

STANDARD 5

PROVIDER QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

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St. Louis, Missouri
March 2017

SESSION OVERVIEW

- This session will focus on the key language and intent of CAEP Standard 5 and its components.
- Content will reference quality assurance system indicators, evidence sufficiency criteria, and the evidence evaluation exercise (handouts).
- Standards 5 and A.5 have the same content and evidence sufficiency criteria.

STANDARD 5: PROVIDER QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

- The provider **maintains a quality assurance system** comprised of **valid data from multiple measures**, including evidence of candidates' and completers' positive impact on P-12 student learning and development. The provider **supports continuous improvement** that is **sustained** and **evidence-based**, and that evaluates the effectiveness of its completers. The provider **uses the results** of inquiry and data collection **to establish priorities, enhance program elements and capacity, and test innovations to improve completers' impact on P-12 student learning** and development.

SUGGESTED EVIDENCE: QUALITY ASSURANCE SYSTEM

- Written description of the QAS with documentation of activities for
 - Developing and revising measures of candidate progress, completer achievements, and operational effectiveness
 - Meeting schedules, meeting agendas and minutes, list of participants, resulting decisions/deliverables
 - Collecting, analyzing, and reviewing data/results relevant to each CAEP standard
 - Description of data management system; schedules for data collection and analysis, timelines for results review and status/progress monitoring, resulting decisions/deliverables
 - Enhancing program elements and capacity
 - Priority-setting meeting schedules and materials; resulting decisions/deliverables
 - Documentation related to implementing and testing innovations that enhance impact on P-12 learners (e.g., course enhancements, clinical enhancements, connecting with more alumni, increasing access to student performance data, engaging more stakeholders, etc.)
 - Gathering stakeholder input and sharing impact and outcome results

SUGGESTED EVIDENCE: QUALITY ASSURANCE SYSTEM

- Written description of the QAS, including description of the EPP's program management and operations that relate to meeting the CAEP standards
 - Description of the assessment system's and data management system's capacity to collect, store, and analyze data needed to address standards 1-4.
 - Description of the quality management operations the EPP employs to ensure that it has a sufficient quantity of empirical evidence that is relevant to the CAEP standards and meets CAEPs expectations for validity, reliability/consistency, verifiability, representativeness, cumulativeness, and actionability.
 - Documentation (e.g., website, handbooks, policies, meeting minutes) that confirms the nature of, schedule for, and participants in quality assurance at the EPP.

SUGGESTED EVIDENCE: STRATEGIC EVALUATION

- Explicit documentation of evidence quality:
 - Empirical (demonstrable, documented)
 - Relevant (to CAEP standards/components)
 - Verifiable (stored, accessible to internal and external reviewers, replicable)
 - Representative (typical, proportionate)
 - Cumulative (mutually reinforcing, converging, triangulating, accumulating)
 - Actionable (direct implications for decision-making, action)
 - Valid (targets align with goals, meanings match labels, conclusions derive from results)
 - Reliable (consistently accurate)
- Documentation of evidence-based decision-making
 - QAS promotes evidence quality; evidence quality influences QAS features/processes

SUGGESTED EVIDENCE: CONTINUOUS IMPROVEMENT

- Records showing regular and systematic data-driven review of progress toward meeting provider's goals and relevant standards
 - Review schedules, description of review topics, list of goals assessed, sources/types of data examined
- Documents showing that the candidate outcomes are studied in relation to EPP criteria for admission, progression, and exit.
 - Records on efforts to identify predictive factors/generate predictive models for success, and promote teaching effectiveness by adjusting:
 - selectivity at admission, during preparation, or at completion, or
 - program elements and processes
- Documentation that effects of innovations are tracked and evaluated.
 - Baseline values, list of interventions, time series data, comparisons of results, conclusions drawn, next steps taken and rationale.

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence - Standard 5
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - 2016-2017 SSRs can present plan with progress data for Components 5.3 and 5.4
 - Site visits in F18 and beyond are not eligible for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)
 - Handout: Evidence Evaluation Exercise

EVIDENCE SUFFICIENCY: GENERAL RULES

STANDARD 5

- All components of each standard are addressed
- At least three cycles of data
 - Sequential and most recent available
- Results disaggregated by licensure area (when appropriate)
 - Also for main and additional campuses, on site and online programs (if applicable)
- EPP-created assessments meet CAEP's assessment sufficiency criteria

EVIDENCE SUFFICIENCY: SPECIAL RULES

STANDARD 5

- Components 5.3 and 5.4 must be met for Standard 5 to be considered met
- Standard 5 is addressed jointly for EPPs with initial- and advanced-level programs
- All phase-in requirements are met
 - Site visits in Academic Year 2017-2018 can present plan along with progress data for 5.3 and 5.4
 - Site visits in F18 and beyond are not eligible for phase-in

COMPONENT 5.1: KEY LANGUAGE

- The provider's **quality assurance system** is comprised of **multiple measures** that can monitor **candidate progress, completer achievements**, and provider **operational effectiveness**. Evidence demonstrates that the provider satisfies all CAEP standards.
- Consider: What evidence do you have that would demonstrate a comprehensive quality assurance system (QAS)?
- How do you know that your assessment system is adequate?
- How do you know that your programs' structure, content, policies, and practices support achievement of CAEP standards?

EVIDENCE SUFFICIENCY CRITERIA, 5.1

SUFFICIENT EVIDENCE

- **Quality Assurance System (QAS):**
 - Evidence that the assessment system is designed and managed to collect information relevant to Standards 1, 3, and 4 on **candidate progress** and **completer achievements**.
 - Evidence that the quality of partnerships is measured and monitored with respect to all components of Standard 2.
- **Multiple measures:** The QAS is designed and functions to collect a coherent set of information that balances the strengths and weaknesses of individual measures as described in Component 5.2 on evidence quality.
- **Operational Effectiveness:**
 - Evidence that data, feedback, etc. relevant to all CAEP standards are reviewed at least annually for completeness, accuracy, and implications.

COMPONENT 5.2: KEY LANGUAGE

- The provider's quality assurance system relies on **relevant, verifiable, representative, cumulative** and **actionable** measures, and **produces empirical evidence** that interpretations of data are **valid** and **consistent**.
- Consider: What evidence do you have that would demonstrate the quality of your assessment measures?

EVIDENCE SUFFICIENCY CRITERIA, 5.2

SUFFICIENT EVIDENCE

- **Relevant:** Evidence that the measures provided are applicable to CAEP standards. (relates to validity)
- **Verifiable:** Data records are accurate and analyses can be replicated by a third party. (relates to reliability)
- **Representative:** Evidence that data samples are free of bias and are typical of completed assessments. If not, the EPP clearly delineates the limits of generalizability. (relates to validity)
- **Cumulative:** Data sets are based on multiple concordant measures for each standard and ≥ 3 administrations of the assessments.
- **Actionable:** Evidence is accessible and in a form that can guide EPP faculty in evaluating outcomes, making decisions, and modeling, implementing, and evaluating innovations.

COMPONENT 5.3: KEY LANGUAGE

REQUIRED COMPONENT:

- The provider **regularly** and **systematically assesses performance** against its goals and relevant standards, **tracks results** over time, **tests** innovations and **the effects of selection criteria** on subsequent progress and completion, and **uses results to improve** program elements and processes.
- Consider: What evidence do you have that would demonstrate systematic review of EPP quality and the use of the results for continuous improvement?

EVIDENCE SUFFICIENCY CRITERIA, 5.3

SUFFICIENT EVIDENCE

- Evidence that impact and outcome data for CAEP's eight annual measures are collected, monitored, and published.
- Evidence that data from the eight outcome measures are a source for driving program changes.
 - **CAEP 8 Annual Measures**
 - **Impact measures:** 1. P-12 student learning/development, 2. Observations of teaching effectiveness, 3. Employer satisfaction and completer persistence, 4. Completer satisfaction
 - **Outcome measures:** 5. Completer or graduation rate, 6. Licensure rate, 7. Employment rate, 8. Consumer information (e.g., graduation, licensure, employment, student loan default rates.)

COMPONENT 5.4: KEY LANGUAGE

REQUIRED COMPONENT:

- Measures of completer impact, including available outcome data on P-12 student growth, are **summarized, externally benchmarked, analyzed, shared** widely, and **acted upon in decision-making** related to programs, resource allocation, and future direction.
- Consider: What evidence do you have that would demonstrate the use of data on completers' performance (Standard 4) to drive decision-making about program elements?
- What evidence do you have that your measures of completer effectiveness on the job reference effectiveness criteria that are valued by stakeholders and the results are shared with stakeholders?

EVIDENCE SUFFICIENCY CRITERIA, 5.4

SUFFICIENT EVIDENCE

- Evidence of regular and systematic data-driven modifications
 - Regularly: QAS data is reviewed at least annually.
 - Systematically: Reviews of QAS data follow a scope and sequence that ensures that key language in component 5.3 and the evidence sufficiency criteria for 5.3 are addressed.
 - Data-driven: Innovations and improvements may derive from the EPP's QAS data or from research and evidence from the broader field (e.g., publications).
- Evidence that the results of modifications are monitored and adjusted as appropriate to produce positive trends in improvement.

COMPONENT 5.5: KEY LANGUAGE

- The provider assures that appropriate **stakeholders**, including **alumni, employers, practitioners, school** and **community** partners, and others defined by the provider, **are involved in program evaluation, improvement, and identification of models of excellence.**

- Consider: What evidence do you have that your stakeholders participate in your quality review and assurance processes?

EVIDENCE SUFFICIENCY CRITERIA, 5.5

SUFFICIENT EVIDENCE

- Description of stakeholders and their roles in the EPP's quality reviews related to
 - Program evaluation
 - Decision-making
 - Selection of improvement targets/priorities and implementation of these changes
- Evidence that stakeholder input in these three domains is collected and reviewed.
- Evidence that stakeholder input influenced faculty decision-making on ≥ 2 occasions.

POTENTIAL ISSUES: STANDARD 5

AREAS FOR IMPROVEMENT (AFIs) MAY BE CITED WHEN

- Instrument Quality is Poor:
 - EPP-created assessments used to collect Standard 5 data have significant deficiencies with respect to CAEP's assessment evaluation framework
 - Phase-In Plans for one or more components do not meet CAEP's guidelines for plans
- Evidence Quantity is Limited:
 - Less than three cycles of data are provided
 - Less than one cycle of phase-in data collected by calendar 2018
- Case is Weak:
 - Deficiency in some aspects of the EPPs efforts at continuous improvement (e.g. inappropriate analysis of the data, or failure to test innovations, minimal communication with or involvement of stakeholders)

POTENTIAL ISSUES: STANDARD 5

STIPULATIONS MAY BE CITED WHEN

- Evidence Quality is Low
 - Significant aspects/key language of the standard are not addressed by relevant measures
 - A component is omitted or addressed very superficially
 - No efforts to ensure validity of evidence and/or no information on representativeness of the data
 - Evidence that the EPP uses data from the 8 annual measures is deficient as a result of (1) failure to gather data for at least six of these measures; OR (2) failure to make use of the results for continuous improvement; OR (3) failure to post the data in an accessible location online
- Case is Weak
 - Limited or no evidence of a functioning quality assurance system
 - Limited or no evidence of systematic and regular data-driven for continuous improvement

POTENTIAL ISSUES: STANDARD 5

STANDARD 5 MAY BE DEEMED UNMET WHEN

- Component 5.3 or 5.4 of Standard 5 is not met
 - Omitted
 - Evidence insufficiency
- Two or more stipulations are cited in Standard 5
 - Within a component
 - Across components

The Accreditation Council decides if AFIs or stipulations will be cited and whether standards are met or unmet

