



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**

#### **CONFEDERATION COLLEGE**

**DATE OF SITE VISIT:** May 9, 2016

**PREPARATION DATE:** May 29, 2015

**SUBMISSION DATE:** June 8, 2016

**PREPARED BY:** David Hannah, Panel Chair



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## APPROVAL OF THE AUDIT REPORT

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

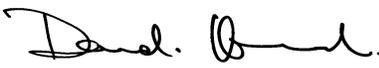
### COLLEGE PRESIDENT

Signature: 	Date: June 20, 2016
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### CHAIR- OCQAS MANAGEMENT BOARD

Signature: 	Date: October 14 <sup>th</sup> , 2016
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### AUDIT PANEL MEMBERS

<i>Chair</i> Signature: 	Date: June 8, 2016
<i>Panelist</i> Signature: Denise Piovesan	Date: June 8, 2016
<i>Panelist</i> Signature: Melanie Spence-Ariemma	Date: June 8, 2016



## EXECUTIVE SUMMARY

### 1. Conclusions

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

Confederation College submitted a comprehensive and well-done Self-Study Report that was supported by a rich array of supporting documents. The College was very responsive to the audit team's requests for additional documentation and clarified a number of questions that the audit team had asked after reviewing the Self-Study and additional documentation. The site visit was well organized, and provided the audit team with an excellent opportunity to meet with a broad range of college stakeholders, validate the information that was provided in the Self-Study, and fill in a few outstanding gaps in information that the audit team had identified. Overall the audit team found that the site visit corroborated the information provided in the Self-Study, and confirmed that the College's practices were consistent with the Quality Assurance criteria established by the Ontario College Quality Assurance Service.

On the whole the audit team believed that the College has comprehensive and effective quality assurance processes in place. While the team identified a few areas where OCQAS Requirements (and one Standard) were only partially met, the College demonstrated a high level of awareness of the areas where improvements in its QA processes were needed, and a strong commitment to addressing those shortcomings. Indeed, the College has plans in place, and is already taking action to improve their QA policies and procedures where necessary.

### 2. Results

#### a. Audit Results

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

- 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* 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”).

- a. *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.
- b. *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.
- c. *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).
- d. *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. PACs. As was mentioned above, the audit team was impressed with both the commitment and high level of engagement to their programs of the PAC members with whom it met, as well as to the quality assurance process. The audit panel wishes to acknowledge the strong dedication and commitment the faculty, support staff and administration and PAC members have to quality assurance.

## 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 its "Affirmations-Confederation College Response to Audit Panel" document, the College describes 11 affirmations describing specific areas it has identified that are in need of improvement, the action necessary, the department responsible for overseeing the execution of that action and the timeline for completion. The Audit Panel has reviewed these affirmations and agrees that together they represent a significant improvement in the College's QA processes and, demonstrate the College's commitment to continuous quality improvement.

The following affirmations are outlined in the "Affirmations-Confederation College Response to Audit Panel" document:

- a. 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)
- b. Continued implementation of the COMMs project, including full-time staff support for this project (see audit team's comments under Commendation 1f. above)
- c. 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)
- d. Improving consistency and content of PAC minutes and formalizing of PAC recommendations
- e. Improving communication of important College policies to students through consistent presentation of such policies in program handbooks
- f. Launching of a pilot project with other Northern colleges to produce a consortium curriculum for Business courses
- g. 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)

- h. Creation of an online instructor resource to promote consistency of delivery across online courses
- i. Development of a performance review form and process for Counsellors (see audit team's comments in the Narrative section for Standard 6 above)
- j. Development of a system to provide tracking and early warnings for Faculty who have identified students involved in academic integrity issues
- k. Improvement of student participation rates in faculty evaluation processes

The audit team affirms and agrees with the College's judgment and findings regarding the above areas where improvements in its quality assurance processes are needed.

### 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.

#### RECOMMENDATION #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.

#### RECOMMENDATION #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?).

#### RECOMMENDATION #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.

#### RECOMMENDATION #4 (Requirement 1.6)

Create a centralized and easily accessible official repository of program records.

#### RECOMMENDATION #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.

**RECOMMENDATION #6 (Requirement 5.7)**

Continue the review, revision and updates to the College's policies and procedures.

**RECOMMENDATION #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 processes.