**It’s hard to know whether to laugh or cry.**

**It was 1911 when the US Department of Education (then known as the Bureau of Education) last tried to publish a list that stratified or ranked higher institutions according to how their college graduates performed in graduate school. This report was suppressed by both Pres. Taft and his successor, a professor himself, Pres. Wilson. It has not been attempted since. Any meaningful comparisons, no doubt, will run into the same dead end. (cf. David Webster in Hist. of Ed. Qtrly, 1984, 499-511.)**

**Numerous other cross-cutting tensions threaten to tear this agenda apart: the fact that faculty quality standards have been left up to the accrediting guilds for so long (resulting in a massive out-of-field instructor problem here in the South, especially Florida’s community colleges); the misalignment between association guild-goals and the US DOE’s fiduciary duties (never fully addressed in** [**HEA 1992**](http://home.earthlink.net/~fheapblog/id9.html)**); the irrelevance of learning outcomes for the credential markets (it is not what students learn, but where students go, that matters); and the fact that institutional mission statements are largely rhetorical constructions.**

**Cracks are beginning to show in the century old “accreditation movement,” whose origins can be found in progressive era reforms, the survey movement, Taylorism and the standards movement. Most prominent, aside from its dependence on the naturalization of higher education in general, and the rise of American credentialism in particular, are its guild characteristics, the protection of privilege and member benefits. Clearly, a system of self-regulation that is 800 years old has outlived its usefulness. We wish the Secretary luck in reforming it**

**This depiction of the Peer Reviewer Selection Process shows just why site-reviews have been characterized as incestuous.**

**The Power of Accreditation: views of academics**

Professor Lee Harvey

Centre for Research and Evaluation

Sheffield Hallam University, UK

lee.harvey@shu.ac.uk

**Introduction**

The paper draws on many years’ experience of analysing external evaluations of quality

and standards. It is important to note that quality and standards are not the same (Harvey

and Knight, 1996). The paper will draw on the views of those who have been involved in

accreditation in Britain and in North America. Both countries have had forms of

accreditation for decades. These views will, at a surface level, help to identify the

perceived benefits and problems of accreditation. However, those same views, when

critically deconstructed, will also raise fundamental issues about accreditation.

Overall, the view underpinning this paper is that Europe is rushing precipitously into

accreditation and that the approach being taken is based on naïve views of what

accreditation is and what it can achieve. More fundamentally, there is an underlying but

unspecified and unexamined set of taken-for-granteds that legitimate accreditation.

Accreditation is neither neutral nor benign; it is not apolitical. Quite the contrary, the

accreditation route is highly political and is fundamentally about a shift of power but a

shift concealed behind a new public management ideology cloaked in consumerist

demand and European conformity. The paper intends to demonstrate this.

Also, accreditation is not a process somehow set aside from audit, assessment, or

standards monitoring such as external examining. Accreditation uses methods and has

purposes that overlap with audit, assessment and external examining.

**Accreditation**

Before exploring these issues, some orientation on what accreditation is and how it

relates to other external processes. Accreditation may be of programmes or institutions.

Accreditation is the establishment or re-statement of the status, legitimacy or

appropriateness of an institution, programme (i.e. composite of modules) or module of

study. 1

1 Respondents to the e-mail survey also pointed to other practices and procedures that they regarded as forms of

accreditation. These included the benchmarking process in the UK, additional voluntary kitemarking procedures

provided by an international third party and so on. There is no space to explore these issues here and they will be

considered elsewhere, for example, Prøitz, Stensaker and Harvey (2003).

**Institutional accreditation**

Institutional accreditation effectively provides a licence to operate. It is usually based on

an evaluation of whether the institution meets specified minimum (input) standards such

as staff qualifications, research activities, student intake and learning resources. It might

also be based on an estimation of the potential for the institution to produce graduates

that meet explicit or implicit academic standard or professional competence.

Institutional accreditation or re-accreditation, in Europe for example, is usually

undertaken by national bodies either government departments or government-initiated

agencies or quangos that make formal judgements on recognition. In some countries, with

a total or preponderant public sector higher education system, there is little need for

institutional accreditation, *per se*, but there is a growing need for a mechanism to validate

‘upgrading’ of non-university higher education institution (such as colleges, polytechnics,

Fachhochschule) to university status, as has happened, for example, in the UK and

Sweden.

In the United States, with a large private sector, accreditation is a self-regulatory process

of recognition of institutional viability by non-governmental voluntary associations.

One needs to make a clear distinction between the practices of the different accreditation groups

for different institutional types and for programs. For instance the six major regional accrediting

bodies for institutional accreditation are most well developed and have clear policies and

procedures and strong support for the process. They are well staffed relative to others.

Proprietary institutions have their own accrediting bodies [which are not rated highly in the

university sector] (R41, US, general)2

The focus of US institutional accreditation has changed. Initially accreditation was a

device ‘used by a college or university to convince other institutions that its students and

courses should be accepted by them, and vice versa’ (Murray, 2002, p.1). It evolved into

a form of public accountability providing assurances ‘to those outside the higher

education community as well as those inside it that the institution had capacity to offer its

programs’ (Murray 2002, p.1).3 Furthermore, despite the voluntary nature of the process,

there has been a funding link through eligibility for federal aid. Increasingly, there has

been a shift in accreditation to focus more on outputs, in particular, student learning

outcomes.

In Canada, the government of Ontario has established The Post-secondary Education

Quality Assessment Board to examine applications to offer degrees from institutions

2 Respondents from the survey are identified by a number, by the country and the subject area they are talking about.

‘General’ refers to comments made about accreditation that do not relate to specific subject areas. See section on

‘Views of participants’, below.

3 Murray (2001), though argues that institutional accreditation in the US, having shifted from being a process of mutual

recognition, is but one of three processes that are used to persuade stakeholders of the credentials or worth of an

institution. Competition and government regulation are the other two elements and, as only one of three elements,

accreditation does not have to worry unduly about compliance to regulation and the competitive process means that it

accreditation is freed up ‘from its traditional and exclusive focus on capacity to focus on the integrity of the academic

program and increases in its quality’,

other than the provinces’ publicly-funded universities (INQAAHE, 2001a). Institutional

accreditation, especially initial recognition, tends to be more prominent in countries with

a significant new private higher education provision, such as those in the Americas and

Eastern Europe. For example, the Consejo Nacional de Univeridades in Venezuela

evaluated and granted licences to new, experimental higher education institutions and

continued to evaluate them until they attained full autonomy (Ayarza, 1993).

Delegates at the international seminar *The End of Quality?* accepted that institutional

accreditation was useful, in theory, to ensure the integrity of higher education —

including international integrity. However, the context and stage of development of

higher education within any system is a key variable in determining the importance of

accreditation. The more new (private) development the more, it was thought, is the need

for institutional accreditation. In the US, for example, institutional accreditation with

established institutions is not providing much return on the monitoring process (Harvey,

2002a).

**Programme accreditation**

Programmes may be accredited for their academic standing or they may be accredited to

produce graduates with professional competence to practice; usually referred to as

professional accreditation.

Accreditation (and re-accreditation) of courses in North America tends to focus on

professional areas. About 14 different non-governmental voluntary associations recognise

provision in institutions that have been found to meet stated criteria of quality. These

accreditors judge whether the study programmes appropriately prepare graduates to enter

a profession. Accreditation of programmes in the USA is, thus, linked to providing a

licence to practice but is separate from it.

Program accreditation varies substantially by discipline and professional field. Some have welldeveloped

accrediting processes, others are less well developed and some have none. Then, of

course, in some fields there are individual licensure exams done either by the profession (e.g.,

medicine or law) or the state government (e.g., teacher certification)… licensure practices vary

greatly by field and state. (R41, US, general)

This is very similar to the role played by the professional and regulatory bodies in the

UK, who also control access to the profession by making accreditation of the programme

a prerequisite for graduate entry. Perhaps more draconian than their US counterparts,

some bodies in the UK set and grade their own examinations and require a period of work

experience before registering graduates as full professionals (Harvey & Mason, 1995).

The newer accreditation in Eastern European countries such as Hungary, the Czech

Republic and Slovakia has, at least initially, opted for programme accreditation in all

academic fields (Westerheijden, 2001). This appears to be designed principally to provide

academic rather than professional accreditation in the wake of the Soviet era. The

mushrooming of new programme accreditation proposals in some Western European

countries, linked to bachelor-masters conversion, also predominantly appears to be

academic accreditation. Instead of accrediting institutional processes for the creation of

bachelor-masters courses based on existing provision, it seems some countries intend to

accredit every new programme. To paraphrase a recent conversation with a colleague

facing the new Flemish system:

We will have a subject accreditation visit every week. We have a permanent office to coordinate

these visits. It is going to be very costly. The accreditation will last eight years and then

we are supposed to go through the whole cycle again. However, we expect the methodology will

only last one cycle.

**Licence to practice and accreditation**

There is a distinction between graduating from an accredited programme and having a

licence to practice. In some cases, these are coincident, especially for graduates from

some postgraduate programmes. Sometimes an undergraduate degree in a specified

subject is a prerequisite for progression to a postgraduate course or diploma in that area.

In some cases *any* good undergraduate degree is a pre-requisite for further professional

training; for example, in law in the UK there is a one-year postgraduate conversion

course that non-law graduates take before joining the law society postgraduate

qualification programme.

In many professional areas, graduation from an appropriately accredited academic

programme is a preliminary step and full professional certification, and thus a licence to

practice, follows only after some period of work experience. In some instances, such as

teaching, a licence to practice may be virtually independent of studying on an accredited

programme. In many US states, obtaining a teaching licence is *not* dependent on having

an accredited teacher education degree. In fact, less than half the US colleges of

education are accredited, which does not appear to affect the institution’s reputation or its

graduates’ prospects:

Even when based upon graduation from a teacher education program, state’s requirements for

teaching licenses are easily waived and the licenses are typically not required for private school.

It would be an unthinkable public policy to require driving licenses only for those who drive

publicly owned vehicles, or medical licenses only for those who work in public hospitals and

clinics. However, policy makers have required that only teachers employed in public settings be

licensed. Also, states regularly grant the teaching license to graduates of unaccredited schools, a

practice without parallel in law or medicine. (Murray, 2001)

**Validation and accreditation**

When examining subject or programme accreditation it is important also to distinguish

between validation, revalidation, accreditation and re-accreditation. Validation refers to

internal processes in institutions. So, a validation process would ensure that a new

programme fulfilled internal institutional criteria. Validation is the internal

acknowledgement of the establishment and legitimacy of a programme. In some

countries, such as the UK, the introduction of new programmes of study and new

component modules in some areas, such as social science, is solely an internal process. In

others, new programmes require external approval, from an agency or government

department and if they are in ‘professional’ areas they may need additional accreditation.

In other countries, there are limits on new developments, for example, in Norway, if a

subject area is already well-established at an institution, new programmes up to 90 credits

(1.5 years) can be opened.

Revalidation is the formal renewal of that acknowledgement. Most institutions have

processes for periodic review of existing programmes of study and of their constituent

modules. This process may be linked to external accreditation but is often an internal

process within permitted parameters and, usually, conforming to explicit guidelines.

External re-accreditation may be ‘delegated’ to the internal revalidation procedure

(usually on the condition that the internal procedure uses external advisors).

Accreditation is the formal or official external recognition of a (validated) programme.

This may be for funding purposes or it may be registration of the programme as a

provider of professional education (which thereby signifies that graduates have attained a

level of minimum professional competence). The external accreditation agency may be a

national agency or a discipline-specific agency or a regulatory or professional body with

delegated authority. Re-accreditation is, thus, the formal renewal of an accredited

programme.

**Accreditation criteria and decisions**

Accreditation has been described as a public statement that a certain threshold of quality

has been achieved or surpassed (Campbell *et al.*, 2000; Kristoffersen, Sursock, &

Westerheijden, 1998). However, one might argue that accreditation is more about

minimum standards (be they academic, competence, service or organisational (Harvey,

1999)) than about the quality of the process. None the less, accreditation decisions are, or

at least should be, based on transparent agreed, pre-defined standards or criteria (El-

Khawas, 1998; Sursock, 2000).

Not all accreditation criteria are as transparent as they might be, as some of the comments

below suggest. Also, in a recent, study of EQUIS accreditation processes of business

schools, it was noted that:

…more openness concerning how an institution has obtained the quality award would, in our

view, increase the legitimacy of the whole accreditation procedure. The issue of openness should

also be something that other accreditation systems should be judged by; especially since

arguments relating to stakeholder needs and market information often are used as a prime

argument and rationale for implementing accreditation systems (Prøitz, *et al*., 2003).

Accreditation is a binary state, either a programme or an institution is accredited, or it is

not (Haakstad, 2001, p. 77). However, the absolute of this binary state is blurred or

softened by a ‘holding’ decision that permits, in effect, progression to accreditation. This

ranges from accreditation subject to further action, through probationary accreditation to

permission to reapply for accreditation.

**Focus of accreditation**

Accreditation may be focused on inputs, process or outputs or any combination of these.

Programme accreditation tends to focus on inputs such as staffing, programme resources,

and curricula design and content. Sometimes it addresses the teaching process and the

level of student support. Occasionally programme accreditation explores outcomes such

as the graduate abilities and employability. In some cases, the medium of delivery might

be the key focus, especially when it differs from the norm.

For example, the Council for National Academic Awards (CNAA) initial accreditation

process (approval), that used to operate in the British polytechnic system,4 focussed on

the inputs to a programme (staff, facilities, support infrastructure) and the proposed

syllabus, booklist and teaching method. A programme could, thus, be accredited before

any students were enrolled.

The US, Teacher Education Accreditation Council (TEAC), for example, only gives new

teacher training programmes pre-accreditation status. Full accreditation follows only

when the academics make the case that the ‘professional education program has

succeeded in preparing competent, caring, and qualified professional educators’, that is

once students have been through the programme. Here the focus for full accreditation is

on the outputs of the programme. This is not untypical of professional programme

accreditation undertaken in the UK or US (Harvey & Mason, 1995; Westerheijden,

2001).

Institutional accreditation tends to focus on the overall infrastructure, especially the

physical space, along with the IT and library resources and the staffing. It might address

this from the point of view of the overall student learning experience. In addition,

institutional accreditation might focus on financial arrangements and viability,

governance and regulation and administrative support. Where an institution offers

distance or on-line learning, the medium of delivery might be a focus of accreditation

procedures. Increasingly, the US regional institutional accreditation agencies are focusing

on outcomes and effectiveness. For example, the Northwest Association of Schools,

Colleges and Universities identifies the assessment of institutional effectiveness as an

essential eligibility requirement for candidacy for accreditation. Similarly, a core

requirement for college accreditation of the Southern Association of Colleges and

Schools (SACS) is that ‘the institution must engage in ongoing, integrated and

institution-wide research-based planning and evaluation processes that incorporate a

systematic review of programs and services to demonstrate that the institution is

effectively accomplishing its mission’ (R36, US, general).

In principal, though, rather than the input-process-output focus, accreditation might be

based on recognition that the institution has in place appropriate control and monitoring

4 CNAA used to be the awarding body for polytechnics until they were belatedly delegated the right to make their own

awards. They are now universities with full degree awarding power. The accreditation process was often referred to as

‘validation’ at the time, despite being dependent on external evaluation and approval. To be consistent the term

validation should have been restricted to the internal university process.

processes to ensure satisfactory quality and standards. However, identifying appropriate

mechanisms is normally viewed as an auditing function distinct from, but possibly

contributing to, a formal process of accreditation of an institution. However, the term

(quality) audit is not restricted to an exploration of organisational process. For example,

the TEAC accreditation process includes ‘academic audit during which auditors visit a

campus to verify the evidence that supports the claims made in the Inquiry Brief [selfassessment

document]’.

**Rationale**

Rather more complex is the ostensive rationale for accreditation. Accreditation is

primarily about control of the sector; this is much more explicit in accreditation than in

other external quality processes such as audit, assessment or external examining.

Although accreditation involves compliance and indirect accountability, its main function

is to maintain control of the sector and the programmes offered. Improvement is a spinoff

from accreditation processes, which some agencies emphasise more than others.

Institutional accreditation is designed to ensure that institutions of dubious merit do not

become established as *bona fide* higher education institutions. Accreditation also

monitors the sector to ensure that accredited institutions continue to fulfil the

expectations of a university or college. A key concern is the need to control ‘for-profit’

organisations, whose motivation is different from the public sector.

In many countries, with a predominant public sector higher education system, there is

little or no institutional accreditation *per se*, but there has been a growing tendency,

fuelled by new public management ideology, to require institutions to demonstrate

accountability for public funds. Although not the same as accreditation, in the extreme,

failure to exhibit satisfactory accountability can result in the ‘de-accreditation’ in the

form of closure or merger of unsatisfactory institutions, as has happened in the further

education college sector in the UK.

Accreditation at the programme level is also about control. In Eastern Europe, academic

accreditation of programmes is about ensuring adequate standards, a function fulfilled, in

effect, in the UK (and some other Commonwealth countries) by the external examining

system. Although the latter is not accreditation *per se*, unsatisfactory examiners reports

might lead to the closure or sanctioning of a programme either by the institution

management or as a result of other forms of external monitoring such as external subject

review or academic audit.

Professional accreditation is even more about ostensive control. It is about an external

agency maintaining control of a subject area that links into professional employment,

especially where to practice requires certification separate from academic qualification.

Although such bodies provide guidelines with which successful accreditees comply, these

guidelines are manifestations of the organisation’s control of the sector. Sometimes this

control is grounded in legislation, such as the British General Medical Council’s

regulatory function. Sometimes, despite having no regulatory power, the professional

body is so well established in the profession that it is impossible to gain work in some

areas without it, such as chartered engineering status to work for British local authorities.

**Accreditation methods and mechanisms**

Accreditation involves a set of procedures designed to gather evidence to enable a

decision to be made about whether the institution or programme should be granted

accredited status. The onus is on the applicants to ‘prove’ their suitability; that they fulfil

minimum criteria. Methods by which this evidence is gathered overlap with methods

used in audits, assessments and external examining. The component methods include

self-assessments, document analysis, scrutiny of performance indicators, peer visits,

inspections, specially-constituted panels, delegated responsibility to internal panels often

via proxy entrustment to external examiners or advisors; stakeholder surveys, such as

student satisfaction surveys, alumni and employer surveys, direct intervention, such as

direct observation of classroom teaching or grading of student work.

In the UK for example, the evidence used by professional bodies is derived from one or

more of the following: exchange of correspondence, scrutiny of documentation, special

on-site visits or attendance at internal validation events (Harvey, 2001, p. 224). In Russia

the emphasis is on statistical data. Following increased demand for higher education and

widespread structural changes including the founding of non-state universities,

accreditation in Russia is now based on comparative statistical assessment (INQAAHE,

2001b).

**Accreditation, audit, assessment and external examining**

Although accreditation is distinct from audit, assessment5 and external examining there is

a degree of overlap between these different external processes (Harvey, 2002b;

Stensaker, 2003). There is overlap in the object, focus, rationale and methods of the

different forms of external monitoring and evaluation (Figure 1).

*Insert figure 1 about here*

For example, in the United States, accreditation processes are increasingly being called

upon by higher education’s internal and external constituencies to demonstrate

accountability and improvement (Lubinescu *et al.*, 2001). Furthermore, The National

Council of Regional Accrediting Commissions reports that members’ focus is shifted

from inputs (resources) to student learning outcomes and the regional accreditors expect

institutions to provide direct evidence of achievement of outcomes (Baker, 2002).

One big difference, though, is that audit, assessment and external examining operate on

the premise that the institution or programme is functioning appropriately and the

5 Assessments judge quality and standards against system wide criteria or benchmarks.

external process has to demonstrate otherwise (innocent until proved guilty model). For

example, audits often involve a methodology designed to test the verisimilitude of

institutional or programme claims. 6 Accreditation, though, shifts this round and

institutions or programmes have to prove that they are worthy (guilty until proved

innocent model). For example, TEAC denies accreditation ‘when the preponderance of

evidence is insufficient and inconclusive’.

**Nuances**

Accreditation thus has three nuances. First, accreditation as a process applied to applicant

organisations. Second, accreditation is the label that institutions or programmes may

acquire as a result of the accreditation procedures. Third, underpinning the first two,

accreditation is an ‘abstract notion of a formal authorising power’ (Haakstad, 2001, p.

77), enacted via official decisions about recognition (the accreditation process). It is this

underpinning abstraction that gives accreditation its legitimacy. Ironically, this

abstraction, frequently taken-for-granted, is not a traditionally intrinsic aspect of

accreditation. As Jones (2002, p.1) has pointed out, ‘The original audience for

accreditation was the academy itself. The process did not arise in response to concerns

about quality expressed by external audiences….’

This third nuance chimes with the issue, alluded to throughout the forgoing, of the

underpinning ideology and politics of accreditation. It leads to an investigation of the

power relationships embodied in the accreditation process. An examination of the

perceptions of those who have engaged with accreditation of various types reveals

surface views about the benefits and draw-backs. A second-order examination of the

comments will, though, also uncover the political and ideological dimensions.

Professional and regulatory bodies (PRBs) play three roles (Harvey & Mason, 1995).

First, they are set up to safeguard the public interest. This is what gives them their

legitimacy.

Our Charter and Mission requires us to ensure the public is protected. Thus all our professional

training courses are subject to stringent accreditation. (R18, UK, psychology)

I personally have no difficulties with the regulatory process because it adds an extra dimension

to quality assurance. These include placement issues, lecturer developments, practitioner

involvement etc. I know these things happen in many places anyway but the statutory system

ensures that HEIs cannot drift away from the core of the vocational education itself. Mandatory

processes also ensures that Health professions are kept on University agendas and do not get

dissipated into other areas. I also think that, ethically, as long as the NHS commissions

programmes from HEIs then there should be an externally appointed system of auditing to

demonstrate to the external world that the quality of provision meets the requirements of public

investments. (R47, UK, health)

6 Where assessment, for example, seeks to authenticate claims to excellence, then the institution/programme has to

prove its case. However, this is over and above its normal operation.

However, professional bodies also represent the interest of the professional practitioners

and here they act as a professional association or trade union (including legitimating

restrictive practices), or as a learned society contributing to continuous professional

development.

Third, the professional or regulatory body represents its own self-interest: the

organisations act to maintain their own privileged and powerful position as a controlling

body. This is where control, legitimated by public interest becomes confounded by

control based on self-interest.

**Views of participants**

The following views are derived from what little literature there is on participants’ views

of accreditation and the responses of 53 academics and administrators who have been

involved in accreditation processes. This group, are mainly from the UK with some US,

Canadian and Australian input. The qualitative perceptions were gathered on-line via email

correspondence (including follow-up discussions to clarify specific areas). The

majority of respondents comment on subject accreditation rather than institutional

processes and their comments relate to 24 different discipline areas, as well as

accreditation of learning and teaching practices *per se*. Quotes are included but for

reasons of confidentiality the source is assigned a number, and the remainder of the

reference relates to country and the subject area the respondent is talking about. As far as

possible, the quote is contextualised without making it too long and AT TIMES

ostensibly deconstructed, using Barthesian semiological notions of denotation,

connotation and ‘myth’, the latter informed by prevailing ideology. 7

Institutional accreditation is more of an issue in the US than the UK and a general

overview of the US process suggests:

The institutional reaction is varied, as one would expect. Highly selective institutions or

programs are less likely to be affected (they always pass). Institutions and programs applying for

the first time are most concerned about winning approval. While some of the former may treat it

as a task to be done, most take it seriously and view it as a means of getting some independent

feedback on how they are doing. Also there is flexibility in the process that allows some

variation to assure that the process is tailored to the issues, needs or the nature of the institution

or program. Obviously a great deal depends on the caliber of the external review panel and their

ability and sensitivity. (R41, US general)

Programme accreditation in the UK is enormously varied and about 100 regulatory and

professional bodies are involved in some form of accreditation of higher education

programmes in British higher education institutions (Harvey & Mason, 1995).

7 Roland Barthes (1957), and subsequently other commentators such as Stuart Hall (1973) have argued that symbols

(signs, words through to gesture and fashion) have a surface, first-order, denotation. Rose is a word denoting a kind of

flower. But also symbols connote something else (a rose may connote passion). The second-order, connotation is

contextual, sometimes a rose might connote the British Labour Party. But underlying each connotation is a third-order

myth. A rose connoting the British Labour party represents the myth of benign nationalism. Others have taken Barthes

further and more pointedly linked the ‘myth’ to prevailing ideological frameworks.

Of our 23 departments 18 have some form of accreditation by PRBs and some departments have

a great deal more than others. Over the last five years, accreditation appears to have grown

enormously and seems to be assuming greater importance. We probably average about 6–10

accreditations per year. (R44, UK, general)

**Necessity: employment and marketing**

Many respondents were of the view that professional accreditation was either necessary

for professional employment, or enhanced the job prospects of, their graduates.

I can only speak for Biomedical Sciences where degrees accredited by the Institute of

Biomedical Sciences are the only ones acceptable by the Health Professions Council for work in

hospital laboratories. Indeed, it is likely that partial exemptions for those with other science

degrees (largely biological sciences) will no longer be available. (R21, UK, biomedical sciences)

However, for most respondents this necessity was closely linked to a concern that the

marketability of programmes in some areas is closely tied to accredited status and that

failure to achieve accreditation would be problematic:

Professional accreditation is liked by employers and students and courses with it recruit more

students than those that do not have it. This may mean the difference between them running and

not running. (R24, UK, general)

Overall, I feel that the process is a valuable one. However it also depends on what valuable

means to the University. In our case it not only enable us to ensure that we will creating a

programme that was up-to-date but also one that was marketable as professional recognition is

an important decision to applicants. (R4, UK, accounting)

My impression from the central administration is that accreditation (the kitemark rather than the

process) is highly valued: students are looking for an accredited programme, therefore the

absence or loss of accreditation would cause great anxiety from the point of view of student

recruitment. (R16, UK, Engineering)

For some respondents, accreditation was not just necessary or a marketing device to get

more students but something that attracted better students.

The recognition element can be substantial, both in terms of institutional internal recognition (=

if accredited, must be good, so we’ll support it) but especially in attracting increasingly capable

students from a wider pool of applicants. We see that gradual development in our programs.

Sometimes, it is simply essential for your students to be able to enter the field being prepared for

without extra hurdles. (R46, Canada, psychology)

There undoubtedly *is* value in [professional and regulatory body] accreditation: it not only helps

attract students (and dare one say, the more perceptive, intelligent and forward-looking students

who see the benefits of dual award or recognition — academic and professional — from the

programme, or perhaps ‘advanced standing’ in a longer-term professional recognition), but it

does also provide an ancillary means of verifying that the programme is adequately, if not fully,

‘in touch’ with the professional ‘real world out there’. It also is held to reflect favourably on the

University. (R22, UK, various)

The allusion to real-world relevance is also recognised by others:

Our engagement with these emerging bodies has been helpful to us in shaping the playwork

course, even where we have not agreed with policy directions of some of them. It certainly keeps

us current in social policy and public opinion fashion. (R1, UK, playwork)

However, comments about real-world relevance, suggests that the accreditors are in tune

with the real world, which, as will be discussed below, is a moot point.

One US respondent, though asked, ‘were accreditation not tied to federal funding or

professional licensure, would your institution or program seek it anyway?’ (R33, US,

general)

Another US respondent seems to suggest that perhaps they would:

I think the self-study provides an opportunity for the institution to conduct a formative

evaluation and identify both strengths and areas for improvement. The accrediting team can offer

a more summative evaluation and an objective external perspective that can potentially

strengthen the institution. (R36, US, general)

The assumption, here is that there is an objective external view that is the province of the

external accrediting body. The ‘objectivity’, though, may be tempered by the controlling

function of the organisation, itself possibly a function of its own self-interest, as noted

above.

**Uniformity**

A significant and often repeated rationale for accreditation in some areas is uniformity

across the sector.

I am a strong supporter of accreditations by such professional bodies as the IBMS [Institute of

Biomedical Science], and of the policy of ensuring that these courses follow an appropriate

syllabus. (R21, UK, biomedical sciences)

My personal view is that it is a valuable process in that it means that to some degree a

psychology degree means roughly the same thing across the sector. Psychology is a broad field

— without accreditation it is likely that many institutions would have addressed only selected

aspects of the field. Although the QAA [Quality Assurance Agency for Higher Education]

benchmarking now contributes to this common definition, the BPS [British Psychological

Society] requirements predated the QAA ones and were the basis for the QAA ones. (R17, UK,

psychology)

The presumption is that uniformity is important and desirable and thus that all courses

should ‘cover’ the same content. This assumes that covering the same course content

equates with uniformity of learning and understanding of the subject area. The question

remains, though whether the demand for uniformity is the professional body safeguarding

the public, representing its members’ interests or reinforcing its own status?

The respondent’s further comment provides a clue:

It is about complying/measuring up to external requirements (in terms of coverage and

resources). (R17, UK, psychology)

The assumption is that there is an external guiding hand 8 that knows what’s best and that

academia has to conform to it. This ‘measuring up’ is not viewed negatively in this case,

indeed it is seen as an opportunity for reflection:

but this measuring up process requires considering where the programme is, and rethinking what

it is and how it has evolved since the last review. (R17, UK, psychology)

An alternative view is less benign.

Sometimes it seems to be about how powerful the agencies are — the professional body or the

institution and I’ve had experience of it going both ways…. In relation to psychology, it initially

resulted in inflexibility in relation to residential schools — mandatory to get a named degree and

this disadvantaged women with childcare needs. We then renegotiated after much feedback and

because student voted with their feet (didn’t sign up) and we then found money to provide an

alternative, and an on-line experience was developed. (R8, UK, psychology)

Do we read this as safeguarding of the public or is this inflexibility born of the society

invoking its public security mission to reinforce its political power and omniscience?

What would it matter if undergraduate psychology students on different degree courses

took different syllabuses taught in different ways? Tony Gale (2002), ex- Honorary

General Secretary of the British Psychology Society (BPS), argues that, given a first

degree in psychology does not give you a licence to practice, the society accredits

undergraduate courses for political reasons, which have little to do with public security or

pedagogy.

In 1967 rebellious heads of department met at Brown’s Hotel in Mayfair, to protest against the

Society’s [BPS] move towards a national curriculum. The Society wanted to specify not only a

curriculum but also the teaching time allocated to every element in it. The heads argued that

university departments should maintain their autonomy and decide themselves what and how

much they should teach. They believed the bureaucratic tail was seeking to wag the academic

dog. But they lost the battle. For many years the Society has accredited the psychology degree

and has awarded GBR (the graduate basis for registration) to approved degrees. (Gale, 2002, p.

356)

**Academic or practitioner**

This leads to the relative influence of academics and practitioners in each other’s realms.

‘There is often a clear tension between academic priorities and professional ones in say

engineering or social work’ (R30, general, UK).

I think they [accreditation processes] are valuable when:

• they focus on the professional rather than the academic side of the programme (though it has

to be acknowledged that the boundary is usually fuzzy);

8 This is not dissimilar to the external expertise regarded as so valuable in the US quote above, R36, on page 10)

• they explicitly acknowledge that the students are being educated and not just trained for a

profession;

• they are conducted by peers (i.e. have at least one academic on the panel alongside the

practitioners);

• they ask to see only strictly essential documentation;

• they are willing to respect and take on trust the expertise and judgements of, for example,

external examiners.

They can be harmful and irritating, though, when the opposite of any of the above happens. I

think it is a matter of particular concern when professional bodies try to overrule academic

judgements on academic matters, for example, curriculum design and content and assessment of

academic aspects of the course. (R35, UK, speech and language pathology, pharmacy,

engineering)

The principle concern here seems to be the perceived infringement of practitioners into

the academic realm, notably requiring specific course content, making demands about

teaching and learning approaches, as was noted with psychology, and even questioning

assessment judgments.

For example on your accounting degree, they [the professional body] require specific areas to be

covered in, say, economics but the economist who teaches the subject may not think so and this

at times causes a problem. However, if you take the professional requirements for recognition to

be the minimum standards then it might be useful. However, quite often the professional

standards are not [about minimum standards] and they focus on ensuring that students do not get

through too easily rather than requiring them to have well-rounded development. (R4, UK,

accounting)

The tail wagging dog analogy, used by Gale (2002) above, recurs in comments of

respondents:

We have found the RICS accreditation an ongoing problematic saga with [problems] because of

allegedly inadequate A-level points at entry. We have a large number of mature students for

whom this is irrelevant and besides pride ourselves in how far we raise our students’ capacity

during the degree not how well qualified they are before they come here. RICS, like so many

other institutions, seem to be allowing the bureaucratic tail to way the dog. The actual

membership (dealers and auctioneers) claim to be horrified at the bureaucratic requirements but

seem powerless to [control] their educational department (R27, UK, fine arts valuation)

We had a particular problem with one Engineering institution over regulations that allow

Honours degrees to be awarded to students who have been reassessed. I think we got into a tail

wagging dog situation and included a ‘notwithstanding’ clause in the regulations to appease the

accrediting body. (R16, UK engineering)

I am also aware, from my old NVQ days of training and development, that meeting awarding

body requirements can galvanise centres into improving numerous aspects of their programmes,

but can also end up with the tail wagging the dog. (R3, UK, general)

It is curious that these respondents should all use exactly the same phrase about

accreditation implying a clear perception in the sector about confusion of the locus of

decision making. It is also interesting that the analogy is used rather than any direct

statement made about where the power should lie. Indeed, only one respondent, an

administrator, actually directly talked about accrediting bodies and academics struggling

for power.9 It is almost as though it is a taboo subject. Even the different political

agendas embedded in the accreditation process rarely seem to get publicly aired. The

following is unusual in being blunt about the politics:

I have been involved in visiting boards myself on behalf of the RIBA and Architects

Registration Board and actually chaired one to [another university]. When I was chairman I

suddenly became aware of how many hidden agendas were in existence and as we rejected the

views of both the RIBA Education chairman and their full-time officer as to what we should say

about the school (before the visit took place), I was not asked to chair a visit again. (R9, UK,

architecture)

The tension occurs mainly in three areas; programme content, programme delivery and

bureaucratic requirements. The issues around delivery are particularly about contested

control and consequent inhibition of innovation. Bureaucracy is as much about

synchronicity of processes as it is burdensome workloads and unnecessary requirements.

9 Another respondent did indicate the relevance of an ‘assessment as power’ framework of analysis, which concurred

with the author’s preliminary analysis prior to the qualitative data collection.

***Content***

The issue over programme content is not so much the specification of what subjects

should be taught but how restrictive that specification is perceived. Academics tend to

think that externals/practitioners only need specify what is an essential core that would

enable a student to become a practitioner and then leave it to the academy to develop a

coherent educational programme delivered in a manner that they consider is

pedagogically sound. 10

I have been involved in professional body accreditation from both sides of the fence, in the area

of personnel and staff development - with the CIPD [Chartered Institute of Personnel and

Development] and ILTHE [Institute for Learning and Teaching in Higher Education]. These two

bodies take a different approach to accreditation. The CIPD lays down a detailed syllabus of

learning outcomes and approval of a provider is dependent on addressing these very closely. The

ILTHE is much less prescriptive by indicating professional areas and values that the provider

addresses according to their context and needs. Overall, I think staff programme teams usually

see the process as valuable despite having to go through the process for recognition. ILTHE

evaluation forms clearly show the developmental benefit. Programme teams often find the CIPD

process very demanding and perhaps resent the bureaucracy (R1, UK, personnel and staff

development)

A similar view from Canada:

[Accreditation] does give a program a chance to measure itself up against recognized practice

(even "best practices") in a field. One might give up the chance to experiment or be creative in

program design, though the APA [American Psychological Association] procedure invites

programs to define themselves then justify their choices and show they achieve their goals. I find

this much superior to an accreditation process that says your program must have X, Y and Z in

it, and then if you match, you get it. (We had to deal simultaneously with APA that gave us

elbow room and a local body that followed the X, Y, Z model.) (R46, Canada, educational

psychology)

***Delivery and innovation***

Some respondents thought there was potential in accreditation to rethink and develop

innovative ideas.

We have been a leader in program innovation … We have found that our accreditation agencies

have been quite supportive of these efforts and, in fact, have provided a wonderful forum for us

to share its innovations with the broader academic community. With accreditation agencies

allowing institutions to develop programs consistent with their missions, we have found that

early restrictions provided by accrediting bodies experienced (+/- 10 year back) have made way

for support of meaningful program innovation. In a sense, as programs have developed to meet

today's needs, so too have accreditation bodies changed to meet the issues of contemporary

management education. (R50, US, management)

10 This is also an employability issue — not all students become practitioners in an area for which they are doing their

degree. For example, less than 40% of law undergraduates become law professionals, hence the need for a ‘rounded’

education.

However, despite the potential there was no guarantee, for various reasons, that this

would happen. The structural constraints and the membership of visiting panels impacted

on innovation.

Overall it really depends on the accreditation body and level of the subject area. I found from my

experience that it was restrictive in some ways but there were also opportunities to be innovative

and cover the same areas in a different way. (R4 UK accounting)

Professional body accreditation does stimulate programme teams to rethink what they are doing

and encourage innovation but often within a predefined area. For example, CIPD requirements

have stimulated higher education providers to build in competence outcomes to

programmes which might otherwise be purely academic. (R1, UK, personnel and staff

development)

Depends entirely on the organisation and indeed the panel who visits. My experience has been

RIBA [Royal Institute of British Architects] good and developmental, as are RTPI [Royal Town

Planning Institute]. The Institute of Environmental Health — a real pain — they are policing

things not developing. The opportunity [to rethink programmes] again depends — especially on

the nature of the guidelines and degrees of discretion. Environmental Health is compliance; the

others much more developmental (R7, UK, architecture and environmental health)

How valuable it is must surely depend on how it is handled, but my fear is that it can deteriorate

to ticking boxes and compliance. A notable exception is the accreditation of academics by

ILTHE, which is based on the SEDA scheme. This is wholly qualitative. Hence it most

emphatically can and does lead to rethinking….The SEDA scheme has led to a substantial

amount of innovation. (R39, UK, education)

This perception of the positive, innovatory effects of the ILTHE process resonates with

earlier views and is further endorsed by another respondent:

All the team thought that the discussions were really useful and productive, and that the ILTHE

[accreditation] processes were very worthwhile. I also think that the processes actually

encourage innovation, while at the same time helping innovators to think hard enough about how

their ideas are actually going to work in practice. (R15, UK, education)

The key to the satisfaction with this process might be that it encourages self-reflection

and drives innovative thinking, requiring academic legitimation rather than compliance.

The control element, in effect, is minimised and the trust, innovative and reflective

element is maximised.

One respondent, referring to engineering, noted:

Constraints of accreditation seem to be on content rather than style of delivery, so doesn’t

necessarily restrict innovation in learning and teaching methods. (R16, UK, engineering)

However, not all those involved with engineering accreditation agreed:

Let me be frank. I believe accreditation to be a dead hand discouraging innovation and

restricting students in what they do. I would far prefer to work in the non-accredited courses

(BSc or whatever) then in the accredited ones (BEng or whatever) because they can be so much

more exciting. Sorry, but that is my considered opinion after 13 years as a professor of

engineering in the ‘former poly’ sector. (R19, UK, engineering)

I have found that the alleged demands of regulatory/professional bodies does restrict the options

for the curriculum — for example, in Engineering, the B.Eng has restricted the University’s

policy on free choice modules (such as languages) as demanding core modules for all modules

as that is the requirement of the professional body. This is a debatable point of course — it

depends on what was said to the professional body by the engineering staff and as some of them

are on the professional body anyway..... (R40, UK, engineering)

This sceptical response is consistent with a discussion below about the alliance some

academics make with the professional bodies against their institutions.

It was not just in engineering that respondents thought accreditation stifled innovation.

Respondents were particularly concerned about situations where accreditors went beyond

content and made requirements about delivery:

The Geological Society had just taken upon itself a new role as watchdog over professional

qualifications for geologists, and [my university] was in the vanguard, applying for accreditation

of its courses. Not all of the courses could actually be accredited because the Geological Society

put some very stringent requirements on the fieldwork component of an accreditable course….

My perception is that we believed that we had to do it to retain credibility and that it was indeed

just a hoop to jump through. We even see accreditation as a force for stasis, because it prevents

us from accrediting innovative new courses that we might want to run (problems with rigid

fieldwork requirements, etc.). (R43, UK, geology)

The terminology here is instructive: ‘watchdog’ and ‘hoop to jump through’ imply not

only the compliance requirement of the latter but also that the organisation set itself up as

a controller of the discipline, although no evident public interest is served by the

requirements.

Other respondents also implied that the control function inhibits innovation:

All your questions triggered immediate recognition. Particularly the danger of constraining new

developments and fixing a national curriculum in concrete. (R18, UK, psychology)

At present any innovations I make, which I see as positive, I must always share but not in a

constructive manner...more in an ‘asking permission’ type situation. I can see that this might

restrict others who may see that they must continue to comply in a middle-of-the-road fashion.

(R37, UK, education)

In seeking permission the last respondent denotes a process of supplication. However, the

second-order connotation is a lack of trust of the academic and the underlying Barthesian,

third order, ‘myth’ is that there is a body that indeed has the knowledge and wisdom to

grant permission.

An alternative take is to see professional bodies as disengaged from the reality of the

higher education setting

There is little understanding by the statutory bodies of the workload requirements for HEI staff.

Time for lecturing, preparation, marking etc., is in short supply. Add to that the requisite visits to

the clinical areas, the need to carry out research, clinical caseloads, publish or present papers and

to serve on boards, external examinations and so on and the professional bodies can quickly be

seen as busybodies out of touch with daily academic life. (R47, UK, nursing)

One respondent with an institutional overview of accreditation noted:

On the point about encouraging or restricting changes — I have heard departments voice both

views. For one particular PRB the view is that it is constraining the curriculum. However, we

have said that the School needs to work with the PRB to effect change. Another down side is

that a different PRB cannot make up its mind about what it wants and this is having a knock-on

effect in delaying desired curriculum change. (R44, UK, various)

Some respondents cited the variability of the visiting panel as a reason for inconsistency

in effecting innovatory change:

In answer to your question re innovation I think the extra burden of yet more self-justifying

representatives on validation panels does nothing to encourage improvements in teaching and/or

learning. (R27, UK, fine arts valuation)

The RIBA visit was always a clubby sort of thing and you were either in or out of the club. The

panel coming to visit us next week is almost entirely made up of thrusting young professional

climbers from the south east of England, who have the time to be on endless RIBA committees.

They will have little idea of how we are working in the hothouse of education today and almost

certainly will never have heard of the RAE! They will concentrate almost exclusively on

‘Design’ and ignore the rest of the course. (R9, UK, architecture)

A holistic view was provided by a respondent who argued that the accreditation process

was cyclical and this impacted on the innovative potential of accreditation.

The bottom line is that there seems to be a cycle — first the educational process gets behind ‘real

life’, if the Body is on the ball it writes a report, generates a new specification, etc. The

profession’s education process catches up, the Body can then stagnate for a bit, and so on.

[Innovation] depends on the Body and which bit of the cycle you are in. Until 1993, nothing

much had changed in medical education for 100 years. A relatively radical document changed all

that. Problem-based learning is alive and well and so are graduate entry courses. But much of

that comes from government imperatives — new medical schools, workforce issues, etc. (R5,

UK/Australia, medicine)

Here, the external body is reduced to anything but knowledgeable and wise. Indeed it is

seen as essentially pragmatic and propelled into action by historical necessity.

In the US, it seems that the real motive force for innovative change in learning and

teaching is not the accreditation process *per se* but the potential of the consequent

assessment of student learning outcomes, which research provides a basis for engaging

with innovative pedagogy.

Clearly institutional accreditation now focuses on student learning outcomes … so it would be

more feasible for institutions to use that information to initiate changes in teaching and learning.

(R41, US, general)

***Bureaucracy and burden***

A recurrent theme was the amount of work involved in accreditation. A problem

accentuated by rigidity of requirements, perceived at best as heavy-handed bureaucracy

and at worst as an unnecessary degree of control.

Well, it is obviously a bit of a ‘chore’, especially when the PRB insists on receiving

documentation in its own prescribed formats and won’t accept ‘substitute’ documents,

addressing the same issues or needs, that the university or programme already has for its own

purposes. But we are working towards trying to come to some mutual understanding with PRBs

on this, and trying to find ways of involving PRBs (a representative) at relevant in-house

‘quality’ events such as (re-)validations, reviews, audits or whatever as an alternative to a

separate formal visit, for example. This sometimes works. (R22, UK, various subjects)

One respondent spelled out the problems in detail:

I was in charge of a group of people (we called it an Accreditation Committee) — which

included all course leaders, admissions tutors, etc, over 20 people altogether — who prepared

documentation and saw through the IEE Accreditation Panel visit last May for the whole of the

School. We got full accreditation of all 28 degrees we offer… This exercise cost me personally

seven months of hard work (about 50% of my time) and hundreds of hours of work of my

colleagues. … The process is too bureaucratic and requires too much documentation (although

we were able to convince the IEE to accept some information in electronic form only). It takes

too much of the valuable time of the academics and takes them away from research and

teaching…. You might be interested to learn for example that to get 24/24 in QAA we invested 3

man-years of work! The IEE accreditation took about 1 man-year, RAE (where we got 5\* in

both 1996 and 2001) similar. (R2, UK, engineering)

When asked how might the bureaucracy be reduced, the respondent answered:

In many ways. For example:

- by accepting information already existing in the department/school in the form already

available. We spent days transferring information and recasting it in the format required,

different from ours.

- by not insisting on producing the ‘progression of students through the programme’ charts —

unless the universities have appropriate software to do it automatically (it took us a month of

hard work to complete these charts and I doubt if anyone really looked at them!).

- by accepting information in electronic format. For example our entire operation of the School

is on intranet and everything the IEE wanted was there — but admittedly not in the format the

IEE forms expected it, hence a lot of our time was spent on pulling the bits of info out and

plugging them into appropriate tables or boxes.

I would go even further by suggesting that accreditation institutions should NOT insist on any

particular format in which the information is submitted, but they of course should expect that

information does exist and they should indeed be making judgements and assessments whether

the way in which information is kept is appropriate or not. We feel, for example, that our way is

better than what IEE wanted from us, so in that sense we were wasting time by reformatting the

content. Currently there is far too much duplication of presentation of the same information in

many different formats.

Others, noting the amount of work required, were less negative in the connotations of

their remarks:

Yes valuable — although one has to put up with the inevitable requirements for oodles of

paperwork (since we had lots of that, it was not problematic!) (R32, UK, education)

The connotation of ‘oodles’ is benign; someone who has oodles of food has a joyous

surfeit and this is re-presented in the parenthetical comment. The implication being that,

if the process is worthwhile, the paperwork requirement is an appropriate price to pay.

Going further, one respondent talking of the process in biomedical sciences noted:

I cannot think of any alternative procedure that could ever be as effective as a one-day intensive

look at the syllabus, facilities (laboratories, library, etc.) and staffing. This is streamlined,

mutually beneficial to all concerned, encourages innovation, and yet is acceptable to the IBMS

and the Health Professions Council. (R21, UK, Biomedical Sciences)

Despite the apparent compatibility in the biomedical sciences setting, an issue that

annoyed many respondents was that of synchronisation between external agencies:

My difficulties with the current system are the huge amount of paperwork which is spilling out

and the lack of cohesion regarding validation-type visits. I often find the QAA, the NMC

[Nursing and Midwifery Council] and NAO [National Audit Office] are visiting an institution at

the same time but rarely share the same documents! (R47, UK, nursing)

Here I do have strong views. I think the accreditations institutions, RAE, QAA, and anyone else

subjecting the universities to continuous assessment processes should agree once and for all —

in consultation with universities — the format in which information should be kept and

presented for all purposes. Then it is just the question of pressing appropriate button (literally on

the screen) to retrieve information for a particular exercise. We do have all necessary

information all the time and yet every time an assessment takes place we spend weeks or months

preparing the documentation. (R2, UK, engineering)

The lack of synchronisation and incompatible documentation is indicative of the desire

for different agencies to control their corner of the quality and standards monitoring

process and, again, one might ask whether this is in the public interest or the monitoring

organisations’ self-interest?

However, not all the extra burden was externally imposed. Sometimes the burden is

increased by the quality control processes within institutions.

We also try to keep a much stricter audit and control of [accreditation] submission documents

than in the past. A sub group of our Academic Quality Assurance Committee (AQAC) checks

the submissions to ensure that they are of appropriate quality to go out as university documents.

All this takes a lot of time and we are beholden to academic colleagues to read the

documentation. I also read everything. (R44, UK, general)

The argument might be that this is the inevitable self-preservation response of institutions

subject to increasing accreditation demands. Certainly, the proposed new accreditation

processes in some Western European countries are ludicrously bureaucratic and evidence

of a lack of trust in academia.

**Alliance**

Curiously, at first sight, given the tensions explored above, academics sometimes make

use of the professional or regulatory body to support their own ends. Knowing the power

of accreditation in the marketplace, they ally themselves with the professional body.

Sometimes this alliance is used to conserve existing practices11 and sometimes to make

demands on institutional resources. Gale (2002) noted that:

as the teaching of psychology spread from a handful of old universities to the whole higher

education system, heads have found Society accreditation a useful political tool. They have used

the threat of withdrawal of accreditation by the Society as a means of securing enhanced

facilities for their undergraduate programmes.

Respondents on both sides of the Atlantic remarked on this:

There are some disadvantages to accreditation. It is expensive and sometimes accrediting teams

will make recommendations that cause money to be shifted from unaccredited programs to

accredited ones so that the accredited ones can retain their accreditation. This is an unfortunate

consequence. (R34, US, general)

[Programme teams] find professional body accreditation provides a ‘bulwark’ against senior

management initiatives to reduce resources (R1, UK, personnel and staff development)

Accreditation is most valued by those who are closest to not having it (the marginal) and by

those who know how to use it creatively to conduct innovative self-evaluations or to strong-arm

funders with “what the accreditors say we absolutely need to retain accreditation” (R33, US,

general)

The apparent curious alliance is resolved relatively easily. Not only is this a manipulative

ploy based on academic self-interest, using whatever support comes to hand, especially in

resource-straightened times, but professional bodies are not mutually exclusive of

academics. Indeed, sometimes seem to be controlled by them:

Some employers seemed to be critical of the actions of the Engineering

professional bodies in raising the academic requirements for full chartered

status, partly to enhance the status of their profession (in relation to other

professions)…. For some employers, the fact that the engineering institutions

(i.e. the professional bodies) are dominated by academics reinforces this

emphasis on educational needs rather than the needs of the industry. (Little *et al*.

2003)

**Specialist activity**

What emerges from all the responses is that accreditation is a game for specialists; it is

not something that engages the majority of staff nor, to any significant extent, exercises

the students. For the latter, accreditation means the kitemark rather than the process. It is

about uniformity of curricula, as one medical student noted, ‘we all need to be doing the

same syllabus’. Part of the controlling element of accreditation is that it does not engage

everyone and retains an element of mystification.

11 As was noted in an earlier quote about engineering staff (R40, UK, engineering)

For my colleagues and students this will be a mysterious ordeal, which they barely understand

except that schools are closed down or get into serious trouble as a result of bad visit reports.

(R9, UK, architecture)

There is also poor training and awareness of professional body issues given to mainstream

lecturing staff. (R47, UK, health)

**Power**

Accreditation is a struggle for power and it is not a benign process. Nor does it engage all

those involved. It is also not a pure process of identifying those who have met (and

continue to meet) minimum criteria to join the club. The evidence from the UK and North

America shows clearly that accreditation is just one of a raft of ongoing processes that

demand accountability and compliance as managerialism continues to bite into academic

autonomy and undermine the skills and experience of educators. Accreditation is yet

another layer alongside assessment, audit and other forms of standards and output

monitoring.

**The accreditation-improvement paradox**

The quality debate in higher education has, for a decade, attempted to engage with the

apparent incompatibility, in practice, of accountability function of external quality

monitoring and the hoped-for improvement function (Vroeijenstijn, 1995; Middlehurst &

Woodhouse, 1995). This is mirrored in the analyses of voluntary accreditation in the

United States. Graham, Trow, & Lyman (1995) argued that the accreditation process is

fundamentally flawed because the process of certification and assurance to the public of

the soundness of the institution’s practices is incompatible with the improvement of an

institution’s performance based on its continual assessment and evaluation of its strengths

and weaknesses. The certification function invariably overwhelms improvement because

the process leads to the production of a public relations document that overstates the

institution’s strengths and conceals its weaknesses. This is precisely the opposite of what

is needed if the improvement function is to be served by accreditation. More to the point,

as Murray (2002, p. x) notes, accreditation in the United States has not satisfactorily

persuaded the public that the quality of the professions is safeguarded.

We should also expect to find that the assurance of quality in the other learned professions is,

like teaching, beyond the capacity of accreditation itself and that it inevitably entails the

mechanisms of licensure, certification, peer review, employment, and so forth. The decisions

made about the granting of employment, the professional license, certificate, merit award and

honors, should be based more on solid evidence of accomplishment than on conformity to

standards, largely unvalidated, and established by mere consensus of the members of the

profession.

Although the surge towards accreditation in many parts of Europe is not being delegated

to self-interest membership bodies in the main there remain issues of bureaucratic selfinterest.

Self-perpetuation and a growing desire to control are characteristic of all types of

quality monitoring agencies, especially those with control remits. Furthermore, as the

American experience shows, accreditation is not distinct from quality issues and there is

nothing to suggest that accreditation will not be wrapped round with audit, assessment

and other forms of quality evaluation. As the edifice grows and becomes more specific

and directive, so academic alienation increases, staff perceive a lack of trust and their

own academic judgement being undermined. The resultant perception of deskilling and

diminution of autonomy and freedom to make pedagogic decisions creates a context of

compliance and, ultimately, as has been seen in other areas of quality control, game

playing, manipulation and subversion of the process (Barrow, 1999). Improvement is a

long way down the agenda, if it is really on it at all.

Most frustration is expressed at the loss of control of the pedagogic situation and the

potential for improvement. The positive view of the ILTHE process (discussed above) is

precisely because it encourages innovation and reflection and delegates control to the

academic. Although educators may not be aware of the specific concerns of a

professional practice workplace, practitioners are equally unaware of the learning

process. Teachers, if not ‘up-to-date’ understand the principles of the professional realm

they teach about: it is far from evident that professionals representing accrediting

agencies are so well versed in the principles of pedagogy.

**Conclusion**

However, the concern is not so much whether accreditation is a benign protector of the

public interest or a process to sustain the self-interest of the accrediting agency. Nor,

indeed, whether processes are bureaucratic or restrictive and inhibit innovation. Important

as these are, they are indicative of a more deep-seated ideological presumption summed

up in Jon Haakstad’s (2001) third nuance of an ‘abstract notion of a formal authorising

power’. Repeatedly we saw references to jumping through hoops, tail wagging dogs,

asking permission and the like. Even one of the strongest supporters of accreditation, who

noted that ‘a one-day intensive look at the syllabus, facilities and staffing… is

streamlined, mutually beneficial to all concerned and encourages innovation’, made it

clear that the process needed to be ‘acceptable’ to the professional and regulatory bodies.

The underlying, third-level, ‘myth’ is that of the abstract authorising power, which

legitimates the accreditation activity. Yet, although taken for granted, this ‘myth’ of

benign guidance is perpetuated by the powerful as a control on those who provide the

education. Accreditation is fundamentally about a shift of power from educators to

managers and bureaucrats. It accentuates the trends already evident in the UK towards

‘delegated accountability’ (Harvey & Knight, 1996) but reverses the delegation trend in

most of the rest of the Europe. To understand staff perceptions of accreditation, the

starting point of this paper, requires a holistic view that sets the control function of

accreditation within the wider context of higher education as a public good. It is

necessary to dig beyond the surface legitimations of European unity and consumerist

rhetoric to reveal the power processes and the ideology that legitimates the control

function of accreditation. Only then can we approach accreditation openly and critically.

**References**

Ayarza Elorza, H., 1993, ‘Quality assurance in Latin America: an overview of university

accreditation’, paper presented at the First Biennial Conference and General

Conference of the International Network of Quality Assurance Agencies in Higher

Education (INQAAHE), Montreal, Canada, May 24-28, 1993.

Baker, R.L., 2002, ‘Evaluating quality and effectiveness: regional accreditation principles

and practices’, *The Journal of Academic Librarianship*, 28(1), pp. 3–7.

Barrow, 1999, ‘Quality management systems and dramaturgical compliance’, *Quality in*

*Higher Education*, 5(1), pp. 27–36.

Barthes, R., [1957] 1970, *Mythologies* (Paris: Seuil).

Campbell, C., Kanaan, S., Kehm, B., Mockiene, B., Westerheijden, D. F., & Williams,

R., 2000, The *European University: A handbook on institutional approaches to*

*strategic management, quality management, European policy and academic*

*recognition*. Torino: European Training Foundation.

El-Khawas, E., 1998, ‘Accreditation’s role in quality assurance in the United States’

*Higher Education Management, 10*(3), 43–56

Gale, T, 2002, ‘A stranglehold on the development of psychology?’ *The Psychologist,*

15(7,) pp. 356–59, July.

Graham, P., Lyman, R., & Trow, M., 1995, Accountability *of colleges and universities:*

*An essay.* New York: Columbia University.

Haakstad, J., 2001, ‘Accreditation: the new quality assurance formula? Some reflections

as Norway is about to reform its quality assurance system’, *Quality in Higher*

*Education*, pp. 77–82.

Hall, Stuart ([1973] 1980): ‘Encoding/decoding’. In Centre for Contemporary Cultural

Studies (Ed.): *Culture, Media, Language: Working Papers in Cultural Studies, 1972-*

*79* London: Hutchinson, pp. 128–38.

Harvey, L., 1999, ‘Evaluating the evaluators’ Opening keynote of the *Fifth Biennial*

*Conference of the International Network of Quality Assurance Agencies in Higher*

*Education*, Santiago, Chile, May.

Harvey, L., 2001, ‘The British experience in assessing competence’ in Palumbo, C.A.

and Banta, T.W. (Eds.), *Assessing Student Competence in Accredited Disciplines:*

*Pioneering approaches to assessment in higher education*, pp. 217–43, Sterling,

Virginia, Stylus.

Harvey, L., 2002a, ‘The End of Quality?’, *Quality in Higher Education*, 8(1), pp 5–22.

Harvey, L., 2002b, ‘Quality evaluation: some international trends’, Norwegian Higher

Education Conference, Oslo, 22–23 January, 2002.

Harvey, L. and Knight, P., 1996, *Transforming Higher Education*. Buckingham, Open

University Press and Society for Research into Higher Education.

Harvey, L. and Mason, S., 1995, *The Role of Professional Bodies in Higher education*

*Quality Monitoring*. Birmingham: QHE.

International Network of Quality Assurance Agencies in Higher Education (INQAAHE),

2001a, ‘Announcements’, *QA*, 21, November, p. 19.

International Network of Quality Assurance Agencies in Higher Education (INQAAHE),

2001b, ‘Method of the comparative analysis and differentiation of the higher education

institutions in Russia, *QA*, 21, November, pp. 15–17.

Jones, D.P., 2002, *Different Perspectives on Information About Educational Quality:*

*Implications for the Role of Accreditation*. Washington, CHEA Occasional Paper,

April.

Kristoffersen, D., Sursock, A., & Westerheijden, D. F., 1998, *Manual of Quality*

*Assurance: Procedures and Practice*. Torino: European Training Foundation.

Little, B. *et al*., 2003 *Vocational higher education – does it meet employers’ needs?*

(shortly to be published by the Learning and Skills Development Agency);

Lubinescu, E.S., Ratcliff, J.L., Gaffney, M.A., 2001, ‘Two continuums collide:

Accreditation and assessment’, New *Directions for Higher Education*, 113, pp. 5–21.

Middlehurst, R. & Woodhouse, D., 1995, ‘Coherent systems for external quality

assurance’, *Quality in Higher Education*, 1(3), pp. 257–68.

Murray, F.B., 2001. ‘From consensus standards to evidence for claims: assessment and

accreditation in the case of teacher education’ in Ratcliff, J.L, Lubinescu, E.S &

Gaffney, M.A (Eds.), 2001, *New Directions for Higher Education, How Accreditation*

*Influences Assessment*, No. 113 April 2001, New York, Jossey-Bass.

Prøitz, T.S., Stensaker, B. and Harvey, L., 2003, ‘Accreditation, standards and diversity:

an analysis of EQUIS accreditation reports’, paper presented at the EAIR Forum,

Limerick, August, (revised paper forthcoming).

Stensaker, B., 2003, ‘Trance, transparency, transformation: the impact of external quality

monitoring in higher education’, *Quality in Higher Education* 9(2), pp. 151–59.

Sursock, A., 2000, ‘Towards accreditation schemes for higher education in Europe?’,

paper at CRE workshop, 8–9 Nov. 2000, Vienna.

Vroeijenstijn, A.I., 1995, *Improvement and Accountability, Navigating Between Scylla*

*and Charybdis: Guide for external quality assessment in higher education*. London,

Jessica Kingsley.

Westerheijden, D.F., 2001, ‘*Ex oriente lux*?: national and multiple accreditation in

Europe after the fall of the Wall and after Bologna’, *Quality in Higher Education*, pp.

65–76.

***Figure 1: External evaluation***

**accreditation audit assessment external ex**

Object

Rationale **accountability improvement**

Approach

**provider learner output**

Focus

**learning**

**experience**

**curriculum**

**design**

**governanace**

**&**

**regulation**

**control compliance**

**programme**

**financial**

**viability**

**content of**

**programmes**

**medium of**

**delivery**

**qualification**

**admin**

**support**

**organisational**

**processes**

**student**

**support**

**Self- inspection**

**assessment**

**PIs peer visit**

**proxy**

**delegate**

**document**

**analysis**

**stakeholder**

**surveys**

**direct**

**intervention**

Methods

**This Peer Reviewer recruitment process constitutes a closed system, insulated from the outside world, as it is intended to be. Reviewers are proposed from one institution for reviews at another – a kind of self-review.   
  
But also notice that the reviewers are also drawn from the social networks of the Commission itself, which is just another way of saying that they are drawn from the institutions themselves (again!). This incestuous pattern of recruiting does not have sufficient internal controls against potential conflicts of interest, and is blatantly self-serving.**

REAFFIRMATION OF ACCREDITATION AND QUALITY

IMPROVEMENT AS A JOURNEY: A CASE STUDY

by

PHUONG THI THANH NGUYEN, B.A., B.S., M.A.

A DISSERTATION

IN

HIGHER EDUCATION ADMINISTRATION

Submitted to the Graduate Faculty

of Texas Tech University in

Partial Fulfillment of

the Requirements for

the Degree of

DOCTOR OF PHILOSOPHY

Approved

Brent D. Cejda

Co-Chairperson of the Committee

James E. Brink

Co-Chairperson of the Committee

Bonita K. Butner

Lee S. Duemer

Accepted

John Borrelli

Dean of the Graduate School

December, 2005

Copyright © 2005, Phuong Thi Thanh Nguyen

ii

ACKNOWLEDGEMENTS

I could not have completed this dissertation without the enormous help and

influence of many others. I wish to express my gratitude to Dr. Cejda for the outstanding

guidance and support that he provided to me throughout my doctoral program as the

advisor and chair of my dissertation committee. I am also very appreciative of the

analytical comments and excellent assistance received from the other committee

members, Dr. Brink, who served as co-chair, Dr. Butner, and Dr. Duemer.

This research study would not have been possible without the participants and I

sincerely thank each one of them. I am particularly appreciative of the dedication,

guidance, and assistance of the Accreditation Liaison at the case study institution.

I would like to convey my heartfelt gratitude to Diane for her unwaivering

mentoring and support. My most sincere appreciation also goes to Lee for her wonderful

help and encouragement. It was Diane and Lee who read numerous drafts, provided

suggestions, and reminded me to take a break.

I would like to send my very special thanks to Dr. Reckner, Mr. Le Cong Khanh,

Steve, and all my other friends at the Texas Tech University Vietnam Center and

Vietnam Archive for sponsoring and facilitating my job as a graduate assistant

throughout the years of my studies.

I greatly appreciate the leadership, Office of Administration and Personnel, Office

of International Relations and Research Affairs, Office of Graduate Studies, Department

of Education, professors, and colleagues at University of Social Sciences and Humanities

iii

- Ho Chi Minh City, Vietnam for their support, encouragement, and trust. Especially

noteworthy are the late Vice-Rector Prof. Dr. Nguyen Van Tai and his family.

I would like to convey my sincere appreciation to the United Board for Christian

Higher Education in Asia that generously provided me with a Faculty Development Grant

for three academic years. I am also deeply grateful to the scholarship donors from the

Texas Tech University College of Education, including the Rushing Endowment

Scholarship, the Gordon C. Lee Memorial Scholarship, and the Berlie J. and Laine Fallon

Memorial Scholarship.

Many others at Texas Tech University were instrumental in my progress,

including Dr. Reeve, Dr. Elbow, and Dr. Marshall. I am thankful for all of the

administrators, professors, and staff of the Texas Tech University College of Education

for their instructions, dedication, encouragement, and help. I am deeply grateful for

Alice who generously read and edited this dissertation, as well as raised insightful

comments and questions. My sincere thanks also go to Jim at the International Cultural

Center and Becky at the Graduate School for their professionalism and helpfulness.

Librarians at Texas Tech University were extremely helpful for which I am very grateful.

I am thankful to many friends from far and near who have supported me by way

of expressions of confidence, concern, hope, and encouragement along the way. Finally

and most importantly, I am grateful to my parents, siblings, nieces, and nephews, who

have supported me from the beginning.

iv

TABLE OF CONTENTS

ACKNOWLEDGEMENTS ii

ABSTRACT xv

LIST OF TABLES xviii

LIST OF FIGURES xix

LIST OF ABBREVIATIONS xx

CHAPTER

I. INTRODUCTION 1

Background of the Study 1

What Is Accreditation? 1

How Is U.S. Accreditation Structured? 2

SACS-COC and the New *Principles of Accreditation* 6

Summary 9

Purpose of the Study 10

Statement of the Problem 11

Significance of the Study 12

The Research Design 13

Research Questions 13

Conceptual Framework 14

Theoretical Framework 14

How Open Systems Theory Was Started 15

How Open Systems Theory Was Developed and Used 16

Organizational Open Systems Theory 16

v

Summary 21

Delimitations 22

Limitations 22

Assumptions 23

Definition of Terms 24

Chapter Conclusions 27

II. LITERATURE REVIEW 29

Summary of Research Studies on Institutional Accreditation in

Higher Education 29

Historical Overview of Accreditation 37

The Beginning of Accreditation 38

The Evolution of Accreditation 38

Development of the Accreditation Process 38

Five Problems Affecting the Development of Accreditation 41

Effect of the Assessment Movement on Accreditation 48

Public Concern About Student Learning Outcomes 48

Challenges Facing Assessment 48

The Relationship Between Assessment and Accreditation 51

Effect of Institutional Effectiveness on the Self-Study Process 52

Summary 55

Institutional Self-Study Process 56

Views of Accreditation and the Self-Study Process 57

Summary 60

Institutional Self-Study Process 60

vi

Phase One: Prepare and Design the Process 62

Preparing the Process 62

Designing the Process 62

Factors Contributing to a Successful Self-Study Process 66

Adequate Level of Technical Expertise 67

Understanding of Externally Mandated Accreditation

Criteria 68

Summary 71

Phase Two: Organize the Study Process 71

Tasks Following the Design and Plan 71

Self-Study Director/Coordinator 72

Steering Group 73

Workload and Teamwork 74

Selecting Team Members 75

Importance of Faculty Involvement 77

Training the Team Members 78

Summary 79

Phase Three: Conduct the Self-Study Process 79

Tasks and Types of Work 80

Importance of Documentation 80

Tools for Data Collection 83

Challenges During the Process 83

Summary 83

Phase Four: Discuss Results and Prepare Reports 84

vii

Discussing and Preparing Reports 84

Special Forms of Self-Study Report 87

Summary 88

Phase Five: Host External Peer Visitors 88

Peer Review 88

External Visitors 91

Summary 92

Phase Six: Make Decisions and Evaluate the Self-Study

Process 92

Making Decisions 92

Evaluating the Self-Study Process 96

Summary 96

Conclusion 97

Institutional Effectiveness in Relation to Self-Study 97

What Is Institutional Effectiveness? 98

Major Components of Institutional Effectiveness 101

Planning and Evaluation 101

Institutional Research 104

Institutional Effectiveness Paradigm 105

Summary 108

How Is Institutional Effectiveness Related to Self-Study 109

Pre-Self-Study 109

Post-Self-Study 114

Summary 119

viii

Conclusion 119

Open Systems Theory 120

Conclusion 123

Chapter Conclusions 123

III. METHODOLOGY 127

Research Design 127

Qualitative Research 127

Strengths 128

Weaknesses 129

Case Study Method 129

Strengths 134

Weaknesses 135

Restatement of the Problem 136

Delimitation and Selection of the Case 136

Instrumentation and Materials 137

Instrumentation 137

Materials 139

Answering the Research Questions 140

Procedures for Data Collection 142

Data Sources and Collection Techniques 142

Documents 143

Interviews 144

Observations 146

Audiovisual Materials 147

ix

Case Study Data Collection 147

Differences Between the SACS-COC Former and New

Reaffirmation Approaches 148

Development and Implementation of Internal Review

Processes at USSU 149

Fieldwork Trip to USSU 151

Interviews 153

Observation and Collection of Documents and

Audiovisual Materials 156

Data Management 158

Ethical Considerations 159

Bias 161

Procedure for Data Analysis 162

Data Analysis 163

Constant Comparative Method 163

Analytical Procedure 165

Validity, Transferability, and Reliability 168

Internal Validity 168

External Validity, Transferability, or Fittingness 170

Reliability 171

Chapter Conclusions 172

IV. DATA ANALYSIS AND FINDINGS 174

Introduction to the Chapter Structure 174

Response to Research Question 1 176

Overview of the *Principles of Accreditation* 176

x

Purpose and Philosophy 177

Structure and Process 178

Components of the *Principles* 179

Importance of Asking this Question 184

Similarities and Differences Between the *Criteria for*

*Accreditation* and the *Principles of Accreditation* 185

The *Principles* 2001 Version Compared to the Current

Version 194

Rationale for Changing From the *Criteria* to the *Principles* 196

SACS-COC Recommendations for Effective Internal

Review Processes 198

Milestones for Communication Between Institutions

and SACS-COC 200

Conclusions for Research Question 1 201

The Case Study Institution 203

General Information About USSU 203

Outcomes and Impacts of USSU’s 1995 Reaffirmation 205

Unique Elements Within USSU’s Context 207

Conclusions 211

Response to Research Question 2 213

Rationale for Using the Term “Extended Pilot” 214

Development of Internal Review Processes 215

Forming the Leadership Team 215

Selection of the Accreditation Liaison 216

Selection of the Leadership Team Members 218

Involvement of the Ex-Officio Members and Others 223

xi

Summary 224

Involving the Technical Support Team 225

Preparing for the Reaffirmation 228

Preparing the Accreditation Liaison 228

Preparing the Leadership Team 230

Preparing the Institution 231

Summary 235

Conclusions for Development of Internal Review Processes 235

Implementation of the Internal Review Processes 237

The Compliance Certification Work Process 238

Compliance Certification Structure 238

Data Collection 239

Writing the Compliance Certification 250

Presentation of the Compliance Certification 254

Off-Site Review 257

Conference Call With the SACS-COC Staff Liaison 258

Focused Report 259

Conclusions for the Compliance Certification

Work Process 260

The QEP Work Process 262

The QEP Structure 263

Defining the QEP Topic 264

Collecting Data for the QEP 272

Writing the QEP 279

xii

Hosting the On-Site Review Committee 286

Following Up 297

Conclusions for the QEP Work Process 303

Conclusions for Implementation of the Internal Review

Processes 304

Conclusions for Research Question 2 308

Response to Research Question 3 317

What Institutional Effectiveness and Internal Review

Processes Are 317

How Institutional Effectiveness Facilitated

the USSU Internal Review Processes 319

Addressing Three Specific Accreditation Requirements

in the *Principles* 319

Providing Data and Evidence for Addressing

the Requirements and Standards 320

Providing the Foundation for Developing the QEP 330

Summary 332

How the Internal Review Processes Enhanced

the Institutional Effectiveness Program 333

Impact of the 1995 Reaffirmation 333

Impact of the Internal Review Processes 335

Making Improvements During the Internal

Review Processes 335

Using the Results From the Internal Review

Processes 337

Focusing the QEP 339

Summary 340

xiii

Conclusions for Research Question 3 340

Response to Research Question 4 343

Leadership 345

The Leadership Team 345

The Accreditation Liaison 346

University Leadership 347

Communication 349

The Leadership Team and Others Involved in the

Reaffirmation 350

The University Community 352

SACS-COC 355

Other Higher Education Institutions 357

The Public 358

Summary 359

Technical Support 360

Resources 365

The Compliance Certification and the QEP Work Processes 368

Conclusions for Research Question 4 380

Chapter Conclusions 384

V. CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS 392

Overview of the Research Study 392

Conclusions 394

The *Principles* Versus the *Criteria* 395

Critical Elements of the USSU Internal Review Processes 396

xiv

Preparing Well for the On-Site Review 399

Using Technology Effectively 401

Implications 416

Recommendations 419

Recommendations for SACS-COC 419

Recommendations for the Case Study Institution 421

Recommendations for Higher Education Institutions 423

Recommendations for Future Research 427

Concluding Remarks About the Journey of Reaffirmation 428

REFERENCES 429

APPENDICES 453

A. Interview Participants 454

B. Letters of Introduction and Support From the Case Study Institution 457

C. Invitation Letter, Interview Questions, and Protocol

for Participants at the Case Study Institution 459

Letter of Invitation 459

Research Summary 460

Semi-Standardized Interview Questions 462

Interview Protocol 470

Participant Consent Form 471

D. Invitation Letter, Interview Questions, and Protocol for SACS-COC 472

Letter of Invitation and Interview Questions 472

Interview Protocol 474

Participant Consent Form 475

xv

ABSTRACT

Institutional accreditation is an excellent vehicle for facilitating change toward the

improvement of quality in higher education. It is fulfilled by three phases: (a) a selfstudy,

(b) a peer review, and (c) a decision by the accrediting agency. Self-study is at the

heart of institutional accreditation; however, it is not always favored. Some participants

consider it to be a waste of time and resources. Yet, self-study, if properly approached

and packaged, can help ensure a high-quality future for the institution.

This qualitative case study research explored the internal review (self-study)

processes used by a Level VI public university, United States Sigma University (USSU)

(a pseudonym), that successfully went through reaffirmation in 2004 under the Southern

Association of Colleges and Schools - Commission on Colleges (SACS-COC) new

*Principles of Accreditation: Foundations for Quality Enhancement*, which was approved

in December 2001. Data were collected from reviewing online and other documents; a

fieldwork trip to USSU where interviews, observations, documents, and archival

materials were gathered; and follow-up correspondence that increased the validity,

reliability, and utility of the research study. The data analysis strategy used in this

research study was the constant comparative method and the theoretical framework was

open systems theory.

Because the *Principles of Accreditation* were new, this research study addressed

two fundamental problems: (a) how to deal with this new reaffirmation approach and the

associated need for change and (b) how to integrate other quality improvement

xvi

mechanisms with the internal review processes. Results of the study indicate that sixteen

critical elements contributed to the success of the internal review processes at USSU:

1. Adapting to the new *Principles*;

2. Selecting the right Accreditation Liaison;

3. Selecting the right Leadership Team;

4. Starting early and using timelines;

5. Training and preparing the participants and the university community;

6. Using unique strategies for developing the Compliance Certification and

the Quality Enhancement Plan (QEP);

7. Having a well-written Compliance Certification and QEP;

8. Preparing well for the on-site review;

9. Having university leadership commitment, support, and belief in

accreditation;

10. Communicating effectively;

11. Using technology effectively;

12. Leveraging available resources and matching the reaffirmation with the

institutional circumstances;

13. Establishing an effective relationship and regular communication with the

SACS-COC staff liaison;

14. Having competent reviewers;

15. Using internal review findings for improvement; and

16. Having a strong institutional effectiveness program.

xvii

This study also indicates that the more reaffirmation requirements are integrated

into institutional processes (e.g., strategic planning and budgeting), the better the

institution will do in carrying out its internal review.

Sixteen critical elements of the USSU internal review processes and insights

gained from this case study are potentially useful to other SACS-COC universities. This

research contributes to knowledge for improvement of educational practices. It

also meets the SACS-COC universities’ needs for understanding effective ways of

conducting internal reviews for quality improvement while simultaneously satisfying the

SACS-COC new requirements for reaffirmation.

xviii

LIST OF TABLES

1. Summary of Research Studies on Institutional Accreditation 31

2. Abbreviations Used for Interviews From Other Related Research 176

3. Overview of the *Principles of Accreditation* 180

4. Similarities and Differences Between the *Criteria for Accreditation*

and the *Principles of Accreditation* 187

5. USSU’s External Timeline for 2004 Reaffirmation 233

6. Grouping and Assigning of Core Requirements and Comprehensive

Standards 241

7. Strategies Used in Development of the Compliance Certification

Versus the QEP 306

8. Summary of Milestones for Development of the Internal Review 308

9. Summary of Milestones for Implementation of the Internal Review 309

10. Critical Elements, Correlative Literature, and Contributions to the

Literature 404

xix

LIST OF FIGURES

1. SACS-COC Organizational Chart 8

2. Conceptual Framework: An Open Systems Perspective 133

xx

LIST OF ABBREVIATIONS

AQIP Academic Quality Improvement Project

CHEA The Council for Higher Education Accreditation

CIRP Cooperative Institutional Research Project

COPA The Council on Postsecondary Accreditation

ETS The Educational Testing Service

GASB Governmental Accounting Standards Board

GOATs Goals, objectives, activities, and tasks

HRM Human Resources Management

IE Institutional Effectiveness (Research Project)

IRB Institutional Review Board

IT Information Technology

MSACS The Middle States Association of Colleges and Schools

N/A Not applicable

NASC The Northwest Association of Schools and Colleges

NCACS The North Central Association of Colleges and Schools

NCATE The National Council for Accreditation of Teacher Education

NCHEMS The National Center for Higher Education Management Systems

NEASC The New England Association of Schools and Colleges

NSSE National Survey of Student Engagement

NVivo Short for NUD·IST Vivo (NUD·IST: Nonnumerical Unstructured

Data Indexing, Searching, and Theorizing)

OIR Office of Institutional Research

xxi

PR Preliminary Interviews

QEP The Quality Enhancement Plan

RI Research Internship

SACS The Southern Association of Colleges and Schools

SACS-CASI The Southern Association of Colleges and Schools - Council on

Accreditation and School Improvement

SACS-COC The Southern Association of Colleges and Schools - Commission

on Colleges

SIDPASS Standards, Information, Discrepancies, Priorities, Alternatives,

Solutions, and Standards

SLCC St. Louis Community College

SWOT Strengths, weaknesses, opportunities, and threats (analysis)

UCLA University of California - Los Angeles

U.S. The United States

USDE The United States Department of Education

USF University of South Florida

USSU United States Sigma University (a pseudonym for the case study

institution)

WASC The Western Association of Schools and Colleges

YFCY Your First College Year

CHAPTER 1

INTRODUCTION

Background of the Study

As background for the study, an overview of accreditation in the United States is

provided by addressing four questions: (a) What is accreditation, (b) How is

accreditation structured in the US, (c) What is the Southern Association of Colleges and

Schools - Commission on Colleges (SACS-COC), and (d) What are the SACS-COC new

*Principles of Accreditation*?

What Is Accreditation?

Accreditation in the United States began in 1787 with one agency (Harcleroad,

1980) and has grown to over 85 recognized national, regional, and specialized accreditors

as of April 2005 (Council for Higher Education Accreditation, 2005a). Accreditation is

the primary means to assure the quality of higher education institutions (Council for

Higher Education Accreditation, 2002a). “Accreditation is a form of self-regulation in

which colleges, universities, and programs have come together to develop standards,

policies, and procedures for self-examination and judgment by peers” (Council for

Higher Education Accreditation, 2002a, par. 1). Although evolving over time, definitions

of accreditation share a common thread: “the emphasis on the accrediting bodies’

recognizing educational institutions and programs that meet established standards”

(Barker, 1998, p. 742). According to Eaton (n.d.) “accreditation is a process of external

2

quality review used by higher education to scrutinize colleges, universities, and higher

education programs for quality assurance and quality improvement” (p. 3). Bender

(1983) added that accreditation constitutes a continuous process of self-evaluation and

self-improvement. While many authors have discussed what accreditation is, Young

(1983b) provides insights into what accreditation is not. According to Young (1983b),

accreditation is not governmental, mandatory, a rating system, a formally policing

mechanism, or a stamp of approval on students and courses.

How Is U.S. Accreditation Structured?

According to Eaton (n.d.), the U.S. accreditation structure is decentralized and

complex, reflecting the decentralization and complexity of American higher education,

which comprises more than 6,500 accredited, public or private, two- or four-year,

nonprofit or for-profit colleges and universities. Accrediting organizations are

themselves reviewed for quality: “Accreditors undergo a periodic external review of

their organization known as ‘recognition.’ . . . Although accreditation is strictly a

nongovernmental activity, recognition is not” (Eaton, n.d., p. 6). Accreditors are

recognized by either the Council for Higher Education Accreditation (CHEA), or the

United States Department of Education (USDE), or both.

Accreditors seek USDE or CHEA for different reasons: USDE recognition is

required for accreditors whose institutions or programs seek eligibility for federal

student aid funds. CHEA recognition confers an academic legitimacy on

accrediting organizations, helping to solidify the place of these organizations and

their institutions and programs in the national higher education community.

(Eaton, n.d., p. 7)

3

According to Eaton (n.d.), there are three types of accreditors: (a) regional, (b)

national, and (c) specialized and professional. Regional accreditors conduct

comprehensive reviews of all institutional functions. National accreditors conduct

reviews of single-purpose institutions such as distance learning institutions, private career

institutions, and faith-based institutions. Both regional and national accreditors conduct

institutional accreditation. Specialized and professional accreditors accredit specific

programs or schools according to Eaton (n.d.). Specialized accreditors accredit technical

and occupational schools and professional accreditors accredit degree programs in the

professions, such as the health professions, law, social work, education, engineering,

business, and others (Lingenfelter, 2001).

Thus, there are two types of accreditation, which complement each other: (a)

institutional accreditation and (b) specialized accreditation. Institutional accreditation

focuses on the institution as a whole, both its organization and programs (Bell, 1983;

Bemis, 1983). Specialized accreditation involves program or school evaluation based on

specific standards related to performance skills (Glidden, 1983; Young, 1983a).

Although institutional and specialized accreditations are different, these two types of

accreditation are complementary (Miller, 2000). The procedures for both types of

accreditation include three steps: (a) a self-study by the institution or program under

review, (b) a review by peers (including a site visit in most cases), and (c) a judgment

about accredited status (Council for Higher Education Accreditation, 2002a).

According to the Council for Higher Education Accreditation (2005b) about 7,000

degree-granting and nondegree-granting institutions and more than 17,000 programs held

4

accredited status in 2005. Bollag (2005) noted that American accrediting agencies are

accrediting a growing number of institutions and programs outside the U.S. Findings

from a survey that the Council for Higher Education Accreditation conducted among its

members (almost 80 recognized accrediting bodies) on international activities in 2003

indicated that “25 organizations had accredited 222 foreign institutions or programs

operating outside the United States” (Bollag, 2005, p. A36). However, the importance of

making adequate modifications when applying the U.S. accreditation standards and

practices in other countries, which are different in terms of norms, values, cultures, and

educational needs is stressed (Altbach, 2003; Neno (as cited in Bollag, 2005); Nguyen,

2003).

There are six regional accrediting agencies: (a) the New England Association of

Schools and Colleges (NEASC), (b) the Middle States Association of Colleges and

Schools (MSACS), (c) the Southern Association of Colleges and Schools (SACS), (d) the

North Central Association of Colleges and Schools (NCACS), (d) the Northwest

Association of Schools and Colleges (NASC), and (e) the Western Association of

Schools and Colleges (WASC) (Bloland, 2001). Regional accrediting bodies require

institutional accreditation for membership in the association.

Institutional accreditation has two fundamental purposes: (a) to certify the quality

of the educational institution and (b) to assist in the improvement of the institution

(Miles, 1992). Overall, institutional accreditation is to protect the public (Kells, 1983).

Accreditation of an institution signifies that “the institution has a purpose appropriate to

higher education and has resources, programs, and services sufficient to accomplish and

5

sustain that purpose” (SACS-COC, 2004a, p. 3). Institutional accreditation provides an

excellent vehicle for stimulating change directed to the improvement of quality in higher

education (Barber, 1990; Christal & Jones, 1985; Miles, 1992; Trout, 1978).

“Accreditation is voluntary, but few reputable institutions can flourish without it. A

primary means for communal self-regulation, accreditation now serves as a significant

vehicle for assessing and enhancing academic and educational quality” (Christal & Jones,

1985, p. 1).

To continue this privilege of self-regulation, Wolff (1993) suggests that higher

education must address issues of educational quality and revise the accreditation model to

be more effective. Consistent with a continuous trend toward improving the method of

reaccreditation as reflected in other regional accrediting bodies, SACS-COC has made

refinements to the accreditation process, including the development of standards for

accreditation that identify and encourage quality improvement (Rogers, 2003). “SACS

reform is characterized as a move from a fairly prescriptive set of standards with which

institutions needed to demonstrate minimal compliance, to more generic standards that

encourage institutions to tailor their reviews to meet specific institutional needs” (Eaton,

2001, p. 1).

In this research study, pseudonyms were used to protect the identities of

participants and contained one of five designations (SACS-COC Staff Liaison,

Administrator, Faculty Member, Staff Member, and Student) followed by a number. If

the letters PI, RI, or IE appear in the pseudonym, this indicates that data were drawn from

related research outside this study. For example, Administrator 1-PI is a pseudonym for

6

Administrator 1 from the Preliminary Interviews (PI) data collection source. Faculty

Member 1 is Faculty Member 1 from this research study. More information about study

participants is provided in Appendix A and an explanation of the other related research

appears in Table 2 of chapter 4 (page 176).

SACS-COC and the New Principles of Accreditation

At 10:30 in the morning of November 6, 1895, a group of Southern educators

gathered in the chapel of the Georgia Institute of Technology in Atlanta, Georgia.

By the end of their meeting and ‘after considerable discussion,’ they had

organized the Association of Colleges and Preparatory Schools of the Southern

States (ACPSSS) [later to be called SACS]. (SACS, 1998, p. 2)

SACS is a private, nonprofit, voluntary regional accrediting body for 11 southern

states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina,

South Carolina, Tennessee, Texas, and Virginia as well as some institutions in Latin

America (SACS-COC, 2003a). SACS has two components: (a) the Council on

Accreditation and School Improvement (SACS-CASI) (the Commissions on Elementary,

Middle, and Secondary Schools) and (b) the Commission on Colleges (SACS-COC)

(SACS, 2005). The SACS-CASI and SACS-COC carry out their missions with

considerable autonomy; they develop their own standards and procedures, and govern

themselves by a delegate assembly. Both components operate under the Association’s

Board of Trustees.

This study focused on SACS-COC. SACS-COC is governed by the College

Delegate Assembly, which includes one voting representative (chief executive officer or

officer’s designee) from each of 787 (as of March 2005) member institutions (SACS7

COC, 2004c). The College Delegate Assembly is responsible for electing a 77-member

Commission on Colleges. Among 11 responsibilities held by the Commission on

Colleges, six are directly related to this study: (a) approving revisions of accreditation

standards, (b) electing an Appeals Committee, (c) authorizing special visits, (d) taking

final action on the accreditation status of institutions, (e) electing an Executive Council of

the Commission that will act for the Commission while it is not in session, and (f)

appointing ad hoc study committees.

The 13-member Executive Council is the executive arm of the Commission. The

Chair, a public member, and a representative from each of the 11 Southern states in the

SACS region, make up Executive Council membership. Council members are elected by

Commissioners. Actions of the Executive Council are subject to the review and approval

of the Commission. In addition to other responsibilities, the Executive Council interprets

Commission policies and procedures as well as developing procedures for and

supervising the work of ad hoc and standing committees of the Commission. The

Executive Council receives and acts on reports from all ad hoc and standing committees

and in turn submits them to the Commission. For example, when institutions apply for

candidacy, membership, or reaffirmation of accreditation (SACS-COC uses the term

*reaffirmation* [of accreditation] rather than *reaccreditation*), the Executive Council

receives recommendations from the Committees on Compliance and Reports that are the

standing evaluation committees of the Commission. The Executive Council then submits

its recommendations for these institutions to the Commission for final action (SACSCOC,

2004b, p. 6). The SACS-COC organizational chart is shown in Figure 1.

8

Figure 1. SACS-COC Organizational Chart.

Consistent with trends reflected in other regional accrediting bodies, SACS has

made refinements to the accreditation process, including the development of standards for

accreditation that identify and encourage quality improvement (Rogers, 2003). The

SACS-COC new *Principles of Accreditation: Foundations for Quality Enhancement*,

which are referred to in short as the *Principles of Accreditation* or the *Principles*, were

approved in December 2001 to replace the 1998 *Criteria for Accreditation*, which are

referred to in short as the *Criteria*. In the new *Principles*, the term *internal review*

(SACS-COC, 2004a, p. 7) has replaced *self-study*, which was used in the former *Criteria*.

**SACS**

**Board of Trustees**

**College Delegate Assembly**

(787 members)

**Delegate Assembly**

**Commission on Colleges**

**(SACS-COC)**

(77 members)

**Appeals Committee**

**Executive Council**

(13 members)

Standing Evaluation

Committees

Ad Hoc Committees

**Council on Accreditation and School**

**Improvement (SACS-CASI)**

(Commission on Elementary, Middle, and

Secondary Schools)

9

This change is particularly noteworthy as the term *self-study* is found most commonly in

the literature.

In this research study, the *Principles* or *Principles of Accreditation* refer

specifically to the 2004 version. But in fact, there are no substantive differences between

the current *Principles* version 2004 (SACS-COC, 2004b) and the draft version of the

*Principles* (SACS-COC, n.d.) that was used by the case study institution and others

between 2001 and 2004 (extended pilot) (SACS-COC Staff Liaison 2, personal interview,

April 04, 2005). For clarity, this draft will be referred as the *Principles* version 2001. A

more detailed analysis of the *Principles* as well as commonalities and differences

between the former *Criteria* and the *Principles* are discussed in chapter 4 (pages 176 to

203).

Summary

Since its beginning in 1787, accreditation has been constantly evolving. It has

been used as a primary means for quality assurance, accountability, and quality

improvement of higher education institutions. Accreditation is carried out through

private, nonprofit organizations. Regional and national accreditors conduct institutional

accreditation while specialized and professional accreditors are in charge of specialized

accreditation. Accreditors conduct periodic examinations of institutions or programs.

During this accreditation process, institutions or programs undergo three phases to

determine if they fulfill their missions: (a) a comprehensive self-study; (b) an external

10

peer review; and (c) a decision by the accrediting agency to accredit, put the institution

on probation, or not accredit the institution or program.

Like other regional accreditors, SACS-COC, being under pressure from the

federal government and the public, has continued to refine its accreditation standards and

methods. As a result, SACS-COC developed the new *Principles of Accreditation*, which

were approved in December 2001. Because the *Principles* were new, this study explored

how to prepare successfully the internal review, which is the first phase and at the heart

of the accrediting process (Young, Chambers, Kells, & Associates, 1983). Although

“internal review” and “self-study” are interchangeable, for the purpose of this research,

“internal review” was used when referring to the first phase of reaccreditation under the

SACS-COC new *Principles*.

Purpose of the Study

The purpose of this study was three-fold: (a) to gain a comprehensive

understanding of the SACS-COC new *Principles of Accreditation*; (b) to obtain a good

grasp of associated internal review processes by conducting a case study of a Level VI

public university that completed its 2004 reaffirmation using the new *Principles*; and (c)

to provide insights gained that may be helpful to higher education institutions, SACSCOC,

and other researchers. A corollary purpose of this study was to inform the

development of an accreditation system in Vietnam.

11

Statement of the Problem

For too long, colleges have approached the self-study report as a mandatory

burden that they considered to be a tremendous waste of time and resources (Cosgrove,

1989). In spite of advantages in terms of federal financial aid, student transfer, and

public recognition (Hulon, 2000), accreditation is costly (Hulon, 2000; Glidden, 1983;

Kells, 1983; Doerr, 1983), and the major component of the cost is the self-study

(Kennedy, Moore, & Thibadoux, 1985). But chances are, “it [the self-study] only sits on

a shelf collecting dust” (Cosgrove, 1989, p. 24). In reality, there are unsuccessful selfstudies

that are not addressed in the literature and the literature envisions that self-study

should be a continuous process while in practice it is seldom the case (Barker, 1998). “If

properly approached and packaged, this key to accreditation can . . . help ensure a highquality

future for your institution” (Cosgrove, 1989, p. 26).

The study reported herein addressed two fundamental problems: (a) how to deal

with the SACS-COC new reaffirmation approach and the associated need for change and

(b) how to integrate other quality improvement mechanisms with the internal review

processes. First, the SACS-COC *Principles* were new to all involved, including higher

education institutions, external review teams, and SACS-COC. This new approach has

affected about 800 higher education institutions in 11 states in the southern United States

in terms of developing and implementing effective internal review processes to cope with

the new accreditation requirements. Formulating processes that respond to the new

approach in an effective way is a concern to affected higher education institutions that

attempt to implement the new *Principles.* By nature, humans are resistant to change and

12

tend to avoid anything new, different, and requiring more work (Hulon, 2000).

Resistance exists unless people are convinced that the change is positive and worthwhile.

However, little research seems to exist about SACS-COC and its evolving accreditation

models. Only a few studies have been conducted on the former reaffirmation approach,

the *Criteria*, and these studies do not examine the self-study. There exists no published

research on the internal review processes that address the SACS-COC new *Principles of*

*Accreditation*.

Second, not many higher education institutions, especially in countries where

there is no system of accreditation, understand and appreciate the important link between

conducting internal reviews and developing on-going, built-in quality improvement

mechanisms on their campuses. An aim of this study was to identify effective ways to

carry out the internal review that will benefit higher education institutions within SACSCOC

and potentially other higher education institutions. This study sought solutions to

these two problems through a careful examination of the internal review processes as

planned and executed at a Level VI public university.

Significance of the Study

Conducting this research study is significant in three ways. First, because the

SACS-COC *Principles of Accreditation* were new, insights gained from this first groundbreaking

case study on the internal review processes are potentially useful to other

SACS-COC universities of all six levels that will be preparing for their own

reaffirmations. This research contributes knowledge for improvement of educational

13

practices. It also meets the SACS-COC universities’ need for understanding effective

ways of conducting internal reviews for quality improvement while simultaneously

satisfying the SACS-COC new requirements for reaffirmation.

Second, this study is valuable in filling the void in research-based documentation

that currently exists concerning SACS-COC reaffirmation. Third, the research study is

useful to those who are interested in accreditation and quality enhancement in higher

education institutions within the United States and internationally. As a corollary, this

study helps to inform the Vietnam Ministry of Education and Training's efforts to

develop an accreditation system for the country.

The Research Design

Research Questions

The research was designed to answer four questions (United States Sigma

University (USSU) refers to the case study institution):

1. How do the SACS-COC new Principles of Accreditation differ from the

1998 Criteria for Accreditation?

2. How did USSU develop and carry out the new internal review processes?

3. How were the USSU internal review processes linked to institutional

effectiveness?

4. What were the insights gained by USSU as it developed, implemented, and

reflected on its internal review processes?

14

Conceptual Framework

Qualitative case study research was conducted to examine these questions. The

case study institution is a Level VI university in the southern United States and has been

referred to in this research study as United States Sigma University (USSU) to ensure

anonymity. Data were gathered through Web sites, documents, archival materials,

interviews, observations, audiovisual materials, and fieldwork conducted at USSU. The

underlying theoretical perspective that guided this research study was open systems

theory. A conceptual framework from an open systems perspective is provided in Figure

2 on page 133.

Theoretical Framework

In approaching an understanding of various phenomena, “systems theory is the

study of how systems are organized, how they adapt to changing circumstances, how the

interests of subsystems fit or conflict with those of the whole, and so on” (Johnson, 1995,

p. 266). According to open systems theory, “all systems are characterized by an

assemblage or combination of parts whose relations make them interdependent” (Scott,

1998, p. 83). As interpreted by Blauberg, Sadovsky, & Yudin (1977), Bertalanffy wrote

that a variation in one element of a system affects the rest and results in a variation in the

entire system.

From the systems perspective, Weick (as cited in Chapman & Austin, 2002) wrote

that “higher education institutions are understood as complex organizations composed of

multiple, interconnected subsystems” (p. 8). Open systems theory serves to develop a

15

better understanding of why and how higher education systems and institutions change.

For example, too many changes occurring rapidly could result in “systemic instability

and associated quality issues since the system elements have difficulty staying

synchronized” (Oliver, Nguyen, & Nguyen, 2003, p. 6). This section discusses three

aspects of open systems theory: (a) its beginning; (b) its development and uses; and (c)

organizational open system theory, a subset of open systems theory.

How Open Systems Theory Was Started

Open systems theory came from general system theory, both of which were

developed by an Austrian biologist, Ludwig von Bertalanffy (1901-1972) (Brauckmann,

1999). “Bertalanffy’s greatest scholarly achievement, of course, was the development of

the conception of the organism as an open system and the formulation of a program for

the construction of a general systems theory” (Blauberg et al., 1977, p. 43). “The open

system[s] perspective emerged as a part of the intellectual ferment following World War

II, although its roots are much older” (Scott, 1998, p. 82).

According to Bertalanffy (as cited in Blauberg et al., 1977), “a system is called

closed if there is neither inflow nor outflow of matter in it (only possible energy

exchange is taken into account). As opposed to this, there is continual input and output

of both energy and matter in open systems” (p. 152). According to Scott (1998), “open

systems are capable of self-maintenance on the basis of a throughput of resources from

the environment” (p. 89). Being hierarchical, systems are made up of smaller systems

and are themselves parts of larger systems (Birnbaum, 1988; Scott, 1998). Bowler (1981)

16

pointed out that “strictly speaking, all natural systems are in constant interaction with

their environment and, thus, to some degree, are open to their environment” (p. 31).

However, Kast and Rosenzweig (1985) commented that “the concept of open or closed is

a matter of degree. In an absolute sense, all systems are open or closed, depending on the

point of reference. Thus, all systems are ‘closed’ in some degree from external forces”

(p. 113). Lippitt (1982) defined an open system as “a system that interacts with an

environment so that it receives inputs and produces outputs, and adapts internal structures

and processes to the environment” (p. xix).

How Open Systems Theory Was Developed and Used

Bertalanffy originally applied open systems theory in the natural sciences;

however, later its application was found widely in the social sciences, including the study

of organizations. Boulding (1956) extended the domain beyond biological organisms,

when he argued that systems theory can be applied to virtually any concept that can be

defined by a boundary. Later, Kast and Rosenzweig (1973), Katz and Kahn (1978b),

Beer (1980), Senge (1990), Lewin (1992), and Kauffman (1993), among others,

demonstrated ways in which open systems concepts can be applied to organizations.

Organizational Open Systems Theory

Organizational system theory was based on closed systems model assumptions

until the early 1960s when the open system models became predominant (Scott, 1998).

The early rational and natural system models shared in common the fact of being

layered under closed system assumptions. The open system models that

17

developed in 1960s did not supplant either the rational or the natural system

arguments, but rather the (often implicit) closed system assumptions underlying

both. When the open system models appeared, they were quickly combined with,

first, rational systems and, later, natural systems perspectives. (Scott, 1998, p.

106)

Organizational open systems theory views organizations as complex systems

consisting of related components, with each organization having an immediate and

important environment (Azumi, 1988; Boulding, 1956; Cookson, 1989; Cullen, 1994;

Hersey & Blanchard, 1982; Kast & Rozenweig, 1985; Lippitt, 1982; Sarthory, 1979; Van

Ausdle, 1979). According to Kast and Rosenzweig (1985), open systems theory has

provided a paradigm for the study of organizations and how to manage them effectively.

It has provided a basis for thinking of an organization as a system in open interaction

with its environment. An adequate flow of resources resulting in desired outcomes is key

to effective, open, and healthy organizations (Kast & Rosenzweig, 1985).

To Scott (1998), organizations are extensions of individuals, capable of achieving

goals beyond the reach of individuals. “Institutions are themselves held together and

maintained by individuals who share, to varying degrees, similar interests or goals”

(Duemer & Mendez-Morse, 2002, p. 4). Colleges and universities are considered to be

open systems interacting with their own environments for the purpose of preserving their

inherent organizational structure (Hanna, 1997; Scott, 1998); gaining resources from the

general society; and developing outcomes, such as educated students (Middaugh, 1990).

According to Betts (1992), “the improvement of quality involves the design of an

educational system that not only optimizes the relationship among the elements but also

between the educational system and its environment” (p. 40). Organizations are systems

18

composed of interacting elements, which can be at different levels of complexity,

forming a hierarchy of systems. Open systems theory helps to consider the multilayered

reality of schools and identify the individual components (Chrispeels & Martin, 2002). It

brings to the surface existing relationships and provides insights into the nature of

interaction between them (Hanna, 1997). Each educational system comprises a unique

set of elements related in a unique way. “The relationships among elements, subsystems,

and supra-systems are continually changing in search of equilibrium while avoiding

entropy” (Betts, 1992, p. 39). The elements interact with each other and with their

environment because the system is open to its environment. The elements and the

systems are dynamic, always changing over time.

Lawrence and Lorsch (1969) suggested that stable organizations must develop

some capabilities for watching environmental changes and preparing to adapt to them. In

their studies to understand and explain how organizations function under different

conditions, they found that “conditions of concern . . . come from ‘outside’ the

organization as usually defined—from the environment or context that the organization

has chosen as its domain of operation. These outside contingencies can then be treated as

both constraints and opportunities that influence the internal structure and processes” (p.

186).

Birnbaum (1988) reported that the environment within which education is

embedded has rapidly undergone major changes over the past few decades; thus, it is

necessary for institutions to be responsive to their environments in order to survive. “To

survive is to adapt, and to adapt is to change” (Scott, 1998, p. 100). In addition,

19

Birnbaum’s (1988) study found that the responses colleges and universities made to their

environments had profound effects on their governance structures and processes. He

believed that we can understand better why institutions act the way they do if we are

aware that they are responding to perceptions of their environments. Birnbaum (1988)

also indicated that these environments may be stable or turbulent. Some institutions can

exist in worlds that look much the same from year to year, whereas others constantly face

new and unexpected challenges. For example, enrollments suddenly decline or external

agencies demand new and costly programs or reports. He observed that the environments

of organizations increasingly have consisted of other organizations. Additionally, he

came to believe that changes in organizations are being caused more by their

environments than by internal forces.

Kells (1995) developed a linear open systems model of a program or institution

that shows some aspects of the self-study process. His model can be adapted for an

institution or for a specialized program in the institution. From an open systems

perspective, the self-study processes will be affected by the external environment, various

internal factors, and feedback that enables improvement. Kells’ (1995) linear open

systems model suggested a holistic way of conducting self-studies and other types of

assessments for quality improvement. It allows for the recognition of the combined

effect of the inputs (e.g., admission criteria), the processes (e.g., teaching and service),

and the environmental impact (e.g., student market) on observed results. “It is not

possible to prove that your program alone caused the particular outcomes that you may be

fortunate enough to measure accurately” (Kells, 1995, p. 88). Self-study results in

20

identification of the institution’s problems, and solving these problems brings about

institutional change and improvement.

According to Katz and Kahn (1978a), organizations as a special class of open

systems have properties of their own; however, they also share nine properties common

to all open systems including (a) importation of energy from the external environment,

(b) the throughput or transformation of the imported energy into some product form, (c)

the exporting of the product into the environment, (d) the reenergizing of the system with

renewed input from resources in the environment, (e) negative entropy, (f) feedback, (g)

homeostasis, (h) differentiation, and (i) equifinality.

The law of negative entropy states that systems survive and maintain their

characteristic internal order only so long as they import from the environment

more energy then they expend in the process of transformation and exportation.

The feedback principle has to do with information input, which is a special kind

of energic importation, a kind of signal to the system about environmental

conditions and about the functioning of the system in relation to its environment.

The feedback of such information enables the system to correct for its own

malfunctioning or for change in the environment, and thus to maintain a steady

state or homeostasis. This is a dynamic rather than a static balance, however.

Open systems are not at rest but tend toward differentiation and elaboration, both

because of subsystem dynamics and because of the relationship between growth

and survival. Finally, open systems are characterized by the principle of

equifinality, which asserts that systems can reach the same final state from

different initial conditions and by different paths of development. (Katz & Kahn,

1978a, p. 172)

An open system also is characterized by three important concepts: (a) synergy—

the whole is greater than the sum of its parts, (b) hierarchy, and (c) purposiveness.

Every approach has its pros and cons, and so does open systems theory. Scott

(1992) commented that it was too soon to attempt even an assessment of the open

21

systems perspective as it had not yet stood the test of time. However, as for strengths of

the open systems theory, Scott (1992) commented that:

The doors and windows of the organization have been opened, and we are more

than ever aware of the vital flows and linkages that relate the organization to other

systems. . . . We see more clearly now that organizations are processes as well as

structures, and that some of these processes are not recurrent cycles but actions

changing the existing structures. (p. 94)

As for weaknesses, Scott (1992) criticized the open systems approach for its

complicated, abstract, and difficult vocabularies: “The open systems approach seems to

carry with it a large number of highly abstract and often abstruse new concepts and

labels, such as cybernetics, negentropy, morphogenesis” (p. 93). Although new concepts,

appropriately understood and applied, can reveal new factors of reality, Scott (1992)

added that sometimes open systems theorists seem confused by the richness of their new

vocabularies and “appear to be content simply to relabel the various components of the

organizational system” (p. 93). However, in the later version of Scott's work (1998),

there is no mention of these weaknesses, therefore, implying that they may no longer be

valid.

Summary

Open systems theory is a useful analytical tool that has a wide range of

applications including the study of organizations. It provides a theoretical framework in

which subsystems are related with each other, the whole system, and the external

environment. Organizational open systems theory enables the formulation of a holistic

view of the institution and how things work before examining problems associated with

22

the specific parts of the system. From an open systems perspective, “there does not have

to be a single method for achieving an objective” (Katz & Kahn, 1978a, p. 170).

Delimitations

“Delimitations address how the study will be narrowed” (Creswell, 1994, p. 110).

This research study had two delimitations. First, the study was restricted to examining

institutional regional accreditation and thus did not address other types of accreditation

such as national, specialized, and professional accreditation. Second, the study focused

on SACS-COC, which is one of the six U.S. regional higher education accrediting

agencies, and its new *Principles of Accreditation*. Thus any conclusions made about the

internal review processes in this study were limited to higher education institutions under

the SACS-COC new institutional accreditation approach.

Limitations

Limitations “identify potential weaknesses of the study” (Creswell, 1994, p. 110).

This study had five limitations. First, as a single case study, its results could not be

generalized. However, because this research study focused on the internal review

processes, findings can be transferred to other higher education settings in the SACSCOC

region. Second, it was possible that some data sources may not have been

complete, preserved, or readily available, and a source could even be false (Mason &

McKenney, 1997). Third, in qualitative research, there are two types of potential bias: (a)

researcher and (b) participant. The researcher as the instrument and the subjective nature

23

of this type of data analysis are causes for concern. Regarding the interview process,

participants could have been biased in their opinions or they may not have shared

personal perceptions honestly but instead say what would make their university look

good. Also, information could be forgotten or the information could be flawed in some

other way. Fourth, it was possible that a different set of circumstances, using a different

set of participants, or conducting interviews at a different time, could have resulted in

different meanings (Seidman, 1998). Fifth, the *Principles of Accreditation* were new;

therefore, this research was not based on lessons learned from many years of experience.

This study examined the organization and processes developed and executed by one of

the pioneer higher education institutions that successfully went through its 2004

reaffirmation under the SACS-COC new approach. However, I was aware of these

limitations and took appropriate measures, such as data triangulation, to overcome them.

Measures taken to overcome researcher and participant bias are further discussed in

chapter 3 on pages 161 to 162.

Assumptions

I minimized the number of assumptions made prior to carrying out the study, but

history made at least four assumptions seem reasonable. First, SACS-COC learned from

the other regional accrediting agencies’ experiences, thus enlightening its own model of

reaffirmation. Second, documents that would reveal differences between the 1998

*Criteria for Accreditation* and the new *Principles of Accreditation* could be located.

Third, USSU demonstrated satisfactory internal review processes that met SACS-COC

24

requirements as it successfully completed its 2004 reaffirmation including the

formulation of an acceptable Compliance Certification and Quality Enhancement Plan

(QEP). Finally, I would be able to access data essential to conducting the case study.

Definition of Terms

Berg (2001) noted that the practice of operationally defining terms allows

everyone to be on the same level of understanding as the researcher who determines the

meaning to be applied throughout the research. To minimize confusion and facilitate the

overall analysis in this study, working definitions for the key terms were established.

1. *Accreditation:*

A collegial process of self-study and external peer review for quality assurance,

accountability, and quality improvement of an academic institution or program

designed to determine whether or not it has met or exceeded the published

standards of its accrediting association and is achieving its mission and stated

purpose. (Council for Higher Education Accreditation, 2002b, p. 2)

Success in carrying out this process and meeting the standards is indicated when

an institution or program is declared to be accredited or reaccredited by a recognized

accrediting agency.

2. *Assessment*: “A diagnostic form of quality review and evaluation of teaching

learning, and programs based on a detailed examination of curricula, structure, and

effectiveness of the institution, its internal review, and quality control mechanism”

(Council for Higher Education Accreditation, 2002b, p. 2). “The fundamental purpose of

assessment is to examine and enhance an institution’s effectiveness, not only in terms of

25

teaching and learning . . . but also the effectiveness of the institution as a whole” (Middle

States Commission on Higher Education, 1996, p. 1).

3. *Educational Quality*:

For purposes of accreditation, an institution or specialized unit with accreditable

educational quality is one that has appropriate objectives, a sound strategy for

achieving those objectives as judged by the standards of the body providing

accreditation, an ability to assemble and apply resources adequate to that strategy,

and an ability to measure the attainment of its objectives. (Young et al., 1983, p.

450)

4. *Institutional effectiveness*: An “ongoing, integrated, and institution-wide

research-based planning and evaluation process that incorporates a systematic review of

programs and services that (a) results in continuing improvement, and (b) demonstrates

that the institution is effectively accomplishing its mission” (SACS-COC, 2004a, p. 15).

Institutional effectiveness is the “process of articulating the mission of the college, setting

goals, defining how the college and the community will know when these goals are being

met, and using the data from assessment in an ongoing cycle of planning and evaluation”

(Grossman & Duncan, 1989, p. 5).

5. *Internal review*: A comprehensive analysis of the institution’s programs,

resources, and effectiveness in relation to its educational mission and objectives and

development of a plan for improving student learning outcomes in response to

accreditation requirements. The internal review and its processes result in two essential

documents, the Compliance Certification and the QEP, followed by two institutional

responses: (a) the Focused Report (optional, in response to the Off-Site Review

Committee’s findings) and (b) the Reaction Report (mandatory, in response to the On-

Site Review Committee’s recommendations and suggestions) as stipulated in the SACS26

COC new *Principles of Accreditation: Foundations for Quality Enhancement*, approved

in December 2001. The concept of *internal review* is similar to that of *self-study* (see

below).

6. *Level VI University:* SACS-COC categorizes higher education institutions into

six levels from Level I to Level VI. Level VI university refers to an institution that offers

“four or more Doctoral Degrees as [their] highest degrees” (SACS-COC, 2004c,

Explanation of Data).

7. *Reaffirmation*: In the new *Principles of Accreditation*, SACS-COC uses the

term “reaffirmation [of accreditation]” instead of “reaccreditation” but the meanings are

the same.

8. *Self-study*:

The review and evaluation of the quality and effectiveness of an institution’s own

academic programs, staffing, and structure, based on standards set by an outside

quality assurance body, carried out by the institution itself. Self-studies usually

are undertaken in preparation for a quality assurance site visit by an outside team

of specialists. [It] results in a self-study report. (Council for Higher Education

Accreditation, 2002b, p. 5)

9. *Student learning*. Student learning is development on the part of the student in

knowledge, skills, and attitudes after any set of college experiences (e.g., classes,

programs, degrees and certificates or encounters with college services) in a positive

direction, and it requires a pre and post measurement of those elements (Administrator

19-IE, personal communication, April 27, 2005).

27

Chapter Conclusions

Institutional accreditation is an excellent vehicle for change toward the

improvement of quality in higher education (Barber, 1990; Christal & Jones, 1985; Miles,

1992; Trout, 1978). It is fulfilled by three phases: (a) a self-study, (b) a peer review, and

(c) a decision by the accrediting agency. Self-study is at the core of institutional

accreditation (Young et al., 1983); however, it is not always favored. Some participants

consider it to be a waste of time and resources. Yet, this key to accreditation, if properly

approached and packaged, can help ensure a high-quality future for the institution

(Cosgrove, 1989, p. 26).

This qualitative case study research explored the internal review (self-study)

processes used by a Level VI public university that successfully went through the 2004

reaffirmation under the SACS-COC new *Principles of Accreditation: Foundations for*

*Quality Enhancement*, approved in December 2001. The theoretical framework

undergirding this study was open systems theory, which recognized the combined effect

of the inputs (e.g., admission criteria), the processes (e.g., teaching and service), and the

environmental impact (e.g., student market) on observed results (Kells, 1995). Internal

review results in identification of the institution’s problems and solving these problems

brings about institutional changes and improvements.

Because the *Principles of Accreditation* were new, this research study addressed

two fundamental problems: (a) how to deal with this new reaffirmation approach and the

associated need for change and (b) how to integrate other quality improvement

mechanisms with the internal review processes. Insights gained from this case study are

28

potentially useful to other SACS-COC universities. This research contributes knowledge

for improvement of educational practices. It also meets the SACS-COC universities’

needs for understanding effective ways of conducting internal reviews for quality

improvement while simultaneously satisfying the SACS-COC new requirements for

reaffirmation.

This dissertation is organized into five chapters. Serving as the introduction,

chapter 1 provides information pertaining to the problem to be studied, the purpose of the

study, research questions, theoretical framework, and other related information. Chapter

2 includes a review of scholarly literature in five areas: (a) a summary of research on

accreditation in higher education, (b) historical overview of accreditation, (c) institutional

self-study processes, (d) institutional effectiveness in relation to the self-study, and (e)

open systems theory in related literature. Chapter 3 describes the methodology including

research design, data collection procedures, data analysis procedures, validity and

reliability, and documentation. Chapter 4 presents the data analysis and the research

findings including answers to the four research questions. Chapter 5 provides an

overview of the study; conclusions, implications, and recommendations to SACS-COC,

the case study institution, and other higher education institutions pertaining to internal

review processes; and recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

Summary of Research Studies on Institutional

Accreditation in Higher Education

Research studies regarding institutional accreditation and self-study are embedded

in topics throughout the literature review. They are discussed in a contextually integrated

manner rather than being treated separately. The purpose of this section is to provide a

brief summary of research studies that have been conducted on institutional accreditation

by answering three questions: (a) What did these research studies examine, (b) What do

we know as a result of these studies, and (c) What do we not know? The first question is

answered by Table 1, which summarizes the research studies on institutional

accreditation and places them into five broad categories: (a) perception of/attitude

toward the accreditation process, (b) self-study, (c) influential factors, (d)

impacts/effects/change resulting from accreditation, and (e) others.

The “perception” category includes five characteristics of participants, faculty,

and staff members: (a) their views and interpretations of, or attitudes toward

accreditation; (b) their perceptions of the impact of institutional effectiveness and

assessment; (c) their perceptions of assessment practices, and faculty and student roles;

(d) their motives for seeking regional accreditation; and (e) their differing views

concerning academic quality. The “self-study” category comprises various aspects of the

self-study process; development of self-study models, the relationship between

accreditation teams, leaders, and the college climate; and the accuracy of self-study

30

reports. The “factors” category includes those factors that influence the self-study

process, but this category also comprises assessment and its use, student assessment, and

the effect of change in accreditation criteria. The “impacts” category includes eight topic

types: (a) overall quality improvement; (b) curriculum change; (c) improvement of

organization, administration, and programs; (d) planning and goal attainment; (e)

resource attainment; (f) quality assurance; (g) effectiveness of accreditation; and (h)

assessment of academic libraries. The “others” category includes institutional

effectiveness, training of evaluation teams, analysis of the accrediting agency’s

evaluation in relation to the institution’s identified needs for change, evaluation of the

notions of quality, and evidence of assessment found in accreditation documents.

31

Table 1. Summary of Research Studies on Institutional Accreditation.

Area of Research

Citation Source

Research

Design Context

Perception

Factors

Self-Study

Impacts

Others

Armstrong

(1983)

Dissertation Mixed 45 colleges and

universities

X

Avery (1992) Dissertation Quantitative 58 community

colleges

Institutional

effectiveness

Barber (1990) Dissertation Qualitative Council on

Postsecondary

Accreditation,

SACS-COC,

Council on Higher

Education, and four

types of

postsecondary

institutions

X

Casserly

(1984)

Dissertation Mixed Four libraries X X

Causey (1992) Dissertation Mixed 52 colleges and

universities

X

Cavallaro

(1972)

Dissertation Qualitative Community

colleges

X

Cooney (1984) Dissertation Mixed Accrediting agency

staff, 243

evaluators; and 25

accrediting agencies

Training of

evaluation

teams

Corpus (1998) Dissertation Qualitative One community

college

X

Crishal (1981) Dissertation Mixed 13 community

colleges

X

Day (1980) Dissertation Quantitative 37 community

colleges

X

Donaldson

(1960)

Book Qualitative 38 4-year liberal

arts colleges and

two universities

X

32

Table 1. Continued.

Area of Research

Citation Source

Research

Design Context

Perception

Factors

Self-Study

Impacts

Others

Farrow (1975) Dissertation Quantitative 10 junior colleges X

Faulkner

(2002)

Dissertation Quantitative 106 community

college leaders

X

Freeman

(1988)

Dissertation Quantitative 132 institutions X

Gordon (1998) Dissertation Quantitative 33 community

colleges

X

Greiner (1997) Dissertation Qualitative Three universities

and two

Commissions

X

Harris (1983) Dissertation Qualitative Three private liberal

arts institutions

X

Hart (1997) Dissertation Qualitative 10 community

colleges

Institutional

effectiveness

Holliker

(1992)

Dissertation Mixed 26 Bible colleges X X

Hulon (2000) Dissertation Qualitative One community

college

X

Jung (1986) Council on

Postsecondary

Accreditation

publication

Qualitative SACS-COC and

one junior college

X

Kells and

Kirkwood

(1979)

Journal article Quantitative 208 institutions X

McClure

(1996)

Dissertation Quantitative 16 public technical

colleges

X

Metcalf (2001) Dissertation Quantitative 179 colleges and

universities

Institutional

effectiveness

33

Table 1. Continued.

Area of Research

Citation Source

Research

Design Context

Perception

Factors

Self-Study

Impacts

Others

Miles (1992) Dissertation Qualitative 19 community

colleges

Analysis of

accrediting

agency’s

evaluation

Mortensen

(2000)

Dissertation Mixed 34 Baccalaureate

and Master’s-level

institutions

Evidence of

quality

Paynter (1984) Dissertation Qualitative Rochester Institute

of Technology

X

Roberts (1986) Dissertation Quantitative 59 community,

junior, and

technical colleges

Institutional

effectiveness

practices

Robinson-

Weening

(1995)

Dissertation Mixed Six colleges and

universities

X

Rogers and

Gentemann

(1989)

Journal article Quantitative 167 institutions Institutional

effectiveness

Rossi (1979) Dissertation Quantitative 20 community

colleges

X

Rozumalski

(2002)

Dissertation Action

research

13 colleges and

universities

X

Salvador

(1996)

Dissertation Quantitative 136 community

colleges

X

Scroggs

(2003)

Dissertation Qualitative One community

college

X

Silvers

(1982a)

Dissertation Mixed 349 evaluators or

baccalaureate

grating institutions

Assessment of

evaluation

teams

Stoodley

(1982)

Dissertation Not specified\* One community

college

X

Sykes (2003) Dissertation Mixed 15 community

colleges

X

Thomas

(1997)

Dissertation Quantitative 73 community

colleges

Institutional

effectiveness

34

Table 1. Continued.

Area of Research

Citation Source

Research

Design Context

Perception

Factors

Self-Study

Impacts

Others

Troutt (1978) Dissertation Qualitative Regional

accreditors

X

Walker (1993) Dissertation Quantitative 13 community

colleges

X

Wilkerson

(1987)

Dissertation Qualitative University of South

Florida’s College of

Education

X

Yarbrough

(1983)

Dissertation Quantitative 34 community

colleges

X X

Notes: \* Stoodley’s (1982) study appears to be action research.

Regarding the second question, what do we know as a result of these studies, five

general findings can be drawn from the research on institutional accreditation. First,

participants had different views, interpretations, and attitudes regarding accreditation and

the self-study process. Participants also defined “educational quality” differently. These

variations were influenced by the different organizations they represent and the roles and

positions they hold even within the same organization. The way participants understand

self-study has an impact on their actions in carrying out the process and therefore

becomes critical to the overall effectiveness of that process.

Second, in addition to focusing on process strategies, ongoing planning and

institutional research functions, and matching the study process with the local context and

needs, internal motivation, the leadership’s commitment to supporting self-study efforts,

and effective communication are among the most important factors in a successful self35

study process. Two studies suggested that changes in the accreditation criteria might

affect the process of reaffirmation of accreditation and the self-study process.

Third, although the institutional self-study is time, labor, and resource intensive, it

appears to be favored as a reasonable evaluative instrument by educational leaders. Selfstudy

documents are perceived as being important to all stakeholders and to future

planning. Traditional quantitative measures are used more frequently in self-study

documents than are qualitative measures. Faculty involvement and broad-based

participation are essential in the self-study process. Recent self-study documents have

reflected more emphasis on mission statements, planning, and measurement of outcomes,

thus reflecting the impact of the assessment movement. If self-study results are followed,

the quality of instruction and services will be enhanced. However, there was one

research study by Rossi (1979) that resulted in a negative view of the self-study report.

She found that the self-study document is not a truly self-analytical and honestly

introspective picture of what the institution is and where it is going; thus, Rossi’s (1979)

research indicates that self-study is not directed at quality improvement.

Fourth, self-study success can be described in terms of changes and

improvements, as well as organizational and personal benefits. Improvement is most

frequently related to six areas: (a) refinement of mission, (b) governance and

administrative reorganization, (c) evaluation and planning, (d) general education, (e)

faculty, and (f) student services. Fifth, with the incorporation of institutional

effectiveness as an accreditation criterion, the nature of self-study has moved from being

periodic to on-going, and it places an emphasis on student outcomes assessment. To cope

36

with a rapidly changing society as well as federal government and public pressures,

accrediting agencies have transitioned from a resource-based model of quality to one that

focuses on student learning outcomes. Studies show that executive administrators and

research/assessment coordinators have the most knowledge of assessment practices and

faculty members have the least. Institutions face special challenges in the practice of

student assessment due to the complexities associated with their comprehensive missions,

as well as the diversity of their students. With a high-quality student assessment

program, higher education institutions aim at achieving both improved student learning

and improved institutional effectiveness. At the same time, they must perform

assessment to conform to external pressures. In brief, the institutions experience

concurrently a challenging interplay between assessment, accountability, quality

improvement, and institutional effectiveness.

Addressing the third question, what do we not know, a review of the literature

indicates that research related to accreditation has been conducted primarily at the

community college level using predominantly quantitative designs as shown in Table 1.

A majority of the body of research has been conducted on participants’ perceptions,

views, and attitudes toward the accreditation and self-study processes as well as impacts

of the accreditation and self-study. Much research has also been conducted on various

aspects of the self-study process (e.g., important factors) but little research exists on the

self-study process as a whole. The review of the literature also indicates that there is a

lack of research with regard to the link between institutional effectiveness and self-study.

Additionally, it seems that there is no published research on the internal review (self37

study) processes that address the Southern Association of Colleges and Schools –

Commission on Colleges (SACS-COC) new *Principles of Accreditation*.

Further discussion of these research studies is integrated into the following four

sections of this chapter: (a) historical overview of accreditation, (b) institutional selfstudy

processes, (c) institutional effectiveness in relation to self-study, and (d) open

systems theory in related literature. To gain an understanding of the overall context in

which institutional self-study has developed in the United States, it is essential to

examine how accreditation originated and subsequently evolved. This understanding also

is critical to analyzing recent changes in the SACS-COC *Principles of Accreditation*.

Because this research study focused on internal review (self-study) processes, examining

the literature on and around the topic was of particular importance. The literature also

indicates that institutional effectiveness is linked to self-study; therefore, an

understanding of what institutional effectiveness is helpful in informing the research.

Finally, inasmuch as open systems theory is the analytical lens for the research, related

literature concerning the use of this theory is discussed.

Historical Overview of Accreditation

This section presents a historical overview of accreditation in the United States

with an emphasis on the development of accreditation processes. Four questions were

used to guide the literature review: (a) When did accreditation begin, (b) How did it

evolve, (c) How did the assessment movement affect accreditation, and (d) What was the

relationship between institutional effectiveness and the development of self-study?

38

The Beginning of Accreditation

According to Gray (2002) accreditation dates back to the 1920s when it was

“devised” initially and subsequently given impetus by the North Central Association of

Schools and Colleges (p. 49). Yet in Harcleroad’s (1980) history of accreditation, he

traces the first accrediting agency back to the State University of New York in 1787

when the New York Board of Regents began conducting annual one-day visits to each

college in the state. The difference concerning dates that mark the beginning of

accreditation may result from differences in the way that accreditation is conceptualized

and defined.

The Evolution of Accreditation

Development of the Accreditation Process

By 1906, different groups interested in establishing standards sought common

ground at a meeting held in Williamstown, Massachusetts, and from their desires and

efforts developed the whole fabric of collegiate and university accreditation (Selden,

1960). The North Central Association implemented the first set of 12 specific

accreditation criteria in 1912 (Harcleroad, 1980). The Southern, Middle States, and

Northwest Associations established accrediting standards and put them into operation in

1917, 1919, and 1923 respectively (Harcleroad, 1980).

A set of accreditation standards, which were “based upon specific minimum

requirements for such factors as endowment, size of library, number of academic

departments, size of classes, and credit hours for graduation,” were determined to be

39

inadequate by the North Central Association in 1928 (Selden, 1960, p. 40). Higher

education leaders described their frustration about the standards at the time: “‘Let the

shackles of conventional and arbitrary standards be loosened in order to free the spirit of

actual accomplishment on higher levels’” (Selden, 1960, p. 40). “The major departure

from the definitional-prescriptive approach came in the 1930s when the mission-objective

concept was implemented” (Christal & Jones, 1985, p. 2).

After a lengthy study, completed in 1934, the North Central Association adopted a

new principle of accreditation:

“An institution will be judged in terms of the purposes it seeks to serve” and on

“the basis of the total pattern it presents as an institution of higher education” . . .

it evolved a radical approach by initiating a new additional purpose of accrediting,

that of providing external stimulation to institutions for their continual growth and

improvement. (Selden, 1960, p. 41)

Perhaps this external stimulation to institutions for their continual growth and

improvement can be explained by the outside influence on accreditation in the United

States. It is worth noting that the process of developing accreditation in the United States

was influenced by higher education in other countries. Tobin (1994) wrote that the U.S.

approach to regulating colleges and universities has its roots in two quite different

traditions, the French and British. The French model was one in which those who had

power, such as the emperor, pope, or bishop, delegated authority for choosing what to

teach and who to teach. An external authority was responsible for ensuring the quality of

the education system. In the British model “colleges are self-governing communities

dependent on careful and critical self-selection, that is peer review” (Tobin, 1994, p. 26).

The United States adopted characteristics from both approaches: (a) an extrinsic

40

requirement to protect the public through accountability and (b) an intrinsic quest for

improvement through peer review.

Although peer group visits to professional programs started early in the twentieth

century (Young, Chambers, Kells, & Associates, 1983), peer visits as a part of

institutional review were not introduced formally until the 1940s, when the concept of

periodic visits was added to the existing prescriptive accreditation procedures (Kells,

1995). A truly effective method of stimulating institutional self-improvement was

developed only after World War II when the Middle States Association adopted a

schedule for re-visits to all its member institutions on a 10-year cycle.

This new schedule involved a further revision in standards, a self-survey report by

the institution, a larger number of more adequately qualified examiners, and the

coordination of examiners from the appropriate professional and state accrediting

agencies into a single team of visitors. With the increasing use of the pattern

which included both an institutional self-survey and a team of qualified

institutional inspectors, stimulation for college and university improvement was

practiced more widely as a major purpose of regional accreditation. (Selden,

1960, p. 41)

Eventually, the idea of self-evaluation was added, partially in response to the need

to have a more thoughtful and effective preparation for the peer review process (Kells,

1995). “Historically, self-study has been used as a pre-visitation accreditation

requirement of educational institutions” (Rosenbloom, 1981, p. 14). This is confirmed by

Selden (1960). By the 1970s “there existed a 20-year tradition of carrying out periodic

reviews (of this nature) as part of the accrediting system for institutions and specialized

academic programs” (Kells, 1995, p. xi). Although institutions in the SACS region had

written reports by filling in the blanks each year based on minimal standards up to 1956,

41

SACS felt the need to have a more comprehensive view of each institution and developed

a program of self-study and peer visitation set up on a ten-year cycle (SACS, 1995).

The self-study program, begun by the Commission on Colleges in 1957, has

proven successful in strengthening higher education in the South. Once each

decade, an institution accredited by the Commission conducts a self-examination

from which are formulated recommendations for future improvements. The

studies involve participation by the faculty, administrative officers, staff, students

and trustees in a close examination of the institution. (SACS-COC, 1998, p. 3)

Semrow (1977) pointed out that:

Accreditation decision-making is built upon a two-tiered system which

encompasses a peer review process. On the one hand the institution is expected to

conduct a study and analysis of its operations in the light of its mission statement,

its goals, and purposes, and its program objectives. On the other hand, the

Commission provides for an on-site evaluation review by a team of persons

independent and outside the institution. This constitutes the peer review which

utilizes as its basis the institution’s self-study. This process is carried out both

substantively and procedurally [and] is based upon the concept that individuals

schooled in the disciplines and research and acquainted with the organization and

processes of postsecondary institutions are able to exercise their competence and

expertise and apply their problem-solving ability to fundamental questions

concerning institutional effectiveness. (p. 3)

“Self-study is the institution’s opportunity to create a dynamic snapshot of itself”

(Giacomelli, 2002, p. 284). At the heart of the accreditation process, the self-study has

changed with the evolution of accreditation and assessment.

Five Problems Affecting the Development of Accreditation

At least five problems have influenced the development of accreditation: (a) the

need to cope with an increasingly diversified higher education system, (b) confusion over

definitions, (c) the variety of accrediting associations in specialized programs, (d) the

need to protect learners from “diploma mills,” and (e) concern that the state and federal

42

governments would take over greater authority in accreditation, thus reducing the level of

autonomy within higher education (Harcleroad, 1980).

The U.S. education system in 1890 included secondary schools, colleges,

universities, and professional schools; however, these components were not linked in an

orderly or sequential way that is characteristic of systems (Brint & Karabel, 1989;

Rudolph, 1990). Admission to college did not require secondary school graduation, and

admission to professional schools did not require a completion of four years of college

(Brint & Karabel, 1989).

Conditions prevailed for misrepresentation, confusion, and chaos as each college

set its own standards and developed its own curriculum without benefit of

external evaluation. Mutual distrust developed between the various levels of

education until it became necessary for colleges and universities to inspect

secondary schools prior to admitting their graduates. But high school students

and more particularly their parents in their turn questioned the quality of colleges

as did college students who were horizontally and vertically mobile. (Farrow,

1975, p. 19)

“Yet despite the chaotic and relatively undifferentiated organization of American

education in 1890, by 1920, the outlines of the orderly and highly stratified educational

system that remains with us today were already visible” (Brint & Karabel, 1989, p. 6).

“Clearly, the movement toward standards and accrediting of both institutions and

programs was a response to needs in the society” (Harcleroad, 1980, p. 24).

In response to problems associated with the rapidly growing number of

postsecondary institutions that lacked standards and admission criteria, early regional

agencies were formed. The first regional accrediting association, the New England

Association of Colleges and Secondary Schools (now the New England Association of

Schools and Colleges, or NEASC), was created at the Harvard conference in 1885

43

(Bemis, 1983; Bloland, 2001). Five other regional accrediting agencies were formed

between 1887 and 1962: (a) the Middle States Association of Colleges and Schools

(MSACS) in 1887, (b) the Southern Association of Colleges and Schools (SACS) in

1895, (c) the North Central Association of Colleges and Schools (NCACS) in 1895, (d)

the Northwest Association of Schools and Colleges (NASC) in 1917, and (e) the Western

Association of Schools and Colleges (WASC) in 1962 (Bemis, 1983; Bloland, 2001;

Semrow, 1982). The focus of these regional accrediting bodies was to create closer ties

between secondary and higher education institutions (Selden & Porter, 1977).

With regard to terminology, “there is confusion as to accreditation terms”

(Council on Postsecondary Accreditation, 1981, Introduction, par. 3). *Accredit* and

*approve* were used interchangeably in some states, but had different meanings in others.

In an effort to deal with this problem, the first president of the Post Secondary

Accreditation Association developed a relatively precise definition of *accredit* that had

three parts: (a) concept, (b) process, and (c) status (Harcleroad, 1980). The *concept* was

that postsecondary institutions form voluntary organizations to encourage and help

institutions to evaluate and improve their quality and be recognized for meeting at least

the required minimum criteria for quality. The *process* was an external judgment as to

whether the institution was achieving its goals and objectives and providing a level of

quality equal to other institutions of its type. The *process* comprises three steps: (a) selfstudy,

(b) peer evaluation, and (c) decision making by the accrediting body. *Status* refers

to when the institution completed the accreditation process and was found to be in

compliance or noncompliance with the professional expectations for quality. Yet,

44

according to Harcleroad (1980), “the great number of independent actors in the arena and

their diversity in powers and goals make an absolutely precise definition impossible to

achieve” (p. 13).

A review of the literature reveals that the problem of terminology has remained

unresolved. For example, the definition of “educational quality” continues to be

problematic. Barber’s (1990) study revealed that there is no single definition for the

term, “educational quality.” According to her, the definitions can be grouped into five

categories: (a) judgment-oriented (e.g., excellence), (b) measure-oriented (e.g., a

measure not an attribute), (c) product-oriented (e.g., the product is marketable), (d)

process-oriented (e.g., high-quality teaching), and (e) student-oriented (e.g., they learn to

learn). Evaluation agencies tended to use process-oriented definitions (e.g., the proper

performance of a college, the functions of an institution being related to its mission, and a

reconciliation of institution’s ideals and purposes with a strategy to achieve them over

time), while higher education institutions preferred student-oriented interpretations (e.g.,

learning to learn, learning for learning sake, having their minds open to learning, and

having been provided with life skills).

Similarly, Folger (1984), Troutt (1978), and Millard (1983) argued that the

faculty’s definition of educational quality differs from the administration’s definition.

Green (1981), Benezet (1981), and Ewell (1985) struggled with determining methods to

employ when measuring educational quality (process and structures, or educational

outcomes or both). In contrast, Millard (1983) and Kells (1987) asserted that the degree

of educational quality can be determined by using the criteria and methods of the

45

evaluator. Paynter (1984) found that the participants in her study defined quality

somewhat differently from accreditation agencies. She also found that the quality of an

educational experience may differ from student to student based on their prior

experience. Participants tended to define educational quality in terms of “the utility of

the courses taken and the credential earned” (Paynter, 1984, p. ii).

An increasing number and variety of specialized programmatic accrediting

associations has been a problem since the early 1900s (Harcleroad, 1980). One aspect of

this issue is multiple accreditations where a program may have more than one

accreditation in the same field. To deal with the problem of fragmentation and multiple

visitations, inter-agencies jointly developed accreditation standards, self-study

procedures, and institutional site visitations (Council on Postsecondary Accreditation,

1981; Harcleroad, 1980; Kells, 1995) as well as “common terms, data needs and training

efforts . . .” (Council on Postsecondary Accreditation, 1981, Introduction, par. 4). This

“umbrella” approach to accreditation (Harcleroad, 1980, p. 4) is exemplified by (a) the

American Medical Association, which began working with occupational as well as

physical therapists, and (b) the engineering associations, which adopted a similar

approach within related professions.

“Diploma mills” generally refer to “institutions of questionable quality that

exchange degrees for money and little work” (Carnevale, 2004, p. A29). Concern for

“diploma mills” continued to increase and the seriousness of the problem made it

necessary to establish state standards and accreditation (Harcleroad, 1980). In the

meantime, “the voluntary regional associations moved to some degree toward the new

46

principle of the North Central Association, basing accreditation of individual institutions

on the institution’s own objectives rather than on a single set of standardized criteria”

(Harcleroad, 1980, p. 25).

“Throughout the entire accrediting movement, the question of influence or control

has been a paramount issue” (Selden, 1960, p. 65). Although the accrediting associations

faced criticism periodically, they overcame opposition and continued to exert a powerful

influence on higher education. Today “the magnitude of the problems confronting the

institutions of higher learning [are] so boundless that society is calling for imagination

and enlightened initiative in the establishment and enforcement of academic standards for

the colleges and universities” (Selden, 1960, p. 92). Whether the accrediting associations

respond to this call depends upon the leadership in higher education (Selden, 1960).

A review of history shows that “a system of voluntary accreditation is preferable

to evaluation by an arm of the government” (Farrow, 1975, p. 32). Although there have

been periods of pressure to increase the federal and state governments’ roles in

accreditation since the 1930s, the voluntary accrediting agencies have successfully

maintained their positions by reforming their accreditation concepts and methods

(Farrwell, 2003; Oliver, Nguyen, & Nguyen, 2003). Currently, “regional accreditation

remains a nongovernmental pursuit, but tension remains between the federal government

and higher education” (Lubinescu, Ratcliff, & Gaffney, 2001, p. 11). The government

has used Title IV student aid funds as a mechanism to influence accreditation: “The

threat of losing federal subsidies makes all institutions willing to suffer accreditation even

if, in the case of more visible ones, the benefit is minimal” (Tobin, 1994, p. 29). This

47

threat has resulted in shifting the voluntary nature of accreditation over to being largely

involuntary (Lubinescu et al., 2001).

In brief, the development of accreditation in the United States has been influenced

strongly by five problems, three of which have implications for researching the self-study

process: (a) terminology, (b) the proliferation of specialized accreditors, and (c) concern

that accreditation could be taken over by the state or federal governments. First, the

existing problem of terminology, as indicated in the literature, means that terms must be

dealt with carefully and clarified when asking questions, interpreting responses, and

examining data. Second, the proliferation of specialized accreditors often is cited as one

of the causes for negative attitudes toward accreditation due to the increased workloads

they create, duplication of effort, and demands on resources. McClure (1996) reported

that the most significant impediments to successful implementation of assessment and

effectiveness practices included the extra work for faculty and staff, and conflicting or

redundant requests for information by external agencies. Therefore, it is important to

understand that not everyone values accreditation, and that this mindset may affect

adversely the success of implementing the self-study. Third, the concern that

responsibility for accreditation will be assumed by the state or federal government has

made regional accrediting agencies refine continuously their accreditation concepts and

methods, and thus has led directly to changes in the way that self-study is carried out.

48

Effect of the Assessment Movement on Accreditation

Public Concern About Student Learning Outcomes

There was much dissatisfaction with the U.S. higher education system originating

from both inside and outside of academia during the mid-1980s. Ewell (2002) noted that

widespread and strong concerns were clearly seen in several published reports including

*A Nation at Risk* (U.S. Department of Education - National Commission on Excellence in

Education, 1983), *Involvement in Learning* (Study Group on the Conditions of

Excellence in American Higher Education, 1984), *Integrity in the College Curriculum*

(Association of American Colleges, 1985), and *Time for Results* (National Governors'

Association, 1986). “More attention was focused on the perceptions that the public

deserved more assurance that student learning was at adequate and acceptable levels upon

graduation” (Kells, 1995, p. 88). Although attendees of the first national assessment

conference in 1985 had different motives, “clear to all were the facts that they had few

available tools, they had only a spotty literature of practice, and they had virtually no

common intellectual foundation on which to build” (Ewell, 2002, p. 8).

Challenges Facing Assessment

As noted by Ewell (2002), three substantial challenges faced proponents of the

assessment movement: (a) definitions, (b) instruments, and (c) implementation. As an

example of the problem with definitions, it is problematic that there were different

meanings for the term “assessment” depending upon who was using it. One definition

involved a judgment concerning the extent to which a student had mastered complex

49

skills, and this assessment was based upon observable behavior. Another definition

referred to standardized tests that benchmarked the performance of institutions for the

purpose of holding them accountable. Yet another definition focused on program

evaluation that gathered data for use in improving curricula and teaching (Ewell, 2002).

Finally, agreements were reached on terminology thereby enabling the achievement of

program improvement using various quantitative and qualitative methods (Ewell, 2002).

The next challenge was that no instruments for gathering data that would

demonstrate student learning had been designed. From 1986 to 1989, testing

organizations, including the Educational Testing Service (ETS), developed some tests

and questionnaires; however, these instruments were viewed as a short-term solution. In

later years, faculty-developed assessments were preferred (Ewell, 2002). Although the

“homegrown” (locally produced) instruments, if well developed, are less expensive and

can meet the unique needs and characteristics of each institution more effectively, it takes

time and expertise to develop them (Kells, 1995, p. 73). The third challenge,

implementation, was problematic because institutions lacked assessment experience.

Cost and organizational questions associated with establishing an assessment program

were initially the main focus. Many institutions depended on the actual examples of

some effective performance assessment programs developed early on in the movement by

only three institutions. Later, in the 1980s, additional institutions served as exemplars

(Ewell, 2002).

From differing definitions of assessment, another significant issue emerged, “the

dichotomy of purpose apparent from the outset: accountability versus improvement”

50

(Ewell, 2002, p. 9). As a result, two types of program reviews have developed to enable

a separation of purposes. When quality improvement is the goal, self-studies are often

used, and they are formative in nature. When the goal is accountability, reviews are

normally conducted by an external organization, such as an accreditation or state agency,

and the approach is summative (Palomba, 2002).

Another difficult obstacle faced in both the development and implementation of

assessment models is ideology. Practitioners generally emphasize either a positivist or

subjectivist approach. Positivists tend to use objective tests and evaluation models

developed in the business sector, such as management by objective and institutional

effectiveness (Gray, 2002). Subjectivists depend on experienced experts; therefore, selfinspection

by faculty and administrators is a major component of the accreditation

process (Gray, 2002). “To a great extent, the accreditation review is a process of

verifying or refuting the claims of self-study based on the prior and immediate

experiences of an expert review panel” (Gray, 2002, p. 56).

In addition to ideological differences, there was a gap between developing the

assessment plan and implementing it (Gray, 2002). A few positivist administrators, such

as those in institutional research offices whose worldviews are managerial, normally

develop the plan. These administrators often assess easily quantifiable, objective,

management-oriented factors. When it comes to implementation, faculty, staff, and other

administrators may have no sense of commitment because they are not involved in

developing the assessment plan (Gray, 2002; Peterson & Vaughn, 2002). The

subjectivist view, held by faculty in many disciplines, is that “the evaluation of learning

51

relies on professional judgment because of its presumed complexity, sophistication, or

time frame” (Gray, 2002, p. 54).

According to a nationwide survey of 2- and 4-year institutions in 1999, data

gathered from student assessments had no impact on decisions related to faculty

promotions, tenure, and rewards (Peterson & Vaughan, 2002). However, Gray (2002)

argues that “building faculty ownership is the key to successful implementation, since

assessment is about teaching and learning, for which faculty are primarily responsible”

(p. 58). Gray (2002) also makes the point that “when faced with an innovation, one of

the first things people want to know is how it is going to affect them” (p. 57).

The Relationship Between Assessment and Accreditation

Ralph Wolff, from the Western Association of Schools and Colleges, noted in a

presentation at the 1990 American Association for Higher Education annual assessment

conference that “the explosive growth of the assessment movement since 1985 had forced

all the regional accrediting associations to revise their procedures and place greater

emphasis on assessment” (Wright, 2002, p. 242). The relationship between assessment

and accreditation became closer over time and brought about more assessment activity by

individual institutions. “Increasingly . . . [learning outcomes] are becoming embedded in

the accrediting process in a variety of ways. Regardless of whether the accreditation is

programmatic, institutional, or virtual, colleges and universities are expected to show

effective student learning outcomes” (Lubinescu et al., 2001, p. 5). Assessment helped

accreditation to emphasize “the crux of the matter, student learning, after decades of

52

fixation on surrogates: the resources and processes that were assumed to lead to quality

education—an assumption that proved indefensible in the rough 1980s” (Wright, 2002, p.

242). Therefore, under pressure from concerned stakeholders, the growing assessment

element within the higher education system led to major reforms in another element of

the system, accreditation.

As a result, the assessment movement has shaped to a great extent the changes

and development of the self-study. Accreditation has moved from being process and

resources-oriented to being purpose and learning-outcomes-oriented, from externallydriven

accountability to internal-improvement-oriented assessment. Taking an open

systems perspective, the self-study process is found to be changed in line with the

development and evolution of U.S. accreditation and assessment. “The trend has been

from quantitative to qualitative criteria, from the early days of simple checklists to an

increasing interest and emphasis on measuring the outcomes of educational experience”

(Council on Postsecondary Accreditation, 1985, p. 2).

Effect of Institutional Effectiveness

on the Self-Study Process

According to Rogers (1999), assessment was so controversial and intimidating

that a new term was needed to provide a broader and more acceptable definition for the

concept. That term was “institutional effectiveness” (p. 16); however, Nichols (1995)

made a distinction between “institutional effectiveness” and “outcomes assessment.” He

explained that

53

SACS consciously chose the term **institutional effectiveness** both to avoid the

term **outcomes**, which many member institutions felt had become jargon-laden

and acquired undesirable connotations of ‘measuring everything that moves’ and

to indicate that the concept described was broader than assessment activities

solely within an institution’s academic departments. (Nichols, 1995, p. 6)

Nichols (1995) believed that “while student/educational outcomes assessment

should be the central and most visible focus of the assessment movement, the longer-term

success of that movement is contingent upon its integration into and support at the

institutional level on each campus” (p. 6). According to Nichols (1995), “the term

*institutional effectiveness* is more descriptive and inclusive of the identification of

institutional and departmental programmatic intentions than is the term *outcomes*

*assessment*” (p. 6, emphasis added).

Public demands for accountability and responsiveness to public needs have been

key catalysts in the establishment of institutional effectiveness and similar continual

quality initiatives within higher education (Quehl, Bergquist, & Subbiondo, 1999). In

that context, SACS-COC was the first among regional accrediting associations to

introduce into its *Criteria for Accreditation* on December 10, 1984, the concept of

*institutional effectiveness* that linked outcomes assessment to the accreditation process

(Gordon, 1998; McClure, 1996; Nichols, 1995): “‘How effectively are you using your

institutional resources and processes, and how can this determination of effectiveness

result in positive change and improvement in the institution?’” (Rogers, 1999, p. 16).

Rogers (1999) wrote “the decision that December day by our Commission was truly a

‘leap of faith’ . . . that would extend the concept of quality beyond the traditional

resource and process expectations into a new and logical realm” (p. 16). Adopting an

54

institutional effectiveness criterion reflects an increased concentration on planning and

evaluation: “An educational institution is now expected to demonstrate that its goals are

being met” (Rogers, 1990, p. 397).

Regional accrediting agencies for higher education institutions have gradually

moved toward a greater emphasis on institutional effectiveness as a criterion for

accreditation (Moore, 1986). They have required colleges and universities to

demonstrate their educational effectiveness in reaccreditation reviews (Avery, 1992).

This is a shift from the traditional emphasis on processes and available resources (inputs)

to educational effectiveness (outcomes) (Ewell & Lisensky, 1988; Mortensen, 2000).

The introduction of institutional effectiveness into accreditation criteria has changed the

character of “self-study” from an episodic event to a continuous process (SACS-COC,

1996, p. v). “Without question, the concept of institutional effectiveness, with its

emphasis on planning, evaluation and use of results, has made a profound difference in

many, if not most, of our institutions” (Rogers, 1999, p. 16). However, after more than a

decade of implementing institutional effectiveness in accreditation, three problems

remain: (a) the need for institutions to complete the cycle by applying the evaluation

results in ways that improve student learning; (b) the need for institutions to view this

process as ongoing (monthly or annually), instead of engaging in the process solely to

satisfy the accrediting team and then drifting back into the previous routine once the

institution has been reaffirmed; and (c) the need for institutions to engage in evaluation in

all areas of their operations including both administrative and academic units (Rogers,

55

1999). Mortensen (2000) also found that there was a paucity of evidence regarding the

use of assessment in his 34 sample institutions.

Summary

The accreditation system has existed for about a century but it continues to evolve

primarily as a result of external pressure from the U.S. government and the public to meet

the demands of a rapidly changing world. The assessment movement that began in 1985

has greatly influenced accreditation by shifting the orientation to learning outcomes.

Institutional self-study, the first and most important step in the widely accepted

institutional accreditation process (Kells & Kirkwood, 1979; Stoodley, 1982), was also

changed by this new focus. The accreditation process has gone through several major

transitions, from establishing a prescriptive set of standards in 1912, to a more qualitative

purpose-oriented approach in 1935, and then adding a peer review component in the

1940s. Self-study came into being to enhance the effectiveness of peer reviews. At the

core of the accreditation process is the self-study, which also has changed in line with the

evolution of accreditation and assessment. The assessment movement shifted the focus

of self-study from being process- and resource-oriented to being student-learningoutcome

oriented in the 1980s. The process remained important; however, what is

looked at as important measures for educational quality has shifted to student-learning

outcomes. With the introduction of institutional effectiveness into regional accreditation

requirements in 1984, the emphasis of the self-study changed from being periodic to on56

going and from being driven by external accountability to a more internal improvement

orientation.

Institutional accreditation provides an excellent vehicle for stimulating change

directed to the improvement of quality in higher education, according to Miles (1992).

Accreditation “endeavors to serve both as a vehicle for public accountability as well as a

facilitator of internal self-analysis and improvement” (Robinson-Weening, 1995, p. 1).

Robinson-Weening (1995) further wrote that because of this dual role, accreditation is

“both formative (emphasis on improvement) and summative (emphasis on judgment)” (p.

23). Accreditation is a complex process, inasmuch as it seems to be at the same time

evaluative and regulatory, voluntary but required for federal funding, and encouraging of

creativity while holding institutions to the same standards and requirements. The next

section will examine how this complexity is managed within the self-study process.

Institutional Self-Study Process

This section examines two aspects of accreditation: (a) views concerning

accreditation and (b) the self-study process. Before discussing the self-study process, it is

important to understand the attitudinal context in which it is developed and implemented.

The ways participants define and understand accreditation and self-study have an impact

on their actions in the process. These attitudes can affect the success and residual

effectiveness of the entire effort.

57

Views of Accreditation and the Self-Study Process

Internal motivation is a very important consideration because higher education

personnel exhibit conflicting attitudes regarding the requirements of accreditation and the

overall worth of the process (Barber, 1990; Corpus, 1998, Farrow, 1975; Greiner, 1997;

Hulon, 2000). Hulon’s (2000) qualitative single case study found that the participants’

attitudes ranged from acceptance to resistance. On the high end of acceptance

“accreditation activities are [considered] absolutely crucial, beneficial, and directly

related to everything that the college does or should do” (Hulon, 2000, p. 89).

Accreditation is essential for institutional stability and growth. Accredited status is

important and has positive impacts on the institution, and all involved (Hulon, 2000).

Many view self-study as an effective evaluation method for the accrediting process

(Barber, 1990).

The literature reveals that, in spite of the “frustrations of wrong turns, the need to

backtrack, or seemingly endless delays along the way” (Cheper & Lockmiller, 2002, p.

325), the participants ultimately express feelings of satisfaction and of a rewarding

experience. “The real reward for the committee members was seeing the result of their

hard work – a successful reaccreditation of the university” (Bennion, Liepa, & Melia,

2002, p. 344). Yet, “the journey itself has its own rewards” (Cheper & Lockmiller, 2002,

p. 325). Participants will learn much more about their own institution than known

previously, and they will have the opportunity to work with individuals far outside their

usual circle of colleagues. “Such refreshment and novelty along with the solid

satisfaction of doing a task well are the positive outcomes from following a well-marked

58

and clearly delineated road” (Cheper & Lockmiller, 2002, p. 325). Self-study

participants feel that their work has been meaningful: “If well done, it is the self-study

report that your hard work has created that will in turn, serve as a guide for your

institution in the next few years. The recommendations found in your self-study report

will provide direction for the future course of your institution” (Cheper & Lockmiller,

2002, p. 325).

However, at the other end of the attitudinal spectrum, some have thought that

“accreditation required too much time, energy, and funding” (Hulon, 2000, p. 89); that it

was irrelevant to their everyday job functions; and it required a shift of focus away from

serving students. This attitude is reflected in Greiner’s (1997) research finding: “There

is a subtle, yet growing, suggestion that accreditation is becoming extraneous to the

issues of academic quality and institutional accountability” (p. 261). According to

Rosenbloom (1981):

The self-study process has been viewed with mixed feelings by many persons.

For some, it is a burdensome, descriptive status report, while for others, it is a

useful exercise with potential for critical analysis and institutional development.

A few find it a threat of self incrimination for weaknesses in areas of their own

responsibility. . . . The self-study process can be regenerative to people and to

institutions. Indeed, the self-study is far more important to the institution as a

focus for future growth than it is to the accreditation bodies as an aid to their

evaluation. Unfortunately, it is still largely isolated from the ongoing

management process, a task to be gotten through and assigned to subordinates. (p.

13)

Yarbrough (1983) conducted a survey of college presidents, self-study steering

committee chairpersons, and faculty members concerning their perceptions of the selfstudy

process at 34 community college (Level 1) institutions that had engaged in the selfstudy

process during the 1981-82 or 1982-83 academic years under the SACS-COC

59

reaffirmation of accreditation process. She found that there was a statistical difference

among the respondent groups’ perceptions of the self-study process with the greatest

difference existing between presidents and faculty members

A nationwide survey of 426 accredited institutions in 1978 conducted by the

Council on Postsecondary Accreditation and its Advisory Committee on Interagency

Cooperation found that “93% of the respondents indicated that in most instances

accreditation improves the overall quality of the institutions and its programs. Only 4%

held negative opinions toward the results of accreditation activities” (Piggie, 1979, p. 16).

McClure’s (1996) study reported that two main barriers to successful implementation of

assessment and effectiveness practices were extra work for faculty and staff and

conflicting or redundant requests for information by external agencies.

Hulon (2000) suggested two underlying causes for employee resistance and

overall dread at the case study institution: (a) “the unwelcome change that is required”

(p. 89) and (b) “the lack of connectivity between accreditation requirements and everyday

jobs, resulting in less value being placed on the accreditation mandates” (p. 89).

Eisenman (1991) discussed seven reasons for faculty resistance to assessment programs:

(a) intruding in their classroom, (b) violating academic freedom, (c) being a fad, (d)

evaluating the faculty member inadequately, (e) being inapplicable to goals that are not

measurable, (f) creating too much work and difficulty for something that will make no

difference anyway, and (g) detracting from covering the content of the discipline. Also,

he indicated that administrators do not create an institutional environment in which

learning outcomes are a high enough institutional priority. To minimize resistance,

60

Eisenman (1991) suggested four measures that can be adopted by institutional leaders:

(a) creating a positive assessment campus culture, (b) communicating clearly the nature

and purpose of the assessment, (c) supporting and fostering the projects that already

gained faculty attention, and (d) ensuring that the results of assessment programs are

useful and used at all levels.

Rodrigues (2002) advised that to overcome faculty’s resistance, leaders should

“start with the things that the faculty members see as valuable, think about what that

implies for assessment, and then devise activities that will mesh assessment with their

values” (p. 2). According to McClure (1996), the more the employee was involved in the

entire accreditation process, the more likely he or she would be to embrace the process,

use assessment results for improvements, and believe that these mandated activities

would lead to continuous improvement in college performance.

Summary

In brief, it is important to recognize self-study participants’ different views for

two reasons. First, understanding their perspectives enables the leadership to find

effective ways to motivate those who participate in the process. Second, the participant’s

views will affect the entire self-study context, thus the effectiveness of the self-study.

Institutional Self-Study Process

Institutional accreditation is fulfilled in three phases: (a) an institutional selfstudy,

(b) a peer review, and (c) a decision to grant accreditation by the accrediting

61

agency. The first phase of the process, institutional self-study, is viewed as the heart of

the accrediting process (Barker, 1998; Young et al., 1983). A review of the literature

reveals that the landmark examination of institutional accreditation in 1970 conducted by

Puffer (1970) presented descriptive information on self-study processes in the mid 1960s;

however, self-study was not examined in depth. Research has been conducted on various

aspects of the self-study process (e.g., leadership and participant perceptions) but there is

not much research on the self-study process as a whole. To facilitate discussion of the

literature that is available concerning the self-study process, Kells’ (1995) model served

as the framework. Kells is considered to be one of the leading experts in the area of selfstudy.

His model comprises six steps that are called phases herein and served as

categories for analyzing the literature: (a) prepare and design the process, (b) organize

the study process, (c) conduct the study process, (d) discuss results and prepare reports,

(e) host external peer visitors, and (f) make decisions. These actions are not necessarily

linear, thus more than one can occur at the same time.

There are other self-study models discussed in the literature, such as

Rosenbloom’s (1981) five-step process, Thomas’ (1991) six-phase process, Wilkerson’s

(1987) seven-step cyclical Standards, Information, Discrepancies, Priorities, Alternatives,

Solutions, and Standards (SIDPASS) process, and Newton’s (1980) 13-step self-study

conducted at the University of San Francisco. However, Kells’ (1995) model was

selected for three primary reasons: (a) it is the most comprehensive and inclusive (b) it

goes beyond compliance in emphasizing an improvement orientation, and (c) it provides

62

the most in-depth explanations and case study examples.

Phase One: Prepare and Design the Process

Preparing the Process

Preparing the process refers to establishing five prerequisites: (a) support of

leaders, (b) technical expertise, (c) necessary resources, (d) internal motivation, and (e)

diagnosis of local concerns (Kells, 1995).

From findings of a 6-year research study (1971-1977) that surveyed 208 selfstudies

of varying forms, procedures, and approaches, Kells and Kirkwood (1979) found

that satisfaction with the process does not seem to be associated with basic institutional

characteristics (such as size, age, degree level, or general disciplinary profile) or with

mechanical or organizational aspects of the steps in the self-study process. Rather, there

are three factors that appear to stand out in successful self-study processes: (a) an

internal, improvement-oriented motivation for the process; (b) positive committed

leaders; and (c) the design of the self-study—the match between self-study form and

institutional circumstances.

Designing the Process

Designing the study process includes five activities: (a) selecting the goals, (b)

identifying the scope and depth of study, (c) developing the activities, (d) choosing the

sequence of activities and general timelines, and (e) selecting participants (Kells, 1995).

Braskamp (1991) provided some additional considerations for designing an institutional

63

assessment program including relevance to mission, potential audience, potential use,

acceptable data or evidence, analysis including interpretation, and logistics.

The first consideration in designing the self-study process is the selection of a

self-study model that best fits the needs and characteristics of the institution. According

to the Middle States Commission on Higher Education (2002), there are four major

models for self-study: (a) comprehensive, (b) comprehensive with emphasis (or

comprehensive with special focus), (c) selected topics, and (d) alternative models.

Within these broad models, there are many different approaches to self-study and

evaluation because each institution has its own mission, purpose, internal conditions,

needs, and external influences. Each institution is encouraged to choose the model and

approach that best suit its needs and priorities. “The different models for self-study may

be conceptualized as points on a continuum in which any particular approach falls

somewhere between a fully comprehensive self-study approach and one which is

narrowly focused” (Middle States Commission on Higher Education, 2002, p. 5).

Day’s (1980) quantitative research study of 37 junior-community colleges within

the New England region found that there is a significant lack of involvement in and

knowledge about alternative forms of institutional self-study. He indicated further that

those institutions that have a fully developed planning/research capacity were more likely

to participate in alternative modes of institutional self-study.

Self-study done well is an educational but time-consuming process that takes

about one full academic year. But preparation should begin early, at least three semesters

before the anticipated date of the evaluation visit (Middle States Commission on Higher

64

Education, 2002). Newton (1980) proposed that it was necessary to dedicate extensive

emphasis and time to the design of the self-study process in order to anticipate mistakes,

direct participants and committees away from such errors, avoid false starts, and

concentrate immediately and directly on critical issues. Newton’s (1980) self-study

focused on outcomes, the primary outcome of which was the preparation of the summary

self-study that had to demonstrate compliance with the Western Association of Schools

and Colleges standards and was to be prepared by the Steering Committee itself.

Wilkerson’s (1987) SIDPASS model was partially piloted at the University of

South Florida’s (USF) College of Education with the National Council for Accreditation

of Teacher Education (NCATE) as the test agency. The results of a formative evaluation

indicated that the model was working well and that the data generated were useful to the

College in identifying its problem areas. Although no major problems with the SIDPASS

model were discovered, several recommendations were made to any institution

replicating the application. If the design phase of the self-study process is not thorough,

the steering committee members will have difficulty with contributing to construction of

the reports (Corpus, 1998).

In her action research study, Rozumalski (2002) designed, developed, and piloted

an institutional self-assessment model, Vital Focus, as an option for colleges and

universities wishing to participate in the Academic Quality Improvement Project (AQIP),

an alternative accreditation process based on systematic quality improvement principles,

of the Higher Learning Commission of the North Central Association of Colleges and

Schools. In Faulkner’s (2002) survey of 106 community college leaders regarding the

65

use of Baldrige Educational Quality Criteria, she reported that the vast majority of

responding community college leaders considered the Baldrige Educational Quality

Criteria as a viable option for accreditation, but they also clearly described the challenges

of meeting and applying the Criteria.

The Middle States Commission on Higher Education (2002) provides examples of

questions that can be used to facilitate the planning process. Is there a process for

systematically reviewing and improving academic programs, courses, and learning

outcomes? Is there an effective information system to support the self-study process

(e.g., an institutional research office)? Does the institution have a formal planning

process? Is there another major institutional study in progress or recently completed?

Are there ways to avoid unnecessary duplication in the self-study process? Is the campus

environment conducive to self-study? Have appropriate plans been made to involve the

institution’s constituents and larger community?

Kells (1995) commented that “institution leaders should design the self-study

process to meet institution and agency needs, seeking accrediting agency assistance and

concurrence, but insisting that institution needs be the primary consideration” (p. 144).

“The main purpose for the self-study . . . is not only to meet SACS criteria but also to

improve the quality of the institution” (Gordon, 1998, p. 14). The self-study must be

designed to improve the quality of education by creating a framework for action. This

framework for self-improvement needs to be in line with the mission and type of

institution (Barber, 1990). Yet, the self-study process also has been encouraged as a way

66

of evaluating the mission, academic quality, and accountability to constituents (Greiner,

1997).

Factors Contributing to a Successful Self-Study Process

Donaldson (1960) studied 38 liberal arts curricula self-study projects in the 1950s.

Although his study was limited in scope and data collection, it was considered “the best

early examination of this important process” (Kells & Kirkwood, 1979, p. 26).

Donaldson (1960) pointed out five essential components for a successful self-study: (a)

appreciation for the value of self-study, (b) having adequate financial support, (c) a wellwritten

final report, (d) efficient internal communications, and (e) follow-up. He also

indicated five typical weaknesses of self-study: (a) “unmanageable study,” (b)

“admonitory recommendations,” (c) “study rigged by administration,” (d) “extensive use

of questionnaires” (pp. 27-28), and inexperienced coordinators.

A self-study is a major component of accreditation. Robinson-Weening’s (1995)

finding that there are three principal factors contributing to accreditation effectiveness is

quite relevant to self-study: (a) timing of the institution’s reaffirmation of accreditation,

(b) the president’s role in the process, and (c) overall inclusiveness. Additionally,

Gordon (1998), who conducted a quantitative research study randomly sampling 33 selfstudy

directors and 99 self-study team members, found that one of the important factors

contributing to the team’s success was “support from [the] administrator” (p. 17). This

view of administrative commitment and support is confirmed by Harris (1983),

Rodrigues (2002), Stoodley (1982), and Yukl (1994). Although it is important for

67

institutions to support the SACS-COC self-study director, they should not direct or

interfere with the process (Gordon, 1998). Faculty and administrative leaders need to be

convinced that self-study for purposes of improvement is desirable. Kells (1995) states

that study efforts will bring about “positive results, touch lives in a new way, start a cycle

that will gain momentum and begin to invade the major teaching, administrative, and

other work of the institution” (p. 147).

Adequate Level of Technical Expertise

Another factor that needs to be taken into consideration in the preparation and

design phase of the self-study is having an appropriate level of technical expertise. An

important aspect of the self-study process is to select a coordinator with an adequate level

of computer-based technical expertise and ideally, similar expertise of one or more

members of the planning and eventually the steering group (Kells, 1995). The role of the

Internet Web has been expanded extensively in accreditation reviews (Crawford, 2000;

Olsen, 2000). “Unlike similar documents . . . produced in the past, the new accreditation

report was created online, in a process intended both to make self-study more helpful to

the institution and to make its results more accessible to interested parties” (Olsen, 2000,

p. 1). An update of the institution’s Web site was thought to be worthwhile at the

University of North Carolina, Winston-Salem because it allowed the university “to link

the documents to institutional-research materials maintained by the system office in

Chapel Hill” (Olsen, 2000, p. 1). Other institutions, including the University of North

68

Carolina, Winston-Salem, gave their faculty members and students easy access to the

reports, but restricted the access of outsiders (Olsen, 2000).

Although there are many advantages to having a university accreditation Web

site, disadvantages also must be recognized. The process of developing and updating the

Web site is costly and having to convert numerous documents to a Web-friendly format

could be overwhelming for smaller institutions (Olsen, 2000). Yet, the advantages of

Web-based management for self-study processes outweigh the disadvantages when the

Web site is well designed. It is essential to develop a supportive environment in which

available knowledge has been developed carefully into a navigable Web site for use

during the university’s SACS-COC accreditation (Crawford, 2000). Crawford (2000)

suggested that there are three imperative considerations when designing the World Wide

Web site: (a) a simplistic and navigable flowchart, (b) a comfortable interface, and (c)

interactive elements.

Understanding of Externally Mandated Accreditation Criteria

In addition to Kells’ (1995) and Braskamp’s (1991) suggestions, which include

selecting the goals, identifying the scope and depth of study, developing the activities,

choosing the sequence of activities and general timelines, selecting participants,

relevance to mission, potential audience, potential use, acceptable data or evidence,

analysis (e.g., interpretation and logistics), another important consideration in the

preparation and design stage of the self-study process is having a good understanding of

the accreditation criteria. “When developing assessment instruments, keep in mind the

69

agency’s accreditation criteria . . . , and, to the extent possible, address these criteria

directly” (Zikopoulos & Hourigan, 2001, p. 3).

Freeman (1988) studied the effect of the SACS-COC “*Criteria for Accreditation*”

on reaffirmation of accreditation in 132 institutions in the South. He identified four areas

in which the implementation of the *Criteria* might affect the process of reaffirmation of

accreditation: (a) institutional organization for the self-study, (b) composition of the

visiting committee, (c) number of recommendations by visiting committees, and (d)

substance of recommendations by visiting committees. Mortensen (2000) studied the

notions of quality and evidence of assessment in accreditation documents of 34

Baccalaureate and Master’s-level institutions in the Western Association of Schools and

Colleges region. His findings indicated that sample institutions are ill-equipped to move

to a new model of accreditation. Therefore, he suggested that regional accrediting

associations should proceed cautiously in the implementation of new accrediting

standards.

Drawing on case study data in higher education institutions and agencies,

Greiner’s (1997) research revealed that accreditation standards or criteria serve as the

foundation for the self-study process. This relationship between criteria and self-study

was confirmed by Barber (1990), who conducted interview research with 42 participants

from four groups: (a) the Council on Postsecondary Accreditation; (b) the Southern

Association of Colleges and Schools; (c) the Kentucky Council on Higher Education; and

(d) four types of postsecondary institutions including a public research university, a

70

public regional university, a private 4-year college, and a public community college in

Kentucky.

While uncovering the participants’ views on the accrediting process, Barber

(1990) found that one of the main concerns for evaluation agencies was the development

of standards and requirements while postsecondary institutions were concerned about the

development of processes that would enable them to meet the accrediting standards and

requirements. Concurring with Barber (1990) and Greiner (1997), Farrow (1975) stated

that “deciding standards was only the first step in this intricate process of judging the

quality of a college” (p. 30). Farrow (1975) based his statement on findings from his

quantitative survey research conducted with 10 presidents and 110 official staff at 10

public junior colleges in Alabama. Two of the six regional accrediting associations—the

Western Association of Schools and Colleges and SACS—make many references to

information technology resources as part of their standards/criteria for institutional

accreditation (West, 1990).

Both Barber (1990) and Farrow (1975) have conducted research studies on

perceptions and views that participants have regarding accreditation at two-year colleges

in the SACS region. Interestingly, their studies resulted in four similar findings: (a) a

close bilateral relationship exists between accreditation and self-study in that

accreditation stimulates a comprehensive, evaluative self-study, and the self-study is an

effective evaluation method for the accrediting process; (b) accreditation is worthwhile

and results in educational quality improvement; (c) SACS-COC’s broad and general

accrediting standards enable enough flexibility to accommodate educational innovations;

71

and (d) the accrediting team’s composition and qualifications are important. Adding to

Barber’s (1990) and Farrow’s (1975) finding about accreditation criteria, Sykes (2003)

offered that “criteria need to be broad enough to accommodate innovation and for

different purposes and scopes of higher education institutions” (p. 25). Selden (1960)

and Kells (1995) suggested that institutions participate in validation studies of agency

standards. “If the accreditation standards are improved through the efforts of member

institutions, then the accrediting process will improve as well and the institutions will

benefit” (Kells, 1995, p. 144).

Summary

In brief, the literature indicates that the preparation and design phase of the selfstudy

process is very important. A design is needed as a blueprint for the self-study

process and for the final report. Besides the accrediting agency, the primary audience for

the design should be the institution itself. If this first stage is carefully done, it will set a

positive tone, provide a road map, and serve as a springboard for a successful and

meaningful self-study process at higher education institutions at a later stage.

Phase Two: Organize the Study Process

Tasks Following the Design and Plan

The organizing efforts should follow the design and move as efficiently and

effectively as possible into the study process itself (Kells, 1995). Kells (1995) suggested

that organizing the study process should take into account six tasks: (a) identifying tasks

72

and roles; (b) developing a means for guiding the study; (c) recruiting, orienting, and

training participants; (d) obtaining the resources; (e) forming work groups, planning

workshops or visits, and outlining data collection; and (f) developing coordination and

communication systems. Newton (1980), in his discussion of the accreditation self-study

conducted by the University of San Francisco, proposed a process and materials

potentially useful to other universities in planning and executing their self-studies. The

self-study at University of San Francisco was an intensive, highly structured, 6-month

effort, headed by an executive secretary from the faculty, a steering committee, and task

forces. In general, the self-study process is coordinated by a steering committee and the

executive functions for that group are arranged by its chairperson or by a self-study

director (Kell & Kirkwood, 1979).

Self-Study Director/Coordinator

Barber (1990) suggested that higher education institutions design a master plan to

guide the process: “This plan needs to include a centralized database for the ongoing

corpus of data for self-study, evaluation assignments for all levels of the institution, and a

professional to serve as the coordinator for continuous self-study” (p. 114). The selfstudy

director chairs the steering committee, serving as an overall coordinator of the

study. Although this position may be called by different titles, such as self-study

coordinator, or accreditation liaison officer, the designated individual directs the activities

of the study and constantly supports the process (Kells, 1995).

73

According to Gordon (1998), the self-study director should possess the traits of

sincerity, caring, trust, respect, empathetic understanding, an ability to listen, a solid

knowledge of the self-study process, and the ability to communicate this knowledge to

committees. Chairs are selected to head the committees based on their knowledge and

expertise, and their respect in the institution (Gordon, 1998, p. 22). The self-study

director should participate in activities that enhance professional growth and

understanding of the process (e.g., observe a reaccreditation visit and attend SACS-COC

annual meetings).

The self-study director has the authority to develop work guidelines, distribute

work assignments, and direct the task behavior of all the participants (Gordon, 1998). In

Newton’s (1980) study, the executive secretary (self-study director), who had experience

with accreditation in other settings, was chosen from the faculty and given one-half the

regular teaching load to coordinate and monitor the self-study. Due to numerous

responsibilities, a stringent timeline, and having to oversee the entire self-study process,

the self-study director may encounter extreme stress during the critical period of

institutional assessment. He or she “should receive compensation at least equivalent to

one-half work load reduction in regular duties” (Kells, 1995, p. 61).

Steering Group

Central to the study process is usually a steering group (or self-study committee)

that organizes the process in accordance with the agreed-upon design, often chooses the

work groups and their members, and coordinates the ongoing activities (Kells, 1995).

74

Cosgrove (1989) advised that the self-study committee should comprise people who

possess a complete view of the institution, and can be trusted to get the job done. But “it

is critical to tap people who understand the true purpose of self-study as it relates to

planning” (Cosgrove, 1989, p. 26). In Newton’s (1980) study, the Steering Committee at

the University of San Francisco was viewed as a working board of directors, chaired by

the Vice President for Academic Affairs. It was composed of faculty, students, and

administrators and was intended to represent all segments of the university community.

The Steering Committee reviewed and discussed the standards for self-study, the Western

Association of Schools and Colleges’ suggestions for conducting the study, the

designation of committees/task forces, the timetable, instructions, meeting schedules,

processes, and the design of the summary self-study.

Workload and Teamwork

Kells (1995) has been convinced from two decades of experience with self-study

and other related processes that “adequate staff work is absolutely essential” (Kells, 1995,

p. 64). In a study conducted to determine why some programs undergoing accreditation

stall in the self-study process and fail to receive accreditation, Talley (1997) found that

almost 4 out of 10 (38.7%) did not complete the self-study because they lacked sufficient

time. Another important factor was that the “process was overwhelming” (Talley, 1997,

p. 33). For institutional accreditation, the result might be similar or even worse as the

amount of work required is several times larger.

75

Decisions made by teams are more accurate than those made by individuals

(Hampton, Summer, & Webber, 1987), and team synergy becomes one of the greatest

assets in accomplishing the goals of the self-study. Acebo (1994) says that the most

important asset of teams is their variety of diverse talents and abilities which can produce

better results than can be achieved by individuals. Teams provide a greater sum of

experience, knowledge, and expertise. “Teams that are most effective have a proper

balance between similarities and differences” (Gordon, 1998, p. 17). If they are too much

alike, they will lack innovative concepts (Yukl, 1994).

Selecting Team Members

According to Bennion et al. (2002), although many factors contribute to a

successful accreditation self-study, the most important one is “the selection, care, and

feeding of the self-study steering committee” (p. 344). To make the self-study

successful, “care must be taken in selecting committee members, providing efficient and

open committee meetings, getting and keeping all members of the committee involved

throughout the process, and providing rewards to committee members” (Bennion et al.,

2002, p. 344).

The self-study director and a member of the President’s Council should select

members from the institution to serve on the committees. Membership should be diverse

and cross-representative, inasmuch as this is essential to eliminating bias in reporting on

the state of the institution. Evaluation needs to be comprehensive and have broad

participation (Gordon, 1998; Scott (as cited in Barber, 1990); Cheper & Lockmiller,

76

2002). With broad-based participation, the campus will feel a sense of ownership of the

recommendations made in the self-study (Cheper & Lockmiller, 2002). Broad

participation in the entire self-study process is the cornerstone of a successful outcome.

Newton (1980) further proposed that broad-based participation is essential and that the

study should begin at the most basic organizational level.

According to Kells (1995), there are seven main considerations for selecting the

steering committee: (a) natural leaders with good organizational and conceptual skills;

(b) subtasks to be accomplished; (c) informal leaders of faculty and staff groups; (d)

constituents to be represented; (e) members from the university senate; (f) individuals

with special skills and experience needed for self-study (e.g., planning, organizing,

research, computer, and editorial skills); and (g) a manageable number for the committee

(about eight members), with aides, and visitors coming and going as needed. Bolman

and Deal (1991) offered five considerations when organizing a work structure: (a) task,

(b) environment, (c) time, (d) skills, and (e) individual need. Newton (1980) added that

sufficient time and strong writing skills were essential prerequisites for serving on the

Committee. Careful consideration should be given to role assignments at the beginning

of the self-study because group performance depends on how well the members are

organized to use their abilities (Hackman, Brousseau, & Weiss, 1976; O’Brien &

Kabanoff, 1981; Shiflett, 1979). Newton (1980) found that each committee and task

force should be given a charge that provided it with a clear definition of its task and

deadline.

77

Group performance also depends on securing necessary resources to accomplish

the task at hand (Peters, O’Connor, & Rudolf, 1980). For self-study teams to assess

institutional effectiveness, it is imperative that they “have access to institutional

documents from the President’s Council members, the institutional effectiveness officer,

and other key staff as well as the ability to conduct interviews with these individuals in

order to evaluate effectively” (Gordon, 1998, p. 54). Additionally, Gordon (1998) wrote:

“Team members must buy into the process in order to be fully committed to the team

approach. The leader and the team need to have full support to engage in participatory

planning and decision-making. They also need to be fully aware of what is expected of

them at the outset” (pp. 16-17). Barry (as cited in Gordon, 1998) emphasized that “a

successful team must understand the objectives to be accomplished” (p. 17). It is

essential that “the team have a clear concept of the timeframe within which it must work”

(Gordon, 1998, p. 17).

Importance of Faculty Involvement

The literature also stressed the importance of faculty ownership of the assessment

process (Astin, 1993; Eisenman, 1991; Erwin, 1991; Ewell, 1983; Nichols, 1989; Oliver

et al., 2003; Rodrigues, 2002). According to Tobin (1994), “anyone even remotely

connected with higher education understands, as a first law of operations that you cannot

get positive change without informing and involving faculty” (p. 33). Eisenman (1991)

added that for those who are not well aware of the traditions of higher education, it is

clear that the identification, cultivation, and assessment of intended learning outcomes

78

are the primary, if not exclusive domain, of faculty. The self-study director should use

leadership skills to motivate followers in order to boost the morale of employees who are

performing duties related to the self-study in addition to their full-time assignments

(Gordon, 1998).

Training the Team Members

Gordon (1998), Barber (1990), and Kells (1995) agreed that training of the

committee members was an important component in the process. The members can be

trained either internally or externally (i.e., orientations/training workshops conducted by

the regional accrediting bodies) (Gordon, 1998). Higher education institutions should

prepare self-study directors and committee participants through training in conjunction

with the regional accrediting agencies (Barber, 1990). Regular programs of staff

development seminars and workshops should be conducted (Kells, 1995). Additionally,

it is worthwhile for self-study groups to refer to self-study documents, resources, and

results compiled by reaccreditation teams from other institutions while writing their own

self-study reports (Gordon, 1998). Or they can visit other exemplary institutions (Kells,

1995). Clearly, it is helpful to have models to examine. Gordon (1998) observed that a

team’s success is dependent on support from administrators and the proper dissemination

of information:

They [self-study directors] give each chair support by expressing personal

concern, by directing them in the research process, and by eliciting their ideas

concerning their particular needs and how they might best be addressed. They

emphasize achievement by stressing the importance of timetables, meetings,

committee assignments and follow-up sessions with committee members. Self-

[s]tudy [d]irectors should encourage them to maintain a positive, supportive

79

demeanor, and should assure that the chairs and the [s]elf-[s]tudy [d]irector will

have frequent meetings where they would develop strategies to see that the work

gets done in a timely and satisfactory manner. Self-[s]tudy [d]irectors should

acquaint the chairs with any information that they receive from the Southern

Association of Colleges and Schools’ Commission on Colleges which will keep

them abreast of current issues with which they should be familiar. (p. 38)

Summary

In brief, organizing the self study deals mainly with selection, orientation, and

training of the workforce, teamwork, coordination, and communication systems. The

participants’ enthusiasm should be created in Phases One and Two. These steps set the

stage for Phase Three, conducting the study, which is the keystone of the whole process.

Phase Three: Conduct the Self-Study Process

This phase includes learning about the real conditions, experiencing the

perceptions of others, and developing the commitment to carry out agreed-upon changes

(Kells, 1995). According to Kells (1995), there are two fundamental activities in this

phase of conducting the self-study process: (a) collect facts and opinions, and conduct

surveys, and (b) study intentions, inputs, the environment, programs, processes, and

results in light of any agency standards or professional norms, and employing a sequence

of work groups, workshops, individual assignments, visits to other sites, and consultants.

According to Gordon (1998) the self-study director and chairs of principal

committees “must be catalysts for change” if the institution is weak in any of the areas

that SACS-COC requires them to examine (p. 41). It is important for the self-study

director and chairs to encourage committee members to conduct the review objectively,

80

to document it properly, and to report strengths and weaknesses in an unbiased manner

(Gordon, 1998).

Tasks and Types of Work

According to Kells (1995), to achieve the purpose of self-study, different tasks

must be completed including managing, gathering, eliciting reactions, exploring new

perspectives or solutions, and producing and using written and other results (Kells, 1995).

Some work can best be attempted by individuals (e.g., prepare a written agenda) while

other tasks are done best by a group (e.g., study the nature of student experiences in

recent years).

The chairs and principal committee members must evaluate the institution in the

areas of institutional purpose, institutional effectiveness, educational programs,

educational support services, and administrative processes (Gordon, 1998). “Weaknesses

and strengths are discovered through members’ investigative work, and recommendations

are made for institutional improvement. The self-study reaccreditation effort is

imperative to keep educational institutions ‘on the cutting edge’” (Gordon, 1998, pp. 28-

29).

Importance of Documentation

The literature also indicates the importance of documentation and database

development. Wolff and Astin (as cited in Lubinescu et al., 2001) stated that “The

Commission for Senior Colleges and Universities of the Western Association of Schools

81

and Colleges Accrediting seeks to foster a ‘culture of evidence’ among its member

institutions through the self-study process” (p. 9). “Documentation should occur on a

regular basis as part of an ongoing comprehensive program evaluation effort” (Waltz &

Belcher, 1994, p. 401). Institutional research should provide “the on-going well

maintained data base that fuels cyclical study and planning” (Kells, 1995, p. 147).

Jones (1982) made a helpful distinction between information and data. Being the

direct result of observation or measurement, *data* are the raw facts from which

information can be constructed. *Information*, on the other hand, consists of data that have

been selected, combined, and put into a form that conveys to a given recipient some

useful knowledge upon which to base action. The quality of data is determined by the

validity, accuracy, and reliability of the measurement process used in data collection.

The quality of information is determined as much by its relevance, timeliness, and

acceptability to potential users as it is by its derivation from high-quality data (Jones,

1982).

Christal and Jones (1985) stated that “collecting and reporting quantitative data

are an important part of the self-study and review process and are an annual reporting

requirement used by most accrediting agencies” (p. 3). Additional literature on data

collection and accreditation has indicated a positive relationship between accreditation

mandates and institutional improvement (Barber, 1990; Farrow, 1975; Gordon, 1998).

However, institutions complain that providing data for accreditation is no easy task.

In 1998, the Council for Higher Education Accreditation formed a taskforce for

addressing issues related to data collection and accreditation. This taskforce consisting of

82

regional, national, and specialized accrediting agencies, analyzed the current

requirements of all accrediting agencies and explored the feasibility of creating a core

data set for accreditation purposes (Council for Higher Education Accreditation, 2000).

The taskforce contended that standardization would simplify the task of data collection

for institutions (Hulon, 2000). Hulon (2000) found that such a change could relieve

institutions from the overwhelming task of complying with multiple accrediting agencies,

which leaves them dissatisfied with the entire concept of accreditation. Developing such

data sets would enhance the inter-association cooperation and “lessen the burden of

multiple accreditation activities experienced by individual institutions” (Christal & Jones,

1985, p. 3).

Barber’s (1990) study found that deans in the postsecondary institutions tended to

be the type of administrators most directly involved with collecting the data necessary for

accreditation. Kells (1995) suggested that data can be collected by reviewing existing

data and reports, as well as collecting new facts and opinions through survey and

interviews. Two types of instruments used for data collection were (a) commercially

available survey instruments and (b) homegrown/locally produced instruments (Kells,

1995). In addition to a list of commercial survey providers, Kells (1995) also provided

excellent examples of survey instruments that can be adapted to each institution’s

uniqueness and used for data collection for the self-study.

83

Tools for Data Collection

North Carolina State University (2003) described three types of tools that are

helpful in organizing assessment information: (a) guidebooks, workshops, and an

organizing worksheet; (b) a database for the assessment processes, information, and

reports; and (c) Web-based systems to gather information about their colleges’ and

departments’ assessment processes. Cheper and Lockmiller (2002) and the Middle States

Commission on Higher Education (2002) suggested that institutions make good use of

existing data collected and compiled by various administrative and other offices. This

can save institutions from wasting time looking for information or recreating data already

available.

Challenges During the Process

Cheper and Lockmiller (2002) warned that frustrations sometimes arise during the

self-study process: “No doubt you may have encountered those who lack the courage or

the heart to do the job well. . . . You may have endured the frustrations of wrong turns,

the need to backtrack, or seemingly endless delays along the way” (p. 325). Thus it is

advisable to build ample extra time into the schedules to allow for unexpected delays

(Cheper & Lockmiller, 2002).

Summary

In brief, like research, data collection in a self-study is iterative, happening from

Phase One, preparing and designing the study process, through Phase Three, conducting

84

the study process. It is critical that the self-study process produce valid and high quality

information and findings; therefore, every possible measure must be taken to assure the

validity, accuracy, and reliability of the measurement process.

Phase Four: Discuss Results and Prepare Reports

Discussing and Preparing Reports

According to the Middle States Commission on Higher Education (2002), the

writing or editing of the self-study report may be assigned to a professional writer/editor

on the faculty who need not be a member of the steering committee. This individual

should be selected prior to the outset of the process and should participate in developing

the writing and editorial guidelines to be disseminated to self-study participants.

Kells (1995) commented that when an institution conducts an externallymotivated

evaluation, it will produce a report to satisfy an outside agency without seeing

the institution in the process. A useful self-evaluation report has six desirable attributes.

It is: (a) clearly written and well organized, (b) concise, (c) focused on key issues, (d)

frank and balanced in its view of the institution, (e) useful for several audiences, and (f)

contains systematic references to how the institution meets both the standards and

definition of an accredited institution (Kells, 1995).

Your self-study report should be a clear, no-two-ways-about-it record of your

accountability. In these days when it’s critical to be equipped to show our

communities – our students, our citizens, our legislators – what they are receiving

for their tuition and tax dollars, a properly packaged self-study report offers that

picture. . . . It provides readily available facts and figures that can serve as a tool

for marketing and community relations. (Cosgrove, 1989, p. 25)

85

A majority of the literature emphasizes the important role of self-study reports in

various aspects; however, one research study by Rossi (1979) resulted in a negative view

of self-study. Rossi (1979) conducted a quantitative research study to examine the

accuracy of accreditation self-study documents of 20 community colleges. She found

that the self-study is only an instrumental rather than representational document. In other

words, self-study is only an instrument for the institution to get accredited and does not

reflect the institution honestly, thus this study indicates that self-study is not directed at

quality improvement.

Kells (1995) stated that “the vast majority of self-study reports related to

accreditation are organized according to accreditation standards, guidelines, or criteria of

the agency” (p. 95). He offered six suggestions for producing a useful report. First, the

report should be integrated by using one writer and one editor who can enhance the

readability. “Culling, selecting, adding, and polishing – even major rewriting – are often

required” (Kells, 1995, p. 94). Second, to enhance the quality of the report, the draft

should be circulated and placed in the library and other central locations for receiving

suggestions and comments from constituents. It will be helpful to have the leadership

make known that they will attend the hearings and comments as they prepare to receive

and approve the final document. Third, to obtain “a balance between the need for

supporting data, descriptions, and other documents and the need to produce a concise,

readable report” (Kells, 1995, p. 94), readable tables and appendixes should be used with

supportive data on file and accessible as needed and logically located.

86

Fourth, the report should summarize the key issues, important strengths or

opportunities for improvement at the end of each section in which they first appear and

recap them in the final section with the commitment to, and schedules and strategies for,

change. Fifth, it is useful to use a computer-based processor with text editing

capabilities. Finally, the steering group should devise a work plan to guide the

production of the first draft materials. The work plan includes the proposed structure of

the report, a list of assignments and important steps to be taken, and respective deadlines

for submission (Kells, 1995). The self-study document should be a summary of

problems, strengths, recent actions, activities, and probable steps to be taken as a result of

the self-study (Kells, 1977).

Although Garner and Vice (2000) focused on programmatic accreditation, in their

study, five of their recommendations are applicable to writing the institutional self-study:

(a) adapt the report to the specific readers; (b) start each section with a good topic

sentence that answers the question being addressed in each specific standard; (c) provide

persuasive facts right after the topic sentence to tell specifically how the standard is being

met; (d) employ specific and clear language (e.g., 97% of the faculty instead of a large

majority); and (e) anticipate questions that the readers might have as fewer questions are

indicative of a better study. Cheper and Lockmiller (2002) stressed that “everyone

working on the report understands the critical importance of using evaluative, assessable

data, not just descriptions” (p. 323).

A minimum of three drafts of the study should be planned (Cheper & Lockmiller,

2002). After receiving suggestions, improvements, corrections, and additions from

87

constituents the final version is prepared. The writer should plan to proofread each draft

carefully looking for errors in content, omission, clarity, and consistency of style

throughout the document. The self-study report should be used to educate stakeholders:

It should raise questions, provoke discussions, and inform visitors or newcomers

about key issues. It should build interest and morale, provide a written record of

the study process, and form the base for planning. Finally, the report should list

things the institution or program should achieve or change in the next two or three

years. Ideally, the strategies necessary to accomplish the changes, the roles

expected of individuals and groups, and a timetable and mechanism for ensuring

that changes occur should be included. (Kells, 1995, p. 94)

Special Forms of Self-Study Report

Most institutions use the traditional ways of writing the report which mainly

respond to the accreditation criteria. However, the literature also discusses two

institutions that wrote the self-study report in a nontraditional way. First, Scaperlanda

(2002) stated that he did not want to use the traditional organizing principle for the

University of Oklahoma’s 2001 self-study report. Instead, he organized the self-study

report around the theme of building a community of learning and titled it “Realizing the

Possibilities: Reaccreditation in a Time of Renewal.” With this creative approach,

Scaperlanda (2002) hoped to develop an interesting self-study report that might be read

more widely than just by the visiting team.

Second, in April 1996, the University of San Francisco developed a thematic selfstudy

approach that was focused around the six strategic themes rather than Western

Association of Schools and Colleges’ traditional accreditation standards (Schlegel, 1998).

Similar to this thematic approach, the Middle States Commission on Higher Education

88

(2002) also identified three self-study models other than the standard Comprehensive

Model that institutions can choose to use for their self-studies. Thus the regional

associations allow for some level of flexibility in carrying out the self-study process so as

to better meet the institutional needs, encourage institutional improvement, and reduce

unnecessary duplication of effort in the accreditation process.

Summary

In brief, the final study report should be concise and readable, but also a

substantive document that can be used by the visiting team, accrediting agency, and

importantly, the campus community, which is ultimately responsible for implementing

improvements. The final report serves as a basis for the peer review.

Phase Five: Host External Peer Visitors

Peer Review

In accordance with the accreditation process, the self-study is followed by a peer

review visit. The groups that examine entire institutions usually comprise a mixture of

academic experts and experienced university administrators. The latter often includes

one or more high-level executives and one or more managers with specialized expertise

in areas such as finance, libraries, student services, or planning and data systems (Kells,

1995). However, Harcleroad (1980) described the site visit teams as being unpaid,

untrained volunteers from the higher education community.

89

Kells (1995) suggested viewing external visitors as “useful consultant[s]” (p.

140). Brase (as cited in Farrow, 1975) found that visiting committee recommendations

were “the most influential stimulus to change in the accrediting process” (p. 37).

Supporting Brase, Kells (1995) confirmed that “receiving regular feedback from wellintentioned,

informed, unbiased peers can be fruitful” (p. 142). Faculty-team meetings

with the visiting team at the visited institution can be very useful as they bring new

insights into teaching and learning at the institution. The findings from site-visit teams

are important to the extent that they can help to outline future institutional needs. “The

visitors’ report is advice and validation” (Kells, 1995, p. 140).

Peer review is a long-standing tradition in academic life. Although it is difficult

to trace its origins, peer review is surely a reflection of the guild control of

standards in professional life in the earliest universities. Peer review has been

particularly and continuously present in modern times in the review of scholarly

work for publication and funding. The arguments for peer review in academic life

center on the needed sensitivity to cultural norms and on professional expertise.

Peers have also been used within universities in contemporary times to give

advice rather than make judgments about practice or effectiveness. (Kells, 1995,

pp. 138-139)

However, Silvers (1982a; 1982b) provided a critical analysis of the functions of

site-visit teams. He asserted that the major strength of these teams lies in their dedication

as volunteer evaluators and their major weakness emanates from the lack of an evaluation

framework or model to guide them. Thus, there was a need for increased consistency to

interpret and apply the standards. Cooney (1984) examined the need for training sitevisit

teams to carry out these evaluations. He stated that 1-day training programs given

by the accrediting associations are needed and should cover at least three topics: (a) an

explanation of the process and purpose of evaluation, (b) a review of the standards, and

90

(c) a description of the roles and appropriate conduct of the team members. According to

Harris (1983), two key factors involved in the effectiveness of self-study are the quality

of the committees and the site visit team. Cooney’s (1984) study found that “new

evaluator preparation should include prior exposure to the accreditation process, an

opportunity to join a visiting team as an observer, mandatory participation in a training

program, and provisional assignment to a team under the tutelage of an experienced

chair-person” (p. iii).

Kells (1995) offered several recommendations for making the review team’s visit

fruitful. First, the institution should insist on a timely preliminary visit by the team chair.

The purpose of the visit is for the chair to become familiarized with the institution so that

he or she can play a role in augmenting the membership of the team. Second, the

institution should actively help the accrediting agency staff members to design the team.

Third, the visit will be more effective if the institution sends the self-study report and

makes available any needed catalogs, and other supporting material to team members 4 to

6 weeks in advance. Fourth, the day of team arrival should include a social event to

introduce key institutional leaders to visitors. This should be followed by the team’s

planning session, and at least two days of individual and group meetings.

Selden and Porter (1977) wrote that all institutions from the best to the weakest

have received some benefit from the contributions of a peer review that has been

conducted in a spirit of mutual cooperation.

It is difficult to draw the line between the evaluative function of accreditation and

its provision of advice and counsel. The accreditation process involves both; and

many experienced evaluators believe that the most valuable service that can be

91

performed by an evaluating team is that of critic and stimulator of educational

improvement. (Selden & Porter, 1977, p. 8)

But Kells (1995) advised that because the visiting team is not the accrediting body, if the

institution disagrees with team conclusions, it “should confidently and in an informed and

nondefensive way respond to the accrediting body” (p. 145).

External Visitors

In addition to the site-visit team, institutions can also host other external visitors

during their self-study process, including regional accrediting representatives, peer

consultants, and advisory groups. When using a consultant, it is important to find

someone with the adequate expertise and stature and early in the self-study process

(Kells, 1995).

Harris (1983) also stressed the importance of accrediting agency support as one of

the key factors contributing to the success of the self-study. Thus, “institutions must use

agencies effectively if they are to benefit from the interactions” (Kells, 1995, p. 145).

The Middle States Commission on Higher Education (2002) added that “the Commission

staff liaison, the primary link between the Commission and the institution, will be

available to answer all questions, concerns, or requests for assistance relating to the selfstudy”

(p. 20). The Commission staff has direct contact with the institution’s

representatives at several points before the evaluation team visit. They are there to help

and to give advice to the institution regarding the design as well as the self-study.

The visiting staff member is not an evaluator. The purpose of the visit is to

acquaint himself/herself with the institution and to establish and maintain a

professional relationship during the self-study process. It is an opportunity for the

92

staff to learn more about the current status of the institution, to assist the

institution in finding the most appropriate means of addressing relevant issues, to

provide expertise on the procedures and the institution’s preparations for selfstudy

and peer review, and to discuss self-study with various groups that will have

crucial roles throughout the process. (Middle States Commission on Higher

Education, 2002, p. 21)

Jung’s (1986) case study of the SACS-COC and S. D. Bishop State Junior

College, Mobile, Alabama illustrated direct accreditation agency involvement in the

enhancement of educational quality. SACS-COC not only sets and evaluates quality

standards but also provides direct assistance to member institutions in meeting and

exceeding the standards (Jung, 1986).

Summary

Peer reviews provide external validation to the internal assessment and stimulate

peer pressure to make needed adjustments within the institution. Peer reviewers also can

provide useful advice for making decisions to effect change directed toward institutional

improvement.

Phase Six: Make Decisions

and Evaluate the Self-Study Process

Making Decisions

“If all you can say when your self-study report is completed is, ‘Thank goodness

that’s finished,’ you have missed a golden opportunity to accomplish so much more”

(Cosgrove, 1989, p. 24). According to Kells (1995), there are three essential activities for

93

making decisions in Phase Six: (a) applying results, (b) starting follow-up activities, and

(c) making needed changes in the information and infrastructure of self-regulation.

The literature indicates that after institutions pass the reaccreditation process there

are two attitudes toward the use of the self-study findings. First, institutions aiming only

at passing the accreditation have a tendency not to make use of the results. “Chances are,

the self-study sits on a shelf collecting dust” (Cosgrove, 1989, p. 24). However,

institutions that go beyond the notion of compliance and see this as an opportunity to

improve the institutional effectiveness use the self-study report as an evaluative

instrument providing constructive directives and guides for improvement. The steering

group can take the lead to “integrate the results of the study process with the ongoing life

of the institution. . . . Sufficient momentum must be generated to overcome any inertia

and fear of change” (Kells, 1995, p. 146).

Cosgrove’s (1989) case study of St. Louis Community College showed that the

self-study report continued to be used as their tool for planning and self-improvement

long after receiving reaccredidation. “Everyone realizes, conceptually, the importance of

using self-study results. But unless you are prepared organizationally to make the most

of them, it is almost impossible to do so to any worthwhile advantages” (Cosgrove, 1989,

p. 25). Crishal (1981) studied the impact the self-study and accreditation process had on

the administration and management of selected accredited Michigan public community

colleges. She concluded that “educational leaders recognize that the self-study process is

a valuable mechanism the results of which, if followed, would enhance the quality of

instruction and services provided by educational institutions” (p. 5).

94

To promote effective implementation of the self-study results, Kells (1995)

offered five recommendations: (a) publish the self-study and peer visitor report, “an open

process should be followed by an open report” (p. 146); (b) develop an agenda for action

and include it in the published report; (c) have overlap (through membership) as early in

the self-study process as possible between the study work groups and some of the

institutional or program level regular governance workshops; (d) insist that the board of

trustees and the chief executive officer endorse the report in writing; and (e) carefully use

marginal resources of the institution. Barber (1990) also stated that “they should

disseminate the study results and the recommendations of the visiting team to promote

educational improvement” (p. 116).

The results of such studies must be integrated into the budgetary, personnel,

resource allocation, and programmatic dimensions of the unit-activities by the leaders.

Thus, “new behaviors must be rewarded by the formal and informal leadership or they

will cease; ideas must be used and fed or they will wither away” (Kells, 1995, p. 147).

Some agencies now require a progress review report 5 years after the accreditation

review at the midpoint of the usual 10-year cycle. “The institution is asked, among other

things, to report progress on the consideration of key issues and recommendations from

the self-study process” (Kells, 1995, p. 146).

The self-study acts as a catalyst inside faculties and in some cases restores a

process of quality control. Self-study is like “a ‘spring cleaning’ in the sense that

faculties had to rethink their goals again, and the ways to and the extent in which they

attained those goals” (Kells, 1995, p. 138). Self-studies enable the committee members

95

to look closely at the core problems of a faculty in a short period of time (Kells, 1995).

According to Miles (1992), “the process of the study conditions the faculty for change.

Faculty members are required to take a close look at their disciplines and recognize

concerns as well as strengths” (p. 53).

Causey (1992) studied the impact of the assessment movement on academic

libraries in South Carolina by examining their annual reports and SACS-COC self-study

documents. He also sent surveys to the library directors at 52 colleges and universities in

South Carolina that are accredited by SACS. The study found that traditional quantitative

measures were included much more frequently in both annual reports and SACS-COC

self-study documents than more qualitative measures such as expert opinions, analyses of

actual use, and results of user surveys. Casserly (1984) reported that successful

institutions used user and expert opinion as types of assessments in their reports.

Based on both theory and experience, Kells (1995) recommends that completion

of the self-study process should be followed by a break. He explained that “we cannot

keep our work place in a constant state of questioning and reviewing, no matter how

exciting and helpful such a state may be” (p. 138). It is necessary that we stand back,

reflect on the results, develop a “consensus about the long-term implementation of the

most valuable fruits of the study, and return full energies to the primary tasks of teaching,

learning, and providing services” (Kells, 1995, p. 138).

96

Evaluating the Self-Study Process

An important final phase included in Thomas’ (1991), but not Kells’ (1995) selfstudy

model is to evaluate the assessment to find out what worked, what did not work,

and what lessons are learned from the self-study process. Chambers (1984) posed five

questions to use in evaluating the assessment: (a) Is the school meeting its declared

purpose, (b) Is the study objective, (c) Does it show an intent to improve the institution,

(d) Does it help enhance the institution’s distinctiveness while maintaining programmatic

balance, and (e) Does it see self-renewal as ongoing in the school’s life?

The self-study process itself also should be evaluated critically as part of the

cycle. There most likely is room for improvement in the self-study process. Self-study

processes should be viewed as works in progress that are subject to change based on feed

back about the processes themselves as well as changes in the institutions. Kells (1995)

emphasized the importance of improvement-oriented study. He suggested that

improvements be made as the self-study process progresses. Feedback received during

the different phases of the process should be used to make improvements as soon as

possible, not waiting until completion of entire study process.

Summary

In summing up the usefulness of the self-study in accreditation, Dressel (1971)

noted that the self-study is wasted effort unless it serves as an agent for change. And

self-study processes should be assessed to improve its future productivity.

97

Conclusion

Much literature has been written on accreditation and various aspects of the selfstudy

process, but the greatest focus has been on participants’ attitudes and viewpoints.

Participants’ views of accreditation differ and understanding the attitudinal context in

which institutional self-study occurs is important. The way participants perceive

accreditation and self-study has an impact on their actions in the self-study process and is

essential to the effectiveness of that process. However, little literature exists on the selfstudy

process as a whole, and there has been no research published on internal review

processes related to the SACS-COC new *Principles of Accreditation*. Also, the literature

review indicates that many studies have been conducted on accreditation and self-study at

community colleges, but not at universities. The research study proposed here will

contribute to the body of knowledge by examining the self-study processes used by a

university to address the SACS-COC new *Principles of Accreditation* and its own

institutional needs.

An important point made by several authors was that the self-study is not fully

effective unless it is used beyond the accreditation: “A process that results in

recommendations but no action has failed” (Kells, 1995, p. 146). The next section will

discuss the relationship between institutional effectiveness and self-study processes.

Institutional Effectiveness in Relation to Self-Study

“Institutional effectiveness is a central and significant feature of higher education

accreditation and has been referred to as a ‘cornerstone of the accreditation process’ by

98

the Southern Association of Colleges and Schools” (Metcalf, 2001, p. v). A fundamental

assumption is that “systematic self-examination of institutional effectiveness will

enhance the quality of decision-making in the institution, eventually improving the

quality of teaching, scholarship, public service, and the overall educational experience of

students” (SACS-COC, 1996, p. 3). Although much has been written about institutional

effectiveness, for the purpose of this research study, the literature review will focus on

institutional effectiveness in relation to the self-study processes. The discussion of

institutional effectiveness will be presented in four parts: (a) the definition, (b) major

components, (c) paradigm, and (d) relationship between institutional effectiveness and

the self-study.

What Is Institutional Effectiveness?

A review of the literature shows that there seems to be no consensus as to what

institutional effectiveness is: “There are probably as many different definitions of

‘institutional effectiveness’ as there are institutions” (Cistone & Bashford, 2002, p. 16).

According to Taylor (1987), institutional effectiveness is defined differently based on

various approaches, such as the Goal Model, Systems Resource Model, and the Process

Model. First, the Goal Model has defined institutional effectiveness as the extent to

which an organization accomplishes its goals. This model is supported by Etzioni

(1961), Campbell (1977), Price (1972), and Scott (1977). Second, the Systems Resource

Model developed by Seashore and Yuchtman (1967) has defined institutional

effectiveness as the ability of an institution to obtain needed resources; thus, inputs

99

instead of outputs are the primary consideration. And third, in the Process Model

suggested by Argyris and Schon (1978), Bennis (1966), and Likert (1967), institutional

effectiveness has been defined in terms of how well the internal organization operates

with its processes and procedures.

Institutional effectiveness is defined differently based on authors’ various

viewpoints (e.g., those of students, faculty, administrators, societal culture, peer

assessment, and organizational theory) (Cameron, 1985). The construct of *effectiveness*

is a product of varying individual values, different priorities, and multiple uses of the

terminology (Roberts, 1986). According to the National Center for Higher Education

Management Systems (NCHEMS) (1984), “organizational effectiveness” (this

terminology is used instead of institutional effectiveness), as an elusive concept, is

defined by administrators based on “several well-worn proxy indicators” (p. 6). These

indicators include an institution’s ranking; institutional capacity (e.g., faculty publication

counts, the size of the library, and entrance-exam scores of students); or efficiency ratios

(e.g., cost per student, cost per instructional unit, and cost per square foot). These

indicators are helpful in evaluating specific aspects of an institution’s effectiveness but

not sufficient for evaluating the overall institutional effectiveness (National Center for

Higher Education Management Systems, 1984).

In spite of its diverse definitions, Ewell (1992) and Taylor (1987) think that at the

heart of institutional effectiveness is the ability of an institution to match its performance

to its established purposes as stated in its mission. Institutional effectiveness is a process

by which all areas of the institution can use assessment information for self-examination

100

and to make improvements as needed in order to meet the institution’s mission (Barry

University Office of Institutional Research, 2001). Institutional effectiveness also serves

as a basis for developing new goals and planning for the future.

SACS-COC’s (1998) concept of institutional effectiveness “presumes that each

institution is engaged in an ongoing quest for quality and can demonstrate how well it

fulfills its stated purpose” (p. 17). This concept fits well with the focus of this research

study because it offers a flexible overarching framework and direction for examining

institutional effectiveness and its relationship to self-study. SACS-COC (1998) supports

no single interpretation of the concept of institutional effectiveness; however, each

member institution is expected to establish a broad-based system to determine

institutional effectiveness as suitable to its own context and purpose, to develop planning

and evaluation based on the purpose statement, to use different assessment methods, and

to demonstrate use of the results of the planning and evaluation process for the

improvement of both educational programs and support activities (SACS-COC, 1998).

Institutional effectiveness is “an internal process of planning and evaluation that is

intended to ensure that the college’s performance matches its purpose” (Midlands

Technical College, 1997, p. ix). In fact, institutional effectiveness has been defined

similarly by all the major regional accrediting associations (Cistone & Bashford, 2002).

In summary, there seems to be no consensus on the definition of institutional

effectiveness. However, the definition that best suits the purpose of the study is based on

the SACS-COC’s (1998) concept: *Institutional effectiveness* is the “process of

articulating the mission of the college, setting goals, defining how the college and the

101

community will know when these goals are being met, and using the data from

assessment in an ongoing cycle of planning and evaluation” (Grossman & Duncan, 1989,

p. 5).

Major Components of Institutional Effectiveness

The “*Criteria for Accreditation*” of SACS-COC divides the concept of

*institutional effectiveness* into two main areas: (a) planning and evaluation and (b)

institutional research (SACS-COC, 1998).

Planning and Evaluation

The SACS-COC *Resource Manual on Institutional Effectiveness* (1996) asserted

that planning and evaluation processes “must be uniquely tailored by and for each

institution” (p. 5). Even though the accrediting agency does not advocate any specific

format for accomplishing the planning and evaluation process, the institution is expected

to define its purpose appropriate to collegiate education, formulate educational goals

aligned with the institution’s purpose, develop procedures for evaluating the extent to

which these educational goals are being achieved, and use the evaluation results to

improve institutional effectiveness, and presumably to refine its purpose. Hart (1996)

referred to this entire process as an “assessment wheel” (p. 2). In other words, SACSCOC

requires that “institutions be their own best audience, that the assessment process be

ongoing and cyclical, and that the goal be program refinement and improvement” (Hart,

102

1996, p. 2). Fogler and Harris (1989) described assessment as “a routine process rather

than an episodic . . . event” (p. 15).

SACS-COC (1998) wrote that institutions must establish adequate procedures for

planning and evaluation. *Adequate* implies that the procedures used in planning and

evaluation should be systematic, comprehensive, and clearly related to the purpose and

goals of the institution. SACS-COC called for a variety of assessment methods and put at

least as much emphasis on qualitative as on quantitative assessment (Hart, 1996).

Scroggs (2003) conducted a qualitative case study that explored how one

community college’s journey incorporates assessment into a continuous quality

improvement paradigm. She commented that community colleges face special

challenges in the practice of student assessment due to the complexities associated with

their comprehensive missions, as well as the diversity of their students. According to

Armstrong’s (1983) study, 47% of the accredited senior institutions in the Western

Accrediting Region reported some form of outcomes assessment activity. Two

approaches were prominently used at these institutions: (a) assessment of specific

student achievements and (b) assessment of student and alumni satisfaction with the

college experience. The information obtained from these approaches was very useful for

institutional and program self-improvement. Various processes were used in both

approaches, but no one process was appropriate to all institutions or even to all programs

of similar focus. Thus accreditors cannot expect all institutions or all similar programs to

adopt the same means of assessing outcomes (Armstrong, 1983).

103

For instructional program evaluation, Kern (1990) suggested several techniques:

peer evaluation of programs, structured interviews with students and graduates, measured

changes in students’ values, surveys of recent graduates, surveys of employers of

graduates, performance of graduates in graduate school and on licensure exams, and

placement of graduates of occupational programs in positions related to their fields of

preparation.

Salvador (1996) conducted a national survey of 136 community colleges in 45

states to examine the effects of institutional characteristics and accreditation association

assessment guidelines on perceptions of assessment practices in community colleges.

She found that executive administrators and research/assessment coordinators have the

most knowledge of assessment practices and faculty have the least. The faculty’s

opinions of assessment also differ from those of other subgroups—executive

administrators, mid-level administrators, and research/assessment coordinators. Based on

the findings, Salvador (1996) suggested that community colleges should carefully

evaluate their strategies for communicating information about assessment practices and

outcomes with faculty and staff.

“A system for planning and evaluation should provide for involvement by

affected components and constituents of the institution and should be strongly linked to

the decision-making process at all levels” (SACS-COC, 1996, p. 2). Borich and Jemelka

(1982) pointed out that planning and evaluating often occur simultaneously; therefore, no

conceptual distinction should be made between the two functions since they are mutually

dependent and essential to any planned change.

104

In summary, planning establishes where the institution would like to go (including

developing the purpose, the goals, and expected outcomes) and evaluation measures

where the institution is in comparison with what the institution would like to achieve.

The benefit of planning is in the doing, not in the plan (B. D. Cejda, personal

communication, September 2, 2004). It is important to note that planning and evaluation

could not function well without the essential role played by institutional research offices

and departments.

Institutional Research

SACS-COC (1998) recognized institutional research as being indispensable to the

ongoing and systematic planning and evaluation process. Although the research and

planning effort is determined by the size and complexity of the college, all institutions are

mandated to engage in an ongoing study, analysis, and appraisal of their purposes,

policies, procedures, and programs: “An institution must establish an institutional

research function and clearly designate administrative responsibility for that function”

(SACS-COC, 1996, p. 13).

Many institutions have established an office of institutional research that serves as

a resource center for both the strategic planning and accreditation processes (Barker,

1998). Zikopoulos and Hourigan (2001) draw lessons from the case of William Peterson

University, New Jersey. They provide steps that an office of institutional research can

take to help ensure that the self-study process is successful. At the Collin Community

College District, the institutional research office conducted research to produce baseline

105

data which were used by administrators, faculty, and staff for short-term and long-term

planning in areas such as personnel, operating budget, and capital projects (Kern, 1990).

Data were given to all faculty and staff to increase their awareness of trends faced by the

institution. The faculty cooperated in collecting data from students, and providing to the

director of institutional research lists of business and industry contacts for the gathering

of community-based data. Faculty members were included as primary institutional

researchers. Annual meetings with the Texas Higher Education Coordinating Board were

conducted to ask questions about the methods and techniques used in validating the data

(Kern, 1990). Rogers and Gentemann’s (1989) survey of 167 institutions that engaged in

the regional accreditation process between 1987 and 1992 indicated that “the presence of

institutional research activities was positively related to the institution carrying out a

systematic assessment of institutional effectiveness” (p. 345).

In summary, planning and evaluation are the major components of institutional

effectiveness. However, without the crucial support of institutional research offices, the

planning and evaluation systems will not be effective.

Institutional Effectiveness Paradigm

“Institutional effectiveness has been discussed as a process or as having a

sequence of multiple components in lieu of a specific definition” (McClure, 1996, p. 36).

Nichols (1995) indicated that institutional effectiveness can be determined through a

cyclical process involving assessment, which he called “the Institutional Effectiveness

Paradigm” (p. 7). This paradigm includes four critical elements: (a) establishment of an

106

expanded statement of purpose; (b) identification of intended educational, research,

administrative, and service outcomes/objectives; (c) assessment of the extent to which the

intended outcomes and objectives are being accomplished; and (d) adjustment of the

institution’s purpose, intended outcomes/objectives, or activities based on assessment

findings. Nichols is well known for operationalizing this approach to institutional

effectiveness.

SACS-COC (1996) guided the design of institutional processes for planning and

evaluation in educational programs as well as administrative and educational support

services using an approach similar to Nichols’ (1995) paradigm. SACS-COC (1996)

opined that an effective process should include four logically-sequenced elements: (a)

establishing a clearly defined purpose; (b) setting goals consistent with the institution’s

purpose; (c) developing and implementing procedures to evaluate the extent these goals

are being achieved; and (d) using the evaluative results to improve educational programs,

services, operations, and administrative and educational support services. Collectively,

these four elements describe the major components of a planning and evaluation process

that institutions may employ in addressing institutional effectiveness. This four-element

institutional effectiveness model has been supported by many authors including Avery

(1992), Grossman and Duncan (1989), Nichols (1995), and Roberts (1986).

These elements provide “a framework for addressing institutional effectiveness

issues not only in the self-study process but also for the ongoing operation of the

institution” (SACS-COC, 1996, p. 4). Hulon (2000) also confirmed that “institutional

effectiveness efforts . . . are based on the underlying concept of continuous improvement”

107

(p. 89). “If followed, this simple framework ensures that attention is paid to all phases of

effectiveness planning and assessment, including closing the loop and using the results to

inform and effect change” (Cistone & Bashford, 2002, p. 18). However, it does not mean

that higher education institutions make a transition from cognition to practice. In their

study of 167 institutions, Rogers and Gentemann (1989) warned that “an alarmingly low

proportion of institutions had begun to define ‘outcome’ at the time of the survey – a first

step in the development of assessment procedures. Even fewer had identified ways of

measuring outcomes” (p. 345).

Hart (1997) conducted a comparative study of the institutional effectiveness

models in 10 colleges of the Maricopa County Community College District and in the

Pima County Community College District under the North Central Association. Hart

(1997) found that slightly more than half of the institutions clearly described institutional

effectiveness models, which included assessing student academic achievement, although

the remaining institutions indicated various structures and processes for assessing student

academic achievement and/or implementing strategic planning.

Metcalf (2001) conducted a survey on perception of the importance of

institutional effectiveness of 1,245 faculty and academic administrators in 179 colleges

and universities from the SACS-COC accreditation region. He found that academic

administrators are more likely than faculty to perceive institutional effectiveness as

important. Likewise, academic administrators are significantly more likely to perceive

institutional effectiveness as internally motivated and deeply implemented, to be more

personally involved in institutional effectiveness activities and to define academic quality

108

as outcomes based. Two variables—a perception of internal motivation and increased

levels of involvement—were found to predict perceptions of importance for institutional

effectiveness for both faculty and academic administrators. A definition of quality as

outcomes based and related to institutional mission is a significant predictor of the

perception of importance for faculty, but not for academic administrators. Conversely,

perceptions that institutional effectiveness processes are deeply implemented seems to be

a significant predictor for academic administrators, but not for faculty. Metcalf (2001)

found that individuals who perceived institutional effectiveness as being internally

motivated also perceived it as more important, thus resulting in greater adoption levels.

However, Thomas (1997) found that internal or external origin of force to change was not

a significant factor in the level of adoption of institutional effectiveness in SACS-COC

accredited community colleges. The difference in the finding may be the result of

different variables and populations in the two studies.

Summary

Institutional effectiveness is a process of defining the institutional purpose,

establishing expected goals, assessing the extent achievement of the goals, and using the

assessment information for improvement. Major components of institutional

effectiveness are planning and evaluation systems which are assisted greatly by the

institutional research function. “Successful planning and evaluation systems require

continuous updating, refining, and adjusting, so that repeated efforts represent successive

approximations to the ‘ideal’ system for a particular institution” (SACS-COC, 1996, p.

109

14). The next section highlights what has been discussed in the literature regarding the

relationship between institutional effectiveness and the self-study process.

How Is Institutional Effectiveness Related to Self-Study

“The main purpose for the self-study . . . is not only to meet SACS criteria but

also to improve the quality of the institution” (Gordon, 1998, p. 14). Like Rodrigues

(2002), Combs (2001) also emphasized the need for an on-going accreditation activity

and “culture of assessment” (p. 1), which implies encouraging colleges to reflect

continuously on how well they are accomplishing their educational goals and how they

can improve their institutional effectiveness as an organic part of the reaccreditation

process. Although both institutional effectiveness and self-study are cyclical processes

and their relationships are bilateral, the relationship of institutional effectiveness to the

self-study, as described in the literature, is examined in two parts: (a) pre-self-study and

(b) post-self-study.

Pre-Self-Study

According to Wilkinson (as cited in Cistone & Bashford, 2002), “institutional

effectiveness should be an ‘ongoing, comprehensive, and institutionally integrated system

composed of several layers of complementary processes of planning and evaluation’” (p.

16). Institutional research should provide “the on-going well maintained data base that

fuels cyclical study and planning” (Kells, 1995, p. 147). “Information gathered through

ongoing formal planning is very useful in the self-study process. In effect, formal

110

planning should prepare the institution strategically for the task at hand” (Middle States

Commission on Higher Education, 2002, p. 17). Cistone and Bashford (2002) stated that

“SACS encourages institutions to ensure that there is a link between effectiveness plans

and budgets” (p. 20). Barker (1998) also argued for the development of plans to achieve

the stated goals and institutional budgets that would include the necessary funds to

implement the plans.

The Middle States Commission on Higher Education (2002) suggested taking into

consideration planning questions, including if a regular data collection system such as a

research office has existed. Institutions should consider availability of any other periodic

program reviews, recent planning projects, other specialized accreditation reviews, or

other quality improvement systems when preparing for reaffirmation.

Harris’ (1983) qualitative multi-case-study research on three institutions that

completed a comprehensive self-study found that 10 factors were identified by self-study

participants as influencing the self-study in achieving its goal of improved institutional

effectiveness. These 10 factors are (a) support from the accrediting agency, (b)

commitment of the institutional leader, (c) internal motivation, (d) attention to process

strategies, (e) an ongoing planning process, (f) capacity for ongoing institutional research,

(g) the hardship imposed, (h) quality of the self-study report, (i) quality of the site visit

team, and (j) congruency between self-study findings and site team findings.

Day’s (1980) quantitative research study examined the relationship of the

planning/research function to the level of satisfaction and internal usefulness of the

accreditation self-study process among 37 community-junior colleges that experienced an

111

accreditation review at least once within the New England region. The study’s major

findings showed that the planning/research function within community colleges is still

not well developed and in most cases is not functioning at all. Additionally, the study

indicated that those institutions having a fully developed planning/research capacity were

more likely to (a) participate in alternative modes of institutional self-study, (b) express

greater pleasure concerning the results, and (c) perceive that real institutional

improvement had occurred in specific areas of the college.

Barker (1998) examined the process of integrating accreditation into a community

college’s strategic planning process. He compared strategic planning models to

accreditation models and the results of the comparison confirmed that accreditation can

be integrated into the institution’s strategic planning process. According to Barker

(1998), the Internal Management Model for Institutional Planning and the Kells (1995)

accreditation model have many similar elements, including examination of the

institution’s mission, goals, plans to meet the goals, consideration of forces in the

external environment, and an assessment of how well the goals were met. Thus, Barker

(1998) concluded that integrating accreditation into strategic planning would bring about

four main benefits. First, incorporating the necessary goals and plans for accreditation

into the strategic planning process adds unity to the institution’s efforts to serve

effectively both internal and external constituents.

Second, with a systematic approach to the accreditation process, the institution

will be making more effective use of the resources available and will be in a position to

accomplish the accreditation self-study in a more efficient manner. “When the

112

accreditation process is included in the institution’s long and medium range plans,

preliminary preparation for the peer review can be accomplished without concentrating

all the effort in a 1- or 2-year period” (Barker, 1998, p. 741). Third, when strategic plans

are reviewed, incorporating a review of the accreditation criteria serves to make the selfstudy

on ongoing process. Fourth, with the current emphasis being given to

accountability, institutions have the processes in place to respond to outside agencies on

specific issues.

Watts (1995) conducted a study on planning processes in three universities that

had successful planning systems. She found that while well-tailored to the specific

institutions in which they existed, the planning systems remained flexible enough to meet

new expectations and evolving institutional challenges. Major findings of the study

included the need for active presidential involvement, the critical role played by first-line

administrators, the importance of high participation rates among faculty and staff, the

need for participants to find the process meaningful, and the high degree to which the

systems were integrative for the institutions in which they were found. Although the

focus of Watts’ (1995) study was not on the relationship between planning and

accreditation, it identified factors that result in successful strategic planning. These

factors are similar to those discussed in the literature for developing a successful selfstudy

and thus support Barker’s (1998) conclusion that integration of accreditation into a

strategic plan is feasible.

An early study by Kells and Kirkwood (1979) on the self-study processes of 208

higher education institutions in the region of the Middle States Association found that

113

“continuous, broadly conceived, complete programs of institutional research and selfstudy

[are] still not widely present in American higher education institutions” (p. 45).

Similarly, comprehensive programs of useful, ongoing studies of goal achievement—

outcome studies—were still in the initial stages (Kells & Kirkwood, 1979). Yet SACSCOC

has emphasized the important role that institutional effectiveness plays in preparing

for reaffirmation.

With regard to accreditation, the effective planning and evaluation systems will

complement, support, and even simplify the periodic reaffirmation process,

facilitate the routine rather than episodic treatment of identified needs for

improvement, and provide for ‘self-study’ which evaluates not only the current

level of institutional effectiveness but also the institution’s capability for

sustaining or improving that level. (SACS-COC, 1996, p. v)

Zikopoulos and Hourigan (2001) reported a proactive role that the Office of

Institutional Research (OIR) played in the self-study at William Peterson University,

New Jersey: “By knowing what the charges are early in the process, OIR can begin

assessing the availability of the needed data and start collecting unavailable data before

the subcommittees start their work” (p. 5). Zikopoulos and Hourigan (2001) said that

“the role of the OIR is to make the needed data available in the most timely and efficient

manner and to assist subcommittees in addressing the data needs that arise during the

self-study process” (p. 3).

Looking at the relationship between institutional effectiveness and self-study,

Zimmerman (1974) views it from another angle. He said that self-study should be a

dynamic, continuous part of the program or institution, incorporated into the ongoing

management style rather than existing as a static and periodic process. This means that

114

the concepts and results of a self-study should be factored back into the institutional

effectiveness program.

Post-Self-Study

“Although a self-study is a time-consuming task, it has great potential for

redirection and improvement of the institution” (Stoodley, 1982, p. 12). A major impetus

for the improvement of institutional effectiveness within the accreditation process is the

self-study component (Harris, 1983). The self-study not only identifies the problem areas

that the institution needs to focus on strengthening, but also offers solutions. Being

linked to the institutional research office and strategic planning, self-study feeds back

into the planning process issues that should receive attention with regard to the allocation

of resources. It also helps the institutional research office identify other data that may be

needed for the institution’s strengths, weaknesses, opportunities, and threats (SWOT)

analysis and to deal with the problems identified in the self-study.

Rosenbloom (1981) stated that

the utilization of self-study can serve as a firm foundation for and the basis of all

planning efforts. Plans should be based upon a clear sense of strengths and

weaknesses. Honest analysis provides the confidence for an institution to project

newly clarified goals and the means for their attainment. (p. 14)

The self-study actually brings about changes and improvements in the quality of the

educational experience and student services; it benefits the faculty and administrators;

and self-study participants find the experience rewarding (their inputs will guide the

institution’s course in the future). Accreditation and state mandates are means of

115

encouraging improvement of educational endeavors. They have greatly assisted in the

development of excellence in postsecondary education (Petersen, 1979).

Although both Barker (1998) and Cosgrove (1989) discussed the self-study in

relation to strategic planning, Cosgrove (1989) viewed these two processes as being more

independent. Barker (1998) suggested integrating accreditation in strategic planning

while Cosgrove (1989) stated that self-study is St. Louis Community College’s tool for

planning and self-improvement.

When we were preparing to begin our self-study report, SLCC [St. Louis

Community College] Chancellor Michael E. Crawford stressed the need to initiate

a planning process to run on a parallel course with the study. . . . By intertwining

the two, an institution has a system to use results as soon as the report produces

them. (Cosgrove, 1989, p. 25)

Robinson-Weening (1995) studied the relationship between regional accreditation

and institutional improvement in New England colleges and universities. Her study

utilized both quantitative and qualitative techniques (survey and interviews) for the data

collection. Survey results indicated that at a majority of participating institutions regional

accreditation led to institutional improvement, either to a great or moderate degree.

Moreover, the greatest impact was shown for smaller, less selective institutions. Data

obtained from interviews indicated that the most frequently cited areas of institutional

improvement included refinement of mission, governance and administrative

reorganization, evaluation and planning, general education, faculty, and student services.

She also found that three factors emerged as contributors to accreditation effectiveness:

(a) timing of the institution’s reaffirmation of accreditation, (b) the president’s role in the

process, and (c) overall inclusiveness.

116

Greiner’s (1997) research centered on the impact of accreditation at institutions of

higher learning, which operated off-campus centers. Her study utilized case study

methodology to examine quality and accountability as they related to accreditation and

regulation. Findings indicated that the self-study process was promoted to constituents in

terms of mission, academic quality, and accountability. Hulon’s (2000) study found that

regional accreditation brought about positive changes and made changes occur in a timely

manner. Changes are clustered into three categories: (a) policies/ procedures/

publications, (b) planning/ evaluation/ research, and (c) personnel/ budget, thus enabling

the institution to “become better organized and more systematic in its processes with the

final result being more accountability and credibility” (Hulon, 2000, p. i). “Many of

these changes, at least during the most recent accreditation cycle, were directly related to

institutional effectiveness and improvement” (Hulon, 2000, p. 90).

Similar results were reported by McClure (1996). The college areas that were

thought to be improved by assessment results included academic and developmental

programs, licensure and certification processes, general education, alumni follow-up,

transfer, retention, student development, library, administration, finance, and facilities.

College processes that had been improved included “compliance with external mandates

for effectiveness reports and preparation for accreditation reports and visits, identification

of standards of quality indicators to gauge the success of the colleges, building a database

for on-going evaluation, and improving academic program practices” (McClure, 1996, p.

156).

117

“Accreditation has been a driving force behind needed change . . . especially

change relating to institutional effectiveness, causing change to take place in a more

expedited fashion than it might have otherwise occurred” (Hulon, 2000, p. 93). This

argument is supported by Robinson-Weening (1995): “Regional accreditation serves a

catalytic role at many institutions by stimulating critical reflection and planning through

the self-study process” (p. 10). Greiner (1997) also affirmed this position in her study

when she discussed the purpose and relevance of accreditation: “Accreditation continues

to be relevant as it can contribute to institutions that need to attend to quality

improvements, it is the gateway to federal financial aid, and there is institutional cohort

recognition by the cadre of institutions accredited” (p. 260).

Jung (1986) identified the benefits that self-study brought to his case study

institution. For example, he found that the extensive and careful self-study, peer review,

and follow-up conducted at Bishop State in connection with the SACS-COC

reaccreditation process was “a continuing process of identifying student outcomes and

evaluating their attainment was begun for all curriculum areas” (p. 11).

Hulon (2000) indicated that SACS-COC provided an outside stimulus for

improvements. “All of the changes discussed have placed the college in a better position

to answer key questions regarding educational programs and support services,

accountability, and institutional effectiveness to any inquisitor whether or not they are

linked to SACS accreditation” (Hulon, 2000, p. 92). Many institutional changes would

likely not have occurred without accreditation mandates.

118

Causey’s (1992) study found that annual reports and SACS-COC self-study

documents were perceived as important to all constituents and to long-range planning.

Over half of the respondents reported benefits derived from their most recent SACS-COC

self-study. Annual reports and more recent SACS-COC self-study documents reflected a

greater emphasis on mission statements, planning, and measurement of outcomes, thus

providing some evidence that the assessment movement has had an impact on academic

libraries in South Carolina.

The literature also offers a word of caution in that changes should not be

attributed wholly to accreditation. Both Hulon (2000) and Robinson-Weening (1995)

argued that, attributing direct credit to the accreditation process for specific outcomes is

problematic given the various processes and decisions made along with many other

external forces that impact the everyday life of an institution. Yet accreditation has

evolved into “a primary means for communal self-regulation, [and] accreditation now

serves as a significant vehicle for assessing and enhancing academic and educational

quality” (Christal & Jones, 1985, p. 1).

“The accrediting process should provide for ongoing self-evaluation and selfimprovement

tied directly to institutional planning” (Barber, 1990, p. 114).

“Recommendations growing out of the self-study process should be incorporated into the

continuing planning process” (Middle States Commission on Higher Education, 2002, p.

17). And “establishing and implementing an institutional effectiveness plan is a win-win

proposition” (Cistone & Bashford, 2002, p. 21).

119

Summary

Although the relationship between institutional effectiveness and self-study has

been discussed in two parts, pre-self-study and post-self-study, they are positively and

mutually related. The level of integration between strategic planning and self-study is

conceptualized differently by different authors, yet, there seems to be a common thread;

the more integrated the self-study and other institutional processes are, the better off the

institution is.

Conclusion

The inclusion of institutional effectiveness in the institutional accreditation

criteria changed the character of self-study and transitioned it to being seen more as a

continuous process than an episodic event. Initiating and sustaining a planning and

evaluation system that is assisted by the institutional research function is essential to the

institution’s quality improvement. Institutional effectiveness is closely related to the

notion of a holistic and regular cyclical (monthly, yearly, or every four-year) internal

assessment of individual units (instructional, administrative, or support) for selfimprovement

between the accreditation self-studies that occur at 10-year intervals.

“Change and improvement are the ultimate objectives of assessment” (Rogers, 1999, p.

16).

In a time of constrained resources, it is even more important to integrate the selfstudy

with other institutional processes (e.g., strategic planning) in the assessment effort

as a way of creating positive change and greater improvement. The rationale behind

120

including institutional effectiveness in accreditation has been to move institutions in a

direction that causes them to examine themselves regularly, compare their performance

against the institutional purpose, and use the evaluative results for improvement on an

ongoing basis in all units of the institution, and ultimately for improvement of the

institution as a whole. Developing this type of quality culture facilitates the development

and implementation of accreditation self-study processes.

Open Systems Theory

Holliker (1992), in his survey research of 37 religious-affiliated colleges,

examined, by using open systems theory as an analytical lens, the reasons for their

seeking regional accreditation in addition to their accreditation by the American

Association of Bible Colleges. He found that these institutions sought accreditation from

regional agencies as a means to obtain additional sources of energy from the environment

in the form of more credibility and more acceptance, thus resulting in more new students,

more financial supporters and grants, and more acceptance of their degrees and graduates

by other agencies and institutions.

McClure (1996) discussed the relevance of using open systems theory in

conducting research on institutional effectiveness and assessment although he did not

comment specifically on his application of the theory in the analysis. The purpose of his

study, using a 57-item survey and a review of institutional effectiveness reports, was to

examine the impact of South Carolina assessment and effectiveness reporting legislation,

Act 629, on the 16 public, 2-year technical colleges. McClure (1996) found that

121

assessment activities and the positive use of assessment information for internal

improvements in these South Carolina 2-year colleges continued to increase after the

passage of Act 629 in 1988. The assessment activities resulted in several positive

developments within the institutions subsystems that were indicated by increased college

capabilities in improving academic programs, in preparing for cyclic regional

accreditation, and in responding to other external requirements. The results reflect

McClure’s (1996) reference to open system theory in his literature review.

Comings and Stein (1991) mentioned a system of accreditation used by the

Association of Independent Colleges and Schools. Viewed from a systems perspective,

10 categories of specific standards can be considered as subsystems within a system: (a)

mission, (b) organization, (c) administration, (d) relations with students, (e) standards or

progress, (f) financial relations, (g) student services, (h) educational activities, (i)

educational facilities, and (j) publications.

Steinkrauss and Kranz (1981) reported the Quality Assurance Program (QAP) that

the College of St. Francis developed based on an open system approach. The model

allows an institution continually to monitor, evaluate, and when necessary, modify its

graduate or undergraduate academic programs, traditionally or nontraditionally delivered,

to assure quality.

In the journal article titled “How Systems Thinking Applies to Education,” Betts

(1992) urged that the systems approach be used to meet society’s rapidly evolving needs

instead of piecemeal reform approaches. Black (2002) examined where the country is in

the process of reforming public education and offered a framework for change using an

122

open systems approach. Like Betts (1992) and Black (2002), Reed and Rust (2004)

strongly advocated that it is time to take a more systematic approach to accountability.

“Public Accountability for Student Learning in Higher Education: Issues and

Options,” a recent report by the Business-Higher Education Forum . . . proposes a

framework that defines specific roles for institutions, regional accrediting

organizations, federal and state governments, and national research organizations.

Each player must understand how it fits into a larger structure of public

accountability for student learning based on broad shared values about what must

be done, who must be served, and how quickly. (pp. B7-B8)

Chapman and Austin (2002) examined higher education in the developing world

grounded in an open systems perspective. In their view, “higher education institutions

function as subsystems within larger national systems. Changes affecting any particular

subsystem have implications that ripple through and affect other subsystems, sometimes

in unanticipated ways” (p. 8). Each change in the structure and operation of higher

education has an impact on other aspects of institutions’ relationships with their students,

faculty, citizens, and government. Chapman and Austin (2002) identify five critical

issues that higher education institutions in the developing world must struggle with as

they face changing contexts. Examples of institutional responses are considered from a

systems perspective, recognizing that each response impacts how institutions deal with

subsequent critical issues.

Other research in which institutions were viewed as organizations using the open

systems theory examined specific aspects of the institution such as educational leadership

(Chrispeels & Martin, 2002; Wallace, Acker-Hocevar, & Sweat, 2001), educational

administration (Campbell, Fleming, Newell, & Bennion, 1987), strategic planning

123

(Barker, 1998; Barker & Smith, 1997; Cleland & King, 1983; Van Ausdle, 1979),

training (Cullen, 1994), and team building (Reed, 1995).

Conclusion

Open systems theory is a useful analytical tool that has a wide range of

applications including the study of organizations, and higher education institutions are

organizations. The specific value of an open systems approach is that it provides a

concrete theoretical framework—subsystems and their interrelationships, the whole

system, and the external environment. In this research study, students, staff, and faculty

are elements in a college, the college is an element in the organizational system

(university), as are the other colleges, and the university itself represents the boundary of

the system, which interacts with the external environment.

Chapter Conclusions

A historical overview of U.S. accreditation presents a general context and

background for how the self-study started and evolved. It also explains the rationale for

changes in the accreditation process. With the emergence of the assessment movement

and the introduction of institutional effectiveness as an accreditation criterion in the

1980s, accreditation continues to evolve but with a new emphasis on student learning

outcomes. As a result, institutional self-study has also changed and grown steadily in

importance over the years. Since SACS-COC first introduced institutional effectiveness

into the accreditation requirements in 1984, characteristics of the self-study have shifted

124

from being a 10-year periodic event toward a more ongoing institutional activity and

routine.

Five essential points regarding the self-study process are drawn from the

literature. First, participants have different views and attitudes toward accreditation and

the self-study process. Additionally, the definition of educational quality remains

problematic. Second, the process should be continuous, cyclical, and systematic. It

should include information routinely gathered and analyzed, beginning with the

accreditation standards. The approach should incorporate both quantitative and

qualitative, as well as formative and summative evaluation. Third, organizationally the

process must be committed and supported by the top leadership. It is generally

administered by a coordinator or director—preferably a respected faculty member,

knowledgeable of the institution, experienced in planning and assessment, resourceful,

and a good writer—who works with a steering committee. Subcommittees or task forces

are responsible for data collection, and faculty buy-in and broad-based participation are

critical.

It is necessary to allot sufficient time and adequate resources for the self-study

process and to provide samples, models, and structure to data gatherers and writers, thus

enabling the preparation of a comprehensive and coherent report. There are seven factors

that are particularly important to producing a successful self-study: (a) strong internal

motivation; (b) skilled leadership that places a high priority on self-study efforts; (c) well

designed process strategies that focus on goals and effectiveness and conform to the

institution’s cultures, context, and needs; (d) ongoing planning, institutional research, and

125

assessment; (e) a quality self-study report; (f) a quality site visit team; and (g)

accreditation standards which provide guidance in assessing effectiveness.

Fourth, there appears to be a positive relationship between the institutional

effectiveness and the self-study processes. Finally, decision making should be based on

evaluative findings; the self-study should not be an end in itself, but rather the beginning

of plans for future change and further institutional improvement and development. Selfstudy

is an important concept that could lead to better curricula and the general

improvement of higher education through identifying problems and stimulating action to

solve them (Donaldson, 1960).

From an open systems perspective, in the self-study process an institution

(system) needs to comply with the external accreditation requirements. The system and

subsystems interact with each other in carrying out self-examination processes that

evaluate the extent of their goal achievement for the purpose of improvement. Through

these processes the subsystems and system will be able to identify problems and

discrepancies that are the combined effects of the input, the processes, and the

environmental impacts. From the resultant evaluative information, changes will be made

taking into account the potential impacts each change may have on the system and its

subsystems. The ultimate objective of the analysis and subsequent changes is to improve

the quality of the system. Higher education institutions must change to cope with a

rapidly changing world. The changes will be most effective if worked in close

collaboration with businesses, industries, and other noncollege entities as well as with

126

other higher education institutions to avoid “re-inventing the wheel” and for the

improvement of each institution’s system and systems at large.

As discussed in the summary of research studies on institutional accreditation at

the beginning of this chapter (pp. 36-37), much research has been conducted at the

community college level using quantitative designs, and focusing on various aspects of

the self-study process. However, not much research has been done on the self-study

process as a whole or on the relationship between institutional effectiveness and selfstudy.

There is no published research on the internal review (self-study) processes that

address the SACS-COC new accreditation approach. In her dissertation, Hulon (2000)

recommended that research be conducted in two areas: (a) studies of individual 4-year

colleges and universities and (b) comparative studies focusing on specific changes in the

SACS requirements for accreditation. Pursuant of the first recommendation, this study

was a qualitative case study that looked more deeply into the entire internal review

process of the SACS-COC new *Principles of Accreditation* at a 4-year university and

explored the relationship between institutional effectiveness and self-study. This study

also addressed part of the second recommendation by answering Research Question 1,

how do the new SACS-COC *Principles of Accreditation* differ from the 1998 *Criteria for*

*Accreditation*. In summary, this first ground-breaking research study on the internal

review processes under the new *Principles of Accreditation* fills an important void in the

research.

CHAPTER 3

METHODOLOGY

Research Design

Qualitative Research

The qualitative research study reported herein used the open systems paradigm to

examine United States Sigma University’s (USSU) internal review processes. These

processes were developed to address the SACS-COC new *Principles of Accreditation.*

These new accrediting requirements and standards were approved in December 2001. A

qualitative design was selected based upon the research questions, and the nature of the

research study, which was exploratory and involved multiple variables. As stated by

Creswell (1994), “qualitative research is exploratory and . . . researchers use it to explore

a topic when the variables and theory base are unknown” (p. 146). This research study

also met several of the qualitative criteria described by Merriam (1988) including an

inductive approach, emphasis on process as well as description, a fieldwork component,

and using the researcher as the instrument of inquiry.

First, the study was inductive because it moved from parts provided by

interviews, observations, documents, and audiovisual materials, to a whole. Second, the

study was about processes rather than products. “In qualitative research one is interested

in process, meaning, and understanding. Words or pictures rather than numbers are used

to convey what the researcher has learned about the phenomenon” (Merriam, 1988, p.

19). Of course this does not exclude the use of numbers to inform the descriptions and

128

concepts. Third, fieldwork was conducted at the case study university in late March

2005, and finally, I was the instrument for this inquiry.

As with any approach to research, the qualitative design has strengths and

weaknesses. Understanding these helped me to optimize the strengths of this approach,

and at the same time better plan ways to deal with problematic weaknesses when

developing the research design and carrying out the research.

Strengths

Qualitative research has five strengths. First, the nature of qualitative research

requires flexibility, thus using the researcher as the instrument of inquiry is a strength.

The researcher’s “nonmechanized thinking processes” (Borman, LeCompte, & Goetz,

1986, p. 54) are capable of adapting to varying contextual conditions and being

responsive to unanticipated happenings. “Qualitative researchers stress the socially

constructed nature of reality, the intimate relationship between the researcher and what is

studied, and the situational constraints that shape inquiry” (Denzin & Lincoln, 2000, p.

8). Second, qualitative research is holistic: “It involves studying events in all or most of

their complexity. . . . It is intended to convey the flavor of real-life experiences, of ‘being

there’” (Vierra, Pollock, & Golez, 1998, p. 20). Third, qualitative research deals with indepth

uniqueness and with rich, thick descriptions. Fourth, qualitative research identifies

the intricacies of the environment from the perspective of the actual participants which

allows a view into the inner dynamics of the situation that is often unavailable to the

outsider (Taylor & Bogdan, 1998; Bogdan & Bilken, 1992; Van Manen, 1990). And

129

finally, Janesick (2000) points to qualitative research as especially effective in examining

relationships from both the systemic and cultural perspectives resulting in a deeper

understanding of the social setting.

Weaknesses

Five weaknesses are associated with qualitative research. First, in qualitative

research, “the researcher is both filter for and interpreter of the data” (Borman et al.,

1986, p. 43); therefore, qualitative research is charged, primarily by positivists, with

being subjective, value laden, unscientific, lacking in standardization, and not being

generalizable. Second, other criticisms of qualitative research include not being

replicable, producing trivial conclusions, having no validity, not proving anything, and

not being empirical (Borman et al., 1986). Third, according to Stake (1995), qualitative

research produces new “puzzles” more often than it does solutions (p. 45). Fourth, Stake

(1995) also cautions that there are ethical risks associated with infringement on privacy

and accidental entrapment during questioning. Finally, misunderstandings by researchers

and readers may “occur because researcher-interpreters are unaware of their own

intellectual shortcomings and because of the weaknesses in methods that fail to purge

misinterpretations” (Stake, 1995, p. 45).

Case Study Method

The phenomenon of interest in this case study research was institutional internal

review as it was carried out at a Level VI public university in the South, USSU. Berg

130

(2001) states that “case study methods involve systematically gathering enough

information about a particular person, social setting, event, or group to permit the

researcher to effectively understand how [the process] operates or functions” (p. 225).

Berg (2001) also reported that the case study method or strategy provides a wealth of

information and great detail.

This case study research examined the SACS-COC new internal review processes

used by USSU from the perspectives of different university constituents (Accreditation

Liaison, administrators, faculty, students, staff) and the Southern Association of Colleges

and Schools – Commission on Colleges (SACS-COC) staff liaisons. Looking at internal

review through these multiple perspectives enabled me to reach a deeper understanding

of the contexts in which the study was grounded. “The case is a complex entity operating

within a number of contexts—physical, economics, ethical, aesthetic, and so on” (Stake,

2000, p. 440). The case in this study was singular, but it had subsections (e.g., academic

divisions, academic support divisions), groups (e.g., Leadership Team, senior executives

responsible for providing responses to the Compliance Certification team, study groups,

Computing Services), occasions (e.g., quality enhancement meetings or activities), and

cultures (e.g., culture of assessment). “Schools can be thought of as unique organizations

having their own multi-dimensional structures, context, and meanings” (Claudet, 1999, p.

258). As events were not simply and singly caused, this case study examined these

complexities in interactions with the external environment (i.e., the SACS-COC new

*Principles*). Contexts were an important consideration throughout the inductive analysis

of the internal review. Observing the previously unobserved was the primary purpose of

131

this strategy, and case study research was adept at leading to discovery (Shaughnessy &

Zechmeister, 1990).

According to Creswell (1998), a case is considered by some to be the object of a

study. However, a case study is also a qualitative methodology that is “an exploration of

a ‘bounded system’ or a case over time through detailed, in-depth data collection

involving multiple sources of information rich in context” (Creswell, 1998, p. 61). Yin

(1994) defines the case study as “an empirical inquiry that investigates a contemporary

phenomenon within its real-life context” (p. 13). In this research study, the approach was

empirical, the phenomenon was contemporary, and internal review processes under the

SACS-COC new *Principles of Accreditation* were evaluated. Further justification for

selection of this method was provided by Merriam’s (1988) statement that “case study

has proved particularly useful for studying innovations, for evaluating programs, and for

informing policy” (p. 33). The research in this study involved innovation as well as

informing policy.

Case studies can be categorized in various ways. Stake (1995) divides case

studies into three types: (a) intrinsic, (b) instrumental, and (c) collective. This research

study was an instrumental case study. The instrumental case is still a single

representative case, but it is examined for the purpose of gaining insight into a larger

issue or theory.

A particular case is examined mainly to provide insight into an issue or to redraw

a generalization. The case is of secondary interest, it plays a supportive roles, and

it facilitates our understanding of something else. The case still is looked at in

depth, its contexts scrutinized, its ordinary activities detailed, but all because this

helps the researcher to pursue the external interest. . . . The choice of case is made

to advance understanding of that other interest. (Stake, 2000, p. 437)

132

This case study was instrumental because I studied the case study university to

gain a deep understanding of and insights into the internal and external factors

influencing the internal review processes. Of perhaps equal importance, examination of

the case revealed approaches for using the internal review processes to develop and

maintain an on-going built-in quality improvement mechanism in higher education

institutions under the SACS-COC regional accrediting agency.

Yin (1994) classifies case studies into three types: (a) exploratory, (b)

explanatory, and (c) descriptive. This research study was descriptive in nature since the

case study began with a theoretical framework and research questions, and culminated in

a detailed report concerning the phenomenon of interest (the internal review processes).

Also, according to Merriam (1988), this type of case study is useful “in presenting basic

information about areas of education where little research has been conducted” (p. 27).

As indicated previously, there is a lack of published research on the new SACS-COC

internal review processes. The holistic dimension of this research refers to Yin’s (1994)

perspective that case studies are either holistic or embedded. This research study was

holistic because it examined the entire institution’s internal review rather than internal

review of an individual program within the institution.

An important initial step in pursuing case study research is to define the case. As

Merriam (1988) wrote, “once the general problem has been identified the unit of analysis

can be defined . . . . The unit of analysis, or the ‘case,’ can be an individual, a program,

an institution, a group, an event, a concept” (p. 44). For this case study, the unit of

analysis was USSU. The phenomenon of interest, internal review processes, was

133

operationally defined as beginning with the appointment of the Accreditation Liaison and

the Leadership Team and ending with submitting the Reaction Report. The conceptual

framework of the study was based on an open systems perspective as shown in Figure 2.

1

**EXTERNAL ENVIRONMENT**

- Economic

- Geographic

- Political

- Market

- **SACSCOC**

**INSTITUTIONAL**

**GOALS**

**UNIT**

**GOALS**

- Input

- Process

- Outcome

**INSTITUTIONAL**

**OUTCOMES**

**UNIT**

**OUTCOMES**

- Knowledge

- Skills

- Research

- Services

- Attitudes

**Processes**

- Education

- Research

- Services

- Management

RESOURCES

FACILITIES

**USSU**

**INPUTS OUTCOMES**

STUDENTS

FACULTY

STAFF

**Internal Review**

**Processes**

**(CC & QEP)**

**Internal Review**

**Processes**

**(CC & QEP)**

Figure 2: Conceptual Framework: An Open Systems Perspective.

Figure 2 represents USSU from an open systems perspective. First, USSU

receives the inputs from the environment. USSU’s overall goals set the direction for unit

goals and vice versa. Each unit conducts its processes in education, research, services, or

management to produce the unit outcomes. Together, all unit outcomes contribute to the

institutional outcomes. From an open systems perspective, units (or subsystems) and

USSU (system) are in constant interaction with each other as well as with the

134

environment, and the outcomes are combined effects of the inputs, processes, and the

environment. Second, this research conducted a case study of USSU to gain insights into

the phenomenon of interest—internal review processes under SACS-COC new *Principles*

*of Accreditation* by answering four research questions. Third, internal review is an

opportunity for self-examination. Through internal review processes, problems are

identified, and feedback is provided for necessary adjustments to inputs, process, and

goals (intended outcomes). Solving problems helped to bring about better outcomes and

improvements. Fourth, the study also explored the links between internal review

processes and institutional effectiveness program at USSU.

Although the case study method is well suited to the purposes of this research, it

has some weaknesses. The strengths are examined first so that they can be used to full

advantage in compensating for the weaknesses.

Strengths

Merriam (1998) discusses four strengths of the case study method. First, it

“offers a means of investigating complex social units consisting of multiple variables of

potential importance in understanding the phenomenon” (Merriam, 1998, p. 41). Second,

the case study results in a rich, thick, and holistic description of the phenomenon. Third,

it brings “insights and illuminates meanings that expand its readers’ experiences”

(Merriam, 1998, p. 41). Fourth, it initiates new research and plays an important role in

advancing a field’s knowledge base. Another strength of the case study method is that it

is inductive in nature. The case study examines specific facts and details of a single case

135

in an effort to discover an understanding of the larger picture. Since there are no

predetermined expectations, the researcher is free to record everything and then conduct

an inductive data analysis (Bogdan & Bilken, 1992; Patton, 1990). The conclusions

emerge from the data instead of requiring that data fit the pre-established mold. Finally,

a major advantage of the case study method lies in its built-in ability to strengthen

validity through the practice of triangulation. Yin (1994) writes that the case study

strategy can concentrate on an individual, group, or community while using multiple

sources of data to maintain the integrity of the research.

Weaknesses

Case study is a qualitative method; therefore, many of the weaknesses described

previously regarding qualitative research apply here, such as the inability to generalize

from a single case. Additionally, Merriam (1998) describes several limitations that are

specific to case study research. First, case study requires substantial resources. If the

case is not carefully defined, the cost in resources and time is high. Second, the product

may be too lengthy and too detailed to be used by policy makers and educators. Third,

Guba and Lincoln (as cited in Merriam, 1998) warn readers that case studies “tend to

masquerade as a whole when in fact they are but a part—a slice of life” (p. 42). Fourth,

qualitative case studies are limited by the sensitivity and integrity of the researcher.

Regarding narratives, Guba and Lincoln (as cited in Merriam, 1998) note an additional

limitation: “Case studies can oversimplify or exaggerate a situation, leading the reader to

erroneous conclusions about the actual state of affairs” (p. 42). Finally, case study is said

136

to lack the rigor and accuracy to yield valuable and reliable conclusions. “Too many

times the case study investigator has been sloppy and has allowed equivocal evidence or

biased views to influence the direction of the findings and conclusions” (Yin, 1994, p. 9).

Being aware of these weaknesses, I was careful to develop a thorough plan of action to

deal with such issues. Although these limitations applied in the present study, the

benefits of using the case study strategy over other research strategies outweighed the

disadvantages.

Restatement of the Problem

This study marked a seminal effort to address two fundamental problems: (a)

how to deal with the SACS-COC new reaffirmation approach and the associated need for

change and (b) how to integrate continuous quality improvement in relation to student

learning outcomes with the internal review processes.

Delimitation and Selection of the Case

This was a case study of the internal review processes developed by USSU, which

was reaffirmed by SACS-COC in 2004. The regional accrediting agency, SACS-COC,

was selected because it recently made substantial revisions in its accreditation processes

after having an opportunity to study and incorporate into the new *Principles of*

*Accreditation* lessons learned from the renovation experiences of other higher education

regional accrediting bodies. In selecting the case study institution, I considered the three

public Level VI universities of the first cohort to participate in the new (nonpilot)

*Principles* that had been examined in Nguyen, Oliver, and Reeve’s (2004) earlier study.

137

One of these three universities, USSU, stood out because (a) it had displayed some

evidence of linking quality enhancement to the internal review processes and (b) it was

helpful in my initial study and willing to participate as the case in this research study.

Instrumentation and Materials

Instrumentation

According to Miles and Huberman (1994), instrumentation in qualitative research

can include interviews, observations, documents, and any other means of gathering data:

“The term *instrumentation* may mean little more than some shorthand devices for

observing and recording events” (p. 35). In this case study, one of the instruments was

interviews. The interview protocol and the interview questions for participants at USSU

and the SACS-COC Staff Liaison were revised and refined from Nguyen et al.’s (2004)

study conducted to examine the internal review processes at three Level VI public

institutions that went through the 2004 reaffirmation under the SACS-COC new

*Principles of Accreditation*. The invitation letters, interview protocols, interview

questions, and consent forms for participants at USSU and the SACS-COC Staff Liaison

appear in Appendixes C and D. The interview questions were developed to fill holes in

the data found from a review of the online and archival documents. A careful pretest of

the instrument was conducted in two steps: (a) critical examination by two recognized

experts in the College of Education and three individuals who are familiar with the

study’s subject matter and (b) several practice interviews.

138

In qualitative research, the researcher is also considered to be an instrument (Gall,

Borg, & Gall, 1996; Patton, 1990; Seidman, 1998). Merriam (1988) stressed that the

importance of the researcher cannot be emphasized enough. Since having a research

instrument with the capability of adapting to varying contextual conditions and being

responsive to unanticipated happenings is essential when dealing with participants and

their individual meanings, the researcher’s role is often seen as that of a “detective”

(Merriam, 1988, p. 37). Ary, Jacobs, & Razavieh (1996) say that necessary skills for

proficiency in qualitative techniques include experience in the research field; in the areas

of negotiation, role development, rapport and trust-building; in data collection from

interviews and observations; in organization and management of data; and in data

analysis. Thus, the quality of the data collection and interpretation largely depends on the

experience and expertise of the researcher as the primary data collector and data analyzer.

Yin (1994) describes five commonly required skills for the case study researcher:

(a) being able to ask good questions and interpret the responses; (b) being a good

“listener” without being influenced by his or her own preconceived ideas; (c) being

adaptive and flexible, seeing newly encountered situations as opportunities, not threats;

(d) being able to grasp firmly the issues under study, focusing on the relevant events and

information as well as keeping them manageable; and (e) being objective in relation to

preconceived concepts, including those derived from theory, and being sensitive as well

as responsive to contradictory evidence.

139

Materials

Materials used over the course of this study included computer hardware,

software, including NVivo (short form for NUD·IST Vivo) qualitative data analysis

software, a camera, two tape-recorders (one mini- and one full-size) and audiocassette

tapes for data collection during the interview process, as well as ordinary office supplies.

Although “the presence of the tape recorder changes the interview situation to some

degree . . . [and] respondents might be reluctant to express their feelings freely” (Gall et

al., 1996, p. 320), tape recording has three main advantages. First, by using the tape

recorder, “the interviewer can then concentrate on the topic and the dynamics of the

interview. The words and their tone, pauses, and the like, are recorded in a permanent

form that can be returned to again and again for relistening” (Kvale, 1996, p. 160), thus

enabling full capture of the information from the interviews. “The development in the

1950s of small portable tape recorders made the exact recording of interviews easy”

(Kvale, 1996, p. 8). Second, the researcher cannot take notes as fast as the interviewees

speak, consequently they may have to decide to leave out some information that they

think less important, causing some gaps in the data obtained. Taylor and Bogdan (1998)

and Johnson and Christensen (2000) advocated the use of tape recorders during

interviews to ensure no loss of critical information. In addition, the researchers may not

be able to recall what all their notes are about after a certain time. “The interview is

usually transcribed, and the written text together with the tape recording are the material

for the subsequent interpretation of meaning” (Kvale, 1996, p. 27). Third, tape recording

140

allows an additional person to verify the transcription against the recorded tape, thus

helping to improve the validity of the study.

In this study, I was aware of problems associated with the use of tape recording

including technical faults and human error, such as forgetting to press the record button

(Kvale, 1996). I took extra precautions and necessary measures to overcome these

potential weaknesses. Before using the tape recorder, I asked for the participant’s

permission to record the interview, thus obtaining both oral and written consent from

participants. In a few cases, I asked some throw-away questions at the beginning of the

interviews in an effort to create a casual environment, so that the interviewees felt more

comfortable with their responses. However, most of the participants in this study are

experienced researchers; therefore, I normally started interview questions promptly in an

effort to save time and get more information from the interviews.

Answering the Research Questions

In this section, I discuss how the four research questions, which guided the study,

were addressed. For Research Question 1, how do the SACS-COC new *Principles of*

*Accreditation* differ from the 1998 *Criteria for Accreditation*, I began by conducting an

in-depth analysis of the former and new approaches with a focus on internal review

processes. The two primary data sources that were used to develop the comparison were

(a) documents and (b) interviews. First, I reviewed online documents and archival data.

Second, I interviewed SACS-COC Staff Liaison 2 and participants at USSU, who were

involved in or are knowledgeable about both the former and new reaffirmation processes.

141

To answer Research Question 2, how did USSU develop and carry out the new

internal review processes, I used three techniques: (a) document review, (b) interviews,

and (c) observation. First, I reviewed both archival and online documents focusing on

two stages of the internal review processes at USSU: (a) development and (b)

implementation of the Compliance Certification and QEP. I also reviewed USSU’s

Focused Report which was written in response to the Off-Site Review Committee’s

comments and USSU’s Reaction Report which was written in response to the On-Site

Review Committee’s suggestions and recommendations.

Second, I interviewed 22 participants at USSU including the Accreditation

Liaison, administrators, Leadership Team members, faculty, staff, and students who were

involved in the reaffirmation and knowledgeable about the processes. Third, I conducted

observations during the fieldwork including indicators of the context and culture of

USSU, evidence of sustainable effects from the 2004 reaffirmation on current student

learning outcomes and teaching practices, integrated quality improvement mechanism in

action, and visible representations of progress toward the educational objectives set by

the QEP. The outcome of this stage was a discussion of the institutional internal review

processes, thus answering Research Question 2.

Research Question 3, how were the USSU internal review processes linked to

institutional effectiveness, was addressed in three ways: (a) document review, (b)

interview, and (c) observation. First, I reviewed carefully archival and online documents,

focusing on the connection between and integration of USSU’s institutional effectiveness

and the internal review processes. Second, interviews were conducted with different

142

constituents to discover if there were bilateral effects between the internal review

processes and institutional effectiveness at USSU before, during, and after the

reaffirmation. Third, a fieldwork trip to USSU was conducted in late March 2005 which

followed the completion of the USSU internal review processes. This meant that I could

observe only the post effects of reaffirmation on the quality improvement systems at

USSU. The analysis of these data resulted in a discussion of the bilateral relationship

between institutional effectiveness and the internal review processes, and the level of

integration between them at USSU, thus answering Research Question 3.

Research Question 4, the insights that were gained by USSU as they developed,

implemented, and reflected upon their internal review processes, were explored mainly

through interviews with the 22 participants at USSU. The outcome of this stage was a

discussion of the insights gained at USSU, thus answering Research Question 4.

Procedures for Data Collection

Data Sources and Collection Techniques

I used four data collection techniques: (a) reviewing documents, (b) interviewing,

(c) observing, and (d) reviewing audiovisual materials. “Each method . . . reveal[ed]

slightly different facets of the same symbolic reality” (Berg, 2001, p. 4). The use of

different data sources helped to triangulate and enhance the validity of the research study.

Jick (1979) writes that the concept of triangulation is based on the assumption that “the

weakness in each single method will be compensated by the counter-balancing strengths

of another” (p. 604). The approach that I took was to analyze various data sources,

143

including their strengths and weaknesses, and determine the best method to apply in the

research study. The following section describes first the different data collection

techniques, including strengths and weaknesses, and then explains how they were applied

in this research study.

Documents

According to Creswell (1994), documents include public documents (minutes of

meetings, newspapers) and private documents (journals, diaries, letters). Public records

are those that are prepared for the specific purpose of being examined by others (Denzin,

1978), and they tend to be written in a standardized form (Berg, 2001). Related to

archival data and collection, Cunningham (1993) asserts that, “it may take a variety of

data to provide insight on organizational events and interactions” (p. 139).

There are five advantages to using documents: (a) documents enable a researcher

to obtain the language and words of informants; (b) they can be accessed at a time

convenient to the researcher; (c) they represent data that are thoughtful in that informants

have given attention to compiling them; (d) documents as written evidence save a

researcher the time and expense of transcribing; and (e) they are an excellent source of

research data because of their unobtrusive nature (Creswell, 1994; Glesne, 1999;

Hashway, 1988).

Of course, using documents also has limitations. Creswell (1994) notes five

potential limitations: (a) documents may be protected information unavailable to public

or private access, (b) they may require the researcher to search out the information in

144

hard-to-find places, (c) documents require extensive note-taking or optical scanning for

computer entry, (d) materials may be incomplete, and (e) the documents may not be

authentic or accurate.

Examples of documents and archival sources used for this research study included

the SACS-COC *1998 Criteria for Accreditation, Principles of Accreditation, SACS-COC*

*Handbook for Reaffirmation of Accreditation*, USSU Web sites, and numerous archival

data at USSU. Archival sources, which for this study were in document form, helped to

create the foundation of the research study. And, as noted by Hashway (1988), an

important advantage of using these archival records as a data source was that they were

readily accessible.

Interviews

Gliner and Morgan (2000) describe the interview as a data collection technique in

which the researcher asks questions orally of the participant who answers orally.

Fitzgerald and Cox (1987) divide interviews into two broad categories called formal and

informal interviews. However, Babbie (1995) and Denzin (1978) discuss three types of

interviews: (a) the standardized (formal) interview, (b) the unstandardized (informal)

interview, and (c) the semi-standardized interview that has a guided semi-structure.

Creswell (1994) also categorizes interviews into three types: (a) one-on-one, in-person

interview; (b) telephone interview; and (c) group interview. This research study mainly

used semi-standardized, in-person interviews.

145

Some concerns about using interviews in a research study include implementing

effectively worded questions, asking “double-barreled” questions, and using overly

complex questions (Berg, 2001, p. 79). Interviews that ask affectively worded questions

usually generate emotionally negative responses. Berg (2001) referred to the word, *why*,

as a commonly used affective word that stimulates a negative response because it places

respondents on the defense, causing them to think that their initial answer may have been

incorrect. “Double-barreled” questions have more than one issue attached to them and

may require the respondent to give more than one answer of varying or opposite degree.

The complex question is one that may involve a long question, which causes the

respondent to lose focus thus jeopardizing the accuracy of information provided (Berg,

2001). I was aware of these types of questions and took precautions to avoid using them.

In DeMarrais’ (1998) view, one of the strengths of interview research is that, “the

interview process can be very empowering” (p. 157). The respondents may open up and

contribute valuable information to me because they have someone who is willing to listen

to them. The information provided can serve to enrich the depth and detail of the

research when the data are analyzed. According to Creswell (1994), the use of interviews

has three strengths: (a) they are useful when the informant cannot be directly observed,

(b) informants can provide helpful historical information, and (c) interviews allow the

researcher to “control” the line of questioning (p. 150). He also notes that interviews also

have four weaknesses: (a) they provide information that has been filtered through the

views of participants, (b) they provide information in a designated location rather than the

natural setting, (c) the researcher’s presence may bias responses, and (d) all people are

146

not equally articulate and perceptive. In this study, I took the strengths and weaknesses

of interviewing into consideration by adopting appropriate measures to optimize the

advantages and minimize the disadvantages. I also used interviews from Nguyen et al.’s

(2004) and Nguyen, Oliver, and Reeve’s (2005) related research as a source for

triangulation.

Observations

Observations may include a visual examination of the university campus, the

environment, the culture, and people’s interactions. Creswell (1994) divides observations

into four categories: (a) complete participant—the researcher’s role is concealed, (b)

observer as participant—the role of the researcher is known, (c) participant as observer—

observation is secondary to the participant role, and (d) complete observer—the

researcher observes without participating. Two strengths of observations are (a) helping

the researcher to understand the context and (b) yielding data that pertain directly to

typical behavioral situation (Merriam, 1988). However, critics of observation as a datagathering

technique point to “the highly subjective, therefore unreliable nature of human

perception” (Merriam, 1988, p. 88). Another limitation of observation is that it may be

intrusive. In this study, I took the role of complete observer, which enabled first-hand

experience. Although it may have seemed somewhat intrusive, considering the nature of

this study, my inquiry was not perceived in a negative way.

147

Audiovisual Materials

According to Creswell (1994), audiovisual materials include photographs,

videotapes, computer software, and film. There are three advantages to using audiovisual

materials: (a) they may be an unobtrusive method of collecting data, (b) they provide an

opportunity for the informant to share directly his or her “reality,” and (c) they capture

attention visually. Using audiovisual materials also has two potential limitations: (a)

they may not be accessible publicly or privately and (b) the presence of an observer (e.g.,

photographer) may be disruptive and affect responses. In this study, audiovisual

materials included collecting the images of physical artifacts that were important to the

research (e.g., photographs, CD-ROMs related to the internal review processes and

quality improvement system). Yin (1994) comments that “physical artifacts have less

potential relevance in the most typical kind of case study. However, when relevant, the

artifacts can be an important component in the overall case” (p. 90).

Case Study Data Collection

Institutional Review Board (IRB) approval was obtained prior to the collection of

data. For the case study of the USSU internal review processes under the SACS-COC

new *Principles of Accreditation*, most of the data were collected online and during one

fieldwork trip to the USSU, where interviews, observations, additional archival

documents, and audiovisual artifacts were gathered. Maxwell (1996) describes the

qualitative research design as an iterative process that moves “back and forth between the

148

different components of the design, assessing the implications of the purpose, theory,

research questions, and validity threats for one another” (p. 4).

As qualitative research involves discovery, in this study, I collected and analyzed

online data from the SACS-COC Web site and the USSU generated SACS-COC

reaffirmation Web site as well as other relevant documents needed to answer the four

research questions. Then, interview questions were developed to fill gaps identified in

the data, to understand more fully information from the documents, and to triangulate the

data. Data collection was not a linear process but instead went back and forth in an

iterative fashion between collection and analysis. Conceptually, data collection in this

case study comprised two main parts: (a) differences between the SACS-COC former

and new reaffirmation approaches and (b) development and implementation of internal

review processes for the SACS-COC new *Principles of Accreditation* at USSU.

Differences Between the SACS-COC Former

and New Reaffirmation Approaches

To discover the differences between the former and the new reaffirmation

approaches, documents and interviews were used. Documents included online and

archival documents, such as the SACS-COC Web site, the 1998 *Criteria for*

*Accreditation* (former accreditation requirements), the *Principles of Accreditation:*

*Foundations for Quality Enhancement* (both 2001 and 2004 versions), and the *Handbook*

*for Reaffirmation of Accreditation*. These documents were readily accessible and

provided excellent data.

149

Interview questions were developed to fill gaps identified from the documents.

Telephone interviews were conducted with SACS-COC Staff Liaison 2 who is familiar

with both the former and new approaches. I also interviewed, through a fieldwork trip,

participants at USSU who were recommended by the gatekeeper and knowledgeable

about the new reaffirmation process. At the case study institution, six of the nine

Leadership Team members and three of the four ex-officio members, who participated in

this research study, took part in the previous 1995 reaffirmation, thus they were

knowledgeable concerning both approaches. Interviewing purposefully selected

participants because of their expertise and knowledge (purposive sampling) was an

empowering technique that contributed valuable data. These data helped to answer

Research Question 1.

Development and Implementation of

Internal Review Processes at USSU

To examine the development and implementation of internal review processes at

USSU for the SACS-COC new *Principles of Accreditation*, I collected data in three

phases: (a) review of online documents, (b) a field-work trip to USSU, and (c) follow-up

correspondence. For the first phase, USSU’s SACS-COC reaffirmation Web site and

other related online documents were reviewed. Being a readily accessible and

unobtrusive data source, these online documents provided a wealth of information on the

USSU internal review processes and two final reports (the Compliance Certification and

the Quality Enhancement Plan), which USSU submitted for off-site and on-site peer

150

reviews. Gaps in data from these documents were identified and used to write the

interview questions and to develop a detailed one-week fieldwork plan.

For the second phase, data were obtained from interviews, observations,

additional archival documents, and audiovisual materials from the field-work trip to

USSU in late March 2005. In preparation for the interviews, I used a semi-standardized

interview that had a guided semi-structure, thus allowing me to make changes as needed.

The true benefit of using a semi-standardized format rests in the freedom to digress

(Berg, 2001). I contacted members recommended by the gatekeeper and set up the

interview schedule. Interviews were conducted with the system CEO; the Accreditation

Liaison (the gatekeeper); other top administrators; deans, directors, and chairs from both

academic and nonacademic divisions; students (undergraduate and graduate), and

computing services people who were involved in, knowledgeable about the internal

review processes, and could provide their insights. Interviewing was an excellent tool for

gaining insights into the feelings, and perceptions of participants in relation to the internal

review processes (Gall et al., 1996), particularly when the participants could not be

directly observed (Creswell, 1994).

As for archival documents, I gathered and reviewed strategic plans, meeting

minutes, memoranda, newspapers, correspondence, and other similar documents. “Quite

often, documents serve as substitutes for records of activity that the researcher could not

observe directly” (Stake, 1995, p. 68). Data from these archival documents were

important because they could provide descriptive information, historical understanding,

and track change and development (Merriam, 1998). Audiovisual materials were

151

available in the form of photographs, scrapbook, CD-ROMs related to the internal review

processes and quality improvement systems. These audiovisual materials could be an

excellent way to look back at the participants’ “reality” (Creswell, 1994, p. 151).

In the third phase, I contacted the gatekeeper and participants after the fieldwork

trip to address follow-up questions as needed. I had a number of telephone calls with the

Accreditation Liaison for the purpose of clarification and verification of the data. Data

from examination of the timeline, Leadership Team, task planning and implementation

for the Compliance Certification and the Quality Enhancement Plan, communication, and

technical support enabled me to answer Research Question 2. Analyzing how USSU

integrated the internal review processes with USSU’s institutional effectiveness enabled

me to answer Research Question 3. Research Question 4, a discussion of the insights

gained was addressed after all the data were synthesized. I also conducted interviews

with those outside the case study institution who are familiar with the *Principles* to get

perspectives on it and triangulate.

Fieldwork Trip to USSU

In preparation for the fieldwork, a detailed fieldwork plan was developed in

advance and included desired participants, protocol and interview questions, and a

schedule of visitations to specific locations. Also, the plan detailed a sequence of actions

in order to stay focused on data needed to best answer Research Questions 2, 3 and 4.

This plan was a tool for making efficient use of time and minimizing the researcher’s

intrusiveness at the research site and for “protect[ing] time for the less attractive work,

152

such as writing up observations” (Stake, 1995, p. 51). The gatekeeper indicated several

ideal time frame options for the fieldwork when most participants were available and

could participate in the interviews. The gatekeeper provided helpful input for the list of

participants who were involved in the internal review processes and would provide

insightful comments regarding the internal review processes (such as adding the

computing services people).

The gatekeeper sent an introductory e-mail to participants with an attached letter

of support from the USSU System CEO (Appendix B), requesting that academic

departments and subunits provide support and assistance to this research study. The letter

was a way to assure the informants that this project was supported by the university’s

leadership and that departmental participation was highly appreciated. Sometimes, this

letter also served as a “pass” to certain guarded areas or personnel. The gatekeeper’s

introductory e-mail and the System CEO’s letter of support were essential in generating

an excellent participation and cooperation from 22 participants. A positive “response is

more likely if [the researcher is] introduced by an intermediary whom the potential

participants know and respect” (Glesne, 1999, p. 39). I then contacted the recommended

participants and set up the interview schedule. Additionally, I requested that the

gatekeeper allow me to gain access to various types of documents related to the internal

review processes during my fieldwork trip.

I developed a diagram of the university layout which was used to record

information during the fieldwork (Berg, 2001). Johnson (as cited in Berg, 2001), and

Lincoln and Guba (1985) stress paying special attention to preparations before entering

153

the research setting. During the fieldwork trip, I planned for the interviews, observation,

and collection of archival documents as well as audiovisual materials.

Interviews

To facilitate the interviews, I used a three-step person-to-person interview

procedure. First, I contacted individuals by e-mail to arrange the interview appointments

six weeks in advance. The e-mail provided a brief overview of the research study, what

was desired from the participant, and a statement that the leadership of USSU had

authorized the study. An interview with the participant was requested through e-mail for

a specific period of time, and at a particular place (mostly at their offices). I also attached

to the e-mail a research summary and the list of semi-standardized interview questions to

respective participants (Appendix C). A confirmation e-mail and subsequent reminder

one week before the interview date including (a) the interview protocol and (b) the

consent form (Appendix C) was used.

At the interviews, I had the flexibility to make changes during the interviews

depending on the knowledge and experience of the respondents. In some cases,

additional questions were asked of some participants depending on their particular area of

expertise (e.g., asking the computing services people what suggestion they would give for

institutions of smaller size in terms of technology). In addition, as documents were

analyzed revealing needed information, questions were altered and in some cases added

or deleted from the generic list. The order of questions was changed depending on the

154

flow of conversation (Gall et al., 1996). “The goal is to have the participant reconstruct

his or her experience within the topic under study” (Seidman, 1998, p. 9).

Prior to the fieldwork, I sought comments regarding the interview protocol and

questions from two experts in the field of educational research at the Texas Tech

University College of Education, as well as from three accreditation experts at Texas

Tech University. This type of feedback helped improve the interview protocol and

questions, thus strengthening the validity of the resulting data. As suggested by Berg

(2001), interviews were developed based on the nature of the investigation and the

objectives of the research study.

Purposive sampling and snowball sampling were used in the case study to

maintain the purity of the data and prevent bias. Purposive sampling is sometimes called

judgmental sampling (Berg, 2001). One of the advantages of using purposive samples

was that the participants, as specially selected based on the gatekeeper’s

recommendations, were normally knowledgeable about the subject matter and were in

positions that could best help to answer the research questions.

During the interviews and observations, purposive sampling branched off into

snowball sampling. In other words, I had a chance to be introduced to other participants

(e.g., Administrators 16 and 20) who were knowledgeable about USSU, and especially

about the internal review processes. This technique is called snowballing: “Snowballing

is sometimes the best way to locate subjects with certain attributes or characteristics

necessary in a study” (Berg, 2001, p. 33). This sampling technique helped to offset the

155

weaknesses of purposeful sampling. However, as I did not know the participants in both

the purposive sample and the snowball sample, the interview analysis was objective.

The participants in this study included the Accreditation Liaison, Leadership

Team members, ex-officios, the System CEO, computing services people (Appendix A)

who were knowledgeable about the issues and provided a substantial amount of

information regarding the research questions. The success of an internal review was

determined mainly by the human factor. “In order for an institution to accomplish

anything, it must rely on individuals” (Duemer & Mendez-Morse, 2002, p. 4). Therefore,

discovering how different constituents view the internal review concept and what would

motivate administrators, faculty, and staff to become actively involved in the internal

review as a way of enhancing the quality of their work at USSU was essential. Interviews

“inquire about the feelings, motivations, attitudes, accomplishments and experiences of

individuals” (Gall et al., 1996, p. 288). Thus, interviewing was an excellent tool for

gaining insights into the feelings, perceptions, and perspectives of individuals in relation

to a single phenomenon.

I was mindful of Berg’s (2001) “ten commandments of interviewing”: (a)

establish a positive rapport, (b) stay focused on the purpose, (c) present questions in a

natural manner, (d) be an engaged and sympathetic listener, (e) dress appropriately, (f)

interview in a comfortable (nonthreatening) location, (g) ask participants to go beyond

one-word answers, (h) show respect, (i) rehearse multiple times, and (j) demonstrate

appreciation (p. 99). Although I did not have much time between interviews, I tried to

take notes regarding my observations during the interviews (e.g., office setting, facial

156

expressions, relaxing or in a hurry). Each of the interviews conducted throughout the

course of the study was transcribed. All of the interviews were sent to participants for

review and validation to ensure the accuracy of the information (Glesne, 1999; Miles &

Huberman, 1994; Stake, 1995). Twenty-one out of 22 interview transcripts were

reviewed by participants at the case study institution. At the fieldwork trip interview

with the Accreditation Liaison, she also validated the transcript for an interview that I

conducted with her on August 27, 2003 for Nguyen et al.’s (2004) study so that it could

be used for triangulation in this research. SACS-COC Staff Liaison 2 also reviewed and

validated the transcript of the interview I had with him.

Observation and Collection of Documents

and Audiovisual Materials

In addition to interviews, I gathered observations, documents, and audiovisual

materials. First, I gained significant knowledge about USSU through observations. “The

main outcome of participant observations is to understand the research setting, its

participants, and their behavior” (Glesne, 1999, p. 45). I took field notes, recording

observations that were pertinent to the research questions, including visual examination

of the university campus, the environment, the culture, people’s interactions, and the

current quality improvement mechanisms in action. Observation notes were entered into

the word processing computer management program and later downloaded into the

coding software program for analysis.

Second, additional documents including USSU’s responses to committee

recommendations, meeting minutes, memoranda, newspapers, correspondence, as well as

157

USSU pamphlets, and copies of USSU historical documents were gathered and reviewed.

Documents were used to “corroborate [the] observations and interviews and thus make

[the] findings more trustworthy” or they raised questions that led to new paths for

observations and interviews (Glesne, 1999, p. 58). Documents are valuable as data on

some issues may not be available in any other form: “Quite often, documents serve as

substitutes for records of activity that the researcher could not observe directly” (Stake,

1995, p. 68). Data from documents provide descriptive information, historical

understanding, and track change and development (Merriam, 1998). Third, additional

quality improvement-related visual materials were available such as the Planning and

Assessment Chart.

While gathering information, I noted observations and special remarks to

facilitate data analysis and writing of the report (Berg, 2001). These notes and

observations were essential for painting a dynamic picture of USSU that enables a reader

of the report to visualize what the researcher experienced during the fieldwork (Berg,

2001).

In brief, collection of interviews, observations, documents, and audiovisual

materials were intertwined and occur simultaneously. All of these data sources were

important to my understanding of the USSU internal review processes, insights gained

from these processes, and the relationship between these processes and USSU’s

institutional effectiveness.

158

Data Management

Converting recorded interviews into a print format greatly facilitated the handling

of data (Berg, 2001). It also enabled the use of a qualitative software package for coding

and allowed for the construction of “a conceptual framework . . . of themes, clusters, and

summaries” (McNabb, 2002, p. 369). Two professional transcriptionists and I

transcribed all taped interviews. I transcribed 18 out of 23 interviews which included one

interview with the SACS-COC Staff Liaison. Being the person who conducted the

interviews, I was most familiar with the interview contexts. Bell (2001) advised that

“whenever possible, interview transcripts, and particularly statements that will be used as

direct quotations in the report, should be verified with the respondent” (p. 140). In this

research study, the accuracy of all the transcripts was verified against the tapes by a

native English speaker who holds a Ph.D. and has a good knowledge of accreditation and

institutional effectiveness. Twenty-two out of 23 interview transcripts (including the

transcript with SACS-COC Staff Liaison) were reviewed and edited by the participants.

It was essential for me to develop an organized method of storing and maintaining

the data which was extensive. Stake (1995) states that it is crucial for the case study

researcher to keep track of overall progress during the study. An efficient method of

storing and retrieving data should be applied. In this study, a computer management

program, Microsoft Word, was used to store the materials and data. Word processors

“are basically designed for the production and revision of text and are thus helpful for

taking, transcribing, writing up or editing field notes for transcribing interviews, for

memoing, for preparing files, for coding and analysis, and for writing report text”

159

(Weitzman & Miles, 1995, p. 11); therefore such a program was excellent for this study.

It has become more common for researchers to use such programs to store data, and make

additions, deletions, and changes when necessary (Coffey & Atkinson, 1996); thus

adding to efficiency and time-saving in a qualitative research study. “Every moment the

researcher spends paying attention to order, labels, filing, and documentation at the

beginning and in the formative stages of the study can save hours of frustration later”

(Seidman, 1998, p. 96). Additionally, I created multiple backup copies of data files

including paper copies and electronic versions on different hard drives and jump drives.

Finally, I developed a master plan with target dates for completing major tasks. Schostak

(2002) suggested researchers to develop a framework to keep them on track.

Ethical Considerations

When discussing objectivity and careful research design, Berg (2001) states that

“although researchers certainly do have a professional responsibility to search for

knowledge, they also have an ethical responsibility to avoid exposing subjects to

potential harm” (p. 61). For the protection of the participants, I complied with the Texas

Tech University Institutional Review Board’s requirements regarding human subject

consent. Also, I considered other ways to protect the interests of participants both during

and following the actual study (Berg, 2001).

According to Merriam (1988), in a qualitative case study ethical dilemmas are

likely to emerge at two points: (a) during the data collection and (b) in the report of

findings. Three specific actions were taken to address potential ethical concerns. First, I

160

ensured that participants understood the research study and that their participation was

voluntary. This was accomplished by including a brief explanation about the study in my

e-mail to participants. I filed these acknowledgements as evidence that the participants

were well informed and consented to participation. I tape recorded their verbal

agreement to participate in this study at the beginning of the interview. I also made clear

that there were no material incentives for their participation and they could withdraw at

any time or could refuse to answer any questions posed by sending them in advance the

interview protocol (Appendices C and D).

Second, the SACS-COC Staff Liaison 2, USSU, and all other participants were

assured of confidentiality in written communications and oral statements. Berg (2001)

defined confidentiality as “an active attempt to remove from the research records any

elements that might indicate the subjects’ identities” (p. 57). In the research report, to

protect the identity of the institution I gave it a pseudonym, USSU, and the names of all

participants were replaced by pseudonyms. All information about participants is kept in a

secure location. Third, I disclosed in the written report any preconceptions I may have

that cannot be controlled. “Since the researcher is the primary instrument for data

collection, data have been filtered through his or her particular theoretical position or

biases. . . . Opportunities thus exist for excluding data contradictory to one’s view”

(Merriam, 1988, p. 182). This exclusion could result in misrepresentation of a person’s

actual viewpoint. Merriam (1988) mentions two additional ethical issues: (a) the lack of

privacy and informed consent when the researcher conducts observations without the

awareness of those being observed and (b) the influence of the researcher’s presence

161

which affects what is being observed thereby changing what is taking place within the

investigation. Although these two aspects of the research were kept in mind, I did not

consider them to be harmful to the participants in this particular study.

Bias

In qualitative research, there are two types of potential bias: (a) researcher and

(b) participant. First, the researcher as the instrument and the subjective nature of this

type of data analysis are causes for concern. Extensive efforts should be made to deal

honestly with the multiple complex perspectives and to provide a fair and impartial report

of the information (Patton, 1990). In this study, four techniques were used to control for

my biases: (a) using both purposive sampling and snowball sampling (as discussed on

pages 154-155), (b) triangulating different data sources, (c) making the data analysis and

final report inclusive and representative of multiple perspectives, and (d) using open

systems theory to minimize my biases.

Second, participants may be biased in their responses because they want their

institution to look good. I anticipated this "look good" perception and took two measures

to counter it: (a) interviewing 22 participants who held different roles in the processes

and (b) triangulating data sources to discern when bias might be occurring because the

information was not consistent with the findings in the data. However, I saw a gamut of

comments from positive to negative from interviewing 22 senior administrators,

professors, students (undergraduate and graduate), and staff members, who actually

participated in the internal review processes at the case study institution. Three examples

162

that participants were open about giving their negative comments regarding the

reaffirmation process are provided. First, all participants expressed that they were quite

frustrated with the QEP at the beginning; Faculty Member 2, Administrator 14, and

Administrator 9, in particular, were very critical of the QEP. Second, Faculty Member 2

was critical about the forming of the Leadership Team. And third, Faculty Member 1

strongly expressed her concern regarding the follow-up component of the reaffirmation

process. These examples were among several indicators that most participants did not

concern themselves with how the university looked; therefore, I do not think that the

research results were affected by participant bias.

Procedure for Data Analysis

As defined by Glesne (1999), data analysis was organizing “what you have seen,

heard, and read so that you can make sense of what you have learned” (p. 130). Because

of its creative nature and the fact that data management procedures are not standardized,

Berg (2001) argues that data analysis is “the most difficult aspect of any qualitative

research project, it is also the most creative” (p. 102). One way to provide a framework

for analyzing data was to identify a theoretical lens that helped me to better understand

the phenomena of interest—the SACS-COC new internal review processes. As discussed

in chapter 1, the overarching theoretical framework used throughout this study was open

systems theory.

163

Data Analysis

Constant Comparative Method

“Data analysis is the process of making sense out of the data” (Merriam, 1998, p.

178). By nature, the data analysis in qualitative research is constantly changing and

evolving throughout the process (Janesick, 2000). “Data analysis becomes more

intensive as the study progresses, and once all the data are in” (Merriam, 1998, p. 155).

Because “a qualitative design is emergent . . . the process of data collection and analysis

is recursive and dynamic” (Merriam, 1998, p. 155). I continually analyzed the data

during the collection phase of the study. This approach helped to identify gaps in the

data and to make adjustments to the research design, methods, or research questions as

discoveries were made or when obstacles arose.

According to Merriam (1998), data analysis strategies include ethnographic

analysis, narrative analysis, phenomenological analysis, the constant comparative

method, and two lesser-used techniques—content analysis and analytic induction. The

data analysis strategy used in this research study was the constant comparative method.

“The researcher begins with a particular incident from an interview, field notes, or

document and compares it with another incident in the same set of data or in another set”

(Merriam, 1998, p. 159). Merriam (1998) also states that “the development of categories,

properties, and tentative hypotheses through the constant comparative method is a

process whereby the data gradually evolve into core of emerging theory” (Merriam, 1998,

p. 191). The constant comparative method is visually likened to “the kaleidoscope

metaphor: the loose bits of colored glass represented our data bits, the two plain mirrors

164

represented our categories, and the two flat plates represented the overarching category

that informed our analysis” (Dye, Schatz, Rosenberg, & Coleman, 2000, p. 8).

Interviews, observations, field notes, and documents were continuously compared and

coded allowing for a more in-depth understanding to develop throughout the course of

the research (Merriam, 1998). This process is continuously refined throughout the data

collection and analysis process, thus continuously feeding back into the process of

category coding (Dye et al., 2000).

Data analysis included the assignment of codes to items of data as they were

collected. “Codes are tags or labels for assigning units of meaning to the descriptive or

inferential information compiled” (Miles & Huberman, 1994, p. 56). A codebook was

developed to “reflect the emerging, evolving structure of the manuscript” (Glesne, 1999,

p. 136). This helped when coding pieces of data collected later in the study.

Coding began after the first set of data was collected. These codes were

organized by name in order to retrieve more easily pieces of data and allowed me to

“quickly find, pull out, and cluster the segments relating to a particular research question,

hypothesis, construct or theme, [which] sets the stage for drawing conclusions” (Miles &

Huberman, 1994, p. 57). Each piece of data was read, reread, and coded during

collection, as well as following the collection of the data. Marginal notes were created to

include personal ideas and reactions concerning the data being examined. These notes

“suggest[ed] new interpretations, leads, [and] connections, with other parts of the data,

and they usually point toward issues to look into during the next wave of data collection”

(Miles & Huberman, 1994, p. 67). Each set of data that was analyzed revealed a variety

165

of codes, some repeated in previous data sets, some not. The codes were continuously

compared to find repeating patterns. When certain categories emerged within one set of

data, that knowledge was used to guide the next set of data collection.

Identifying patterns and clustering data allow the researcher to see relationships

(Merriam, 1998; Miles & Huberman, 1994; Taylor & Bogdan, 1998). In identifying

patterns or themes, the researcher is examining the data for a specific idea or event that

happens many times in a consistent format.

Clustering is the process of inductively forming categories and sorting things—

events, actors, processes, settings, sites—into those categories, [which] typically

relies on aggregation and comparison and is naturally interwoven with the

creation and use of codes, both at the first level and the pattern-level coding.

(Miles & Huberman, 1994, pp. 249-250)

The data analysis phase occurred when I stood back and put all the pieces of data together

so that tentative findings were substantiated, revised, and configured (Merriam, 1998, p.

181).

Analytical Procedure

According to Seidman (1998), it is crucial that the researcher possess an “open

attitude, seeking what emerges as important and of interest from the text” (p. 100). It is

important to allow categories to fit the data, rather than actively creating categories to fit

the data (Dye et al., 2000). I began with category construction with an open attitude. I

read the 1998 SACS-COC *Criteria for Accreditation* (the former accrediting

requirements and standards), and wrote comments, observations, and queries in the

margins. The notes served to isolate the initially most striking aspects of the data. After

166

working through the entire 1998 *Criteria for Accreditation* in this manner, I went back

over my marginal notes and grouped together those that appeared to be related, thus

forming Category List 1. This procedure was followed for the 2004 SACS-COC

*Principles of Accreditation* (the new accrediting requirements and standards) to develop a

Category List 2. I compared groupings extracted from Category List 1 to check if they

were also present in Category List 2. These two lists were merged into one master list of

concepts and characteristics derived from both sets of data. The same procedure was

followed for each data set, which was compared against the master list for adding

additional categories. This master list constituted a primitive outline or classification

system reflecting the regularities or patterns in the research study. The patterns then

became the categories or themes into which subsequent items were sorted. Categories

were abstractions derived from the data, not the data themselves. They were conceptual

elements that covered or spanned many individual examples of the category.

I named the categories with terms that reflected what I saw in the data. Merriam

(1998) discusses five important guidelines related to the efficacy of the categories.

Categories should (a) reflect the purpose of the research and answer the research

questions, (b) be exhaustive, (c) be mutually exclusive, (d) be sensitizing, and (e) be

conceptually congruent. Conceptual congruence means that the same level of abstraction

should characterize all categories at the same level. As conceptual congruence was

difficult to apply, I laid out the basic structure of the data analysis findings in a chart,

beginning with the purpose statement and four research questions at the top of the display

167

so that I could immediately determine whether the categories addressed the purpose and

the four research questions of the study.

Categories were kept to a manageable number. “The fewer the categories, the

greater the level of abstraction, and the greater ease with which the researcher can

communicate her findings to others (Merriam, 1998, p. 185). Patton (1990) stressed that

data interpretation goes a step beyond mere description data, including “attaching

significance to what was found, offering explanations, drawing conclusions, extrapolating

lessons, making inferences, building linkages, attaching meanings, imposing order, and

dealing with rival explanations” (p. 432). Considering the data management requirement

and Merriam’s (1998) advice, the four research questions were used as initial categories

for sorting and organizing the data while remaining open to additional categories that

emerged from the data.

Throughout the study, field notes were taken during interviews, document

analysis, and observation. “Data management is no small aspect of analysis” (Merriam,

1998, p. 167). In this study, I used NVivo (short for NUD·IST Vivo: Nonnumerical

Unstructured Data Indexing, Searching, and Theorizing) qualitative research software to

analyze and manage the data. The strengths of using NVivo include (a) coding and

retrieving all similarly coded text without losing any information about where it came

from; (b) building theories by revealing features and relationships; (c) making qualitative

analysis easier, more accurate, more reliable, and more transparent; and (d) efficient,

consistent, and systematic data management (Gibbs, 2002). According to Gibbs (2002)

NVivo also has some weaknesses including (a) being more distant from the data than

168

researchers using paper-based analysis and (b) overemphasis on the code-and-retrieve

approach. NVivo was used to code interview transcripts, observation notes, and other

typed data sources into categories and subcategories. This software enabled multiple

coding for the same unit of information, hierarchical indexing, searching for words and

word patterns, “memo link” emerging codes and categories with their associated

documents, and creating new indexing categories out of existing ones. I could retrieve

and print, by category, any set of data desired.

Validity, Transferability, and Reliability

Internal Validity

“Internal validity deals with the question of how one’s findings match reality”

(Merriam, 1988, p. 166). Merriam (1988) also notes that “one of the assumptions

underlying qualitative research is that reality is holistic, multidimensional, and everchanging”

(p. 167). Therefore, I was interested in finding people’s perspectives on

reality. Of the six basic strategies suggested by Merriam to build internal validity, four

were used in this research study: (a) triangulation of sources and methods, (b) participant

checks, (c) peer (including expert) examination, and (d) recognizing possible researcher

biases and taking steps to minimize them.

First, the use of triangulation with case study methodology has potential for

producing increased validity (Newman & Benz, 1998). One reason for the increased

validity is that when multiple data collection techniques are used, the weaknesses of each

technique can be counter balanced by the strengths of the others (Newman & Benz,

169

1998). Potter (1996) argues that triangulation is a method of strengthening one’s

arguments by building in many different dimensions. Fielding and Fielding (1986)

suggest that the use of a combination of different kinds of data serves to reduce any

question of ambiguity that may be identified in any single method of data collection. The

use of multiple data collection techniques and sources for this study enhanced the

uniformity of the findings.

This research study incorporated the use of triangulation of data gathered from

documents, including archival and online data, interviews, observations, and audiovisual

materials to strengthen the validity of the findings. The importance of triangulation in a

case study is that using multiple reference points enables the researcher to more easily

pinpoint the object’s exact position (Newman & Benz, 1998). In this study, the object

was to examine USSU’s new internal review processes that were developed to address

the SACS-COC new *Principles of Accreditation*. The perspectives of SACS-COC staff

liaisons, different constituents of USSU, and others in related research projects

concerning effective internal review processes were considered and evaluated.

Second, participants were asked not to share their responses in the interview with

others until the study was complete. Interview transcripts were reviewed by 22 (out of

23) participants. Although time consuming, Glesne (1999) advocated this memberchecking

approach to verify data, surface personal or professional problems, and possibly

identify new ideas about the study. The description of USSU and findings to Research

Questions 2, 3, and 4 were reviewed by the Accreditation Liaison. I conducted a number

of phone conversations with her to receive the feedback she had to improve the accuracy

170

of the case study findings. Third, the interview protocols and sets of interview questions

were reviewed by five recognized experts at Texas Tech University before they were

used. The findings for the case study were sent to two accreditation experts for review.

Administrator 21-PI, a professor and the Accreditation Liaison at another university, who

has been involved in reaffirmation for many years and is knowledgeable about both

SACS-COC’s accreditation models reviewed the results of the case study. Concurrently,

an expert check for Research Question 1 was done by SACS-COC Staff Liaison 2, a

SACS-COC staff liaison who was familiar with both reaffirmation approaches.

Receiving comments from informed perspectives provided multiple measures of the same

phenomenon and helped to draw a more accurate, holistic representation of the new

internal review processes at USSU.

Fourth, I recognized the potential researcher biases and used four techniques to

minimize them as discussed on page 161: (a) using both purposive sampling and

snowball sampling, (b) triangulating different data sources, (c) making the data analysis

and final report inclusive and representative of multiple perspectives, and (d) using open

systems theory to minimize my biases. In brief, the triangulation of sources and methods,

participant and expert checks, as well as recognizing my possible biases and taking steps

to minimize them helped to improve the internal validity of this research study.

External Validity, Transferability, or Fittingness

External validity, transferability, or fittingness refers to “whether the conclusions

of a study have any larger import” (Miles & Huberman, 1994, p. 297). Although case

171

studies cannot be generalized (Merriam, 1988; Yin, 1994), “when case studies are

properly undertaken, they should not only fit the specific individual, group, or event

studied, but generally provide understanding about similar individuals, groups, and

events” (Berg, 2001, p. 232). Because the focus of the study was the processes, critical

elements in the case study findings may be transferable across institutions and could help

facilitate development and implementation of successful reaffirmation processes at

various types of institutions. The transferability of this study was strengthened in two

ways. First, I developed comprehensive, detailed descriptions of the SACS-COC new

internal review processes at USSU so that readers could readily assess the potential

transferability and appropriateness for their own settings. This approach finds support in

Merriam’s (1988) argument that while generalization is not possible from a single case

inquiry, external validity can be strengthened by using a rich, thick description that shows

how typical or unique the case is. Second, I examined the findings in relation to the

existing literature on accreditation and Nguyen et al.’s (2004) related research. This

cross referencing helped to further support the concept of transferability from the case

study to other institutions.

Reliability

Reliability refers to the replicability of research findings and is difficult to achieve

in the case study method. I strengthened the study’s reliability in three ways: (a)

creating a case study database, (b) providing a chain of evidence, and (c) presenting a

detailed description of the methodology. A case study database was developed so that

172

subsequent researchers can review the evidence collected in this study. I also maintained

a chain of evidence, which as Yin (1994) noted, “allow[s] an external observer to follow

derivation of any evidence from initial research questions to ultimate case study

conclusion” (p. 98). The chain of evidence included all the cassette tapes from

interviews, NVivo-coded documents, collected materials, correspondences, and

handwritten notes. Finally, the methods used in this research study were described in

detail so that others may replicate the research design.

Chapter Conclusions

This research was conducted using a qualitative case study method based on an

open systems paradigm. Open systems theory provided a conceptual framework for

analyzing the interaction between the internal and external elements of a system. There

are different levels of description in scientific research and “in regard to open systems,

there are systems within systems. Certain things can be observed best by someone

outside the system. Others can be observed only within the system. Both are legitimate

perspectives” (Isaacson, 1993, p. 328). As a researcher, I was aware of two perspectives:

(a) an outsider looking inward and (b) an insider looking inward and outward.

The study was an in-depth multisourced examination of USSU new internal

review processes which led to the university’s successful reaffirmation under the SACSCOC

new *Principle of Accreditation* in 2004. The research design involved data

collection through the review of documents and audiovisual materials, interviews, and

observations. Using constant comparative method, I consistently and continually

173

compared the data to search for themes and categories that emerged throughout the study

to aid in drawing conclusions concerning the internal review processes. Validity was

established by using (a) triangulation of sources and methods, (b) participant checks, (c)

peer (including expert) examination, and (d) recognizing researcher biases and taking

steps to minimize them. The approach taken for strengthening the transferability of this

study were (a) developing comprehensive, detailed descriptions of the SACS-COC new

internal review processes at USSU and (b) confirming the findings of the study connected

to the prior theory and making this transferable theory explicit. Reliability was

strengthened by developing a case study database, a chain of evidence, and a detailed

description of the methodology. Through this case study, the USSU internal review

processes under the SACS-COC new *Principles of Accreditation* were explored

thoroughly.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

Introduction to the Chapter Structure

This chapter presents the findings related to the following four research questions:

(a) How do the SACS-COC new *Principles of Accreditation* differ from the

1998 *Criteria for Accreditation,* (b) How did United States Sigma University (USSU)

develop and carry out the new internal review processes, (c) How were the USSU

internal review processes linked to institutional effectiveness, and (d) What were the

insights gained by USSU as it developed, implemented, and reflected on its internal

review processes?

This chapter comprises five parts. A first section (pages 176 to 203) addresses

Research Question 1 by comparing the SACS-COC new *Principles of Accreditation* with

the former *Criteria for Accreditation.* The functional aim of this comparison is to

facilitate an understanding of the transition that must be made by higher education

institutions in the SACS-COC accrediting region from the former *Criteria for*

*Accreditation* to the new *Principles of Accreditation*. This section addresses questions

such as what are the *Principles*, what was their origin, what are the major commonalities

and differences between the two approaches, and what is the rationale behind the change.

Conclusions related to Research Question 1 are presented at the end of that section (pages

201 to 203).

175

A second section (pages 203 to 213) provides a description of the case study

institution (USSU), which establishes a contextual framework for answering Research

Questions 2, 3, and 4. A third section (pages 213 to317), by analyzing and synthesizing

the data to answer Research Question 2, provides a detailed description for how USSU

developed and implemented the internal review processes under the new *Principles* for

the 2004 reaffirmation at USSU. A fourth section (pages 317 to 343), by addressing

Research Question 3, develops a detailed description that shows how the existing

planning and assessment systems facilitated and were integrated into the internal review

processes. And in the final section (pages 343 to 384), the integration of data gathered

for Research Question 4 provides insights and suggestions gained from interview

participants at USSU and the SACS-COC representative regarding effective ways to

carry out the internal review processes under the new *Principles*. Conclusions for

Research Questions 2, 3, and 4 appear on pages 308 to 317, 340 to 343, and 380 to 384,

respectively.

In addition to 22 interviews gathered for this research study, a limited number of

interviews from related research will be incorporated into the analysis and discussion.

Abbreviations and the corresponding research study/project titles shown in Table 2 (page

176) identify interviews from other projects. These interviews are included in order to

triangulate the data in this research study.

Two preliminary interviews were conducted to learn more about the *Principles*

and how they differ from the *Criteria*. Following these interviews, I conducted a

research internship examining the SACS-COC’s New Internal Review Processes in

176

Higher Education used by three Level VI institutions. I then began this present research

study to gain an in-depth understanding of one Level VI institution’s development and

implementation of the internal review processes under the new *Principles*.

Simultaneously, Nguyen et al.’s (2005) small research project on Achieving Quality

Enhancement through Institutional Effectiveness in Changing Times was conducted as

the basis for a presentation proposal for the 2005 SACS-COC Annual Meeting. As stated

in chapter 1 (pages 5 to 6), the abbreviations in Table 2 will be placed in the participant

pseudonyms whenever data derived from these studies are being discussed.

Table 2. Abbreviations Used for Interviews From Other Related Research.

Research Project Title Abbreviation

Preliminary Interviews PI

Research Internship:

SACS-COC’s New Internal Review Processes in Higher

Education (Nguyen et al., 2004)

RI

Institutional Effectiveness Research Project:

Achieving Quality Enhancement Through Institutional

Effectiveness in Changing Times (Nguyen et al., 2005)

IE

Response to Research Question 1

How do the SACS-COC New *Principles of Accreditation*

Differ from the 1998 *Criteria for Accreditation*?

Overview of the Principles of Accreditation

As Cavallaro (1972) noted, the predecessor of the *Criteria for Accreditation* was

the *Standards of the College Delegate Assembly* of the SACS, December 3, 1969, and the

177

Manual for the Institutional Self-Study Program of the Commission on Colleges, 1967.

The *Criteria for Accreditation* were approved on December 10, 1984, and modified in

1997. As Miller (2000) found, there was an excessive number of “must” statements in

the *Criteria*, many of which could be combined or eliminated. In an attempt to

streamline the *Criteria,* “during September 2000 a formal proposal entitled ‘*Principles* &

Requirements for Accreditation’ was submitted to all member institutions [of] the

Commission” (Miller, 2000, p. 110). During October 2000, feedback from Commission

on Colleges members was received through six regional meetings and forums. After

going through the SACS-COC process, new guidelines emerged: the *Principles of*

*Accreditation: Foundations for Quality Enhancement***.** Eight institutions under the

SACS-COC carried out a pilot study using the new *Principles of Accreditation* during

2000 and 2001. After the pilot study, the SACS-COC *Principles of Accreditation* were

revised and approved in December 2001.

Purpose and Philosophy

Accreditation of an institution by the SACS-COC has two primary purposes.

First, it signifies that the institution “has a purpose appropriate to higher education and

has resources, programs, and services sufficient to accomplish and sustain that purpose”

(SACS-COC, 2004b, p. 3). Second, it “indicates that an institution maintains clearly

specified educational objectives that are consistent with its mission and appropriate to the

degrees it offers, and that it is successful in achieving its stated objectives” (SACS-COC,

2004b, p. 3).

178

As explained in SACS-COC (2004b), accreditation is conducted based on a

philosophy of self-regulation.

A free people can and ought to govern themselves through a representative,

flexible and responsive system. Accordingly, accreditation is best accomplished

through a voluntary association of educational institutions. Accreditation

enhances educational quality throughout the region by improving the

effectiveness of institutions and ensuring that institutions meet standards

established by the higher education community, and serves as a common

denominator of shared values and practices among the diverse institutions. (p. 3)

Structure and Process

The review process for the reaffirmation of accreditation comprises three main

stages: (a) internal review, (b) peer review, and (c) the decision made by SACS-COC.

The peer review has two components: (a) off-site and (b) on-site. The Off-Site Review

Committee examines the Compliance Certification and Institutional Profiles, which the

institution submits annually to the Commission. The on-site review is conducted at the

institution to evaluate the Quality Enhancement Plan (QEP) and further verify any

noncompliance issues or questions that the Off-Site Review Committee might have.

Under the *Principles of Accreditation*, an institution is expected to (a) comply

with the Core Requirements, Comprehensive Standards, and federal regulations

contained in the *Principles* and the policies and procedures of SACS-COC, (b) enhance

the quality of its educational programs, (c) focus on student learning, (d) foster a “culture

of integrity,” and (e) recognize the centrality of peer review to the effectiveness of the

accreditation process (SACS-COC, 2003b).

179

As mentioned in chapter 1, in the new *Principles*, the term “internal review” is

used in place of “self-study.” SACS-COC Staff Liaison 2 explained the rationale for

using the term internal review in the *Principles*:

The term self-study was loaded with connotations from the last 20 years of

practice, some of them negative. Many institutions would go through the selfstudy

exercise and then put it aside until the next 10 years and not look at it again

or think about it. And we are also using external review, so internal review

parallels that; it is an inside look as well as a look from the outside. (Personal

communication, April 4, 2005)

Components of the *Principles*

The *Principles* (SACS-COC, 2004b) comprise four sections with which

institutions must comply to be granted candidacy, initial accreditation, or reaffirmation:

(a) Section I: Principles and Philosophy of Accreditation, (b) Section II: Core

Requirements, (c) Section III: Comprehensive Standards, and (d) Section IV: Federal

Regulations for Title IV Funding. An overview of the *Principles of Accreditation* is

presented in Table 3.

180

Table 3. Overview of the *Principles of Accreditation*.

Subtotal Requirements and

Standards

Requirements and Standards

Subsection

Subtotal

Subsection

Total

Total

Requirements

and Standards

1. Principles and Philosophy of

Accreditation

2. Core Requirements 12

3. Comprehensive Standards 53

*Institutional Mission, Governance,*

*Effectiveness* 16

3.1. Institutional Mission 1

3.2. Governance and

Administration 14

3.3. Institutional Effectiveness 1

*Programs* 30

3.4. Educational Programs: All

Educational Programs 14

3.5. Educational Programs:

Undergraduate Programs 2

3.6. Educational Programs:

Graduate and Post-

Baccalaureate Professional

Programs 3

3.7. Faculty 5

3.8. Library and Other Learning

Resources 3

3.9. Student affairs and services 3

*Resources* 7

3.10.Financial and Physical

Resources 7

4. Federal Requirements 8

TOTAL 73

Compliance with the Core Requirements is necessary but not sufficient to warrant

accreditation or reaffirmation of accreditation. Comprehensive Standards are

fundamental issues and processes that form a necessary level of accomplishment

expected of all member institutions. The Comprehensive Standards are grouped into

181

three categories: (a) institutional mission, governance, and effectiveness; (b) programs;

and (c) resources.

In actuality, the *Principles of Accreditation* comprise two main components: (a)

the Compliance Certification and (b) the Quality Enhancement Plan (QEP). The

Compliance Certification is the document produced by the institution to attest to its

determination of the extent of its compliance with each of the Core Requirements,

Comprehensive Standards, and federal regulations for Title IV funding where

appropriate. It is important to note that Core Requirement 12 is about the QEP: “The

institution has developed an acceptable Quality Enhancement Plan and demonstrates that

the plan is part of an ongoing planning and evaluation process” (SACS-COC, 2004b, p.

17).

Although the QEP is included in the Core Requirements, it is treated as a separate

entity having a separate timeline, process, and reviewers. Core Requirement 12 is not

reviewed by the Off-Site Review Committee. It is the focus of the on-site team review.

Because the institution does not have to address that requirement in the Compliance

Certification document, for this research study, the Compliance Certification refers to 72

accreditation requirements and standards, excluding the QEP.

According to the SACS-COC Handbook for Reaffirmation of Accreditation

(SACS-COC, 2003b) “the QEP describes a carefully designed and focused course of

action that addresses a well-defined topic or issue(s) related to enhancing student

learning” (p. 21). The QEP (maximum 75-page narrative, 25-page appendices) should

include 10 elements: (a) a descriptive title, (b) definition of student learning, (c) specific

182

and well-defined goals focusing on student learning, (d) rationale, (e) description of how

the focus of the QEP and specific institutional issues were identified, (f) explanation of

why the QEP focus and issues are critical to the university, (g) methodology (evidence of

engaging all appropriate campus constituents and a careful analysis of the institutional

context), (h) timeline with assigned responsibilities, (i) assessment procedures, and (j)

resources and commitment required to implement the Plan.

SACS-COC Staff Liaison 1-RI explained that the QEP was developed to find a

“balance” between being too prescriptive in what the school needs to do and providing

useful guidance that will help it as it develops the QEP (Personal communication,

September 9, 2003). The QEP is the institution’s opportunity to identify an issue that is

critical and will make a difference. The QEP should be written in a way that is most

useful for that specific university: What can you do with these groups of people, these

resources, these kinds of students? What can you do to enhance the quality specifically

pertaining to student learning at your university? SACS-COC Staff Liaison 1-RI reminds

institutions to place their emphasis on the QEP when conducting the internal review. He

expected that the QEP would have broad representation of faculty, students, and many

others on the campus (personal communication, September 9, 2003).

In addition to these two main documents, the Compliance Certification and QEP,

there are three other documents that institutions compile under the *Principles*: (a) the

Focused Report, (b) the Reaction Report (institution’s response), and (c) the Impact

Report. The Focused Report is a document that an institution may choose to produce in

response to the findings of the Off-Site Review Committee by providing updated or

183

additional documentation regarding the requirements in question. The Focused Report is

made available to the members of the On-Site Review Committee for their review prior

to the on-site visit. The Focused Report is optional, but SACS-COC strongly encourages

the institution to make this report (SACS-COC, 2005a) as it is helpful in three ways: (a)

enabling On-Site Review Committee to put aside concerns by checking the items in

question when arriving on campus, (b) reducing the number of recommendations and

suggestions (Luthman, 2004), and (c) minimizing disruptions to the university.

The Reaction Report is the institution’s response to the On-Site Review

Committee’s Reaffirmation Report. The institution is required to respond to all

recommendations and any needed improvements identified in the QEP, but they are not

required to address suggestions. The institution’s response should be detailed and

comprehensive, explaining the actions taken by the institution to ensure compliance with

all the requirements outlined in the *Principles*. This report is made available to the

Commission’s Compliance and Reports Committee for review (SACS-COC, 2003b).

“The Impact Report, submitted five years after the institution’s last decennial review,

seeks to demonstrate the extent to which the QEP has affected outcomes related to

student learning” (SACS-COC, 2003b, p. 38).

All higher education institutions undergoing SACS-COC reaffirmation review

after January 1, 2004 must use the *Principles* for reaffirmation, substantive change, or

special committee visits (SACS-COC Staff Liaison 2, personal communication, April 4,

2005). This new approach requires higher education institutions to demonstrate not only

184

their compliance with a minimum set of accreditation criteria, but also their quality

improvement processes.

Importance of Asking this Question

Research Question 1, how do the SACS-COC new *Principles of Accreditation*

differ from the 1998 *Criteria for Accreditation*, is significant in three ways. First, as the

literature has shown, changes in accreditation requirements affect the processes

associated with reaffirmation of accreditation, especially the internal review processes.

Thus, a succinct analysis of the similarities and differences between the two approaches

will enhance the understanding of all using the new reaffirmation approach, although it is

most important to those who were accustomed to the former approach.

Second, understanding what the new *Principles* are, where they came from, and

*how* and *why* the accreditation requirements were changed, and the similarities and

differences between the two approaches helps all involved to address the new process in a

more meaningful and effective way. These insights are important particularly for the

university leadership, those appointed to carry out the new internal review processes, and

reviewers who have had experience with the former *Criteria*, in order to make an

informed transition to the new approach. Higher education institutions tend to select

people who have had experience with the former *Criteria* to carry out the new *Principles*.

At the case study institution, six of the nine Leadership Team members and three of the

four ex-officio members, who participated in this research study, took part in the previous

1995 reaffirmation. “One of the reasons or one of the thoughts [the provost] had in mind

185

when he assembled the team was to make sure that a good majority of the individuals on

the Leadership Team had that previous experience because they would know about the

process and getting all the various requests properly documented” (Administrator 14,

personal communication, March 28, 2005).

As will be seen in the case study, some of the On-Site Review Committee

members had difficulties with implementing the new approach. They noted findings that

were not based on the new process (Administrator 4, Administrator 5, & Administrator 6,

personal communication, March 31, 2005). Although these reviewers were aware of the

new *Principles*, they may have been influenced by their past experience with the former

approach to conducting the reaffirmation process. Case study participants thought the old

frame of reference showed through while reviewers were conducting the new approach.

Finally, the comparison of the former *Criteria* and the new *Principles* helps to lessen

fears of the unknown by gaining an understanding of what is common between the old

and the new.

Similarities and Differences Between the Criteria for

Accreditation and the Principles of Accreditation

The answer to Research Question 1 is derived from comparing, contrasting,

analyzing, and synthesizing various sources of data, including the SACS-COC documents

such as *Principles of Accreditation* versions 2001 and 2004, *Criteria* version 1998,

documents from the 2004 SACS-COC Annual Meeting, interviews, and other relevant

materials. However, the analysis was conducted based mainly on the *Criteria* version

1998 and the current *Principles of Accreditation* (SACS-COC, 2004b). Although the

186

case study institution used an undated draft version in 2001, as noted by SACS-COC

Staff Liaison 2, there have been only minor editorial changes between the *Principles*

version 2001 and the current version of the *Principles.*

Although the comparison is based on both the former *Criteria* and the new

*Principles*, more information is provided about the new approach as it is critical to

understanding the case study. The major similarities and differences between the two

reaffirmation approaches are summarized in Table 4.

187

Table 4. Similarities and Differences Between the *Criteria for Accreditation* and the

*Principles of Accreditation*.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

SIMILARITIES

Purpose Signifies the institution

has a purpose

appropriate to higher

education and has

resources, programs, and

services sufficient to

accomplish that purpose.

Same and add:

“Accreditation evaluates

whether an institution

maintains clearly specified

educational objectives that

are consistent with its

mission and appropriate to

the degrees it offers and

whether it is successful in

achieving its stated

objectives” (p. 1).

Philosophy Self-regulatory,

accomplished through a

voluntary association of

education institutions.

The process is peer

driven.

Based on role of

professional judgment.

Same

Emphasis Institutional

effectiveness: Planning,

assessment, use of

results for improvement

in all departments and

units.

Same and add student

learning outcomes.

Foundation Institutional mission

statement.

Same.

Compliance

component

Has compliance

component.

Same and add the QEP.

Cycle 10 years. Same.

Selection of

visiting committee

Had academic

experience with their

designated areas and

knowledge of the

requirements of a SACSCOC

review.

Same.

Institution recommended

two QEP evaluators to its

On-Site Review Committee

(USSU contacted them, they

agreed, USSU sent their

names to SACS-COC Staff

Liaison 2 who issued

official invitation letter to

them).

Institution is

responsible for

nominating two lead

QEP evaluators to its

On-Site Review

Committee.

188

Table 4. Continued.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

DIFFERENCES

Adopted in December

1984.

Adopted in December

2001.

*Principles of*

*Accreditation*

Institutional

commitment and

responsibilities in the

accreditation process.

Institutional integrity

Commitment to

continuous quality

enhancement.

More emphasis on

institutional integrity.

Accreditation

criteria and

standards

Longer, more

redundancy,

440 “must” statements.

Shorter, more streamlined.

73 requirements and

standards in the Compliance

Certification.

A QEP.

Focus The means.

The inputs.

The ends, thus more

amenable to a variety

approaches.

The outcomes.

Characteristics of

accreditation

requirements

More comprehensive.

More prescriptive.

More focused on the

essentials.

Compliance Certification:

More generic, giving more

flexibility to institutions but

they must build the case

QEP: individual to

institutions.

Documents Self-study document. Expanded Annual

Institutional Profiles.

Compliance Certification.

QEP.

Compliance

Certification.

QEP.

Method of

submission

Voluminous self-study

in hard copy.

Compliance Certification

and the QEP (maximum 75-

page narrative and 25-page

index) either in hard copy,

CD-ROM, or electronic

copy (preferred).

The physical work

involved is reduced

dramatically thanks to

technology.

Responses Straightforward

More quantitative

measures.

Compliance Certification:

straightforward, like “essay

test” (Barrett, 2004).

QEP: like a grant

proposal focusing on

student learning (title, goals,

timeline, resources, method

of assessment).

189

Table 4. Continued.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

Process director Had a faculty member

direct the process.

The Commission strongly

recommends that the

Accreditation Liaison be a

senior faculty member or

administrator.

Involved numerous

hands-on large

teams/committees, layers

of groups (a central

group and subgroups

addressing a variety of

issues).

More faculty

involvement.

Involve a small number of

administrators in the

Compliance Certification:

not essential to involve

many faculty members

because of the different

nature of the questions;

administrators have access

to the data.

Require broad

representation of faculty,

students, and many others in

the QEP that benefits the

institution.

Involvement

Time consuming and

disruptive.

Less intrusive in the

campus.

Cost Involved more labor,

thus more costly.

Involved less labor, thus

less costly.

Process 1. Self-study (self-study

proposal, semiannual

progress reports

(optional))

2. Peer review

3. Final evaluation by

SACS-COC.

1. The internal review

2. The external review (offsite

review and on-site

review)

3. Reaffirmation by the

SACS-COC.

1. Review by the

institution

2. Review by the

SACS-COC

2.1. The Off-Site

Peer Review:

Compliance

Certification to

review all except the

Core Requirement

2.12 of the *Principles*

2.2 The On-Site

Peer Review: off-site

report and

institutional response

(Focused Report) to

review QEP and any

portion of the

Compliance

Certification as

advised by Off-Site

Review Committee

190

Table 4. Continued.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

Periodic.

On-going.

2.3 The

Commission Review:

on-site review report,

including off-site

review findings;

institutional response

(Reaction Report);

on-site committee

chair response; and

staff member memo

to make final

reaffirmation

decision.

Process timeframe 18-24 months. Compliance Certification:

one year.

QEP: 1-1½ years.

18 -24 months.

The institution received a

phone call regarding the

Off-Site Review

Committee’s findings from

the Commission staff.

The institution submitted a

response to area of

noncompliance (Focused

Report) is optional. In this

report, the institution

addresses discrepancies,

corrects them, and

communicates their actions

to the On-Site Review

Committee before they

arrive on campus.

Language in the

*Handbook for*

*Reaffirmation of*

*Accreditation* has

been revised to

strongly encourage

an institution to

submit a Focused

Report.

Institution’s

response(s)

Institutions received an

official copy of the

visiting committee’s

report. They must

respond in writing to

each recommendation

included in the visiting

committee’s report but

not required to address

the committee’s

suggestions.

Institution received the

On-Site Review

Committee’s report and

prepared a Reaction Report.

191

Table 4. Continued.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

Follow-up activity A fifth-year report,

submitted midpoint in

the accreditation cycle,

reflects an emphasis on

institutional

effectiveness.

Impact Report to be

submitted 5 years after the

reaffirmation visit to

identify difference that the

QEP has made on student

learning. The commission

reviews it, and simply

accepts it or asks for a

follow-up report.

No requirement after this.

Communication

of findings

Off-site review findings

were communicated solely

through a conference call to

the leadership team, staff

members.

Institutions have

options to receive the

Report of the Off-

Site Review

Committee in written

and/or verbal form,

or meeting in Atlanta

to review the Report.

Preliminary visit

by the chair of the

On-Site Review

Committee

Required and part of

the process.

Not required, encourage

the chair to go in the night

before the committee work,

begin the schedule and

interview the President,

have a campus visit, or look

at the hotel

accommodations, cutting

down the cost for the

institution and the chair’s

time.

Steering Committee. Leadership Team.

Self-study. Internal review (the

Compliance Certification &

QEP).

Review by the

institution.

Peer review. External peer review. Review by the

Commission.

Language

Self-Study Director. SACS Liaison.

Off-Site Review

Committee

N/A. Does not have an assigned

SACS-COC staff

coordinator.

Has an assigned

SACS-COC staff

coordinator.

192

Table 4. Continued.

Features

The *Criteria*

(SACS-COC, 1998)

(Former)

The *Principles*

(SACS-COC, n.d.)

(New-Draft)

The *Principles*

(SACS-COC, 2004b)

(New-Current)

Input for the On-

Site Review

Committee

Institutions could make

suggestions for selection

of the chairs and the

Committee members

from a list that was sent

by the SACS-COC, but

SACS-COC ultimately

chose.

For example, the chair

was selected by

matching up the chair

and the institution to be

visited. The SACS-COC

staff member will

usually call the President

of the institution to

check for conflict of

interest or unsuitability

of the chair and the

members.

Same.

Advisory visit Entitled to one staff

visit.

Institution may invite an

advisory visit by a

Commission staff member.

Reaffirmation

outcomes

Focused on numeric

counts (e.g., number of

recommendations).

Strategic planning and

strategic vision that focuses

on quality enhancement.

The Compliance Certification comprises 73 criteria (including the QEP) and, in a

way, replaces hundreds of “must” statements in the former *Criteria for*

*Accreditation*. What is new in the *Principles of Accreditation* is the QEP

component. . . . In brief, the *Principles of Accreditation* not only require

institutions to comply with a minimum set of accreditation *Criteria*, but also place

a renewed emphasis on student learning. (Nguyen et al., 2004, Overview of the

*Principles of Accreditation*)

Having been developed from and built upon its predecessor, the *Principles* share

commonalities with the *Criteria*, including philosophy, self-regulation, peer-process, and

the role of professional judgment. Emphasis on mission statements, institutional

effectiveness, systematic and on-going planning and assessment, learning outcomes

193

remain crucial. However, the *Principles* differ significantly from the *Criteria* in four

ways.

First, the *Principles* are considerably shorter than the former *Criteria for*

*Accreditation*, which had about 440 “must” statements. The new *Principles*’ 73

requirements are powerful and have eliminated redundancy.

In the *Criteria*, SACS had questions about qualifications of the administrative

staff in the categories of library, student services, and in the organization and

administration components. It occurred again and again on the same topic. In the

new approach, SACS has reduced that to a single sentence and it talks about the

qualifications, the confidence, and the capacity of the

administrators/administrative staff throughout the university. So it is necessary to

look at it carefully, because if you say administrative staff and think that they

mean only the president and the vice president, you missed it. It says

administrators, whoever and wherever they are. (SACS-COC Staff Liaison 1-RI,

personal communication, September 8, 2003)

Second, these *Principles* give higher education institutions greater flexibility in

how to respond; however, the responsibility for making their case is also increased.

Somebody will say so and so is qualified to teach, and here is his or her transcript.

That is not the way to do it. The way to do it is to say so and so is qualified to

teach. You can see on this accompanying transcript, they have X hours in this

and X hours in this. And on their résumé you will see they did this, this, and this.

All of this supports their qualifications to teach a specific course. Then describe

how these qualifications are relevant to a specific course. It is the institution’s

role to draw these relationships and these parallels. (SACS-COC Staff Liaison 2,

personal communication, April 4, 2005)

Third, to address the Compliance Certification of the *Principles*, in SACS-COC

Staff Liaison 1-RI’s view, the committee should be small and comprise people who know

where to locate the data and can answer these questions (SACS-COC Staff Liaison 1-RI,

personal communication, September 8, 2003). It is expected that the higher education

institutions will have a relatively small number of people actually working on the

194

certification document. The self-study orientation under the *Criteria* led to creation of

numerous committees, with many members spending a great deal of time on very specific

questions. Often it precluded them from addressing questions really important to the

institution. Under the new approach, higher education institutions should place more

emphasis on developing the QEP through broad representation of faculty, students, and

many others on the campus, who will be talking about issues important to the higher

education institutions (SACS-COC Staff Liaison 1-RI, personal communication,

September 8, 2003). Finally, the *Principles* result in potential cost and time savings and a

greater opportunity to focus on essentials, including student learning and educational

quality improvement.

In brief, the difference between the two methods of SACS-COC reaffirmation was

described in one interview as the “adolescent approach” of the former method versus the

“adult approach” of the new method (Administrator 1-PI, personal communication,

September 8, 2003).

The *Principles* 2001 Version Compared to the Current Version

Because the *Principles* were new, SACS-COC has been adjusting the processes as

it received feedback from the institutions and reviewers who were gaining experience

through applying the *Principles* (SACS-COC Staff Liaison 2, personal communication,

April 4, 2005). The *Principles* 2001 version was a draft document used by 30 institutions

in the 2004 reaffirmation class, and they along with the reviewers, helped SACS-COC

refine the documents. The current version of the *Principles* (2004) is substantially the

195

same as the 2001 draft with some minor modifications including formatting and editorial

revisions (SACS-COC Staff Liaison 2, personal communication, April 4, 2005). These

are not so much changes as they are enhancements.

Based on the feedback received, SACS-COC has made five modifications to the

process. First, with the current *Principles*, SACS-COC allows the institution to have the

option of receiving the written report of the Off-Site Review Committee (SACS-COC,

2005a) or having the results presented to them verbally by telephone. SACS-COC’s

intent of sharing the Off-Site Review findings with the institutions through a telephone

call was to protect the institutions, particularly those in states with a sunshine law, from

having any preliminary information appear in the newspaper (SACS-COC Staff Liaison

2, personal communication, April 4, 2005). Under sunshine laws, openness and

disclosure in the operation of public institutions are mandated through open meetings and

records laws (Toma & Palm, 1999). But there was so much variability in the collective

memory and understanding of those present for the telephone call that writing a response

(Focused Report) was difficult (Accreditation Liaison, personal communication, March

30, 2005).

Second, with the current *Principles*, the institution can nominate two lead QEP

evaluators for its On-Site Review Committee during the reaffirmation process (SACSCOC,

2004d). This new policy was approved on June 24, 2004 and can be accessed at

http://www.sacscoc.org/pdf/QEPLeadEvaluator.pdf. Third, the institution can “send *one*

person to accompany the On-Site Review Committee [going to a different institution] to

observe and learn from committee activities and from the experience of persons at the

196

host institution” (SACS-COC, 2004d, p. 3). This revised policy can be found at

http://www.sacscoc.org/pdf/observers.pdf.

Fourth, SACS-COC staff clarified specific materials that an institution is required

to submit as part of its Compliance Certification (SACS-COC, 2004d). SACS-COC also

has increased the required information submitted annually by the institutions (SACSCOC

Staff Liaison 2, personal communication, April 4, 2005). This goes beyond just

financial data, to include enrollment and other measures. Finally, realizing that training

is crucial for an effective transition to the *Principles*, SACS-COC has been developing

comprehensive training programs for individuals who participate in Off-Site and On-Site

Review Committees both online and face-to-face (SACS-COC, 2005c). Committee

chairs are required to attend a two-day training session in Atlanta prior to their service on

a committee. This training is conducted for chairs only (SACS-COC, 2005a).

In brief, the *Principles of Accreditation* version 2001 used by the case study

institution do not differ in substance from the current *Principles of Accreditation*;

therefore, this study will primarily refer to the current version.

Rationale for Changing From the *Criteria* to the *Principles*

The pressures that have caused accreditation to evolve as seen in the history of

accreditation continue to play a role, including the public’s need for accountability and

good practices, pressure from concerned stakeholders, the drive for continuous quality

initiatives within higher education, and demands to cope with the changing higher

197

education environment. Yet, three primary objectives motivated SACS-COC to change

and refine its accreditation concepts and methods.

First and foremost, the focus for the *Principles* is student learning, which is the

foundation for all the activities of higher education institutions, “the crux of the

matter . . . after decades of fixation on surrogates” (Wright, 2002, p. 242). There are two

overarching guiding *Principles*: (a) integrity and (b) quality enhancement (SACS-COC

Staff Liaison 2, personal communication, April 4, 2005).

Second, the *Principles* foster a strong culture of institutional integrity while

allowing flexibility to accommodate the individuality of higher education institutions.

There was the need to establish a balance between being too prescriptive and not giving

enough guidelines (SACS-COC Staff Liaison 1-RI, personal communication, September

9, 2003). This view is confirmed by Smith and Ngoma-Maema (2003). Additionally, a

concern had arisen regarding the excessive influence of external evaluators, which can

lead to a danger that “external evaluation processes may overtake school self-assessment

initiatives. The consequence of this is that schools may lose the space to determine what

matters to them and end up responding and adhering solely to the recommendations made

by external evaluators” (Smith & Ngoma-Maema, 2003, p. 360). Consistent with Smith

& Ngoma-Maema (2003), a comment by Administrator 8, who was a member of the task

force charged with reviewing the *Criteria* and developing the *Principles*, reflects the

basic philosophy of the new *Principles*: “Make certain that everything is in place but let

us help you to develop strategic initiatives, whatever your choice may be” (Administrator

198

8, personal communication, March 30, 2005). Administrator 8 also explained the

rationale for having the Compliance Certification and the QEP:

It made no sense that we had this full visit and somebody checked on us when

it could be done internally, could be certified, and then somebody could just

check and that is where the compliance certification came from. It was an effort

to make the process easier and to let it be driven externally and internally and you

had a checklist that you could say this had been done. . . .

This could be a process to help the institution to develop an agenda and we

could get experts in, three or four experts—for a quality enhancement plan . . . .

How would you like to improve your institution, what would your plans be, and

we could send people in to help you get that accomplished. And that is where the

QEP idea came from. (Personal communication, March 30, 2005)

The third and final objective in making the change was to make the reaffirmation

process easier, more efficient, less costly, and more effective. In this sense, being

effective means, “examining the big, important issues facing an institution, really zeroing

in on what those are, and making them the focus of the review” (Administrator 4,

personal communication, March 31, 2005).

SACS-COC Recommendations for Effective Internal Review Processes

To help institutions address the new *Principles* effectively, SACS-COC

representatives offer five recommendations. First, institutions need to read the

requirements of the *Principles of Accreditation* very closely to have a thorough

understanding of what they are being asked to do (SACS-COC Staff Liaison 1-RI,

personal communication, September 9, 2003). Each requirement may include multiple

items and all must be addressed. Second, an institution needs a strong, well-informed

liaison person on campus who is actively involved in the internal review process. Third,

the institution needs to have significant involvement of its faculty and administration in

199

the SACS-COC peer evaluation process, such as serving on SACS-COC review

committees (Administrator 4, personal communication, April 4, 2005). This

recommendation is consistent with Rose’s (2003) comment encouraging institutions to

allow their faculty and staff to be involved in the work of the Commission as this

broadens their knowledge of the *Principles* and the new processes. Administrator 16 at

the case study institution had recently served on the On-Site Review Committee for one

of the eight pilot institutions in 2002. Four other administrators had been actively

involved in the Commission’s activities:

Some background information came from the experience that I had with SACS. I

was on one of the committees that formulated the new *Principles*, and the current

President of the [USSU System] . . . was on the steering committee for the overall

revision of the SACS accreditation process. We also have a System Vice

President . . . who had been very involved with SACS for many years, and she

was knowledgeable about how accreditation worked. A former Board member

was on the Executive Committee for the Southern Association, not once, but

twice. She is a lawyer, so when we had an issue, her knowledge and

understanding was invaluable as well. (Administrator 4, personal communication,

March 31, 2005)

Third, the institution needs to have strong presidential leadership. The top person

on the campus needs to make it clear that compliance is not just something that is done

every now and then; it is an on-going commitment. Fourth, institutions need to establish

and nurture a culture of evidence, and the institution is invited to make its case in

documenting compliance (Administrator 4, personal communication, April 4, 2005).

Finally, it is better for institutions “to err on the side of too much communication

rather than too little. If you are doing something to a program, and you don’t know

whether it warrants notification to the commission, put it in a letter” (SACS-COC Staff

Liaison 2, personal communication, April 4, 2005).

200

Milestones for Communication Between

Institutions and SACS-COC

SACS-COC Staff Liaison 2 commented that the communication between

institutions and the SACS-COC staff is on-going specifically at the following milestones:

1. Eighteen to 24 months prior to the on-campus reaffirmation visit, the

institution’s Leadership Team is invited to come to Atlanta to meet with the

Commission staff for orientation.

2. Any time after that point when the institution thinks it would benefit from an

advisory visit with a commission staff member primarily to look at the Quality

Enhancement Plan, the institution invites a staff member to make the visit.

3. Six months prior to the campus visit, the institution submits its Compliance

Certification. That is followed by an off-site review that is conducted in

Atlanta.

4. The results of the off-site review are communicated to the institution and they

are strongly encouraged to submit a Focused Report.

5. That Focused Report is sent to the members of the On-Site Review

Committee.

6. The institution also disseminates the Quality Enhancement Plan about 6 weeks

prior to the campus visit to the members of the On-Site Review Committee.

7. Then the campus visit occurs.

8. Five months after that, the institution is responsible for submitting its reaction

to the on-campus review report. That Reaction Report summarizes any

noncompliance issues from the off-site review as well as any

recommendations from the On-Site Review Committee. That goes to the

Commission meeting in either December or June.

9. The Commission reviews it, and they either reaffirm the accreditation with no

further report requested, or they can ask for additional monitoring reports, or

they can continue the institution in an accredited status and not reaffirm, or

they can put on some sort of sanction if the situation warrants it.

10. Five years after the reaffirmation visit comes the Impact Report. And that is

the statement of “what difference has the Quality Enhancement Plan made on

student learning?” (Personal communication, April 4, 2005)

Additionally, institutions need to communicate with SACS-COC when seeking guidance

about selection of the On-Site Review Committee chair, receiving the list of chairs, or

filing a substantive change.

201

Conclusions for Research Question 1

Research Question 1 examined the differences between the SACS-COC new

*Principles of Accreditation* and the 1998 *Criteria for Accreditation*, because

understanding the commonalities and differences between these two reaffirmation

approaches is important to carry out the internal review processes. In transition from the

*Criteria* to the *Principles*, some key features have remained unchanged. For example,

institutional mission, institutional effectiveness, planning, assessment, and continuous

improvement of academic and support programs are emphasized and critical in both

approaches. But some people are still thinking in terms of the old framework and this

can result in a flawed rationale for the assignment of personnel as well as adversely affect

the development of processes for addressing the new *Principles*. The major focus of the

*Principles* is student learning. The *Principles* foster a strong culture of institutional

integrity and the use of electronic means to facilitate the evaluation process. They

provide a balance between being too prescriptive and not giving enough guidelines. As a

result of structural differences, the *Principles* are not only much shorter, easier, more

efficient, less costly, and more effective than the *Criteria*, but also they give institutions

more flexibility and autonomy in addressing the Compliance Certification and the QEP.

The Compliance Certification of the *Principles* is driven externally and internally and the

QEP helps institutions to develop their own strategic initiative(s).

The implications of these differences for developing new processes lie in the

tasks, the task of preparing and the task of checking. The main implication for the

institution is in the assignment of tasks and the formation of the committee to carry out

202

the tasks. It has to be done differently under the new *Principles*. Those who are in

leadership positions and responsible for assigning the committee and the SACS Liaison

are likely to be accustomed to the old way of doing things. They will need to change

their mindset because the new *Principles* require a different approach.

The implication for SACS-COC is that training of the Off-Site and On-Site

Review Committees is important. Many of the members in the off-site and on-site visit

teams may be accustomed to the former way of doing reaffirmation; therefore, these

higher education professionals need training and reorientation. This insight is drawn

from the case study interviews. Some On-Site Visit Committee members seemed to

bring the former frame of reference with them while carrying out the new process.

SACS-COC needs to be sensitive to this difficulty of separating the two approaches

during this time of transition. Thus, SACS-COC should be careful when reading reports

in order to detect this confusion. This was a common view among the senior people who

were interviewed.

Viewed through the lens of open systems theory, the different approach inherent

in the new *Principles* exerts an external influence on the way in which institutions

develop and carry out the internal review processes for their SACS-COC reaffirmation.

According to open systems theory, these changes are exogenous forces that create

pressure for changes inside the system. Although the *Principles* are the same for all

institutions in the Southern region, the way that each institution responds to them will be

somewhat unique as the mixture of elements within each particular institution is different.

203

These elements include the leadership, the planning and assessment system, and the ways

that internal entities interact within that institution.

In summary, the adoption of the *Principles of Accreditation* in 2001 introduced

significant changes to the accreditation approach. The institution’s effectiveness and its

ability to create and sustain an environment that enhances student learning are the foci of

this new approach. The quality of an institution is determined within the framework of

its mission and goals, as well as its analysis of and response to crucial institutional issues

(SACS-COC, 2003a).

The Case Study Institution

This section provides a description of the case study institution, USSU, that is

oriented toward understanding the institutional context within which the internal review

processes were developed and implemented. It comprises three parts: (a) general

information about USSU, (b) outcomes and impacts of USSU’s 1995 reaffirmation, and

(c) unique elements within the USSU context that are particularly relevant to this inquiry.

General Information About USSU

According to Gaines (1991), USSU is one of the top 20 campuses in the United

States in terms of being a piece of art. During the fieldwork trip in late March 2005, I

was amazed by its huge size and beauty. USSU has more than 250 primary buildings that

are methodically grouped on 650 acres of land. The university also has buildings that are

not on the main campus but are located within the surrounding community.

204

Founded in mid-1800s, USSU will celebrate its 150th anniversary in a few years.

It is one of only 25 universities in the country designated as both a land-grant and a seagrant

institution. USSU’s mission is generation, preservation, dissemination, and

application of knowledge and cultivation of the arts. Its vision is to be a leading

research-extensive university, challenging undergraduate and graduate students to

achieve the highest levels of intellectual and personal development. It is the flagship

university of its state.

In 2004, 219 patents were received by USSU scientists. USSU has been

classified as a Doctoral/Research-Extensive University by the Carnegie Foundation and is

a Level VI university according to SACS-COC categories. It is a public university in a

southern state of the United States with an enrollment of 31,561 (including 26,397

undergraduate and 5,164 graduate) students as of fall 2004. Its student body represents

77% White, 9% African American, 5% Asian and Hispanic, 6% international students

from more than 120 countries, and 3% others. USSU has 1,308 instructional faculty

members of which 95% are full-time, and a staff of more than 3,756 with 96% of them

being full-time.

USSU’s instructional programs comprise approximately 250 curricula, including

71 baccalaureate, 72 master’s, and 54 doctoral programs, as well as other degrees such as

post-master’s certificates and first-professional degrees. At USSU, there are nine senior

colleges (Agriculture, Arts and Sciences, Arts and Design, Basic Sciences, Business

Administration, Education, Engineering, Honors, and Music and Dramatic Arts) and five

schools (Coast and Environment, Library and Information Science, Mass

205

Communication, Social Work, and Veterinary Medicine), in addition to specialized

centers, divisions, institutes, and offices.

USSU has served its state, the region, the nation, and the world through extensive,

multipurpose programs encompassing instruction, research, and public service. Besides

bringing in more than $120 million annually in outside research grants and contracts,

USSU, with its more than 36,000 faculty, staff, and students, contributes over a halfbillion

dollars annually to the economy of the city in which it is located.

USSU is a member of the USSU System. The L Center and the A Center, two

other separately administered campus units of the USSU System are physically located

on the same campus with USSU. All share select functions and joint support services.

The L Center received joint reaffirmation of accreditation with USSU in 1995, and the L

Center initially sought reaffirmation of accreditation collaboratively with USSU early in

the 2004 reaffirmation process. The L Center is now seeking separate accreditation.

Because the A Center does not engage in undergraduate or graduate education and does

not award academic degrees, it is not subject to nor does it seek accreditation by the

SACS-COC. The A Center does share research faculty with USSU, and some facilities

are available for graduate education and research. The A Center and USSU share faculty

members holding joint research and teaching appointments.

Outcomes and Impacts of USSU’s 1995 Reaffirmation

USSU was first accredited by the Association of American Universities in 1928.

In addition to going through the regional accreditation by SACS-COC, units and

206

programs at USSU also are accredited by 21 professional and specialized accreditation

organizations. USSU most recently went through the reaffirmation of accreditation under

the SACS-COC’s former *Criteria* in 1995. At this point in time, USSU was facing

challenges: “When I was the provost, we had the previous SACS accreditation

underway, and we were not in a good position. But I inherited the process 10 years [ago]

and got heavily involved. We had some difficulties, but finally we were accredited and it

was amazing that we managed to eventually deliver and be reaffirmed” (Administrator 8,

personal communication, March 30, 2005).

Elaborating on USSU’s challenges, Administrator 9 commented that the

difference between where USSU was 10 years ago during the SACS-COC review in

which he was involved and this 2004 reaffirmation is quite significant (personal

communication, March 31, 2005). At that time, his V School had a strategic plan, but

USSU did not. So, in fact, USSU developed a strategic plan so it could get through the

1995 SACS review (Administrator 9, personal communication, March 31, 2005).

The 1995 reaffirmation had a direct and highly beneficial impact at USSU. The

planning process, outcomes assessments, and program reviews are all in place as a result

of the reaffirmation of accreditation in 1995. USSU has come a long way in the last

decade, and the strategic planning process was fueled by the 1995 re-affirmation process:

One of our weaknesses 10 years ago was the planning process and really linking

planning to outcomes assessments. . . . There is no doubt in my mind that that

[program review] evolved from the 1995 reaffirmation study. It is something that

we needed to do and we probably were going to do, but the reaffirmation gave us

the impetus to do it then. . . . It started again with the SACS reaffirmation; we had

the right people in leadership positions on campus that were able to put these

things together. And they were able to convince students, faculty, and staff that

207

this was the time and the place for [USSU] to begin to do these things.

(Administrator 6, personal communication, March 31, 2005)

The 10-year program reviews at USSU were initiated in 1997 by Administrator 8,

who was the provost at the time. He gave credit to the suggestion of one visiting team

member in the 1995 reaffirmation: “So we got together and I worked with the faculty

and we put this process in place and it has been very successful. . . . That was a direct

result of a SACS accreditation visit” (Administrator 8, personal communication, March

31, 2005). Since then, the program reviews have been put in place. By 2007, USSU will

complete its 10-year cycle of all program reviews.

Unique Elements Within USSU’s Context

There were five elements within the USSU context that influenced the internal

review processes: (a) the strategic planning, (b) the National Prominence Plan (a

pseudonym being used to protect the identity of the case study institution), (c) the

program reviews, (d) and the participants’ views regarding accreditation.

First, USSU has had a strategic plan, which outlines 12 strategic directives, in

place since 1998. “It has a great planning process—it is very effective, and the proof of

its effectiveness is that it has gone through this transition with three [CEOs]”

(Administrator 4, personal communication, March 31, 2005). USSU has established

planning and assessment procedures that are required for all units.

We’ve had a strategic plan in place since 1998. And each department had to

develop their plans each year with full faculty participation. And then at the end

of the year we had to prepare a report and those were all online. . . . We had to

submit, since about 1998, the outcomes. And we had to submit reports from the

assessment process. . . . In my department, we had direct and indirect measures,

208

probably four or five. And I discovered several things about the sequence of

courses that were not appropriate, some redundancy, some weaknesses in terms of

critical thinking and writing, communication skills. I found out all of that through

the assessment process. (Administrator 10, personal communication, March 28,

2005)

However, Administrator 10 was not certain how widespread the application of planning

and assessment is in other departments. Her view was that the chairs should take it

seriously.

Second, in 2003, USSU initiated a 7-year strategic plan, the National Prominence

Plan. USSU’s National Prominence Plan is the blueprint for achieving a higher level of

prominence. The National Prominence Plan is part of the university’s overall strategic

plan and it calls for increasing USSU’s graduate enrollment, raising its total support for

faculty-conducted research, and enhancing the quality of campus life. USSU will

benchmark its progress against regional and national peer groups. At the same time as

starting the reaffirmation process in 2002, the National Prominence Plan was discussed

very broadly on campus at all levels of the faculty. These discussions focused on what

the campus priorities ought to be in the broadest sense, such as how to promote faculty

development, how to do all the things that a university does, and USSU’s goals for the

future (Administrator 11, personal communication, March 30, 2005).

Third, in 1997, degree-granting programs at USSU started going through a

rigorous systematic and cyclical review process, every 10 years, or 5 years for the

enhanced units (or the “Foundations of Excellence”). The “Foundations of Excellence”

program originally targeted 12 departments for enhanced resource allocation when the

209

effort was launched in 1999. The thinking was that extra funding helps strong

departments advance more quickly to national and international prominence.

[USSU] made revisions to this internal university program designed to recognize

and reward exemplary departments leading USSU in its efforts to achieve national

prominence. . . . The 17-member University Planning Council, which was

composed of a cross-section of [USSU]’s leading faculty and senior

administrators, evaluated 33 campus units and then awarded seven with

“Foundation of Excellence” status for a five-year term. Recognition as a

“Foundation of Excellence,” the university’s top departmental honor, brings

additional funding for enriching faculty pay and graduate student stipends in

hopes of drawing high-quality students and faculty to [USSU]. All colleges and

department were invited to participate, and 33 applied for “Foundation of

Excellence” status. . . . The seven departments to receive the five-year term

designation are biological sciences, chemistry, English, mass communication,

mathematics, music, and physics. . . . Those who did not reach Foundation status

this year will get to reapply in the next two years. (*USSU News*, June 9, 2005)

Program reviews are in place and on schedule at USSU. USSU conducted

program reviews because it is the right thing to do and it benefits the institution. USSU

moved beyond the idea of conducting program reviews for SACS-COC (Accreditation

Liaison-RI, personal communication, August 27, 2003). The program reviews are well

developed and viewed as meaningful by all participants who think that, from time to

time, it is good to stand back and make an assessment, a self-study of what the strengths

and deficiencies are and what might need to be improved. “The most useful part of it is

our own self-study because it forces us as a department to look at where we are every 5

years or every 10 years. And I think that’s very healthy for us. It will surely educate

each one of us” (Faculty Member 2, personal communication, March 28, 2005).

And finally, according to the CEO of the System, it’s a huge exercise, or a huge

expenditure of time and effort to go through accreditation. There are two ways to view it.

It is seen either as “a bridge that you have to cross and just get it done” or from a more

210

positive outlook, it is approached with the idea of optimizing the benefit that an

institution can actually gain from the accreditation process (Administrator 8, personal

communication, March 30, 2005). These two attitudes toward use of the reaffirmation

findings were also commented on by Cosgrove (1989). Twenty-two participants in this

research study at USSU had a positive view regarding the value of accreditation in

general. USSU learned a lot about itself from the process.

It [accreditation] is not punitive, it’s in fact there to assist you. We benefited. It

is 10 years old now but we benefited from our last SACS accreditation. . . .

I believe in the process. It is difficult . . . but it can be very beneficial. And

whether you want to do it or not, you have to measure yourself against standards

and whatever they are doing in Washington today. They are saying that

universities must be accountable and responsible and must have measurable

performance, performance measures, and this is what SACS does. (Administrator

8, personal communication, March 30, 2005)

Similar to the System CEO’s view, the provost, in an initial meeting he had with

the Leadership Team, expressed his hope for the committee to use the *Principles* as a

platform for positive change for USSU. He spoke about how USSU benefited from the

last SACS-COC review in areas such as increasing graduation rates for undergraduate

students. He believed that the reaffirmation process could help USSU become more

efficient. There was a general sense in the participant interviews at USSU that aside from

getting USSU reaffirmed, it was important to bring about institutional improvement, the

enhancement of student learning as they went through the process, and to help USSU

toward achieving its strategic plan. One participant particularly articulated this:

I wanted to make sure we were reaffirmed by our accrediting body. . . . We could

be checked off for 10 years and go on our merry way. But . . . we wanted to make

sure that the university could benefit the most through this exercise with the

Quality Enhancement Plan, and we focused on our [National Prominence Plan]

which was put in place to pursue national prominence by the year 2010. So

211

actually the Quality Enhancement Plan helped us to put a game plan in place for

how to achieve this in certain areas with undergraduate and graduate monitoring.

(Administrator 15, personal communication, March 28, 2005)

The internal review processes are conducted to meet accrediting agency and institutional

needs; however, institutional needs should be the primary consideration. This approach

also was recommended by Kells (1995) and Gordon (1998).

The participants at the case study institution were team players. They were

willing to work on the reaffirmation as part of their service to the university. Twelve

participants mentioned particularly that they have been at USSU for a long time (from 25

to 35 years). A common comment by the participants was that they are committed to

seeing USSU improve and they wanted to be involved in the reaffirmation process. The

participants expressed a positive feeling about being invited to serve USSU’s

reaffirmation process even though they knew there would be a lot of work. They took it

as a professional obligation, a contribution, and an opportunity to learn more about the

institution and to meet more colleagues across campus. They thought the reaffirmation of

accreditation was important and they did not see their involvement in the process as just

another task.

Conclusions

USSU has been long established as a picturesque, large public research university

in a southern state of the United States. Being fueled by the 1995 reaffirmation process

and the visionary, committed leadership, USSU has made a dramatic leap in the area of

212

institutional effectiveness over the last decade. It has been successful in putting in place

the program reviews, the strategic plan, and the National Prominence Plan.

USSU is a system composed of subsystems that interact both among themselves

and with the environment outside the USSU boundaries. Each subsystem is relatively

loosely or tightly coupled with each other subsystem as well as to environmental

subsystems. A major change in the environment (revision of the accreditation

requirements) or in any of the subsystems (establishment of the program review), can be

expected to have a marked effect on any other subsystem to which it is relatively tightly

coupled (planning and assessment activities in units) and a weaker or less predictive

effect if there is loose coupling (no or random signs of planning and assessments in

certain departments).

In an open system like USSU, loose coupling between and within subsystems is

more prevalent than tight coupling. Although loose coupling is problematic to the

coordination of activities and it makes difficult the use of administrative processes to

effect change, it has significant benefits as well. Loose coupling made it possible for

USSU to seal off ineffective components so that their failures remained localized.

According to Administrator 12, with regard to faculty members who do not want to think

about a learning outcome framework or are slower than others in adapting to necessary

changes, trying to push them into it is not going to work. They are going to resist.

Instead, it is good to work with those faculty members who want to go in the desired

direction, who want to think about learning outcomes and to rearrange their courses, and

programs for improved quality and effectiveness. In this open system, loosely coupled

213

context, USSU went through the 2004 reaffirmation using the new reaffirmation

approach. A detailed description of how USSU developed and implemented the internal

review processes under the new *Principles* is provided in the next section.

Response to Research Question 2

How did USSU Develop and Carry out

the New Internal Review Processes?

This section addresses Research Question 2, how did USSU develop and carry out

the new internal review processes. First and foremost, it is important to note that there

were five fundamental strategies shaping the way that USSU developed and implemented

the internal review processes: (a) to embrace new SACS-COC Principles of

Accreditation, (b) to streamline process to minimize disruptions, (c) to involve a minimal

number of individuals, (d) to use electronic format exclusively, and (e) to engage the

campus in creation of the QEP.

This section is presented in three parts: (a) the rationale for using the term

“extended pilot,” (b) USSU’s development of the internal review processes, (c) and

USSU’s implementation of these processes. The development of these fully

comprehensive internal review processes refers to forming the Leadership Team,

involving the computing services staff, and preparing and planning for carrying out the

internal review processes. The implementation focuses on the work processes of

producing the Compliance Certification and the QEP as well as other institutional

responses. These components are not necessarily linear as many were intertwined and

occurred at the same time.

214

Rationale for Using the Term “Extended Pilot”

Eight institutions were in the original pilot group that used the new *Principles of*

*Accreditation* before the *Principles* were approved by SACS-COC in December 11,

2001. USSU was in a subsequent cohort of 30 institutions that went through

reaffirmation using the newly adopted *Principles of Accreditation.* They are at times

referred to as the Class of 2004. According to the Accreditation Liaison at USSU, this

was the “extended pilot” (or “expanded pilot”) as the *Principles* were still in the

developmental phase and both SACS-COC and the institutions were in the learning mode

(Accreditation Liaison-RI, personal communication, August 27, 2003). By definition, a

*pilot school* means that it is learning how to do it and it is not the final way

(Administrator 13-RI, personal communication, September 9, 2003).

There were no published materials at the time. USSU was working from the

SACS-COC draft *Principles* (SACS-COC, n.d.). The Accreditation Liaison commented

that “we didn’t get anything from SACS until May [2002], so we were operating with

what they had handed out at the December [2001] meeting. And we were making it up as

we went along” (Accreditation Liaison, personal communication, March 30, 2005). The

draft Handbook for Reaffirmation of Accreditation was not distributed to USSU until

May 2003 when USSU almost completed its Compliance Certification (Accreditation

Liaison, personal communication, July 13, 2005). USSU submitted this document to

SACS-COC on August 14, 2003.

215

Everything was evolving while USSU was going through the reaffirmation

process (Accreditation Liaison-RI, personal communication, August 27, 2003). Thus

there were many questions at the time including how to implement the new reaffirmation

process, how to conduct the internal review, what to send, how to send it, and to whom.

According to SACS-COC Staff Liaison 1-RI, the term “extended pilot” was not used in

SACS-COC publications (personal communication, September 9, 2003). However,

SACS-COC viewed these 30 institutions as a second round of the pilot. They were

helping SACS-COC to refine the documents further. That is why the term “extended

pilot” was used; however, it is just an informal characterization (SACS-COC Staff

Liaison 1-RI, personal communication, September 9, 2003).

Development of Internal Review Processes

This section comprises three parts: (a) forming the Leadership Team, (b)

involving the computing services staff, and (c) preparing for the reaffirmation.

Forming the Leadership Team

The USSU Leadership Team was a transformation of the Steering Committee

which was initially formed by the provost in the fall 2001 to conduct the reaffirmation

under the former *Criteria*. The Steering Committee initially had a chair and nine

members charged with carrying out USSU’s nine strategic directives (Memo, January 16,

2002). A majority had experience with the previous SACS process, so they were familiar

with filling in all the forms, writing the extensive report that had to be done, and the

216

amount of labor it took to produce the self-study (Administrator 14, personal

communication, March 28, 2005).

Selection of the Accreditation Liaison

The provost selected the Leadership Team Chair in November 2001: “We had a

meeting in the System [CEO’s] office to talk about who would be a good chair. . . . A

number of people were proposed. The provost selected [the person] to lead the

committee, [and] the members of that committee” (Administrator 4, personal

communication, March 31, 2005). USSU assigned the chair of its Leadership Team to be

the Accreditation Liaison, reporting to the Provost. This seemed to be logical as the

Accreditation Liaison then would be the most involved, and thus knowledgeable about

the processes of preparing for both the Compliance Certification and the QEP. The chair

generally was considered the institution’s best representative to deal with SACS-COC on

related issues.

The Leadership Team chair/Accreditation Liaison was a faculty member—an

Alumni Professor (a class of professorship designated for contributions to the teaching

programs and research, with emphasis on teaching). Reflecting on her selection, she said

that it was based on four considerations. First, the USSU tradition was to have an alumni

professor chairing the accreditation office. Second, she had held a number of different

committee chair positions before and knew well how things worked in the university.

Third, she was a member of the University Planning Council and the University

Assessment Committee. Fourth, she had been teaching there for more than 25 years.

217

Commenting on the Accreditation Liaison’s traits, Administrator 4 said:

[the Accreditation Liaison]’s leadership . . . was extremely important. She was

dedicated both in learning what was expected, not only in the big picture level but

in the detail. She also was willing to use her time to set up the frameworks

whether those frameworks were communication networks or whether they were

computing system networks. And she has the technical knowledge of how that

should work. Her role in particular was very good, very strong. . . . She is one of

the few people who has that range of talent. (Personal communication, March 31,

2005)

In addition to being technically knowledgeable/competent, dedicated, and an

excellent leader, other characteristics of the Accreditation Liaison as described by 21

participants in this research study included accolades such as a wonderful organizer,

excellent communicator, a fantastic coordinator, major contributor; very good, very

prepared, instrumental, serving, very involved, involved in many committees, very active

as a professor, a part of the community, very forward in using the Internet, computers,

and technology available; did a great job, knew the strengths and weaknesses of all of the

Leadership Team members, really did a great job in assigning tasks and put the end result

together and sent a finished product, kept everyone on schedule, did a phenomenal job,

had a good understanding of the university, and had a good working relationship with all

the people.

The Accreditation Liaison was granted released time from classroom teaching

while retaining her research appointment. She was allocated temporary office space and

a budget. She also was given an official title as Director of the Office of Accreditation

and Institutional Effectiveness, as well as Accreditation Liaison. It is essential to have

one person primarily responsible for the reaffirmation and to get that person an office so

218

that she can carry out her role (Administrator 12, personal communication, March 29,

2005).

In summary, the Accreditation Liaison at USSU demonstrated that she was an

excellent leader, planner, organizer, and coordinator. As stated in the research

interviews, she gained the respect, cooperation, and commitment of all of the Leadership

Team members and others involved in the reaffirmation. She also received excellent

support from the university leadership and other key personnel. The Accreditation

Liaison made all the necessary preparations including preparing herself, the Leadership

Team, and the institution to make the internal review processes as easy as possible thus

enabling everyone to participate and contribute. Her attention to detail was exemplary as

shown throughout the case study.

Selection of the Leadership Team Members

In December 2001, the Provost and the University Planning Council in USSU

determined the makeup of the Leadership Team. One of the restrictions of USSU was

that members of the Leadership Team must be full professors. The provost personally

called each of the individuals of the team and asked if they were willing to serve on the

Leadership Team for about 2 years. Except for the chairperson who received released

time from teaching load, the others served as a part of their contribution to the university

and their “civic duty as faculty members” (Accreditation Liaison-RI, personal

communication, August 27, 2003).

219

SACS-COC requires that institutions establish a Leadership Team to manage and

validate the internal institutional assessment of compliance with all Core Requirements

and Comprehensive Standards. The team should not be large. It should include those

who have skills, knowledge, and the authority to lead. It includes at least the chief

executive officer, the chief academic officer, the accreditation liaison, and a

representative faculty member (SACS-COC, 2003b). In accordance with the SACS-COC

guidelines, the composition of USSU Leadership Team had 14 members, comprising the

CEO, the provost, the Accreditation Liaison who served as Leadership Team Chair, nine

distinguished professors (including past and current faculty senate presidents) who were

originally selected for the Steering Committee, an L Center representative, and a Student

Government representative. The Leadership Team oversaw both the Compliance

Certification and the QEP processes.

The USSU Leadership Team had a wide representation of the university

community. It included representatives from all areas and colleges across the university,

as well as an undergraduate student (on the executive staff as Director for Academic

Affairs of Student Government Association), and unofficially, a graduate student who

served as a secretary to the Accreditation Liaison, who brought the voice of graduate

students into the discussions.

Having a committee that had a different range of people that would challenge the

process and ask good questions . . . is always of value to the process. That

committee had to be representative and to challenge the process, not only from

how we set it up, but also from what accreditation is all about and what should we

do. I think the quality and diversity on that committee was very, very important.

(Administrator 4, personal communication, March 31, 2005)

220

The important asset of the team was their variety of diverse talents and abilities, which

can produce better results than can be achieved by individuals. This view is supported by

Acebo (1994). If they are too similar, they will lack innovative concepts (Yukl, 1994).

According to the CEO of the USSU System, identifying members for the

Leadership Team is fundamental to the reaffirmation’s success: “If you do have the

wrong chair or the wrong leadership team, and I have experienced that as well, it can be a

disaster (Administrator 8, personal communication, March 30, 2005). Concurring with

the CEO of the USSU System, Administrator 10 added: “It needs to be individuals that

will take it seriously, will spend the time that is needed, that believe in the process”

(personal communication, March 28, 2005). Administrator 4 emphasized the importance

of thoughtfully selecting “good, strong people that not only will learn but will take back

what they learn to their departments, schools, and colleges, and contribute to the overall

health of the institution” (personal communication, March 31, 2005). The importance of

the quality of the Leadership Team in the effectiveness of the internal review processes

also was confirmed by Harris (1983).

Student 2 offered a general observation from a student’s perspective about the

common characteristics of the Leadership Team members: They are senior and tenured

professors; however, they do not just sit in their offices. Instead, they are very active in

and passionate about serving the university, and then reach back to the new faculty

(Student 2, personal communication, March 29, 2005). They were a team in the

reaffirmation process driven by two common purposes: (a) getting the USSU

221

accreditation reaffirmed in 2004 and (b) advancing their institution toward achieving its

National Prominence Plan by 2010.

With regard to the composition of the Leadership Team, two participants, one

faculty member and one student, made a similar comment that they would like to see

more members of their category in the Leadership Team. Faculty Member 2 commented

that the team was filled with more administrators than faculty; thus, he would like to see

more faculty on the team who would not be interested in becoming administrators. He

added that these faculty members, like himself, had no ambitions to become a dean or

anything like that, and so they were not going to hold back on criticisms (Faculty

Member 2, personal communication, March 28, 2005). Similarly, Student 1 said he

would like to see more students on the Team as there was no way for him to represent a

body of 30,000 students. The input on whether things work or do not work from the

students’ perspectives is important.

Although these suggestions have merit, it might be difficult to carry them out in

reality for two reasons. First, according to the SACS-COC guidelines, the Leadership

Team should be kept small. The SACS Liaison staff was very concerned about the size

of the USSU Leadership Team, as he thought it was too big (Accreditation Liaison,

personal communication, June 28, 2005). Thus, adding more members to the Leadership

Team at that time would have been difficult. Second, even if adding more members

would have been acceptable to SACS-COC, it might be difficult to find faculty members

and students who had any interest in accreditation. In addition, faculty members and

222

students normally already have a heavy workload and might not know much about

accreditation.

Taking all this into consideration, it can be said that the composition of the

Leadership Team was reasonable. Involving administrators in the Leadership Team was

important as they knew where the data were. The team composition also indicated that

USSU paid a great deal of attention to the importance of participation by administrators

who were also distinguished faculty members (nine faculty members including past and

current faculty senate presidents). Forming the team in this way is a good strategy

because it brought about a good balance between the number of administrators who often

develop the plan (positivists) and the faculty who implement the plan (subjectivists).

USSU also involved more faculty members at a subsequent stage of the internal review

process during the development of the QEP, which is discussed later in this chapter. The

more faculty involvement, the more likely they will buy in to and implement it, thus more

likely that improvement in student learning will occur. The importance of faculty

ownership of the assessment process is stressed by many authors including Astin (1993),

Eisenman (1991), Erwin (1991), Ewell (1983), Nichols (1989), Oliver, Nguyen, &

Nguyen (2003), and Rodrigues (2002).

In summary, forming the Leadership Team was of utmost importance as this team

led not only the reaffirmation effort but also to some extent, the future of the institution.

USSU selected the Leadership Team members from various disciplines and their breadth

of experience from many years of teaching and service at USSU. The ex-officio

members, computing services staff, and others added to the diversity of expertise and

223

talents from which the Accreditation Liaison could draw. A diverse team composition

that brings a range of essential skills, including planning, assessing, writing, editing, and

technology to the internal review provides balance and agility in meeting the

reaffirmation demands. This approach also was recommended by Kells (1995) and

Gordon (1998).

In addition to the well-balanced composition of the team, many of the Leadership

Team members were also part of major organizations and committees. Two members

were on the University Planning Council and four members were on the University

Assessment Committee. Some were chairs or higher in academic departments and

colleges. Accordingly, the Leadership Team members had a good understanding of the

university and what was going on. One change would more likely create change in the

system. This enabled them to form tighter couplings between subsystems within the open

system (USSU).

Involvement of the Ex-Officio Members and Others

To help the Leadership Team carry out the reaffirmation, others with different

expertise, talents, and skills were invited and brought to the team in the roles of exofficio,

reaffirmation staff, and computing services staff. The ex-officio members

included the vice-provost and assistant vice-chancellor for Academic Affairs, associate

vice-chancellor for Budget and Planning, Institutional Research Director, and director of

the Center for Assessment and Evaluation. Four reaffirmation staff members assisted the

internal review processes including a part-time editor who was an English instructor, a

224

graduate assistant, and two student workers. Additionally, as USSU chose electronic

submission of its Compliance Certification and QEP, the computing services team of four

(three in the developmental phase and one in the final stage) played a critical role. The

Accreditation Liaison met personally with and invited these members.

Summary

In brief, the Leadership Team was a transformation of the original Steering

Committee. It had broad representation from across the university. A majority of the

Leadership Team members were senior and dedicated faculty, active in serving on

various university committees, and viewed their being asked to participate in the

reaffirmation as a privilege, civic responsibility, and contribution to the university’s

advancement. This team was led by a senior alumni professor who served on various

university-wide committees, gained the respect of the faculty and administrators, and had

good knowledge of the institution. The Accreditation Liaison had released time from her

teaching load to carry out her responsibilities. The Leadership Team was supported by

the ex-officio members who brought to the team a good balance of diverse expertise,

skills, and talents (program reviews, planning, technology, assessment and evaluation,

editing, and writing) needed for the reaffirmation. Inclusion of diverse skills also was

recommended by Kells (1995) and Gordon (1998). Further discussion of how these

various experts were brought to the internal review processes and of how things were

initiated is presented in the next section.

225

Involving the Technical Support Team

Under the *Principles*, institutions are encouraged to submit their documents

electronically. With an integrated information system already in place, USSU chose to

use electronic submission. The first thing the Accreditation Liaison did when she took

the position as chair was to begin collaboration with computing services in January 2002,

very early in the process. “They were the first, before I ever had a Leadership Team

meeting. I met with them because I knew that our Web site development was going to be

so critical. And it was” (Accreditation Liaison, personal communication, March 30,

2005).

The computing services people were involved early in the internal review

processes for two primary reasons. First, they needed to determine how best to optimize

and customize the existing technologies and experiences gained from developing

information technology (IT) support for other projects at USSU and apply them to this

reaffirmation project. Second, they needed to identify new areas that would need to be

developed.

In initial meetings, as well as telephone conversations and e-mail exchanges, the

Accreditation Liaison and three technical support team members discussed various

issues, including (a) what the final product was going to be, (b) what tools were needed

for the reaffirmation process, (c) what type of departmental information might be needed,

(d) how they could secure the information behind the “electronic kiosk” (a pseudonym)

environment, (e) and what they had in place already that could be built upon to carry out

this reaffirmation project. Knowing what the Accreditation Liaison needed was very

226

helpful because it enabled the computing services staff to develop a database that better

met the user’s needs (Staff Member 1, personal communication, March 29, 2005).

Primary responsibilities were assigned to each of three technical team members: (a)

developing the public Web site, (b) developing the secure database (backend), and (c)

developing credentials rosters for faculty and staff. Administrator 3 said the computing

services team did whatever they thought could make the Accreditation Liaison job easier

(personal communication, March 29, 2005).

Four examples of what the computing services staff did are provided. First, based

on various projects including the IT project, Student Government committee project, the

USSU Foundation, and Semester Book, Staff Member 1 was able to integrate

collaborative features in e-learning technology and Studio Web technology.

Some of the earlier efforts . . . I worked on [included] Semester Book. It’s an elearning

technology, an online place where instructors can post materials and

communicate with their students. And so we have a lot of collaborative features

in there, . . . the ability for discussion board, and e-mails, and posting materials.

So we were able to draw from that technology, and what worked there, and what

was needed to improve to come up with the overall collaboration in the first place.

And another technology that played into it is that we had something else we’ve

developed here, basically its called [S.] Web. It was a system developed to allow

us to get Web sites out for people quickly so that you could kind of ‘plug and

play’ and put it out there. So what we did was we took my collaboration secure

backend database, and we tied it in with this front end [S.] Web plug and play

database to give us that. . . . So we were able to take two technologies we already

had [and] put them together to give SACS the entire package they needed. (Staff

Member 1, personal communication, March 29, 2005)

The computing services staff customized and designed a database system behind

the “electronic kiosk” where the Accreditation Liaison could post meeting agendas,

calendar items, discussion board and key documents. The database system also included

various levels of access that allowed her to create committees and share particular

227

documents with the various committees. Instead of having e-mail files, the Web site

served as a central location and team members could get everything they needed.

Second, the computing services staff developed a general public Web site needed

for the reaffirmation and got it up and running. This Web site provided public

information about the reaffirmation process, but there was also a link on the Web site

where the SACS-COC reviewers and USSU Leadership Team members could access the

secure data. The general public Web site section was not activated until November 2002.

The Accreditation Liaison also worked with University Relations in making sure that the

Web site looked attractive (Administrator 15, personal communication, March 28, 2005).

Third, because the USSU information system was integrated, the computing

services staff would have the skills to access the data from different offices and would be

able to pull and integrate them. However, they needed to receive permission from

different offices, such as the Registrar’s Office, to access certain protected data

(Administrator 3, personal communication, March 29, 2005). And fourth, the Web pages

were prepared well in advance to help with format development for collecting additional

information that might be needed for the internal review processes, such as creating the

Faculty, Staff, Administrator Credentials Projects.

In summary, choosing electronic submission of its Compliance Certification and

the QEP, USSU involved the computing services early in the process and this was

extremely important. The computing services staff customized and built upon what they

had in place already to develop the infrastructure for the 2004 SACS-COC reaffirmation.

This infrastructure, through the Web site and the databases, facilitated communication,

228

data collection, and dissemination of information to students and university community

as well as final reports to the reviewers.

Preparing for the Reaffirmation

In addition to working with the computing services staff to set up the

communication and computing systems, the Accreditation Liaison made preparations for

the reaffirmation by (a) preparing herself, (b) preparing the institution, and (c) preparing

the Leadership Team.

Preparing the Accreditation Liaison

The Accreditation Liaison prepared herself in seven ways. First, she read closely

the *Principles* and carefully analyzed and interpreted the Core Requirements and

Comprehensive Standards in relation to USSU. The accreditation requirements serve as

the foundation for the internal review processes. This relationship between requirements

and internal review was also confirmed by Barber (1990) and Greiner (1997). Thus, an

important consideration in the preparation stage of the internal review is having a

thorough understanding of the accreditation requirements.

Second, the Accreditation Liaison early on in the process identified the interim

provost (Administrator 4) as a person in the upper level of the administration to whom

she would go for assistance as needed and who had the authority to make things that

needed to be done happen; she nurtured that relationship (Accreditation Liaison, personal

communication, March 30, 2005). The Accreditation Liaison received excellent support

229

from Administrator 4, who had been involved in SACS-COC accreditation previously

and had served on many on-site review teams at other universities; therefore, she had

extensive experience regarding accreditation. The Accreditation Liaison met with and

updated the interim provost on a regular basis. Whatever the Accreditation Liaison was

concerned about, she would ask Administrator 4 for input (Student 2, personal

communication, March 29, 2005). For example, Administrator 4 helped the

Accreditation Liaison to make sure that computing services was completing tasks in a

timely way (Administrator 4, personal communication, March 31, 2005). “The

[university CEO] was always available if I needed anything. All I had to do was call the

staff person and they got me on his calendar no matter how busy he was. If I needed to

see him, he found time for me, which was amazing” (Accreditation Liaison, personal

communication, March 30, 2005).

The Accreditation Liaison and the Leadership Team had full support from the

university leadership throughout the reaffirmation process, including the system CEO, the

university CEO, and the provost. These leaders were present at the orientation, came to

the Leadership Team meetings several times, attended the conference call regarding the

off-site review findings, and attended all meetings during the on-site review. The system

CEO said:

What I did in my early involvement was to meet with their [USSU’s]

accreditation team, the internal team and [the Accreditation Liaison], then chair of

that team. And [I] gave my idea of how I thought this should be conducted. . . . I

briefed the team on what I thought was evolving because it wasn’t where it is

today. That these were the first drafts of what the documents should be, and I had

been part of composing that, and I gave them what I thought their response should

be. (Administrator 8, personal communication, March 30, 2005)

230

University leadership also supported the reaffirmation effort by speaking to the

Faculty Senate about the QEP and how important it was and where the university was

going (Administrator 5, personal communication, March 31, 2005). The active support

of the university leadership was considered very essential, inasmuch as it set a positive

tone for the whole institution regarding the importance of participation in the

reaffirmation task.

Third, the Accreditation Liaison identified other key faculty members and staff

personnel who could help her with the reaffirmation early on, established rapport with

them, and gained their commitment. Fourth, she contacted the SACS-COC Staff Liaison.

Fifth, she attended the SACS-COC orientation and annual meetings. Sixth, she observed

an on-site review team for the reaffirmation of another university. And finally, she

networked with other institutions in the same 2004 reaffirmation class cohort.

Preparing the Leadership Team

The Accreditation Liaison prepared the Leadership Team in several ways. First,

she had a designated meeting area and established a regular time each week for the

Leadership Team to meet. In an initial e-mail that the Accreditation Liaison sent to other

Leadership Team members, she wrote:

My office will be in R. 230 D M [library]. As soon as we have a telephone

number, I will send it to you. This location will serve as our center of operation.

(Think of it as your home away from home.) It should be ready for our use within

the next 6 weeks. [Student 2] is the graduate assistant who will be assisting us in

the office. . . . [The library dean] has graciously agreed to let us use the

Conference Room in her office area for our meetings.

I would like to set up a regular meeting schedule to help us get going with our

assignments. Please send me your weekly schedule and note times when you are

231

unavailable. [Student 2] and I will find a time when all of us are available to

meet. (Memo, January 16, 2002)

Second, training of the Leadership Team members was an important component

of the process. In addition to providing the Leadership Team with the *Principles of*

*Accreditation* in hard copy and a link to it on the USSU reaffirmation Web site, the

Accreditation Liaison also provided the Leadership Team with internal and external

orientations and training. An orientation session regarding the *Principles,* also their first

meeting, was conducted where the CEO of the System and the provost joined them to get

them started. Four Leadership Team members attended an orientation meeting conducted

by SACS-COC on May 23, 2002. USSU would have sent more Leadership Team

members to this orientation; however, SACS-COC limited each institution to four

members for this training (Accreditation Liaison, personal communication, June 28,

2005). USSU funded members of the Leadership Team to attend the SACS-COC annual

conference where they could learn more about the *Principles.* The Accreditation Liaison

kept the Leadership Team updated regarding the *Principles* as well as sharing her

experience of an on-site visit at another university. Finally, she established duties and

responsibilities of each member of the Leadership Team, which are discussed after the

next section.

Preparing the Institution

The Accreditation Liaison also prepared the institution in various ways. First,

playing the role of a public relations (PR) person, she oriented the campus community to

the *Principles* numerous times and on various occasions.

232

I talked a lot to different groups about the new *Principles of Accreditation*. I

was a speaker at the university [senior] leadership retreat . . . about the new

*Principles* and what we were going to be doing. I gave a 30-minute Power Point

lecture at that meeting. That was in June 2002. And I talked to colleges. I went

to college retreats and talked to department chairs. I talked to student leadership

groups. I talked to deans’ and directors’ meetings. I sent e-mail updates to the

Faculty Senate. I gave a report to the Faculty Senate. I gave interviews to the

University Relations and we had articles in *[USSU] Today*. . . .

Every where I went, I gave background information on the *Principles,* what

they were, how they came to be, that we weren’t doing the old self-study, that we

weren’t doing the must statements, all that had changed. (Accreditation Liaison,

personal communication, March 30, 2005)

Besides educating the campus in person, in articles like “Reaffirmation of

accreditation under way at [USSU]” in the university’s newspaper, *USSU Today* (a

pseudonym), the Accreditation Liaison used the Web site to inform the faculty, staff, and

students about the internal review process: “The university community will be able to

track the progress of [USSU]’s review through *[USSU] Today* and a special reaffirmation

Web site www.[ussu].edu/saccoc. Both will be periodically updated with news and

information” (*[USSU] Today*, December, 6, 2002).

Second, to ensure compliance, the Accreditation Liaison developed a master

calendar for USSU based on the SACS-COC’s schedule. USSU had a simple and

concise timeline covering both Compliance Certification and the QEP. It covered a

complete process from the SACS-COC orientation meeting to SACS-COC determination

of reaffirmation as shown in Table 5. It mainly noted the important process milestones

for dealing with SACS-COC. It was an external timeline with no indication of internal

preparation for the reaffirmation.

233

Table 5. USSU’s External Timeline for 2004 Reaffirmation.

Time Description

May 23 Orientation meeting

November 15 Fall Annual Profile Due

2002

Fall 02 or Spring 03 Site visit by Accreditation Staff Liaison

April Winter Annual Profile due (includes expanded version)

August 15 Compliance Certification and required documentation due

September 29 - October 2

Off-site review Committees meet to conduct preliminary

assessments of USSU’s compliance with *Principles of*

*Accreditation*

October

Staff conference call with Leadership Team to convey

preliminary findings of Off-Site Review

2003

November Fall Annual Profile due

January 12 Quality Enhancement Plan due

March 15 - April 30

On-site Review; preparation of Reaffirmation Committee

Report

April Winter Annual Profile due

September - October USSU responds to Reaffirmation Report

2004

December SACS determines reaffirmation

This was the initial external timeline only, because as the new reaffirmation

process unfolded, it was modified. After the SACS-COC Staff Liaison’s advisory visit to

USSU in early September 2003, the deadline for submitting the QEP was March 17,

2004, six weeks prior to the on-site review (Accreditation Liaison, personal

communication, July 13, 2005).

Case study interviews revealed that USSU had developed detailed internal

timelines to keep track of its work progress and ensure timely completion. The USSU

Accreditation Liaison said that her university’s detailed timelines were posted on a secure

Web site accessible by team members. The SACS-COC new *Principles of Accreditation*

requires a timeline duration of 14 months for the Compliance Certification and 19 months

for the QEP (SACS-COC, 2003b). The Accreditation Liaison developed strategies for

accomplishing the Compliance Certification and the QEP. She established a sequence of

activities and a plan of action that included due dates and names of responsible persons.

234

USSU completed Compliance Certification and QEP on time. Research findings

indicate that the more comprehensive and complete the internal timeline, the better it

serves as a roadmap for the reaffirmation process. It enabled departments and units to

know what they should be doing and when. Thus it helped to keep the overall operation

coordinated and provided the leadership with a way to see where the institution should be

at any particular point of time.

Third, the Accreditation Liaison obtained the budget and secured working space

for the Office of Accreditation and Institutional Effectiveness (a temporary office for the

reaffirmation) in the form of a converted classroom. It became an electronic evidence

room.

When we set up my office, we really thought that a part of my office would be an

evidence room, that we would have a place for documentation. We needed

everything electronically, so we did a new electronic evidence room. . . . We

didn’t put together any kind of physical paper evidence room. (Accreditation

Liaison, personal communication, March 30, 2005)

The Accreditation Liaison established a regular formal meeting room on the

second floor of the main library, a central location, thus making it easy for all to attend.

Staffing the office were a part-time editor, a graduate student who served as a graduate

assistant secretary and worked 20 hours per week beginning in January 2002, and two

other student workers. Performance of the Accreditation Liaison and the Leadership

Team depends on securing necessary resources to accomplish the tasks. This finding is

also supported by Peters, O’Connor, and Rudolf (1980).

235

Summary

In the development of the internal review processes, the Accreditation Liaison at

USSU methodically prepared herself, the Leadership Team, and the institution. To

prepare herself, she studied carefully the *Principles*, identified a senior administrator,

other key faculty members, and staff for support and assistance, contacted the SACSCOC

Commission staff liaison, attended the reaffirmation-related orientations and

meetings, participated as an observer in an on-site team review, and networked with other

institutions. As for preparing the Leadership Team, the Accreditation Liaison provided

them with orientation and training opportunities, shared with them what she had learned

about the *Principles* from various sources, and facilitated their work and contributions by

having a regular convenient meeting place and time. Finally, the Accreditation Liaison

informed the campus of the new *Principles* in different ways, including personally, in the

media, and electronically. She developed external and internal timelines, and obtained a

budget, a temporary office, and other resources needed to carry out effectively the

internal review processes.

Conclusions for Development of Internal Review Processes

Preparation of the reaffirmation process at USSU can be likened to a journey.

Although the objective of this journey was to produce two main documents, the

Compliance Certification and the QEP under the new *Principles*, the purpose was the

reaffirmation of USSU, and its ultimate destination was contributing to institutional

improvement and achievement of USSU’s National Prominence Plan. Because the

236

*Principles* were new, this journey was challenging and adventurous for USSU. There

were no well-defined maps, directions, and paths, especially with regard to the QEP

portion. In addition, assistance from the SACS-COC staff liaison was identified as an

important aspect when the journey began.

To prepare for the journey, USSU selected an effective group of travelers (the

Leadership Team) led by a capable leader (Accreditation Liaison). The group leader

educated herself, her companion travelers, and those she and the travelers were going to

meet throughout the journey (USSU’s units and campus community) regarding the rules

and culture (what the *Principles* are and how important the reaffirmation of accreditation

is to USSU). Preparing the travelers (participants) is an important step because they need

to understand well why they are traveling, what is expected of them, and how best they

can contribute to the success of the journey. An internal, improvement-oriented

motivation on the part of the participants and positive committed leaders are two

important factors for a successful reaffirmation effort, as was argued by Kells and

Kirkwood (1979). Additionally, as shown in the literature, the participants’ views of

accreditation directly impact how they will carry out the tasks. The better informed and

prepared the participants are, the better the cooperation one will likely receive from those

involved during the implementation phase.

To achieve the destination, the Accreditation Liaison planned the itinerary taking

into consideration the diverse talents and skills of the group members and the availability

of the time, human, and fiscal resources, as well as support from the university

leadership. The itinerary served as an efficient and effective plan including a proposed

237

sequence of activities and tasks to be accomplished at certain milestones in the journey.

The Accreditation Liaison at USSU started early and meticulously prepared for

implementation of the internal review by anticipating mistakes, directing participants and

committees away from such errors, avoiding false starts, and concentrating on critical

issues (Newton, 1980). The Accreditation Liaison worked diligently to make the

reaffirmation process at USSU as simple, easy, and rewarding as possible for all

involved.

In the development of internal review processes at USSU, forming the Leadership

Team, involving the computing services staff, and preparing all were critical elements in

the successful reaffirmation journey of USSU. The development phase set the

foundations for the implementation of the internal review processes. The more

meticulous an institution is in the development phase, the better the overall internal

review process will be in terms of efficiency and effectiveness. A discussion of how this

journey unfolded in the implementation of the internal review processes at USSU based

on the blueprints from the development phase is presented in the next section.

Implementation of the Internal Review Processes

The implementation of internal review processes comprises two main parts: (a)

the Compliance Certification work process and (b) the QEP work process. As mentioned

earlier, the Leadership Team oversaw both the Compliance Certification and the QEP.

Thus USSU chose to use a streamlined model and centralized approach with the

Accreditation Liaison closely managing the internal review processes.

238

The Compliance Certification Work Process

Compliance Certification Structure

Following the historical precedent for a combined reaffirmation submission in

1995, initially USSU and the L Center jointly prepared and submitted their Compliance

Certification document under the SACS-COC new *Principles*. However, as a result of

the off-site review in October 2003, the reaffirmation was restructured and the L Center

was seeking separate accreditation in 2005.

Compliance Certification is the document produced by the institution to attest to

its determination of the extent of its compliance with each of the Core Requirements,

Comprehensive Standards, and federal regulations for Title IV funding where

appropriate. In preparation for the Compliance Certification, USSU responded to 11

Core Requirements, 53 Comprehensive Standards, and 8 Federal Mandates. Core

Requirement 12, referring to the QEP, was submitted in a separate document at a later

stage. Early in the process, three main milestones were set for the Compliance

Certification work process in a Leadership Team meeting in June, 2002. The internal

milestones set for the Compliance Certification included (a) completing the working draft

by February 1, (b) completing the full draft by June 1, and (c) submitting the document to

SACS-COC by August 15, 2003.

239

Data Collection

There were four primary aspects to data collection for the Compliance

Certification: (a) grouping and assigning Core Requirements and Comprehensive

Standards, (b) relaying the assignments with instructions (c) collecting data for the

Faculty, Staff, and Administrator Credentials Projects, and (d) collecting data for specific

Comprehensive Standards.

Grouping and Assigning Core Requirements

and Comprehensive Standards

In the late spring 2002, a Compliance Certification subcommittee was formed

within the Leadership Team. This subcommittee included the Accreditation Liaison;

Administrator 5, who was a senior administrator for Budget and Planning; and

Administrator 17, who was director of Institutional Research. The Compliance

Certification subcommittee met and discussed how to divide up the Compliance

Certification to best match institutional context of USSU. Because administrative units

were functionally organized, the Accreditation Liaison went through the document and

grouped corresponding Core Requirements and Comprehensive Standards that best fit

with the function of each unit. She then sent the initial groupings to Administrator 5 and

Administrator 17 for input. As a result, five groupings of Core Requirements and

Comprehensive Standards were finalized and assigned to the five senior executives who

most likely had the answers (Accreditation Liaison, personal communication, March 30,

2005).

240

It was a simple process to group the Core Requirements and Comprehensive

Standards and have the senior executives confirm the groupings rather than having them

go through the entire set of the *Principles* to determine the requirements to which they

needed to respond (Administrator 5, personal communication, March 31, 2005). So, the

Compliance Certification Subcommittee developed a clear plan for what they wanted the

senior executives to do and what parts they wanted each of the senior executives to

address. The Accreditation Liaison kept the Leadership Team updated on the

Subcommittee’s plan and Compliance Certification work progress through her reports at

the regular biweekly Leadership Team meetings.

A summary of the five groupings and responsible units is provided in Table 6.

The designated numbers for Core Requirements and Comprehensive Standards are

transposed to those in the current *Principles* to make the data more useful to other

institutions that will be going through reaffirmation in the future. Between one and three

designated Leadership Team members, called liaison(s), were assigned to each grouping

as resource contacts. The criterion for assigning the Leadership Team members to a

certain office was based on a rapport or natural contact that those members had already

established with that office.

241

Table 6. Grouping and Assigning of Core Requirements and Comprehensive Standards.

Requirement

Categories

Assigned Requirements and

Standards Responsible Unit

Leadership

Team

Liaison(s)

2.4: Institutional Mission

3.1.1: Institutional Mission

Institutional

Mission and

Governance 2.1: Degree-granting Authority

2.2: Governing Board

2.3: Chief Executive Officer

3.2.1 - 3.2.14: Governance and

Administration

Office of the university

CEO

One liaison

Institutional

Effectiveness

2.5: Institutional Effectiveness

3.3.1: Institutional Effectiveness

2.6: Continuous Operation

2.7.1: Program Length

2.7.2: Program Content

2.7.3: General Education

2.7.4: Contractual Agreement for

Instruction

Educational

Programs

3.4.1 - 3.4.14: All Educational

Programs (includes all on-campus,

and distance learning programs and

course work)

3.5.1 - 3.5.2: Undergraduate

Programs

Faculty 2.8: Faculty

3.7.1 - 3.7.5: Faculty

Library and

Other Learning

Resources

2.9: Learning Resources and Services

3.8.1 - 3.8.3: Library and Other

Learning Resources

Federal

Requirements

4.1 - 4.8: Federal Requirements

Academic Affairs

Library

Three liaisons

Educational

Programs

3.6.1 - 3.6.3: Graduate and Post-

Baccalaureate Professional Programs

Office of the senior

executive for Research

and Graduate Studies

Two liaisons

Student Life and

Academic

Services

2.10: Student Support Services

3.9.1 - 3.9.3: Student Affairs and

Services

Office of the senior

executive for Student

Life and Academic

Services

Two liaisons

Resources 2.11: Resources

3.10.1 - 3.10.7: Financial and

Physical Resources

Office of the senior

executive for Finance

and Administrative

Services

One liaison

In summary, to facilitate preparation of the Compliance Certification, 72 Core

Requirements and Comprehensive Standards in the *Principles* were clustered into five

242

groupings. The groupings were assigned to related offices for the purpose of collecting

data and writing responses.

Relaying Assignments with Instructions

To collect data for the Compliance Certification, assignments were relayed to the

senior executive offices in three steps. First, in September 2002, the Accreditation

Liaison met with the senior executives as a group during the weekly meeting they held

routinely with the provost. Although these senior executives knew that the reaffirmation

was occurring, the Accreditation Liaison talked to them more specifically about the

process. She already had the assignments (grouping of requirements) copied and pasted

into a working document. She provided the senior executives with their assignments in

hard copy and electronically. She asked them to respond by the end of the semester.

Thus, they had from September to December 2002 to complete the assignments. She also

provided the senior executives with verbal and written instructions as to how to respond

to the Requirements and Standards. Then she followed up with an electronic version,

thus optimizing the use of various channels of communication to disseminate

information.

Second, she made an appointment to meet with each of the senior executives

along with their staff, so the senior executives knew exactly what the Accreditation

Liaison had asked their staff people to do. The Accreditation Liaison shared that “the key

was meeting with their staff people who would actually be sending me the information.

And I knew that’s how it would work” (personal communication, March 30, 2005).

243

Third, the Accreditation Liaison continued to interact with the staff people.

About two weeks after the meetings with the senior executives and their staffs, the

Accreditation Liaison visited with the staff people again and routinely sent e-mails to

them. She made additional visits to a number of staff people as needed. The

Accreditation Liaison met with one or two of the senior executives as a follow-up, during

their University Planning Council meeting because they had questions. Being a member

of the University Planning Council, the Accreditation Liaison was able to meet some of

the senior executives weekly so she could also remind them of their assignments.

However, she did not have to push them. There was a real commitment to getting it done

(Accreditation Liaison, personal communication, March 30, 2005).

Along with the assignments, the Accreditation Liaison provided the senior

executives and their staffs with detailed instructions. Four examples of her instructions

included: (a) the use of a new checklist format developed by SACS (such as In

Compliance, In Partial Compliance, or Out of Compliance) for each Core Requirement

and Comprehensive Standard; (b) ways to justify the level of compliance; (c) the use of a

standard electronic response format with embedded hot-links to existing electronic

documents, databases, and other resources; and (d) a defined deadline for turning in the

responses.

Most importantly, she requested that the level of compliance for each item be

determined as soon as possible. She gave specific instructions as to how items

determined to be in partial compliance or out of compliance should be dealt with in an

effort to move those items back to In Compliance by March 2004 for the on-site review.

244

If the university is in partial compliance or is out-of-compliance on any

requirement or standard, we need to know so that necessary steps can

immediately be taken to begin moving [USSU] back into compliance. Please

contact me immediately if you find any items to be in noncompliance. You must

include a plan in your documentation to secure compliance on any requirement or

standard found to be in partial or noncompliance. (Memo, August 5, 2002)

Commenting on the well-thought-out instructions outlined by the Accreditation Liaison,

Administrator 5 said that “[the Accreditation Liaison] did a great job in having the

foresight to present them with a plan of how she envisioned all of these to be covered and

it was easily accepted by the [senior university executives] (personal communication,

March 31, 2005).

As demonstrated in the case study, these well-thought-out instructions had a

positive impact on how things operated in several units at USSU. For example, in the

hiring procedures, the Human Resources Office added a field that specifically answers

the question “Does this person meet SACS criteria and on what basis” (Administrator 17,

personal communication, March 31, 2005). USSU was able to institute some changes

that improved the operating procedures as a result of internal review findings even

though the internal review processes were not yet completed. The value of using the

internal review findings continuously for instituting improvement also has been argued in

the literature by Kells (1995).

Another example related to the positive impact of the assignment instructions was

that early on in the process, Administrator 5 (senior administrator for Budgeting and

Planning) recognized a problem he had with Comprehensive Standard 3.10.3 regarding

the financial audit statement (personal communication, March 31, 2005). SACS-COC

required a campus-specific audit while USSU, as a part of USSU System and by state

245

statute, had the state legislative auditors audit the campuses and prepare a system-wide

audit report. The Accreditation Liaison and the Leadership Team were notified of this

issue early on. The Accreditation Liaison contacted the SACS-COC Staff Liaison who

provided an answer regarding how the issue would be resolved.

In summary, the Accreditation Liaison relayed the assignments with detailed

instructions to the appropriate senior executive in three ways: (a) meeting with the senior

executives as a group, (b) meeting with them individually along with their staff people,

and (c) following up closely with the staff people as well as the senior executives. To

disseminate the information, the Accreditation Liaison made good use of different

methods of communication: (a) in person, (b) in writing, (c) verbal, and (d) electronic.

Thus, the senior executives and their staff people knew well what was expected of them

with regard to how, when, and to whom they must respond. Forming a good

understanding of the tasks laid the foundation for having tasks carried out effectively.

Collecting Data for the Faculty, Staff,

and Administrator Credentials Projects

Regarding employment of competent faculty members, Comprehensive Standard

3.7.1 states that when determining faculty qualifications, an institution should give

primary consideration to the highest degree earned in the discipline. The institution

should also consider professional license/certification, related work experience, and

honors and awards in the field. If an individual does not have the highest degree in the

discipline in which he or she is teaching, additional credentials should be listed*.* To

respond to this Comprehensive Standard, the Office of Academic Affairs had

246

Administrator 17, director of Institutional Research, and Administrator 18, manager for

Teaching and Learning Applications, create a faculty roster (also called the Faculty

Credentials Project). Administrator 17 worked closely with the Registrar’s Office, which

was responsible for the assignment of faculty to classes, and with the Human Resources

Management Office, which was responsible for appointing faculty members

(Administrator 17, personal communication, March 31, 2005).

However, Administrator 17 encountered two challenges. First, although the

Human Resources Management Office verified credentials before hiring faculty

members, these were paper documents. So the challenge was to gather the information

from these documents and compile it into an electronic file. Upon completion of this

task, the Human Resources Management Office instituted a procedure for having faculty

credentials verified in electronic form and then storing this information in the human

resources database. Second, USSU realized that information on degrees earned by some

of the faculty had not been updated. Thus, the Human Resources Management Office

sent out information to faculty members so that they could verify and update their

degrees, the discipline in which the degree was awarded, date of degree, and institution

awarding the degree. As a result, degree information was current.

USSU also instituted a procedure that automatically updated an individual’s

personnel file if he or she receives a degree from USSU (Administrator 17, personal

communication, March 31, 2005). Because USSU automated its personnel information

in the mainframe environment, all information for people who worked at USSU or went

to school at USSU was stored. Thus, Administrator 18 said he could extract the data at

247

any time to produce the information (personal communication, March 29, 2005). He

collected the data, including the employee’s name, faculty status (full-time or part-time),

faculty rank (professor, instructor, graduate professor, or resident instructor), academic

degrees, the discipline and the awarding institution, courses taught, and course levels

(undergraduate or graduate). By clicking on individual names, the instructor’s form,

which showed additional credentials such as professional license or certification, would

be brought up on the screen (Administrator 18, personal communication, March 29,

2005).

Administrator 18 posted the information on the Web page for the department

chairs and others to review for accuracy, paying particular attention to verification of the

degrees that faculty members claimed to hold. Data are only good if they are accurate

(Administrator 18, personal communication, March 29, 2005), as this directly affects the

quality of the information provided and the credibility of the institution’s Compliance

Certification. This view was supported in the literature by Jones (1982) who said that the

quality of information is determined by its derivation from high-quality data. Some

people also provided input regarding the aesthetic aspects of the Web page. In fall 2002,

the online faculty credentials database was created, and in spring 2003, the first

verification by faculty was conducted.

Similarly, in spring 2003, online credentials databases for administrative and

academic officers, department heads, and professional support staff were created. These

databases were very similar to the faculty roster without the course listings.

Administrator 17 said that basically she extracted the information and sent it to the units

248

for verification (personal communication, March 31, 2005). She then sent this

information to the Office of Computing Services so that they could put it in the electronic

format, which would be made available to the visiting team.

Administrator 18 stated that it took him a couple of months to complete the Web

pages for the Faculty Credentials Project. He accomplished it with the help of the

Accreditation Liaison and Administrator 17. By September 2005, a sample template for

creating instructional staff rosters was provided on the SACS-COC Web site:

http://sacscoc.org/pdf/fac%20roster%20principles.pdf after USSU completed its

reaffirmation process.

Collecting Data for Specific Comprehensive Standards

The senior executive for Student Life and Academic Services provided two

examples for collecting necessary data in his area of responsibility. The first example

refers to how the university Registrar’s Office collected data in response to

Comprehensive Standard 3.9.2: “The institution protects the security, confidentiality, and

integrity of its student records.”

I basically asked Dr. D. to put together a committee to study with the university

registrar whether in effect we had standards that protected and whether we had in

place policies and procedures that guaranteed the safety, the confidentiality, and

the security of our student records. So they did a study, and they completed it and

we put it together in a report that then was submitted to [the Accreditation

Liaison]. (Administrator 16, personal communication, March 31, 2005)

A second example was given regarding Comprehensive Standard 3.9.3: “The

institution provides services supporting its mission with its qualified personnel to ensure

the quality and effectiveness of its student affairs programs.”

249

We have 210 professionals. . . . We did a study of all their degrees, all their

training activities, all their professional studies. . . . We used everybody to fulfill

that requirement by asking each of these individuals to collect the data. . . . And

we summarized it in a chart and graphs and we sent it to [the Accreditation

Liaison] who then incorporated it into the larger report. (Administrator 16,

personal communication, March 31, 2005)

When asked how long this task took, the senior executive for Student Life and

Academic Service said that he did not view it as a task but rather as an on-going process.

He began this process a year and a half before the SACS team arrived. However, in fact

he had begun assembling data and information, doing annual reports, and addressing

many similar issues since he took over the senior executive position years ago. He added

that he was doing what he should be doing. Thus, he already had much of the data and

just had to organize them in a different fashion (Administrator 16, personal

communication, March 31, 2005).

Generally, the Accreditation Liaison received very good cooperation from the

senior executives. They made sure that their staff people responded very quickly to

everything that the Accreditation Liaison requested (Accreditation Liaison, personal

communication, March 30, 2005). When the tasks were completed, everyone sent their

responses to the Accreditation Liaison in electronic format. Most of the responses were

received by March 2003 but some responses took longer and required additional followup

to address questions.

In summary, as a result of the 1995 SACS-COC reaffirmation, USSU had in place

planning, assessment, and program reviews. It had collected different types of data over

several years. It had also automated most of its documentation and information. Thus,

250

with the help of the computing services, the data collection for Core Requirements and

Comprehensive Standards was efficient and straightforward.

Writing the Compliance Certification

Editing and Revising the Compliance Certification

The Accreditation Liaison developed a proposed structure for the report early on:

I had [the editor] put it into that format . . . that was the form that we used from

the beginning. . . . We just started with what I wanted it to look like at the end,

and worked on editing, and polishing, and filling in the holes until it looked like it

did when we submitted it. (Accreditation Liaison, personal communication,

March 30, 2005)

Development of a work plan to guide the production of the first draft materials also was

highly recommended in the literature by Kells (1995).

Following tradition, USSU had a part-time editor during 2003. From an interview

process of four applicants, the editor was chosen for two reasons: (a) he had a

combination of talents that were needed for the work and (b) he was eager to be involved

in all aspects of the internal review processes (Accreditation Liaison, personal

communication, July 22, 2005). He was an English instructor. The English Department

released him from two courses in his teaching load, and he was compensated financially

by the Office of Accreditation and Institutional Effectiveness. He organized the input

and responses into a separate standardized form under each Core Requirement and

Comprehensive Standard, made sure that hyperlinks worked within the documents, and

help to ensure that the grammar was correct. Having an editor to enhance readability is

consistent with one of Kells’ (1995) suggestions for producing a good report.

251

In March 2003, the Accreditation Liaison and the interim provost reviewed and

revised the document. The interim provost, who had several years of experience with

SACS-COC reaffirmation, provided the Accreditation Liaison with valuable editorial

changes for the Compliance Certification during their long drive going to and from an onsite

visit at another university. The Accreditation Liaison described this process:

The interim provost was intimately involved in the internal review in that we

spent a weekend driving to [X] University. She was chairing [X] University’s onsite

visit under the old *Criteria*. I went along as a visiting observer on that site

visit. I volunteered to drive up there.

So, we left . . . about noon on Sunday and it [was] about a 6.5-hour drive up

there. . . . The whole time we drove, we had the . . . draft document that the editor

had been working on getting it into the form. . . . In the car on the way up and all

the way back . . . we went through it, we talked about it. I was driving and

[Administrator 4], who was the interim provost at that time, was reading out loud

and writing me copious notes. (Personal communication, March 30, 2005)

From April to June 2003, the Accreditation Liaison continued revising the

document. She took all the information sent to her, Administrator 4’s notes, as well as

their conversation and worked on each piece, adding, editing the hyperlinks, and merging

the responses. For three weeks she did nothing in her office but work on the Compliance

Certification to create the first formal draft (Accreditation Liaison, personal

communication, March 30, 2005). She used embedded hyperlinks throughout. This

process of culling, selecting, adding, polishing, and even major rewriting is considered

essential by Kells (1995) in producing a useful and good report.

252

First Draft

In June 2003, the first draft was posted on the secure Web site, thus only the

Leadership Team members and those who had to fill in additional information had access

to it. The Accreditation Liaison highlighted portions that needed more work and entered

questions along with the responsible person’s name. “It seemed to work very well”

(Accreditation Liaison-RI, personal communication, August 27, 2003). Only a limited

number of people sent information; thus, no difficulties were encountered. USSU had

campus-wide participation because multiple offices and multiple groups provided the

information. In addition to the interim provost, USSU’s CEO and the new provost also

were involved in reviewing the documents. The new provost met with her vice provost to

review certain segments and provide feedback to the Accreditation Liaison and the

Leadership Team (Administrator 15, personal communication, March 28, 2005).

Leadership Team members reviewed the draft particularly responsible for the specific

section they were assigned to help the senior executives as outlined in Table 6.

The revised Compliance Certification was posted mid-June 2003 for review and

comment by the USSU community on the university’s public Web site. Viewers used

their university ID and password to access the electronic kiosk system. A number of

people viewed the document and made comments, including a senior executive of the

USSU System. She looked at the governance portion and then had the system chief

counsel review it to ascertain that all of the content was absolutely accurate from a legal

perspective (Accreditation Liaison, personal communication, March 30, 2005). Final

revisions were made. The practice of circulating the report to receive suggestions and

253

comments from constituents, thus enhancing the quality of the report, also was advocated

by Kells (1995). The provost and the CEO of the university approved the final

Compliance Certification document but the Accreditation Liaison basically had the final

approval.

On August 14, 2003, USSU submitted the completed Compliance Certification

documents online and on a CD-ROM to SACS-COC. Other documents provided to

SACS-COC included a support form, a hard copy of the Compliance Certification, a

signed cover letter, and detailed user instructions. On the CD ROM, there were three

components: (a) a *Welcome Letter to Reviewers - ReadMeFirst.pdf* file, (b) *Instructions*

*for Downloading Adobe Reader.doc* file, and (c) a multilayer folder containing *USSU*

*Compliance Certification and Supporting Documents*. On August 15, 2003, USSU

moved the Compliance Certification to USSU’s public Web site, but it still had a limited

number of secure links.

In terms of a timeline, it took USSU approximately a year to prepare the

Compliance Certification. Although the Leadership Team at USSU really began working

in the late spring 2002, the university actually did not begin the Compliance Certification

document until the fall of 2002 when the Accreditation Liaison met with the senior

executives. The document was submitted to SACS-COC in August of 2003. The

Accreditation Liaison commented that USSU was able to accomplish the Compliance

Certification within a one-year timeframe because it had all the documentation in

electronic format already (personal communication, March 30, 2005). If USSU had been

in a different position of having to spend time digitizing many of the documents, it would

254

have needed to have begun a year earlier. The Accreditation Liaison also noted that one

must “be prepared for surprises and delays” (Accreditation Liaison’s presentation at the

2003 SACS-COC Annual Meeting, December 7, 2003).

Presentation of the Compliance Certification

Unlike other universities that presented their responses mainly in separate Web

pages for each of the Core Requirements and Comprehensive Standards, USSU presented

its responses to the 72 requirements and standards of the Compliance Certification in two

principal documents: (a) the 58-page Compliance Certification report with over 1,000

hyperlinks and (b) the 51-page online appendix. The first document had a preface and

table of contents of the 72 standards and requirements that were linked to the respective

full responses. The preface discussed briefly the affiliated entities and centers located on

the campus, the system to which the university belongs, and how these entities

participated in the USSU reaffirmation. This provided readers with very helpful

background information concerning the context and boundary of the reaffirmation.

Evidence presented by USSU comprised Web site links to scanned documents,

supporting Web sites, and other related addresses, as well as physical documents for

which specific locations were provided. An example of how links were used follows:

Having the ability to use links, etc., helped us a great deal because we already had

that somewhere on the website and we said yes, we do have control over fiscal

[matters] and here are the policies and procedures of the university that have been

promulgated by us and approved by the Board of Supervisors that allow us to do

this, and so we just attached that link to a website. That’s how we went through.

(Administrator 5, personal communication, March 31, 2005)

255

The Compliance Certification was a long document; however, it enabled readers

to go back to the table of contents at the beginning by clicking “<back to top>“ at the end

of each response. The Accreditation Liaison explained that USSU wrote the Compliance

Certification in one continuous document to enable printing of one document rather than

multiple documents. The responses were written in a very smooth-flowing narrative,

using not just descriptions but also evaluative and assessable data, which is consistent

with Cheper and Lockmiller’s (2002) perspectives on a good report. As seen in an

excerpt from the narrative of the response to Comprehensive Standard 3.7.1 that follows,

USSU built the case to justify its compliance to employment of competent faculty. The

response was embedded with hyperlinks of supporting documents.

Faculty who teach graduate and postbaccalaureate courses must meet additional

requirements and must also remain current and active in their research disciplines

according to the university’s standards for graduate faculty. Regular monitoring

and on-going review of these appointments ensures the qualifications of faculty

and their commitment to advanced instruction in graduate courses. This

information is also presented in the Faculty Chapter of the 2003-04 [USSU]

General Catalog beginning on p. 333. Faculty who do not have ordinary, standing

terms as graduate faculty members may petition for permission to teach graduate

level and postbaccalaureate courses and/or to serve on graduate student advisory

committees as noted on the Codification of Graduate Council Policies under

Administrative Approval to Teach Graduate Courses. These requests are

reviewed on a case-by-case basis by the Dean of the Graduate School. The basis

for approval is noted for each case and recorded in the Graduate Faculty database;

vitae and justifications are kept on file in the Graduate School.

Administrator 2 said that Computing Services did what they could to make the

CD-ROM and the Web site as user friendly as possible (personal communication, March

30, 2005).

I mean just to make it more user-friendly. Especially offsite reviewers, you don’t

know if they are on a fast computer or slow computer, what they are using, so you

need something that everyone can open. And you don’t want them to be 25 pages

256

into this document and they click on a link and they lose their spot. So that’s why

we went that extra step with the HTML. (Staff Member 1, personal

communication, March 30, 2005)

At a click on one of the embedded links, readers could view the supporting

documents. The Compliance Certification showed consideration for a balance between

the need for supporting data, descriptions, and other documents by using embedded links

and the need to produce a concise, readable report. This was also recommended by Kells

(1995). Appendices were used with supportive data accessible as needed and located

logically.

USSU’s Compliance Certification document also showed consideration for

readers by giving detailed supplementary instructions in brackets, italics, and bold font.

This enabled the readers to locate relevant sections of the attachments easily and

conveniently; for example, “(***To view the Rights, Duties, and Responsibilities of***

***Principal Administrative Officers of the [USSU] System, click on the Bylaws link, open***

***the .pdf file, and page forward to Article 7, section 4)”*** on page 8. Directions were often

addressed to the first audience, such as “(***SACS-COC Off-Site Reviewers: After***

***accessing the Unit Plans page for the desired year from 1998-2003 Planning Cycle***

***menu bar, please be sure to click on ‘Log-In’ on the far right of the menu bar at the***

***top of the page to have full access to all information***)” on page 9. This method of

presentation showed a type of interactive communication with the audience through

written documents. Adapting the report to the specific readers, using specific and clear

language, and anticipating questions that readers might have were recommended in the

literature by Garner and Vice (2000).

257

In summary, when USSU set out on its journey, there were neither road maps nor

paths for it to follow. It had to invent along the way, including the format for its

responses and the Compliance Certification. However, more recently, SACS-COC has

provided institutions with guidelines for communicating information electronically,

including (a) considerations for deciding whether to use an electronic format for

submitting documentation in support of its compliance, (b) the flow of information, (c)

electronic formatting and specifications, and (d) tips for ensuring user-friendly access.

Now SACS-COC provides a template for electronic submission of the Compliance

Certificate document, including a helpful electronic submission tutorial that institutions

can use. This information can be obtained from the SACS-COC Web site at

http://sacscoc.org/techguidelines.asp.

Off-Site Review

The off-site review was conducted from September 29 to October 1, 2003. Staff

Member 1, the Applications Analyst, had a cell phone with her at all times, and she was

asked to be available throughout the off-site review. When asked if USSU encountered

any technical issues during the off-site review, Staff Member 1 said that only minor

technical problems were experienced.

We only got two calls as far as technical problems. And that was because we

were linking to another site that had security, and actually I didn’t realize that it

had security, and so then we had to get a password provided for that. And then

the other one wasn’t sure . . . how to get to the [electronic kiosk]. (Staff Member

1, personal communication, March 29, 2005)

258

Conference Call With the SACS-COC Staff Liaison

In October 2003, the SACS-COC Staff Liaison made a telephone conference call

to USSU to provide the results of the off-site review for the Compliance Certification.

Approximately 14 people were present at USSU for the conference call including the

university leadership, the Leadership Team, and others involved in the reaffirmation

process. They sat around a speaker phone. USSU was not allowed to have the results in

written form, and they were not allowed to tape the conference call; thus, the members

tried to take notes based on what they heard. USSU made follow-up calls to the SACSCOC

Staff Liaison to receive clarification. It was challenging to respond to oral

comments. The Accreditation Liaison described the conference call and the follow-up

calls as follows:

It would have been very helpful to have written follow-up on our off-site review.

The phone conversation was very challenging, but we called [the SACS-COC

Staff Liaison] three or four times and talked to him and had him reread the report

on the phone to me, to the librarian, and the people who were working on another

part of the report, so that they could hear it too, instead of me being the only

person and then sharing it. . . . That was the biggest challenge. (Personal

communication, March 30, 2005).

The SACS-COC Staff Liaison mentioned certain items that were not in

compliance; however, most of these were due to inclusion of the L Center. Following the

conference call and in response to the Off-Site Review Committee’s comments, the L

Center was seeking accreditation separately, and USSU’s reaffirmation structure was

modified.

As mentioned previously regarding current reaffirmation practices, SACS-COC

changed the process with regard to transmitting the findings of the Off-Site Review

259

Committee. Since 2005, institutions may request a written copy of the Committee’s

report and use it as a basis for discussion with the SACS-COC staff (SACS-COC,

2005b).

Focused Report

The Focused Report is an institution’s response (optional) to a judgment by the

Off-Site Review Committee regarding Core Requirements or Comprehensive Standards

that the Committee found to be in noncompliance or those with which it was unable to

determine compliance. USSU chose to prepare a Focused Report. “We didn’t have that

many things to address once the L Center pulled out. And they had to do that because

that was where most of our questions came about. . . . But it really wasn’t that much of a

hassle” (Accreditation Liaison, personal communication, March 30, 2005).

The separation of the L Center in the reaffirmation, by default, satisfied the

questions of documentation for two Core Requirements and 16 Comprehensive

Standards. For the remaining questions of compliance that were partially or completely

focused on USSU, the Accreditation Liaison notified and then met with the senior

executives and their staffs who had areas that needed addressing. They sent her updated

and additional information mostly electronically and she put the information together into

the Focused Report.

The 40-page Focused Report was organized in the same format as the Compliance

Certification. It began with information regarding the separation of submissions for

reaffirmation by the L Center. The questions concerning compliance were addressed

260

individually in two ways: (a) modifying the original documentation provided in the

Compliance Certification and (b) providing additional documentation as a supplement to

the original text. The Accreditation Liaison commented that “the Focused Report really

was not a big ordeal. It wasn’t a big chore” (personal communication, March 30, 2005).

It took her six months to complete the Focused Report, which was turned in to SACSCOC

on March 17, 2004. This document was due at the same time as the QEP. The

Focused Report and the QEP were made available to the On-Site Review Committee 6

weeks prior to their visit in April 2004.

As discussed in Research Question 1, SACS-COC has made modifications to the

language in the *Handbook for Reaffirmation of Accreditation* strongly to encourage

institutions to submit Focused Reports (SACS-COC, 2005b). These reports help to

reduce significantly the number of recommendations and suggestions, minimize

disruptions to the institutions, and enable On-Site Review Committees to put aside

concerns by checking the items in question prior to arriving on campus.

Conclusions for the Compliance Certification Work Process

To cope with the new *Principles of Accreditation*, USSU used a unique way of

implementing the compliance portion of the reaffirmation. Rather than forming

numerous committees as would have been done under the former *Criteria*, USSU chose a

centralized approach. The Accreditation Liaison effectively grouped 72 Core

Requirements and Comprehensive Standards that matched well with the functional

elements of the university. She distributed the assignments with detailed instructions to

261

the appropriate senior executives and their staffs, and continued to follow up. The

Compliance Certification work process was very straightforward, went smoothly, and

resulted in a timely submission. The process was accomplished without involving many

committees, thus minimizing disruption to the campus. In summary, the grouping

strategy and centralized approach worked well for USSU.

Analyzing this Compliance Certification process from an open systems

perspective, it can be seen that change in one system will create change in other systems.

Changes in the external environment (accreditation requirements) resulted in the changes

in the system of USSU (new way of carrying out the internal review). The unique

approach that USSU took in carrying out its Compliance Certification process (groupings

and centralized approach) was a combined effect of both external (the *Principles*) and

internal elements (USSU’s functionally organized structure). The Compliance

Certification process led to a change in the documentation of credentials in the hiring

procedures of the subsystem, Human Resources Management Office. This change, in

turn, affected other subsystems in the system of USSU (such as computing services) and

it will enable USSU better to comply with the external SACS-COC reaffirmation

requirements in the future. There were tight couplings (predictable elements, such as

units that submitted inputs on time) as well as loose couplings (hard-to-predict elements,

such as tardy groups) in the system of USSU. Because the new *Principles* were not

conducive to accommodating a joint submission, the L Center (loose coupling) decided to

seek separate accreditation. Thus loose coupling was localized and all other elements

could move forward.

262

USSU accomplished a significant milestone in its journey toward reaffirmation

when it submitted the Compliance Certification and completed the Focused Report.

Although as the first cohort, USSU did not have any good road maps or well-marked

paths, the first part of the journey went smoothly as a result of its excellent preparation

processes. The guide and travelers received good cooperation from the people along the

way (senior executives and staffs, as well as SACS-COC reviewers) as well as strong

support from computing services, and the university leadership. Additionally, the

institutional systems already had tools in place (planning, assessment, program reviews,

and automation of information) that were used effectively in carrying out the first part of

the journey. As will be seen in the following section, the second leg of the journey, the

QEP, was more challenging and difficult because the path is unique to each institution

and there are no maps.

The QEP Work Process

As discussed in Research Question 1, the Compliance Certification can be viewed

as another version of the compliance requirement under the *Criteria*. However, the QEP

is an entirely new component mandated by the *Principles* for member institutions (QEP

is not required for institutions seeking candidacy status). The QEP is defined by SACSCOC

as “a carefully designed and focused course of action that addresses a well-defined

topic or issue(s) related to enhancing student learning” (SACS-COC, 2003b, p. 21). The

QEP, as discussed in Research Question 1, was not reviewed by the Off-Site Review

Committee. It was the main focus of the on-site review that occurred at USSU on April

263

27, 28, and 29, 2004. This section presents seven aspects related to the QEP work

process at USSU: (a) the QEP structure, (b) defining the QEP topic, (c) collecting data,

(d) writing the QEP, (e) presenting the QEP, (f) hosting the On-Site Review Committee,

and (g) following up with the QEP.

The QEP Structure

The QEP (or Core Requirement 12) was primarily the responsibility of the

Leadership Team, but it had to be developed through broadly based input. As a result of

the L Center’s decision to undergo accreditation separately, USSU prepared and

submitted its own QEP. USSU continued to employ a centralized approach with the

Leadership Team being in charge of the QEP and the Accreditation Liaison managing the

QEP work process.

Similar to the Compliance Certification, early in the process in a Leadership

Team meeting on June 24, 2002, six main milestones were set for the QEP work process.

These milestones included (a) brainstorming and finalizing the QEP theme by November

1, 2002, (b) having a rough proposal by January 30, 2003, (c) receiving input from the

SACS-COC Staff Liaison in early Spring 2003, (d) completing a full working draft of the

QEP by August 1, 2003, (e) refining the document by November 1, 2003, and (f)

submitting it to SACS-COC by January 12, 2004 (later modified by SACS-COC to

March 18, 2004).

264

Defining the QEP Topic

Three aspects related to defining the QEP are presented in this section: (a)

brainstorming and reviewing the inventory, (b) determining the QEP topic, and (c) the

frustration experienced by the participants.

Brainstorming and Reviewing the Inventory

Early in the process, during February 2002, the Leadership Team members began

brainstorming possible issues affecting aspects of USSU that might translate into a QEP.

Discussion included the possibility of incorporating an electronic portfolio into

assessment measures for the campus as part of a QEP, Service Learning, Learning

Communities, and Residential Colleges. The discussion continued with multiple ideas

and approaches for the QEP. One of the ideas was that common concerns or themes that

might serve as a basis for the QEP could be gleaned from a review of all unit strategic

plan reports. Thus they formed a subcommittee to review strategic plans of all units to

find points of convergence.

Early on we had a subcommittee to review all of the strategic plans from every

department and plans for the learning outcomes. We were looking at the strategic

plans to see if learning outcomes were being addressed in various departments,

and if learning outcomes were being addressed, then how and what process was

used at the department level. (Administrator 10, personal communication, March

28, 2005)

Continued discussion included desired qualities and important ideas for the QEP.

The desired qualities included (a) was something USSU wanted to do, (b) covered most

curricula, (c) seemed financially realistic, (d) was easy to measure, (e) related to student

learning outcomes, (f) involved undergraduate students, not omitting graduate students,

265

and (g) and was widely communicated. Based on the Team’s brainstorming, four

components were proposed: (a) establishing general learning goals for all

undergraduates, (b) expanding service-learning, (c) institutionalizing learning

communities, and (d) revising general education. However, a concern was raised that the

proposal did not include a focus on research or graduate students. Team members

continued the discussion via e-mail and face-to-face biweekly meetings.

In addition to brainstorming, the Team reviewed an inventory of activities, and

examined what had already been done in relation to undergraduate and graduate

education. They reviewed institutional assessments of student learning, including a

longitudinal Panel Study of General Education (1996-2001), National Survey of Student

Engagement (NSSE) (Spring 2003), Cooperative Institutional Research Project (CIRP),

and Your First College Year (YFCY). They also reviewed the literature to identify trends

in undergraduate and graduate education.

Determining the QEP Topic

Presentations and Other Activities Related to Developing the QEP

In order to help the Leadership Team begin the QEP, the university leadership,

Leadership Team members, and other individuals were invited to speak at the Leadership

Team meetings. For example, Administrator 4, the State delegate to the SACS-COC

provided general background information on SACS-COC, the rationale for changing the

reaffirmation process, SACS-COC’s expectation of conducting the reaffirmation online,

and the key areas that SACS-COC emphasized in the process. She also attended several

266

of the Leadership Team meetings and provided valuable input with regard to the QEP

(e.g., student learning outcomes and an information technology (IT) initiative as potential

QEP topics). The System CEO, who had been a member of the taskforce that wrote the

*Principles*, briefed the Leadership Team on his ideas concerning ways to conduct the new

processes and the type of response that best fit the intent of the new approach. “[The

System CEO] also came early that year and talked with us about what a QEP was because

he and [Administrator 4] both were on the SACS-COC committee that created the new

*Principles*. . . . They both gave us some insights into what they thought a QEP should be”

(Accreditation Liaison, personal communication, March 30, 2005).

Administrator 16 shared the insights he gained serving on the On-Site Review

Committee at another Level VI pilot institution. Administrators 5, 12, 15, and 17, who

were professionals in budgeting, assessment, program reviews, and institutional research,

respectively presented a brief overview of the institutional effectiveness practices at

USSU, thus giving the Team members a better idea of the types of information currently

being gathered, assessed, and stored, as well as how to access this information.

Additionally, in the fall of 2002, the university CEO came to one of the Leadership

Team’s September meetings. He spoke to them at length, and for the first time, about his

vision of the “National Prominence Plan.”

In addition, there were workshops, a guest speaker, and an advisory visit by the

SACS-COC Staff Liaison related to the development of the QEP. As part of the

accreditation process, all units had to prepare matrices addressing outcomes assessment

and how assessment results were fed back into curriculum development. The workshops

267

were used to assist units in carrying out this task (Administrator 14, personal

communication, March 28, 2005). “The provost had some seminars on campus for us to

go to and learn about the whole assessment process, learning outcomes and assessment of

programs . . . and they were excellent” (Administrator 10, personal communication,

March 28, 2005). Second, a guest speaker was invited to USSU to give a presentation on

learning outcomes. That individual met with representatives from every unit on campus

to discuss assessment (Administrator 14, personal communication, March 28, 2005).

And third, an advisory visit by the SACS-COC Staff Liaison occurred in September

2003. “We had a session where he actually did respond to some of the things we had

sent, and also some of the questions we had about the accreditation and the QEP”

(Faculty Member 2, personal communication, March 28, 2005).

Determining the QEP Topic

As a result of the university CEO’s presentation in the fall 2002, the Leadership

Team began to think that the National Prominence Plan had to be part of the QEP. The

Leadership Team met with different groups, but the campus-wide dialogue began

officially in early December with the university CEO’s retreat. Subsequently, a campuswide

meeting was attended by almost 1,000 faculty members. It lasted 1.5 hours and the

university CEO’s presentation regarding the National Prominence Plan received a

positive response. The university CEO held two more general meetings, brought in an

expert from out-of-state to discuss the concept of National Prominence, and then worked

closely with the University Planning Council in drafting the action agenda. It was posted

in March 2003 and the agenda was finalized. Faculty members on the Leadership Team

268

were directly involved in the National Prominence Plan forums and retreats conducted by

the university CEO.

In April 2003, the National Prominence Plan was finalized and the Leadership

Team voted to focus on Objectives 2 and 3 of the Agenda for the QEP: to “Increase [the]

number and quality of graduate students and programs” and to “Increase [the] quality of

undergraduate students and programs.” There was a consensus in choosing the QEP

topic.

It was a perfect vehicle to build the QEP under as a part of it [the National

Prominence Plan] and helping to develop it, because it was a grand idea. And

nobody really knew how we were going to make it a reality and so that is what the

QEP became is an avenue, a way to actually achieve Objectives 2 and 3 which are

the departments that focus on undergraduate and graduate education, and that’s all

in the written documentation. And the [university CEO] really wanted us to do

something related to the [National Prominence Plan]. And he had the final

authority on it, but the Leadership Team also agreed that that’s what we needed to

do, so there was never an instance of one group saying “yes” and another group

saying ‘no.’ (Accreditation Liaison, personal communication, March 30, 2005)

At this point, USSU became excited about doing the QEP because it served an

important role in fulfilling the National Prominence Plan, which in turn benefited the

institution’s QEP. The Accreditation Liaison-RI said that the QEP was much larger than

only satisfying a requirement for accreditation, thus it should be rewarding (personal

communication, August 27, 2003).

Because accreditation is expensive, the development of a QEP topic based on the

institution’s unique context was an excellent strategy. USSU knew how to take

advantage of the momentum of already built up by the National Prominence Plan to

benefit the QEP.

269

It didn’t make any sense to develop a Quality Enhancement Plan that was going

off in one direction and the [National Prominence Plan] was going off in another,

because we knew all the resources, all the money, all the emphasis was going to

be on the [National Prominence Plan]. (Accreditation Liaison, personal

communication, March 30, 2005)

Focusing the QEP on relevant components of the USSU National Prominence

Plan resulted in financial efficiency and helped to move the university closer to achieving

the National Prominence Plan. The QEP is costly, thus choosing a QEP topic that had a

high priority within the institution was critically important to obtaining essential support

from the top leadership, including funding to carry it out.

In brief, when the National Prominence Plan was finalized, the Team reached

agreement that a QEP designed to support the National Prominence Plan would result in

the most effective and efficient use of resources while enhancing student learning and

enhancing the overall university experience for students at USSU.

Participants’ Frustration

A common theme that emerged from 11 interviews with participants of this

research study was that the Leadership Team experienced a great deal of frustration as a

result of confusion regarding the requirements for the QEP component. There were four

reasons for this difficulty. First, because it was a new component, no one on the

Leadership Team had prior experience in developing a QEP. Additionally, SACS-COC

was still piloting the QEP process; thus, there were not many examples for USSU to

examine.

270

Second, in the initial phase there was insufficient information regarding what

SACS-COC expected of a QEP.

The committee was frustrated from some standpoints by not being clear about

what SACS expectations were in this new process. We were one of the pilot

groups. There was not a lot of information out there to gauge ourselves with.

Figuring out how to respond in this vacuum of information was very difficult.

(Administrator 4, personal communication, March 31, 2005)

We had a hard time figuring out what this QEP was and how we would respond

. . . . We struggled to write [it]. It was a difficult thing. First of all, we did not

know very much about it. . . . It was very challenging because information was so

scarce. It was just emerging as we were working. (Administrator 14, personal

communication, March 28, 2005)

USSU struggled a long time because of the lack of understanding regarding what

a QEP was supposed to be. The Accreditation Liaison said, “We sat around the table a

lot those first months, trying to figure what a QEP was. But we were meeting I think

every other week. And we talked for hours just trying to figure out what we could do”

(personal communication, March 30, 2005).

It took a long time to define the topic. We would come in with sample topics, we

would discuss them, we would try to develop a description and a rationale and

some subgoals for the topic. And then we would go back and say: No, this is not

it. . . . We looked at the QEPs from . . . some universities that had recently gone

through the process. We thought about critical thinking, we thought about

technology. We would come up with different themes. . . . So, we really

struggled with that for several months before we ever decided on the QEP.

(Administrator 10, personal communication, March 28, 2005)

Third, there was a lack of common understanding regarding how the *Principles*

were written and how they were interpreted, as well as a lack of common understanding

about the working definition of learning outcomes in the QEP. One member took a broad

perspective on learning outcomes while SACS-COC seems to take a narrow perspective.

271

There was some confusion in terms of how the new plan was being interpreted

and how it was written, particularly when it came down to the comprehensive

information and the Core *Criteria*. And that rolled over into QEP. There was

also a misunderstanding of what was meant by QEP. My understanding from

participating in the development of the whole concept with SACS was that QEP

was a focused agenda beyond the regular strategic plan. It doesn’t matter what

kind of institution you are, you can have the same kind of QEP because it must

address learning outcomes. I don’t think that was the original intent of the QEP.

I believe that this approach has caused some problems for [USSU]. It’s not . . .

giving us the leeway I thought it would give to a research institution or a liberal

arts institution or a community college to address what is special and different

about their role as an institution. That was one of our frustrations. (Administrator

4, personal communication, March 31, 2005)

This broad view of student learning outcomes is supported by a director of

Institutional Effectiveness in a community college who was interviewed for an

institutional effectiveness research project. She said that “the QEP is focused in student

learning if you think of student learning in a broad sense because student learning is

impacted by a lot of things including the environment and the quality of student life”

(Administrator 19-IE, personal communication, April 27, 2005).

Fourth, USSU encountered difficulties and worked with minimal guidance until it

was matched with a helpful SACS-COC staff liaison. He facilitated USSU’s

understanding and subsequent progress. This finding regarding the importance of

seeking and receiving accrediting agency support as a key factor contributing to the

success of the reaffirmation process was consistent with Harris’ (1983) conclusions.

And fifth, there was a continuum of views concerning the appropriate purviews of

accreditation. At one end, there were three Leadership Team members who commented

that accreditation should look at the past and present performance. They thought it

inappropriate for an accrediting agency to get involved in the future of the institution.

272

Faculty Member 2 was strongly opposed to, as he viewed it, the fact that accreditation

imposed on institutions the future direction they should take (personal communication,

March 28, 2005).

There was a portion of the Leadership Team that thought it was quite odd that the

accreditation organization would ask us to write a thing called the Quality

Enhancement Plan. That’s what they should be doing is coming here to assess

what we are doing, not assess what we are trying to become, and so there was

some confusion about that issue. (Administrator 14, personal communication,

March 28, 2005)

In brief, the lack of guidance and information, lack of clarity in expectations of

what a QEP was, and the lack of mature models for USSU to examine collectively

resulted in frustrating experiences for Leadership Team members. It took the Leadership

Team a substantial amount of time (14 months) to overcome the stumbling blocks and

define the focus for the QEP.

Collecting Data for the QEP

Using the Study Group Format

Once USSU decided on the topic, the Accreditation Liaison knew that she needed

more people working on the QEP than just the Leadership Team. And if she could get

external groups involved, that would give USSU the necessary breadth of input from

across the campus (Accreditation Liaison, personal communication, March 30, 2005).

The Center for Faculty Development was trying to put together . . . a study group.

And [the Accreditation Liaison] said oh this would be wonderful opportunity for

the study group to [develop the SACS QEP]. . . . And we identified some key

faculty members and key staff people at [USSU] and then approached and got

their commitment to do it. (Administrator 20, personal communication, March 30,

2005)

273

Within two weeks of this 2-hour conversation during the summer of 2003

between the Accreditation Liaison and three other professionals in assessment, learning,

and teaching, the study groups were formed.

The Accreditation Liaison discussed the idea of establishing study groups with the

university CEO and the provost. They agreed to it, and in August 2003 a number of the

faculty and staff members who had been identified were invited: We got the letters

written. And within a three-week time span, we had had this awakening conversation of

‘Oh let’s do this,’ to issuing invitations and people saying yes. And we had our first

meeting . . . a week after that. So it came together very quickly” (Accreditation Liaison,

personal communication, March 30, 2005).

There were two study groups: (a) the graduate education study group and (b) the

undergraduate education study group. Study groups were defined as groups of

individuals who meet regularly to (a) discuss selected, current readings on targeted issues

in higher education, (b) identify avenues for further exploration, and (c) develop

recommendations for action. A joint letter from the university CEO and the provost to

the study group participants clearly stated the participants’ important role:

[To] provide recommendations on new directions for teaching and learning at

[USSU]. This dialogue format will provide opportunities for rich discussions and

a shared knowledge base for achieving the [National Prominence Plan]. The

format also will contribute to the development of USSU’s Quality Enhancement

Plan (QEP) (Accreditation Liaison and Faculty Member 1’s presentation at the

SACS-COC Annual Meeting on December 6, 2004)

The participants in each study group (31 for undergraduate and 28 for graduate),

included faculty members on key Faculty Senate committees, the Leadership Team

members, undergraduate and graduate coordinators, professional staff from Student Life;

274

staff members from the Center for Faculty Development, and representatives from

Student Government. As shown in the composition of the study groups, both the

undergraduate and graduate education study groups drew heavily from (a) the faculty

senate membership, (b) faculty members in leadership roles, and (c) key committees

dealing with undergraduate and graduate education, thus generating a broad campus-wide

dialogue.

A Steering Committee was formed to coordinate the efforts of the study groups.

The Steering Committee comprised three faculty co-chairs and three professional staff

members (with expertise in assessment, teaching, and learning). In the spring semester,

the Steering Committee was joined by the vice-provost for Instruction, director of

Communication Across the Curriculum, and a faculty member from the Leadership

Team. The Steering Committee developed syllabi for the study groups, selected

readings, and prepared the assignments. It posted information and reminders on the Web

site Blackboard. The Steering Committee met before each meeting of the study groups to

plan the agendas and prepare for the discussions. It also met after the study group

meeting to discuss outcomes and decide on future directions.

Everyone in the study groups made a commitment to complete the readings and

attend the 1.5 hour sessions on alternate Thursdays in the fall of 2003 and during much of

the spring semester. The study group members participated on their own time without

any compensation, and the attendance was at a high level. They always came to the

meeting prepared (Administrator 10, personal communication, March 28, 2005). The

study groups began with assigned readings drawn from the current educational research

275

literature about what was going on at national level in research universities related to

student learning at the undergraduate and graduate levels. A few examples of titles for

their readings included (a) “Preparing for the Revolution: Information Technology and

the Future of the Research University,” (b) “Greater Expectations: A New Vision for

Learning as a Nation Goes to College (AACU),” and (c) other selected articles on

learning communities, service-learning, assessment, and transformation.

These study groups had the effect of professional development activities, similar

to a class on “trends in higher education” with application to USSU. They met regularly

every other week and did homework, including the assigned readings and writing

assignments. First they usually discussed topics in small groups and then reconvened for

a full-group discussion.

For example, when we looked at learning goals . . . one of the readings was from

Greater Expectations as well as some things online, and with that one they read

the materials and then we asked them in their small groups to brainstorm what

they thought the objectives would be. Then when we came back, we would post

those around the room, and look to see what kind of agreement we had. So

usually within that hour and a half time, especially if we were doing breakout

groups, they came with some readings and sometimes even an assignment to have

thought about. So it was almost like a class in some ways, so that they had

brought their own objectives and then within their groups we usually asked them

to do something. I think in most cases, we broke down into four groups and we

had a leader for each group. We didn’t want the Steering Committee to lead the

groups. We really wanted the group to kind of emerge with its own leader and its

own way of doing things. But then we would come back, and often they brought

back something that they could post on the wall in terms of a sheet of paper where

they had generated ideas. (Faculty Member 1, personal communication, March

28, 2005)

To keep group communication open between meetings, the Steering Committee

provided the study groups with hard copies of the readings, maintained a Blackboard

276

Web site where announcements, assignments, and summaries of the previous meetings

were posted, and encouraged members to use the discussion board.

Like any other methods, the group study format has pros and cons. In a

presentation at the 2004 SACS-COC Annual Meeting, the Accreditation Liaison and

Faculty Member 1 shared the results from the evaluation of the study group process.

When asked about the format of the study group meetings, about 12% of the participants

said that they favored the large group format, about 44% felt that the small groups were

most effective, and most of the others felt that the mix of large and small group

interaction served the study groups well. Group study participants also favored the

readings. They stated that this kind of literature was new and eye-opening for them.

They were much more accustomed to keeping up with the literature in their own

disciplines than in the profession.

The presentation by the Accreditation Liaison and Faculty Member 1 at the

SACS-COC Annual Meeting also described potential problems with study groups: (a)

low faculty participation (b) reservations on the part of influential members of the

academic community such as the president of the Faculty Senate and chair of the General

Education Committee (“Will this really work? Nothing ever changes around here! What

authority does this study group have to suggest changes in educational policies or to

recommend curricular changes?”), (c) difficulty in sustaining momentum, and (d)

doubtful value for faculty and staff. But at USSU, the study group approach was

effective. One Leadership Team member specifically commented about the study group

format: “I don’t know who came up with this idea, but it was a very good one”

277

(Administrator 14, personal communication, March 28, 2005). Administrator 10 also

thought that the study group format was excellent (personal communication, March 28,

2005). It helped USSU to get input from a larger group of faculty members from across

the campus; thus, it helped to get faculty buy-in to the notion of developing a Quality

Enhancement Plan (Administrator 10, personal communication, March 28, 2005).

In summary, the study groups were comprised of representatives from across

campus. They read literature on trends in higher education, discussed their ideas, and

came up with recommendations that then became the basis for the QEP.

Taking Study Group Action Recommendations

From the readings, analysis of trends in higher education, examination of

assessment data at USSU, and group dialogue and discussions, the study groups learned

that it was time for change. Thus, at the end of the fall 2003 semester, chairs of the

Undergraduate and Graduate study groups made a formal presentation to the university

CEO, the provost, and other invited guests. This presentation identified action

recommendations for the National Prominence Plan that also formed the basis of the

QEP, including the graduate and undergraduate programs.

There were two recommendations related to graduate students and programs.

First, recruit quality students through tuition waivers, more assistantships, and stipends.

Second, enrich the academic environment in three ways: (a) support and increase library

resources; (b) aggressively recruit and retain strong faculty; and (c) help graduate

students succeed by fostering cross-disciplinary education, removing barriers to timely

278

degree completion, disseminating dissertation results, encouraging participation in

intellectual life of campus, teaching graduate students how to teach, strengthening

assessment and tracking, and removing bureaucratic barriers.

For the undergraduate program, two recommendations were offered. The first

was to describe an ideal student scholar by creating university-wide student learning

outcomes that could be met through general education, degree programs, and

extracurricular activities. The second was to design learning environments in three ways:

(a) create a first-year experience through four programs: Summer Reading Program,

Mobile Computing, Engagement in Research, and Residential Colleges; (b) expand

Communication Across the Curriculum to all academic programs, and (c) identify more

creative ways to assess student learning. One example of the recommendations that were

implemented was revisiting general education.

One of the things we identified was that general education here at [USSU] needed

to be revisited. So, as a steering committee we started looking at alternative

general education formats that were implemented around the country, doing some

research, and talking about the advantages and disadvantages, and beginning to

conceptualize a direction. We also spent a lot of time thinking about how

something might be implemented. . . . Once the QEP was written and once it was

accepted, how would it all get implemented, who would be responsible. We were

uncertain of our next step, and wanted to avoid stepping on all kinds of people’s

toes. It was complicated. . . . We were all struggling to figure out, what is the

decision-making process? If there was a change or a proposal, who would it have

to go through and what are the procedures that one would follow in order to get

from where we are to where we wanted to go. Very difficult. . . . Who would

have to be involved: All the different committees of the faculty senate, and

maybe the University Planning Council, all kinds of groups that would need to be

involved. We were looking at these things because ultimately, someone would

need to go talk to all the interested parties to make this all flow out. So that was

challenging. (Administrator 14, personal communication, March 28, 2005)

279

Another example was the summer reading program.

With the NSSE data, the survey of student engagement, it was showing that some

freshmen had never really met with faculty. They didn’t know faculty very well,

but like they didn’t have input that way. . . . The Provost had been at a University

where they had [a summer reading program] before and she came over and said is

there any interest in having it here. So, we looked at some of the readings, we

looked at some of the programs, we saw that would be a way to help get freshmen

involved more academically from the beginning by having a book to read, by

having an academic convocation, by having them meet with a faculty member.

(Faculty Member 1, personal communication, March 28, 2005)

In summary, USSU used two study groups to conduct internal and external

environmental scanning. The group study dialogue format provided opportunities for

rich discussions and a shared knowledge base for achieving Objectives 2 and 3 of the

National Prominence Plan, and at the same time benefit the QEP.

Writing the QEP

Three tasks related to writing the QEP are presented in this section: (a) drafting,

(b) reviewing, and (c) presenting.

Drafting

Different members of the Leadership Team and study groups wrote parts of the

QEP based either on what they learned in the study groups or what they could offer from

their areas of expertise. They wrote their sections using information from the two study

groups including questions regarding improvement needs and potential changes in the

programs for USSU. Three examples are provided. Administrator 9, associate dean for

Research and Advanced Studies, together with two other members in the Leadership

280

Team, wrote the graduate education portion of the QEP, and this worked well

(Administrator 9, personal communication, March 31, 2005). Administrator 12, director

of the Center for Assessment and Evaluation, wrote a segment pertaining to laying an

assessment foundation for what USSU proposed to do in the QEP (Administrator 12,

personal communication, March 29, 2005). Administrator 20, director of the Center for

Faculty Development, wrote a part on learning communities and residential colleges

(Administrator 20, personal communication, March 30, 2005). Members then sent the

Accreditation Liaison the part on which they were working for integration into a cohesive

plan.

The Accreditation Liaison began drafting the QEP during the Christmas holidays

of 2003 and the beginning of 2004. Using the study groups’ recommendations, the

reports that she had given in a formal presentation, and feedback from the Leadership

Team, she developed the initial draft document for the QEP. The Accreditation Liaison

sent it to all the members of the study groups and the Study Group Steering Committee.

They sent her their input and she incorporated it. She led the effort and kept it on track;

the report grew. She sent drafts out electronically and posted them on the Web site for

feedback with each update and sent everyone an e-mail saying:

‘OK, go in and look at the latest draft.’ And so they would send me written

information, they would send me a blurb to stick in the document, I would plug it

in, I would make it flow, try to fit it together. I’d say “need more here,” send it

back to them and they would fill in the holes and send it back to me, and we’d

post it, other people would respond. So literally, every night I would work on the

document, and clean it up and put in all the materials that I had received that day.

By noon the next day, I’d have a new version of it posted. And I did this from

January until we submitted it in March. So I was doing that almost every night, or

I’d do it, and I’d post it and I kept it dated. So sometimes it would take two or

three days, but as we got closer and closer to the deadline, I got to the point where

281

I was updating it morning and afternoon or morning and night so that we had the

current document out for the people to respond to. (Accreditation Liaison,

personal communication, March 28, 2005)

Commenting about the strengths and weaknesses of this way of writing, Faculty

Member 1 said:

The QEP was drafted mainly by [the Accreditation Liaison], but she was really

interested in having people send her sections and information and ways that she

could work it in, and I think that was both a strength and a weakness of it. It’s

always a strength to have buy-in and people to contribute, but I think then

sometimes at the end, it reflected everybody’s concerns and so it didn’t seem to

have a major focus. We tried to put too much in it. . . . We had too many good

ideas in there to be the focus of a Quality Enhancement Plan. (Personal

communication, March 28, 2005)

Reviewing

Writing the QEP was a team effort; however, much of the work was attributed to

the Accreditation Liaison (Administrator 15, personal communication, March 28, 2005).

“A lot of that was done by [the Accreditation Liaison]. She did a great job. And she was

very involved” (Administrator 9, personal communication, March 31, 2005).

We had too much, it was too broad and we tried to narrow it, and then we

reorganized it. And people gave me more ideas of how to make it sharper and

more focused. It was a team effort, it really was. It was group writing at its best.

And it worked. So . . . it was written as a team paper. And that was a challenge,

writing that way was a challenge because if I had not been available to work on it

almost 24 hours a day, it would not have come together like it did. (Accreditation

Liaison, personal communication, March 30, 2005)

The Editor was no longer working for the Accreditation Liaison when the QEP

was written. However, he did review the document in his role as a USSU faculty

member because he was very interested in the QEP (Accreditation Liaison, personal

communication, October 19, 2005).

282

As the QEP began to be drafted, individual suggestions about content and

wording were made (Administrator 11, personal communication, March 30, 2005). The

Leadership Team and the study groups reviewed the entire draft and made suggestions

for changes (Administrator 20, personal communication, March 30, 2005).

We posted it on a semi-secure Web site for a time, just for the Leadership Team,

and then we expanded it out to other bodies, you know, faculty senate, our staff

senate, appropriate administrative bodies here on our campus to get their input.

Then that’s when we opened it up to town meetings to invite our faculty to come

take a look at it as well. (Administrator 15, personal communication, March 28,

2005)

As the Accreditation Liaison met with the provost and the university CEO on a

rather regular basis, they were updated and had an opportunity to review and provide

input for the QEP (Administrator 15, personal communication, March 28, 2005).

For the QEP, there were no formal meetings as the comments and draft were

exchanged through e-mail. Leadership Team members were asked through e-mail to

review the QEP several times (Administrator 10, personal communication, March 28,

2005). Faculty Member 1 said in that process she probably sent the Accreditation

Liaison her comments four or five times. She sent the Accreditation Liaison rhetorical

comments in terms of how to make the document more persuasive or how to organize it

so that the QEP had a clearer structure (Faculty Member 1, personal communication,

March 28, 2005). Faculty Member 2 said that many times he sent to the Accreditation

Liaison both substantive and even just editorial types of observations and criticisms

(Faculty Member 2, personal communication, March 28, 2005). “When the QEP was

written, it was made available on the Web. There were numerous efforts that I know of

to get input. . . . And so there were broadcast e-mails, even during the process of writing.

283

One of the last drafts was broadcast e-mailed to the entire faculty for input”

(Administrator 14, personal communication, March 28, 2005).

In terms of timeline, it took USSU 25 months to prepare the QEP, and as noted

previously, 14 of those months were spent trying to figure out what a QEP was. Once the

topic was defined, it took USSU 11 months to complete the QEP. USSU submitted the

completed QEP online and on a CD-ROM to SACS-COC on March 18, 2004. SACSCOC

had changed the submission deadline for the QEP, which was initially January 12,

2004.

Presenting the QEP

The QEP of USSU was a concise, well-crafted, and user-friendly document. In

compliance with the length limit (maximum is a 75-page narrative and a 25-page

appendix) specified by SACS-COC, the USSU QEP document comprised 61 pages,

including a 49-page narrative and a 12-page appendix. The QEP had 13 components: (a)

descriptive title, (b) table of contents, (c) executive summary, (d) introduction, (e)

background on the QEP development, (f) focus on enhancement of undergraduate

education, (g) focus on enhancement of graduate education, (h) action plan, (i) oversight

responsibilities, (j) timeline for action, (k) references, (l) resources committed to the

QEP, and (m) appendices. Under components (f) and (g), USSU further provided (a) the

rationale for enhancing undergraduate and graduate student learning at USSU, (b) the

proposed actions to improve undergraduate and graduate student learning, and (c) the

university programs and support services instrumental in enhancing undergraduate and

284

graduate education. In terms of form, the QEP is similar to a grant proposal. Similar to

the Compliance Certification, many elements of the QEP were hyperlinked to various

resources in electronic format. Table of contents items were linked to the appropriate full

body text sections.

The QEP began with a two-and-a-half-page executive summary providing a

useful synopsis of plan highlights. It introduced the QEP’s two goals—(a) enhancing

undergraduate education and (b) enhancing graduate education, which were designed to

help achieve two objectives of the National Prominence Plan. The goals were followed

by the definition of student learning and a description of methodology employed to

develop the QEP. The methodology provided evidence that USSU engaged all campus

constituents, including faculty, staff, and students, and conducted a careful analysis of the

institutional context. Importantly, the executive summary also included assessment

procedures for evaluating the QEP. The remaining sections were written in a coherent,

fully developed, and integrated way. The QEP document clearly identified the areas

where changes might generate the greatest improvements. It outlined the issues,

proposed courses of actions with specific timelines, identified required resources,

described strategies for addressing these issues, and explained how the implementation of

results would be assessed.

Administrator 12 commented that the content and structure of the QEP was very

instructive and informative to the visiting team (personal communication, March 29,

2005). Faculty Member 1 was really pleased with the things that were mentioned in the

285

QEP: “They were all concerns that we had mentioned in our meetings. It was a pretty

good match that way” (Faculty Member 1, personal communication, March 28, 2005).

The QEP offered a blueprint for enhancing undergraduate and graduate education

at USSU. It included proposed actions to be taken as a result of the study groups. The

QEP also included timelines with assigned responsibilities, strategies for change, and

mechanisms and commitment for ensuring that changes will occur. This approach to

writing a document that will lead to improvement is also recommended in the literature

by Kells (1995).

As mentioned previously, USSU submitted the QEP online and on a CD-ROM.

The CD-ROM also contained other supporting documents: (a) a Read Me First

Information Letter in a .pdf file (b) a Planning and Assessment chart in a .pdf file, (c) a

National Prominence Plan folder, and (d) instructions for downloading the Adobe Reader

folder. Thus, USSU tried to anticipate all the needs of reviewers and provide everything

reviewers might need to review the QEP. The CD-ROMs were checked carefully before

being mailed to the On-Site Reviewers. As with the Compliance Certification CD-ROM,

all embedded hot links in the QEP worked well on a computer with an Internet

connection.

In brief, writing the QEP was a team effort. The Accreditation Liaison drafted the

QEP using input from the Leadership Team and some members of the study groups. The

QEP was reviewed by various constituents. The QEP document was skillfully crafted,

well organized, user-friendly, and nicely designed in both the online and CD-ROM

286

versions. The QEP served as a basis for the peer review and will serve as a foundation

for future institutional planning and improvement.

Hosting the On-Site Review Committee

This section comprises three aspects related to hosting the On-Site Review

Committee: (a) providing input for selection of the On-Site Review Committee, (b)

preparing for the on-site review visit, and (c) hosting the On-Site Review Committee.

Providing Input for Selection of the On-Site Review Committee

Although the interview with the SACS staff indicated that under the former and

the new reaffirmation approaches (the *Criteria* and the *Principles*), institutions could

nominate the chair for the visiting team, this is not what occurred at the case study

institution. USSU was not given the opportunity to provide input for the selection of the

On-Site Review Committee chair. Instead, the Accreditation Liaison was given the

opportunity to nominate two lead QEP evaluators.

In order to identify nominees, she sought recommendations from colleagues and

others. One person was recommended by the provost and the other was suggested by the

Library Dean. The Accreditation Liaison contacted these two recommended people, and

they agreed to serve as QEP evaluators for USSU. She gave their names to the SACSCOC

Staff Liaison, who then issued an official invitation to them. They accepted and

served on the On-Site Review Committee.

287

Initially, the Accreditation Liaison was told in May and December 2002 meetings

that the two recommended QEP evaluators would be add-ons to the consultant group at

the request of the institution to help USSU. But as the on-site visit grew closer, it became

obvious that the two individuals were part of the On-Site Review Committee; thus, they

were reviewers. As with many other universities, the Accreditation Liaison was very

concerned, because these individuals had no training and they had not attended any

SACS-COC workshops. Thus they were unfamiliar with the new reaffirmation process

until they were invited to participate in the USSU reaffirmation. What could have

happened if those people had not been good evaluators? (Accreditation Liaison, personal

communication, June 28, 2005).

The Accreditation Liaison participated in an evaluation of the SACS-COC

process, and she was candid in her remarks about this concern. The success of the review

depended very much on who served on the visiting team (Administrator 15, personal

communication, March 28, 2005). The composition of the team mattered (Faculty

Member 2, personal communication, March 28, 2005). This view was consistent with

Harris’ (1983) and Cooney’s (1984) findings in the literature. Harris (1983) stated that

the quality of the site visit team was one of two key factors involved in the effectiveness

of self-study. The importance of new evaluator preparation, such as mandatory

participation in a training program, was stressed by Cooney (1984).

As indicated in the discussion of Research Question 2, a policy regarding

nominating two lead QEP evaluators was approved on June 24, 2004 by SACS-COC

(SACS-COC, 2004d). This new policy can be accessed at http://www.sacscoc.org/

288

pdf/QEPLeadEvaluator.pdf. In analyzing the sequence of events, it seems reasonable to

conclude that SACS-COC was piloting this policy at the time that USSU was scheduled

for its on-site review.

Related to nominating the lead QEP evaluators, five Accreditation Liaisons at

Level VI institutions in the Class of 2004 recommended that lead QEP evaluators be

selected based on their familiarity with the topic of the QEP. Institutions should read

potential evaluators’ work. The lead QEP evaluators function as reviewers, not as

consultants. They may or may not be from the SACS-COC region. Institutions cannot

use them as consultants for at least a year (Harrison, Summers, Helm, Klassen, & Brodd,

2004).

Preparing for the On-Site Review

The Accreditation Liaison, with the help of the Leadership Team members, made

meticulous preparations for the On-Site Review. Very early in the process, as soon as the

Accreditation Liaison knew the dates for the site visit, which was almost eight months

before the site visit occurred, she began coordinating with related units and facilities on

campus. She contacted L C C C Hotel, a new lodging facility on campus, and booked

guest rooms and meeting rooms. She made reservations for the different meeting rooms

around campus. She worked very closely with the transportation office on campus to

ascertain that the team got picked up at the airport and transported expeditiously. She

also arranged a shuttle bus to pick them up and drop them off on time. Because she knew

that their time was very limited, she made sure that they did not have to wait anywhere.

289

“The entire Leadership Team really came together and worked hard on

everything” (Student 1, personal communication, March 31, 2005). The Leadership

Team was divided into four subcommittees in charge of (a) coordination of campus

meetings, (b) hospitality, (c) logistics, and (d) publicity.

The four-member Coordination of Campus Meetings Subcommittee was

responsible for assuring that they had escorts to accompany the On-Site Review

Committee members and for reserving rooms in the Union and around campus. Student

1 said that as a member of this Subcommittee, he was also responsible for getting

students from different academic units for the On-Site Review Committee to interview as

needed (personal communication, March 31, 2005). “When students were needed, I was

called. . . . I sent out an e-mail to one of my organizations, saying . . . I need someone to

meet with someone [reviewer] about the library [for example]. If you have been to the

library, if you feel you can provide some information on it, please let me know” (Student

1, personal communication, March 31, 2005).

The four-member Hospitality Subcommittee was in charge of gifts, receptions,

meals, and university credit cards for the reviewers. “In their hotel rooms, the [university

CEO]’s office had provided gift bags with various [state] products and refreshments, and

books that the [university CEO] had signed” (Accreditation Liaison, personal

communication, March 30, 2005). The university credit cards were also prepared for the

reviewers.

We gave them all . . . T Cards, which had credit on them that could be used

anywhere on campus if they got thirsty and they were between appointments, and

they wanted to go to the Union to get a cold drink. They could use their T Card

and get food, beverages anywhere on campus. So, they didn’t have to pay and

290

then get reimbursed. (Accreditation Liaison, personal communication, March 30,

2005)

The Hospitality Subcommittee also made arrangements for the reception such as

sending out invitations, preparing nametags, and scheduling a photographer. In addition,

it made reservations for the Site visitors’ two dinners off campus.

[Administrator 15] was instrumental in working with [Administrator 10] on the

physical arrangements. [Administrator 15] heads up program reviews, so she’s

very familiar with wining, and dining, and hosting, and gift bags in the room, and

picking out menus and all that because she does that a lot for visiting teams that

come to campus for program reviews. So she was involved with that, did a great

job. (Accreditation Liaison, personal communication, March 30, 2005)

The two-member Logistics Subcommittee was responsible for (a) arranging the

hardware such as desktop and laptop computers, printers, copiers, and shredders at two

work stations, the Hotel and H M Library meeting rooms, (b) preparing bags with office

supplies and other incidentals for the meeting rooms, and (c) making administrative

support services available.

In the hotel, we set up a work room [and a] . . . meeting room. . . . Every one of

them had a laptop. We provided laptops that were wireless. We had desktop

computers. We had printers. We had a full-size . . . heavy-duty copy machine, a

big paper shredder. And we had lots of refreshments.

And on the campus, in the H. M. Library, which is where the archives are held,

there is a beautiful facility, a meeting room in there, and that was their on-campus

location.

And we had refreshments continuously offered in that room because they had

people coming to them as well as meeting in there by themselves. . . . They could

take their laptops with them but we provided printers, and they had access to a

copy machine over there if they needed it.

We had office supplies; [Student 2] created these little tote bags with stapler,

and scotch tape, and pens, and pencils, and tablets, and everything, so that each of

the team members had one of those. (Accreditation Liaison, personal

communication, March 30, 2005)

291

The three-member Publicity Subcommittee was responsible for publicizing the

QEP and notifying various entities that the On-Site Review was occurring on campus.

The Publicity Subcommittee used different means of communication to disseminate the

information including (a) print articles in USSU’s daily student newspaper; (b) posters,

banners, yard-signs; (c) e-mail; (d) online news clips; (e) a screen-saver on all publicaccess

computers; and (f) a link on the USSU home page to the reaffirmation process and

what was going on. Additionally, the Leadership Team members were reminded to bring

the information about the QEP, reaffirmation, and the On-Site Review back to their units

by sharing it in their regular faculty meetings, in the Faculty Senate meetings, and

Student Government meetings.

In preparation for the on-site review, the Accreditation Liaison had communicated

with the On-Site Review Committee extensively before they arrived so that they had their

schedule arranged out with the appointments that they wanted. All knew where they

were supposed to be. Although meetings for individuals had been arranged, the

individuals were also asked to make themselves available to the reviewers (Accreditation

Liaison, personal communication, March 30, 2005). Additionally, certain people were

asked to be on standby during those three days to deal quickly with any unanticipated

problems (Administrators 15, personal communication, March 28, 2005). Last, the

Accreditation Liaison invited the Leadership Team to attend the opening meeting, the

reception, and the exit meeting. She advised the Team that the reception on April 27,

2004, at the L C C C Hotel, on the first day of the visit, was especially important because

292

it was given in their honor as a way to thank them and the study groups for their time and

contribution to the process (the Team meeting minute, April 20, 2003).

Hosting the On-Site Review Committee

The nine-member On-Site Review Committee was made up of faculty members

and administrators from other universities accredited by the SACS-COC. The purpose of

the on-site review was two-fold: (a) to review the QEP and (b) to follow up on questions

from the off-site review of USSU’s Compliance Certification conducted in the fall of

2003. The SACS-COC On-Site Review Committee Chair commented in an article on

April 29, 2004 in the university daily newspaper that the Committee was looking at

USSU’s QEP and who drafted it. Committee members wrote their own agenda, and they

informed the Accreditation Liaison of what they needed.

The first night when they were here, we held the reception in the building just

on the other side of the small museum, in the L C C C Hotel. The reception

served to recognize the Leadership Team and our visitors. Probably 100 people

were invited to that.

And at that reception—this was from 5:00 to 6:00—they told me that they

wanted to change their appointments for the next day. They changed their entire

schedule. So, I left that reception and went home and got on the phone and

started calling people. And I was calling deans. I think the last person I called, it

was almost midnight when I called [Administrator 14]. . . . We got all the changes

made. . . . So it all worked out. (Accreditation Liaison, personal communication,

March 30, 2005)

The two people who had been recommended by the Accreditation Liaison took

the lead and wrote the section on the QEP in the on-site review report (Accreditation

Liaison, personal communication, March 30, 2005). They also led the discussion at the

293

exit interview. It worked very well for USSU; these two QEP lead evaluators were very

knowledgeable and helpful.

USSU viewed the On-Site Review Committee as consultants who came to help

strengthen its QEP. This was shown in an article in USSU’s daily newspaper dated April

1, 2004: “A review committee will come to the University April 27, 28, and 29 to assist

[USSU] in developing the QEP and help make it ‘the best it can be.’” Kells (1995) also

advocated viewing external visitors as useful consultants because receiving feedback

from well-intentioned, informed, unbiased peers can be fruitful.

The On-Site Review Committee met with administrators, faculty, staff, and

students to discuss the QEP. However, interviews conducted for this research study

revealed that there are two different views concerning the number of interviews that the

On-Site Review Committee held with USSU faculty. According to Administrator 11, a

large number of faculty members were invited, and many participated in interviews with

the On-Site Review Committee members (personal communication, March 30, 2005). In

contrast, Faculty Member 2 said: “During the site visit, the [review] team tends to meet

very little outside of just the Leadership Team and a few prominent administrators. . . .

The accreditation visiting team could probably restructure a little more to get a wider

assessment . . . spend a little more time gathering all kinds of views” (Faculty Member 2,

personal communication, March 28, 2005).

Perhaps this difference of views was in part a result of their different positions;

one was a faculty member and the other was a senior administrator. In a similar

comment regarding the composition of the Leadership Team, Faculty Member 2 also

294

expressed that he wished to see more faculty members included in the Leadership Team.

Although Faculty Member 2 and Administrator 11 had different views regarding the

number of the interviews the Committee had with faculty, they agreed that facultyreviewer

meetings were conducted during the on-site review.

To make the review team’s visit more fruitful, the Accreditation Liaison sent the

QEP report and made available needed catalogs and other supporting materials to the On-

Site Review Committee members six weeks prior to their arrival. They also organized

the reception at the beginning of the visit to introduce key institutional leaders to the On-

Site Review Committee members. These types of preparations and activities also were

recommended by Kells (1995) for making the on-site review successful.

The exit interview (an oral report of review results) was conducted on the last day

of the on-site review, which occurred from April 27-29, 2004. At the exit interview, the

On-Site Review Committee met with the university leadership and the Leadership Team

members to discuss the findings of the on-site review. The Committee was

complimentary regarding the extent of faculty involvement and the potential for real

educational improvements that could be realized by the initiatives proposed (USSU’s

Response Report to the Visiting Committee, 2004, p. 56). The On-Site Review

Committee thought that USSU involved the faculty broadly and that faculty knew what

the QEP was (Faculty Member 2, personal communication, March 28). This view was

also confirmed by Administrator 14:

As the reaffirmation site visit took place, one or more of the reviewers noted that

there was a lot of buy-in among the faculty for what was being proposed,

although they were a little confused perhaps in their minds between what was part

of the reaffirmation and the Quality Enhancement Plan compared to what was part

295

of the university’s overall strategic plan referred to as [National Prominence

Plan]. (Administrator 14, personal communication, March 28, 2005)

The On-Site Review Committee were very helpful and insightful with regard to

the QEP. They said, “your QEP is too broad, too all encompassing, too fuzzy”

(Administrator 14, personal communication, March 28, 2005). However, Administrator

14 remarked that there was a contradiction in the QEP requirement.

For us, because the QEP was initially ill-defined, and the fact that it takes a long

time to plan and develop a strategy of implementation at an institution this large,

its hard to get to the level of specificity that the SACS envisions in this short

amount of time. . . . There are so many units on campus, so many committees, so

many individuals that have to become part of this. It’s very hard to move fast and

to get a report even in two years. (Personal communication, March 28, 2005)

Concurring with Administrator 14 about the helpfulness of the On-Site Review

Committee, Student 1 said that the Committee gave USSU a lot of good feedback

(personal communication, March 31, 2005). This finding was consistent with Selden and

Porter (1977) who said that all institutions from the best to the weakest benefit from the

contributions of a peer review conducted in a spirit of mutual cooperation; thus, the most

valuable service that an evaluating team can offer is to be the “critic and stimulator of

educational improvement” (Selden & Porter, 1977, p. 8).

However, three participants at the case study institution expressed concern and

even dissatisfaction regarding some of the On-Site Review Committee members who

seemed, in at least four participants’ views, to bring the old frame of reference into the

review. Administrator 9 commented that because the review process was new, some of

the reviewers tended to be strongly influenced by the former review process (personal

communication, March 31, 2005). In fact, it was not clear at the general meetings that

296

they understood the new approach (Administrator 9, personal communication, March 31,

2005).

Administrator 5 was surprised and concerned about the On-Site Review

Committee’s recommendation that dealt with putting more financial resources into the

library.

In my view, that was sort of 20 years ago, when you were looking more at the

inputs rather than the outputs. As a matter of fact . . . a person . . . on the

committee, even after that was over, he said ‘you know, I know this is kind of

unusual, but the off-site team said we should do this and the internal people

discussed it, etc., and so we made this a recommendation.’ But I kept saying . . .

that times had changed and what ya’ll were doing was evaluating the outcomes,

not how many dollars we put in the library, or telling us we should take dollars

from somewhere else on campus and put it in the library. (Administrator 5,

personal communication, March 31, 2005)

Concurring with Administrator 9 and Administrator 5, Administrator 4 thought

that the On-Site Review Committee members seemed to find things that were never

meant to be a part of the visit. In her opinion, the Committee’s findings were minor in

the overall concept of the checklist of health: “We need to be very careful in that, having

gone to a simplified more efficient, more financially workable model, we don’t in fact

come back to this larger layering that we had with the previous process (Administrator 4,

personal communication, March 31, 2005).

In summary, three aspects related to hosting the On-Site Review Committee have

been presented. First, before hosting the On-Site Review Committee, USSU had an

opportunity to nominate the two QEP evaluators to the On-Site Review Committee.

However, it had no input for selection of other On-Site Review Committee members.

Second, to facilitate the On-Site Review Committee members’ work as much as possible,

297

the Accreditation Liaison and the Leadership Team made sure that every need of

Committee members was met. The Accreditation Liaison coordinated closely with other

units very early on to arrange lodging, transportation, and meeting facilities. Leadership

Team members were divided into four subcommittees in charge of coordination of

campus meetings, hospitality, logistics, and publicity, respectively. Various means of

communication were used; thus, the university community was well-aware of the on-site

review and the QEP. Third, thanks to all the meticulous preparations, USSU could

accommodate the Committee’s last-minute changes, and the on-site review visit was

successful.

Following Up

Two aspects related to the QEP are discussed in this section: (a) developing the

Reaction Report and (b) following up with the QEP.

Developing the Reaction Report

The Reaction Report was USSU’s obligatory response to the On-Site Review

Committee’s Reaffirmation Report, which included three recommendations and three

improvements considered necessary for the QEP. Because the Accreditation Liaison’s

assignment to the reaffirmation effort ended on May 18, 2004, Administrator 11 assumed

responsibility for following up on reports to SACS-COC and implementing the QEP. A

QEP Taskforce was appointed by the provost to refine and further develop the QEP and

to establish priorities for actions and the commitment of resources. Its first priority was

298

to address concerns expressed by the SACS-COC On-Site Review Committee (USSU’s

Response Report to the Visiting Committee, 2004, p. 57).

After giving the draft findings in June 2004 to USSU, the SACS-COC On-Site

Review Committee asked that the draft not be distributed: “‘This is not final, please

don’t distribute this in this form’” (Administrator 11, personal communication, March 30,

2005). However, Administrator 11 thought that it was bad not to disseminate the review

results. So, he took the comments and recommendations that were made in the draft final

report and put those into a separate document that he then distributed:

‘Here are things that SACS wants us to address.’

There was never a broadcast e-mail that went out to everybody. It went to all

the deans, it went to the members in the steering committee of the undergraduate

and graduate education study groups, and those individuals, many of those had

become part of a provost committee, which is the QEP Taskforce. (Administrator

11, personal communication, March 30, 2005)

Although the review results were distributed, Faculty Member 1 said that she did

not receive the information regarding the outcomes of the review.

We never got any kind of feedback as to what SACS thought of our QEP or what

the final report was. . . . I’ve been disappointed in the follow up after the visit and

after the QEP of keeping it before the faculty’s mind. . . . I am on the QEP

Taskforce and it would seem to me that we would need to hear regular reports to

see what’s happening in communication across the curriculum, in Gen Ed, in the

review of learning goals, to name two. . . . As far as I know the faculty as a whole

was never told what came out of the SACS review. So there’s not been a lot of

good and clear communication after the review. (Personal communication, March

28, 2005)

Disseminating the internal review results and the On-Site Review Committee’s

recommendations was advocated by Barber (1990) in the literature to promote

educational improvement. Kells (1995) also supported that recommendation: “An open

process should be followed by an open report” (p. 146). These findings could help to

299

outline future institutional needs. “The visitors’ report is advice and validation” (Kells,

1995, p. 140).

To address the On-Site Review Committee’s comment that the QEP was not

focused sufficiently for the university to make positive steps toward fulfilling it, the

Taskforce became responsible for sharpening the focus of the Quality Enhancement Plan.

USSU didn’t attempt to get the study groups back together (Administrator 11, personal

communication, March 30, 2005). Instead, focusing was accomplished mainly through

communications among some of the leaders of the two study groups. They attempted to

narrow the scope of what USSU was going to do and at least to tell SACS-COC what

USSU thought it could actually do (Administrator 11, personal communication, March

30, 2005).

“In a relatively short time . . . since the SACS-COC Committee Site Visit,

substantial progress has been made in addressing the recommendations of the Committee.

An infrastructure has been established and plans made for dealing with each

recommendation” (USSU’s Response Report to the Visiting Committee, 2004, p. 47).

The Reaction Report also helped set priorities for the QEP, thus making the final QEP

more succinct and focused. It did not have as many targets as the one that the group had

written by committee (Administrator 20, personal communication, March 30, 2005). The

goals chosen to have the highest priority were believed to integrate most effectively into a

robust plan that would enhance the educational experiences of USSU’s students (USSU’s

Response Report to the Visiting Committee, 2004, p. 47).

300

To ensure compliance with all of the requirements in the *Principles*, USSU gave a

detailed and comprehensive response to each recommendation. The 80-page Reaction

Report comprised a 48-page narrative and a 38-page appendix. It was submitted in

September 2004. After submission, the Reaction Report was posted on the Web site.

This report was made available to the Commission’s Compliance and Reports Committee

for review. But the journey did not end until December 2004 when SACS-COC

officially reaffirmed accreditation of USSU at its annual meeting in Atlanta, Georgia.

Following Up with the QEP

Before submission of the Reaction Report, USSU already had begun some

activities associated with the QEP, including the general education revisions and work

with Communication Across the Curriculum (Accreditation Liaison, personal

communication, March 30, 2005). For example, the Summer Reading Program began in

May. All incoming freshmen for the fall 2004 semester were required to read the

selected book. The book was selected because it addressed a wide variety of current

issues, was well-written and -researched, and was controversial (USSU’s student daily

newspaper, April 29, 2004, p. 10). Also it was interesting for freshmen and multidisciplinary

students ([USSU] Today, May 14, 2004). The book’s author was the

keynote speaker at the academic convocation on August 20, 2004. The Summer Reading

Program involved 200 faculty members who volunteered to help with this program. “The

Summer Reading Program is part of [USSU’s] effort to improve undergraduate education

through a ‘first-year initiative.’ The ‘first-year initiative’ is a key component of the

301

university’s Quality Enhancement Plan” ([USSU] Summer Reading Program Looking for

Volunteers, USSU daily newspaper, May 14, 2004, Vol. 20, No. 19)

During my March 2005 fieldwork trip, I had an opportunity to attend a faculty

development workshop titled “What’s This? I Hear About Learning Styles” conducted at

USSU by Administrator 20, Director of the Center for Faculty Development. This

activity showed that some initiatives in the QEP were underway at USSU.

The QEP Taskforce, in collaboration with several Faculty Senate standing

committees which have designated authority over academic matters and with the

University Assessment Committee Administrator, was responsible for monitoring and

writing the annual report to SACS-COC. The Taskforce was scheduled to meet once a

month; however, it met once a semester (Administrator 20, personal communication,

March 30, 2005). Administrator 11 mentioned that due to some budget uncertainties, a

midyear budget cut in 2005, there really were not many new resources available for use

in promoting the QEP (personal communication, March 30, 2005).

Under these circumstances, three participants expressed their concern about the

QEP follow-up. Faculty Member 1 stated that the study groups reported their progress

with regard to the QEP to the provost who wanted them to keep working; however, she

did not appoint new members or create a structure on campus to continue these efforts

(personal communication, March 28, 2005). Concurring with Faculty Member 1,

Administrator 20 also thought that the QEP should be on-going, otherwise faculty

members would lose momentum. Administrator 10, director of the Center for Faculty

Development and a member of the QEP Taskforce, commented that “we still do have a

302

QEP Taskforce, but now it only meets one time a semester. So, the momentum kind of

falls after the review. We should have some way of maintaining that momentum”

(personal communication, March 30, 2005). Starting follow-up activities was something

that Kells (1995) considered to be essential in the reaffirmation effort.

Under the *Principles*, USSU will submit an Impact Report to SACS-COC 5 years

after the reaffirmation. The Impact Report is USSU’s report on the extent to which the

QEP has affected outcomes related to student learning. The QEP is part of the long-range

plan. “There will be a halfway report that we’ll need to maybe provide benchmarks of

where we are with the Quality Enhancement Plan” (Administrator 15, personal

communication, March 28, 2005). However, the Impact Report is beyond the scope of

this research study.

In summary, during the follow-up phase, USSU prepared the Reaction Report in

response to the On-Site Review Committee’s recommendations to ensure compliance

with all the requirements outlined in the *Principles*. The QEP Taskforce was appointed

to address the concerns expressed by the On-Site Review Committee. The Taskforce also

was also charged with refining and developing further the QEP, establishing priorities for

actions and the commitment of resources, and making the plan more realistic in terms of

achievable educational improvement in USSU’s student learning outcomes. Some

initiatives, such as the Summer Reading Programs and General Education Revisions that

were proposed as part of the QEP, had already been initiated at USSU.

303

Conclusions for the QEP Work Process

Unlike the first leg of the journey (the Compliance Certification work process),

the second leg (the stage of defining the QEP) went a long rough road. Because the

*Principles* were new, and the QEP was a brand new component in the *Principles*, there

were no roadmaps or well-marked paths to follow. USSU had to work with minimal

guidance; therefore, it experienced confusion and frustration until it was matched with a

helpful guide on the side (SACS-COC Staff Liaison). USSU spent hours struggling with

what the QEP focus should be. Ultimately, the Leadership Team was able to take

advantage of the momentum built around the National Prominence Plan to develop the

QEP, which in turn will serve as a vehicle for helping to achieve Objectives 2 and 3 of

the National Prominence Plan. By using the study group format, USSU received broadbased

participation and faculty buy-in across campus. USSU established two study

groups of about 30-members each: (a) Undergraduate Education Study Group and (b)

Graduate Education Study Group. The study groups read the literature, discussed

relevant topics in small and then large groups, and made recommendations that formed

the basis for the QEP.

The QEP was a team-crafted, forward-looking plan and a course of actions that

would lead to improving undergraduate and graduate education programs at USSU. It

was developed successfully and was reviewed by the On-Site Review Committee. USSU

received the Committee’s input for making the QEP the best possible plan. The QEP was

sharpened to be more focused and feasible. In response to the On-Site Review

Committee’s Reaffirmation Report, USSU addressed the Committee’s recommendations

304

and suggestions in the Reaction Report. The QEP is part of the long-range plan and

USSU will be required to submit its evaluated effects on student learning in an Impact

Report.

The QEP “is a forward-looking document” and it is “in a way, an institutional

prospectus” as the SACS-COC On-Site Review Committee chair commented. It was a

substantive document to be used by the On-Site Review Committee, and more

importantly, by the campus community itself, which ultimately was responsible for

implementation.

Conclusions for Implementation of the Internal Review Processes

USSU took a centralized approach without creating layers of committees in the

implementation of the internal review processes. The Accreditation Liaison, with the

help of the Leadership Team, directly managed both the Compliance Certification and the

QEP processes. She was an excellent planner, leader, coordinator, data gatherer, writer,

public-relations person, and taskmaster.

The internal review under the *Principles* had two independent work processes:

(a) the Compliance Certification and (b) the QEP. The Compliance Certification and the

QEP had their own separate deadlines and processes. What was unique about the USSU

internal review processes was that it optimized the institutional context to address the

accrediting requirements in the *Principles*. USSU developed effective strategies for

carrying out the internal review processes. For example, USSU grouped the requirements

and assigned each grouping to the appropriate institutional senior executive who was

305

responsible for the researching and writing of the response. Thus a small number of

people were involved in developing the Compliance Certification. Similarly, USSU

optimized the momentum of the National Prominence Plan, which already had been

broadly discussed and supported, to benefit the development of the QEP. And more

importantly, the QEP, in turn, served as a vehicle for helping to achieve Objectives 2 and

3 of the National Prominence Plan, improvement of undergraduate and graduate

education, respectively.

Another unique aspect of the QEP development process was that USSU used a

study group format that resulted in broad-based participation of faculty, administrators,

and students from across the campus. The involvement of faculty in this development

process was particularly important as this would lead to buy-in when the time came to

implement the plan. The importance of faculty involvement is stressed in the literature

by many authors. The importance of matching the internal review processes with the

institutional circumstances was discussed specifically by Kells and Kirkwood (1979).

The Compliance Certification was straightforward, involved a small number of

executives and had some similarities with the *Criteria*. However, the QEP, which

constituted a major part of the reaffirmation process, and was a completely new

component, became the largest stumbling block in the internal review. It took USSU

over a year to identify its goals for the QEP. Because USSU was a pilot institution for

the new *Principles*, participants did not have the benefit of detailed guidance,

information, or examples to help them develop the QEP, they experienced a great deal of

confusion and frustration.

306

A summary of strategies used for development of the Compliance Certification

versus the QEP is presented in Table 7.

Table 7. Strategies Used in Development of the Compliance Certification Versus the

QEP.

Features Compliance Certification QEP

Strategy used for data collection Optimized the functionally

organized structure of USSU.

Took advantage of the National

Prominence Plan.

Method used for data collection Grouped and assigned the

Requirements and Standards.

Used study group format.

Participation Small number (senior

executives and their staff).

Broad-based (administrators,

faculty, staff, and students).

Who was responsible Senior executives and staff

responsible for 72 Requirements

and Standards.

Leadership Team responsible

for Core Requirement 12, or the

QEP.

Characteristics Straightforward, relatively easy. Stumbling block, difficult to

define the QEP topic.

Writing process Editor cleaned up and

organized input/responses

Provost and Accreditation

Liaison reviewed.

The Accreditation Liaison

revised.

Leadership Team and limited

number of people reviewed the

first draft posted on the secure

Web site.

The Accreditation Liaison

revised based on feedback

received.

The university community

reviewed the revised draft posted

on the university’s public Web

site.

The Accreditation Liaison

revised and made it the final

Compliance Certification for

submission.

The Leadership Team members

and some members from the

study groups wrote section(s) of

the QEP.

The Accreditation Liaison

wrote the first draft based on

input received from the

Leadership Team and some

members of the study groups.

The Leadership Team and the

study groups reviewed the first

draft posted on the secure Web

site.

The Accreditation Liaison

revised the documents numerous

times based on the feedback and

comments received.

The university community

reviewed the final revised draft

posted on the university’s public

Web site.

The Accreditation Liaison

revised and made it the final QEP

for submission.

Participants’ view as compared

with the *Criteria*

Much better, shorter, more

flexible, less expensive.

Eleven participants favored; 3

participants viewed the QEP

unfavorably.

307

Participants had different views of the *Principles*. As indicated in Table 7, all

participants in the case study institution favored the Compliance Certification portion of

the *Principles* (e.g., shorter, more flexible, focused on the essentials, faster, easier,

involved less, and less intrusive). The majority (11) favored the QEP (e.g., helps to put a

game plan in place, really asks the institution to think about how you can improve student

learning and come up with some concrete strategies, gave USSU the right or license to

develop its own plans, and force us to do the things we need to do).

Three participants voiced negative views about the QEP requirements (e.g., filled

with contradictions, dictates that universities do something different and then monitor it,

seems to be redundant, seems illogical, deviates from the university’s plan and adds

something else to it, unclear, wastes time, a major stumbling block, not an accreditation

matter, a kind of schizophrenia, pretty pointless, silly exercise, is not what an

accreditation agency should be doing, not even useful, an exercise in writing reports to be

filed away, pretty meaningless, will make more work, not appropriate, and not going to

work). From an open systems perspective, the difference in view that participants had

regarding the QEP component may be attributed to their having different cultures,

experiences, fields, or specializations, thus causing them to see things through different

lenses.

Finally, with the help of Computing Services and the automation system that was

already in place, USSU was successful in using technology to support effectively the

formulation and execution of the internal review processes as well as submission of the

Compliance Certification and the QEP both online and on CD-ROMs.

308

Conclusions for Research Question 2

Research Question 2 explored how USSU developed and carried out the new

internal review processes. The findings revealed that the new *Principles* require a

different way of conducting the internal review processes. The internal review processes

at USSU included the development and implementation phases. USSU developed and

implemented the internal review processes with minimal guidance and information from

SACS-COC. USSU took a centralized approach and the Accreditation Liaison closely

controlled the entire internal review process. USSU also optimized the integration of the

institutional context in the reaffirmation process. During the development phase, USSU

made meticulous and thorough preparations, including forming the Leadership Team,

involving computing services, obtaining leadership support, securing logistics, training

the Leadership Team, and educating the campus regarding the new reaffirmation process,

the *Principles*. The development phase set the stage for the two-component

implementation process: (a) the Compliance Certification work process and (b) the QEP

work process. A summary of milestones for development and implementation of the

internal review processes at USSU is presented in Tables 8 and 9.

Table 8. Summary of Milestones for Development of the Internal Review.

Time Activities Actor(s)

Fall 2001 Formed the Leadership Team Provost

November 2001 Selected the Accreditation Liaison Provost

December 2001 Selected the Leadership Team members Provost and University Planning

Council

Spring 2002 Involved ex-officio and others Accreditation Liaison

January 2002 Involved computing services Accreditation Liaison

December 2001 Started to prepare the Accreditation Liaison,

Leadership Team, and USSU

Accreditation Liaison

March 2002 Obtained office Accreditation Liaison

May 23, 2002 Attended the SACS-COC orientation Four Leadership Team members

309

Table 9. Summary of Milestones for Implementation of the Internal Review.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

November

15, 2002

Fall Annual

Profile due

February

2002

Brain-stormed

and reviewed

inventory

Late spring

2002

Grouped the Core

Requirements and

Comprehensive

Standards

Accreditation

Liaison, senior

administrator for

Budget and

Planning, and

director of

Institutional

Research

Fall 2002 Created online

faculty credentials

database

Director of

Institutional

Research and

Manager of

Teaching and

Learning

Applications

September

2002

Relayed

assignments with

instructions to the

senior executives

and their staff

Accreditation

Liaison

September

2002

Talked about

National

Prominence

Plan at the

Leadership

Team meeting

University

CEO

December

2002-June

2003

Received

responses from the

senior executives

and their staff

Accreditation

Liaison

Spring 2003 Verified faculty

credentials

Faculty

Spring 2003 Created online

faculty credentials

database for

administrative/aca

demic officers,

department heads,

and professional

support staff

Director of

Institutional

Research and

Manager of

Teaching and

Learning

Applications

310

Table 9. Continued.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

March-April

2003

Organized the

responses into

separate

standardized form

under each

Requirement and

Standard

Editor

March 2003 Reviewed the

document

Provost and

Accreditation

Liaison

April-June

2003

Revised the

document

Accreditation

Liaison

April 2003 Winter

Annual

Profile due

(included

expanded

version)

April 2003 Defined the

QEP Topic

June 2003 Posted first draft

on the secure Web

site for the

Leadership Team

and those who had

to fill in additional

information

Accreditation

Liaison

June 2003 Reviewed first

draft

University

leadership and

the Leadership

Team (esp.

assigned

sections)

Summer

2003

Initiated the

idea of

forming study

group format

Accreditation

Liaison,

director of the

Center for

Faculty

Development,

and ?

311

Table 9. Continued.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

Late July

2003

Posted revised

draft on USSU’s

public Web site

for the Leadership

Team and those

who had to fill in

additional

information

Accreditation

Liaison

Late July

2003

Reviewed revised

draft

The USSU

community

Made final

revisions

Accreditation

Liaison

August 2003 Created the

two Study

Groups: 31-

member

Undergraduate

Education

Study Group

and 28-

member

Graduate

Education

Study Group

University

CEO and

provost

Fall 2003-

much of the

spring 2004

Attended 1.5

hours sessions

on alternate

Thursday

(the study

groups read

and discussed,

made action

recommendati

ons that

formed basis

of QEP,

contributed

text, and

served as

reviewers)

Study groups

August 14,

2003

Submitted the

Compliance

Certification

312

Table 9. Continued.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

August 15,

2003

Posted the

Compliance

Certification on

USSU’s public

Web site

Accreditation

Liaison

September

2003

Booked hotel

rooms,

transportation,

and meeting

space on

campus

Accreditation

Liaison

September

2003

Received

SACS-COC

Staff Liaison’s

advisory visit

September

29-October

1, 2003

Off-site review Off-Site Review

Committee

October

2003

Had conference

call with SACSCOC

Staff Liaison

University

leadership, the

Leadership

Team

November

18, 2003-

February 13,

2004

Nominated

two lead QEP

evaluators

Accreditation

Liaison

November

2003

Fall Annual

Profile due

December

2003

Presented

action

recommendati

ons to the

university

CEO and

provost

Study group

chairs

Late

December

2003-early

2004

Put the QEP

together based

on input

received from

the Leadership

Team and

Study Group

members

Accreditation

Liaison

313

Table 9. Continued.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

February 13,

2004-March

16, 2004

Reviewed the

QEP draft

(eight

postings)

The

Leadership

Team, Group

Study

members,

senior

executives,

and deans.

March 17,

2004

Submitted

Focused Report

Accreditation

Liaison

March 18,

2004

Submitted

QEP

April 2004 Winter

Annual

Profile due

Early April

2004

Formed 4

subcommittees

: coordination

of campus

meetings,

hospitality,

logistics, and

publicity

Accreditation

Liaison

April 2004 Prepared for

the on-site

review

Four

subcommittees

April 27-29,

2004

Hosted the onsite

review

USSU

April 27,

2004

Held reception

and

recognition

ceremony

The

Leadership

Team

April 29,

2004

Had the exit

interview with

the On-Site

Review

Committee

University

Leadership,

the Leadership

Team

314

Table 9. Continued.

Compliance Certification QEP

Time Activities Actor(s) Activities Actor(s)

Annual

Profile

May 18,

2004

Concluded the

Accreditation

Liaison’s

service to the

reaffirmation

effort; handed

the

responsibilities

to vice

provost

Accreditation

Liaison

June, 2004 Received

Reaffirmation

Report

Vice provost

August 2004 Conducted the

Summer

Reading

Program

First-Year

Initiative

Committee

September

2004

Submitted

Focused

Report

Vice provost

December

2004

Obtained

reaffirmation

of

accreditation

USSU

2009 Submit Impact

Report

QEP

Taskforce

The estimated direct cost of the 3-year reaffirmation process at USSU was

estimated to be approximately $300,000, which was thought to be much less expensive

than if USSU had conducted the internal review process under the *Criteria*

(Administrators 4 and 5, personal communication, March 31, 2005).

From an open systems perspective, there should be some overlapping between

subsystems and the overlapping must be so important to each subsystem that a change in

one subsystem will be more likely to create change in other subsystems, thus resulting in

shared improvement. The Office of Accreditation and Institutional Effectiveness was

315

designated a subsystem within the system of USSU. This new subsystem was composed

of elements drawn from other subsystems (other units), thus creating overlap between

this new subsystem and other subsystems (two members in the University Planning

Council and four on the University Assessment Committee served on the Leadership

Team). The effect of this new subsystem was to tighten the couplings within the system.

Additionally, this new subsystem drew members from the Center for Assessment and

Evaluation, Budgeting and Planning, and Institutional Research, thus creating overlap

between their jobs, their interests, and their need to meet the requirements of the

*Principles* for which the new subsystem was responsible. These members had access to

data, thus making the Compliance Certification portion of the internal review processes

simpler, easier, and faster.

With the broad-based participation resulting from the study group format, more

overlapping was created among subsystems (units/departments at USSU) in developing

the plan, the QEP. The more faculty buy-in in the development phase of the plan, the

more buy-in USSU would receive in the implementation phase. Additionally, the success

of any campus-wide initiative related to learning depends on faculty buy-in.

USSU completed its 3-year journey of reaffirmation despite the many unknowns

encountered along the way. The journey had many milestones that USSU needed to

achieve before reaching its destination. USSU involved many players and all had an

important role to play in the process. It was a team effort. Teams provide a greater sum

of experience, knowledge, and expertise. Team synergy and decision making also was

advocated by Hampton, Summer, and Weber (1987).

316

The first and foremost goal of the journey—the reaffirmation of USSU’s

accreditation—was achieved. While this is an end, it is also a new beginning. The QEP

will serve as a roadmap for USSU’s future directions and will support travel to the next

destination established by the National Prominence Plan.

Before the journey, the travelers were very well-prepared, and the guide was

excellent. When the well-matched guide on the side (SACS-COC Staff Liaison) arrived,

he was helpful. The travelers received excellent support from people all along the way

(e.g., leadership, computing services).

The travelers were learning as they progressed. The journey enabled USSU to

examine itself thoroughly and comprehensively (the Compliance Certification). USSU

made improvements along the way by instituting new procedures. Also the journey

enabled USSU to plan for its future (the QEP) by scanning the environment, conducting a

SWOT (strengths, weaknesses, opportunities, and threats) analysis, and assessing how it

could reach its goals in the best possible way. During this journey, USSU received input

from peer institutions to make the plan even better for realizing educational

improvements. In general, the travelers were positive about the *Principles*. However,

some expressed concerns regarding the QEP component and the preparedness of the onsite

reviewers for carrying out assessment based on the new approach. Thus SACS-COC

may need to continue refining the new accreditation requirements and provide required

training to reviewers so that they do not bring with them their old frame of reference in

carrying out the new reaffirmation process. One of the important factors that contributed

to the success of USSU’s 2004 reaffirmation undoubtedly was the institutional

317

effectiveness processes that were put in place as a result of the 1995 reaffirmation. The

linkage between institutional effectiveness and the internal review processes at USSU is

discussed in the section that follows.

Response to Research Question 3

How were USSU’s Internal Review Processes

Linked to Institutional Effectiveness?

To address Research Question 3, how the USSU internal review processes were

linked to institutional effectiveness, three related aspects are presented: (a) What are

institutional effectiveness and internal review processes, (b) How did institutional

effectiveness facilitate the USSU internal review processes, and (c) How did the USSU

internal review processes enhance its institutional effectiveness processes?

What Institutional Effectiveness and

Internal Review Processes Are

As presented in chapter 1, *institutional effectiveness* refers to an “on-going,

integrated, and institution-wide research-based planning and evaluation process that

incorporates a systematic review of programs and services that (a) results in continuing

improvement, and (b) demonstrates that the institution is effectively accomplishing its

mission” (SACS-COC, 2004a, p. 15). *Internal review* refers to (a) a comprehensive

analysis of the institution’s programs, resources, and effectiveness in relation to its

educational mission and objectives and (b) development of a plan for improving student

learning outcomes in response to accreditation requirements. The internal review and its

processes result in two essential documents, the Compliance Certification and the QEP,

318

followed by two institutional responses: (a) the Focused Report (optional, in response to

the Off-Site Review Committee’s findings) and (b) the Reaction Report (mandatory, in

response to the On-Site Review Committee’s recommendations and suggestions).

When asked about the rationale for using the term *internal review* in the

*Principles* (SACS-COC used the term *internal review* in place of *self-study* in the

*Criteria*), SACS-COC Staff Liaison 2 commented that SACS-COC is using external

review (a look from the outside), which is paralleled by the term *internal review*, an

inside look (personal communication, April 4, 2005).

However, an interesting observation from the fieldwork trip to USSU was that

three senior participants took the term *internal review* to mean *program review* even

though I stated the working definition of *internal review* in my e-mail correspondence.

One participant said: “We also have an internal review process that the university

follows that came out of the previous SACS accreditation, wherein we have to review

academic programs, budgets, faculty, learning outcomes, and we have a regular process

during which many programs are reviewed each year” (Administrator 4, personal

communication, March 31, 2005).

Another similar observation was that at least nine participants had difficulty

remembering the term “Leadership Team” (used in the *Principles*). Instead, they often

referred to it during the interviews as “steering committee” (used in the *Criteria*). Thus it

takes time for people to get accustomed to using new terminology. As indicated in the

literature, the problem of terminology has existed for many years.

319

How Institutional Effectiveness Facilitated

USSU’s Internal Review Processes

As discussed previously in the description of the case study institution, USSU had

greatly improved in the area of institutional effectiveness since the last reaffirmation by

setting up on-going and systematic planning and evaluation processes. USSU’s

institutional effectiveness program contributed greatly to the smooth and successful

implementation of the internal review processes. Components of the institutional

effectiveness program that had a direct impact on the internal review processes were

planning (e.g., the institution long-range planning, departmental annual planning with

corresponding annual assessments) and assessment (e.g., various types of student

learning assessment, the assessment matrix, and comprehensive program reviews). These

components facilitated the internal review processes (a) by addressing at least three

specific accreditation requirements in the *Principles*, (b) by providing data and evidence

for addressing the Requirements and Standards, and (c) by providing a foundation for

developing the QEP.

Addressing Three Specific Accreditation

Requirements in the *Principles*

First and foremost, the institutional effectiveness program helped USSU to satisfy

three particular accreditation requirements in the *Principles*: Core Requirement 2.5,

Comprehensive Standard 3.3.1, and Comprehensive Standard 3.4.1. Under these

Requirements and Standards, institutions must demonstrate that they plan and evaluate,

and that their planning and evaluation is an integrated process. Institutional effectiveness

320

was considered by the On-Site Review Committee one of the most important segments of

the Compliance Certification (Administrator 15, personal communication, March 28,

2005). The interim provost specifically commented on the importance of the institutional

effectiveness program at USSU: “Having an on-going planning and review process at a

campus is one of the fundamental requirements of accreditation” (Administrator 4,

personal communication, March 31, 2005). If USSU had not had in place its institutional

planning and assessment processes, it would have been noncompliant with three

Requirements and Standards (Accreditation Liaison, personal communication, March 30,

2005). In response to the Core Requirements and Comprehensive Standards, USSU

documented what it had done regarding institutional effectiveness; this was “a matter of

giving a snapshot picture of the status of the institution” (Accreditation Liaison, personal

communication, March 30, 2005).

Good planning and evaluation processes were the backbone not only for being

reaffirmed but also for improving the institution’s educational quality. “The plan and the

evaluation of the plan, including what were specific goals and how we measured our

success, were critical to the SACS evaluation process, because . . . it was the underlying

component of what the institution should be doing to make itself better” (Administrator 4,

personal communication, March 31, 2005).

Providing Data and Evidence for Addressing

the Requirements and Standards

The institutional effectiveness program at USSU supported the collection of

essential data concerning the institution’s performance. The on-going planning and

321

evaluation systems in place enabled USSU to collect substantial longitudinal and acrossprogram/

unit data and evidence that it could draw from to compile responses for the

Requirements and Standards.

Four components of institutional effectiveness that helped with data collection for

the internal review processes included USSU’s annual planning and assessment in

academic and support units, assessment of student learning, the USSU assessment matrix,

and program reviews. The first component of institutional effectiveness that supported

the internal review process was planning and assessment. Academic and support units

routinely conducted annual planning and assessment that addressed the larger goals of the

university (Administrator 16, personal communication, March 31, 2005). USSU has had

a strategic plan in place since 1998. Academic departments developed their yearly plans

with full faculty participation and at the end of the year they prepared a report

(Administrator 11, personal communication, March 28, 2005). Administrator 11, a

department chair, described the annual assessment and how it helped to improve her

department:

In my department we had direct and indirect measures, probably four or five.

And I found out about several things about sequence of courses that were not

appropriate, some redundancy, some weaknesses in terms of critical thinking and

writing, communication skills. I found out all of that through the assessment

process.

We have absolutely made changes based on the assessment outcomes. . . .

That’s just the yearly assessment that we do. We do it annually . . . each semester

I do focus group interviews; we have a senior survey; we have a senior project.

(Personal communication, March 28, 2005)

The system of annual assessment in academic units enabled the collection of data

over years and across departments on campus.

322

Many support units also put in place a similar annual planning and assessment

process. Administrator 16, a senior executive for Student Life and Academic Services,

used a model of planning, resource allocation, implementation, assessment, use of

assessment results for improvement, and all of this looped back into strategic planning

(personal communication, March 31, 2005). All the units in his division engaged in

planning and developed annual reports that specified the assessments and evaluations that

had been done as a result of the planning (Administrator 16, personal communication,

March 31, 2005). Administrator 16 shared that the Dean of Students Office even

conducted a mid-year assessment:

The Dean of Students Office had a retreat back here in January. It was sort of a

mid-year check on whether they were doing well with their goals [and] objectives,

with their vision [and] mission tied together. And they began to talk about what

assessment procedures needed to be in place this spring in connection with their

goals and their objectives and get ready to write a report. (Personal

communication, March 31, 2005)

The annual assessment of the Center for Academic Success, for example,

provided information about the total number of students serviced, total number of student

visits, number of students attending class, and colleges that participated in service

learning (Administrator 16, personal communication, March 31, 2005). Administrator 16

said that he always tied funding allocation in his division to achievement of a particular

goal that helped support and develop activities associated with the National Prominence

Plan (personal communication, March 31, 2005).

As a result of its thorough and on-going assessment procedures, the division of

Student Life and Academic Services had built up an extensive database that simplified

the formulation of responses for several Requirements and Standards in the Compliance

323

Certification: “We already had the data; we just had to organize it in a different fashion

and send it to [the Accreditation Liaison] who led the committee” (Administrator 16,

personal communication, March 31, 2005). Administrator 16 said that he was pleased to

receive very good comments from the SACS-COC Onsite Review Committee regarding

the on-going and systematic planning and assessment in his division (Administrator 16,

personal communication, March 31, 2005).

The second component that facilitated the internal review was assessment of

learning. USSU had been engaged in assessing student learning since the previous

reaffirmation in 1995. The university collected data on student learning through various

types of surveys and studies, and used these data to inform the reaffirmation process.

In terms of surveys, we had an undergraduate graduating student survey; we

had a couple of iterations of the CIRP, which is handled out of the Higher

Education Research Institute at UCLA [University of California - Los Angeles]

administered to freshmen; in the Spring of 2003, we did our first administration of

[the] National Survey of Student Engagement, so called NSSE, which informed

our reports for the reaffirmation process.

There are also surveys that we do with incoming freshmen. When we don’t do

the CIRP, which is a commercial instrument, of course, we do on-campus

developed instruments. We always survey freshmen with some instrument. . . .

We are the repository for all of that survey data. . . . We did a 4-year longitudinal

study of general education which was started in 1996. . . . And that was a very

important study. The longitudinal study of general education indicated that . . .

there may be things that we want to look at, to think about improving the

programs. So we already have that information in place. (Administrator 12,

personal communication, 29, 2005)

Based on the assessment data, USSU learned a lot about student learning,

including how students learn and other related issues, thus enabling the university to

affirm that this is where it wanted to go (Administrator 12, personal communication,

March 29, 2005). The assessment helped improve individual courses and programs.

324

And always too to keep in mind that part of the assessment process for the

practitioners, the teachers, the educators is to have that plan, so that you can stand

back from it, and say: ‘Well, maybe we need to change this aspect of it.’ It’s

never etched in granite for all time, as it were. If you have some reflection

strategies for looking at the pedagogies, and at the outcomes, then you can, in the

next cycle of planning maybe, change the outcomes, modify them, tweak them a

little bit for the next set of students who are going through the course or the

program. (Administrator 12, personal communication, March 29, 2005)

The assessment also helped put practices and procedures in place that were in line

with SACS-COC’s requirements. Thus when the time for reaffirmation arrived, the task

of compiling responses was made easier. For example, a senior executive for the division

of Student Life and Academic Services established employment practices and procedures

that facilitated the internal review processes:

I put a lot of assessment and evaluation procedures in place . . . when we hire

individuals for instance, SACS says you need to have qualified, competent,

certified individuals. When I came in, I said ‘everyone needs a Master’s Degree

at the minimum; we have to have an open process for interviewing and for hiring

individuals.’ So, we had in place employment practices and procedures that

basically addressed the issues that SACS wanted us to. So we didn’t have to do

anything radically different. We just simply had to write it up and send it in as a

report to [the Accreditation Liaison]. (Administrator 16, personal communication,

March 31, 2005)

Analysis of USSU’s internal review documents revealed that the university made

assessment a part of its regular activities. USSU had several different standing

committees in charge of or related to assessment, such as (a) the Assessment Steering

Committee, (b) the Assessment Advisory Council, (c) the Program Review Panel, (d)

Assessment Coordinators, (e) the Faculty Senate Committee on General Education, and

(f) the Center for Assessment and Evaluation. The Assessment Steering Committee was

composed of six members appointed by the senior executive of Academic Affairs and

Student Services to coordinate efforts that assess the needs and learning outcomes of

325

instructional and noninstructional units. The Assessment Advisory Council included

representatives from colleges, departments, administrative units, students, and alumni.

It provides guidance in the development and implementation of assessment designs. The

Assessment Steering Committee and the Assessment Advisory Council were merged in

2002 into the University Assessment Committee, and that committee has met on a regular

basis every other week since fall 2002. The Assessment Coordinators served as liaisons

between the departments and the Assessment Steering Committee. Coordinators worked

with faculty members in the design and implementation of assessment activities.

The Center for Assessment and Evaluation provided individual faculty members,

programs, departments, and support units helpful guidance, professional training, and

assistance as needed, thus facilitating assessment-related work and making it easier and

less time consuming for all concerned. Commenting on the helpfulness of the Center for

Assessment and Evaluation, Faculty Member 1 said:

[Administrator 12] is with the Center for Assessment and Evaluation. . . . He

was very helpful. . . . I think that’s critical to getting things done on campus

related both to assessment of courses as well as assessment of programs. [The

Center for Assessment and Evaluation] plays a big role that way.

If I were a department chair, and I had to update my matrix, if I didn’t

understand how to do it, he would meet with me. [Administrator 20] also

sometimes meets with faculty. She’s in the Center for Excellence in Teaching

and Learning. She’s real good at setting goals and learning outcomes so both she

and [Administrator 12] would work with the faculty on that if they wanted to do

so. That kind of training is available. He also knows a lot about nationally

normed instruments that are out there so that if I wanted to check on something or

assess something and there is a test for it, he might help me that way.

When we wanted to assess the summer reading program or when we did that

survey to access faculty that had been in the study groups, he ran that through his

office. He sent it out for us on e-mail and then helped us tabulate results. It does

offer a lot of support on campus. . . . It would take you a lot of time if you had to

do all that yourself. (Personal communication, March 28, 2005)

326

USSU had an assessment policy and an Assessment Newsletter. It also had a

Web page that included (a) the University Policy Statement, (b) Current Practices in

Assessment, (c) Examples of Assessment Result Uses, (d) an Assessment Outcome

Newsletter, (e) Assessment Annual Report 1999, and (f) Program Review Annual

Reports for 1997- 2000. It also had a link to PowerPoint presentations that explained

how to use the University Plan Document Database. Assessment at USSU was

accomplished and documented on a continuous basis.

The third institutional effectiveness component that assisted the internal review

was the assessment matrix. USSU had an online academic program assessment matrix

that touched on how each department conducted assessment of student learning

outcomes. USSU pulled extensively from this matrix and integrated the information into

the Compliance Certification. SACS-COC reviewers also looked at the matrix. The

USSU assessment matrix in the spring of 2003 replaced a previous input format of yearly

online submissions from individual Unit Plans on the Web. The assessment matrix was a

table that covered five different areas: (a) the inputs, (b) the outputs, (c) processes used

to assess student learning outcomes, (d) findings, and (e) changes for improvement. Each

academic department was responsible for reporting this information online for all degree

undergraduate and graduate programs. Administrator 15 described the assessment

matrix:

We have an assessment matrix that incorporates learning outcomes, that is the

standardized format that’s posted on our Web for all of our academic

departments. We had small working sessions to work with those department

chairs or whomever the assessments coordinator might be for each of the 76

academic units that we have, for about an hour and a half, professional staff like

myself and others, that are well-versed or knowledgeable about assessment and

327

student learning outcomes, working with them to help their department craft their

own assessment plan. And then they would go back and work with their faculty

and post this information on the Web site. Of course we made this information

available to our reviewers that came for the SACS review. (Administrator 15,

personal communication, March 28, 2005)

The fourth component of the institutional effectiveness that facilitated the internal

review processes was the program review. As discussed in the description of the case

study institution, USSU set up comprehensive program reviews as a result of the 1995

reaffirmation. Since 1997, USSU has taken the program reviews seriously and used them

for internal improvement.

Rigorous, systematic, and cyclical program reviews are conducted in all degreegranting

units. They are cyclical, every 10 years, or for enhanced units (Foundations of

Excellence), every 5 years. Foundation of Excellence status is granted for a 5-year term

to recognize and reward exemplary departments that are leading USSU in its efforts to

achieve national prominence. Recognition as a “Foundation of Excellence,” USSU’s top

departmental honor, brought additional funding for enriching faculty pay and graduate

student stipends in hopes of drawing high-quality students and faculty to USSU (*USSU*

*News*, June 9, 2005).

In 2005, all colleges and departments were invited to participate and 33 applied

for “Foundation of Excellence” status. The 17-member University Planning Council,

which was composed of a cross-section of USSU’s leading faculty members and senior

administrators, evaluated the 33 campus units and then awarded seven with “Foundation

of Excellence” status, including biological sciences, chemistry, English, mass

communications, mathematics, music and physics. Units that did not reach Foundation

328

status this year will be eligible to reapply in 2 years. The departments that engage

seriously in doing appropriate planning and assessment and have plans that fit with the

university’s National Prominence Plan also receive rewards (Administrator 15-IE,

personal communication, March 3, 2005). Administrator 15 commented that institutional

effectiveness was a healthy way to run an organization (personal communication, March

28, 2005).

The program review format was like that of the SACS-COC reaffirmation, but

smaller in scale for one specific academic program. Following a thorough self-study, a

peer review (including external experts in the field), a memorandum of understanding is

developed at the conclusion of each program review. It is not just about what the unit has

to do to improve, but rather what the unit and the university need to do to improve the

unit (Administrator 9, personal communication, March 31, 2005).

A significant positive outcome of conducting assessment and program reviews at

USSU was that the reviews helped the faculty and staff familiarize themselves with the

concepts and practice of assessment, means of gathering evidence, and applying the

results for improvement of educational quality, thus building a culture of assessment.

Part of the assessment process for the practitioners, the teachers, the educators

is to have that plan, so that you can stand back from it, and say: Well, maybe we

need to change this aspect of it. It’s never etched in granite for all time, as it

were. Conducting assessment and program reviews helped familiarize the faculty

and staff with the doing assessment, providing evidence, and improvement of

educational quality.

If you have some reflection strategies for looking at the pedagogies, and at the

outcomes, then you can, in the next cycle of planning maybe, change the

outcomes, modify them, tweak them a little bit for the next set of students who are

going through the course or the program. (Administrator 12, personal

communication, March 29, 2005)

329

Administrator 21-IE commented that in an institutional effectiveness research

project, faculty in departments or colleges not subject to professional or specialized

accreditation normally do not appreciate the importance of assessment (personal

communication, March 7, 2005). Program reviews at USSU trained personnel to value

assessment. Participants indicated that they embraced and appreciated the program

reviews. The Accreditation Liaison commented that units across campus are immersed in

the whole process of planning, and assessment, and program review (personal

communication, March 30, 2005). The approach at USSU has been to ensure that five

faculty members serve on each Program Review Committee and receive training

(Administrator 15, personal communication, March 28, 2005). This training and

experience enable faculty members to value institutional effectiveness. USSU also

conducted seminars on institutional effectiveness that impacted the entire campus

(Administrator 15, personal communication, March 28, 2005). All participants favored

the program reviews, thought they were meaningful, and saw them as continuously

evolving.

The program reviews provided a wealth of data and evidence of USSU’s on-going

and systematic assessment, thus informing the 2004 SACS-COC reaffirmation process.

Commenting about the impact of regular assessment on the internal review processes,

Administrator 18 stated that “we produced the Web information whenever they asked us

to do it for each SACS accreditation. We went in and did it for those different semesters.

We can pull the data any time we want and produce the information” (personal

communication, March 29, 2005).

330

USSU already had in place “a pretty mature assessment process,” the staff, and

the methodologies to inform the accreditation process (Administrator 12, personal

communication, March 29, 2005). Through the planning and assessment process, USSU

already had identified the important players that USSU could call on for information and

input to address the Requirements and Standards in the *Principles* (Administrator 15,

personal communication, March 28, 2005).

In summary, annual planning and assessment, assessment of student learning, an

assessment matrix, and program reviews in place at USSU provided not only evidence of

its on-going planning and assessment mechanism, but also a wealth of data and evidence

needed to address the Core Requirements and Comprehensive Standards in the

*Principles*.

Providing the Foundation for Developing the QEP

Planning and assessment at USSU also played an important role in providing the

foundation for developing the QEP, thus helping to satisfy Core Requirement 12 in the

*Principles*. Core Requirement 12 states that the institution has an acceptable plan for

quality enhancement and demonstrates that the plan is part of its on-going planning and

evaluation process (SACS-COC, 2004a). First and foremost, as discussed in the QEP

work process, the institution’s long-range National Prominence Plan provided the

foundation for forming the QEP topic and writing the QEP. Although USSU had

explored various formulations of the QEP, the National Prominence Plan already had

been developed, and the QEP accommodated it (Faculty Member 2, personal

331

communication, March 28, 2005). The QEP evolved out of the on-going planning and

assessment and was part of the National Prominence Plan, which was USSU’s 7-year

planning agenda (Accreditation Liaison, personal communication, March 30, 2005).

Second, USSU drew from the assessment process the essentials on which it

wanted to focus in its QEP (Administrator 15, personal communication, March 28, 2005).

Assessment also provided data for writing the QEP, including the assessment committee

and the assessment matrix.

We met and we came up with some things that we want students to know when

they enter [USSU], what do we want them to know at the end of the freshman

year, what do we want them to know at the end of the senior year, and that kind of

evolved into an assessment committee and into that matrix that was reported in

the QEP. (Faculty Member 1, personal communication, March 28, 2005)

Assessment also helped USSU define the readings and assessment methodologies.

Lots of times our discussions during those weeks were grounded in results from

university-wide assessment. So for example, [Administrator 12] would talk about

the NSSE results that we got back from the National Survey of Student

Engagement. Or we would talk about what do we know from the graduating

seniors survey, or what do we have here that would tell us about USSU students.

I found, and I think the group did too, that helpful information because it helped

us to ground our readings in terms of if this is what readings say are trends in

higher education, what do our students show, what do our students say, and what

do our faculty tend to do. So having those pieces of assessment presented to the

group so that we could reflect on those as well, I think, was important in terms of

a kind of self-assessment in terms of knowing, for example, that a lot of our

students say that they really aren’t very engaged as freshmen anyway. They may

be a little bit more so as seniors. That was something else that told us we need to

focus more on the first year. So we used that assessment data to help us define

what those goals would be in terms of assessment and in terms of the QEP.

(Faculty Member 1, personal communication, March 28, 2005)

Third, assessment results also were helpful to USSU in implementation of the

QEP; for example, some of the findings USSU identified in general education are useful

to the committee that currently is reviewing general education: “All the data that we

332

have gathered in that longitudinal study will be very helpful to that process. So yes,

certainly the assessment that we have done has informed the accreditation process or

reaffirmation process. And I think it will continue to do so” (Administrator 12, personal

communication, March 29, 2005).

In summary, the QEP was an outgrowth of USSU’s on-going planning and

assessment process and was based on a comprehensive and thorough analysis of the

environment’s effectiveness with relation to student learning.

Summary

USSU established and has continued to develop their institutional effectiveness

program since the 1995 reaffirmation, including long-range planning (National

Prominence Plan), annual planning and assessment, assessment of student learning, the

assessment matrix, and program reviews. Such on-going and systematic planning and

assessment mechanisms facilitated USSU’s implementation of the internal review

processes by (a) meeting three specific accreditation requirements in the *Principles,* (b)

providing data and evidence for addressing the requirements and standards, and (c)

providing the foundation for developing the QEP. The relationship between the internal

review and institutional effectiveness is reciprocal. How the internal review processes, in

turn, fed back into and enhanced USSU’s institutional effectiveness program is discussed

in the next section.

333

How the Internal Review Processes Enhanced

the Institutional Effectiveness Program

Two aspects of how the internal review processes enhanced the institutional

effectiveness program are examined: (a) impact of the 1995 reaffirmation and (b) use of

results from the internal review processes.

Impact of the 1995 Reaffirmation

USSU’s strategic planning process was fueled by its 1995 reaffirmation.

Administrator 5 commented about the direct and visible impact that the last reaffirmation

had on USSU: “After 1995, [USSU] began a much better process of formal strategic

planning and even today, you will hear almost everyone on campus, students, faculty, and

staff talk about our [National Prominence Plan]” (personal communication, March 31,

2005). One of USSU’s weaknesses in 1995 was the planning process and linking

planning to outcomes assessments (Administrator 5, personal communication, March 31,

2005). Since the last reaffirmation, the planning system at USSU became better

organized, documented, and accessible.

Now it [planning] is more formalized, there is broader participation, everybody

knows what the goals and objectives and timeframes are. So in that light, I think

that what this process has helped us to do is to formalize that and articulate it

much better than we had been doing before. (Administrator 5, personal

communication, March 31, 2005)

Similarly, as for assessment, USSU had made significant progress during the past

decade. “The emphasis on assessment was there in 1994, and that was one of the things

we had to address, as most institutions do. We spent about 10 years doing that. I think

334

we were in pretty good shape with respect to assessment” (Administrator 12, personal

communication, March 29, 2005).

Between 1994 and 2004, the previous reaffirmation and the recent one, USSU

engaged in data gathering from students. To address the weakness of assessment, as

pointed out by the 1995 on-site visit, an assessment committee was formed to answer

three questions: (a) what do we want students to know when they enter USSU, (b) what

do we want them to know at the end of the freshman year, and (c) what do we want them

to know at the end of the senior year (Faculty Member 1, personal communication,

March 28, 2005)? The assessment committee developed the assessment matrix, which

was used by all academic programs to assess student learning.

The 1995 reaffirmation had a direct impact on USSU. It gave USSU the impetus

to initiate program reviews and better integrate planning, resource management, and

outcomes.

There were a number of recommendations made and in my view, those

recommendations helped put [USSU] on the track that we are on today in better

integrating planning, budgeting, resource allocation, and outcomes. I think it was

a very, very positive experience for us ten years ago. And I think the results that

we were able to show in this re-affirmation process were that we had done many

of the things that we said that we were going to do 10 years ago, so we were very

pleased about that. . . . There is no doubt in my mind that that [program review

process] evolved from the 1995 Reaffirmation Study. (Administrator 5, personal

communication, March 31, 2005)

Administrator 8 said that it was a good thing to learn from the on-site visit

(personal communication, March 30, 2005). He described how the on-site review chair

gave him useful suggestions regarding various issues:

The chairman of that committee is the president of [Y] University. And he came

down and he spoke to me about our fundraising arms, and we had an alumni

335

association, and a foundation and how your foundations should work together.

And that was helpful too. It hasn’t worked yet, but he got us on the right track.

So there were many of those suggestions that were helpful. (Personal

communication, March 30, 2005)

In summary, the 1995 reaffirmation had prompted USSU to institutionalize ongoing

and integrated planning and assessment mechanisms. USSU has come a long way

and made dramatic progress in the last decade.

Impact of the Internal Review Processes

Three related aspects of the use of the findings from the internal review processes

are discussed in this section: (a) making improvements along the way, (b) using the

results from the internal review processes, and (c) focusing the QEP by using input from

the On-Site Review Committee.

Making Improvements During the Internal Review Processes

During the internal review processes, USSU was able to identify and implement

improvements along the way. Five examples are provided. First, Administrator 17

related an improvement to the procedure for verifying faculty credentials that came out of

the SACS-COC requirement:

One important point to consider is whether or not the institution makes any

permanent improvements because of the process. In the case of faculty

credentials, [Human Resources Management] (HRM) has added a field which

specifically answers the question: ‘Does this person meet SACS criteria and on

what basis?’ Ten years from now when faculty credentials must be provided, we

will not have to go through paper files to find the answer. We will be able to

extract the information from the HRM data base. To me this was a long-term

improvement coming from a SACS requirement. (Personal communication,

March 31, 2005)

336

A second positive change coming out of a SACS-COC requirement was that

USSU instituted a procedure that automatically updates an individual’s personnel file if

he or she receives a degree from USSU (Administrator 17, personal communication,

March 31, 2005). A third positive outcome was that during the internal review processes,

the USSU administration realized that information on degrees earned by some of its

faculty and staff had not been updated. The Human Resource Management Office sent

out information to faculty to verify/update their degrees, the discipline in which the

degree was awarded, date of degree, and institution awarding the degree. As a result of

this, degree information became current (Administrator 17, personal communication,

March 31, 2005).

Fourth, as part of the accreditation process all units had to prepare matrices that

addressed outcomes assessment and how that fed back into curriculum development

(Administrator 14, personal communication, March 28, 2005). Fifth, to document what

USSU was already doing in terms of planning and assessment across units and campuswide,

the Office of Accreditation Liaison and Institutional Effectiveness developed a

planning and assessment chart.

It’s on our Web site, you may have seen this in somebody else’s office.

[Student 2] created this for us, and it really captured the institutional planning,

program review, surveys, accreditation, discipline specific accreditation of

individual programs by external agencies. We put this together in part to show

the site team and the off-site review electronically. . . . But it also helped us to

really understand what all we were doing and how it all fit together.

We had a lot of input from lots of different offices across the campus. . . .

People responded to it very well because it really did give you a visual picture of

what all the university was doing. That was the benefit. (Accreditation Liaison,

personal communication, March 30, 2005)

337

USSU showed that it used the results of the internal review throughout the

process. Using findings during the process of self-examination to make immediate

modifications and changes to operating procedures or practices for institutional

improvement has been advocated in the literature by Kells (1995). These processes could

be used as an improvement tool, thus making the internal review more rewarding and

meaningful because the participants go beyond the idea that the institution has to do this

for SACS-COC.

Of course, meeting SACS requirements, but you want to make sure that the

university is going to get something out of this other than reaffirmation. I think

that helps with faculty input because they realize that the university is actually

going to use what is being worked on and it’s not just meeting the standards of

our accrediting body. We are actually going to use this document to do

something. So I think with anybody, with faculty, staff, with anybody, even

someone out on the street, if what they are working on is going to do something,

they are going to be more pleased to participate and provide their time.

(Administrator 15, personal communication, March 28, 2005)

An interview with Administrator 22 at another institution indicated that the

internal review processes also identify areas where the institution is not completely

compliant and allow you to be more focused in bringing about the changes that will bring

you into compliance (Administrator 22-RI, personal communication, September 22,

2003).

Using the Results From the Internal Review Processes

As was the case with the 1995 reaffirmation, the 2004 reaffirmation has had

positive impact at USSU. The good part about the internal review processes was that

they made USSU assess where it was from a resource distribution perspective at the time,

338

whether it was putting its resources in the right places, and whether it needed to look at

its prioritizations in relation to USSU’s goals (Administrator 9, personal communication,

March 31, 2005).

Administrator 5 commented that the internal review process helped to bring

USSU’s attention to priorities and foci. It was the entire SACS review process that

motivated USSU to get more serious about establishing learning outcomes and measuring

them (Administrator 10, personal communication, March 28, 2005).

This process highlighted it [general education]. We knew we had to do it anyway.

. . . As it did 10 years ago, it is going to help us focus attention on those things

that we knew needed work, and it is going to enable us now to have to report back

at some period in time to SACS saying ‘yes, you suggested, and here’s what we

have done.’ So . . . that is a very positive part about it. It is just forcing us to do

the things that we knew that we needed to do anyway. (Administrator 5, personal

communication, March 31, 2005)

Going through the reaffirmation process, “you actually learn a lot about yourself

. . . . We had some very good suggestions that came from that particular process”

(Administrator 8, personal communication, March 30, 2005).

The reviews of standard tenure, reviews of academic programs which we

implemented and we do now. So many of the suggestions that came from the

visiting team have been helpful. And this is the whole object in the Quality

Enhancement Plan is that peers who know something about it can help you. It is

not punitive, it’s in fact there to assist you. (Administrator 8, personal

communication, March 30, 2005).

Student 1 stated that although USSU has not really gotten into some of the things

it talked about, he thinks that “in the future, certainly students are going to see some

changes as a result of that group of people who decided this is what needs to happen in

undergraduate and graduate education” (personal communication, March 31, 2005).

Administrator 11 said that some changes have taken place at USSU as a result of the

339

recommendations from the reviewers (personal communication, March 28, 2005). This

finding was consistent with Brase (as cited in Farrow, 1975) who wrote that visiting

committee recommendations were “the most influential stimulus to change in the

accrediting process” (p. 37). This finding was also consistent with Crishal’s (1981) study

of the impact that self-study and the accreditation process had on the administration and

management of selected accredited Michigan public community colleges: “Educational

leaders recognize that the self-study process is a valuable mechanism the results of

which, if followed, would enhance the quality of instruction and services provided by

educational institutions” (p. 5).

Focusing the QEP

As a result of the reaffirmation process, USSU has a QEP that is a course of

action designed to help accomplish Objectives 2 and 3 of the National Prominence Plan.

These objectives address areas of improvement in graduate and undergraduate student

learning at USSU. Of particular importance was input received from the On-Site Review

Committee, especially the two experienced QEP lead evaluators who enabled USSU to

make the QEP more focused, realistic, and feasible.

The bottom line is the institution chooses a vehicle to improve itself and again,

that brings it into focus in a specified period of time and I think that’s good. In

my view, one of the greatest benefits of this is that even though nobody wants to

do it and it’s time consuming, at least it makes everyone at a certain point and

time focus on the core requirements and the future. So I think that is very

positive. (Administrator 5, personal communication, March 31, 2005)

The QEP not only was an outgrowth of USSU’s on-going planning and evaluation

process, but it also continues to feed back into the institution’s on-going, integrated,

340

institution-wide planning and evaluation processes. Thus, the results of the QEP

component of the internal review processes are looped back into USSU’s planning and

assessment systems and ultimately should result in institutional improvement.

Summary

As a catalyst for change, the internal review processes had positive impact on

institutional effectiveness at USSU. The university took its 1995 reaffirmation results

seriously and committed to doing on-going, systematic planning and assessment, as well

as developing a “culture of assessment.” The findings coming out of the internal review

processes during the 2004 reaffirmation fed back constantly into the institutional

effectiveness processes, thus resulting in improvements as the internal review progressed.

The internal review processes also helped USSU to develop a focused and realistic QEP

that served as a partial blueprint for USSU’s future development.

Conclusions for Research Question 3

Research Question 3 examined how the USSU internal review processes were

linked to institutional effectiveness. The findings indicate that they were intricately and

reciprocally linked to each other. As with the *Criteria*, the *Principles* placed strong

emphasis on institutional effectiveness, and much of what the SACS-COC asked in the

Compliance Certification was related to planning and assessment. Institutional

effectiveness was critical to the success of USSU’s reaffirmation process because it

facilitated implementation of the internal review processes by addressing the

341

reaffirmation requirements. If a planning and assessment system had not been in place,

USSU would have been out of compliance with at least three requirements and would

have found it difficult to respond to other Core Requirements and Comprehensive

Standards. USSU used what it had in place to answer many of the questions. The results

of regular, rigorous, systematic, and cyclical assessments in all units were available for

integration into the Compliance Certification. Already having the institutional

effectiveness in place was very helpful, made the review process easier, and of course,

contributed to USSU’s success in the reaffirmation.

In return, the internal review processes highlighted the areas that USSU needed to

work on, such as defining common student learning outcomes across the university,

general education, service learning, and residential colleges as identified in the QEP.

With its planning and assessment mechanisms in place, findings from the internal review

processes continued to feed into and enhance institutional effectiveness at USSU.

Results of the reaffirmation process enabled USSU to reorder its priorities and to make

necessary changes for institutional improvement throughout and beyond the internal

review processes.

Overall, USSU’s institutional effectiveness program is well-established; however,

USSU still had several areas that needed to be addressed. For example, some support

units at USSU did not require annual reports, thus they were less familiar with how to

carry out assessment (Administrator 16, personal communication, March 31, 2005).

Also, there was a lack of linkages between program reviews and learning outcomes

assessment (Administrator 11, personal communication, March 30, 2005). Some faculty

342

members were not quite attuned to the importance of assessment (Administrator 12,

personal communication, March 29, 2005). Most of these areas were identified by the

internal review process. USSU continued to build on its institutional effectiveness

program as it is always a work in progress.

Results from the SACS-COC 2004 reaffirmations and related research projects

indicated that institutional effectiveness normally is an area with which higher education

institutions have the most difficulty in the reaffirmation process. Findings from the

review of the 2004 class of 30 institutions revealed that quite a few institutions in the

SACS-COC region seemed to have difficulties in attaining reaffirmation due to a lack of

or inadequacies in their institutional effectiveness program. During the off-site reviews,

19 institutions were cited on Comprehensive Standard 3.3.1 (Effectiveness), and 15 were

cited on Core Requirement 2.5 (Effectiveness). After the on-site reviews, 9 institutions

were cited on Comprehensive Standard 3.3.1 (Effectiveness), and 7 were cited on Core

Requirement 2.5 (Effectiveness) (SACS-COC, 2005d).

From the open systems perspective, institutional effectiveness and the internal

review processes were elements of USSU. These subsystems were strongly interrelated;

a good institutional effectiveness subsystem facilitated the internal review processes

subsystem and vice versa. In addition, two members on the University Planning Council

and four members on the University Assessment Committee were also on the Leadership

Team. The overlap of the institutional effectiveness professionals and the Leadership

Team was considered important because it helped to create tight couplings within the

system.

343

The journey of reaffirmation at USSU was successful, in part, as a result of the

good infrastructure established by its institutional effectiveness program. It made the

journey easier as well as more effective and efficient. In turn, the findings from the

journey also helped to identify the potholes and fill them or at least to make a plan for

filling those holes, thus resulting in institutional improvement for USSU. Reflecting on

the journey of reaffirmation, participants gained valuable insights and lessons that might

be useful to other institutions going through reaffirmation in the future and to USSU in its

future journeys. Insights gained from the journey at the case study institution are

presented in more detail in the section that follows.

Response to Research Question 4

What were the Insights Gained by USSU as it Developed, Implemented,

and Reflected on Its Internal Review Processes?

Unlike the answers to Research Questions 1, 2, and 3, which were synthesized

from various sources of data, the response to Research Question 4, “What were the

insights gained by USSU as it developed, implemented, and reflected upon its internal

review processes?” was drawn entirely from the interviews. There were no other data

sources available concerning the insights of participants at the case study institution.

During the interviews, I approached Research Question 4 by asking two

questions, interview questions 9 and 10 (see Appendix C for the interview questions).

Interview question 9 was aimed at drawing out the lessons that participants had learned

from their experiences with the development and implementation of internal review

344

processes, including what worked well and what did not, the challenges, and success

factors.

Interview question 10 asked participants for their suggestions regarding internal

review processes to other institutions completing reaffirmation. Although this question is

somewhat different from Research Question 4, it is fairly safe to infer that the

suggestions were based on USSU’s most recent experiences. Because the *Principles*

were new, participants would not have had prior experience with this particular approach

to reaffirmation, and thus it is likely that their advice and suggestions came from this

process. The combination of the lessons learned (more likely having a negative

connotation) and advice (more likely having a positive connotation) comprise the

response to Research Question 4. Additionally, asking about one question in different

ways enabled triangulation of the data. All participants at the case study institution

answered these two questions. Their responses were compared, contrasted, analyzed, and

grouped into five main categories: (a) leadership, (b) communication, (c) technology, (d)

resources, and (e) the Compliance Certification and the QEP work processes. Data

within each category then were examined and synthesized to extract the primary insights

gained. There were two types of insight: (a) confirmation of what worked, and (b)

suggestions on how to improve what was done. The headings of each of the sections will

indicate whether it is a confirmation or a suggestion.

345

Leadership

Insights gained are presented in relation to three areas of leadership: (a) the

Leadership Team, (b) the Accreditation Liaison, and (c) the university leadership.

The Leadership Team

*Confirmation: Careful selection of the Leadership Team.*

Careful identification, selection, and appointment of the Leadership Team are

very important and fundamental to successful internal review processes. Characteristics

of the Leadership Team members that participants viewed as important for contributing

to the success of the reaffirmation process included: committing to the process, taking

the work seriously, willing to spend the time as needed, believing in the process, not only

learning but taking back what they have learned to their units, contributing to the overall

health of the institution, and getting others’ buy-in for this worthwhile project. In

addition, it was of value to the process to have a diverse Leadership Team that offered a

range of views. These people were representative, challenged the process, and asked

good questions (Administrator 4, personal communication, March 31, 2005).

*Confirmation: Collaboration of the Leadership Team.*

The Leadership Team had positive interrelationships, worked as a team,

optimized individuals’ strengths and expertise, and had respect for others. “Everybody

listens to everybody’s ideas and everybody respects where they disagree. We had that

kind of cordiality in the process throughout. That sort of professionalism informed the

process at [USSU]” (Administrator 12, personal communication, March 29, 2005).

346

*Suggestion: More representation from the University Planning Council on the*

*Leadership Team.*

Administrator 14, a Leadership Team member, thought that the makeup of the

Leadership Team would have been better if there was more representation from the

University Planning Council. As the University Planning Council in Academic Affairs is

responsible for planning for the university, this member thought that if the University

Planning Council had been more integrated into the process, the Leadership Team would

not have been working at cross purposes (Administrator 14, personal communication,

March 28, 2005). Although this is a legitimate and good comment, research showed that

two members of the University Planning Council and four members of the University

Assessment Committee served on the Leadership Team. However, the important point

here is that the planning authority of the university should be more integrated in the

process, and especially in development of the QEP.

The Accreditation Liaison

*Confirmation: Careful selection of the Accreditation Liaison.*

Selection of the Accreditation Liaison is of utmost importance: “if you do have

the wrong chair or the wrong leadership team, it can be a disaster” (Administrator 8,

personal communication, March 30, 2005). In addition to the characteristics and qualities

expected of the Leadership Team members, other essential qualities demonstrated by the

Accreditation Liaison that were greatly appreciated by the participants included having a

long-term vision, being well-organized, being dedicated, having both the big picture and

347

attention to detail, having technical knowledge, communicating regularly, keeping others

involved and the campus informed, being intuitive in anticipating needs, being on task,

and fostering a community team spirit.

*Confirmation: Released time, resources, and university leadership support for*

*the Accreditation Liaison.*

Released time from teaching enabled the Accreditation Liaison to focus

completely on this important undertaking. The Accreditation Liaison said that she would

not have been able to drive the reaffirmation process to its completion without released

time (personal communication, March 30, 2005). In addition, providing the

Accreditation Liaison with an office, budget, staff, logistical support, and full access to

the university leadership so that she could accomplish the things necessary for the

internal review processes were essential to carrying out the process. It was very helpful

that the Accreditation Liaison identified an upper-level administrator early in the process

whom she could approach for help, advice, and support during the reaffirmation process

(Accreditation Liaison, March 30, 2005).

University Leadership

*Confirmation: The university leadership’s commitment, support, and belief in*

*accreditation.*

Participants generally concurred that USSU received excellent support from the

university leadership: “We always felt like we had the [support of] upper administration.

They were very supportive of the work that the group was doing and appreciative. That

348

helped a lot” (Administrator 20, personal communication, March 30, 2005). Like with

any other project, the endorsement and commitment of the university administration was

absolutely critical to the success of to the success of the internal review processes at

USSU (Administrator 2, personal communication, March 30, 2005).

The university leadership supported the internal review processes in different

ways. For example, they allocated money and resources and were present at many of the

Leadership Team meetings. “[The interim provost] was very knowledgeable about the

whole SACS process and she would attend the Leadership Team meetings and she would

help us a lot” (Administrator 10, personal communication, March 28, 2005). The

Accreditation Liaison received strong support from the university CEO and the system

CEO, thus making the process much easier (Accreditation Liaison, personal

communication, March 30, 2005)

The senior administrators emphasized the importance of accreditation. The

System CEO stated “you have to measure against your peers, and you have to be

accredited” (Administration 8, personal communication, March 30, 2005). The interim

provost said “accreditation is tied to your federal funds. We understand the ‘big picture,’

how this affects institutions nationally, and why it is important for a research institution

to lead that process” (Administrator 4, personal communication, March 31, 2005).

*Confirmation: Possible impact of changes in the university leadership.*

Changes in the university leadership made the internal review processes more

challenging.

We had intermediate leadership at the very beginning of this and then a provost

that was put in place toward the end. So we had some change in leadership

349

during this process, which of course, was a challenge to preparing for this because

sometimes your leaders have different views. (Administrator 15, personal

communication, March 28, 2005)

Fortunately, the change in leadership at USSU did not really make any difference

(Accreditation Liaison, personal communication, March 30, 2005). The new provost,

who came in July 2003, was willing to support the plan that the Leadership Team had

already begun to establish (Accreditation Liaison, personal communication, March 30,

2005).

In summary, USSU had an effective Leadership Team because it selected the

right people for the Team who were diverse, representative, and collaborative. Also it

selected an exceptional Accreditation Liaison, who not only had the right combination of

talents and qualities, but also received full support from the university leadership,

including released time. The university leadership played an important role in the

success of USSU’s 2004 reaffirmation.

Communication

Communication is examined in relation to five different stakeholders: (a) the

Leadership Team and others involved in the reaffirmation, (b) the university community,

(c) SACS-COC, (d) other higher education institutions, and (e) the public.

350

The Leadership Team and Others Involved in the Reaffirmation

*Confirmation: Wise use of the Leadership Team’s time.*

The Leadership Team chair started meetings promptly and tried to be organized to

maximize the use of their time (Accreditation Liaison-RI, personal communication,

August 27, 2003). For example, a tentative agenda, agenda for each meeting, and

minutes were posted on the Web site. An e-mail was sent to the group when the minutes

were available for review. A standard format was used for the minutes and under the

discussion, when relevant, a decision and action were included (e.g., Decision: To study

the SACS-COC *Principles of Accreditation* included in members’ packets; Action: All

members by 02/18/02).

*Confirmation: Inclusion of assistants to the senior executives and administrators*

*in the e-mails.*

The Accreditation Liaison included assistants of the senior executives and

administrators in the e-mails because she knew that they were actually the people who

worked on the documents and made sure that their bosses were reminded of the meetings

(Accreditation Liaison-RI, personal communication, August 27, 2003).

*Confirmation: Overlapping of the Leadership Team, the University Planning*

*Council, and the University Assessment Committee.*

The overlapping of the Leadership Team, the University Planning Council, and

the University Assessment Committee resulted in better communication within the

system.

[The Accreditation Liaison] was on the University Planning Council, which was a

group that the provost chairs. It met twice a week for awhile and once a week

351

later on. She had ample opportunity to not only update me [the interim provost],

but update other members of the committee which represented a broad range of

perspectives at the university from libraries, to research, to teaching, to student

services to academic programs. (Administrator 4, personal communication, March

31, 2005)

*Suggestion: Providing a “big picture” of the process to all involved.*

Although the Accreditation Liaison made every effort to inform the Leadership

Team and the university community about the *Principles* and the reaffirmation process

that USSU was going through, one staff member, an Applications Analyst, commented

that she did not understand the reaffirmation process overall until several months after

she had been involved in the process. She wished that she had been informed of the

importance of the reaffirmation process and its impact on the university earlier so that she

would have felt more like a part of the process.

Probably, to pull your technology people in and let them know what this process

is and how it affects the university. It wasn’t until much later into the project that

I realized, Wow! I am working on this big paper. . . . I think I had been working

on this project for many months before I even really realized what I was working

on. (Staff Member 1, personal communication, March 29, 2005)

However, she also admitted that it was her fault as she did not try to find out

about the process: “That’s just as much of my fault as anybody’s because I didn’t delve

into [it]. . . . I wasn’t as concerned with what it was for. But I think it would have been

nice to have been brought into the fold early and kind of felt part of the actual process

more” (Staff Member 1, personal communication, March 29, 2005). This shows that it is

important for all involved in the project to have a “big picture” of the *Principles* and the

significance of the reaffirmation process so that they may contribute to the process in a

more meaningful way.

352

The University Community

*Confirmation: Use of multiple means of communication.*

Communication with the university community was conducted in various ways:

e-mails, telephone calls, in-person meetings, retreats, group discussions, memoranda,

minutes, a link on the university Web-site, an online discussion board, announcement in

the university daily newspaper, the CEO’s speeches and discussions, and posters, yard

signs, and administrative communication channels (dean, chair, faculty). One specific

example was a print article to inform the campus of the on-site review and what the QEP

was about:

While on campus, members of the On-Site Review Committee will be meeting

with faculty, administrators, students, and staff to discuss the QEP. [USSU] is

proposing a QEP designed to help achieve Objectives 2 and 3 of the [National

Prominence Plan]. These objectives address areas of improvement in graduate

and undergraduate student learning. (USSU daily newspaper, April 16, 2004)

Some examples of two-way communication between units (dean, chair, faculty)

and the Leadership Team are provided.

The people who were involved were very well-informed. And they would have to

go back between these meetings, they were supposed to go back to their faculty

and talk about certain things. And when they came back and they would present

what their faculty said. (Administrator 20, personal communication, March 30,

2005)

The Leadership Team had representation from a variety of disciplines, thus

enabling them to provide input from their specific discipline and their specific colleges

(Administrator 15, personal communication, March 28, 2005). Administrator 10 and

Faculty Member 2 stated that they provided an update of what was going on, what was

353

under discussion, and what was likely to happen at their departments’ monthly faculty

meetings, particularly when the accreditation team visited (personal communication,

March 28, 2005). Dr. B G, head and student coordinator of the Ecology Department

served on a study group and relayed information on the reaffirmation process to the

students (Student 2, personal communication, March 29, 2005).

However, one participant, Administrator 10, commented that although she did

inform the faculty and get their input, she did not do as much as she should have, and part

of the reason was due to faculty resistance.

We were encouraged to keep the faculty informed and get their input. . . . I knew

it was important to get broad faculty participation, but I probably didn’t do as

much of that as I should. First of all, faculty members are busy with their own

work. Some of them are not interested. They say that’s your responsibility, you

do it. (Personal communication, March 28, 2005).

*Confirmation: Use of Web site to disseminate information widely.*

To make information widely available, Administrator 11 stated that

communication through Web sites was very helpful and effective. USSU provided good

background information to university administrators and faculty on the new SACS-COC

process and other related information. Under the heading “Additional Resources,”

information about an overview of assessment, definition of assessment, and institutional

purpose was provided. The Web site also offered extensive information about the

reaffirmation in 1995.

354

*Confirmation: Regular update and communication to obtain university*

*community buy-in.*

To obtain buy-in from the faculty, staff, and students, it was important to keep

them updated regularly and more intensively as the date of the on-site visit became

closer. The Accreditation Liaison kept the community abreast of the reaffirmation

process through various channels of communication; however, three participants,

Administrator 10, Administrator 20, and Faculty Member 2, commented that USSU could

have gotten more support from a broader group of faculty for the process if it had had

more forums that were open to the entire faculty. Student 1 stated that USSU could have

involved more students if it tried in different ways and different settings to get more input

from students:

It would be nice to have more students involved in some way, maybe not to come

to all the meetings, but maybe in classes where you already have students who

were there you can take a class and do surveys or go in and talk**,** and have

discussions with students or something like that just to get some input from a

bunch of different students and in different types of settings. (Personal

communication, March 31, 2005)

*Confirmation: University community’s input and feedback for the final reports.*

It was important to invite input and feedback from the university community

(Administrator 15, personal communication, March 28, 2005). “It has to be an inclusive

process. You have to keep everybody informed of what you are doing” (Administrator 8,

personal communication, March 30, 2005). To solicit input, the Accreditation Liaison

opened the Compliance Certification and QEP processes to comments and feedback from

all university constituents through the “Discussion Board” (Accreditation Liaison-RI,

personal communication, August 27, 2003). Administrator 5 complimented the way the

355

information was brought to the university community: “The e-mails were fairly short,

but they had links to the draft QEP, or something else, so that even though the e-mail was

short enough for everybody to read, if they wanted more information, they could go read

the entire document” (Personal communication, March 31, 2005). Inasmuch as not many

people would want to read a full-length QEP document, Faculty Member 2 suggested

providing a summary linked to the e-mails.

*Confirmation: Planning and Assessment Chart as an effective communication*

*tool.*

The Planning and Assessment Chart was an excellent tool for university-wide

communication in terms of program reviews, student assessment, specialized

accreditations, and the timeline for USSU’s SACS-COC regional accreditation. “Once it

was done and printed, all the deans got one, and all the vice chancellors got one. . . .

Everyone was supposed to have them up. People responded to it very well because it

really did give you a visual picture of what all the university was doing. That was the

benefit” (Accreditation Liaison, personal communication, March 30, 2005).

SACS-COC

*Confirmation: Importance of attending the orientation meeting and workshops.*

The Accreditation Liaison found that communication with SACS-COC as well as

attending the orientation meeting and workshops was helpful (personal communication,

March 30, 2005). At the orientation meeting, institutions could address questions and

issues that might come up at the beginning of the process. SACS-COC organizes a

356

variety of forums, workshops, and sessions covering all aspects of the new reaffirmation

process at every annual meeting in December. These forums benefit institutions that are

or will be going through reaffirmation.

Confirmation: Good relationship and regular communication with the SACSCOC

Staff Liaison.

Assistance of the SACS-COC Staff Liaison was important, thus establishing a

good relationship, and regular communication with him was essential. “And to just have

a good healthy relationship with whomever your liaison is at SACS, and of course, if you

know other people at SACS to call upon them for information and guidance to make sure

that your institution is doing what it needs to do as well” (Administrator 15, personal

communication, March 28, 2005).

The advisory visit by the SACS-COC Staff Liaison in October, 2003 was useful.

He met with the Leadership Team and talked specifically about the QEP, what the issues

would be, and where this institution would be going. He was very helpful in answering

many questions raised by the Leadership Team (Faculty Member 2, personal

communication, March 28, 2005).

*Confirmation: Seeking clarification about joint-submission requirement from the*

*SACS-COC early.*

The joint-submission format (two independent entities—USSU and the L

School—jointly submitted one set of reaffirmation documents) created complications at

USSU and did not seem to be a good fit for the new reaffirmation approach, thus

357

communicating with the SACS-COC Staff Liaison to resolve this issue early in the

process was important.

There even was confusion well into the process about who should be included

in terms of the [USSU] campuses. . . . Well into the process, that was not

resolved, which caused a lot of frustration on our part, not only our campus

preparing information, but definitely on the part of the L School. (Administrator

4, personal communication, March 31, 2005)

So we had to work a lot with our liaison with SACS because at first they

wanted us to incorporate information about the L [Center] . . . which complicated

things. Then the decision was made to pull them out. So we had to rework the

document many times, just for those types of logistics. (Administrator 15,

personal communication, March 28, 2005)

Other Higher Education Institutions

*Confirmation: Networking and communicating with other institutions.*

USSU was working on its internal review process while all the documents (the

handbook and materials) were being developed. There were no guidelines, and how to

implement the *Principles* was not fully developed. It seemed that the accreditation

liaisons of Level VI institutions were being told different things, even different deadlines.

Thus, they all decided that they needed to share what they were learning. The USSU

Accreditation Liaison found that communication with other accreditation liaisons of

Level VI institutions that were at the same point in the process as USSU proved to be

very helpful.

We shared occurrences after our off-site review, problems we had with the phone

conversation, all that, what we were doing to address certain things in our

Focused Report, some of the ways that we addressed the Compliance Certification

components. . . . It was just if any of us learned anything that we thought would

be important or useful to the rest of the group, we would shoot out an e-mail.

And then people would respond, and we would always ‘respond to all’ so that

358

everybody knew everything that everybody else said. (Accreditation Liaison,

personal communication, March 30, 2005)

*Confirmation: Looking at successful models.*

Visiting, communicating with, and getting feedback from other successful

institutions that had gone through accreditation and or had a good assessment program

proved to be helpful. “Considering what they did . . . gave us a frame of reference to

think about [USSU] and to think about our programs. So, I think those are very good

things for people going through the reaffirmation to take into account” (Administrator 12,

personal communication, March 29, 2005). Concurring with Administrator 12,

Administrator 9 suggested that very early on in the process, after they establish what

SACS-COC wants, higher education institutions need to get a quality example to follow

in the process (personal communication, March 31, 2005).

The Public

*Confirmation: Compliance with the sunshine law.*

USSU conducted its internal review processes in compliance with the state’s

sunshine law (Accreditation Liaison, personal communication, March 30, 2005). The

overall process of the internal review was carried out in three phases: (a) keeping access

to the working document initially limited to the Leadership Team and others who were

directly involved, (b) posting drafts where the entire university community could view

them, and (c) posting final reports on the public Web site, with password protection for

some sections such as financial information, faculty credentials, and student records. The

public and press could have access to any information not protected under privacy laws

359

and attend any meeting at any time. There was no such thing as a private meeting or a

private Web site. The university CEO was very open, and his philosophy was to put it all

out there, as long as no rules about individuals’ privacy were violated. So USSU posted

everything, except personnel, financial, and student record information, out on the Web

site and it had no problems with the sunshine law (Accreditation Liaison, personal

communication, March 30, 2005).

*Suggestion: Soliciting input from the City’s and State’s community for the QEP.*

One participant, Student 1, commented that it was important for USSU to get

information out there so that interested people, not only in the university but also in the

city and the state where USSU was located could provide feedback.

The more feedback you can get from people in the university, and in [USSU]’s

case, also the . . . community. Some thing that happens at [USSU] has a big effect

on [the city], and the state. . . . So for a large public university, you certainly need

to have the people in the community. At least let them know about it, or the

things that you’re talking about will have effects outside the gates of the

university. Let people know about that so you can get their feedback as well,

because it is important. (Student 1, personal communication, March 31, 2005)

Summary

Findings from the interviews indicated that USSU, using the strength of its

technology advancement, developed a very effective Web-based communication system.

Additionally, USSU optimized the use of multiple channels of communication.

Information was regularly updated in multiple directions within USSU as well as with

external constituents.

360

Technical Support

*Confirmation: Positive impact of technology on the internal review processes.*

All participants agreed that technology helped make the internal review processes

much more manageable and effective. Different terms and phrases used by participants

to describe the role of technology in the internal review processes included “fabulous,”

“phenomenal,” “instrumental,” “efficient,” “effective,” “the backbone,” “really useful,”

“more streamlined,” “more manageable,” “wonderful tool,” “wonderful Web site,”

“positive effect,” “very, very important part,” “more readily available,” “easier to

sample,” “so easy to communicate,” “fantastically easier,” “really remarkable,” “ability

to use links,” “making the process simpler,” “the physical work reduced dramatically,”

“having everything very polished and organized in a nice user-friendly format,” and “the

final product was very professional and easily accessible.”

It has been a huge advantage, huge advantage using technology where sites could

be developed and responses could be electronic, so it has changed the whole

process in that regard. . . . Technology has changed accreditation because even the

checks and compliance certification should be done electronically today, so that is

a big help. (Administrator 8, personal communication, March 30, 2005)

Two main functions of technology were (a) to collect additional information that may be

needed for the internal review and (b) to facilitate communication among various

constituents (Administrator 2, personal communication, March 30, 2005). “Everything

was done on Black Board. Giving information back and forth . . . sending drafts, sending

minutes, asking for information, and sending out surveys were done over e-mail”

(Administrator 10, personal communication, March 28, 2005). Additionally, a staff

member said:

361

The participants had a central place that they could go and post e-mails, post

questions. They were able to put their agendas online, have a calendar of the

meetings, and e-mail groups. [The Accreditation Liaison] was able to make

changes and then post them online for everyone to review, and then they would

send her their changes. . . . When it came time for the actual review teams to

come in, we were able to easily give them access to this database that already had

all the data in it, the collaboration, the files, everything. . . . We were able to post

out to the public body very easily because it was already on the server and was

already electronic. To give it to every student on campus, we simply had to put a

link on their desktops. . . . Everybody was then able to view the Compliance

Certification and the various things. (Staff Member 1, personal communication,

March 29, 2005)

Thus, a collaborative communication database where members can post agendas,

calendars, and minutes, and all the files they need to post was strongly recommended by

Staff Member 1 (personal communication, March 29, 2005).

Having the ability to use links was very helpful. In the short narratives for the

accreditation requirements, relevant policies, procedures, and financial reports could be

referenced and linked to the document; no attachment was needed, so the physical work

involved was reduced dramatically (Administrator 5, personal communication, March 31,

2005). “Get your documents digitized if they are not ready” (Accreditation Liaison,

personal communication, March 30, 2005).

*Confirmation: Contacting the computing services people early.*

The Accreditation Liaison stated that working with computing services personnel

from the very beginning was essential because she knew that Web site development was

going to be so critical. The fact that the Accreditation Liaison knew what she needed for

the process helped the computing services develop a database that effectively supported

the process (Staff Member 1, personal communication, March 29, 2005). The computing

services personnel were involved early because not only did they have the skills to access

362

the data from different offices in the university, but they also needed to obtain permission

from these offices, such as the Registrar’s Office, to access their data (Administrator 3,

personal communication, March 29, 2005). All study participants concurred that they

had excellent cooperation from the computing services. The terms that participants used

to describe the technical people included “committed,” “professional,” “phenomenal,”

“fabulous team,” “great team,” and “did a great job.” The Accreditation Liaison stated

that “having phenomenal computing services made it [successful]” (personal

communication, March 30, 2005).

*Confirmation: Minimizing possible technical issues by providing detailed*

*instructions and testing the Web site.*

To minimize the technical issues that might be encountered by reviewers,

computing services personnel anticipated the questions that reviewers might have and

provided the reviewers with detailed instructions. They also tested the Web site off

campus to ensure that it worked properly.

There was a little concern with putting all the sources online, whether the

reviewers external to [USSU] would have problems. . . . We had a lot of

instructions available online for the reviewers, so many of their questions could

be answered by the documentation. And we also accessed the Web site and the

data off campus to make sure that the speed was fast enough for off-site

reviewers. (Administrator 3, personal communication, March 29, 2005)

*Confirmation: Resolving technical problems quickly.*

USSU did not have many technical issues but when one did occur, the problem

was resolved quickly.

We only got two calls as far as technical problems. And that was because we

were linking to another site that had security, and actually I didn’t realize that it

had security, and so then we had to get a password provided for that. And then

363

the other one didn’t completely understand the instructions how to get to [the

electronic kiosk]. (Staff Member 1, personal communication, March 29, 2005)

With regard to the technology aspect of the internal review processes, interviews

suggested that improvements could be made in four areas.

*Suggestion 1: Discussion of final products in advance.*

Administrator 2 stated that the products should have been discussed up front: “If

we knew up front, and to my recollection, we really did not talk up front about processing

a CD. . . . When you are defining the Web site, if you think you are going to process a

CD, design it such that it is a format that works well in both environments” (personal

communication, March 30, 2005).

*Suggestion 2: Use of user-friendly software to facilitate conversion of documents*

*or purchase of on-line document collaboration software.*

Administrator 2 said she needed to look at the issue of conversion of document

formats from whatever word processing formats were used by the various committee

members into something that was easily accessible by others (personal communication,

March 30, 2005). The Leadership Team and those involved in the process were asked to

post only in certain formats, rich text or pdf, which are readable by others. Originally,

they may have worked on them in Word or WordPerfect formats. If so, the computing

services personnel needed to take the Word file or WordPerfect file and convert it into a

format that everybody could read (Administrator 2, personal communication, March 30,

2005).

Staff Member 1 commented that “if they weren’t using Microsoft Word as the

base, they could use something more easily converted to Web, because Microsoft Word

364

doesn’t do well for the Web. . . . We used a software called Dreamweaver to build up the

HTML and put it out” (personal communication, March 29, 2005). Unfortunately, the

actual process of making the HTML files was time consuming, and that is where much of

Staff Member 1’s overtime was used.

Staff Member 1 suggested that USSU look into purchasing some kind of online

document collaboration tools, where team members can collaborate physically with a

document by passing it back and forth among themselves (one person can edit the

document, and another person comes in and it will show the changes). “If we could come

up with something else besides Microsoft Word and Dreamweaver to use, something that

could automatically allow that collaboration, that would be very useful” (Staff Member 1,

personal communication, March 29, 2005)

*Suggestion 3: Empowering the Leadership Team more to post documents on the*

*Web site.*

Administrator 2 stated that if she had a chance to do it again, she would enhance

the tools to give more flexibility and control to reaffirmation team members for posting

items rather than having them post at one common location, and then having a technician

move the documents onto the Web site. It would be better if those carrying out the

internal review could post items on the system on their own time without requiring

technical staff involvement (personal communication, March 30, 2005).

They were posted in one area, and then we would have to take and make it

available on the Web site and run it through some procedures to do that. And if

some of that had been automated more, then maybe they could have gotten it from

one spot to the other without intervention on our part. . . . We could have

empowered them a little bit more. (Administrator 2, personal communication,

March 30, 2005)

365

In summary, participants agreed that technology made the internal review much

easier and more effective compared with the 1995 reaffirmation where volumes of

documents had to be created. Technology also changed the way that review processes

were conducted, as part of the compliance check that could be done from off campus.

Like communication, technical support is a critical factor in the success of the internal

review processes. Technology played important roles in communication and data

collection. It had positive effects throughout the entire reaffirmation process. Useful

insights included contacting computing services early, building from what already was

available, foreseeing reviewers’ questions, testing the Web site, and solving problems

quickly. However, some suggestions in terms of final products, control, conversion, and

document collaboration software were offered also for future improvement.

Resources

*Confirmation: Use of the 1995 reaffirmation experience.*

USSU built on its experience with the 1995 reaffirmation:

We had been through a review process before. We knew the challenges. We

knew what we had done to respond to them. We had been quite thorough in our

response and had been successful in the follow through. That experience was still

with us, and we were building upon that rather than starting from scratch. Those

memories were still fresh, and they allowed us to capitalize on what we have

accomplished in this last exercise. (Administrator 4, personal communication,

March 31, 2005)

*Confirmation: Use of available planning and assessment efforts.*

As previously discussed in the response to Research Question 3, USSU built upon

its well-established planning and assessment system by using existing assessment data.

366

Without this system, USSU would have been out of compliance with three accreditation

requirements and standards, and it would have had difficulty in collecting data for

responses to the Compliance Certification.

If you are not doing planning and assessment already, you’re going to have a real

problem as an institution. . . . You cannot do the Compliance Certification, you

are just going to be out of compliance on a lot of things if you are not actively

involved in university planning and assessment. You will have a lot of

recommendations. You will have a lot of follow-up. (Accreditation Liaison,

personal communication, March 30, 2005)

Administrator 12 stated that USSU developed the QEP based on its strengths as

well as its assessment database.

You are wise to build on your inclinations and on the innovations that you have

already tried and how have they worked. And if you have assessed them

effectively, then you can make some determinations about whether or not they

would be suitable for investing in a long range improvement plan such as . . . a

Quality Enhancement Plan. So, . . . build on strengths, build on the assessment

database that you already have. (Administrator 12, personal communication,

March 30, 2005).

It was going to become apparent very quickly if USSU had not had the planning

and assessment system in place. As USSU had it in place, it was just a matter of sitting

down, articulating, and showing that (Administrator 5, personal communication, March

31, 2005). The Accreditation Liaison added that USSU had some recommendations

related to planning and assessment even with all that USSU was already doing. Planning

and assessment were the two areas where most of the recommendations occurred for

many institutions in the extended pilot cohort (Accreditation Liaison, personal

communication, March 30, 2005). Thus, having a good planning and assessment

structure in place over several years certainly contributed to the success of the

Compliance Certification and reaffirmation.

367

One participant, Faculty Member 2, specifically recommended use of a program

review structure:

I actually do believe that this program review structure is a very healthy one and,

so if universities don’t have that, I would certainly recommend that they have

something; it doesn’t have to be exactly what USSU does, but a fairly regular

internal review of all departments on some periodic basis on the order of 10 years.

I think that I certainly would say is a very good thing. (Faculty Member 2,

personal communication, March 28, 2005)

*Confirmation: Use of available Web-base infrastructure.*

USSU built on the extensive Web base already in place and then customized it to

support the reaffirmation process. USSU had been using the types of technologies

needed to build Web sites for the reaffirmation process since 1997 when it started

building its portal (Administrator 2, personal communication, March 30, 2001). USSU

built the reaffirmation Web sites using its previous projects. For example, USSU used a

skeleton technology developed to address Student Government’s collaborative needs

(Staff Member 1, personal communication, March 29, 2005). Because USSU had almost

everything computerized, including historical data, collecting data for the reaffirmation

became easy: “It worked well for us because we had all the documentation in electronic

format already” (Accreditation Liaison, personal communication, March 30, 2005).

There were very few things that student workers had to scan (Accreditation Liaison,

personal communication, March 30, 2005).

In addition, USSU’s integrated information system enabled the pulling of data for

compiling reports. “We were pulling data from different areas. . . . A lot of this may

come from the human resources area, so I have to work with different people to

368

understand their data. Once I had a good understanding of the data, I was able to extract

the relevant information” (Administrator 18, personal communication, March 29, 2005)

*Confirmation: Optimal use of other support.*

A separate temporary office, Office of Accreditation and Institutional

Effectiveness, and a meeting room established in the center of the campus (in the central

library), facilitated the work of the Leadership Team. In addition, the helpfulness and

openness of others such as the Academic Affairs Office, computing services, and staff of

the library greatly helped the internal review processes (Student 2, personal

communication, March 29, 2005).

In summary, USSU developed its reaffirmation process from what already

existed, including prior reaffirmation experience, planning and assessment efforts, Webbased

infrastructure, and support from other resources.

The Compliance Certification and the QEP Work Processes

*Confirmation: Early start and use of timelines.*

Having adequate time was viewed as an important factor in promoting successful

internal review processes (Administrator 15, personal communication, March 28, 2005).

We had adequate time. . . . We worked on this thing for a good year and a half.

When I started out with this, I thought my goodness, why are we starting so early,

but . . . we dealt with the unknown, which is a challenge as well, because we were

doing something that the institution is not used to.

We were used to creating a self-study that was just very boom, boom, boom.

Moving onto a Quality Enhancement Plan was just completely you do what you

want . . . within these huge parameters. Then not having a lot of institutions

similar to us having already gone through this that we could call upon for

information, so the unknown was a huge challenge as well. So, adequate time to

determine where we were going and what we were doing I think was a huge item

369

that promoted our success. (Administrator 15, personal communication, March

28, 2005)

Because this was a very lengthy and time-consuming process, starting ahead of

time was helpful (Administrator 15, personal communication, March 28, 2005;

Administrator 20, personal communication, March 30, 2005). Administrator 9 suggested

that very early in the process, institutions should establish what SACS-COC wants

(personal communication, March 31, 2005) and incorporate SACS-COC requirements

into operating procedures (Administrator 18, personal communication, March 29, 2005).

Administrator 3, who provided technical support for the entire reaffirmation process, said

“start early and don’t be afraid to ask for help” (personal communication, March 29,

2005). She explained further:

not in this case, but in other cases, some departments wait until the last minute

and then come to us for help, and we can’t help them because we don’t have

enough time. . . . [The Accreditation Liaison] met with people very early on. The

biggest challenge would have been if the person in charge of the accreditation

process waited until the last minute to gather data, etc. . . . They would have been

in bad shape. (Personal communication, March 29, 2005)

Preparing and following detailed timelines to keep personnel focused and on

schedule were recommended: “In the accomplishment of any task . . . have a timeline

because those deadlines come” (Administrator 17, personal communication, March 31,

2005). The Accreditation Liaison was good at keeping people on track with the timeline.

Commenting about this, Administrator 5 stated:

I am a procrastinator, because as I view it, what is the hottest fire I have to deal

with today? And [the Accreditation Liaison] was very good in moving her fire

right under my nose. So she was very good at that, saying ‘no, you don’t have a

month you only have until Friday to do this.’ (Personal communication, March

31, 2005)

370

Four participants specifically expressed their concern about the lack of time,

especially toward the end of the process. There were more demands toward the end, and

Staff Member 1 had to put in extra working hours. She explained: “I do remember that

we were given a fairly short time period to get something up and out. . . . They made

changes on Monday, they wanted to post it for Tuesday. They made another change on

Tuesday “ (personal communication, March 29, 2005).

One concern is the time to meet everything. . . . It is like any project, there’s a lot

of work that needs to be done right before the next deadline or whatever. We

possibly could have streamlined that a little bit more, but that is something that

comes with experience, because you just go through this one time every 10 years.

(Administrator 2, personal communication, March 30, 2005)

Faculty Member 1 stated: “The thing with the QEP is there’s a deadline, so at

some point you say it’s ready to send whether you really think it’s ready to be sent or not,

it’s time to send it. So we didn’t meet so much to go over it as we did through e-mails”

(personal communication, March 28, 2005). Similarly, Administrator 11 commented:

“Our document was being changed up until the day it was submitted. And that’s typical.

It will probably always be that way. . . . But had there been a complete draft that

everyone could see a couple of months earlier . . . that would have been helpful”

(personal communication, March 30, 2005).

*Confirmation: Use of a streamlined approach for developing the Compliance*

*Certification.*

First, the groupings of Requirements and Standards and assignment of those

groupings to senior executives worked well. Thus, USSU used a centralized approach

that streamlined the process. “Since it didn’t really involve that many people, it didn’t

371

disrupt a lot of university activities, a lot of faculty and department chairs weren’t

inconvenienced, because we tried to be as streamlined as possible. We thought the

process worked well. . . . It was unobtrusive and it seemed to be effective” (Accreditation

Liaison, personal communication, March 30, 2005). Although this approach worked well

for USSU, the Accreditation Liaison-RI commented that “each university needs to do it

the way that works best for them” (personal communication, August 27, 2003).

*Confirmation: Addressing every question in the Requirements and Standards.*

Of particular importance is making sure that every question in the Requirements

and Standards is answered (Administrator 15, personal communication, March 28, 2005).

The System CEO who had served on several review committees as both chair and

member advised that “you have to answer the questions. You cannot duck the questions.

Whatever, however obvious they may seem to you . . . you have to respond to what you

are asked to do” (Administrator 8, personal communication, March 30, 2005).

Verification of information for faculty credentials is important: “Having people

to check your work is another big key” (Administrator 18, personal communication,

March 29, 2005). It is also important to check the links and have very specific locations

for physical documents that could not be posted online. Additionally, carefully

examining the requirements, pointing out potential problems in complying with SACSCOC

requirements, and seeing how the problems can be dealt with early on are essential.

Examples of these problems included conflict between SACS-COC requirements and the

state’s requirements regarding the financial audit process, the timing conflict for

372

producing the financial audit process and management letter, and conflict between

SACS-COC and GASB (Governmental Accounting Standards Board) Standards.

This campus is a part of the [USSU] System and by state statute, the state

legislative auditors audit the campuses and prepare a system-wide audit report.

SACS was saying that we had to have a campus specific audit and management

letter. So, in looking at that, what we did is go to the legislative auditors and said

we have got to have a more detailed audit and that we, of course will pay for that.

They said fine, that’s okay.

The fiscal year ended on June 30 and after that the audit would begin. Well,

the off-site team wanted to see the audit and management letter in late September.

Well it wasn’t completed by that time. What we told the off-site team was that by

March 1st or when the on-site group was here, it would be available, and so I

assume we were written up because we did not have the audit.

One other accounting issue was [that] there was a certain financial report that

SACS wanted done, and because of the implementation of the GASB Standards,

we had not done that in prior years and we told them that it would be available for

the first time. (Administrator 5, personal communication, March 31, 2005)

*Confirmation: Development of the QEP from existing strategic plan and*

*assessment database.*

Due to the lack of clarity regarding the QEP and the lack of models, the main

challenge and also the most significant stumbling block that USSU encountered during

the internal review processes was determining the topic of the QEP. In addition to the

lack of information and guidance, it was a challenge to come up with one topic that

pleased a range of representation across the campus. “When you have all these variety of

folks at the table you’re going to have people that have a wide range of ideas. . . . To get

all these people to come together to come up with one Quality Enhancement Plan topic

. . . and everybody be pleased with it, that is a huge endeavor” (Administrator 15,

personal communication, March 28, 2005).

373

Administrator 5, Administrator 9, and Student 1 commented that the QEP should

be developed from and be an integrated part of the strategic plan that the institution

already has in place. “The QEP must be part of our strategic plan” (Administrator 5,

personal communication, March 31, 2005). Administrator 9 advised not to make the

QEP an additional chore but rather something that fine tunes an existing strategic plan:

“I see the Quality Enhancement Plan as a refocus on a piece of strategic planning you

need to do anyhow” (Administrator 9, personal communication, March 31, 2005).

Administrator 12 suggested that a QEP topic be developed based on the

assessment database early in the process.

The sooner you can begin to think about it the sooner you can begin to evaluate

what you have going on at your campus in terms of the projected Quality

Enhancement Plan.

So you, if you could . . . begin to think about what are we doing here, what’s

working, and what does the assessment tell us that we might do to improve this

program. Then you can begin to maybe already have some things in mind. . . .

The earlier the planning, the better, particularly with respect to the QEP. (Personal

communication, March 29, 2005)

Thus, a well-composed QEP that is developed based on the existing strategic plan

and an assessment database will benefit the institution (Administrator 15, personal

communication, March 28, 2005). However, when developing the QEP, one of the

constraints is always the financial resources (Administrator 5, personal communication,

March 31, 2005). Some top administrators may not be interested in the QEP

(Accreditation Liaison, personal communication, March 30, 2005).

374

*Confirmation: Use of the study group format for getting broad-based*

*participation and faculty buy-in.*

All interview participants agreed that the study group format was very effective.

Administrator 11 commented that through the undergraduate and graduate study groups,

“many views were heard: faculty, staff, and students were quite involved in these groups.

So broad participation is good.” Since the undergraduate and graduate study groups were

so broad, they resulted in substantial buy-in (Administrator 11, personal communication,

March 30, 2005). It worked well to get the faculty talking (Faculty Member 1, personal

communication, March 28, 2005).

Administrator 12 recommended the study group format, particularly to inform

development of the QEP.

The undergraduate education study group gave us an opportunity to look at all the

things that are going on around the country that are represented in some of the

literature that we studied. It reinforced or facilitated the reflection because we can

say, OK, this is going on at this institution and this program is going on there, and

what will work at [USSU]? What are some of the things that we might want to

try? And the study groups crystallized that information. (Personal

communication, March 30, 2005)

Reflecting on the writing of the QEP, Administrator 20 thought that the approach

they chose that involved having various people write different sections and send them to

the Accreditation Liaison worked well. “Writing the QEP as we did with different people

responsible for different sections seemed to work well, too, because it wasn’t all on [the

Accreditation Liaison] to come up with it. For every section of it, there were people that

gave her input and she wasn’t having to do it by herself” (Administrator 20, personal

communication, March 30, 2005).

375

As for the Focused Report, the Accreditation Liaison advised that some of the onsite

reviewers may not have read completely all the documents submitted, so the writers

must be careful about referring back to previous sections (Accreditation Liaison, personal

communication, March 30, 2005).

Suggestion: Obtaining a Council of Deans and Department Chairs’ input to

narrow the QEP***.***

USSU had two very broad and large undergraduate and graduate education study

groups making recommendations for the QEP. Broad representation from various

constituents on campus, including the director of service learning, the director of the

program for learning communities, the Honors College dean, and various other people

was positive. However, to meet the needs of everyone resulted in a QEP that was too

broad (Administrator 11, personal communication, March 30, 2005). This was the main

criticism that SACS-COC made of USSU’s QEP: “[SACS-COC] liked all the things that

we proposed; however, they didn’t really think we could realistically do all of those

things” (Administrator 11, personal communication, March 30, 2005). Although he was

not sure how USSU could avoid this dilemma, Administrator 11 thought that an

improvement could have been made if there had perhaps been “a council of deans and

department chairs that were consulted and had input in this process” (Administrator 11,

personal communication, March 30, 2005).

Administrator 15 stated that organizing people in committees and having them

responsible for certain tasks was very important and worked well (personal

communication, March 28, 2005). She also commented that the Accreditation Liaison

376

did a wonderful job in anticipating the needs of the reviewers and that was helpful, too

(personal communication, March 28, 2005).

*Suggestion: Follow-up and establishment of an on-going structure.*

Three participants, Administrator 10, Administrator 20, and Faculty Member 1,

expressed a concern that there seemed to be no follow-up after the reaffirmation.

“There’s no place on campus where that kind of dialogue has continued afterwards. If

you want faculty to buy in that assessment is important, that it’s on-going, that it’s

regular, then you can’t just trot it out two years before the fact. . . . There has to be a

sense of on-going work and commitment” (Faculty Member 1, personal communication,

March 28, 2005).

As with Faculty Member 1, Administrator 10 stated that “it should be an on-going

process. We gather all this information, and we wrote the report, but then it’s over”

(personal communication, March 28, 2005). Administrator 8 concurred that to keep this

as an on-going process would be very valuable (personal communication, March 30,

2005).

Faculty Member 1 commented that, in terms of assessment, it can’t just be a

responsibility during the year of the review (personal communication, March 28, 2005).

Instead, there should be some kind of on-going structure so that it isn’t such a load when

it comes up, so that it’s just naturally pulling together what you’ve done. “It should be

gradual and consistent instead of an all of a sudden all-nighter when the report is due”

(Faculty Member 1, personal communication, March 28, 2005). Faculty Member 1 said

that there was not any formal, broad announcement that went out from USSU that said

377

USSU was reaffirmed: “It fades in the background until it’s time to gear up” (personal

communication, March 28, 2005). She continued:

What I hear about is mainly because it’s something I’m still involved in. There’s

nothing that keeps the community, the campus community informed. . . . I don’t

have a clue what happened to the graduate school part of the QEP. I know there

was also a graduate section in the QEP and they had some goals but I don’t know

what’s come out of that. (Faculty Member 1, personal communication, March 28,

2005)

Administrator 20 suggested that institutions “have an on-going mechanism so that

afterward, you work as hard as you did before” (personal communication, March 30,

2005). Concurring with Administrator 10 and Faculty Member 1, Administrator 20

further commented:

People go back to their old ways of doing things, and if this could be maintained

after the review, and not just when you are getting ready for a SACS review, it

could be better. Now there is no more group. And some things that are in the

QEP are starting to happen. But we still do have a QEP task force, but now it

only meets one time a semester. So, kind of the momentum falls after the review.

We should have some way of maintaining that momentum. (Personal

communication, March 30, 2005)

Faculty Member 1 emphasized the importance of closing the loop by providing an

analogy:

I think all parts of that cycle are important. It’s almost like when you give a

student a test, the student really does care what he gets on the exam. But then

some of the best teaching can go on after the exam when you see what you missed

and how you can learn it and do better. To me that part of the assessment process

is missing; that feedback and the ‘let’s see what we want to work on next.’ It’s

almost as if there’s a break in the cycle until it’s time for the test again. I see

problems with that. (Faculty Member 1, personal communication, March 28,

2005)

However, Administrator 11 stated that he sent the review results including the

comments and recommendations to all the deans, the members in the steering committee

378

of the undergraduate and graduate education study groups, and those individuals in the

QEP Task Force (personal communication, March 30, 2005). As Faculty Member 1 was

on the steering committee, perhaps the e-mail failed to reach her. But the important point

is that there was no broadcast e-mail to the university community reporting the

reaffirmation results (Administrator 11, March 30, 2005). He explained further how the

communication was conducted to narrow the QEP:

One of the things was to sharpen the focus of our Quality Enhancement Plan,

which at that point we didn’t try to get the whole group back together. It was

largely through communications among some of the leaders of that group to try to

narrow the scope of what we were going to do and at least what we were going to

tell SACS what we thought we could practically do. (Personal communication,

March 30, 2005)

Thus, in spite of Administrator 11’s effort, the review results missed reaching

Faculty Member 1 and other interested constituents.

Additionally, Faculty Member 1 thought that an improvement could have been

made if there had been a specific appointment by one of the university’s leaders for

someone to follow up on the QEP (personal communication, March 28, 2005).

At our last meeting when we had reported to the [a university’s leader] what we

had done and what we had done with the QEP, she made the statement that she

wanted us to keep working. She wanted us to go ahead and continue. But there

was no effort to do that in the fall. She didn’t appoint new members. She didn’t

follow up on that. . . . Nobody is going to do that kind of hard work unless it’s

clear why you’re doing it. (Personal communication, March 28, 2005)

In terms of evaluation of the internal review processes, three participants, the

Accreditation Liaison, Administrator 10, and Administrator 15 stated that some type of

evaluation was conducted although there was no formal evaluation. “Because we were so

new at it, I don’t know that I could tell you what didn’t work. We didn’t have any

379

standards to measure ourselves against” (Accreditation Liaison, personal communication,

March 30, 2005). The Accreditation Liaison stated:

We informally evaluated our review process. Because it was the first time, we

had ever done a Compliance Certification, the Leadership Team just talked about

whether they thought it worked well or not. . . . We thought the process worked

well. I didn’t really get any complaints. I didn’t hear any suggestions for what

we could have done to make it better. Everyone that I talked to about it indicated

that they thought it worked fine. It was unobtrusive and it seemed to be effective.

But it was informal we didn’t do any kind of formal assessment of it. (Personal

communication, March 30, 2005)

Faculty Member 1 indicated that USSU conducted a survey to determine the

effectiveness of the study group format summatively.

That was really more summative because it hasn’t been on-going. I guess our

formative feedback from that was that we kept inviting people to let us know what

else they wanted to look at in study groups and what suggestions they had. . . . It

was just kind of constant feedback. I don’t think there was anything really formal

along the way. (Faculty Member 1, personal communication, March 38, 2005)

In summary, the insights gained with regard to the Compliance Certification and

the QEP work processes indicated that starting early, providing the processes with ample

time to deal with delays and the unexpected, and using detailed timelines to track their

progress were important. USSU’s use of the streamlined approach for developing and

carrying out the Compliance Certification, and study-group format for developing the

QEP proved to be very successful. Generally, participants were pleased with the

approach chosen. However, they also offered a few suggestions for improvement. Three

participants expressed their concern for the missing piece, follow-up and an on-going

structure after the reaffirmation. As for evaluation of the internal review processes, a

survey was conducted to evaluate the effectiveness of the study group, a component of

380

the internal review process, and some informal evaluation was done. However, no formal

evaluation of the total internal review was conducted.

Conclusions for Research Question 4

Research Question 4 focused on the insights gained by USSU as it developed,

implemented, and reflected on its internal review processes. In general, data indicated

that the participants were satisfied with the internal review processes. The processes that

they chose for developing the Compliance Certification and the QEP worked well. As a

result, in December 2004 USSU received its reaffirmation without any follow-up.

However, as one participant commented “We can always find things to improve,

anyway” (Staff Member 1, personal communication, March 29, 2005). Upon reflection,

participants offered useful and valuable insights as well as suggestions for improvement

that can be considered for future similar efforts. Of the five categories: (a) leadership, (b)

communication, (c) technology, (d) resources, and (e) the Compliance Certification and

the QEP work processes, the most insights (16) were under the “communication”

category. “Resources” had the fewest insights (4), and the other three categories each

had 7 insights. However, these numbers do not mean necessarily that communication is

more important than the other categories. The number of insights for communication is

higher because the participants commented about it in multifaceted ways, such as in

relation to different stakeholders and through different channels.

Two participants in this study said that they were pleased that the internal review

processes were over. After the reaffirmation, they did not really reflect on what they

381

could improve or recommend to others who are going through reaffirmation.

Administrator 9 said that he “pulled out of the mix” (personal communication, March 31,

2005). Thus, the interviews caused the participants to reflect. Had the participants not

been asked, they might not have considered some of the most important insights from the

2004 reaffirmation.

Participants’ reflections about the process showed strong consensus on the critical

success factors, including the quality and leadership of the Accreditation Liaison, the

quality and commitment of the Leadership Team, good communication, computing

services collaboration and extensive electronic documentation, a good planning and

assessment (institutional effectiveness) program in place, building on available

experience and resources, and support of the university leadership. As it has been more

than a year since the on-site review, participants sometimes had difficulty remembering

details of the internal review. Thus, their responses to the interview questions likely

reflected what had made the greatest impression on them, and the critical factors pulled

out of the interviews may not be all-inclusive. In other words, if the interviews had been

conducted immediately after concluding the internal review, the data probably would

have been richer.

Perhaps the most important finding from the participants’ reflections is that USSU

should have had a more formalized evaluation as a final step in the process. If they had

included an evaluation piece in the reaffirmation planning process, that might have

enabled them to evaluate the effectiveness of the internal review processes. They could

382

have examined more effectively what worked and what did not work, what they would do

differently as well as to have a follow-up plan after the reaffirmation.

The evaluation plan also could have outlined an agenda for what USSU was going

to do with what it had learned from the internal review processes (e.g., identifying what

needs to be done and communicating to the community, or at least to the people involved,

what the outcomes were). The fact that some participants voiced their concern, in a

constructive way, indicated the importance of establishing a follow-up structure after the

reaffirmation including dissemination of the reaffirmation results. They wanted to know

the results of the reaffirmation into which they had put so much effort. There should

have been some type of public final report such as an article in the daily university

newspaper so that the ending was as public as the rest of the process. “An open process

should be followed by an open report” (Kells, 1995, p. 146). However, not providing this

type of closure is a common issue as was identified in the literature.

The insights gained are valuable to three audiences: (a) USSU, (b) other HEIs,

and (c) SACS-COC. First, through this reflection, USSU was able to learn more about its

internal review processes (success stories, approaches, and areas of possible

improvement). Whether it was a confirmation or suggestion, the input was of value to

USSU for future endeavors.

Second, the insights as discussed in this section also provide helpful information

to other higher education institutions on how they can prepare in order to facilitate the

internal review processes. For example, the insights might suggest that institutions (a)

consider the reaffirmation well ahead of time, (b) focus on certain key areas in the

383

reaffirmation process, (c) articulate planning and assessment systems with accreditation

requirements, (d) start considering the QEP topic early on, and (e) develop reaffirmation

Web sites. Third, SACS-COC could share these insights (what worked and what did not

work at a particular case study institution) with other institutions through a publication

such as a newsletter.

From an open systems perspective, the SACS-COC new *Principles* (change in

one system) requires institutions to carry out internal review processes in a new way

(create a change in another system). USSU, as a system in a larger system, the suprasystem

of higher education institutions in the SACS-COC’s region, has to be in

compliance with the SACS-COC *Principles*. Participants’ insights gained clearly not

only benefit USSU itself, but also SACS-COC and other higher education institutions,

thus making the new reaffirmation approach more successful and effective. Each

institution as a systemic component can benefit from USSU’s insights by making the

internal review processes at their own institutions more effective in terms of cost, time,

and labor, thereby accomplishing reaffirmation in a more efficient way. Theoretically,

USSU improves and other institutions may improve resulting in improvement of the

SACS-COC supra-system. As the role of SACS-COC is to ensure quality improvement

in higher education, especially student learning outcomes, all students in higher education

within the SACS-COC region should benefit from this.

In brief, the journey of reaffirmation would have been more successful if a

follow-up plan had been included. The travelers and those involved in the internal

review processes should have been informed of (a) the outcomes of the journey, (b) the

384

status of accomplishing goals set out for the journey at the beginning, and (c) where the

results of the journey will lead (what will be done with the reviewers’ comments, and any

other changes needed as a result of USSU’s own findings).

The reflections of the travelers are helpful not only to themselves in carrying out

future journeys, but they also inform other groups of travelers concerning valuable

lessons learned and insights gained from this important undertaking. Instead of

“reinventing the wheel,” others can build on USSU’s experiences as a frame of reference.

However, institutions are unique in many ways (size, location, people, culture, and

organization), thus they may want to incorporate some of the success stories from the

case study institution and develop their own paths that best meet their institutions’ needs

and characteristics for their future journey to reaffirmation.

Chapter Conclusions

The discussion in chapter 4 has provided detailed responses to the four research

questions: (a) How do the SACS-COC new *Principles of Accreditation* differ from the

1998 *Criteria for Accreditation,* (b) How did USSU develop and carry out the new

internal review processes, (c) How were the USSU internal review processes linked to

institutional effectiveness, and (d) What were the insights gained by USSU as it

developed, implemented, and reflected upon its internal review processes? Five

conclusions are drawn from the findings.

385

*1. USSU adapted to the new Principles quickly.*

Whereas the Compliance Certification component of the new *Principles* has

similarities to the *Criteria*, it no longer requires involvement by numerous faculty

members, and therefore it can be accomplished more effectively by a small number of

people who have access to the data. USSU adapted to this significant change quickly by

using a centralized, streamlined approach to carry out the internal review processes. The

Accreditation Liaison, with assistance from the Leadership Team, managed and oversaw

the entire process directly. They grouped the requirements and assigned them to senior

executives and their staff members for response.

The QEP is a new component in the *Principles* that requires broad-based

participation. As noted previously in the QEP work process, USSU was able to receive

campus-wide input and faculty buy-in through the use of study groups, although the

Leadership Team centrally managed the overall QEP development process. The study

groups not only were effective in helping develop a QEP that would meet Core

Requirement 12 and make a significant contribution to improving the institution, but also

they turned out to be an excellent professional development forum for nearly 60 faculty

members, staff members, and students. Two participants specifically commented that

they normally focused on literature in their own fields, thus the study group format

helped them to be aware of rich sources of literature related to higher education and

learning outcomes. Thus, the benefit of using the study group approach went beyond the

reaffirmation and will have a long-lasting impact.

386

*2. The Compliance Certification of the Principles was viewed an improvement*

*over the Criteria, however, the QEP was viewed both negatively and positively.*

The interviews showed a consensus that the Compliance Certification component

of the *Principles* was an improvement over the *Criteria* in terms of time, labor, and cost.

It is much shorter and provided greater flexibility in responding to the Core Requirements

and Comprehensive Standards, thus better accommodating variations found in different

types of institutions.

With regard to the QEP, all participants initially thought that it was a stumbling

block. It took USSU a long time to develop a QEP topic due to a lack of information and

understanding initially. Participants were confused, frustrated, and discouraged by the

time they finally identified a topic. Three of the participants even thought that the QEP

was inappropriate and philosophically objectionable for two reasons. First, they thought

that it was inappropriate for an accrediting agency to be involved in the development and

evaluation of an institution’s future planning. Second, they thought that the SACS-COC

interpretation of student learning outcomes in relation to the QEP was too narrow.

However, most participants viewed the QEP positively as a forward-looking plan that

served as a blueprint to help USSU focus on critical issues in graduate and undergraduate

education at USSU, and that the QEP ultimately would move USSU closer to achieving

its National Prominence Plan.

387

*3. Institutional effectiveness is critical not only for preparing the reaffirmation but*

*also for moving the institution to a higher level of quality.*

Even though there were differences between the *Criteria* and the *Principles*, the

fact that USSU took the 1995 reaffirmation seriously helped them greatly when it came to

carrying out the internal review processes for the 2004 reaffirmation. This case study

shows the importance of using reaffirmation results for institutional improvement,

especially in the areas of planning and assessment (institutional effectiveness). USSU

had a multifaceted institutional effectiveness program (strategic plan, program reviews,

annual planning, and an assessment matrix). USSU had evidence to indicate that it had

made major improvements in the areas of planning and assessment since the previous

reaffirmation. Additionally, USSU had an excellent infrastructure for supporting

institutional effectiveness (a Center for Assessment and Evaluation) and had established a

system of incentives for units that were engaged actively in institutional effectiveness

(“Foundations of Excellence”). Having a viable institutional effectiveness program in

place enabled USSU to (a) be compliant with the three specific requirements pertaining

to on-going planning and assessment (i.e., Core Requirement 2.5, Comprehensive

Standard 3.3.1, and Comprehensive Standard 3.4.1), (b) answer the other Requirements

and Standards (by having a systematic collection of longitudinal and horizontal data), and

(c) provide the foundation for developing the QEP.

Conversely, the internal review processes constantly provided feedback and

improvements for institutional effectiveness and other institutional systems at USSU.

388

Thus, in the end, USSU not only met the accreditation requirements, but importantly, it

made improvements as a result of going through the internal review processes.

*4. There were nine primary factors contributing to the success of the USSU*

*reaffirmation process.*

a. Extraordinary leadership and dedication of the Accreditation Liaison who

received released time from teaching, adequate resources, and full support from the

university leadership;

b. Excellent collaboration and commitment of the Leadership Team and others

involved who were chosen carefully for their expertise, experience, knowledge of the

university, and seniority;

c. Well-established Web infrastructure, automation of data, and integration of

databases;

d. Good communication with various stakeholders, including networking with

other institutions and learning from other successful models;

e. Commitment and excellent support from the university leadership;

f. Effective leveraging of the institution’s strengths and building on available

resources;

g. Valuable help from the SACS-COC Staff Liaison;

h. Competent reviewers; however, while most of the participants viewed them as

useful consultants, some the reviewers still brought the old reaffirmation frame of

reference to their work; and

i. Early start and detailed timelines.

389

*5. Compiling a scrapbook, a celebration of appreciation, and evaluation are three*

*important elements in the USSU reaffirmation process.*

There are three other factors that may seem small but, in my view, they were

significant. First, at the conclusion of the reaffirmation process, USSU compiled a

scrapbook that will be kept in the university library. The scrapbook serves as an archival

record of events that were important to the process (pictures and newspaper clippings).

Persons inside or outside the institution who want to know what USSU did during the

reaffirmation process can gain a greater understanding from viewing the scrapbook.

Second, at the On-Site Review Committee reception, USSU had a celebration of

appreciation for the people who participated in and gave a great deal of energy to the

reaffirmation processes. There were two reasons for doing this: (a) to provide

recognition for deserving people who provided exemplary service to the university and

(b) to send a message to the On-Site Review Committee members that there were quite a

few people actively involved in the entire reaffirmation effort.

Third, it is important to incorporate an evaluation piece in the initial planning

phase of the internal review. In retrospect, when the Accreditation Liaison was pulled

out, it was a clear indication that USSU felt that everything was over. Had it kept the

team, and especially the Accreditation Liaison in place longer, perhaps the

communication would have gone all the way through informing the community of the

results and there would have been more follow-up and evaluation. The Accreditation

Liaison was an excellent communicator, and keeping the Leadership Team together

would have maintained continuity and perhaps momentum. This observation addresses

390

participant comments about not knowing what the reaffirmation results were and not

having enough follow-through after completing the reaffirmation processes. Of course,

accreditation is an evaluation of the institution, but conducting an evaluation of the

internal review processes would have provided a structured method for ensuring followup

on areas that were identified both through internal and external reviews as needing

improvement. Evaluation also would have provided a vehicle for gathering

postreaffirmation perspectives from many participants. However, it should be noted that

at least four participants stated that USSU did use the feedback that they received from

the On-Site Review Committee by feeding it back into the institutional effectiveness

program.

The structure of this chapter is based on the elements in open systems theory: (a)

external environment, (b) internal environment, including inputs and processes, and (c)

outputs. The findings to Research Question 1 provided a picture of one element in the

environment external to USSU (the *Principles*). The description of USSU highlighted

the internal environment (subsystems within USSU system) where the internal review

processes occurred. The responses to Research Questions 2, 3, and 4 comprised the

outputs of interactions between internal and external elements that resulted in the internal

review processes. Thus, analyzing the entire picture from an open systems perspective,

the external accreditation requirements of the regional accrediting agency (the *Principles*)

and USSU’s internal characteristics (strong Accreditation Liaison, strong institutional

effectiveness) shaped the formulation of the USSU internal review processes (centralized

and streamlined). In other words, the internal review processes were strongly influenced

391

by interaction of the external environment (the SACS-COC *Principles*, SACS-COC staff

liaison, other higher education institutions, sunshine law) and the internal environment,

the subsystems (USSU’s characteristics, institutional effectiveness) within the system,

USSU.

The reaffirmation journey was full of unknowns and challenges. Travelers

encountered confusion and frustration. They overcame, learned, and improved by going

through the internal review processes. The journey brought USSU to a place where it

could examine itself, where it was, and what directions it would go in the future. USSU

identified and fixed problems as the journey progressed. The journey also brought about

changes in the travelers that had a long-lasting effect (e.g., insights into their institution; a

better understanding of accreditation, higher education, and learning outcomes; knowing

more people on campus). The journey was about a discovery. The travelers reached

their destination of reaffirmation, which brought closure to the journey.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Overview of the Research Study

This qualitative case study explored the internal review processes used by a Level

VI public university, United States Sigma University (USSU), that successfully went

through its 2004 reaffirmation under the SACS-COC new *Principles of Accreditation:*

*Foundations for Quality Enhancement*, approved in December 2001. Data were collected

from reviewing online and other documents; a fieldwork trip to USSU where interviews,

observations, documents, and archival materials were gathered; and follow-up

correspondence that increased the validity, reliability, and utility of the research study.

The data analysis strategy used in this research study was the constant comparative

method and the theoretical framework was open systems theory.

In selecting an institution for this research study, SACS-COC was selected

because of it recent substantial revisions to its accreditation processes after having

learned from the renovation experiences of other higher education regional accrediting

bodies. I considered the three public Level VI universities that had been examined in the

Nguyen, Oliver, and Reeve (2004) earlier study. These three universities were located in

the SACS-COC region and were among the first cohort to participate in the new

(nonpilot) *Principles of Accreditation*. One of these three universities, USSU, stood out

for two reasons: (a) it had displayed some evidence of linking quality enhancement to

393

the internal review processes and (b) it was helpful in our initial study and willing to

participate as the case in this research study.

The purpose of this qualitative case study was (a) to understand the SACS-COC

new *Principles*; (b) to understand how USSU developed and implemented its internal

review processes under the *Principles*, and (c) to provide insights gained that may be

helpful to higher education institutions, SACS-COC, and other researchers. The purposes

of the study were fulfilled by examining the four research questions answered in chapter

4: (a) How do the SACS-COC new *Principles of Accreditation* differ from the 1998

*Criteria for Accreditation*; (b) How did the case study university develop and carry out

the new internal review processes; (c) How were the university’s internal review

processes linked to institutional effectiveness; and (d) What were the insights gained by

the university as it developed, implemented, and reflected upon its internal review

processes? Although SACS-COC used the term *internal review processes* in the new

*Principles*, these processes are quite similar to the long-standing concept of institutional

*self-study* in the accreditation process that was discussed by Kells (1995) and other

authors in the literature.

The study is significant for three reasons. First, this study contributes to the

literature by (a) filling a void in research-based documentation that currently exists

concerning SACS-COC reaffirmation, (b) filling a void regarding the *Principles*,

inasmuch as they were new and there is no published research concerning them, (c)

specifically addressing the self-study process rather than participants’ views and success

factors of self-study as is most often found in the literature, and (d) filling a void

394

regarding the relationship between institutional effectiveness and reaffirmation of

accreditation. Second, lessons learned from this case study on the internal review

processes under the new *Principles of Accreditation* are potentially useful to other SACSCOC

universities that will be preparing for their own reaffirmations. Finally, the

research study is potentially useful to those interested in accreditation and quality

enhancement in higher education institutions within the United States and internationally.

Strategies used to build internal validity in this research study were (a)

triangulation of sources and methods, (b) participant checks, (c) peer (including expert)

examination, and (d) recognizing possible researcher bias and taking steps to minimize

my bias. The approach taken for strengthening the external validity (transferability) of

this study was (a) developing comprehensive, detailed descriptions of the SACS-COC

new internal review processes at USSU and (b) examining the findings in relation to the

existing literature on accreditation and Nguyen et al.’s (2004) related research. The

study’s reliability was strengthened by: (a) creating a case study database, (b) providing

a chain of evidence, and (c) presenting a detailed description of the methodology.

Conclusions

The major conclusions drawn from this research study are organized into two

categories: (a) the *Principles* versus the *Criteria* and (b) critical elements of the USSU

internal review processes.

395

The Principles Versus the Criteria

Similarities and differences between the two reaffirmation approaches were

addressed in the response to Research Question 1 (pages 176 to 203 in chapter 4). Under

the *Principles*, aside from some key features that have remained unchanged, such as

institutional mission, institutional effectiveness, and continuous improvement of

academic and support programs, there were seven significant changes in the reaffirmation

approach.

First, the *Principles* foster a strong culture of institutional integrity. Second, the

major focus of the *Principles* is student learning, thus the institutions are expected to

create and sustain an environment that enhances student learning. Third, the *Principles*

are not only much shorter, easier, more efficient, less costly, and more effective than the

*Criteria*, but also they give institutions more flexibility and autonomy in addressing the

Compliance Certification and the QEP. Fourth, the Compliance Certification component

of the new *Principles* has similarities to the *Criteria*; however, it no longer requires

involvement by numerous faculty members and therefore this part of the internal review

processes can be accomplished more effectively by a small number of people who have

access to the data. Fifth, the QEP is a new component in the *Principles* that requires

broad-based participation. The QEP helps institutions to develop their own strategic

initiative(s). Sixth, SACS-COC encourages the use of electronic means to facilitate the

reaffirmation process. Finally, peer review comprises two phases: (a) an off-site review

and (b) an on-site review.

396

The new two-phase peer review under the SACS-COC *Principles of Accreditation*

in 2001 has modified the long-standing concept of self-study as a three-phased

accreditation process (self-study, peer review, and decision by accrediting agency).

Under the *Principles*, the internal review processes and peer review became more

intertwined and integrated with each other, thus making the reaffirmation conceptually a

five-phased process: (a) a compliance self-examination, (b) an off-site review, (c) a

student learning enhancement plan, (d) an on-site review, and (e) a decision by

accrediting agency.

Critical Elements of the USSU Internal Review Processes

Critical elements of the USSU internal review processes were drawn from the

responses to Research Questions 2, 3, and 4 in chapter 4, compared to the literature

review in chapter 2, and analyzed in relation to the concept of transferability. Because

this research study focused on processes that deal with the same phenomenon that

approximately 800 institutions must go through (reaffirmation), the concept of

*transferability* is applicable. Although institutions are unique and have their own way of

addressing the new *Principles*, 16 critical elements in the case study findings may be

transferable across institutions and could help facilitate development and implementation

of successful reaffirmation processes. The concept of transferability is strengthened

when these critical elements are examined in relation to the literature and another

research study that was conducted on the same topic.

397

Most of the findings in this research study are consistent with the literature on

accreditation. However, due to differences in the new reaffirmation approach, USSU’s

experiences related to the available literature on accreditation in three different ways: (a)

correlating with or supporting the existing literature without adding any new information;

(b) not only correlating with or supporting but also adding to the literature; and (c) not

addressed in the literature, thus contributing new knowledge to the literature.

Particularly, in the instances of either (b) or (c), this research study makes a substantial

contribution to the body of knowledge of internal review processes and reaffirmation

within the SACS-COC region.

Rather than writing a narrative explaining every instance, a summary of how the

USSU experiences (critical elements) were related to the literature on accreditation is

provided in Table 10. Column 1 of the table comprises critical elements that contributed

to the USSU successful reaffirmation and are drawn from the detailed research findings

in chapter 4. The listing of these critical elements is not necessarily linear in relation to

timing or importance. Column 2 shows that the elements in Column 1 correlate with

ideas and arguments offered by authors cited in chapter 2 of this study. Column 3

highlights contributions that the findings of this research study make to the literature with

regard to understanding the new *Principles* and developing processes that are effective in

addressing this new approach to reaffirmation. In some cases, concepts in the critical

elements are supported by the Nguyen et al. (2004) findings from a related, but less indepth

research study on carrying out the new *Principles* at three Level VI institutions

going through the 2004 reaffirmation (annotated with a footnote in the table). Cross

398

referencing to this other study helps to further support the concept of transferability from

the case study to other institutions.

To facilitate the reading of Table 10, an example of critical element 2 on page

404, selecting the right Accreditation Liaison, is provided. USSU took into consideration

five specific characteristics as shown in subelements 2.1 to 2.5 when selecting its

Accreditation Liaison. Regarding subelement 2.1, selecting the Accreditation Liaison

with characteristics and the best skill set for the job, although the existing literature

(Barber, 1990; Gordon, 1998; Kells, 1995; Newton, 1980) discussed characteristics and

skill sets of the self-study director, the person selected in this case study had

characteristics and skills that correlated with but were not exactly the same as the

literature, thus Column 3 provides additional aspects and more specific details regarding

the characteristics and skills of the USSU Accreditation Liaison (the Accreditation

Liaison was a well-respected academic, who was senior, dedicated, committed, wellorganized,

trusted, had interpersonal skills, was knowledgeable of the institution, was

experienced in planning and assessment, and was technically competent). These

characteristics correlated with and added to the literature. However, regarding

subelements 2.2, 2.3, and 2.4, the research findings from this case study supported the

existing literature that emphasized the importance of giving released time, having the full

support from university leadership, and having adequate financial support and logistics,

but these subelements did not add new information to the literature (supporting but

adding no new information to the literature).

399

Two critical elements that particularly stood out as not being covered much in the

literature but having an important impact on the success of the reaffirmation process

were: (a) preparing well for the on-site review (critical element 8) and (b) using

technology effectively (critical element 11).

Preparing Well for the On-Site Review

As for critical element 8 on pages 409 to 409, preparing well for the on-site

review, USSU went well beyond what was discussed in the literature and did four

specific things as shown in subelements 8.1 to 8.4: (a) organized the logistics early and

distributed the work load (subelement 8.1), (b) prepared the community for the visit

(subelement 8.2), (c) anticipated and addressed reviewers’ needs and effectively

accommodated changes as needed (subelement 8.3), and (d) held a social event when the

On-Site Review Committee arrived (subelement 8.4). Only Kells (1995) mentioned very

briefly that on the day of the on-site team’s arrival, the institution should have a social

event to introduce key institutional leaders to visitors. Column 3 provides further

information about specific activities and tasks under subelement 8.4. For example, at the

On-Site Review Committee reception, USSU had a celebration of appreciation for those

who participated in and gave a great deal of energy to the reaffirmation process. The

reception served to (a) welcome the On-Site Review Committee, (b) introduce key USSU

leaders to the On-Site Review Committee, (c) give recognition for deserving people who

provided exemplary service to the university during the internal review processes, and (d)

send a message to the On-Site Review Committee members that there were many people

400

actively involved in the entire reaffirmation effort. No other authors discussed

subelements 8.1 to 8.3 in the literature.

Column 3 of Table 10 briefly describes how USSU thoroughly prepared for the

on-site review. A detailed discussion of USSU’s preparations and the specific reasons

why this institution adopted these practices for hosting the on-site visit can be found in

pages 288 to 297 of chapter 4. In summary, four possible reasons can be drawn from the

data. First, SACS-COC requires broad-based participation for the development of the

QEP, thus pervasive knowledge regarding the reaffirmation process is important for a

successful reaffirmation. USSU had a publicity subcommittee responsible for publicizing

the QEP and notifying the campus community that the On-Site Review was occurring.

Several different means of communication were used to disseminate the information

including (a) print articles in USSU’s daily student newspaper; (b) posters, banners, yardsigns;

(c) e-mail; (d) online news clip; (e) a screen-saver on all public-access computers;

(f) a link on the USSU home page to the reaffirmation process, and (g) regular faculty

meetings, the Faculty Senate meetings, and Student Government meetings. Thus the

university community was well-aware of the on-site review and the QEP.

Second, USSU wanted to present the image of an institution that placed a high

priority on the reaffirmation. Third, one of the ex-officio members of the Leadership

Team was experienced with making preparations to host visiting teams that came to

USSU to conduct institutional effectiveness program reviews, thus she was instrumental

in helping to arrange support for the on-site review. Finally, the Accreditation Liaison

was in an academic field where display and appearances are extremely important, thus it

401

was natural for her to pay close attention to how the on-site visit was hosted. She

effectively anticipated reviewers’ needs, made sure that reviewers’ requests were quickly

accommodated, and facilitated the On-Site Review Committee members’ work as much

as possible. Offering good hospitality helped to create a good impression of the

institution. As a result of all the careful preparations, USSU could deal with the visiting

reviewers’ last-minute changes, and the on-site review visit was successful.

Using Technology Effectively

Similar to critical element 8, the literature on accreditation did not discuss much

about critical element 11 (page 411), using technology effectively. Only Crawford

(2000) and Olsen (2000) (pp. 67-68 in chapter 2) talked generally about the expanded

role of the Internet in accreditation reviews, including the online reports, accessibilities,

and advantages and disadvantages. The findings from the case study reported herein

show that USSU optimized the use of technology to carry out the internal review

processes by incorporating four specific subelements: (a) involved a good group of

technology support people early; (b) optimized technology to facilitate online interactive

communication, data collection, document collaboration, and dissemination of

information; (c) minimized possible technical issues by providing detailed instructions

and testing the Web site; and (d) resolved technical problems quickly. The computing

services people were involved early in the internal review processes for two primary

reasons. First, they needed to determine how best to optimize and customize the existing

technologies and experiences gained from developing information technology support for

402

other projects at USSU and apply them to this reaffirmation project. Second, they needed

to identify new areas that would need to be developed, including (a) developing the

public Web site, (b) developing the secure database (backend), and (c) developing secure

credentials rosters for faculty and staff.

A detailed discussion of how USSU used technology and specific reasons for

doing so appears on pages 225 to 228 in chapter 4; however, a summary of USSU’s

rationale is provided here. First, under the *Principles*, institutions are encouraged to

submit their reports electronically. Although SACS-COC still gives institutions the

option of submitting the Compliance Certification and the QEP in hard copy or

electronically because not all schools have the sophistication to manage the information

electronically, the SACS-COC Staff Liaison 1-RI said that all institutions are moving in

the direction of online submission (personal communication, September 9, 2003).

Second, with an integrated information system already in place, USSU was ready

to take advantage of electronic submission. USSU is a very large institution (34,000

students) and had developed a good technology infrastructure to support many of its

activities and operations, including its huge campus wide, historical data base. USSU

was able to access, pull, and integrate the data from different academic units and offices

as well as customize and build upon their information technology infrastructure to

support the 2004 SACS-COC reaffirmation.

Third, using technology facilitated and had positive effects throughout the entire

reaffirmation process. Technology made the internal review much easier and more

effective as compared with the 1995 reaffirmation where volumes of documents had to be

403

created. Technology also played important roles in communication among various

constituents, data collection, writing of the reports, and dissemination of information to

students and others in the university community, as well as providing final reports to the

reviewers. Technical support is a critical factor in the success of the internal review

processes.

Finally, in spite of its disadvantages (costly software packages and conversion of

files), the use of technology in the long run can optimize the use of resources (money and

time). With increases in accountability and reporting, institutions become more and more

dependent on technology to gather data that enables them to respond to greater demands

for information by external constituents.

During the fieldwork trip, I specifically asked the computing services people if

small institutions that do not have extensive technology resources could still carry out the

reaffirmation. The answer was yes, although it might be more difficult and time

consuming (related recommendation 10 is provided on page 426 in this chapter). But

how critical technology is may be proportional to the size of the institution. Huge

institutions would have great difficulty without the assistance of technological databases

and other features.

Table 10 provides an integrated summary of key findings from the research study,

correlations from the literature that was analyzed in chapter 2, and contributions that the

research study has made to the literature.

404

Table 10. Critical Elements, Correlative Literature, and Contributions to the Literature.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*1. Adapting to the new*

*Principles*

1.1. USSU recognized the

differences between the

*Criteria* and the *Principles*

and adapted to this

significant change quickly

by using a centralized,

streamlined approach to

carry out the internal

review processes1.

According to Greiner

(1997), accreditation

criteria serve as the

foundation for the

self-study process.

A discussion of similarities and differences

between the *Criteria* and the *Principles* (pages

185 to 200 in chapter 4).

Under the centralized approach, USSU did not

form numerous committees. The Accreditation

Liaison, with assistance from the Leadership

Team, centrally led both the Compliance

Certification and the QEP.

*2. Selecting the right*

*Accreditation Liaison*

(*The Self-Study*

*Director*)

2.1. Had characteristics

and the best skill set for the

job. 1

Barber (1990),

Gordon (1998), Kells

(1995), and Newton

(1980)

The Accreditation Liaison was a well-respected

academic, who was senior, dedicated, committed,

well-organized, trusted, had interpersonal skills;

was knowledgeable of the institution,

experienced in planning and assessment, and was

technically competent.

2.2. Had released time

from teaching. 1

Kells (1995) and

Newton (1980)

recommended at least

one-half work load

reduction in regular

duties or teaching

load.

2.3. Had full support from

university leadership. 1

Gordon (1998)

2.4. Had adequate financial

support and logistics.

Donaldson (1960) and

Peters, O’Connor, and

Rudolf (1980)

2.5. Had authority to

develop work guidelines,

distribute work

assignments, and direct the

Leadership Team and the

entire reaffirmation

process.

Gordon (1998) Possessing unique characteristics, talents, and

skills, the Accreditation Liaison significantly

contributed to the successful centralized

approach.

405

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*3. Selecting the right*

*Leadership Team*

(*The Steering*

*Committee*)

3.1. Had a diversity of

fields, expertise, talents,

and skills; a balance of

similarities and

differences; and desired

characteristics needed for

the reaffirmation process.

Acebo (1994),

Cosgrove (1989),

Gordon (1998), Kells

(1995), Newton

(1980), and Yukl

(1994)

USSU Leadership Team members were

diverse, senior, professionally authoritative,

dedicated, committed, trusted, and

knowledgeable about the institution.

The Leadership Team was composed of 14

faculty, students, and administrators,

representing all segments of the university.

USSU created overlapping between the

Leadership Team and University Planning

Council, University Assessment Committee, and

Faculty Senate, thus enhancing communication

and facilitating the process.

USSU had 5 individuals with assessment,

planning, institutional research skills serve as exofficios,

and four reaffirmation staff members

including a part-time editor.

Including student representatives on the

Leadership Team had a positive impact on both

the processes and the students.

The Leadership Team was instrumental in

supporting the Accreditation Liaison to make the

centralized approach successful.

3.2. Those working on the

reaffirmation were given

access to other key staff,

institutional records, and

data so they could

effectively carry out their

assignments.

Gordon (1998) The USSU working team had necessary access

to related databases for compiling responses to

the Compliance Certification, searching for a

QEP topic, and integrating USSU’s various

databases.

*4. Starting early and using*

*timelines*

4.1. Started early and

allowed ample time for

delays and unexpected

challenges (changes in

leadership, retirements,

tardy groups).

Cheper and

Lockmiller (2002) and

Middle States

Commission on

Higher Education

(2002)

It took USSU 3 years from starting the process

until announcement of the reaffirmation. The

Compliance Certification took approximately 15

months and the QEP 25 months.

406

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

At least three

semesters before the

on-site visit as

recommended by the

Middle States

Commission on

Higher Education

(2002).

1 or 2 years as

indicated by Barker

(1998).

4.2. Used detailed

timelines and tracking

tools to ensure meeting the

deadlines1.

USSU developed both an external timeline that

complied with SACS-COC requirements and a

detailed timeline that was used to track all the

formative assessment tasks. These

comprehensive timelines served as roadmaps for

the reaffirmation process.

*5. Training and Preparing*

*the Participants and the*

*University Community*

5.1. Enabled the

Accreditation Liaison to

participate in activities that

enhanced professional

growth and understanding

of the process.

Gordon (1998) and

Newton (1980)

The Accreditation Liaison participated in an

on-site visit at another university as an observer

and attended the SACS-COC annual meetings,

the SACS-COC orientation, and other

professional development activities (provost’s

seminar series on learning outcomes). She

communicated what she learned to the

Leadership Team and the university community.

5.2. Provided the

Leadership Team with

training.

The importance of

providing training to

the steering

committee is

supported by Barber

(1990), Gordon

(1998), and Kells

(1995).

USSU sponsored the Leadership Team to

attend various trainings and professional

development forums (e.g., SACS-COC

orientation, SACS-COC Annual Meeting,

workshops, trainings) so that they could learn

about the new *Principles* and perform well.

5.3. Educated university

community about the

*Principles* to facilitate

inclusiveness and broadbased

participation in the

process.

Cheper and

Lockmiller (2002),

Gordon (1998),

Newton (1980),

Robinson-Weening

(1995), and Scott

(cited in Barber,

1990)

USSU provided background information on the

new SACS-COC processes and other related

information to people in the university through

various channels of communication (e.g.,

newspaper articles, broadcast e-mails, a link on

the Web site) so that the university community

would have a better understanding of what the

*Principles* are and how they can contribute to the

process.

407

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*6. Using unique strategies*

*for developing the*

*Compliance Certification*

*and the QEP*

6.1 For Compliance

Certification, accreditation

requirements were grouped

and assigned to a small

number of administrators

and their staffs.

While the Compliance Certification component

of the new *Principles* has similarities to the

*Criteria*, it no longer requires involvement by

numerous faculty members and therefore can be

accomplished more effectively by a small

number of people who have access to the data.

USSU developed an effective process by

grouping the accreditation requirements and

assigning them to a small number of senior

executives and their staff for response, thus being

less disruptive and more efficient.

6.2. The QEP, although

centrally managed, gained

broad-based participation

and faculty buy-in through

the use of study groups.

Broad-based

participation in

accreditation is

stressed by Cheper

and Lockmiller,

(2002), Gordon

(1998), Newton

(1980), Robinson-

Weening (1995), and

Scott (cited in Barber,

1990).

The importance of

faculty buy-in in

assessment effort

emphasized by Astin

(1993); Eisenman

(1991); Erwin (1991);

Ewell (1983); Gray

(2002); Nichols

(1989); Oliver,

Nguyen, and Nguyen

(2003); Rodrigues

(2002); and Tobin

(1994).

The QEP is a new component in the *Principles*

that requires broad-based participation. USSU’s

QEP was developed from its existing strategic

plan and assessment database. USSU was able

to receive campus-wide input and faculty buy-in

through the use of study groups, although the

Leadership Team centrally managed the overall

QEP development process. The study groups

were not only effective in helping develop a QEP

that would meet the reaffirmation requirement

and make a significant contribution to improving

the institution, but they also turned out to be an

excellent forum for professional development for

nearly 60 faculty, staff, and students.

408

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*7. Having a well-written*

*Compliance Certification*

*and QEP*

Cosgrove (1989),

Donaldson (1960),

Harris (1983), and

Kells (1995)

7.1. Addressed

requirements in full and

anticipated questions when

writing the reports.

Garner and Vice

(2000)

USSU addressed all of the components of a

given standard and made its case concerning

compliance with Core Requirements and

Comprehensive Standards.

USSU anticipated questions in two ways when

writing the reports: (a) the contents of the

reports and (b) the use of technology. USSU

made the reports stand-alone documents by

foreseeing questions that could arise during the

reviews and including the answers (e.g.,

provided information about USSU and its

context).

7.2. Used an editor to

enhance the readability of

the reports.

Kells (1995) and

Middle States

Commission on

Higher Education

(2002)

As a tradition, USSU had an internal part-time

editor who helped the reaffirmation process for 2

years. Editor selected based on desired skills and

interview process (being English instructor,

enthusiastic, technical knowledge). Editor

compiled responses received from the senior

executives, edited them, checked links, and

arranged the responses in a standard format that

Accreditation Liaison and editor had developed.

Editor continued to work on the QEP even

although assignment was over. Use of an editor

was helpful in enhancing the readability and

cohesiveness of the final reports.

7.3. Enhanced the quality

of the reports by (a)

having Compliance

Certification and QEP

drafts open to comments

and feedback from the

working team and all

constituents of the

university and (b)

conducting multiple

revisions and rewritings.

Cheper and

Lockmiller (2002),

and Kells (1995)

Development of the Compliance Certification

and QEP was conducted online at two levels: (a)

keeping the initial draft within the working team

(secure Web site) and (b) sending the final draft

to the university community for feedback and

input (secure Web site). The final report was

posted to the public Web site. Thus the process

was inclusive and achieving buy-in during the

development of the plan is expected to result in

more buy-in during the implementation of the

plan.

409

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*8. Preparing well for the*

*on-site review*

8.1 Organized the logistics

early and distributed the

work load.

Accreditation Liaison organized for on-site

review early, including hotel, transportation,

working spaces, and equipment.

Established 4 subcommittees for (a)

coordination of campus meetings, (b) hospitality,

(c) logistics, and (d) publicity. They shared the

work load and responsibilities.

8.2. Prepared the

community for the visit.

Informed the university community of the onsite

review (e.g., newspaper articles, broadcast emails,

on-site visit information as screen saver on

all public computers, yard signs, and post signs,

Leadership Team and study groups brought back

the information about on-site visit to own units).

8.3. Anticipated and

addressed reviewers’ needs

and effectively

accommodated changes as

needed.

USSU anticipated the reviewers’ needs and

facilitated their working sessions as much as

possible, including flexibility in accommodating

last minute changes of their schedule.

8.4. Had a social event on

the On-Site Review

Committee’s arrival day.

Kells (1995) At the On-Site Review Committee reception,

USSU had a celebration of appreciation for those

who participated in and gave a great deal of

energy to the reaffirmation process. This

enabled (a) recognition of the On-Site Review

Committee, (b) introduction of key institutional

leaders to the On-Site Review Committee, (c)

recognition for deserving people, and (d) sending

a message that the reaffirmation was a high

priority at USSU

*9. Having university*

*leadership commitment,*

*support, and belief in*

*accreditation*

9.1. Selected and appointed

the Accreditation Liaison

and the Leadership Team.

Kells and Kirwood

(1979), Gordon

(1998), Harris (1983),

Kells (1995),

Robinson-Weening

(1995), Rodrigues

(2002), Stoodley

(1982), and Yukl

(1994)

The provost personally invited each of the

Leadership Team members and gave them a

charge with clear tasks and timeframe for

participating in this important undertaking (study

participants felt honored to be invited).

410

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

9.2. Provided full

university leadership

support to the

Accreditation Liaison and

the Leadership Team.

USSU provided excellent leadership support to

the Accreditation Liaison (e.g., same-day access,

adequate resources, and released time).

University leadership spoke with the

Leadership Team and study groups.

The provost helped to revise the drafts.

9.3. Established a high

priority for the

reaffirmation efforts.

Kells (1995) and

Newton (1980)

The university leadership often referred to the

reaffirmation effort in their speeches and talks at

faculty meetings and town meetings. They asked

the university community to get behind this

important undertaking.

*10. Communicating*

*effectively*

USSU used technology extensively to support

communication during the reaffirmation process.

10.1. Used multiple

channels of

communication.

Accreditation Liaison communicated with the

working team and various stakeholders regularly

using multiple channels of communication (emails,

newspaper, Web site, broadcast e-mails,

presentations, talks).

10.2. Keeping the team

abreast of current issues

and information regarding

the reaffirmation process.

Gordon (1998) As for the working level, the Accreditation

Liaison provided regular and quick

communication within working teams (regular

meetings, e-mails, discussion board, in person).

On e-mails, included the senior executives’

assistants who actually did the work and

reminded leadership of important events and

meetings.

Regularly updated the institution’s leadership

on the progress and status of the reaffirmation

processes.

At the campus level, the Accreditation Liaison

used many different ways to communicate

regarding the new *Principles* and status of the

reaffirmation. This raised awareness of the

reaffirmation and buy-in across the campus

(meetings at all levels, newspaper, a link on

USSU’s homepage).

Finally, public level important because USSU

is located in a sunshine law state.

411

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

10.3. Networked and

communicated with other

institutions and looked at

other successful models.

Accreditation Liaison networked with

Accreditation Liaisons at other Level VI

universities in the same 2004 cohort. This group

shared information and lessons learned from the

development and implementation of their own

reaffirmation process, thus serving as a support

group.

Although there were few existent models,

USSU looked at a Level VI university that went

through the SACS-COC pilot study, thus gaining

a frame of reference in carrying out its own

reaffirmation.

*11. Using technology*

*effectively*

11.1. Involved a good

group of technology

support people early.

As SACS-COC moved toward using Webbased

reports, involved a good group of

technology support people early: (a) to design

the Web platform while the responses were being

developed, (b) to develop a user-friendly Web

site (including document and communication

collaborative tools) that facilitated participation

and contributions, and easy access for reviewers

and other interested readers.

11.2. Optimized

technology to facilitate

online interactive

communication, data

collection, document

collaboration, and

dissemination of

information.

Crawford (2000) and

Olsen (2000)

Used technology to facilitate online interactive

communication with the working team and

university community, to support data collection,

document collaboration, and to disseminate

Compliance Certification and QEP, thus making

the internal review processes more effective and

efficient. With technology, the reaffirmation

process changed.

11.3. Minimized possible

technical issues by

providing detailed

instructions and testing the

Web site.

The computing services staff minimized

possible technical issues by anticipating

questions and issues that reviewers may have

during the review and providing detailed

instructions to address those issues as needed.

They tested the Web site from off campus to

make sure the Web site worked properly for

remote access.

11.4. Resolved technical

problems quickly.

Had technical support person stand by during

the SACS-COC off-site review and on-site

review.

412

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*12. Leveraging available*

*resources and matching*

*the reaffirmation with the*

*institutional circumstances*

Cheper and

Lockmiller (2002),

Crawford (2000),

Harris (1983), Kells

(1995), Kells and

Kirwood (1979),

Olsen (2000), Middle

States Commission on

Higher Education

(2002), SACS-COC

(1996), and

Zikopoulos and

Hourigan (2001)

Used (a) the previous 1995 reaffirmation

experience, (b) available Web-based

infrastructure, and (c) existing planning and

assessment data extensively for the reaffirmation

process.

Developed QEP from widely discussed

National Prominence Plan.

*13. Establishing effective*

*relationship, regular*

*communication with SACSCOC*

*Staff Liaison*

Importance of

accrediting agency

support emphasized

by Harris (1983), Jung

(1986), and Middle

States Commission on

Higher Education

(2002).

Established good relationship and regular

communication between Accreditation Liaison

and SACS staff liaison, thus questions were

answered quickly; frustrating obstacles regarding

QEP were dealt with in a way that enabled

progress.

*14. Having competent*

*reviewers*

The importance of

accrediting team’s

qualifications is

stressed by Barber

(1990), Brase (cited in

Farrow, 1975),

Farrow (1975), Harris

(1983), Kells (1995),

and Selden and Porter

(1977).

Recommended two QEP lead evaluators who

had extensive expertise relevant to QEP topics.

Their feedback enabled USSU to narrow the

scope of the QEP, thus making it more viable

and assuring impact could be demonstrated

within five years.

413

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

*15. Using internal review*

*findings for improvement*

15.1. Constantly used the

internal review findings to

make improvements to

institutional effectiveness

and other institutional

systems at USSU, thus

being an improvementoriented

process.

Barker (1998),

Causey (1992),

Cosgrove (1989),

Christal and Jones

(1985), Gordon

(1998), Greiner

(1997), Harris (1983),

Hulon (2000), Jung

(1986), Kells (1995),

Kells and Kirwood

(1979), McClure

(1996), Petersen

(1979), Robinson-

Weening (1995),

Rosenbloom (1981),

and Stoodley (1982)

Feedback received during different phases of

the process was used to make improvements as

soon as possible, not waiting until completion of

entire internal review. USSU not only met the

accreditation requirements, but importantly, it

made improvements as a result of going through

the internal review processes.

15.2. Developed

assessment instruments,

incorporated SACS-COC

accreditation requirements,

addressed requirements

directly.

Zikopoulos and

Hourigan (2001)

Integrated some accreditation requirements

with other institutional processes in assessment

effort as a way of creating positive change and

greater improvement.

15.3. Used reaffirmation

findings for institutional

improvement.

Barber (1990),

Cosgrove (1989),

Crishal (1981), and

Kells (1995)

Had evidence to show major improvement in

the areas of planning and assessment since

previous reaffirmation.

As result of 2004 reaffirmation process,

feedback from On-Site Review Committee (a)

sharpened the QEP based on reviewers’

recommendations and (b) improved its

institutional effectiveness program.

*16. Having strong*

*institutional effectiveness*

*program*

Combs (2001), Harris

(1983), Middle States

Commission on

Higher Education

(2002), Rodrigues

(2002), SACS-COC

(1996), and

Zikopoulos and

Hourigan (2001)

Multifaceted institutional effectiveness

program (program reviews, strategic plan, annual

planning, assessment matrix) was a foundation

for internal review, and ultimately, successful

reaffirmation.

414

Table 10. Continued.

Critical Elements of

the USSU internal

review processes

Correlative

Literature Contributions to the Literature

16.1. Created a culture of

planning and assessment as

part of regular activities

and routine.

Multifaceted institutional effectiveness

program including: (a) an annual planning

system, (b) cyclical program reviews, (c)

assessment matrix.

Established (a) excellent infrastructure for

supporting institutional effectiveness (Center for

Assessment and Evaluation), (b) system of

incentives for those units actively engaged in

institutional effectiveness (Foundations of

Excellence), and (c) culture of assessment, of

evidence, of improvement, and of accountability

in the context of reaffirmation.

16.2. Used evidence of the

institutional effectiveness

program to demonstrate

compliance with at least

three requirements.

The institutional effectiveness program helped

USSU satisfy three particular accreditation

requirements in the *Principles*: Core

Requirement 2.5, Comprehensive Standard 3.3.1,

and Comprehensive Standard 3.4.1.

16.3. Used planning and

assessment data to address

other Requirements and

Standards as well as to

develop the QEP.

Institutional effectiveness program provided

planning and assessment data to support

Compliance Certification and to examine what

needed to be done with regard to QEP, thus

greatly facilitating the reaffirmation process.

1 Supported by Nguyen et al. (2004) findings from a related research study at three Level

VI institutions going through the 2004 reaffirmation

Overall, many findings from the case study were consistent with the literature.

Perhaps because the new *Principles* were derived from the *Criteria*, the change has been

evolutionary rather than revolutionary. Although Kells’ (1995) *Self-Study Processes*

book was written well before the *Principles* were created, it is still relevant today. Unlike

other authors of self-study process models, such as Newton (1980), Rosenbloom (1981),

Thomas (1991), and Wilkerson (1987), Kells’ (1995) model goes beyond compliance in

emphasizing an improvement orientation, which fits well with the SACS-COC new

*Principles*, especially the QEP component. Most of the characteristics and elements in

the internal review processes that were conducted at the case study institution, which

415

have been discussed in the preceding sections, in fact, are supported by Kells (1995).

Consequently, Kells’ (1995) analysis using open systems theory was extremely helpful in

analyzing the entire case study and the new *Principles*.

The QEP provides a good illustration of how open systems theory was a valuable

analytical tool for examining the case study. The new approach to accreditation strongly

emphasizes the output side of the system. When USSU was developing the QEP, it

looked at its assessment data to determine what was going on at the output end. This

analysis identified problems associated with retaining first-year students and enabling

them to succeed in completing their programs. USSU then went back to the input side to

see if there were related problems on that end. It found a way to strengthen the

involvement and activities of first-year students before they came to USSU by instituting

a reading program which gave them some analytical skills and involvement with some of

the faculty at the very beginning. Then USSU examined its processes within the system.

It looked at the general education program to see what could be done to help the students

to build a strong foundation for their upper-division courses. And of course, USSU had

to factor in how it was going about accomplishing interdisciplinary components of

general education. It also had to consider resources and influential factors that were

external to the system.

Thus the open systems theory proved to be very valuable in analyzing the case

study because the new approach to reaffirmation focused on output. Any outcomes or

results in relation to the institution’s mission from the internal and external reviews need

to be considered as a combined effect of three things (inputs, processes, and

416

environment). When considering changes that need to be made in one area, it is

important to assess the impact that the change will have on other parts of the system.

Conditions are seldom the result of a simple single-cause effect relationship. They are

influenced by a number of different factors and they, in turn, influence a number of

different things. Accordingly, open systems theory may be a good lens for other

institutions to use when they are examining their institutional effectiveness and

reaffirmation processes.

Implications

Five implications emerged from this research study. First, in a period of

constrained resources and higher demand for accountability, integration of the

accreditation requirements into other regular institutional systems (budgeting and

planning) provides two important advantages: (a) better use of resources and (b) reduced

number of tasks and workload for reaffirmation because the institution has already

addressed some of the reaffirmation requirements over time.

Second, viewing the reaffirmation of accreditation as not only an instrument for

accountability, but more importantly, an instrument for quality improvement is a win-win

approach toward accreditation. Accreditation is expensive (approximately $300,000 for

USSU’s 3-year reaffirmation process), thus it should be conducted in the best way

possible to benefit the institution. It is more rewarding and meaningful when

accreditation goes beyond the idea that the institution has to do it because it is required

externally. Institutions can do it and do it right when they are internally motivated by a

417

desire to use accreditation as a tool for bettering themselves. In the case of USSU, it

went beyond the notion of compliance and constantly used internal review findings as an

evaluative instrument that provided constructive directions and guides for improvement.

Third, institutions should start preparing for the reaffirmation process by

developing or improving their institutional effectiveness program. Institutional

effectiveness provides the shoulders on which the reaffirmation can stand, and more

importantly, moves the institution to a higher level of quality.

Fourth, when an accrediting agency introduces a new accreditation approach, it

will be an evolving process and requires mutual learning for both the accrediting agency

and higher education institutions. Thus it is essential for the accrediting agency to work

and communicate even more frequently with the institutions to ensure a common

understanding of the new approach and to address promptly any problems that might

arise. This way of implementing a new process helps to eliminate potential frustration

and confusion plus it provides feedback to the accrediting agency. For example, the case

study institution had difficulty and became frustrated with the QEP at the beginning of

the process, thus initially giving them a somewhat negative perspective regarding the new

accreditation approach.

Fifth, the implication for quality improvement is embedded in the topic of this

research study “Reaffirmation of Accreditation and Quality Improvement as a Journey:

A Case Study.” Accreditation continues to play an important role in improving the

quality of higher education in the US. Efforts of accrediting agencies to refine and

improve their accreditation requirements and methods have been on-going. “Mandating

418

assessment produces assessment—but not necessarily institutional learning” (Wergin,

2005, p. 33). SACS-COC’s move from the *Criteria* to the new *Principles* shows a desire

to have member institutions go beyond compliance (Compliance Certification) by

emphasizing institutional self-reflection and an improvement orientation (QEP).

As a corollary, in a country such as Vietnam, where accreditation is still in its

infancy, a simple institutional effectiveness program (e.g., annual planning and

assessment in all academic departments and support units, or a periodical program of

internal reviews) would be a good starting point. As described previously, institutional

effectiveness is a cyclical process of (a) defining the institutional purpose, (b)

establishing intended outcomes including expected goals, objectives, activities, and tasks

(GOATs), (c) assessing the extent to which the intended outcomes are being achieved,

and (d) using the assessment findings to adjust the institution’s purpose, intended

outcomes, objectives, or activities for improvement of both educational programs and

support activities. A good, simple institutional effectiveness program helps to develop a

culture of planning, assessment, documentation, and improvement within departments

and units of higher education institutions. Thus, it helps the institution, departments,

units, and the work of faculty and staff to achieve quality enhancement while dealing

with environmental challenges in changing times (Nguyen et al., 2005). In brief, a good,

simple institutional effectiveness program could help individual institutions (a) improve

their quality in terms of curricula, instruction, programs and services and (b) be better

prepared to cope with external accountability requirements while the Ministry of

419

Education and Training works to refine its new system of institutional accreditation that

was introduced through a pilot program in March 2005.

Recommendations

Recommendations emerging from the research study are offered in relation to

three types of entities: (a) SACS-COC, (b) the case study institution, and (c) other higher

education institutions in the SACS-COC region.

Recommendations for SACS-COC

Based on the research findings, six recommendations are offered for SACS-COC.

1. *Communicate the rationale for changing to the Principles*. Understanding why

SACS-COC moved to the new reaffirmation approach would help member institutions to

carry out their processes more positively and meaningfully. Thus, SACS-COC should

consider publicizing its rationale for the change, including the use of new terminologies,

in more of its publications. This principle should be applied to any significant change

SACS-COC makes in the future.

2. *Continue to dialogue with member institutions to improve the reaffirmation*

*process, especially to refine the QEP component*. Because the Principles were new,

SACS-COC needs to continue to solicit input from higher education institutions with

regard to the entire process, and the QEP in particular, to examine, modify, and refine it

better to meet the needs of the higher education institutions.

420

3. *Have more flexibility with regard to the timeframe for the QEP*. Administrator

19-IE commented that SACS-COC should allow the member institutions to begin the

QEP ahead of time when the institution thinks it is appropriate. The institution should

not wait until SACS-COC visits and then do it (personal communication, April 27, 2005).

Having institutions wait until their next cyclical reaffirmation to start the QEP does not

support the SACS-COC aim to promote on-going quality improvement. It should be the

institution’s responsibility to have a QEP that is acceptable to SACS-COC, perhaps using

some form of proposal process, to show progress in achieving it. During the

reaffirmation process, it should be SACS-COC’s responsibility to review the QEP at

whatever stage it is in. In addition, SACS-COC will need to determine what institutions

should do following the submission of the Impact Report (5 years from the reaffirmation

year). Will activities stop until the next reaffirmation or will there be some form of

continuous quality improvement reporting? The latter is most desirable in a form that

does not draw too heavily on the institution’s financial and time resources.

4. *Operationally define student learning.* To alleviate confusion, SACS-COC

should define (a) student learning, (b) student learning outcomes, and (c) parameters

desired for the QEP. This information should be placed prominently on the SACS-COC

Web site as well as in the *Principles*.

5. *Share lessons learned from different institutions in terms of their QEP work*

*processes*. SACS-COC should publish more “how to” information, such as helpful hints,

what worked, what did not work, and related materials, so that higher education

institutions can learn from the experiences of others. This would help them to prepare

421

better for their reaffirmation process, and especially their QEP because the QEP concept

seems to be difficult to grasp. Those who have already gone through the reaffirmation

successfully should publish information about their QEP (e.g., in *SACS-COC*

*Proceedings*). SACS-COC should also put a list of the QEPs and related abstracts on the

SACS-COC Web site, and if authorized by the institution, an active link to the full QEP.

It is always helpful to have a model.

6. *Train reviewers and help them transition from the old frame of reference*. The

training for reviewers was greatly strengthened after the review, including training

sessions, longer training sessions for the chair persons, and modules on the Web site.

Although the training component has been strengthened, SACS-COC, when reading

reports, should take into consideration that reviewers may bring with them the old

*Criteria* frame of reference even though they are well-trained and appear to be aware of

the new *Principles*. It takes time to change and adapt to a new reaffirmation approach.

Recommendations for the Case Study Institution

Six recommendations are offered for the case study institution.

1. *Strengthen the evaluation component of the internal review processes*. For the

next reaffirmation, USSU might consider having a formal evaluation in the initial plan,

including a budget, a timeframe, and a person in charge. The internal review processes

should be evaluated critically as part of the cycle because normally there are

improvements to be discovered.

422

2. *Communicate the results of the internal review processes.* USSU could have

disseminated the reaffirmation results more widely, such as through a broadcast e-mail

and articles in the university daily newspaper. “An open process should be followed by

an open report” (Kells, 1995, p. 146). Disseminating the internal review results and the

On-Site Review Committee’s recommendations help promote educational improvement

(Barber, 1990; Kells, 1995). As Faculty Member 1 stated, “some of the best teaching can

go on after the exam when you see what you missed and how you can learn it and do

better” (personal communication, March 28, 2005). With the help of technology, USSU

could have conducted a survey, similar to the survey used for the study groups, to obtain

feedback from those who were involved in the entire reaffirmation process.

3. *Follow up and establish an on-going structure.* USSU could have benefited

from having a follow-up structure on campus to gain the greatest benefit from its

reaffirmation results, including appointing members with a clear charge and having a

location on campus where the dialogue continued after the reaffirmation. “Nobody is

going to do that kind of hard work unless it’s clear why you’re doing it” (Faculty

Member 1, personal communication, March 28, 2005). If an institution thinks that it is

done when it completes the final reports, it misses “a golden opportunity to accomplish

so much more” (Cosgrove, 1989, p. 24). There should be a sense of on-going work and

commitment. “If you want a faculty to buy in that assessment is important, that it’s ongoing,

that it’s regular, then you can’t just trot it out two years before the fact” (Faculty

Member 1, personal communication, March 28, 2005). “Everyone realizes, conceptually,

the importance of using self-study results. But unless you are prepared organizationally

423

to make the most of them, it is almost impossible to do so to any worthwhile advantages”

(Cosgrove, 1989, p. 25).

4. *Improve the QEP work process*. USSU could have improved the QEP work

process by: (a) factoring in more time for the QEP and (b) obtaining a Council of Deans

and Department Chairs’ input to narrow the QEP.

5. *Improve the technology*. USSU could have improved the technology

component of the process in three ways: (a) discussing with the technology staff final

products required for the reaffirmation reporting in advance, (b) employing user-friendly

software to facilitate conversion of documents into html files (i.e., purchasing online

document collaboration software), and (c) empowering the Leadership Team to post

documents on the Web site.

6. *Develop planning and assessment in all the support units*. USSU should

encourage the support units to conduct regular planning and assessment using the

exemplary model of the Division of Student Life and Academic Services.

Recommendations for Higher Education Institutions

Twelve recommendations are offered for higher education institutions in the

SACS-COC region.

1. *Develop or strengthen the institutional effectiveness program and have a strong*

*system of support and incentive.* Institutions should begin by looking at their previous

reaffirmation results and also by learning from exemplary institutional effectiveness

programs at other universities compared to their own institutions in term of goals, student

424

body, and location. Institutions that were referenced as having a good institutional

effectiveness program in place during the interviews include North Carolina State

University in Raleigh, North Carolina; Alverno College in Milwaukee, Wisconsin; and

Truman State University in Kirksville, Missouri.

2. *Incorporate the accreditation requirements into institutional systems.* When

developing strategic plans, budgets, and assessment instruments, institutions should

incorporate SACS-COC accreditation requirements to the greatest extent possible

(“meeting SACS-COC requirements” in hiring procedures and incorporating learning

outcomes in all syllabi).

3. *Maintain a historical database and digitized documents*. An on-going, wellmaintained

database of longitudinal and campus-wide data fuels the Compliance

Certification and provides what is needed to identify initiatives on which the QEP can be

built. Thus the database greatly facilitates the institution’s ability to carry out the

reaffirmation process.

4. *Select the Accreditation Liaison and the Leadership Team members carefully*

*and provide them with training.* Institutions should provide the Accreditation Liaison

with released time, adequate resources, authority, university leadership support, and the

opportunity to observe an on-site review at another institution. It might also be of value

for the Accreditation Liaison to network with other higher education institutions in the

same cohort.

5. *Make the process simple and facilitate participation*. Institutions, with the help

of technology, should develop tools for communication and document collaboration,

425

develop a user-friendly Web site, give clear instructions, and provide prompt assistance

as needed, thus saving the working teams time and effort while making the process more

effective. To accomplish this, it is essential to involve the technical support early.

6. *Consider using the centralized approach to develop and implement the internal*

*review processes*. The centralized approach appeared to be effective in addressing the

*Principles*. USSU had a small group of senior executives who provided responses for the

Compliance Certification and managed broad-based participation for developing the

QEP.

7. *Select the QEP topic early and limit the QEP scope*. The QEP topic should be

selected early on and should be drawn from the institutional effectiveness program.

Institutions should limit the QEP scope so that its impact can be demonstrated within 5

years. The institutions should also develop clear success criteria (quantitative and

qualitative) to measure progress.

8. *Use a study group format for developing the QEP.* This approach helps to

build campus-wide input and faculty buy-in while contributing to the professional

development of administrators, faculty, and students.

9*. Have full university leadership support and commitment to the reaffirmation*

*process*. The university leadership should take the previous reaffirmation results

seriously, give full support to the Accreditation Liaison and Leadership Team throughout

the entire process, and establish a high priority for the reaffirmation effort. They should

recognize that the internal review processes are a valuable mechanism to enhance the

quality of instruction and services at their institution.

426

10. *Match the reaffirmation with the institutional circumstances and make*

*optimal use of existing resources for the reaffirmation process.* For institutions with

limited technical support, three options are offered. First, institutions can build from the

database system that they are using for their records. Second, institutions can use a

collection of different products available commercially taking into consideration five

characteristics: (a) having a secure access, (b) having a public and a university

community (private) face, (c) enabling individual team members to post materials, (d)

having a collaborative review capability for posted materials, and (e) being able to

manage information. Third, institutions can use word processing and pdf software to

make a CD-ROM for SACS-COC (Staff Member 1, personal communication, March 29,

2005).

11. *Enable administrators and faculty to get involved in the SACS-COC*

*organization and activities*. In this way, they can learn more about the *Principles,* thus

becoming knowledgeable about the new reaffirmation approach and more helpful to their

own institution. It also might be of value for an institution to look at SACS-COC’s

online training modules for the reviewers in order to understand what the reviewers are

looking for, thus helping the institution to prepare better for the reaffirmation.

12*. Begin early and refer to Kells’ (1995) Self-Study Processes*. Institutions

should consider the reaffirmation well in advance (at least 3 years) before it is scheduled

to occur (a) to focus on key areas in the reaffirmation process, (b) to articulate their

planning and assessment system with accreditation requirements, (c) to develop the Web

site and collaborative tools, and (d) to allow ample time for unexpected challenges.

427

Institutions should utilize Kells’ (1995) guide inasmuch as it is an excellent reference

source offering valuable advice and insights regarding the self-study process that are

relevant to carrying out the internal review processes under the *Principles*.

Recommendations for Future Research

Eight related topics should be explored further by future researchers to make

valuable contributions to the current body of knowledge in the area of institutional selfstudy

and reaffirmation of accreditation.

1. Research focusing on the processes that SACS-COC reviewers (off-site and onsite)

went through under the *Principles* and their views concerning the performance of

the 2004 Class.

2. Research on USSU’s uses of the SACS-COC 2004 reaffirmation results.

3. Research on USSU’s Impact Report, which will be submitted to SACS-COC in

2009, 5 years from its reaffirmation date (2004).

4. Research focusing on the reaffirmation process at 2004 Class individual

institutions of other levels (I, II, III, IV, and V) in the SACS-COC region.

5. Research focusing on the reaffirmation process at 2005 Class individual

institutions in the SACS-COC region.

6. Comparative case studies of the 2004 Class institutions in the SACS-COC

region.

7. Comparative case studies of the 2005 Class institutions in the SACS-COC

region.

428

8. Research on specific Core Requirements and Comprehensive Standards, such

as institutional effectiveness and educational programs.

Concluding Remarks About the Journey of Reaffirmation

USSU’s being reaffirmed and having a blueprint for its future have brought

closure to its 3-year journey of reaffirmation under the *Principles*. However, USSU

embarked on a new 5-year journey when it began implementing the QEP. In spite of all

the unknowns, challenges, confusion, and frustrations that the travelers encountered

along the way, “the journey itself has its own rewards” (Cheper & Lockmiller, 2002, p.

325). The first reward was that the travelers saw the results of their hard work—a

successful reaffirmation of accreditation of their university. The second reward was that

the journey brought change and growth to the travelers that will have a long-lasting

effect. And the third reward was that the QEP created through the travelers’ hard work

will, in turn, serve as a path, guide, and direction for their institution’s future course. The

Accreditation Liaison’s words describing USSU’s reaffirmation journey seem most

appropriate for concluding this study: "It truly was a journey—sometimes without a road

map or even a path to follow, a little scary and exciting at times because of all the

unknowns, occasionally tiring and difficult, but always interesting and ultimately

rewarding!" (Accreditation Liaison, personal communication, July 4, 2005).

REFERENCES

Acebo. S. C. (1994). A paradigm shift to team leadership in the community college. In G.

A. Baker III (Ed.), *A handbook on the community college in America* (pp. 581-

588). Westport, CT: Greenwood Press.

Altbach, P. G. (2003, Summer). American accreditation of foreign universities:

Colonialism in action. *International Higher Education* (Summer 2003). Retrieved

on November 11, 2004 from

http://www.bc.edu/bc\_org/avp/soe/cihe/newsletter/News32/text003.htm

Argyris, C., & Schon, D. A. (1978). *Organizational learning: A theory of action*

*perspective.* Reading, MA: Addison-Wesley.

Armstrong, E. P. (1983). Educational outcome assessment and its use in the accreditation

process: Current developments and future feasibility (Doctoral Dissertation,

Claremont Graduate School). *Dissertation Abstracts International, 43*, 3818.

Ary, D., Jacobs, L. C., & Razavieh, A. (1996). *Introduction to research in education* (5th

ed.). Fort Worth, TX: Harcourt Brace.

Association of American Colleges. (1985). *Integrity in the college curriculum: A report*

*to the academic community*. Washington, DC: Association of American Colleges.

Astin, A. W. (1993). *Assessment for excellence: The philosophy and practice of*

*assessment and evaluation in higher education*. Phoenix, AZ: American Council

on Education and The Oryx Press.

Avery, M. F. (1992). An institutional effectiveness study of the North Carolina

community colleges (Doctoral Dissertation, Virginia Polytechnic Institute and

State University). *Dissertation Abstracts International, 53*, 2655.

Azumi, J. E. (1988). *Environmental factors influencing school organization*. (ERIC

Document Reproduction Service No. ED301939)

Babbie, E. (1995). *The practice of social research* (7th ed.). Belmont, CA: Wadsworth

Publishing.

Barber, S. P. (1990). *An examination of accreditation: Views held by the key participants*

(Doctoral Dissertation, Peabody College for Teachers of Vanderbilt University).

*Dissertation Abstracts International, 51*, 1053.

Barker, T. S. (1998, December). Integrating accreditation into strategic planning.

*Community College Journal of Research & Practice, 22*(8), 741-750.

430

Barker, T. S., & Smith, H. W., Jr. (1997). Strategic Planning: Evolution of a Model.

*Innovative Higher Education, 21*(4), 287-306.

Barrett, D. (2004). (2004). *W21-Financial reporting principles of accreditation*.

Workshop presented at the Annual Meeting of the Southern Association of

Colleges and Schools (SACS). Atlanta, Georgia.

Barry University Office of Institutional Research. (2001). *Barry University Research:*

*FAQS on SACS - Institutional Effectiveness.* Retrieved October 2, 2004 from

http://www.barry.edu/executivedivision/pdf/ieFAQ.pdf

Beer, M. (1980). *Organizational change and development*. Santa Monica, CA: Goodyear.

Bell, J. (2001). *Doing your research project: A guide for first-time researchers in*

*education and social science* (3rd ed.). Philadelphia, PA: Open University Press.

Bell, T. H. (1983). *Institutional accreditation. Statement before the House Subcommittee*

*on Postsecondary Education*, *Committee on Education and Labor*. Department of

Education, Washington, DC. Office of the Secretary. (ERIC Document

Reproduction Service No. ED228922)

Bemis, J. F. (1983). Regional accreditation. In K. E. Young, C. M. Chambers, H. R.

Kells, & Associates, *Understanding accreditation: Contemporary perspectives on*

*issues and practices in evaluating educational quality* (pp. 167-203). San

Francisco: Jossey-Bass.

Bender, W. (1983). Accreditation: Misuses and misconceptions. In K.E. Young, C. M.

Chambers, H. H. Kells, & Associate, *Understanding accreditation:*

*Contemporary perspectives on issues and practices in evaluating educational*

*quality* (pp. 71-85). San Francisco: Jossey-Bass.

Benezet, L. T. (1981, April). A question of accreditation: Time for a general review.

*Change*, *13*(3), 6-8.

Bennion, D., Liepa, G., & Melia, P. (2002). The selection, care, and feeding of the

steering committee: A key to successful self-study. In *A Collection of Papers on*

*Self-Study and Institutional Improvement 2002 Prepared for the Program of the*

*Higher Learning Commission: Engaging the Future: Vision, Values, and*

*Validation in the New Educational Marketplace* (pp. 342-344). The 107th Annual

Meeting of the North Central Association, Chicago.

Bennis, W.G. (1966). The concept of organizational health. In W.G. Bennis (Ed.),

*Changing organizations.* New York: McGraw-Hill.

431

Berg, B. L. (2001). Qualitative research methods for the social sciences. Boston: Allyn

and Bacon.

Betts, F. (1992). How systems thinking applies to education. *Educational Leadership, 50*,

38-41.

Birnbaum, R. (1988). *How colleges work: The cybernetics of academic organization and*

*leadership.* San-Francisco: Jossey-Bass.

Black, C. (2002). *Get over it! Education reform is dead. Now what?* Portsmouth, NH:

Heinemann.

Blauberg, I. V., Sadovsky, V. N., & Yudin, E. G. (1977). *Systems theory: Philosophical*

*and methodological problems*. Moscow, the Union of Soviet Socialist Republics:

Progress.

Bloland, H. G. (2001). *Creating the Council for Higher Education Accreditation*

*(CHEA)*. Phoenix, AZ: Oryx Press.

Bogdan, R., & Bilken, S. K. (1992). Qualitative research for education: An introduction

to theory and methods (2nd ed.). Boston: Allyn and Bacon.

Bollag, B. (2005, September 23). American accreditors go abroad. *Chronicle of Higher*

*Education, 52*(5), A36-A48.

Bolman, L. G., & Deal, T. E. (1991). *Reframing organizations: Artistry and leadership.*

San Francisco: Jossey-Bass.

Borich, G. D., & Jemelka, R. P. (1982). *Programs and systems*. New York: Academic

Press.

Borman, K., LeCompte, M. D., & Goetz, J. P. (1986 September/October). Ethnographic

and qualitative research design and why it doesn’t work. *American Behavioral*

*Scientist*, 30(1) 42-57.

Boulding, K. E. (1956). General systems theory—the skeleton of science. *Management*

*Science, 2*, 197-208.

Bowler, T. B. (1981). *General systems thinking: Its scope and applicability* (The North

Holland series in general systems research; 4). New York: Elsevier North

Holland.

Braskamp, L. A. (1991, September). Purposes, issues, and principles of assessment.

*North Council Association Quarterly*, *66*(2), 417-429.

432

Brauckmann, S. (1999). *Ludwig von Bertalanffy (1901-1972)*. Retrieved November 27,

2004 from http://isss.org/lumLVB.htm

Brint, S., & Karable, J. (1989). *The diverted dream: Community colleges and the promise*

*of educational opportunity in America*. New York: Oxford University Press.

Cameron, K. S. (1985). Institutional effectiveness in higher education: An introduction.

*Review of Higher Education, 9*(1), 1-4.

Campbell, J. P. (1977). On the nature of organizational effectiveness. In P. S. Goodman

& J. M. Pennings (Eds.), *New perspectives on organizational effectiveness.* San

Francisco: Jossey-Bass.

Campbell, R. F., Fleming, T., Newell, L. J., & Bennion, J. W. (1987). *A history of*

*thought and practice in educational administration.* New York: Teachers College

Press.

Carnevale, D. (2004, November 26). Don’t judge a college by its Internet address.

*Chronicle of Higher Education*, A29.

Casserly, M. F. (1984). Self-study and planned change in academic libraries: A case

study analysis of regional accreditation self-study experiences (organization,

development, innovation) (Doctoral Dissertation, Rutgers the State University of

New Jersey). *Dissertation Abstracts International, 45*, 0328.

Causey, E. R. (1992). Impact of assessment of institutional effectiveness on academic

libraries in South Carolina (Doctoral Dissertation, University of South Carolina).

*Dissertation Abstracts International*, *53*, 3026.

Cavallaro, M. C. (1972). Accreditation of Community Colleges (Doctoral Dissertation,

Indiana University). *Dissertation Abstracts International, 33,* 4867.

Cejda, B. D. (2004, September). *Personal communication*. College of Education, Texas

Tech University, Lubbock, TX.

Chambers, R. H. (1984, March). Enhancing campus quality through self-study. *New*

*Directions for Institutional Research No. 41 (Determining the Effectiveness of*

*Campus Services)*, *11*(1), 9-22. (ERIC Document Reproduction Service No.

EJ301604)

Chapman, D. W., & Austin, A. E. (2002). The changing context of higher education in

the developing world. In D. W. Chapman, & A. E. Austin (Eds.), *Higher*

*education in the developing world: Changing context and institutional responses*

(Greenwood studies in higher education) (pp. 3-21). Westport, CT: Greenwood

Press.

433

Cheper, N., & Lockmiller, C. (2002). A guide for writing the self-study report and

preparing for the team visit: Just follow the yellow brick road. In *A Collection of*

*Papers on Self-Study and Institutional Improvement 2002 Prepared for the*

*Program of the Higher Learning Commission: Engaging the Future: Vision,*

*Values, and Validation in the New Educational Marketplace* (pp. 322-325). The

107th Annual Meeting of the North Central Association, Chicago.

Chrispeels, J. H., & Martin, K. J. (2002). Four leadership teams define their roles within

organizational and political structures to improve student learning. *School*

*Effectiveness and School Improvement, 13*(3), 327-365.

Christal, M. E, & Jones, D. P. (1985). *A common language for postsecondary*

*accreditation: Categories and definitions for data collection.* Boulder, CO:

National Center for Higher Education Management Systems and Washington,

DC: Council on Postsecondary Accreditation. (ERIC Document Reproduction

Service No. ED310663)

Cistone, P., & Bashford, J. (2002, Summer). Toward a meaningful institutional

effectiveness plan. *Planning for Higher Education, 30*(4), 15-23

Claudet, J. G. (1999). Conceptualizing organizational dimensions of instructional

supervisory practice: Implications for professional learning environments in

schools. *Learning Environments Research*, 1, 257-292

Cleland, D. I., & King, W. R. (1983). *Systems analysis and project management*. New

York: McGraw-Hill.

Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data: Complementary*

*research strategies*. Thousand Oaks, CA: Sage.

Combs, C. E. (2001). Accessing institutional planning through accreditation and

assessment. *Theatre Topics, 11*(1).

Comings, J., & Stein, S. (1991). Would accreditation work for ABE programs? How a

college and university model could be used to judge program effectiveness. *Adult*

*Learning, 3*(1), 23-24.

Cookson, P. S. (1989). Recruiting and retaining adult students: An organizational theory

perspective. *New Directions for Continuing Education, 41,* 13-22.

Cooney, R. P. (1984). The training of postsecondary accreditation evaluation team

members: Toward a model design (Doctoral Dissertation, Rutgers the State

University of New Jersey). *Dissertation Abstracts International*, *45*, 2323.

434

Corpus, B. M. (1998). Understanding participant interpretations of a community college

self-study process: A microinteractionist approach (Doctoral Dissertation, New

York University). *Dissertation Abstracts International, 59*, 1478.

Cosgrove, J. (1989, July). Link self-study with strategic planning. *AGB Reports, 31*(4),

24-16. (ERIC Document Reproduction Service No EJ395421)

Council for Higher Education Accreditation (CHEA). (2000, August). *The Common Data*

*Project: Prepared by the National Center for Higher Education Management*

*Systems and the CHEA Task Force on Common Data.* CHEA Occasional Paper.

Washington, DC: Author.

Council for Higher Education Accreditation (CHEA). (2002a). *Accrediting organizations*

*in the U.S.: How do they operate to assure quality?* Retrieved on December, 26,

2004 from http://www.chea.org/pdf/fact\_sheet\_5\_operation.pdf

Council for Higher Education Accreditation (CHEA). (2002b). *Glossary of key terms in*

*quality assurance and accreditation*. Retrieved on April 29, 2005 from

http://www.chea.org/internaltional/inter\_glossary01.html

Council for Higher Education Accreditation (CHEA). (2005a). *Recognized accrediting*

*organization (Updated as of April, 2005*). Retrieved on September 20, 2005 from

http://www.chea.org/pdf/CHEA\_USDE\_AllAccred.pdf

Council for Higher Education Accreditation (CHEA). (2005b). *Database of Institutions*

*and Programs Accredited by Recognized United States Accrediting*

*Organizations*. Retrieved on September 17, 2005 from

http://www.chea.org/search/default.asp

Council on Postsecondary Accreditation (COPA). (1981). *A guide to interagency*

*cooperation including models of successful interagency cooperative efforts*.

Washington, DC: Author.

Council on Postsecondary Accreditation (COPA). (1985, July). *The balance wheel for*

*accreditation: Annual directory*. Washington, DC: Author.

Crawford, C. M. (2000). The design of a university’s SACS accreditation World Wide

Web site. *Proceedings of Webnet 2000: World Conference on the World Wide*

*Web and Internet* (pp. 866-867). Charlottesville, VA: Association for the

Advancement of Computing in Education (AACE). (ERIC Document

Reproduction Service No. ED462911)

Creswell, J. W. (1994). *Research design: Qualitative & quantitative approaches*.

Thousand Oaks, CA: Sage Publications.

435

Creswell, J. W. (1998). Qualitative inquiry and research design: Choosing among the five

traditions. Thousand Oaks, CA: Sage Publications.

Crishal, M. A. (1981). The effects of accreditation by the North Central Association on

the organization, administration, and programs of selected accredited Michigan

public community colleges (Doctoral Dissertation, Andrews University).

*Dissertation Abstracts International, 42,* 4220.

Cullen, T. (1994). *An open system approach to cross-cultural training*. Paper presented at

the Annual Eastern Michigan University Conference on Language and

Communication for World Business and the Professions (13th, Ypsilanti, MI,

April 14-16, 1994). (ERIC Document Reproduction Service No. ED373696)

Cunningham, J. B. (1993). *Action research and organizational development.* Westport,

CT: Praeger.

Day, P. R., Jr. (1980). A retrospective analysis of community college participation in

nontraditional forms of institutional self-study—Impact on institutional planning

and goal attainment (Doctoral Dissertation, University of Massachusetts).

*Dissertation Abstracts International, 41*, 0914.

DeMarrais, K. B. (Ed.). (1998). *Inside stories: Qualitative research reflections.* Mahwah,

NJ: Erlbaum Associates.

Denzin, N. K. (1978). *The research act* (5th ed.). New York: McGraw-Hill.

Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of

qualitative research. In N. K. Denzin & Y. S. Lincoln, (Eds.), *Handbook of*

*qualitative research* (2nd ed.) (pp. 1-28). Thousand Oaks, CA: Sage.

Doerr, A. H. (1983). Accreditation—Academic boon or bane? *Contemporary Education,*

*55*(1), 6-8.

Donaldson, R. S. (1960). *Fortifying higher education: A story of college self-studies*.

New York: Fund for the Advancement of Education.

Dressel, P. L. (1971). Accreditation and institutional self-study. *North Central*

*Association Quarterly, 46*, 277-278. (ERIC Document Reproduction Service No.

EJ051261)

Duemer, L. S., & Mendez-Morse, S. (2002, September). Recovering policy

implementation: Understanding implementation through informal communication,

*Educational Policy Analysis Archives, 10*(39). Retrieved August 31, 2005 from

http://epaa.asu.edu/epaa/v10n39.html.

436

Dye, J. F.; Schatz, I. M.; Rosenberg, B. A.; & Coleman, S.T. (2000, January). Constant

comparison method: A kaleidoscope of data. *Qualitative Report, 4*(1, 2).

Retrieved on September 12, 2004 from http://www.nova.edu/ssss/QR/QR4-

1/dye.html

Eaton, J. S. (n.d.). *An overview of U.S. accreditation*. Retrieved October 21, 2004 from

http://www.chea.org/pdf/overview\_US\_accred\_8-03.pdf

Eaton, J. A. (2001, March). Regional accreditation reform who is served. *Change*, *33*(2).

Retrieved October 06, 2002 from http://Northernlight.com

Eisenman, C. D. (1991, September). Faculty participation in assessment programs. *North*

*Central Association Quarterly, 66*(2), 458-464. (ERIC Document Reproduction

Service No. EJ441841)

Erwin, T. D. (1991). *Assessing student learning and development*. San Francisco: Jossey-

Bass.

Etzioni, A. (1961). *A comparative analysis of complex organizations.* New York: Free

Press.

Ewell, P. T. (1983). *Information on student outcomes: How to get it and how to use it.*

Boulder, CO: National Center for Higher Education Management Systems

(NCHEMS).

Ewell, P. T. (1985). Assessment: What’s it all about? *Change, 17*(6), 32-36.

Ewell, P. T. (1992). *Outcomes assessment, institutional effectiveness, and accreditation:*

*A conceptual exploration*. Resource papers for the Council on Postsecondary

Accreditation Task Force on Institutional Effectiveness. (ERIC Document

Reproduction Service No. ED343513)

Ewell, P. T. (2002). An emerging scholarship: A brief history of assessment. In T. W.

Banta & Associates. *Building a scholarship of assessment* (pp. 3-25). San

Francisco: Jossey-Bass.

Ewell, P. T., & Lisensky, R. P. (1988). *Assessing institutional effectiveness: Redirecting*

*the self study process*. Washington, DC: Consortium for the Advancement of

Private Higher Education.

Farrow, C. A., (1975). The accreditation process of the Southern Association of Colleges

and Schools as perceived by staff members at ten selected public junior colleges

in Alabama (Doctoral Dissertation, Auburn University). *Dissertation Abstracts*

*International, 36*, 7142.

437

Farrwell, E. F. (2003, August 15). A Common yardstick? *Chronicle of Higher Education*.

Retrieved August 14, 2003 from http://chronicle.com/weekly/v49/

i49/49a02501.htm

Faulkner, J. B. (2002). Baldrige Educational Quality Criteria as another model for

accreditation in American community colleges (Doctoral Dissertation, Oregon

State University). *Dissertation Abstracts International, 63*, 2102.

Fielding, N. G., & Fielding, J. L. (1986). *Linking data*. Newbury Park, CA: Sage.

Fitzgerald, J. D., & Cox, S. M. (1987). *Research methods in criminal justice.* Chicago:

Nelson-Hall.

Folger, J. (1984). Assessment of quality for accountability. Financial incentives for

academic quality. *New Directions for Higher Education*, *48*, 75-85.

Folger, J. K., & Harris, J. W. (1989). *Assessment in accreditation*. Atlanta, GA:

Commission on Colleges of the Southern Association of Colleges and Schools.

Freeman, I. (1988). Effect of the New “Criteria for Accreditation” on Reaffirmation of

Accreditation in the South (Doctoral Dissertation, University of North Texas).

*Dissertation Abstracts International, 49*, 1324.

Gaines, T. A. (1991). *The campus as a work of art.* Westport, CT: Greenwood Publishing

Group, Incorporated.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational Research: An introduction*

(6th ed.). White Plains, NY: Longman.

Garner, S. J., & Vice, J. (2000, January). Guidelines for managing and writing a selfstudy

for accreditation. *Planning and Changing, 31*(1&2), 62-29. (ERIC

Document Reproduction Service No. EJ652035)

Giacomelli, M. A. (2002). Self-study: The proof is in the plan, process, and product. In S.

E. V. Kollenburg (Ed.), *A collection of papers on self-study and institutional*

*improvement 2002* (pp. 283-285). Chicago: Higher Learning Commission of the

North Central Association of Colleges and Schools.

Gibbs, G. R. (2002). *Qualitative data analysis: Explorations with NVivo*. Philadelphia,

PA: Open University Press.

Glesne, C. (1999). *Becoming qualitative researchers: An introduction* (2nd ed.). New

York: Addison Wesley Longman.

438

Glidden, R. (1983). Specialized accreditation. In K. E. Young, C. M. Chambers, H. R.

Kells, and Associates, *Understanding accreditation: Contemporary perspectives*

*on issues and practices in evaluating educational quality* (pp. 187-208)*.* San

Francisco: Jossey-Bass.

Gliner, J. A., & Morgan, G. A. (2000). *Research methods in applied settings: An*

*integrated approach to design and analysis*. Mahwah, NJ: Lawrence Erlbaum.

Gordon, J. C. (1998). The relationships among self-study reaccreditation teams, their

leaders, and the community college climate within which they work (Doctoral

Dissertation, North Carolina State University). *Dissertation Abstracts*

*International, 59*, 1933.

Gray, P. J. (2002). The roots of assessment: Tensions, solutions, and research directions.

In T. W. Banta & Associates. *Building a scholarship of assessment* (pp. 49-66).

San Francisco: Jossey-Bass.

Green, K. C. (1981). *Accreditation and quality: Minimal requirements versus*

*distinguishing characteristics*. Los Angeles: Higher Education Research Institute.

Greiner, A. C. (1997). The process of institutional review: The impact of accreditation

and regulation at higher education institutions with off-campus centers (Doctoral

Dissertation, Claremont Graduate School). *Dissertation Abstracts International,*

*58*, 0765.

Grossman, G. M., & Duncan, M. E. (1989). *Indications of institutional effectiveness: A*

*process for assessing two-year colleges*. Columbus, Ohio: Center on Education

and Training for Employment.

Hackman, J. R., Brousseau, K. R., & Weiss, J. A. (1976). The interaction of task design

and group performance strategies in determining group effectiveness.

*Organizational Behavior and Human Performance, 16*, 350-365.

Hampton, D. R., Sumner, C. E., & Webber, R. A. (1987). *Organizational behavior and*

*the practice of management* (3rd ed.)*.* Glenview, IL: Scott, Foresman.

Hanna, D. (1997). The organization as an open system. In A. Harris, N. Bennett, & M.

Preedy (Eds.), *Organizational effectiveness and improvement in education* (pp.

13-21). Philadelphia, PA: Open University Press.

Harcleroad, F. F. (1980). *Accreditation: History, process, and problems*. Washington,

DC: American Association for Higher Education. (ERIC Document Reproduction

Service No. ED198774)

439

Harris, E. B. (1983). A multi-case of the self-study component of the regional

institutional accreditation process: Identifying influential factors (Doctoral

Dissertation, Syracuse University). *Dissertation Abstracts International*, *45*, 0761.

Harrison, D, Summers. T, Helm, K., Klassen, J., & Brodd, D. (2004, December). *Voices*

*of experience: Reaffirmation of accreditation at Level VI institutions*. Concurrent

session presented at the SACS Annual Meeting, Atlanta, GA.

Hart, D. J. (1996, Spring). Assessment and accountability. *ADE Bulletin, 113*, 42-45.

Retrieved October 3, 2004 from http://www.ade.org/ade/bulletin/N113/

113042.htm

Hart, K. R. (1997). Assessing institutional effectiveness in Arizona’s urban community

college districts (urban education) (Doctoral Dissertation, Institution Arizona

State University, 1997). *Dissertation Abstracts, 58*, 0766.

Hashway, R. M. (1988). *The foundations of development education*. New York: Praeger.

Hersey, P., & Blanchard, K. H. (1982). *Management of organizational behavior:*

*Utilizing human resources (*4th ed.). Englewood Cliffs, NJ: Prentice-Hall.

Holliker, N. A. (1992). Dual institutional accreditation: A study of Bible colleges with

both national and regional accreditation. (Doctoral Dissertation, University of

Maryland, College Park). *Dissertation Abstracts International*, *54,* 105.

Hulon, J. G. (2000). The impact of regional accreditation on Copiah-Lincoln Community

College (Mississippi) (Doctoral Dissertation, Mississippi State University).

*Dissertation Abstracts International*, *61*, 3865.

Isaacson, S. L. (1993). Open systems as seen on the street and from the fourteenth floor.

*Journal of Learning Disabilities, 26*(5), 326-29.

Janesick, V. J. (2000). The choreography of the qualitative research design: Minuets,

improvisations, and crystallization. In N. K. Denzin, & Y. S. Lincoln, (Eds.),

*Handbook of qualitative research* (pp. 379-399). Thousand Oaks, CA: Sage.

Jick, T. D. (1979, December). Mixing qualitative and quantitative methods: Triangulation

in action. *Administrative Science Quarterly*, *24*, 602-611.

Johnson, A. G. (1995). *The Blackwell dictionary of sociology: A user’s guide to*

*sociological language*. Cambridge, MA: Basil Blackwell.

Johnson, B. & Christensen, L. (2000). *Educational research: Quantitative and qualitative*

*approaches*. Needham Heights, MA: Allyn & Bacon.

440

Jones, D. P. (1982). *Data and information for executive decisions in higher education.*

Boulder, CO: National Center for Higher Education Management Systems

(NCHEMS).

Jung, S. M. (1986). *The role of accreditation in directly improving educational quality.*

Washington, DC: Council on Postsecondary Accreditation (COPA) Publications.

Kast, F. E., & Rosenzweig, J. E. (1973). *Contingency views of organization and*

*management*. Chicago. IL: Science Research Associates.

Kast, F. E., & Rosenzweig, J. E. (1985). *Organization and management: A systems and*

*contingency approach* (4th ed.). New York: McGraw-Hill.

Katz, D., & Kahn, R. L. (1978a). Organizations and the system concept. In J. M. Shafritz,

& P. H. Whitbeck (Eds.), *Classics of organization theory*, (pp. 161-173). Oak

Park, IL: Moore Publishing.

Katz, D., & Kahn, R. L. (1978b). *The social psychology of organizations.* New York:

John Wiley.

Kauffman, S. A. (1993). *The origins of order: Self organization and selection in*

*evolution.* New York: Oxford University Press.

Kells, H. R. (1977). An alternative model for self-study in higher education. *North*

*Central Association Quarterly*, *52*, 341-146.

Kells, H. R. (1983). Institutional rights and responsibilities. In K. E. Young, C. M.

Chambers, H. R. Kells, & Associates, *Understanding accreditation:*

*contemporary perspectives on issues and practices in evaluating educational*

*quality* (pp. 107-118)*.* San Francisco: Jossey-Bass.

Kells, H. R. (1987). Institutional effectiveness criterion called “extremely important” for

higher education. *Proceedings of the Southern Association of Colleges and*

*Schools* (pp. 4-7). Atlanta, GA: Southern Association of Colleges and Schools.

Kells, H. R. (1995). *Self-study processes: A guide to self-evaluation in higher education.*

Phoenix, AZ: Oryx Press.

Kells, H. R., & Kirkwood, R. (1979, Winter). Institutional self-evaluation processes.

*Educational Record, 60*(1), 25-45.

Kennedy, V. C., Moore, F.I., & Thibadoux, G. M. (1985). Determining the costs of selfstudy

for accreditation: A method and a rationale. *Journal of Allied Health, 14*(2),

175-182.

441

Kern, R. P. (Fall, 1990). A model addressing institutional effectiveness: Preparing for

regional accreditation. *Community College Review*, *18*(2), 23-28. Retrieved

October 13, 2004 from http://search.epnet.com/login.aspx?direct=

true&AuthType=cookie,ip,url,uid&db=aph&an=9609035210

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*.

Thousand Oaks, CA: Sage Publications.

Lawrence, P. R, & Lorsch, J. W. (1969). *Organization and environment: Managing*

*differentiation and integration.* Homewood, IL: Richard D. Irwin.

Lewin, R. (1992). *Complexity: Life at the edge of chaos.* New York: Macmillan.

Likert, R. (1967). *The human organization.* New York: McGraw-Hill.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage.

Lingenfelter, P. E. (2001). Educational accountability. *Network News*, *30*(3), 1-7.

Lippitt, G. L. (1982*). Organizational renewal: A holistic approach to organizational*

*development.* Englewood Cliffs, NJ: Prentice Hall.

Lubinescu, E. S., Ratcliff, J. L., & Gaffney, M. A. (2001). Two continuums collide:

Accreditation and assessment. *New Directions for Higher Education, 113*, 5-22.

Luthman, C. (2004). *PDS11- The off-site and the on-site review: What we have learned*

*so far*. Professional Development Session 11 presented at the Southern

Association of Colleges and Schools (SACS) Annual Meeting—Meeting the

Challenge: Enhancing Student Learning, December 3-7, 2004. Atlanta, Georgia.

CD available from http://www.gayloronline.com.

Mason, R. 0., & McKenney, J. L. (1997). An historical method for MIS research: Steps

and assumptions. *MIS Quarterly*, *21*(3), 307-321.

Maxwell, J. A. (1996). *Qualitative research design: An interactive approach*. Thousand

Oaks, CA. Sage Publications.

McClure, T. R., Jr. (1996). A study of the impact of externally mandated institutional

effectiveness and assessment activities on South Carolina technical colleges as

perceived by technical college personnel in leadership roles (Doctoral

Dissertation, University of South Carolina). *Dissertation Abstracts International,*

*57*, 1047.

McNabb, D. E. (2002). Research methods in public administration and nonprofit

management: Quantitative and qualitative approaches. Armonk, NY: M. E.

Sharpe, Inc.

442

Merriam, S. B. (1988). Case study research in education: A qualitative approach. San

Francisco: Jossey-Bass.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*

(Rev. ed.). San Francisco: Jossey-Bass.

Metcalf, J. K. (2001). Faculty and academic administrator perceptions concerning

institutional effectiveness importance in selected colleges and universities

accredited by the Southern Association of Colleges and Schools (Doctoral

Dissertation, University of Louisville). *Dissertation Abstracts International, 62*,

1663.

Middaugh, M. F. (1990). The nature and scope of institutional research. In J. B. Presley

(Ed.), Organizing effective institutional research offices (pp. 35-48)*. New*

*Directions for Institutional Research, 66*. San Francisco, CA: Jossey-Bass.

Middle States Commission on Higher Education. (1996). *Framework for outcomes*

*assessment.* Author.

Middle States Commission on Higher Education. (2002). *Design for excellence:*

*Handbook for institutional self-study* (8th ed.)*.* Philadelphia, PA: Author.

Midlands Technical College. (1997). *Managing your institution’s effectiveness: A user*

*guide*. Washington, DC: Community College Press.

Miles, D. (1992). A qualitative analysis of North Central Association evaluations of

Kansas community colleges (Doctoral Dissertation, Kansas State University).

*Dissertation Abstracts International, 53*, 1348.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded*

*sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.

Millard, R. M. (1983). Accreditation. In J. R. Warren (Ed.), Meeting the new demand for

standards. *New Directions for Higher Education*, *43*, 9-28. San Francisco: Jossey-

Bass.

Miller, V. D. (2000). *The specific criteria cited most often by visiting committees to Level*

*I institutions*. (Doctoral Dissertation, Baylor University). *Dissertation Abstracts*

*International, 61,* 3865.

Moore, K. M. (1986). Assessment of institutional effectiveness. In J. Losak (Ed.),

*Applying institutional research in decision making* (pp. 49-60). San Francisco,

CA: Jossey Bass.

443

Mortensen, D. W. (2000). Evidence of quality: The notions of quality and evidence of

assessment found in accreditation documents in the WASC region (Doctoral

Dissertation, Claremont Graduate University). *Dissertation Abstracts*

*International, 61,* 1320.

National Center for Higher Education Management Systems (NCHEMS). (1984, June).

Organizational effectiveness in higher education. *The NCHEMS Newsletter*, 6-7.

National Governors' Association. (1986). *Time for results: The governors' report on*

*education.* Washington, DC: National Governors' Association.

Newman, I., & Benz, C. R. (1998). *Qualitative-quantitative research methodology:*

*Exploring the interactive continuum*. Carbondale, IL: Southern Illinois University

Press.

Newton, R. R. (1980). *An outcome-focused approach to the accreditation self-study: A*

*description of the University of San Francisco self-study process*. (ERIC

Document Reproduction Service No. ED200087)

Nguyen, K. D. (2003). *International practices in quality assurance for higher education*

*teaching and learning: Prospects and possibilities for Vietnam*. Unpublished

doctoral dissertation, the Centre for the Study of Higher Education of the

University of Melbourne, Australia.

Nguyen, T. T. P., Oliver, D. E., & Reeve, T. G. (2004)*. A research study of new internal*

*review processes for the new SACS Principles of Accreditation.* Presentation at

the Annual Meeting of the Southern Association of Colleges and Schools-

Commission on Colleges (SACS-COC), Atlanta, Georgia. Audio tape available

from http://www.SACS-COC.org.

Nguyen, T. T. P., Oliver, D. E., & Reeve, T. G. (2005)*. Achieving quality enhancement*

*through institutional effectiveness in changing times.* Unpublished research report,

Texas Tech University, Texas. Proposal accepted for presentation at the Annual

Meeting of the Southern Association of Colleges and Schools Commission on

Colleges (SACS-COC), Atlanta, Georgia.

Nichols, J. O. (1989). *Institutional effectiveness and outcomes assessment*

*implementation on campus: A practitioner’s handbook*. New York: Agathon

Press.

Nichols, J. O. (1995). *A Practitioner’s handbook for institutional effectiveness and*

*student outcomes assessment implementation*. Edison, NJ: Agathon Press.

North Carolina State University. (2003, July). *Internet resources for higher education*

*outcomes assessment: University planning & analysis*. Retrieved July 23, 2003,

from http://www2.acs.ncsu.edu/UPA/assmt/resource.htm

444

O’Brien, G. E., & Kabanoff, B. (1981). The effects of leadership style and group

structure upon small group productivity: A test of a discrepancy theory of leader

effectiveness. *Australian Journal of Psychology, 33*(2), 157-158.

Oliver, D. E., Nguyen, T. T. P., & Nguyen, K. D. (2003, April). *Higher education*

*accreditation in Vietnam: Lessons from accreditation in the U.S.* Paper presented

at the annual meeting of the American Educational Research Association.

Chicago, IL. (ERIC Document Reproduction Service No. ED477445)

Olsen, F. (2000, October 13). The role of the Web is expanding in accreditation reviews.

*Chronicle of Higher Education*. Retrieved September 13, 2004 from

http://chronicle.com/weekly/v47/i07/07a06701.htm

Palomba, C. A. (2002). Scholarly assessment of student learning in the major and general

education. In T. W. Banta & Associates, *Building a scholarship of assessment*

(pp. 201-222). San Francisco: Jossey-Bass.

Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park,

CA: Sage.

Paynter, D. K. (1984). A second look at accreditation: student, faculty and employer

perceptions of academic quality (Doctoral Dissertation, Graduate School of

Syracuse University). *Dissertation Abstracts International, 45*, 3516.

Peters, L. H., O’Connor, E. J., & Rudolf, C. J. (1980). The behavioral and affective

consequences of performance-relevant situational variables. *Organizational*

*Behavior and Human Performance*, *25*, 79-96.

Petersen, D. G. (1979). *Accreditation standards and guidelines: A study of the evaluative*

*standards and guidelines of 52 accrediting agencies recognized by the Council on*

*Postsecondary Accreditation*. Washington, DC: Council on Postsecondary

Accreditation.

Peterson, M. W., & Vaughan, D. S. (2002). Promoting academic improvement

organizational and administrative dynamics that support student assessment. In

Trudy W. Banta & Associates. *Building a scholarship of assessment* (pp. 26-46)*.*

San Francisco: Jossey-Bass.

Piggie, F. L. (1979). *Opinions about accreditation and interagency cooperation*.

Washington, DC: Council on Postsecondary Accreditation.

Potter, J. W. (1996). *An analysis of thinking and research about qualitative methods*.

Mahwah, NJ: Lawrence Erlbaum Associates.

445

Price, J. L. (1972). The study of organizational effectiveness. *Sociological Quarterly, 13*,

3-15.

Puffer, E. C. (1970). *A summary of a report on institutional accreditation in higher*

*education*. Chicago, IL: Federation of Regional Accrediting Commissions of

Higher Education.

Quehl, G. H., Bergquist, W. H., & Subbiondo, J. L. (1999). Fifty years of innovations in

higher education: Change and stasis in the pursuit of quality. *New Agenda Series,*

*1*(4) (published by USA Group Foundation, Indianapolis, IN).

Reed, L. W. (1995). The team approach to managing resources. In G. A. Baker III, &

Associates, *Team building for quality: Transitions in the American community*

*college* (pp.115-128). Washington, DC: Community College Press.

Reed, C. B., & Rust, E. B., Jr. (2004, September 3). A more systematic approach.

*Chronicle of Higher Education*, September 3, 2004, B7-B8.

Roberts, C. L. (1986). Institutional effectiveness practices in community junior and

technical colleges of the southern region (Doctoral Dissertation, University of

Texas at Austin). *Dissertation Abstracts International, 47*, 3289.

Robinson-Weening, L. M. (1995). A study of the relationship between regional

accreditation and institutional improvement among New England colleges and

universities (Doctoral Dissertation, Boston College). *Dissertation Abstracts*

*International, 56*, 4677.

Rodrigues, R. J. (2002, September). Want campus buy-in for your assessment efforts?

*AAHEBulletin.com*. Retrieved July 23, 2003 from http://aahebulletin.com/

member/articles/2002-10-feature02\_1.asp

Rogers, B. H., & Gentemann, K. M. (1989). The value of institutional research in the

assessment of institutional effectiveness. *Research in Higher Education, 30*(3),

345-355.

Rogers, J. T. (1990, Fall). Assessment in the Southern Commission on Colleges. *North*

*Central Association Quarterly*, *65*(2), 397-400.

Rogers, J. T. (1999, Summer). Assessment: Has it made a difference? *Assessment and*

*Accountability Forum*, 16-17.

Rogers, J. T. (2003). *Commission on Colleges: Southern Association of Colleges and*

*Schools*. Retrieved July 23, 2003 from http://www.SACS-COC.org/drrogers.asp

446

Rose, L. H. (2003). Comments from the chair of the Commission. In Southern

Association of Colleges and Schools - Commission on Colleges (SACS-COC),

*2003 Annual Report* (pp. 1-2). Author.

Rosenbloom, A. A. (1981). Relationship of the self-study process to institutional

effectiveness and accreditation. *Journal of Optometric Education, 7*(1), 13-18.

Rossi, E. J. (1979). Accreditation self-study and institutional adaptability (Doctoral

Dissertation, Stanford University). *Dissertation Abstracts International, 40*, 3728.

Rozumalski, L. P. (2002). Engaging the institution to make a significant difference: An

institutional self-assessment model for the Academic Quality Improvement

Project of the Higher Learning Commission (Doctoral Dissertation, Capella

University). *Dissertation Abstracts International, 63*, 1744.

Rudolph, F. (1990). *The American college and university: A history*. Athens, GA:

University of Georgia Press.

Salvador, S. M. (1996). The effects of institutional characteristics and accreditation

association assessment guidelines on perceptions of assessment practices in

community colleges (Doctoral Dissertation, University of Michigan). *Dissertation*

*Abstracts International, 57*, 2388.

Sarthory, J. A. (1979). A case for an open system approach to organizational behavior.

*Journal of Educational Administration, 17*, 17-29.

Scaperlanda, M. A. (2002). The self-study: A tool for telling your institution’s unique

story. In *A Collection of Papers on Self-Study and Institutional Improvement 2002*

*Prepared for the Program of the Higher Learning Commission: Engaging the*

*Future: Vision, Values, and Validation in the New Educational Marketplace* (pp.

326-328). The 107th Annual Meeting of the North Central Association, Chicago,

IL. (University of Oklahoma’s self-study report titled “Realizing the Possibilities:

Reaccreditation in a Time of Renewal” is available at

http://www.ou.edu/ncaselfstudy/2001\_Reaccreditation.pdf)

Schlegel, J. P. (1998, Summer). Grass-roots participation enhances assessment.

*Education, 118*(4), 482-484.

Schostak, J. F. (2002). *Understanding, designing and conducting qualitative research in*

*education: Framing the project*. Philadelphia, PA: Open University Press.

Scott, W. R. (1977). Effectiveness of organizational effectiveness studies. In P. S.

Goodman & J. M. Pennings (Eds.), *New perspectives on* organ*izational*

*effectiveness.* San Francisco: Jossey-Bass.

447

Scott, W. R. (1992). *Organizations: Rational, natural, and open systems* (3rd ed.).

Englewood Cliffs, NJ: Prentice Hall.

Scott, W. R. (1998). *Organizations: Rational, natural, and open systems* (4rd ed.).

Englewood Cliffs, NJ: Prentice Hall.

Scroggs, L. E. (2003). Student assessment in the context of quality: One community

college’s journey (Doctoral Dissertation, University of Illinois at Urbana-

Champaign). *Dissertation Abstracts International, 64*, 2758.

Seashore, S. E., & Yuchtman, E. (1967). Factorial analysis of organizational

performance. *Administrative Science Quarterly, 12*, 377-395.

Seidman, I. (1998). *Interviewing as qualitative research: A guide for researchers in*

*education and the social sciences.* New York: Teachers College Press.

Selden, W. K. (1960). *Accreditation: A struggle over standards in higher education*. New

York: Harper & Brothers.

Selden, W. K., & Porter, H. V. (1977). *Accreditation: It purposes and uses*. An

occasional paper. Washington, DC: Council on Postsecondary Accreditation.

Semrow, J. J. (1977). *Institutional assessment and evaluation for accreditation*.

University of Arizona , AZ: Center for the Study of Higher Education. (ERIC

Document Reproduction Service No. ED148190)

Semrow, J. J. (1982). A brief history and background of the accreditation process. *North*

*Central Association Quarterly, 56*(3), 383-394.

Senge, P. M. (1990). *The fifth discipline*. New York: Doubleday.

Shaughnessy, J. J., & Zechmeister, E. B. (1990). *Research methods in psychology.* New

York: McGraw-Hill.

Shiflett, S. C. (1979). Toward a genera1 model of small group productivity.

*Psychological Bulletin, 86*, 67-79.

Silvers, P. J. (1982a). An assessment of evaluation teams in regional accreditation of

baccalaureate-granting institutions (Doctoral Dissertation, University of Arizona).

*Dissertation Abstracts International, 43*, 0694.

Silvers, P. J. (1982b). *Regional accreditation team members: How they perceive their*

*role and how they make decisions*. Paper presented at the Annual Meeting of the

Association for the Study of Higher Education (ASHE), Washington, DC (ERIC

Document Reproduction Service No. ED186683)

448

Smith, W. J., & Ngoma-Maema, W. Y. (2003, August). Education for all in South Africa:

developing a national system for quality assurance. *Comparative Education,*

*39*(3), 345-365.

Southern Association of Colleges and Schools (SACS). (1995). *From Generation to*

*Generation: A century of service (1895-1995)*. Decatur, GA: Author.

Southern Association of Colleges and Schools (SACS). (1998). *A centennial history of*

*the Southern Association of Colleges and Schools 1895-1995*. Decatur, GA:

Author.

Southern Association of Colleges and Schools (SACS). (2005). *Southern Association of*

*Colleges and Schools*. Retrieved November 26, 2005 from http://www.sacs.org

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(n.d.). *The Principles of accreditation: Foundations for quality enhancement*.

Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(1996). *Resource manual on institutional effectiveness* (3rd ed.). Decatur, GA:

Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(1998). *Criteria for accreditation* (11th ed.). Decatur, GA: Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2003a). *Handbook for review committees*. Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2003b). *Handbook for reaffirmation of accreditation*. Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2004a). *General information on the accreditation process*. Retrieved August 8,

2004 from http://www.SACS-COC.org/genaccproc.asp

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2004b). *The Principles of accreditation: Foundations for quality enhancement*.

Author.

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2004c). *Accredited and candidate list, alpha order, March 2005*. Retrieved June

16, 2005 from http://www.sacscoc.org/pdf/weblist0305alpha.pdf

449

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2004d, Fall). Commission approves three policies; adopts additional operational

procedures. *Proceedings, 56*(6), 3*.*

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2005a, Spring). Updates in the review process for reaffirmation. *Proceedings,*

*57*(3), 2*.*

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2005b, Winter). Updates in the review process for reaffirmation. *Proceedings,*

*57*(1), 2*.*

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2005c, Winter). SACS-COC training initiatives. *Proceedings, 57*(1), 2*.*

Southern Association of Colleges and Schools - Commission on Colleges (SACS-COC).

(2005d, Winter). Findings from the review of the 2004 Class of 30 institutions.

*Proceedings, 57*(1), 2*.*

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Stake, R. E. (2000). Case studies. In N. K. Denzin & Y. S. Lincoln, (Eds.), *Handbook of*

*qualitative research* (pp. 435-454) (2nd ed.). Thousand Oaks, CA: Sage.

Steinkrauss, P. J., & Kranz, M. R. (1981). *Quality assurance in higher education: An*

*outline adaptable to small colleges offerings on and off-campus programs.* (ERIC

Document Reproduction Service No. ED210958)

Stoodley, R. V. (1982). The development and evaluation of a single self-study method for

use in two-year postsecondary institution and multiprogram accreditation.

(Doctoral Dissertation, University of Minnesota). *Dissertation Abstracts*

*International, 43*, 2646.

Study Group on the Conditions of Excellence in American Higher Education. (1984,

October). *Involvement in learning: Realizing the potential of American higher*

*education*. Washington, DC: U.S. Department of Education, National Institute of

Education

Sykes, C. E. (2003). Community college administrators’ perceptions of the accreditation

process in the state of Illinois (Doctoral Dissertation, Union Institute and

University School of Interdisciplinary Arts and Science). *Dissertation Abstracts*

*International, 64,* 3939.

Talley, K. (1997). National Accreditation: Why do some programs stall in the self-study?

*Young Children, 52*(3), 31-37.

450

Taylor, A. L. (1987). Institutional effectiveness and academic quality. In *Assessing*

*institutional effectiveness: Issues, methods, & management* (pp. 11-18). Athens,

GA: University of Georgia, Institute of Higher Education.

Taylor, S., & Bogdan, R. (1998). *Introduction to qualitative research methods* (3rd ed.).

New York: Wiley.

Thomas, A. M. (1991, Fall). Consideration of the resources needed in an assessment

program. *North Central Association Quarterly*, *66*(2), 430-43. (ERIC Document

Reproduction Service No. EJ441838)

Thomas, J. P. (1997). Innovation conditions and processes used in the adoption of

institutional effectiveness in two-year colleges of the Southern Association of

Colleges and Schools accreditation region (Doctoral Dissertation, North Carolina

State University, 1997). *Dissertation Abstracts, 58*, 0359.

Tobin, R. W. (1994, July & August). The age of accreditation: A regional perspective.

*Academe*, *80*(4), 26-33.

Toma, J. D., & Palm, R. L. (1999). The academic administrator and the law: What every

dean and department chair needs to know. *ASHE-ERIC Higher Education Report,*

*26*(5). Washington, DC: The Gorge Washington University Graduate School of

Education and Human Development.

Troutt, W. E. (1978). The quality assurance function of regional accreditation (Doctoral

Dissertation, Peabody College for Teachers of Vanderbilt University).

*Dissertation Abstracts International, 39*, 6583.

U.S. Department of Education - National Commission on Excellence in Education.

(1983) *A nation at risk: The imperative for educational reform*. Washington, DC:

U.S. Government Printing Office.

Van Ausdle, S. L. (1979). *Comprehensive institutional planning in two-year colleges: An*

*overview and conceptual framework.* Columbus, OH: National Center for

Research in Vocational Education. (ERIC Document Reproduction Service No.

ED186683)

Van Manen, M. (1990). *Researching lived experience*. London, Ontario: State University

of New York Press.

Vierra, A., Pollock, J., & Golez, F. (1998). *Reading Educational Research* (3rd ed). Upper

Saddle River, NJ: Prentice-Hall.

451

Walker, D. L. (1993). Attitudes of Pennsylvania Community College faculty regarding

Middle States accreditation (Middle States Association) (Doctoral Dissertation,

Temple University). *Dissertation Abstracts International, 54*, 3652.

Wallace, S. O., Acker-Hocevar, M., & Sweat, O. (2001, May). Developing an open

systems view for assessing educational leadership. *Journal of School Leadership,*

*11*, 241-257.

Waltz, C. F., & Belcher, A. (1994, December). The reaccreditation process: A

commentary/reaction to opinions of Jerome P. Lysaught. *Evaluation & the Health*

*Professions*, *17*(4), 396-401.

Watts, C. D. C. (1995). An analysis of the planning processes in three universities with

successful planning (Doctoral Dissertation, University of Texas at Austin).

*Dissertation Abstracts International, 56*, 2075.

Weitzman, E. & Miles, M. (1995). *Computer Programs for Qualitative Data Analysis*.

Thousand Oaks, CA: Sage.

Wergin, J. F. (2005, January/February). Taking responsibility for student learning: The

role of accreditation. *Change,* 30-33.

West, T. W., (1990, Summer). Institutional quality: Are information technology resources

important? *Cause/Effect, 13*(2), 6-8.

Wilkerson, J. R. (1987). SIDPASS, an accreditation self-study model with an initial

application to the National Council for Accreditation of Teacher Education

(NCATE) (Doctoral Dissertation, University of South Florida). *Dissertation*

*Abstracts International, 49*, 237.

Wolff, R. A. (1993, November). Restoring the credibility of accreditation. *Trusteeship*,

*1*(6), 20-24. (ERIC Document Reproduction Service No. EJ476029).

Wright, B. D. (2002). Accreditation and the scholarship of assessment. In T. W. Banta &

Associates. *Building a scholarship of assessment* (pp. 240-258)*.* San Francisco:

Jossey-Bass.

Yarbrough, M. M. (1983). The perceptions of community and junior college presidents,

self-study steering committee chairpersons, and faculty toward the self-study in

the accreditation process (Doctoral Dissertation, The University of Alabama).

*Dissertation Abstracts International, 44*, 2965.

Yin, R. (1994). *Case study research design and methods* (2nd ed.)*.* Thousand Oaks, CA:

Sage.

452

Young, K. E. (1983a). Accreditation: Complex evaluative tool. In K. E. Young, C. M.

Chambers, H. R. Kells, & Associates (Eds.), *Understanding accreditation:*

*Contemporary perspectives on issues and practices in evaluating educational*

*quality* (pp. 19-35). San Francisco: Jossey-Bass.

Young, K. E. (1983b). Prologue: The changing scope of accreditation. In K. E. Young, C.

M. Chambers, H. R. Kells, & Associates (Eds.), *Understanding accreditation:*

*Contemporary perspectives on issues and practices in evaluating educational*

*quality* (pp. 1-15). San Francisco: Jossey-Bass.

Young, K. E., Chambers, C. M., Kells, H. R., & Associates. (1983). Understanding

accreditation: Contemporary perspectives on issues and practices in evaluating

educational quality. San Francisco: Jossey-Bass.

Yukl, G. A. (1994). *Leadership in organizations.* Englewood Cliffs, NJ: Prentice-Hall.

Zikopoulos, M., & Hourigan, C. (2001). *The role of the institutional research office in the*

*institutional accreditation self-study process*. (ERIC Document Reproduction

Service No. ED453286)

Zimmerman, T. F. (1974). Self-study: A vital component of accreditation. *Journal of*

*Allied Health, 3*(2), 110-113.

APPENDICES

454

APPENDIX A

INTERVIEW PARTICIPANTS

No.

Participant’s Pseudonym

(Internal Review Role) Position & Affiliation

Interview Date(s)

& Time(s)

Administrator 15-IE

(Ex-Officio member)

Senior Administrator,

Academic Affairs, USSU

03/03/05

2:00 – 2:30 (Tel)

1.

Administrator 15

(Ex-Officio member)

Senior Administrator,

Academic Affairs, USSU

03/28/05

9:30 – 10:30

2. Faculty Member 1

(Co-Chair, Undergraduate Study

Group)

Professor in Humanities,

USSU

03/28/05

11:00 – 12:00

3. Administrator 10

(Leadership Team & Study Group

member)

Professor and Department

Chair, USSU

03/28/05

1:00 – 2:00

4. Faculty Member 2

(Leadership Team & Study Group

member)

Distinguished Professor in

Science, USSU

03/28/05

2:30 – 3:30

5. Administrator 14

(Leadership Team & Study Group

member)

College Dean, USSU 03/28/05

4:00 – 5:00

6. Student 2

(Graduate Assistant)

Graduate Student, USSU 03/29/05

8:00 – 8:45

7. Administrator 12

(Leadership Team & Study Group

member)

Center Director, USSU 03/29/05

9:00 – 10:00

8. Staff Member 1

(Technical Support)

Applications Analyst, USSU 03/29/05

1:00 – 2:00

9. Administrator 3

(Technical Support)

Manager, Technology Unit,

USSU

03/29/05

2:15 – 3:15

10. Administrator 18

(Developer of Credentials Rosters)

Manager, Teaching and

Learning Applications, USSU

03/29/05

3:30 – 4:30

11. Administrator 2

(Technical Support)

Director, Technology Unit,

USSU

03/30/05

8:30 – 9:30

12. Administrator 20

(Study Group member)

Center Director, USSU 03/30/05

10:00 – 10:30

455

APPENDIX A. Continued.

No.

Participant’s Pseudonym

(Internal Review Role) Position & Affiliation

Interview Date(s)

& Time(s)

Accreditation Liaison-RI

Distinguished Professor in

Human Sciences

Director, Office of

Accreditation and Institutional

Effectiveness, USSU

08/27/2003

(Tel)

13.

Accreditation Liaison

Distinguished Professor in

Human Sciences

Senior USSU System

Administrator, Academic

Affairs

03/30/05

12:10 – 1:50

3:30 – 4:15

5:00 – 6:00

06/28/05

9:00 – 10:00 (Tel)

07/13/05

9:00 – 10:00 (Tel)

07/22/05

8:30 – 9:30 (Tel)

14. Administrator 11

(Leadership Team member (02/04 –

12/04) & Study Group member,

Accreditation Liaison (06/04 –

current))

Distinguished Professor and

Senior Administrator,

Academic Affairs (02/04 –

current), USSU

03/30/05

2:00 – 3:00

15. Administrator 8

(Interim University CEO, 06/04 -

02/05)

USSU System CEO 03/30/05

4:30 – 5:00

16. Administrator 9

(Leadership Team & Study Group

member)

Distinguished Professor and

Associate Dean, Research &

Advanced Studies, USSU

03/31/05

8:00 – 9:00

17. Administrator 4

(Interim Provost during

development of Compliance

Certification)

Program Executive Director,

USSU

03/31/05

9:30 – 10:30

18. Administrator 5

(Ex-Officio member)

Senior Administrator,

Financial Office, USSU

03/31/05

11:00 – 12:00

19. Administrator 17

(Leadership Team & Study Group

member)

Director, Financial Office,

USSU

03/31/05

11:00 – 12:00

20. Administrator 6

(Leadership Team member)

Director of Student Affairs and

Registrar

L Center

03/31/05

1:00 – 1:30

21. Administrator 16

(Provided data for one section of

the Compliance Certification)

Senior Executive, Student Life

and Academic Services, USSU

03/31/05

1:45 – 2:45

456

APPENDIX A. Continued.

No.

Participant’s Pseudonym

(Internal Review Role) Position & Affiliation

Interview Date(s)

& Time(s)

22. Student 1

(Leadership Team & Study Group

member)

Undergraduate Student in

Student Government, USSU

03/31/05

3:00 – 4:00

23. SACS-COC Staff Liaison 2 Associate Executive Director,

SACS-COC

04/04/05

9:00 – 10:00 (Tel)

24. Administrator 19-IE Director, Institutional

Effectiveness, Research, and

Planning, Community College

04/27/05

10:00 – 11:00

(Tel)

25. Administrator 21-PI

(Faculty Representative of the

Leadership Team)

Associate Dean, Honors

College, University 1

03/07/2005

9:00 – 10:00

26. Administrator 1-PI

(Accreditation Liaison)

Vice Provost, University 1 09/03/2003

27. Administrator 13-RI

(Accreditation Liaison)

Professor of Math, Provost’s

Office, University 2

09/09/2003

(Tel)

28. Administrator 22-RI

(Leadership Committee member &

Compliance Committee Co-Chair)

Director, Institutional Studies

and Planning, University 2

09/22/2003

(Tel)

29. Administrator 23-RI

(Accreditation Liaison)

Vice President for Academic

Affairs, Dean of Graduate

Studies, Accreditation Liaison,

University 3

09/05/2003

(Tel)

30. SACS-COC Staff Liaison 1-RI Associate Executive Director,

SACS-COC

09/09/2003

(Tel)

457

APPENDIX B

LETTERS OF INTRODUCTION AND SUPPORT

FROM THE CASE STUDY INSTITUTION

Letter of Introduction

From: The Accreditation Liaison

Sent: Fri 2/18/2005 3:06 PM

To: Study Participants

Cc: Nguyen, Phuong

Subject: A request for your participation

Hello.

I hope all is well with you! I am writing to ask a favor.

I began collaborating with Ms. Phuong Nguyen, a doctoral student at Texas Tech

University, in 2003 as she began to develop ideas for her dissertation research focusing

on the internal review processes used by universities in preparation for their reaffirmation

of accreditation by SACS-COC under the new *Principles of Accreditation*. As part of her

study, she is conducting a case study of how [United States Sigma University (USSU)]

organized, managed tasks, communicated, used technology, and wrote the Compliance

Certification and QEP. She will not be collecting data on the outcomes of [USSU]’s

reaffirmation, but rather is focusing on the processes we used during the project. Phuong

and I have communicated via e-mail and telephone up until now, and I did get to meet her

in December 2004 when I served as a panel member on her presentation at the SACS

Annual Conference.

Phuong’s research has now progressed to the on-site data collection phase, and

she will be visiting the [USSU] Campus the week of March 28. She is interested in

talking with many individuals involved in [USSU]’s reaffirmation, and she specifically

wants to interview you. Phuong is following the appropriate protocols for use of human

subjects and identities of all participants will be held in confidence. Phuong will be

contacting you directly via e-mail to ask for an interview. If you can find the time on

your busy schedule to meet with her, I would be most appreciative.

I have very much enjoyed my interactions with Phuong and have found her to be

well-organized and mindful of the wise use of time. As you can see from the attachment,

[the System CEO] is supportive of Phuong’s project. I hope you will give her a few

minutes of your time and agree to an interview while she is here visiting [USSU].

Thanks for your consideration of my request.

[The Accreditation Liaison]

(See attached file: 7Feb2005Letter of Support from [the System CEO].pdf)

458

Letter of Support

[Letterhead of the USSU System]

February 7, 2005

MEMORANDUM TO: [USSU] System Administrators, Faculty, Staff, and Students

REFERENCE: Doctoral Research by Ms. Phuong T. T. Nguyen

[United States Sigma University (USSU)] has received a request from Ms.

Phuong T. T. Nguyen’s Doctoral Committee Chair for Ms. Nguyen to conduct on-site

fieldwork. This fieldwork is part of her dissertation research on “Internal Review

Processes that Address the Commission on Colleges of the Southern Association of

Colleges and Schools’ New *Principles of Accreditation*: A Case Study.”1 In this study,

she is working with [the Accreditation Liaison], former SACS-COC Accreditation

Liaison for [USSU], and will examine the internal review processes used by [USSU] in

preparation for the SACS-COC reaffirmation. Her data collection focuses on how the

university organized, managed tasks, communicated, used technology, and wrote the final

reports. The purpose of this study is to develop insights gained from the internal review

processes at [USSU].

As a measure of participant protection, Ms. Nguyen has made assurances that all

the information will be treated with utmost care and confidentiality. Pseudonyms will be

used for the institution and participants in the study. Additionally, her focus is on the

internal review processes and not the results of the off-site and on-site team reports.

Because the SACS-COC *Principles of Accreditation* were new, insights gained

from this study may be useful to other SACS-COC Level VI public universities that will

be preparing for their own reaffirmations. The findings of this study may also provide a

holistic view of [USSU]’s internal review processes in relation to other quality

improvement mechanisms, effective educational practices for quality improvement,

overall effectiveness, and future reaffirmations at [USSU]. As this research study is of

value in closely examining the SACS-COC new *Principles of Accreditatio*n and

[USSU]’s processes, I encourage you to participate in this project and assist Ms. Nguyen

much as possible.

Thank you for your cooperation.

[Signature]

[Name]

The System CEO

1 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the memorandum was sent out.

*Office of the System CEO*

459

APPENDIX C

INVITATION LETTER, INTERVIEW QUESTIONS, AND PROTOCOL

FOR PARTICIPANTS AT THE CASE STUDY INSTITUTION

Letter of Invitation

From: Nguyen, Phuong

Sent: Mon 2/21/2005 8:09 AM

To: [Participant]

Subject: Request for Interview Appointment

Dear [Participant]:

I am Phuong T. T. Nguyen, a doctoral candidate in the Higher Education Program

at Texas Tech University. As per [the System CEO’s] letter of introduction dated

February 7 and [the Accreditation Liaison’s] e-mail of February 18, I am writing to you

regarding my qualitative dissertation research titled “Internal Review Processes that

Address the Commission on Colleges of the Southern Association of Colleges and

Schools’ New *Principles of Accreditation*: A Case Study.”2

I will be visiting your university from March 28 to April 2. During this visit, I

will be grateful if you kindly allow me to interview you. Research summary and ten

basic questions for the semi-structured interview are attached for your consideration.

Some questions might not be relevant to you. If you agree to an interview, I will ensure

that it is completed within one hour and the data are treated with confidentiality.

Would you be willing to participate in an interview? If so, can you please inform

me of whom I should contact to schedule the interview? Or if you can kindly give me a

time, date, and location, I will be very appreciative.

I know that you are busy, and I am grateful for your important contribution to this

study. I look forward to hearing from you. Thank you for your time.

Yours respectfully,

Phuong T. T. Nguyen,

Doctoral Candidate in Higher Education (ABD)

College of Education, Texas Tech University

Box: 41045 Lubbock, TX 79409-1045

phuong.nguyen@ttu.edu, (806) 773 2801 (cell)

(See attached files: Research Summary.doc and Interview Questions.doc)

2 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the e-mail was sent out.

460

Research Summary

Internal Review Processes that Address the Commission on Colleges

of the Southern Association of Colleges and Schools’

New *Principles of Accreditation*: A Case Study3

*Statement of Problem*. Institutional accreditation is an excellent vehicle for

change toward the improvement of quality in higher education. It is fulfilled by three

phases: (a) a self-study, (b) a peer review, and (c) a decision by the accrediting agency.

Self-study is at the heart of institutional accreditation; however, it is not always favored.

Some participants consider it to be a waste of time and resources. Yet, this key to

accreditation, if properly approached and packaged, can help ensure a high-quality future

for the institution.

*Purpose*. This research will explore the internal review (self-study) processes

used by United States Sigma University (USSU, a pseudonym for the case study

institution), a Level VI public university, that successfully went through the 2004

reaffirmation under the Commission on Colleges of the Southern Association of Colleges

and Schools’ (SACS-COC) new *Principles of Accreditation: Foundations for Quality*

*Enhancement*, approved in December 2001.

*Significance*. Because the SACS-COC *Principles of Accreditation* were new,

insights gained from this case study may be useful to other SACS-COC Level VI public

universities. This research will contribute knowledge for improvement of educational

practices. It will also meet the SACS-COC institutions’ need for understanding effective

ways of conducting internal reviews for quality improvement while simultaneously

satisfying the SACS-COC new requirements for reaffirmation.

*Research Questions.*

1. How do the SACS-COC new *Principles of Accreditation* differ from the

1998 *Criteria for Accreditation*?

2. How did USSU develop and carry out the new internal review processes?

3. How were the USSU internal review processes linked to institutional

effectiveness?

4. What were the lessons learned by USSU as it developed, implemented, and

reflected upon its internal review processes?

*Research Design.* This qualitative case study research is conducted using open

systems theory as the theoretical lens. Open systems theory provides an analytical

framework that recognizes the combined effect of the inputs (e.g., admission criteria), the

3 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the research summary was sent out.

461

processes (e.g., teaching, service), and the environmental impact (e.g., student market) on

observed results. Internal review results in identification of the institution’s problems

and solving these problems brings about institutional changes and improvements.

*Data Sources*. Documents and interviews will be used to discover the differences

between the former and the new reaffirmation approaches. Review of online documents;

a field-work trip to USSU to gather interviews, observations, documents, and audiovisual

materials; and follow-up correspondence will be conducted to examine the development

and implementation of internal review processes at USSU.

*Data Analysis.* The data analysis strategy used in this research study is the

constant comparative method. Interviews, observations, field notes, and documents will

be analyzed continually during and after the data collection phase. The four research

questions serve as initial categories for sorting and organizing the data and remain open

to additional categories that may emerge. Patterns, themes, and tentative findings will be

identified.

*Validity and Reliability*. In this study, four strategies for building internal validity

will be used: (a) triangulation of sources and methods, (b) participant checks, (c) peer

(including expert) examination, and (d) recognizing researcher biases and taking steps to

minimize them. The approach taken for strengthening the external validity will be to

develop comprehensive, detailed descriptions of the SACS-COC new internal review

processes at USSU. The reliability will be strengthened in three ways: (a) creating a

case study database, (b) providing a chain of evidence, and (c) presenting a detailed

description of the methodology.

462

Semi-Standardized Interview Questions

1. What is your current position at the university?

2. What was your role in the internal review processes for the 2004 reaffirmation?

a. Position?

b. Responsibilities?

c. How were you chosen for the reaffirmation?

d. How were you informed of the selection/appointment?

e. How did you feel about being selected/appointed for this role?

f. What type of compensation/incentives did you receive (e.g., stipends, summer

salary, release time, support of graduate assistant)?

3. What type of training did you receive?

4. How did you carry out your responsibilities?

a. How were your tasks organized and scheduled?

b. What type of process was followed to develop the Quality Enhancement Plan

(QEP)?

c. Who was involved in writing the QEP?

d. How was it written?

5. How was the working definition of “learning outcomes” developed?

6. What was the role of the university leadership in the internal review processes?

7. How was communication carried out in conducting the internal review processes

(vertically and horizontally)?

a. How was background information concerning the *Principles of Accreditation*

provided?

b. In your view, how well-informed were faculty, staff, and students concerning the

internal review processes across the university? If they were well-informed, how

did you achieve that?

8. How were routine ongoing institutional planning and assessment processes integrated

with or used in the internal review processes?

9. What lessons were learned from your experiences with the development and

implementation of internal review processes at the university?

a. What worked well, what did not? And why?

b. What challenges were experienced during the QEP process?

c. What specific factors promoted the success of the entire internal review process?

10. What other suggestions regarding internal review processes would you offer to others

undergoing reaffirmation?

11. [*Applicable to the interview with the System CEO*] What were the role and

responsibilities of the university leadership in the internal review processes (the

463

Compliance Certification and the Quality Enhancement Plan (QEP)) for the 2004

reaffirmation?

a. What was your involvement?

b. How did you support the internal review processes?

c. How were the Accreditation Liaison and Leadership Team members selected?

d. How did you encourage participation by faculty and administrators?

12. [*Applicable to the interview with student participants*] From your perspective as a

student, how was your participation in the internal review processes beneficial to the

university and to you? Would you recommend any changes to the role of student

participants?

464

Semi-Standardized Interview Questions for the Accreditation Liaison

*Criteria for Accreditation* Versus *Principles of Accreditation*

1. In your view, why did your university choose the new reaffirmation approach

(*Principles of Accreditation*) rather than the former approach (*Criteria for*

*Accreditation*)?

2. Among the interviewees, do you know which ones had experience with the previous

approach to reaffirmation?

3. Did you have experience in carrying out the reaffirmation of accreditation under the

former approach? If yes, how did that experience affect you in carrying out the

current internal review processes under the new approach?

4. Are you aware of any significant changes to the *Principles of Accreditation* since

class of 2004?

Internal Review Processes

Accreditation Liaison and Leadership Team

5. How did you come into the position of Accreditation Liaison?

a. How did you feel about being appointed as the Accreditation Liaison?

b. Did you view it as an opportunity for developing administrative skills or an addon

to the responsibilities that you already had?

6. How did you carry out your responsibilities as Accreditation Liaison?

a. How did you organize and schedule tasks?

b. Can you describe in detail for me a specific case in which you gave an assignment

for the Compliance Certification to one senior executive (the procedure you

followed)? Did you use/create standardized forms?

c. Did you meet with both the senior executive and his/her assistant? How did you

guide him or her or them?

d. On what bases did you assign certain Leadership Team members to a certain

senior executive?

e. How did you and the other two Leadership Team members (resource people)

interact with that senior executive?

f. How long did you give the senior executive to provide a response?

g. Did you actually assemble an evidence room? If so, can you please explain its

contents and how it operated?

h. Was any training provided to the Leadership Team members?

465

Compliance Certification

Please find attached the summary of the interview I had with you on August 27,

20034 for your review and corrections. Thank you.

QEP

7. How was the working definition of “learning outcomes” developed?

8. What type of process was followed to develop the Quality Enhancement Plan (QEP)?

a. How was the final decision made in selecting the QEP topic? Who made the final

decision?

b. How did you discuss inputs to the reports and how did you prepare the QEP?

c. Who participated in writing the QEP?

d. How was it written?

e. What challenges were experienced during the QEP process?

Focused Report

9. How did you prepare the Focused Report? How long did it take you to prepare the

Focused Report? What effect did this Focused Report have on the university?

10. What lessons were learned from the Focused Report that might improve the internal

review processes?

Hosting Onsite Team

11. How did you host the on-site team?

12. Were there any reaffirmation related activities that occurred between the onsite visit

in April and December 2004?

Evaluating the Internal Review Processes

13. Have you ever evaluated formally or informally the internal review processes that

were used at your university? If so, how?

General

Boundary of the Internal Review

14. In your view, what marks the beginning and end of the internal review?

4 The interview questions I had for the Accreditation Liaison on August 27, 2003 are provided on pages 9

to 9. She returned the edited summary of this interview on March 30, 2005 when I interviewed her during

my fieldwork trip at the case study institution.

466

Institutional Leadership

15. What was the role of the university leadership in the internal review processes?

16. What impact did the university’s change in leadership have on the internal review

processes?

Impact of Sunshine Law

17. At the SACS-COC Annual Meeting, you mentioned that your university followed the

sunshine law. Did this law have any impact on the implementation of the internal

review processes?

Communication

18. How was communication carried out in conducting the internal review processes

(vertically and horizontally)?

a. How was background information concerning the *Principles of Accreditation*

provided to people who were involved in the internal review processes?

b. How often were status updates done and how were other members of the

Leadership Team kept informed?

c. How well-informed were faculty, staff, and students concerning the internal

review processes across the university? If they were well-informed, through what

vehicles did you use to achieve this?

d. In what way and how often did the university interact with SACS-COC?

Technology

19. How did technology affect the formulation and execution of the internal review

processes?

a. How was the Discussion Board on the reaffirmation Web site used? How did the

Leadership Team members know when entries were made to the “Calendar”?

b. Under the Communication category on the reaffirmation Web site, how was the

“Leadership Team Meeting” different from the “Team Meeting”?

c. Under the Calendar category, the items were not listed in a chronological order.

Was there any reason for this?

Links between Internal Review Processes and Institutional Processes

20. How were routine ongoing institutional planning and assessment processes integrated

with or used in the internal review processes?

a. How was institutional effectiveness related to internal review processes?

b. Did institutional effectiveness have any influence on the development and

implementation of the internal review?

21. How do you view your planning and assessment system in relation to the system at

other universities?

467

22. A senior administrator in a level VI public university commented that they are

heading toward evaluation fatigue? What do you think about this?

Suggestions

23. What lessons were learned from your experiences with the development and

implementation of internal review processes at your university?

a. What worked well, what did not, and why?

b. What specific factors promoted the success of the entire internal review process?

24. Do you have any suggestions regarding internal review processes that you would

offer to others undergoing reaffirmation?

25. What suggestions would you offer to others who serve as Accreditation Liaisons?

468

Interview Questions for the Accreditation Liaison

on August 27, 2003

Process Questions

Task Forces

1. What consideration went into choosing either an administrator or a faculty member

for the Leadership Team? What were the qualifications desired for the members?

2. What were the Leadership Team members’ roles? Workers, liaison, or both?

3. How was the Accreditation Liaison chosen? What qualifications? How did the

Accreditation Liaison operate in this role? What types of topics were discussed with

SACS-COC?

4. Did the size of the Leadership Team work well?

5. What were the roles of the University Planning Council, Assessment Steering

Committee, Assessment Advisory Council, and Program Review Council in the

SACS-COC Reaffirmation of Accreditation?

6. How many members in the Office of Accreditation and Institutional Effectiveness

were working on the reaffirmation? What were this office’s roles in the internal

review processes? Will this office continue to exist after the reaffirmation is

completed?

7. How did the university encourage participation by faculty and administrators? How

did the university create a culture of assessment, a positive perspective of the

reaffirmation?

The Compliance Certification

8. When did the internal review processes for SACS-COC reaffirmation actually start?

Was any task tracking tool used?

9. How were the tasks organized? How were the responses to the SACS-COC new Core

Requirements and Comprehensive Standards compiled?

10. Who wrote the Compliance Certification? What were the qualifications of the

writer(s)? Did the university use a separate editor? Who approved the final report?

11. What was the rationale for conducting the Compliance Certification and Quality

Enhancement Plan (QEP) in a partially closed manner (not posting the process on the

website)?

12. How was the Web site used to support the processes?

469

The QEP

13. What type of process was followed to develop the QEP?

14. Who wrote the QEP? How was it written?

Summary Questions

1. What were the insights gained during the SACS-COC new internal review process?

2. What do you suggest from your experience?

3. What worked well, what did not?

4. Why was the term “Expanded Pilot” in “Expanded Pilot group seeking reaffirmation

of accreditation by the SACS-COC” used?

470

Interview Protocol

Briefing

Thank you for agreeing to meet with me to discuss your experience with the 2004

reaffirmation. The purpose of this study is threefold: (a) to gain an understanding of

internal review processes used to carry out the SACS-COC new *Principles of*

*Accreditation* at your university, (b) to develop insights gained that may be useful to

other higher education institutions in preparing for their own reaffirmations, and (c) to

explore the relationships between the ongoing quality improvement systems and the

internal review processes.

In this voluntary interview, I shall be asking you some questions regarding your

experiences during the times prior to, during, and after the university’s SACS-COC 2004

reaffirmation. Your viewpoint will be very valuable to this research study. These

questions will be a starting point for our discussion. You do not have to answer any

questions that make you feel uncomfortable, and you may elect to withdraw from the

interview at any time. Please feel free to offer any additional information that you feel

will help me to better understand your perspective.

I would like to make four requests: (a) at the conclusion of the interview, you

sign the consent form, (b) you refrain from discussing your responses with other

participants as all responses and the participant’s identity will be treated with

confidentiality, (c) you permit me to ask follow-up questions at a later time, and (d) you

review the interview notes to make sure that your perspectives are presented accurately.

Are there any questions that I can answer before we begin? To help me with my

notes, may I tape record the interview?

[Interview questions]

Debriefing

Now that we have gone through my list of discussion areas, is there any other

information that you would like to add? Is there an area that we failed to discuss? Do

you have any final questions? I would like to provide you with my e-mail address and

telephone number in case you want to contact me or provide me with further information

on the subject.

I greatly appreciate your time and your willingness to share yours experiences.

Thank you again for your participation in this study.

471

Participant Consent Form

I hereby give my consent for my participation in the project titled: *Internal*

*Review Processes that Address the Commission on Colleges of the Southern Association*

*of Colleges and Schools’ New Principles of Accreditation: A Case Study5.* I understand

that the person responsible for this project is Dr. Brent D. Cejda, telephone number (806)

742-1997 (Ext. 273). He or his authorized representative, Ms. Phuong T. T. Nguyen, has

ensured that the three objectives of this study have been explained to me: (a) to gain an

understanding of internal review processes used to carry out the SACS-COC new

*Principles of Accreditation* at my university, (b) to develop insights gained that may be

useful to other higher education institutions in preparing for their own reaffirmations, and

(c) to explore the relationships between the ongoing quality improvement systems and the

internal review processes. Also, the qualitative case study research design and

procedures were explained. The benefits to be expected (gaining further insights into the

internal review processes of my own institution, as well as helping other higher education

institutions to prepare for their reaffirmations) were described. I was informed that no

payment is involved.

It has been explained to me that there are no risks associated with this research

and that I can withdraw from participation at any time.

It has been explained to me that the total duration of my participation is one

interview, one possible follow-up contact to clarify data, and an opportunity for me to

review the interview transcript and/or findings of the researcher. Additionally, it has

been explained that only Ms. Phuong T. T. Nguyen will have access to the interview

records for this study and that all data associated with this study that would lead to

identification of the case study university will remain strictly confidential.

Dr. Brent D. Cejda and Ms. Phuong T. T. Nguyen have agreed to answer any

inquiries I may have concerning the procedures and I have been informed that I may

contact the Texas Tech University Institutional Review Board for the Protection of

Human Subjects by writing them in care of the Office of Research Services, Texas Tech

University, Lubbock, Texas 79409, or by calling (806) 742-3884.

I understand that I may discontinue participation in this study at any time I choose

without penalty.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Director or his Authorized Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the consent form was sent out.

472

APPENDIX D

INVITATION LETTER, INTERVIEW QUESTIONS,

AND INTERVIEW PROTOCOL FOR SACS-COC

Letter of Invitation and Interview Questions

March 1, 2005

[The SACS-COC Executive Director’s name]

Executive Director

The Commission on Colleges of The Southern Association of Colleges and Schools

1866 Southern Lane

Decatur, Georgia 30033

Dear [SACS-COC Executive Director]:

I am Phuong T. T. Nguyen, a doctoral candidate in the Higher Education Program

at Texas Tech University and I had the honor to meet you at the 2004 SACS Annual

Meeting. Dr. Diane Oliver, Dr. Gilmour Reeve, and I presented a concurrent session

titled ”A Research Study of Internal Review Processes for the SACS New *Principles of*

*Accreditation*.” I am now gathering data for my dissertation research on “Internal

Review Processes that Address the Commission on Colleges of the Southern Association

of Colleges and Schools’ New *Principles of Accreditation*: A Case Study.”6 The

purpose of this study is to explore the internal review processes used by a Level VI public

university and develop insights gained that will be helpful to higher education institutions

as they prepare for their own reaffirmation. Please find attached the research summary

for your information.

[SACS-COC Staff Liaison 1], who was very helpful to a previous study I

conducted for my research internship, and Dr. H encouraged me to write to you regarding

my dissertation research. I will be very grateful if you kindly allow me to conduct a

telephone interview with you or any representative that you think appropriate. The

interview will focus on five questions:

a. What are the primary differences between the former 1998 *Criteria for*

*Accreditation* and the new *Principles of Accreditation* approved in December 2001, and

what was the rationale for making these changes,

b. What is the rationale for SACS-COC’s use of the term “internal review” rather

than “self-study,”

6 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the letter was sent out.

473

c. What are the primary changes/revisions (if any) in the current *Principles of*

*Accreditation* as compared to the 2001 version,

d. When does and when should communication occur between higher education

institutions and SACS-COC, and

e. What comments and recommendations would you make concerning university

preparations for effective internal review processes under the SACS-COC new *Principles*

*of Accreditation*?

If you agree to an interview, I will ensure that it is completed within one hour and

the data are treated with confidentiality. Would it be possible for me to interview you? If

so, kindly let me know of whom I should contact to schedule the interview. Or if you can

give me a time, date, and telephone number, I will be very appreciative. If possible, I

would like to have this interview completed before March 26, 2005 or between April 1 to

May 1, 2005.

I know that you are busy and I am grateful for your important contribution to this

study. I look forward to hearing from you. Thank you for your time.

Yours respectfully,

Phuong T. T. Nguyen

Doctoral Candidate in Higher Education (ABD)

Texas Tech University

4002 Flint Avenue

Lubbock, TX 79413

phuong.nguyen@ttu.edu

(806) 773 2801

474

Interview Protocol

Briefing

Thank you for agreeing to a telephone interview with me to discuss your

experience with the 2004 reaffirmation. The purpose of this study is threefold: (a) to

explore the internal review processes used to carry out the SACS-COC new *Principles of*

*Accreditation* at a Level VI public university, (b) to develop insights gained that may be

useful to other higher education institutions in preparing for their own reaffirmations, and

(c) to explore the relationships between the ongoing quality improvement systems and the

internal review processes.

In this voluntary interview, I shall be asking you some questions regarding your

experiences during the times prior to, during, and after the SACS-COC 2004

reaffirmation. Your viewpoint will be very valuable to this research study. These

questions will be a starting point for our discussion. You do not have to answer any

questions that make you feel uncomfortable, and you may elect to withdraw from the

interview at any time. Please feel free to offer any additional information that you feel

will help me to better understand your perspective.

I would like to make four requests: (a) at the conclusion of the interview, you

sign the consent form, (b) you refrain from discussing your responses with others as all

responses and the participant’s identity will be treated with confidentiality, (c) you permit

me to ask follow-up questions at a later time, and (d) you review the interview notes to

make sure that your perspectives are presented accurately.

Are there any questions that I can answer before we begin? To help me with my

notes may I tape record the interview?

[Interview questions]

Debriefing

Now that we have gone through my list of discussion areas, is there any other

information that you would like to add?

Is there an area that we failed to discuss?

Do you have any final questions?

I would like to provide you with my e-mail address and telephone number in case

you want to contact me or provide me with further information on the subject.

I greatly appreciate your time and your willingness to share yours experiences.

Thank you again for your participation in this study.

475

Participant Consent Form

I hereby give my consent for my participation in the project titled: *Internal*

*Review Processes that Address the Commission on Colleges of the Southern Association*

*of Colleges and Schools’ New Principles of Accreditation: A Case Study7.* I understand

that the person responsible for this project is Dr. Brent D. Cejda, telephone number (806)

742-1997 (Ext. 273). He or his authorized representative, Ms. Phuong T. T. Nguyen, has

ensured that the three objectives of this study have been explained to me: (a) to gain an

understanding of internal review processes used to carry out the SACS-COC new

*Principles of Accreditation*, (b) to develop insights that may be useful to higher education

institutions in preparing for their reaffirmations, and (c) to explore the relationships

between ongoing quality improvement systems and internal review processes. Also, the

qualitative case study research design and procedures were explained. The benefits to be

expected (helping higher education institutions to prepare for their reaffirmations and to

gain a better understanding of the relationship between institutional effectiveness and

internal review processes) were described. I was informed that no payment is involved.

It has been explained to me that there are no risks associated with this research

and that I can withdraw from participation at any time.

It has been explained to me that the total duration of my participation is one

telephone interview, one possible follow-up call to clarify data, and an opportunity for

me to review the interview transcript and findings of the researcher. Additionally, it has

been explained that only Ms. Phuong T. T. Nguyen will have access to the interview

records for this study and that all data associated with this study that would lead to

identification of the case study university will remain strictly confidential.

Dr. Brent D. Cejda and Ms. Phuong T. T. Nguyen have agreed to answer any

inquiries I may have concerning the procedures and I have been informed that I may

contact the Texas Tech University Institutional Review Board for the Protection of

Human Subjects by writing them in care of the Office of Research Services, Texas Tech

University, Lubbock, Texas 79409, or by calling (806) 742-3884.

I understand that I may discontinue participation in this study at any time I choose

without penalty.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Project Director or his Authorized Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 The title of this research study was changed to "Reaffirmation of Accreditation and Quality Improvement

as a Journey: A Case Study" after the consent form was sent out.