

STANDARD 5/A.5

PROVIDER QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

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SESSION OVERVIEW

- Of CAEP Initial and Advanced Standards 5/A.5
- Suggested evidence, evidence sufficiency criteria, and additional CAEP resources available.
 - *Content will reference the evidence sufficiency criteria (handouts)*

CAEP STANDARD 5/A.5

Provider Quality Assurance and Continuous Improvement

5.1-5.2
A.5.1-A.5.2

- *Quality and Strategic Evaluation*

5.3-5.5
A.5.3-A.5.5

- *Continuous Improvement*

GUIDANCE FOR STANDARD 5/A.5

- All components addressed
- EPP-Created Assessments at CAEP level of sufficiency
- At least 3 cycles of data
- Cycles of data are sequential
- Disaggregated data on candidates, for main/branch campuses

Special for Standard

- Components 5.3/A and 5.4/A are required.
- Components 5.3/A and 5.4/A must be met for the standard to be considered met.
- All phase-in requirements are met.

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence – Initial Level Standard
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - F18-S20 **can** present plans with progress data
 - Site visits in F20 and beyond are **not eligible** for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)

EVIDENCE SUFFICIENCY: RESOURCES

CONSULT:

- Evidence Sufficiency Criteria
 - Evaluation Criteria for Self-Study Evidence – Advanced Level Standard
 - [CAEP Guidelines for Plans](#) for phase-in plan content
 - F18 –S19 SSRs, **no evidence** for advanced-level standards included in self-study reports
 - F19-S20 **can** present plans for components A.2.1 and/or A.2.
 - **Plan with progress** can be submitted in SSRs until 2021-2023
 - Site visits in F23 and beyond are **not eligible** for phase-in
- Assessment Sufficiency Criteria
 - [CAEP Evaluation Framework for EPP-Created Assessments](#)

STANDARD 5/A.5: CONTEXT AND PURPOSE

- The provider **maintains a quality assurance system** [component 5.1/A] comprised of **valid data from multiple measures** [component 5.2/A and outcomes measures in 5.4/A], including evidence of candidates' and completers' positive impact on P-12 student learning and development [NOTE: This is a cross reference to preservice impact on P-12 student learning from component 3.5 and to in-service impact from Standard 4]. The provider **supports continuous improvement** that is **sustained** and **evidence-based**, and that evaluates the effectiveness of its completers [component 5.3/A and the evidence for Standard 4]. 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 [component 5.3/A].

STANDARD 5/A.5, GUIDANCE FROM COMPONENT 5.1/A

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

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

- **Meeting Standard 5/A.5**, particularly **component 5. 1/A.5.1**, involves providing evidence of a functioning QAS.
- Set of **indicators related** to EPP program management and operations related to meeting the CAEP standards.
 - The indicators refer to systems, processes, and practices that support meeting the current Evidence Sufficiency Criteria for the CAEP Standard.

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

Standard 1 and A.1

There is a functioning process in place **for developing and revising assessments** of candidate knowledge, skills, and dispositions.

The **candidate knowledge, skills, and dispositions** that are assessed **align** with state and national or association standards for educators.

There is a **functioning data/record management system** in place for recording, storing, and retrieving data on **candidate knowledge, skills, and dispositions**.

There is a **system in place to collect, store, and review data** on candidates' **practical application** of professional knowledge and skills in field settings.

There is a functioning process in place for **regularly reviewing and monitoring** candidate performance.

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

Standard 2 and A.2

There is a functioning mechanism in place whereby the EPP and clinical sites **collaborate** to determine the terms, structure, and content of field experiences hosted at the partner site.

EPPs and their partners **collaborate** on candidate evaluation tools and processes.

EPPs and clinical partners **regularly** discuss the terms, structure, and content of field experiences hosted at the partner site.

Clinical partners have a mechanism for **providing feedback** to the EPP on patterns in candidate strengths and needs and providing **input on potential program enhancements**.

There is a functioning mechanism to **ensure that clinical placements occur in diverse settings**. *Note: Diversity is not limited to race/ethnicity.*

There is a functioning mechanism to **manage the attributes of field experiences** (e.g., breadth, depth, duration, and coherence) so that they provide **practical experience relevant to Standards 1/A.1 and 4/A.4**.

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

Standard 3 and A.3

There is a mechanism in place to **manage recruitment initiatives** to attract applicants **from groups and in labor-market areas** identified in Component 3.1.

There is a system in place **to collect, store, analyze and review** data relevant to Standard 3 on **applicants, enrollees, and exiting candidates**.

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

Standard 4 and A.4

There is processes in place to **collect and update contact information** for alumni for 3-years, post-exit.

There is a functioning process in place **for developing and revising measures** of initial level completers' instructional practices and impact on P-12 student learning.

There is a functioning process in place **for developing and revising measures** of advanced level **completers' satisfaction** with their preparation.

There is a functioning process in place **for developing and revising measures** of **employers' satisfaction** with the completers' preparation and performance.

There is a **system in place to collect, store, analyze, and review data** on completers that is relevant to Standard 4/A.4.

QUALITY ASSURANCE SYSTEM (QAS) INDICATORS

Standard 5 and A.5

There is a functional process in place to **protect curricular integrity**

There is a functional process in place to **ensure the hiring of qualified faculty and program staff** (particularly staff involved with clinical placements)

There is a process in place to **minimize out-of-field teaching assignments and chronic or severe work overload** (not simply course load)

There is a working mechanism in place for **training faculty to collaborate** (in-person or virtually, synchronously or asynchronously) to **provide feedback and input** on candidate learning, the assessment system, and program features, operations, and priorities.

The data system **collects and stores information relevant** to CAEP's 8 annual outcome measures.

There is a functioning **process for publicly sharing** outcomes and trends (updated annually) for the 8 annual measures.

There is a functioning **process for involving diverse stakeholders** in decision-making, program evaluation, and selection and implementation of improvement initiatives.

Documentation of stakeholder inputs to specific decisions, evaluations, and/or improvement initiatives is stored and accessible.

EVIDENCE SUFFICIENCY CRITERIA, 5.1/A.5

MUTIPLE MEASURES USED TO INFORM, MODIFY, AND EVALUATE EPP

- **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.

STANDARD 5/A.5, GUIDANCE FROM COMPONENT 5.2/A

- 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**.
 - *Reflect on: What evidence do I have that would demonstrate the quality of assessment measures?*

EVIDENCE OF RELIABILITY:

- Which of the following approaches would yield evidence that the faculty would find compelling about the **reliability** of the evidence for the claim, “*Our candidates know how to apply technology in the classroom*”?
 - Select the number(s) of the approaches that your faculty would find credible.

EVIDENCE OF RELIABILITY:

1. For a 10- item rating form completed by methods instructors, a coefficient alpha is provided, with a value of .82.
2. The faculty observes that the means of a 10-item rating form completed by methods instructors across four sections of the course are almost identical.
3. Two methods instructors rate a sample of students in the program independently, and the level of agreement between the ratings is perceived to be high.
4. The level of agreement of the two methods instructors cited in option 3 above is assessed with a correlation coefficient – and is found to be .85.

VALIDITY:

- The faculty is interested in knowing whether the 10-item scale used to assess the program's claim concerning technology was **valid** as a useful tool to verify the claim.
- Select the number(s) of the approaches for assessing validity that your faculty would find credible.

VALIDITY:

1. Since the measures were found to be reliable, the issue of validity is no longer relevant. If the measures are reliable, they are surely valid.
2. The students' scores on the 10-item scale on technology are correlated with the ratings they received in student teaching on "uses technology effectively." The correlation between these two measures is .75.
3. The faculty reviewed the 10-items on the technology scale and determined that the items covered all of their intentions about what students should learn about technology in their program. The scale was judged to have content validity.
4. The ratings on the scale discriminated between those students who used technology while in student teaching and those who did not – a finding yielded by discriminant analysis of the evidence.

EVIDENCE SUFFICIENCY CRITERIA, 5.2/A.5.2

EPP-CREATED ASSESSMENTS IN QAS AT LEVEL OF SEFFICIENCY

- **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 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 5.2: EVIDENCE QUALITY

Relevant

- Evidence that the measures provided are applicable to CAEP standards/components

(relates to validity)

Relevance

1. To which key elements of the component does this measure align?

- [list key language from the standard/component]
- CCT: Diversity
- CCT: Technology

2. Is extraneous information removed? __ Yes __ No

COMPONENT 5.2: EVIDENCE QUALITY

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)

Representativeness

3. Do all [group members] complete this measure? ___ Yes ___ No

If no, who completes it?

Performance Standard/Cut Score

4. Is there a *cut score* or a *standard* that will enable you to interpret the adequacy of [candidate/completer/program] performance?

___ Yes ___ No ___ Working on it

5. How will the evidence be *reduced* or *scored*?

- Content analysis
- Results from a testing service or the state
- Data from transcripts or other documents
- Scores will be generated by using scoring rubric
- Scores will be generated by using checklist
- Scores will be generated by using an answer key
- Other:

COMPONENT 5.2: EVIDENCE QUALITY

Actionable

- Evidence is accessible and is in a form that can guide EPP in evaluating outcomes, making decisions; modeling, implementing, and evaluating innovations.

Actionability

6. Do the items provide detailed and distinct information about strengths and improvement needs?

Yes No

7. Does the measure provide information that could be used to precisely target program enhancement efforts?

Yes No

Methodology

Reliability

Validity

COMPONENT 5.2: EVIDENCE QUALITY

Verifiable

- Data records are accurate and analyses can be replicated by a third party

(relates to reliability)

Verifiability

12. Are the data/documents and findings retained and accessible to authorized third-parties?

Yes No

13. Can the methodology for scoring the assessment be explained in sufficient detail to allow a third party to apply the assessment criteria to artifacts?

Yes No

14. Can the methodology for analyzing candidate performance data be explained in sufficient detail to allow a third party to replicate the results on the data set?

Yes No

15. Can the methodology for analyzing reliability be explained in sufficient detail to allow a third party to replicate the results on the data set?

Yes No

Component 5.2: Evidence Quality

Cumulative

- Data sets are based on multiple concordant measures for each standard and ≥ 3 administrations of the assessments

Cumulativeness

16. To which Evidence Sufficiency Criteria does it relate?

- [list the relevant evidence sufficiency criteria)

17. Is this the only evidence you have for this or are there other sources that will be used?

- This is the only source of evidence for this component.
- There are other sources of evidence for this component. Specify in the table below

18. Taken together with other measures, is there a complete suite of evidence that is likely to meet CAEP's evidence requirements

- Instrument Quality (miminum level of sufficiency or higher)
- Data/Evidence Quality
- Evidence Sufficiency (adequate level or higher)

19. What are the strengths and weaknesses of the evidence suite?

STANDARD 5/A.5, GUIDANCE FROM COMPONENT 5.3/A

- **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.
 - *Reflect on:* What evidence do I have that would demonstrate systematic review of EPP quality and the use of the results for continuous improvement?

EVIDENCE SUFFICIENCY CRITERIA, 5.3/A.5.3

REGULARLY AND SYSTEMATICALLY REVIEW DATA

- 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

STANDARD 5/A.5, GUIDANCE FROM COMPONENT 5.4/A

- **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.
 - *Reflect on:* What evidence do I have that would demonstrate the use of data on completers' performance (Standard 4) to drive decision-making about program elements?
 - *Reflect on:* What evidence do I have that completer effectiveness on the job is shared with stakeholders and references effectiveness criteria that are valued by stakeholders?

ANNUAL REPORTING MEASURES:

(CAEP Component 5.4/A.5.4)

Impact Measures (CAEP Standard 4/A.4)	Outcome Measures
1. Impact on P-12 learning and development (Component 4.1)	5. Graduation Rates (ITP & ADV)
2. Indicators of teaching effectiveness (Component 4.2)	6. Ability of completers to meet licensing (certification) and any additional state requirements; Title II (ITP & ADV)
3. Satisfaction of employers and employment milestones (Component 4.3/A.4.1)	7. Ability of completers to be hired in education positions for which they have prepared (ITP & ADV)
4. Satisfaction of completers (Component 4.4/A.4.2)	8. Student loan default rates and other consumer information (ITP & ADV)

EVIDENCE SUFFICIENCY CRITERIA, 5.4/A.5.4

IMPACT MEASURES MONITOR AND REPORTED

- Evidence that eight outcome measures are a source for driving program changes. impact and outcome data for CAEP's eight annual measures are collected, monitored, and published.

STANDARD 5/A.5, GUIDANCE FROM COMPONENT 5.5/A

- 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.**
 - *Reflect on:* What evidence do I have that our stakeholders participate in our processes for quality review and assurance?

EVIDENCE SUFFICIENCY CRITERIA, 5.5/A.5.5

DIVERSE STAKEHOLDER INVOLVMENT, DOCUMENTED IN MULTIPLE SOURCES

- 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

IN SUMMARY – THE CASE FOR STANDARD 5/A.5

- Information is provided from several sources and provides evidence that the EPP monitors and manages aspects of program quality relevant to the CAEP standards.
 - Data of sufficient quality and quantity are collected and analyzed appropriately.
 - Appropriate interpretations and conclusions are reached.
 - Trends or patterns are identified that indicate whether program changes are needed and what changes should be pursued regarding the assessment system and program operations.
 - The effect of changes is monitored and evaluated for evidence of positive impact. Impact (whether positive, neutral, or negative) is discussed along with next steps.

POTENTIAL ISSUES: STANDARD 5/A.5

AREAS FOR IMPROVEMENT 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/A.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



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