COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

GEORGIAN COLLEGE

DATE OF SITE VISIT: Oct 13-15, 2020

PREPARATION DATE: November 20, 2020

SUBMISSION DATE: November 23, 2020

PREPARED BY: Richard Rush

Ontario College Quality Assurance Service

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

Table of Contents

Ontario College Quality Assurance Service
Service de l'assurance de la qualité des
collèges de l'Ontario

APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for *Georgian 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: *Marylynn West-Moynes*	Date: March 8, 2021

CHAIR- OCQAS MANAGEMENT BOARD

Signature:	Date: February 16, 2021

AUDIT PANEL MEMBERS

Richard Rush Signature:	Date: November 23, 2020
Sandra Bailey Signature:	Date: November 23, 2020
Gary Kapelus Signature:	Date: November 23, 2020

Ontario College Quality Assurance Service
Service de l'assurance de la qualité des
collèges de l'Ontario

EXECUTIVE SUMMARY

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

Georgian College has a number of established quality assurance policies, processes, and practices. The college has committed effort and resources to achieve its current level of quality assurance. Reasons for the college's success include two primary factors:

A commitment to the Annual Review Process for programs which includes:
- Significant support from the Office of Academic Quality and the Institutional Research department.
- Attention to KPI data and incorporation of findings from this and other data into strategies for improvements
- A recognition of the importance of QA processes across the organization

Collaboration and work from various supporting groups and tools which include:
- The effective work undertaken Student Support Services
- Program Advisory Committees and external partners
- A sense of community and a commitment to frequent informal sharing across the college to facilitate formal efforts

The college submitted a comprehensive Self-Study report, which included a vast array of supporting documentation to accompany the Self-Study document. The Self-Study report demonstrated the reflections of the college to the efforts that need to be undertaken to continue to advance its QA processes.

The virtual site visit was organized and provided the audit panel with excellent opportunities to validate the information provided in the Self-Study. The panel found that it provided confirmation of the Self-Study information as well as additional information beyond what was in the Self-Study.

During the virtual site visit, the audit panel met with a broad cross-college representation of stakeholders: students, graduates, Board of Governors, faculty, executive, deans and directors, associate deans, program coordinators and academic managers, various service staff, program advisory committee members, etc. There was a high level of engagement with these different groups and the participants were forthcoming and helpful in providing information.

Ontario College Quality Assurance Service

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

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

Ontario College Quality Assurance Service
Service de l'assurance de la qualité des
collèges de l'Ontario

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.

First, it is a strong positive observation that the College has made substantive progress since its last audit. The work of the Quality Team and the institution in enhancing its progress is substantive. The college has a culture of appreciation of quality and quality assurance processes. This is demonstrated by the extent of interdepartmental and interpersonal collaboration and engagement, the investment in systems and the embedded language of quality. It is further evidenced by the College Board and the PACs' understanding and involvement.

Second, it has been identified as an exemplary practice that Georgian college's focus on students, including the Student Engagement Committee, the processes to support student learning and that students value their instructors and respect them.

Third, The system of curriculum management supported by the chosen technologies is a powerful and critical backbone as it provides a standardized workflow and accountability structure, serves as a dynamic archive of ongoing QA activity as work progresses through the predetermined and fixed stages and is used by the Office of Academic Quality (OAQ) to track progress. The College's integrated processes including the capacity planning is not just about budgets but effective allocation of resources and facilitates quality standards and meeting specific requirements.

Fourth, the panel commends the college's efforts to continue its progress on identified initiatives during a COVID-19 influenced environment.

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.

The areas of improvement that were presented by Georgian College in its Self-Study (described in each section) are summarized below in italics as they were presented in the Self-Study and their inclusion here expresses the audit panel's affirmation for each of them.

Note that the number of self-identified areas of improvement are considered as evidence of the college's commitment to addressing opportunities for improvement. They are presented in order of presentation in the college's Self-Study submission.

Ontario College Quality Assurance Service
Service de l'assurance de la qualité des
collèges de l'Ontario

- *(1.4) The Program Assessment process has met with a number of challenges in the past three years. The college has been working on improvements to the process since the previous audit; however, due to the system-wide faculty strike in the fall of 2017, and the delayed release of KPIs for the 2017-2018 and 2018-2019 years, it has been difficult to fully and consistently implement all aspects of the new process, and to maximize and measure its benefits year over year. The college affirms to continue work on the Program Assessment Process, and is on track for spring 2020 to embed the Program Curriculum Review into the web form, and fully optimize the mid-year follow up and year-end close part of the process. Additionally, investigation is under way into how the process can be used to incorporate a tracking system for monitoring the implementation of action items and recommendations until completion.*

- *(1.4) Gaps in some of the documentation have been evident in our study of the Registered Nurse - Critical Care Nursing program. The college is therefore committed to ensuring that its quality assurance system is applied to programs of study that are only delivered on a part-time basis. For example, KPIs are not gathered for part-time students, so until the Curriculum Quality Review was implemented in the spring on 2019, no formal Program Assessment data was obtained on RNCC or other programs delivered part-time. Additionally, some difficulties in tracking process completion with part-time delivered programs have been evident. Recently, a program coordinator position was created to ensure continuity within all part-time delivered nursing programs. Steps like this, combined with the use of the Office of Academic Quality will ensure that part-time delivered programs will be better monitored and consistently receive the same quality assurance reviews and supports as all credit programs.*

- *(2.1) The Office of Academic quality identifies the need to offer more face-to-face workshops and support for program teams working on learning outcomes and mapping. Currently, the OAQ offers numerous drop-in sessions, and has extensive online resources, but more community outreach in a formal workshop setting would help to further build capacity in this area across the college.*

- *(2.3) Georgian has identified a need for a more detailed academic policy around Prior Learning Assessment and Recognition (PLAR) and more resources dedicated to ensuring a holistic approach to the process. A new policy and supporting resources are currently in development, with expected implementation college-wide by spring of 2021.*

- *(2.3) Georgian identifies the need to ensure that all faculty are consistently mapping assessment to course learning outcomes. The college has taken steps to ensure that evaluation policy outlines the requirement that all assignment briefs and tests, as well as syllabi indicate to students the course learning outcomes that are being assessed. This is occurring, but more communication and support are required to ensure a consistent practice college-wide. The recent purchase of syllabus software will further support our efforts in this regard, and aid faculty in ensuring all assessments are*

mapped to CLOs on the syllabi. This will benefit both faculty and students in ensuring transparency of the outcomes being measured in both evaluation and lesson planning. Piloting of the syllabus is to occur during the spring of 2020, with hopes for college-wide roll out for September 2020.

- *(3.3) Georgian will benefit from a systemized approach to communication and record keeping for Program Advisory Committees (PAC). Board Effect software is currently being piloted by eight PACs, with plans for full implementation by September 2020.*

- *(4.2) Engaging all faculty consistently in teaching and learning development due to limited time, resources, or geographical location is an ongoing challenge. In aid of this, CTL is piloting the use of the How2 series which offers a variety of courses that develop teaching and learning practice, and access to support in an online environment.*

- *(4.2) CTL is committed to continual quality improvement and as such is conducting its first needs review in five years.*

- *(4.2) CTL also recognizes the need for standardized feedback and a central repository for the results. CTL is also working with Institutional Research (IR) on an automated system that solicits feedback via email from faculty once they have completed a session.*

- *(5.1) Georgian recognizes the need for a more consistent and automated approach to communication of policies. The purchase and implementation of syllabi software will support consistency in policy dissemination and application. Additionally, the college is committed to standardizing Program and Student Handbooks, which also can act as an up-to-date and consistent connection for staff and students to Academic Polices and Regulations.*

- *(5.5 and 2.3) A more robust Academic Policy governing Prior Learning Assessment and Recognition (PLAR) and Credit Transfer would be beneficial to the larger college community. Both policies are currently in process, with an estimated implementation time to be May of 2021.*

- *(5.8) Georgian recognizes a gap in the maintenance of Articulation Agreements. It is currently in the process of updating all agreements, with an estimated time for completion by fall 2020.*

- *(6.2)* – While the college identified this to requirement 6.2 the panel notes this is better associated with requirement 6.1*) Georgian recognizes the need for clearer guidelines and more consistency with regard to faculty appraisals. A review of the faculty appraisal policies and processes is currently in process, with plans for implementation fall of 2020.*

Ontario College Quality Assurance Service
Service de l'assurance de la qualité des
collèges de l'Ontario

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 (Requirements 1.4, 2.1, 2.3, 3.3, 4.2, 5.1, 5.5, 5.8 and 6.2)
The panel recommends that the college actively work on the stated affirmations in the Self-Study to address, improve and resolve items identified ensuring completion over the next 18 months and to include updates in the follow-up report.

RECOMMENDATION #2 (Requirement 1.3)
The panel recommends that the college establish a clear process and expectation to ensure student survey feedback is regularly and consistently included in the data gathering to inform program quality measures across all programs and courses consistently.

RECOMMENDATION #3 (Requirement 4.3)
The panel recommends that the college enhance its oversight of student learning evaluation, to ensure that feedback is prompt and constructive and to ensure processes are in place that this is consistent and faculty are trained and evaluated on the ability to conduct effective assessment.

RECOMMENDATION #4 (Requirement 5.2)
The panel recommends that the college continue with its recently implemented framework for policy review and revision and to provide evidence on the success of the approach taken. Furthermore, the panel recommends the college establishes clear policies on how department specific policies are undertaken when in place.

RECOMMENDATION #5 (Requirement 5.8)
The panel recommends that the college establish and communicate clear policies and processes around how third-party arrangements are reviewed, evaluated, and ensures meeting all requirements set forth by the college.

RECOMMENDATION #6 (Requirement 6.1)
The panel recommends that the college establishes clear and consistent recruitment and on-boarding of non full-time faculty processes and procedures. Furthermore, that there is an established, clear, and consistent on-boarding of faculty across program areas.