



2018-19 **Guide to Institutional Effectiveness for Non-Instructional Units**

What is Institutional Effectiveness? How does it differ from other types of evaluations or annual reports?

Institutional effectiveness is the process of systematically collecting and analyzing evidence to determine how well a unit is accomplishing its intended purposes and using the results to inform planning for performance improvement. Almost all organizations evaluate their performance in terms of outputs (the volume of activities or services). Institutional effectiveness also measures the quality of those activities or services and the impact that they have on stakeholders or the achievement of the mission.

UTHSC is required by its accrediting body, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), to engage in ongoing, integrated, institution-wide planning and evaluation processes that result in continuing improvement in institutional quality and demonstrate that UTHSC is effectively accomplishing its teaching, research, and clinical mission. Further, SACSCOC expects each unit at UTHSC to identify expected outcomes, assess the extent to which the unit achieves these outcomes, and where applicable to provide evidence of seeking improvement based on the analysis of the results.

What do units need to do?

Consistent with SACSCOC Standards, UTHSC policy requires non-instructional units to develop an assessment plan and submit an annual report on its findings and how those findings were used to guide planning for unit improvement. These reports are collected by the Office of Institutional Effectiveness (OIE). OIE staff members provide feedback to the units on their reports. Where appropriate, the reports may be shared internally. However, the reports will not be shared externally (with the exception of sharing them with SACSCOC as part of the UTHSC reaffirmation of accreditation process) without the consent of the unit.

Do all non-instructional units submit institutional effectiveness annual reports?

Not all units are required to submit reports. OIE will contact leaders of affected units well in advance of the due date for the reports. If you are not sure about your unit, contact the OIE.

DEVELOPING AN INSTITUTIONAL EFFECTIVENESS PLAN

An institutional effectiveness plan is a description of the unit's mission, expected outcomes, methods that will be used to measure the extent to which the outcomes are achieved, performance targets, and approximate frequency with which each method will be carried out. The plan then becomes the basis for the annual institutional effectiveness report.

Mission Statement

The mission statement should be a brief description of the unit's mission and purpose stated in broad terms. It should reference how the work of the unit supports the mission of UTHSC, institutional priorities outlined in the strategic plan, or the goals of the unit to which it reports. Stakeholders who benefit from the work of the unit (students, faculty, staff, or others) should be mentioned if applicable.

If you do not already have a mission statement, you can write an initial draft using the following template:

"The mission of [name of your unit or program] is to [your primary purpose] by providing [your primary functions or activities] to [your stakeholders]. These [services, activities, etc.] contribute to [the UTHSC mission, Strategic Plan, or other priority] by [describe how]."

The following fictitious mission statement is an example of this approach:

"The Department of Facilities and Administrative Services maintains an environment that encourages and enhances the total educational experience for all members of the campus community. This is accomplished through the safe, effective, and efficient operation and stewardship of the resources, buildings, utilities, systems, and campus grounds entrusted to our care."



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Expected Outcomes

Expected outcomes are specific statements about what should occur as a result of the core services or functions of your unit. Expected outcomes should focus on the impact of your core services, not on the level or volume of the services that you provide. If there are particular users, beneficiaries, or recipients of your services and functions, reference them. Expected outcomes are generally stable over time.

Expected outcomes must be measurable. The achievement of expected outcomes can be observed and verified with data (qualitative or quantitative).

There is no minimum number of expected outcomes. A typical unit will have between five and seven. Focus on the major expected outcomes of your unit. Since the purpose of institutional effectiveness is improvement, your expected outcomes should be aspirational but not impossible given the resources available to your unit.

Examples of expected outcomes for various administrative units:

- Researchers using the Center's services will be satisfied with the support they receive from our staff in the grant proposal process and the administration of these grants once awarded.
- Students participating in the Peer Mentoring Program will improve their ability to balance their academic obligations and social interests.
- Students who apply for financial aid by the priority deadline will have 100 percent of their demonstrated need met by a combination of grants, scholarships, loans, or Federal Work-Study.
- University Grounds Services will provide a clean and attractive campus environment for our students, faculty, staff, and visitors.
- Workshops offered by the Center will improve faculty and graduate students' skills in research design and statistical analysis.
- Customer requests received by the ITS Help Desk will be promptly acknowledged and satisfactorily resolved.
- The faculty development seminars will enhance awareness of diversity issues that may affect classroom climate and students' ability to learn.
- University customers will be satisfied with the quality of graphic design services we deliver.

Progress towards or completion of a strategic or long-term goal can also be an expected outcome. This type of outcome will likely change relatively frequently. Long-term projects for which progress might be measured annually include (but are not limited to): a significant redesign of services to respond to changes in institutional needs, new services to meet new or emerging needs, changes in unit structure or function in response to external reviews, etc.

Assessment Methods

Assessment methods are the methods that are used to measure achievement of each of your expected outcomes. For each expected outcome, you should briefly describe how you will collect data to measure your unit's performance. Multiple methods are encouraged.

Assessment methods can be as simple as reviewing operational data or feedback that you routinely collect. It is not necessary (and usually not sustainable) to measure all your outcomes using all possible assessment methods every year. An admissions office might analyze trends in applications every year but do a more comprehensive marketing study only every three years. Results of satisfaction surveys often suggest improvements that take more than one year to implement, so it might not be productive to survey customers every year. It may be possible to add questions about your unit to an existing survey rather than creating a new survey focused solely on your unit; for example, OIE conducts the Student Satisfaction Survey each spring. If you need assistance with survey preparation, or if you have questions about other assessment methods, contact OIE.

Some assessment methods may provide data on multiple expected outcomes. For example, a safety office might perform an annual audit to determine if the institution complies with safety regulations. The same audit, however, might inform the office about the effectiveness of educational efforts around best practices in safety.

Examples of assessment methods:

- Surveys of customer satisfaction
- Gap analyses (delivered services v. actual requirements)
- Focus groups and/or individual interviews
- Feedback from advisory groups or committees
- Comparisons to best practices in the profession
- Analysis of service usage
- Analysis of error rates or processing time
- Compliance with industry standards
- Benchmarking with peer institutions
- Audit reports
- External reviews by consultants or accrediting bodies
- Achievement of milestones towards strategic goals



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Performance Targets

If possible, indicate levels of achievement or progress that are reasonable.

For example:

- At least 85 percent of the Center’s grant proposals will be funded
- At least 60 percent of the students who complete the study skills workshop will report an improvement in their ability to manage their study time
- At 75 percent of users will respond “very satisfied” or “satisfied” to [a particular question on a survey]
- At least 90 percent of requests for service will be acknowledged within 24 hours

Assessment Schedule

The assessment schedule establishes how frequently each outcome is measured. It is not necessary to measure all outcomes using all measures every year. For each assessment method, indicate if it will be used annually or on some other schedule. You should also indicate who will be responsible for implementing the assessment method.

THE ANNUAL INSTITUTIONAL EFFECTIVENESS REPORT

The annual institutional effectiveness report is the plan updated with the results of the assessments conducted and analysis or judgment of what those results mean for the unit.

Results of the Assessments and Analysis

Summarize the major findings from assessments you conducted during the past year to obtain feedback about the achievement of the unit’s expected outcomes. You should also summarize your analysis, interpretation, or judgment of the results where necessary. A paragraph is usually sufficient to describe the results of assessments, but you should reference supporting documents where applicable.

Occasionally assessments do not yield useful feedback or the data were not available as expected. In these instances, report what happened and describe how the assessments will be modified in the future.

Examples:

- Results from follow-up surveys sent to customers who filed a help desk request indicated that 80 percent were satisfied that the issue they had reported had been resolved. However, nearly 35 percent indicated that the wait time for an initial response was over two days, which did not meet our goal of responding to all requests within 24 hours. Analysis of the results by type of problem reported suggested that the majority of delays occurred in desktop support services, where we have vacancies in several key positions.
- Results from the 2016 retention study indicated that the gap between the graduation rates of low income students and all other students has been reduced by 10 percentage points over the three years since the implementation this support program. We are currently ahead of schedule in achieving our goal to eliminate the gap entirely by 2019.

Improvements or Enhancements Made or Other Actions Planned in Response to These Results

Most administrative (non-instructional) units are not required to plan any actions intended to improve or enhance services in response to assessment results. The exceptions are educational and student support units (SASSI, for example), which are required by SACSCOC to “provide evidence of seeking improvement based on analysis of the results”.

However, all administrative units are strongly encouraged to use this process to improve or enhance their services and activities in support of UTHSC’s mission and strategic priorities. Units that are not achieving the expected outcomes should strive to improve, and the UTHSC leadership expects this.

You should describe (1) improvements and changes made in your unit in response to your assessment findings (in the past tense) and (2) planned improvements, changes, and/or initiatives that will soon be implemented.



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Examples:

- Based on the results of our analysis showing a decline in giving by alumni who had been out less than 5 years, a new campaign to communicate to recent graduates the benefits of annual giving was developed and implemented in July 2016. Since then, the number of donors from this population increased by 20%, exceeding our target.
- The data from our request tracking system provided ample evidence that demands for our services have increased beyond the capacity of our current staff to support satisfactorily. We developed specifications for new positions that were included in our budget request this year. We also hired temps which helped us reduce the backlog of requests somewhat and freed up professional staff to review responses for errors.

Naturally, the assessment results will at times confirm that the unit is achieving or exceeding its expected outcomes. If the results identify no areas for improvement, there are several possible responses:

- Report any initiatives taken to further enhance the unit's services
- Explain how the positive assessment results validate previous decisions made and actions taken to improve the unit
- Report changes you are considering or have made to the assessment methods themselves for that outcome, including raising the performance targets
- Indicate that there is no need for improvement

You are strongly encouraged to avoid repetitive use of the last approach; repeatedly indicating that there is no need for improvement is tantamount to saying that the unit's services and functions are perfect. SACSCOC reviewers, as well as OIE staff, tend to take a skeptical view of that position.

Follow Up on Actions Taken Based on Previous Year's Assessment Results

In this section, you should review the previous year's Institutional Effectiveness Annual Report and describe the results of any improvements or enhancements made or other actions planned in response to the prior year's assessment results. This is the opportunity to reflect on those changes and/or plans and to determine if they had the desired effect.

Additional Improvements or Actions Taken

Use this section to provide examples of any other actions taken intended to improve or enhance the unit's performance that are not described above. These could include (but are not limited to):

- Actions taken in response to changing external regulations, policies, or mandates
- Improvements in response to recommendations or new requirements from accreditors, professional standards, or other quality review processes
- Progress on long-term projects not included above (e.g., implementation of a strategic plan, development of new services, etc.)
- Actions taken to reduce costs

For More Information

Questions, assistance with developing expected outcomes, assessment methods, data collection support, feedback on annual report drafts, or other concerns:

Allen Dupont

Director, Office of Institutional Effectiveness
adupont@uthsc.edu | 901.448.1526



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