Ontario College Quality Assurance Service

Service de l'assurance de la qualité des collèges de l'Ontario

# COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

## AUDIT REPORT

### CAMBRIAN COLLEGE

**DATE OF SITE VISIT:** February 19 and 20, 2019

**PREPARATION DATE:** April 5, 2019

**SUBMISSION DATE:** April 30, 2019

**PREPARED BY:** Charles Pankratz

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## APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for *Cambrian College*.

This report has been prepared, reviewed, and accepted by all parties to the Audit, including the College President, members of the audit panel, and the Chair of the OCQAS Management Board. The signatures of the representative parties demonstrate their acceptance of the content of this report.
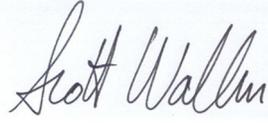
### COLLEGE PRESIDENT

| | |
|---|---|
| Signature: | Date: June 5, 2019 |

### CHAIR- OCQAS MANAGEMENT BOARD

| | |
|---|---|
| Signature: | Date: May 30, 2019 |

### AUDIT PANEL MEMBERS

| | |
|---|---|
| *Chair: Charles Pankratz* <br><br> Signature: | Date: April 30, 2019 |
| *David Veres* <br><br> Signature: | Date: April 30, 2019 |
| *Scott Walker* <br><br> Signature: | Date: April 30, 2019 |

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**EXECUTIVE SUMMARY**

1. **Conclusions**
   *General comments and summary of the findings of the audit panel.*

The cumulative evidence gained through the various components of the audit process of quality assurance at Cambrian College collectively demonstrated that Cambrian College has a well-developed quality assurance approach that has extensive reach across College activities. The Self-Study report and follow-up information provided ample documentation that the quality assurance processes and mechanisms were working.  In the site visit, the audit panel heard many comments from students, graduates, faculty, service personnel, administrators, program advisory committee members, executives and board members about the quality of program delivery and other aspects of the student experience.

The College has delegated appropriate responsibility for quality assurance through the various relevant levels of administration generally as well as specifically designated certain roles with taking leadership for specific aspects of quality assurance.  The leadership of the College is committed to 'walking the talk' and the senior leadership team has influenced a culture and created an environment in which others can execute their roles effectively. There is a Planning and Institutional Research unit which has been given responsibility for many of the processes related to program quality.  The College generally has the key policies in place for governing practices related to program quality as well others that apply more generally.  To support policy and ministry requirements, appropriate enacting and compliance mechanisms have been established.

With regard to the quality of its programs, the College has policies and processes to develop programs that meet community needs and ministry requirements.  It has mature, systematic mechanisms for assessing program performance in regular cycles to ensure that graduates are well prepared for success in their chosen fields of work.

Finally, the College also has processes to make sure it has the faculty and staff needed to provide quality of programs of instruction and support student success.  It has mechanisms to identify resource needs and allocate appropriate financial resources to address them.

As a result, the audit panel has assessed a rating of "Met" for most of the requirements of the OCQAS standards.  To achieve these results, it is clear that the College has a strong and broad commitment to quality assurance and that it has put in significant effort and resourcing over a considerable period of time.

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## 2. Results

### a. Audit Results

| Standard | Result | | |
|----------|--------|---|---|
| 1 | ☒ Met | ☐ Partially Met | ☐ Not Met |
| 2 | ☒ Met | ☐ Partially Met | ☐ Not Met |
| 3 | ☒ Met | ☐ Partially Met | ☐ Not Met |
| 4 | ☒ Met | ☐ Partially Met | ☐ Not Met |
| 5 | ☒ Met | ☐ Partially Met | ☐ Not Met |
| 6 | ☒ Met | ☐ Partially Met | ☐ Not Met |

**Audit Decision:** *(select one)*

☒ Mature Effort
☐ Organized Effort
☐ Formal Effort

**STIPULATIONS**

## 1. Commendations

Provide clear statements that articulate areas where the College has shown exemplary or leadership in the field of quality assurance and improvement. These are mechanisms that are especially good and may be worthy of emulation by other Colleges in the system.

1. The College has implemented a laudable initiative through the creation of the Teaching and Learning Innovation Hub to help accomplish the College's strategic priority to encourage innovation and transform the learning experience by promoting new approaches to learning. It provides orientation and training for faculty as well as significant one-on-one support. T&L Hub provides the space and technology for training, educational technology experimentation, research, and communal sharing of practice and results.

2. A sense of 'family' and a strong connection is apparent between the College and the community. There is genuine inclusion of the PAC members in the development and implementation of quality assurance initiatives and practices.

3. The concept of 'one budget, one Cambrian' extends across a variety of stakeholders in the College. This is realized through the College's budget processes which have the budgets of all areas governed by the Budget Development Framework. This process connects the Strategic Plan to the financial support of quality education experiences both in instructional delivery and student services.

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4. The board plays a meaningful role in the College's quality assurance efforts. The selection process for board members screens for individuals who willing to make a significant commitment to well-being of the College. Board members are knowledgeable about key elements of what the College is doing to assure the quality of its programs, particularly through the their oversight and review of; the Strategic Plan, operational frameworks which guide the realization of the Strategic Plan, and the performance indicators used to monitor programs.

5. The Program Plan is an effective comprehensive review tool. Specifically, it articulates follow up items (Strategies) and provides for annual tracking of progress on these Strategies.

2. **Affirmations**
   Provide clear statements that articulate areas where the College itself has found a weakness, identified the weakness, and intends to correct it (a plan of action has already been articulated). In effect, this is affirming the College's judgment and findings of its own self-study.

In the Self-Study report, Cambrian College identified improvements that it could make to further its commitment to the quality of its programs and support of students. The audit panel affirms the identified and views them as positive measures to further develop an already strong College performance. The following are the improvements identified by the College:

1. Cambrian, upon review of its overall processes, has determined that a revitalized Strategic Enrolment Management (SEM) Committee is necessary to facilitate more effective long term Program Planning. This Committee had been in place since 2012 but not active during the past two years. Effective October 2018, a SEM Committee has been reactivated comprised of the following membership- VP Academic (Co-Chair), AVP Student and Employee Development (Co-Chair), AVP Strategic Enrolment and College Advancement, VP International, Finance and Administration, Dean Planning and Institutional Research, Director International, Director Student Success and Recruitment, Registrar, Director Financial Services, Deans (2), and the Director Facilities Management. As per its Terms of Reference the committee supports the development and implementation of an ongoing strategic enrolment management plan for the College. It will be responsible for participating in the review of the New Program Approval Operating Procedure and in the approval process. The procedure has been amended for the 2018-19 cycle as presented to the Academic Leadership Team and Academic Advisory Council. For the purposes of Cambrian's Self-Study Report, the newly revised operating procedure has not been referenced; however, the new approval process has been provided. (Requirement 1.2)

2. Recent advances in deploying automated applications for curriculum review have enabled the College to enhance its quality assurance for this critical process. Although

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the founding principles and practices governing the review process have not altered, the improved capabilities for tracking, managing workflow, verifying and validating curriculum revisions have resulted in a far more streamlined and efficient mechanism. Adhering to a 'one source of data' approach, the newly launched CIM-CAT application allows tighter controls for publishing and accessing curriculum. CAT pushes the updated program catalogue to Banner which in turn becomes the source of data for the next review cycle. This project was the culmination of over three years of development and testing undertaken by a small working group of the Registrar, Manager Reporting and Systems, Dean Planning and Institutional Research (PIR) and Manager Enterprise Applications Support. The Curriculum Review Committee continues to play a key role in advising and reviewing CIM-CAT as it progresses through its iterative stages towards full production. The pilot was successfully implemented in the spring of May 2018 with a full deployment planned for 2019. PIR is presently using the new program development application within CIM (CIM Program) to set up new program curriculum. Based on the deliverables to date, the College is confident that this application fully emulates its proven review process to greater effect and outcomes. (Requirement 2.2)

3.  Through the curriculum review process, realignment of courses to program vocational learning outcomes occurs. These changes are captured as recommendations in the curriculum mapping report and as per current process, are also to translate to actions within the Program Plan. Faculty are to use the adjusted curriculum map to ensure that the course outlines reflect these changes. Although this process is applied, it is recognized that this is not an ideal final state for ensuring curricular changes stemming from curriculum mapping activities are implemented. To remedy this, the Curriculum Review Committee has identified this as a project within its work plan for 2018-19.  The review by the committee will inform with the IT project currently underway to upgrade the program map feature. The anticipated completion date for the review is February. The upgraded program map is targeted for April 2019. For the next review of the Curriculum Mapping Operating Procedure, the Curriculum Review Committee will examine the replacement of 'Introduced, Reinforced and Assessed' terminology with 'Foundational, Developmental, and Proficiency' terms that are considered the best practice in the system. (Requirement2.3)

4.  Review and update the Program Delivery Policy to ensure relevancy and to improve articulation of roles therein. This policy was originally slated for review in 2016-17, but it was rescheduled to occur in 2018-19. (Requirement 4.1)

5.  Through the review of the current suite of academic policies, the College determined that it may be more effective to have a stand-alone Transfer Credit Policy.  The Policy Development Working Group has initiated the review of the Advanced Standing and Transfer Credit Policy (2013) to ascertain, in keeping with best practices, the construct of this new policy and its impact on the provision of advanced standing status. (Requirement 5.2)

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6. In 2018-19, review, update and implement the following policies (Requirement 5.2):
   - Admissions Policy
   - Advanced Standing and Transfer Credit Policy
   - Course Assessment Feedback Policy
   - Submission of Electronic Grades Policy
   - Credit Allocation Policy
   - Program Delivery Policy

   *(See Recommendations section below.)*

7. Develop an online academic policy guide for students as a means of providing students with a tool that will be easy to access, navigate and reference. A Project Request Form is in development as this work will involve the resources of Cambrian's Enterprise Application Support, Planning and Institutional Research, Policy Development Working Group and Academic Leadership Team. The projected implementation date is fall 2019. (Requirement 5.6) *(See Recommendations section below.)*

8. The Policy Development Working Group will initiate the development of a process to provide assurance that all procedure documents referenced within College policies are reviewed in concert with the review of the policies. Presently, this secondary level of review is being completed but not tracked or monitored formally. The process will require consultation with various College departments prior to implementation. Target for completion is August 2019. (Requirement 5.7)

9. The College places high importance on the employment of this key process and strives to ensure a process for its continual improvement. A work plan (VPA) involving the review and updating of the faculty review process was to have unfolded during the 2017-18 cycle. In keeping with past practice, a working group comprised of members of the Academic Advisory Council (AAC) and led by the two co-Chairs ( faculty and VPA) was to be struck to carry this work out.  Due to the timing and length of the faculty labour strike, this plan was deferred to the fall of 2018. Accordingly, the VPA is leading the discussion with members of the AAC to initiate the review process. (Requirement 6.1)

10. In recognition of ensuring timely access to required orientation sessions for part-time faculty, the academic division has initiated the development of online training modules as alternative options. Full deployment of these is slated for fall 2019. (Requirement 6.1)

3. **Recommendations**
   Provide clear statements that articulate areas as needing improvement.
   Recommendations may also be made in relation to areas of concern identified by the

College in its self-study, and for which no plan of action has been articulated by the College.

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1. **Review and align the operation of PACs with the College's Program Advisory Committee Operating Procedure (Requirement 1.3):**

   a. The audit panel's review of PAC minutes suggests that participation by the different categories of PAC members mentioned in the College's Program Advisory Committee Operating Procedure (e.g. students, recent graduates, employers, professional and trade organizations, other education intuitions, social and government agencies) does not always align with the present PAC membership. In particular, it appears that the advisory committees for the Pre-Health Sciences Certificate (PHPG) and Pre-Trades Certificate (PRET) do not have direct industry representation in accordance with Cambrian's Operating Procedure of 5 to 8 community members for PACs. This also does not align with the MTCU's Framework for Programs of Instruction which requires that advisory committees be made up of a cross-section of persons external to the College. We recognize that there are a number of factors to be considered in constituting PAC's for "Pre" programs but the current misalignment between the Procedure and practice should be rectified. The other categories of membership should also be reviewed for adherence to procedure.
   b. The Operating Procedure allows a 3-year maximum for an individual to be a member of a PAC but there are individuals who have been PAC members considerably longer than that.
   c. The review of PAC minutes suggests that the preponderance of agenda items at some PAC meetings involved program staff providing information to the PAC membership. The College should ensure that PAC practice align with the requirement of the Procedure that there should be ample opportunity for industry feedback to the program through the PAC.

2. **Establish expectations and support for more consistent assessment practices with regard to the number and weighting of assessments within the broader categories and increased use of common rubrics (Requirement 4.1):**
   The College has mechanisms to enforce consistency of the weighting of each general evaluation assessment category in a course through the connection between course outlines and the eGrades system. However, there is significant leeway for how an instructor determines the number of assessments and weighting of each of those assessments within the category. Although rubrics are used in some courses and the College provides training and support for the use of rubrics, there does not seem to be formal support or expectation regarding common rubrics across sections of a course or standard rubric templates that could be used across multiple courses.

3. **Establish a formal procedure regarding the expectation that programs have appropriate assessment activities near the end of the program that provide for integrated, holistic demonstration of the mastery of program VLOs (Requirement 4.4):**
   Although there were examples provided that showed that programs had a variety of integrated, holistic cumulative experiences/assessments in the final terms of their programs and there is mention of experiential learning in the College's strategic priority, there currently does not seem to be a formal requirement for programs to have either experiential learning opportunities or other holistic demonstrations of mastery of program VLOs.

4. **Create a consistent place where students in any program can access written school and program-specific regulations (Requirement 5.6):**
   Currently, these regulations are communicated in different ways (e.g. program orientations, administrator visits to classrooms, course outlines at the discretion of the instructor, etc.), but there does not seem to be a consistent place across the College where the written version of the regulations can be found.

5. **Ensure that policies are reviewed as frequently as required by College policy (Requirement 5.7):**
   The College's Policy Development Framework requires its policies to be reviewed every 3 years. Although the College has recently made progress in reviewing its policies, there is still a significant gap in having all policy reviews up to date.

6. **Consider a different approach for assessing the quality of the student services (Requirement 6.4):**
   Currently, there are numerous different surveys, comment cards, and other mechanisms whereby the various student service areas elicit student feedback on their services. This may lead to survey or feedback fatigue. The College is encouraged to explore an approach to quality assurance that that is more consistent across service areas and moves beyond multiple variations of eliciting student feedback for different services. A process that is somewhat parallel to the process for academic program review could be considered. Such an approach could entail a broader, more holistic review of services on a cycle of several years.