HIGHER LEARNING COMMISSION

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April 3, 2019

President Mirta Martin
Fairmont State University
1201 Locust Ave.
Fairmont, WV 26554-2470

Dear President Martin:

The interim report you submitted to our office has now been reviewed. The staff analysis of the report is attached.

On behalf of the Higher Learning Commission staff received the report on learning outcomes and institutional effectiveness. No further reports are required on these topics.

An interim report is due 3/1/2020 on enrollment and finances. That report should include, at minimum, the following: 1) Fall-to Fall enrollment trend comparisons for AY2017-2018, AY2018-2019, and 2019-2020; 2) Enrollment projections, based on available data, for AY2020-2021 and AY2021-2022; 3) Operating budgets for FY2019 and FY2020; 4) Disaggregated tuition revenue numbers from FY2018, FY2019 and FY2020 that include tuition revenue as a percentage of the operating budget; 5) A progress report on plans for the Caperton Center with regard to student enrollment; and 6) Updated CFI ratios for FY2017 and 2018, noting but excluding OPEB liabilities.

The institution's next reaffirmation of accreditation is scheduled for 2022– 2023.

For more information on the interim report process contact Lil Nakutis, Accreditation Processes Manager, at lnakutis@hlcommission.org. Your HLC staff liaison is Linnea Stenson (lstenson@hlcommission.org); (800) 621-7440 x 107.

Thank you.

HIGHER LEARNING COMMISSION

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STAFF ANALYSIS OF INSTITUTIONAL REPORT
DATE: April 3, 2019
STAFF LIAISON: Linnea Stenson
REVIEWED BY: Sherilyn W. Poole

INSTITUTION: Fairmont State University, Fairmont, WV

EXECUTIVE OFFICER: Dr. Mirta Martin, President

PREVIOUS COMMISSION ACTION AND SOURCES: An interim report is required by 12/14/2018 affirming clear learning outcomes for all academic programs; systematic mapping of course learning outcome to program learning outcomes; assessment protocols for non-academic units and student services; and details for utilization of data to drive improvements of academic programs, non-academic services, and overall institutional effectiveness. In addition, concerns with 5D should be addressed as these also relate to institutional effectiveness. The institution is to demonstrate that it uses information and data to improve enrollment management.

The report should include the following for campus, online, dual credit and outreach locations:

- Clearly identified student learning outcomes for all academic programs, including General Studies programs.
- Systematic mapping of all course-level learning outcomes to program-level learning outcomes.
- Protocols for assessing program effectiveness for non-academic units and student services.
- Details of how the data/information collected will be utilized for continuous improvements of academic programs, institutional effectiveness, and non-academic services.

REPORT PRESENTATION AND QUALITY: The interim report began with a review of the protocol in place at the University since 2007 to guide the program review function. The report then described the ways the University expanded and revised the protocol to improve the program assessment process. The report included screen shots of pages showing images of the Program Level Workspace system, examples of curriculum maps, and examples of data from the admissions funnel. The organization of the report presented a clear chronology of the activities and initiatives implemented to address the Team's recommendations.

REPORT SUMMARY: A review of the current protocol for program assessment confirmed the gaps in the process identified by the Team. Faculty completed the program review for the 2017-18 academic year. Since the 2016 Team report, University staff identified a *"…key factor in terms of improvement…is the level of program engagement, intentional multiple large and small group forums to raise faculty awareness of the value and necessity of active participation, assessment instrument completeness…checks prior to advancing to the peer review stage, and timeliness of peer reviews as described in the existing protocol."* Guidance and oversight of the assessment function is provided by the Institutional Effectiveness and Strategic Operations (IE&SO) team and the Institutional Assessment Council (IAC).

Discussions at department level meetings and reviews of the outcomes of the 2017-18 program reviews identified several areas of concern:

- *"availability of relevant data to fulfill metric requirements (ex. evidence) was not consistent throughout the University;*
- *the more than decade old Task Stream infrastructure was complicated, duplicative and misaligned for those degree programs responding to program accreditation bodies, and in many cases was no longer relevant;*
- *the peer review process while helpful given the rubric, did not appear sufficient in conclusively identifying areas that needed to be addressed and at times seemed to reflect individual opinion leading to lengthy debate;*
- *there is an absence of a regular or cyclical mechanism (or forum – time and space) to work on assessment, ask questions, and interact as a group without long lag times in getting a response as to whether we're moving in the right direction…; and*
- *in general, the process was considered extraneous to the actual learning process and burdensome in that it was an extra layer of a calculated rather than a natural result of the educational process as it relates to students' learning.*

The feedback from the non-academic units was similar with respect to arduousness."

The Performance Improvement section of the report described the initiatives and activities developed and implemented to address the concerns. The University, with the consensus of the Institutional Assessment Council, adopted a *"simplified assessment approach and protocol* in fall 2018 (shown below). The interim report stated *"at its basic level (i.e. minimum requirement) it will serve as the common thread for both academic and non-academic continuous improvement, allowing for appropriate expansion and linkage to more in-depth requirements and self-study documents for program accreditation (academic) and compliance regulations for (non-academic) entities without needless duplication…"*
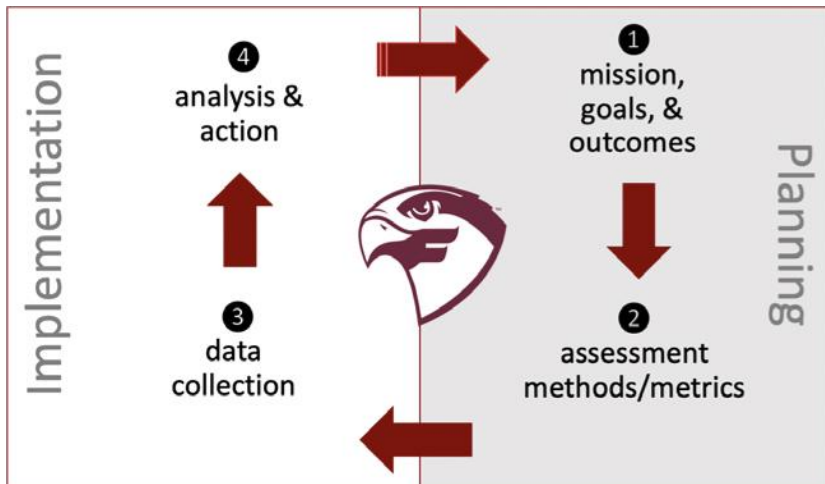
Fairmont State University (aka Falcon) Campus-Wide Assessment Protocol

Additionally, the University reorganized to make it easier for faculty to request relevant data directly from Institutional Effectiveness & Strategic Operations and for faculty to access consultation to identify *"…appropriate metrics for student learning outcomes and other key indicators."* A team of Institutional Assessment Ambassadors (IAAs), four faculty and two staff, work with the VP of IE&SO and serve *as a core resource for continuous improvement across the campus with emphasis on effective assessment."* The University will hold two continuous improvement sessions for academic and non-academic units *"to actively engage, inquire and get timely support in completing the annual assessment cycle."* These Assessment Carnivals, held in the Fall and the Spring terms, will help ensure that each assessment metric will be *"monitored for relevance, progress, and/or validity at least once per calendar year."*

The University's technology infrastructure, TaskStream, is being reviewed for possible modification or replacement. University staff members have had conversations with a potential new technology provider which might better support the Continuous Improvement Protocol.

The assessments of 24 non-academic units were overdue at the end of 2018 and the University staff decided to take this opportunity to pilot the new assessment template from the Campus-wide Assessment Protocol. Assessment points of contact were identified from each of the 24 units and participated in a two-part orientation session guided by the division of Institutional Effectiveness and Strategic Operations. The focus of the orientation sessions included *"an overview of the purpose, benefit, and practice of continuous improvement in the non-academic areas of campus.* The points of contact received a copy of the assessment template which they shared and discussed with their colleagues. The unit discussions included "*identifying unit missions, goals, desired outcomes, relevant measurements, data collection, analysis and action plans."* Themes

and perceptions from the non-academic units were similar to those identified by the academic units:

- *the responsibility and requirement of their unit to conduct assessment, including the current status of 'overdue' was neither known nor communicated;*
- *the availability of data to fulfill the metric requirements (ex: evidence) was not consistent throughout the University;*
- *a repository to organize and freely revisit their assessment instruments throughout the cycle was desired;*
- *an 'expert' review in addition to an upstream management review was desired;*
- *the previously prescribed Council for Advancement of Standards in Higher Education (CAS) approach while full of options, seemed too complicated and involved too many resources that they would need to reference and/or master at this point in their assessment familiarity/development;*
- *there is no regular or cyclical mechanism to work on assessment, ask questions, and interact as a group without long lag times in getting a response; and*
- *in general, the previous process was considered extraneous to the actual work process and burdensome in that it was an extra layer of calculated rather than a natural result of the processes they engage in on a day-to-day basis.*

In between the two orientation sessions, some units completed a draft submission for review by the Institutional Effectiveness and Strategic Operations. During the second orientation session, the points of contact shared their findings, asked questions, and learned about next steps. Twenty-two of the twenty-four non-academic units submitted completed assessment cycle templates for IE&SO and the unit senior management. These were reviewed and returned to the units in time for the March 2019 Assessment Carnival.

The division of Institutional Effectiveness and Strategic Operations (IE&SO) was created by the University in July 2018 and charged with *"helping to ensure Fairmont State University's continuous improvement."* Since the IE&SO's inception it has *"facilitated the utilization of data to drive improvements with a myriad of services to the campus which includes but is not limited to:*

- *consultation, data mining, interpretation and analysis of institutional data for faculty to support program assessment, student learning outcome measurement, and/or shared governance activity. A recent example would be supporting the faculty Adhoc Committee on Academic Unit restructuring by providing requested data that characterized the distribution of majors, as they explore more efficient College and/or School organization options;*
- *guidance and facilitation of the establishment of metric for institutional performance measurement as it relates to student success and college completion. A recent example would be review of English and math gateway course data (ex. student pass rates and trends) to determine an appropriate baseline for future measurement of improvement in pathway requirement fulfillment;*

- *development of relevant institutional key performance indicators, historical trends, and targets in support of the first stage of alignment of campus-wide goals and strategies to improve institutional focus, effectiveness and optimization of resources. A recent example is providing the Board of Governors (BoG) with decision support data to review (and subsequently approve) our institutional Access, Success, ad Impact goals to be used as strategic guidance and externally reported to our state Higher Education Policy Commission (HEPC); and*
- *continuous review of enterprise system data to improve the quality, integrity, availability, reliability and presentation of institutional data that supports our overall continuous improvement. This is an acknowledged area in need of improvement and constant monitoring. A recent example is providing a discovery summary to the Executive Leadership Team (ELT) that quantified data reconciliation issues resolved associated with our enrollment funnel and current term student attrition data.*

The interim report identified *"several factors to be addressed in building confidence in our institutional data."* These items include:

- *processes (ex: scripts) that generate our institutional data need to be revised to match modifications over time;*
- *differences in measurement definition and relativity (ex. state reported versus institutionally relevant data) alignment is a factor in some areas to improve data interpretation, management and reporting;*
- *system storage of exported and other internally calculated data routinely requiring queries of same or similar data is a factor;*
- *data resource assets, access and structures (system, tools, training, understanding/agreement of 'duties', governance consistent understanding/implementation of 'continuous improvement', metrics, etc.) while not uncommon, is an acknowledged factor;*
- *external higher education climate of comparisons (i.e. IPEDS, rankings) that may or may not be perfectly aligned with institutional key performance indicators is also a factor; and*
- *past periods of discontinuity and at times unattended institutional effectiveness as evidenced by some comments made by HLC in 2016.*

Having the IE&SO in place has created an increase in the "*number and complexity of requests.*" In order to respond quickly and appropriately, the University will *"most likely move to a ticketing system to monitor requests parameters, and to serve as a baseline for continuous improvement of the service provided to constituents of the University…continued alignment of goals, strategies, outcomes, and metrics is an institutional priority."*

An adhoc Enrollment Management System Process Team was formed in September 2018 "…to improve the student, faculty and staff *'student enrollment experience.'* The Team included 19 staff members who were *"responsible for recruitment, applications*

*processing, admissions, student financial aid, course registration and University
recording (Registrar's Office), financial aid, students' accounts and reimbursements,
and housing."* Two goals were set for the Team from its inception:

- *review and document the University's current undergraduate student enrollment
  management process – specifically from first touch point through 'cleared'
  onboarding; and*
- *make recommendation(s) to the University's Executive Leadership Team (ELT)
  for near, mid and further term improvement.*

Evidence of the work of the Team include a "*process/data map to identify variables from
end-to-end and required vs. nice-to-have fields on various enrollment applications…;
input, processing, output charts which depicted processing within the units; and process
descriptions."* Findings from the Team were presented to the University's ELT and
"…the subsequent dialogue was a point of departure for future improvements."
Improvements were implemented as a result of the Team's initial work:

- *the manual process of transferring hard copy applications collected in the field
  during recruiting activity to the applications processing unit was replaced with
  electronic imaging and transfer; and*
- *residual improvements also reported included decreased initial response time to
  applicants and improved efficiencies by streamlining procedures and moving
  from paper folders to electronic files.*

The interim report ended with a summary of the activities and initiatives implemented to
respond to the findings of the review Team. The University staff understands there is
much left to do: *"while we have made significant strides, we are keenly aware that the
University's continuous improvement process requires several adjustments to achieve
'well-oiled machine' status. An essential component of our performance improvement is
fundamental practice and repeat of the simplified assessment cycles with the
expectation of fully honing our approach producing clear and indisputable evidence –
across the entire campus by our decennial visit in 2022-23.*

REPORT ANALYSIS: The interim report is a comprehensive, clearly written description
of the ways the University addressed the findings of the Team report. The report
documented the activities and initiatives were inclusive of faculty, staff, and
administrators who reviewed data, processes, and the technology infrastructure. Groups
used the information to facilitate discussions, planning sessions, and reorganization of
units. The newly formed division of Institutional Effectiveness & Strategic Operations
(IE&SO) provides leadership and is charged with ensuring continuous improvement by
overseeing assessment activities, responding to requests for data and information, and
providing training. The interim report effectively documented the University's efforts to
ensure reaching the goal of continuous improvement.

Analysis Concluding Statement

The interim report provided clear and complete information about the activities and initiatives implemented to address the Team's findings. The University is commended for the variety and inclusiveness of the efforts reviewing the assessment function, identifying gaps in the processes, and making needed changes to ensure improvements. The activities and initiatives described in the interim report are still new and staff need time to assess the outcomes. The effectiveness of the initiatives and any changes made as a result should be reported as part of the 2022-2023 reaffirmation of accreditation.

STAFF FINDING:

Note the relevant Criterion, Core Component(s) or Assumed Practice(s) 5D

Statements of Analysis (check one below)

_ Evidence demonstrates adequate progress in the area of focus.
X Evidence demonstrates that further organizational attention is required in the area of focus.
_ Evidence demonstrates that further organizational attention and HLC follow-up are required.
_ Evidence is insufficient and a HLC focused visit is warranted.

STAFF ACTION: Receive the report on learning outcomes and institutional effectiveness. No further reports are required on these topics.

An interim report is due 3/1/2020 on enrollment and finances. That report should include, at minimum, the following: 1) Fall-to Fall enrollment trend comparisons for AY2017-2018, AY2018-2019, and 2019-2020; 2) Enrollment projections, based on available data, for AY2020-2021 and AY2021-2022; 3) Operating budgets for FY2019 and FY2020; 4) Disaggregated tuition revenue numbers from FY2018, FY2019 and FY2020 that include tuition revenue as a percentage of the operating budget; 5) A progress report on plans for the Caperton Center with regard to student enrollment; and 6) Updated CFI ratios for FY2017 and 2018, noting but excluding OPEB liabilities.

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