

COLLEGE QUALITY ASSURANCE AUDIT PROCESS (CQAAP)

AUDIT REPORT

ST-LAWRENCE COLLEGE

DATE OF SITE VISIT: March 28, 2017

PREPARATION DATE: April 24, 2017

SUBMISSION DATE: June 1, 2017

PREPARED BY: Richard Rush



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APPROVAL OF THE AUDIT REPORT

This report represents the findings of the College Quality Assurance Audit Process for **St Lawrence 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.

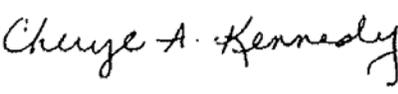
COLLEGE PRESIDENT

Signature: 	Date: <u>June 26, 2017.</u>
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CHAIR- OCQAS MANAGEMENT BOARD

Joy Warkentin Signature: 	Date: June 20, 2017
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AUDIT PANEL MEMBERS

Chair: Richard Rush Signature: 	Date: June 14, 2017
Panelist: Mark Lamontagne Signature: 	Date: June 14, 2017
Panelist: Cheryl Kennedy Signature: 	Date: June 14, 2017



EXECUTIVE SUMMARY

1. Conclusions

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

St. Lawrence College has strong and well-developed quality assurance policies, processes, and practices. The college has committed significant effort and resources to achieve its current level of quality assurance. Reasons for the college's success include:

- High-level leadership commitment to quality particularly during the last five years where significant effort has been devoted to integrate the system more effectively;
- High quality leadership in the academic development and program quality assurance roles and strong support of the Quality Assurance Office by senior administration; and
- The view that quality is not just an academic responsibility but also a college-wide responsibility.

St. Lawrence College submitted a comprehensive Self-Study Report that provided a vast array of supporting documentation to accompany the self-study document. The 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 the site visit provided confirmation of the self-study information as well as additional information beyond what was in the self-study. Generally, the information presented during the site visit supported was consistent with the information provided in the self-study.

The audit panel met with a broad cross-college representation of stakeholders: students, graduates, Board of Governors, faculty, executive, deans and directors, chairs 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.

2. Results

a. Audit Results

Standard	Result		
1	<input checked="" type="checkbox"/> Met	<input 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.

First, we commend the college on its excellent engagement, instruction and overall communication to its Board of Governors and the establishment of a subcommittee on the Board for quality assurance. The effort for providing the Board context and understanding is exemplary. Additionally, the engagement and understanding of the PAC groups also demonstrated a similar level of guidance and communication. For both of these two types of governance and advisory bodies the college has established a relationship that serves the institutions quality efforts well.

Second, we saw repeated examples of how well the college has integrated efforts across campus for the student's benefit. This is seen in the quality of its academic program processes, the student support processes and the general understanding that it is a tri-campus environment not a main campus with subsidiaries. Furthermore, the use of technology to allow all three venues to collaborate and oversee quality at the college is very seamless and during the site visit we could see how well technology has been integrated to accomplish tasks and collaborative activities.

Third, the student and graduate groups that we met with at the site visit reflected on so many successful aspects at the college. Their engagement in the process was excellent and they demonstrated to us that the implementation of many of the quality assurance processes is having the desired effects on student success. This was seen in both academic and support service aspects.

Fourth, the comprehensive services review done recently demonstrated a college-wide commitment to quality and demonstrated the desired integration between the academic and non-academic areas.

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 St. Lawrence College in its self-study (described in detail in the college's "Affirmations" document) are summarized below expressing the audit panel's affirmation for each of them.

Note that the relatively large number of self-identified areas of improvement should not be considered to be indicative of numerous weaknesses in quality assurance at the college but rather be seen as evidence of the college's commitment to addressing opportunities for



improvement. They are also presented in order of requirement not in the order of the document supplied by St Lawrence College.

Requirement 1.1: Add Apprenticeship program to five-year cycle. Completed after self-study submission and before site visit.

Requirement 1.1: Academic Support Services follow-up process improvement

Requirement 1.3: Gap analysis between SLC formal program review process and requirements for specific external bodies. Completed after self-study submission and before site visit.

Requirement 1.3: Implementation of new KPI response policy

Requirement 2.3: Implementation of Learning Plan to replace appendix A in course outlines (underway)

Requirement 2.3: Incorporation of Curriculum mapping with new COMMS software

Requirement 3.3: Implement new standard PAC templates for agendas and minutes. Completed after self-study submission and before site visit.

Requirement 4.1: Expanded quality assurance framework for third-party and off-shore partners. Completed after self-study submission and before site visit.

Requirement 4.1: Roll out of Quality Matters rubric with online courses

Requirement 4.3: Ongoing Assessment mapping during curriculum mapping.

Requirement 5.3: Tracking appeal resolutions and Sharing best practices

Requirement 5.3: Implement the re-assessment subsection of the Academic Policy Manual. Completed after self-study submission and before site visit.

Requirement 6.1: Expanding the content in the New FT Faculty Development program

Requirement 6.1: Explore more effective methods for collecting student course feedback

Requirement 6.2: Expand real-world learning environments

Requirement 6.3: Development of succession plans for critical positions in Service Areas

Requirement 6.3: Implementation actions from Service Review

Requirement 6.4: Review of Student Success Facilitators

Requirement 6.4: Continue action on the Literacy, Numeracy and Digital Fluency strategic initiative

Requirement 6.4: Expand use of At-risk Blackboard Hub to all campuses.

Requirement 6.5: Evidence based review of all athletic and student life activities

Requirement 6.5: Investigate best practices to meet the needs of distance students requiring counselling

Requirement 6.6: Enhance support of faculty

Requirement 6.6: Build a digital resource toolbox for faculty

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 1.3)

We recommend that student course feedback become a standard element that is consistently included in the annual program review process.



RECOMMENDATION #2 (Requirement 2.1)

We recommend that the process for ensuring measurability of the learning outcomes be more clearly articulated with who has that responsibility and how that responsibility is measured.

RECOMMENDATION #3 (Requirement 2.3)

We recommend that a process be put in place to ensure the internalization of program vocational learning outcomes occurs to the degree that they are being operationalized in the day-to-day work by program faculty.

RECOMMENDATION #4 (Requirement 3.5)

We recommend an effort to be more consistent in communicating provincial program standards.

RECOMMENDATION #5 (Requirement 4.2)

We recommend that the college improve its tracking of the incorporation of new teaching methods.

RECOMMENDATION #6 (Requirement 6.1)

We recommend that the communication be more consistent, clear and fulsome to faculty in the expectation of engagement on reflective practices of the faculty review process and participation in professional development activities.

RECOMMENDATION #7 (Requirement 6.3)

We recommend that the college identify a more consistent process to ensure that the Deans are able to ensure the appropriate faculty and staff base is in place to carry out classroom and non-classroom support roles at the operational level.

RECOMMENDATION #8 (Requirement 6.5)

We recommend the pattern regarding the progressive efforts for counselling using technology to reach other locations be continued and evolved for as many other support services as possible.