



Wayne State University

Administrative and Organizational Studies

College of Education

3-1-2006

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Recommended Citation

Tracey, M.W. (2006). Developing and implementing a higher education quality initiative. *Planning for Higher Education* 34(2): 31-42.
Available at: http://digitalcommons.wayne.edu/coe_aos/3

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Developing and implementing a higher education quality initiative

Monica W. Tracey

Abstract The Oakland University School of Education and Human Services' Quality Initiative is discussed in the context of the history of higher education and quality management, with comparison to initiatives at Fordham University, Lienhard School of Nursing, the College of Nursing at Rush University, the University of Alabama, Oregon State University, and the University of Illinois at Chicago.

Introduction

Increased productivity, improved quality of services and products, and decreased costs are ideals most university administrators will agree they desire. One road to these ideals is Total Quality Management (TQM) or continuous improvement, terms historically exclusive to business and industry.

Higher education has typically resisted any attempts to apply business principles to its own culture. This is, in part, the result of two traditions: the traditional means by which higher education assesses its output and the tradition of academic freedom that perpetuates a system resistant to outside measures of quality (Lorenzetti 2002). Chernish (as cited in Lorenzetti 2002) believes that, in some sense, university assessors, including accrediting organizations and a peer review process that looks at gross measures and historic performance rather than current behavior and future needs, have the greatest stake in maintaining the status quo and the least interest in seeing organizations become responsive to market need.

In addition, in a culture that promotes academic freedom, university faculty, already burdened with heavier course teaching loads, now find that course preparation and research time are reduced and workload is increased. At the same time, administrators are burdened with higher costs and fewer students. However, those in business who have conducted TQM initiatives stress that an investment of time, energy, and

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money is required to train people, reach decisions, and implement a new way of thinking (Munoz 1999; Seymour 1991). This dichotomy appears to eliminate the possibility of instituting a Total Quality Improvement (TQI) initiative in higher education, yet, since 1986, hundreds of institutions have implemented some form of continuous improvement initiative (Malaney and Osit 1998). This article reports on the steps taken, lessons learned, and recommendations developed for implementing a quality initiative process successfully within a university culture. The outcome of this process was the creation of a template that can be used by other units in higher education.

The Purpose

Born out of a belief that higher education must improve its delivery of services, the School of Education and Human Services (SEHS) at Oakland University, Rochester, Michigan, implemented a quality assessment process incorporating both the business practice of quality assurance and the academic values of higher education. To better respond to market need, the assessment focused on current behavior and future needs of students, faculty, and the school-at-large.

Quality Initiatives in Higher Education

The practice of continuous improvement in academe has been documented as early as the mid-1980s. In 1986, Delaware County Community College in Pennsylvania became one of the first colleges in the country to adopt a TQM process and to see beyond TQM's usefulness in manufacturing to its potential for transforming an educational environment (Munoz 1999). According to Cornesky et al. (1992), quality initiatives are even more important today to American higher education institutions because these institutions are at a crossroads in history. In the face of challenges to traditional ways of managing the quality of programs, faculty, and students, there are unprecedented opportunities for creative leaders to implement TQM and TQI programs (Cornesky et al. 1992). Cistone and Bashford (2002) agree, stating that today's higher education institutions must demonstrate quality and efficiency. They further explain that since the focus on educational accountability has increased in recent years, the need for quality improvement is greater than ever before. The

reduction in public funds received, competition for faculty and students, pressures from employers, the need for cost reductions, and increased tuition, parking, and residence hall fees are some of the external and internal forces causing those responsible for higher education to review its current productivity (Tuttle 1994). It appears then that the search for business principles to implement in higher education was inevitable; however, there is difficulty in applying these principles in an academic setting.

Some have insisted that in higher education, it is necessary to define both product and customer (Cornesky et al. 1992). Program offerings are the product; the customers may be the student, the student's current or future employers, and/or the person paying for the course work. Others encourage universities to find standards that can be implemented at lower levels of the university bureaucracy, with only minimal auditing needed from above (Lorenzetti 2002). The documented reasons for instituting a university quality initiative vary from reaccreditation to the need for cost reduction and streamlining to philosophical beliefs in the process to a combination of all three (Chaffee and Sherr 1992; Howard 1993; Karathanos and Karathanos 1996; Munoz 1999). Regardless of the reasons, the tools most often used in higher education quality initiatives are quality system awards. The quality system award process offers a blueprint for assessing quality in higher education as well as in business and industry (Brown 1997). The three most prestigious awards recognizing quality improvement are the Malcolm Baldrige National Quality Award, the Deming Application Prize, and ISO 9000 registration. These awards, with their focus on assessment of standards for employee performance and management process and design, are also applicable to higher education.

Examples of and Lessons Learned in Other Quality Initiatives

Obstacles to implementing quality initiatives reported by universities include an organizational structure in which the president operates alone, administrative cabinets and staff unpracticed at teamwork, and resistance from powerful individuals and offices within the university. Additionally, there is often no perceived external pressure to take up quality initiatives or the concerns they address. Some converts have set out to first educate colleagues and build a critical mass of support for TQM; they have

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brought in speakers, engaged consultants, and held retreats (Marchese 1991). Others have chosen concentrated areas in which to introduce a quality initiative and then cascade the initiative throughout the university. The following are examples of documented models of quality initiatives in higher education, including successes and lessons learned.

Fordham University.

Although TQM and continuous improvement efforts stem from business, most documented academic initiatives have started in schools other than schools of business (Minnick and Halstead 2001; Yearwood et al. 2001). At Fordham University in New York, however, the quality initiative began in its Graduate School of Business Administration with the support of the dean and faculty who taught TQM. The result was a “ripple effect” in which a progressive and gradual disclosure of TQM’s concepts and procedures spread throughout the rest of the university (Munoz 1999).

Lienhard School of Nursing.

Documented quality initiatives in schools of nursing have often resulted when a school is seeking accreditation or attempting to increase fiscal prudence. The Lienhard School of Nursing, one of six colleges at Pace University in New York, implemented a continuous quality initiative (CQI) as an outcome of the self-study process required for reaccreditation by the National League for Nursing (Yearwood et al. 2001). The 1997 decision to seek Commission on Collegiate Nursing Education (CCNE) accreditation changed the nature and intensity of the school’s commitment to CQI. The guidelines of the American Association of Colleges of Nursing, as described in “The Essentials of Baccalaureate Education for Professional Nursing Practice,” were prominently used to assess and guide curriculum review and development during this process. A Performance Improvement Plan (PIP) became a way to systematically organize activities and processes. Outcomes could be clearly identified and used to plan for and institute change. Linkages among mission and philosophy, goals and objectives, resources, environment, and expected results could be more clearly articulated. The school’s goal was to improve all facets of the educational process and product; however, a successful reaccreditation review was also imperative. To achieve this, a model was designed that would be consistent with the quality mission and the CCNE

reaccreditation requirements. The School of Nursing learned numerous lessons from this effort. Faculty consensus building and a communication process for students, faculty, staff, and alumni were essential. A performance and satisfaction measurement system for all that provided feedback for the CQI was included in the PIP evaluation; however, this system was ineffective for reaccreditation. The PIP evaluation grid (which became part of the self-study report) did not adequately show the feedback mechanisms for program/curriculum improvement that were required to comply with the CCNE standard on program effectiveness. Documentation for simultaneous efforts such as a CQI initiative and a reaccreditation must meet the requirements of both initiatives, which at times may be different.

College of Nursing, Rush University.

The decision of the College of Nursing at Rush University in Chicago to implement an Investment Model, a different type of quality initiative based on general investment principles, was an attempt to improve the financial state of the college (Minnick and Halstead 2001). The basic assumption of this model is that an institution, just like an individual, must invest in its resources. In an effort to provide alternative educational opportunities and an orderly transition in faculty expertise as the baby boomers dominating the faculty ranks approached retirement, new services were created. Faculty practice opportunities were designed that maintained access to clinical and research sites while enhancing the newer faculty's academic expertise. The model was implemented within 15 months. During the first three months, most of the efforts were devoted to explaining the model and achieving support from key administrative personnel. After its first full year of implementation, a comparison with the previous year indicated that the college had achieved a faculty labor savings equivalent to 10 percent of the Faculty Time Equivalents (FTEs) expended in the previous year. The college also enhanced revenue by three percent as a result of increased faculty practice and teaching productivity. In addition, a "human capital pool" equal to 12 percent of the total faculty was created; the additional available FTEs are used for new business development and faculty renewal (Minnick and Halstead 2001). The College of Nursing discovered that the keys to success with the Investment Model were changing the faculty workload, emphasizing the rationality of the model, and appealing to the administrators' charge to

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consider the overall good of the college. Implementers of this initiative discovered that these three elements can be effective techniques in achieving a successful reduction in school finances.

Oregon State University and The University of Illinois at Chicago.

In an effort to determine the feasibility of and financial commitment needed for a successful quality initiative, some universities will pilot the initiative in the administrative units and then, if successful, attempt to involve the academic units. Oregon State University (OSU) in Corvallis is an example of a school that took such an approach. Focusing on the administrative units first, the vice president for finance and administration decided to pilot a TQM initiative in 1990. Encouraging early results inspired the university to extend implementation to additional areas including the academic units, but the administration believed they first needed to define the appropriate level of administrative coordination and support needed by these other units to be successful (Howard 1993). This resulted in the creation of a permanent position at OSU, responsible for providing university-wide administrative and technical support for the implementation of TQM. The quality manager is permanently housed in the Office of Human Resources, with dual reporting responsibility to the director of human resources and vice president for finance and administration. The University of Illinois at Chicago (UIC) also instituted a TQM initiative focused initially on administrative units. UIC's rationale was that it was imperative for top management to be involved in and to demonstrate commitment to the quality improvement process before introducing it to and asking for involvement by the academic units. These universities learned that team members must be educated about the concepts and principles of TQM before serving on a TQM team. Additionally, workshops on TQM principles must be carefully prepared, executed, and evaluated.

The University of Alabama.

The University of Alabama (UA) embarked on a journey to use the criteria of the Malcolm Baldrige National Quality Award as a yardstick for continuous improvement (Dew 2000). The drive for quality improvement, led by the university president, was supported by a Quality Council and a Quality Advisory Board. The president and senior staff identified 15

distinct stakeholder groups whose needs and interests had to be addressed in various ways. The university then implemented a cascading process. At the university level, the strategic quality planning process was led by the provost, who is also vice president for academic affairs. The provost then worked with the deans of the university's 13 colleges and various faculty groups in a planning session to develop and update a document called the White Paper, which served as a guide for strategy formulation. This document proposed seven major areas of emphasis as focal points for development and planning. Next, meetings with the deans and all faculty and staff were held to share the results. At the unit level, it was deemed essential that all members of that unit's faculty participate in the planning process. The outcome was a set of actions that the unit chairs set in motion to improve the academic setting for undergraduate and graduate students. For UA, the most important feature of this initiative is the collection of data from many of its key stakeholder groups, including students, faculty, staff, alumni, and parents. Over time, these data will be used to identify more opportunities for continuous improvement and will feed the continuous improvement process. In addition, a balanced scorecard was developed that will provide performance feedback that will fold into the planning process. While most universities are rich in data, many have not encountered the idea of a management system that is driven by data. The University of Alabama has benefited from establishing operational and strategic performance indicators that provide a structured approach to collecting and then using performance data (Dew 2000).

The Oakland University School of Education and Human Services Quality Initiative

The School of Education and Human Services (SEHS) is one of five schools and one college that make up Oakland University in Rochester, Michigan. SEHS is the largest school, educating 6,000 of the nearly 17,000 students who attend the university, which was created in 1957. Existing quality initiatives in the SEHS include the National Council for Accreditation of Teacher Education (NCATE), which takes place on average every four years. Results of the 2000 NCATE accreditation affirmed that the content of required courses was consistent with the expectations of the profession and that the programs engaged students in experiences that would

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appropriately prepare them for their vocations. Coinciding with the accreditation process, a new building to house the school was approved and plans were developed to move the school and its entire academic and service program into one facility as a result of a 33 percent growth in student enrollment over the past five years. Moving to the new building offered an opportunity to improve how faculty and staff work together and how services and education are provided to students. Some of the improvement would come from the technology-enhanced classrooms and laboratories, but it was clear that some improvements would be needed in the procedures under which the school operated.

Following the 2000 NCATE accreditation and with firm plans to move to a new building, the day-to-day operations of the school were stable and productive. This allowed leadership to focus their efforts on future needs by assessing current behavior and provided the perfect time to assess operations and look for ways to improve or to begin a continuous improvement initiative.

The SEHS leadership began its quality assessment by researching and benchmarking other higher education institutions that had successfully conducted quality initiatives. In addition, other documented models of CQI were reviewed to create an acceptable model that met the rigors of a successful quality system while working within the culture of higher education. The structured quality framework decided upon was the Performance Excellence Starter Guide from the Michigan Quality Council. This guide assists organizations in the practice of quality improvement, using the Malcolm Baldrige National Quality Award criteria. The Baldrige Award, one of three quality system awards that offer blueprints for assessing quality in higher education, was established in 1987 and has been primarily awarded to manufacturing and service organizations ([Brown 1997](#)).

Stage 1: Assembling the Tools for the Quality Assessment.

The Michigan Quality Council Performance Excellence Starter Guide was used to point out “strengths” and “opportunities for improvement” in the school’s operation. The goal was to assess the current state of the school using seven topic areas, which are further described in [Fig. 1](#):

- Leadership

- Strategic Planning
- Student and Stakeholder Focus
- Information and Analysis
- Faculty and Staff Focus
- Education and Support Process Management
- School Performance Results

Category	Description
Leadership	Addresses how leaders guide the school and develop leadership throughout the organization.
Strategic Planning	Examines how the school sets strategic directions, deploys plans, and tracks performance plans.
Student and Stakeholder Focus	Examines the knowledge of student needs and expectations and student and stakeholder satisfaction and relationship enhancement.
Information and Analysis	Examines the selection, management, and effective use of information and data to support key school processes and plans and the school's performance management system.
Faculty and Staff Focus	Addresses all key human resource practices, including how employees develop and use their full potential in alignment with the school's performance management system.
Education and Support Process Management	Examines how learning-focused education design, education delivery, school services, and operations are managed and improved to achieve better performance.
School Performance Results	Provides a result focus for all school improvement activities, using a set of measures that reflects overall mission-related success.

Figure 1. Seven Quality Assessment Categories

This guide was distributed to unit chairs in the six academic units and the directors or program coordinators of the eight support departments or

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units in the school. During a scheduled executive meeting chaired by the dean of the school, the guide was reviewed and the quality initiative, purpose, goals, and strategy were explained and understood by all.

These seven topics, along with the overall quality initiative, were then communicated to all faculty and staff, with an invitation to participate in one or more of the seven scheduled meetings, each focusing on one of the given topics. Faculty and staff chose which meetings to attend based on the topic under review. The seven one-to-two hour meetings commenced, each discussing in depth an identified topic. Copies of the Michigan Quality Council Performance Excellence Starter Guide were once again disseminated prior to the meeting to assist participants in familiarizing themselves with the topic and goals under discussion in order to expedite and take advantage of the meeting time.

While some institutions completing quality assessments hire outside consultants to conduct various duties, including administration, training, education, or any or all steps in the initiative (Howard 1993), the SEHS housed quality expertise in the dean and some of the faculty, in part because of budget constraints. As a result, an external quality consultant was employed only to gather and document the initial data. The presence of this consultant allowed faculty, staff, and administration the opportunity to participate in the assessment process without assuming a leadership role. The consultant explained the category and subcategories to be discussed to those in attendance at each identified topic meeting. For each subcategory, strengths were identified and recorded for all to see. Once agreement was reached on strengths, opportunities for improvement were brainstormed. The goal was to collectively create as many opportunities for improvement as possible, rather than rest on the strengths of the category.

This initial assessment, held over seven months (one category reviewed per month), provided a sense of how the school was performing in relation to key performance criteria, developed a commitment to the value of conducting regular self-assessment, and created a way to identify the highest priority opportunities for performance improvement. Participants were constantly reminded that the goal was to assess strengths and to look for ways to improve, no matter how well the school was currently operating. Based upon the initial evaluation as documented in accordance with the Michigan Quality Award categories identified in

the Performance Excellence Starter Guide, numerous opportunities for organizational improvement were identified.

Once the collection and synthesis of all assessment data gathered in the seven scheduled meetings was complete, a draft of the findings was created. In this draft, the SEHS faculty and staff had documented the school’s current state. The draft included a list of categories and their subcategories with all of the identified strengths and opportunities for improvement. This assessment document was the tool that allowed SEHS faculty and staff to focus on the few key opportunities for improvement – known as the “vital few” – during the second stage of the quality initiative.

Stage 2: Identification of the “Vital Few.”

Stage 2, the identification of the vital few areas on which to focus, began with the dean and unit chair receiving the document identifying the strengths and areas of improvement created and approved in Stage 1. The document was then reviewed during an executive staff meeting with instructions that unit chairs cascade it to the faculty and staff in their units. During regular unit meetings, the document was disseminated for all faculty and staff to review. The dean requested that special attention be paid to the identified areas of improvement. Time was allotted during

(Department/Unit Name) Vital Few

Vital Few Opportunities for Improvement	Possible Action(s)	Ways To Measure Improvement	Date Of Implementation	Person(s) Responsible

Figure 2. Department/Unit Form for “Vital Few”

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each unit's regular meeting for review of the document and for the faculty and staff to identify and reach agreement on a vital few action items selected from all of the areas identified as opportunities for improvement (Fig. 2). The purpose of this step was to avoid the risk of trying to do too much and ending up doing nothing. Once this list was agreed upon in the unit, time was scheduled with the dean at the next unit meeting to discuss the three vital few items chosen for the school to address. Furthermore, as a result of the documented self-assessment and involvement by many in the process, several units created their own vital few items on which to work within their unit in addition to those identified school-wide. These meetings yielded a process inclusive of all faculty and staff in the school without the burden of additional time other than the dean's. This vital few document became the foundation for the action plans created in the next stage.

During the review of the vital few identified by each unit, a common theme emerged. In various forms, each unit identified similar areas upon which to focus their initial improvement efforts. This was an important step in the quality initiative for the SEHS. In a relatively short period of time, a critical mass in the school was thinking in terms of a quality mindset and, therefore, began seeing the primary areas for improvement.

Stage 3: Creation of Action Items.

Agreeing on three vital few areas on which the SEHS should focus involved reaching consensus from all of the faculty and staff in the school. The three opportunities for improvement documented and agreed upon were: (1) create a systematic structure for circulating information within the school and about the school, (2) improve efficiency and quality of services to students/prospective students, and (3) align program assessments to reduce duplication. Stage 3 included the dissemination of these three vital few areas with the task of deciding actions for each, developing ways to measure the improvements made, creating a timetable for implementation, and determining who was responsible for implementation (Figs. 3, 4, 5). Once again, each unit was given a document to complete during regular faculty and staff meetings. Each unit discussed the action items and agreed on responsibility, measurements, and timelines. This process forced the unit to document the major activities that would need to occur in order to make the quality

improvement initiative a reality. The actions taken, the methods to measure the improvement, the dates to work on this area, and the people who would champion these actions were now in writing for all to see, solidifying the efforts of this year-long initiative. The action items were then compiled by the dean's office into one document for the school's faculty and staff to vote on in Stage 4.

Action Item #1: Communication

Vital Few Opportunities for Improvement	Possible Action(s)	Ways To Measure Improvement	Date Of Implementation	Person(s) Responsible
Create a systematic structure for circulating information within the school and about the school.	Use Listserv to share information	Ask department chairs and directors to report on information access and distribution at school and assembly meetings and other regular meetings.	Current	Assistant to the Dean
	Encourage everyone to subscribe to and read Listserv			Department Chairs and Directors
				Deans
	Use school server to disseminate information	Technology Committee will review SEHS Web page and make a report to the school assembly in the fall and winter semester	Spring term 2003 through Fall term 2003	Information Analyst
	Update SEHS Web page with effective links; ready to accept new information; establish policies for removing old information			SEHS Technology Committee
	Establish a list of on-campus and off-campus individuals and groups to receive information about SEHS.	Dean's office will solicit feedback from department chairs.	Spring term 2003 through Fall term 2003	Associate Dean with oversight responsibility for technology

Figure 3. Quality Initiative Action Item #1

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Action Item #2: Service to Students

Vital Few Opportunities for Improvement	Possible Action(s)	Ways To Measure Improvement	Date Of Implementation	Person(s) Responsible
Improve efficiency and quality of services to students/prospective students.	Decentralize graduate admission process from Office of Graduate Study to SEHS, with the responsibility of day-to-day contact with prospective students transferred to department faculty and staff.	Improved turnaround time for the graduate admissions process	Spring term 2003 through Fall term 2003	Associate Dean Department Chairs and clerical staff; graduate programs coordinators Dean
	Create program listserv for students.	Reduction in complaints from students	Spring term 2003 through Fall term 2003	Academic Departments
	Respond to student questions within one week	Academic control of results		Advising Office Information Technology Analyst
Reorganize teacher certification process from Registrar's Office to SEHS		Certification Officer in SEHS	Spring term 2003 through Fall term 2003	Associate Dean
		Reduced time for review and submission to MDE Academic control of results		Dean

Figure 4. Quality Initiative Action Item #2

Action Item #3: Assessment

Vital Few Opportunities for Improvement	Possible Action(s)	Ways To Measure Improvement	Date Of Implementation	Person(s) Responsible
Align program assessments to reduce duplication.	Meet with the University Committee on Assessment to discuss the SEHS current state and national assessment requirements	Fewer assessment reports	Spring term 2003 through Fall term 2003	SEHS Director of Assessment
	Define uses of self-study/internal department information	Multiple use of assessment reports		School Assessment Committee
	Identify the essential reports and eliminate the remainder			Executive Committee
				Deans
	Use NCATE requirement categories for data collection	Databases to support assessment requirements	Spring term 2003 through Fall term 2003	School Assessment Committee
	Develop database to support the collection of essential data			Director of Assessment
				Executive Committee

Figure 5. Quality Initiative Action Item #3

Stage 4: Action Plan Final Review and Vote.

With the arrival of Stage 4, knowledge of and commitment to the quality initiative was apparent at all levels of the school. This made the final

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review and acceptance at the all-school assembly an effortless step. Once again, using an already-existing meeting, the assembly was the forum used to review and reach agreement on the vital few action items the SEHS would undertake. Those who attended the assembly had in one or more ways participated in the process, thereby increasing the probability of reaching the important consensus that is needed in the higher education structure.

In addition to the review by the executive committee and each unit, an Advisory Board, an external group of interested individuals committed to the school and expert in quality initiatives, reviewed the entire document including the action items. These individuals, all of whom represented the business sector, served as the bridge that closed the gap between the quality initiatives in business and the effort SEHS was making to incorporate them in higher education. The action plan was voted on and committed to by the entire faculty and staff some eight months after the initiative began, providing a blueprint for continuous improvement to the School of Education and Human Services.

Conclusion

As a result of this quality initiative, Oakland University created a process that is now duplicated in other university initiatives, a communication system that is inclusive, and a document that not only assists in the continuous improvement effort, but also provides a foundation for quality measurement. While the improvements stemming from quality initiatives are customer-driven, students are not the only customers of higher education. In addition to the students, alumni, and business leaders identified, the faculty and staff realized they, too, are customers of the institution as indicated by the action items chosen.

Where do we stand today? With the first action item, communication, a SEHS Listserv and Web page have been established to facilitate communication. The information technology analyst within the school, an existing position, is now responsible for updating and disseminating information for both communication methods. These communication items were implemented immediately and then used to develop a list of individuals and groups to receive information about SEHS. Using the

school's marketing person, again an existing position, this group is informed about SEHS and its continued growth and change.

The second action item involves service to students, with the primary opportunity the improvement of efficiency and quality of services to students and prospective students. Working to decentralize the graduate admission process from the Office of Graduate Study to the SEHS has been accomplished in some units but not all. Those units that have not yet taken over that process are attempting to work more closely with the graduate office to expedite student applications. Both methods are under review to determine which is better for continuous improvement. Listservs for students are currently being developed within the units to avoid excess and irrelevant communication to students in other areas of study. This unit implementation has produced mixed results, with some technology-savvy units implementing and updating Listservs on a regular basis while others lag behind. The teacher certification process has been successfully moved to the SEHS and out of the Registrar's office, removing an additional stop for students seeking certification. This action item has proved successful in improving student perception of the process and SEHS in general.

The final action item, assessment, has been difficult to improve. Because of several different state and national accreditation requirements, SEHS is still attempting to create a system that will meet all requirements and reduce redundancy. This item remains on unit agendas monthly and school assemblies bi-monthly to ensure continued discussion, reflection, and recommendation. While the state accreditation process is nonnegotiable, a chosen national accreditation process aligned to all other assessment requirements was reviewed and approved by the school faculty and staff in 2004. The assessment process currently implemented has resulted in no extra costs or personnel, but rather in a realignment of some personnel responsibilities and in the use of existing technology. This was an important factor when deciding on the action items, given current state and national financial constraints. The quality process implemented includes deciding on what is ideal but then determining what is possible given all of the circumstances. SEHS agreed that although financial support was not possible, improvements were needed and attainable using existing resources.

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For its efforts, SEHS was awarded The Lighthouse Recognition Award by the Michigan Quality Council. This award is primarily given to business organizations, not higher education institutions. With this honor came the recognition that it was possible to successfully institute a quality initiative process within a university culture.

Lessons Learned and Key Variables Identified for a Successful Quality Initiative

In keeping with continuous improvement, the following are lessons learned and recommendations for other higher education institutions interested in conducting quality initiatives:

- Leadership is a key component in the quality assessment process. The appropriate level of administrative coordination and support and the need for commitment from top management including deans, provosts, and the university president has been well-documented ([Dew 2000](#); [Howard 1993](#); [Munoz 1999](#)). This was confirmed during this initiative in which active participation of the process leader at every stage was essential and actually tested by faculty and staff in the school.
- Group reviews and decisions made by consensus, including multi-voting, appeared essential to obtain buy-in, in part due to the culture found in academic settings. Consensus is highly valued given the collegial nature of faculty and the tradition of faculty governance; therefore, consensus-building tools were used at several levels in the process. A structure was therefore created to offer many opportunities for inclusion without required attendance. Working within the existing culture was imperative for the success of the quality initiative.
- Participation in the quality assessment process by all members of the school's faculty and staff was essential. Recognizing that faculty and staff already had numerous responsibilities, the SEHS quality assessment was designed to include opportunities to provide input and build consensus without taxing faculty and staff with additional meetings, time, or tasks. Existing meetings were used to disseminate information, brainstorm action items,

and vote on the quality assessment. This proved to be the most effective strategy in the quality initiative.

- Two important steps in a quality initiative are documenting the existing and creating the ideal. Facing constraints and working within them is also essential. Under the guise of “no budget,” this initiative could have been stopped before it got started, but with the use of existing resources, successes were possible and documented. These successes have in turn inspired the SEHS faculty and staff to forge on in the continuous improvement effort. An institution has many resources in its faculty, staff, and existing structure. Using those resources to get started can provide an excellent springboard for future efforts.

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