

QUALITY CHECKUP REPORT

Fort Hays State University

Hayes, Kansas
January 31-February 1, 2007

Quality Checkup team members:

Fernando F. Padró, Ph.D.
Associate Professor, Education
Leadership
Monmouth University

Lawrence Ressler, Ph.D.
Vice-President of Academics and
Student Development
Tabor College

Background on Quality Checkups conducted by the Academic Quality Improvement Program

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained, experienced AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's online Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification);
2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);
3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);
4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and
5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewer(s) or staff trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile*, which summarizes information reported by the institution in its *Annual Institutional Data Update*. The report provided to AQIP by the institution is also shared with the evaluator(s). Up-to-date, complete information about Quality Checkup preparation, procedures, and related information in the *Quality Checkup Visit Guide* available for download from the AQIP website at www.AQIP.org.

Copies of the Quality Checkup report are provided to the institution's CEO and AQIP liaison. Additionally, a copy is retained by the Commission for the institution's permanent file, and will be part of the materials reviewed by the AQIP Review Panel during the institution's Reaffirmation of Accreditation.

Clarification and verification of contents of the institution's *Systems Portfolio*

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. Fort Hays State University (FHSU) has provided the team with a CD-Rom providing a comprehensive data set based on expected and required materials needed for a successful site visit. The amount and type of information available made it a simple task to clarify issues raised in the Portfolio Review and to verify processes, results, and other required information as per the needs of this Checkup Report. The answers given to questions asked by the team related to the Portfolio Review and follow-up questions derived from that inquiry along with sample documents and available data allow the team to unhesitantly state that the institution's actions and results meet the Commission's and AQIP's expectations in the areas of documentation and performance. Moreover, the team feels that Fort Hays State University's capacity and interest in documenting its performance overcomes the current deficiency in providing trend data and other gaps present due to the newness of implemented data collection and benchmarking processes.

To illustrate the availability of information in support of the site visit – and which the University is able to use to document its performance excellence to stakeholders – the CD-ROM given the team members provides the following information: (1) PowerPoint presentations from various meetings held to assist the site team in its investigation, (2) documentation discussing each of the five AQIP action plans plus goal grids, (3) academic audits, (4) required compliance reports, (5) thirty-three academic department reports for the past two years plus the template guide for the reports, (6) institutional NSSE report, (7) institutional scorecard for 2007, (8) 2006-2009 strategic planning goals and objectives, and (9) the 2006 comprehensive assessment plan and strategic plan. In addition, other documentation provided the team but not included in the CD-ROM were (10) initiative publications for faculty and other stakeholders, (11) the 2007 Strategic Plan, (12) the 2003-2006 Key Performance Indicators, (13) a presentation on internationalization as applied to the institution's programs, and (14) publications used for publicity and recruiting purposes. While the lack of reports or affinity diagrams from the student services section may be noted from this list, it must be noted that the team was able to elicit information from administrators and staff in these areas to provide an appropriate understanding of activities and results from this part of the campus. And because of the strong international element to campus and distance education programming that is noted in the System Portfolio and made apparent to the team members, it must be said that the team was able to discuss this component of campus programs with key personnel in order to also develop an appropriate understanding of activities and results from the institution's international efforts.

Review of specific accreditation issues identified by the institution's last Systems Appraisal

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup and that no accreditation issues were present and that the institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations. Ten strategic issues were noted, however:

1. Improving the coordination of links with stakeholders to generate a more coherent alignment with student and regional needs (Category 3).
2. A concern for an overdependence on satisfaction data in certain performance areas, a concern based on a lack of clarity about the setting of targets (Category 3).
3. A lack of effective tools for assessing how it meets stakeholder expectations (Category 3; Accreditation criteria 1a, 1b, 2a, 2c).
4. A lack of trend data for demographic information to faculty, staff, and administrators as well as with faculty satisfaction data (Category 5).
5. No formal, systematic succession process linked to strategic initiatives (Category 5).
6. Unclear process for determining targets in the University's attempt to improve its communications plans (Category 5).
7. Items and data from multiple survey instruments should be aligned with other performance measures and indicators for the purpose of expanding institutional analysis in order to better evaluate performance and improve institutional agility to make appropriate and necessary corrections (Categories 3, 6).
8. Failure to make a direct link between collected data and outcomes of improved student learning (Category 7; Accreditation Criteria 2c, 3a, 3c, 4c).
9. Placing a high degree of importance on academic partnerships without identifying criteria defining "high priority special academic partnerships"; lacking a clear link between purpose of the partnerships and institutional mission (Categories 3, 9).
10. Limitations in the approach the University uses for benchmarking as exemplified by a lack of comparative analyses related to expectation learning outcomes from collaborative relationships (Category 9).

The most over-riding strategic concern is number 8 relating to institutional analysis based on identifying metrics, how to collect data to generate the metrics, and the data analysis. The Systems Portfolio is clear that FHSU has significant processes that have been or are being put in place to establish a management-by-fact/continuous improvement environment. The team's concern is that while there is a flow of data that is coming online and that results are being tracked, AQIP action plans and other quality initiative processes will generate greater amounts of data as these mature. As more information is generated the challenge becomes one of coordinating it and managing it in order to make it useful and valuable to internal and external stakeholders. In addition, as processes mature, there may be a need to formalize what is now an ad-hoc process of determining the type of information desired and its collection; the current structure does not seem to easily transition informal activity to formalized ones in a manner that ensures overall institutional rather than silo-focused use.

The team recommends that the institution consider coordinating research activities through an office dedicated to meeting the university's institutional research needs (or other form of structure generating the needed oversight) so that quality initiatives, regulatory compliance reporting guidelines, institutional/programmatic accreditation documentation, decision-making support (strategic planning as well as continuous improvement loops), student learning documentation, analysis of impact of student quality of experience efforts, and other data analysis activities may be performed. The hope is to allow the university to handle growing data flows and integrate them to assist institutional and unit level planning, decision-making, and documentation efforts.

Strategic concern 3 is that a lack of effective tools for assessing how it meets stakeholder expectations prevents a formal learning (scanning) system to effectively listen to external stakeholders. The institution's Systems Portfolio identified this as a need, and the Feedback Report's concern is FHSU's ability to meet its mission by keeping abreast of changing external needs.

Based on what the team heard from community and other end-user representatives, the institution provides a value-added service to the locality and the region. Not so typical is FHSU's international profile. Although discussed in some length in the System Portfolio, the extent and positive standing with partnering institutions in China and Turkey, for example (the team was present at the signing of a new institutional partnering agreement between FHSU and Beijing Normal University in Zhuhai and one of the team members was able to talk with members from one of their Turkish partnering institutions), is not as apparent as when seen and discussed in person.

A complex web of external stakeholders is in place requiring that FHSU maintain not only strong listening processes but performance measures to help judge needs, appropriateness and success level of these relationships – particularly in relationship to student benefit (as indicated in the Systems Portfolio). For example, how does the university ensure that its infrastructure meets the needs of foreign students if their programs are active during a typical “down time” such as holidays; conversely, how does the institution make sure its students abroad are able to receive the student services support they are accustomed to and available to other students? At a different level, how do the partnerships with international universities and organizations provide a value to traditional community stakeholders? What are the criteria that drive the pursuit and maintenance of partnerships locally and internationally? Are they the same or different? And from a different perspective, what are the criteria for success for the Sternberg Museum when attendance patterns create a challenge for funding?

The team feels confident that these issues are being codified and translated into decision-making and strategic planning processes. The team is impressed with the international model of providing a Chinese and American degree in China that is the basis of one of the relationships. This demonstrates an understanding of the needs of their Chinese partners while tailoring opportunities for its own students there. Equally impressive is the ability to create a dual campus without expending capital funds for an *in situ* institution. In terms of local and regional activities, external stakeholders seem to be as pragmatic regarding partnering relationships. While acknowledging challenges, the team came out with the impression that while certain aspects of the relationship (e.g., Sternberg Museum) have been unexpected that these will be worked out in a way that takes into account institutional, partner, and community needs.

Review of the institution’s approach to capitalizing on recommendations identified by its last Systems Appraisal in the *Strategic Issues Analysis*.

In the team’s judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution’s approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP’s expectations.

The team found that the institution took the recommendations from Systems Appraisal seriously and used the feedback provided by the team to move the institution forward in a significant way. Several issues were particularly impressive in the follow-up to the report.

First, a concerted effort was made to review the feedback. The report was reviewed by key entities including the Quality Champions, Council for Institutional Effectiveness, and Provost’s

Council. In addition, the report was shared campus-wide through the website as well as through a series of AQIP Feedback Forums.

Second, the institution carefully digested the feedback and engaged in a serious effort to capitalize on the recommendations. The ten Strategic Issues cited in the Systems Appraisal were evaluated and reconfigured as eight issues that should be given further consideration for continuous improvement work.

The ten strategic issues identified in the Feedback Report were then taken to the Systems Forum to be evaluated as options for future action projects. The two strategic concerns that could lead to potential accreditation issues if these were not dealt with in a timely manner are discussed above, the remaining eight strategic issues are discussed later in this section.

What is most telling about the state of continuous improvement at FHSU is the decision to select five projects to work on rather than the AQIP recommended three or four. When pressed as to the rationale for going beyond the number recommended by AQIP, the team found that the decision was driven in large part by the enthusiasm and perceived benefit of action projects that had developed in the institution.

Feedback Report Strategic Issue 1: Improving the coordination of links with stakeholders to generate a more coherent alignment with student and regional needs (Category 3).

The issues within this strategic issue are similar to those in Feedback Report Strategic Issue 9 relating to determining partnering success. Feedback from external stakeholders made it apparent to the team that FHSU is seen as a significant resource that not only meets regional needs and those of students interested in remaining in the region, but provides value-added services and graduates. The comment often heard was that there were positive interfaces with the various parts of the university. The Systems Portfolio discussed how the institution saw an opportunity for improvement in strengthening its branding efforts through coordination, yet the feedback that the team received suggested that this was a moot rather than actual concern because parties seem satisfied with the *status quo*.

Feedback Report Strategic Issue 2: A concern for an overdependence on satisfaction data in certain performance areas, a concern based on a lack of clarity about the setting of targets (Category 3).

Most of this discussion is fleshed out in the narrative for Feedback Report Strategic Issue 7 later on in this section. The team is cognizant that the University administrators are aware of the issues raised in the Feedback Report; however, it notes that results at this point still only focus

on satisfaction data as reflected in data used for student learning in the Assessment Strategic Plan.

Feedback Report Strategic Issue 4: A lack of trend data for demographic information to faculty, staff, and administrators as well as with faculty satisfaction data (Category 5).

This is a process maturity issue that should resolve itself as data is collected. As discussed elsewhere throughout this report, senior administrators and other elements of the campus are aware of the shortcomings of data collection and, while processes have been identified and put in place, it will still take time to generate a more longitudinal picture of those areas of performance being assessed.

Feedback Report Strategic Issue 5: No formal, systematic succession process linked to strategic initiatives (Category 5).

FHSU has a Leadership Academy that helps provide opportunities to identify potential campus leaders and administrators as well as allow for professional development opportunities to others interested in becoming a campus leader or administrator. There have been some successes documented relating to individuals who have gone through the program and become campus administrators; however, the Feedback Report did not note a clear linkage between the Leadership Academy and a formal succession process within the university. After discussions with senior leaders and the President, it was explained that there is a succession plan, but one that is informal in nature. Examples of potential new senior leaders who have been identified to succeed retiring administrators in the near future were provided, along with explanation of the process. A formal succession process is not envisioned at this time because of due process, equal opportunity, and fear of inbreeding concerns. While the team still recommends some clearer linkage with and identification of the Leadership Academy as it relates to the Academy's role and campus succession planning (and professional development), it is the team's judgment that the approach currently undertaken at FHSU works in a manner consistent with the intent of Category 5. The recommendation allows the university to meet its institutional flexibility and regulatory compliance concerns while shoring up the process to make it more consistent in terms of operation, expectations, process and results on a longer-term basis than what is currently in place.

Feedback Report Strategic Issue 6: Unclear process for determining targets in the University's attempt to improve its communications plans (Category 5).

The university has translated this Feedback Report Strategic Issue into an institutional priority issue. FHSU has initiated annual efforts focusing on different areas of campus to expand

communications within and outside the university boundaries in a more proactive manner. Last year, for example, was *The Year of the Department: A call to engagement – Making quality improvement a way of life*. The creation and dissemination of the scorecard and various planning documents as well as including all of these and other documents within their web sites through hyperlinks suggests the institution is seriously working to make itself transparent. FHSU's fear of overwhelming its stakeholders with too much information makes the team confident that the university is attempting to define and put in place a clearly articulated communications strategy in the near future.

Feedback Report Strategic Issue 7: Items and data from multiple survey instruments should be aligned with other performance measures and indicators for the purpose of expanding institutional analysis in order to better evaluate performance and improve institutional agility to make appropriate and necessary corrections (Categories 3, 6).

Survey data is embedded with other indicators to expand their documentation of student learning. This reflects their efforts at ensuring innovative and integrated approaches toward documenting student learning that was identified at the 2006 Strategy Forum. Utilizing the Chickering and Gamson (1987) 7 vectors framework as the basis for assessing students (Assessment Strategic Plan, p. 5), the university has developed an approach toward integrating various approaches to document student learning:

The Assessment Strategic Plan asks two questions: (1) does FHSU measure what it values? and (2) is there enough data to make valid conclusions? (p. 41) The rationale is in place, the approach is in place; however, reported results do not include assessments or activities described above. These identified data should be included along with the student satisfaction data that is reported in the System Portfolio and in the Assessment Strategic Plan, at least as identified and presented in FHSU's scorecard. Looking at this document, it seems as if the university is still working at establishing a reporting procedure that meets its needs more than collecting the data. The institution is aware of the challenge they face (e.g., the criteria set forth above and those used in the scorecard). The team is of the opinion that this is a system maturation issue and is confident that the university is working through its reporting dilemmas and it is only a matter of time before traditional and non-traditional indicators of student learning are analyzed and reported in a manner that comprehensively demonstrates what and how well students are learning.

Feedback Report Strategic Issue 9: Placing a high degree of importance on academic partnerships without identifying criteria defining "high priority special academic partnerships"; lacking a clear link between purpose of the partnerships and institutional mission (Categories 3, 9).

There seem to be three driving emphases in determining academic partnerships. The first one is related to FHSU's Action Project number 3, *Internationalize the Campus and the Curriculum*. The second partnership focus involves developing a mobile learning environment, and linking it with the KBOR goal of workforce development. The third partnership focus in community resource enhancement – also tied to workforce development. These last two foci seemed to come through very strongly through the meetings with different stakeholders during the visit. FHSU is a rural university and part of its mission is to generate benefits to the community.

There are metrics currently in place to measure performance for international partnerships, although these metrics still do not directly address what the institution, students, and stakeholders should demonstrate as indicators of a successful partnership. FHSU has a significant footprint in undergraduate education in China according to discussions with senior campus administrators and observation of the signing of the partnering agreement described above. For example, President Hammond discussed a number of financial and resource benefits that their twinning partnerships have provided the institution. Discussion with the senior administrator responsible for international programs also presented the team with examples of benefits accrued by students and participants. However, based on the evidence presented to the team, data documenting success does not rise beyond anecdotal. Community partner/stakeholder representatives were very vocal about their support of the university and their belief that it provides value-added benefits to the community from internship, service, and community learning activities and initiatives in addition to meeting workforce development requirements for the community and the region by graduating highly skilled individuals. However, while the institution used alumni and end-user surveys, the results have not been linked to determining success. It is difficult to see how institutional goal 2 results available through the scorecard provide data or the ability to interpret the success of workforce development issues, something which is particularly important given the self-identification of the issue in the System Portfolio and KBOR's goal in this regard.

The university is aware of its lack of appropriate indicators and data collection for the three forms of partnership activities pursued. Discussion with the Assistant Provost for Quality Initiatives has assured the team that the university is underway to identify these indicators and to link these to institutional strategic planning and decision-making processes. FHSU has many successes with its partnerships. It should be able to illustrate these successes and explain how they work to others who would be interested in using their partnership model(s).

Feedback Report Strategic Issue 10: Limitations in the approach the University uses for benchmarking as exemplified by a lack of comparative analyses related to expectation learning outcomes from collaborative relationships (Category 9).

The document entitled *Institutional and Departmental Quality Improvement Metrics (2006)* provides benchmarking for the following purposes:

- four year graduation rate
- six year graduation rate
- one year retention rate
- cost of attendance

Criteria for benchmarking are based on other KBOR institutions, traditional competitors in the region, and other similar-type institutions (often based on the Carnegie Classification Index). However, criteria for inclusion of similar-type institutions still remained unclear because of use of benchmark data. The team suggests a listing of criteria used to determine benchmark institutions as well as a periodic review of the benchmark institution list to ensure the list's viability regarding appropriate universities to use for comparative purposes. Also recommended is the development of a list of organizations outside typical academic circles whose activities may provide best practice data in certain operational areas.

Review of organizational commitment to continuing systematic quality improvement

In the team's judgment, the institution presented more than satisfactory evidence of organizational commitment to continuing systematic quality improvement. The team found several areas in the institution that it believes deserves special attention. The first of the areas involves the management of data. One of the positive developments at FHSU is the development of a data warehouse to store data that is being collected. In order for the data to be used most effectively in improving the institution consideration should be given to additional systems, reporting processes, and personnel (*please refer discussion on strategic concern #8 on pp. 5-6*).

The team recommends review and monitoring of the amount and the duties of staff needed to effectively manage the information being collected for continuous improvement. The institution has made great strides in getting departments to begin collecting data. The full utilization of the data for continuous improvement may require new skills, different processes, and additional staff in the future.

The decision to develop an integrated data management system rather than purchase a commercial system should be monitored and evaluated carefully. The amount of data that is being generated and will continue to grow, along with the increased expectations of stakeholders for interactive access to information, will result in the need for an effective integrated management in a timely manner.

A second positive development in documenting a commitment to continuous quality improvement is the publication and dissemination of the university's scorecard entitled *The Promise Delivered* (2007 version available for review). It provides a highlight of "recent successes" and documents results based on FHSU's institutional goals. The institution provides the identified baselines derived in 2006 and the goal targets for FY 2007 through FY 2009. According to President Hammond's cover letter, "FHSU's scorecard is the key between strategy and execution... use this performance scorecard to review the goals FHSU has set and track our results – just as we do." Institutional goals are also aligned to KBOR goals in order to assist tracking of results – the implication is the ability to use the data to drive strategic planning and make adjustments to the planning process to ensure the goals can be met.

A third indication about institutional commitment toward continuous improvement are comments made to the team by individual faculty, administrators, students, and external stakeholders regarding their interest in program and overall university improvement. Comments to the effect that the institution is going in the right direction and that there is a greater understanding of AQIP and institutional improvement were common. Commenters often indicated a desire and willingness to find out more on approaches to use in documenting performance excellence and translating data into action. The comments also provide *prima facie* evidence to an institutional will to enact assessment goal 5A (Continuously refine reporting process for student learning outcomes in the Department Annual Report) as found in the strategic plan on page 45.

Finally, FHSU has established membership with two national organizations whose focus is on institutional quality and continuous improvement management: the American Society for Quality and the National Consortium for Continuous Improvement (for more comments in this area, see section on Compliance with Commission Policy IIIA.1. Professional Accreditation below). This and participation with the Kansas Quality Award indicate at a minimum institutional interest in learning and exchanging ideas on continuous improvement and how the concept and processes may be applied in university settings.

USDE issues related to default rate (renewal of eligibility, program audits, or other USDE actions)

In the team's judgment, the university presented satisfactory evidence of a three-year history of student default rates that is within acceptable guidelines set by the USDE and therefore meets this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations. The team spoke with the Compliance team made up of administrators

from the student services sector. According to their PowerPoint presentation (01-31-07, 1100), there is no need for a default plan due to low default rates as seen below. The rates are below the aggregate national average default rate for FY2004 which was 5.1 per cent (n=5836). The university also compares well with the national 3.5 per cent default rate for public institutions with 4 or more year programs (n=605).

Other Title IV compliance issues

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

The university also provided the team with its *USDE Eligibility and Certification Approval Report* and its electronic application for recertification for participation in the financial aid program. Answers in section K of this application providing assurances of administrative capacity and financial responsibility were answered positively. No evidence of other Title IV compliance issues discernible upon review of available documentation.

Compliance with Commission policy IV.A.8, Public Notification of Comprehensive Evaluation List

In the team's judgment, the institution presented satisfactory evidence that the university met the goal of advertising and eliciting third party/stakeholder representation and feedback opportunities. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.

Compliance with Commission policy 1.C.7, Credits, Program Length, and Tuition

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations. All university degree requirements have to be approved by the Kansas Board of Regents (KBOR). Associate degrees require 64 credit hours while baccalaureate degrees call for a minimum of 124 credit hours. Program streams are based on KBOR's comprehensive plan for higher education in the state and ensuing mandates and performance agreements to ensure that goals and objectives of the plan are met. Twice every eight years, the university engages in the KBOR's program review to ensure institutional compliance with KBOR's expectations.

One of Fort Hays State University's goals is to keep costs affordable and it does so by branding

itself as a university that provides “Affordable Success.” This approach “is a promise to students, parents, the public and state leaders that FHSU will provide access to a high-quality university education at a price that even those in the lower 40 percent of the state’s income distribution can afford.” (*Beware of the hidden costs at other universities*, p. 1)

If there is a recommendation to be made, it may be to include results of affordable success in the scorecard as well as in the various advertisement and compliance documents to demonstrate to stakeholders that this key goal is being met on a consistent basis. Inclusion of a benchmark comparison in the *Institutional and Departmental Quality Improvement Metrics* (2006) does not provide the emphasis that inclusion in the scorecard itself does because this is more of an internal than external document. Documenting the success of cost containment in the scorecard could be juxtaposed with the institutional goals as a means of demonstrating to stakeholders and potential stakeholders the extent to which FHSU is “fulfilling its promises.”

Compliance with Commission policy IV.B.2, *Advertising and Recruitment Materials*

Ft. Hays made samples of its advertising and recruitment materials available to the team. , **The team is of the opinion that the institution presented satisfactory evidence that it met this goal of the Quality checkup. The institution’s approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP’s expectations.** Worth noting is the university’s *Beware of the hidden costs at other universities* material which clearly articulates its “Affordable Success” strategy by showing how this translates to reduced costs for students who opt to go to FHSU in comparison to other KBOR institutions.

Compliance with Commission policy III.A.1, *Professional Accreditation*, and III.A.3, *Requirements of Organizations Holding Dual Institutional Accreditation*

In the team’s judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution’s approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP’s expectations. The university is part of the Kansas State Board of Regents (KBOR) system and, as such, must comply with policies, procedures, reviews and performance agreements between the institution and KBOR. While FHSU only has one institution-wide accreditation relationship (that with The Higher Learning Commission), it does have program accreditation in the following programs:

Athletic Training:	Joint Review Committee on Education in Athletic Training
Business:	pursuing AACSB

Nursing:	Commission on Collegiate Nursing Education; National Association of Schools of Nursing
Radiologic Technology: Technology	Joint Review Committee on Education in Radiologic Technology
Speech-Language-Hearing:	American Speech-Language-Hearing Association
Social Work:	Council on Social Work Education
Teacher Education:	National Council for the Accreditation of Teachers; Kansas State Board of Education

In addition, FHSU also looks at program accreditation for its Graduate Liberal Studies program through the Association of Graduate Liberal Studies Programs.

Compliance with Commission policy IV.B.4, *Organizational Records of Student Complaints*

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations. FHSU does not have a coordinated complaints process with centralized record-keeping. The team recommends that the various complaint processes funnel all complain data relating to type of complaint, where complaint was initiated, response process, resolution, resolution time-line, etc. to a central office, probably under the supervision of the assistant provost for quality initiatives to be able to generate greater oversight of the process and establish patterns as well as ensure success of the complaints process. Moreover, the suggestions is given in the belief that such compilation should be able to enhance the university's ability to translate complaint data into feedback information that could improve some of the continuous improvement processes and actions already put in place by the institution.

Other USDE compliance-related issues

No other USDE compliance-related issues were noted

Other AQIP issues

No other AQIP issues noted beyond those already discussed in this report.