

**Spring 2024 Open-Ended Responses to CPR Surveys from Institutional Effectiveness
Committee and Programs Undergoing Program Review**

Consultations

(IEC) I feel like consultations are a hit or miss depending on where the program is with data and their drafts. I think a reading session was helpful but only if there is something there. Maybe setting up a calendar in advance with the program, that may not fall within the IEC meeting times, but allows for the CPR program to actually attend and have information would be helpful. I also think that a data consultation meeting between PRIE and the CPR support team would be helpful to better understand the data that was provided to each program.

(IEC) Unfortunately the consultations have been of little use to the programs and frustrating for me. The programs I've worked with were not well prepared for the consultations. Two out of three programs had not reviewed the data in any detail and had very little drafted at the time of the consultations. I'm not sure what can be done about this. The programs clearly need help, but not necessarily on IEC's schedule.

(IEC) This might already happen, but letting programs who are undergoing CPR/PRU know what to expect from the consultations; that we in the IEC are colleagues meant to help provide another set of eyes, some constructive feedback, but not to tell them what to do. While I didn't encounter any unclear expectations, for whatever reason, I felt a pressure to have to know everything (about the process, the Platform, etc.), which despite serving more than one on the IEC, I do not. Thanks for the leadership though, I do like the culture cultivated within the IEC!

Training

(IEC) I think we've landed on a super useful process. I'd just like to see a division between more general orientation material/meetings and the more substantive meetings (especially for veteran IEC members).

(IEC) IEC Tri-chairs (Karen, Chris and Ame) have been incredibly supportive. As this is my 1st year serving on the IEC, it may have been helpful to hear more from other senior committee members regarding strategies that they found helpful - data review, maintaining engagement with CPR Team(s), balancing workload (day-to-day tasks versus cmt responsibilities), etc.

(IEC) I thought the process was informative and helpful for both parties. Suggestions for improvement would be to have more time with team members to review department data and more guided experiences in Nuventive outside of IEC meeting time if needed.

(IEC) I saw comments about onboarding new members to the committee and I agree with that. There is also a lot of documentation, so allowing members time to read, absorb, and reflect on the information/material would be great. For visual learners, a timeline or some type of visual

that explains how everything is connected would also be extremely helpful. I agree with meeting with program staff/faculty during the CPR process.

(IEC) I think an onboarding packet that introduces the individuals undergoing the CPR and the individuals apart of the committee that would introduce everyone but also as a group go over the requirements, dates etc.

(IEC) Bite-size trainings, instead of one two-hour info sessions

(IEC) Just as a note, the "not helpful" activities above are not helpful TO ME! I'm sure they are very helpful when onboarding programs. I wonder if it's possible, though, for some of the more experienced IEC members to skip some of the basic orientation?

Share Outs

(IEC) I think the poster boards are one way of expression of the amazing accomplishments achieved. However, poster presentations make the assumption that our colleagues are at their optimal happiest place when creating a poster board. Are the posters limiting and not inclusive? Have colleagues been asked if they would have interest in other forms of expressing their work but still in a presentation form? Does every presentation have to be the same as the rest?

Resources

(CPR program) The summer compensation was crucial to spread the work for me, as a single person department. I did bulk of the work during last summer for both curriculum revisions and narrative writing. Please keep that!

(CPR Program) Very helpful. Timelines and check spin full but very helpful to keep you on time

(CPR Program) I did not have a great understanding of the priorities of my first CPR so I spent a lot of time on things that were not that important, and felt rushed on completing the narrative. Also I did not understand that rolling out the student survey was our responsibility and not that of PRIE, so we were late on that. My team needed much more delegation of duties and management on keeping the timeline (an internal issue, not due to PRIE or the IEC chairs).

Process

(CPR program) The CPR process currently appears to multiple components: curriculum, student learning outcomes, success and retention, and an equity audit. Each component on its own is a major undertaking. Doing them all together is too much. Is each of these components is required for accreditation? If so, the College should work to streamline the process significantly. If each are not, the should be removed from the CPR process. It would be better to do a few things well than to try and do everything at once.