
INSTITUTIONAL EFFECTIVENESS

SUCCESSFUL STRATEGIES FOR COMPLIANCE

PRINCIPLES OF ACCREDITATION: 3.3.1.1 (R 8.2.A), 3.5.1 (R 8.2.B), 3.3.1.3 (R 8.2.C), 2.5 (R 7.1) AND 3.3.1.2 (R 7.3)

**2017 Virginia Regional Accreditation Symposium
Richmond, VA**

Panelists:

Susan Bosworth, College of William & Mary

Jackie Bourque, Reynolds Community College

Geoffrey C. Klein, Christopher Newport University

Tisha Paredes, Old Dominion University

PANELISTS

Geoffrey C. Klein

Vice Provost for Research, Graduate
Studies and Assessment
Christopher Newport University
Reaffirmation class of 2017

Susan Bosworth

Associate Provost Institutional
Accreditation & Effectiveness
College of William & Mary
Reaffirmation class of 2016

Jackie Bourque

Director, Office of Institutional
Effectiveness
Reynolds Community College
Reaffirmation class of 2020

Tisha Paredes

Assistant Vice President for Institutional
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Old Dominion University
Reaffirmation class of 2023

HISTORICAL INSTITUTIONAL COMPLIANCE WITH IE STANDARDS

Review Stage I: (Off-site)

	2016 (N=87)	2015 (N=81)	2014 (N=83)	2013
CR 2.5				
CS 3.3.1.1	64% (2)	60% (2)	61% (2)	64% (2)
CS 3.3.1.2	52% (4)	49% (3)	40% (6)	52% (7)
CS 3.3.1.3	55% (3)	47% (5)	37% (8)	53% (5)
CS 3.5.1			35% (10)%	45% (10)%

Review Stage III: (C&R/BOT)

	2016 (N=87)	2015 (N=81)	2014 (N=83)	2013
CR 2.5				
CS 3.3.1.1	22% (1)	16% (1)	12% (1)	21% (1)
CS 3.3.1.2	6% (3)	6% (3)	6% (2)	13% (2)
CS 3.3.1.3	8% (2)	6% (4)	6% (3)	12% (4)
CS 3.5.1	6% (5)	6% (5)	4% (8)	13% (3)

XX% – Percent institutions in non-compliance

(X) – Review Stage Rank

Institutional Effectiveness standards consistently rise to the top of the most frequently cited Principles.

Data extracted from 10 Most Frequently cited Principles in Decennial Reviews created by Dr. Alexei Matveev, Director of Training and Research (<http://www.sacscoc.org/research.asp>)

IE: TRANSITION OVERVIEW

R 8.2a (from CS 3.3.1.1) educational programs

R.8.2.b (from CS 3.5.1) general education competencies

R 7.3 (from CS 3.3.1.2) administrative support services

R 8.2.c (from CS 3.3.1.3) academic & student services

R 7.1 (from CR 2.5)

If relevant to mission: CS 3.3.1.4 – research

CS 3.3.1.5 – community/ public service

R.8.1 (modified from FR 4.1) student achievement

INSTITUTIONAL EFFECTIVENESS: EDUCATIONAL PROGRAMS

Current: 3.3.1.1

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: educational programs, to include student learning outcomes.

Proposed 8.2.a.

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of **seeking** improvement based on analysis of the results in each of the following areas: student learning outcomes for each of its educational programs.

GENERAL EDUCATION COMPETENCIES

Current: 3.5.1

The institution identifies college-level general education competencies and the extent to which students have attained them.

(General education competencies)

Proposed: 8.2.b

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of **seeking** improvement based on analysis of the results in each of the following areas: student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.

(Student outcomes: general education)

SUCCESSFUL STRATEGIES FOR COMPLIANCE

- Address all aspects of the standard
- Use *Resource Manual for the Principles of Accreditation: Foundations for Quality Enhancement (2012)*
 - *Guiding statements to assist institutions to document compliance*
 - *Relevant questions for consideration*
 - *Required documentation*

EXPECTATIONS

- IE demonstrated for **all** diplomas, certificates, and undergraduate and graduate educational degree **programs**
- **On-going** planning and assessment
- Assessment methods **appropriate** to the nature of the discipline and **consistent over time**
- Results affirm achievement of **mission/used to inform decisions** about curricular and programmatic revisions

EXPECTATIONS

- Program/learning outcomes and assessment methods evaluated/revised at appropriate intervals
- Sampling
 - representative of mission
 - valid cross-section of programs from every division and at each degree level

EXPECTATIONS

- No “one size fits all”
- **Mature data** - sufficient information for sound decision making
- Evidence of **improvement, based on analysis of assessment results**, as opposed to a plan for improvement



REYNOLDS EXAMPLES FIFTH-YEAR INTERIM REPORT



ACADEMIC PROGRAM PLANNING, ASSESSMENT, AND REVIEW

- Annual planning and assessment
- Program-specific learning outcomes (SLOs)
- General education core competencies
- Five-year cycle of curriculum review
- Annual program health review
- Alternative formats
 - Distance learning
 - Dual enrollment
 - Other off-campus, not dual

Table 3.3.1.1-3: Documentation of Student Learning Outcomes Assessment and Use of Results for Continuous Improvement

Program	Curriculum Map	Weave Report 2013-14	Weave Report 2014-15	Use of Results for Improvement
Social Sciences AS	CMAP	2013-14	2014-15	2013-15
Science AS – Mathematics Specialization	CMAP	2013-14	2014-15	2013-15
Engineering AS	CMAP	2013-14	2014-15	2013-15
Business Administration AS	CMAP	2013-14	2014-15	2013-15
Early Childhood Development AAS	CMAP	2013-14	2014-15	2013-15
Human Services AAS	CMAP	2013-14	2014-15	2013-15
Culinary Arts AAS	CMAP	2013-14	2014-15	2013-15
Paralegal AAS - Litigation Specialization	CMAP	2013-14	2014-15	2013-15
Nursing AAS	CMAP	2013-14	2014-15	2013-15
Respiratory Therapy AAS	CMAP	2013-14	2014-15	2013-15
Automotive Technology AAS	CMAP	2013-14	2014-15	2013-15
Fire Science Technology Certificate	CMAP	2013-14	2014-15	2013-15
Dental Assisting Certificate	CMAP	2013-14	2014-15	2013-15
Dental Lab Technology CSC	CMAP	2013-14	2014-15	2013-15
American Sign Language (ASL) CSC	CMAP	2013-14	2014-15	2013-15
Real Estate CSC	CMAP	2013-14	2014-15	2013-15
Information Systems Technology (IST) Network Engineering CSC	CMAP	2013-14	2014-15	2013-15
Information Systems Technology (IST) Microsoft Network Administration CSC	CMAP	2013-14	2014-15	2013-15

Table 3.3.1.1-1: General Education Core Competency Assessments

Competency	Instrument	Latest VCCS/Reynolds Report (General Education Assessments folder)
Oral Communication	Faculty-scored rubric, National Communication Association Competent Speaker Speech Evaluation Form	<u>2012-13</u>
Written Communication	Faculty-scored rubric, Council of Writing Program Administrators	<u>2009-2010</u>
	ETS Proficiency Profile	<u>2012-2014;</u> <u>2014-2015</u>
Critical Thinking	Test of Everyday Reasoning	<u>2013-2014</u>
	ETS Proficiency Profile	<u>2012-2014;</u> <u>2014-2015</u>
Cultural and Social Understanding	Reynolds Developed Assessment Instrument	<u>2013-2014</u>
Information Literacy	Information Literacy: ETS iSkills; Information Literacy Test (ILT), Madison Assessment LLC	<u>2010-2011</u> 2011-2012*
Personal Development	Reynolds Developed Assessment Instrument	<u>2012-2014</u>
Personal Wellness	Reynolds Developed Assessment Instrument	<u>2012-2013</u>
Quantitative Reasoning	Quantitative Reasoning (QR-9), Madison Assessment LLC	<u>2014-2015</u>
	ETS Proficiency Profile	<u>2012-2014;</u> <u>2014-2015</u>
Scientific Reasoning	Scientific Reasoning Test (SR-9), Madison Assessment LLC	2010-2011*

Table 3.3.1.1-4: Five-Year Curriculum Review Process

Year	Curriculum Review Report	Current Student Survey Results	Recommendations	Program's Response/Plan for Improvement
2014-2015	<u>Engineering AS</u>	<u>2014</u>	<u>2015</u>	Response will be written in Fall 2015 for these programs.
	<u>General Education Cert</u>		<u>2015</u>	
	<u>Human Services AAS</u>	<u>2014</u>	<u>2015</u>	
	<u>Medical Laboratory Technology AAS</u>	<u>2014</u>	<u>2015</u>	
	<u>Paralegal Studies AAS - General Practice Specialization</u>	<u>2014</u>	<u>2015</u>	
	<u>Paralegal Studies AAS - Litigation Specialization</u>	<u>2014</u>	<u>2015</u>	
	<u>Social Sciences AS</u>	<u>2014</u>	<u>2015</u>	
2013-2014	<u>Hospitality Management AAS - Food Service Management Specialization</u>	<u>2013</u>	<u>2013-14</u>	<u>2014-15</u>
	<u>Hospitality Management AAS - Entrepreneurship Specialization</u>		<u>2013-14</u>	<u>2014-15</u>
	<u>Hospitality Management AAS - Lodging Operations Specialization</u>		<u>2013-14</u>	<u>2014-15</u>
	<u>Liberal Arts AA</u>	<u>2013</u>	<u>2013-14</u>	<u>2014-15</u>
	<u>Opticianry AAS</u>	<u>2013</u>	<u>2013-14</u>	None required

**SACS Compliance Review Committee
Review of Drafts**

Requirement Number: _____ **Reviewer:** _____ **Date:** _____

Refer to the [Resource Manual for the Principles of Accreditation: Foundations for Quality Enhancement](#) for relevant questions that should be answered and sample documentation. Click here for the [latest version](#) of the Principles.

A. Rate the Narrative on the Following:

1. **Completeness** – Does the narrative address all aspects of the requirement?

___ **Yes**, complete

___ **No**, needs improvement. Specify what aspect(s) of the requirement are not addressed:

2. **Accuracy** – Does the narrative contain accurate information to the best knowledge of the reviewer?

___ **Yes**, accurate

___ **No**, needs improvement. Specify what information is or may be inaccurate:

3. **Substantiation** -- Is the documentation adequate to substantiate the statements in the narrative?

___ **Yes**, substantiated

___ **No**, needs improvement. Specify what additional documentation is needed:

RATE THE NARRATIVE FOR ...

1. **Completeness** – Does the narrative address all aspects of the requirement?
2. **Accuracy** – Does the narrative contain accurate information to the best knowledge of the reviewer?
3. **Substantiation** -- Is the documentation adequate to substantiate the statements in the narrative?
4. **Completeness** – Does the narrative address all aspects of the requirement?
5. **Readability** – Is the narrative easy to read for an outside reviewer or non-content expert?

RATE THE DOCUMENTATION ON ...

1. **Availability** – Was the cited documentation provided or accessible?
2. **Thoroughness and relatedness** – Is the documentation thorough or is there documentation that you think should be added or is there documentation that does not seem relevant?

ASSESSMENT OF COMPLIANCE

Do you agree with the writer's assessment of the level of compliance?

_____ **Yes**

_____ **No** If not, what is your assessment of the level of compliance and why?

_____ **Compliance** _____ **Non-Compliance**

R 8.2.C DECONSTRUCTED

The institution identifies (1) expected outcomes, (2) assesses the extent to which it achieves these outcomes, **and** (3) provides evidence of seeking improvement based on analysis of the results in each of the areas below:

- c. academic **and** student services that support student success

IE: ACADEMIC & STUDENT SERVICES

Useful tips from the SACSCOC Resource Manual
Institutions ...

- “determine the organizational levels at which assessment is useful and efficient.”
- “are expected to use multiple assessments”

Academic & Student services “normally include such activities as living/ learning resources, tutoring, financial aid, residence life, student activities, dean of students’ office, etc.”

Related standards: 2.5 (R 7.1), 2.9 (R 11.1), 2.10 (R 12.1)

IE: ACADEMIC & STUDENT SERVICES

Narrative should:

- ✓ address mission (supportive learning environment)
- ✓ address institutional level (strategic plan)
- ✓ address unit level (variety of relevant units/programs)
- ✓ provide examples of IE, supplemental attachments
- ✓ demonstrate compliance for each unit:
 - Expected outcomes
 - Assessment
 - Improvement **BASED ON** assessment results

IE: ACADEMIC & STUDENT SERVICES

W&M presented:

- Alignment with mission
- Strategic planning process & dashboard measures
- Decentralized/organic IE approach at unit level
 - Units/programs to support students
 - Units/programs to support faculty
- Grants related to support services

INSTITUTIONAL EFFECTIVENESS

OLD (CR 2.5) VS REVISED PRINCIPLE (R 7.1)

**CR
2.5**

The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; (3) demonstrates the institution is effectively accomplishing its mission.

**R
7.1**

The institution engages in **ongoing, comprehensive, and integrated** research-based planning and evaluation processes that (a.) focus on **institutional quality and effectiveness** and (b.) incorporate a **systematic review** of institutional **goals** and **outcomes** consistent with its **mission**.

DO'S AND DON'TS



Do show planning is a university-wide effort—inclusive of all stakeholders (e.g. faculty, staff, and university leadership)



Do include results and interventions implemented to illustrate accomplishment of mission



Do illustrate linkage between institutional planning and mission



Do demonstrate connection between budget planning and resource allocation and institutional effectiveness



Do include research and community/public service, if applicable



Don't forget about any components of the standard



Don't write an unfocused, unclear, or incoherent narrative.



Don't write this narrative in a vacuum.

CHRISTOPHER NEWPORT UNIVERSITY APPROACH

- Christopher Newport has no central Office of Institutional Effectiveness; therefore, constructing response took the efforts of several individuals and offices (Vice Provost, Provost, Chief of Staff, and Director of Assessment)

Christopher Newport University Narrative:

Mission and Vision

Strategic Plan Development
and Evaluation

Continuous Improvement in
Institutional Quality

Strategic Plan Development and Evaluation

- Described inclusive Strategic Plan development
 - Long-term Plan
 - SCHEV Six-Year Plan
 - Annual Evaluation of Progress
- IE and Budget Planning
- Systematic Assessment Processes

Excerpt of Evidence linking long-term strategic plan and Six-year Plan

Long-Term Strategic Plan Priorities

SCHEV Six-Year Plan Priorities

University Long-Term Strategic Plan	Priority I: A vital Curriculum. An excellent liberal learning curriculum, providing students a rigorous higher education rooted in the liberal arts and sciences and responding to the values inherent in the University's mission.	Priority II: A culture of student learning and engagement. Independent, disciplined, and dedicated students committed to learning, scholarship, and civic responsibility in a community of honor.	Priority III: An inspired Faculty. An exceptional faculty of respected teacher-scholars who thrive in a community of honor committed to liberal learning and civic responsibility.	Priority IV: A purposeful campus community. A safe, aesthetically pleasing campus of beauty and function that promotes community and achievement as well as intellectual and social engagement.	Priority V: An engagement between the campus and the larger community. A dynamic University community whose members will transform and energize the cultural, intellectual and economic lives of the region.
SCHEV Six-year Plan 2016-2022					
Priority 1: Student Success		X			
Priority 2: Affordable Access		X	X	X	X
Priority 3: Study Abroad (Academic Pillar)		X			
Priority 4: Undergraduate Research (Academic Pillar)		X	X		
Priority 5: 'Service Distinction' Program (Academic Pillar)		X			X
Priority 6: Internships (Academic Pillar)		X			
Priority 7: Library Enhancement		X	X	X	
Priority 8: The President's Leadership Program		X			X
Priority 9: Honors Program	X	X			
Priority 10: STEM Programs	X				
Priority 11: Interdisciplinary Programs	X				
Priority 12: Faculty Expansion			X		

Continuous Improvement in Institutional Quality

Focused on data, interventions for improvement, and results

Priority I: A Vital Curriculum

Priority II: A Culture of Student Learning and Engagement

Priority III: An Inspired Faculty

Priority IV: A Purposeful Campus Community

Priority V: An Engagement Between the Campus and the Larger Community

3.3.1.2 AND 7.3 – WHAT IS THE DIFFERENCE?

☞ “The institution identifies **expected outcomes**, assesses the extent to which it **achieves these outcomes**, and **provides evidence of improvement** based on analysis of the results in the following area:

- administrative support services.

☞ “The institution identifies **expected outcomes** of its administrative support services and demonstrates **the extent to which the outcomes are achieved.**”

☞ Improvements are part of Section 7.

WHAT ARE “ADMINISTRATIVE SUPPORT SERVICES”?

☞ Activities and units that directly support University operations, but do not directly support student learning initiatives

☞ Academic Affairs

☞ Administration & Finance

☞ Human Resources

☞ President’s Office

☞ University Advancement

MOST FREQUENTLY CITED PRINCIPLES (2016)

Off-Site		
Rank	Standard	% of Institutions in Non-compliance
1.	3.7.1 (Faculty Competence)	93%
2.	3.3.1.1 (Educational Programs)	64%
3.	3.3.1.3 (Educational Support)	55%
4.	3.3.3.1.2 (Administrative Units)	52%
5.	3.2.14 (Intellectual Property Rights)	49%

On-Site		
Rank	Standard	% of Institutions in Non-compliance
1.	3.3.2 (QEP)	59%
2.	3.3.1.1 (Educational Programs)	30%
3.	3.7.1 (Faculty Competence)	30%
4.	3.3.1.3 (Educational Support)	18%
5.	3.3.3.1.2 (Administrative Units)	16%

COMMON ISSUES

☞ Data not used for improvement

☞ Immature data

☞ Limited data

- Units should drill down further to find meaningful, actionable results that can be used to fine-tune the program / unit.

- 100% satisfied
- All audits completed on time
- 100 new donors



What does this tell us?

☞ Not explicitly connecting outcomes to institutional mission or strategic plan

ASSESSMENT EXAMPLES

👑 Focus on efficiency and effectiveness

- Customer service
- Metrics (counts)
- Fiscal responsibility
- Audits

COMMON ISSUES

- Not addressing each part of standard.....or addressing more than the standard
- Not including all types of educational programs (e.g. certificate program, online and off-campus options)
- Inadequate sampling or lack of sample justification
- Inconsistent narratives between related standards
- Lack of table/graph/template description and/or interpretation
- Hyperlinks don't work
 - Provide static documents (i.e. pdf to relevant websites)
- Unclear narrative
 - No clear articulation of changes to IE processes (e.g. committee name changes)
 - Unexplained acronyms and abbreviations
- **BE EXPLICIT**– do not assume anything

Questions?

