December 14, 2018

Dear Higher Learning Commission Reviewers,

We are pleased to submit the enclosed Interim Report dated December 14, 2018 to '… affirm clear learning outcomes for all academic programs; systematic mapping of course learning outcomes 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.' Additionally, it is our belief that the enclosed report addresses earlier general concerns with the University meeting HLC Criteria for Accreditation: Criterion 5D, as cited in the original letter to former President Maria Rose on January 30, 2017 and in a follow-up letter to President Mirta Martin dated June 25, 2018.

While we acknowledge our need for ongoing high priority emphasis on our institution's continuous improvement, it is our sincere hope that the Commission finds our progress to-date, candid discovery and acknowledgment of issues, and our improved performance implementations and future plans to be satisfactory. In particular, we would like to highlight the following:

Academic Program Assessment

We achieved 89% of the academic degree programs having completed and posted for peer review for the most recent 2017-18 assessment cycle by the established deadline at the end of the Fall 2018 academic semester. The program assessment components are responsive to HLC's cited emphasis on identifying clear learning outcomes and mapping course learning outcomes to program learning.

Non-Academic Unit Assessment

The University converted our status of having 24 overdue non-academic assessments to an opportunity to pilot the first draft of our assessment template associated with our new Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol. Using the new assessment protocol that simplifies and affords much needed flexibility for more relevant application to the varying areas of the campus, the non-academic units achieved a 91.6% percent assessment cycle posting rate by the established mid-November 2018 deadline.

Overall Institutional Effectiveness

In July 2018, the University created a division of Institutional Effectiveness and Strategic Operations (IE&SO) charged with guiding Fairmont State University's continuous improvement aligned with our ten-year strategy per *Our Quest for Distinction: Strategic Plan 2018-2028*. Our IE&SO is lead by a highly credentialed and skilled computational scientist with over thirty (30) years of higher education, industry and agency experience who has served at multiple levels as tenured faculty and administrator. Since its inception, the IE&SO team has spurred and facilitated the utilization of data to drive improvements with a myriad of services to the campus, including providing a set of proposed data driven Access, Success and Impact goals and strategies to our Executive Leadership Team (ELT) and subsequently to our Board of Governors (BoG), for improved alignment. With a unanimous vote of support, our BoG approved the alignment to promote institutional focus, effectiveness and optimization of resources at their recent convening on December 6, 2018.

The enclosed document in its entirety addresses cited concerns by HLC in 2016. However, for ease in your review the enclosed report is organized as follows:

Section 1.0 ACADEMIC PROGRAM ASSESSMENT addresses HLC statements to 'affirm clear learning outcomes for all academic programs' and 'systematic mapping of course learning outcome to program learning outcomes';

Section 2.0 NON-ACADEMIC UNIT ASSESSMENT addresses HLC statements regarding 'assessment protocols for non-academic units and student services';

Section 3.0 UTILIZATION OF DATA TO DRIVE IMPROVEMENTS addresses HLC statement regarding 'details for utilization of data to drive improvements of academic programs, non-academic services';

Section 4.0 USE OF INFORMATION AND DATA TO IMPROVE ENROLLMENT MANAGEMENT addresses HLC statement 'the institution is to demonstrate that it uses information and data to improve enrollment management'; and

Section 5.0 OVERALL CONCERNS WITH INSTITUTIONAL EFFECTIVENESS addresses HLC statement that 'concerns with 5D should be addressed … as these also relate to institutional effectiveness'.

We look forward to your response regarding your review of the enclosed report as we continue to improve our performance and readiness for our decennial review in 2022-23.

Should you have questions, comments or desire further clarification, please feel free to contact me via email at stacey.jones@fairmontstate.edu, by telephone at 304-367-4832, or at my Fairmont State University postal address: 206 Hardway Hall | 1201 Locust Avenue | Fairmont, WV 26554.

Sincerely,

Dr. Stacey F. Jones
Vice President for Institutional Effectiveness and Strategic Operations
Fairmont State University

1.0 ACADEMIC PROGRAM ASSESSMENT

Progress To-date

Using the existing protocol that has been in place at the University since 2007, each academic degree program was asked to complete and post for peer review, the most recent 2017-18 assessment cycle by the end of the Fall 2018 academic semester. The template to support the completion of the cycle is housed in TaskStream (now branded as 'by Watermark™'). It includes the following assessment components responsive to HLC's cited emphasis on identifying clear learning outcomes and mapping course learning outcomes to program learning for their respective program:

1.1	Mission Statement
1.2	Program Goals
1.3	**Curriculum Map**
1.4	Measures Goals
1.5	**Measures Outcomes**
1.6	Findings Measures
1.7	Action Plan
1.8	Action Status Report

Representative screen shots of the existing program level assessment 'workspace' is depicted below in Figures 1.1 through 1.3 that demonstrates the existence of an infrastructure which supports evidence that addresses HLC cited 'concern' related to clear learning outcomes and course learning outcome to mapping to program learning outcomes.

The key factor in terms of improvement since the 2016 review 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 (i.e. existence of information and/or data) checks prior to advancing to the peer review stage, and timeliness of peer reviews as described in the existing protocol.
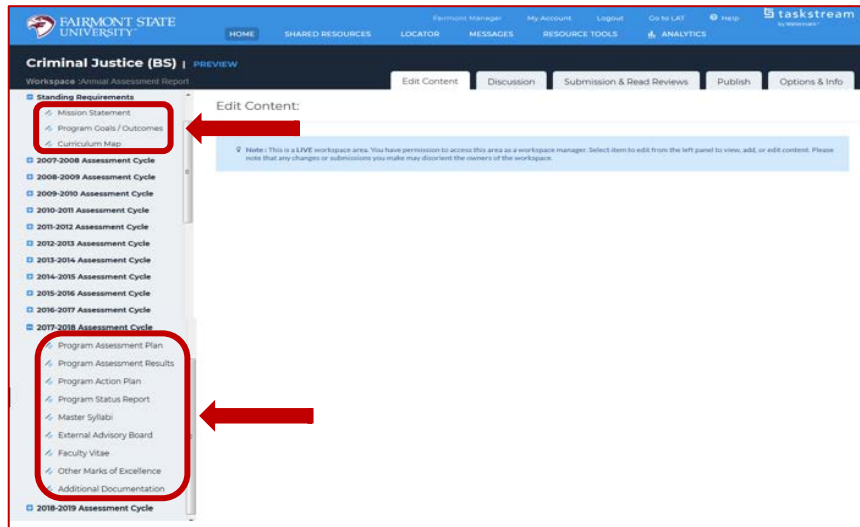
Figure 1.1 Representative Assessment Program Level Workspace

Figure 1.2 Representative Curriculum Map

– evidence of clear course learning outcomes mapped to program outcomes

Program Student Learning Outcomes Curriculum Map							
Degree							
Prepared by: G. Edwards				Revised:			

1. The student will be able to apply foundational knowledge in the areas of business and information systems to support decision-making in business environments
2. The student will be able to apply critical thinking and logical analysis skills to solve complex business and information systems management problems
3. The student will be able to communicate effectively with a range of audiences using oral, written, and electronic documentation skills
4. The student will be able to analyze the impact of information systems on individuals, organizations and society, including ethical and legal perspectives
5. The student will be able to explain the overall context of national and international business as related to information systems management principles
6. The student will be able to implement team-based practices to effectively participate on teams to accomplish a common goal.

Core Curriculum Cores		Program Student Learning Outcomes					
		1	2	3	4	5	6
Insert Course name	Number	Insert learning level, type of assessment activity and Bloom's level	Insert learning level, type of assessment activity and Bloom's level	Insert learning level, type of assessment activity and Bloom's level	Insert learning level, type of assessment activity and Bloom's level	Insert learning level, type of assessment activity and Bloom's level	Insert learning level, type of assessment activity and Bloom's level
Introduction to Computing	1200						
Business Information Tools	2200						
Operating Systems Concepts across the Enterprise	2400	I – Exam Scores		I- Project Scores			
Introduction to Networking	2600	I – Project Scores & Exam Scores					
Corporate Communications and Technology	2800			I- Project Scores			
Business Programming Logic	3000	I – Project Scores	I - Project Scores				
Management Information Systems	3200	R – Exam Scores		R- Project Scores			

Figure 1.3 Representative Detailed Curriculum Map

– evidence of clear course learning outcomes (detailed perspective) mapped to program outcomes

The full 2017-18 assessment cycle process included work among the program faculty as reflected in the respective narrative, information and data entry into the TaskStream template. Assisted, coordinated, and monitored as/if necessary by Institutional Effectiveness and Strategic Operations (IE&SO) team member(s) for more timely advancement through the following steps (excluding Step 1.), the program-level submissions are currently and generally:

1. Discussed and reviewed by respective program-level faculty throughout the academic year;

2. Entered into the program-level space by department designated faculty (ex: October 31, 2018 was the extended start deadline);

3. Reviewed for completeness by the agreed upon date for the 2017-18 cycle; and

4. Once complete, IE&SO assigned to a volunteer faculty assessment peer for timely review per an established rubric adopted and accepted by the Institutional Assessment Council (IAC).

5. Upon resolution of any/all recommendations which do not necessarily result in significant change(s), as there are instances where clarification rather than modification is appropriate, the program-level assessment cycle is formally closed. Note that the existing protocol and rubric includes both an Action Plan and Action Status Report which must be present prior to advancing to the review stage (i.e. 'closes the loop').

There are progress states which are monitored throughout the cycle closeout period. The current program-level assessment status summary for the 2017-18 cycle closeout is as follows:

Summary of Program Assessment Data 2017-2018 Cycle Closeout (as of 12/13/18)	
Number of Assessment Programs	55
Number of program-level assessments not fully populated or not submitted	6
Number of program-level assessments fully populated and submitted (but not yet sent out for review)	3
Number of program-level assessments currently under review	10
Number of program-level assessments in revision status	19
Number of program-level assessment that are complete (submitted, received, peer review completed and 'returned' to the program contact)	17

During the months of August – December 2018, IE&SO staff visited with each academic department to affirm the importance of student learning outcomes (No. 1 on the 'focus' list) within the context of the overall program-level assessment process connection to the broader institutional continuous improvement effort. These meetings also included Q&A and soliciting feedback on the current assessment infrastructure and ways to improve our implementation to achieve the desired result – an intrinsic approach to planning and implementing a natural flow of continuous improvement of our academic programs. The discovery is described below in the *Discovery and Acknowledgement of Issues* section.

Institutional Assessment Council (IAC)

The Institutional Assessment Council (IAC) serves as an advisory body and generally as a central organization for assessment communications at Fairmont State University. It also provides levels

of leadership, oversight, and coordination for assessment activities across the university, including undergraduate and graduate academic programs as well as co-curricular programs and non-academic functions, as appropriate. A Governance Plan for the IAC was developed in September 2018. The IAC is complemented by a core set of Institutional Assessment Ambassadors (IAAs) in response to discovery during recent months (reference *Discovery and Acknowledgment of Issues* section below). The IAC is chaired by the Vice President for Institutional Effectiveness and Strategic Operations, and currently includes both voting and non-voting members involved in shaping the student academic and co-curricular experience across the campus. Recognizing the centrality of faculty responsibility for student learning, IAC voting membership consists of at least half faculty with representatives from each of the academic Colleges/Schools and General Studies; in addition to those from administrative and staff units including Academic Affairs, Student Affairs, Student Services, Student Support and Athletics.

Discovery and Acknowledgement of Issues

The department level meetings spurred open and candid dialogue regarding the more than decade old program-level assessment process and consistently landed on the following issues:

i. Availability of relevant data to fulfill the metric requirements (ex: evidence) was not consistent throughout the University;

ii. The more than decade old TaskStream infrastructure was complicated, duplicative and misaligned for those degree programs responding to program accreditation bodies, and in many cases was no longer relevant. One faculty program accreditation coordinator writes:

"… The programs have loaded a template explaining our accrediting and program assessment methods. Unfortunately, Taskstream does not work well for […] accreditation. We use different terminology and assess and map differently than Taskstream allows."

iii. 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. Moreover, there are differing and at times conflicting opinions on the wording of the rubric. On faculty peer-reviewer writes:

"Dear [Faculty Program Assessment Coordinator],
I enjoyed looking over the [Program 1] materials. It is always interesting to see how another area interprets assessment.

In the process, I found some places in the rubric which I thought were not clear on expectations. I marked those items. I am now wondering how the [Program 2] program will do on those items. I learned some things that I will use when we start the next assessment cycle.
Your program has done an outstanding amount of work. Hope a second set of eyes on it will help you fine tune your assessment practices. Please feel free to contact me if you have any questions or I accidentally missed items that are actually there.
[Program 2] Faculty Reviewer"

iv. 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 (ex: at a meeting one faculty specifically asked 'what is it that we are *not* doing right'?); and

v. 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.

Performance Improvement

To address the issues noted above, the following new simplified assessment approach and protocol has been adopted by the University with supporting consensus of the Institutional Assessment Council (September 25, 2018). 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 [addresses ii above]. It is visually depicted in Figure 1.5 with template details illustrated in Figure 1.6 below.
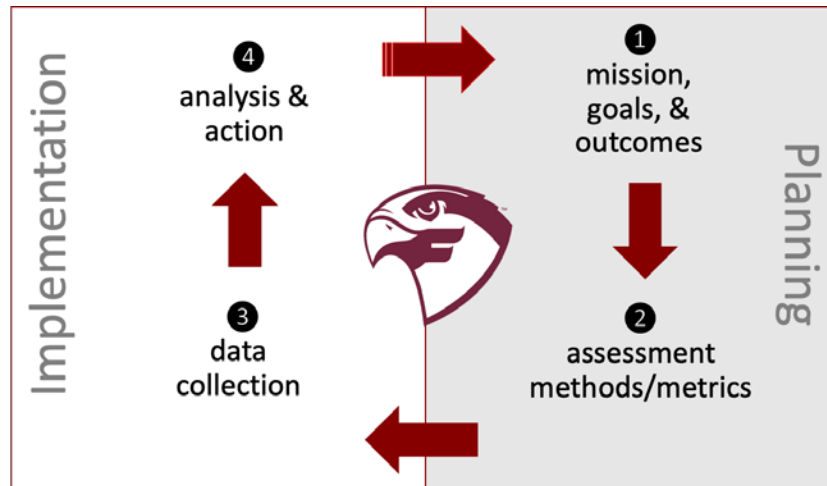
Implementation | Planning

④ analysis & action

① mission, goals, & outcomes

③ data collection

② assessment methods/metrics

Figure 1.5 Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol

Moreover, the University has also reorganized to facilitate faculty requests for 'relevant' data directly to the newly formed division of Institutional Effectiveness and Strategic Operations (IE&SO) with the added benefit of consultation regarding appropriate metrics for student learning outcomes and other key indicators [addresses i above]. Beginning January 11, 2019 two (2) designated continuous improvement laboratory sessions per semester will be available for both academic and non-academic assessment check-in. This will follow our official academic unit rollout of the Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol at our first 'Assessment Carnival' for faculty scheduled for January 10, 2019 during the opening session week for the Spring 2019 semester. The non-academic units' comparable first Assessment Carnival will be held in March 2019 as they are generally fully obligated with the start of the semester (ex: student onboarding processing). There will be two (2) Assessment Carnivals (for each of the academic/faculty and non-academic units) per year to actively engage, inquire and get timely support in completing the annual assessment cycle. The Spring semester Carnival will focus on Assessment Planning for the calendar year cycle [❶ and ❷] and the second Assessment Carnival in the Fall will focus on Implementation [❸ and ❹] for the calendar year cycle [addresses iii and iv above]. This approach does not imply that every metric will be measured annually, but rather monitored for relevance, progress, and/or validity at least once per calendar year. This approach facilitates course correction at shorter intervals and will provide the much needed 'practice' of assessment activity across the campus for improvement as a result of activity during each cycle. Moreover, while it does not replace the necessary program or unit-level

engagement, the carnival theme to include swapping templates with other units for peer team review and branding with the University mascot, is designed to insert a 'little fun' into assessment and provide an unsilo'd forum to make clear the importance and value of assessment at the highest level of the institution. In short, emphasize while taking 'the drudgery' out of the process.

To assist in addressing the issue of sufficient review [iii above], a smaller team of four (4) faculty and two (2) staff selected by the Executive Leadership Team (ELT) works with the VP of IE&SO now serves as a core resource for continuous improvement across the campus with emphasis on effective assessment. This team of Institutional Assessment Ambassadors (IAAs) will engage in annual training and other targeted external assessment activity to become resident institutional experts. Five (5) members of the team recently attended the West Virginia Statewide Summit on Assessment, participating in informative sessions and development work as a University team. The University has committed to 'invest' in developing and perhaps expanding this core team to support units across the campus in continuous improvement in general, and assessment in particular. The IAAs are currently planning aspects of the upcoming Assessment Carnivals to help shift the campus 'assessment paradigm' to a more positive experience.

Technology Infrastructure

Our current TaskStream structure (jovially referred to as "Task Scream" by some faculty on campus) is under review for either modification or replacement. Multiple telephonic and in-person meetings have been held with the newly formed Watermark™ to communicate our vision for a more flexible and simplistic system to support our Falcon Continuous Improvement Protocol. More specifically, we are awaiting their response due by calendar year's end as to their ability and availability to accommodate. We are also exploring other document configuration management and/or multi-level repository options that are hyperlink friendly (ex: to large data sets), have more report design options, and in general, may be a better fit for our University during this pivotal time of shifting the paradigm to a more positive perception of the benefits and process associated with assessment. Figure 1.6 below represents early results of our alternate (in-house) exploration (i.e. Springshare Content Management System). It also depicts the details of the Falcon Continuous Improvement Protocol template. The link to the curriculum map which currently is and will of course remain a requirement, is not yet incorporated in the academic programs version but will be should we choose this route.

L!braries of
Fairmont State University

Library / LibGuides / Assessment Template / 2019-2020

Assessment Template: 2019-2020

Template for assessment of Fairmont State University Programs

| Search this Guide | Search |

2019-2020   **2020-2021**

Fairmont State Unviersity Assessment Cycle

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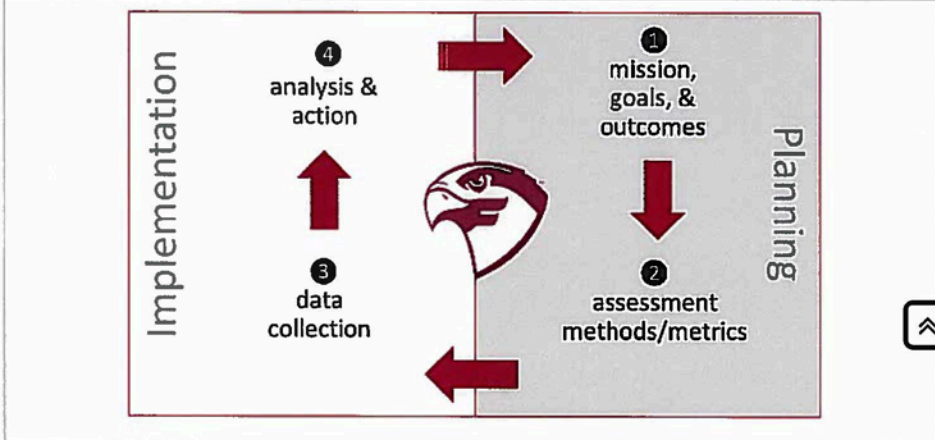
1 - Mission, Goals, and Outcomes

Unit: *<insert unit name>*

Mission: *<insert unit mission>*

       as part of the (higher level) mission of Unit/Division: *<insert next level up organizational mission>*

Goals:

       1) *<insert Goal 1>*

       2) *<insert Goal 2>*

       3) *<insert Goal 3>*

Outcomes:

       1) *<insert outcome associated with at least one goal>*

       2) *<insert outcome associated with at least one goal>*

       3) *<insert outcome associated with at least one goal>*

       4) *<insert outcome associated with at least one goal>*

       5) *<insert outcome associated with at least one goal>*

2 - Methods and Metrics

Overall Assessment strategy:

<Insert one (1) paragraph of narrative>

Outcome	Measurement	Method(s)	Metric/Measurement(s)
1)	1)-1		
2)	2)-1		
3)	3)-1		
4)	4)-1		
5)	5)-1		

Data collection

Outcome	Measurement	[Link to] Data Collected	
1)	1)-1		⌃
2)	2)-1		
3)	3)-1		
4)	4)-1		
5)	5)-1		

Data Collection - a tabbed option

Outcome 1	Outcome 2

- 𝐰 Measurement 1
  relevant information for this measurement or file

Analysis & Action

Outcome	Measurement	Reflection on Data Collected
1)	1)-1	
2)	2)-1	
3)	3)-1	
4)	4)-1	
5)	5)-1	

Additional Perspective on Data, Methods, and Process: *<insert ~ 1-2 paragraphs of narrative>*

Conclusions and Recommended Actions: <insert ~ one(1) paragraph of narrative and specific actions>

- **Action 1:**
- **Action 2:**
- **Action 3:**

Assessment Cycle Acknowledgments

Team Member(s) Acknowledgement	Date

Management [1] Comments:

Manager [1]'s Acknowledgement	Date

Management [2] Comments:

Manager [2]'s Acknowledgement	Date

Assessment Ambassador(s) Comments:

Assessment Ambassador's Acknowledgement	Date

Figure 1.6 Example from Exploration of alternate technology infrastructure (in-house)

(i.e. Springshare Content Management System)

Again taking the 'drudgery' out of the process is believed to be paramount to our overall continuous improvement.

This simplified framework and protocol is our point of departure for our continuous improvement going forward.

2.0 ASSESSMENT PROTOCOLS FOR NON-ACADEMIC UNITS

Progress To-date

The University converted our status of having 24 overdue non-academic assessments to an opportunity to pilot the first draft of our assessment template associated with our new institution-wide Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol. Assessment points of contacts for each of the 24 areas were identified and participated in a two-part orientation, guided and facilitated by the division of Institutional Effectiveness and Strategic Operations (IE&SO). The orientation included an overview of the purpose, benefit, and practice of continuous improvement in the non-academic areas of the campus. Participants asked questions and commented on various aspects of the protocol and its implementation. At the conclusion of the first session, the designated staff were provided with the draft template and the opportunity to dialogue with their areas about their mission, goals, desired outcomes, relevant measurements, data collection, analysis and action plans. Some also generated draft submissions for IE&SO review. They then attended a second session where they shared their discovery, asked questions about completing the assessment cycle, and offered comments on the template and process. Subsequently, of the 24 areas identified as overdue, 22 submitted their completed assessment cycle templates for review of their upstream supervisors/management. They then submitted the executed assessment instruments to IE&SO, acknowledged by their upstream management, where it is under review by IE&SO and/or one or more of the Institutional Assessment Ambassadors (IAAs). Each will be returned to the non-academic unit with comments well in advance of the non-academic unit Assessment Carnival scheduled for March 2019.

Discovery and Acknowledgement of Issues

Recurring themes and perceptions, similar to those raised in the academic program assessment close-out of the 2017-18 assessment cycle, were voiced about past non-academic unit assessment practices:

i. The responsibility and requirement of their unit to conduct assessment, including the current status of 'overdue' was neither known nor communicated;

ii. The availability of data to fulfill the metric requirements (ex: evidence) was not consistent throughout the University;

iii. A repository to organize and freely revisit their assessment instruments throughout the cycle was desired;

iv. An 'expert' review in addition to an upstream management review step was desired;

v. 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;

vi. 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

vii. 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

As described in section 1.0 ACADEMIC PROGRAM ASSESSMENT, the feedback from the academic program units overlapped on a number of points.

Performance Improvement

To address the issues noted above, the following simplified assessment approach and protocol has been adopted by the University with supporting consensus of the Institutional Assessment Council (September 25, 2018). At its basic level (i.e. minimum requirement) our new institution-wide Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol 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 [addresses iii above]. Moreover, the University has also reorganized to facilitate faculty (primarily) and non-academic unit requests for 'relevant' data directly to the newly formed division of Institutional Effectiveness and Strategic Operations (IE&SO) with the added benefit of consultation regarding appropriate metrics for outcomes and other key indicators [addresses ii above].

Beginning Spring 2019 two (2) designated continuous improvement laboratory sessions per semester will be available for (both academic and) non-academic assessment check-in. This will follow our official non-academic unit rollout of the Falcon Campus-Wide Assessment Protocol at our first Assessment Carnival for non-academic unit staff scheduled for March 2019. The second of two (2) Assessment Carnivals (for non-academic units) per year will target active engagement, inquiry and receiving hands-on support in completing the annual assessment cycle. The Spring semester Carnival will focus on Assessment Planning for the calendar year cycle [❶ and ❷] and the second non-academic units Assessment Carnival will take place in the Fall to focus on Assessment Implementation [❸ and ❹] for the calendar year cycle [addresses iv and v above].

This approach does not imply that every metric will be measured annually, but rather monitored for relevance, progress, and/or validity at least once per calendar year. This approach also facilitates course correction at shorter intervals and will provide the much needed 'practice' of assessment activity across the campus for improvement at each cycle [addresses vi and vii above]. Implementing a similar framework as the academic programs, all non-academic units across the campus will engage in the carnival themed assessment forum. Student Services which includes Career Development, Counseling, Disabled Student Services, Student Accounts, Housing and Residence Life, Registrar, Veteran Student Services, and other Student Support Services will have the added component related to non-academic student outcomes. As such, their Assessment Carnival will be held as a separate non-academic unit forum for appropriate emphasis on student services related improvement.

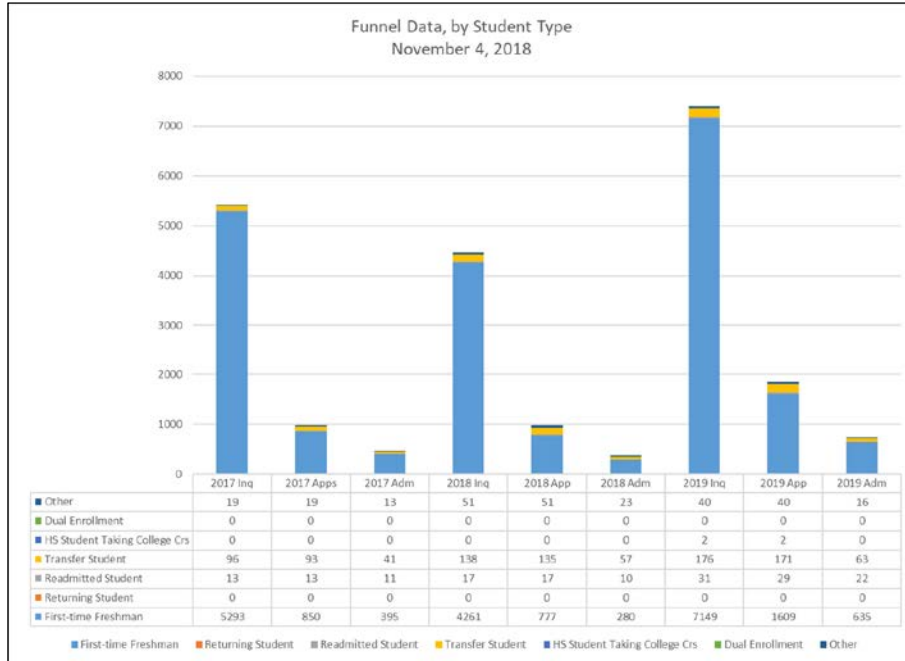3.0 UTILIZATION OF DATA TO DRIVE IMPROVEMENTS

Progress to-date

In July 2018, the University created a division of Institutional Effectiveness and Strategic Operations (IE&SO) charged with helping to ensure Fairmont State University's continuous improvement. Since its inception, IE&SO 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 metrics 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 and Impact goals to be used as strategic guidance and externally reported to our state Higher Education Policy Commission (HEPC). Figure 3.1 (below) is representative of the data used to review the alignment proposal.

Figure 3.1
Phase I Strategic Goals and Strategy Alignment Proposal Decision Support Table

- 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. Figure Set 3.2 (below) is a representative report with summary to support ELT weekly enrollment review discussions.

FAIRMONT STATE
UNIVERSITY

Funnel Data, by Student Type
November 4, 2018

	2017 Inq	2017 Apps	2017 Adm	2018 Inq	2018 App	2018 Adm	2019 Inq	2019 App	2019 Adm
■ Other	19	19	13	51	51	23	40	40	16
■ Dual Enrollment	0	0	0	0	0	0	0	0	0
■ HS Student Taking College Crs	0	0	0	0	0	0	2	2	0
■ Transfer Student	96	93	41	138	135	57	176	171	63
■ Readmitted Student	13	13	11	17	17	10	31	29	22
■ Returning Student	0	0	0	0	0	0	0	0	0
■ First-time Freshman	5293	850	395	4261	777	280	7149	1609	635

■ First-time Freshman   ■ Returning Student   ■ Readmitted Student   ■ Transfer Student   ■ HS Student Taking College Crs   ■ Dual Enrollment   ■ Other

Undergraduate	10/30/2016	10/30/2017	11/4/2018
Conversion Rate	18%	22%	25%
Admit Rate	47%	38%	40%
Yield Rate	N/A	N/A	N/A

Inquiries
• Up 66% from last year
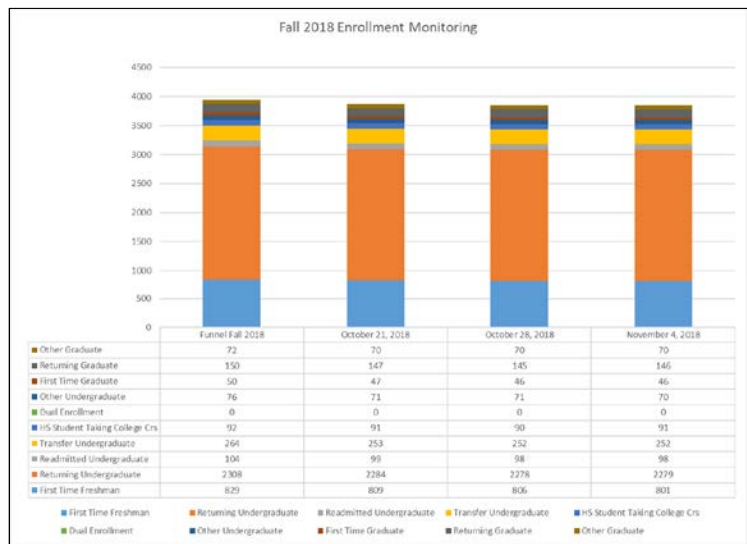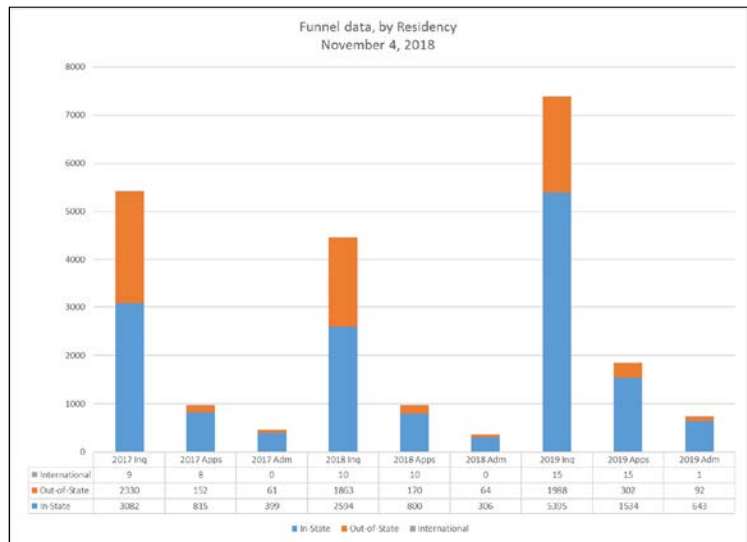• Up 36% from two years ago
Applications
• Up 89% from last year
• Up 90% from two years ago
Admits
• Up 99% from last year
• Up 60% from two years ago

Prepared by IE&SO 11/05/2018

Funnel data, by Residency
November 4, 2018

	2017 Inq	2017 Apps	2017 Adm	2018 Inq	2018 Apps	2018 Adm	2019 Inq	2019 Apps	2019 Adm
International	9	8	0	10	10	0	15	15	1
Out-of-State	2330	152	61	1863	170	64	1988	302	92
In-State	3082	815	399	2594	800	306	5395	1534	643

In-State • Out-of-State • International

Fall 2018 Enrollment Monitoring

	Funnel Fall 2018	October 21, 2018	October 28, 2018	November 4, 2018
Other Graduate	72	70	70	70
Returning Graduate	150	147	145	146
First Time Graduate	50	47	46	46
Other Undergraduate	76	71	71	70
Dual Enrollment	0	0	0	0
HS Student Taking College Crs	92	91	90	91
Transfer Undergraduate	264	253	252	252
Readmitted Undergraduate	104	99	98	98
Returning Undergraduate	2308	2284	2278	2279
First Time Freshman	829	809	806	801

First Time Freshman • Returning Undergraduate • Readmitted Undergraduate • Transfer Undergraduate • HS Student Taking College Crs
Dual Enrollment • Other Undergraduate • First Time Graduate • Returning Graduate • Other Graduate

Prepared by IE&SO 11/05/2018

Funnel and Enrollment (F&E) Summary Report for 11-04-18 is attached. A few notables:
Funnel
- Nearly twice (2X) as many applications have been affirmatively processed (admitted) versus this time last year.
Enrollment
- Attrition since last week is three (3) students.
Discovery
- Three (3) data entry and/or processing errors have been identified and addressed.
We continue to work on refining the report and processes that generate the data.

Figure Set 3.2
Representative Weekly Funnel and Enrollment Report and Summary

Discovery and Acknowledgement of Issues

As discussed above, the University in general and IE&SO acknowledges the need to closely review enterprise system data and the processes that generate the data to improve the quality, integrity, availability and reliability of institutional data that supports our overall continuous improvement. Our discovery reveals several factors to be addressed in building confidence in our institutional data. These are general and in some cases, do/do not apply.

- Processes (ex: scripts) that generate our institutional data need to be revised to match modifications over time. This is not uncommon during the life cycle of enterprise systems. The turnover in personnel that oversee these processes is also a factor with respect to institutional knowledge voids which is also not uncommon. Nonetheless, these issues are significant in some areas and will need to be addressed.

- 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.

- Past periods of discontinuity and at times unattended institutional effectiveness as evidenced by some of comments made by HLC in 2016.

Performance Improvement

Currently IE&SO supports informal consultation (ex: meetings, teleconferences, emails) to work with faculty, staff and administrators on identification, analysis, and comparison of metrics, location of data (current and historic), relevance, and representation. Now that this level of support is available to the campus, the number and complexity of requests have increased. This is a welcomed event as it is an indirect indicator of the heightened understanding of the importance, priority, and value associated with institutional continuous improvement and our individual and collective commitment, respectively. However, to accommodate the uptick we will 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. Next steps range from redesigning and reconstructing commonly requested reports of particular relevance to the University at multiple internal organization levels and external constituents (i.e. program accrediting bodies, HEPC) to working with our BoG to ascertain most effective ways to frame, restructure and/or organize the communication of pertinent data to improve their decision support.

Expanding the IE&SO human resources by filling open position(s) with complementary skill sets is also in progress.

4.0 USE OF INFORMATION AND DATA TO IMPROVE ENROLLMENT MANAGEMENT

Progress To-Date

Beginning September 4, 2018 and over the following ten (10) weeks an adhoc Enrollment Management Process Team (EMPT) was formed and worked together on a single mission - to improve the student, faculty and staff 'student enrollment' experience. The team was comprised of 19 staff members 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. The two (2) goals identified for the team's work, established at the onset, were to:

> [1] Review and document the University's current undergraduate student enrollment management process – specifically from first touch point through 'cleared' onboarding; and to

> [2] Make recommendation(s) to the University's Executive Leadership Team (ELT) for near, mid and further term improvement.

Eight (8) team sessions were convened to review current overall processes with emphasis on 'connectedness' between individual units. Data, trends and insight from previous years was considered as recommendations for improvement were explored. Additionally, each unit had their individual process meetings and assignments which were presented to the Institutional

Effectiveness facilitator and discussed with the entire team. Evidence of processes collected and examined included, but were not limited to:

- Process/data map to identify independent and dependent variables from end-to-end, and required vs. nice-to-have fields on the various enrollment application and inquiry instruments distributed to prospective and applicant category students – hard copy and electronic;

- Input, Processing, Output and Trigger (IPOT) charts which depicted processing within the units; and

- Process descriptions.

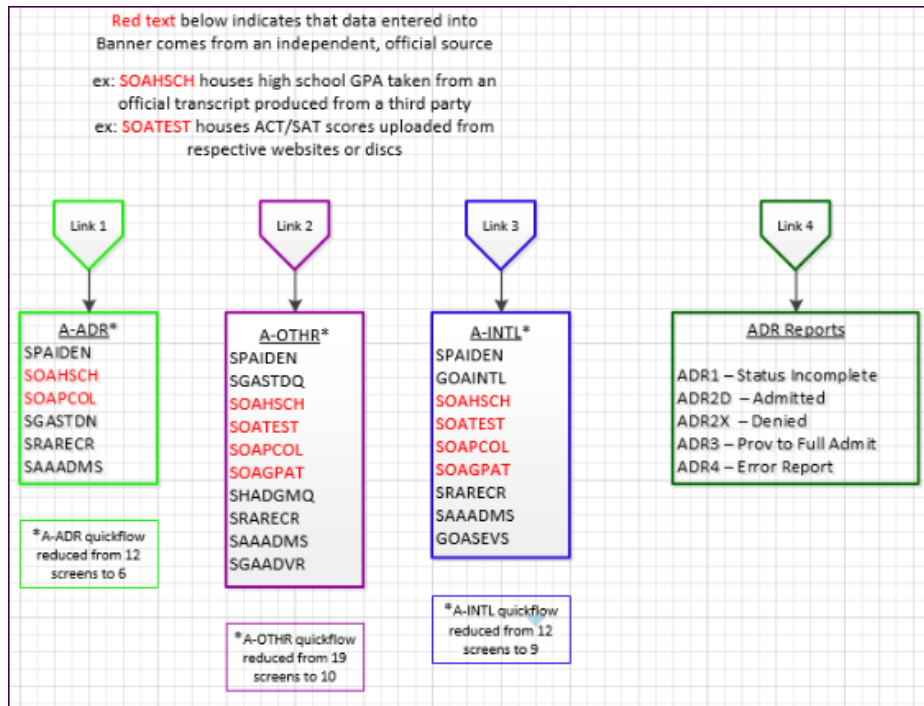Examples of EMPT process artifacts are provided below in Figure Set 4.1.
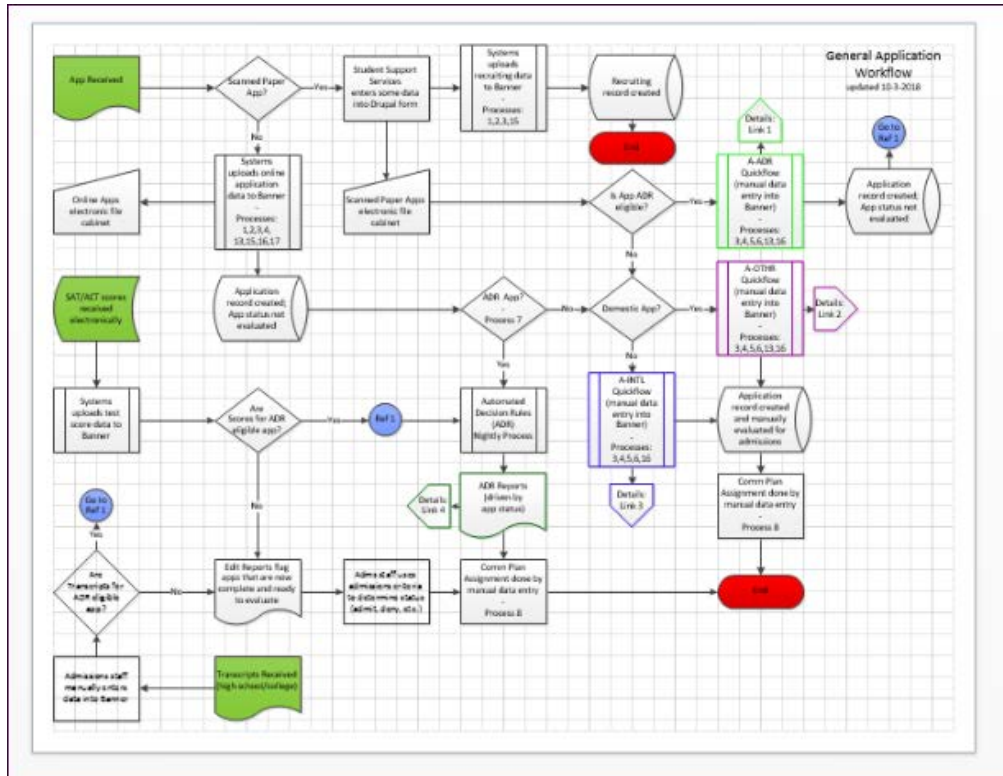
Figure Set 4.1 Sample EMPT Process Charts

Insight and/or specific improvement results were presented to the University's ELT, there was Q&A, and perhaps most importantly the subsequent dialogue was a point of departure for future improvements.

Discovery and Acknowledgement of Issues

There were a number of quantitative and qualitative results of the overall process and work improved during or measured shortly thereafter the EMPT adhoc period. Examples of quantitative improvements include:

- 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. At week 110418, using the new approach, we had processed nearly twice (up 89%) versus a comparable period last year.
- Residual improvements also reported included decreased initial response time to applicants and improved efficiencies by streamlining procedures (ex: reduction of processing screens from 19 to 10) and moving from paper folders to electronic files.

The additional scrutiny on the data and processes associated with enrollment also surfaced data differences that have since been reconciled at a higher confidence level for some areas. However,

we continue to explore the reconciliation and overall quality of data generated, compared and reported using externally defined measures (ex: data received by and reported to WV Higher Education Policy Commission [HEPC]).

From a qualitative perspective, the 'unsilo'd' multi-unit dialogue that is increasingly a part of the fabric of our institution, has lead to sharing important anecdotal information as well as data. The result is enlightenment from different perspectives and at different levels on historical trends and what it will take to continuously improve on the campus of Fairmont State University. An example is when through cross unit dialogue that the lag time between first touch and when our prospective students hear from us again was deemed critical and a division of labor solution was reached to address this issue on short order. What we learned operationally is that forums for this type of dialogue positively contribute to our overall institutional effectiveness and we are committed to providing more opportunities for this type of continuous improvement synergy.

Performance Improvement

While a number of improvements were cited during the initial adhoc team convening and shortly thereafter, it was evident that when recruiting activity encountered surge periods additional and continuous work was needed in this area. More specifically, as the recruiting season progressed, while the data still indicate notable improvement over the previous year, the respective rate began to show decrease over time.

With respect to data integrity, we have and continue to make significant progress in improving our enrollment data, with full awareness that there is a need for continuous review, reconciliation, comparison and exploration.

We are making significant progress in achieving higher levels of data integrity internally and in our external reporting. This progress lends to better use of our institutional data and other relevant information for overall improvement of our enrollment management and related processes.

Additionally, as it specifically relates to using data to help guide our recruiting effort, we have designed a new approach which incorporates more sophisticated software that tracks and visually

represents relevant data using heat mapping technology. Understanding that the decline in West Virginia high school graduates is expected to continue through 2024, it is urgent that Fairmont State possess a greater understanding of its prospective student population and the shifting demographics in the greater geographic region. Creating a Sustainable Enrollment *aka* CaSE focuses on exactly that: tracking which populations are growing, analyzing the student profiles that are successfully recruited and retained at Fairmont State, adjusting recruitment and marketing to match, and leveraging Fairmont State's programs and institutional offerings. All recruitment campaigns and programming will be tracked and analyzed based on key performance indicators (KPIs), compared to desired outcomes, and continuously improved to ensure progress is being made toward recruitment goals. Data is currently compiled from the admissions funnel, market segmentation maps, and campaign results, and cross-referenced to measure success at each stage of the admissions cycle. Figure Set 4.1 illustrates the heat mapped data used to drive our CaSE recruiting strategy.
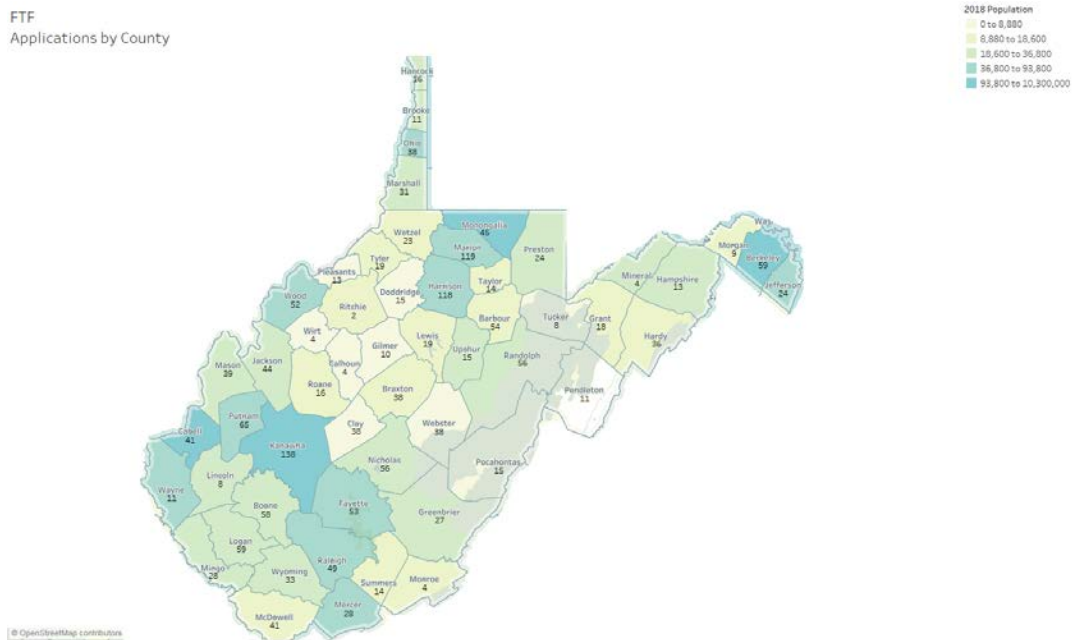

Figure 4.1 CaSE WV County Map Census Overlay

(West Virginia map, by county, showing the number of applications that we had received at the end of October, with a US Census population overlay showing county population)
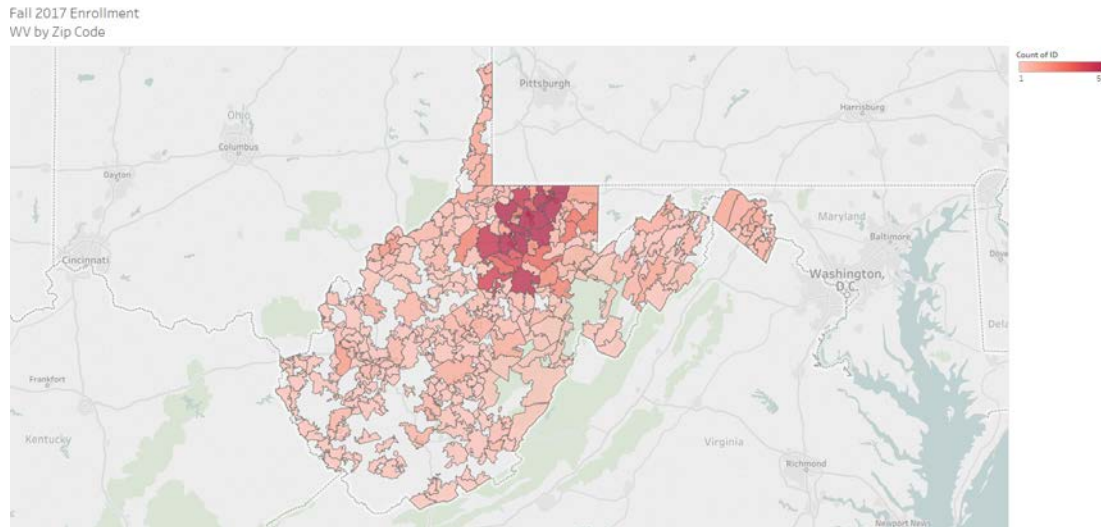
Figure 4.2 CaSE Breakdown of 2017 Enrollment

(shows the concentration by zip code of our enrolled WV students)

5.0 OVERALL CONCERNS WITH INSTITUTIONAL EFFECTIVENESS [5D]

Fairmont State University has made significant progress in developing and documenting evidence of performance in its operations. We are preparing for a successful Higher Learning Commission reaffirmation of accreditation process scheduled for 2022-2023. Equally important, we are now better positioned to systematically and systemically learn from our operational experience and apply the discovery to improve our institutional effectiveness – overall as a University and within our individual academic programs, academic organizational structures, and non-academic units. We are building capability via our new and existing human and technology resources and are targeting sustainability for a bright future. A summary of our Progress To-Date, Discovery and Acknowledged Challenges, and our strategic path to Performance Improvement, aforementioned in detail in the Sections 1.0-4.0 above, follows.

Progress To-Date

Academic Program Assessment

Using the existing protocol that has been in place at the University since 2007, 89% of the academic degree program have completed and posted for peer review, the most recent 2017-18 assessment cycle by the established deadline of the end of the Fall 2018 academic semester. The program assessment components are responsive to HLC's cited emphasis on identifying clear learning outcomes and mapping course learning outcomes to program learning.

Non-Academic Unit Assessment

The University converted our status of having 24 overdue non-academic assessments to an opportunity to pilot the first draft of our assessment template associated with our new institution-wide Falcon Continuous Improvement protocol. Using the new assessment protocol that simplified and afforded much needed flexibility for more relevant application to the varying areas of the campus, the non-academic units achieved a 91.7% percent assessment cycle posting rate by the established mid-November 2018 deadline.

Overall Institutional Effectiveness

In July 2018, the University created a division of Institutional Effectiveness and Strategic Operations (IE&SO) charged with guiding Fairmont State University's continuous improvement aligned with our ten-year strategy per *Our Quest for Distinction: Strategic Plan 2018-2028*. IE&SO is lead by a credentialed and skilled computational scientist with over thirty (30) years of higher education, industry and agency experience at multiple levels as faculty and administrator. Since its inception, the IE&SO team has spurred and facilitated the utilization of data to drive improvements with a myriad of services to the campus. This support has included:

- consultation, data mining, interpretation and analysis of institutional data for faculty;
- guidance and facilitation of the establishment of metrics for institutional performance measurement;
- development and alignment of relevant institutional key performance indicators, goals and strategies to improve institutional focus, effectiveness and optimization of resources – approved by the Board of Governors (BoG); 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.

Discovery and Acknowledged Challenges

Multi-level faculty meetings have spurred open and candid dialogue regarding the more than decade old program-level assessment process and has consistently landed on a handful of issues that range from relevant data availability, to assessment system infrastructure, to the peer review

process, to avoid in opportunity to regularly or cyclically work on assessment with trained support. These issues have left a residue of perception that assessment is arduous and extraneous. Feedback from the non-academic program units overlapped on a number of points that were made by the academic units.

The University acknowledges the need to closely review enterprise system data and the processes that generate the data to improve the quality, integrity, availability and reliability of institutional data to support our overall continuous improvement. Our discovery reveals several factors – internally and externally triggered - to be addressed in building confidence in our institutional data as described in detail in Section 4.0 USE OF INFORMATION AND DATA TO IMPROVE ENROLLMENT MANAGEMENT.

Performance Improvement

A simplified assessment approach and protocol has been adopted by the University with supporting consensus of the Institutional Assessment Council (September 25, 2018). 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. It was visually depicted above in Figure 1.5 and presented again below in Figure 5.1. The full draft template for academic programs is provided in Figure 1.6 with the addition of a specific link for curriculum mapping.
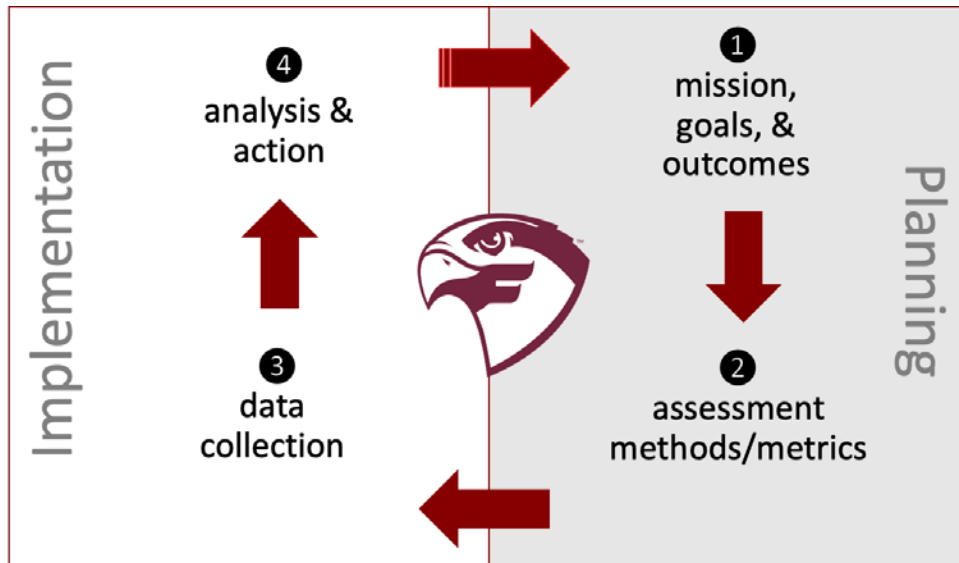
Figure 5.1 Fairmont State University (*aka* Falcon) Campus-Wide Assessment Protocol

Currently IE&SO supports informal consultation (ex: meetings, teleconferences, emails) to work with faculty, staff and administrators on identification, analysis, and comparison of metrics, location of data (current and historic), relevance, and representation. Now that this level of support is available to the campus, the number and complexity of requests have increased. This is a welcomed event as it is an indirect indicator of the heightened understanding of the importance, priority, and value associated with institutional continuous improvement and our individual and collectively commitment, respectively. However, to accommodate the uptick we will 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. Next steps range from redesigning and reconstructing commonly requested reports of particular relevance to the University at multiple internal organization levels and of relevance to external constituents (i.e. program accrediting bodies, HEPC) to working with our BoG to ascertain most effective ways to frame, restructure and/or organize the communication of pertinent data to improve their decision support.

Additionally, as it specifically relates to using data to help guide our recruiting effort, we have designed a new approach which incorporates more sophisticated software that tracks and visual represents relevant data using heat mapping technology. Creating a Sustainable Enrollment *aka* CaSE focuses on tracking which populations are growing, analyzing the student profiles that are successfully recruited and retained at Fairmont State, adjusting recruitment and marketing to match, and leveraging Fairmont State's programs and institutional offerings. All recruitment campaigns and programming will be tracked and analyzed based on key performance indicators (KPIs), compared to desired outcomes, and continuously improved to ensure progress is being made toward recruitment goals. Data is currently compiled from the admissions funnel, market segmentation maps, and campaign results, and cross-referenced to measure success at each stage of the admissions cycle. Figure Set 4.1 above illustrates the heat mapped data used to drive our CaSE recruiting.

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. This requires individual and collective commitment to continuous institutional improvement and staying focused on our cyclical learning goals. Our hope is that through this monitoring report we have addressed the concerns of HLC and that we will be afforded the opportunity to advance the current momentum over the next three (3) cycles with the promise to be operating at near or full optimization at the conclusion of this three-year period.