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Managing Your Timeline, People and Resources: How Not to Let Reaffirmation Sneak Up on You

Dr. Ying Zhou, Associate Provost for Institutional Planning, Assessment and Research
Dr. Cyndi Bellacero, Director for Academic Planning and Accreditation, SACSCOC Liaison

Presentation Outline

- Background – ECU's reaffirmation cycle
- Lessons learned from the Fifth-Year Interim Report
- Multi-year reaffirmation timeline
- Leadership structure to support reaffirmation effort
- Facilitation of committee work
- Q&A

East Carolina University

Public 4-year University located in Greenville, NC

4th largest of 17 institutions in University of North Carolina System

87 Baccalaureate Degree Programs | 68 Master's Degree Programs
5 Professional Practice Doctoral Programs
13 Research/Scholarship Doctoral Programs
85 Certificates | 2 Specialist Degree Programs

Fall 2020: enrollment of 28,798 with 23,056 undergraduates and 5,742 graduate students
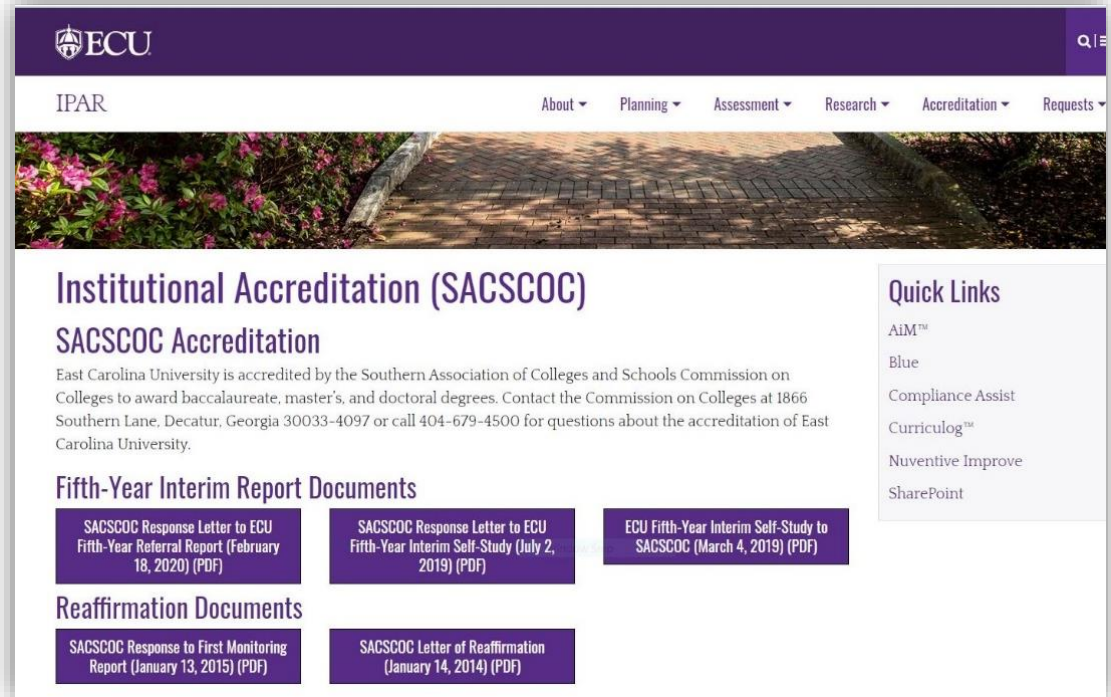
Fifth-Year Interim Report

As part of the SACSCOC accreditation cycle, ECU submitted the Fifth-Year Interim report in March 2019.

22 SACSCOC Standards Addressed

8 Work Groups Involved

1,918 Hyperlinked Supporting Documents

Self-study and SACSCOC Letters Available on IPAR Website

Fifth-Year Report Lessons

Plan for your decennial reaffirmation right after the Fifth-Year Report.

Processes that Needed Improvement

- Program Coordinator Audit (6.2c)

- Institutional Effectiveness and Administrative Effectiveness (7.1/7.3)

New Process 1: Annual Program Coordinator Audit

Issues

- Coordinator names published in the Catalog were not always up-to-date.
- Some departments did not define program coordination or oversight responsibilities in their Unit Code of Operations.
- No clear definition of program coordinator qualifications. Faculty qualified to teach courses in a program may not be qualified to serve as a coordinator.

Solutions

- Policy – working with Faculty Senate to add "responsibility for program coordination and curriculum oversight" as a required component of Unit Codes
- Data – Academic Planning and Accreditation maintains a roster of program coordinators in Banner
- Oversight – annual program coordinator qualification audit in fall

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East Carolina University

Program Coordinator Academic & Professional Qualifications Statement
For Degree/Certificate

Date: _____

Name:	PirateID:
College/School: *(in which program is housed)*	**Department:** *(in which program is housed)*
Program title(s) & Degree(s) (include degree level): *Only one form is needed for a faculty member that oversees multiple programs with the SAME CIP code*	
Program CIP code: 	
Co-coordinator name: *In the event of co-coordinators, please use a separate qualification sheet for each.*	
Is the current coordinator accurately listed in the current ECU catalog under the program information? ☐ Yes ☐ No	

Academic Qualifications and Professional Experiences

List qualifying degree(s) *earned* and include discipline.	Degree	Discipline

List any qualifying certifications/licensures:

In the space below, please specify examples of research/publications/presentations/professional services/creative activities/or work experience related to the programmatic field <u>as listed on the individual's CV.</u>

In the space below, please list any honors or awards:

Narrative (to be completed by chair or dean)

In the space below, please write a paragraph summarizing the coordinator's qualifications and credentials for leadership in the development and review of the curriculum. Be sure to address the nature of the curriculum in relation to coordinator qualifications. This section will be included in the SACSCOC program coordinator database.

New Process 2: Oversight of Unit Strategic Planning

Issues

- No oversight of the implementation of the university's strategic plan.

- Academic units submit progress reports annually, but no one reads them.

- Administrative divisions do not submit an annual report, but some administrative offices do report both operational and strategic goals in their annual outcome assessments.
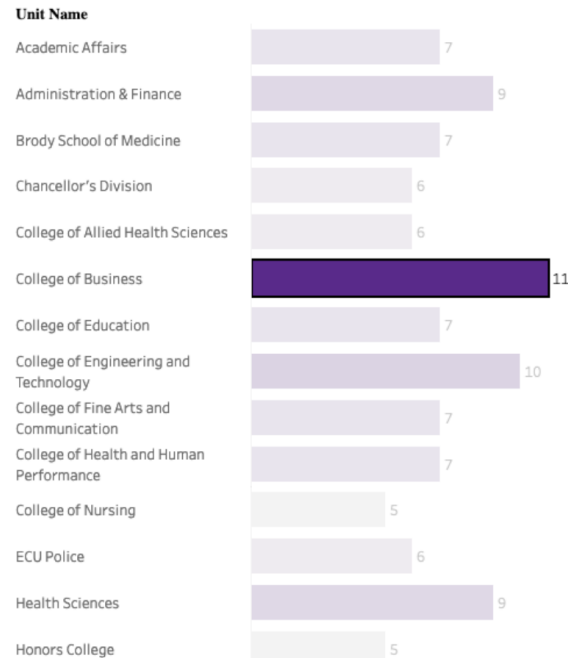
Solutions

- Establishing a standing strategic planning committee.

- Requiring administrative divisions to submit an annual update. When possible, consolidating strategic plan updates with annual assessment.

- Conducting a review of annual reports and meeting with unit heads about review results.

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Alignment Dashboard

Click on the bars below to see an overview of the alignment between each unit-level strategic plan and the university goals in ECU's *Capture Your Horizon* Strategic Plan 2017-2022. Then hover over the circles to view more information.

Number of University Goals that Each Unit-Level Plan Aligns with

Unit Name

Unit	Value
Academic Affairs	7
Administration & Finance	9
Brody School of Medicine	7
Chancellor's Division	6
College of Allied Health Sciences	6
College of Business	11
College of Education	7
College of Engineering and Technology	10
College of Fine Arts and Communication	7
College of Health and Human Performance	7
College of Nursing	5
ECU Police	6
Health Sciences	9
Honors College	5

Alignment between Unit Objectives and University Goals

- First Commitment - Maximize Student Success
- Second Commitment - Serve the Public
- Third Commitment - Lead Regional Transformation
- Our Responsibilities

University Goal 3.5 # of Objective: 3
University Goal 4.5
University Goal 2.5
University Goal 3.4
University Goal 3.3
University Goal 1.1
University Goal 1.2
University Goal 4.2
University Goal 1.4 # of Objective: 2
University Goal 1.3 # of Objective: 2
University Goal 4.4 # of Objective: 2

Strategic Plan 2017-2022

This interactive mapping dashboard demonstrates alignment between institutional strategic plan and division and college-level strategic plans.

10

2020-21 Strategic Planning Committee Timeline
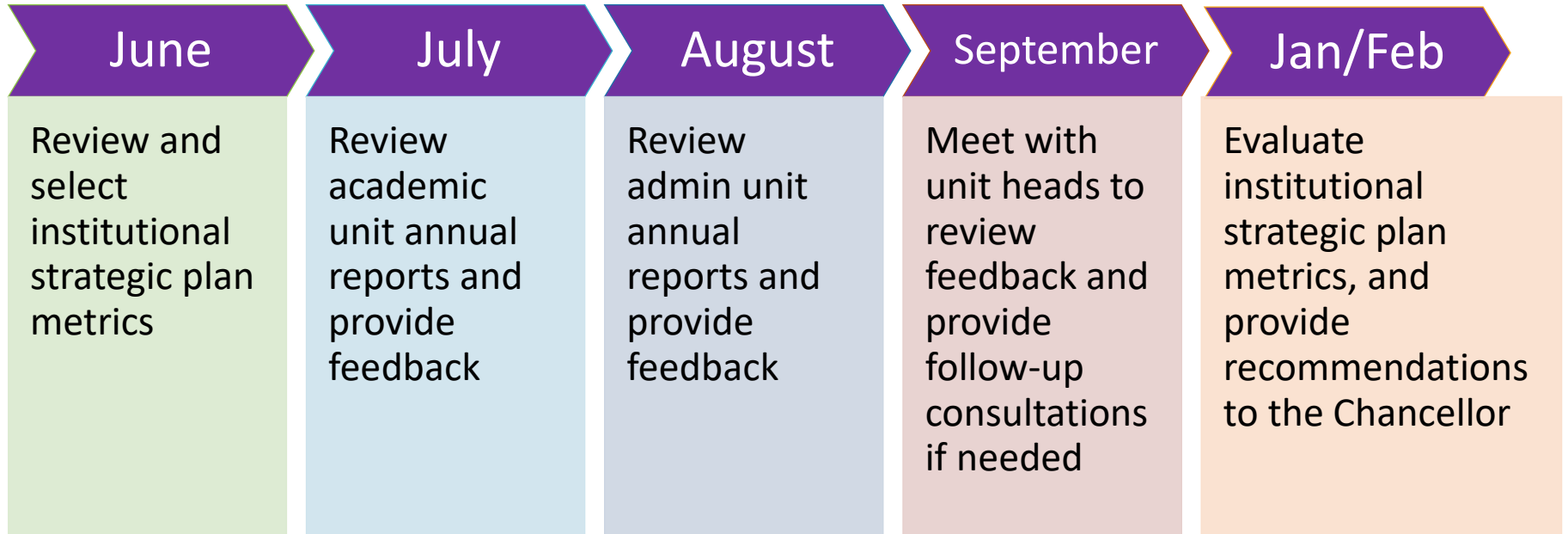
June	July	August	September	Jan/Feb
Review and select institutional strategic plan metrics	Review academic unit annual reports and provide feedback	Review admin unit annual reports and provide feedback	Meet with unit heads to review feedback and provide follow-up consultations if needed	Evaluate institutional strategic plan metrics, and provide recommendations to the Chancellor

Unit Annual Report Review Rubric

Unit Name: _____

Total Number of Objectives: _____
Number of Objectives by Objective Status: Planning ____ Implementing ____ Completed ____ Deferred ____

Unit Strategic Plan Update						
Criteria:	**Feedback Rating: Developing (1), Sufficient (2), Exemplary (3), or Not Applicable (NA)**					
	Obj. 1	**Obj. 2**	**Obj. 3**	**Obj. 4**	**Obj. 5**	**Comments**
Metrics: Metrics are measurable, meaningful, and are clearly aligned to the Unit Objective. In instances when the unit decides to modify or replace metrics, the unit offers an explanation and/or identifies the new metric(s).	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
Actions Taken: Actions Taken are present, related to the objective, and described completely. A detailed description, including a summary of the progress made toward meeting the objective is provided by the unit.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
Metric Results: Metric Results are presented clearly and in alignment to the stated metric(s). Strong data informed evidence of achievement is provided.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
Actions Planned: Actions planned are present, related to the objective, and described completely. The action plan reflects efforts that will move the unit towards achieving the objective.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	

Resource Alignment and Planning		
Criteria	**Rating: Developing (1), Sufficient (2), and Exemplary (3)**	**Comments**
2019-20 Resource Alignment and Planning: A complete description of how resources were allocated is included and clearly documents resources were allocated in an appropriate and thoughtful manner.	Choose an item.	
2020-21 Resource Alignment and Planning: A complete description of how resources will be allocated is included and clearly documents resources will be allocated in an appropriate and thoughtful manner. The planned allocation of resources demonstrates how the unit will move towards achieving the objective.	Choose an item.	

New Standards to Consider

- Board Self-evaluation (4.2g)
- Student Debt (12.6)
- Policy Compliance (14.5)

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New Process 3: Board Self-Evaluation

Issues

- Governing board was reviewed every four years, which was facilitated by a consulting firm.

Solutions

- Establishing a new mid-cycle internal self-evaluation.

- A self-assessment survey was conducted in September.

- University Counsel conducted a board orientation, and the Board Chair led a discussion of self-assessment results.

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New Process 4: Student Debt Management

- Inventoried processes already in place

- Meet with key stakeholders

- Identified content relevant for student debt management

- Packaged content into engaging modules in our LMS

For more information join our session tomorrow:

CS-120 Guiding Students in Debt Management: Compliance with Standard 12.6

11:00 am – 12 pm

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Financial Literacy Modules

Financial Literacy

Budgeting   Dealing with Debt   Repaying Loans   Grow Wealth   Help

Welcome to Financial Literacy

Welcome to the Financial Literacy Course! Understanding how money works can be the difference between growing wealth or spending the best years of your life paying your money to lenders. This course is designed to teach you the secrets of building wealth, living on a budget, and managing debt.

Start Here

BUDGETING

Take control of your money by creating an effective budget that will lead you to your financial dreams.

Budgeting

DEALING WITH DEBT

Learn the techniques used by champions to defeat debt and shake the shackles of financial stress.

Dealing with Debt

PAYING YOUR LOANS

Learn the loan lingo required to fit in with the bankers and prepare to start paying off those student loans!

Paying Your Loans

LIFE AFTER COLLEGE

No matter what career you choose, learn how to build and grow wealth that can last a lifetime.

Life After College

Monitor SACSCOC Website

- **Interpretation of Standards and Core Requirements**
  - 8.1: Student Achievement
  - 8.2a: Student Outcomes, Educational Programs
  - 9.3: General Education Requirements
- **Policy Updates**
  - Too many to list!

- **Guidelines**
  - Faculty
  - Distance Education
- **Position Statements**
  - Transfer Credit
  - Impact of Budget Reductions
  - Pandemic Impacts
- **Compliance Certification Template**
  - Look for extra information such as in 14.5 (a & b) and notes in blue text

13.8   The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.
(Institutional environment)
[Note: An institution should also include information about the status of any open or closed investigations by the U.S. Department of Education's Office of Civil Rights related to sexual violence that were active at the time of, or have occurred since, the institution's last comprehensive review. If there have been no such investigations, the institution should indicate as much.]

___ Compliance   ___ Non-Compliance   ___ Partial Compliance

Narrative:

Section 8: Student Achievement

8.1   **The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.**
(Student achievement) **[CR; Off-Site/On-Site Review]**
[Note: Each member institution has chosen a specific metric with SACSCOC for measuring graduation rate and analyzing that measure of student success. As part of its response to this standard, the institution should identify its chosen metric; provide appropriate data regarding its performance as measured by that metric (including its baseline data, goals, and outcomes); and discuss any changes it has made based on its analysis of this graduation-rate data. Institutions are also required to disaggregate their graduation data in appropriate ways; they should discuss that disaggregated data and any changes made as a result of analyzing that data.]

___ Compliance   ___ Non-Compliance   ___ Partial Compliance

Narrative:

5. The institution complies with SACSCOC's policy statements that pertain to new or additional institutional obligations that may arise that are not part of the standards in the current *Principles of Accreditation*. *(Policy compliance)*

(Note: For applicable policies, institutions should refer to the SACSCOC website: www.sacscoc.org)

14.5.a **"Reaffirmation of Accreditation and Subsequent Reports"**

Applicable Policy Statement. If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution's role with in that system.

Documentation: The institution should provide a description of the system operation and structure or the corporate structure if this applies.

___ Compliance   ___ Non-Compliance   ___ Partial Compliance

Narrative:

14.5.b **"Separate Accreditation for Units of a Member Institution"**

Applicable Policy Statement. If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country.

Implementation: If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. No response is required by the institution.

___ Compliance   ___ Non-Compliance   ___ Partial Compliance

Narrative:

ECU's Reaffirmation Timeline

| Summer 2019- Summer 2020 | Fall 2020 – Fall 2021 | Summer 2021 – Summer 2022 | Fall 2022 |

Comprehensive Compliance Audit

- Identify and address risk areas
- Prioritize standards
- Identify SME
- Set up leadership structure and workgroups

First Draft of Compliance Certification

- Hold workgroup orientations
- Review Resource Manual, ECU old narrative, & other institution's narratives
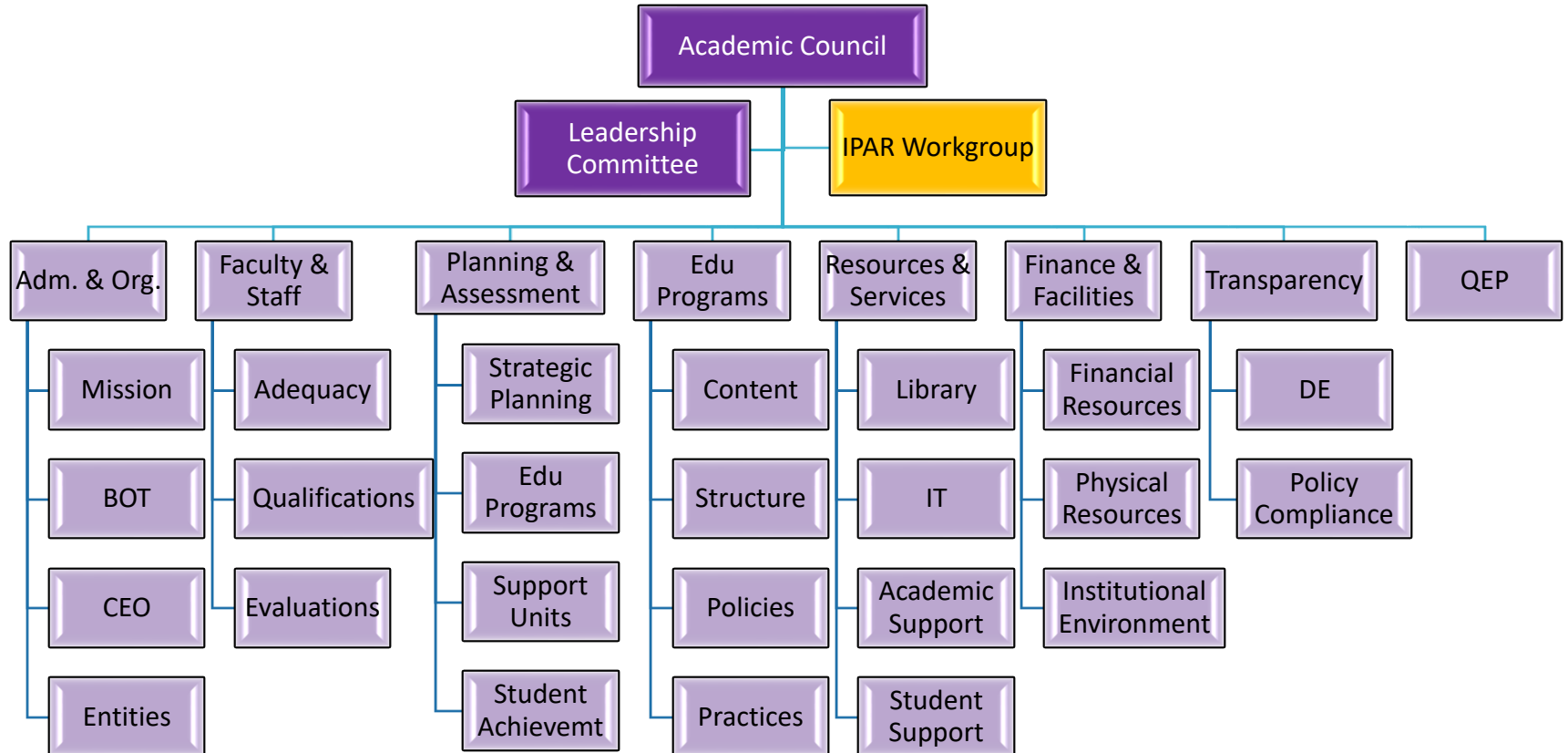- Assign standards to SMEs

Review, Revision and Assembly

- Set up rolling deadlines
- Conduct internal review
- Conduct external review
- Address feedback and finalize the report

| QEP Topic Selection | QEP Development |

Committee Structure

Academic Council

Leadership Committee

IPAR Workgroup

Adm. & Org.
- Mission
- BOT
- CEO
- Entities

Faculty & Staff
- Adequacy
- Qualifications
- Evaluations

Planning & Assessment
- Strategic Planning
- Edu Programs
- Support Units
- Student Achievemt

Edu Programs
- Content
- Structure
- Policies
- Practices

Resources & Services
- Library
- IT
- Academic Support
- Student Support

Finance & Facilities
- Financial Resources
- Physical Resources
- Institutional Environment

Transparency
- DE
- Policy Compliance

QEP

Work Group Assignments

Workgroup	Major Contributor/Coordinator	Assigned Standards
1. Administration and Organization	University Counsel, Chief of Staff, Assoc Provost for IPAR	Mission (2.1), Governing Board (4.1-4.3), Administration and Organization (5.1-5.3)
2. Faculty and Staff	HR, IR Director, SACSCOC Liaison	Qualified admin/acad officers (5.4), Personnel appointment and eval (5.5), Faculty (6.1-6.5)
3. Planning and Assessment	Dir. of Assessment	Institutional Planning and Effectiveness (7.1-7.3), Student Achievement (8.1-8.2)
4. Educational Programs	Faculty Senate, Dir for Academic Planning and Development/SACSCOC Liaison	Educational Program Structure & Content (9.1 - 9.7) Educational Policies, Procedures, & Practices (10.1 - 10.9)
5. Resources & Services	IT, Libraries, Student Affairs, Accreditation Support Staff	Library & Learning Resources (11.1 - 11.3) Academic & Student Support Services (12.1 - 12.6)
6. Finance & Physical Resources	Chief Financial Officer, Assoc Dir for Space Planning	Financial & Physical Resources (13.1 - 13.8)
7. Transparency	SACSCOC Liaison, Dir. of Assessment	Transparency & Institutional Representation (14.1 - 14.5)
8. Quality Enhancement Plan	SACSCOC Liaison and QEP Director	Quality Enhancement Plan (7.2)

Membership Selection

- Vice Chancellors – Finance, Advancement, Legal Affairs, etc.
- Involvement of the Chancellor's Division (Chief of Staff)
- Representatives appointed by Vice Chancellors
  - Student Affairs, Facilities, Human Resources
- Faculty Senate Leadership
- University Curriculum Committees (GEIEC, UCC, GCC, and EPPC)
- Individual subject matter experts based on each principle

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Committee Support

- Orientation and Training
- Editing
- Electronic Systems
- Internal Review
- External Review

Teams Site

Review Applicable Policies (e.g., ECU PRR/SOP, UNC, NCAA, etc.)

What are our current policies/ practices? What PRR's and SOP's should we review?

➡️

Where are the policies and SOP's published? How are they communicated to those impacted by them?

➡️

Did we follow our policies? What evidence would you use to demonstrate compliance?

➡️

Who are the additional Subject Matter Experts for this committee?

Review 2013 Compliance Certification Report

Questions to Consider

- Who is responsible for what now? What is new? What has changed?
- Did the old narrative cover all required expectations? If not, what is missing?
- What evidence just needs to be updated (examples: org charts, syllabi, etc.)
- What additional evidence can we provide?

Review Examples from Other Institutions

Questions to Consider

- What policies did the institution cite?
- What evidence did it provide?
- How did it make a convincing case?
- What can we learn from its narrative?

Quality Enhancement Plan: Development Timeline

Call for QEP Concept Papers: Fall 2020 (due Jan. 2021)

Initial Review and Selection: Jan. – Mar. 2021 (to select 2-3 concept papers for development)

QEP Proposal Development: Mar. – Aug. 2021

Campus-wide Review and Selection: Fall 2021 (to select one proposal by Dec. 2021)

QEP Development and Marketing: Jan. – Dec. 2022 (due six weeks before on-site review)

Quality Enhancement Plan: Committee Structure
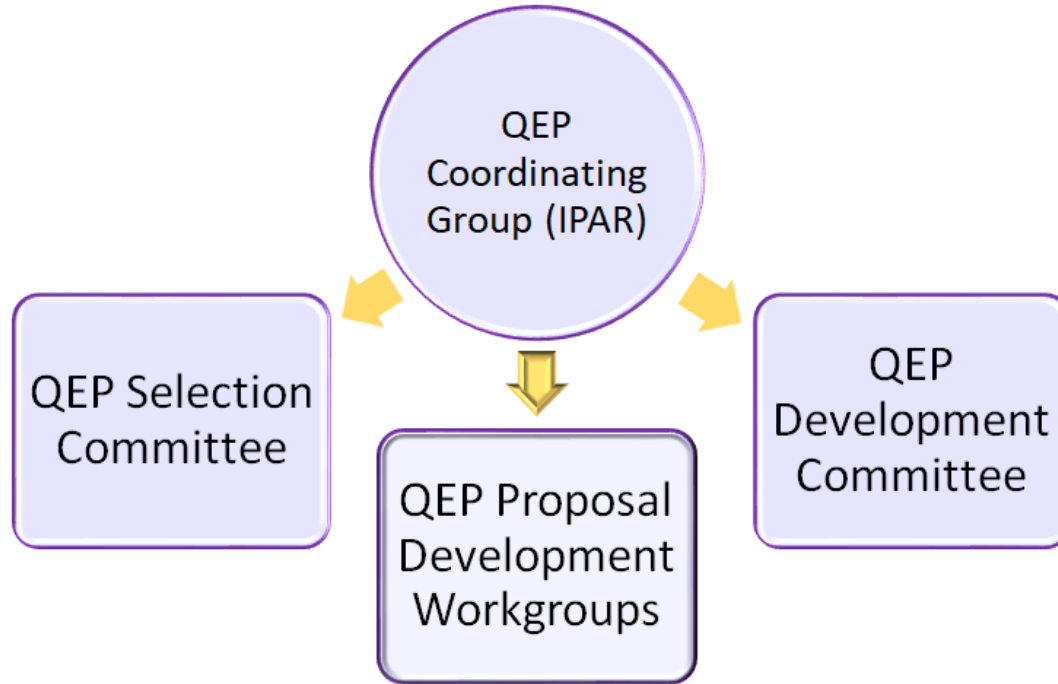
Questions?

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Thank you for your participation!