Department Chairs’ Perception of Faculty Participation in Accreditation Activities: A Follow-up Survey

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DEPARTMENT CHAIRS’ PERCEPTIONS OF FACULTY PARTICIPATION IN ACCREDITATION ACTIVITIES: A FOLLOW-UP SURVEY

INTRODUCTION

The literature on the culture of higher education argues that university culture precludes administrators from using a participative style of management and predisposes faculty to be more committed to their areas of expertise than to the university. However, experts on accreditation conclude that successful accreditation outcomes are the result of collaboration among faculty and administrators. According to a recent study the manager is the most important entity in achieving a successful accreditation outcome.

Managers who create a supportive environment for their faculty are likely to have more positive accreditation outcomes. Managers with more years of experience are likely to have more positive accreditation outcomes. Managers who have written more self-studies are likely to have a faculty that supports the accreditation process. Finally, managers whose faculty support the accreditation process are likely to have more positive accreditation outcomes.

The purpose of this study was to explore physical therapy department chairs’ perceptions of the extent to which their faculty members participated in the activities leading to accreditation, and whether or not this participation was associated with accreditation outcome. This study was conducted and completed in 2004 as a follow-up to a previous study that explored the relationships among accreditation outcome and management style employed by the chair person, faculty participation in accreditation activities, faculty commitment to implementing the plans delineated in the accreditation documentation, and faculty support of the accreditation process. Specifically, the research questions were:

1. Is there a difference between faculty members’ perceptions of their levels of participation in
accreditation activities and department chairs’ perceptions of the same?

2. Is faculty participation in accreditation activities, as perceived by the department chair, associated with accreditation outcome?

3. Is management style associated with a difference between faculty perceptions of their levels of participation in accreditation activities and department chairs’ perceptions of the same?

physical therapy

analyzed
physical therapy

physical therapy
(see Appendix A)
organizational
(see Appendix B)
as
(see Appendix C)

The data for this study were collected from a sample of physical therapy programs having received program-specific accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE).

generalized
graduate
in health care
its
Healthcare providers
generalized
, non health-related

Importance

References


California Community Colleges Academic Senate. Faculty participation in accreditation. Sacramento: California Community Colleges; 1996:10.


Southern Regional Education Board. The importance of consensus in determining educational standards in health and human services fields. . Atlanta: Southern Regional Education Board; 1990:9.


Appendix A
ITEMS FROM PROGRAM DIRECTOR QUESTIONNAIRE

1. When (month / year) did your program receive Initial Accreditation, as granted by CAPTE?

2. When (month / year) did your program receive its most recent CAPTE accreditation decision?

3. Following your most recent On-site Visit, what was CAPTE’s immediate decision?
   § Initial accreditation without progress reports
   § Initial accreditation with progress reports
   § Accreditation without progress reports
   § Accreditation with progress reports
   § Probation
   § Other:

4. Please rate (on a scale of 1-6; favorable-unfavorable) your perception of CAPTE’s most recent evaluation of your program, prior to your response.

   If you were not required to submit progress reports, SKIP TO # 8

5. For approximately how many of the evaluative criteria were you required to demonstrate compliance beyond clarification?

6. Consider all of the evaluative criteria you counted above to answer Question 5 as you complete the following three questions. It is important that you attempt to complete this table from CAPTE’s perspective.

   a. How many criteria were of serious consequence to program quality?
   b. How many criteria were of moderate consequence to program quality?
   c. How many criteria were of little or no consequence to program quality?

7. Compared to other PT programs, do you believe your program’s total number of criteria cited by CAPTE was:
   ■ Significantly fewer than most
   ■ Slightly fewer than most
   ■ Average
   ■ Slightly more than most
   ■ Significantly more than most

8. How many students in total were enrolled in the program during the 2000-2001 academic year?
9. How many FTEs are currently budgeted for your program?

10. How many FTEs are currently filled in your program?

11. How many of your individual core program faculty members are classified as 0.5 FTE?

12. Considering only the faculty who are classified as 0.5 FTE (including yourself), answer the following questions:

a. How many faculty have (<1, 1-<2, 2-<5, ≥5) years of teaching at the university level?

b. How many of faculty have earned their: BS; MA or MS; DPT; or PhD, EdD, or equivalent?

13. How many years total have you served as program director or chairperson of a Physical Therapy Program?

14. In your capacity as program director or chairperson how many Self-Studies have you prepared for CAPTE?

15. What is your gender? Male, Female

Appendix 2

ITEMS FROM FACULTY QUESTIONNAIRE

Exclusion Criteria

- On sabbatical
- Employed at less than 0.5 FTE
- Functioning as Co-, Interim-, or Assistant Program Director

Questionnaire Items (rated on a scale of 1-4)

The Program Director:

1. Makes program-related decisions independent of faculty input

2. Commends creativity even when unsuccessful.

3. Encourages communication among all members throughout the program

4. Maximizes the utilization of expertise existing throughout the program.

5. Makes an example out of individuals for their failures in order to motivate others to succeed

6. Communicates predominantly through the use of memoranda.

7. Withholds continuing education funds as a motivation tactic.
8. Provides opportunities for open discussions on program-related topics.

9. Facilitates collaborative decision-making processes

**Self-Study Preparation**

10. I was responsible for contributing significantly to the Self-Study.

11. I assisted with setting goals and time frames for completing the components of the Self-Study.

12. The program director assigned specific components of the Self-Study to the faculty without their input.

13. My participation in the Self-Study was minimal.

14. The faculty accepted responsibility for preparing the Self-Study.

**On-site Visit**

15. My participation in the actual On-site Visit was minimal.

16. I was confident that I could respond adequately to the majority of questions asked by the On-site Evaluation Team.

17. I played an integral part in planning for the On-site Visit.

**Implementation**

18. I played (or will play) an integral role in implementing the plans delineated in the accreditation documentation.

19. I am actively implementing the plans delineated in the accreditation documentation with my involvement on various committees.

20. The implementation of the plans created for CAPTE is up to the program director.

**General**

21. My primary commitment is that I maintain my clinical skills.

22. I understand how the curriculum is linked with the evaluative criteria for CAPTE accreditation.

23. I agreed with CAPTE’s assessment and findings.

24. I am more concerned with my research and publications than I am with working to enhance the quality of the program.

25. I understand how compliance with the CAPTE evaluative criteria enhances the quality of Physical Therapy Education.

26. The accreditation process is invaluable to program quality.
27. I am extremely committed to contributing to my program’s mission to prepare competent, compassionate clinicians.

28. The criteria cited by CAPTE were mostly issues unrelated to my program’s quality.

29. In general, the majority of CAPTE criteria are irrelevant to program quality.

**Demographics**

30. How many years have you been employed in your current capacity at your institution?

< 1, 1- <2, 2 – <5, > 5

31. How many years of experience do you have in teaching and/or research at the university level?

< 1, 1- <2, 2 – <5, > 5

32. What is your gender? Male, Female

**Appendix C**

**ITEMS FROM FOLLOW-UP QUESTIONNAIRE**

Questionnaire Items (rated on a scale of 1-4)

1. The faculty were responsible for contributing significantly to the Self-study.

2. The faculty assisted with setting goals and time frames for completing the components of the Self-study.

3. The faculty’s participation in the Self-study was minimal.

4. The faculty accepted responsibility for preparing the Self-study.

5. As department chair, I assigned responsibilities to faculty for completing components of the Self-study.

6. As department chair, I wrote the Self-study without much input from faculty.

7. Faculty wrote various components of the Self-study.

8. The faculty played an integral part in planning for the On-site visit.

9. The faculty’s participation in the *actual* On-site visit was minimal.

10. The faculty played an integral role in implementing the plans delineated in the accreditation documentation.
11. The faculty actively implemented the plans delineated in the accreditation documentation with their involvement on various committees.

12. The implementation of the plans created for CAPTE was up to the chairperson.

13. The faculty were responsible for contributing significantly to the Progress Report.

14. As department chair, I assigned responsibilities to faculty for completing components of the Progress Report.

15. The faculty’s participation in the Progress Report was minimal.

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