Perspectives of an Off-Site and On-Site Reaffirmation Committee Chair

Notes from the Field

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From 1991 to Present
Chaired more than 40 SACSCOC committees:
- Off-Site Reaffirmation
- On-Site Reaffirmation
- Accreditation
- Substantive Change
- Special
Served on Board of Directors
Chaired C&R (Committee on Compliance and Reports)
Served on:
- Nominating Committee
- Principles Review Committee
- Appeals Committee
Provided training for:
- New Evaluators
- Institutional Effectiveness Evaluators
- Academic Evaluators
- New Chairs

Big Ol’ Caveat

While I’ve been blessed with many opportunities for SACSCOC involvement, I am but a sister laborer in the accreditation vineyard and do not speak for the Commission!
Process

INSTITUTION

Compliance Report

SACSCOC

Off-Site Reaffirmation Report (draft)

Focused Report

(On-Site) Reaffirmation Report

Response

Chair’s Evaluation of Response

Committee on Compliance and Reports

OFF-SITE REVIEW

Logistics

- Team of new and “seasoned” reviewers with expertise in areas they are assigned to
- Most standards have at least 2 readers, one of whom is responsible for writing
- 2 week review period for each of 2-3 schools
- Conference calls following review period for each to achieve tentative consensus
- Arrive in Atlanta with draft for discussion
- Leave Atlanta with Off-Site Review Committee Report (draft of Reaffirmation Report; language generally remains in final report)
- Report shared with institution
Common Concerns

Format

• Documents that feel hastily or carelessly put together (may be a matter of brevity or superficiality or apparent lack of care)

• Links that do not work (have someone outside your own IT system check them)

• Links that go to large .pdf or Word documents where readers must plow through large amounts of material to find what is being referenced (your goal should be NO annoyed reviewers)

• Not providing specific information required by Principles (Note: Principles themselves, not Resource Manual)

• Not providing documentation to support what is asserted or providing documentation where intent of inclusion is not clear (CONNECT THE DOTS . . . Do not expect the reader to connect them!)

WE INTERRUPT THIS PRESENTATION TO BRING YOU A WORD FROM OUR SPONSOR . . .

Read The Resource Manual for The Principles of Accreditation . . . the whole manual!

Common Concerns

Comprehensiveness (1)

➢ Not heed the SACS overall statement, found on page 7 of the Resource Manual for The Principles of Accreditation for about what is necessary for a policy or procedure:

“Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it.”
REQUIREMENTS

• in writing
• approved through appropriate institutional process
• published in appropriate institutional documents
• documents that are accessible to those affected by the policy or procedure
• implemented by institution
• enforced by institution

For example:

POA 9.4 At least 25 percent of the credit hours required for an undergraduate degree are earned through instruction offered by the institution awarding the degree.
• a written policy (cite and attach; could be more than one)
• evidence that policy was approved by appropriate body (cite approval date; attach evidence of approval—minutes, signed dated policy)
• provide evidence that policy is published (provide copy)
• cite location where documents can be found by those who are affected by them (cite the location and include evidence or links to it so reader can verify)
• provide evidence that policy has been implemented (provide example of policy "in action")
• provide evidence that policy is enforced

Common Concerns

Comprehensiveness (2)

➢ Not “parsing” the principle and addressing every facet of each standard

For example:

POA 6.2 For each of its educational programs, the institution
a. justifies and documents the qualifications of its faculty members
b. employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review
c. assigns appropriate responsibility for program coordination.
• justifies
documents
qualifications
sufficient
curriculum and program
quality
integrity
review
appropriate
responsibility

• What constitutes an educational program? Credential-awarding programs?
Each academic area of study?
• What are “appropriate” faculty qualifications? How have we determined that?
How do we ensure that faculty have them?
• What is sufficient documentation? Of what should it consist? Where is it housed?
• What would require a justification? Of what should a justification consist? Who
makes the decision on justifications? What form does a justification take? Should
it be included with the faculty roster?
• What is a sufficient number of full-time faculty? What is adequate—what is our
standard? Benchmark institutions, good practice, within state or system?) Who
is meant by full-time faculty and what are their responsibilities?
• What does it mean for a curriculum to have quality and integrity? How do we
define those terms and what are the ways in which we ensure our programs have
it?
• How do we review our programs? What is the role of full-time faculty in this?
Since many—or most—programs will also employ part-time faculty, how do they
contribute to achieving quality in fulfilling our mission?

Common Concerns
Content

• Contradictory information (e.g., on which programs are accredited between Compliance Certification and Institutional
Summary form; process described does not match process followed in example given)
• Failure to include whole institution (multiple campuses, modes of instruction) (esp. distance learning, dual credit,
student services, library services)
• Giving limited or inappropriate examples to support institutional practices (e.g., mentioning only math tutoring, lack of information re:
numbers of people trained, talking about learning outcomes for Allied Health programs only, showing refund policy for only one session in a
term, when there were multiple ones)
Common Concerns
Big Misses/Easy Fixes

- Faculty credential roster that clearly shows mismatch between courses taught and academic credential (provide additional information on courses, experience, etc.)
- Not having revised by-laws, other policies, to include certain required elements (e.g., chief executive’s control over athletics, having a program with less than 60 credit hours)
- Failure to give an example of a policy in action or to mention that a policy has never had to be invoked (e.g., dismissal of board member)
- Not disaggregating data where the Principles clearly call for it (e.g., evaluation of student performance by mode of delivery, location, etc.)
- Failure to provide supporting documents (e.g., completed evaluations, evaluations that show consistent use)

What to include in narratives

- Answer the implied question asked and only the question asked.
- Discuss the whole institution . . . all locations, all modes of delivery, all units, all levels; note especially new specifics about inclusion of information on distance learning.
- Describe and analyze—assert that you are in compliance (if you are), explain why you are in compliance, and give evidence to support your assertion.

- Connect the dots for the reader.
  - When you are providing evidence, explain what people are looking at. Do not make them struggle with how to interpret charts, processes, sets of data, organizational relationships, etc. Be sure you have “digested” your own data and can draw conclusions from it for yourself and the reader. Never put an uninterpreted chart or graph in!

- Exploit the opportunities of technology. Consider that there are two levels of evidence that can be given—what is appended to the report and what can be made available for readers who want to see more.
If you sample, do it wisely and be sure your sample is representative.

Give evidence of systemic and regular processes, data collection, analysis, and use of results for improvement. Make it clear that any lapses in compliance are aberrations, not the inevitable results of poor management.

Vet your narratives with “outside” readers—even if they are internal!

Characteristics of a Well-written Narrative

- Directness
- Clarity
- Specificity
- Completeness
- Sufficiency
- Consistency
- Readability

ON-SITE REVIEW
Before the team comes . . .

Work hard to “clear” all recommendations from the Off-Site Review Committee prior to the visit.

Prepare to be unprepared! Your team members are busy people, who will likely be waiting until the last minute to get fully prepared. As much as you would like to have everything organized ahead, you will have to do much of your “preparation” while they sort themselves out on site.

You will be working with a Committee Chair who wants to . . .

- reach closure on as many compliance issues as possible PRIOR TO the actual visit
- manage the required 25% of visits to off-site locations as efficiently as possible
- be able on site to certify compliance with all the standards dictated for on-site verification by the DOE as expeditiously as possible once the team arrives on campus
- provide her team with the maximum possible time to explore the QEP with as many relevant constituents as possible

To help her, you will want to . . .

- Facilitate communication with the president of the institution.
- Make as much information as possible as easily available as possible prior to the visit with very clear instructions on how to locate electronic resources
- Not “overbook” in the spirit of hospitality. The committee must do a tremendous amount of work in a very short time and it cannot— alas—spend much time on sight-seeing, touring, or socializing; evenings are needed for writing, and days begin very early.
• Develop a plan for enabling one or two committee members to visit a sufficient number of representative off-campus sites, working with the SACS VP to ensure the acceptability of the number and distribution of sites.

• Help her arrange for committee members to verify DOE required standards very early in the trip or even before the official visit starts.

• Advise her of the appropriate people to interview who can address the committee’s questions about the QEP.

During the visit . . .

• Do not expect the kind of visit that would have occurred during the era of the Criteria. Much more of the process will have been completed prior to the team coming to campus, so questions and interviews will be more focused.

• Expect to arrange lots of group interviews. Because the Committee has so much to do in so little time, it will generally request to talk to groups of persons who can talk about specific aspects of the QEP.

• Have materials related to the QEP readily available for committee review: surveys, questionnaires, meeting minutes, data, implementation plans. Expect very specific questions related to proposed QEP management, assessment instruments, planning, and budgets.

• While keeping the Committee fed and watered, do not schedule them for social or hospitality activities during “down” times. They will need to be working or resting.

• Build redundancy into your technology plan for the visit. Computers will crash, hardware and software will quarrel, and people will make mistakes on unfamiliar equipment.
What to tell the institution . . .

- This is not your “grandmother’s SACS visit.” The Committee will want to talk with many people to ensure that it accurately evaluates constituent involvement in the QEP planning and proposed implementation; however, **there will not be an attempt to get to all campuses and to meet as many folks as possible.** No one should interpret this as a slight; there is a new focus to the work on-site.

- The **QEP is an institutional project and priority**, and there is an expectation that a broad group of constituents at the institution will be conversant with it.

- The Committee sees itself as a group of peers there to assist the institution in **becoming better**. The aim is not to ferret out instances of non-compliance or error but to assist the institution in meeting the standards agreed upon by the COC member institutions (of which it is one!) and ensuring its compliance with the federal regulations noted in the **Principles**.

- The institution will have an **opportunity to respond to any recommendations** related to compliance or to the QEP prior to any commission action being taken.

QEP: The Central Question

What will we expect students to be able to do that they don’t do now? And how will we know if what we did actually helped them improve?
QEP Alligators

- Is the **scope** right?
- Is it REALLY about **student learning**?
- Do we have the **resources** of all kinds to get it done successfully?
- Is it **integrated** into everything else we do?

ALLIGATOR 1: Scope

Does it grow organically out of ongoing institutional assessment?
- Is it “significant”?
- Is it too narrowly focused?
- Is it too broad?
- Will it further our mission?
ALLIGATOR 2: Is it REALLY about student learning?

Does it contain specific measurable learning outcomes?

Why it is important that students achieve the learning outcomes identified?

Does everyone in the institution have the same understanding of the learning outcomes?

Are the learning outcomes consistent with other learning outcomes identified by the institution or its programs?

Do we have a valid, reliable, appropriate assessment that will tell us if students have achieved the learning outcomes?

How can we know that gains in student learning are attributable to the actions undertaken to carry out the QEP?

How will analysis of results fit into our current system for regularly analyzing and using assessment data for improvement?

ALLIGATOR 3: Resources

Do we have the human and financial resources to undertake the actions planned in the QEP?

Have we made sufficient provisions for the people-time and energy it will take to complete the QEP, not only those in charge of its implementation but others in the institution who will be affected?
Have we determined the present capacity of those who work in the institution to undertake the QEP—have they the time, the training, the equipment, the will?

Have we outlined the activities of the QEP in sufficient detail to determine what our actual operating costs will be over the life of its implementation?

Are we diverting critical resources of time, money, or energy away from other parts of the institution to accomplish the QEP?

Do we have a sufficient infrastructure to successfully complete the QEP?

Have we involved all constituencies within the institution who will have a role to play in its success in the planning?

Is there a specific person who will have oversight and accountability for the implementation of the QEP?

What are the plans for sustainability of the improvements made after the period covered by the QEP?

ALLIGATOR 4: Integration

Is the on-going assessment of the QEP and the use of results for improvement integrated into the institution’s existing institutional effectiveness process?

Is there anything to be undertaken in the QEP that is either contrary to or redundant with other policies, procedures, or initiatives at the institution?
Most frequent QEP recommendations

- The institution has **confused process and product**.
  - Example: The aim of the QEP is to infuse technology into all courses.

- The institution is using its terminology **inconsistently**.
  - Example: The QEP talks about improving communication skills, but sometimes it seems to mean speaking and writing skills and sometimes it seems to mean interpersonal communication skills.

- The institution has not **projected its activities in enough detail** to be able to adequately predict the resources needed.
  - Example: The institution has not decided which assessment instruments it will use and so cannot calculate the costs properly.

- The institution has not demonstrated that it can identify whether the activities undertaken in the QEP will **lead to the identified student learning outcomes**.
  - Example: How will you know that better student performance on the assessment will have been the result of an infusion of technology into the classroom?

- There is no clear locus of accountability for achieving the goals of the QEP, nor any incentive for institutional participation.
  - Example: Only a handful of disciplines seem to be involved in the project and there is no institutional incentive for faculty and staff to participate.

- The assessment instruments chosen do not **adequately measure** what is to be assessed.
  - Example: More students participating in cultural events does not demonstrate that they have increased their aesthetic sensibilities.
The planning did not sufficiently involve some people within the institution who will be critical to the QEP’s success. Example: The Director of Institutional Research was not involved in determining what kinds of data need to be gathered and how this can be done.

CONTROL THOSE ALLIGATORS!

Tyrannosaur Valley Technical Institute

- Multi-campus technical college with locations in downtown Memphville, suburban Memphville, and Arberton, a rural county seat with 9,000 people
- Enrollment of 6,000 students, 53% full-time and 47% part-time
- Racially diverse; average age of students is 26; 39% male, 61% female
- Offers certificate, diploma, and associate in applied science degrees in 40 technical fields as well as the associate in arts and the associate in science.
QEP Title: Tech Talk

QEP Goal: To enhance student engagement by promoting the use of social networking venues (such as Facebook, Twitter, Instagram, LinkedIn, Tumblr, Pinterest, Google+, and others) to increase student/faculty and student/student interaction.

Background: As a commuter institution with diverse locations (urban, suburban, and rural), many part-time students, and a large array of programs and credentials, TVTI has determined that a lack of student-faculty and student-student interaction contributes to a high degree of student attrition. The writers of its QEP quote the large body of research that cites the importance of student engagement to student success and persistence.

Objectives: Upon successful completion of the QEP,

1. 100% of the faculty (over a five year period) will have been trained in and demonstrated best practices in the use of popular social networking venues for educational purposes.
2. 90% of classes will include activities that will connect students across campuses and disciplines in joint projects achievable through the use of social networking venues; 90% of the students will be able to complete these projects at a level of proficiency as defined developed by the faculty members involved.
3. Student retention will increase by 3%.
4. The overall GPA of graduating students will increase by .15 quality points.

Questions about the Learning Outcomes of the QEP

1. Does the QEP contain specific, measurable learning outcomes?
2. Has the institution identified a valid, reliable, appropriate assessment instrument to determine if students have achieved the learning outcomes identified?
3. Is it important that students achieve the learning outcomes identified?
4. Will it be possible to determine whether gains in student learning are attributable to the actions undertaken as a part of the QEP?

And finally . . .

if you have questions, call or contact one of the SACS staff members or one of your many colleagues in the Southern Association who stand ready to assist you. One of them is

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