

# Assessment Cycle 2018 – 2019

## 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 151 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 Not Met.

**Analysis.** In 2017-2018 the target was met. Based on the analysis of the 2017-2018 and while the target was met, 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 established a method to better integrate College Deans and Vice Presidents into providing the forcing function and quality control of their programs and unit assessments. As a result, in 2018-2019 College Deans participated in the University Strategic Planning Team meeting as members while routinely attending the University Assessment Committee meetings. Although in most cases the quality of the reports improved the timeliness decreased. Only 25% of the reports were submitted in a timely manner. This issue may have been the result of the DIE not putting the correct emphasis on submitting reports on time as this year is not a reporting year.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will implement milestones and structured oversight by coordinators to help drive the report submission process. By doing so we will drive continuous improvement by adding structure to the process.

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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 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 2017-2018, the target was met. Based on the analysis of the results, in 2017-2018 the University updated its IE Model, which was the result of the lessons learned captured through the systematic review of the institutional mission, goals, and outcomes in 2017-2018. Additional efforts included building tools to address continuity of operations as well as a University plan for the SACSCOC fifth-year review. As a result, in 2018-2019 a plan of action and the associated timeline for the fifth-year review was developed. Each requirement has been apportioned to the appropriate university office and it has been factored into the Universities long range calendar. The University will complete the fifth-year report no later than 2022 in order to have twelve months from the submission date (2023) to refine the report. In addition, the University Strategic Planning Team has conducted a complete mission analysis of the University's mission. As a result, the University will submit for approval the updated University mission in 2019-2020.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will submit for approval the updated University mission in 2019-2020 to drive its new Strategic Plan and thereby pushing for continuous improvement.

### 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 2017-2018, the target was met. The Strategic Planning Team and University Assessment Committee delivered an executive AY 2017-2018 Assessment Report briefing to the President on 05 July 2018. The briefing captured the key strategic decisions made over the academic cycle and the impact those decisions had on the University. Based on the analysis of the results, in 2018-2019 the university implemented the plan of action and conducted a mid-year review. In

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addition, the senior leadership worked through every decision and recommendation remaining from the 2017-2018 assessment report as part of this process. The university will improve its approach to reaching a resolution on pending actions and decisions based on the refinement in the process. The university will conduct the AY 2018-2019 Assessment Briefing on 11 September 2019. It will be more inclusive and address additional areas of scholarship, infrastructure, architecture and potentially budget.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will develop a more streamlined mid-year and annual brief to allow for more dialogue as opposed to simply reporting results to drive continuous improvement.

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 151 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.** In 2017-2018 the target was met. Based on the analysis of the results in 2018-2019 the University institutionalize the approach to assessment across all degree programs and units ensuring that each addresses the three primary components of SACSCOC new Core Standard 8.2, formerly CS 3.3.1.1, those being the identification of student learning – service outcomes for each academic program and unit, and now also University Core Competencies through assessing the extent to which those outcomes are achieved; and provides enough evidence of improvement based on the analysis of the results. As a result, in 2018-2019 the University added all certificate programs and the six University Core Competencies to the assessment process.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will integrate the Core Competency and Certificate programs into the Annual Brief. In addition, the

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reporting format will be updated to better structure the report to better identify the changes made to drive the continuous improvement process.

### 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 151 separate academic programs, administrative units, and Core Competency 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.

### Finding. Target Met.

**Analysis.** In AY 2017-2018 the target was met. Based on the analysis of the AY 2017-2018 results in 2018-2019 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 added a more robust Capital Outlay update and the introduction on communications architecture. 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 took 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 2019 fall semester.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will schedule the brief to latter in the year to facilitate additional attendance from faculty, staff, alumni, community members and other stakeholders.

### 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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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. Target Met.**

**Analysis.** In 2017-2018 the target was met. Based on the 2017-2018 results, in 2018-2019 only the new fifth-year SACSCOC requirements have been apportioned to the appropriate offices to ensure they are incorporating them 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. In 2018-2019 the standards required for the SACSCOC Fifth -Year Report have been scheduled on the Universities Strategic Planning Team Calendar so that each standard is addressed in detail by the entire committee. The current timeline runs from March 2020 through August 2020.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will provide the driving force to establish draft reports for each standard identified in the SACSCOC fifth year report thereby driving continuous improvement.

### **Measure 3.2.**

All 151 academic programs, administrative units, and Core Competencies have designated space within the assessment management system, the Institutional Effectiveness website. Target is NLT 19 May 2019.

### **Finding. Target Met.**

**Analysis.** In 2017-2018 the target was not met. The focus remains on an analog assessment approach 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 updated the University IE website. The site serves as the host by which the University presents its formal IE related actions to include its response (s) to SACSCOC. In 2018-2019 the University determined it will continue to use an analog approach and not look to automate the assessment process near term. The IE Website will serve as the host for all assessment related data and is being marketed as a resource for the staff and faculty regarding assessment-related

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activity. In May 2019 the University submitted itself for the NIOLA Excellence in Assessment award as a validation of its approach. The expected outcome of the submission is expected in December 2019.

**Decision, action or recommendation.** Based on the analysis of the 2018-2019 results, in 2019-2020, the Director of Institutional Effectiveness will update and organize the website to better serve the University Community.

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

- The Director of Institutional Effectiveness established a method to better integrate College Deans and Vice Presidents into providing the forcing function and quality control of their programs and unit assessments. As a result, in 2018-2019 College Deans participated in the University Strategic Planning Team meeting as members while routinely attending the University Assessment Committee meetings.
- Built tools to address continuity of operations as well as a University plan for the SACSCOC fifth-year review. As a result, in 2018-2019 a plan of action and associated timeline for the fifth-year review was developed. Each requirement has been apportioned to the appropriate university office. The University will complete the fifth-year report no later than 2022 in order to have twelve months from the submission date (2023) to refine the report.
- The University Strategic Planning Team has conducted a complete mission analysis of the University's mission. As a result, the University will submit for approval the updated University mission in 2019-2020.
- The university conducted a mid-year review. In addition, the senior leadership worked through every decision and recommendation remaining from the 2017-2018 assessment report as part of this process.
- The University institutionalize the approach to assessment across all degree programs and units ensuring that each addresses the three primary components of SACSCOC new Core Standard 8.2, formerly CS 3.3.1.1, those being the identification of student learning – service outcomes for each academic program and unit, and now also University Core Competencies through assessing the extent to which those outcomes are achieved; and provides enough evidence of improvement based on the analysis of the results. As a result, in 2018-2019 the University added all certificate programs and the six University Core Competencies to the assessment process.
- the SACSCOC Fifth -Year Report have been scheduled on the Universities Strategic Planning Team Calendar so that each standard is address in detail by the entire committee. The current timeline runs from March 2020 through August 2020.

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- Developed mid-year assessment model.
- Initiated a comprehensive core curriculum assessment process focused on system-wide competencies.
- Revamped Mid-Year update brief to the President making the brief more holistic highlighting areas of success and those needing more focus or decisions to be made.
- the Director of Institutional Effectiveness updated the University IE website. The site serves as the host by which the University presents its formal IE related actions to include its response (s) to SACSCOC. In 2018-2019 the University determined it will continue to use an analog approach and not look to automate the assessment process near term. The IE Website will serve as the host for all assessment related data and is being marketed as a resource to the staff and faculty regarding assessment related activity. In May 2019 the University submitted itself for the NIOLA Excellence in Assessment award as a validation of its approach. The expected outcome of the submission is expected in December 2019.

### Plan of action moving forward.

The University will continue to leverage the Institutional Effectiveness Model in a systematic and comprehensive fashion. The University senior leadership remains the forcing function to establish the culture of continuous improvement. The purpose, reasoning, and value of assessment is slowly becoming clear to University administrators, faculty and staff. The tangible value in this process directly impacts organizational improvement and is being more understood across campus. We must continue to right-size our assessments, having run through three iterations and gained a far better understanding of 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 routinely.