INTERNAL PROGRAM ASSESSEMENT FRAMEWORK

Office of the Provost

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Introduction

As part of the quality strategy at the Holy Spirit University of Kaslik, these standards have been developed as a framework[1] that validates the quality of all programs within the institution through a continuous improvement process. In addition to allowing for a diagnosis, this framework makes it possible to identify the strengths of each program and the areas for improvement.

The Internal Program Assessment Framework indicates the level of requirements expected by the institution and reflects its specificities through four selected themes: (i) the transformation of teaching; (ii) the research-training link; (iii) the link with the socio-economic world; and (iv) the students as actors in their own path. It is composed of areas, each of which comprise a certain number of standards and criteria which all the programs need to attain.

The framework is composed of four areas: (i) the program; (ii) program resources; (iii) program management; and (iv) program quality. This framework guarantees:

- the quality of the program's components (courses, projects, internships, etc…) and their relevance to the learning outcomes, the quality of the learning process, the quality of the assessment process, the connection to research, the synergy between theory and professional real-world situations, and the quality of the established academic and socio-economic partnerships.
- the quality of the teaching team with respect to the learning outcomes targeted by the program, the quality of facilities and support staff, the quality of teaching resources, the quality of support services, the financial means necessary to organise the program.
- the enforcement of academic rules, consideration of the diversity of the public, the observation and use of program management indicators (entry flows, success rates, failure rates, job placement, improvement of career paths, etc.).
- the implementation of a continuous quality improvement approach for the program, assessment, and revision of the program in light of scientific and technical breakthroughs as well as of the needs and expectations of students and other stakeholders, including companies and professional organizations, and the establishment of a tripartite training-research-business improvement council.

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1 Based on AQI-Pro and the funding partners Réseau Figure & AUF

Area 1. The program	
Standard	**Criterion**
1.1. Program Outcomes	1.1.1. Educational objectives and outcomes are formulated for the program and its courses, including lectures, labs, projects, internships, thesis, etc… The targeted program outcomes are formulated in terms of academic knowledge, skills, competencies, and abilities. They are accordingly assessable.
	1.1.2. The learning outcomes (LOs) targeted by each of the courses contribute to achieving the outcomes targeted by the related program (POs). This is evidenced by a curriculum map between the POs and LOs.
	1.1.3. The outcomes targeted by the program meet the needs and expectations of the stakeholders, including the socio-economic world, which have been identified and consulted. The needs and expectations that have been identified, explained and made accessible.
	1.1.4. The naming of the program reflects the objectives and outcomes intended by the program. The objectives and outcomes are published and easily accessible.
1.2. The learning process	1.2.1. The program is organised into semesters and courses using the US credit system that can be accumulated and transferred.
	1.2.2. The organisation of the courses helps to achieve the outcomes targeted by the program.
	1.2.3. The courses' material, the learning and assessment activities, and the teaching methods and resources help to achieve the course learning outcomes.
	1.2.4. Learning is student-centred and is based on the environment, methods and means of research, as well as on the partnerships of the program. It encourages the students' autonomy and active participation and fosters their motivation, while promoting in-depth and lasting learning and stimulating critical thinking.
	1.2.5. The relationship between students and the teaching staff is formalised in the USEK academic rules and policies in force.
	1.2.6. Information concerning the program (curriculum, schedule, courses, learning and assessment activities, teaching methods and materials, etc.) is updated regularly and communicated to stakeholders. This information is public and easily accessible.
	1.2.7. Where applicable, the methods of supervision, follow-up, and reporting for each period of experience in a company, in a laboratory, and during international mobility trips are defined in relation to the targeted program outcomes.
1.3. Learning assessment	1.3.1. The assessments are both formative and summative. At each stage of the program, students will have acquired all the prerequisites needed to continue their studies.

	1.3.2.	The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary, is linked to advice on the learning process.
	1.3.3.	The criteria for and method of assessment as well as criteria for marking are published in advance
	1.3.4.	A formal procedure for student appeals is in place.
1.4. The content of the program	1.4.1.	The program complies with national and international standards and references in the field. The content is regularly updated according to the latest trends and the changing needs of the job market.
	1.4.2.	The program provides students with soft skills (organisational, social, environmental, and cultural) which influence their personal development and may be applied in their future careers.
	1.4.3.	Program includes practical components (hands-on activities, projects, internships, moot competition, etc) to achieve the learning outcomes related to professional experiences.

Area 2. Program resources

Standard	Criterion	
2.1. The teaching staff	2.1.1.	Clear, transparent and fair processes for faculty recruitment and promotion are well defined and made public
	2.1.2.	The students-faculty ratio should be in line with the program needs, outcomes and the related courses.
	2.1.3.	The effectiveness of learning activities and teaching methods is periodically evaluated. Faculty members use evaluation results to improve practices and innovate.
2.2. Facilities and support staff	2.2.1.	The premises, facilities, and other equipment are in line with the program outcomes. They allow for the implementation of the planned learning activities and teaching methods and reflect the involvement of research and partners in the program.
	2.2.2.	The technical and administrative staff qualifications are quantitatively and qualitatively in line with the program outcomes. The staff involved in the program are informed of the program outcomes and facilitate their achievement. They are aware that their investment is valued, and they are given opportunities to develop their skills.
2.3. Learning resources	2.3.1.	The contents of the learning resources made available to students are in line with the state of knowledge and the program outcomes.
	2.3.2.	The learning resources made available to students are available in good conditions and are used by the students. The necessary documentary resources, software, and databases are accessible to students who need them in good conditions.
2.4. Support services	2.4.1.	Students benefit from a range of services that facilitate both their integration and progress in the program and their learning.
2.5. Financial means	2.5.1.	The financial means necessary for the organisation of the program are estimated and available.

Area 3. Program management	
Standard	**Criterion**
3.1. Admission and progression in the program	3.1.1. Admission and progression requirements are in line with program requirements. In addition to being transparent and identical for all, they ensure that the program outcomes are achieved within the planned timeframe. Welcome, recruitment, integration, and orientation procedures are in place and operating properly.
	3.1.2. Inputs are monitored and analysed, including over several years. Deviations from targets are analysed and corrective measures are taken in case of anomalies.
3.2. The results obtained	3.2.1. The outcomes achieved at the end of the program correspond to those announced and are described in the diploma supplement.
	3.2.2. The retention, dropout and graduation rates of the program as well as the success and failure rates in the related courses are monitored, including over several years. Anomalies are analysed and corrective measures are taken if necessary.
3.3. Employability	3.3.1. The employability of graduates is measured (along with the continuation of studies), monitored, and analysed. Measures are taken to correct any anomalies. Job Placement rates and lengths of time to obtain a first job are published, and the adequacy between the educational program and the first job is analysed. The students' employability and the satisfaction of employers illustrate the relevance of the program. Similarly, the impact of the qualification provided by the program is measured in terms of improved career paths.
Area 4. Program quality	
Standard	**Criterion**
4.1. Internal quality assurance processes	4.1.1. The USEK continuous improvement cycle is well-applied within the program, including diversified (direct and indirect) sources of assessment and involving the programs stakeholders
	4.1.2. The program is assessed periodically by bodies, procedures, and mechanisms managed at the departmental, **in collaboration with the related department's administration,** and institutional level. Where necessary, it is revised with a view to improving its quality. The procedures involve all stakeholders (teaching staff, students, and representatives of the socio-economic world among others).
	4.1.4. Information about the management of the program and the quality assurance process is communicated to stakeholders. It is public and easily accessible.

The Self-Evaluation Process

The Internal Program Assessment Framework guides the administrators and other stakeholders of the program (students, faculty and representatives of the socio-economic world, among

others) through a self-assessment phase with the objective of identifying the program's strengths and areas for improvement.

When considering each criterion, several freely formulated questions can be asked and answered with supporting evidence. A judgement is then made for each criterion by applying the following table:

Achieved criterion	The available evidence shows that the criterion is fully achieved.
Partially achieved criterion	The available evidence shows that the criterion is partially met, and that further work is needed to ensure that it is fully achieved.
Unachieved criterion	Either there is not enough evidence to assess, or the available evidence shows that the criterion is not achieved at all.

For the criteria that have not been achieved or have been partially achieved, it is necessary to identify those which will be prioritised to move forward. An action plan is then formulated in the short and medium term, explicitly providing for the four stages of the Deming cycle: PDCA (Plan - Do - Check - Act). As for the achieved criteria, it is necessary to indicate the measures taken to sustain this level in the future.

It is essential to have the analyses, diagnoses, and action plan validated by all the stakeholders of the program. Consensus on all matters is not mandatory, but separate opinions must be reflected.

The External Evaluation Process

The use of the Internal Program Assessment Framework in the self-assessment phase allows program managers to produce a self-assessment report comprising the analyses, diagnoses, and action plan validated by all the stakeholders of the program.

The Internal Quality Assurance System

The IQA system consists of an internal evaluation process supported by the Internal Program Assessment Framework.

The Internal Program Assessment Framework is supplemented by a reference framework for quality management by the institution itself, covering the aspects that are not the direct responsibility of program administrators. This relates to the formulation and implementation of a quality policy for programs, the process of creating and revising programs, the definition of the course offering, the reception and support of students, the monitoring of student life and employability, and the development of a university teaching service, among others.

The Reference Framework for Quality Management Within the Institution

1.	Internal quality assurance	1.1.	Internal quality assurance processes are dependable, well-defined, communicated, known to all stakeholders, public, and easily accessible. They include self-assessment, evaluation reporting, and follow-up actions to improve the quality of programs.
		1.2.	The institution conducts an organisational audit to ensure that the bodies, procedures, and systems related to internal quality assurance processes are in place and working properly. The recommendations of this audit are the subject of a prioritised action plan and follow-up.
		1.3.	The institution periodically conducts a follow-up audit to ensure that the recommendations of the organisational audit have been implemented and that the bodies, procedures, and systems related to internal quality assurance processes are functioning properly. It reports regularly on the results of the quality assurance policy for its programs.
2.	The framework for assessing the quality of programs	2.1.	The institution certifies the quality of its programs through a framework that guides the self-assessment process and the evaluation process. This framework has been developed in consultation with stakeholders and is communicated, made public, and easily accessible.
		2.2.	The Internal Program Assessment Framework is composed of general fields, standards, and criteria applicable to all programs and of fields, standards, and criteria specific to certain programs.
		2.3.	As part of a process of continuous improvement of the quality of programs, the minimum level of requirements expected by the institution is defined by part of the criteria. This level gives rise to labelling by the institution according to a formalised procedure that is communicated, made public, and easily accessible.
		2.4.	The Internal Program Assessment Framework and the minimum level of requirements are reviewed periodically by bodies, procedures, and mechanisms managed at the institutional level. The procedures involve all stakeholders.

3.	The self-assessment process	3.1.	The self-assessment process helps to reflect on the various aspects of the program to identify what is working well and what should be improved. This process involves all the stakeholders (the entities in charge, the teaching staff, the support services, and the socio-economic partners, among others).
		3.2.	The self-assessment process is guided by the Internal Program Assessment Framework. The procedures for using the framework are formalised in a clear and effective manner. They are made public and easily accessible to all stakeholders.
		3.3.	As part of a continuous improvement process in connection with the self-assessment, an action plan is formulated in the short and medium term to improve the quality of the program. The model used is that of the Deming cycle (Plan – Do – Check - Act).
		3.4.	The analysis, diagnosis, and action plan contained in the self-assessment report have been validated by all stakeholders of the program. The students' opinion is explicitly included in the final version of the report.
		3.5.	The institution provides for developing the skills needed to implement the self-assessment process. These skills are identified, recognised, and valued.
4.	The assessment report	4.1.	The self-evaluation generates a report that presents their assessment judgments based on the description and analysis of the various aspects of the program, as well as on evidence.
		4.2.	An adversarial stage is planned before the evaluation report is sent to the relevant bodies within the institution. The program managers' response is attached to the report, which is made public and easily accessible.
		4.3.	Formal decisions made by the institution based on the assessment report are made public along with the report.
5.	The follow-up	5.1.	The action plan resulting from the self-assessment phase may be adapted to reflect the assessment report. The finalised action plan clearly indicates the priority actions along with the responsibilities, the resources to be allocated to them, the deadlines, and the criteria for judging whether the intended objectives have been achieved.