



IAC Hearing Committee Report

Hearing Committee C

Session 1

August 31, 2015

Institution: **Sinte Gleska University**, Mission, SD

Type of Evaluation:

Assurance Review	Biennial	Candidacy
Comprehensive Evaluation Year 4	Comprehensive Evaluation Year 10	
Comprehensive Quality Review	Focused Visit	
Initial Accreditation	X Removal of Sanction (Probation)	

Staff Liaison: Karen J. Solomon

Committee Members:

Convener: Raymond E. Crossman, President, Adler University, Chicago, IL

Recorder: Larry Lundblad, President, Central Lakes College, Brainerd, MN

Member: Marty L. Bachman, Nursing Chair, Front Range Community College, Fort Collins, CO

Member: David C. Craig, Owner, October Wealth Advisors, Fort Smith, AR 72901-3454 Public Member

Member: Janet A. Haggerty, Vice Provost for Research and Dean of the Graduate School, University of Tulsa, Tulsa, OK

Member: Jeffrey S. Slovak Deputy Vice President for Finance and Administration, Governors State University, One University Parkway, University Park, IL

Institutional Representatives:

Lead: Paul Robertson, Chief of Operations

Rep: Russell Eagle Bear, Chair, Board of Regents

Rep: Cheryl Medearis, Vice President of Academics

Team Chair: Jo Lynn Autry Digranes, Coordinator of Assessment, Oklahoma City University, Oklahoma City, OK

1. IAC Hearing Committee Determinations

Complete the following chart and indicate the Committee's determination (Met, Met with Concerns, Not Met) for the Criteria and Core Components. In the "IAC Determination" Column, please identify with an asterisk each instance where the IAC determination differs from the Team's determination. For any Criterion or Core Component where the IAC Committee's determination differs from the Team's determination, or where the IAC Committee agrees with the team's determinations on a Criterion or Core Component, but disagrees with the underlying rationale, or where the IAC Committee concurs with the team's determination of "met with concerns" or "not met," please be sure to provide a detailed rationale in Section II.

Number	Title	IAC Determination
1	Mission	Met
1.A	Core Component 1.A	Met
1.B	Core Component 1.B	Met
1.C	Core Component 1.C	Met
1.D	Core Component 1.D	Met
2	Integrity: Ethical and Responsible Conduct	Met with concerns
2.A	Core Component 2.A	Met with concerns
2.B	Core Component 2.B	Met
2.C	Core Component 2.C	Met with concerns
2.D	Core Component 2.D	Met
2.E	Core Component 2.E	Met
3	Teaching and Learning: Quality, Resources, and Support	Met with concerns
3.A	Core Component 3.A	Met with concerns
3.B	Core Component 3.B	Met with concerns

Number	Title	IAC Determination
3.C	Core Component 3.C	Met with concerns
3.D	Core Component 3.D	Met with concerns
3.E	Core Component 3.E	Met with concerns
4	Teaching and Learning: Evaluation and Improvement	Met with concerns
4.A	Core Component 4.A	Met with concerns
4.B	Core Component 4.B	Met with concerns
4.C	Core Component 4.C	Met with concerns
5	Resources, Planning, and Institutional Effectiveness	Met with concerns
5.A	Core Component 5.A	Met with concerns
5.B	Core Component 5.B	Met
5.C	Core Component 5.C	Met with concerns
5.D	Core Component 5.D	Met with concerns

2. IAC Hearing Committee Supporting Evidence, Findings and Rationale for Action or Recommendation

For all cases, note below the IAC findings with respect to each relevant Core Component with appropriate rationale. This section should be organized by Core Components. For Criteria and/or Core Components where the IAC agrees that the requirements are met, only a brief statement affirming the reasons for concurrence is required.

However, a detailed rationale is required in this section for any Criterion or Core Component where:

- The IAC Committee's determination differs from the Team's determination, or
- Where the IAC Committee agrees with the team's determinations on a Criterion or Core Component, but disagrees with the underlying rationale, or

- Where the IAC Committee concurs with the team's determination of "met with concerns" or "not met,"

In cases considering removal or continuation of a sanction, the specific Core Components which led to the sanction originally being imposed by the Board of Trustees should be referenced specifically along with the IAC findings with respect to the Core Component. Careful attention to the Board's action letter outlining the underlying reasons for the sanction, as well as the team report, institutional response and verbal responses of the institutional representatives at the hearing is required.

Rationale:

Based on the self-study, team report and the institution's response as well as the hearing, the Core Components found to be met by the visiting team are indeed still met. The following concerns remain:

2A. Sinte Gleska University (SGU) has taken many steps forward to address policies and practices concerns that were cited in the probation sanction action. The SGU Board of Regents is fulfilling its bylaws by having regular meetings. The institution is in the process of or has recently developed policies for sick leave, reconciliation of time worked, crime and incident reporting and employee performance evaluations. A history of reconciliation difficulties in the financial statements of the institution as documented by the 2013 and 2014 audits is to be addressed by a newly hired Vice President of Finance. During the hearing, the institution indicated the development of a policy regarding nepotism in the workplace had been recently approved by the SGU Board of Regents. Progress with the recently developed implemented policies and processes is promising. However, the institution is expected to enact and demonstrate full implementation of all new policies and processes at the time of the next visit. A Board Policies and Procedures manual needs to be created that lists all Board policies and made available to all constituencies.

2C. The board has addressed many of the concerns of the probation action in terms of its autonomy, deliberations, and oversight of the institution. Over the past several months, the SGU Board of Regents has met regularly with an agenda that is expected of a governing board for an institution of higher education. The evaluation team and the institution report autonomy of the board from the Tribal Council in practice. However, it is still possible for the majority of board members to be members of the Tribal Council. The institution indicates that it plans to develop a policy to ensure independence and to prevent conflicts of interest. At the time of the next visit, the board is expected to have met regularly, documented its proceedings and made decisions regarding key issues such as budgets, presidential evaluation and succession, and institutional finances, as well as to have developed a new policy to assure its autonomy.

3A. SGU has already taken steps to require the use of a common syllabus template that was recently revised by the department chairs. Faculty are required to use the template for the Fall 2015 semester. In the process of revising the template, SGU also implemented program reviews, refined the listing of learning outcomes and provided assurances that appropriate distinctions and rigor are noted for lower, upper, and graduate level courses. The review of program requirements and analysis inform and influence decisions regarding degree programs that are appropriate for higher education. By the time of the next visit, all courses must have syllabi following the template. This will help assure that learning goals are consistent across sections of courses on the main campus as well as the two off-site campuses.

3B. Assessment was in progress at the time of the evaluation teams visit. However, a full cycle documenting "closing the loop" has not occurred. In addition, curriculum maps were not complete at the time of the team's visit. By the time of the next visit, the mapping of the learning outcomes for the general education program plan must be completed and one round of assessment completed.

3C. During the hearing, SGU reported that four of the seven departments had completed program reviews since the April 2015 visit. It was unclear if the institution understands the difference between departmental review and degree and certificate program review or the depth of review that is expected. At the hearing it was reported that the departments had submitted self-studies and these were reviewed by the department chairs and the Vice President of Academics. The institution must demonstrate completion of academic program reviews at the time of the next visit.

In addition, the visiting evaluation team noted the need for faculty development. SGU has made progress with this issue since the time of the team visit and, as part of the strategic plan, has committed \$50,000 in the coming academic year and thereafter for faculty professional development. At the time of the next visit, it is expected that faculty development plans will be initiated and documented.

3D. The team noted that some students are not aware that an advisor is assigned to them. SGU has addressed this concern by including another student orientation early in the semester. SGU has also purchased the advising module in Jenzabar for implementation by the end of Fall 2015. By the time of the next visit, supports for student learning such as advising should be evaluated and deficiencies addressed, to include factors such as improvements in all laboratories to ensure a safe environment completed, and student concerns regarding transportation and food services resolved.

3E. The evaluation team noted that no assessment data of student learning were provided for co-curricular activities which support the Nation-centered mission of SGU nor was there evidence of continuity. There was also no formal evidence presented to substantiate contributions to students' educational experience through research on community engagement, service learning, spiritual, or economic development. Evidence must be provided by the time of the next visit.

4A. The site visit team documented concerns about the quality of educational programs. There is a new process for academic program review which has been completed by four academic departments, and the remaining three departments are reported to be completed by December 2015. There is no evidence to substantiate that program review is integrated into university processes and procedures or that data from the reviews are driving decision making. After the team visit and hearing, it remains unclear which reviews are complete and what the vision will be for the cycle of program review. In addition, the LPN nursing program was placed on probation in April 2011. The site visit team did not find evidence of steps to remediate the probation, but during the hearing, the institution described plans to improve the program for its upcoming evaluation in December 2015. At the time of the next site visit, the institution is expected to have completed an initial cycle of program review, to be utilizing data to improve educational quality, and to have described and pursued an ongoing schedule for review. The institution is expected to have resolved the probationary status of the nursing program.

4B. The site visit team reported measurement of course-level objectives has begun but has not progressed for general education, co-curricular programs, and across the curriculum. A common course syllabus template has been developed but is not being consistently utilized by faculty. As a result, there is inconsistency in posting measureable learning objectives for courses and limited evidence to indicate that course assessment is occurring in a consistent manner. The institution will implement the common course syllabus template in September 2015, and according to the visiting evaluation team, assessment data will be collected during the 2015 - 2016 academic year. At the time of the next visit, the assessment plan for courses and programs is expected to have been implemented and the use of findings for quality improvement documented.

4C. The institution is committed to student retention and has established a retention committee. The institution has demonstrated good retention compared to both tribal and other higher education institutions. There is little evidence of consistent and documented use of data in planning and decision making regarding persistence, retention, and completion. At the time of the next visit, the institution is expected to use data to improve services such as personal, career, and financial aid counseling.

5A. While the resource base at SGU supports the pursuit of its mission, the visiting evaluation team cited various issues suggesting shortcomings in the conduct of operations. Among them were: reconciliation of accounts, cash management, the issuing of travel and payroll advances, the management of external grant awards and the budget development and monitoring processes. For a number of these shortcomings, the institution is developing or has implemented new policies and procedures. However, much of this activity is too recent to have produced any evidence of success. The institution has also recently filled key positions to address these issues, including a new Vice President for Finance and a new grants accountant/monitor. The SGU Board of Regents is now meeting frequently and is more engaged in financial monitoring and decision-making. All of this is promising, but it remains premature to conclude that all concerns in this area have been allayed. At the time of the next visit, the institution will demonstrate that it has fully implemented the process improvements that it has initiated. It will also demonstrate continuing activity by the SGU Board of Regents in these areas as appropriate.

5C. The new Chief of Operations has created the "Going Forward Society," a broad-based group of faculty, staff, and community volunteers, to monitor implementation of the strategic plan and to suggest further initiatives under it. This is another area in which a promising start has been made, but the institution is expected to demonstrate systematic and integrated planning.

5D. SGU learns from its experiences; it is not afraid to develop and fill new positions or to redefine existing slots to better carry out its functions and activities. It has demonstrated this most noticeably in the short time since it has brought its new Chief of Operations on board. Efforts such as strategic planning, academic program review, assessment of student learning, enrollment and retention, and evaluation of faculty are all in early stages of development. At the time of the next visit, the institution is expected to demonstrate systematic efforts to improve its performance.

Overall, SGU has made many improvements in its structure and its operations, as documented by the visiting evaluation team and reinforced at the hearing. It has not yet demonstrated over a sufficient span of time that it can sustain those improvements. That is the task before the institution; that is the outcome for which it should be monitored over the next two years.

3. IAC Hearing Committee Recommendation

State the IAC's recommendation for the institution's status in this section. Where relevant, indicate the nature, timing, and scope of any interim monitoring and/or next on-site evaluation. Where no sanction is recommended, for any Core Components the IAC believes are "met with concerns," the IAC must articulate the nature, timing and scope of interim monitoring that must occur. Interim monitoring is not to be assigned where the ultimate recommendation involves a sanction.

Continued accreditation recommended

X On Notice recommended – Insert date of next review: **2 years from date of board action**

Probation recommended – Insert date of next review:

Continuation of Probation recommended – Insert date of next review:

- Withdrawal recommended
- Removal of sanction recommended
- Initial Candidacy recommended
- Initial Accreditation recommended
- Other (Describe issue:)

Conditions for Remediation if Recommending Notice or Probation (Provide HLC expectations on what the institution should demonstrate at its next review.)

Expectations:

- Enact and demonstrate full implementation of new financial and personnel policies and procedures
- Create and distribute a Board Policies and Procedures manual
- SGU Board of Trustees meets regularly, documents proceedings, sets policy, makes key decisions regarding budgets, presidential evaluation and succession, institutional finances
- New policy to assure board autonomy is developed and followed by the SGU Board of Trustees
- All course syllabi follow common SGU standard template
- General education learning outcomes mapping completed
- One round of assessment completed (closing the loop) and documented
- Initial cycle of program review completed, documented and new cycle established
- Faculty professional development plans initiated and documented
- Student learning supports evaluated and deficiencies addressed
- Safety issues in all learning labs addressed
- Master plan for campus facilities defined and pursued
- Transportation and food service concerns resolved
- Nation-centered institutional mission co-curricular activities continued and student learning assessed
- Contributions to student educational experiences through community engagement, service learning, spiritual and economic development are substantiated through research
- Nursing program probationary status resolved
- Data are used to improve student services such as counseling
- Systematic and integrated planning processes are evident and institutional performance is documented

SAS Language (Next reaffirmation date is 20xx-xx.):

Monitoring, if applicable:

Interim Report(s). Insert description and due date(s): May 1, 2016. Monitoring Report on Probationary Status of Nursing Program following South Dakota Board of nursing visit, expected December 2015. If decision is made after May 2016, please contact the Commission to revise the timeline.

Embedded Report within an upcoming Review. Insert description and identify date of the applicable review:

Focused Visit. Insert description and due date: to align with Board action in 2017

Changes to Stipulations, if applicable: