

Assessment Cycle

AY 2016 – 2017

Office of Institutional Effectiveness and Human Resources

Division or Department: Institutional Effectiveness

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Northwestern Mission. Northwestern State University is a responsive, student-oriented institution that is committed to the creation, dissemination, and acquisition of knowledge through teaching, research, and service. The University maintains as its highest priority excellence in teaching in graduate and undergraduate programs. Northwestern State University prepares its students to become productive members of society and promotes economic development and improvements in the quality of life of the citizens in its region.

The Office of Institutional Effectiveness and Human Resources is a responsive administrative service and support unit that provides University leaders with information to be used in strategic planning and evidence-based decision-making and human resource programs and services. The Office assesses, collects, analyzes, reports, and disseminates data on behalf of the University and supports all University units in assessment-based improvement efforts. Reporting of information is in accordance with Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and federal and state regulations. The Office develops and delivers innovative human resource programs and services designed to support the mission of the University, including its core services and competencies such as staffing, employee relations, organizational and employee development, risk management, compensation and benefits, human resource information management, and regulatory compliance.

The Office of Institutional Effectiveness assists university leaders with strategic planning, assessment, and evidence-based decision-making. The office assesses, collects, analyzes, reports, and disseminates data on behalf of the university and supports all university units in assessment-based improvement efforts. Assists in the reporting of information in accordance with Southern Association of Colleges and Schools (SACS), federal and state regulations.

Methodology: The assessment process includes:

- (1) Data from assessment tools (direct & indirect and quantitative & qualitative) are collected and returned to the executive director;
- (2) The executive director will analyze the data to determine whether the applicable outcomes are met:
- (3) Results from the assessment will be discussed with the appropriate staff;

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(4) Individual meetings will be held with staff as required (show cause);

(5) The executive director, in consultation with the staff and senior leadership, will determine propose changes to measurable outcomes, assessment tools for the next assessment period and, where needed, service changes.

Institutional Effectiveness

Service Outcomes:

SO 1. *Ensures 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 the institution is effectively accomplishing its mission.*

Measure 1.1.

The University publicizes and complies with its documented institutional effectiveness process. The target is to have a publicized process with 100% of the 116 academic and administrative units completing the process annually per the published timelines for annual assessments submission while also meeting the assessment element (s) requirements per rubric 2 (with enclosure). Once complete the assessments are made available for public view on the Director of Institutional Effectiveness website <https://www.nsula.edu/institutionaleffectiveness/>.

Finding. Target Met.

Major Unit	# of Reporting Units	Plans submitted on time (15 April 17)	Meet the component reqs per rubric	Assessments submitted on time (15 June 17)	Available for Review
Athletics	05	05	05	05	05
Auxiliary Services	04	03	04	0	04
Business Affairs	01	01	01	01	01
College of Arts and Sciences	23	17	23	19	23
College of Business and Technology	07	07	07	06	07
College of Education and Human Dev	28	22	28	21	28
College of Nursing	08	08	08	08	08
External Affairs	05	04	04	04	04
Information Technology Services	01	00	01	0	01

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Library	06	05	06	06	06
Office of Institutional Effectiveness and Human Resources	03	01	03	01	03
Registrar	04	04	04	04	04
The Student Experience	10	08	10	06	10
TIED	05	05	05	05	05
University Affairs	06	06	06	06	06
TOTALS	116	96 (83 %)	115 (99%)	86 (74%)	116 (100%)

Enclosure 1 to Rubric 2 - Assessment Elements Defined

Assessment Elements	Not Developed (1)	Developing (2)	Acceptable (3)	Superior(4)
Unit Mission Statement	Does not exist	The mission statement describes the unit's core purpose or principal activities/functions	The mission statement clearly describes both the unit's core purpose and its principal activities/function	The mission statement clearly describes the unit's core purpose, its principal activities/functions, and acknowledges key stakeholders
SLO - SOM	None are provided	A general SLO/SOM has been established	A measurable SLO/SOM has been clearly articulated	Multiple measurable outcomes have been clearly articulated
Outcomes for each SLO - SOM	No outcome measures are stated	Key outcomes measures are stated, but they are not clear, they do not refer to end results, and do not focus on the institution's mission, strategic plan or recipients/customers service	At least two outcomes measures are provided that concern end results and are related to the institution's mission, strategic plan or recipients/customers of the service	3-5 clear outcomes measures are provided that focus on end results and are related to the institution's mission, strategic plan, or recipients/customers of the service
Assessment Methods	Little or no information is provided	Assessment measures are identified for some SLO/SOMs. They do not necessarily yield clear, accurate information	Assessment measures are articulated for each outcome. They match the outcome being measured and produce clear, accurate information	Multiple assessment measures are articulated for each outcome. They match the obj. being measured and produce clear, accurate information
Targets/Benchmarks	No targets or benchmarks are provided	Targets and benchmarks are identified for some assessment measures	Each assessment measure has a target or benchmark that establishes a minimum	Targets and Benchmarks have been developed for each measure that describes a minimum level of performance. At least one target is quantifiable.

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			performance standard	
Analysis	No indication of analysis	Findings are provided but with little else – no explanation	Limited analysis reflecting cause for results but vague future implications changes to be made, modification of the measure, etc.	Analysis shows clear cause and effect and what and how it should or should not drive a change or modification
Use of Assessment Results	There is no evidence that the assessment results are shared, discussed, or used to improve effectiveness.	Assessment information is collected but the results are not shared, discussed, or used in a systematic fashion to improve effectiveness.	Results are used to modify or improve programs, services, resource allocation, work processes, or assessment strategies.	Results are used to improve programs, services, resource allocation, work processes, or assessment strategies. They are used to help establish new performance targets.

Analysis. All sixty-six (66) academic programs, in coordination with the University Provost and College Deans, have reviewed, amended, or revalidated their respective missions. Each has developed their program-specific Student Learning Outcomes (SLOs) and their associated assessment methodology and targets. Simultaneously, University Vice Presidents determined which of their administrative units must review, amend, or revalidate their respective missions. Those fifty (50) identified have developed their Service Outcome Measures (SOMs), and their assessment methodology and targets.

By 15 April 2017, each academic program and administrative was to submit their draft assessment cycle plans for the coming year through their respective, Academic or Administrative Review Committee Chair per the Assessment Process Guide. The Dean or Vice President reviewed and approved assessment plans before they submitted them to the Office of the Director of Institutional Effectiveness (DIE). The DIE accounted for each plan as part of the assessment process. These plans have been finalized for the next academic year.

Data collection took place throughout the 2016-2017 academic year with spring commencement ending the assessment cycle (10 May 2017). All completed assessments were due to the DIE no later than 15 June 2017.

Decision, action or recommendation. No change recommended. The failure to meet the established timeline is due to program and unit coordinators not fully understanding the full requirement of the assessment process. However, the assessment process is maturing and program and unit coordinators are more comfortable with the process now having completed an annual cycle. It is expected the sophistication of the outcomes and measures will only improve as the value of this process becomes apparent.

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Measure 1.2.

The University has established a systematic review of the institutional mission, goals, and outcomes. Target is to conduct at least one comprehensive review of the mission, goal, and standards annually. Request for revalidation and or approval of the university mission, vision statement, and core values will be done every five years in accordance with the Strategic Plan development process.

Finding. Target Met. The University of Louisiana System approved the University's mission, vision, and core values on February 23, 2017.

Analysis. As demonstrated by Northwestern's comprehensive and documented approach to strategic planning and institutional effectiveness, this University engages in ongoing, integrated, institution-wide research-based planning and evaluation. This includes an annual assessment of its institutional mission, goals, and outcomes as part of an overarching cyclical process resulting in a continuous push for improvement in quality measurements. Most importantly, it demonstrates Northwestern is effectively accomplishing its mission. On 6 October 2016, Dr. Henderson was selected to serve as President of the University of Louisiana System. On 1 January, Dr. Chris Maggio began his term as the University's Acting President. On January 10, 2017, Dr. Maggio approved the capstone document of the strategic planning process, *Strategic Plan 2016-2021*. Dr. Henderson, prior to assuming his role as System President, approved the Plan on January 11, 2017. This plan establishes a systematic yearly review of the institution's mission, objectives, and associated outcomes and the degree in which the University has attained them. On June 15, 2017, the University completed its first academic year assessment of the strategic plan, *Assessment Cycle 2016 – 2017 Setting the Benchmark*. This document established benchmarks or starting points for each Strategic Focus Area through the comprehensive assessment of metrics that support each Strategic Focus Area. Through this analysis, the University developed an assessment process based on a quantitative and qualitative understanding of the key metrics of each strategic focus area. This course of action allowed for a better-informed and more realistic establishment of 2021 objectives.

Decision, action or recommendation. The University's current Institutional Effectiveness (IE) Model is the result of the lessons learned captured through the systematic review of institutional mission, goals, and outcomes dating to the University's "Go for Greatness 2011-2018" strategic plan. The model is *codified through the University's Institutional Effectiveness Policy* and its associated model. It is the integrated nature of the entire process that drives organizational awareness and improvement. This entire process is graphically reflected in the IE Model laid out PowerPoint slide. Please note the activities reflected will remain germane to any fall or spring semester of any academic year.

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Measure 1.3.

University senior leaders brief the University President on the strategic plan assessment cycle findings to better inform strategic decision making thereby ensuring the University is accomplishing its stated mission and is maximizing resources for targeted improvement in institutional quality. Target is to conduct and document the annual assessment brief capturing and auctioning areas of concern.

Finding. Target Met. The Strategic Planning Team and University Assessment Committee delivered an executive AY 2016-2017 Assessment report briefing to the President on 05 July 2017.

Analysis. The briefing captured the key strategic decisions made over the academic cycle and the impact those decisions had on the University. The metric benchmarks for 2016-2017 and the projected benchmark for 2021 were identified and discussed. The key decisions and areas of concern were discussed for each Strategic Focus Area. For each concern, a possible course of action was discussed and or directed. The University program and unit assessment results were discussed along with some process recommendations to improve next year's approach. This brief or a portion of this brief will be used to brief the Faculty and Staff upon their return in August for AY 2017-2018.

Decision, action or recommendation. This process of conducting a Presidential

Source Map: Resources Manual for the Principles of Accreditation: Foundations for Quality Enhancement, Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

University of Louisiana System Board of Supervisors
Louisiana Board of Regents Higher Education Bylaws

SO 2. *Assist with the identification of key indicators of performance related to the strategic plan, academic programs, and academic support units.*

Measure 2.1.

Each of the 116 academic programs and administrative units have identified expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results. Target is 100% compliance.

Finding. Target Met. All 116 academic programs and administrative units identified expected outcomes, assessed the extent to which it achieved those outcomes, and provided evidence of improvement based on analysis of the results.

Analysis. The University has taken a very deliberate approach to the structure of its assessment process, particularly regarding the identification of outcome measures. The

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Office of Institutional Effectiveness provides a guide to help standardized the development of academic program Student Learning Outcomes (SLOs) and administrative Service Outcomes (SOs). As a rule, outcome regardless of type must be specific, measurable, attainable, results-oriented, and tied to a specific timeframe. The policy (or model) also requires that Student Learning Outcome statements specify what students will know be able to perform or be able to demonstrate when they have completed or participated in the program, course, project, or activity. For Service Outcome it must specify what the resulting process, efficiency, or service improvement is expected.

Assessment data collection took place throughout the 2016-2017 academic year with spring commencement on May 12, 2017, ending the assessment cycle. Each program determined their findings, completed an analysis of those findings, and collectively determined what decisions must be made to drive the improvement cycle. The faculty then compared the results to the plans developed for the upcoming year in an effort to better leverage the lessons learned from this year's data collection. The completed assessments, once approved by the respective Dean or Vice President were to be submitted to the Director of Institutional Effectiveness (DIE) on 15 June 2017. Only 74% turned in their assessments on time and several had to be returned for editing purposes. The quality of the assessment vary based on the level of expertise, effort, and difficulty in the collection/interpretation of data. All (100%) of the assessments met the structural components/requirements for the assessment.

Decision, action or recommendation. University will continue to follow the Institutional Effectiveness model and the associated timeline.

Measure 2.2.

The university will produce a holistic University assessment report using the findings from the Strategic Plan AY 2016-2017 assessment and the 116 separate academic programs and administrative unit assessments. The assessment report will highlight key findings for consideration in strategic decision-making and resource allocation. The report and brief will be completed in June of each Academic Year. Target is to leverage a completed Strategic Plan Assessment and 100% of individual program and unit assessments in the development and presentation of an annual assessment report by 30 June of the academic year.

Finding. Met.

Analysis. The University Assessment Committee is comprised of Academic and Administrative Review Committee Chairs. The Academic Review Committee Chairs represents each University College, Arts, and Science, Education and Human Development, Nursing, and Business and Technology. The seven (7) Administrative Review Committee Chairs, represent administrative support services include the Office

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of Institutional Effectiveness and Human Resources, External Affairs, Technology Innovation and Economic Development, Informational Technology Services, Business Affairs & Police, University Affairs and Athletics. The four (4) Administrative Review Committee Chairs, representing academic and student support services include the Library, Auxiliary Services, The Student Experience, and the Registrar. All chairs participate in the development of an annual assessment report. The report captures the most significant findings and decisions over the past academic year, proposed or actual changes based on the assessment results (including an analytical assessment of the effects of the changes made) and an update on the status of new assessment plans. The DIE consolidated these reports into one consolidated executive presentation for presentation to the University President. This year's brief took place on 28 June 2017. This briefing will, in turn, be used to provide a University-wide update either by the President or his designated representative at the beginning of the fall semester.

The report captures the most significant findings and decisions over the past academic year, proposed or actual changes based on the assessment results (including an analytical assessment of the effects of the changes made) and an update on the status of new assessment plans. The DIE consolidated these reports into one consolidated executive presentation for review by the University President, normally in the June-July timeframe. This year annual report briefing took place 28 June 2017.

Decision, action or recommendation. University will continue to follow the Institutional Effectiveness model and the associated timeline.

Source Map:

Resources Manual for the Principles of Accreditation: Foundations for Quality Enhancement, Southern Association of Colleges and Schools Commission on Colleges
University of Louisiana System Board of Supervisors
Louisiana Board of Regents Higher Education Bylaws

SO 3. *Facilitate all aspects related to accreditation including standards compliance, applications, reviews, and self-evaluation processes and documents.*

Measure 3.1.

All SACSCOC Standards are apportioned to the appropriate university office for incorporation and integration into daily operations. Target is to complete the task within three months from the date of publication of new SACSCOC standards.

Finding. Not Met.

Analysis. The University is waiting for the new SACSCOC Resource Manual and its newly edited requirements to be published before determining how best to apportion amongst its faculty and or staff. Intent is to maintain visibility through ownership of

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requirements reducing the need to conduct a special effort for data collection and report preparation.

Decision, action or recommendation. Once the new requirements are published they will be apportioned to the appropriate office to ensure they are incorporated into the daily operations of the University. Solidifying ownership of these requirements will ensure better consistency in both measurement and accurately documenting the status of the requirement.

Measure 3.2.

All 116 academic programs and administrative units have designated workspace within the assessment management systems Taskstream. Target is NLT 12 May 2017.

Finding Not Met.

Analysis. The focus to date is on analog assessment preparation in order to establish a common methodology with commonality in understanding of the requirements and process.

Decision, action or recommendation. Workspace development will be completed prior to the start of the 2017-2018 academic year.

Measure 3.3.

A training program for the assessment management systems Taskstream is designed for initial, moderate and advanced users. Target is 12 May 2017.

Finding. Not Met.

Analysis. As per Measure 3.3. the University focus and priority of effort has been on completing its AY 2016-2017 assessments. To date, there has not been time to meet with the Taskstream vendor to modify the management system to meet the desired needs of the University. Once complete it will allow for the development and scheduling of training of the faculty and staff with the program management responsibilities.

Decision, action or recommendation. Meet with Vendor in mid-August and develop a recurring training program that ensures continuation and compliance in assessments.

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Comprehensive Summary of Key Findings and Decisions. The University did leverage the IE model in a systematic and comprehensive fashion. All 116 Programs and Units identified completed the AY 2016-2017 assessment cycle report. Each has also developed their AY 2017-2018 Assessment Cycle plans – leveraging the lessons learned. The training of assessment coordinators in the art and science of assessment needs to continue in a more structured way. The use of Task Stream as assessment management system is under review. It may be found to be too restrictive and not allow the assessor to ability elaborate to the details necessary in their particular disciplines/organizations. The entire process is quantitatively managed and the process is measured and controlled allowing for incremental improvements.