Accountability, Accreditation, Strategic Planning, and Institutional Effectiveness
The Accreditation Process

ACCOUNTABILITY – to those who govern and provided funding for:
  • resources used
  • Goods, services or outcomes produced
Evidenced by various tests showing mastery of minimum level of skills

ACCREDITATION – of programs, i.e. Nursing, Electrical Engineering

EFFECTIVENESS – total university
The Accreditation Process

6 Regional Institutional Accrediting Agencies:
1. Middle States Association of Schools and Colleges (MSCHE)
2. New England Association of Schools and Colleges (NEASC)
   - NEASC-CIHE
   - NEASC-CTCI
3. North Central Association of Schools and Colleges (NCA)
4. Northwest Commission on Colleges and Universities (NWCCU)
5. Southern Association of Schools and Colleges (SACS)
6. Western Association of Schools and Colleges (WASC)
   - WASC-ACCJC
   - WASC-ACSCU
The Accreditation Process

Once Every Ten Years:

-SACS (Southern Association of Colleges and Schools) reaffirms colleges and universities for its region:
   11 states and those in Latin America
States = Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia
The Accreditation Process

We must be reaffirmed by Southern Association of Colleges and Schools (SACS)

Accreditation is important because without it, schools can’t
• receive funding
• receive Financial Aid
• transfer credits
The Accreditation Process

Tuskegee University Reaffirmation Timeline
<table>
<thead>
<tr>
<th>TARGET</th>
<th>COMPLIANCE CERTIFICATION REPORT (CCR) Activities/Next Steps</th>
<th>QUALITY ENHANCEMENT PLAN (QEP) Activities/Next Steps</th>
<th>GENERAL Activities/Next Steps</th>
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</thead>
<tbody>
<tr>
<td>July 2016</td>
<td>Subcommittee chairs training (Campus Labs Compliance Assist, Supporting Documentation, Relevant Questions)</td>
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<tr>
<td>October 2016</td>
<td>Pre-Audit Conducted (First draft of CCR due)</td>
<td>QEP Topic Selection Team established</td>
<td>Compliance Assist Set-up for reaffirmation</td>
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<tr>
<td>December 2016</td>
<td>Pre-Audit Conducted (Second draft of CCR due)</td>
<td>QEP Topic Selection Team Meetings</td>
<td>SACSCOC Annual Meeting (Atlanta, GA)</td>
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<tr>
<td>February 2017</td>
<td>Compliance Certification Standards Audited</td>
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<tr>
<td>March 2017</td>
<td>Individual Meetings with SACSCOC writing teams Compliance Standards for narrative and supporting documentation</td>
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<tr>
<td>March 2017</td>
<td>Individual writing teams received and reviewed progress reports/rubrics for assigned completion of SACSCOC Compliance Standards with specific deadlines</td>
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<tr>
<td>April 2017</td>
<td>Editing SACSCOC Second Monitoring Report; meeting with monitoring report Individual writers</td>
<td>QEP Surveys Disseminated, Data Analyzed (faculty, staff, alumni, and students)</td>
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<tr>
<td>April 2017</td>
<td>Preparing SACSCOC Second Monitoring Report for submission</td>
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<tr>
<td>April 2017</td>
<td>Compliance Certification Standards Weekly Preparation</td>
<td>QEP Focus Groups Conducted, Data Analyzed and Disseminated (April 24-27)</td>
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<tr>
<td>May 2017</td>
<td>SACSCOC Second Monitoring Report Submitted</td>
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<tr>
<td>May 2017</td>
<td>Deadline for writing teams to enter information into Compliance Assist</td>
<td>QEP Team review of faculty presentations for QEP</td>
<td>SACSCOC On-Site Visit Committee Monthly Meetings Begin</td>
</tr>
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<td>COMPLIANCE CERTIFICATION REPORT (CCR) Activities/Next Steps</td>
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<tr>
<td>June 2017</td>
<td>Daily auditing, preparation of CCR narrative</td>
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<tr>
<td>June 2017</td>
<td>Preparation of CCR narrative and supporting documentation; Faculty Credentialing, Faculty Evaluations and Documentation Upload into Compliance Assist</td>
<td>QEP TOPIC SELECTION Team Narrows down QEP topic</td>
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<tr>
<td>June 2017</td>
<td>SACSCOC/Planning update Meeting June 7th and 8th with writing teams/campus representatives</td>
<td>Top Selection Team finalizes QEP topic</td>
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<tr>
<td>June-July 2017</td>
<td>Compliance Certification sent to outside reviewer(s)</td>
<td>QEP topic approved by Team</td>
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<tr>
<td>July 2017</td>
<td>Compliance Certification feedback received from outside reviewer(s); Begin revisions based on reviewer feedback</td>
<td>QEP Development Team appointed and planning activities commence</td>
<td>SACSCOC Summer Institute (Austin, TX)</td>
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<tr>
<td>August 2017</td>
<td>Editors begin review of Compliance Certification</td>
<td>QEP topic announced to campus</td>
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<td></td>
<td>Final Editing of Compliance Certification</td>
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<tr>
<td>September</td>
<td>Submit Compliance Certification</td>
<td>Conduct research, develop, plan, and write QEP</td>
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<td>November</td>
<td>Off-Site Committee Review</td>
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<tr>
<td>Six-Weeks Before On-Site Visit</td>
<td>Respond to any Off-Site Committee Report</td>
<td>Submit QEP</td>
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<tr>
<td>March 2018</td>
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<td>On-Site Visit</td>
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<tr>
<td>April 2018</td>
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<td>On-Site Results</td>
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<tr>
<td>September-October 2018</td>
<td></td>
<td>On-Site Report Adjustments (if necessary)</td>
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<tr>
<td>December 2018</td>
<td></td>
<td>SACSCOC Reaffirmation Decision Annual Meeting</td>
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SACS Requirements

Core Requirement 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, and
(3) **demonstrate** that the institution is **effectively accomplishing its mission** (Institutional Effectiveness).”
“Continuing improvement in institutional quality”

We prove that the SACS Core requirement 2.5 has been satisfied through outcomes:
• learning outcomes
• Administrative outcomes
• Program outcomes
So Tuskegee University must put in place

... 

Ongoing, integrated, and institution-wide research-based planning and evaluation processes that include:

a **systematic review** of institutional mission, goals and outcomes
Which results in **continuing improvement** in institutional quality
And **demonstrates** that the **institution is effectively accomplishing its mission**
So Tuskegee University must put in place

• A list of expected outcomes and assessment of those outcomes

• Evidence of improvement, based on analysis of those outcome results in each of the following areas:
  - educational programs (student learning outcomes at the program and individual level)
  - administrative support services
  - educational support services
WHY?

• Are we doing this only because of SACS?
• Shouldn’t we periodically take a serious look at our students?
• Are they learning?
• Who is learning best?
• Are they achieving the outcomes we expected?
• Should we make changes in programs and services?
• Do we need more in-depth services?
• Do we need a new curriculum?
HOW?

Strategic Planning

- Strategic Planning begins with a mission and culminates in the realization of a vision.
- It is specific, measurable, and focused on a relatively small set activities that guide operational decisions and strategic budget priorities.
- It is also an activity that benefits most form large scale support from every member of the organization and those it seeks to serve.
Strategic Planning
Annual Goal Setting

- The University establishes strategic goals through the strategic planning process (Board and Cabinet approve every fall)
- Individual units set performance objectives to support the University’s goals in the Spring
- Mid-year and end-of-year progress reports are made (December and May/June)
- The Institutional Effectiveness Report
Strategic Planning

Annual Program Review

- All University units are reviewed
  - All instructional programs (a portion each year over a five year cycle)
  - All Administrative Services units
• “If you didn’t document it, it never happened…”

The clinician’s mantra
The Assessment Cycle

1. Collect Data
2. Analyze Data
3. Identify/Revise Means of Assessment
4. Identify/Revise Student Learning Outcomes
5. Plans/Changes

Five Column Nichols Model
Assessment Methods Used at TU

• Examination of student work
  – Capstone projects
  – Essays, papers, oral presentations
  – Scholarly presentations or publications
  – Portfolios
  – Locally developed examinations

• Major field or licensure tests

• Measures of professional activity
  – Performance at internship, placement, sites
  – Supervisor evaluations

• Miscellaneous Indirect Measures
  – Satisfaction/evaluation questionnaires
  – Placement analysis (graduate or professional school, employment)
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Assessment Methods Used at TU

- Faculty review of the curriculum
  - Curriculum audit
  - Analysis of existing program requirements
- External review of curriculum
- Analysis of course/program enrollment, drop-out rates
Analyzing and Interpreting Data

• General Issues
  • Think about how information will be examined, what comparisons will be made, even before the data are collected
  • Provide Descriptive information
    – Percentages (‘strongly improved’, ‘very satisfied’)
    – Means, medians on examinations
    – Summaries of scores on products, performances
  • Provide Comparative information
    – External norms, local norms, comparisons to previous findings
    – Comparisons to Division, College norms
    – Subgroup data (students in various concentrations within program; year in program)
Interpretations

- Identify patterns of strength
- Identify patterns of weakness
- Seek agreement about innovations, changes in educational practice, curricular sequencing, advising, etc. that program staff believe will improve learning
Closing the Loop: The Key Step

- To be meaningful, assessment results must be studied, interpreted, and used
- Using the results is called “closing the loop”
- We conduct outcomes assessment because the findings can be used to improve our programs
Why Close the Loop?

- To Inform Program Review
- To Inform Planning and Budgeting
- To Improve Teaching and Learning
- To Promote Continuous Improvement
What is ‘Closing the Loop’?

• The last stage of the assessment cycle
• Taking time to reflect on assessment results
• Documenting what changes were made
• Examining whether the implemented changes have been successful or unsuccessful
• Discussing the next steps
How to ‘Close the Loop’

• Be specific and document
• After implementing action plan reassess student progress
  – Improvement occurred
  - Document progress
  – Improvement did not occur
• Make modifications to current plan
• Develop new action plan
• Continue to assess but document process
Closing the Loop is…

• Strategizing for improvement purposes

• Implementing strategies to determine whether it has intended effect

• Demonstrating that a strategy had a return on investment

• Usually the most challenging aspect of the assessment process
Points for Continuous Improvement

✓ Choice of Measures

✓ Review and Analysis of Assessment Findings

✓ Evidence of Improvement
Measures

• Why were these measures chosen?

• How does your measure align with your outcome?

• Does this measure provide you with efficient/sufficient data?

• Does this measure provide you with strengths and weaknesses?

• Is the instrument appropriate for the type of data you need?
Review and Analysis of Findings…

• Has your unit discussed the findings as a group? (Include dates)
• Do findings show data that align with your outcomes and measures?
• Do findings give you insight on improvements made in the past?
• What do the findings demonstrate regarding the effectiveness of your unit?
  o Can you identify areas of strengths or weaknesses (needing improvement)?
• What specific actions will you take for improvement?
• Have you addressed every outcome and measure?
Review and Analysis of Findings…

• SACSCOC is not concerned about perfect data or perfection in general

• Analysis as a team is important

• Discuss why you do not have results for multiple years or no data at all

• Speak of successes as well as areas that need improvement

• Speak about your assessment processes/methods
What SACSCOC Reviewers Do Not Want to See…

• “We met our benchmark, therefore no change is needed”

• “We plan to discuss ways to improve”

• “Everything was out of our hands, so we cannot do anything to improve”

• “We do not have access to our data,”

• “Somebody else wrote the report, ”
Evidence of Improvement

• What improvement strategies did you mention in the past?

• What do your findings tell you about strategies implemented in the year?

• How did you “close the loop”?

• What was successful? What wasn’t?

• Is it too soon to tell whether a strategy worked or not?
Closing the loop

• Closing the loop is the most important step in the institutional effectiveness cycle
• It involves analyzing data and then modifying strategies as needed to better achieve measurable objectives.
• Plans and assessments are not judged by whether or not measurable objectives were achieved – but by whether or not a documented effort was made, data analyzed, and appropriate changes made to the strategies in order to better achieve measurable objectives in the future.