CONTINUOUS QUALITY IMPROVEMENT AND INSTITUTIONAL AND PROGRAM ASSESSMENT

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Most accreditation criteria have been developed to assure the public of the quality of the accredited institutions and programs and their ability to continuously improve as external and internal demands require change over time. These criteria are based on the principles of continuous quality improvement. In an article about the implementation of continuous quality improvement (CQI) principles in education, the following statement is made:

“The principles of CQI rest on an underlying philosophy of quality, which leads an organization to systematically analyze its systems for variance, make decisions based on fact, consciously define the organization’s internal and external customers, and actively seek input from both. It drives out fear by encouraging organization members to risk making mistakes in order to learn more about the system.”

A CQI process involves a clear understanding of mission (who you are, what you do, who you serve), constituents (those who have a stake in the quality of the “product”), objectives (what you are trying to achieve), outcomes (what is being produced to meet the objective), processes (internal practices to achieve the outcomes), facts (data collection), evaluation (interpretation of facts), and action (feedback to improve processes). What does this have to do with institutional and program assessment of student learning?

Questions have been raised about the need to have direct measures of student learning, the need for development of performance indicators (defining the learning outcomes), the need to use valid scoring methods, how many data need to be collected, etc. These questions are often prefaced by, “The accreditation criteria don’t say anything about ___________ (fill in the blank).” The implication is that if the criteria are silent on a specific aspect of CQI, then it isn’t required.

However, in a CQI process, there are certain requirements for a robust CQI system that assures quality. For example,

- each outcome must be defined in measurable terms (performance indicators)
- processes (e.g., curriculum, co-curriculum) need to be examined and aligned to understand how they contribute to the desired outcomes
- data should be efficiently and systematically collected to see if the performance indicators that define the outcomes are being met
A robust CQI system requires the data collection process to be based on fact (direct measures of student performance), not on supposition or opinion (e.g., self-reported, anecdotal data). Rubrics can be an appropriate scoring tool for many of the data collection methods but are not required in all situations to have a good process. Rubrics help to define different levels of student performance and help to ensure consistency across multiple raters. The amount of data collected depends on the nature of the program and should be consistent with good data collection practice.

The historical approach to accreditation was dependent on a ‘check list’ to determine the quality of educational programs. The shift of accreditation criteria to a CQI approach requires that programs take a critical look at the processes they have in place to produce the type of graduates their constituents require. To ignore the principles of CQI in the process is to wink at the intent of the criteria and substitute one check list for another.

Is it easy to establish and maintain a sustainable, effective continuous quality improvement process? After decades since the outcomes assessment movement began, many programs still struggle with the lack of understanding of how the CQI process should play out in educational programs, the challenges of faculty buy-in, or in acknowledgement that program assessment is a community endeavor. The higher education community needs to be reminded why the requirement to provide evidence that student learning can be systematically improved has been made and to stay true to the fundamental principles of quality.


2. Specific, measurable statements identifying the performance(s) required to meet the outcome, confirmable through evidence.