

AY 2017 – 2018 Assessment

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 proposed 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 compiles and publicizes 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.

Analysis. In 2016-2017, the target was met. While all 116 academic and service units eventually completed their assessments, not all did so within the required time frame nor did they address all the components of SACSCOC CS 3.3.1.1 (Institutional Effectiveness – Educational Programs). The failure to meet the established timeline is due to program and unit coordinators not fully understanding the full requirement of the assessment process. The failure to meet all components of CS 3.3.1.1 – Educational Programs is due to not having comparison data.

Based on the analysis of the 2016-2017 results, the following was implemented in AY 2017-2018. The Director of Institutional Effectiveness developed an “example SLO assessment” with prompts to assist the program coordinators in their program assessments. On January 23, 2018, the Executive Director for Institutional Effectiveness and Human Resources and the Director of Institutional Effectiveness conducted a teleconference with the University’s SACSCOC Vice-President, Dr. Crystal Baird. They discussed this tool and the planned approach to address the Board of Trustees concern. The example assessment, with its prompts, was determined to be a useful and appropriate approach.

The Director of Institutional Effectiveness met with Deans of each College and their academic program coordinators on multiple occasions leading them through training on

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the use of the assessment example. This example and other training tools: *Assessment-Evidence-Based Improvement, Anatomy of a Program - Unit Assessment, Guide to Outcome - Measure Development*, 15 April 2017, helped program coordinators and supporting faculty better understand how to articulate their evidence of continuous improvement based on their analytical results. It was emphasized that while plans for future improvements are necessary, the current assessment is focused on enhancements implemented during this assessment year based on the plans of action from 2016-2017.

The assessment report format was also changed to include a comprehensive summary of key evidence of improvement based on the analysis of results. This addition captures changes implemented which lead directly to improved student learning or the program improvement over the past year. The assessment document ends with the plan of action moving forward. The training and repetition of the assessment process allowed for better analysis of the assessment results leading to improvements that are more precise in positively influencing student learning and program improvement. Every degree program is now able to articulate the evidence of advances made in student learning over the last assessment cycle. Most importantly, these improvements are reflective of assessment data and evidence.

Decision, action or recommendation. Based on the analysis of the results, in 2017-2018, we found it clear that the Office of Institutional Effectiveness and Human Resources cannot be solely responsible for the completion of and quality of all assessments across the University. In 2018-2019, the Director of Institutional Effectiveness will establish a method to better integrate College Deans and Vice Presidents into providing the forcing function and quality control of their programs and unit assessments.

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 analysis of the mission, goal, and standards each year. We request revalidation and / or approval of the university mission, vision statement, and core values through our Board of Trustees once every five years in accordance with the Strategic Plan development process.

Finding. Target Met.

Analysis. In AY 2016-2017, the target was met. The University of Louisiana System approved the University's mission, vision, and core values on February 23, 2017. 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. Based on the analysis of the 2016-2017 results, the Director of Institutional Effectiveness implemented the following processes to ensure the University did not lose its strategic planning initiative. An Institutional Effectiveness Planning Calendar would be

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developed to guide strategic planning throughout the year. The University would establish a Strategic Planning Team that meets monthly to address strategic concerns and provide long-range guidance to senior leaders. The University would conduct a mid-year review to ensure progress is being made in each strategic focus area and that other assessment activities are on track. The University would complete an annual Strategic Plan assessment to ensure the University is making progress in securing its vision.

As a result, in AY 2017-2018 an Institutional Effectiveness Planning Calendar was developed and is being used to guide strategic planning throughout the year. The University has established a Strategic Planning Team that meets monthly to address strategic concerns and provide long-range guidance to senior leaders. The University conducted a mid-year review on 10 January 2018 to ensure progress is being made in each strategic focus area and that other assessment activities are on track. The university is now completing its second annual Strategic Plan assessment to ensure the University is making progress in securing its vision. The University updated the Institutional Effectiveness (IE) Model capturing Assessment, Strategic Planning, Budgeting and the Quality Enhancement Plan.

Decision, action or recommendation. Based on the analysis of the results, in 2017-2018 the University will use the updated IE Model, which is the result of the lessons learned captured through the systematic review of the institutional mission, goals, and outcomes in 2018-2019. Additional efforts include building tools to address continuity of operations as well as University plan refinement for the SACSCOC fifth-year review.

Measure 1.3.

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

Finding. Target Met.

Analysis. In AY 2016-2017, the target was 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. 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 process recommendations to improve next year's approach. A portion of this briefing will be used to update the Faculty and Staff upon their return in August for AY 2018-2019.

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Based on the analysis of the results, in 2016-2017 the university implemented the plan of action for 2017-2018 and conducted a mid-year review. We have scheduled the 2017-2018 Assessment Report Brief to the President on 3 August 2018. In addition, the senior leadership worked through every decision and recommendation remaining from the 2016-2017 assessment report. The university will improve its approach to reaching resolution on pending actions and decisions based on the refinement in the process.

Decision, action or recommendation. The university will conduct the AY 2018-2019 Assessment Briefing in August 2019. It will be more inclusive and address additional areas of scholarship, infrastructure, and potentially budget.

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

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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 has 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.

Analysis. Although the 2016-2017 assessment reflected “Target Met” that was in fact in error and should have reflected Not Met. While all 116 academic programs and administrative units identified expected outcomes and assessed the extent to which it achieved those outcomes, they could not provide evidence of improvement based on analysis of the results because they did not have comparison data from which to develop key evidence of improvement. These reports addressed plans for future improvement but not what has been done to improve.

As for most of the programs and units, AY 2016-2017 was the first year to conduct a deliberate uniform assessment and as such it largely established baseline data. In fact, SACSCOC has requested a Monitoring Report for this very reason. In the request, they stated: *“The institution provided evidence that it identifies student learning outcomes for each academic program and assesses the extent to which those outcomes are*

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achieved; however, the institution did not provide sufficient evidence of improvement based on the analysis of the results. The majority of academic programs reported that they have met thresholds, will continue to monitor, or describe changes that will be made in the future.”

Based on the analysis of the results from AY 2016-2017, the University has taken a deliberate approach to the structure of its assessment process, particularly regarding the identification of key evidence of improvement based on analysis. As stated previously, the Director of Institutional Effectiveness met separately with each College and their academic program coordinators on multiple occasions leading them through training on the use of the assessment example. This example and other training tools helped program coordinators and supporting faculty better understand how to articulate their evidence of continuous improvement based on their analytical results.

It was emphasized that while plans for future developments are necessary, the current assessment is focused on improvements implemented during this assessment year based on the plans of action from 2016-2017. The assessment report format was also changed to include a comprehensive summary of key evidence of improvement based on the analysis of results. This addition captures changes implemented which lead directly to improved student learning or program improvement over the past year. The assessment document ends with the plan of action moving forward. The training and repetition of the assessment process allowed for better analysis of the assessment results leading to improvements that are more precise in positively influencing student learning and program improvement. Every degree program is now able to articulate the evidence of improvements made in student learning over the last assessment cycle. Most importantly, these improvements are reflective of assessment data and evidence.

Decision, action or recommendation. The University will institutionalize the approach to assessment across all degree programs and units ensuring that each addresses the three primary components of CS 3.3.1.1, those being the identification of student learning – service outcomes for each academic program and unit, assess the extent to which those outcomes are achieved; and provides sufficient evidence of improvement based on the analysis of the results.

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 briefing 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.

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Finding. Target Met.

Analysis. In AY 2016-2017 the target was met. Based on the analysis of the results from 2016-2017, in 2017-2018 the University leveraged its Strategic Planning Team (SPT) to drive the University Assessment Reporting as opposed to the University Assessment Committee. The SPT is led by the University President and membership includes the Provost and all Vice Presidents and special staff. The report centers on the five Strategic Focus Areas (SFA) in which the Vice President (VP) for The Student Experience writes and assesses the SFA-Student Experience; the Provost writes and assesses SFA - Academic Excellence; the Vice President for Technology, Innovation, and Economic Development writes and assesses SFA – Market Responsiveness; VP External Affairs writes and assesses SFA Community Enrichment; and the Intercollegiate Athletics Director writes and assesses SFA – Athletic Prominence. This year we have also added an update from each college dean on topics such as research and community outreach. The report is published prior in August 2018. 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 Director of Institutional Effectiveness consolidated these reports into an executive presentation to the University President.

This year's briefing will take place on 3 August 2018. 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.

Decision, action or recommendation. The University will conduct the AY 2017-2018 Assessment Briefing in August 2018. In 2018-2019, the Assessment Briefing will be more inclusive and address additional areas of scholarship, infrastructure, and potentially budget.

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.

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Finding. Target Met.

Analysis. In 2016-2017 the target was not met. The University was 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. The intent is to maintain visibility through ownership of requirements, reducing the need to conduct a special effort for data collection and report preparation. Based on the analysis of the 2016-2017 results, and now having received the new SACSCOC standards, the University in 2017-2018 assigned responsibility for all standards associated with the fifth-year SACSCOC report in 2022. However, the University has not yet identified all standards as far as its Decennial Review in 2027.

Decision, action or recommendation. Based on the 2017-2018 results, in 2018-2019 all the new SACSCOC requirements 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 measurements 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 system Taskstream. Target is NLT 12 May 2017.

Finding. Target Met.

Analysis. In 2016-2017 the target was not met. The focus was an analog assessment preparation to establish a common methodology with commonality in the understanding of the requirements and process. Based on these results, in 2017-2018 the Director of Institutional Effectiveness established a University website on which to house all things strategic planning and assessment related. The concern now is data management and presentation. The site served as the host by which the University presented its formal response to the SACSCOC On-Site Committee's findings. It will also serve as the location from which the University will present its response the SACSCOC Monitoring Report.

Decision, action or recommendation. Further workspace development will be the priority in 2018-2019, specifically data management and presentation.

Measure 3.3.

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

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Finding. Not Met.

Analysis. In 2016-2017 the target was not met. The University's focus and priority at that time were on completing its AY 2016-2017 assessments. Based on the analysis of the results, in 2016-2017 the University choose AY 2017-2018 to use its internally controlled website for hosting assessment related material. The site was established in spring 2017 and has been the center point for strategic planning and assessment since.

Decision, action or recommendation. Based on the analysis of the results from 2017-2018, this measure is no longer of value and will be removed in 2018-2019.

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
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Comprehensive Summary of Key evidence of improvement based on the analysis of results.

- The Director of Institutional Effectiveness developed an example SLO assessment with prompts to assist the program coordinators in their program assessments.
- The Director of Institutional Effectiveness met separately with each College and their academic program coordinators on multiple occasions leading them through training on the use of the assessment example.
- The following training tools were developed: *Assessment-Evidence-Based Improvement, Anatomy of a Program - Unit Assessment, and the Post SACSCOC 3.3.1.1 Example Approach - COAS Homeland Security GSI Assessment.*
- The assessment report format was also changed to include a comprehensive summary of key evidence of improvement based on the analysis of results. This addition captures changes implemented which lead directly to improved student learning or program improvement over the past year. The assessment document ends with the plan of action moving forward.
- An Institutional Effectiveness Planning Calendar was developed and is being used to guide strategic planning throughout the year.
- The University has established a Strategic Planning Team that meets monthly to address strategic concerns and provide long-range guidance to senior leaders.

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- The University conducted a mid-year review on 10 January 2018 to ensure progress is being made in each strategic focus area and that other assessment activities are on track.
- The University updated the institutional effectiveness model capturing assessment, strategic planning, budgeting, and the Quality Enhancement Plan.
- Conducted a mid-year strategic plan assessment review.
- Developed a process to allow senior leadership to work through every decision and/or recommendation remaining from the 2016-2017 assessment report.
- The University leveraged its Strategic Planning Team (SPT) to drive the University Assessment Reporting as opposed to the University Assessment Committee. This year, we have also added an update from each college dean and on topics such as research and community outreach.
- The University in 2017-2018 assigned responsibility for all standards associated with the fifth-year SACSCOC report in 2022.
- The Director of Institutional Effectiveness established a University website on which to house all things strategic planning and assessment.

Plan of action moving forward.

The University will continue to leverage the Institutional Effectiveness Model in a systematic and comprehensive fashion. The University must leverage its senior leadership as the forcing function to further establish the culture of continuous assessment. The purpose, reasoning, and value of assessment must be better articulated so that each administrator and faculty and staff member intuitively know there is tangible value in this process that directly impacts organizational improvement. We must convert any remaining non-believers.

We will now right-size our assessments, having run through two iterations and gained a far better understanding what we should be assessing. Our task is to fine-tune what needs to be assessed, determine how best to assess it, and leverage the results to drive continuous improvement fully.