81	4.65
4.81	4.62	4.81	4.84	4.82	4.75	4.79	4.83	4.81	4.79	4.79	4.32	3.64	4.54
4.91	4.93	4.91	4.92	4.92	4.92	4.90	4.94	4.91	4.93	4.92	4.50	3.87	4.71
3.94	3.83	3.88	4.00	4.02	3.93	3.84	4.28	4.07	3.89	3.98	3.80	4.19	3.79
4.16	3.86	4.11	4.16	4.25	3.98	3.98	4.21	4.06	4.02	4.09	3.87	4.14	3.82
4.42	4.41	4.39	4.40	4.46	4.37	4.41	4.46	4.41	4.44	4.41	4.34	4.03	4.40
4.53	4.49	4.53	4.46	4.57	4.50	4.51	4.57	4.51	4.53	4.52	4.37	4.09	4.45
4.75	4.71	4.74	4.75	4.78	4.62	4.67	4.79	4.70	4.72	4.72	4.52	4.07	4.58
3.01	2.63	2.79	2.55	2.59	2.71	2.63	3.17	2.93	2.70	2.78	3.35	4.14	3.98
4.46	4.24	4.40	4.53	4.59	4.38	4.42	4.50	4.48	4.45	4.44	4.35	3.80	4.20
3.67	3.34	3.34	3.84	4.50	4.17	3.17	5.00	4.17	3.67	3.91	4.00	3.84	4.34



### Learning Analytics For Intervention of Students at Risk-Team View





#### Transcending Concepts

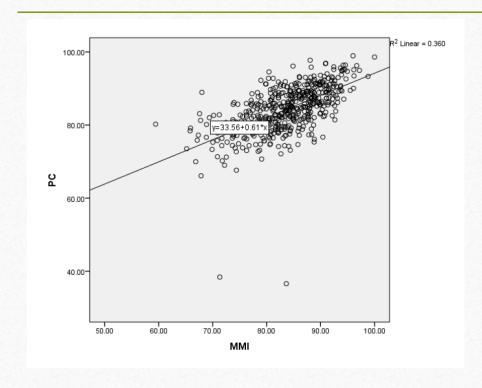
Student Analysis		Student Analysis								
TC≟	<b>Name</b> TEST STUDENT		TC=	Name TEST STUDENT						
Behavioral (Adherence, Effects of C		100.0% 🔾	Behavioral (Adherence, Effects of C	<b>6</b> .0						
Communication: Patients % Points		100.0% 🔾	Communication: Patients % Points	0.8						
- Drug Delivery Systems (Pharmaceu		100.0% 🔾	Drug Delivery Systems (Pharmaceu	<b>0</b> 4.0						
Evidence-based Practice % Points		100.0% 🔾	Evidence-based Practice % Points	0.8						
Health & Wellness % Points	0	77.8%	Health & Wellness % Points	O 18.0						
Informatics % Points		100.0% 🔿	Informatics % Points	<b>6.0</b>						
Interprofessional Communication &	: 0	80.0%	Interprofessional Communication &	<b>0</b> 10.0						
Law & Ethics % Points		100.0% 🔾	Law & Ethics % Points	0.8						
Medication Use Systems (Med Prep		100.0% 🔾	Medication Use Systems (Med Prep	0 2.0						
Medicinal Chemistry % Points	: 0	80.0%	Medicinal Chemistry % Points	<b>O</b> 60.0						
Pathophysiology % Points		088.5%	Pathophysiology % Points	O 104.0						
Patient Safety/Medication Errors; R		100.0% 🔾	Patient Safety/Medication Errors; R	02.0						
Personalized Medicine % Points	07	5.0%	Personalized Medicine % Points	0.80						
Pharmacokinetics % Points	O:66.79	6	Pharmacokinetics % Points	O 30.0						
Pharmacology % Points		O 90.0%	Pharmacology % Points	O 160.0						
Pharmacotherapy % Points		0 86.4%	Pharmacotherapy % Points	382.0						
Pharmcoeoconomics – Health Polic		100.0%	Pharmcoeoconomics - Health Polic	<b>2.0</b>						
Population-based Care % Points		100.0%	Population-based Care % Points	0 2.0						
Self-Care 1: Herbals; dietary supple	<b>6</b> 8.8	%	Self-Care 1: Herbals; dietary supple	<b>O</b> 32.0						
Self-Care 2: OTC % Points		31.8%	Self-Care 2: OTC % Points	O 44.0						
Social (cultural sensitivity, health-r		100.0%	Social (cultural sensitivity, health-r	0.8.0						
Special Populations % Points	69)5		Special Populations % Points	0 16.0						
	20.00% 40.00% 60.00% 80.0	0%		0 200 40						
	Avg. % Score			Avg. Points Avai						

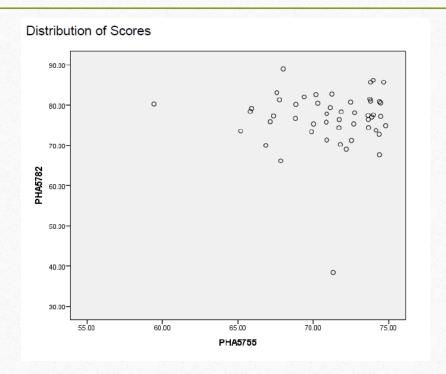
### More Examples

### Mining Canvas for Data

					Care	Marine .				
			OW		38.0		ORL		Grand Total	
Criterion	Competency Level	10	16	. 10	10.		- 10	Tir.	100	
Collect: Subjective	Excellent: Complete and conclus narrattle.	97.0	86.42%	34.0	73.61%	10.0	51,54%	190.0	82 8 2 9	
	Competent: Well-organized and conclus-	15.0	13.39%	22.0	23.50%		26.67%	38.5	16.529	
	Sixeds improvement: Poorly organized a.				2.17%		1.000	2.0	0.67%	
	Marian I and the same of the s	****	****	-	****	-	-	-		
			-	-		70.0	-	2.70	****	
MCTHE.	Excalhent: Complete and conclue-sommar.	86.0	75.79%		79.09%		79.17%	176.0	77,39%	
surreunt 1	Competent: Portiol but accorate summa	25.0	22.32%	32.0	23.93%	15.0	20.076	51.0	22.17%	
	family improvement: Prorfy organized a	1.0	0.89%					1.0	0.43%	
		112.0	-	ALC:	-	72.0	-	230.0	****	
			29.57%		34.79%		30 56%	79.0	30.43%	
	spatsert: All problems identified but	52.5	45.47%		55.00%			111.0	45.75%	
		-					70.000	40.0		
	s improvement incomplete access.		22.32%		15.02%		18 100%	45.0	19.57%	
	Acceptable: Missing main problem s	2.0	3.79%			1.0	1.00%	3.0	1.30%	
	W. Control of the Con	III.8	59.11%	46.0	****	72.0	****	229.0	39.57%	
	cellent: Specific and appropriate recs.	19-0	14.90%	12.0	24.09%		16.67%	43.0	18.70%	
	Competent: Mostly complete and appet.	86.0	52.57%		58.70%	40.0	60.00%	142.0	61.74%	
	Sands Improvement: Plan is not consist.			8.0	TR ham.			35.0	15.22%	
		7.0	4 100		3 1 700	7.7	1 700			
	Not Acceptable Suggested Sunger may.		4 1774	1.7	2.27%		3.39%		3.91%	
		111.0	99,11%	46.0	****	79.0	****	229.0	99.57%	
	Excellent: All elements of the note are in	36.0	50.00%	24.0	52.17%		44.44%	112.0	48.70%	
	speterit Assessment contains plan 6.	50.0	44.54%	19.0	A1.30%	33.0	43.00%	300.0	43.48%	
	medi Improvement: Subjective, objecti	3.0	2.68%	3.0	6.52%	8.0	11.11%	14.0	6.00%	
	of Acceptable: No clear organization to.	3.0				3.0	1.300	4.0	1.74%	
		112.0	-	46.5	****	72.0	BANKS.	200.0	MARKE	
THE		115.0	*****	-		76.0	****	2000	-	

### Curriculum Mapping





#### Faculty Research



#### Question

Collect information to identify a patient's medication-related problems and health-related needs.

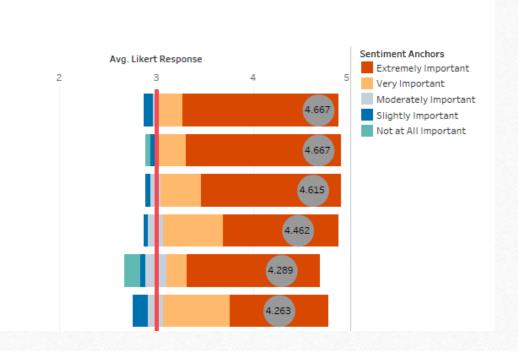
Minimize adverse drug events and medication errors.

Analyze information to determine the effects of medication therapy, identify medication-related p...

Collaborate as a member of an interprofessional team.

Fulfill a medication order.

Educate patients and professional colleagues regarding the appropriate use of medications.



#### Associate Dean Perspective

#### • Investment:

• Staff member with expertise in learning analytics (we already had an Assessment Coordinator position and such a position is required to meet Accreditation Requirements.)

#### Associate Dean Perspective

- Return on Investment (Examples)
  - Academic Coordinators (3 staff members) no longer need to manually prepare reports.
    - Saved approximately 6 hrs per week of staff time (redeployed their effort to other essential needs)
  - Academic Performance Specialist now has a "useful" report every Monday morning when she checks her email.
    - Assessment Specialist no longer has to manually "push out" this report since it is automated.
  - Curricular reports related to assessment of knowledge, practice skills, soft-skills, professionalism etc are practical and easily interpreted.
    - These reports can be accessed by the Associate Dean anytime a committee or administration wants to know "where we are at"

#### Ethics and Data as a Commodity

- Guard and house data securely in close consultation with IT
- Develop clear and transparent guidelines for who may access data and how data is to be used

#### Questions?

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