Comprehensive Program Review Policy:

A RESOURCE GUIDE

This guide provides a process overview for conducting comprehensive program reviews. It includes annual timelines, components of the self-study process, information about selection of external reviewers and post-review meetings.
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Over the years, Armstrong State University has undertaken many efforts to refine, expand and innovate in its delivery of needed programs and services. At the same time, the University has witnessed changes in student demographics, technology, funding, and public understanding of its mission that impact its operations. Now more than ever, we need to make public the excellence that is Armstrong and develop more systematic approaches to enhance our quality and provide better outcomes for our stakeholders. Comprehensive Program Review is one way to accomplish this goal.

Purpose

The purpose of comprehensive program review (CPR) is to systematically evaluate each program with an eye toward making programmatic improvements. Important in this endeavor are the faculty and staff members who teach and provide supportive services. Their analysis and interpretation of ongoing data collection and information over an extended period of time and the periodic review yields valuable information about important trends, student learning and programmatic outcomes, community service and outreach, and research within the university mission.

The CPR process integrates evaluation with formative assessment for strategic planning and continuous improvements. The process integrates internal requirements with those of the Georgia Board of Regents and those of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). CPR also considers the internal and external environments in which the program operates to assess potential opportunities and obstacles for its success in serving students, the community, and the state.

By examining strengths and areas for improvement in these contexts, programs are placed in better positions to make decisions about what to improve, how to improve, when to schedule improvements, and who to involve in making improvements.

CPR allows participants to gain knowledge about how to improve assessments and increase program impact and effectiveness. The information gained from CPR is used to better align the University’s resources in support of its mission and strategic plan, and enhance programmatic planning and decision making.
Process Overview

CPR for Academic Programs examines both educational and operational outcomes to develop plans for continuous improvements. The Office of Assessment will coordinate an orientation meeting and consultation with programs due for review in a given year to kick-off the process that includes:

1. Review of the Annual Assessment Reports five years preceding the CPR or since the last CPR, and other specialized accreditation reports. Assessment of the change activities reported back in the Annual Assessment Reports and their impact on student learning outcomes, and strength of the program is integrated into the CPR Self Study Report.

2. A written CPR Self Study Report by the program under review. The Office of Assessment will provide training on use of templates, checklists, technologies, and identify useful resources for program review.

3. Dean’s review of the final form of the CPR self-study forwarded with any comments to the Director of Assessment.

4. Director of Assessment’s consideration of comments and necessary actions. Forward of CPR Self Study to Provost and to external reviewer(s).

5. On-site visit by the external reviewer, a qualified expert in the discipline outside of Armstrong.

6. Within four weeks of the visit, External Reviewer’s Report is sent to the Director of Assessment for dissemination to relevant parties on campus.

7. Program’s written response to the recommendations made by the External Reviewer including an action and assessment plan of strategies they will take both short-term (1-2 years) and long-term (3-5 years) sent to the Director of Assessment, Dean and the Provost.

8. Follow-up meeting with the program’s administration and faculty, the Dean of the College, the Provost, and the Director of Assessment to discuss findings and the program’s response (short-term, long-term)

9. Further follow-up meetings with the program, as needed, will be conducted by the Dean to ensure appropriate actions are implemented. To the extent that these require changes in budgets, additional personnel or resources, this information is fed back into the budget cycle.
Timelines

August

Provost consults with Deans and Director of Assessment to confirm program selection that will perform Comprehensive Program Review for the given year. Usually this selection will conform to the five year planning schedule for reviews. However, some slight modification may occur, for example when new programs are added to the curriculum.

Early September

Deans notify programs in their respective colleges that are due for CPR the given year.

September

Director of Assessment convenes a meeting with the Deans and their respective Program Heads for those undergoing CPR to provide orientation and discuss processes and resources.

Mid-October

Department Head/ Program Coordinator submit names and short bios or CVs if available, of three potential external reviewers to the Director of Assessment. The Director will contact potential reviewers to collect additional information relative to their experience, interest, and availability.

All collected information is shared with the respective Dean and Provost who select the external reviewer.

Mid-November

Program Coordinator in collaboration with program faculty completes first draft of self-study and circulates draft self-study to all program faculty members for review and edits.

Once the external reviewer is identified, the Office of Assessment sends notification letter.

January

Final Program Self-Study sent to the Dean for review and comment.

Early February

Dean sends self-study along with his/her comments to the Director of Assessment.

Complete information packets, including the Program Self Study are sent to identified external reviewer. Dates for the external program review are confirmed.
For programs that will have on-site reviews, a detailed schedule for the visit is developed by the program in consultation with the Director of Assessment and included in the packet.

**February – March**

External reviews occur and subsequent external reviewer reports are sent to the Office of Assessment, which will distribute to all relevant parties.

The Institutional Effectiveness Committee is convened to review CPR documents.

**March – April**

Program considers the results of their self-study, the external reviewer’s report, and comments from the IE Committee in developing a written response that includes an action and assessment plan of strategies they will take both short-term (1-2 years) and long-term (3-5 years) that is sent to the Director of Assessment, Dean and the Provost.

**May**

Meeting with the program’s administration and faculty, the Dean of the College, and the Provost will be convened by the Director of Assessment to discuss findings and program’s plans.

**June ---**

Further follow-up meetings with the program, as needed, will be conducted by the Dean to ensure appropriate actions are implemented. To the extent that these require changes in budgets, additional personnel and resources, this information is fed back into the budget cycle.
Components of Review

The CPR Self Study Report

A CPR Self Study Template along with definitions and guidance in the use of the template will be provided to programs undergoing review. It includes the following components:

1. **Introduction**: Short history for context, a clear description of program mission and its relationship to Armstrong’s mission and strategic goals, the needs of students, and state demand for graduates. Articulates program goals and outcomes that are related to its mission.

2. **Review and analysis of key student indicators**: Synthesis of data since the last review that includes: 5-7 year trend in enrollments, retention rates for majors, degree conferrals, and time-to-degree by demographic groups and overall totals; and semester credit hour production by academic year. Discuss factors that have affected enrollments, retention rates and time to degree.

3. **Faculty and Staff**: Trend data since the last review, 5 years or 7 years, covering the number of faculty and staff in the program by demographic groups as well as the overall totals. Includes fte student/fte faculty ratios, and information about faculty loads. List of current faculty indicating whether they are full-time or part-time and tenure status. Provide the number of faculty supporting the program within the unit; the number of faculty supporting the program external to the academic unit. Those external to the unit refer to faculty who teach major courses but may be in a different department, for example, those who teach for interdisciplinary programs and/or the faculty of record for clinicals.

   Provide information that demonstrates that the number and quality of faculty and staff support the stated programmatic outcomes. Information includes faculty credentials, professional development, faculty productivity and average class sizes. Include updated CVs in the Appendices.

4. **Curricular Program Design**: Describes the requirements for admission to the program and requirements to complete the program. Includes course sequencing or frequency of course offerings. From annual assessment reports—A clear description
of how learning goals and expected outcomes are related to each course offered. Includes a course matrix showing in which courses program learning outcomes are achieved (introduced, reinforced, and mastered). Addresses the relevance of the curriculum to student/graduate/state needs and the extent student needs are met by the program. Indicates current and projected student demand for the program.

5. **Assessment of student learning goals and outcomes**: From annual assessment reports- A synthesis of evidence of how well program learning goals and outcomes have been achieved over the last five years. Includes a discussion of both direct and indirect methods used, assessment results and interpretation of those results and how these have been used to improve the program (addresses program quality).

6. **Assessment of student support operations**: Provide evidence that student advising is readily available and effective in meeting student needs. Provide evidence of assessments and resulting changes made to improve (a)program policies, procedures, communication and information flow (b) outreach and marketing of program offerings; (c) staffing; and/or (d) coordination of co-curricular experiences for the majors—i.e. research symposium participation, participation in internships, conference travel, etc., alumni participation, advisory boards.

7. **Research scholarship and creative endeavors**. Evaluate faculty and student involvement, level of financial support, and mentoring and development opportunities for new faculty.

8. **Program Delivery**: Discuss how the program assesses pedagogy and teaching effectiveness in face-to-face, online, and hybrid forms of instruction. Provide an analysis of results and how results have been used to improve practice since the last review.

Identify the instructional technologies used in delivering the program. Provide evidence that the program’s use of educational technologies enhances student learning and is appropriate for meeting the program’s goals and student learning outcomes.

9. **Program Development—External Scanning**. Programs that enjoy success periodically scan the environment to see how changes in the environment may impact their program. These changes may require changes in how the program attracts, retains and graduates its students. It may require changes in the curriculum that include curricular experiments to improve student learning and outcomes, development of cutting edge courses, or new modalities of delivery. It is not only important to know how well we are doing, but also to know where future directions lie. Two methods are suggested: (a) Examine disciplinary trends and
discuss what changes the program had made or will make to address these, and (b) Compare relevant practices, i.e. those of importance to the program, related to curricular development, teaching, advising and operational practices with 4-5 institutions selected from one of Armstrong’s peer group of institutions. These include the national peer group, the University of Georgia system of 4-year institutions, and may include the program’s carefully selected group of institutions with similar programmatic missions. Identify sources of information used and summarize the findings (addresses program quality and viability).

10. **Other measures of program quality**: Cite here any specialized accreditations, research and publications of faculty, other notable achievements of students, faculty and staff. Also include participation in faculty development activities and conference presentations; number of grants written and amounts awarded (addresses program quality and productivity). If available, Completer/Alumni Survey Results and Analysis, Student Exit Survey Results and Analysis.

    **Facilities and Budget**: Discuss space (adequacy and condition), technology, laboratories, equipment, library holdings, and other campus infrastructure that supports the program. Discuss space planning and budget (addresses program quality and viability).

11. **Summary**: Summarizes key findings from all sections above.

12. **Conclusions and Implications for the future**: Succinctly note the program’s achievements, progress, areas of distinction. Identify key challenges and opportunities for the program. Highlight any trends and/or market forces that might impact the program. Discuss how findings of this review will be used to enhance program quality and student learning (1500 word limit).

    **External Reviewers**

The purpose in using an external reviewer or program evaluator is to provide the university with an objective, unbiased review of the program and new perspectives from someone familiar with the discipline and the process of review.

ALL PROGRAMS ARE SUBJECT TO HAVING AN EXTERNAL REVIEW. However, since some programs have specialized accreditations and reviewers, the first priority in a given year will be those programs that do not have specialized accreditations.
External reviewers will be used to review the self-study, conduct an on-site visit and provide a written report. (See scope of services for more detail).

Qualifications:

Ideally, the person chosen to conduct the external review should have most of the key characteristics described below.

- Faculty experience
- Administrative experiences in higher education
- Recognized competence in the discipline and a comprehensive understanding about emerging trends in the field
- Demonstrated leadership in the disciplinary associations
- Experience in public four-year institutions similar to Armstrong (peer institutions most preferred)
- Experience with both undergraduate and graduate programs in the field
- Familiarity with the standards in the disciplinary field

To maintain objectivity and high ethical standards, the individual chosen should not have an apparent relationship to members of the department (i.e., family relationships, close friendships, external consulting or business relationships). Further, the external reviewer should not be a former member of the department or a graduate of the program.

The department head/program coordinator should meet with the program faculty to identify 3 potential reviewers. The names, copies of vitas or short biographical profiles, and contact information for each are then sent electronically to the Director of Assessment, who will make the initial phone contact with each candidate.

All information gathered is then sent to the Provost and Dean for their consideration. Once the external program reviewer is chosen, the Director of Assessment will be in contact with the reviewer and send a letter that explains the scope of services, stipend and visit arrangements.
**Scope of Services:**

The external program reviewer will review all relevant documents, and make a visit to campus to meet with key stakeholders. In all cases, the reviewer will write a report to be submitted to the Director of Assessment for distribution to all concerned. Specifically, the external reviewer will:

1. Review the CPR Self Study and all publicly available information such as catalog entries for the department, program websites, course schedules, news articles. Reviewers may request internal institutional reports related to the program, program approval documents, and reports from regional and disciplinary accreditation bodies. In this instance, the Director of Assessment would contact the Dean or Department Head.

2. After reviewing these documents, the external reviewer will tour campus and departmental facilities and interview at a minimum (a) the department head and/or program coordinator, (b) program faculty, (c) the dean, and (d) the Provost. Depending on time constraints, the reviewer may choose to meet with a group of students in the major, visit a class and meet with collaborating departments and services. It is up to the external reviewer to prepare a set of interview questions in advance of the visit that will help to address areas and concerns not addressed by the relevant documents.

3. The reviewer will prepare a report detailing his or her findings. Specifically, the reviewer will comment on program quality, productivity, and viability through an examination of the:
   - Program design
   - Program delivery
   - Program outcomes, and the
   - Overall effectiveness of the program.

The reviewer’s report summary will note the program’s strengths and weaknesses and will make recommendations for program improvements in light of the review of all documents and interviews conducted as well as his or her own expertise in the field.

**Costs:**

The Provost’s Office will cover associated costs of the external reviewers.

**Post- Review Meetings**

After the external reviewer has submitted their report to the Office of Assessment for distribution to all relevant parties, the Director of Assessment will coordinate a meeting with the program faculty, Program Coordinator/Department Head, Dean and the Provost to discuss
findings and plan accordingly. More information on these details is available by contacting the Director of Assessment, Dr. Angeles Eames at (912) 344-3328 or by email at angeles.eames@armstrong.edu