FACULTY SURVEY OF POSSIBLE SELECTED IMPROVEMENT PLAN (SIP) STRATEGIES

March 1, 2017

Working within the current COEPD governance structure, the Assessment and Accreditation Coordinating Council (AACC) developed a working draft of a COEPD Selected Improvement Plan. This plan included a proposed focus with supporting rationale, five broad goals for the plan, and a series of proposed interventions/strategies for achieving these goals. A copy of this working draft SIP (dated 11/17/16) is attached.

The next step in the process was to solicit feedback from faculty regarding both the focus and rationale for the SIP and the strategies which would be most effective in achieving SIP goals. Two faculty workshops were conducted, one in Huntington and one in South Charleston, on January 20, 2017. These workshops focused on review of CAEP requirements for the SIP and a discussion of the working draft of the COEPD's proposed SIP. A copy of the workshop presentation is attached.

One aspect of the sessions was the solicitation of feedback regarding the relative effectiveness of a list of possible implementation strategies. Some 40 faculty members participated in the workshops and 37 responded to a survey in which they were asked to rate the effectiveness of the list of possible strategies for facilitating our transition from a Culture of Compliance to a Culture of Evidence and Improving the Quality of Evidence Available to Support Continuous Improvement.

Strategies scoring a "Strongly Agree" rating from more than 60% of the respondents included:

1. Develop and communicate clear goals regarding developing a Culture of Evidence (74.3%).
2. Provide technical support and easy access to data (69.7%).
3. Provide/allocate adequate resources (81.3%).
4. Engage key stakeholders early and often (63.6%).
5. Provide training (webinars, seminars, data retreats, etc.) (68.8%).
6. Support and encourage conference and workshop participation (65.5%).
7. Develop and provide integrated data systems (63.6%).

A complete report of the survey results is attached and also available on the COEPD CAEP website. The results of this survey will inform the continuing development of the SIP.

A **Quality of Evidence Work Group (QEWG)**, with the primary purpose of facilitating, supporting, and monitoring the transition within the COEPD from a culture of compliance to a culture of evidence, has been established. The QEWG is charged with ensuring the availability/access and improving the quality of the evidence available to support continuous improvement within the COEPD. The QEWG is also responsible for the planning, implementation, and evaluation of the Selected Improvement Plan (SIP). The QEWG will be co-directed by the two Assessment Coordinators who will report directly to the Dean in these roles. The two Associate Deans (ex-officio) and the SPA

Coordinator will also be members. Four faculty members (two representing initial programs and two representing advanced programs) will be appointed to the QEWG. .

SIP Strategy Feedback Survey Results

	SD		D		A		SA	
Goal 1: Leadership/Personnel	N	%	N	%	N	%	N	%
1. Develop/communicate clear CoE goals.	--	--	--	--	9	25.7	26	74.3
2. Integrate transition to CoE into mission.	--	--	3	8.6	20	57.1	12	34.3
3. Make developing a CoE visible.	--	--	2	6.0	16	48.5	15	45.5
4. Provide technical support/easy data access.	--	--	--	--	10	30.3	23	69.7
5. Relate CoE to other academic activities.	--	--	3	10.3	17	58.6	9	31.0
6. Plan for socializing new faculty/staff	1	3.3	4	13.3	20	66.7	5	16.7
7. Provide "Go To" person(s).	--	--	2	6.5	14	45.2	15	48.4
8. Integrate CoE expectations into recruiting, review, and merit systems.	2	6.3	3	9.4	19	59.3	8	25.0
9. Evaluate/benchmark evolution of CoE.	--	--	1	3.1	18	56.3	13	40.6
10. Think sustainability from the outset.	--	--	2	5.9	15	44.1	17	50.0
11. Provide/allocate adequate resources.	--	--	--	--	6	18.8	26	81.3
12. Educate institutional administration.	--	--	1	3.3	13	43.3	17	56.7
13. Communicate frequently.	--	--	--	--	14	42.4	19	57.6
14. Engage key stakeholders (early/often).	--	--	--	--	12	36.4	21	63.6
Goal 2: Training and Support								
1. Training (webinars, seminars, data retreats, etc.).	1	3.1	--	--	9	28.1	22	68.8
2. Utilize CoE products/outputs for presentation/publication.	1	3.1	--	--	20	62.5	11	34.4
3. Mentoring	--	--	1	3.0	14	42.4	16	48.5
4. Reassigned time/sabbaticals.	--	--	1	3.4	15	51.7	13	44.8
5. Provide GA support	1	3.3	1	3.3	15	50.0	13	43.3
6. CoE research/assessment funding.	1	3.1	3	9.4	10	31.3	18	56.3
7. Use external consultants.	3	10.0	5	16.7	16	53.3	6	20.0
8. Support/encourage conference and workshop attendance.	--	--	2	6.9	8	27.6	19	65.5
9. Develop a "Data Users Group".	1	3.6	1	3.6	15	53.6	11	39.3

SIP Strategy Feedback Survey Results

	SD		D		A		SA	
Goal 3: Organizational Support	N	%	N	%	N	%	N	%
1. Creation of assessment/research centers.	1	2.9	4	11.8	18	52.9	11	32.4
2. Top-down participation/ involvement model.	--	--	9	32.1	15	53.6	4	14.3
3. Bottom-up participation/ involvement model	--	--	6	18.8	17	53.1	9	28.1
4. Create pool of CoE leaders.	--	--	2	6.9	16	55.2	11	37.9
5. Identify "research only" faculty.	3	9.7	17	54.8	9	29.0	2	6.6
6. Develop/provide integrated data systems.	--	--	2	6.1	10	30.3	21	63.6
Goal 4: Collaboration and Networking								
1. Establish/support internal PLCs/networks	--	--	2	6.9	17	58.6	10	34.5
2. Develop partnerships with other IHEs.	--	--	2	6.9	17	58.6	10	34.5
3. Mentorships and partnerships – internal.	1	3.4	--	--	17	58.6	12	41.4
4. PLCs/networks – external.	1	3.4	6	20.7	15	51.7	7	24.1
5. Establish CoE interest/topic groups.	--	--	7	22.6	15	48.4	9	29.0
6. Facilitate student involvement in CoE.	2	6.7	2	6.7	17	56.7	9	30.0
Goal 5: Recognition, Rewards, and Incentives								
1. Create events highlighting CoE elements/outcomes.	--	--	2	6.5	18	58.1	11	35.5
2. 3. Promote CoE outcomes/ successes internally and externally.	--	--	3	9.1	15	45.5	15	45.5
4. Create an accessible, useful website.	1	3.0	2	6.1	11	33.3	19	57.6
5. 6. Create a newsletter highlighting successes /initiatives.	1	3.4	8	27.6	13	44.8	7	24.1
7. Create a faculty rewards/recognition structure.	1	3.2	2	6.5	19	61.3	9	29.0
8. Recognize/support "early adopters".	1	3.6	3	10.7	16	57.1	8	28.6

N = 37

SELECTED IMPROVEMENT PLAN

**IMPROVING THE QUALITY OF EVIDENCE AVAILABLE TO
SUPPORT CONTINUOUS IMPROVEMENT**

COLLEGE OF EDUCATION AND PROFESSIONAL DEVELOPMENT

MARSHALL UNIVERSITY

**Working Draft
November 17, 2016**

Introduction

The Selected Improvement Pathway requires the EPP to select a standard or standards and/or selected components and develop an improvement plan that addresses them and uses evidence from the self-study to demonstrate improvement. The following paragraphs from the CAEP Accreditation Manual describe parameters for development of the Selected Improvement Plan (SIP):

> A data-driven "Selected Improvement Plan" is the distinctive section of the self-study for the provider seeking accreditation under the Selected Improvement (SI) Pathway. Providers that choose the SI Pathway should demonstrate progress in achieving a higher level of excellence in educator preparation by identifying a CAEP standard(s) or several components across more than one standard as an area selected for improvement. The provider furnishes a rationale for selecting the focal area, presents its current level of performance as baseline data, and sets goals with measurable yearly objectives to show data-driven improvements over time. The emphasis of the plan is in the collection and analysis of data, and interventions that demonstrate substantive improvements. (Pg. 133)

> Progress on the SIP will be reported annually by the provider and evaluated during the subsequent accreditation visit to determine if Components 5.3 and 5.4 of Standard 5 are satisfied. . . a provider's performance under Component 5.3 must be satisfied in order to receive full accreditation. Therefore, when developing the SIP, carefully review Standard 5, Component 5.3 and examples of evidence measures in Appendix A of the CAEP "Standards and Descriptors of Evidence" in this *Manual*. The CAEP Standards also state throughout that candidates and completers must demonstrate a positive impact on student learning. In this way, any SIP should provide a direct link to improving program impact as described in Standard 4 as well." (Pg. 133)

Each item of evidence is uploaded into the Accreditation Information Management System (AIMS) and tagged as relevant to specific components and standards. The upload can also be tagged evidence as related to its Selected Improvement Plan (CAEP Accreditation Manual, Pg. 59). Evidence used to support an effective COE must be intentional and purposeful, involve interpretation and reflection, integrated and holistic, qualitative and quantitative and direct and indirect (CAEP Evidence Guide, January 2015).

CAEP has identified guidelines for review of the SIP. These guidelines are provided in the CAEP Accreditation Manual (Pg. 136)

- The SIP must be of sufficient scope to have a positive impact on the provider and the performance of its candidates.
- The goals, objectives, and timelines must be appropriate to the selected area of improvement.
- The provider must show progress on the SIP in the Annual Reports.
- The provider should make changes to the SIP when data indicate.
- The provider can begin a SIP and related interventions at any time during the accreditation cycle (Pg. 61).

CAEP has also developed a rubric for evaluating the SIP (see Table 7: Rubric for Evaluating the Selected Improvement Plan which is attached).

Marshall University's College of Education and Professional Development has selected "**Improving the Quality of Evidence Available to Support Continuous Improvement,**" as the focus of its SIP. The rationale, plan and annual progress report template on Marshall's SIP are included in the following sections. The role of the EPP in developing this CoE includes:

- Maintain a QAS comprised of valid data and multiple measures.
- Collect data on candidate and completer impact on P-12 learning.
- Support and sustain evidence-based CI.
- Evaluate completer effectiveness.
- Test innovations directed at improving completer P-12 impact.
- Use data to set priorities, enhance programs, and improve capacity.
- Build an infrastructure that supports data collection and monitoring.
- Provide for stakeholder participation and feedback.
- Utilize qualitative and quantitative measures.
- Selectively use available evidence to support case for meeting standards.
- Ensure available evidence reflects minimum ME (CAEP Evidence Guide January, 2015) and (CAEP Accreditation Manual February, 2015).

SIP Focus and Rationale

Rationale

The focus of Marshall's SIP is "**Improving the Quality of the Evidence Available to Support Continuous Improvement.**" An initial assessment by the AACC of EPP function and capacity to ensure that quality evidence was available to support continuous improvement efforts concluded that there was no systematic plan for doing so. Additionally, the AACC determined there was little organizational and personnel capacity for ensuring evidence quality. Given these factors, the AACC recommended to the Dean that "**Improving the Quality of Evidence Available to Support Continuous Improvement**" be the focus of our SIP. The Dean concurred and the decision was subsequently supported by the COEPD Cabinet and Program Directors.

The development and implementation of this SIP is based on the following basic assumptions/commitments related to the transition to a CoE:

- All are expected to contribute.
- Acknowledge that individuals have different starting points.
- Publicly embrace a CoE.
- Developing a CoE requires financial commitment.
- Organizational and individual needs must be balanced.
- Planned change; encourage thinking about cultural change and capacity building.
- Continuously communicate and share data.
- Anticipate resistance.
- Involve key stakeholders often and early.

- Coordinate transition with other projects.
- Evidence must be accessible, actionable, and meaningful.
- Provide data to/for faculty – faculty do less.

Relationship to Standards

The focus of the SIP is clearly aligned with CAEP standards at both the initial and advanced levels. The SIP incorporates elements of all five standards at both levels. Specific relationships are evident in the following standards and elements at both levels:

Standard 1: Content and Pedagogical Knowledge. (1.1, 1.2, 1.3, 1.4, 1.5) (A.1.1, A.1.2)
Standard 2: Clinical Partnerships and Providers. (2.2, 2.3) (A.2.2)
Standard 3: Candidate Quality, Recruitment, and Selectivity. (3.1, 3.2, 3.3, 3.4, 3.5, 3.6) (A.3.1, A.3.2, A.3.3, A.3.4)
Standard 4: Program Impact. (4.1, 4.2, 4.3, 4.4) (A.4.1, A.4.2)
Standard 5: Provider Quality Assurance and CI. (5.1, 5.2, 5.3, 5.4, 5.5) (A.5.1, A.5.2, A.5.3, A.5.4, A.5.5)

A copy of the standards with specific areas documenting the relationship to the focus of the SIP is included as an attachment.

Goals and Objectives

Criterion for Goal Areas and Objectives

This section provides the goal areas and objectives for the SIP. These goal areas and objectives must:

- Be appropriate and align with the selected improvement area,
- Be specific and measurable,
- Involve all provider programs,
- Identify desired outcomes and indicators of success,
- Demonstrate that meeting the goals and objectives will have a positive impact on P-12 learners.
- Have their selection grounded in data.

Purpose

The purpose of the MU Selected Improvement Plan is to transition from a "culture of compliance" too a "culture of evidence". The expected outcomes resulting from this transition include improvements in the quality of evidence available to support decision making for continuous improvement, an organizational structure to support the provision of quality evidence, and enhanced faculty and staff capacity to implement evidence based decision making.

SIP Goals

Within the framework provided by the overall SIP focus, the EPP has identified five key elements (Goal Areas) that are critical in the development of and transition to a culture of evidence. These

elements (Goal Areas) and their interaction in developing a culture of evidence is depicted in the attachment exhibit "Key Elements in Developing a Culture of Evidence." These key elements become the objectives that guide the implementation of the SIP:

1. Goal Area: Leadership and Personnel: Develop a leadership/personnel environment and structure that supports and encourages the transition to a "culture of evidence".
2. Goal Area: Training and Support: Develop the faculty and staff capacity (knowledge and skills) needed to support the transition to a "culture of evidence".
3. Goal Area: Collaboration and Networking: Develop and actively support networking and collaborative arrangements that support the development and maintenance of a "culture of evidence".
4. Goal Area: Organizational Support: Develop and maintain an organizational structure necessary to support a "culture of evidence".
5. Goal Area: Recognition, Rewards, and Incentives: Develop and implement a recognition, rewards, and incentive system for supporting the development and maintenance of a "culture of evidence".

Interventions and Strategies

Criteria for Selection Interventions/Strategies

Specific strategies and interventions to be implemented in the Selected Improvement Plan along with a timeline for implementation are provided in Exhibit 1. The following criteria guided their selection.

- Specific strategies and/or initiatives are identified.
- Identified strategies and/or initiatives are aligned with goals and objectives of the plan.
- A yearly timeline is provided for meeting goals and/or objectives.
- Included is a plan for the evaluation and monitoring of strategies and/or interventions.
- Evaluation and monitoring are linked to goals and objectives.

SIP Intervention and Strategies

Goal Area: Leadership and Personnel

Objective 1: Develop a leadership/personnel environment and structure that supports and encourages the transition to a "culture of evidence".

- Develop/communicate clear CoE goals;
- Revise COEPD mission to reflect commitment to CoE;
- Make developing a CoE visible; participative leadership.
- Provide technical support and easy data access.
- Relate CoE to other academic activities.
- Socialize new faculty/staff regarding CoE.
- Integrate CoE expectations into recruiting, review, and merit systems.
- Evaluate/benchmark evolution of CoE; think sustainability from the outset.
- Provide/allocate resources; educate institutional administration.

- Communicate frequently; engage key stakeholders (early/often).

Goal Area: Training and Support

Objective 2: Develop the faculty and staff capacity (knowledge and skills) needed to support the transition to a "culture of evidence

- Provide retraining; webinars.
- Utilize CoE products/outputs for presentation/publication.
- Conduct CoE seminars; data retreats; continuing education.
- Develop/support mentoring arrangements.
- Provide reassigned time/sabbaticals.
- Provide GA support.
- Provide research/assessment funding.
- Use external consultants as appropriate.
- Support and encourage conference and workshop attendance.

Goal Area: Collaboration and Networking

Objective 3: Develop and actively support networking and collaborative arrangements that support the development and maintenance of a "culture of evidence".

- Establish/support internal PLCs/networks
- Develop internal and external partnerships (expert-novice).
- Arrange personnel exchanges.
- Establish CoE interest/topic groups.
- Facilitate student involvement in CoE.

Goal Area: Organizational Support

Objective 4: Develop and maintain an organizational structure necessary to support a "culture of evidence".

- Create assessment/research centers..
- Determine participation/involvement model (holistic/egalitarian vs. elitist/natural talent).
- Provide an organizational structure with a "Go To" person
- Create a pool of CoE leaders.
- Identify "research only" faculty.
- Develop/provide integrated data systems.

Goal Area: Recognition, Rewards, and Incentives

Objective 5: Develop and implement a recognition, rewards, and incentive system for supporting the development and maintenance of a "culture of evidence".

- Create events highlighting CoE elements/outcomes
- Promote CoE outcomes/successes internally and externally

- Create an accessible website
- Create newsletters highlighting successes
- Create a faculty rewards structure
- Recognize/support early adopters (intangible, perks, financial).

Data Collection and Analysis

The plan for assessing the SIP is outlined in Exhibit 1. The data collection and analysis plan is described in detail in the following sections.

Assessment Instrument or Methods

Assessment of SIP progress will be organized around each of the five goal areas. A CoE related faculty survey will be developed and administered annually. The purpose of the survey will be to gauge change in faculty attitudes related to growing a culture of evidence. A simple accounting of participation in webinars, workshops, etc., will also provide some level of growth. Products developed will also be assessed.

Selection/Creation of Assessments

Instruments will be developed

Relationship of Assessment to Goals and Objectives

All assessment will be aligned with the five SIP objectives.

SIP Monitoring Process

Primary responsibility for monitoring SIP progress will rest with the AACC.

Analysis of Results

The AACC will have primarily responsibility for data collecting and analyzing results.

Capacity to Implement and Complete SIP

Resources available to implement the plans are described in the following sections.

Potential Cost of Provider Time and Commitment to SIP
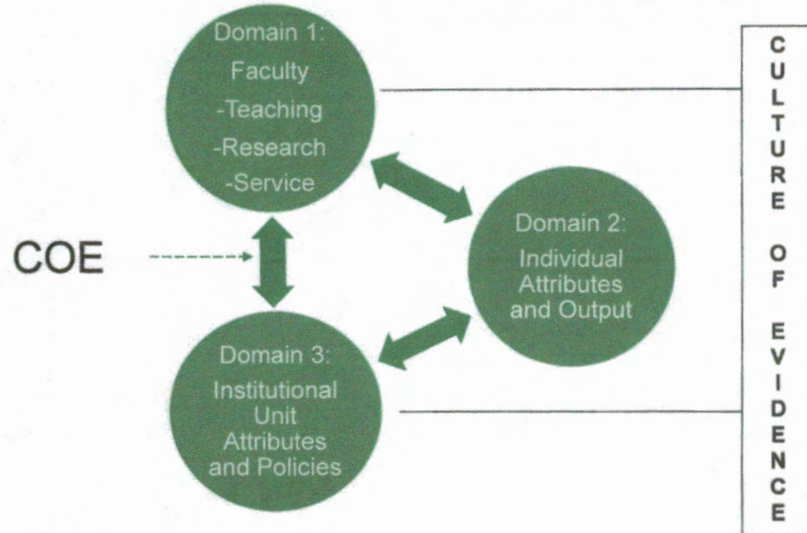
Provider/Staff Time and Commitment to SIP

Potential Cost of Travel/Training for SIP

Potential Cost of Outside Expertise for SIP

Other Key Costs for Implementing SIP

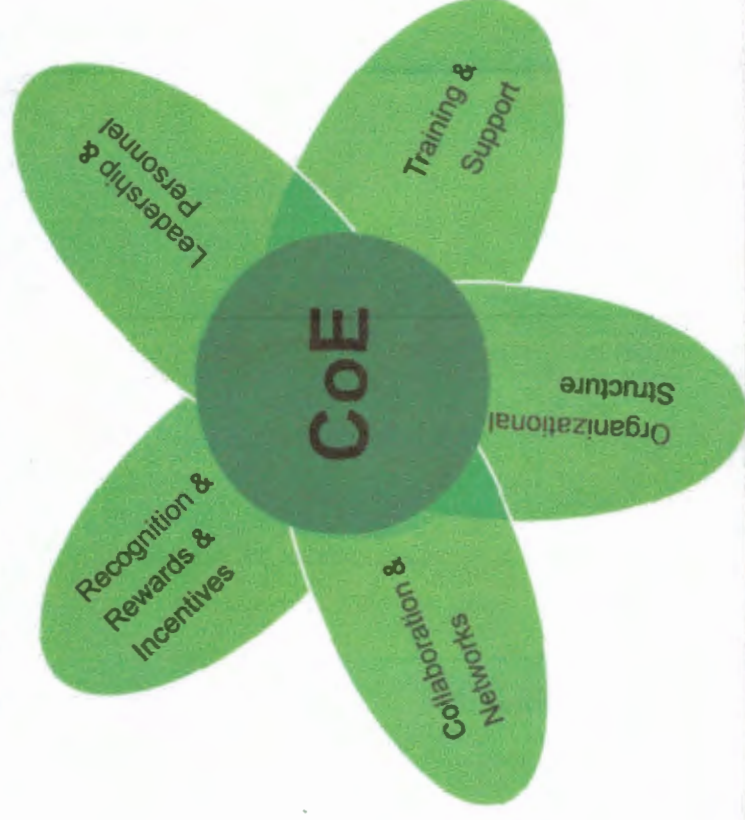A summary of the SIP is provided in the attached SIP Management Chart.

Framework for Understanding a Culture of Evidence*

*Adapted from Keeves, 1999

Key Elements in Developing a Culture of Evidence

Goal Area: Leadership and Personnel

Objective	Interventions/Strategies	Data Collection/Analyses
1. Develop a leadership/personnel environment and structure that supports and encourages the transition to a "culture of evidence".	1. Develop and communicate clear CoE goals. (newsletter) 2. Revise COEPD mission to reflect commitment to CoE (Faculty review of COEPD goals) 3. Make developing a COE visible; participative leadership 4. Provide technical support and easy data access 5. Relate CoE to other academic activities 6. Socialize new faculty/staff regarding CoE (Assign CoE mentors to new faculty) 7. Integrate CoE expectations into recruiting, review, and merit systems (Add CoE expectations to position advertisement) 8. Evaluate/benchmark evolution of CoE; think sustainability from the outset (Develop annual faculty survey/build around assessing growth in CoE; 9. Provide/allocate resources; educate institutional administration 10. Communicate frequently; engage key stakeholders (early/often) (Develop website, newsletter for external students)	

Goal Area: Training and Support

Objective	Interventions/Strategies	Data Collection/Analyses
2. Develop the faculty and staff capacity (knowledge and skills) needed to support the transition to a "culture of evidence	1. Provide retraining; CAEP webinars, WPLC, in-house workshops, etc. 2. Utilize CoE products/outputs for presentation/publication 3. Conduct CoE seminars; data retreats; continuing education 4. Develop/support mentoring arrangements 5. Provide reassigned time/sabbaticals 6. Provide GA support 7. Provide research/assessment funding 8. Use external consultants as appropriate 9. Support and encourage conference and workshop attendance 10. Support attendance at CAEP conferences. 11. Develop a "Data Users Group" 12. Identify CoE related proposals as priorities for conference support. 13. Provide support for specific CoE related research projects.	

Goal Area: Collaboration and Networking

Objective	Interventions/Strategies	Data Collection/Analyses
3. Develop and actively support networking and collaborative arrangements that support the development and maintenance of a "culture of evidence".	1. Establish/support internal PLCs/networks 2. Develop internal and external partnerships (expert-novice) 3. Arrange personnel exchanges 4. Establish CoE interest/topic groups 5. Facilitate student involvement in CoE 6. Encourage EdD student involvement in joint CoE research projects. 7. Establish partnerships with other IAEs. 8. Develop internal PLCs focused on CoE elements.	

Goal Area: Organizational Support

Objective	Interventions/Strategies	Data Collection/Analyses
4. Develop and maintain an organizational structure necessary to support a "culture of evidence".	1. Create assessment/research centers 2. Determine participation/involvement model (holistic/egalitarian vs. elitist/natural talent) 3. Provide an organizational structure with a "Go To" person 4. Create a pool of CoE leaders 5. Identify "research only" faculty 6. Develop/provide integrated data systems	

Goal Area: Recognition, Rewards and Incentives

Objective	Interventions/Strategies	Data Collection/Analyses
5. Develop and implement a recognition, rewards, and incentive system for supporting the development and maintenance of a "culture of evidence".	1. Create events/annual awards highlighting CoE elements/outcomes 2. Promote CoE outcomes/successes internally and externally 3. Create an accessible website for data access 4. Create newsletters highlighting successes 5. Create a faculty rewards structure 6. Recognize/support early adopters (intangible, perks, financial)	

Table 7: Rubric for evaluating the Selected Improvement Initiative Plan				
Indicator	Undefined	Emerging	Meets Expectation	Exceeds Expectation
	Focal area unrelated to any CAEP standard(s), components, or thread of diversity or technology. The choice of the selected area is based on such things as faculty interest and expertise and is not supported by data from the self-study. No baseline established for future improvement.	Selected area is aligned to multiple CAEP standard(s), components, or thread of diversity or technology without identifying the relationship between the standards and/or components. The rationale provides general statements on the selection that are not grounded in data provided from the self-study. Limited data from the self-study support the choice of the selected area as needing improvement and/or no baseline is established.	Selected area is aligned to CAEP standard(s), component(s), or thread of diversity or technology. The rationale for the selected area is in data from the self-study and supports the choice of the area as needing improvement. A baseline is established for future improvement.	Selected area is directly aligned to specific CAEP standard(s), component(s) and/or thread of diversity or technology. The rationale for the choice of the selected area is grounded in data from the self-study and is a natural extension of the data analysis. Data support the selection of the area as needing improvement. A baseline is established for future improvement.
Goals and objectives identified and align with selected	Goals and objectives do not align with the identified selected area for improvement and are stated in vague, poorly defined terms. Stated goals and objectives do not lend themselves to measurement and simply define expectations or processes. Potential to have a positive impact on the provider or its candidates is not addressed.	Goals and objectives are ill-defined and lack specificity. Goals and objectives are identified, but marginally align with the identified area or limited to a few programs. Goals and objectives do not identify the desired outcome or indicators of success making evaluation of project problematic. Selected goals and objectives would not document a positive impact on the provider.	Goals and objectives are appropriate, specific and well-defined. Goals and objectives align with selected area, involve multiple programs in the provider, and are stated in measurable and performance based outcomes. Desired outcomes and indicators of success are identified and have the potential to document a positive impact on the provider.	Goals and objectives are appropriate, specific and well-defined. Goals and objectives directly align with selected area for improvement, involve most programs in the provider, and are stated in measurable performance based outcomes. Desired outcomes and indicators of success are identified and have the potential to document a positive impact on the provider.
Strategies for intervention	General guidelines are presented for making program improvements. No specific strategies, initiatives, or interventions are identified. No timeline for achieving goals and objectives is provided.	Series of activities or initiatives are identified, but lack clarity and specificity. Identified activities or initiatives are only marginally aligned to selected area for improvement. A general timeline is included, but lacks specificity.	Strategies, initiatives and/or interventions are identified and linked to goals and objectives for selected area for improvement. A yearly timeline is included. Plan includes criteria for evaluation and monitoring of strategies and interventions.	Detailed description of strategies, initiatives and/or interventions is provided & linked to goals and/or objectives. Yearly timeline identifies goals to be achieved yearly. Plan includes specific criteria for evaluation and monitoring of strategies and interventions.

Data collection and analysts	A generalized plan is presented for data collection,but lacks specificity and details. No descriptions provided on how assessments were selected, how the process would be monitored, and how data were to be analyzed.	The presented assessment plan is underdeveloped and does not include how improvement will be assessed based on baseline data from the self-study. Plan does not link back to goals and objectives. A description for collecting, monitoring, and analyzing data is not provided. No description or rationale for selection of assessment is provided.	Includes an assessment plan to measure improvement based on baseline data from the self study. Plan is clearly described and assessments are linked to goals and objectives. Plan for collecting, monitoring and analyzing data is provided. A description of how assessments were selected is provided.	A detailed assessment plan is included that measures the amount of improvement in the selected area. Plan clearly describes how each goal and objective will be measured. Plan for collecting, monitoring, and analyzingdata is detailed and complete. A description and rationale for the selection of
Indicator	**Undefined**	**Emerging**	Meets Expectation	Exceeds Expectation
Capacity to implement and complete plan	The provider's capacity to implement and complete the SIP is not apparent. A general description of the overall plan is provided, but specific criteria on indicators, actions,evaluation, and monitoring processes are not provided or are incomplete	The provider's capacity to implement and complete the SIP is inconsistently defined. No specific costs are identified in terms of staff time and/or other expenses identified with implementation and data collection.	Specific capacity resources s are identified and described including cost associated with staff and faculty time, faculty expertise, and travel cost. The provider's capacity to implement and complete the SIP is documented	A detailed description of specific capacity resources are identified and described including staff and faculty time,faculty expertise, travel and training cost, and other resources associated with data collection, monitoring, and analysis. The provider's capacity to implement and complete the SIP is well-defined and documented.
Overall evaluation of the SIP	When reviewed as a whole, the proposal lacks specificity, clarity, and coherency. While one or more areas may meet expectations, the overall plan is incomplete or inappropriate.	When reviewed as a whole, the overall proposal shows promise, but there are significant areas for improvement that must be addressed. These areas must be clarified or enhanced to meet expectations.	When reviewed as a whole, the overall plan meets expectations. While there may be one or two weaknesses (lacks specificity, etc.), these weaknesses do not impact the overall SIP	All components of the plan meet expectations and no weaknesses were identified

CAEP STANDARDS (JUNE 2016)

Initial Standards	Advanced Standards
Standard 1. Content and Pedagogical Knowledge	**Standard A. 1. Content and Pedagogical Knowledge**
The provider ensures that candidates develop a deep understanding of the critical concepts and principles of their discipline and, by completion, are able to use discipline-specific practices flexibly to advance the learning of all students toward attainment of college and career-readiness standards.	The provider ensures that candidates for professional specialties develop a deep understanding of the critical concepts and principles of their field of preparation and, by completion, are able to use professional specialty practices flexibly to advance the learning of all P-12 students toward attainment of college- and career-readiness standards.
Candidate Knowledge, Skills, and Professional Dispositions	**Candidate Knowledge, Skills, and Professional Dispositions**
1.1 Candidates demonstrate an understanding of the 10 InTASC standards at the appropriate progression level(s) in the following categories: the learner and learning; content; instructional practice; and professional responsibility	A.1.1 Candidates for advanced preparation demonstrate their proficiencies to understand and apply knowledge and skills appropriate to their professional field of specialization so that learning and development opportunities for all P-12 are enhanced, through:

• Applications of data literacy;
• Use of research and understanding of qualitative, quantitative and/or mixed methods research methodologies;
• Employment of data analysis and evidence to develop supportive school environments;
• Leading and/or participating in collaborative activities with others such as peers, colleagues, teachers, administrators, community organizations, and parents;
• Supporting appropriate applications of technology for their field of specialization; and
• Application of professional dispositions, laws and policies, codes of ethics and professional standards appropriate to their field of specialization.

Evidence of candidate content knowledge appropriate for the professional specialty will be documented by state licensure test scores or other proficiency measures. |
| **Provider Responsibilities:** | **Provider Responsibilities:** |
| 1.2 Providers ensure that candidates use research and evidence to develop an understanding of the teaching profession and use both to measure their P-12 students' progress and their own professional practice | A.1.2 Providers ensure that advanced program completers have opportunities to learn and apply specialized content and discipline knowledge contained in approved state and/or national discipline-specific standards. These specialized standards include, but are not limited to, Specialized Professional Association (SPA) standards, |

Initial Standards	Advanced Standards
1.3 Providers ensure that candidates apply content and pedagogical knowledge as reflected in outcome assessments in response to standards of Specialized Professional Association (SPA), the National Board for Professional Teaching Standards (NBPTS), states, or other accrediting bodies (e.g. National Association of Schools of Music – NASM).	Individual state standards, standards of the National Board for Professional Teaching Standards, and standards of other accrediting bodies [e.g., Council for Accreditation of Counseling and Related Educational Programs (CACREP)].
1.4 Providers ensure that candidates demonstrate skills and commitment that afford all P-12 students access to rigorous college- and career-ready standards (e.g., Next Generation Science Standards, National Career Readiness Certificate, Common Core State Standards).	
1.5 Providers ensure that candidates model and apply technology standards as they design, implement and assess learning experiences to engage students and improve learning; and enrich professional practice.	

Initial Standards	Advanced Standards
Standard 2. Clinical Partnerships and Practice The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development.	**Standard A. 2. Clinical Partnerships and Practice** The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions appropriate for their professional specialty field.
Partnerships for Clinical Preparation 2.1 Partners co-construct mutually beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.	**Partnerships for Clinical Preparation:** A.2.1 Partners co-construct mutually beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of advanced program candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for advanced program candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for advanced program candidate outcomes.
Clinical Educators: 2.2 Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates' development and P-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.	
Clinical Experiences: 2.3 The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development. Clinical experiences, including technology-enhanced learning opportunities, are structured to have multiple performance-based assessments at key points within the program to demonstrate candidates' development of the	**Clinical Experiences:** A.2.2. The provider works with partners to design varied and developmental clinical settings that allow opportunities for candidates to practice applications of content knowledge and skills that the courses and other experiences of the advanced preparation emphasize. The opportunities lead to appropriate culminating experiences in which candidates demonstrate their proficiencies, through problem-based tasks or research (e.g., qualitative, quantitative, mixed methods, action) that are

Initial Standards	Advanced Standards
knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.	characteristic of their professional specialization as detailed in component 1.1.

Initial Standards	Advanced Standards
Standard 3. Candidate Quality, Recruitment, and Selectivity The provider demonstrates that the quality of candidates is a continuing and purposeful part of its responsibility from recruitment, at admission, through the progression of courses and clinical experiences, and to decisions that completers are prepared to teach effectively and are recommended for certification. The provider demonstrates that development of candidate quality is the goal of educator preparation in all phases of the program. This process is ultimately determined by a program's meeting of Standard 4.	**Standard A. 3. Candidate Quality and Selectivity** The provider demonstrates that the quality of advanced program candidates is a continuing and purposeful part of its responsibility so that completers are prepared to perform effectively and can be recommended for certification where applicable.
Plan for Recruitment of Diverse Candidates who Meet Employment Needs: 3.1 The provider presents plans and goals to recruit and support completion of high-quality candidates from a broad range of backgrounds and diverse populations to accomplish their mission. The admitted pool of candidates reflects the diversity of America's P-12 students. The provider demonstrates efforts to know and address community, state, national, regional, or local needs for hard-to-staff schools and shortage fields, currently, STEM, English-language learning, and students with disabilities.	**Admission of Diverse Candidates Who Meet Employment Needs:** A. 3.1 The provider sets goals and monitors progress for admission and support of high-quality advanced program candidates from a broad range of backgrounds and diverse populations to accomplish their mission. The admitted pool of candidates reflects the diversity of America's teacher pool and, over time, should reflect the diversity of P-12 students. The provider demonstrates efforts to know and address community, state, national, regional, or local needs for school and district staff prepared in advanced fields
Admission Standards Indicate That Candidates Have High Academic Achievement and Ability: 3.2 The provider meets CAEP minimum criteria or the state's minimum criteria for academic achievement, whichever are higher, and gathers disaggregated data on the enrolled candidates whose preparation begins during an academic year. The CAEP minimum criteria are a grade point average of 3.0 and a group average performance on nationally normed assessments or substantially equivalent state-normed assessments of mathematical, reading and writing achievement in the top 50 percent of those assessed. An EPP may develop and use a valid and reliable substantially equivalent alternative assessment of academic achievement. The 50th percentile standard for writing will be implemented in 2021. Starting in academic year 2016-2017, the CAEP minimum criteria apply to the group average of enrolled candidates whose preparation begins during an academic year. The provider determines whether the	**Candidates Demonstrate Academic Achievement and Ability to Complete Preparation Successfully** A. 3.2 The provider sets admission requirements for academic achievement, including CAEP minimum criteria, the state's minimum criteria, or graduate school minimum criteria, whichever is highest, and gathers data to monitor candidates from admission to completion. The provider determines additional criteria intended to ensure that candidates have, or develop, abilities to complete the program successfully and arranges appropriate support and counseling for candidates whose progress falls behind. The CAEP minimum criteria are a college grade point average of 3.0 or a group average performance on nationally normed assessments, or substantially equivalent state-normed or educator preparation provider (EPP) administered assessments, of mathematical, reading, and writing achievement in the top 50 percent of those assessed. An EPP may develop and use a valid and reliable substantially equivalent alternative assessment of academic

Initial Standards	Advanced Standards
CAEP minimum criteria will be measured (1) at admissions, OR (2) at some other time prior to candidate completion. In all cases, EPPs must demonstrate academic quality for the group average of each year's enrolled candidates. In addition, EPPs must continuously monitor disaggregated evidence of academic quality for each branch campus (if any), mode of delivery, and individual preparation programs, identifying differences, trends, and patterns that should be addressed under component 3.1, Plan for recruitment of diverse candidates who meet employment needs. CAEP will work with states and providers to designate, and will periodically publish, appropriate "top 50 percent" proficiency scores on a range of nationally or state normed assessments and other substantially equivalent academic achievement measures, with advice from an expert panel. Alternative arrangements for meeting the purposes of this component will be approved only under special circumstances and in collaboration with one or more states. The CAEP President will report to the Board and the public annually on actions taken under this provision.	achievement. The 50th percentile standard for writing will be implemented in 2021. The CAEP minimum criteria apply to the group average of enrolled candidates whose preparation begins during an academic year. EPPs continuously monitor disaggregated evidence of academic quality for each branch campus (if any), mode of delivery, and individual preparation programs, identifying differences, trends and patterns that should be addressed.
Additional Selectivity Factors: 3.3 Educator preparation providers establish and monitor attributes and dispositions beyond academic ability that candidates must demonstrate at admissions and during the program. The provider selects criteria, describes the measures used and evidence of the reliability and validity of those measures, and reports data that show how the academic and non-academic factors predict candidate performance in the program and effective teaching.	
Selectivity During Preparation: 3.4 The provider creates criteria for program progression and monitors candidates' advancement from admissions through completion. All candidates demonstrate the ability to teach to college- and career-ready standards. Providers present multiple forms of evidence to indicate candidates' developing content knowledge, pedagogical content knowledge, pedagogical skills, and the integration of technology in all of these domains.	**Selectivity During Preparation:** A.3.3 The provider creates criteria for program progression and uses disaggregated data to monitor candidates' advancement from admissions through completion.

Initial Standards	Advanced Standards
Selection At Completion:	**Selection at Completion:**
3.5 Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate has reached a high standard for content knowledge in the fields where certification is sought and can teach effectively with positive impacts on P-12 student learning and development.	A.3.4 Before the provider recommends any advanced program candidate for completion, it documents that the candidate has reached a high standard for content knowledge in the field of specialization, data literacy and research-driven decision making, effective use of collaborative skills, applications of technology, and applications of dispositions, laws, codes of ethics and professional standards appropriate for the field of specialization.
3.6 Before the provider recommends any completing candidate for licensure or certification, it documents that the candidate understands the expectations of the profession, including codes of ethics, professional standards of practice, and relevant laws and policies. CAEP monitors the development of measures that assess candidates' success and revises standards in light of new results.	

Initial Standards	Advanced Standards
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.	**Standard A. 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.
Quality and Strategic Evaluation: 5.1 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. 5.2 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.	**Quality and Strategic Evaluation:** A, 5.1 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. A.5.2 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.
Continuous Improvement: 5.3. 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. 5.4. 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. 5.5. The provider assures that appropriate stakeholders, including alumni, employers, practitioners, school and community partners, and others defined by the provider, are involved in program	A.5.3. 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. A.5.4. 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. A.5.5. The provider assures that appropriate stakeholders, including alumni, employers, practitioners, school and community partners, and others defined by the provider, are involved in

Initial Standards	Advanced Standards
evaluation, improvement, and identification of models of excellence.	program evaluation, improvement, and identification of models of excellence.
	CAEP is accrediting an EPP, and an EPP should only be required to respond to Standard 5 once—not separately for initial and for advanced preparation. That is:
	• When its documentation would include measures used in advanced preparation along with other multiple measures used in initial preparation.
	• When it documents the quality of its data (for component 5.2), it would include measures used in advanced preparation.
	• When it documents continuous improvement efforts (for component 5.3), its self-study report would include measures and their use in continuous improvement from advanced preparation programs.
	• When the EPP documents stakeholder involvement (for component 5.5), information on advanced preparation is included along with that on initial preparation.
	If an EPP conducts advanced preparation programs only, then it would document 5.1, 5.2, 5.3, 5.4, and 5.5 for those programs alone

July 5, 2016

Developing a Selected Improvement Plan (SIP) for the COEPD

"A Work in Progress"

January, 20, 2017

Trends and Practices in Accreditation**

- Context
  - Accountability
  - Student outcomes
  - Data quality
- Standards
  - Prescriptive
  - Aspirational
  - Integrative
  - Format
- Culture of Evidence
- Evidence of learning
  - Graduate performance
  - Stakeholder ratings

- Review Cycle
  - Interim visits
  - Focused visits
  - Statistical monitoring
  - Virtual monitoring
- Conduct of the Review
  - Peer review
  - Off-site reviews
  - Risk-based models
  - Audit
  - Cohort
- Results of Accreditation
  - Graded
  - Tailored reporting

The Standards*

NCATE STANDARDS	CAEP STANDARDS*
1: Candidate Knowledge, Skills, and Professional Dispositions	1: Content and Pedagogical Knowledge
2: Assessment System and Unit Evaluation	2: Clinical Partnerships and Practice
3: Field Experiences and Clinical Practices	3: Candidate Quality, Recruitment, and Selectivity
4: Diversity	4: Program Impact
5: Faculty Qualifications, Performance, and Development	5: Provider Quality Assurance and Continuous Improvement
6: Unit Governance and Resources	*Diversity and Technology as cross-cutting themes"

Major Differences: NCATE/CAEP Standards*

- Transition to "Culture of Evidence" (CoE) vs a "Culture of Compliance".
- Increased transparency.
- Professional dispositions re-envisioned.
- Diversity/Technology as cross-cutting themes.
- Emphasis on *partnerships* in clinical practice.
- Enhanced stakeholder involvement.
- Increased emphasis on *impact* on P-12 learning.
- Expectation of external benchmarking.
- New accountability metrics and annual reporting requirements.
- Heightened expectations for the quality of evidence
- InTASC standards incorporated.
- Reference to "rigorous college – and career-ready (P-12) standards."
- Progressive, phased increase in admission requirements.

Culture of Evidence

A habit of using evidence in assessment, decision making, planning, resource allocation, and other processes that is embedded in and characteristic of an EPP's actions and practices (adapted from the Western Association of Schools and Colleges glossary).*

Evidence is not something an EPP collects for the accreditor, a compliance mechanism, or the end product; rather, it provides the basis for beginning the conversation**

*CAEP Accreditation Manual (Draft version 2 – February, 2015)
**CAEP Evidence Guide (January, 2015)

A Culture of Evidence: Standard 5

(5.1) EPPs use multiple measures, monitor candidate progress, completer achievements and operations, demonstrate satisfaction of all CAEP standards.

(5.2) EPPs provide empirical evidence that data interpretations are valid and reliable.

(5.3) EPPs assess performance against goals, track results, test innovations, and use results to improve program elements/processes.

(5.4) EPPs summarize, externally benchmark and share measures of completer impact, and use these data in decision-making.

(5.5) EPPs involve appropriate stakeholders in program evaluation and improvement.

Characteristics of Evidence in an Effective Cultural of Evidence*

- Intentional and purposeful.
- Involves interpretation and reflection.
- Integrated and holistic.
- Quantitative and qualitative.
- Direct or indirect

*CAEP Evidence Guide (January, 2015)

EPP Role(s) in Developing a Culture of Evidence*

- Maintain a QAS comprised of valid data and multiple measures.
- Collect data on candidate and completer impact on P-12 learning.
- Support and sustain evidence-based CI.
- Evaluate completer effectiveness.
- Test innovations directed at improving completer P-12 impact.
- Use data to set priorities, enhance programs, and improve capacity.
- Build an infrastructure that supports data collection and monitoring.
- Provide for stakeholder participation and feedback.
- Utilize qualitative and quantitative measures
- Selectively use available evidence to support case for meeting standards
- Ensure available evidence reflects minimum ME

*CAEP Evidence Guide (January, 2015) and CAEP Accreditation Manual (February, 2015)
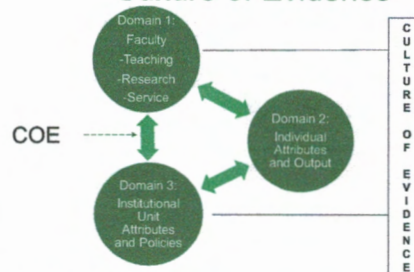
Creating a CoE: Basic Assumptions/Commitments

- All are expected to contribute.
- Acknowledge that individuals have different starting points.
- Publicly embrace a CoE.
- Developing a CoE requires financial commitment.
- Balance organizational and individual needs.
- Planned change; encourage thinking about cultural change and capacity building.
- Continuously communicate and share data.
- Anticipate resistance.
- Involve key stakeholders often and early.
- Coordinate transition to a CoE with other projects.
- Evidence must be accessible, actionable, and meaningful.
- Provide data to/for faculty—faculty do less.

Framework for Understanding a Culture of Evidence*

*Adapted from Keeves, 1999

The Selected Improvement Plan (SIP)

- A data-driven "Selected Improvement Plan" is the distinctive section of the self-study for the provider seeking accreditation under the Selected Improvement (SI) Pathway. Providers that choose the SI Pathway should demonstrate progress in achieving a higher level of excellence in educator preparation by identifying a CAEP standard(s) or several components across more than one standard as an area selected for improvement.
- The provider furnishes a rationale for selecting the focal area, presents its current level of performance as baseline data, and sets goals with measurable yearly objectives to show data-driven improvements over time. The emphasis of the plan is in the collection and analysis of data, and interventions that demonstrate substantive improvements. (CAEP Accreditation Handbook)

Reporting SIP Progress

Progress on the SIP will be reported annually by the provider and evaluated during the subsequent accreditation visit to determine if Components 5.3 and 5.4 of Standard 5 are satisfied . . . a provider's performance under Component 5.3 must be satisfied in order to receive full accreditation.

The CAEP Standards also state throughout that candidates and completers must demonstrate a positive impact on student learning. In this way, any SIP should provide a direct link to improving program impact as described in Standard 4 as well." (CAEP Accreditation Handbook)

SIP Review Guidelines

- The SIP must be of sufficient scope to have a positive impact on the provider and the performance of its candidates.
- The goals, objectives, and timelines must be appropriate to the selected area of improvement.
- The provider must show progress on the SIP in the Annual Reports.
- The provider should make changes to the SIP when data indicate.
- The provider can begin a SIP and related interventions at any time during the accreditation cycle. (CAEP Accreditation Manual)

COEPD Focus and Rationale

The focus of Marshall's SIP is "Improving the Quality of the Evidence Available to Support Continuous Improvement." An initial assessment by the AACC of EPP function and capacity to ensure that quality evidence was available to support CI efforts concluded there was no systematic plan for doing so. Additionally, the AACC determined there was little organizational and personnel capacity for ensuring evidence quality. Given these factors, the AACC recommended to the Dean that "Improving the Quality of Evidence Available to Support Continuous Improvement" be the focus of our SIP. The Dean concurred and the focus was supported by the COEPD Cabinet and Program Directors.

Purpose of MU SIP

The purpose of the MU Selected Improvement Plan is to transition from a "culture of compliance" to a "culture of evidence". The expected outcomes resulting from this transition include:

1. Improvements in the quality of evidence available to support decision making for continuous improvement;
2. An organizational structure to support the provision of quality evidence; and,
3. Enhanced faculty and staff capacity to implement evidence based decision making.

Relationship of SIP to Standards

Standard 1: Content and Pedagogical Knowledge. (1.1, 1.2, 1.3, 1.4, 1.5) (A.1.1, A.1.2)

Standard 2: Clinical Partnerships and Providers. (2.2, 2.3) (A.2.2)

Standard 3: Candidate Quality, Recruitment, and Selectivity. (3.1, 3.2, 3.3, 3.4, 3.5, 3.6) (A.3.1, A.3.2, A.3.3, A.3.4)

Standard 4: Program Impact. (4.1, 4.2, 4.3, 4.4) (A.4.1, A.4.2)

Standard 5: Provider Quality Assurance and CI. (5.1, 5.2, 5.3, 5.4, 5.5) (A.5.1, A.5.2, A.5.3, A.5.4, A.5.5)

Key Elements in Developing a Culture of Evidence
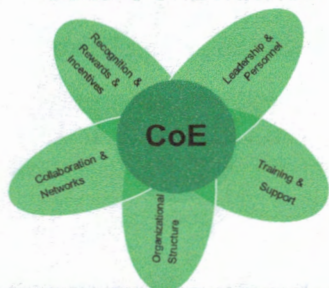
Goals of the MU SIP

1. **Goal Area: Leadership and Personnel:** Develop a leadership/personnel environment and structure that supports and encourages the transition to a "culture of evidence".
2. **Goal Area: Training and Support:** Develop faculty and staff capacity (knowledge and skills) needed to support the transition to a "culture of evidence".
3. **Goal Area: Collaboration and Networking:** Develop and actively support networking and collaborative arrangements that support the development and maintenance of a "culture of evidence".
4. **Goal Area: Organizational Support:** Develop and maintain an organizational structure necessary to support a "culture of evidence".
5. **Goal Area: Recognition, Rewards, and Incentives:** Develop and implement a recognition, rewards, and incentive system for supporting the development and maintenance of a "culture of evidence".

Strategies for Developing a CoE:
(Leadership/Personnel)

- Provide strategic direction/alignment.
- Develop/communicate clear CoE goals; integrate into mission.
- Make developing a CoE visible; participative leadership.
- Provide technical support and easy data access.
- Relate CoE to other academic activities.
- Formally plan for socializing new faculty/staff.
- Provide an organizational structure with a "Go To" person(s).
- Integrate CoE expectations into recruiting, annual review, and merit systems.
- Evaluate/benchmark evolution of CoE; think sustainability from the outset.
- Provide/allocate resources; educate institutional administration.
- Communicate frequently; engage key stakeholders (early/often).

Strategies for Developing a CoE:
(Training and Support)

- Training; webinars, data retreats, CE, seminars..
- Utilize CoE products/outputs for presentation/publication.
- Mentoring.
- Reassigned time/sabbaticals
- Provide GA support.
- Research/assessment funding.
- Use external consultants.
- Support/encourage conference and workshop attendance.
- Develop a "Data Users Group".
- Support CoE related research projects.

Strategies for Developing a CoE:
Organizational Structure
(Infrastructure)

- Creation of assessment/research centers.
- Determine participation/involvement model (holistic/egalitarian vs. elitist/natural talent).
- Top-down vs. bottom-up model.
- Create pool of CoE leaders.
- Identify "research only" faculty.
- Develop/provide integrated data systems.

Strategies for Developing a CoE:
(Collaboration and Networking)

- Establish/support internal PLCs/networks.
- Develop partnerships with other IHE.
- Mentorships.
- PLCs/networks – external.
- Partnerships (expert-novice) and exchanges.
- Establish CoE interest/topic groups.
- Facilitate student involvement in CoE.

Strategies for Developing a CoE:
(Recognition)

- Create events highlighting CoE elements/outcomes.
- Promote CoE outcomes/successes internally and externally.
- Create an accessible resource website.
- Initiate a newsletter highlighting successes/initiatives.
- Create a faculty rewards structure.
- Recognize/support "early adopters".

Challenges and Barriers

- Competing priorities (teaching, advisory, service, etc.).
- Institutional missions focused on teaching.
- Inadequate resources.
- Building sustainability.
- Organizational structure.
- Capacity building (knowledge/skill) (sophistication).
- Need for local relevance/application.
- Personnel motivation, ability and resistance.
- Effectively documenting/measuring CoE development/evolution.
- Impact of shifts in resources from teaching to CoE initiatives.
- Educating institutional administrators about goals/needs.
- Managing multiple transitions concurrently.
- Providing quality, meaningful and actionable evidence.

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Contact Information

Ronald B. Childress
Marshall University-South Charleston Campus
100 Angus E. Peyton Dr.
South Charleston, WV 25303
rchildress@marshall.edu (304)746-1904

SIP Strategy Feedback Survey

Directions: Please indicate the extent to which you feel each of the following strategies would facilitate the transition within COEPD from a "Culture of Compliance" to a "Culture of Evidence" and "Improving the Quality of Evidence Available to Support Continuous Improvement".

SD = Strongly Disagree   D = Disagree   A = Agree   SA = Strongly Agree

SIP Goal/Strategy				
Goal 1: Leadership/Personnel	**SD**	**D**	**A**	**SA**
1. Develop/communicate clear CoE goals.				
2. Integrate transition to CoE into mission.				
3. Make developing a CoE visible.				
4. Provide technical support/easy data access.				
5. Relate CoE to other academic activities.				
6. Plan for socializing new faculty/staff				
7. Provide "Go To" person(s).				
8. Integrate CoE expectations into recruiting, review, and merit systems.				
9. Evaluate/benchmark evolution of CoE.				
10. Think sustainability from the outset.				
11. Provide/allocate adequate resources.				
12. Educate institutional administration.				
13. Communicate frequently.				
14. Engage key stakeholders (early/often).				

Goal 2: Training and Support	**SD**	**D**	**A**	**SA**
1. Training (webinars, seminars, data retreats, etc.).				
2. Utilize CoE products/outputs for presentation/publication.				
3. Mentoring				
4. Reassigned time/sabbaticals.				
5. Provide GA support.				
6. CoE research/assessment funding.				
7. Use external consultants.				
8. Support/encourage conference and workshop attendance.				
9. Develop a "Data Users Group".				

Goal 3: Organizational Support	**SD**	**D**	**A**	**SA**
1. Creation of assessment/research centers.				
2. Top-down participation/involvement model.				
3. Bottom-up participation/involvement model.				
4. Create pool of CoE leaders.				
5. Identify "research only" faculty.				
6. Develop/provide integrated data systems.				

Goal 4: Collaboration and Networking	SD	D	A	SA
1. Establish/support internal PLCs/networks.				
2. Develop partnerships with other IHEs.				
3. Mentorships and partnerships – internal.				
4. PLCs/networks – external.				
5. Establish CoE interest/topic groups.				
6. Facilitate student involvement in CoE.				

Goal 5: Recognition, Rewards, and Incentives	SD	D	A	SA
1. Create events highlighting CoE elements/outcomes.				
2. Promote CoE outcomes/successes internally and externally.				
3. Create an accessible, useful website.				
4. Create a newsletter highlighting successes/initiatives.				
5. Create a faculty rewards/recognition structure.				
6. Recognize/support "early adopters".				

Please indicate any additional strategies that you believe would facilitate/support this transition.

Thank you.