



2016 Portland MA Counseling Program Report

Master of Arts in Counseling Program in Clinical Mental Health

Introduction – The process leading up to the 2015-2016 MAC program assessment began five years ago when the institution started the self-study process toward program accreditation with CACREP (Council for Accreditation of Counseling and Related Educational Programs) which accreditation was attained in January, 2015. Students and graduates have already benefitted significantly from this achievement. During that initial process data was compiled, analyzed, and used to create many changes to policy, course content, syllabi, and assignments. The changes proposed in our 2014 report were implemented and we began in summer semester, 2015, to again collect data over the next year concluding with spring semester, 2016. The current assessment includes results from incorporation of change made as a result of the previous assessment. The program used ExamSoft to manage our data collection and produce reports. Please refer to the 2015-2016 MAC Program Evaluation Data for results.

On May 11, 2016, an Advisory Board made up of Abraham Cazares-Cervantes, Ph.D.; Douglas Chapman, MA, LMHC; Kristin Gorton, MA; Ron Marrs, Ph.D.; Jaklin Peake, MA, LPC; Janet Ragan, MA, LMHC; Matt Rensi, MA; and four counseling faculty in the Portland MA Counseling program in Clinical Mental Health Counseling, Laurie Bloomquist, MA, Kay Bruce, Psy.D., Ken Logan, Psy.D., and Norm Thiesen, Ph.D. met to review data obtained from our program assessment. Attached is a copy of the data reviewed. Direct evidence of student learning and performance was obtained from 16 primary sources of assessment:

1. Clinical Comprehensive Integrative Paper (CNS 581);
2. Case Study Assessment (CNS 505 Psychopathology);
3. Application project demonstrating an understanding of life transitional stages. (CNS 507 Human Life Span Development);
4. Specialty Group presentation (CNS 512 Group Counseling);

5. Career assessment plan. (CNS 518 Career and Lifestyle Development);
6. Research and evaluation of therapeutic effectiveness (CNS 519 Treatment Planning and Outcome Assessment Strategies);
7. Passing score on CNS 525 final exam (CNS 525 Tests & Measurements);
8. Dual diagnosis case write-up (CNS 529 Counseling Addictions).;
9. Case study with treatment plan and crisis intervention strategy (CNS 558 Emergency Preparedness: Crisis Intervention, Trauma, and Loss);
10. Map family genogram (CNS 503 Family Systems);
11. Personal reflection paper and video viewing quizzes (CNS 506 Legal & Ethical Issues);
12. Social & Cultural Research Paper (CNS 513 Social & Cultural Foundations);
13. Practicum and Internship Field Experience (CNS 531-539) is assessed using the CNSF024 Intern Performance Evaluation form;
14. Counselor Preparation Comprehensive Examination (CPCE);
15. National Counselor Exam (NCE); and
16. Professional Assessment of Candidates (PAC) Review by Faculty.

Indirect evidence of student learning and performance was primarily evaluated by a student program evaluation and by a graduate survey. The focus of our report to CACREP is on Clinical Mental Health Standards, however, our review of the data also considered the Global Counseling Program Outcomes as well as some of the indirect survey measures. We listen to and value the input from our students and our constituents. We currently have 70 students in the Portland MA Counseling program after having graduated 19 students over the three semesters beginning in fall, 2015.

M.A. in Counseling Program Purpose, Objectives, and Vocational Intent

The **purpose** of the M.A./Counseling Program is to prepare practitioners of personal integrity who will provide effective, ethical, culturally inclusive, professional counseling from a Christian worldview.

The counseling program endeavors to prepare students of integrity who demonstrate:

- 1. Spiritual maturity** by applying biblical truth to life and ministry resulting in gospel-centered spiritual growth and transformation.
- 2. Theological discernment** by employing advanced theological thinking that integrates a gospel-centered world-view with biblical and social science studies.

3. Interpersonal skills and emotional health by demonstrating social and emotional awareness, respect for others, inclusivity in diversity, effectiveness in teamwork, intrapersonal and interpersonal awareness, and the ability to care for self.

4. Counseling skills by evidencing theoretical knowledge, application of theory, and clinical competence. Additionally, students will demonstrate an ability to build an effective culturally inclusive therapeutic alliance with clients utilizing a breadth of clinical skills and technique consistent with current clinical research evidence.

5. Professional practice by applying their training to internship tasks, integrating supervisory input into clinical work, reflecting on multicultural and contextual issues, engaging cooperatively in the supervision relationship, and behaving in accordance with the ethical standards of the profession.

These goals inform the program outcomes that guide the program and serve as the basis for the assessment process. Course learning objectives and CACREP standards are mapped to Global Program Outcomes as well as course assignments and evaluations to measure the efficacy of the educational process.

Summary of Observations and Proposed Action

Global Counseling Program Outcomes – Typically written toward the end of a student’s curricular track, in the Comprehensive Clinical Integrative Paper, the student articulates a professional summation of the developing integration of clinical and theological knowledge as well as spiritual and personal growth experiences and awareness. Because it reflects a cumulative representation of student work over the course of the program, a number of direct observations may be made from this work sample, particularly with regard to our Global Counseling Program Outcomes. Papers are assessed on thoughtful reflection of clinical knowledge, biblical/theological integration, evidence of clinical effectiveness, evidence of self-awareness, and personal application. Evaluation of 2013-2014 papers showed seven of 27 learning outcomes failed to achieve our passing threshold of 80%. In this 2015-2016 evaluation all 27 outcomes were achieved by at least 90% with most scoring 100%. Since these directly map to our Global Counseling Program Outcomes listed above, this provides strong evidence that we have made improvements and are effectively meeting our overarching goals. It seems clear that the changes implemented over this past year have resulted in a stronger demonstration of efficacy. Assignment instructions have been clarified, faculty have spent time discussing the project leading to a more unified approach, greater emphasis was added to the introductory integration class to increase learning about diversity of worldviews, and the Bible and Theology curricular offerings were revised to be more counseling specific in application. Results indicated strength in spiritual maturity and theological discernment, affirmation of student self-awareness, knowledge of self-care strategies, a commitment to serving clients with sensitivity and integrity, and an awareness of variables influencing the helping process. This outcome data provides reason to believe that the changes made were substantive and valuable toward our missional goals.

These findings were further affirmed in Professional Assessment of Candidates (PAC) outcomes which also measure student progress in terms of Global Counseling Program Outcomes. Prior to this past year the rubric was revised to more closely correlate with our global themes. Twice per year the core counseling faculty members meet to review student progress. Each student is named and evaluated individually, taking into consideration feedback from faculty (both core and adjunct), academic grades, site supervisor evaluations, case conference evaluations, student self-evaluations, and any input from the Office of Student Development. The PAC review is a holistic assessment of each individual student based upon both direct and indirect sources of information. All Global Counseling Program Outcomes were assessed to have been met at a 95-100% level giving strong validation of outcome achievement.

CACREP Clinical Mental Health Counseling Standards – Of the above-named work samples and observations a clear majority reflected data that meets or exceeds the 80% threshold established as a cut-off. It seems evident that our upgraded syllabi, improved course content, and clearer assignment instructions have effectively produced stronger results on many clinical mental health counseling standards. In this section we will look at program strengths, relative weaknesses, and include proposed action steps toward continued growth and improvement.

In CNS 505 Psychopathology, all students were evaluated based upon a diagnostic case study as a final exam. All papers were found to have effectively demonstrated appropriate use of diagnostic tools, including use of the DSM-5 to describe the symptoms and clinical presentation of clients with mental and emotional impairments. A new approach of repeated practice with case vignettes was taken in teaching CNS 505 Psychopathology this past fall. Evidence would encourage the repetition in practice of presenting case vignettes in CNS 505 as helpful in developing diagnostic expertise. It was suggested that a dual-diagnosis case vignette be added to those included in the course.

From the CNS 507 Application Project data provided strong evidence for students' awareness of methods to promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities. All standards measured by this project were in the 97-100% range. No changes are proposed to this course project as standards appear to be achieved.

Though no Clinical Mental Health Standards are measured by the CNS 512 Specialty Group Project, all knowledge outcomes exceeded the 80% threshold of achievement, suggesting knowledge of group dynamics, leadership styles, and various theories has been achieved requiring no change in content or assessment. The instructor, however, suggested a need for more awareness of how cultural factors impact the development of a group to be included in student presentations. The Advisory Board suggested that the assignment instructions explicitly require the inclusion of at least one group member from a minority group. With regard to strengthening the knowledge of group theory, it was suggested that some form of modeling of different approaches be incorporated.

Likewise, the CNS 518 Career Assessment Plan also does not include Clinical Mental Health Counseling standards, but most outcomes did demonstrate adequate knowledge with regard to career development. The one exception is career development program planning which remains somewhat lower than desired. As a remedy, the instructor suggested the interview assignment needs to be revised to clearly state expectations. The Advisory Board commented on the importance of career assessment particularly when working with high school and college aged populations. It was agreed that increased attention should be given both to the course and to strategies illustrated in case conference case presentations.

There are currently three separate assignments in the CNS 519 Treatment Planning and Outcome Assessment Strategies course which are designed to assess several Clinical Mental Health Counseling standards, including a treatment planning paper, a program development paper, and a clinical learning experience paper. All standards measured by these assessments exceeded the 80% threshold indicating an adequate knowledge and ability with regard to evidence-based treatment planning, ability to analyze and use data to increase effectiveness, and principles of program development and service delivery. This affirming data suggests the advisability of retaining the newly created course. One Advisory Board member suggested that there could be improved clarity about use of the ORS/SRS outcome data during the program. A point of action will be to create formal guidelines to be added to case conference instructions about use of the ORS/SRS outcome measures in practicum and internship clinical experience.

Several Professional Identity and Clinical Mental Health Counseling standards are measured by the final exam in CNS 525 Tests and Measurements. All outcomes suggest good understanding of assessment concepts including statistical methods, test construction characteristics, and ethical strategies for selecting and administering assessment instruments. There were, however, three standards measured by one of the questions that reflected an inadequate knowledge regarding multicultural assessment and evaluation. The Advisory Board suggested three strategies to increase student awareness: (1) add a specific vignette describing the minority culture of the client to be assessed in the exam question; (2) present students with a video modeling cross-cultural assessment; and (3) administer a test at the beginning of the course that would enhance student perception of social and cultural factors.

The dual diagnosis case write-up in the CNS 529 Counseling Addictions course demonstrated student efficacy in appropriate integration of counseling strategies when working with clients with addictions. Outcomes did not achieve the desired threshold in screening for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. It was agreed that in addition to the current assignment in CNS 529 Counseling Addictions, a co-occurring disorder case vignette will be added to the case write-ups in CNS 505 Psychopathology, as well as increased attention in the case conference classes.

Clinical Mental Health Counseling emergency preparedness standards are measured by assignments in two courses, the CNS 557 Reflection Paper and the CNS 558 Case Study with Treatment Plan. All standards measured by the two assignments demonstrated effective achievement in ability to differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. The instructor suggested more emphasis could be given to interdisciplinary team participation in client care. The Advisory Board offered two suggestions: incorporate as a part of an assignment the requirement that students choose a role in an interdisciplinary team and incorporate a role-play involving interdisciplinary team members.

The CNS 503 Family Systems requirement to map one's own family genogram appears to reflect an understanding of family development and a systems perspective. This assignment does not measure any Clinical Mental Health Counseling standards. Based upon outcome data, the course content appears to be adequate as currently structured.

The CNS 506 Legal & Ethical Issues course includes two assignments that contain assessment of Clinical Mental Health Counseling standards. The first is a reflection paper wherein students address potential points of personal vulnerability, their possible impact on the counseling process, and a self-care plan for prevention of harm or misconduct. These papers provide direct evidence of the student's ability to discern professional conduct issues, limits of competency, need for supervision, and threshold for appropriate referral, used to assess several clinical mental health standards, all of which were found to be sufficiently strong. An additional component of this course included some video recorded content describing issues of professional orientation overviewing the history of the counseling profession, professional organizations, provider roles and status, and various professional issues that affect clinical mental health counselors. Each informational section was then followed by a quiz, used to assess knowledge and understanding of clinical mental health standards pertaining thereto. The quiz scores for understanding the history and philosophy of the counseling profession as well as knowing the roles of a counselor were inadequate. The Advisory Board proposed that a new course in Professional Orientation be created to review the history of the counseling profession and the differentiation from and collaboration with other disciplines. It will include information about community resources in a multicultural society and will review accessibility of mental health services including the need to address institutional and social barriers that impede access, equity, and success. These themes occurred in other assessments as areas of relative weakness thereby highlighting the importance of implementing the creation of this course.

The Social & Cultural Research Paper required in CNS 513 Social & Cultural Foundations assesses many Clinical Mental Health Counseling standards with regard to multicultural diversity and advocacy. Outcome measures for this assignment were all 90% and above, indicating good coverage of content and understanding on the part of students. Though this data did not give indication of weakness, the following action steps may also increase strength in future assessments: To increase awareness of diversity issues: (1) a vignette will be added to the group presentation for CNS 512 asking how the group would be adapted for a person of a different culture; (2) discussion of the client's cultural background will be highlighted by case conference supervisors in case presentations; (3) a vignette geared toward a person of a minority culture will be added to the CNS 525 final exam; (4) a test will be given at the beginning of CNS 525 that the majority culture is not prepared for to illustrate the experience of diversity issues in assessment; and (5) the site supervisor luncheon next will feature a speaker to talk about how to bring diversity into supervision sessions with interns.

Supervisor evaluations – In the case conference classes on campus, each semester students present two case history write-ups, a video/audio recording of a session with that client, and a transcript of said session to play for a small group of up to seven peers and a counseling faculty member who serves as case conference supervisor. Students give verbal and written feedback to the student presenting and the faculty member provides a formal evaluation of the student's counseling skills both in assessing each presentation but also as a comprehensive assessment at the end of each semester using the form CNSF024 Intern Performance Evaluation.

Students perform clinical mental health services in community clinics and agencies around the Portland/Vancouver area, with some as far as Eugene to the south, Seattle to the north, and The Dalles to the east. Five semesters of clinical experience are required as a part of the program, including one semester of practicum and four semesters of internship. Licensed professionals from the community serve as clinical site supervisors. Each of the five semesters, the clinical site supervisor submits an evaluation of the student's clinical counseling performance. The categories for assessment are the same as the campus supervisor evaluations with an added section regarding site related competence, which includes many Clinical Mental Health Counseling standards. The students complete a self-evaluation using the same form and the three are averaged together with the exception of the Clinical Mental Health Counseling standards that are more limited to the site supervisors' evaluation.

We collected data for each of the three semesters during the 2015-2016 year. The summer semester, 2015, had the fewest students, only 14 and also the lowest scores, many falling below the 80% threshold. Interestingly, in spring semester four fell below the threshold, and by fall semester only two were below at 79% each. This seems to indicate that we are making improvements that translate into increased clinical effectiveness. Based on the data, students seem to know the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. This reflects some potential improvement in awareness of treatment planning principles subsequent to our development of the new treatment planning course based upon our previous assessment of need and affirms the decision to keep the treatment planning course as a part of the required curriculum. The lowest two standards across the three semesters were knowing public policies on the local, state, and national levels that affect the quality and accessibility of mental health services in a multicultural society and being aware of community resources. It is proposed that the new course in Professional Orientation will be created to review the history of the counseling profession and the differentiation from and collaboration with other disciplines. It will include information about community resources in a multicultural society and will review accessibility of mental health services including the need to address institutional and social barriers that impede access, equity, and success. Our projection is that as students complete the CNS 519 Treatment Planning and Outcome Assessment Strategies course along with the new Professional Orientation course, the internship evaluations on these standards, many of which are Clinical Counseling Mental Health standards, will be raised.

National Counseling Examinations – Students typically complete two national exams during their time in the program. The first is the Counselor Preparation Comprehensive Examination (CPCE) which is required before graduation. Our MA Counseling program has used this national exam as an exit exam for our graduates since 2003 and consistently produces a mean score above the national mean for other schools who also use it as an exit exam. Over the three administrations during the 2015-2016 timeframe, Western Seminary means were 100.5, 96.6, and 93.12 while the national exit means were 87.13, 87.13, and 86.16 respectively. The second exam is the National Counselor Exam (NCE) which is not required during the program but most certainly encouraged. Our MA Counseling program has offered this national exam as an option to students since 2009. On the two administrations during the 2015-2016 year, Western Seminary means were 119 and 106.70 compared to CACREP accredited school national means of 109.71 and 105.90 respectively. In our 22 years of educating hundreds of students, we are only aware of two of our graduates who failed to pass the NCE on their first attempt. We view this as a strong endorsement of the academic success of our program.

Indirect Measures:

Student program evaluations – Each spring semester students are asked to complete a program evaluation survey. Questions on this survey vary from academic experience, to licensure preparation, supervision, diagnosing and treatment planning, as well as spiritual considerations and critical thinking. We had a very good response rate of 51 students. Amazingly out of 40 questions the lowest rating was 93%. Our students were overwhelmingly positive about their experience in the program and many made very encouraging comments.

Graduate Student Survey - Surveys were conducted of graduates who had completed their degree at least one year prior so that they have had time to assess their clinical preparedness. This survey pertains most specifically to counseling skills outcomes. Nine graduates returned the survey. The lowest rating of 74% was regarding knowledge of community resources, which has been highlighted in other outcome data listed above with a proposed course of action to develop the new Professional Orientation class which will include information about community resources in a multicultural society and will review accessibility of mental health services including the need to address institutional and social barriers that impede access, equity, and success. We will also add a requirement to case conference write-ups that appropriate community resources will be included in the treatment plan. No other items in the survey fell below the 80% threshold. Graduates appear to feel well-prepared.

Summary of Assessment Findings

CACREP accreditation was granted to the Portland M.A. Counseling degree in Clinical Mental Health Counseling program at the completion of our two-year 2013-2014 program assessment. This immediate report summarizes data from 2015-2016 which in part reflects outcomes of changes made as a result of the first study, with a special focus on CACREP Clinical Mental Health Counseling Standards.

During this self-study we again sampled every assignment designed to measure course objectives and CACREP standards. On May 11, 2016, an Advisory Board was convened. All data has been analyzed for strengths and accomplishments, items for improvement, and action steps.

Program Achievements/Accomplishments

Global Counseling Program Outcomes – a commitment to a biblical worldview with application to life, ministry, and clinical service appears to be a strength of the program based upon assessment of Comprehensive Clinical Integrative Papers (CCIP), course outcomes, and PAC review data. CCIP papers, PAC review data, and student program evaluations also confirm an emphasis on advanced theological thinking particularly with regard to an integrated approach to counseling. CCIP papers, the CNS 506 paper, PAC review data, and student program evaluations all give strong support to outcomes regarding interpersonal skill, self-care, self-awareness, and social and emotional awareness.

Greater emphasis may need to be placed on interdisciplinary team work and cultural awareness in course curriculum and clinical case presentation. Evidence is strong for the excellence of clinical skill and professional practice among students. Supervisor ratings suggest the strength of the program in teaching clinical skills. This is further confirmed by CCIP papers, student program evaluations, and graduate surveys. Student test results on the CPCE and the NCE provide strong support for the program in terms of academic preparation. It would seem from our assessment of the Global Counseling Program Outcomes that we are producing students and graduates who think theologically with a biblical worldview application to life and ministry, who possess strong clinical skills, and who engage in professional practice with knowledge and integrity.

CACREP Clinical Mental Health Counseling Standards

Strengths – Assessment results indicate all CACREP Clinical Mental Health Counseling standards were achieved at a threshold of 80% or greater with the exception of six standards. A majority were strongly achieved in a range of 90-100%. These included an effective understanding and demonstration of: ethical and legal considerations; emergency mental health response to crisis, disaster, and trauma; awareness of professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health; a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision; the etiology, diagnostic process and nomenclature, evidence-based treatment, referral, and prevention of mental and emotional disorders; models and principles of program development, service delivery, and ability to develop measurable outcomes for clinical mental health counseling programs, interventions, and treatments; principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (an improvement over previous years); the importance of family, social networks, and community systems in the treatment of mental and emotional disorders; the principles of mental health, including prevention, intervention, consultation, education, and advocacy; methods to promote optimal human development; procedures for assessing and managing suicide risk; effective application of current record-keeping standards related to clinical mental health counseling (another point of improvement); appropriate integration of counseling strategies when working with clients with addiction; student awareness of own limitations and significance of supervision to sound clinical mental health practice; awareness of how living in a multicultural society affects clients who are seeking clinical mental health counseling services, including an understanding of the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client, based upon knowledge of research and literature; basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications; identification of standard screening and assessment instruments for substance use disorders and of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality; skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management (also improved by recent changes); and critical evaluation of research relevant to the practice of clinical mental health counseling. This is an impressive list of knowledge and skills successfully demonstrated by our students suggesting the strength of the program in clinical mental health counseling preparation.

Items for Improvement – While several assessments indicated student efficacy in multicultural awareness and inclusivity in treatment strategy, deficiency in knowledge of implication for assessment and the high importance of this competency merits further strengthening of our approach to training. The Advisory Board made several suggestions to be implemented:

- a vignette will be added to the group presentation for CNS 512 asking how the group curriculum would be intentionally inclusive of a group member from a diverse culture;
- case conference supervisors will be instructed to highlight discussion of the client’s cultural background in client case presentations;
- the client’s cultural background will be included in the assessment and treatment plan of case presentation formats;
- a vignette geared toward a person of a minority culture will be added to the CNS 525 final exam;
- a test will be given at the beginning of CNS 525 that the majority culture is not prepared for to illustrate the experience of diversity issues in assessment;
- a vignette will be added to CNS 505 that entails diagnostic assessment of a culturally diverse client; and
- the next site supervisor luncheon will feature a speaker to talk about how to bring diversity into supervision sessions with interns.

Growing edges may also include greater emphasis on knowing public policies and resources on the local, state, and national levels that affect the quality and accessibility of mental health services in a multicultural society, and how to appropriately practice as an interdisciplinary team member. Identified action steps include:

- add a new course entitled “Professional Orientation” that will review the history of the counseling profession and the differentiation from and collaboration with other disciplines in mental health care; it will include information about community resources in a multicultural society and will review accessibility of mental health services including the need to address institutional and social barriers that impede access, equity, and success;
- a requirement will be added to case conference presentations that write-ups must include appropriate community resources in the treatment plan
- incorporate as a part of the assignment in CNS 558 the requirement that students describe a role they play as a part of an interdisciplinary team; and
- in CNS 558 incorporate a role-play involving interdisciplinary team members.

While data pertaining to understanding of the disease concept and etiology of addictions demonstrated efficacy, the Advisory Board agreed that more attention to co-occurring disorders and dual diagnosis would improve student knowledge and performance. Actions steps identified:

- a co-occurring disorder case vignette will be added to the case write-ups in CNS 505 Psychopathology; and
- case conference supervisors will be instructed to give increased attention and discussion to co-occurring disorders in the case conference classes.

It was agreed that career development program planning needs more emphasis, particularly since this has become increasingly important when working with high school and college aged populations. To address the issue, it was suggested that:

- the curriculum for CNS 518 be reviewed for greater emphasis of this skill;

- the instructor should revise the interview assignment to clearly state expectations; and
- increased attention should be to strategies illustrated in case conference case presentations.

Finally, to increase awareness of the history and philosophy of the counseling profession, the above-described creation of a Professional Orientation class will be specifically tasked with this goal.

Concluding Summary

Implications of this program assessment suggest that there are many areas of strength as demonstrated in our global counseling program outcomes and CACREP Clinical Mental Health Counseling standards. Students and graduates of the program reflect positive evaluations of their educational experience. Supervisors observe the strong clinical work being conducted by interns. The program seems to be effective in preparing practitioners of personal integrity who will provide effective, ethical, culturally inclusive, professional counseling from a Christian worldview. Our efficacy has been improved by incorporation of suggestions from our previous assessment and the CACREP visiting team. We trust that it will continue to be enhanced by implementation of these proposed changes. As a reflection of our desire to see client resiliency, wellness, strength, and continued growth, we wish to model these values in our approach to program assessment and development anticipating future positive characteristics in the form of competent students and graduates.