



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

ST-LAWRENCE COLLEGE

DATE OF SITE VISIT: April 5-7, 2022

PREPARATION DATE: April 22, 2022

SUBMISSION DATE: July 5, 2022

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: October 17, 2022
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CHAIR- OCQAS MANAGEMENT BOARD

Signature: 	Date: September 23, 2022
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AUDIT PANEL MEMBERS

<i>Chair – Richard Rush</i> Signature: 	Date: July 5, 2022
<i>Panelist- Sara Barnes</i> Signature: 	Date: July 5, 2022
<i>Panelist- John Richards</i> Signature: 	Date: July 5, 2022



EXECUTIVE SUMMARY

1. Conclusions

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

It is the finding of the audit panel that St Lawrence College has many established quality assurance policies, processes, and practices. As evidenced through the Self-Study and site visit, St. Lawrence has committed effort and resources to achieve its current level of quality assurance. There are two primary reasons for the college's success in achieving its current level of quality assurance:

- The focus on students, which drives a number of the strong practices found at St Lawrence as seen in the commendations.
- The continuous improvement based on self-identified affirmations and audit panel recommendations from the previous audit.

Where the college is not yet able to provide evidence of the results of more recent changes, or changes not yet implemented (in part due to the COVID-19 pandemic), the plans are mostly in place, and will result in a more mature Quality Assurance rating if followed through. A few examples include the updated processes for program development, reviews, renewal and mapping, as well as a number of the college's affirmations provided in the Self-Study.

As outlined in the following commentary, the audit panel has assessed that the college has demonstrated an "Organized Effort", with a rating of "Met" on four of the six CQAAP standards, and "Partially Met" on the remaining two.

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 type="checkbox"/> Met	<input checked="" 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.

There are three elements of St Lawrence's processes and practices that stand out as making significant contributions to the quality of the college's operations:

- St Lawrence's focus on the success of students and on the processes to support student learning is exemplary. The Student Success facilitators, valued by both students and instructors, are an important component of this, as is the support provided through the Beacon software. It is clear that students value and respect their instructors, and that the collegial atmosphere evident among academic and non-academic staff promotes an effective integration of supports for students.
- The coordination and integration across the three campuses resulting from the college's commitment to a "Tri-campus" approach to the delivery of programs and support services has made a significant contribution to the on-going improvement of quality assurance.
- St Lawrence is to be commended for making use of the opportunities revealed by the COVID-enforced "off-campus", or remote, operations, to both continue its progress on previously identified quality assurance initiatives, and to enhance its "Tri-campus" delivery of programs and services.

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 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.

1.2 Develop a communication and training strategy for recent new and renewed policies for all College stakeholders

1.3 SEM Data Subcommittee to develop a Data Governance Framework.



1.5 Implement annual tracking for all Program Review Recommendations from 2021 forward

2.1 Assess the feasibility of renewing the PLOs programs currently using outdated Provincial Program Standards

2.2 Transition of all course offerings to a course outline (CO) and Learning Plan (PI) that makes all alignment (PVLO, CLO, EES, Assessments) visible.

2.3 Formally establish quality assessment practices, including PLAR, as an Academic Priority for the College

3.2 Complete GENE and Degree Breadth course reviews as part of the 5-year review and renewal cycle QA process.

3.3 All PAC membership and meeting frequency is policy compliant.

3.4 Actively support any initiatives by MCU, PEQAB, OCQAS, HQM, CCVPA, Colleges Ontario that serve to address relevancy and currency of Program Standards.

4.1 Implement Tri-campus team program planning (curriculum)

4.1 Transition of all course offerings to a course outline (CO) and Learning Plan (PI) that make all alignments (PVLO, CLO, EES, EDII & UDL Assessments) visible to establish consistency in CO and LP.

4.2 Focus Faculty PD supports on Assessment (EDII & UDL)

4.3 Create explicitly aligned sample assessments and rubrics for new and renewed course offerings (to support validity and accurate and timely feedback)

5.1 Create a one-stop location for all policy and procedure related documents on the SLC website and organize academic policies by theme so they have an easier (and searchable) public facing presence. (Note that the college listed this as 5.2 but is more correctly associated with 5.1)

5.3 Conduct an Admissions Requirement audit to identify unnecessary barriers to access

5.5 Provide PD for PLAR development and PLAR and Transfer Credit review processes

5.7 Integrate issuing of micro-credentials into RO records

5.8 Complete the newly established QA process for new programs with Partner institutions (resources required)

6.1 Design and implement SLC's Teaching Excellence Framework that reflects the skills and competencies needed to deliver a quality tech-enhanced teaching and learning experience (post-COVID 19)

6.3 Implement the Student Services Plan including the SLC Integrated Mental Health Strategy (Note that the college listed this as 6.2 but is more correctly associated with 6.3)

6.3 Ensure that EDII and UDL principles are considered at all stages of the program development and renewal process. (Note that the college listed this as 6.3 but is more correctly associated with 1.2)

6.4 Develop a multi-year plan to reimagine learning spaces, physical and virtual environments. (Note that the college listed this as 6.4 but is more correctly associated with 6.6)



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

The panel recommends that the college actively work on all the stated affirmations throughout the Self-Study to address, improve and resolve items identified with the goal of ensuring completion over the next 18 months and to include updates in the follow-up report.

RECOMMENDATION #2 (Requirement 1.2)

We recommend that the college actively monitor and track the consistency in the adherence to the established schedule for five-year reviews of programs.

RECOMMENDATION #3 (Requirement 1.2)

The audit panel recommends that the college continues to move forward with the implementation of its new quality assurance processes regarding program development, review and renewal.

RECOMMENDATION #4 (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 #5 (Requirement 1.5)

The panel recommends that the college continue with its implantation of the new system for annual tracking of all Program Review recommendations and their implementation so that work can be actioned and completed.

RECOMMENDATION #6 (Requirement 1.7)

The panel recommends that the college complete the development of the Program Quality Master Repository and implement within the Course Outline Management System or an alternative.

RECOMMENDATION #7 (Requirement 2.3)

The panel recommends that the college complete the good work already started on formally establishing quality assessment practices, including PLAR, as an Academic Priority for the College.

RECOMMENDATION #8 (Requirement 3.2)

The panel recommends that the college make it a priority to complete the work underway on verifying that all programs meet the Gen Ed requirements.



RECOMMENDATION #9 (Requirement 3.3)

The panel recommends that the college develop a consistent approach to the recruitment and orientation of PAC members to optimally solicit and implement feedback in the interest of program quality and student/graduate success.

RECOMMENDATION #10 (Requirement 5.2)

The panel recommends that the college consistently execute the timeline for policy review and revision and provide evidence on the success of the approach taken.

RECOMMENDATION #11 (Requirement 6.1)

The panel recommends that the communication to faculty regarding the expectations of the faculty review process be more consistent and comprehensive and that there is increased consistency in the way faculty evaluations are conducted.

RECOMMENDATION #12 (Requirement 6.3)

The panel recommends that the college implement a continuous, coordinated and systematic process for evaluating and documenting the adequacy of academic support and advising services, and improving these services where necessary.