

# SELF STUDY

## CREATING A USEFUL PROCESS AND REPORT

SECOND EDITION



**Middle States Commission on Higher Education**

problems and to develop solutions to them, and when it identifies opportunities for growth and development. Because the decennial self-study is a major element in the life of an institution, it should be a useful activity, planned and executed carefully, and not simply a formal exercise. It will be most helpful if the institution implements and adapts self-assessment as a continuous process that supports its regular planning cycle.

The second purpose of the self-study is to demonstrate to external audiences, such as the Middle States Commission on Higher Education, government regulatory agencies, and the public, that the institution meets the Commission's standards for accreditation. Both the self-study report and the evaluation team report should be shared by the institution with its community. The Commission's accreditation decision, which follows the team visit, is available to the public as part of the "Statement of Accreditation Status" that the Commission publishes on its website for each of its members.

The self-study process and report must be meaningful and useful to the members of the institution and must produce evidence of compliance with accreditation standards. Balancing these two goals is the challenge of an effective self-study.

The institution is assisted throughout the process by a Commission staff member who is appointed as the liaison between the institution and the Commission.

## **Understanding the Commission's Expectations for Planning and Assessment**

In order to move accreditation processes away from assertion and description toward demonstration, analysis, and improvement, Middle States accreditation standards focus on two fundamental questions:

Are we, as an institutional community, achieving what we want to achieve?

What should we do to improve our effectiveness in achieving our fundamental aims?

These questions cannot be answered without a clear sense of what the institution wants to accomplish and how effectively it is accomplishing those ends. Planning (determining what the institution wants to accomplish) and assessment (determining how well those accomplishments have been achieved) are, therefore, the foundations of Middle States' 14 accreditation standards. The establishment of appropriate goals and plans is the essence of Standard 2 (Planning, Resource Allocation, and Institutional Renewal). The assessment of effectiveness and the achievement of goals are the essence of Standards 7 (Institutional Assessment) and 14 (Student Learning), and these principles are included as Fundamental Elements of virtually every other standard.

The result of effective planning and assessment is institutional renewal: advancing the institution and, if appropriate, leading it in new directions. The Commission expects a thorough review of assessment information to lead to either confirmation of current activities or appropriate modifications of programs and services to meet the changing needs of the institution and its community.

The Commission expects planning and assessment to be major areas of focus and continuous themes in any self-study, regardless of its format or organization. It expects all institutions to have institutional plans and a documented, organized, and sustained assessment process in place that are reviewed as essential documentation within the self-study process. Each chapter of the self-study should include a discussion of relevant institutional goals and evidence of achievement of those goals. The Context section of Standard 7 (Institutional Assessment) notes that Standard 7 "builds upon all other accreditation standards." Therefore, the self-study should address this standard by also including summative analyses of the institution's overall effectiveness in achieving its mission and goals, including those for student learning. (See Standard 14.)

The Commission further expects that planning and assessment are not once-and-done activities, undertaken solely to ensure accreditation, but ongoing, systematic efforts that continually inform institutional decisions regarding programs, services, initiatives, and

resource allocation. Planning and assessment documents, and the analysis of them within the self-study, should therefore give the evaluation team and the Commission confidence that planning and assessment are continual activities that are part of the fabric of life at the institution.

Standards 2 (Planning, Resource Allocation, and Institutional Renewal), 7 (Institutional Assessment), and 14 (Assessment of Student Learning) all make reference to “plans” of various types. However, the standards do not prescribe a particular format, structure, or process for such plans; institutions have maximum flexibility in designing and assembling planning and assessment documentation that fits best with the institution’s mission, organization, and needs. A single, formal, polished document is not required and, for many institutions, may not be the most suitable format, because it may discourage the continual modifications that are made in effective planning and assessment processes. The existence of effective planning and assessment processes, clearly described to the community and to the Commission, is more important than a formal plan.

### **The Commission’s Expectations for Institutional Plans**

One of the Fundamental Elements of Standard 7 (Institutional Assessment) requires an institutional (strategic) plan. While the standard does not prescribe a particular format, structure, or process for the plan, it should be based upon institutional mission and goals that, as noted in the Fundamental Elements of Standard 1 (Mission and Goals) “guide faculty, administration, staff and governing bodies in making decisions related to planning, resource allocation, program and curriculum development, and definition of program outcomes” and “focus on student learning, other outcomes, and institutional improvement.”

An institutional plan typically includes the mission statement, institutional goals and, as described in the Context of Standard 2, “intentionally designed objectives or strategies—programs, services, and initiatives—to achieve the mission and goals.

While goals represent the institution’s intended destination, objectives or strategies articulate the path to that destination; they are the steps or activities that lead to the achievement of institutional goals.”

The Context of Standard 2 further notes that “Institutions often have a variety of plans, including not only an institutional (strategic) plan but also an academic plan, financial plan, enrollment plan, capital facilities master plan, and technology plan. At many institutions, effective institutional planning begins with the academic plan, which informs the other plans, along with unit-level (campus, division, department, program, etc.) plans.” An institutional “plan” thus might consist of a collection of interrelated documents, including institutional goals, unit-level plans, an academic plan, a capital facilities master plan, and so on. If these documents are voluminous, a summary of them may be included in or appended to the self-study, and the documents themselves may be made available to the evaluation team’s visit in a resource room, online, or both.

See Standards 2 and 7 in Characteristics of Excellence for complete information on expectations for institutional plans.

### **The Commission’s Expectations for Assessing Institutional Effectiveness and Student Learning**

The Commission’s expectations for assessment, conveyed in Standard 7 (Institutional Assessment) and Standard 14 (Assessment of Student Learning), are explained further in Appendix C, “Assessing Student Learning and Institutional Effectiveness: Understanding Middle States Expectations.”

## **The Commission's Expectations for Reporting on Related Entities**

At some applicant, candidate, or accredited institutions, the institution's governing board shares decision-making responsibility related to Commission accreditation standards with one or more non-accredited "related" entities. The shared decision-making often involves the functions and operations of academic programming, finances, planning, governance, budget and approval processes, recruitment, information systems, or employee compensation.

A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation standards. Related entities may include institutional or corporate layers or groups. Ordinarily, local, county, and state legislatures, other accreditors, local advisory boards, and government agencies are not considered to be related entities.

The self-study report of an institution with a related entity should describe and analyze the relationship with that entity whenever appropriate in its discussion of the institution's compliance with the Commission's standards. A certification form from the related entity, as provided in the Commission's policy on "Institutions with Related Entities," should be attached to the self-study report.

See the Commission's policy on "Institutions with Related Entities" for more information.

## **The Commission's Expectations for Substantive Change Requests**

Because an accreditation action applies to conditions existing at the time of the Commission's decision, certain changes implemented between evaluations require submission and approval by the Commission of a substantive change request. See the Commission's policy on "Substantive Change" for more information.

Institutions should be aware that while the kinds of changes identified in the Substantive Change policy—such as change in mission or control, granting of degrees at higher or lower levels, a different delivery modality (distance education, distributed learning, or correspondence education), and establishment of additional locations—may be described in its self-study, a separate Substantive Change request also must be submitted for Commission approval. Accreditation or reaccreditation following a self-study evaluation does not constitute Commission approval of a Substantive Change. Site visits to additional locations or branch campuses required for final approval of a Substantive Change request may be incorporated into the team visit for a decennial evaluation.

## **External Expectations**

In addition to ensuring that the self-study process addresses the standards, policies, and procedures of the Middle States Commission on Higher Education, under Requirement of Affiliation 5 the institution must comply with all applicable government (usually federal and state) policies, regulations, and requirements. The institution should integrate and address appropriately within its self-study the requirements imposed by federal and state regulatory agencies, as well as by other accrediting organizations to which the institution belongs. This coordination is especially important if the institution has requested and the Commission has approved a joint visit with a state agency or a collaborative review visit with one or more of the specialized programmatic accreditors or another institutional accreditor.

## **Federal Requirements**

Amendments to the Higher Education Opportunity Act impose requirements on accrediting agencies and on institutions that participate in Title IV student financial assistance programs. Some of these requirements are effected through federally mandated accreditation standards and regulations. In addition to those federal requirements which are already a part of the Commission's standards for accreditation,

institutions should demonstrate that they meet the additional criteria described below, as well as any other criteria that may be mandated in the future. The self-study design should assure that the institution's self-study process addresses these criteria. In addition, the institution must verify in its Certification Statement that it meets relevant requirements under the Higher Education Opportunity Act of 2008, including those on distance education (student identity verification), transfer of credit, assignment of credit hours, and the Title IV cohort default rate.

Institutions should monitor the cohort default rate and ensure that it is within federal limits. If the institution has triggered a review or other action by the U.S. Department of Education (USED), the self-study should include a description of the issues and the institution's plans to address them.

Any reference to Middle States accreditation must include the address and phone number of the Middle States Commission on Higher Education. The Commission also requires that at least the catalog, the institution's World Wide Web site, and its primary recruiting materials include this information. The self-study should include references to these listings or links.

Federal regulations require the Commission to consider the actions of state licensing bodies and other accrediting agencies when making accreditation decisions. Institutions holding accreditation from agencies other than the Middle States Commission on Higher Education should include an overview of the institution's or program's current status with each agency, including the date of the most recent agency review, formal action taken by that agency, and the date of the next review.

The federal government requires that the outcomes assessment plan include a review of the institution's success with respect to student achievement in relation to mission. Institutions should include in the self-study a review of course completion, graduation rates, state licensure exam pass rates, and other data as appropriate to the mission of the institution and the programs it offers. (This may be included in, or cross-referenced to, related accreditation standards such as Standards 7 and 14.)

If the institution charges program-specific tuition, the self-study should address whether

the tuition and fees are appropriate for the subject matter taught and the objectives of the degree or credential being offered. This may be done in the context of other programs at the institution or of comparable programs at other institutions.

For institutions holding degree-granting authority from one of the states in the Middle States region but located abroad, Middle States accreditation is not viewed by the USED as extending Title IV eligibility to those institutions. In their reference to accredited status, foreign institutions—whether or not chartered or licensed within the Middle States region—may not make reference to USED recognition or imply that the Secretary's recognition of the Commission extends to foreign institutions. These institutions should contact USED regarding other federal programs that may be available to them or their students.

Institutions should consult with staff and monitor the Commission's publications to identify any laws or regulations that may affect what accrediting organizations may require of institutions after the publication of this handbook.

## State Requirements

Because particular state requirements vary within the Middle States region, the institution should contact its state regulatory or coordinating body regarding current requirements. Institutions located abroad that are chartered in one of the states in the Middle States region and are recognized by the Middle States Commission on Higher Education must contact the state agency which granted their license and degree-granting authority to identify any special requirements that may apply to the institution. In some instances, institutions that are a part of state or local systems of higher education may face other requirements.

The Middle States Commission on Higher Education shares with each of the state regulatory or coordinating agencies the schedule of evaluation visits planned for accredited institutions within that state.

The state regulatory agencies may elect to send a representative to work with and serve as a resource to the team during the evaluation

Figure 3

**A Self-Study Timetable**

Approximate and Flexible Dates for a Spring Visit (Total: 2 ½ years)

<p style="text-align: center;"><b>Summer before Academic Year 1</b></p> <p>MSCHE reminds institution of the pending evaluation and invites it to The Self-Study Institute.</p> <hr/> <p style="text-align: center;"><b>Fall, Academic Year 1</b></p> <p>Self-Study Institute held to orient institutions beginning self-study</p> <p>Steering Committee Chair(s) and members chosen</p> <p>MSCHE staff liaison schedules self-study preparation visit to the institution</p> <hr/> <p style="text-align: center;"><b>Spring, Academic Year 1</b></p> <p>Institution chooses its self-study model</p> <p>Institution determines types of working groups that will be needed</p> <p>Draft self-study Design finalized, including charge questions for working groups</p> <hr/> <p style="text-align: center;"><b>Spring, Academic Year 1 – Fall, Academic Year 2</b></p> <p>MSCHE staff liaison conducts self-study preparation visit</p> <p>Staff liaison approves institution’s self-study design</p> <hr/> <p style="text-align: center;"><b>Fall–Spring, Academic Year 2</b></p> <p>Steering Committee oversees research and reporting by working groups</p> <p>Working groups involve the community</p> <p>Working groups submit reports</p> <hr/> <p style="text-align: center;"><b>Winter, Academic Year 2</b></p> <p>MSCHE selects the evaluation team Chair, and the institution approves the selection</p> <p>Chair and institution select dates for team visit and for the Chair’s preliminary visit</p> <p>Institution sends a copy of the self-study design to the team Chair</p>	<p style="text-align: center;"><b>Spring-Summer Academic Year 2</b></p> <p>MSCHE selects evaluation team members, and the institution approves the selection</p> <p>Steering Committee receives drafts text from working groups and develops a draft self-study report</p> <hr/> <p style="text-align: center;"><b>Fall, Academic Year 3</b></p> <p>Campus community reviews draft self-study report</p> <p>Evaluation team Chair reviews draft self-study report</p> <p>Institution’s governing board reviews draft self-study report</p> <p>Institution sends draft self-study report to evaluation team Chair, prior to Chair’s preliminary visit</p> <p>Team Chair makes preliminary visit at least four months prior to team visit</p> <p>Institutions with a selected-topics self-study that elect to have a document review prior to the team visit: Conduct an early document review</p> <p>Institution prepares final version of the self-study report</p> <hr/> <p style="text-align: center;"><b>Winter or Spring, Academic Year 3</b></p> <p>Institution sends final report to evaluation team and to MSCHE at least six weeks prior to team visit</p> <hr/> <p style="text-align: center;"><b>Spring, Academic Year 3</b></p> <p>Team visit</p> <p>Institutions with a selected-topics self-study that elect to have a document review during the team visit: Conduct a concurrent document review</p> <p>Team report</p> <p>Institutional response</p> <hr/> <p style="text-align: center;"><b>Summer or Fall after Academic Year 3</b></p> <p>Committee on Evaluation Reports meets</p> <p>Commission action</p>
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visit. Such cooperative efforts are intended to minimize unnecessary duplication and to ease the reporting and evaluative burden placed on the institution.

## The Evaluation Timetable

The self-study timetable is key to a coherent and effective self-study report. The timetable should be created early and must be included in the institution's self-study design. It must be realistic, taking into account elements of the academic calendar and other events that might impact the self-study process.

The timetable should recognize specific demands determined by the model of self-study employed, and it also should provide adequate allowances to develop research questions, to locate or generate relevant information, to analyze results, to write report drafts, and to review and respond to the drafts.

An institution begins planning for the evaluation two-and-a-half to three years before accreditation or reaccreditation by the Commission is scheduled to occur. The Commission initiates the process by reminding the institution of the upcoming evaluation and inviting it to send representatives to The Self-Study Institute in the fall, two years before the academic year in which the Commission is scheduled to act on the institution. This lengthy lead time is intended to provide each

institution with adequate time to organize, prepare, and review a self-study, using an open and participative process.

The institution can begin preparing its self-study design as soon as it is reminded of the approaching evaluation. The institution hosts the self-study preparation visit of its Commission staff liaison and completes its self-study design document in the spring or fall, after attending the Self-Study Institute. The research and reporting that are at the center of the self-study process usually occupy the self-study working groups for eight months to a year. The steering committee uses the working group reports to draft the final self-study report, which should be ready for review approximately six months before the team of external peer evaluators is scheduled to visit the institution.

The Chair of the evaluation team visits the institution at least four months before the team visit. Team visits occur either in the fall or the spring. The evaluation visit itself usually begins on a Sunday afternoon and ends on the following Wednesday afternoon. All arrangements must be explicit and should be checked to avoid conflicts with holidays or special institutional events. The visit should occur while classes are in session.

At the end of the visit, the institution receives an oral summary of the team's findings. The team Chair then provides a written report to the

Figure 4

### Points of Contact between Institutions and Commission Staff

The Self-Study Institute  
 Self-Study Preparation Visit  
 Review and Approval of the Self-Study Design  
 Consultation and Informal Feedback  
 Nomination of the Team Chair  
 Consultation and Informal Feedback  
 Appointment of the Evaluation Team

Figure 5

### Agenda for Staff Self-Study Preparation Visit

A typical agenda for the day should include at least meetings with the following individuals and groups:

The president  
 The self-study steering committee and campus assessment committee  
 The Board of Trustees  
 Representative faculty, staff, and students

institution and to the Commission, and the institution writes a formal response to the report.

The dates for the team visit may be influenced by the institution's interest in receiving its accreditation decision by a certain time. Ordinarily, accreditation decisions are made at the November meeting of the Commission for institutions visited between April 16 and September 1 of a given year, at the February or March meeting for those visited between September 2 and December 15, and at the June meeting for visits between December 16 and April 15.

### **Developing a Timetable**

To develop a timetable for the self-study process, institutions may use the following approach, allowing sufficient time for vacations, holidays, special campus events, and inevitable "down time." (See Figure 3.) Until the actual dates for the team visit and the Chair's preliminary visit are established once the Chair is appointed in the winter of the second academic year of the self-study period, many of the steps in the timetable will be approximate dates or ranges of dates.

Begin by selecting an approximate time period for the scheduled evaluation team visit. These visits occur either in the fall or spring, but generally before mid-November (fall) and mid-April (spring) to ensure timely review by the Committee on Evaluation Reports and subsequent action by the Commission. The institution establishes the final dates for site visits in collaboration with the team Chair. After the team makes its report, the institution is entitled to respond, and the response must be received before the Commission will review the team report.

From the date selected for the evaluation visit, count backwards six weeks to allow for distribution of the finished self-study and its review by members of the evaluation team and the Commission staff liaison. (Until the actual date of the team visit is set with the team Chair, this will be an approximate date.)

Count backwards again, allowing the number of weeks needed to produce a final version that has been reviewed by the campus community. The team Chair should receive a penultimate version before the Chair's preliminary visit at least four months before the team visit.

Still counting backwards, assign time for the steering committee to develop one or more drafts of the self-study report, based upon the reports by the working groups. Allow sufficient time for these working groups to complete their reviews and to produce their reports. Each working group may require a different amount of time, according to the scope of its task. The steering committee also may receive their drafts on a staggered reporting schedule.

Before the subcommittees begin their work, the steering committee should be named, and the Commission staff liaison will visit the institution to discuss the self-study process. Prior to the staff visit, the institution selects its self-study model and its approach to that model, and prepares a draft design, including charges to the working groups. The final design is submitted to the Commission liaison for approval subsequent to the staff visit.

### **Orientation: The Self-Study Institute**

The Commission provides each institution preparing to engage in self-study the opportunity to send representatives to The Self-Study Institute, an annual orientation and training workshop.

The agenda includes speakers who have participated in self-studies and team visits. Institutions are assigned to a small group led by the Commission staff who serve as their liaison. During these small group sessions the Commission staff will answer questions and provide additional assistance.

## The Role of Commission Staff

Each candidate and member institution has an assigned Middle States staff liaison. This person is the primary link between the Commission and the institution. The staff liaison is responsible for the Commission's formal acceptance and approval of the self-study design and for reviewing the self-study report and team report. The liaison has direct contact with the institution's representatives at several points before the evaluation team visit, including informal feedback to the institution on the design of the self-study. (See Figure 4.)

The self-study preparation visit by the staff liaison usually occurs 18 to 24 months prior to the evaluation team visit. The Commission staff member meets with the chief executive officer, other staff officers, trustees, the self-study steering committee, those responsible for assessment, representative faculty, and student representatives. (See Figure 5.)

**The Commission's staff liaison is not an evaluator; staff advice does not bind the visiting team or Commissioners when they adopt actions. The team's evaluation and the Commission's actions are founded on the self-study report, the content of which is the responsibility of the institution, and on the standards in *Characteristics of Excellence*.**

The preliminary staff visit for self-study preparation is intended to reinforce the partnership between the institution and the Commission. It is an opportunity for staff to learn more about the current status of the institution, to assist the institution in identifying relevant issues and finding the most appropriate means of addressing them, to provide expertise on the Commission's procedures, to assist in the institution's preparations for self-study and peer review, and to discuss self-study with various groups that will have crucial roles throughout the process.

After the self-study preparation visit, the staff liaison is available to answer all questions, concerns, or requests for assistance relating to the self-study, the evaluation team, the team's visit, the Commission's action, and other matters. The liaison reads the self-study report

and the team's report and participates in the Commission's review of these reports. (See Figure 4.)

## Commission Publications And Policies

Commission publications are designed to guide institutions and evaluators through the various accreditation activities. Commission policies, guidelines, and procedures are either elaborations of the standards for accreditation presented in *Characteristics of Excellence*, procedural requirements for institutions and for the Commission, or guidelines based on best practices that provide advice to members implementing the accreditation standards.

Appendix E of this handbook lists the types of Commission publications that are currently available. Appendix F lists Commission policies.

A current list of Commission publications is available on the Commission's web site at [www.msche.org](http://www.msche.org). Copies of some publications are also available in full text and may be downloaded.

## Chapter 2

# Planning and Organizing For Self-Study

When preparing for self-study, institutions should consider relying on existing resources and identifying the topics that will be most useful to examine. The self-study process should not require an institution to set aside its needs and priorities in order to undergo peer review for re-accreditation.

The prerequisites for the effective design and implementation of an institutional self-study process include:

### **Evidence**

The Commission expects an institution to provide verifiable evidence showing how it meets accreditation standards described in Characteristics of Excellence in Higher Education within the context of its own mission and goals. This process is intended to support and enhance the quality and integrity of the institution, to serve institutional ends, and to offer public assurance that Middle States expectations have been met.

### **Resources**

An effective self-study is a major project requiring a significant investment of time, energy, and institutional resources. Some institutions demonstrate their support of the self-study by adjusting the responsibilities of administrators and the teaching loads of faculty who have leading roles in the self-study process. Institutions must ensure that self-study groups have the work space, technology, and other resources they need for gathering data and preparing their reports.

### **Communication and Commitment**

A climate of mutual respect and broad communication is essential. Successful self-study planning requires a widely held understanding of institutional activities and priorities as well as a commitment to attaining measurable objectives.

### **Planning and Assessment**

Planning, research, and outcomes assessment are fundamental to the self-study process. The Commission's standards emphasize the importance of ongoing planning, the establishment of measurable objectives, and the evaluation of institutional and educational outcomes. The intention is to move accreditation processes away from assertion and description and toward demonstration, analysis, and subsequent action.

### **Getting Started**

Self-study done well is an educational but time-intensive process. An institution begins planning for the evaluation two-and-a-half to three years before accreditation or reaccreditation by the Commission is scheduled to occur. The actual research and writing of the self-study report normally takes a full academic year. If an institution has special needs or concerns, more time may be needed to emphasize particular issues. (See the section on "The Evaluation Timetable" in Chapter 1 of this handbook.)

There are three common approaches to initiating the self-study process in an institution. One is to have a core group of individuals, appointed by the chief executive officer, begin early planning. These are people who are familiar with the mission and essential functions of the institution and who will serve on the self-study steering committee. The group should meet as soon as possible with the institution's senior administrators to discuss the relevant issues, especially the model that might be used for self-study. A second approach is to have the entire steering committee appointed sufficiently in advance to carry out early planning functions. Finally, some institutions use an existing committee as the steering committee.

It is never too early to involve the governing board, faculty, institutional research, and planning staff in preparations for self-study. The chief executive officer may choose to provide a concept paper to the board on the institutional issues that may be highlighted in the self-study.

The chief academic officer also may wish to use this early period to prepare the faculty for participation in the process by reviewing academic records, such as program reviews and any external evaluations that may have been conducted. Institutional research and planning personnel should be consulted about the scope and organization of available data and its ability to demonstrate compliance with Commission standards.

It may be helpful to consider the following as part of early planning for self-study:

#### *Institutional Mission*

- Is it current?
- Is it sufficiently detailed to guide planning and decision-making?
- Is it known by the institution's members?

#### *Recent Significant Changes*

- What recent or planned major changes should be considered in the self-study (e.g. change of presidency, planned consortia, or new programs)?

#### *Existing Data and Reports*

- What evidence is already available? (See Chapter 4 for suggestions.)
- Is the data organized so that it is accessible for the self-study working groups?
- What additional evidence will be needed for the self-study?
- What types of reports (such as recent plans, reports to federal or state regulatory agencies, or reports for other accrediting agencies) might be referred to in order to avoid duplication in the self-study?
- Should existing or planned reports influence the type of self-study design and/or emphasis?

#### *Campus Community Involvement and Cooperation*

- How will constituents such as faculty, students, trustees, administrators, alumni, parents, employers, neighbors, the wider community, and legislative representatives (for publicly funded institutions) be involved in the self-study process?
- How will a sense of "ownership" of the self-study recommendations be created?
- How can the self-study process be used to recognize and resolve tensions and challenges instead of being hampered by them?
- Are tensions so intense that self-study should be delayed?

## **The Self-Study Steering Committee**

The steering committee has a vital leadership role throughout the self-study process. Careful attention should be given to identifying and appointing competent, well-respected, and committed individuals to this committee.

### **Leadership**

All members of the institutional community should feel ownership in the self-study report. For example, the steering committee is led by a Chair or co-Chairs and usually is appointed by the institution's chief executive officer. It is

particularly important that there be adequate faculty involvement in the self-study process, and appointment of a faculty chair or co-chair may encourage such participation. Involvement of key administrators also is important, and appointment of an administrator as a chair or co-Chair may also be appropriate. The use of co-Chairs allows representation from several groups, can be helpful in assuring a balance of the skills and attributes necessary for successful leadership of the self-study effort, and may be particularly useful at large, complex, or multi-campus institutions.

### Role of the President

Except in special circumstances, it is unusual for the chief executive officer of an institution to serve as a member of the self-study steering committee. When and how the CEO is involved in the self-study process varies with institutional circumstances, but the development of good working relationships and communication between the steering committee and the executive and senior administrators is essential to a successful self-study experience. Furthermore, the self-study report should represent a consensus about the current state and future prospects of the institution. Working together, the executive leadership and the steering committee ensure that all relevant perspectives have been considered and that the institution is accurately portrayed through the institutional "voice" of the report.

### Membership

The members of the steering committee may be appointed or elected, but they should represent the total campus community and should include adequate faculty representation. Institutions should consider carefully the abilities, credibility, availability, and skills of committee members. Steering committee members must have a sense of commitment to the process and to the goal of institutional improvement. They must have a broad institutional perspective that transcends that of their own department and discipline. They also must be given the time, resources, and authority to carry out their duties. In addition to faculty members and administrators, students, staff, and trustees

Figure 6

### One Institution's Steering Committee Membership

**Individuals with:**

- the ability to commit the time and effort to the project
- expertise/talents in particular areas
- institutional memory

**Individuals who are:**

- respected on campus
- able to inform the institution's leadership/faculty/or other constituencies on campus
- well connected to what is happening on campus
- goal-oriented

**An overall committee that:**

- reflects the diversity of the campus (school/college, position, etc.)
- includes known "cheerleaders" as well as a few known skeptics
- includes "resource" members
- has membership that is based on skills/respect/knowledge
- facilitates the free flow of ideas/positions

Adapted from a presentation by  
Karen Frostid Jones,  
American University, Washington, DC

should be involved in the self-study process as appropriate. If a professional editor will be used, that person should be involved in the process from the start. See the section on "Editorial Style and Format of All Reports" in Chapter 3 of this handbook. Figure 6 depicts one institution's criteria for steering committee membership.

Although some institutions use an existing committee to oversee the self-study, most choose to create a new steering committee because of the value of having fresh insights and judgments. If a new steering committee is formed, it should work closely with relevant existing committees to avoid duplication or conflict and to ensure that the steering committee's work is continued and implemented by standing committees after the period of self-study.

## Responsibilities

The steering committee is responsible for providing leadership to the entire self-study process. This includes:

- Determining the key issues for self-study;
- Recommending, in consultation with campus administrative leadership, a self-study model that would best reflect those issues;
- Developing a self-study design;
- Establishing and charging working groups and coordinating their work on the various issues to be studied;
- Ensuring that the timetable is implemented as planned;
- Assuring communication within the institution about the self-study process;
- Arranging for institution-wide review of and responses to a draft of the self-study;
- Overseeing the completion of the final self-study report and any other documents relevant to the self study process and team visit.

## Key Issues and the Self-Study Model

Identifying key issues to be addressed and considering which self-study model would be most useful in addressing those issues begins with a review of the institution's mission and goals. Advice from the campus community may assist the committee.

## The Self-Study Design

Once a preferred self-study model has been agreed upon by the steering committee and campus administrative leadership, the steering

committee is responsible for developing and submitting the design to the institution's Middle States staff liaison for comment and approval. (See "Preparing the Self-Study Design" in Chapter 3 of this handbook.)

## Working Groups

The steering committee decides on the organizational structure of the self-study, establishing working groups on standards or themes, coordinating the groups' work on the various issues to be studied, and receiving their reports. (See the section below on working groups.)

## Timetable

The steering committee is responsible for establishing the overall timetable for completing the self-study and ensuring that it is followed. (See Chapter 1 of this handbook for an overview of the evaluation timetable and for guidance on developing a timetable for a self-study. Figure 3 in that chapter provides a sample self-study timetable.)

The timetable should include dates for:

- completing the tasks of each working group, including preparing initial and final reports;
- writing the final self-study report; and
- supplying necessary documents and information to Middle States and the evaluation team.

Progress reports and interactions among the various groups will aid in assuring adherence to the established schedules for completion.

## Communication Across the Institution

Throughout the entire self-study process, the steering committee promotes communication among the steering committee, the working groups, the institution's administration, and other constituencies, including the institution's Board. Such interaction is critical to the honesty, accuracy, and quality of the self-study. The campus community should have opportunities at various points in the process to learn about and respond to self-study issues and approaches, as well as to review the draft self-study. "Town meetings" can be used to receive feedback on report

drafts, and many institutions effectively use e-mail and the electronic posting of documents to communicate with the campus community.

### **Reports**

Whatever self-study model is chosen, the steering committee is responsible for analyzing interim reports from the various working groups to determine whether the self-study research questions have been addressed, whether assumptions are clear, whether data demonstrate institutional performance, whether statistics are appropriately interpreted and discussed, and whether appropriate analysis and recommendations are included. It will be the steering committee's responsibility to assemble and edit the drafts submitted by each of the working groups and to prepare the self-study report and related documents.

### **The Working Groups**

The steering committee organizes a number of working groups to research and report on the topics it has identified as the subjects of the self-study. Although the term "working group" is used in this handbook, institutions may use whatever terminology is clearest and most comfortable for them, such as work group, study group, committee, subcommittee, or task force.

There are various ways in which the relationship between the steering committee and the working groups can be structured. In order for the steering committee to interact with each working group, steering committee members may be designated to serve as chairs of the working groups, or working groups may be allowed to select their own chairs who report to the steering committee. What is most important is that (1) the working groups have designated leaders to keep them on task and on schedule, (2) there is some mechanism for accountability and effective communication between the steering committee and working groups, and (3) working group members represent a broad range of constituencies within the institution.

The steering committee determines the number, size, topics, and tasks of working groups on the basis of the key issues to be considered in the self-study, the self-study

model chosen, the Commission's standards, and the institution's culture for organizing such groups.

The groups may, but need not, directly reflect the organization of the final self-study report (i.e. each chapter of the report need not come from a single working group). Groups can be assigned one or more standards, aspects of the institution, or self-study themes. (See "Organization" under "Choosing a Self-Study Model" in Chapter 3 of this handbook, and "Writing the Self-Study Report" in Chapter 5.)

The charges given to the working groups to define their tasks and to provide questions to guide their research, analysis, and reporting are recorded in the self-study design document. (See "Charges to the Working Groups and Guidelines for Their Reports" in the section on "The Elements of a Self-Study Design" in Chapter 3 of this handbook. See also "Developing Effective Self-Study Research Questions" in Chapter 4.)

### **Keys to Success**

Planning and implementing self-study is a complex process. Each institution follows the guidelines provided in this handbook but also adapts the process to its own situation and culture. The advice offered in Figure 7, reflecting the lessons learned during one institution's self-study, may be useful to any institution entering self-study.

Figure 7

## Keys to Success

### Focus on the usefulness of self-study to the institution

Focus on studying issues of importance to your institution

Address all of the standards, but in a way that reflects the concerns of your institution

Shape the self-study to fit your needs

Make it a “living document”—one that can be used after the team leaves

### Communicate

Communicate the purpose of self-study and the accreditation process

Develop strategies to talk with the campus to keep them updated on the process

Ask the president, provost, vice president(s) and others to emphasize the importance of the process

Use technology to assist you, when possible

### Logistics

Get an early start: a 2<sup>1/2</sup> year timetable allows sufficient time to do everything required

Get tech support

Expect glitches and the unexpected

Depth of community involvement as well as breadth is really important

Pick really good people to chair subcommittees

Know the standards

Reflect upon the relation between the standards and your institution—how your specific local context will tailor your response to specific standards

Think carefully about your criteria for who should be on a visiting team

### Document a culture of “continuous improvement”

Collect and describe assessment findings

Explain how findings were used

Show results

Adapted from a presentation by Karen Froslid Jones, American University, Washington, DC

## Chapter 3

# Preparing the Self-Study Design

A design for self-study is a blueprint for the self-study process and for the final self-study report. It guides the steering committee and working groups in their discussion, research, and writing, and the self-study report builds on the original design document. In some cases, actual parts of the design document, such as the institutional overview and the statement of objectives, can be modified for use in the introductory chapter of the self-study.

A good design cannot guarantee an effective self-study process and an excellent self-study report, but a poorly developed design significantly reduces the possibility of producing a useful final document. Because the creation of the design is as significant as the preparation of the final self-study report, institutions should give thoughtful attention to this early step in the self-study process.

The length of the design document will depend upon several factors, such as the self-study model selected and the level of detail in the charges to the various working groups. The document should be sufficiently specific to guide the self-study process and to facilitate the writing of the working groups' reports and the final self-study report. In most cases this can be accomplished in fewer than 50 pages.

The design document is usually drafted after the institution's representatives have attended The Self-Study Institute and before the Middle States staff liaison comes to campus for the self-study preparation visit. It is a primary focus of the liaison's discussion with the self-study steering committee during that visit. After the visit, the steering committee revises the design and submits it for the staff liaison's formal approval.

### **The Elements of the Self-Study Design**

A design document often begins with brief descriptions of the institution, its mission, important recent developments, expectations for the future, and the steps taken to date to prepare for self-study. Whether or not a design includes those elements, all self-study designs should cover the topics described in this section.

Information on the self-study models and how to select one is provided below in the section of this chapter entitled "Choosing a Self-Study Model." Choosing a "Selected Topics" or "Collaborative" model for the self-study, rather than a "Comprehensive" model, raises additional considerations related to the design and planning, which are also described later in this chapter.

### **Nature and Scope of the Self-Study**

The nature and scope of an institution's self-study will vary with each institution's needs and special circumstances. Therefore, this section of the design document should identify the model that the institution has chosen and demonstrate that its approach to self-study will be useful, attuned to current and future institutional needs and priorities, and focused on the teaching and learning process.

### **Intended Outcomes of the Self-Study**

The goals for the self-study process are what the institution intends to achieve by an in-depth analysis of itself. A concise statement of the major outcomes expected from the self-study will help to remind the institution's community

that the purposes of self-assessment and peer review include deepening institutional self-understanding and advancing institutional self-improvement.

Of course, another self-study goal is demonstrating that the institution possesses the characteristics of excellence described in the Commission's 14 accreditation standards.

#### *Examples of Self-Study Outcomes*

To compose a concise and constructive document that not only meets the needs of the Commission on Higher Education but also serves as a valuable tool for institutional planning, change, and growth.

To educate all constituencies with regard to the institution's revised mission statement.

To create a common vision of the institution's future direction.

To take a critical look at the integrity of the institution in a time of rapid change.

To begin assessing a new competency-based core curriculum.

To examine the effect that the rapid growth of off-campus locations may have on the home campus administration.

To determine how to improve graduate education, with special consideration of organization, size, funding, recruitment, curriculum, research, and student life.

To study outcomes and practices of peer institutions to assess and improve student learning results.

To re-think and revise the institution's general education program.

### **Organizational Structure of the Steering Committee and Working Groups**

The self-study design document should include a clear description of the structure of the steering committee and of the working groups, as well as how they relate to each other. Possible ways to organize the self-study committees are discussed in Chapter 2 of this handbook. The names and titles of the steering committee members should be included. If

possible, those of working group members should also be included.

Regardless of the type of design or format for the report, it is essential that the evaluation team understand which sections of the report address each accreditation standard. (See "Choosing a Self-Study Model" in this chapter and "Developing Effective Self-Study Research Questions" in Chapter 4.) Therefore, either in this section of the design, or the next one on working group charges, the relationship among the topics assigned to each working group and the Commission's standards should be indicated.

### **Charges to the Working Groups and Guidelines for Their Reports**

The design document should include charges to the self-study working groups that define their tasks and provide guidance for their research and reporting. This section should include:

The standard(s) or topic(s) the working group is to address and the specific activities and products expected from it, such as developing its own research questions or answering those that the steering committee asks; gathering and analyzing evidence; and producing outlines, preliminary drafts, and final drafts of reports.

Research questions that will guide the working groups' tasks of research, analysis, and reporting. Effective questions are vital to a successful self-study, and this section of the design is in many ways the conceptual center of the document. (See Chapter 4 for a detailed discussion of developing analytical research questions and the different roles that the steering committee and working groups can have in that process.)

A template for working group reports, so that interim reports can be refined and easily edited into a seamless final self-study report. (See Figure 8 for a suggested outline.)

Figure 8

### Template for a Working Group Report

An overview of the group's charge, and the questions it addressed

An analytical discussion of the inquiry undertaken and the outcomes of that inquiry, including strengths and challenges

An explanation of how the group's findings and conclusions relate to the Commission's standards

Discussion of the connection of the group's topic with those of other groups, and of any collaboration between groups that took place

Recommendations for improvement

The deadlines for the various tasks and reports of the working groups can be included in the charge or in the section of the design document on the self-study timetable. (See below.)

The working groups should understand that they are not expected to discover definitive solutions for every problem. Their charge is to identify critical issues for the institution and to propose possible courses of action that might lead to improvements.

### Inventory of Support Documents

This section of the design document should include an annotated inventory of recent and current self-studies, reports, collections of data, assessment instruments, and other resources that can be utilized by the self-study working groups. (See Chapter 4 for detailed examples of documents that may already exist.)

### The Organization of The Self-Study Report

The design document should include a clear description of the organization and structure that will be used for the final self-study report, preferably including an annotated outline. (The organization of the self-study report also is discussed in the section on self-study working groups in Chapter 2 of this handbook, in the

next section of this chapter on "Choosing a Self-Study Model," and in "Writing the Self-Study Report" in Chapter 5, which includes a template for preparing the report.)

### Editorial Style and Format of All Reports

The design for self-study should include guidelines that will facilitate the compilation of information and ensure that the final report reflects a consistent style. These guidelines should be followed for the self-study design document, the initial and final reports from the working groups, the steering committee's final self-study report, and any documents from other sources that are incorporated into the self-study report or its appendices. The style and format guidelines should address such topics as the designated word processing program, fonts, margins, spacing, and the use of institutional acronyms.

The writing or editing of the self-study report may be assigned to a professional writer or editor, such as a member of the faculty who need not be a member of the steering committee. However, report writing should be viewed as a multi-phased activity that covers the entire self-study process, beginning with the development of the self-study design. If an outside writer or editor is being utilized, this person should be chosen prior to the start of the process and should participate in it throughout.

### Timetable for the Self-Study And Evaluation

The timetable for the self-study and team visit, described in the "Overview of the Self-Study Process and Result" section of Chapter 1 of this handbook, should be included in the design document.

### Profile of the Visiting Evaluation Team

The self-study design should include the institution's recommendations concerning the type of Chair and types of evaluation team members it believes should visit the institution at the conclusion of the self-study process. In a "Selected Topics" or "Special Emphasis" model, the institution should suggest evaluators that

have experience in relevant areas. Although the final decision about team membership remains with the Commission and its staff, the staff liaison will consider carefully the institution's suggested team profile.

In selecting team members, the Commission also considers the type of institution, the self-study model or approach that the institution selects, and the Commission staff liaison's background knowledge of the institution and the self-study. Selection criteria may include the evaluator's expertise, experience, and ability to handle the assignment in a manner that will be useful to the institution and to the Commission.

Visiting teams for comprehensive and collaborative reviews in the Middle States region usually include from six to eight evaluators. On occasion, however, the nature of the institution and its self-study approach require a smaller or larger team. Multi-unit institutions or systems may require either separate evaluation teams for each unit or a single evaluation team of sufficient size to examine all units.

(For more information on the evaluation team, see the section on "The Evaluation Team Visit" in Chapter 6 of this handbook, the Commission's publication *Team Visits: Conducting and Hosting an Evaluation Visit*, and the Commission's policy statement on "Selection of Peer Evaluators.")

## Choosing a Self-Study Model

An institution can select one of several models for self-study. (Candidate institutions must conduct a comprehensive self-study for initial accreditation, and newly accredited institutions must use a comprehensive model for the self-study they conduct for reaccreditation five years after initial accreditation.) Each institution approaching reaccreditation for the second time or later is encouraged to select the approach that best suits its needs and priorities. The specific model chosen is less important than the long-term usefulness of the self-study. When choosing a self-study model, the following considerations should be kept in mind.

### Link to Planning

One of the goals of selecting a particular model should be to foster further institutional self-study and planning. Institutional growth and improvement on a continuous basis after the self-study and evaluation team visit are as important as the short-range improvements and accountability typically expected from the process.

### The Commission's Expectations

The approach to self-study that an institution selects should be sufficiently broad to meet the institution's needs, as well as sufficiently thorough to provide the basic information that will enable the Commission to determine whether the institution is fulfilling its stated mission and goals. The Commission expects that all of the requirements of affiliation and accreditation standards identified and discussed in *Characteristics of Excellence* will be addressed, either in the institution's self-study or in other materials prepared by the institution.

An institution is responsible for all activities conducted in its name or under its sponsorship. Therefore, the self-study should address in some form all of those activities and all of the institution's instructional locations. The activities and locations include those identified in Standard 13 as "related educational activities": basic skills courses; certificate programs; experiential learning; non-credit offerings; branch campuses, additional locations, and other instructional sites; distance education, distributed learning, and correspondence education; and contractual relationships and affiliated providers. In addition, research, graduate education, community service, and activities abroad should be analyzed if they are included in the institution's goals or activities.

Sometimes, an official action taken previously by the Commission recommends that an institution give further emphasis to a particular area in its next self-study. The Commission's staff liaison will assist the institution in determining how best to address such required issues.

## Organization of the Self-Study

For any of the different self-study models described below, there are three basic ways to organize self-study groups and the self-study report:

One is to have a working group and a chapter in the report for each of the 14 standards in Characteristics. (See Figures 9, 10, and 11.)

A second is to group standards together in a way that makes sense to the institution, so that some or all working groups and report chapters will address more than one standard. For example, Standards 2 and 3 on planning and resources might be assigned to one working group, Standards 7 and 14 on institutional and student learning assessment to another. (See Figure 10.)

The third approach is to organize the groups and report thematically, rather than by the standards. This can be done in comprehensive self-studies, but it is more common in comprehensive self-studies with a special emphasis and in selected topics self-studies in which the topics selected are other than specific standards. (See Figure 13.)

The report of the evaluation team usually will be organized in the same way as the self-study report, but it also must indicate whether the institution meets all of the Commission's standards. It is, therefore, important that each self-study report indicate clearly how the evidence and analysis it presents relate to each of the standards. A thematically-organized report, or one that seeks to tell an institution's "story" in a way that reflects its unique history and characteristics, should facilitate the visiting team's task of ensuring compliance with the standards. This can be done in an introductory section of the report, with cross-references or marginal annotations throughout the text, or by means of a table showing which sections of the report relate to which standard.

## A Continuum of Models

There are three major models for self-study: comprehensive, selected topics, and collaborative. Within these broad models, there are many possible approaches to self-study and evaluation. This flexibility recognizes the differences in mission, purpose, internal conditions, needs, and external influences at each educational institution.

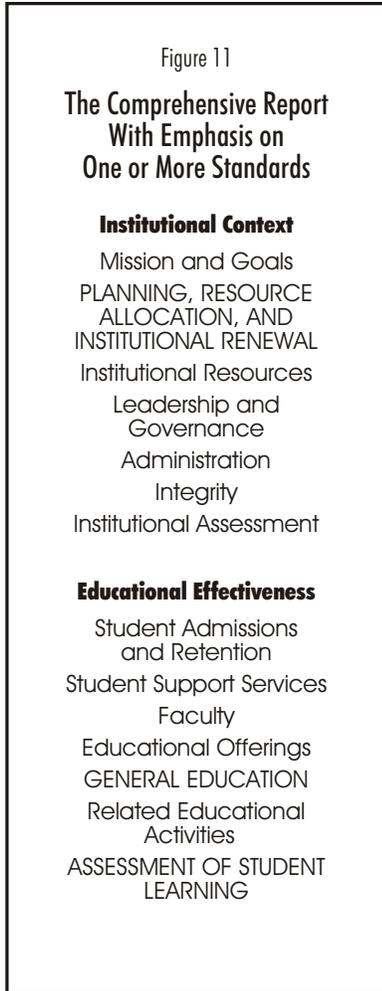
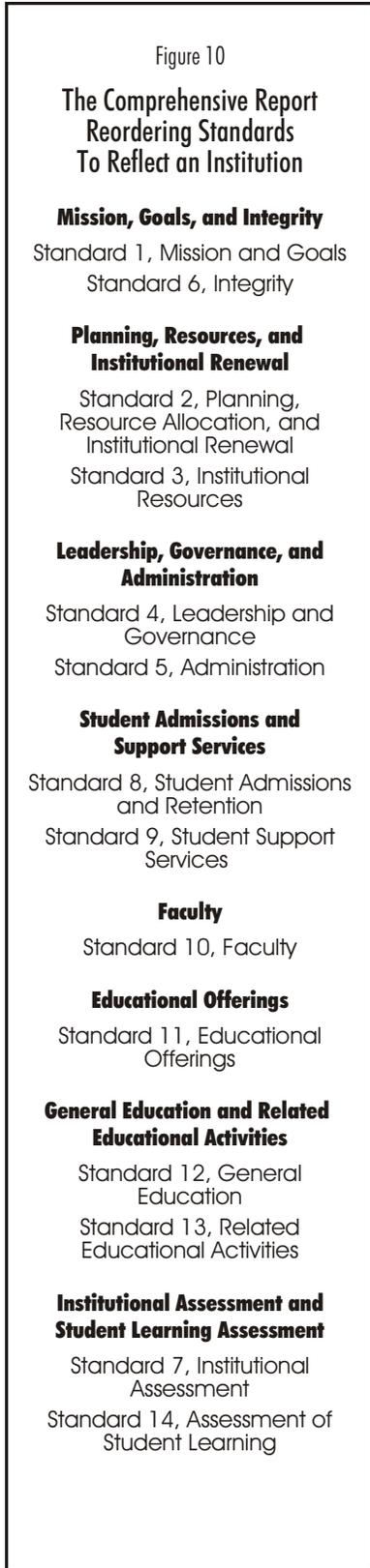
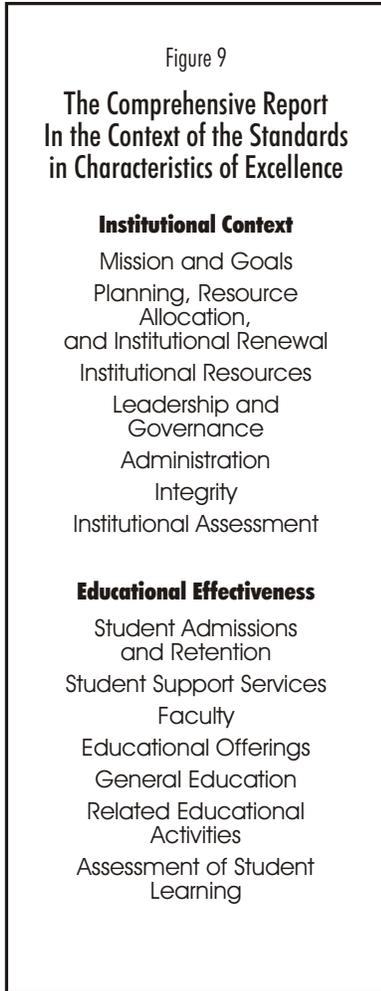
Each model can be organized by the standards for accreditation, by groups of standards, or thematically.

A design for self-study may be conceptualized as points on a continuum in which any particular approach falls somewhere between a fully comprehensive self-study and one that is narrowly focused.

### The Comprehensive Model

A comprehensive self-study enables an institution to appraise every aspect of its programs and services, governing and supporting structures, resources, and educational outcomes in relation to the institution's mission and goals. As mentioned previously on this page, one common approach is to organize the self-study report to track the accreditation standards. (See Figure 9.) Another is to reorder, combine, or group the standards to reflect an institution's culture. (See Figure 10.)

A number of institutions elect the comprehensive model for self-study, and many institutions benefit from the self-reflection and analysis that this model requires. Candidate institutions must use the comprehensive model for their self-study for initial accreditation, and newly accredited institutions must use it for their first self-study after initial accreditation. However, if an accredited institution recently conducted a thorough self-evaluation (perhaps as a part of an institution-wide planning process), or wants to focus on a few key issues, the institution might want to consider the selected topics approach instead.



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The first edition of *Self-Study: Creating a Useful Process and Report* (2006) superseded all previous editions of the following handbooks:

Handbook on Institutional Self-Study, first published in 1971.

Second edition 1984, Handbook for Institutional Self-Study. Third edition 1989.

Fourth edition 1990, *Designs for Excellence: Handbook for Institutional Self-Study*.

Fifth edition 1991. Sixth edition 1998. Seventh edition 2000. Eighth edition 2002. Revised October 2004.

Permission is granted to colleges and universities within the jurisdiction of the Middle States Commission on Higher Education to photocopy this handbook for the purpose of institutional self-study and peer review. The text of this publication also may be downloaded from the Commission's website. Bound copies may be purchased through the publications order form, also available on the website.

Printed in the United States of America

Figure 12

### The Comprehensive Report With Emphasis on One or More Issues

[In this example, the issue  
chosen for emphasis is  
OFF-CAMPUS LOCATIONS.]

#### **Institutional Context**

Mission and Goals  
Planning, Resource  
Allocation,  
and Institutional Renewal  
Institutional Resources  
– OFF-CAMPUS  
LOCATIONS  
Leadership and  
Governance  
Administration  
Integrity  
Institutional Assessment

#### **Educational Effectiveness**

Student Admissions  
and Retention  
Student Support Services  
– OFF-CAMPUS  
LOCATIONS  
Faculty  
Educational Offerings  
– OFF-CAMPUS  
LOCATIONS  
General Education  
Related Educational  
Activities  
– OFF-CAMPUS  
LOCATIONS  
Assessment of Student  
Learning

Figure 13

### The Selected Topics Report

[In this example, the selected  
topic is "Undergraduate  
Education,"  
within a research,  
graduate-degree offering  
university.]

**Within the topic of  
"Undergraduate Education,"  
the institution could address  
substantively the following  
accreditation standards:**

Student Admissions  
and Retention  
Student Support Services  
Educational Offerings  
General Education  
Assessment of  
Student Learning

**For these remaining standards,  
the institution would assemble  
existing documentation to  
demonstrate compliance and  
provide a roadmap to facilitate  
review during the Chair's  
preliminary visit (Option 1) or  
concurrent with the full team  
visit (Option 2):**

Mission and Goals  
Planning, Resource  
Allocation, and  
Institutional Renewal  
Institutional Resources  
Leadership and  
Governance  
Administration  
Integrity  
Institutional Assessment  
Faculty  
Related Educational  
Activities

## The Comprehensive Self-Study With Special Emphasis

An institution may wish to focus on particular standards or issues. The comprehensive self-study with special emphasis provides a structure to do this. It attends to all the standards, as would any comprehensive self-study, but it adds additional focus on standards or issues of particular interest to the institution. Organizing the self-study around one or more themes, or grouping the standards to reflect the institution's concerns, are simple ways to provide emphasis within a comprehensive report. The issue need not be one that is emphasized in Characteristics of Excellence; the choice can include any issue of importance to the institution. The visiting team will devote special attention to the areas of special emphasis. (See Figures 11 and 12.)

## The Selected Topics Model

A selected topics self-study allows an already-accredited institution to devote concentrated attention to topics it selects and to concentrate solely on those topics in its self-study. It demonstrates compliance with accreditation standards not related to the selected topics by providing other documents for the Commission to review. Unlike the comprehensive self-study, the selected topics approach requires that there be existing documentation, such as evaluative reports and other information and data, to demonstrate substantive compliance with those accreditation standards not addressed through the topics selected by the institution.

If an institution determines that the available documentation is not adequate, then the institution should follow the comprehensive model but consider emphasizing the issues or topics of greatest interest or usefulness.

In the selected topics approach, there is no opportunity for the institution's community to engage in the substantive discussion and evaluation of issues or concerns that fall outside the selected topics. Similarly, the institution's self-study report itself will not address in any substantive way those accreditation standards or institutional concerns not included within the selected topics. The defining characteristic of this self-study model is that the review of compliance with those accreditation

standards not included within the selected topics occurs during a generalist visit separate from the team visit, and both the self-study and team visit focus solely on the topics selected by the institution.

### *The Preliminary Proposal*

In any selected topics self-study, there is an additional step before the production of a self-study design. At least 24 months before the anticipated team visit the institution submits to the Commission staff liaison a preliminary proposal identifying:

- The proposed selected topic(s);
- Why the topic(s) are important to the institution;
- Which accreditation standards would be substantively addressed by the proposed self-study. (Depending on the selected topic(s), it may be that some standards will be addressed partially by the self-study and partially through documentation separate from the self-study.); and
- The type of evidence and documentation the institution has available to substantiate compliance with those standards not addressed by the proposed self-study (This should be a thorough and detailed description.).

(See the section on "Using Existing Documentation" in Chapter 4 for a detailed description of existing documents that might be available.)

In preparing the preliminary proposal, the institution should identify those Commission standards it intends to address in the self-study, ensuring that the coverage of those standards will be sufficiently broad to provide an adequate "window" on the whole institution.

Topics may be aligned with individual accreditation standards or may reflect issues common to several standards. For example, a complex research university might choose to limit its self-study to undergraduate programs. Some other possibilities include the first-year experience, graduate education, and the assessment of student learning.

*The “Planning and Assessment”  
Selected Topics Self-Study*

A selected topics approach that might work especially well for many institutions is to select Standards 2 (Planning, Resource Allocation, and Institutional Renewal); 3 (Institutional Resources); 7 (Institutional Assessment); and 14 (Assessment of Student Learning). These are interrelated and are major areas of emphasis within Characteristics of Excellence.

*Staff Review of the Proposal*

The Commission staff liaison evaluates the institution’s preliminary proposal to determine whether the institution possesses sufficient documentation to substantiate compliance with accreditation standards not addressed in the proposed self-study. If it does not, or if staff determines that the institution would derive greater benefit from a comprehensive self-study, the liaison works with the institution to develop a self-study design based on an appropriate model. If the liaison approves the preliminary proposal, the institution submits a full self-study design for the proposed process.

*Evaluation Teams for  
Selected Topics Self-Studies*

The size and profile of the evaluation team is tailored to the topics selected. Teams for institutions conducting selected topics self-studies are typically smaller than for those undertaking comprehensive self-studies. Consequently, the team visit focuses exclusively on the topics selected and the related accreditation standards. For each of the selected standards, the evaluation team reviews the institution’s self-review and verifies the accuracy of representations made by the institution.

For those accreditation standards not addressed directly in the selected topics self-study, the institution collects relevant documentation and makes it available on campus to one or more Generalist reviewers, either before or concurrent with the team visit. (See the section below on “Early or Concurrent Document Review for Selected Topics Self-Studies.”) The institution provides the Generalists with a document “roadmap” identifying the documents which relate to each standard (Figure 14). The document

roadmap builds on and expands the description of documentation included in the preliminary proposal for a selected topics self-study.

*Early or Concurrent Document Review  
For Selected Topics Self-Studies*

This overview is provided to assist institutions in choosing a self-study model. Detailed guidelines for institutions preparing for a selected topics document review, and for generalist evaluators, are provided in Team Visits: Conducting and Hosting an Evaluation Visit.

For all selected topics self-studies, the institution, in consultation with Commission staff and the team Chair, decides whether the generalist’s review of documentation relative to standards not addressed in the self-study takes place during the Chair’s preliminary visit several months prior to the team visit (“Early Document Review”) or immediately prior to the team visit (“Concurrent Document Review”).

The financial review of the institution usually occurs at the time of the document review.

**Early Document Review**

Early document review usually occurs five to seven months prior to the full team visit.

The preliminary visit of the team Chair includes meetings with institutional representatives to discuss the draft self-study and plans for the team visit. In addition, the team chair and one (or in complex instances, more) designated generalist evaluator(s) use the roadmap provided by the institution to review the assembled documentation in order to verify institutional compliance with those standards that are not substantively reflected in the self-study. This option may require extending the length of the Chair’s preliminary visit.

The Team Chair and the designated Generalist evaluator prepare a brief written report, affirming and certifying that the institution meets accreditation standards not being addressed within the selected topics model or noting any areas where compliance is in question. This summary report identifies any standards for which the institution will need to provide further or updated information at the

Figure 14  
**Documentation Roadmap and Self-Study Overview**

The Standards	Check one column for each accreditation standard		
	Substantively Addressed within self-study	Partially Addressed* within self-study	Not Addressed**
1. Mission and Goals			
2. Planning, Resource Allocation, and Institutional Renewal			
3. Institutional Resources			
4. Leadership and Governance			
5. Administration			
6. Integrity			
7. Institutional Assessment			
8. Student Admissions and Retention			
9. Student Support Services			
10. Faculty			
11. Educational Offerings			
12. General Education			
13. Related Educational Activities			
14. Assessment of Student Learning			

Notes:  
 \* Complete Form B for these standards  
 \*\* Complete Form C for these standards.  
 Forms B and C are included in Team Visits: Conducting and Hosting an Evaluation Visit.

The final roadmap prepared for the evaluators' document review will become part of the document reviewer's report and will be appended to the team report.

time of the team visit. The report is sent to the Commission and to the institution.

A possible advantage of early (rather than concurrent) document review is that the institution has more time to assemble any further information that is needed. Otherwise, the summary report simply affirms that the documentation demonstrates that the institution meets the specified accreditation standards. It notes any standards for which compliance is in question but does not ordinarily include suggestions for improvement. The report of the generalist evaluator(s) must be accompanied by the institution's documentation roadmap. The report is shared with the institution soon after the visit. It is also provided to the Team Chair so that its findings can be integrated into or appended to the final team report, together with the document roadmap.

The designated Generalist evaluator who is not a team member also may participate in the full evaluation team visit if the chair and Commission staff determine it to be appropriate. The Chair or the Generalist evaluator reviews any further or updated information the institution has been requested to provide in response to the preliminary summary report. When necessary, they also verify that the institution continues to meet the standards covered in the summary report.

### **Concurrent Document Review**

This option allows an institution to have separate document review at the same time as the team visit.

The preliminary visit of the team Chair is conducted in the usual manner, with a focus on acquiring familiarity with the institution through meetings with institutional representatives and discussions of the draft self-study and plans for the team visit.

During, or immediately prior to, the full team visit, the Team Chair and one (or in complex instances, more) designated Generalist evaluator(s) use the roadmap provided by the institution to review the assembled documentation in order to verify institutional compliance with those standards that are not substantively reflected in the self-study.

If needed to verify compliance, additional information may be requested during the visit.

The team Chair and the generalist evaluator prepare a brief written report, affirming and certifying that the institution meets accreditation standards not addressed within the selected topics model or noting any areas where compliance is in question. Otherwise, the report simply affirms that there is sufficient documentation to conclude that the institution meets the specified accreditation standards. This summary report, which does not ordinarily include recommendations for improvement, is shared with the institution and with members of the evaluation team. Its findings are considered in the team's final recommendation for Commission action.

The findings and conclusions of the report prepared by the team Chair and generalist evaluator are incorporated into the team report, and the summary report is appended to the final team report.

### **The Collaborative Model**

Institutions that have additional accreditation (e.g., separately accredited programs) may request approval to use the collaborative self-study model, which offers the option of combining the review processes of Middle States with those of the institution's other accreditor(s).

All institutions of higher education are subject to review and oversight by multiple agencies or organizations (e.g., state regulatory or licensure agencies). Some institutions find it helpful to coordinate one or more of these reviews with their Middle States self-study in order to minimize duplication of effort and to maximize institutional benefit.

The collaborative review is a cooperative review process in which an accredited institution invites institutional, specialized, or professional accrediting agencies; state or federal agencies; or other organizations to join with the Middle States Commission on Higher Education in a review of the institution. All such reviewing organizations, including Middle States, may choose whether to participate.

The collaborative process usually involves the completion of a single institutional self-study (or other similar process or document), one on-site

review using a single joint visiting team, and one coordinated report by the visiting team. The institution must satisfy each organization's accreditation or other standards and requirements in a manner acceptable to the organization, and the organizations cooperate to avoid duplication.

The results of the collaborative review process inform the participating agencies and the public of significant strengths and challenges facing the institution and its programs. While each reviewing organization relies on the same information in reaching its decision, each also uses its own decision-making process and standards and issues its own accreditation or other decision.

An institution applying for initial Middle States accreditation is not eligible for collaborative review under these guidelines.

Flexibility and thorough advance planning are essential to the success of any collaboration. When a regional and one or more specialized accrediting or other organizations agree to conduct a collaborative evaluation visit, the design for a collaborative self-study addresses the specific concerns of all parties, and a number of issues should be agreed upon in advance by all parties. Some of the issues to be considered include:

- The structure of the self-study process and the scope of involvement by institutional stakeholders in that process;

- The evaluation responsibilities of both the entire collaborative team and the members representing each accrediting body or organization;

- The protocol to be followed in conducting the exit interview; and

- The structure, organization, length, and style of the evaluation report that will be prepared by the visiting team.

(For further information about this process, consult the Commission's publication *Handbook for Collaborative Reviews*.)

## Submitting the Design

As noted previously, the design document is submitted to the institution's Middle States staff liaison for initial review, it is discussed during the self-study preparation visit, it is revised as needed by the steering committee, and it is submitted to the liaison for final approval. Everyone directly involved in the process should receive a copy of, or have access to, the design document early in the process. It should be readily available at the institution, and the steering committee and working groups should consult it regularly during the self-study process.

The institution shares its design, along with other basic information about the institution, such as the strategic plan, with the team Chair well in advance of the Chair's preliminary visit. Team members do not receive the self-study design, although they have access to it during the team visit. Together with draft self-study materials, the design sets the context for discussions between the Chair and the institution's representatives. It enables the Chair to plan the deployment of evaluation team members.

## Modifications to the Design

As the self-study proceeds, changes may be made to the plans and processes described in the design document. Significant changes should be discussed with the staff liaison. They should also be explained to the Chair of the visiting team during the Chair's preliminary visit to the institution.

## Chapter 4

# Linking the Design And Self-Study to Commission Standards And Expectations

The self-study process goes beyond complying with accreditation standards. It gathers the institution's communities to reach consensus on the institution's future course. The Middle States accreditation standards, set forth in Characteristics of Excellence in Higher Education, emphasize the importance of institutional mission. While accredited institutions are expected to comply with all standards, the questions that institutions frame and address in regard to the standards, and the manner in which institutions demonstrate compliance with those standards, should be responsive to and support the institutional mission. (See Standard 1: Mission and Goals.)

Because each institution is governed by its own mission, goals, and objectives, all of the standards do not apply in equal proportion to all institutions. Nonetheless, within the context of the mission, the design for self-study should indicate how the process will address all standards and what types of relevant documentation will be used.

The effective self-study will:

- Emphasize the role of planning and assessment (Standards 2, 7, and 14) in achieving the institution's mission and in advancing and renewing itself;
- Include research questions that link the accreditation standards to the institution's specific mission and context;
- and

Use existing documentation for reference and analysis as much as possible.

### **Developing Effective Self-Study Research Questions**

Every self-study design should include in its section on charges for working groups a set of research questions for each group. (See "Charges to the Working Groups and Guidelines for Their Reports" in the section on "The Elements of a Self-Study Design" in Chapter 3 of this handbook.)

Institutions develop their self-study questions in different ways. Some steering committees draft sets of detailed questions at the outset, possibly in consultation with working group leaders. Others provide only general research questions to working groups, with the expectation that those groups will develop more detailed and institutionally-specific questions as part of their initial work. If the second approach is followed, the steering committee should review the questions that the working groups develop to ensure that the questions are consistent, that they are not redundant across the groups, and that they collectively ensure the production of a complete self-study. In either approach, those developing the questions should consider

carefully the following observations and suggestions.

## The Role of the Questions

The research questions for the working groups are the heart of the self-study design and a central driving force in the self-study process because they provide structure for the working groups' research, analysis, and reporting. The process of creating the questions helps to focus the institution on the areas of inquiry that are most useful. The self-study research questions begin with a review of the institution's eligibility or continued eligibility for accreditation. They also provide a starting point for analyzing the institution's curricula and operations in light of the accreditation standards. These questions, and even the areas of inquiry, may change as the work of the groups progresses.

The research questions should lead to a final self-study report that meets the needs of the institution's internal and external audiences and that fulfills its purposes of (1) demonstrating compliance with the Commission's requirements of affiliation; (2) demonstrating compliance with the Commission's standards; and (3) deepening institutional self-understanding and advancing institutional self-improvement. Because each institution addresses the standards through the lens of its own mission and history, each institution will create different research questions.

## Asking Meaningful Questions

The most important attribute of effective self-study questions is that they elicit analytical responses and suggestions for improvement. (See Figure 15.) A certain amount of description is necessary in a self-study report to demonstrate compliance with the accreditation standards. Whenever possible, however, existing documents (with brief explanations) should be cited within the report as evidence. Very few research questions should ask for purely descriptive responses. Those that do should be balanced by questions that require evaluation and judgment.

For example, "What is our admissions policy?" is not an evaluative question, and can be

Figure 15

### Good Practices in Framing Self-Study Research Questions

#### Ask

- Questions that stimulate thinking about important topics
- Questions that allow the self-study to address the standards through the lens of specific institutional traits, developments, or issues
- Questions that require evaluation and judgment
- Questions that are worth the effort it will take to answer them
- Questions that connect standards and different dimensions of the institution

#### Avoid

- Questions with obvious answers
- Questions with yes/no answers
- Unanswerable questions
- Questions that directly mirror the Fundamental Elements of a standard.

answered by reference to the institution's bulletin or other existing documents. The working group should concentrate its efforts on answering such questions as:

- How effective is the institution's admissions policy in producing the students we want?
- Are the goals of the admissions process for the institution sufficiently clear, realistic, and consistent with the institution's mission?
- Are retention goals consistent with long term strategic and financial planning?
- What do demographic trends suggest will be the future of the institution's student base, how is the institution positioning itself to handle any anticipated demographic changes, and what else should it consider doing?

The following approach may be helpful in developing meaningful self-study questions. In the first section, it is assumed that the self-study group is addressing standards individually or, if it is addressing several, it is taking them one at a time. The second section, which follows general comments and an extensive list of sample questions that address the standards individually, discusses questions appropriate for addressing several standards together.

#### *Questions for a Single Standard*

In developing questions for individual standards, a steering committee or working group might begin by asking the following questions.

#### **What are the key requirements or elements of the standard that must be addressed in the self-study?**

The group should begin by identifying the components (called here “key requirements”) in that standard that are most relevant to its own goals and activities. The Fundamental Elements identified for each standard in Characteristics of Excellence are helpful in this process, but they should not be used to the exclusion of key requirements that the self-study group itself selects. The Fundamental Elements specify particular characteristics or qualities that together constitute general compliance with the standard. Neither the institution nor evaluators should use the Fundamental Elements as a checklist. Both must consider the totality that is created by these elements, in addition to any other relevant institutional information and analysis. Research questions may relate to more than one Fundamental Element. For example, the key element in Standard 1 (Mission and Goals) for a particular institution might be the requirement of creating specific goals to implement its existing mission.

#### **What are areas of special interest to the institution that relate to the standard?**

The requirements in Characteristics of Excellence are intended to be tailored to the needs of different types of institutions in a variety of particular situations. The group should attempt to relate each key requirement it has articulated to specific dimensions, developments, and issues in its own institution. For example, in Standard 8 (Student Admissions and Retention), a particular institution might be concerned with falling enrollment numbers, while another is concerned with the remedial needs of admitted students.

#### **Where there are identified institutional goals relative to the standard, how does the institution assess whether and how it is meeting those goals?**

To the extent appropriate, the institution should review assessment activities currently in place, analyze the results, and propose continuing assessment activities. Institutional improvement is a primary goal of the self-study process, and the self-study report should be a forward-looking contribution to the institution’s on-going self-assessment and planning processes. How have assessment results relative to the standard been used to improve the institution? How might they be used for improvement? Assessment is not an end in itself, but a means by which information, data and analyses are used to improve all aspects of the institution. Each working group should offer specific recommendations for improvement in the areas it has studied, and groups’ recommendations should inform the recommendations offered in the final self-study report.

### Other Considerations

As it develops self-study questions, a steering committee or working group also should consider other factors that affect the process of creating analytical questions.

### Using Existing Documents

As noted, description in the self-study report should be kept to a minimum, and existing documents should be cited as evidence whenever possible. As they identify the key requirements of a standard and relate them to institutional situations, self-study groups should determine to what extent the institution's possession of the traits, resources, processes, or abilities identified in the key requirement of the standard is demonstrated in existing documents or other evidence already at hand. (The section of this chapter on "Using Existing Documentation" discusses at length the use of existing documents and provides sample document lists.)

### Undertaking New Research

In an ideal situation, self-study groups should be able to invest most of their energy in reviewing and analyzing, rather than in gathering, evidence. However, in some cases, well-defined and realistic research projects can enrich a self-study. The self-study group should determine whether new research should be undertaken during the self-study period in response to evaluative self-study questions. Such research is not a substitute for the type of ongoing assessment required by Standards 7 and 14, but some research may be necessary if the institution's existing assessment information is inadequate to support the self-study.

### Connecting the Standards and Coordinating the Groups

The steering committee and/or the working groups should consider in what ways the standard(s) each group is considering relate to other standards, and in what ways the work it will do in answering its research questions could be coordinated with the work of other groups. Early in their planning for self-study, institutions must decide how the self-study will address related standards (for instance, Standard 2 on

planning and Standard 3 on resources) and the overlap among standards (with regard to assessment, for example). Some institutions organize their comprehensive self-studies around clusters of standards or around themes, rather than taking each standard in its numerical sequence. The comprehensive-with-emphasis and selected topics self-studies take this approach further. But even when a standard is considered alone, a self-study group developing research questions may find it useful to think about the connections between its standards and others, and between its work and that of other groups. Questions, topics, and tasks may be exchanged among groups, and groups may meet together or even merge, as research and reflection during the self-study provides new insights and perspectives. However it is accomplished, the self-study report should reflect an awareness of how the standards and the many dimensions of the institution are interconnected. (See Figure 16.)

### Some Sample Questions

**The following examples of analytical self-study research questions are intended to stimulate thought. The suggestions are not directions to be followed rigidly, and the sample questions are not models to be copied unreflectively.**

Self-study groups should develop questions that produce the information and analysis needed for a thorough and effective self-study for their own institution.

Questions are noted with regard to compliance, relevant institutional issues, assessment, improvement, or relationship to other standards for purposes of partial illustration, but several categories may be combined in one question or area. Moreover, not all categories or types are expected to be represented in the research questions for each individual standard. These examples illustrate the variety of questions that should drive the institutional self-study.

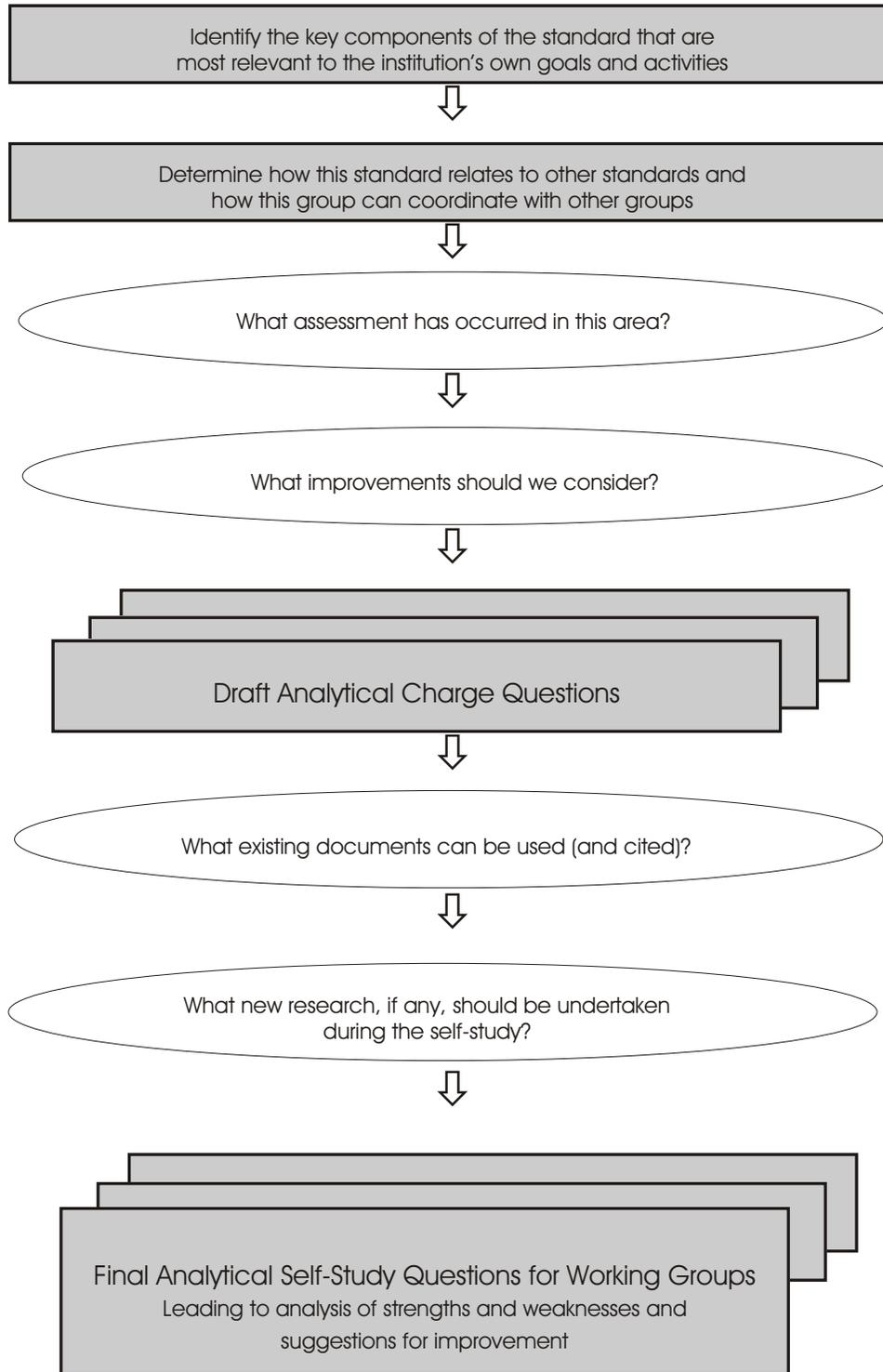
As discussed elsewhere in this chapter, similar approaches can be used to address a single standard, groups of standards, or a theme.

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Figure 16

### Developing Effective Self-Study Research Questions



*Standard 1: Mission and Goals – Examples*

How are the major themes of the mission reflected in the institution's goals? If the mission calls for students to acquire an appreciation of certain values, for example, what activities exist to achieve this? [Compliance/Relevant Institutional Issues]

How are the institution's operations consistent with its mission and goals? If a small college with a liberal arts mission is opening many branches abroad, is this consistent with its mission to provide individual attention in a small institution? [Compliance/Relevant Institutional Issues]

How does the institution determine whether it is achieving each aspect of its mission? For example, how effectively do stated purposes of scholarship and teaching guide all levels of planning? [Assessment]

If the institution's mission is not adequately guiding its activities, how could the institution's constituencies be involved in re-thinking the mission and/or redirecting activities inconsistent with it? [Improvement]

Is the institution admitting the types of students targeted in its mission? [Relationship to Other Standards]

*Standard 2: Planning, Resource Allocation, and Institutional Renewal – Examples*

To what extent is the conceptual and procedural relationship between the institution's strategic plan and the budget development process (both operational and capital) well understood and effectively implemented? In what ways do planning and resource allocation processes provide evidence of a commitment to institutional renewal? [Compliance]

What prompted recent significant initiatives and changes in the institution's program, services, and activities? How effectively did the institution's strategic plans guide those initiatives and changes? [Relevant Institutional Issues]

How and why have institutional planning processes changed over the past five years? Have those process changes

achieved the desired impact? [Assessment]

What issues should the institution be planning for? How will an integrated system of planning and resource allocation help address those issues? [Improvement]

Are the suggestions for improvement under other standards included in the institutional or strategic plan? [Relationship to Other Standards]

*Standard 3: Institutional Resources – Examples*

What steps have been taken to evaluate how effectively resources are allocated and expended? What specific changes have been implemented and with what results? [Assessment]

Are there specific examples of resources that may be available but are not particularly accessible? How does the lack of accessibility affect the institution's ability to fulfill its mission and facilitate the achievement of stated student learning outcomes? [Compliance]

In what areas, and in what ways in those areas, are insufficient or inefficiently-used resources affecting the institution's ability to achieve its mission and goals? [Relevant Institutional Issues]

How do the institution's resources and uses of resources compare with those of its peers? Are there appropriate reasons for any significant differences? [Assessment]

What are the most significant challenges facing the institution relative to human resources, technology resources, and physical plant resources over the next five years? What is the process by which these challenges have been or will be identified? What is the process by which specific and comprehensive plans for addressing these challenges are being formulated within the context of overall institutional planning? [Improvement]

Are there sufficient resources to fund suggestions for improvement in other areas? [Relationship to Other Standards]

*Standard 4: Leadership and Governance – Examples*

To what extent are the distinct role and responsibilities of each constituent group within arenas of shared governance understood and accepted by those involved? To what extent are existing structures utilized for decision-making, and to what extent are structures circumvented? [Compliance]

How have the institution's for-profit ventures been structured and managed so as to avoid possible conflict of interest among participating administrators, faculty, or board members? [Relevant Institutional Issues]

In what ways and for what reasons have the institution's governance systems changed over the past five years? What has been the impact of these changes? [Assessment]

What might improve institutional governance? [Improvement]

If appropriate to the institution, is the Board effective in raising resources? [Relationship to Other Standards]

*Standard 5: Administration – Examples*

How effective are current processes to review and improve administrative operations? [Compliance/Assessment]

In what ways and for what reasons have staffing patterns and reporting lines been changed within the past five years? How appropriate were those changes? [Relevant Institutional Issue]

What has been the impact of the recent administrative reorganization? [Assessment]

When was the most recent review of the effectiveness of administrative structures undertaken? What were the findings? What actions were taken in response to the findings? How effective were those actions? [Assessment]

How can we assure that administrative structures are facilitating learning? [Improvement]

Are student services adequately staffed? [Relationship to Other Standards]

*Standard 6: Integrity – Examples*

How consistently does the institution follow through on its stated policies in communicating with students, faculty and staff, and students? [Compliance]

What evidence is there that the institution adheres to principles of academic freedom? When there have been challenges to academic freedom principles, how has the institution responded? What has been the outcome or resolution? [Compliance]

How are the needs of all the constituencies of the institution considered in terms of curricular improvement? [Relevant Institutional Issues]

What patterns, if any, are evident within student grievances over the past three years? What steps, if any, has the institution taken in response to these patterns? [Relevant Institutional Issues/Assessment]

What patterns, if any, are evident within faculty or staff grievances over the past three years? What steps, if any, has the institution taken in response to these patterns? [Relevant Institutional Issues/Assessment]

How effective is the institution's mechanism for handling complaints from outside the institution? [Assessment/Improvement]

How does the educational program address plagiarism? [Relationship to Other Standards]

*Standard 7: Institutional Assessment – Examples*

How adequate is campus support for institutional assessment, including communication of campus expectations for assessment work; policies and governance structures to facilitate assessment; administrative, technical, and financial support; and professional development opportunities and resources? [Compliance]

How well do faculty, academic, and institutional leaders understand what institutional assessment is and why it is important? [Relevant Institutional Issues]

How well does institutional-level documentation of assessment policies, structures, plans, methods, results, and use of results demonstrate coherence among assessment efforts? (This documentation is referred to in Commission materials as an “assessment plan.”) [Assessment]

Does the assessment of institutional effectiveness incorporate results from student learning outcomes assessments as well as assessment of results in other areas, as noted in the standards? Are these related to areas of emphasis in the institution’s plan(s) and the established priorities for resource allocation and budgeting? [Relationship to Other Standards]

*Standard 8: Student Admissions and Retention – Examples*

Are retention goals consistent with long term strategic and financial plans? Does the strategic plan provide for improvement of admissions services? [Compliance]

If the institution is not meeting its admissions goals, are the goals sufficiently clear, realistic, and consistent with the institution’s mission? Has the institution analyzed its recruiting materials and processes so that they are co-ordinated and geared towards its goals? Has it interviewed accepted students who do not attend? Transfer students? Does data analysis disclose trends? Is the external environment changing? [Relevant Institutional Issues]

Is the institution successful in providing financial assistance to students? How would such success be measured? How is this success assessed in terms of how student learning outcomes are correlated to the financial need of the student? [Compliance/Assessment]

Do comparisons of the institution’s retention and graduation rates to similar schools, aspirant institutions, and national averages indicate that the institution is performing effectively? If not, what should be done? [Assessment]

How are lessons learned from retention studies used to improve academic and student support programs? [Assessment]

What are the criteria for assessing whether periodic review of admissions policies is effective? Are changes in the process needed? [Assessment]

What do demographic trends suggest will be the future of the institution’s student base? How is the institution positioning itself to handle any anticipated demographic changes? What else should it consider doing? [Improvement]

Are enrollment projections sufficiently realistic to support the institution’s financial projections? [Relationship to Other Standards]

*Standard 9: Student Support Services – Examples*

How effective, well understood, and consistently implemented are the institution’s procedures and policies relative to the privacy of student information? [Compliance]

How does the institution provide support to enrolled students who are identified as being “at risk”? How effective are these support services. [Compliance]

What type of personal and social development does the institution seek to foster? How effective are programs and services designed to support this development? [Relevant Institutional Issues/Assessment]

When was the most recent review of student support services for off-site and distance education students? What were the findings? What actions were taken in response? [Relevant Institutional Issues/Assessment]

What changes in the provision of student support services have been implemented over the past five years? What evidence is there that such changes (addition, expansion, elimination) were based on appropriate assessment results? To what extent do such changes demonstrate an institutional commitment to student success and the achievement of student learning outcomes? How effective were the changes? [Assessment]

Which services should be improved, added, expanded, or eliminated? How should changes be implemented? [Improvement]

Are inadequate services preventing the institution from achieving its student learning goals? [Relationship to Other Standards]

*Standard 10: Faculty – Examples*

How are faculty involved in academic program development, assessment, and improvement? If the methods or mechanisms for involvement have changed over the past five years, what has been the impact of these changes? [Compliance]

Are faculty development opportunities equitably distributed? If not, why not? Has the level of institutional support increased, decreased, or remained stable over time? What has been the impact? [Compliance/Assessment]

How does the institution know that its policies and practices actually enable it to recruit, develop and retain faculty who support the teacher/scholar model? How does its success in doing that compare to peer institutions? [Compliance/Assessment]

Are there differences across departments in the criteria for faculty appointment, tenure, and promotion? Identify and evaluate the basis for such differences. [Relevant Institutional Issues]

What impact has the introduction of graduate programs had on faculty resources, workload, morale, and collegiality? [Relevant Institutional Issues]

How has the utilization of part-time and adjunct faculty changed over the past five years? What has been the impact on student learning and success? [Assessment]

How are graduate students incorporated into the instructional process for undergraduates? [Assessment]

How will the institution plan for the retirement of a large percentage of the faculty within a short time period? [Relevant Institutional Issues/Improvement]

How should expenditures for faculty development be prioritized? [Improvement]

How do faculty issues affect student learning? [Relationship to Other Standards]

*Standard 11: Educational Offerings – Examples*

How well communicated and how easily accessible are statements of expected student learning outcomes at the institutional, program, and course levels? [Compliance]

In what ways do transfer students have a learning experience that is different from that of students in the same program who have completed all their courses at the institution? What impact does transfer have on the intended coherence of the academic programs? How should any problems be addressed? [Relevant Institutional Issues/Assessment]

What evidence demonstrates that the institution's educational offerings have academic content and rigor appropriate to the degree level(s)? How do the program development and assessment processes foster periodic consideration of academic content and rigor? [Compliance/Assessment]

What evidence is there that students are meeting the institution's goals for student information literacy? How are such goals assessed, what have been the findings, and what actions have been taken in response? [Compliance/Assessment]

How pervasive and effective are opportunities for students to synthesize and reflect on their learning? [Assessment]

How well do students understand the purpose and interrelationship of each requirement of their academic programs? [Assessment]

Does an existing mandate of a single course syllabus and a required text for multi-section courses enhance or diminish the achievement of student learning outcomes, and what evidence supports this conclusion? If the institution is decentralized, would it benefit from greater centralization? [Assessment]

How should we select and assess future educational offerings? [Improvement]

Are the institution's educational offerings consistent with its recruiting materials and mission? [Relationship to Other Standards]

*Standard 12: General Education – Examples*

What evidence exists that the institution's graduates meet expected, acceptable levels of competency in oral and written communication, scientific and quantitative reasoning, technological capability, information literacy, and critical analysis and reasoning? Are these levels of competency appropriate given institutional mission and the needs and aspirations of students? [Compliance]

Should responsibility for the "general education" of students be shared across the faculty instead of being the special responsibility of the arts and sciences faculty? [Relevant Institutional Issues]

In what ways and for what reasons has the general education program been changed over the past five years? How has the impact of these changes been assessed? What modifications or further assessments have been implemented as a result? What further modifications should be considered? [Relevant Institutional Issues]

How effectively are general education requirements and academic program requirements linked and interrelated? [Assessment]

If graduates are not meeting expected competency levels, how does the institution address this? To what extent and in what particular ways has the institution used assessment results to modify the educational program and services? Have such modifications brought demonstrable improvement? What should be done in the future? [Improvement]

How do the institution's planning, resource allocation, and assessment processes reflect institutional commitment to general education goals? [Improvement]

How is general education coordinated with the overall curriculum? [Relationship to Other Standards]

*Standard 13: Related Educational Activities – Examples*

Basic Skills

How significant is the institution's commitment to providing programs and services for under-prepared students? Does the assessment of these programs and services demonstrate that the level of institutional investment and commitment is warranted? Do these programs and services achieve their stated student learning and development goals? [Assessment]

Certificate Programs

Are the processes for developing, offering, and evaluating certificate programs coherent and consistent across the institution? How, if at all, do certificate programs relate to existing academic departments, degree programs, existing faculty? Is the level of relationship and connection effective and appropriate? [Compliance]

Experiential Learning

How effectively does the institution assure that credit granted for experiential learning is warranted, defensible, and consistently applied? [Assessment]

Non-Credit Offerings

In what ways and for what reasons have procedures for approving, administering, and evaluating non-credit offerings changed over the past five years? What has been the impact of these changes? [Relevant Institutional Issues]

Branch Campuses and Additional Locations

How does the institution assure that courses offered at branch campuses and additional locations are comparable in quality, rigor, and effectiveness to those offered on the main campus? [Assessment]

Distance Education, Distributed Learning, and Correspondence Education

What evidence exists that students in distance education, distributed learning, or correspondence education courses achieve learning goals comparable to the goals achieved by students in face-to-face courses? [Assessment]

Affiliated Providers

How effective is the institutional oversight of programs offered through partnerships with international entities? What is the impact of international programs on the institution's human, fiscal, technological, and other resources? [Assessment]

*Standard 14: Assessment of Student Learning – Examples*

How effectively do all academic and support programs document that the curriculum or program helps students achieve each key learning outcome? How effectively does the institution provide students with clear information on how they are expected to achieve each key learning outcome (i.e., what assignments and learning experiences will help them achieve it)? [Compliance]

How adequate are campus efforts to encourage, recognize, and value faculty efforts to assess student learning and to improve their teaching? [Relevant Issues]

Are assessments of student learning of adequate quality? Do they yield direct evidence that is clear, tangible, convincing, and purposefully relates to the program's key learning outcomes, having results that are sufficiently accurate and truthful that they can be used with confidence to make decisions? [Assessment]

If some programs have not yet implemented sufficient assessments of their key student learning outcomes, how adequate are the plans in place to do so? [Improvement]

Have assessment results led to appropriate decisions about teaching, planning,

budgeting, etc? [Relationship to Other Standards]

*Questions for Multiple Standards and Thematic Self-Studies*

This section on developing effective self-study research questions has emphasized the importance for all self-studies of asking how the standard being considered relates to other standards, and how the efforts of working groups can be coordinated to avoid unnecessary duplication. Because the standards and the aspects of institutions they reflect overlap and interact, addressing each standard separately may not be the most effective way to organize a self-study or to develop effective self-study questions. When the standards are grouped together for a working group and a chapter in a self-study report, and especially if the self-study is organized thematically rather than standard by standard, the analytical questions developed by the steering committee and/or working groups could address multiple standards.

Much of the advice given above with regard to questions for a single standard also applies to the development of questions covering several standards. For example, any of the sample questions (such as how the institution's mission is reflected in its strategic planning, admissions policies, or curriculum) could be used in a self-study that addressed standards together or thematically.

In a selected topics self-study organized around the theme of undergraduate education, for example, the standards on Planning (2), Student Admissions (8), Student Support Services (9), Educational Offerings (11), General Education (12), and Assessment of Student Learning (14) could be addressed in whole or in part in the self-study. (See Figure 11 in Chapter 3.) One working group might be charged to examine undergraduate academic affairs and another undergraduate student affairs. The academic affairs working group could address all or part of Standards 8, 9, 11, 12, and 14. Its research and analysis might be guided by questions such as: "To what extent and how effectively are the institution's unique characteristics (for example, as a large, private, global research university in an urban environment) reflected in current efforts to enhance undergraduate education?"

In what ways should those characteristics shape a vision for future efforts?" The student affairs working group could concentrate on Standard 9, but seek to answer questions that relate to more than one standard, such as: "What is the potential for enhancing the learning environment in the residence halls?" (9); "Would involving faculty and graduate students in residence hall programs enhance the learning environment?" (10); or "Which programs would be most effective?"

## Using Existing Documentation

The self-study process should not be seen as one that creates documentation but, rather, as a process for gathering and analyzing existing evidence in order to advance institutional self-understanding and self-improvement, and to demonstrate that the institution possesses the characteristics of excellence identified in the Commission's standards.

The institution's self-study design document will include an inventory of support documents that the self-study working groups can use. It is often tempting to prepare an exhaustive list of institutional documents, but it is more useful to list only those documents that have been identified as relevant to the general or specific foci of the self-study. It may prove useful to organize the document inventory to match the organization of the self-study (by standard, topic, working group, etc.).

The self-study should draw primarily on that existing documentation, with new evidence being gathered only in a small number of limited and well-defined research projects. The working group reports and final self-study report should refer to existing documents, rather than include extensive descriptions of the evidence contained in those documents. Those documents then are made available to the evaluation team by appending them to the self-study, by providing them to team members on request by the team chair, and by making all of them available to the evaluation team electronically or in a resource room during its visit to campus. (See the Commission's publication *Team Visits: Conducting and Hosting an Evaluation Visit* for detailed information on the preparation of the resource library for the team.) Selected topics self-studies depend even more heavily on

documentation to demonstrate compliance with the standards not covered in the self-study. (See the section on "The Selected Topics Self-Study" in Chapter 3 of this handbook.)

## Descriptions as Documentation

It is rarely possible to demonstrate an institution's compliance with a standard solely with existing documents. Consequently, documentation for a standard may also include, within the self-study, descriptions of relevant information not included in support documents. While relying upon existing documents as key resources to the self-study process (and making these resources available to the team during the evaluation visit), institutions conducting comprehensive reviews will provide, within their self-studies, both description and analysis based upon these document resources. Documentation provided in the evaluation team's resource room also may include detailed descriptions of processes or institutional initiatives (rather than include the full description within the self-study); these descriptive documents would be referenced in a summary manner in the actual self-study.

For a selected topics self-study, some supplemental description for standards not included in the self-study may be used and provided to evaluators at the time of the document review. For Standard 1 (mission and goals), for example, such descriptive material might explain the process for reviewing the mission, note the constituencies involved in writing and revising the mission statement, and cite examples of how the mission guided institutional planning. For Standard 2 (planning, resource allocation, and institutional renewal), descriptions might include those of the processes used for each type of planning, the constituencies involved, the decision-makers, and representative institutional and unit improvements based on assessment of the planning process.

## Sample document lists

The following list includes examples of existing documents that a steering committee might gather for the use of its working groups and visiting team. These are only suggestions; an

institution may not have a particular document or kind of document, but it may have others. If all existing information resources are identified and organized, they will be more accessible to the self-study groups for their research and analysis and to the visiting team for its evaluation of the institution.

Reports to other accreditors and agencies are included in the sample lists. They can serve as resources for the self-study and the visiting team to the extent that they provide evidence of compliance with the Commission's standards.

In a comprehensive self-study, existing documents are used extensively by the working groups and steering committee in preparing the self-study report. Members of the team might request some of them before the visit or examine some in the resource room during the visit.

In a selected topics self-study, the institution submits a document roadmap as part of the preliminary proposal and the design document. The documents related to the topics and standards addressed in the study are used by the working groups and made available to the team during its visit, while those related to the other standards are examined by the generalist reviewer in order to determine compliance with the standards.

These suggestions are intended to stimulate thinking about the range of existing documents that might be used in support of self-study and institutional management. It may be helpful for the self-study steering committee to comment on the availability and usefulness of institutional information and data as well as on any perceived gaps or improvements that might be made to promote on-going institutional assessment and planning.

## Documents Likely to be Useful

### *Documents That Apply to More Than One Standard*

- The institution's published catalog or bulletin
- Institutional data submitted to the federal government in IPEDS reports
- The president's or the institution's annual report

Reports to state and other governmental educational agencies

Reports to specialized accrediting organizations

Benchmark reports compiled by institutional offices (institutional research, finance, etc.)

Statistical data in an institutional "fact book" and specialized reports by the institutional research office

An institutional strategic plan

An institutional assessment plan

Retention studies

Surveys of students, employees, alumni

Relevant budget information

Minutes of relevant and important meetings

Reports on and supporting materials from relevant workshops, conferences, orientation/training sessions

Handbooks/manuals for faculty, staff, students, and institutional committees

Institutional reports to Middle States: Institutional Profiles, a previous Periodic Review Report, a previous Self-Study Report, and any follow-up reports or substantive change proposals

Collective bargaining agreements, as background information

### *Standard 1: Mission and Goals*

Statements of the institution's mission and goals in the catalog and other public documents

An institution's strategic plan

Unit annual reports

Unit strategic plans

### *Standard 2: Planning, Resource Allocation, and Institutional Renewal*

Strategic and capital goals and plans for the institution and its operational units

Current and projected budgets for the institution and its units

Faculty staffing plans

Information technology plan(s)

Institutional and unit-level development and fund-raising plans

Capital facilities master plan

Library and information resources plan  
Policies and procedures for adding or closing academic programs

*Standard 3: Institutional Resources*

Audited financial statements for the two previous years  
Budget projections and related documents  
Facilities, land use, and other master plans  
Faculty staffing plans  
An institution's strategic plan  
Institutional and unit-level development and fund-raising plans

*Standard 4: Leadership and Governance*

Governing documents, including charter and bylaws  
List of Board members, with job titles  
Orientation materials and/or handbook for governing board members  
Conflict of interest policies for the governing board and employees  
Governing board minutes  
Job description and qualifications of the president  
Written policies outlining governance responsibilities of administration and faculty  
Student government constitution and bylaws

*Standard 5: Administration*

Organization chart of senior administration  
Handbooks/manuals for faculty, staff, and institutional committees  
Job descriptions and qualifications for administrators  
Orientation materials and handbooks for employees

*Standard 6: Integrity*

Descriptions in the catalog and other public documents of student grievance procedures, student disciplinary procedures, student honors system, fair employee hiring and review practices, and other policies and practices

identified in Standard 6, including the provision of information about MSCHE  
Policies and guidelines regarding plagiarism and use of copyrighted materials

Conflict of interest and research ethics policies  
Policies regarding academic freedom  
Policies regarding intellectual property rights  
Institutional review board policies and procedures  
Institutional ethics board policies and procedures  
Affirmative action policies and handbooks

*Standard 7: Institutional Assessment*

Written assessment plan and process descriptions that meet the requirements of Standard 7 and identify the linkage to strategic planning  
Institutional and unit strategic plans reflecting use of assessment results  
Institutional "report cards"  
Results from surveys including internal surveys of students, staff, faculty, alumni, and external surveys

*Standard 8: Student Admissions and Retention*

Statements in the catalog and elsewhere of admissions criteria and policies  
Information and application packets for students  
Information supplied to applicants regarding academic programs (including required placement or diagnostic testing); student learning outcomes; financial aid, scholarships, grants, loans and refunds; transfer credit and credit for extra-institutional college-level learning (which also meet the requirements for Standard 11)  
Retention and graduation statistics and studies  
Enrollment management strategic plans  
Relevant results of internal surveys of students and alumni, and external surveys

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*Standard 9: Student Support Services*

Student handbooks  
Policies and procedures for student grievances, with description of how information is disseminated to students  
Reports and plans from student service offices (health, housing, dining, counseling, career services, safety and security, disabled students, social/cultural activities, campus ministries, Greek, and community service)  
The policy for maintaining student records and a published policy on the release of student information  
Data and reports on athletics  
Relevant results of internal surveys of students and alumni, and external surveys

*Standard 10: Faculty*

List of full- and part-time faculty, with credentials  
Faculty handbook  
Faculty senate and/or council structure, constitution, and bylaws  
Faculty staffing plan  
Faculty manual or comparable documents describing procedures, policies, and criteria for hiring and reviewing full and part-time faculty, and for promotion, tenure, grievance, discipline, and dismissal  
Policy on academic freedom  
Materials from new faculty orientation  
Reports on and plans for faculty development  
Policies for orientation, integration, and professional development of part-time faculty  
Summary of results of student course and teaching evaluations  
Relevant results of internal surveys of faculty  
Ratios of students to full-time and to part-time faculty  
Description of shared governance

*Standard 11: Educational Offerings*

Catalog describing courses and programs and degree requirements

Representative examples of course syllabi and program descriptions that incorporate expected learning outcomes  
Course and program development guidelines and procedures  
Curriculum audits  
Curriculum committee reports  
Summary results of student course and teaching evaluations  
Summary results of relevant student surveys  
Internal and external reviews of academic programs  
Reports to state and other governmental and regulatory agencies  
Reports to specialized accrediting organizations  
Library and information services reports and plans  
Statements of transfer credit policies in the institutional catalog and elsewhere  
Representative samples of transfer articulation agreements  
Evidence of appropriate licensure

*Standard 12: General Education*

Catalog, syllabi, or other official publications describing general education, within and outside the major  
Statements of general education learning objectives  
Samples of syllabi from a representative selection of general education courses, showing expected course learning outcomes  
Samples of assessment tools in place in the general education program and courses  
Examples of the use of assessment results to improve teaching and learning in general education  
If there is not an implemented assessment strategy for general education, the plans for assessment activities and the schedule for implementing them  
Reports from internal and external reviews of the general education program

*Standard 13: Related Educational Activities*

Documents pertinent to the institution's specific activities, such as curriculum plans and evaluations; assessment results for basic skills, certificate, experiential learning, distance education, distributed learning, and correspondence education programs; data and plans for branch campuses and additional locations; and contracts with affiliated providers.

*Standard 14: Assessment of Student Learning*

Institutional plan(s) for assessment of student learning

Institutional and/or unit-level policies and guidelines for assessing student learning

Institutional and/or unit-level policies and practices for recognizing and rewarding efforts to assess student learning

Statements of expected learning outcomes for the institutional, program, and general education levels

Samples of syllabi from a broad cross-section of programs and courses, showing course-level expected learning outcomes

Evidence of faculty training in assessment

Samples of assessment tools in place (e.g., rubrics, surveys, portfolios, or capstone courses) from a broad cross-section of programs and courses

A cross-section of examples of the use of assessment results to improve teaching and learning

Relevant results from student course and teaching evaluations

## Chapter 5

# Implementing the Design and Writing the Self-Study Report

The self-study report summarizes each institution's self-analysis and future plans. It sets the agenda for the visiting team of peer reviewers. More importantly, it sets the agenda for the institution itself for several years. As a "living" document, a clear self-study report can serve as a plan and a reference source for all of the institution's constituencies.

By the time the self-study design has been developed and approved by Middle States, an institutional steering committee should be in place and the process well underway. However, there are a number of broad matters that should be kept in mind as the institution proceeds to complete the self-study.

### Managing the Self-Study Process

The organization of and relationships between the self-study steering committee and working groups are described in Chapter 2 of this handbook. Steering committees tend to be most active at the beginning of the self-study process, when they are developing the self-study design and making decisions about the organization of the groups and the charges to them, and at the end, when the findings reported by the working groups are used to produce the final self-study report.

The working groups are most active in the middle period of the self-study, when they are undertaking research to answer their research questions and drafting interim and final reports to the steering committee.

The structure of the relationships among the steering committee and working groups will vary by institution, but in all cases it is the

steering committee's responsibility to ensure that the self-study proceeds on schedule and that there is effective communication among the self-study groups, between them and the institution's administration and faculty, and with the campus community in general.

Every campus constituency needs to feel ownership of the process and of the self-study product. Full and frequent communication is an important prerequisite to that institutional ownership. The self-study design, organized around key issues derived within the institution, should be distributed to every person directly involved in the process and should be made widely available on the campus. Information should be conveyed and opportunities for comment and review provided at the various stages of the self-study process.

### Potential Pitfalls

Experience has shown that the self-study steering committee must guard against a number of potential pitfalls. Some of the most common problems and pointers to overcome them are illustrated in the following notes and in Figure 17. Any of these problems or pitfalls can side-track a self-study effort, costing the steering committee time and endangering successful completion of the report.

#### 1. *The Benefits of Self-Study*

**Pitfall:** Viewing self-study as peripheral to the institution's work

**Pointer:** Focus on issues of importance to the institution and remember that planning, assessment, and accreditation can help the institution to realize greater benefits as it

continuously improves the quality of educational programs.

The visiting team will be composed of peers who have experience in similar institutions and who understand the challenges and opportunities inherent in the institution's mission and goals.

### 2. *Description vs. Analysis*

Pitfall: Describing what the institution does without analysis

Pointer: Analyze how what the institution does affects its students and whether what it does is related to the goals set out in its plans and mission statement.

### 3. *Supporting Data*

Pitfall: Using unsupported assertions about student learning and achievement

Pointer: Provide data, explain the methods used to gather them, and describe how the evidence will be used to promote institutional change and improvement.

### 4. *Analyzing and Presenting Data*

Pitfall: Using confusing or conflicting data and statistical jargon

Pointer: Provide analytical reporting to explain what was learned about students and their achievements, programs and their effectiveness, and whether the institution's mission and goals are being achieved in classrooms and co-curricular programs. Always confirm data sources and accuracy.

### 5. *Strategic Planning*

Pitfall: Relying on non-specific aspirations

Pointer: A strategic plan typically states goals that are based on the institution's mission and value statements and that are measurable. Institutional plans should be consistent, so that goals lead to curricular design, and the institutional assessment plan follows from the design.

Figure 17

## Potential Pitfalls in the Self-Study Process

### 1. **The Benefits of Self-Study**

Viewing self-study as peripheral to the institution's work

### 2. **Description vs. Analysis**

Reiterating what the institution does

### 3. **Supporting Data**

Using unsupported assertions, such as simply stating that students have learned

### 4. **Analyzing and Presenting Data**

Using confusing or conflicting data and statistical jargon

### 5. **Strategic Planning**

Relying on non-specific or unrealistic aspirations

### 6. **Benchmarks**

Assuming that the institution is too "special" to use available benchmarks

### 7. **Role of Special Interest Groups**

Allowing one type of constituency to control or to unreasonably thwart the self-study process

### 8. **Authority of Each Institutional Constituency**

Allowing one group to stand in the way of the whole

### 6. *Benchmarks*

Pitfall: Assuming that the institution is too "special" to use available benchmarks

Pointer: Use benchmarks to set specific goals for the strategic plan, and use those goals for realistic assessment. If widely published available benchmarks are not a good comparison, use a variety of sources to construct a useful cohort. If suitable benchmarks are not available, identify other frames of reference (such as improvement over time, achievement of stated goals, etc.).

### 7. Role of Special Interest Groups

**Pitfall:** Allowing a subgroup or individual to stand in the way of the whole

**Pointer:** Establish early in the process how the recommendations of the self-study report will be determined. Constituencies should hold each other accountable for constructive participation in the self-study.

### 8. Authority of Each Institutional Constituency

**Pitfall:** Allowing one type of institutional constituency (such as faculty or administration or institutional researchers) to control or thwart the self-study process

**Pointer:** Share accountability for leadership—and the authority to lead—among all key institutional constituencies (governing board, administration, faculty, staff, students, and alumni).

## Writing the Self-Study Report

The goal of the self-study process is to produce a report that fairly and honestly represents the institution, that avoids institutional politics and personal agendas, that warrants and receives broad support among campus constituencies, and that demonstrates institutional compliance with Commission standards. The process leading to that report is a series of written drafts, punctuated by periods of data collection, analysis, and review. The self-study design (described in Chapter 3) is the first document produced, to be followed by reports from the working groups and, finally, the self-study report itself.

### Reports from the Working Groups

Working group reports are discussed and a suggested template for them is provided in Chapter 3 of this handbook. (See Figure 8.) It may be useful to require the groups to submit outlines and preliminary drafts at various points during the self-study process before they submit their final reports. All documents should follow the guidelines for editorial style and format contained in the self-study design.

The steering committee should review the working groups' reports to ensure that all appropriate topics have been addressed. The steering committee then should determine if self-study questions have been appropriately answered and whether the working groups have developed and presented sufficient information and evidence to support the writing of the self-study report itself. If the steering committee finds insufficient topic coverage or inadequate demonstration of institutional compliance with Commission standards, relevant working groups should be asked to address these needs within specified time periods.

### Initial Draft of the Self-Study Report

After the working group reports and other relevant information have been compiled, the steering committee begins to draft the self-study itself. The steering committee should create a concise, readable, and substantial draft document for review and comment by the campus community. The final report should be no longer than 200 double-spaced or 100 single-spaced pages, not including appendices. Brevity with substance is ideal. The institution's community includes faculty members, students, trustees, administrators, staff, alumni, parents, employers, neighbors, and for publicly-funded institutions, legislative representatives. The report also should be made available, at the discretion of the institution, for informational use by outside groups.

### Organization of the Report

The self-study report usually incorporates the working groups' reports. The template used by the evaluation team in preparing its report is similar. See Figure 18 for an example of the structure of a self-study report. (See the Commission's publication on Team Visits: Conducting and Hosting an Evaluation Visit for additional details about the evaluation team's report.)

Within each self-study model, reports may be organized in different ways. The section on "Choosing a Self-Study Model" in Chapter 3

includes sample templates for the various kinds of reports and explains that one common approach is to track the accreditation standards in the order they appear in Characteristics of Excellence. Standards may, however, be reordered, combined, or grouped differently, and a report may be structured to reflect an institution's particular culture, structure, processes, or current issues.

For a self-study report not organized in the order of the standards in Characteristics of Excellence, the evaluation team report usually will follow the order of the institution's report. In this case, it is important that the self-study report indicate clearly how the evidence and analysis presented in each section relate to each of the

standards, because the team must determine and indicate in its report whether the institution meets all the standards.

Figure 18

### Self-Study Report Format

#### Executive Summary and Certification Statement

A brief (1-5 pages) description of the major findings and recommendations of the study. For selected topics self-studies, the executive summary should also include an explanation of which standards are covered wholly or partially in the self-study and which in the document review.

The completed Certification Statement should be attached to the Executive Summary.

#### Introduction

A brief overview of the institution and description of the self-study process

For each standard or topic in the report:

A heading indicating the standard or topic under consideration

A description of the topic(s) under review and analysis of the evidence considered, with appropriate reference to the standards

Cross-references to relevant materials in other parts of the report

Analysis of relevant strengths and challenges, with appropriate reference to standards and fundamental elements

Recommendations for improvement

#### Conclusion

A summary of the major conclusions reached and recommendations offered in the report.

Note: Institutions are expected to include within, or as a companion document to, the self-study report a list of supporting documents that will be available to the visiting team. This list is sometimes annotated and frequently distinguishes between general institutional resource documents and documents pertinent to particular standards or self-study chapters. The listed documents should be available in a separate "document room," in paper or electronic form, for review by the team during its visit. For selected topics self-studies, the report of the generalist evaluator(s) must be accompanied by the institution's documentation roadmap.

## The Writing Process

A concise, coherent self-study report is more than a collection of working group reports. If the steering committee chooses to have each working group write a chapter of the self-study report, the working group reports should be consistent in style, format, and structure. The final report should be edited for accuracy, consistency, and continuity. Alternatively, the report writers use the working group reports to provide the analysis of evidence that they use in writing the entire report.

It is important to build into the self-study schedule adequate time for the writing, review, and revision of the final report. Design elements and printing needs should be established and arranged well before the final self-study has been completed.

## Review, Response, and Revision

Involving the entire campus community in the process is one of the prerequisites for effective self-study. The Steering Committee should provide opportunities for the community to review and respond at key points throughout the self-study period. Students, faculty members, trustees, and others can provide more informed and valuable suggestions if they are involved in reviewing the drafts of the working groups and the final self-study report at various stages.

Careful consideration of the ideas expressed by the campus community, and modification of the report where warranted, helps ensure that the final document will reflect a common institutional perspective and that it will be widely accepted across the institution.

## Providing Draft Report Before The Chair's Preliminary Visit

The Chair of the evaluation team should receive the latest draft of the self-study report prior to the Chair's preliminary visit to the institution, at least four months before the team visit. Any significant differences between the report envisioned in the earlier design document and the actual report should be explained to the Chair. The Chair reads the draft report with the visiting team in mind, and

the Chair may recommend modifications to make the report more useful to the team.

Responses to suggestions by the Chair of the evaluation team should be incorporated prior to finalizing the self-study report.

After the report has been revised in light of the responses of the community and the team Chair, it should be endorsed by the institution's governing body.

## Certification Statement

At the time the self-study report is submitted, the institution also certifies that it meets or continues to meet established MSCHE requirements of affiliation and federal requirements relating to Title IV program participation, including relevant requirements under the Higher Education Opportunity Act, such as those on distance education (student identity verification), distributed learning, and correspondence education; transfer of credit; assignment of credit hours; and Title IV cohort default rate. The requirements of affiliation are published in the current edition of Characteristics of Excellence. The Certification Statement forms are available on the Commission's website under Publications/Forms Online. The appropriate Certification Statement(s) must be completed, signed, and attached to the Executive Summary of the final self-study report. A self-study report cannot be accepted without the Certification Statement(s).

## Submitting the Final Report

The final self-study report should be ready for distribution no later than six weeks prior to the scheduled evaluation team visit.

At that time, the institution should send one copy of each of the following directly to the Chair and to each member of the evaluation team (and two sets to the Commission office):

- The Self-Study Report, including the completed Certification Statement(s) attached to the Executive Summary;

- The most recent Institutional Profile submitted to the Commission;

- Supporting documents essential to understanding the self-study, such as

institutional catalogs, organizational charts, and faculty and student handbooks;

The institutional financial plan for the current year, as well as budget projections for the next three years;

Actual enrollment for the current year and the three previous years (if not included within the self-study report); and

Projected enrollment for the period covered by the institution's financial plan, including the next three years (if not included within the self-study report)

In addition, one set of these additional financial documents should be sent to the member of the team assigned to review financial information (and two sets to the Commission):

The two most recent audited financial statements and management letters; and

The financial information submitted to IPEDS for the three previous years

In some cases, additional financial documents may be required. For example, when an accredited institution is a unit of a larger diversified corporation, the Commission will require sufficient information about the accredited institution to determine its financial health and well-being.

## **The Self-Study Report as A Living Document**

The self-study process represents a significant commitment of time and other institutional resources. It also presents a unique opportunity to reflect on the institution's progress and to inform institutional plans. The continuing usefulness of the self-study document depends on the clarity of its content and recommendations, as well as on its availability to institutional constituencies.

The institution may ensure continuing use of the self-study recommendations by taking such steps as:

continuing the existence of the steering committee;

creating time lines with assignments of responsibility for accomplishing the recommendations of the self-study and the visiting team;

incorporating the recommendations into the explicit charges to already-existing committees;

using institutional research staff to support, assist, and track implementation efforts;

hiring outside consultants to assist with the development of improvement strategies

Review of implementation should be incorporated into the institution's ongoing planning and assessment activities.

## Chapter 6

# The Accreditation Process After the Self-Study Report

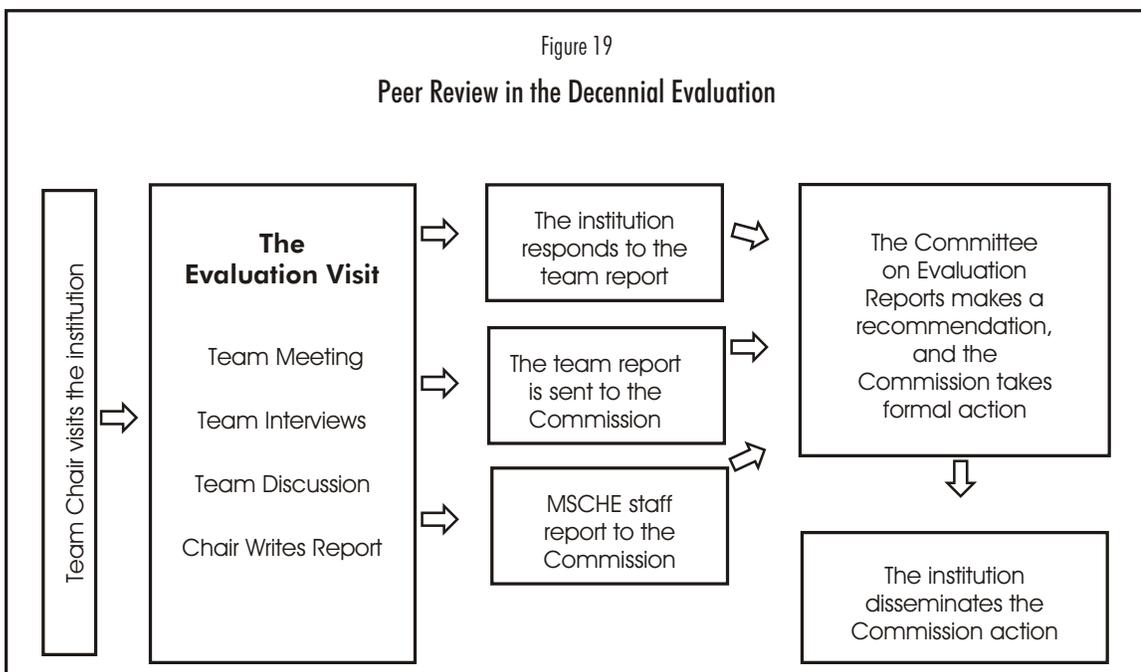
Middle States accreditation is based on peer review. The decennial evaluation culminates in a thorough appraisal of the institution by peer evaluators from similar institutions. These peer evaluators read the self-study report and conduct a team visit to assess whether the institution meets the Commission's accreditation standards, and to help the institution improve by endorsing the institution's recommendations and providing feedback of their own. The team's evaluation is followed by discussion and decision-making by different peers and public representatives serving on the Middle States Commission on Higher Education. (See Figure 19.)

### The Evaluation Team Visit

The Commission's publication, *Team Visits: Conducting and Hosting an Evaluation Visit*, is the handbook for evaluation visits and explains the team visit in detail. What follows here is a brief summary of the evaluation process that results in the Commission's final accreditation action.

Several steps are included in the review process:

1. Commission staff select a team Chair approximately one year in advance of the team visit (less for fall visits). After the Chair and the institution agree on a date for the team visit, staff identify several evaluators



appropriate to the institution under review and to the self-study model selected by the institution. These evaluators are invited to serve on the team. In making team member selections, staff consider information provided by the institution in the section of the self-study design document on the profile of the visiting team.

2. The institution and team Chair are given an opportunity to review the confirmed membership of the team before the roster is finalized. However, the final decision about team membership remains with the Commission and its staff. Because teams are not finalized until all necessary members have agreed to serve, notification to the Chair and institution of the final team may not be possible prior to the Chair's preliminary visit. Either can request interim reports on the status of the team.

3. The team Chair makes a preliminary visit four to seven months prior to the scheduled team visit to discuss readiness for the evaluation team visit and to review logistics and preliminary scheduling. Prior to the preliminary visit, the institution should provide the team Chair with available information. This should include, at a minimum, the institution's catalog, the self-study design, and the latest draft of the self-study report. If the self-study is a selected topics self-study, this preliminary visit may also include an additional reviewer(s). In such cases, the scope of the Chair's preliminary visit may be expanded to encompass a review of documentation related to the standards not addressed in the self-study report. (See the section of Chapter 3 of this handbook on "Choosing a Self-Study Model.")

4. Team members receive and read the self-study report and other background materials prior to the evaluation team visit.

5. During the visit, the team spends several days at the institution assessing it in the context of the self-study report. (See Team Visits: Conducting and Hosting an Evaluation Visit.) Team members meet with faculty, students, staff, administrators, trustees, and community members to corroborate the information provided in the

report and to gather additional perspectives and sometimes additional information. They also examine the documentation that the institution has assembled. As the team examines the institution as a whole, it will give particular attention to any special focus in the self-study. This is especially important if the institution has chosen a comprehensive self-study with an emphasis on a selected topics self-study. The team spends the later part of the visit assembling its findings into a team report.

6. At the conclusion of its visit, the team Chair, on behalf of the evaluation team, gives an oral report to the institution. As noted in Figure 20, the team report may include commendations for significant achievements and non-binding suggestions for improvement. It may recommend follow-up action that must be taken to ensure compliance with the Commission's accreditation standards or if there is a concern about the continuing ability of the institution to meet the Commission's accreditation standards. The report will identify requirements if the team believes the institution is not in compliance with one or more of the standards. (For more detailed information about the oral and written team reports, see Team Visits: Conducting and Hosting an Evaluation Visit.)

## After the Team Visit

Immediately after the visit the Chair drafts a written team report, consistent with the oral report given to the institution. The draft report is sent to the institution to be reviewed for factual accuracy. After receiving any factual corrections from the institution, the Chair issues the final written version of the report. The institution then sends to the Commission a written response to that report. (More details on these procedures and a timetable for them are included in Team Visits: Conducting and Hosting an Evaluation Visit.)

The Chair, on behalf of the team, also makes a confidential recommendation to the Commission concerning accreditation or reaccreditation. The Chair's confidential brief will contain specific recommendations for

# Chapter 1

## The Self-Study Process: Content and Overview

This chapter provides general information about regional accreditation and peer review, Middle States accreditation standards, and the decennial evaluation process. It discusses the importance of institutional planning and assessment and the role of the self-study report in meeting external expectations. The evaluation timetable, the Self-Study Institute, and the role of Commission staff in the self-study process are also described.

### **Peer Review and the Accreditation Cycle**

Accreditation is intended to strengthen and sustain higher education, making it worthy of public confidence and minimizing the scope of external control. Regional accreditation, a means of self-regulation adopted by the higher education community, has evolved to support these goals.

Accreditation demonstrates an institution's commitment to continuous self-assessment. Based upon the results of an institutional review by peers and colleagues assigned by the Commission, accreditation attests to the judgment of the Commission on Higher Education that an institution:

- has a mission appropriate to higher education;
- is guided by well-defined and appropriate goals, including goals for student learning;
- has established conditions and procedures under which its mission and goals can be realized;

- assesses both institutional effectiveness and student learning outcomes, and uses the results for improvement;
- is accomplishing its mission and goals substantially;
- is organized, staffed, and supported so that it can be expected to continue to accomplish its mission and goals; and
- meets the requirements of affiliation and accreditation standards of the Middle States Commission on Higher Education.

Evaluations of Middle States institutions take place within the following standard cycle:

### **Decennial Evaluation**

The decennial evaluation involves a significant institutional self-study and a visit by a team of external peer evaluators. This full evaluation occurs immediately before a candidate institution is granted initial accreditation, five years after that initial accreditation, and every 10 years thereafter. See the Commission's policy statement on "Cycle and Timing of Accreditation Review" for further information.

### **Periodic Review Report (PRR)**

At the five-year point between decennial reviews, the institution provides to peer reviewers a report on the current state of the institution. The PRR includes a review of the institution's responses to any outstanding recommendations from its decennial self-study and evaluation, a description of major challenges and current opportunities, financial projections, and documentation of institutional planning and assessment. Newly accredited institutions do not submit a PRR, but instead

Figure 20

### Examples of Evaluation Team Commendations, Suggestions, Recommendations, and Requirements

#### Examples In the Team Report

##### Commendations

The evaluation team commends the institution for developing and implementing a comprehensive outcomes assessment plan.

The institution should be commended for its open and participative planning and budgeting process.

##### Suggestions

Retention has been noted as a significant issue. In order to increase student retention, the institution may wish to review its programs for incoming students. The institution may also wish to consider developing new data-gathering systems to support retention reviews.

The strategic planning process may be more successful if institutional research data are integrated into the planning process to facilitate judgments about the success of particular strategies.

##### Recommendations

The institution should complete development of its learning outcomes assessment plan and process so that it will be able to evaluate and improve academic programs.

The institution should complete a review and revision of its mission statement, which appears to be out-of-date when compared with current operations.

##### Requirement

For the reasons explained in this report, the team finds that the institution does not fully comply with Standard 3 on institutional resources. The institution must immediately develop a long-term financial plan, and it should consider taking the following steps to strengthen its finances [specific steps are listed].

#### Examples in the Chair's Confidential Brief

The Brief sets forth the specific Commission actions proposed by the team. These are examples of possible actions based on the examples of "Recommendations" and "Requirement" above. They use the Commission's standardized language:

##### Recommendations

Request that the PRR, due [date], document completion and implementation of a comprehensive plan for the assessment of student learning.

Request that the institution submit a [progress report or monitoring report], due by [a date no later than two years from the date of the action], documenting review and revision of the mission statement.

##### Requirement

Warn the institution that its accreditation may be in jeopardy, and request a monitoring report, due in six months, documenting (1) steps taken to strengthen the institution's finances and (2) development of a long-term financial plan.

Commission action. (See Figure 20 for examples.)

Following Commission review, self-study reports and evaluation team reports become the property of the institution. The responsibility for distributing or providing access to these documents rests with the institution. Unless explicitly permitted by the institution or required by Commission policies or applicable law, the Commission does not share documents from the evaluation process directly with any of an institution's constituencies, with governmental or any other public or private agency, or with individuals.

The institution is expected to share the self-study report and evaluation team report with the campus community, with appropriate explanation and contextual information. (For details, see Team Visits: Conducting and Hosting an Evaluation Visit and the Commission's policy on "Public Communication in the Accreditation Process.")

## Commission Action

The Commission's Committee on Evaluation Reports reviews the self-study report, the team report, the team Chair's confidential brief presenting the team's recommendation for action, and the institution's formal response to the team report. The Chair of the evaluation team participates in the committee meeting. The particulars of each case are discussed fully, and the Committee decides whether to accept or modify the course of action recommended by the evaluation team. The Committee then makes a recommendation for final action by the Commission.

The Commission's final decision may include several types of action, ranging from reaffirmation of accreditation or reaffirmation with required follow-up reports, to warning, probation or "show cause" why accreditation should not be removed. The full range of possible Commission actions is included in a policy statement in Policies, Guidelines, Procedures, and Best Practices, available on the Commission's website. In the event that an adverse action is taken by the Commission, the institution may invoke an appeal process. (See the Commission's procedures on appeal from Commission actions. )

If the team report includes "recommendations," the Commission's formal action may require specific follow-up action by the institution, such as submission of additional reports. Recommendations for which specific follow-up actions are not stipulated must be addressed in the Periodic Review Report, due five years after the decennial evaluation. (See the section below on the Periodic Review Report.) "Suggestions" in the team report do not require responses in the next Periodic Review Report.

"Requirements" are included in the team report only if the team finds that the institution is not in compliance with Commission standards. Commission acceptance of those requirements would lead to warning, probation, or "show cause" why accreditation should not be removed.

The action of the Commission is communicated in writing to the institution within 10 business days after a Commission meeting. This communication is delivered in the form of an action letter addressed to the institution's chief executive officer. The letter should be circulated to all of the institution's constituencies in order to meet the Commission's policy expectation that the institution communicate the Commission's formal action to institutional constituencies.

The action letter is accompanied by a copy of the institution's Statement of Accreditation Status (SAS), which the institution may review for accuracy. The SAS, a public information document, includes basic information about the institution and its affiliation with the Commission. It provides a context for Commission actions and lists all Commission actions since the most recent decennial review. A sample Statement of Accreditation Status can be found in Appendix C. As a public information document, the SAS is accessible through the Commission's web site.

When the Commission action involves warning, probation, or show cause, Commission staff will develop a Public Disclosure Statement to accompany the Statement of Accreditation Status. This statement provides background information and identifies the next steps to be taken by the institution and the Commission. If a final decision is made to place an institution on probation or to deny, withdraw, suspend, revoke, or terminate candidacy or

accreditation, the Commission provides written notice to the U.S. Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies. (For more information see the Commission's policy, "Public Communication in the Accrediting Process.")

## Follow-up Reports

As a part of an accreditation action, the Commission may require member institutions to submit a follow-up report, which may be a progress report, a monitoring report, or a supplemental information report. In addition, the Commission also may require a follow-up visit to an institution. Follow-up reports and visits may be required in the event that the Commission determines that there is a particular concern or a need for additional information about a specific area not adequately covered within the context of either the self-study, the evaluation team visit, or the Periodic Review Report. The Commission's policy on "Follow-up Reports and Visits" provides guidance on drafting follow-up reports.

Follow-up visits required by the Commission may involve a single Commission staff member or evaluator, or they may involve a special visiting team. A special financial reviewer may be appointed if significant financial issues are included in the follow-up report. Liaison guidance visits may be directed when the Commission believes that the institution could benefit from a face-to-face discussion with Commission staff.

In cases where the Commission has directed a follow-up visit by an evaluation team, the team may be limited in number, and it may include a staff observer and a representative of the appropriate state agency. The visiting team will issue a report and will submit a separate recommendation for action to the Commission's Committee on Follow-up Activities/Candidate Institutions. Institutions will be provided with an opportunity to review and respond to the team's report.

After a thorough discussion of the report(s) and any accompanying materials, the Committee will forward its recommendation to the full Commission for a final decision. The

Commission's action will follow the options provided in the "Range of Actions" (as previously described) and will be communicated to the institution in an action letter accompanied by the current Statement of Accreditation Status. Actions usually will be communicated to the institution within 10 business days after the Commission's meeting.

## The Periodic Review Report

One of the principles of voluntary accreditation by the Middle States Commission on Higher Education is that peer review of written reports from institutional members is required at least every five years, and that peer review on-site evaluation visits are required at least every 10 years. Therefore, a Periodic Review Report (PRR) is due five years after the decennial self-study, and it leads to a decision about reaffirmation of accreditation.

The PRR is intended to be a retrospective, current, and prospective analysis of the institution. In the PRR, the institution reviews and analyzes its responses to all recommendations contained in the institutional self-study report and the evaluation team report from the last decennial evaluation (unless they have been addressed in the interim in required follow-up reports).

The institution also assesses the impact of major developments since the last evaluation, offers enrollment and financial projections, examines the status of its assessment activities, and assures that planning is linked to budgeting.

## Substantive Change Proposals

Accreditation or re-accreditation actions by the Commission apply to conditions existing at the time of the Commission's decision. The Commission needs current information about each institution in order to sustain and satisfy its accountability requirements as an accrediting agency recognized by the federal government.

While the decision to modify an institution is an institutional prerogative and responsibility, the Commission is obligated to determine the effect that any Substantive Change may have on the quality, integrity, and effectiveness of the entire institution. Therefore, institutions are responsible for notifying the Commission of plans for certain important proposed or actual changes in their operations or status.

Substantive Change requests should not be submitted within the self-study. The institution should submit a separate request in accordance with the Commission's policy and procedures on Substantive Change, available in the Policies section of the Commission website.

More information about Substantive Change, including the definition, the required content of a Substantive Change submission, and the criteria and process for review, can be obtained from the Substantive Change policy and its accompanying documents.

## Appendix A

# The Standards in Characteristics of Excellence in Higher Education

### **Institutional Context**

#### **Standard 1: Mission and Goals**

The institution's mission clearly defines its purpose within the context of higher education and indicates who the institution serves and what it intends to accomplish. The institution's stated goals, consistent with the aspirations and expectations of higher education, clearly specify how the institution will fulfill its mission. The mission and goals are developed and recognized by the institution with the participation of its members and its governing body and are used to develop and shape its programs and practices and to evaluate its effectiveness.

#### **Standard 2: Planning, Resource Allocation, and Institutional Renewal**

An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilizes the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.

#### **Standard 3: Institutional Resources**

The human, financial, technical, physical facilities, and other resources necessary to achieve an institution's mission and goals are available and accessible. In the context of the institution's mission, the effective and efficient uses of the institution's resources are analyzed as part of ongoing outcomes assessment.

#### **Standard 4: Leadership and Governance**

The institution's system of governance clearly defines the roles of institutional constituencies in policy development and decision-making. The governance structure includes an active governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the institution.

#### **Standard 5: Administration**

The institution's administrative structure and services facilitate learning and research/scholarship, foster quality improvement, and support the institution's organization and governance.

#### **Standard 6: Integrity**

In the conduct of its programs and activities involving the public and the constituencies it serves, the institution demonstrates adherence to ethical standards and its own stated policies, providing support for academic and intellectual freedom.

#### **Standard 7: Institutional Assessment**

The institution has developed and implemented an assessment process that evaluates its overall effectiveness in achieving its mission and goals and its compliance with accreditation standards.

## **Educational Effectiveness**

### **Standard 8: Student Admissions and Retention**

The institution seeks to admit students whose interests, goals, and abilities are congruent with its mission and seeks to retain them through the pursuit of the students' educational goals.

### **Standard 9: Student Support Services**

The institution provides student support services reasonably necessary to enable each student to achieve the institution's goals for students.

### **Standard 10: Faculty**

The institution's instructional, research, and service programs are devised, developed, monitored, and supported by qualified professionals.

### **Standard 11: Educational Offerings**

The institution's educational offerings display academic content, rigor, and coherence appropriate to its higher education mission. The institution identifies student learning goals and objectives, including knowledge and skills, for its educational offerings.

### **Standard 12: General Education**

The institution's curricula are designed so that students acquire and demonstrate college-level proficiency in general education and essential skills, including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, and technological competency.

### **Standard 13: Related Educational Activities**

The institution's programs or activities that are characterized by particular content, focus, location, mode of delivery, or sponsorship meet appropriate standards.

### **Standard 14: Assessment of Student Learning**

Assessment of student learning demonstrates that, at graduation, or other appropriate points, the institution's students have knowledge, skills, and competencies consistent with institutional and appropriate higher education goals.

## Appendix B

### **Mission Statement of the Middle States Commission on Higher Education**

The Middle States Commission on Higher Education is a voluntary, non-governmental, membership association that is dedicated to quality assurance and improvement through accreditation via peer evaluation. Middle States accreditation instills public confidence in institutional mission, goals, performance, and resources through its rigorous accreditation standards and their enforcement.

## Assessing Student Learning and Institutional Effectiveness

### Understanding Middle States Expectations

In 2002, the Middle States Commission on Higher Education introduced updated accreditation standards that simplified requirements for resources and processes and concentrated instead on assessment: evidence that the institution is achieving its goals. Every accreditation standard now includes an assessment component; the assessment of student learning is addressed in Standard 14 (Assessment of Student Learning); and the assessment of all key institutional goals, including those assessed in the other thirteen standards, is addressed holistically in Standard 7 (Institutional Assessment).

Because Standards 7 and 14 are a significant change from prior standards, and because the Commission gives institutions great latitude in choosing approaches to comply with them, these two standards have engendered many questions. This statement is intended to address these questions and to clarify the Commission's expectations regarding these standards and their relationship to other standards such as Standard 2 (Planning, Resource Allocation, and Institutional Renewal).

#### What is the Assessment of Institutional Effectiveness (Standard 7)?

Assessment may be characterized as the third element of a four-step planning-assessment cycle:

1. Defining clearly articulated institutional and unit-level goals;
2. Implementing strategies to achieve those goals;
3. Assessing achievement of those goals; and
4. Using the results of those assessments to improve programs and services and inform planning and resource allocation decisions.

The effectiveness of an institution rests upon the contribution that each of the institution's programs and services makes toward achieving the goals of the institution as a whole. Standard 7 (Institutional Assessment) thus builds upon all other accreditation standards, each of which includes

periodic assessment of effectiveness as one of its fundamental elements. This standard ties together those assessments into an integrated whole to answer the question, "As an institutional community, how well are we collectively doing what we say we are doing?" and, in particular, "How do we support student learning, a fundamental aspect of institutional effectiveness?" (Standard 14). Self-studies can thus document compliance with Standard 7 by summarizing the assessments within each accreditation standard into conclusions about the institution's overall achievement of its key goals.

#### What is the Assessment of Student Learning (Standard 14)?

Assessment of student learning may be characterized as the third element of a four-step teaching-learning-assessment cycle that parallels the planning-assessment cycle described above:

1. Developing clearly articulated learning outcomes: the knowledge, skills, and competencies that students are expected to exhibit upon successful completion of a course, academic program, co-curricular program, general education requirement, or other specific set of experiences;
2. Offering courses, programs, and experiences that provide purposeful opportunities for students to achieve those learning outcomes;
3. Assessing student achievement of those learning outcomes; and
4. Using the results of those assessments to improve teaching and learning and inform planning and resource allocation decisions.

Because student learning is a fundamental component of the mission of most institutions of higher education, the assessment of student learning is an essential component of the assessment of institutional effectiveness (Standard 7) and is the focus of Standard 14 (Assessment of Student Learning).

## Why Does the Commission Expect Student Learning and Institutional Effectiveness to be Assessed?

The fundamental question asked in the accreditation process is, "Is the institution fulfilling its mission and achieving its goals?" This is precisely the question that assessment is designed to answer, making assessment essential to the accreditation process. Assessment processes help to ensure that:

Institutional and program-level goals are clear to the public, students, faculty, and staff.

Institutional programs and resources are organized and coordinated to achieve institutional and program-level goals.

The institution is indeed achieving its mission and goals.

The institution is using assessment results to improve student learning and otherwise advance the institution.

## What Are the Characteristics of Assessment Processes that Meet Middle States Expectations?

Effective assessment processes are useful, cost-effective, reasonably accurate and truthful, carefully planned, and organized, systematic, and sustained.

1. Useful assessment processes help faculty and staff make appropriate decisions about improving programs and services, developing goals and plans, and making resource allocations. Because institutions, their students, and their environments are continually evolving, effective assessments cannot be static; they must be reviewed periodically and adapted in order to remain useful.

2. Cost-effective assessment processes yield dividends that justify the institution's investment in them, particularly in terms of faculty and staff time. To this end, institutions may begin by considering assessment measures, indicators, "flags," and "scorecards" already in place, such as retention, graduation, transfer, and placement rates, financial ratios, and surveys. New or refined measures may then be added for those goals for which evidence of achievement is not already available, concentrating on the institution's most important goals. Effective assessments are simple rather than

elaborate, and they may focus on just a few key goals in each program, unit, and curriculum.

3. Reasonably accurate and truthful assessment processes yield results that can be used with confidence to make appropriate decisions. Because there is no one perfectly accurate assessment tool or strategy, institutions should use multiple kinds of measures to assess goal achievement. Assessments may be quantitative or qualitative and developed locally or by an external organization. All assessment tools and strategies should clearly relate to the goals they are assessing and should be developed with care; they should not be not merely anecdotal information nor collections of information that happen to be on hand. Strategies to assess student learning should include direct—clear, visible, and convincing—evidence, rather than solely indirect evidence of student learning such as surveys and focus groups.

4. Planned assessment processes that are purposefully linked to institutional goals promote attention to those goals and plans and ensure that disappointing outcomes are appropriately addressed. Institutions often have a variety of plans, such as a strategic plan, academic plan, financial plan, enrollment plan, capital facilities master plan, and technology plan. Just as such plans should be interrelated to ensure that they work synergistically to advance the institution, assessments should also be interrelated. At many institutions, effective institutional planning begins with academic planning, which in turn drives the other plans. If the academic plan calls for a new academic program, for example, the technology plan should ensure faculty and students in the new program will be able to use appropriate instructional technologies. Assessments of the technology plan should evaluate not just whether instructional technologies have been put in place but also how effectively those technologies have helped students to achieve the program's key learning outcomes.

5. Organized, systematized, and sustained assessment processes are ongoing, not once-and-done. There should be clear interrelationships among institutional goals, program- and unit-level goals, and course-level goals.

## What Should Institutions Document Regarding Assessment?

When submitting information on their assessment efforts to the Commission, institutions are expected to document:

clear statements of key goals, including expected student learning outcomes;

an organized and sustained assessment process (referred to in some Commission documents as an “assessment plan”) including:

- ✓ institutional guidelines, resources, coordination, and support for assessment;
- ✓ assessment activities and initiatives that are presently underway;
- ✓ plans to develop and implement future assessment activities and initiatives;

assessment results demonstrating that the institution and its students are achieving key institutional and program goals; and

uses of assessment results to improve student learning and advance the institution.

## How Should This Information Be Organized and Formatted for Review by the Commission and Its Representatives?

Assessment documentation that is organized into a coherent presentation of what the institution is doing regarding assessment provides a roadmap that facilitates the work of evaluation teams, reviewers, and the Commission. Assessment documentation is typically a living, fluid, organized collection of documents and/or online resources, often with references and/or links to further documents and online resources, that are routinely updated as the institution’s assessment processes evolve. There is not, however, any prescribed format or organization for these materials; institutions have maximum flexibility in designing and assembling assessment documentation that fits best with the institution’s mission, organization, and needs. A single, formal, polished document is not required and, for many institutions, may not be the most suitable format, because it may discourage the continual modifications that are made in effective assessment processes. The existence of an effective process, clearly described to the community and the Commission, is more important than a formal plan.

Institutions may choose to include an appropriate combination of the following in their assessment documentation:

An overview in a self-study, periodic review report, or follow-up report gives the Commission and its representatives a useful introductory synopsis of the institution’s assessment processes.

A chart or “roadmap” outlining assessment documentation, provided within a self-study or periodic review report or as an appendix, can be especially useful for large or complex institutions with a broad array of goals and assessment processes.

A written or online assessment plan that documents an organized, sustained assessment process (including institutional guidelines, resources, coordination, and support for assessment, assessment activities and initiatives that are presently underway, and plans to develop and implement future assessment activities and initiatives) can be an excellent way to initiate, structure, and demonstrate compliance with Standards 7 and 14, although it is not required. Assessment plans can guide and support the institutional community in its efforts to assess its mission and goals by:

- ✓ helping to ensure that assessment is efficient, effective, and purposeful, rather than just a collection of available information,
- ✓ providing information needed to carry out assessment practices, and
- ✓ helping to ensure that assessment is supported with appropriate resources and that results are used appropriately.

Assessment documentation incorporated within the institutional (strategic) plan or in separate documentation clearly linked to the institutional plan.

Separate assessment documentation for each institutional division that is linked together may be a feasible approach, especially for large, complex institutions.

More thorough information in an on-site resource room and/or online enables evaluation team members to review a cross-section of program- and unit-level assessment processes.

undergo a second full evaluation, with team visit, five years after receiving initial accreditation.

### **Institutional Profile**

In addition, each spring the institution submits to the Commission current data on its key contacts, enrollment, faculty, finances, and other activities, as well as information about any significant changes.

See Chapter 6 of this handbook on “The Accreditation Process after the Self-Study Report” for more information on the reporting and evaluation events that follow the decennial evaluation.

## **Characteristics of Excellence: The Accreditation Standards**

The essential point of reference for self-study and peer review is Characteristics of Excellence in Higher Education, which sets forth the Commission’s requirements of affiliation and standards for accreditation.

An institution seeking reaffirmation of accreditation, initial accreditation, or candidacy for accreditation status must demonstrate that it meets or continues to meet all of the Commission’s requirements of affiliation. The institution completes a Certification Statement concerning compliance with the requirements of affiliation, federal Title IV requirements, and the Higher Education Opportunity Act. The Certification Statement is signed by the Chief Executive Officer and the Chair of the institution’s governing board and attached to the executive summary of the self-study report. The evaluation team report and the team Chair’s confidential brief to the Commission are required to affirm that, based on a review of the self-study, interviews, the Certification Statement that the institution has provided and/or other institutional documents, the institution meets or continues to meet the requirements of affiliation. (Certification Statement forms are available on the Commission website.)

The Commission’s accreditation standards were developed by consensus among member institutions in the Middle States region.

They identify an institution’s mission, goals, and objectives as guideposts for all aspects of the accreditation protocol. The institution’s mission provides a lens through which the institution and the Commission’s evaluation team view the standards and apply them to that institution. This enables regional accreditation to address diverse institutional types and diverse educational delivery systems.

The 14 individual standards, organized into two sections entitled Institutional Context and Educational Effectiveness, should be viewed as an interrelated whole. Accompanying each standard in Characteristics of Excellence is narrative text on its context and values that provides guidance and definition.

Fundamental Elements specify the particular characteristics or qualities that together constitute the standard. Institutions and evaluators use these elements, within the context of institutional mission, to demonstrate or determine compliance with the standard.

The Fundamental Elements should not be seen as a simple checklist. The totality created by these elements and any other relevant institutional information or analysis must be considered. Where an institution does not evidence a particular Fundamental Element, the institution may demonstrate through alternative information and analysis that it meets the standard.

Characteristics of Excellence also identifies for each standard Optional Analysis and Optional Evidence that an institution might provide.

## How Are the Documentation of Institutional Assessment and Student Learning Assessment Related?

As noted earlier, because student learning is a fundamental component of the mission of most institutions of higher education, the assessment of student learning is an essential component of the assessment of institutional effectiveness. An institution may therefore create institutional effectiveness documentation that includes a component on assessing student learning, or it may create a bridge between two separate sets of documentation, one for the assessment of student learning and one for other aspects of institutional effectiveness.

## What Might the Commission and Its Representatives Look For in Assessment Documentation?

Evaluation team members, reviewers, and Commissioners might look for information on the following questions in an institution's assessment documentation:

1. Do institutional leaders support and value a culture of assessment? Is there adequate, ongoing guidance, resources, coordination, and support for assessment? (This may include administrative support, technical support, financial support, professional development, policies and procedures, and governance structures that ensure appropriate collaboration and ownership.) Are assessment efforts recognized and valued? Are efforts to improve teaching recognized and valued?
2. Are goals, including learning outcomes, clearly articulated at every level: institutional, unit-level, program-level, and course-level? Do they have appropriate interrelationships? Do the undergraduate curriculum and requirements address institutional learning outcomes and the competencies listed in Middle States' Standard 12 (General Education)? Are all learning outcomes of sufficient rigor for a higher education institution? Are learning outcomes for, say, master's programs more advanced than those for undergraduate programs?
3. Have appropriate assessment processes been implemented for an appropriate proportion of goals? (Expectations for an "appropriate proportion" are increasing as time elapses since the adoption of the new Characteristics of Excellence in 2002.) Do they meet Middle States expectations, as characterized above?
4. Where assessment processes have not yet been implemented, have appropriate assessment processes been planned? Are the plans feasible? Are they simple, practical, and sufficiently detailed to engender confidence that they will be implemented as planned? Do they have clear ownership? Are timelines appropriate, or are they either overly ambitious or stretched out too far?
5. Do assessment results provide convincing evidence that the institution is achieving its mission and goals, including key learning outcomes?
6. Have assessment results been shared in useful forms and discussed widely with appropriate constituents?
7. Have results led to appropriate decisions and improvements about curricula and pedagogy, programs and services, resource allocation, and institutional goals and plans?
8. Have assessment processes been reviewed regularly? Have the reviews led to appropriate decisions and improvements in assessment processes and support for them?
9. Where does the institution appear to be going with assessment? Does it have sufficient engagement and momentum to sustain its assessment processes? Or does it appear that momentum may slow? Are there any significant gaps in assessment processes, such as key areas where no assessment plans have been developed?

## Appendix D

### Sample Statement of Accreditation Status

NAME OF THE INSTITUTION  
Address of Institution  
City, State, Zip Code of Institution  
Phone: (xxx) xxx-xxxx; Fax: (xxx) xxx-xxxx  
www.xxxxx.edu

Chief Executive Officer:

System Information:

#### **Institutional Information**

Enrollment

(Headcount):

Control:

Affiliation:

Institution Type: (Carnegie Classification)

Degrees Offered:

Distance Education : (Yes, if two or more programs have been reviewed)

National and Specialized Accreditation: (List includes only accreditation agencies recognized by the U.S. Department of Education)

#### **Instructional Locations**

Branch Campuses:

Additional Locations:

Other Instructional Sites:

#### **Accreditation Information**

Status: Member since xxxx.

Last Reaffirmed: xxxx.

Most Recent Commission Action:

*(Includes formal language from last action letter)*

Brief History Since Last Comprehensive Evaluation:

*(Includes summary of all actions taken since last decennial review)*

Next Self-Study Evaluation: xxxx-xxxx.

Next Periodic Review Report: June 1, xxxx.

Date Printed: xx-xxxx-xxxx (not necessarily updated as of this date).

## Definitions

**Branch Campus:** A location of an institution that is geographically apart and independent of the main campus of the institution. The location is independent if the location: offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority.

**Additional Location:** A location, other than a branch campus, that is geographically apart from the main campus and at which the institution offers at least 50 percent of an educational program. **ANYA** (Approved but Not Yet Active) indicates that the location is included within the scope of accreditation but has not yet begun to offer courses. This designation is removed after the Commission receives notification that courses have begun at this location.

**Other Instructional Sites:** A location, other than a branch campus or additional location, at which the institution offers one or more courses for credit.

**Distance Education Programs:** Yes or No indicates whether or not the institution has been approved to offer one or more degree or certificate/diploma programs for which students could meet 50 % or more of their requirements by taking distance education courses.

### Explanation of Commission Actions

An institution's accreditation continues unless it is explicitly suspended or removed. In addition to reviewing the institution's accreditation status at least every five years, actions are taken for substantive changes (such as a new degree or geographic site, or a change of ownership) or when other events occur that require review for continued compliance. Any type of report or visit required by the Commission is reviewed and voted on by the Commission after it is completed. In increasing order of seriousness, a report by an institution to the Commission may be accepted, acknowledged, or rejected.

### Level of Actions

**Grant or Reaffirm Accreditation** without follow-up.

**Defer a decision on initial accreditation:** The institution shows promise, but the evaluation team has identified issues of concern and recommends that the institution be given a specified time period to address those concerns.

**Postpone** a decision on (reaffirmation of) accreditation. The Commission has determined that there is insufficient information to substantiate institutional compliance with one or more standards.

**Continue** accreditation: A delay of up to one year may be granted to ensure a current and accurate representation of the institution or in the event of circumstances beyond the institution's control (natural disaster, U.S. State Department travel warnings, etc.).

**Recommendations to be addressed in the next Periodic Review Report:** Suggestions for improvement are given, but no follow-up is needed for compliance.

**Supplemental Information Report:** This is required when a decision is postponed and is intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial action.

**Progress Report:** The Commission needs assurance that the institution is carrying out activities that were planned or were being implemented at the time of a report or on-site visit.

**Monitoring Report:** There is a potential for the institution to become non-compliant with MSCHE standards; issues are more complex or more numerous; or issues require a substantive, detailed report. A visit may or may not be required.

**Warning:** The Commission acts to Warn an institution that its accreditation may be in jeopardy when the institution is not in compliance with one or more Commission standards and a follow-up report, called a monitoring report, is required to demonstrate that the institution has made appropriate improvements to bring itself into compliance. Warning indicates that the Commission believes that, although the institution is out of compliance, the institution has the capacity to make appropriate improvements within a reasonable period of time and the institution has the capacity to sustain itself in the long term.

**Probation:** The Commission places an institution on Probation when, in the Commission's judgment, the institution is not in compliance with one or more Commission standards and that the non-compliance is sufficiently serious, extensive, or acute that it raises concern about one or more of the following:

1. The adequacy of the education provided by the institution;
2. The institution's capacity to make appropriate improvements in a timely fashion; or
3. The institution's capacity to sustain itself in the long term.

Probation is often, but need not always be, preceded by an action of Warning or Postponement. If the Commission had previously postponed a decision or placed the institution on Warning, the Commission may place the institution on Probation if it determines that the institution has failed to address satisfactorily the Commission's concerns in the prior action of Postponement or Warning regarding compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit follows. Probation may, but need not always, precede an action of Show Cause.

**Suspend Accreditation:** Accreditation has been Continued for one year and an appropriate evaluation is not possible. This is a procedural action that would result in Removal of Accreditation if accreditation cannot be reaffirmed within the period of suspension.

**Show Cause why the institution's accreditation should not be removed:** The institution is required to present its case for accreditation by means of a substantive report and/or an on-site evaluation. A "Public Disclosure Statement" is issued by the Commission.

**Remove Accreditation:** If the institution appeals this action, its accreditation remains in effect until the appeal is completed.

Other actions are described in the Commission policy, "Range of Commission Actions on Accreditation."

## Appendix E

### Types of Middle States Publications

Various documents supplement *Characteristics of Excellence*, describing the Middle States Commission on Higher Education and its accreditation processes and practices. Many of these materials are available on the Commission's website ([www.msche.org](http://www.msche.org)) and may be downloaded as PDF documents. Many of the publications are also available for purchase by using the online publications order form.

The various types of Commission publications include:

#### **Manuals on Accreditation Protocols**

- For institutions seeking candidacy for accreditation.

#### **Standards for Accreditation and Requirements of Affiliation**

- Includes *Characteristics of Excellence in Higher Education*, featuring the 10 requirements of affiliation and 14 accreditation standards; and *Becoming Accredited*, a step-by-step guide for institutions that are interested in the process of earning Middle States accreditation.

#### **Guidelines for Institutional Improvement**

- The assessment of overall institutional effectiveness and the assessment of student learning, in particular, with a free summary available online.

#### **Commission Policies and Procedures**

- Current policy, procedural, and advisory statements, available as publications on the web.

#### **Other Materials**

- An online, searchable directory of member and candidate institutions;
- The Commission's newsletter, archived and searchable on the website.

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## THE STANDARDS AT A GLANCE

The standards, outlined in Appendix A, include:

### *Institutional Context*

- Standard 1: Mission and Goals
- Standard 2: Planning, Resource Allocation, and Institutional Renewal
- Standard 3: Institutional Resources
- Standard 4: Leadership and Governance
- Standard 5: Administration
- Standard 6: Integrity
- Standard 7: Institutional Assessment

### *Educational Effectiveness*

- Standard 8: Student Admissions and Retention
- Standard 9: Student Support Services
- Standard 10: Faculty
- Standard 11: Educational Offerings
- Standard 12: General Education
- Standard 13: Related Educational Activities
- Standard 14: Assessment of Student Learning

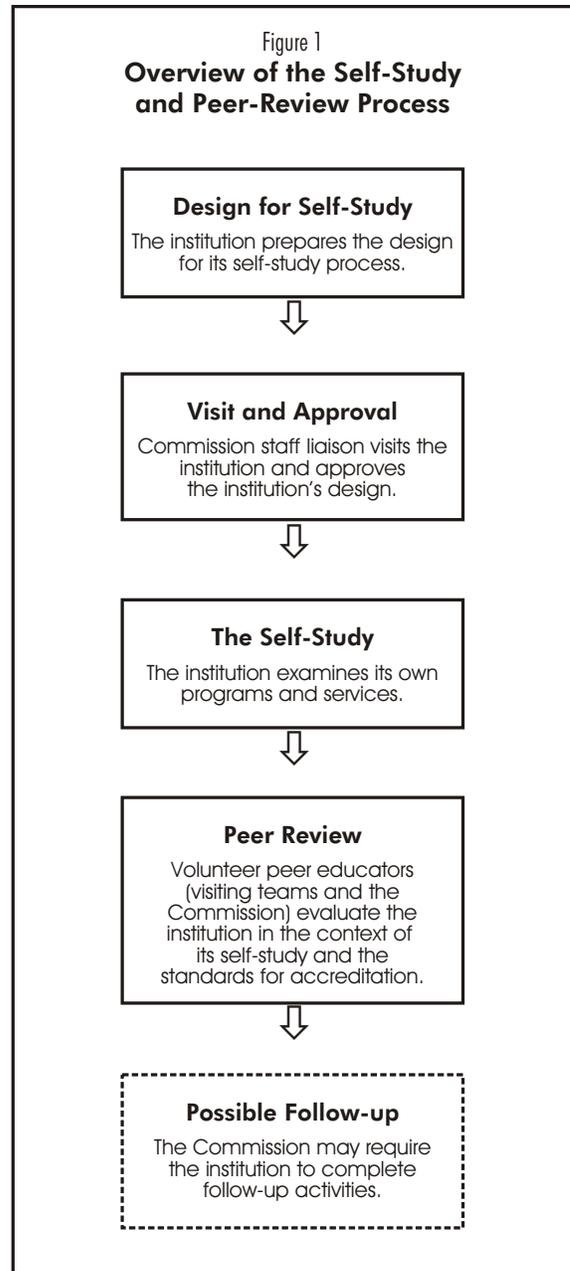
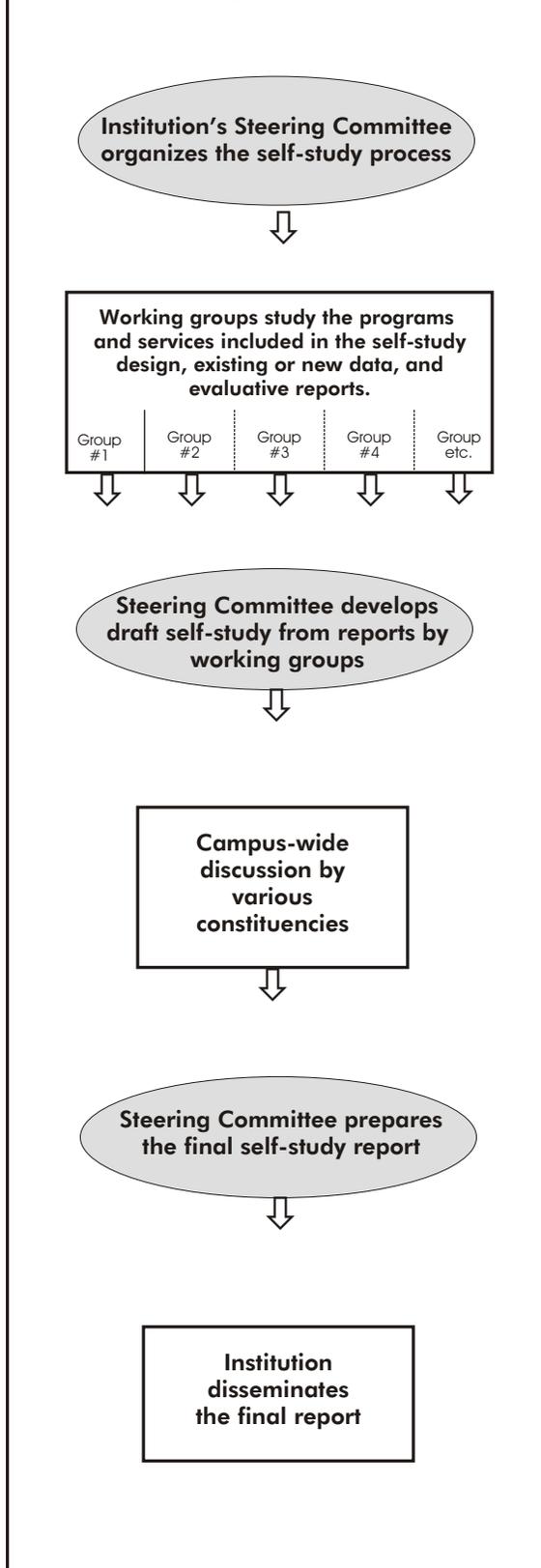


Figure 2  
The Evolving Self-Study Report



## An Overview of the Decennial Self-Study Process and Result

The decennial evaluation consists of an extensive institutional self-study process that produces a written self-study report. This report and the Commission's accreditation standards serve as the basis for on-site evaluation by a team of peer evaluators. (See Figure 1.)

Candidate institutions are evaluated in this way prior to the granting of initial accreditation, newly accredited institutions are evaluated again five years after receiving initial accreditation, and long-accredited institutions are evaluated this way every 10 years.

During self-study, the institution carefully considers its educational programs and services, with particular attention to student learning and achievement, and it determines how well these programs and services accomplish the institution's goals, fulfill its mission, and meet the Commission's standards.

Under the leadership of a steering committee appointed by the institution, working groups or subcommittees examine existing data and evaluative reports, gather new information, and prepare analytical reports on their assigned topics. (The term "working groups" is used in this handbook to avoid confusion with references to the steering committee.) The steering committee edits the reports of the various working groups, produces a draft for discussion, and disseminates the final self-study report. (See Figure 2.)

A broad cross-section of the campus community is expected to participate in the self-study process at each stage: in the steering committee, the working groups, and the campus-wide discussions.

The self-study report has two sets of audiences and two major purposes. The primary audience is the institution's own community, and the secondary audience includes external (or public) constituencies.

The primary purpose of the self-study report is to advance institutional self-understanding and self-improvement. The self-study report, therefore, is most useful when it is analytical and forward-looking rather than descriptive or defensive, when it is used both to identify