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

SHERIDAN COLLEGE

DATE OF SITE VISIT: May 16-18, 2023

PREPARATION DATE: June 15, 2023

SUBMISSION DATE: June 26, 2023

PREPARED BY: David Veres, Tracy Gedies, Scott Walker

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APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for **Sheridan 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: October 19, 2023

CHAIR- OCQAS MANAGEMENT BOARD

Charles Pankratz	
Signature:	Date: October 3, 2023

AUDIT PANEL MEMBERS

Chair David Veres	
Signature:	Date: June 26, 2023
Panelist Tracy Gedies	
Signature:	Date: June 26, 2023
Panelist Scott Walker	
Signature:	Date: June 26, 2023

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EXECUTIVE SUMMARY

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

Sheridan College has effectively demonstrated their commitment to the value and importance to quality assurance. The connection established between their core values, individual passions, and strategic initiatives are evidence of an organization that displays **Mature Effort**. As with all organizations there are always areas for continuous improvement and aligning quality assurance practices with the changing environment, which the college has acknowledged and committed to work on in the future. Although the audit panel has identified some specific standard requirements that are **Partially Met**, we believe that overall, Sheridan College has **Met** the broad components of all six standards.

As the college continues to transition their academic governance model it will be important to commit to creating clarity on roles and responsibilities and to communicating them to the various stakeholders that they had included in their inclusive and collegial approach to academic quality assurance. The audit panel observed some uncertainty with committee and group roles, use of old acronyms, and references to old processes, that could impact quality assurance efforts.

Although the audit panel observed several effective processes, there was evidence that some of these were not consistently applied across the institution. As change is occurring this can often happen, so it will be important to both effectively communicate changes & expectations and to ensure a process exists to monitor consistent implementation.

As the college continues to move forward, it will be important to follow through on the areas that they have identified (affirmations), and those identified (recommendations) by the audit panel. Sheridan College has put in place resources such as the SPARK team, that can support many of these initiatives.

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)*

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☒ Mature Effort
☐ Organized Effort
☐ Formal Effort

Ontario College Quality Assurance Service (OCQAS)
CQAAP Audit Report Template
Revised May 1, 2021

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. (Ensure that the commendable quality assurance mechanisms are provided within their context and have sufficient detail to be clear to any reader.)

- Use of evidence in decision-making (standard 1- R1.3)

Sheridan consistently uses data and information collected from multiple and varied sources to inform decisions during program development and assess program performance during the comprehensive review process. Staff from across the college repeatedly cited the importance of making decisions and/or recommendations based on information gathered, collated and analyzed from stakeholder data (e.g., professional bodies, program advisory committees (PACs), employers, community liaisons, graduates, faculty, students) as well as quantitative data found in Tableau (e.g., program indicators, program records, PULSE and SES). Data was used very effectively to shape change and answer the "why" before informed decisions were made.

- Connection of strategic initiatives to programs-courses (standard 1- R1.1))

The importance of the college's strategic initiatives was evident across all stakeholder groups. In particular it was observed that a keen awareness across the organization of their existence and importance that the college leadership places on these initiatives. Equally significant, the operationalization of these initiatives and institutional priorities was observed in processes associated with quality assurance. The college has succeeded in in making them a living part of what you do and how you do it.

- Connection of PVLO and EES through mapping and assessment (standard 2- R2.1 and standard 3-R3.3)

Effective quality assurance mechanisms ensure program vocational learning outcomes (PVLOs) are the starting point for any program life cycle activity and the evidence provided in the self-study and during the site visit demonstrated clearly defined and structured processes for the development, review and assessment of PVLOs through the different stages of program activity at Sheridan College. Processes to regularly and systematically communicate PVLOs and Essential Employability Skills (ESSs) to program applicants, students, faculty, Program Advisory Committees (PACs), employers and placement/internship preceptors were evident as many of these stakeholders, including students, affirmed the importance of PVLOs and the impact they had on program course structure, course sequence, the development of course learning outcomes, prior learning assessments, rubrics and curriculum related changes.

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- Faculty Review Process (standard 6- R6.1)

The audit panel heard the value your team places on the Formative Faculty Reflection (FFR). They expressed how it offers faculty members a unique chance to explore their personal interests and areas of growth, while showcasing their achievements in a creative manner. The FFR serves as a vital component of faculty development by enabling them to express their passions and effectively communicate trends and emerging opportunities that can be incorporated into the classroom setting.

- Proactive approach to Faculty/Staff Professional Development (standard 6-R6.2 and R6.5)

The audit panel also saw that the commitment to professional development at Sheridan is very strong and within the groups that the audit panel talked to; everyone is very positive about the opportunity to participate in PD and there is wide ranging access. The audit panel heard that the College has created an environment that is very supportive of PD opportunities and there is lots of enthusiasm for PD from staff who said they were encouraged to participate in PD by their managers.

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.

- Standard 1-R1.2 and R1.6: College efforts to continue the migration away from manual process will be vital, as is your identification of the need to enhance your communication processes related to program change.
- Standard 2-R2.3: The College's identification of the continued movement to automated process and further embedding the SPARK expertise into curriculum lifecycle management, especially in the development and re-development of curriculum is an important realization. The audit panel certainty saw several positive examples of the work that you have already undertaken in this area.
- Standard 3- R3.3: Although the audit panel agree that there is still work to be done in your efforts to "effectively and fully engage" PACs the audit panel did observe signs that your efforts over the past year have led to progress in this area.
- Standard 4-R4.2: The commentary related to role that SPARK can play supporting the development of effective teaching and learning and the importance of collecting, sharing and utilizing those outcomes is something the audit panel strongly believe you should be addressing, to enhance program and course delivery and student assessment.
- Standard 5- R5.2: The identification of the need to revisit many of your academic policies and to develop a framework for this process to occur is an important one. The audit panel heard of some efforts that are underway in this area, but early attention

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to this identified opportunity for enhancement will support many of your other activities and initiatives.
- Standard 6-R6.6: The identification of the need to fully utilize the output of your Comprehensive Program Reviews in the access to and prioritization of resources allocation is an important realization. The audit panel saw evidence that would support that this is occurring, but there is an opportunity to ensure these occurrences are better documented. Implementing a process to track Action Plans and their completion will support the prioritization of resources.

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: (Standard Requirement 1.6)

The procurement and implementation of a Curriculum Lifecycle Management Tool is an outstanding item from the previous audit and is in process for completion. The college has indicated that this action is to be completed by Fall 2025. Advancement of this initiative and the development of an evaluative process related to its effectiveness of the tool will support continued quality assurance in programs.

- Recommendation #2: (Standard Requirement 1.6)

The development of a formal process to inform users (faculty, students) and related stakeholders (PACs, industry partners), that includes information on the nature of program changes, their rationale, and effect date is needed. This process can utilize existing program change timeframes and communication channels (i.e., internal communications, website, student program sites/pages, meeting agendas).

- Recommendation #3 (Standard Requirement 4.3)

The review of the Student Assessment and Evaluation Procedure regarding timely feedback on student performance should include a formal process to ensure each school/program has an established process, that it is approved by the appropriate level of academic administration, and that the process includes a mechanism to ensure all students are aware of the process for timely feedback.

- Recommendation #4 (Standard Requirement 5.2)

The review of the academic policy review and development process to ensure that it aligns with the present quality assurance model (post academic senate) should include a clear definition of the roles and responsibilities associated with various groups and individuals

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involved in the process. As well, the review should involve the development of a communication strategy to ensure understanding and compliance to the established roles and responsibilities.

- Recommendation #5 (Standard Requirement 5.2)

The establishment of a policy review timeline, to manage the existing backlog of "out-of-date" policies should be supported by a completion plan that ensures the needed resources to compliance.

- Recommendation #6 (Standard Requirement 6.4)

The broad-based implementation of the previously piloted electronic Performance and Talent Management system (ePTM) is an outstanding recommendation from the previous audit, and consequently should be prioritized. As well the implementation should be accompanied by a review of its effectiveness and impact on professional development activities for support staff.