**Appendix G** Administrative Unit Program Review for Office of Institutional Effectiveness (OIE) (formerly IRPO)

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| AU Full Official Name | | Office for Institutional Effectiveness  (formerly Institutional Research and Planning Office, IRPO) | | | | | | | | | | |
| Campus | National | | | AU Review Submission Date | | | | | | 30 NOV 2017 | | |
| Completed by | VPIEQA | | | AU Review Cycle | | | | | | 2015-2017 | | |
| Supervisor | President, CEO | | | Date submitted to Supervisor | | | | | | 30 NOV 2017 | | |
| **Mission and Goals** | | | | | | | | | | | | |
| The Institutional Mission, Vision, Core Values, and Goals drive all college’s activities. Describe how your unit support each of these | | | | | | | | | | | | |
| **Institutional Mission**  The College of Micronesia-FSM is a **learner-centered institution** of higher education that is committed to the success of the Federated States of Micronesia by providing academic and career & technical educational programs characterized by **continuous improvement** and **best practices**. | | | **How OIE supports the college’s mission:**  [IEQA’s Department mission statement](http://www.comfsm.fm/?q=ieqa) effectively articulates how the department support’s the college mission:  *Institutional Effectiveness & Quality Assurance* assesses and **supports the capacity and extent to which the college fulfills and maintains its mission**; while fostering and embedding a college culture of **sustainable continuous quality improvement** and collaboration at all institutional levels.  At the core of effectiveness and ongoing **quality improvement** is a **focus on student learning and student success**.  Leadership and guidance are provided to the college community to **ensure accountability as accreditation and regulatory standards are understood and met, and/or exceeded at all times**.  OIE ensures **mission fulfillment** through the use of [mission fulfillment indicators](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators), **academic quality** through [institution set standards](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators), and **achievement of institutional priorities** through the [*strategic plan*](http://www.comfsm.fm/?q=strategic-plan) and its measures of success.  The VPIEQA also serves as the college’s **accreditation liaison officer (ALO)** to the Accrediting Commission of Community and Junior Colleges (ACCJC), Western Association of Schools and Colleges (WASC). A specific role of the ALO as per the ACCJC *Policy on the Role of Accreditation Liaison Officers* is to stay knowledgeable about accreditation, including the Eligibility Requirements, Accreditation Standards, and Commission policies; promote an understanding of accreditation requirements, quality assurance, and institutional effectiveness among the constituencies at the college; and communicate information about accreditation and institutional quality that is available from the ACCJC, including letters sent to the institution and materials posted to the ACCJC’s website.  **Previous structure**: OIE staff🡪 Director of OIE 🡪 Dean of Assessment 🡪 Vice President for Institutional Effectiveness and Quality Assurance (VPIEQA)  **New structure**: OIE staff🡪 VPIEQA (dean and director positions have been eliminated)  Effectively, OIE has become Institutional Effectiveness and Quality Assurance (IEQA) and a decision for retaining the separate office name and budget for OIE, or instead now referring to the reduced unit as IEQA with only one budget (combine VPIEQA and OIE budgets) will need to be determined by Cabinet and the President. | | | | | | | | | |
| Institutional Vision  We provide quality education today for a successful tomorrow. | | | **How OIE supports the vision:**  VPIEQA’s [major functional responsibilities](http://www.comfsm.fm/accreditation/files/5-31/VPIEQA-Job-description.pdf) includes providing leadership in accordance with the mission, vision, and core values established by the college, furthering goals and strategic initiatives. As already noted, through the use of [mission fulfillment indicators](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators) and [institution set standards](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators), OIE keeps the college focused on providing quality education. | | | | | | | | | |
| Institutional [Core Values](http://www.comfsm.fm/dcr/misc/Core_Values.pdf)  Community   * Commitment * Excellence * Learner-Centeredness * Professionalism * Teamwork | | | **How OIE supports the Core Values**:  VPIEQA and OIE lead the process to review and revise the college’s core values and to articulate them into best practices. The values are used in personnel evaluations for the office and the values are used on a daily basis to guide practices. As noted by the core values.  ../../../../../../../Dropbox/Screenshots/Screenshot%202017-12-08%201 | | | | | | | | | |
| Institutional Strategic Directions  **I. Innovate academic quality to ensure student success**  Ensure student success by decreasing time to completion and increasing student satisfaction, persistence, retention, and graduation rates by innovating academic quality and enhancing student support services.  **II. Strengthen resources to meet current and future needs**  Strengthen resources to meet current and future needs through revenue diversification, efficient use, innovation, effective allocation, conservation, infrastructure upgrades, and investment in human capital. | | | **How OIE supports the strategic directions**:  VPIEQA led the visioning process for mission review, vision, and for the development of institutional priorities in the form of the [*Strategic Plan 2018-2023*](http://www.comfsm.fm/strategic-plan/2018/COM_FSM_Strategic_Plan_2018_2023-1.pdf). VPIEQA has led the [strategic plan evaluation](http://www.comfsm.fm/strategic-plan/2016/SP_EVAL_2014_2015.pdf). And, VPIEQA provides updates at quarterly [BOR meetings](http://www.comfsm.fm/?q=bor-agenda-listing) on strategic plan performance, and performance on other key institutional metrics.  OIE reports on strategic plan performance for its identified measures of success. In addition, through the engagement of relevant stakeholders, OIE ensures relevant data are used to inform institutional decisions and improve institutional effectiveness and academic quality.  [*Strategic Direction II, Measure of Success*](http://www.comfsm.fm/?q=strategic-plan)*: 1. Operating costs reduced by 5% by innovating and streamlining services and processes.*  By innovating and streamlining services and processes, OIE has been able to assist the college towards the achievement of Strategic Direction II by permanently eliminating two administrative-level positions (dean of assessment & director of OIE) and thus reducing overall operating costs.  *8. Invest in employee development and capacity building to improve practices.*  OIE staff have completed courses in institutional research, plan to register for and complete additional courses, and have begun SQL programming training for enhancing analytics and dashboards. | | | | | | | | | |
| **AU Mission, Goals, and Objectives)** | | | | | | | | | | | | |
| IEQA Mission Statement  *Institutional Effectiveness & Quality Assurance* assesses and supports the capacity and extent to which the college fulfills and maintains its mission; while fostering and embedding a college culture of sustainable continuous quality improvement and collaboration at all institutional levels.  At the core of effectiveness and ongoing quality improvement is a focus on student learning and student success.  Leadership and guidance are provided to the college community to ensure accountability as accreditation and regulatory standards are understood and met, and/or exceeded at all times. | | | Relevant IEQA/OIE Strategic Goals for delivering on the IEQA Mission Statement:   * Lead, monitor, evaluate, and implement all college planning processes with broad-based participation and robust, self-reflective constituent dialogue leading to a learning-centered community college. * ~~Lead, coordinate, and~~ document systematic, ongoing assessment of all programs and student learning outcomes to inform changes necessary towards improving student learning. * Generate comprehensive reports and communicate results of ongoing institutional assessments to inspire self-reflective constituent dialogue and ongoing quality improvement across the college. * Develop and promote frameworks for research at all levels of the college. * Communicate documented assessment results with quality assurance issues to relevant constituents to assure quality is maintained. * Support institutional decision-making by providing timely quantitative and qualitative data to inform planning processes. * Promote development of an evidence-based decision-making culture for the college. * Promote and enhance a college culture of collaboration. * Help the college ensure, through planning processes, institutional resources are allocated to support student learning. * Lead and guide the college community to ensure accreditation eligibility requirements and standards are met and/or exceeded. * Establish and maintain effective communication and partnerships with community organizations, government agencies, state departments of education, and other entities involved with COM-FSM programs and services, as it relates to accreditation and quality assurance. * Promote an informed community. | | | | | Objectives  See attached assessment reports from 2015 and 2016 and the Program Review from 2015 (years 12-14)   * [TracDat Report 2016-2017](http://wiki.comfsm.fm/@api/deki/files/5129/=FY2017_QANCIE_TracDat.pdf) * [Program Review 2015 (years 12-14)](http://wiki.comfsm.fm/@api/deki/files/3969/=IRPO_Program_Review_2015_FULL.pdf?revision=1) * [TracDat Report 2014-2015](http://wiki.comfsm.fm/@api/deki/files/3721/=IRPO_Assessment_AUO_-_2014-15_TracDat.pdf?revision=1) * [Program Assessment 2012\_2013](http://wiki.comfsm.fm/@api/deki/files/1751/=FY2013_QANCRP_W2.pdf?revision=1)   Some goals have been modified as a result of the program review process.  Notes:  This goal has been modified:  *~~Lead, coordinate, and~~ document systematic, ongoing assessment of all programs and student learning outcomes to inform changes necessary towards improving student learning.*  Because lead and coordinating duties have been moved under the dean of academic programs (DAP) and instructional affairs (IA)  This goal has been modified:   * Help the college ensure, through planning processes, institutional resources are allocated to support student learning.   Because OIE/IEQA cannot alone ensure this goal is met.  These departmental strategic goals are relevant to the Information and Technology Office (ITO) and are addressed in their program review rather than here:   * Support student learning by providing quality IT services to students and the college community. * Support institutional data through development and maintenance of a secure Student Information System (SIS) and integration of institutional support software. | | | | |
| **AU Description, Data and Trends Analysis** | | | | | | | | | | | | |
| Describe the purpose, components, and staffing of the AU | | |  | | | | | | | | | |
| **Current Staffing**. Complete the table below | | | | | | | | | | | | |
| **List each position by classification** | | | **Percent of**  **Employment** | | **Months per Year of**  **Employment** | | | | **Source of Funding** | | | **FTE** |
| Vice president for institutional effectiveness and Quality Assurance (VPIEQA), Accreditation Liaison Officer (ALO) | | | 100% | | 12 | | | | Annual Budget | | | 1 |
| Institutional Researcher I | | | 100% | | 12 | | | | Annual Budget | | | 1 |
| Institutional Researcher II | | | 100% | | 12 | | | | Annual Budget | | | 1 |
| **Other Resources**. Complete the table below | | | | | | | | | | | | |
| **List each position/resource by classification** | | | **Services Provided** | | | | **Number of Hours** | | **Overall Cost** | | **Source of Funding** | |
| TracDat | | | Institutional organization and storage of assessment and program review goals, data, and results | | | |  | | $15K/year | | Annual budget | |
| Community College Survey of Student Engagement ([CCSSE](http://www.ccsse.org/)) | | | Data to inform decision-making and improve student engagement | | | |  | | $6K/biennially | | Annual budget every other FY | |
| National Community College Benchmark Project ([NCCBP](https://nccbp.org/)) | | | Data to inform decision-making and improving academic quality and institutional effectiveness | | | |  | | $1400/year | | Annual budget | |
| American Association of Community Colleges (AACC) Voluntary Framework of Accountability ([VFA](https://vfa.aacc.nche.edu/Pages/default.aspx)) | | | Data to inform decision-making and improving academic quality and institutional effectiveness | | | |  | | $1200/year | | Annual budget | |
| [SurveyMonkey](https://www.surveymonkey.com/) | | | Online survey admin software | | | |  | | $300/year | | Annual budget | |
| Association for Institutional Researchers ([AIR](https://www.airweb.org/)) | | | Professional resources, training, & development | | | |  | | $700/year | | Annual budget | |
| Society for College and University Planning ([SCUP](https://www.scup.org/)) | | | Professional resources, training, & development | | | |  | | $300/year | | Annual budget | |
| [Sandy Pond Associates](http://www.sandypondassociates.com/): Higher Education Consulting Services | | | Supported VPIEQA & OIE in absence of a director (FY17) and ensured data integrity and OIE staff capacity building. Completed an Administrative Review of the office formerly titled as Institutional Research and Planning Office (IRPO). | | |  | | | $17K | | President’s Contractual Fund | |
| [Periscope Data](https://www.periscopedata.com/) | | | Analytics and Dashboard Programming for Website Data | | |  | | | $4K | | Annual budget | |
| **Utilize the data provided in the above table in a discussion of the appropriateness of the staffing levels of the AU** | | | | | | | | | | | | |
| In the independent administrative review of the office, published April 2015, the college was commended for having three full-time employees and noted that, “Most colleges the size of COM-FSM have only one full-time research employee” (p. 22). A second commendation noted that “members report efforts to continuous [sic] improve and broaden their skills sets via college courses, free, online MOOCs, and/or participation in research and planning related organizations and event” (p. 22). In FY2017, the director position remained open.  Through professional development, the assumption of additional responsibilities, outsourcing and data automation (Periscope Data), and with consultant capacity building support, the VPIEQA and two OIE staff members have been able to perform the duties of the office. Thus, in October 2017, it was determined that the director position was no longer needed. Additionally, the dean of assessment position to whom the director of OIE reported was also eliminated and responsibilities were absorbed by the dean of academic programs (DAP), VPIEQA, and OIE staff. The two OIE staff now directly report to VPIEQA. The VPIEQA and two staff positions were reclassified with additional job duties articulated in revised job descriptions. The two staff positions were retitled Institutional Researcher I and Institutional Researcher II.  Further, the VPIEQA continues to share an administrative assistant with the president’s office. The VPIEQA budget is currently separate from that of OIE but will likely be merged for future fiscal years. Contributing to the achievement of the strategic plan and longer-term stability of the college, the department of IEQA has done much to invest in and foster the talent present for purposes of capacity building, improving practices, achieving efficiencies, reducing operating costs (salaries/housing/benefits), and strengthening resources to help meet current and future needs. | | | | | | | | | | | | |
| **How does this AU serve the population of the College?** | | | | | | | | | | | | |
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| **Since the previous AU program review, what significant changes have occurred that impact the services of the AU?** | | | | | | | | | |
| **Reduction in operating costs through reduced staffing.**  Since the dean of assessment and director of OIE positions were eliminated the organizational structure has been modified so that the two OIE staff now report directly to VPIEQA. These two OIE staff positions were retitled and reclassified as Institutional Researcher I and Institutional Researcher II with revised job descriptions that capture increased levels of responsibility. The VPIEQA position was also revised with a job description that captures increased levels of responsibility.  The VPIEQA office has relocated to the shared OIE space for purposes of enhancing teamwork and communications by proximally locating all team members, including an increased proximity to the director of Information Technology (who is another direct report of the VPIEQA). As a result, two office spaces in the administrative building were also freed for use by other offices.  **Training** Training has increased office and departmental capacity (elaborations contained below).  **Recommendations from the April 2015 Administrative Review and the resulting changes/actions**: | | | | | | | | | |
| **April 2015 Recommendations** | | | | | **Resulting Changes/Actions** | | | | |
| 1. Due to the differences in perceptions of IRPOs role in college planning efforts, it is recommended that the office’s role in planning be clarified, particularly since IRPO members have expressed a desire to be more involved in the college’s planning efforts. | | | | | VPIEQA leads planning and with the reorganized OIE directly reporting to VPIEQA, the OIE staff are more directly involved in planning: planning processes, plan development, data analytics, data analyses, plan performance, and plan evaluations. Currently, the support provided by OIE staff is focused on data analytics and the development of automated dashboards. Staff are training in SQL programming and they are collaborating with [Periscope Data](Product%20%20▾%20Customers%20Case%20Studies%20%20▾%20Resources%20%20▾%20Blog%20About%20%20▾%20Sign%20In%20Free%20Trial%20Data%20Teams,%20Unite.%20Deliver%20an%20end-to-end%20analytics%20workflow%20and%20enable%20powerful%20data%20team%20collaboration,%20all%20on%20a%20single,%20unified%20platform.%20%20Free%20Trial%20See%20Perisco) to automate data and dashboards. Program Data Sheets (PDSs) have already been automated. Automating these data also achieves efficiency and streamlining of processes that previously required many human hours--thus, further supporting the decision to eliminate two admin positions. And, this frees staff time to focus on reporting and discussing data with relevant stakeholders to inform decisions and improve IE. | | | | |
| 1. In order to create more robust professional development opportunities for IRPO member [sic], it is recommended that at least one office member become a member of AIR and that AIR resources and materials from AIR’s website ([www.airweb.org)](http://www.airweb.org)) be utilized and shared with the other members of the office. | | | | | VPIEQA and the two OIE staff are members of AIR. Both OIE staff have also completed two out of seven AIR [*Data and Decisions Academy*](https://www.airweb.org/EducationAndEvents/OnlineLearning/Academy/Pages/default.aspx) courses. One staff member received a presidential scholarship to assist with the cost of two AIR courses, and has recently applied for an additional scholarship. And, both OIE staff attended the 2017 AIR annual professional conference in DC to increase their professional development and to establish a network of other institutional researchers. September 2017, both OIE staff joined two members from ITO for training on SQL programming and creating dashboards with Periscope Data. Both OIE staff have been encouraged to continue their professional development and to seek a higher degree or complete an institutional researcher certification or program (through AIR or another organization). | | | | |
| 1. In order to improve the data literacy of COM-FSM employees, it is recommended that IRPO lead the establishment of a data users group at COM-FSM so that data governance and its related issues are regularly and widely discussed at the college. This recommendation can help address known data quality and integrity issues in the SIS and MIP systems and can help IRPO establish guidelines around timely producing more meaningful and interactive information displays that are made available and explained to other college employees (via in-person demonstrations and/or via IRPO’s website). This group could also be charged with helping prioritize the sequences of SIS enhancements. | | | | | IEQA is already organized, as a department, with the primary data users group (ITO and OIE) and the department meets with others who input data and utilize the SIS to prioritize SIS enhancements. Several SIS enhancements were prioritized and scheduled over the course of the last two years as a result in collaboration with ITO and enrollment management and student services (EMSS), such as:   * Linking SIS to an external Learning Management System (LMS) to allow SLO data tracking and reporting. (LMS =Schoology); * Development of an Integrated Admission Process in the SIS to improve capture rate of potential students and tracking and reporting those data; * Entry of potential students into the SIS at the time of COMET administration with contact preference; * Tracking of contact prior to registration/admission including generation of letters of acceptance and response; * Tracking of pre-admission process for transfer in students including entry of credits earned from other Higher Education Institutions (HEIs); * Financial Aid Process Enhancements including a Financial Aid Transcript to improve tracking, reporting, and completion rates. | | | | |
| 1. In order to help reduce any confusion, it is recommended that the two existing IRPO websites be merged into one. This recommendation may simply be a matter of taking the archived site offline and storing it locally. | | | | | The older IRPO website was archived and is offline. | | | | |
| 1. In order to fully address ACCJC Standard I.A.2 and I.A.3, it is recommended that the college establish a definition for mission fulfillment, complete with measurable indicators that are tied to resource allocations processes. In order to achieve this recommendation, IRPO has suggested the following:    1. Convene two planning sessions during the year with vice presidents and Management Team (and faculty representation, if possible).       1. The major planning session would occur in the summer for 2 to 3 days. The sessions would review, in detail, college data, assessments, and evaluations in order to identify possible issues to address during the upcoming year and to develop institutional priorities (with targets) to guide resource allocations.       2. This activity would close with each department and office developing operational plans with specific strategies and targets to allow the institutional priorities and targets to be met. This information could be used in the college’s TracDat system for assessment purposes.       3. It is believed that this approach clearly links planning, assessment, and resources allocation into a cycle that is documented.       4. A smaller working session could be held with instructional programs prior to the beginning of fall semester. The outcome of such a session would be the same as the summer session (mentioned above)—namely to create operational improvement plans that include specific strategies and targets that are linked with resource allocations and that can be used for program assessment (that is recorded in TracDat) and for performance-based budget development.       5. The second planning session could occur in late November to focus on progress, address any obstacles, and to share success stories. | | | | | VPIEQA led the development of mission fulfillment indicators in collaboration with Sandy Pond Associates and with support from OIE. The mission fulfillment indicators were used in the college’s December 2015, Institutional Self Evaluation Report ([ISER](http://www.comfsm.fm/accreditation/2016/Self_Evaluation/COMFSM_SELFEVAL_15DEC2015.pdf)) to ACCJC (pp. 58-67) to address Standard I: Mission. The Standard I justification for the mission statement received a Commendation (Commendation 4) from the [*External Evaluation Team Report*](http://www.comfsm.fm/accreditation/2016/Self_Evaluation/COMFSM_External_Eval_Report_2016.pdf) (p. 5 and pp. 17-19). During the visioning process, the college reviewed the mission and the mission fulfillment indicators, and those were reported in the college’s October 2017, [*Follow Up Report*](http://www.comfsm.fm/accreditation/COMFSM/Follow_Up_Report_15OCT2017.pdf) to ACCJC (pp. 45-46 & 49-50) and the process is also described in the college’s [*Strategic Plan 2018-2023*](http://www.comfsm.fm/strategic-plan/2018/COM_FSM_Strategic_Plan_2018_2023-1.pdf) (p. 5).  The [mission fulfillment indicators](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators) have been published on the college website since November 2015. Additionally, VPIEQA presents the mission fulfillment indicators to the [Board of Regents](http://www.comfsm.fm/?q=bor-agenda-listing) (BOR) during their quarterly meetings.  Additionally, as required by the USED with oversight by accrediting agencies, the college has established institution set standards (ISS). Those were also reported on in the December 2015, Institutional Self Evaluation Report ([ISER](http://www.comfsm.fm/accreditation/2016/Self_Evaluation/COMFSM_SELFEVAL_15DEC2015.pdf)) to ACCJC (pp. 33-36). The ISS were examined during the [visioning summit 2016](http://www.comfsm.fm/irpo/visioning-summit/2016/Visioning-Summit-2016-Report_29SEP2016.pdf), revised, and reported in the college’s October 2017, [*Follow Up Report*](http://www.comfsm.fm/accreditation/COMFSM/Follow_Up_Report_15OCT2017.pdf) to ACCJC and specifically addressed in Commission Recommendation 1 (pp. 30-50). The [ISS](http://www.comfsm.fm/?q=Institutional_Set_Standards_and_Mission_Fulfillment_Indicators) are also reported on the college’s website and VPIEQA presents the mission fulfillment indicators to the [Board of Regents](http://www.comfsm.fm/?q=bor-agenda-listing) during their quarterly meetings.  The college does not, nor has it previously used performance-based budgeting. The former IRPO/OIE director frequently confused the National Government Performance-based Budgeting system with the hybrid zero-based, balanced budget the college uses. The college must provide its budget to the National Government in their Performance-based budgeting software format, but that does not make the college’s budget one that is performance-based. The college budget is constructed anew annually, from zero. A cap is determined based on revenue projections. And, if/when revenue projections are not realized during the FY in which the budget is implemented, cuts are made to avoid accessing reserves. This action keeps the budget balanced and avoids the depletion of reserves.  Fundamental operational costs are built into each new budget and each and every college unit must justify additional allocations. Those justifications must be grounded in mission, institutional priorities (strategic plan, IEMP), accreditation, assessment results, and/or program review results. Additionally, all college units must tie their budgeted funds to outcomes that are grounded in the above-mentioned areas, and the results are captured in TracDat. Each college unit must ensure TracDat is updated and results recorded with supporting evidence at the close of each FY, prior to their next FY budget being released. Until completed, budgets are not fully released (no travel, non-essential purchases, for example).  The comptroller meets with cabinet at the outset of every cabinet meeting to provide financial reports and answer questions. The comptroller can also provide reports, as requested, for assessing performance. The comptroller also now directly completes the IPEDS Finance survey component. | | | | |
| * 1. Include additional fields in the MIP to allow tracking of expenditures against critical items such as the strategic plan, IEMP, institutional outcomes, and accreditation standards. | | | | | This is the role and decision of the vice president for administrative services (VPAS), comptroller, and the business office. | | | | |
| * 1. Provide IRPO with the ability to access and generate financial reports (no data entry) for inclusion in various reports (semester data reports, strategic plan evaluation, etc.). | | | | | OIE is able to request financial data and reports from the business office as needed. If financial data and reports are needed, to avoid confusion and ensure accuracy, these should be generated in collaboration with the comptroller. | | | | |
| * 1. Utilize, as appropriate and as available, MIP modules to improve the storage and reporting of Human Resources related information. | | | | | This is the role and decision of the VPAS, director of the human resources office (HRO), and HRO. OIE should obtain any HRO data in collaboration with the director of HRO to ensure accuracy and to protect the right to privacy of fellow employees. HRO also now directly completes the Human Resources IPEDS survey component and directly reports data to the board of regents (BOR). Most data that OIE would need regarding HR is available through IPEDS and BOR reports. | | | | |
| * 1. Establish a regular review process for the college’s strategic plan and the IEMP, as it appears that very few changes have been made in the IEMP in the past two years. IRPO can provide assistance to Instructional Affairs in this regard. | | | | | VPIEQA conducted a [*Strategic Plan Evaluation 2014-2016*](http://www.comfsm.fm/strategic-plan/2016/SP_EVAL_2014_2015.pdf). And, and an Integrated [*Educational Master Plan Evaluation Report 2013-2016*](http://www.comfsm.fm/vpia/misc/IEMP_Eval_Report_2016.pdf)was also initiated by IRPO and completed by the various college units. The vice president for instructional affairs (VPIA) was assigned responsibility by the college president for leading the development of the new IEMP with a target of May 2018 for completion. | | | | |
| **IPEDS** Relevant college units have been brought into the IPEDS process and VPIEQA was made the keyholder. This achieves risk management ensuring that all vice presidents and the directors of the learning resources center (LRC), HR, Business Office, Admissions and Records, and Financial Aid, as well as OIE staff understand the IPEDS process and are able to complete survey components as assigned and/or relevant to their areas of oversight. The previous process of only IRPO entering data was neither efficient nor accurate, but also increased the risk of errors and institutional reliance on only 1-2 individuals who understood the process. Moreover, surveys were frequently locked without having obtained VPIEQA, cabinet, or presidential approval to do so, further putting the institution at risk. Through collaborative efforts those risks are now reduced. VPIEQA does not lock surveys without review by relevant cabinet members and only with the authorization of the president. | | | | | | | | | |
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| **What methods are used to evaluate**  **AU’s effectiveness to the population**  **that interacts with it?** | | | **What do the results of the above**  **methods of evaluation indicate about**  **the effectiveness of the AU?** | | | | **How have the results of this analysis**  **been used to make improvements to**  **services provided by the AU?** | | |
| An independent [*Institutional Research and Planning office (IRPO) Administrative Review*](http://www.comfsm.fm/irp/Program_Review/IRPO_Administrative_Review-final_report.pdf) was conducted in April 2015. A formal (internal) office program review has not occurred since all of the changes discussed above have been implemented. | | | Five improvement recommendations had been issued (pp. 23-24) and four commendations had been offered (pp. 22-23). | | | | Many of the recommendations issued in the report were implemented to improve effectiveness. | | |
| An ACCJC [*External Evaluation Report*](http://www.comfsm.fm/accreditation/2016/Self_Evaluation/COMFSM_External_Eval_Report_2016.pdf)*,* March 8-17, 2016 has evaluated the degree to which the unit ensures compliance with Accreditation Standards. | | | The college had only two Standards for which is was deemed out of compliance. One standard was deleted by ACCJC. The other standard was relevant only to HRO. A Commission Recommendation was added in an [*Action Letter*](http://www.comfsm.fm/accreditation/2016/Self_Evaluation/Action_Letter_08JULY2016.pdf) and that Commission Recommendation is relevant to the unit, and led to more rigorous stretch targets for the college’s ISS (addressed in a [*Follow Up Report*](http://www.comfsm.fm/accreditation/COMFSM/Follow_Up_Report_15OCT2017.pdf)) in October 2017 (pp. 30-50). One recommendation to improve (Recommendation 4) was relevant to OIE and is also addressed in the [*Follow Up Report*](http://www.comfsm.fm/accreditation/COMFSM/Follow_Up_Report_15OCT2017.pdf)) of October 2017 (pp. 20-22). | | | | These are elaborated on in the reports referenced in the two left columns. In general, they strengthen compliance with accreditation standards and ensure the college is engaged in best practices as determined by the field. | | |
| TracDat Annual Reports were provided above. | | | These annual reports provide direct evidence of the effectiveness of OIE against outcomes, strategies, and targets. | | | | Details in these reports from 2015 and 2016 and the Program Review from 2015 (years 12-14)   * [TracDat Report 2016-2017](http://wiki.comfsm.fm/@api/deki/files/5129/=FY2017_QANCIE_TracDat.pdf) * [Program Review 2015 (years 12-14)](http://wiki.comfsm.fm/@api/deki/files/3969/=IRPO_Program_Review_2015_FULL.pdf?revision=1) * [TracDat Report 2014-2015](http://wiki.comfsm.fm/@api/deki/files/3721/=IRPO_Assessment_AUO_-_2014-15_TracDat.pdf?revision=1) * [Program Assessment 2012\_2013](http://wiki.comfsm.fm/@api/deki/files/1751/=FY2013_QANCRP_W2.pdf?revision=1) | | |
| **Provide any other relevant data that are relevant to this AU program review** | | | | | | | | | |
| None. | | | | | | | | | |
| **Strengths, Weaknesses, Opportunities, Challenges (SWOC)** | | | | | | | | | |
| Based on analysis in the preceding  sections, what are the AU’s strengths? | | * Investment in professional development and capacity building * Re-organization of the unit * Reduction in operating costs in terms of salaries and benefits * Increased collaborative efforts within the unit and between other college units * Automated data analytics and dashboards (streamlining processes) | | | | | | | |
| Based on analysis in the preceding  sections, what are the AU’s weaknesses? | | * Accuracy of data for transfer rates and CTE graduate employment rates * Past records for methodology used to derive IPEDS and NCCBP data * Too much time spent calculating data, too little time spent analyzing trends and getting data to relevant stakeholders, in ways they can understand the data, to then use to inform decisions for action and improvement | | | | | | | |
| Based on analysis in the preceding  sections, what opportunities existing for the AU? | | | * Improve accuracy of data for reporting transfer rates and CTE graduate employment rates * Build records for methodology used to derive IPEDS, NCCBP, and VFA data * Use programming and technology to further automate data analytics and dashboards so that more staff time is available for drilling down into data for trends and for reporting to stakeholders to inform decisions for action and improvement | | | | | | |
| Based on analysis in the preceding  sections, what challenges exist for the  AU? | | | Using data and planning process to get the college to realistically examine and face the realities of:   * Declining revenue that may continue to translate into reduced budget allocations; and * The context in which it operates (lacking industry/market) and to adjust its instructional programs accordingly. | | | | | | |
| **Evaluation of Processes used by AU** | | | | | | | | | |
| **Describe any on-going systematic method used to evaluate the efficacy of processes used by the AU.** | | | | | | | | | |
| Annual program assessment and Program Review (previously biennially, now a 4-year cycle). Compliance with accreditation standards. | | | | | | | | | |
| **Provide example (s) of how this AU program review has led to continuous quality improvement** | | | | | | | | | |
| To avoid redundancy, this has already been discussed above. | | | | | | | | | |
| **Service Area Outcomes Assessment** | | | | | | | | | |
| **List AU’s Service Area Outcomes by completing the expandable table below** | | | | | | | | | |
| **Service Area Outcomes** | | | | **Date Assessment**  **Completed** | | **Date(s) Data**  **Analyzed** | | **Date(s) Data Used**  **for Improvement** | **Number of Cycle**  **Completed** |
| These were already elaborated on above, and, details are in the reports linked below:   * [TracDat Report 2016-2017](http://wiki.comfsm.fm/@api/deki/files/5129/=FY2017_QANCIE_TracDat.pdf) * [Program Review 2015 (years 12-14)](http://wiki.comfsm.fm/@api/deki/files/3969/=IRPO_Program_Review_2015_FULL.pdf?revision=1) * [TracDat Report 2014-2015](http://wiki.comfsm.fm/@api/deki/files/3721/=IRPO_Assessment_AUO_-_2014-15_TracDat.pdf?revision=1) * [Program Assessment 2012\_2013](http://wiki.comfsm.fm/@api/deki/files/1751/=FY2013_QANCRP_W2.pdf?revision=1) | | | |  | |  | |  |  |
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| **AU Assessment. Complete the expandable table below** | | | | | | | | | |
| **Outcome**  **Numbers** | **Intended Outcomes** | | | **Means of Assessment** | | **Criteria for**  **Success** | | **Summary of Data**  **Collected** | **Use of Results** |
|  | These were already elaborated on above, and, details are in the reports linked below:   * [TracDat Report 2016-2017](http://wiki.comfsm.fm/@api/deki/files/5129/=FY2017_QANCIE_TracDat.pdf) * [Program Review 2015 (years 12-14)](http://wiki.comfsm.fm/@api/deki/files/3969/=IRPO_Program_Review_2015_FULL.pdf?revision=1) * [TracDat Report 2014-2015](http://wiki.comfsm.fm/@api/deki/files/3721/=IRPO_Assessment_AUO_-_2014-15_TracDat.pdf?revision=1) * [Program Assessment 2012\_2013](http://wiki.comfsm.fm/@api/deki/files/1751/=FY2013_QANCRP_W2.pdf?revision=1) | | |  | |  | |  |  |
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| **How has AU’s assessment of Service Area Outcomes led to improvements in services provided to patrons** | | | | | | | | | |
| To avoid redundancy, this has already been discussed above. | | | | | | | | | |
| **What challenges remain to make the AU more effective?** | | | | | | | | | |
| To avoid redundancy, this has already been discussed above. | | | | | | | | | |
| **Describe how the AU’s Service Area Outcomes are linked to the Institutional Strategic Goals** | | | | | | | | | |
| **Institutional Strategic Goals** | | | **AU Service Area Outcomes** | | | | **Linkages** | | |
| This was already addressed under the first section on Mission and Goals. | | |  | | | |  | | |
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| **Evaluation of Progress toward previous Goals** | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **List the goals from AU’s previous program review** | | | | | | |
| See below | | | | | | |
| **Describe the level of success achieved in goals listed above** | | | | | | |
| **Goals from previous AU Program Review** | | | | **Level of Success Achieved** | | |
| Decrease time spent on generation of reports and analysis [sic] to put data and information in the hands of decision makers in a timely manner | | | | VPIEQA had to assume responsibility for higher level reporting as expected reports and evaluations were not getting completed, or not in a timely manner, still. Reorganization of the department will ideally help and collaborations with Periscope Data and training in SQL programming is helping to reduce the time needed to produce Program Data Sheets (PDSs). | | |
| Increased emphasis on research and analysis of critical areas affecting student learning and achievement at the college. | | | | The office achieved none of the measurable outcomes specifically articulated for this goal. Time was not efficiently used and most of it was allocated to providing fundamental data reports with data and few, if any, analyses. Even the Program Data Sheets (PDSs) were not updated on time. The office has achieved some success in this area in the last 2 months. The PDSs have now been automated and these tables will populate automatically with each future data extraction date. More data will be automated allowing more time to then use these data to drive improvements and to work with stakeholders to help them understand any information that they receive from OIE. | | |
| Recommend and assist with developing college planning structures (procedures and processes) to improve data driven (and assessment) decision-making. | | | | These planning structures were already in place and there is ample evidence that they are and have been used to drive decision-making. IRPO was placed more on the side-lines with the creation of the VPIEQA position, and because the college had been placed on accreditation warning and then probation for failures around planning, integrated planning, and regular plan evaluations under previous IRPO direction. IRPO had caused planning paralysis, where fear of failure (not achieving plan goals/KPIs) and barriers to achievement, were the focus.  With OIE directly reporting to VPIEQA that link for planning roles is now enhanced and the focus is on committing to what should be done and putting efforts into removing barriers, striving for improvement, and learning from failures. The IEQA department continues to work with others at the college to realize that while we cannot avoid failures, we can learn from them and continue to try to improve. | | |
| Develop and implement a college wide research effort by all departments. | | | | The college is not a research college, but a teaching college. The capacity for conducting research, let along training others for conducting research, did not exist in this office. That said, there are faculty and other college members who do conduct quality research and are frequently publishing that research. The goal did not specify what types of research were targeted. The office made no progress on this goal. The goal, perhaps, should have been to build office capacity for conducting quality institutional research (as opposed to academic research). This was a case of not knowing what one did not know.  However, this desire (for academic research) was incorporated into the IEQA strategic goals as: *Develop and promote frameworks for research at all levels of the college.* And, through a collaborative grant with University of Guam, VPIEQA worked with public health faculty to develop a COM-FSM Institutional Review Board ([IRB](http://www.comfsm.fm/?q=IRB)), with an IRB number ([IORG0009073](http://www.comfsm.fm/?q=IRB_Number)) and [Federal Wide Assurance](http://www.comfsm.fm/?q=FWA) (FWA00024998). VPIEQA serves as the IRB chair, has attended IRB training, and has conducted two IRB meetings thus far to review research proposals. Research projects that involve college employees or students, or that are carried out on college property, are required to obtain COM-FSM IRB approval. Thus, as a first effort, steps have been taken to ensure that when academic research projects are untaken and involving human participants, those participants are ethically protected. | | |
| **In cases where resources were allocated toward goals, evaluate the efficacy of that spending** | | | | | | |
| **Goals from previous AU Program Review** | | **Resources Allocated** | | | | **Efficacy of Spending** |
| Decrease time spent on generation of reports and analysis [sic] to put data and information in the hands of decision makers in a timely manner | | Resources have been reduced by eliminating the director position. Some funds (~$4K) have been allocated to pay for services from Periscope Data. With data automation, less staff time is necessary. | | | | Significant cost and time savings. |
| Increased emphasis on research and analysis of critical areas affecting student learning and achievement at the college. | | Resources have been reduced by eliminating the director position and the dean of assessment position. Instead resources have been applied towards automating data analytics and increasing responsibilities of the two OIE staff and VPIEQA. | | | | Significant cost and time savings. |
| Recommend and assist with developing college planning structures (procedures and processes) to improve data driven (and assessment) decision-making. | | Resources have been reduced by eliminating the director position. Additionally, since the creation of the VPIEQA position in June 2012, planning has been handled by VPIEQA. | | | | Significant cost and time savings. |
| Develop and implement a college wide research effort by all departments. | | The IRB establishment and work was accomplished through an external grant shared with University of Guam. | | | | No cost to the college. |
| **Short-Term and Long-Term Goals** | | | | | | |
| Using the table below, list the short and long term goals (a minimum of two for each) for the AU. These goals should follow logically  from the information provided in the program review. Use a separate table for each additional goal | | | | | | |
| **Short-Term Goals 1 (Two-Year Cycle)** | | | | | | |
| Identify Goal | Further automate data analytics and dashboards. | | | | | |
| Describe the plan to achieve the goal  (i.e., action plan) | Continue work with Periscope Data and continue to professionally develop SQL programming skills. | | | | | |
| What measurable outcome is  anticipated for this goal? | Program Data Sheets, Strategic Plan Measures of Success, and Institution-Set Standards are automated and displayed as dashboards via the college website. | | | | | |
| What specific aspects of this goal can  be accomplished without additional  financial resources? | Ongoing use of SQL programming skills subsequent to training. | | | | | |
| **Short-Term Goals 2 (Two-Year Cycle)** | | | | | | |
| Identify Goal | Increase communications on the Strategic Plan 2018-2023, college awareness of the two strategic directions, progress towards achieving the measures of success, and commitment from each employee towards plan achievement. | | | | | |
| Describe the plan to achieve the goal  (i.e., action plan) | Develop and implement a communications plan. Use scheduled forums to address the plan such as BOR meetings, summits, all campus meetings, faculty workshops, etc. | | | | | |
| What measurable outcome is  anticipated for this goal? | Plan is developed and the various components of the plan are successfully completed. Goal 1 above will also help towards achieving this goal through use of dashboards via the college website. | | | | | |
| What specific aspects of this goal can  be accomplished without additional financial resources? | Those aspects (communications delivered) where scheduled forums are utilized to increase awareness. | | | | | |
| **Long-Term Goals 1 (Five-Year Cycle)** | | | | | | |
| Identify Goal | Support OIE staff for IR capacity building, training, and achievement of additional higher education credentials in IR, or closely related field. | | | | | |
| Describe the plan to achieve the goal  (i.e., action plan) | Encourage staff to pursue additional education credentials and training opportunities relevant and directly applicable to institutional research. | | | | | |
| What measurable outcome is anticipated for this goal? | Staff complete courses and/or training towards earning additional education credentials. Staff earn additional educational credentials. Staff become more proficient and effective in their roles and are able to accept higher-level responsibility. Data are generated with confidence in accuracy and integrity. | | | | | |
| What specific aspects of this goal can  be accomplished without additional  financial resources? | The quality of work completed by staff, subsequent to the acquisition of additional credentials. | | | | | |
| **Long-Term Goals 2 (Five-Year Cycle)** | | | | | | |
| Identify Goal | Improve accuracy of data for transfer students and employment data for career and technical education graduates. | | | | | |
| Describe the plan to achieve the goal  (i.e., action plan) | The following are identified means by which the college can and will make improved efforts to annually gather and report transfer data. Those means are through:   1. Requests for student transcripts that specify college admission as the purpose; 2. COM-FSM graduates who are participating in the University of Guam (UOG) BA program for elementary education that is run in partnership with COM-FSM; 3. Students who enter the San Diego State University (SDSU) online bachelor’s or master’s programs in coordination with COM-FSM; 4. The FSM Scholarship Office; 5. Within college data on students who enter third-year certificate programs; 6. Collaborative efforts with universities to which COM-FSM students commonly transfer such as University of Hawai‘i Hilo; 7. The college’s alumni association; and 8. Program faculty who remain in contact with their graduates (though somewhat anecdotal, these data can be verified).   A plan needs to be developed for improving the means by which the college is gathering career and technical education (CTE) graduate employment data. This will need to be done in collaboration with CTE faculty. | | | | | |
| What measurable outcome is  anticipated for this goal? | There will be a systematic process in place for gathering these data each year with assigned roles and responsibility. Though these data will always be anecdotal to some degree, confidence in the accuracy of these data will be improved. | | | | | |
| What specific aspects of this goal can  be accomplished without additional financial resources? | Most of this work can be accomplished without additional financial resources. | | | | | |
| **Requests for Resources** | | | | | | |
| Complete a new table for each short-term and long-term goals listed in the immediately preceding section that would require additional  financial resources. These requests for resources must follow logically from the information provided in this AU program review. | | | | | | |
| Short-Term Goal o Long-Term Goal | | | | | | |
| **Goal Number and Goal Description** | | | Further automate data analytics and dashboards. | | | |
| **Type of Resources** | **Requested Dollar Amount** | | | | **Potential Funding Source** | |
| Computer programming (SQL) | $10,000 | | | | Annual budget, Grant Proposal | |

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| --- | --- | --- | --- |
| o Short-Term Goal  Long-Term Goal | | | |
| **Goal Number and Goal Description** | | OIE Staff Development | |
| **Type of Resources** | **Requested Dollar Amount** | | **Potential Funding Source** |
| Education and applied training | $10,000 (may be more if entering a formal program of study) | | Annual budget, HR Professional Development Fund |
| o Short-Term Goal o Long-Term Goal | | | |
| **Goal Number and Goal Description** | |  | |
| **Type of Resources** | **Requested Dollar Amount** | | **Potential Funding Source** |
|  |  | |  |
| o Short-Term Goal o Long-Term Goal | | | |
| **Goal Number and Goal Description** | |  | |
| **Type of Resources** | **Requested Dollar Amount** | | **Potential Funding Source** |
|  |  | |  |
| **AU Program Review Summary** | | | |
| This section provides the reader with an overview of the highlights, themes, and key segments of the AU program review. It should  include new information that is not mentioned in the preceding sections of this document. | | | |
| None. To avoid unnecessary and excessive redundancy, this has already been discussed above. | | | |
| **Response Page** | | | |
| **AU Vice President or appropriate immediate Management Supervisor** | | | |
| *I* concur with the findings contained in this AU program review. | | | |
| I concur with the findings contained in this AU program review with following exceptions (include a narrative explaining the basis for each exception): | | | |
| I do not concur with the findings contained in this AU program review (include a narrative exception): | | | |

**Administrative Unit Program Review Check List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Administrative unit** |  | **Date of Review** | |  | |
| **Assessment/Review Cycle** |  | **Reviewers** | |  | |
| **Please mark your responses to the following statements** | | | | | |
| **Statement** | | | **Yes** | **Needs**  **Improvement** | **No** |
| **Administrative Unit**. The administrative unit is identified. | | |  |  |  |
| **Assessment Cycle.** The assessment cycle is identified. | | |  |  |  |
| **Submitted by and Date:** The person directly responsible for completing the assessment plan submits the assessment plan to the committee. Generally, this is the office or program head. | | |  |  |  |
| **Supervisor and Date submitted.** Date submitted to supervisor. | | |  |  |  |
| **College’s Mission Statement.** The approved college mission is included, and a description in terms of how the AU supports this. | | |  |  |  |
| **College’s Mission Vision.** The approved college vision is included, and a description in terms of how the AU supports this. | | |  |  |  |
| **College’s Mission Core Values.** The approved college core values are included, and a description in terms of how the AU supports them | | |  |  |  |
| **College’s Strategic Goals.** The approved college strategic goals *directly relevant to the* department and the AU are included, and a description in terms of how the AU supports them. | | |  |  |  |
| **AU Mission Statement, Goals, and Objectives.** AU’s mission, goals, and objectives are included. | | |  |  |  |
| **AU Description, Data and Trends Analysis.** Data on current staffing and other resources; descriptions of their appropriateness are included, and how do they serve the population of the college; some significant changes that occurred and may have impacted the AU’s services; methods used for evaluation and the results; and how results were used to make improvements to services; and other relevant data to AU’s program review. | | |  |  |  |
| **SWOC Analysis.** An analysis of Strengths, Weaknesses, Opportunities, and  Challenges is included. | | |  |  |  |
| **Evaluation of Process.** A description of the *on-going* systematic method used to assess AU’s effectiveness, and some examples in terms of how program review lead to continuous quality improvement. | | |  |  |  |
| **Service Area Outcome Assessments.** This section includes list of AU’s service area outcomes, dates of assessment, the assessment methodologies used including established criteria for success, summary of data and how results are used to inform improvements, the section also provides a description of the identified *challenges* that are yet to be addressed by AU, and how these outcomes are linked to the college’s strategic goals. | | |  |  |  |
| **Evaluation of Progress toward previous Goals.** This section provides descriptions of (a) goals from previous review, (b) levels of success achieved, and (c) resources allocated including efficacy of spending. | | |  |  |  |
| **Short-term and Long-Term Goals.** This section provides descriptions of the AU’s short-term and long-term goals including action plans, measurable outcomes anticipated for these goals, and others. | | |  |  |  |
| **Requests for Resources.** This section provides the AU’s (a) short- and long- term goals, (b) the type of resources need as presented in dollar amount, and (c) potential source of funding. | | |  |  |  |
| **AU Program Review Summary.** This section provides the reader with an overview of the highlights, themes, and key segments of the AU’s program review. This section should include only new information that is not mentioned in the preceding sections of the AU program review report. | | |  |  |  |