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Cyclical Program Reviews at Smaller Post-Secondary Institutions: Can the Time and Effort be Justified?

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Abstract

Cyclical program reviews (CPRs), also called periodic or academic reviews at institutions of higher education, are undertaken to ensure that academic programs meet a variety of objectives related to teaching and learning, as well as professional credentialing, quality assurance, and institutional requirements. Preparing, reviewing, and implementing a CPR requires significant time and effort for those assigned to this task, especially if the program has never previously been through a CPR. Much has been written on how to undertake a CPR (Bresciani, 2006), what measures are useful in assessing programs (Jayachandran et al., 2019), and some of the problems that external reviewers encounter with CPRs (Halonen & Dunn, 2017). This article, however, provides new insights concerning important considerations that should be addressed when preparing to undertake a CPR—from the perspectives of both administrators and faculty at smaller institutions where the number of faculty may be small and resources for the CPR process are often limited. Drawing on a case study of CPRs in several social sciences programs and a broader survey of those involved in CPRs from 2015-2020 at a small Western Canadian university, the authors identify key issues in preparing a CPR, such as the timing of the review, the advantages and disadvantages of an individual approach versus a team approach in preparing the CPR, the role of administrators in the CPR process, the importance of institutional templates in preparing the CPR, and the need for clearly identified program learning outcomes to guide the CPR process. This article also examines how a pandemic can impact the CPR process.

Les examens cycliques de programmes, encore appelés examens périodiques ou académiques, dans les établissements d'enseignement supérieur, sont entrepris pour garantir que les programmes académiques répondent à toute une variété d'objectifs liés à l'enseignement et à l'apprentissage, ainsi que pour assurer la reconnaissance professionnelle, l'assurance de la qualité et les exigences institutionnelles. La préparation, l'examen et la mise en oeuvre des examens cycliques de programmes requiert beaucoup de temps et d'efforts de la part de ceux et celles à qui cette tâche est confiée, surtout si le programme n'a jamais encore été examiné par ce type d'examen. On a beaucoup écrit sur la manière dont ces examens cycliques doivent se dérouler (Bresciani, 2006), sur les mesures utiles pour effectuer l'examen de programmes (Jayachandran et al, 2019) et sur certains des problèmes auxquels sont confrontés les examinateurs et les examinatrices externes (Halonen et Dunn, 2017). Toutefois, cet article apporte de nouvelles informations sur d'importantes considérations qu'il faudrait prendre en compte quand on se prépare à effectuer un examen cyclique de programmes, du point de vue à la fois des administrateurs et administratrices et des professeurs et professeures dans les établissements de petite taille où le nombre de professeurs et de professeures peut être restreint et où les ressources disponibles pour le processus d'examen sont souvent limitées. En s'appuyant sur une étude de cas plus vaste d'examen cyclique de plusieurs programmes de sciences sociales et sur un sondage des personnes impliquées dans ces examens mené entre 2015 et 2020 dans une petite université de l'Ouest du Canada, les auteurs identifient les problèmes principaux rencontrés lors de la préparation des examens cycliques de programmes, tels que le calendrier des examens, les avantages et les désavantages d'une approche individuelle par rapport à une approche d'équipe pour la préparation de tels examens, le rôle des administrateurs et des administratrices dans le processus d'examen, l'importance de modèles institutionnels pour la préparation de tels examens, et le besoin d'identifier clairement les résultats d'apprentissage des programmes pour guider le processus d'examen. Cet article examine également comment une pandémie peut avoir un impact sur ces examens.

Keywords
cyclical program review, CPR, quality assurance, academic reviews; examen cyclique de programmes, assurance de la qualité, examens académiques

Institutions of higher education devote considerable time and resources to assess the quality of their programs to ensure that they meet professional credentialing objectives, quality assurance standards, and institutional requirements. Conducting a Cyclical Program Review (CPR), also called a periodic or academic review, is often a daunting task, especially if the program has never undergone a review or if significant time has passed since the last CPR of the program was undertaken.

Much has been written on aligning quality assurance processes with CPRs (Bowker, 2017), and on how to conduct teaching and learning quality reviews (Massy, 1996; Harvey, 1996). There are also articles that examine how to undertake a CPR (Bresciani, 2006), what measures are useful in assessing programs (Jayachandran et al., 2019), and some of the common problems that external reviewers encounter in the CPR process (Halonen & Dunn, 2017). Several studies also outline helpful tips on preparing CPRs (Ferguson, 2013) or evaluating CPRs for the purpose of enhancing accountability and institutional effectiveness, especially in relation to student-learning outcomes (Bers, 2011; Conrad & Wilson, 1985; Dinham & Evans, 1991; Germaine et al., 2013; Messina & Fagans, 1993; Pitter, 2007). Some institutions, such as the University of Ottawa (2019), also provide their administrators and faculty with protocols required to conduct a CPR. But regrettably, there are no studies that address the key issues and challenges of conducting a CPR at a smaller educational institution where teaching workloads are high, and resources are limited.

This article endeavors to address this gap in the current academic literature on the CPR process. It is based on the experiences of the authors who, as faculty and a former administrator at a small university in Western Canada, were involved in preparing several CPRs in the social sciences. This article also draws on the results of an institutional survey of faculty members and administrators who played key roles in preparing 15 CPRs at the authors' university between 2015 and 2020. We will discuss the results of our survey in more detail below.

This article focuses on the importance of identifying key issues that should be addressed when preparing a CPR—from the perspectives of faculty and administrators—at smaller educational institutions. Some of these key issues that are addressed include the timing of CPRs, the advantages and disadvantages of an individual approach versus a team approach when preparing the CPR, the role of administrators in the CPR process, the importance of institutional templates in preparing the CPR, and the need for clearly identified program learning outcomes to guide the CPR process. This article also examines how a pandemic can impact the CPR process.

What are CPRs?

CPRs are periodic assessments of academic programs that are conducted by institutions of higher education. In Canada, for example, many academic institutions conduct CPRs to ensure that the level of quality in the design and the delivery of their academic programs meet prescribed levels of degree expectations and desired learning outcomes required by the credentialing bodies, and quality assurance organizations. In many jurisdictions, every diploma, for-credit certification, undergraduate, and graduate program is required to undergo a CPR every five to seven years. CPRs are often mandated by accreditation bodies and quality assurance organizations.

CPRs provide an opportunity for faculty to evaluate an academic program, identify the strengths and weaknesses of program design, and ascertain areas for improving the quality of program and its delivery. The CPR can also provide important insights as to whether the program meets the needs of students and attains learning objectives and outcomes as determined by academic and professional organizations responsible for approving, funding, monitoring, and

credentialing academic programs (Bowker, 2017; Bers, 2011; Pitter, 2007; Conrad & Wilson, 1985). In this respect, a CPR provides valuable information as to whether the program has met specific standards set by the institution, credentialing bodies, and quality assurance organizations. A CPR may also provide a useful assessment concerning the viability of a program and whether the program should continue, expand, be reduced, or be eliminated. Finally, the CPR can assist an institution in determining whether a particular program helps the institution achieve its academic plan and whether the institution has deployed appropriate human, financial, and material resources to the program.

Some of the fundamental objectives of a CPR include:

- providing an accurate, fair, and balanced CPR report of the program using the best available data;
- ensuring that there is an opportunity for faculty, administrators, and students in providing a frank and critical assessment of the program during the CPR process; and
- ensuring that criticism and tough recommendations about the program are not omitted or misconstrued in the final CPR report.

Methodology

Data and Methodology

As noted above, this article draws on a case study of the authors' experiences in conducting CPRs as well as the results of an institutional survey of faculty and administrators who prepared 15 CPRs at the authors' university between 2015 and 2020.[1] We applied a case study research design which allowed us to incorporate personal experiences of researchers and survey participants in conducting CPRs at smaller post-secondary institutions.[2]

Our survey used a descriptive method of research to investigate key issues and considerations that should be addressed when undertaking a CPR at the post-secondary level. This method describes the who, what, when, where, and how of the CPR process. Our survey also used an online format that provided several advantages over face-to-face interviews. For example, the online survey allowed participants to complete the survey at their convenience, thereby avoiding any influential rapport between the interviewer and interviewee as well as problems that could arise from possible personal bias.

Participants

A purposive sampling of participants for our survey was the logical choice for our study, since it assumes that we, as the authors of the study, aim to discover, understand, and gain insight

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[1] The authors declare that they have no conflict of interest in conducting the research related to this study. All procedures were in accordance with the ethical standards of our institution's research ethics board and with the 1964 Helsinki declaration and its later amendments. The authors also confirm that informed consent was obtained from all participants included in the study.

[2] Case study survey research (Mills et al., 2010) is a research design in which the researcher samples a population and uses questionnaires or interviews to ask questions related to a topic or issue to develop conclusions regarding trends in the population.

into the CPR process. We selected the participants based on their past experiences in preparing CPRs or in supporting and guiding the CPRs at our institution over the past eight years. Fifteen faculty members and two administrative staff were selected for this survey. Each was sent an email invitation, together with a Google Forms link and informed consent form, in March 2021 to participate in the anonymous, online survey. Google Forms provided a spreadsheet with responses from the survey. Eleven participants completed the survey (faculty = 9; administrator = 2; total response rate = 65%).

Research Instrument

The Google Forms used to conduct the survey had two sections: one for faculty and the other for administrators. The faculty section focused on various aspects of the CPR process, including the timing of the participant's CPR, whether the participant used an individual versus a team approach in conducting the CPR, and the institutional support the participant received when preparing the CPR. We also asked about templates that the participant used in preparing the CPR, the role of program learning outcomes in the CPR work, and the impact of CPR on the participant's academic program. The administrators' section of the survey focused on how administrators coordinated the CPR process and what supports, if any, they provided to academic units undertaking CPRs. The questionnaire included both closed- and open-ended questions.

Descriptive statistical analysis provided in Table 1 was conducted using the Statistical Package for the Social Sciences (SPSS version 26.0).

Based on our survey results and our experience in preparing CPRs, we determined that the following issues should be carefully considered when preparing a CPR at a smaller educational institution.[3]

The Timing of the CPR is Critical

Given the significant work required to complete a CPR, finding an ideal time to undertake a CPR can be challenging. At many academic institutions, every academic program is required to undergo a CPR every five to seven years—regardless of what may be happening in the institution or the program. As a result, a CPR could be scheduled at the same time that the institution, program or program faculty is facing a crisis—for example, when there is a significant reduction in the program's budget or high turnover of the program's faculty (Ontario Universities Council of Quality Assurance, 2019; Trent University, 2019). Understandably, the timing of a CPR coinciding with such a crisis can negatively impact the long-term development, direction, and viability of the

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[3] Our use of the term "small" refers to criteria used to compare institutions, such as full-time undergraduate enrolment and the number of full-time faculty. In the case of Canadian universities and colleges, data provided by Universities Canada for 95 institutions of higher education in 2018 shows a wide range of size in terms of undergraduate enrollment. While 16 institutions had over 20,000 undergraduates, the average across the 95 was 9,423 undergraduates. With 2,339 full-load equivalent (FLE) students in 2019-20, Concordia University of Edmonton is well below the average and is below the median for the 43 institutions that have less than 5,000 undergraduates. Data on the number of full-time faculty provided by Statistics Canada based on an annual survey of 149 institutions in Canada shows a total of 41,385 full time faculty for 2018-2019 which averages 278 full-time faculty per institution. In 2020, Concordia University of Edmonton had 62 full-time faculty, which is indicative of its small size.

program. For these reasons, it may be wise to postpone the CPR, if possible, to a more appropriate time.

Calendar conflicts can also derail the CPR process, and therefore it is important that all parties involved in the CPR agree, as early as possible, to minimize potential conflicts, set realistic timelines and deadlines for CPR work, and set aside appropriate blocks of time and resources (e.g., support staff) to prepare and complete CPR work.

In our survey (see Table 1 below), over sixty-two percent of respondents indicated that at a small institution with heavy teaching demands, the scheduling of CPR during the fall and winter academic terms is often problematic as there is not enough time to teach, perform administrative duties, and undertake a CPR at the same time. One respondent noted, "It was challenging to do this work during this time and made department collaboration more difficult." What is the best time will be dependent on an institution's academic and teaching schedule as well as other factors that may affect the workload of those tasked with conducting the CPR. Administrators, as we indicate below, are sometimes insensitive to, or ignore these timing issues.

Who Should be Involved in Preparing a CPR?

Preparing a CPR requires significant time, effort, and work, especially when a program has never undergone a CPR, or a long period of time has passed since the last CPR was prepared for the program. Therefore, when selecting a faculty member to undertake the CPR work, consideration should be given to that facility member's workload; this includes the number of courses taught by the faculty member, as well as the research commitments, professional development obligations, and administrative responsibilities of the faculty member (Jayachandran et al., 2019). Other important considerations to keep in mind when selecting a faculty member for CPR work are the following:

- Does the faculty member have the requisite academic qualifications to undertake a CPR?
- Does the faculty member have adequate experience in the program under review to understand how the program operates, who are the faculty and staff in the program, and what are the strengths and weaknesses of the program?
- Does the faculty member enjoy the confidence, respect, and support of administration, program faculty, and program staff to conduct the CPR?
- Does the faculty member have the temperament, patience, self-motivation, and professional attitude required to undertake a CPR?
- Does the faculty member have the time and availability to complete a CPR?

In some cases, institutional policies and collective agreements will dictate who must be involved in the CPR process, and more specifically, who will take the lead in the CPR work. These policies and agreements may also state whether the CPR work is part of an individual's job description. In an academic program with a small faculty, the entire faculty may be tasked with the CPR work. In such circumstances it is important that one or two faculty members be designated as the lead in managing the CPR process.

Table 1

Faculty Responses to Timing, Individual-Team Approach, Institutional Support, Policy Template and Impact of CPR

Questions	Frequency (%) or mean

1. Timing:
   a. Was the timing of the CPR and the schedule for its completion a problem or a concern?
   b. Is there a time that is particularly unsuitable to undertake a CPR?
	1. Yes = 5 (62.5) 2. No = 3 (37.5)
	
	1. Yes = 2 (66.7) 2. No = 1 (33.3)

2. Individual-Team approach:
   a. If a team approach was used, how many faculty members were involved in the CPR process?
   b. If yes, how competent did you feel in carrying out the CPR?
   c. Approximately, how much time per week was spent on preparing your CPR?
	Mean = 4.14
	
	Mean = 3.0
	(1= not at all competent...5= very competent)
	Mean = 4.0
	(1= very little... 5= a lot)

3. Institutional support: Drawing on your experience did you feel that administrators and the institution provided you with sufficient resources and incentives that you needed to carry out the CPR work in terms of:
   a. Time?
   b. Compensation?
   c. Recognition of the work in terms of advancement?
   d. Transfer institutions?
   e. Relevant program data? (e.g., retention rate, graduation rate, transfer rate, etc.)
 	
• How helpful was Concordia's Office of Institutional Research and Program Development (IRPD) in preparing, conducting, and finalizing your CPR?
• Were the expectations of the IRPD in completing the CPR reasonable? This includes, for example, the IRPD's expectations for the content of CPR, the IRPD's time expectations for completing the CPR, etc.?
• How easy or difficult was the CPR process?
	
	1. Yes = 2 (25.0) 2. No = 6 (75.0)
	1. Yes = 1 (12.5) 2. No = 7 (87.5)
	1. Yes = 2 (28.6) 2. No = 5 (71.4)
	1. Yes = 2 (40.0) 2. No = 3 (60.0)
	1. Yes = 5 (62.5) 2. No = 3 (37.5)
	
	Mean = 3.13
	(1= Not at all helpful... 5=very helpful)
	
	Mean = 3.43
	(1= Not at all reasonable... 5=very reasonable)
	
	Mean = 3.75
	(1= Not at all difficult... 5=very difficult)

Questions	Frequency (%) or mean
4. Policy template: a. Were there any policies or policy templates available to you to guide you in the preparation of the CPR or to instruct you in how the CPR process should be conducted?	1. Yes = 7 (87.5) 2. No = 1 (12.5)
b. Were there challenges?	1. Yes = 7 (87.5) 2. No = 1 (12.5)
5. Learning outcomes: a. Did your program have clearly defined learning outcomes? b. Did you have a curriculum map? c. If no, was it difficult to develop a curriculum map?	1. Yes = 6 (75.0) 2. No = 2 (25.0) 1. Yes = 4 (50.0) 2. No = 4 (50.0) 1. Yes = 2 (50.0) 2. No = 2 (50.0)
6. Impact of CPR: a. Were the program review recommendations provided by your faculty, the external reviewers, or the Campus Alberta Quality Council (CAQC) b. Was the CPR a useful undertaking?	1. Yes = 6 (85.7) 2. No = 1 (14.3) 1. Yes = 4 (66.7) 2. No = 2 (33.3)

There are both advantages and disadvantages to having one or several people undertaking the CPR work.

The Individual Approach

In the individual approach to CPR work, one person (usually a faculty member) is responsible for most, if not all, of the CPR. What are some of the advantages of the individual approach? One is flexibility. With only one individual involved in the CPR work, there is often less disruption of the ongoing work, research, and administrative responsibilities of other faculty members in the program, especially during the semester. Another advantage is that the person tasked with the CPR work often has significant control over how the CPR progresses and how the CPR documentation is drafted. That individual can also take much, if not all, of the credit for the CPR work, and benefit from administrative inducements provided in recognition of preparing the CPR.

At the same time, however, there are several disadvantages to the individual approach in completing a CPR. For example, the individual performing much of the CPR work alone may find it very time consuming; as one of respondents in our survey noted, performing the CPR work alone became "burdensome." Other disadvantages include the individual's inability or lack of appropriate skills to analyze all the pertinent information required in a CPR analysis; the individual's failure or inability to consult with fellow faculty members on a regular basis throughout the CPR process; the absence of regular feedback from other faculty members; and the possibility of little buy-in or support from fellow faculty concerning the final CPR results.

The Team Approach

The team approach to undertaking the CPR work usually involves several faculty members in a program working collaboratively and sharing much of the CPR work. If a team-approach is adopted, then the following issues should be considered: who takes the lead in the CPR work; what lines of authority will apply; how will tasks will be assigned; how will disputes, if they arise, be resolved; who will have final editorial authority concerning the preparation of CPR documentation; and who will be responsible for dealing with administration in the CPR process (e.g., Dean or Department Chair).

The most obvious advantages of the team approach include the following: more hands make the CPR work lighter for everyone on the team; a greater likelihood of creative solutions and ideas in addressing problems arising during the CPR process; and more opportunities to develop a shared understanding of the goals of the program (Ferguson, 2013). Peer pressure may also ensure that team members are productive and accountable for their work. On the other hand, there can also be challenges in reaching a consensus among the team, and if some team members procrastinate in performing their tasks, it can lead to delays in completing CPR work and frustration among members. Given these important considerations, the selection of the right CPR team will determine the quality of the CPR.

Our survey revealed that the team approach with a small number of faculty was the norm (72.7 percent) for many of the CPRs prepared at our institution since 2015. In most cases, the team was led by one individual (often the Program Director or Department Chair) who assigned CPR tasks to members of the team. Preparing initial and final drafts of the CPR report usually fell to one member of the team with other team members providing feedback. A few survey participants

noted that it sometimes could be challenging for team members to reach a consensus on a particular issue; in most cases, however, the teams were able to work collaboratively—even when team members had differences of opinion.

Other Considerations When Preparing a CPR

There are other important issues that should be considered when preparing a CPR. For example, should a CPR for one academic program be undertaken at the same time that CPRs for other academic programs are also being conducted? Some institutions, for example, find it convenient to have all three-year and four-year degree programs prepare their respective CPRs at the same time. At other institutions, the administrators want all majors, honours, honours with specialization, and masters/doctoral degree programs to conduct their respective CPRs together. An alternative strategy may be to have all programs within a particular department undertake their CPRs at the same time. For instance, the authors of this article, who are members of the Department of Social Sciences, conducted their undergraduate CPRs in Sociology, History, and Political Economy (which includes Economics and Political Science) simultaneously. This enabled the faculty members in these different programs to work together to solve common problems, share strategies, and provide mutual support throughout the CPR process.

Other important considerations in determining how a CPR should be prepared include the following: the past CPR experience of faculty members conducting a CPR; the importance of institutional CPR documentation and templates in preparing a CPR; the role of institutional administrators in CPR work; dealing with calendar conflicts during the CPR work; and how learning objectives and outcomes are incorporated in a CPR and influence a CPR report.

Past CPR Experience

Administrators and faculty experienced in preparing CPRs can often provide useful insights, strategies, and mentorship advice to those with no CPR experience. Consulting with someone who has first-hand experience in preparing a CPR can be invaluable in obtaining information about the work, time, and resources required to prepare a CPR, as well as insights into the common challenges encountered in the process. Experienced individuals may also be willing to provide moral support and ongoing advice throughout the CPR process.

Before preparing the new CPR of the current program, it is often useful to locate and review any previously prepared CPRs related to the program under review as well as CPRs of similar programs offered at other academic institutions. This documentation can be useful to understanding the level of detail and rigor required to prepare a CPR; it also provides insights as to what administrators and program chairs believe are important considerations for the future development and direction of academic programs at the institution. These include appreciating the similarities and differences of learning objectives, outcomes, and methodologies employed at different institutions.

Relevant CPR Documentation and Templates

At the beginning of the CPR process, it is a good idea to carefully review institutional policies and procedures related to CPRs. These documents will usually provide, from the institution's point of view, what the CPR of the program is expected to accomplish, the institutional

process for preparing and completing a CPR, as well as guidelines for implementing a CPR. More specifically, institutional CPR policies typically address the following topics (Concordia University of Edmonton, 2014):

- who is responsible for preparing the CPR?;
- the prescribed templates and documentation required for completing a CPR. This documentation usually includes the CPR requirements of national accreditation bodies, and quality assurance organizations; it will also include specific questions and data analyses that the institution wants addressed and included in the CPR;
- university resources and staff who may assist in the preparation of a CPR;
- applicable timelines and deadlines for completing and implementing a CPR; and
- sample CPRs of other academic programs.

Some institutions rely on a generic CPR policy and template that every academic program must follow when completing a CPR. The question that arises, however, is whether one CPR policy and template is appropriate for every academic program? For instance, the scope of the CPR process is often different for programs in the Faculty of Science when compared to those in the Faculty of Arts; the same is true for interdisciplinary programs that operate in a number of faculties. In these cases, a generic CPR policy and template may not be relevant, and a tailor-made CPR policy and template may have to be developed for a particular program.

When There is No CPR Policy or Template

The absence of an institutional CPR policy or template can also pose challenges for those completing a CPR. Respondents in our survey noted that our institution did not always have appropriate CPR policies and templates. As a result, some survey participants had to develop their own templates, which proved to be both challenging and time-consuming. As one respondent commented: "The biggest challenges were with older templates related to financial information. This required several meetings with representatives from Finance to get it right." Eventually our institution developed a CPR template, but even so, most survey respondents reported that they had to modify the said template to address specific issues in their respective programs.

Academics who have investigated various models to evaluate academic programs emphasize that most models include quality-assurance management principles in the CPR process (Bowker, 2017; Pitter, 2007). These models include the Accreditation Approach, the Assessment Approach, the Quality Process Review Approach, and the Teaching-And-Learning-Quality-Process-Review Approach, and they are outlined in Massy (1996). Regardless of the model that is used, it also is important for those engaged in the CPR process to consider the applicable national, regional, professional, regulatory and university credentialing requirements that apply to the program under review. For example, the Canadian Degree Qualifications Framework (CDQF) is the national organization that sets the credentialing requirements for Bachelors, Master's, and Doctoral degrees. Programs that also have professional accreditation requirements can proceed with both the accreditation review and the CPR simultaneously (Bowker, 2017; University of Ottawa, 2019).

Failing to follow or implement quality assurance and credentialing requirements for an academic program can result in the suspension and/or termination of the program. In many cases,

these quality assurance and credentialing requirements become the focus of much of the CPR work and documentation.

The Role of Administrators in the CPR Process

Faculty and administrators who participated in our survey did not always see eye to eye on the role and contributions of administrators to the CPR process. The majority of faculty participants complained that they received little or no administrative help in preparing their CPRs. This situation improved after our institution established an Office of Institutional Research and Program Development (IRPD), especially when the IRPD provided faculty with more resources and templates to conduct student surveys. But faculty participants also reported that administrators and the institution failed to provide faculty with adequate incentives or compensation for their CPR work. They also regretted that administrators and the institution did not provide faculty with adequate recognition of their CPR work in their advancement-in-rank applications.

Administrators who participated in our survey acknowledge that significant time and effort are required to prepare a CPR, and therefore CPR work should be considered as a workload issue in the faculty collective agreement. Some administrators also acknowledged that they saw themselves as supervisors, rather than collaborators, in the CPR process. Administrators acknowledge that Deans play a key role in moving the CPR forward, providing advice and guidance throughout the CPR process, and ensuring that the CPR is complete. But in many cases, this is the extent of the investment of administrators in the CPR process. Administrators also saw no need to provide incentives or compensation to faculty working on CPRs.

What is clear from our survey is that an administrator, such as Dean, who is ultimately responsible for the program can make all the difference in determining what will be the experience of those tasked with preparing the CPR for the program. While some administrators appreciate the time involved, resources needed, and work required to prepare a useful and relevant CPR, regrettably not all administrators do so. As a result, some administrators do not set aside appropriate resources, staff assistance, work releases, or incentives for those who are required to prepare the CPR. Moreover, not all administrators provide the requisite moral support, guidance, direction, or administrative expertise to those preparing the CPR.

In light of the above, those required to prepare a CPR should consult institutional policies on the role of the administrators in the CPR process; this may also necessitate face-to-face meetings with administrators to clarify their role as well as their understanding of the purpose of the CPR and other key CPR issues (for example, the scope and future implementation of the CPR). It may also be helpful to document these meetings, clarifications, and expectations in CPR agreements between administrators and those expected to complete the CPRs. These agreements can also be useful in addressing situations where administrators and faculty members disagree on specific CPR issues and timelines.

Some university administrators may also recruit external experts or advisors to evaluate: a) all data collected and summarized in the CPR; and b) all findings and conclusions presented in the CPR.[4]

At some institutions, administrators must rely on incentives (for example, course releases, additional support staff, or financial assistance) to attract faculty members to undertake CPR work. This is often necessary at institutions where faculty have heavy workloads, significant administrative responsibilities, or an ambitious research agenda. If the completed CPR documents are recognized by the institution and its collective agreement as publications, then administrators can use this to attract faculty seeking advancement-in-rank. Some studies demonstrate that the inclusion of incentives in the CPR process can make a positive difference (Balliet et al., 2011; Christ et al., 2012; Gneezy et al., 2011; Wei & Yazdanifard, 2014). From the research undertaken by Christ, Sedatole, and Towry (2012), it is clear that organizations which implement incentives framed as bonuses will often induce desirable employee effort in completing specific tasks.

Learning Objectives and Outcomes

Identifying and articulating the learning objectives and outcomes of an academic program is an important exercise that should be completed in the early stages of a CPR. In many respects, the learning objectives and outcomes constitute the current philosophical, academic, pedagogical, and, in some cases, professional framework of a program, and they can certainly influence the future direction of the program. Learning outcomes and objectives also determine which courses will be taught on a regular basis throughout the program, and they can help direct how financial and administrative resources are allocated to the program. Finally, and perhaps most importantly, a program's learning objectives and outcomes can have a profound impact on the learning experiences of students, and consequently they can influence the attractiveness and relevance of the program to students.

The "learning objectives" of an academic program are, in many respects, the aspirational goals for students entering the program. The purpose of a program's learning objectives is to clearly communicate with students the expectations concerning content and student performance in a program (Faulconer, 2017). On the other hand, a program's "learning outcomes" will usually focus on the competencies (for example, academic knowledge, critical thinking skills, and/or writing skills) that students are expected to develop, and in some cases master, at various stages in the program.

An honest evaluation of a program's learning objectives and outcomes is a critical step in the CPR process. This evaluation will often influence the direction and purpose of the CPR. This assessment will often necessitate the participation of all faculty members in the program to ensure

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[4] At Concordia University of Edmonton, the program review schedule is set by the Vice-President Academic (VPA) in consultation with the Director of Institutional Research and Program Development (DIRPD). The DIRPD convenes a Review Committee to track the program review process and ensure accurate, timely and effective outcomes. The Dean of the relevant faculty convenes a Working Committee (WC) to create the Review Report in accord with the Campus Alberta Quality Council (CAQC) institutional self-study guidelines. The report is reviewed by the VPA who then arranges a site visit by the external evaluators; these external evaluators subsequently provide a report to the DIRPD which is shared with the WC. The WC develops a response to the external evaluators' comments and the completed report is forwarded to the Review Committee and VPA for final approval. The DIRPD then forwards the completed Review Report to the CAQC.

that the program's learning objectives and outcomes are appropriate, consistent at all levels in the program, and can be properly assessed. This analysis should also include an assessment of the appropriateness and effectiveness of teaching methods and student assessments.

Consideration must also be given to how well the learning objectives and outcomes of a program align with: a) the institution's vision, mission, values, strategic plan, and research plan; and b) the standards set by accreditation bodies and quality assurance organizations. In the CPR process, this alignment analysis is often accomplished through "curriculum mapping" the program's courses with their respective learning objectives and outcomes (Jayachandran et al., 2019).

In our survey, about 75 percent of respondents indicated that having clearly defined learning objectives and outcomes was an important component of their CPR work. Half of the respondents also noted that preparing curriculum maps for their respective programs was key to identifying and articulating the learning objectives and outcomes of their programs.

The Impact of the CPR on the Academic Program

To what extent do CPRs stimulate change and improvements in academic programs? In our survey, 85 percent of respondents indicated the CPR process was a useful exercise, but the majority of the respondents also stated that their CPRs resulted in modest or no impact in stimulating change or improvements to their respective academic programs. In fact, several respondents noted how time-consuming, stressful, and "arduous" the CPR process was for them, especially if they had a heavy teaching load and significant administrative responsibilities. The respondents were more optimistic about the impact that the CPR process had on students and the usefulness of the feedback they received from student surveys conducted during the CPR. This feedback later assisted faculty in improving their courses.

Many respondents also indicated that they viewed the CPR process as a requirement primarily intended to satisfy external credentialing bodies and quality-assurance organizations. Most respondents were also unclear as to how the university would use the information gleaned from CPRs. One faculty member complained that the CPR process "revealed the lack of institutional resources" required to undertake a proper CPR of the program. Another survey respondent lamented: "we completed… [a CPR] in 2011-12 and to my knowledge we never once referred to it. We have referred to the most recent CPR once or twice perhaps, because the information is in one place and easily accessible. In terms of costs/benefits, the CPR was not as useful as the amount of time it consumed."

The Impact of a Pandemic on the CPR Process

The outbreak of the COVID-19 pandemic in early 2020 forced many Canadian educational institutions to limit in-class learning and require students to participate in the online-learning experience. Faculty were now required, often on short notice, to devote much of their time (including weekends and holidays) to transition their classes, assignments, and assessments to an online format. The quick transition to online teaching also resulted in faculty having to deal with significantly more student concerns—especially in the areas of student mental health and academic misconduct.

Not surprisingly, these developments threw a monkey wrench into the plans and work of faculty who were also expected to complete a CPR during the pandemic. Until January 2023,

faculty at our institution normally taught four 3-credit courses per term, which understandably left little time for them to undertake CPR work. Regrettably, not all administrators appreciated the new challenges that faculty encountered because of the pandemic; in some cases, administrators insisted that weekly and monthly CPR update meetings (now held online) continue as previously scheduled. Many administrators also expected faculty to honour original time schedules and deadlines for the CPRs—notwithstanding the significant increase in workload caused by the pandemic. The inability of some administrators to adjust to this new pandemic reality led to faculty frustration which culminated in some faculty refusing to attend any CPR update meetings or perform any CPR work until after the term was over. Only then did some administrators finally revise their CPR deadlines and expectations.

Conclusions

This article identifies some of the important issues, considerations, and challenges that faculty and administrators at a small Canadian educational institution should address when conducting a CPR of an academic program. Failing to address these matters can impact the success of the CPR, the role of the CPR in affecting positive change in the program, and the role of the CPR in improving the learning experiences of students enrolled in the program. This is certainly the case at a smaller education institution where faculty often have heavy teaching responsibilities, significant administrative duties, but little time to conduct a CPR.

As our survey results indicate, there is room for improving the CPR process. The time required to undertake a CPR review is significant, but institutions do not always provide adequate resources or incentives to faculty to undertake this important work. Many administrators also do not appreciate the time, effort, and resources required to complete a CPR properly; some administrators—who are under pressure to meet the expectations of the institution, credentialing bodies, and quality assurance organization—view the CPR work as a perfunctory exercise, and they impose unrealistic schedules and deadlines on faculty to complete CPR work—regardless of the circumstances. Our research suggests that a better approach would be for institutions to provide more resources and incentives, such as a workload reduction or course release, to faculty undertaking a CPR. Administrators also need to be more sensitive to circumstances, such as a pandemic, that might impede the timely completion of the CPR.

Finally, some faculty performing a CPR question its value in terms of improving their programs or the learning experiences of students enrolled in their programs. For them, the CPR is a perfunctory task that must be completed every five to seven years. One goes through the motions and prepares a CPR report with the right words, data, and conclusions. But after the CPR report has been reviewed and approved by the requisite authorities, faculty can file that CPR report on the shelf and hopefully never review that CPR again until the next CPR of the program is due. On the other hand, CPRs provide an opportunity to gain further insights, especially related to the feedback of students and alumni which, in many cases, can contribute to a better teaching and learning experience, and thus improve the program overall. To do this, however, faculty in a program, along with their Dean, should build in a post-CPR process and space for a periodic review to identify what insights have been gained from the CPR and develop plans to implement needed changes.

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