



The following is Confederation Colleges' response to the Ontario Colleges Quality Assurance Services (OCQAS) audit of Confederation College (May 2016) and the attendant findings report submitted to the College in October 2016. The College is given 18-months within which to provide a follow-up report on its progress in regards to addressing the findings (recommendations and affirmations).

This report begins with a brief of the areas singled out for commendations by the auditors;

Then a list of the 'Affirmations and Recommendations by the Auditors;

Followed by Confederations' (18-month follow-up response to these 'Affirmations and Recommendations.

Of the six (accreditation) standards used by OCQAS in the assessment of a College's Quality Assurance processes, mechanisms and activities, Confederation College was deemed to have met five (5) of the six (6) standards and partially met the sixth one.

Of the eighteen action items arising out of the 'eleven (11) affirmations and seven (7) recommendations, Confederation College has completed fifteen of these to a 100% level of assurance and three (3) are in-process as captured in the update below.

(In-process are recommendations 3 and 7 and Affirmation 7)

This 18-month follow-up report aims to provide updated information to the OCQAS regarding the Colleges quality assurance activities intended at addressing the affirmations and recommendations made in the audit report:



The following areas were singled out for commendations:

Based on the information and evidence provided through the self-study and auditors' site visit in early 2016, the audit team ranked Confederation College's quality assurance processes and mechanisms as demonstrating "Organized Effort", and further commended the College for showing leadership and/or being exemplars 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".

- a. **Collaborative College Model.** The integrated and collaborative approaches to planning, decision-making, resource allocation and working together that the audit team observed from the Board to the Senior Leadership Team to Student Affairs to Academic Units were both apparent and exemplary.
- b. **Inclusion & Integration of Regional Campuses & Remote Locations.** The College's deep commitment to its regional campuses and the other remote locations that it serves were obvious in the attitudes of faculty, staff and administrators, in the mechanisms the college had put in place to ensure consistent practices across all locations, and in the lengths the College goes to identify, monitor and support at-risk students who are not studying on the main campus. Examples of this commitment include the steps that Program Coordinators and faculty take to include remote faculty in course planning, delivery, assessment, and professional development, as well as the systems and processes that Student Services has put in place to support students at these locations (e.g. "Bridging the Distance" program, the "Red Couch" service, and the development of Negahneewin Indigenous Student Support Services including the "Aboriginal Student Navigators").
- c. **Coordination of Student Services and Capturing of Student Usage Data.** Student Services should be commended for the processes they have put in place to capture and monitor data on student usage of their services, the work they have done to break down the silos between their functional units, and the mechanisms they have developed to coordinate services, especially for at-risk students.
- d. **Program Health Matrix.** The audit team was very impressed with the Program Health Matrix that the College has developed to provide a "snapshot" of each program's status, as well as to identify program strengths and possible areas of improvement, and saw this tool as an "exemplary practice" that should be shared with other colleges.
- e. **Quality Assurance Office.** The audit panel also supports and applauds the efforts of the College's Quality Assurance Office as well as the importance and efforts of those individuals who consistently support quality processes in the College and provide opportunities through their work for shared learning (e.g. Teaching and Learning Centre, Course Outline Quality Assurance Technician, Education Media Specialist, Instructional Designer, Academic Program Quality Assurance, Academic Researcher).
- f. **COMMS System.** The College's decision to implement a course outline management system (COMMS) to ensure consistency of course outlines as well as to share learning about the importance of the course outline and foundation principles in pedagogical application is an example of commitment to quality assurance, as is the creation of the Course Outline Quality Assurance Technician position, and its recent change into a full-time position. The audit team supports the continuation of the COMMS project to ensure that consistent syllabi are developed for all Confederation College courses;
- g. **Collaborative College Model.** The integrated and collaborative approaches to planning, decision-making, resource allocation and working together that the audit team observed from the Board to the Senior Leadership Team to Student Affairs to Academic Units were both apparent and exemplary.



'Affirmations and Recommendations by the Auditors;

1. Improvement of the quality and focus of the Annual Program Review Template (see audit team's comments in the Narrative section for Standard 1 above, especially those related to requirement 1.4);
2. Continued implementation of the COMMs project, including full-time staff support for this project (see audit team's comments under Commendation 1 f. above);
3. Reviewing/updating of existing policies, and development of new policies (see audit team's comments in the Narrative section for Standard 5 above, especially those related to requirement 5.7);
4. Improving consistency and content of PAC minutes and formalizing of PAC recommendations;
5. Improving communication of important College policies to students through consistent presentation of such policies in program handbooks;
6. Launching of a pilot project with other Northern colleges to produce a consortium curriculum for Business courses;
7. Inclusion of Aboriginal Learning Outcomes across all College programs of study (see audit team's comments under Section 2. Site Visit, b., key messages passed on to the Senior Leadership Team above);
8. Creation of an online instructor resource to promote consistency of delivery across online courses;
9. Development of a performance review form and process for Counsellors (see audit team's comments in the Narrative section for Standard 6 above);
10. Development of a system to provide tracking and early warnings for Faculty who have identified students involved in academic integrity issues;
11. Improvement of student participation rates in faculty evaluation processes;

Recommendations:

1. (Requirement 1.2)
Finalize the policies and procedures currently under review, and consider clarify the processes with regard to the APR, CPR and Limited Program Reviews.
2. (Requirement 1.4)
Review/revise APR template, providing clearer directions regarding what kind of analysis/commentary is expected, and clarifying who specifically has primary responsibility for providing the analyses/commentary (i.e. is it Program Coordinators, Associate Deans or Executive Dean?).
3. (Requirement 1.4)
CPR process could be improved by expanding the number of core data elements that must be included/addressed in all CPRs, including program indicators, internal and external stakeholder feedback, etc.
4. (Requirement 1.6)
Create a centralized and easily accessible official repository of program records.
5. (Requirement 4.3)
Continue the development of the "Assessment of Student Learning" policy and procedure to ensure consistent, fair and equitable assessment. It would be helpful if the new policy detailed which assessment and evaluation practices should be consistently applied institution-wide, which should be applied consistently at the program level, and which can vary at the level of the individual course to ensure fair, prompt and equitable student feedback.
6. (Requirement 5.7)
Continue the review, revision and updates to the College's policies and procedures.
7. (Requirement 6.4)
Formalize and systematize academic, personal and advising supports so they are not as dependent on particular individuals and their networks/informal activities, and can become fully embedded in ongoing institutional systems and



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 1

* What has been identified as needing to be done? (stipulations)	Improvement of the quality and focus of the Annual Program Review Template (see audit team's comments in the Narrative section for Standard 1, especially those related to requirement 1.4)
What deliverables are associated with addressing the stipulations?	An Updated Annual Program Review Template that provides greater clarity as regards the requirements for analysis, accountability and its relationship to program performance.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Complete a thorough review of the APR to comprehensively identify all shortcomings; 2. Update the APR to reflect the improved clarity regarding the requirement for analysis, who is accountable for each section and program performance improvement.
Who is responsible for the specific deliverable/ task?	Deans and Manager Institutional Research and Strategic Planning
When is the completion deadline of the specific deliverable/ task?	May 2016; (Has since been updated again in May 2017).
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>-a series of meetings were held to collect feedback and achieve consensus on the improvements necessary.</p> <p>-upgrading of the document template framework was done by Institutional Research and Strategic Planning department</p> <p><i>This Affirmation is 100% complete</i></p>



COMMS System. The College's decision to implement a course outline management system (COMMS) to ensure consistency of course outlines as well as to share learning about the importance of the course outline and foundation principles in pedagogical application is an example of commitment to quality assurance, as is the creation of the Course Outline Quality Assurance Technician position, and it's recent change into a full time position. The audit team supports the continuation of the COMMS project to ensure that consistent syllabi are developed for all Confederation College courses.

Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 2

* What has been identified as needing to be done? (stipulations)	Complete the implementation of COMMs and migration of all course outlines, regularising staffing support for this project.
What deliverables are associated with addressing the stipulations?	Reformat and migrate all course outlines in to COMMs.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. The TLC to identify and assign resources to the course outline migration exercise; 2. Faculty to review and update their associated course outlines, prior to the COMMs migration exercise; 3. The teaching and Learning center completes the review of migrated course outlines for consistency with content requirement; 4. The Deans of the appropriate schools review and approve all course outlines migrated to COMMs;
Who is responsible for the specific deliverable/ task?	Director of Teaching and Learning in Coordination with the Deans of the Schools.
When is the completion deadline of the specific deliverable/ task?	By the Fall 2017.



What is the current status of each specific deliverable/ task? (include a completion percentage)

1. The TLC identified and assigned the necessary resources;
2. Faculty have reviewed their applicable course outlines;
3. The TLC has reviewed the migrated course outlines for quality consistency;
4. All course outlines have been migrated and approved by the Deans:
Prior to the Audit the status of Course Outlines in COMMs:
 - a. School of Health, Negahneewin, Community Services:50%;
 - b. School of Aviation Fall 2017 course outlines – 0%;
 - c. School of Business, Hospitality and Media Arts: 50%;
 - d. School of Engineering, Trades and Technology: 30%

This Affirmation is 100% complete



Requirement 5.7: Ensures that established academic policies and practices are reviewed and monitored regularly and consistently.

Section 3.1 of the “POLICY, PRACTICE, STANDARD AND PROCEDURE FRAMEWORK” states that “The College will maintain current and relevant Policy and Practices by ensuring that all policies and practices are reviewed no later than every three years.” However, it became clear from Appendix 2.7 (Academic Policies and Practices reviewed), from the stakeholder interviews and from the College’s Affirmations document that this has not been occurring, and that many policies (i.e. 23/34) are currently overdue for review. During the interviews it was acknowledged that the College is in the process of reviewing and updating outdated policies and procedures.

Auditors’ Recommended Actions: The audit team supports the active approach to updating College policies and procedures.

Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 3

* What has been identified as needing to be done? (stipulations)	Reviewing/updating of existing policies to assure they are current and relevant and development new policies identified as necessary.
What deliverables are associated with addressing the stipulations?	<ol style="list-style-type: none"> 1. Updated College Policies and Practices that are current and relevant. 2. New Policies and Practices that address any new process requirements of the College; 3. An updated Policy and Practice review cycle.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Complete review and updating of policies and practices that are overdue for review; 2. Circulate updated policies and practices for review and validation in accordance with the College process; 3. Circulate and or Post the updated Policies and Practices for the attention of the appropriate college community; 4. Update the three year review schedule
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. The Vice President Academic for Academic Policies and Practices; 2. The Director, Human Resources and Organizational Development for all other College Policies and Practices.
When is the completion deadline of the specific deliverable/ task?	December 2017 for all deliverables
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>In addition to a new system that Nine (9) Policies and Practice guidelines were updated in the past 18 months:</p> <ol style="list-style-type: none"> a. Policy, Practice, Standard, and Procedure Framework



	<ul style="list-style-type: none"> b. Wellness Discount Reimbursement c. Internal Communication d. Scheduling and Space Use e. Respectful Work & Learning Environment (Workplace Harassment) f. Professional Development – <i>New</i> g. Workplace Accommodation & Return to Work h. Weapons on Campus – New <p><i>This Affirmation is considered 100% complete</i></p>
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Directive Number	Name	Responsible Authority	Approval Authority	Approval Date	Last Reviewed	Mandatory Revision Date	NOTES & REVIEWS
11-s1-01	Board Evaluation of President				Draft		
4-s4-29	Weapons on Campus	Public Safety	Senior Team	2017-11-07	2017-11-07	2018-11-07	new policy added
1-s1-05	Regional Operations	Dean, Access and Success	SLT	1990-10-31	2017-09-14	n/a	SLT approved to delete
1-s1-15	Catering for Meeting	Vice President, College Services		2015-12-17	2017-09-14	2020-09-14	
4-s4-27	Fire Drills			1994-02-07	2017-09-14	n/a	SLT approved to delete
4-s4-15	Workplace Accommodation & Return to Work				2017-05-21		
4-s2-01	Respectful Work & Learning Environment (Workplace Harassment)			2017-04-21	2017-04-21	2018-04-21	
4-s4-28	Sexual Assault & Sexual Violence				2016-11-25		
4-s4-08	Health and Safety Policy				2016-07-15		
4-s5-07	Unscheduled College Closures				2016-06-16		
1-s1-01	Policy, Practice, Standard, and Procedure Framework	Strategic Leadership Team (SLT)	Strategic Leadership Team (SLT)	2012-12-19	2016-05-27	2021-05-21	



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 4

* What has been identified as needing to be done? (stipulations)	Improving consistency and content of PAC minutes and formalizing of PAC recommendations
What deliverables are associated with addressing the stipulations?	<ol style="list-style-type: none"> 1. An updated PAC Operating practice and Orientation manual; 2. An active decision and recommendation tracking system 3. Confirmation of adoption of the new methodology
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Develop a standardized PAC meeting agenda template and methodology for recording PAC minutes and include in the PAC members orientation manual. 2. Develop methodology for tracking decisions and recommendations arising from PAC meetings and updating whether they were actioned. 3. Implement a coordination and oversight function
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. Office of the Vice President Academic – Oversight and Coordination 2. Deans: (operationalizing the practice).
When is the completion deadline of the specific deliverable/ task?	September 2016
What is the current status of each specific deliverable/ task? (include a completion percentage)	<ol style="list-style-type: none"> 1. standardized PAC meeting agenda template: Completed; 2. Methodology for recording PAC minutes: Completed; 3. Methodology for tracking decisions and recommendations: Completed: <p><i>This Affirmation is 100% complete</i></p>



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FOLLOW-UP RESPONSE TO AFFIRMATION 5

* What has been identified as needing to be done? (stipulations)	Improving communication of important College policies to students through consistent presentation of such policies in program handbooks
What deliverables are associated with addressing the stipulations?	Standardize Program Handbooks that provide students with important information relating to curriculum, student services, campus life, admission and registration.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Review, reformat and update Program Handbooks including active links to student policies; 2. Reissue all Program Handbooks.
Who is responsible for the specific deliverable/ task?	1. VPA (actively supported by Deans and Program Coordinators)
When is the completion deadline of the specific deliverable/ task?	1. May 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<ol style="list-style-type: none"> 1. Confirmed that all programs do have program handbooks; 2. Active links to student policies have been confirmed to exist on the College website; 3. Confirmed that students are made aware of program handbooks and given directions to access such handbooks at the beginning of each school year. <p><i>This Affirmation is considered 100% complete</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 6

<p>* What has been identified as needing to be done? (stipulations)</p>	<p>Launching of a pilot project with other Northern colleges to produce a consortium curriculum for Business courses</p>
<p>What deliverables are associated with addressing the stipulations?</p>	<p>Develop a common curriculum across nine programs in the Business cluster – and deliver the new curriculum in a collaborative fashion to students registered in the six member colleges.</p>
<p>What tasks are associated with addressing the deliverable?</p>	<ol style="list-style-type: none"> 1. Develop the common curriculum; 2. Identify, procure, implement a collaborative platform for delivery; 3. Develop a system and process for ensuring continuous communication across multiple departments/stakeholder in multiple institutions; 4. Identify and assign faculty; 5. Promote the collaborative delivery concept to students and maintain a consistent message regarding program developments; 6. Train faculty in the use of the Collaborative platform for program delivery
<p>Who is responsible for the specific deliverable/ task?</p>	<ol style="list-style-type: none"> 1. Executive Committee of the Six Northern Colleges Collaborative initiative (NCCP).
<p>When is the completion deadline of the specific deliverable/ task?</p>	<p>May 2016 (for all above tasks).</p>
<p>What is the current status of each specific deliverable/ task? (include a completion percentage)</p>	<p>All business programs are now being delivered collaboratively by the Six Northern Colleges. The LMS platform being used is D2L and the delivery of Business courses collaboratively begin in the 2017 Winter semester.</p> <p><i>This Affirmation is 100% complete</i></p>



The audit team was impressed with strong, institution-wide focus on outcomes (VLOs, EEs, Gen Ed, Aboriginal Learning Outcomes) that it observed both in the Self Report and in many of the stakeholder interviews. This College's commitment to sustaining this strong outcomes-focus can be seen a number of the QA-related policies and processes the college has recently established (or is in the process of establishing). Closely related to the above, the audit team applauded the College's commitment to ensuring consistency of program and course outcomes, course outlines, and course content and assessment methods, across course sections, locations, and delivery methods. One concrete example of this commitment to consistency is the college's recent creation of a Course Outline QA Technician position which enables systemization and consistency of practices across the institution, as well as ensures that all critical course outline elements are in place.

Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 7

<p>* What has been identified as needing to be done? (stipulations)</p>	<p>Inclusion of Indigenous Learning Outcomes across all College programs of study: <i>(See audit team's comments under Section 2. Site Visit, b., key messages passed on to the Senior Leadership Team)</i></p>
<p>What deliverables are associated with addressing the stipulations?</p>	<p>Indigenous Learning outcomes implemented across the curriculum for all programs.</p>
<p>What tasks are associated with addressing the deliverable?</p>	<ol style="list-style-type: none"> 1. Conduct survey to identify status of implementation; 2. Identify priority programs and implementation schedule; 3. Complete implementation
<p>Who is responsible for the specific deliverable/ task?</p>	<ol style="list-style-type: none"> 1. Center for Policy and Research in Indigenous Learning (CPRIL) 2. VPA's office / Center for Policy and Research in Indigenous Learning (CPRIL) 3. VPA's office / Teaching and Learning Center (TLC)
<p>When is the completion deadline of the specific deliverable/ task?</p>	<p>Winter 2020</p>
<p>What is the current status of each specific deliverable/ task? (include a completion percentage)</p>	<p>A review of College programs confirms that all programs contain at least two (2) Indigenous Learning Outcomes. However these are not the same two ILO's in every instance. <i>Creative estimates put our completing rate at an Overall Status of: 50% Complete.</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 8

* What has been identified as needing to be done? (stipulations)	Creation of an online instructor resource to promote consistency of delivery across online courses
What deliverables are associated with addressing the stipulations?	A dynamic instructor resource that promotes consistency of delivery across online courses.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Investigate potential suitable resources; 2. Develop and make resources available through a globally accessible portal or distribution platform.
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. Director, Teaching and Learning Centre
When is the completion deadline of the specific deliverable/ task?	May 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>A document called 'Teaching Confederation Online' was developed and is distributed to all faculty members that are teaching an online course every semester.</p> <p>The document is reviewed and updated on a semester by semester basis based on feedback from the faculty, the Teaching and Learning Centre, and the Continuing Education Department.</p> <p><i>This Affirmation is 100% complete.</i></p>



The audit panel found:

Effective recruitment and appointment, orientation, professional development, training and performance review processes for student support staff (with the exception of performance review processes for counsellors, which has been identified as a gap and is currently being addressed)

Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 9

* What has been identified as needing to be done? (stipulations)	Development of a performance review form and process for Counsellors (see audit team's comments in the Narrative section for Standard 6 above)
What deliverables are associated with addressing the stipulations?	A College Counsellor performance Review Appraisal process.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Develop a counsellor specific performance appraisal instrument; 2. Develop applicable procedures and practices to accompany the use and application of the performance review instrument 3. Develop a performance review schedule for all Counsellors
Who is responsible for the specific deliverable/ task?	Associate Dean – Learning Resources Division
When is the completion deadline of the specific deliverable/ task?	<ol style="list-style-type: none"> 1. August 2017 2. October 2017 3. October 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>Applicable procedures and practices to accompany the use and application of the performance review instrument were developed and reviewed by both the Counsellors and the Human Resources department. The process for implementation and adoption was then finalized and executed.</p> <ol style="list-style-type: none"> 1. August 2017 – 100% Complete 2. October 2017 – 100% Complete 3. October 2017 – 100% Complete <p><i>This Affirmation is 100% complete</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 10

* What has been identified as needing to be done? (stipulations)	Development of a system to provide tracking and early warnings for Faculty who have identified students involved in academic integrity issues
What deliverables are associated with addressing the stipulations?	An academic integrity tracking system that facilitates faculty input, triggering early intervention.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Identify an appropriate academic integrity tracking system; 2. Implement/deploy the selected the Academic Integrity tracking system; 3. Provide training on the intent and use of the system
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. Policy Decisions – VP Academic 2. System Implementation – Senior Director Computer Services 3. Training – Director, Teaching and Learning Centre
When is the completion deadline of the specific deliverable/ task?	October 31, 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>After an extension to the 'BlackBoard' LMS was installed that would allow faculty to record infractions by students, this additional feature to the system was piloted in the School of Engineering. College-wide training was then provided to academic faculty to generate awareness and knowledge of how to use the system. College-wide training was then completed in October 2017. This Academic Integrity tracking system is fully functional and available for use by all faculty in the College. The appropriate Student Evaluation and Assessment policy was amended to ensure students were made aware of this new system and the policy governing its use.</p> <p><i>This Affirmation is 100% complete</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO AFFIRMATION 11

* What has been identified as needing to be done? (stipulations)	Improvement of student participation rates in faculty evaluation processes
What deliverables are associated with addressing the stipulations?	Increased participation by students in the student feedback evaluation survey.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Review and update survey and methodology; 2. Provide opportunities through scheduling for students to complete the survey in class; 3. Brief faculty on methodologies to encourage participation and completion of the survey; 4. Install plug-in module that allows the survey to be accessible by students through the LMS; 5. Review results of survey to ascertain whether participation rates have increased.
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. System Implementation – Senior Director Computer Services 2. Survey Improvements - Deans and Manager Institutional Research and Strategic Planning
When is the completion deadline of the specific deliverable/ task?	<ol style="list-style-type: none"> 1. Fall 2017 2. February 2018
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>The completion of the <i>'Student Feedback Faculty Evaluation Survey'</i> is now promoted as an online in-class scheduled activity- with the opportunity to complete later for students who were not in class for the scheduled exercise.</p> <p>The survey instrument was also Integrated into Learning Management System portal to increase the visibility so as to improve response rates.</p> <p><i>This Affirmation is 100% Complete.</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 1A (Requirement 1.2)

* What has been identified as needing to be done? (stipulations)	Finalize the policies and procedures currently under review;
What deliverables are associated with addressing the stipulations?	<ol style="list-style-type: none"> 1. Updated College Policies and Practices that are current and relevant. 2. An updated Policy and Practice review cycle.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Complete review and updating of policies and practices that are overdue for review; 2. Circulate updated policies and practices for review and validation in accordance with the College process; 3. Circulate and or Post the updated Policies and Practices for the attention of the appropriate college community; 4. Update the three year review schedule
Who is responsible for the specific deliverable/ task?	<ol style="list-style-type: none"> 1. The Vice President Academic for Academic Policies and Practices; 2. The Director, Human Resources and Organizational Development for all other College Policies and Practices.
When is the completion deadline of the specific deliverable/ task?	December 2017 for all deliverables
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>The policies and procedures under review were finalised and published in accordance with the process of dissemination introduced by the College. A College Policy of the Month - Employee Acknowledgement system has also been introduced to ensure all employees read and acknowledge having read policies on logging into their college computer.</p> <p><i>This Recommendation is 100% Complete</i> <i>(This is connected to Affirmation 3 above – for which a list of affected policies are provided).</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 1B (Requirement 1.2)

* What has been identified as needing to be done? (stipulations)	Consider clarifying the processes with regard to the APR, CPR and Limited Program Reviews.
What deliverables are associated with addressing the stipulations?	An updated Program Review process
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Complete a thorough review of the APR, CPR and Limited Program Review process; 2. Update the program review process to reflect the improved clarity and interdependence;
Who is responsible for the specific deliverable/ task?	VPA supported by the Deans and Manager Institutional Research and Strategic Planning
When is the completion deadline of the specific deliverable/ task?	Fall 2018
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>The review of the strategic purpose of each of the APR, CPR and LPR was conducted and the quality and continued suitability of each determined in the context of the objectives for each of these instruments. The APR process was updated consistent with the deliverables as stated in Affirmation 1. Above.</p> <p>The process regarding the continued use of the LPR and CPR is still under review - And is projected to be complete by the Fall of 2018. The option under consideration presently is to merge the two instruments and apply as necessary in the circumstances that previously drove their separate use.</p> <p><i>(QA Committee formed to conduct stakeholder consultation; New Director of the TLC recruited; Institutional Research has compiled the data elements necessary for consideration)</i></p> <p><i>This recommendation is considered 50% complete at this time – it's completion is linked to the outcome of recommendation 3. Below.</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 2 (Requirement 1.4)

* What has been identified as needing to be done? (stipulations)	Review/revise APR template, providing clearer directions regarding what kind of analysis/commentary is expected, and clarifying who specifically has primary responsibility for providing the analyses/commentary (i.e. is it Program Coordinators, Associate Deans or Executive Dean?).
What deliverables are associated with addressing the stipulations?	An Updated APR Template
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Proper labeling of sections; 2. Improved instructions to guide the response requirement for each comment box; 3. Specify the questions that are directed at Coordinators or Deans.
Who is responsible for the specific deliverable/ task?	The Institutional Research and Strategic Planning Office in collaboration with the Deans of each academic school.
When is the completion deadline of the specific deliverable/ task?	May 2017.
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>Each section of the APR data package has been properly labelled with specific questions being directed at Coordinators / Deans. It is now clear if the Coordinator or Dean is expected to comment as well as what they are specifically supposed to comment about. This was completed together with the deliverables pertaining to Affirmation 1. (The deliverables in this recommendation are connected to Affirmation 1. And Recommendation 1A. and 1B. above.</p> <p>This Recommendation is 100% complete</p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 3 (Requirement 1.4)

<p>* What has been identified as needing to be done? (stipulations)</p>	<p>CPR process could be improved by expanding the number of core data elements that must be included/addressed in all CPRs, including program indicators, internal and external stakeholder feedback, etc.</p>
<p>What deliverables are associated with addressing the stipulations?</p>	<p>An Improved Comprehensive Program Review process <i>(that expands the data sets leading to higher quality program improvement outcomes)</i></p>
<p>What tasks are associated with addressing the deliverable?</p>	<ol style="list-style-type: none"> 1. Determine what core data elements are required to meet the needs of the relevant stakeholders; 2. Differentiate the data elements and identify the added value they will bring to the process; 3. Update the structure of the report to include the additional data elements; 4. Create CPR schedule that reviews all programs in 3 – 5 years.
<p>Who is responsible for the specific deliverable/ task?</p>	<p>VPA - supported by the Deans and Office of Institutional Research and Strategic Planning</p>
<p>When is the completion deadline of the specific deliverable/ task?</p>	<p>Fall 2018</p>
<p>What is the current status of each specific deliverable/ task? (include a completion percentage)</p>	<p>A direction has been received to combine the CPR and LPR and a team led by the new Director of the TLC has been assigned the responsibility to review best practices across the College system and finalize the design by the Fall of 2018. An inventory of the different data elements that will benefit the revamped CPR have been compiled to improve the environmental scan process.</p> <p><i>This Recommendation is considered 50% complete</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 4 (Requirement 1.6)

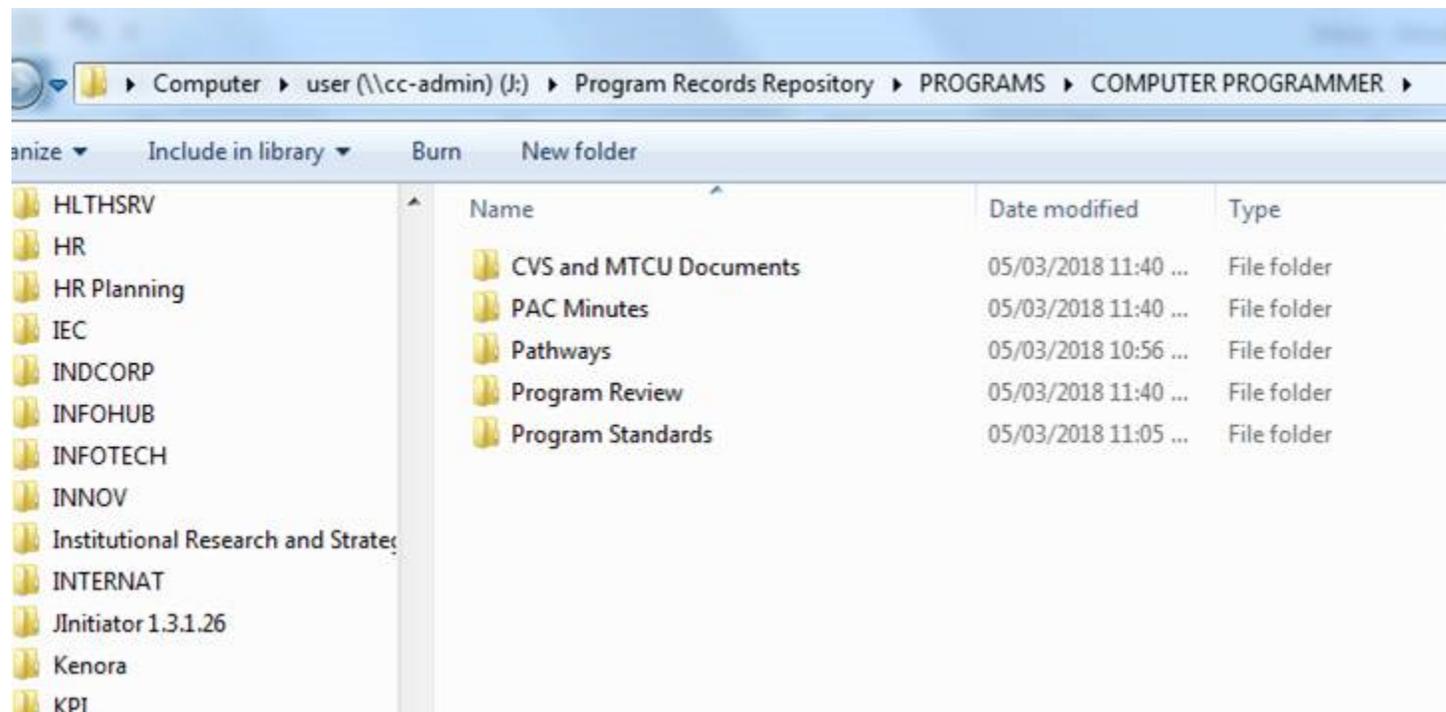
* What has been identified as needing to be done? (stipulations)	Create a centralized and easily accessible official repository of program records.
What deliverables are associated with addressing the stipulations?	A globally accessible repository that prioritizes access to Deans, The Office of the VPA, Academic Quality Assurance, Institutional Research and Strategic Planning.
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Create a shared on-line folder; 2. Create a content structure within the folder to effectively file program records; 3. Gather program records from various areas of the college and populate the repository;
Who is responsible for the specific deliverable/ task?	Office of the VPA supported by the Information Technology Unit
When is the completion deadline of the specific deliverable/ task?	November 30 th 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>The repository for housing program documents has been set up and is maintained by the Office of the VPA. Access is limited to key administrators to allow for informed decision-making and improved efficiency. See screen shot below for structure of content.</p> <p><i>This recommendation is 100% effected.</i></p>



The directory was set up November 4, 2016. The following people have access:

- Deans (Richard Gemmill, Rick Clace, Shane Strickland, Miriam Wall, and Anne Renaud)
- VPA Office – Patti Pella, Jerry Selby, and Glenda Giroux
- Andrea Mickelson (Professor-Academic Program Quality Assurance)
- Max Bernosky (Manager, Strategic Planning and Institutional Research)

The structure is as follows:





Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 5 (Requirement 4.3)

* What has been identified as needing to be done? (stipulations)	Continue the development of the "Assessment of Student Learning" policy and procedure to ensure consistent, fair and equitable assessment. It would be helpful if the new policy detailed which assessment and evaluation practices should be consistently applied institution-wide, which should be applied consistently at the program level, and which can vary at the level of the individual course to ensure fair, prompt and equitable student feedback.
What deliverables are associated with addressing the stipulations?	An updated 'Assessment of Student Learning' Policy (that differentiates and clarifies applicability)
What tasks are associated with addressing the deliverable?	<ol style="list-style-type: none"> 1. Update the policy to improve clarity regarding exceptions and fairness in applicability; 2. Confirm clarity of assessments in course outlines; the availability of appropriate rubrics and that they are provided to students; 3. Confirm effectiveness of the updated processes and policy by monitoring student Course evaluation feedback;
Who is responsible for the specific deliverable/ task?	Office of the VPA – supported by the Deans and Chairs of the Schools
When is the completion deadline of the specific deliverable/ task?	Fall 2017
What is the current status of each specific deliverable/ task? (include a completion percentage)	<p>This policy is attached for your information regarding how clarity and fairness was dealt with.</p> <p><i>This recommendation is 100% Complete</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 6 (Requirement 5.7)

<p>* What has been identified as needing to be done? (stipulations)</p>	<p>Continue the review, revision and updates to the College's policies and procedures.</p>
<p>What deliverables are associated with addressing the stipulations?</p>	<ol style="list-style-type: none"> 1. Updated College Policies and Practices that are current and relevant. 2. New Policies and Practices that address any new process requirements of the College; <p>An updated Policy and Practice review cycle.</p>
<p>What tasks are associated with addressing the deliverable?</p>	<ol style="list-style-type: none"> 1. Complete review and updating of policies and practices that are overdue for review; 2. Circulate updated policies and practices for review and validation in accordance with the College process; 3. Circulate and or Post the updated Policies and Practices for the attention of the appropriate college community; 4. Update the three year review schedule
<p>Who is responsible for the specific deliverable/ task?</p>	<ol style="list-style-type: none"> 1. The Vice President Academic for Academic Policies and Practices; 2. The Director, Human Resources and Organizational Development for all other College Policies and Practices.
<p>When is the completion deadline of the specific deliverable/ task?</p>	<p>December 2017 for all deliverables</p>
<p>What is the current status of each specific deliverable/ task? (include a completion percentage)</p>	<p><i>This recommendation is 100% Complete.</i></p> <p><i>The deliverables pertaining to this Recommendation are consistent with those in Affirmation 3. And Recommendation 1A.</i></p>



Provide the continuous improvement plan (action/ implementation plan) and results to date.

FOLLOW-UP RESPONSE TO RECOMMENDATION 7 (Requirement 6.4)

* What has been identified as needing to be done? (stipulations)	Formalize and systematize academic, personal and advising supports so they are not as dependent on particular individuals and their networks/informal activities, and can become fully embedded in ongoing institutional systems and processes.
What deliverables are associated with addressing the stipulations?	A formal process of personal and advising support system. <i>(that is not dependent on the personal intervention of advisors)</i>
What tasks are associated with addressing the deliverable?	<p>Improve consultation, case management and a proactive posture to student concerns through an updated formal process that includes:</p> <ul style="list-style-type: none"> • Cross departmental weekly meetings of the LRD, security and Residence; • Cross departmental monthly team meetings; • Cross departmental weekly collaborative meetings between the Health Center, Counselling staff & Mental Health Strategists • Participation of the LRD in each School's faculty and coordinator meetings; • Introduction of portfolios that clarify the liaison and reporting roles of Counsellors, student success advisors and indigenous student navigators; • An LRD Strategic planning operational feature; • The dynamic tracking and monitoring of trending student issues, opportunities and successes.
Who is responsible for the specific deliverable/ task?	Associate Dean LRD – supported by the departmental Managers and Deans.
When is the completion deadline of the specific deliverable/ task?	Fall 2018



What is the current status of each specific deliverable/ task?
(include a completion percentage)

The monthly team meetings which include representatives from all departments are being conducted consistently;
The weekly meetings to review student concerns with the security department and representatives of Student Residence are being conducted consistently;
Weekly collaborative meetings between the Health Center, Counselling staff & Mental Health Strategist are being conducted consistently;
Counsellors, student success advisors and indigenous student navigators have been given specific portfolios;
Strategic meetings are held within the LRD to develop strategic plans for each department;
Data on student issues is consistently reviewed at regular intervals;
The LRD departments **are not** regularly invited to participate in and present at each School's faculty and coordinator meetings;

This recommendation is considered 90% Complete

Additional Comments

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