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: January 24 and 25, 2019

PREPARATION DATE: February 5, 2019

SUBMISSION DATE: February 23, 2019

PREPARED BY: Sandra Bailey

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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.
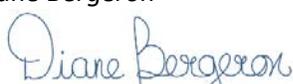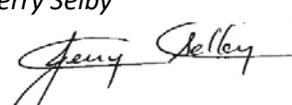
COLLEGE PRESIDENT

Signature:	Date: June 11, 2019

CHAIR- OCQAS MANAGEMENT BOARD

Joy Warketin Signature:	Date: May 30, 2019

AUDIT PANEL MEMBERS

Chair Sandra Bailey Signature:	Date: April 22, 2019
Panelist Geoffrey Cudmore Signature:	Date: April 22, 2019
Panelist Diane Bergeron Signature:	Date: April 22, 2019
Panelist Jerry Selby Signature:	Date: April 22, 2019

EXECUTIVE SUMMARY

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

Sheridan College submitted a comprehensive Self-Study Report with good quality supporting documentation to accompany the self-study document which was initially reviewed by the audit panel. The college has committed significant effort and resources since the last audit to achieve its current level of quality assurance.

The site visit was well organized and afforded the opportunity for the audit team to verify the self-study information as well as to acquire clarification for some of the material provided by the college. The panel found that the site visit provided confirmation, in most cases, that actual practice lived up to the information provided in the self-study.

There was a high level of engagement with the various constituency groups with whom the audit panel met. The participants in the site visit were forthcoming and helpful in providing information. The agenda was organized to permit specific meetings with representatives from: Senior Leadership, Board of Governors, Program Advisory Committee, students, graduates/imminent graduates, faculty/program coordinators, associate deans, deans, directors of services and student support services, associate vice presidents, front-line service staff, and; Program Review, Curriculum and Program Change.

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

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.

The College is to be commended on the many enhancements to the Quality Assurance processes and investments in the Quality Assurance infrastructure that have taken place since the last audit. It was effectively and well communicated to the audit panel, both through the Self Study, the additional materials provided, and conversations with the College Community over the two days of the site visit that a commitment to Academic Quality is central to all the college does.

R1.1   In undertaking their role to support the evolution of programs to maintain the relevance
and fitness with the College Mission, the BOG's proactive retuning the work of their committee
so as to use the work of the Senate to leverage the BOG's responsibility to oversee the operationalization of the Quality Assurance processes of the College is to be commended.

R6.4 Each group member met during the audit visit is to be commended on the close inter-professional collaboration exhibited amongst themselves in the group, which strongly benefits the realization of each member's role, as well as the full dedication shown by everyone towards student success.

R1.1 and 3.3 The two "external" groups: the Board members and the PAC take their role in ensuring Sheridan's programs of instruction are consistent with current and future workplace expectations very seriously. Those members exhibited both enthusiasm and commitment towards their roles with Sheridan and promotion of the Sheridan "brand".

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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 identified by Sheridan College are itemized below.   The self-identified areas of improvement are viewed as evidence of the college's commitment to constant improvement. The audit panel therefore affirms Sheridans' stated commitment to the following:

Requirement 1.6

Program Record Maintenance

The Sheridan Academic Logistics (SAL) system is early in its development, having only reached the level of course outlines. Its greatest benefit will be realized when it has been developed to the program level, offering the College a centralized location for all curricular related data and a record of all curricular changes. In the past year, a Curricular Change Process Working Group, made up of stakeholders from across the College (Office of the Registrar, Program Coordinators, Program Support Specialists, CTL, SAL, Associate Deans), reviewed curricular change processes at Sheridan (from initiation to approval) to identify strengths and opportunities. This working group included discussions/recommendations related to the archiving of curricular data and program maintenance records, which will be examined in the coming year for potential implementation. Phase 2 of the deployment of the SAL system will focus on mapping course-learning outcomes to program learning outcomes, as well as generating program maps. When implementation of Phase 2 is completed, it is expected that all curricular related data and records of all curricular changes will be in a centralized location.

Requirement 2.3

Although the requirement to map all courses (including field placements), for new and existing programs, to the program learning outcomes and assessment matrices are significant in terms of program quality and currency, this remains as a paper-based system. An area of enhancement would be to clearly establish an association between program learning outcomes and program courses at the process level, through the Sheridan Academic Logistics (SAL) system. Phase 2 of the deployment of the SAL system will focus on mapping course-learning outcomes to program learning outcomes, as well as generating program maps, thereby providing program faculty with access to one centralized location to access program learning outcomes.

Requirement 3.5

There is currently a process to incorporate changes to provincial program standards at Sheridan (Sheridan Program Standards Process, Centre for Teaching and Learning, 2017), which includes a gap analysis and a timeline for compliance. Reviewing required program standard changes, submitting attestations and working to actualize the curricular changes in compliance with the attested date are responsibilities shared by the program Associate Dean and the Associate Dean, Program Development and Quality Assurance. While, Sheridan has instituted a practice of regular monthly tracking and communication of the status of program modifications along with program reviews, consent renewals, program development and program implementation, it is recognized that the actualization of changes is documented using various means (e.g. email, status report). Therefore, considering continuous quality improvement, discussions began early fall 2018 on existing processes that could be used to consistently and formally document the actualization of changes (e.g. reported at the Academic Resource Committee and documented in minutes). In consultation with the Dean, Centre for Teaching and Learning, the

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Associate Dean, Program Development and Quality Assurance and the Faculty Deans, this area of enhancement will be formalized within existing processes during the winter 2019 semester.

Requirement 4.2

Although Sheridan promotes and disseminates new research in the Scholarship of Teaching and Learning (and to some extent, produces it too), along with new methods of teaching, through its educational development programs for new faculty (previously known as the Teaching and Learning Academies and now the Teaching and Learning Fundamentals Program), Professional Development opportunities and the Formative Faculty Reflection, there is currently no formal tracking of the intent to incorporate new teaching methods to ascertain if this dissemination is effective. The Centre for Teaching and Learning Educational Development team has now introduced a consistent feedback tool used after every session and program in which they are involved. This tool extends beyond satisfaction, to explore not only perceived applicability or usefulness, but also what specific new learning the faculty intend to apply in their learning environments. The Scholarship of Teaching and Learning program under development will offer opportunities for faculty to assess not just implementation, but actual impact of new teaching approaches.

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 1.6)

While the College has included the continuing adoption of SAL in their affirmations the audit panel sees this initiative as critical to requirement 1.6 "the management of records arising from the program quality management processes" thus has determined requirement 1.6 as partially met and in support of the College's affirmation, recommend the following regarding Sheridan Academic Logistics.

That the SAL project be prioritized and a development and deployment timeline regarding its second phase be developed and published with a "soon as possible" priority timeframe to ensure safekeeping and accessibility to program-wide information.

RECOMMENDATION #2
(Requirement 2.3)

The audit panel has concerns that there is incomplete program mapping for programs at Sheridan College thus has specified a partially met standing for requirement 2.3   While the

college has included an affirmation related to this requirement, the audit panel considers that this work is fundamental to sound curriculum development, enabling coherent progression through the program and effectively communicating the program framework and goals at any stage of the program.

The audit panel recommends that the College develop both policy guidelines and an implementation timeframe to have program maps in place that show the clear connection and nexus of VLOS to the related CLOS and that these maps are retained in a central repository and readily available to users such as faculty and students.

RECOMMENDATION #3
(Requirement 3.3)

While overall the audit panel agrees that all requirements of Standard 3 are considered met, in consideration of the importance of the roles of members of the professional advisory councils the following recommendation is made specific to requirement 3.3.

That the college design and implement a formal orientation session for new Professional Advisory Council members and that written documents are also provided outlining the PAC policy and procedures as well as articulating the roles and responsibilities of a PAC member.

RECOMMENDATION #4
(Requirement 4.3)

During the site visit, the audit panel heard from students that they were not receiving timely feedback from their professors. The students did not seem aware of the college policy regarding the expectations of timely feedback. It was also noted that KPI Satisfaction survey results raised questions about the promptness of feedback. The balance of evidence favoured considering requirement 4.3 as Partially Met, and the panel is of the opinion that there is likely room for improvement in this area.

In light of the inconsistent application of "timely feedback" across the college as well as within certain programs, timely feedback being defined at a program level in the current Assessment Policy and Procedures, and the anecdotal evidence received by the audit panel during the site visit, the panel recommends that the college review its policy regarding timely feedback, and develop standards that guide expectations of timely feedback and that can be applied across the programs.

RECOMMENDATION #5
(Requirement 6.5)

The audit panel considers requirement 6.5 to be partially met. Formal evaluation of staff will clarify resource needs and directly inform staff development needs.

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The college has identified the gap in the performance development review process and tools for unionized support staff and the audit panel supports the College's process and the projected timelines. In support of this initiative and the timelines, the panel recommends that the process be established and a pilot of that process be implemented December of 2019 with institution-wide roll out in April 2020,