



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

CONESTOGA COLLEGE INSTITUTE FOR TECHNOLOGY AND ADVANCED LEARNING

DATE OF SITE VISIT: May 21-22, 2015

DATE OF PREPARATION OF REPORT: June 17, 2015

DATE OF SUBMISSION OF REPORT: June 24, 2015

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Deidre Bannerman



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APPROVAL OF THE AUDIT REPORT

This report represents the findings of the Program Quality Assurance Process Audit for Conestoga College Institute for Technology and Advanced Learning

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: _____
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CHAIR- OCQAS MANAGEMENT BOARD

Signature: 	Date: October 14, 2015
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AUDIT PANEL MEMBERS

<i>Chair – Deborah Wilkin</i> Signature: 	Date: August 26, 2015
<i>Member – Tim Klassen</i> Signature: 	Date: August 26, 2015
<i>Member – Deidre Bannerman</i> Signature: 	Date: September 17, 2015



EXECUTIVE SUMMARY

1. Conclusions

Generally, summarize the findings of the audit panel and provide summary comments for the college.

Conestoga College has experienced tremendous student enrollment growth over the past several years. The introduction of many new programs has contributed to this growth and has resulted in the College currently offering 174 programs.

The College has implemented many policies and practices to ensure good program quality assurance processes across all campuses, and to foster a cultural change towards systemic continuous quality improvement. It was during the Site Visit that the College's commitment to program quality assurance became apparent as exemplified by the attitudes and enthusiasm of the students, faculty, program administrators and senior management at the College. These meetings were often insightful and provided much needed information to augment the information provided in the Self-Study and to assist the Audit Panel in its deliberations to determine the status of the Standards.

While the revamped program quality assurance system appears to be comprehensive in nature, the implementation phase has not been established completely enough to provide sufficient evidence that the system is effectively monitoring improvement following the initial completion of the Major Program Reviews (MPRs). Additionally, no evidence of the application of the new suspension/cancellation procedure is available indicating how the revamped system determines the potential suspension/cancellation of programs.

Compliance with the MTCU Binding Policy Directive and the College's own Policy/Procedures regarding the required number of General Education course offerings in diploma and advanced diploma programs is still incomplete and has not been adequately addressed.

Based on the *Self-Study Report, Evidence Mapping, Current State of Quality Assurance Activities Report*, the Site Visit, and subsequent *Audit Panel Self-Study Review Questions* received from the College, the Audit Panel concludes the College has Met Standard 2, 3, 4, and 6. Standard 1 has one Requirement that is "Partially Met," and Standard 5 has one Requirement that is "Not Met."

The status of completed major program reviews (MPRs), excluding PEQAB applied degrees:

- Before the formalization of the CCQI processes: 2010- Aug 2013 65
- After the formalization of the CCQI processes: January 2013- May 1, 2015 19

The status of major program reviews in progress, pending MPRs:

- 2014-2015 126



2. Results

a. Audit Results

Standard	Result		
1	<input checked="" type="checkbox"/> Met	Partially Met	Not Met
2	<input checked="" type="checkbox"/> Met	Partially Met	Not Met
3	<input checked="" type="checkbox"/> Met	Partially Met	Not Met
4	<input checked="" type="checkbox"/> Met	Partially Met	Not Met
5	<input checked="" type="checkbox"/> Met	Partially Met	Not Met
6	<input checked="" type="checkbox"/> Met	Partially Met	Not Met

Audit Decision: (select one)

Mature Effort

Organized Effort

Formal Effort

Reactive Effort

Minimal Effort

STIPULATIONS

1. Commendations

Identify and comment on specific areas or practices where the college has shown exemplary practice and / or leadership in the field of quality assurance and improvement. These may be practices, policies, procedures that the Panel believes to be especially good and worthy of emulation by other colleges in the system.

- Services for Students – The new Welcome Centre is impressive in both its appearance and functionality, particularly the technology used to track and announce students’ appointments (Q-nomi) for services needed. The Learning Commons has expanded its supports and programs to meet increased demands brought about by the increase in students and programs. They have increased from 6 to 14 FTE staffing positions plus use over 100 paid student tutors. Much of the change here was explained to the Audit Panel as having been driven by moving away from a “Here is what we can do for you” scenario, to a “What would you want to or need to Google?” scenario. Also noted here is the fact that the College has developed and implemented a *Virtual Learning Commons* through eConestoga and ensures there is staff presence at all campus locations. Strategic staffing decisions are made following annual reviews to ensure the adequacy of staff and virtual programs meet the identified needs of the students.
- Professional Development opportunities for everyone - The Organizational



Development Office provides extensive professional development for all employee groups. Of particular note, all of the employee groups the Audit Panel interviewed referenced the E3 (Employees for Excellence in Education) Conference. E3 provides opportunities for the employees to learn from each other; it is an in-house, employee-wide annual event comprised of workshops, seminars or other types of learning experiences. Each group provided positive feedback regarding opportunities to present at or participate in the varied and diverse topic content. Also, formal PD opportunities, where employees required financial support from the college, were readily available and promptly approved.

2. Affirmations

Identify any areas in the current policies and practices used by the College requiring further development that the college itself has identified. This would include the areas where the Panel is in agreement with the documented weakness or problem area. Be sure to commend the college for its insight and honesty in identifying such areas and encourage them to develop specific plans to redress the issues in the near future.

For the Affirmations, the Audit Panel depended upon information contained in Section B. Additional Comments of the *Current State of Quality Assurance Activities Report*, as the Self-Study submitted did not note any areas of deficiency that required further quality assurance development.

The Audit Panel encourages the College to continue with the following quality improvement initiatives:

- Expand and increase professional development opportunities focused primarily on vocational program learning outcomes (VPLO) (inclusive of General Education and EES), outcome writing, evaluation, and teaching tips.
- Complete the development of policies and procedures to address off-campus activity and the relationship to program and course outcomes. They include: 1) Academic Field Trip Procedure (pending); 2) Off-Campus Academic Activity Policy (pending); and 3) Off-Campus Integrated Learning or Experiential Learning Procedure (pending). According to the information presented by the College, a review of this policy and two procedures will be conducted after two academic years to assess whether further alignment to evaluation is required.
- Create additional parameters for student evaluations to ensure each course is compliant with the Evaluation Policy. Specifically, SIS would be enhanced with a quality assurance step to not allow faculty to enter a single assessment with an evaluation of more than 40 percent.
- Implement a system for formal tracking of program accreditations across the institution to integrate internal program review processes to these external review requirements. By



increasing the integration of these processes, the college can enhance quality through more efficient use of resources, management of data and timing of quality activities.

- Through its CCQI initiatives, utilize the expertise of the curriculum consultants during all stages of course and program development. This approach is now embedded in the Program Development Procedure for future program and course development and should continue.
- Examine the procedures for degree renewal, apprenticeship, continuing education, accreditation renewal and major program reviews for enhanced best practices.
- Implement any identified opportunities to improve the analysis of the information contained in the completed program review documents by program teams. Continue the professional development related to this analysis of information.

3. Recommendations

List straightforward and feasible recommendations for the college to implement that are specifically proposed to correct any shortfalls related to the criteria and requirements of the PQAPA. It is understood these recommendations will be neither prescriptive nor exhaustive in nature or content. Specific areas of potential risk arising from any “partially met” and “not met” characteristics should be commented on.

1. Complete the commitment regarding the General Education compliance. The non-compliance is currently resulting in Requirement 5.2 being “Partially Met” with a recommendation that action for remediation is advisable. (Reference S5.R2)
2. While the CCQI formalization appears to be comprehensive, the College needs to monitor the results of the MPR completion process to ensure its achievability within the College’s established 5-7 year timeframe, as well as the sustainability in the longer term. (Reference S1.R1, S1.R4, S1.R5 & S3.R4)
3. To ensure consistency it is recommended that the Comprehensive Program Map template be used as part of the MPR process across all program areas. This college-wide approach to mapping the Program Learning Outcomes to Course Learning Outcomes and mapping of the Essential Employability Skills should help achieve this uniformity. (Reference S3.R2 & S3.R4)
4. To provide a college-wide system to determine ongoing program viability or suspension of programs, the college is encouraged to analyze the data from the MPR process and use this analysis in all program deliberations. (S1.R1)