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

TARGET	COMPLIANCE CERTIFICATION REPORT (CCR) Activities/Next Steps	QUALITY ENHANCEMENT PLAN (QEP) Activities/Next Steps	GENERAL Activities/Next Steps
July 2016	Subcommittee chairs training (Campus Labs Compliance Assist, Supporting Documentation, Relevant Questions)		
October 2016	Pre-Audit Conducted (First draft of CCR due)	QEP Topic Selection Team established	Compliance Assist Set- up for reaffirmation
December 2016	Pre-Audit Conducted (Second draft of CCR due)	QEP Topic Selection Team Meetings	SACSCOC Annual Meeting (Atlanta, GA)
February 2017	Compliance Certification Standards Audited		
March 2017	Individual Meetings with SACSCOC writing teams Compliance Standards for narrative and supporting documentation		
March 2017	Individual writing teams received and reviewed progress reports/rubrics for assigned completion of SACSCOC Compliance Standards with specific deadlines		
April 2017	Editing SACSCOC Second Monitoring Report; meeting with monitoring report Individual writers	QEP Surveys Disseminated, Data Analyzed (faculty, staff, alumni, and students)	
April 2017	Preparing SACSCOC Second Monitoring Report for submission		
April 2017	Compliance Certification Standards Weekly Preparation	QEP Focus Groups Conducted, Data Analyzed and Disseminated (April 24th-27th)	
May 2017	SACSCOC Second Monitoring Report Submitted		
May 2017	Deadline for writing teams to enter information into Compliance Assist	QEP Team review of faculty presentations for QEP	SACSCCOC On-Site Visit Committee Monthly Meetings Begin

7

TARGET	COMPLIANCE CERTIFICATION REPORT (CCR) Activities/Next Steps	QUALITY ENHANCEMENT PLAN Activities/Next Steps	GENERAL Activities/Next Steps
June 2017	Daily auditing, preparation of CCR narrative		
June 2017	Preparation of CCR narrative and supporting documentation; Faculty Credentialing, Faculty Evaluations and Documentation Upload into Compliance Assist	QEP TOPIC SELECTION Team Narrows down QEP topic	
June 2017	SACSCOC/Planning update Meeting June 7th and 8th with writing teams/campus representatives	Top Selection Team finalizes QEP topic	
June-July 2017	Compliance Certification sent to outside reviewer(s)	QEP topic approved by Team	
July 2017	Compliance Certification feedback received from outside reviewer(s); Begin revisions based on reviewer feedback	QEP Development Team appointed and planning activities commence	SACSCOC Summer Institute (Austin, TX)
August 2017	Editors begin review of Compliance Certification	QEP topic announced to campus	
	Final Editing of Compliance Certification		
September	Submit Compliance Certification	Conduct research, develop, plan, and write QEP	
November	Off-Site Committee Review		
Six-Weeks Before On-Site Visit	Respond to any Off-Site Committee Report	Submit QEP	
March 2018			On-Site Visit
April 2018			On-Site Results
September- October 2018			On-Site Repot Adjustments (if necessary)
December 2018			SACSCOC Reaffirmation Decision Annual Meeting
January 2019			Official Letter of Reaffirmation of Accreditation 2019-2029

8

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
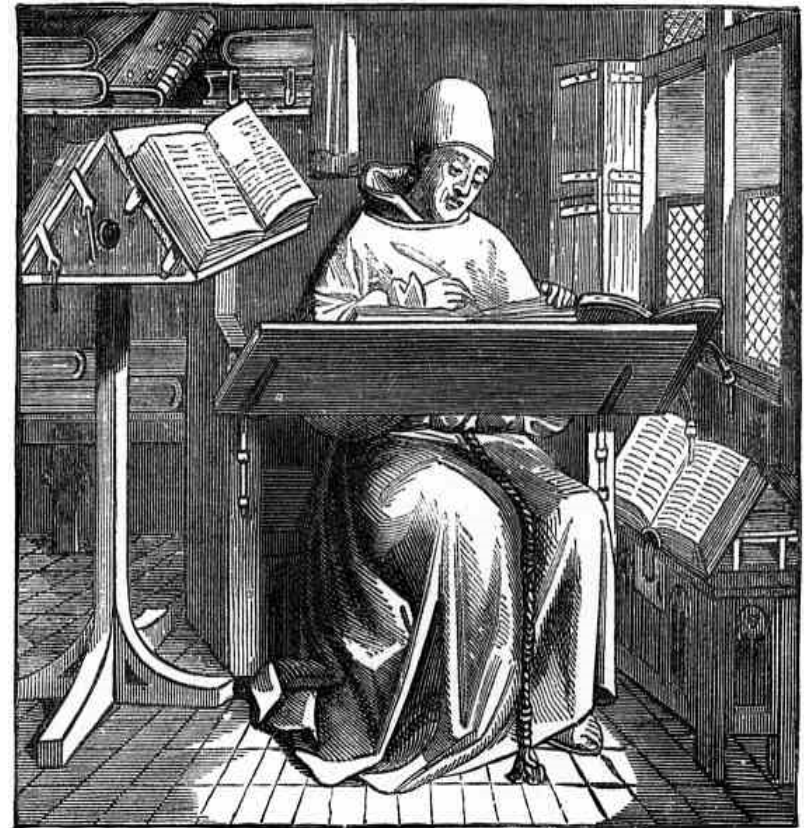
- <u>All</u> University units are reviewed
  - All instructional programs (a portion each year over a five year cycle)
  - All Administrative Services units

Document Your Work!
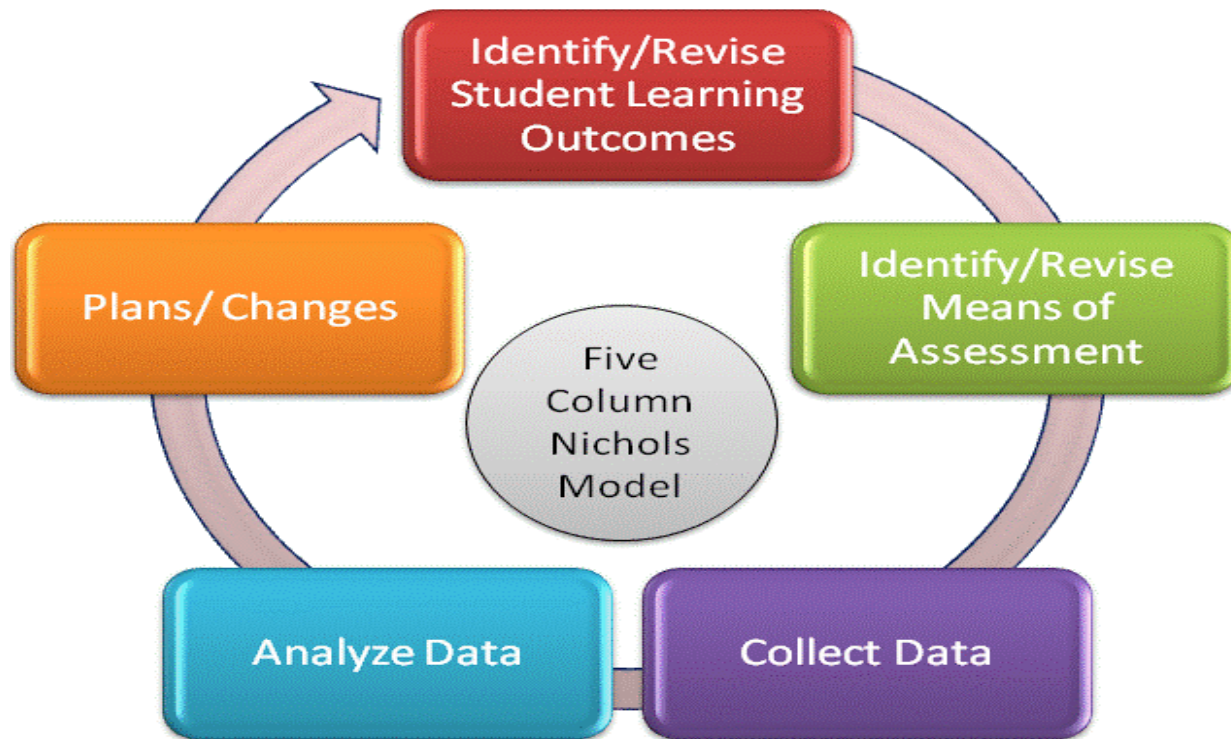
- "If you didn't document it, it never happened…"

  The clinician's mantra

SCRIPTORIUM MONK AT WORK.   (From *Lacroix*.)

The Assessment Cycle

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)

22

- 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

- 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

27

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 inv estment*

- Usually the most challenging aspect of the assess ment 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 im provement)?

•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.