

Two CAEP Pathways to Accreditation: The *Inquiry Brief* and the *Program Quality Audit Report*

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Commission Logic of Accreditation

1. Evidence of Capacity for Program Quality
2. Evidence of Candidate Competence
3. Evidence of a System of Quality Control & Program Improvement



CAEP Pathways to Accreditation

Focus on Research	Focus on Continuous Improvement
Candidate competence & accomplishment	Quality control system functions as designed & leads to higher quality
Program reform that contributes to research on practice	Significant Growth toward Target Indicators of Quality

Two Key Questions

- Do the program's graduates understand what the faculty claim the graduates know and can do?
- What have the faculty learned from their monitoring and inquiry into the program's quality to make the program better?

Assurance based on evidence

- Upon what evidence does the program faculty rely
 - to support their claims that the program's graduates are *competent*?
 - to convince themselves that their assessments are reliable and valid?
 - to convince themselves that program changes & requirements improve the program's quality?

Generally available indicators of program quality

Grades (major, pedagogy, & clinical)

Scores on Standardized tests

(candidates' entrance, exit, and license scores and perhaps graduates' own students' scores)

Surveys – students, alumni, employers

Ratings – portfolios, work samples, cases

Basis for Rates – hiring/tenure, gain scores, certification, graduate study, professional awards, publications, NBPTS, etc.

Inquiry Brief: main sections

- 1. Introduction (demographics & values)**
- 2. Claims and rationale for assessments**
- 3. Methods of assessing**
- 4. Results**
- 5. Discussion of results and plan of inquiry**
- 6. References**

Inquiry Brief: Appendices

- A. *Internal audit* of quality control system – it works as designed and makes things better**
- B. Evidence of capacity and commitment**
- C. Qualifications of the program faculty**
- D. Program requirements & alignments with state and/or professional association standards**
- E. Inventory: analysis of available measures**
- F. Copies of locally developed assessments**
- G. *Programs accredited by other agencies***

Focus of the *Inquiry Brief*

1.0 Evidence of Candidate Acquisition of

1.1 Subject Matter Knowledge

1.2 Pedagogical Knowledge

1.3 Caring & Effective Teaching Skill

1.4 Each includes evidence of three cross-cutting themes & evidence of validity

- Learning how to learn (critical reflection)
- Multicultural perspectives & accuracy
- Technology

1.5 *Valid interpretations of the assessment evidence*

The Program Quality Audit Report (PQAR)

- 1. Program Demographics & Claims**
- 2. Description of the Quality Control System (QCS)**
- 3. Method of Conducting Internal Audit**
- 4. Findings from the Internal Audit with regard to each part of the TEAC system (1.1-3.2.6)**
- 5. Interpretation of the Audit Findings**
- 6. Plans for modifications of QCS and further inquiry**

Appendices to the *PQAR*

- A. (not needed)
- B. Evidence of institutional commitment
- C. Qualifications of the program faculty
- D. Program requirements & alignments with state and/or professional association standards
- E. Inventory: analysis of available measures
- F. Copies of locally developed assessments

Focus of the PQAR

What can the faculty conclude about –

- 1. Whether its quality control system works as designed & improved anything (learning, efficiency, cost)**
- 2. The validity of its assessments**
- 3. The results of its assessments**
- 4. The results of its inquiry into what factors influence candidate learning**
- 5. The need for further inquiry**

Capacity in the IB & PQAR

- The *Quality Control System* monitors & investigates the capacity of the faculty, curriculum, students, facilities, resources, etc. for quality
- Parity on common program features with other units at the institution
- Sufficiency on unique features of the program (clinical, curriculum)

What is a single program?

- Program structure. Options have essentially the same requirements, rationale, logic, and faculty
- Quality control system. Options share the same quality control system
- Evidence. The evidence can be aggregated honestly across options

Structure of the Audit

- Purpose is to verify targets (text, figures, data, etc.) in the *IB* or *PQAR*
- Some audit tasks are done from the TEAC office, but most are conducted on-site
- Team of two – four trained auditors
- Local practitioner nominated by program
- State representative in protocol states
- TEAC staff member as lead auditor
- Two – three days in length

Steps in the Audit Visit

- **Auditors' Summary of the Case**
- **Clarification questions**
- **Audit tasks (target, probe, finding, verdict)**
- **Probes: Data re-analysis, interviews, posed scenarios, scoring videos & portfolios, class observations, examination of student work, record checks, tours, corroboration**
- **Determination of institutional commitment**

Accuracy of *IB* or *PQAR*: Audit Opinions from the Site Visit

- ***Clean Opinion***: At least 90% targets verified
- ***Qualified Opinion***: At least 75% targets verified and/or more than 25% have errors of any kind (trivial and consequential)
- ***Adverse Opinion***: More than 25% of the targets are not verified
- ***Disclaimer Opinion***: More than 25% of the targets could not be audited
- **Number of *Disclaimer* + Not Verified** is more than 25% of targets

Panel Agenda

- **Case Analysis: evidence that is consistent and inconsistent with the quality principles and any rival hypotheses are presented**
- **Program representatives may observe deliberations & the vote, answer questions, correct errors**
- **Super-majority panelist vote required for recommendations (accreditation status & term, weaknesses, stipulations)**

Standards of evidence used by the Accreditation Panel

- Evidence is reliable: chance is not a credible explanation for the evidence
- Evidence is valid: rival explanations are not credible & evidence is consistent with claims & TEAC principles
- Evidence is of sufficient magnitude: 75% guideline or heuristic is applied to the empirical maximum (the mean of the top ten percent) when no other guidance is available.

Accreditation Committee

- **Makes the accreditation decision based on the panel's recommendation & total record**
- **Certifies that TEAC's policies and procedures were followed throughout.**
- **Panel standard is that the evidence is consistent with principles & claims**
- **Committee standard for reversal requires evidence that proves the opposite of panel's recommendation**

“Optimal” Accreditation Rates

- Only 28% had no weaknesses or stipulations cited
- 39% had problems that were required to be remedied in two years to maintain status
- Thus, only 61% were in compliance by the USDE criterion
- 92% achieved the status they sought
- 98% were accredited on the first attempt
- 100% were eventually accredited

Accreditation Findings

- **No cash cows found (the opposite in fact)**
- **Teacher education students do as well or better in Arts & Science discipline courses as those majoring in the disciplines**
- **Online surveys show high, but differential, levels of satisfaction with graduates' competence and programs' features**
- **Disconnect between clinical components and “academic” components of programs**

TEAC accreditation process at a glance

- Application & Candidate status
- Formative evaluation (optional)
- *Inquiry Brief* or *Program Quality Audit Report* submitted and declared auditable
- Call-for-comment and Direct Online Surveys of Faculty, Students, Cooperating Teachers, etc.
- Audit visit and Audit Report
- Analysis of the case by panelists & staff
- Accreditation Panel recommendation
- Accreditation Committee decision
- Acceptance or appeal of the decision
- Annual Report (Appendix E & updated data tables)