Continuous Quality Improvement
User’s Guide
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1 INTRODUCTION

Have a continuous problem area you encounter each day?

Have you made numerous attempts to solve the problem?

Thought the problem was solved but still seeing a recurrence of the problem?

Have you thought of using AQIP tools?

Do you have a copy of the Memory Jogger II (a pocket guide of tools for continuous improvement and effective planning)?

Not sure where to start or who to ask?

Don’t look any further because it can start with you!

If you ask yourself or others any of these questions more than once a day – you need Quality Improvement. It is simple to begin. Quality Improvement isn’t just for upper management – it’s for the entire college. We have put together some information to help you make quality improvement work in your department.

1st – share with an immediate supervisor that an identified area needs quality improvement.

2nd – compile a list of stakeholders (both realized and potential)

3rd – open a college wide invitation for additional participants on this action project

4th – set an initial meeting date to begin

5th – at initial meeting decide how to proceed

6th – keep ongoing documentation of the process (story board)

7th – share results with AQIP Oversight Committee and the rest of college
2 AQIP & YOU

In an attempt to help everyone better understand the college’s quality improvement program and to take away some of the unnecessary mystique which surrounds AQIP, the following is for your contemplation and use.

FOCUS – PDSA: A Quality Improvement Model

“Where and how do I get started with AQIP?” is a common question at our college. Understanding the overall structure to a quality improvement program is a good starting point. There are different models in industry we could use. One which is simple and straightforward is the FOCUS – PDSA model.

**F**ind a process to improve (identify an opportunity for improvement).

**O**rganize a team that includes people familiar with the process to be improved.

**C**larify current knowledge of the process (often this means flowcharting the process).

**U**ncover root causes of the problem (using cause & effect diagrams).

**S**tart Plan – Do – Study – Act cycle

Who can do this? ANYONE. Often it is the frontline folks who feel process problems the most. Process problems hamper daily work and impair progress of job tasks and responsibilities. However, fixing process problems requires teamwork. Few, if any, processes involve just one person. Rather processes impact multiple people and often multiple departments.

2.1 PDSA Cycle

Depending on how detailed a team gets during the “C” and “U” stages of FOCUS, the Plan phase of the PDSA cycle may be already completed. Regardless, let’s work through the cycle so we can better understand this structured approach to quality improvement.

The seven steps of the PDSA cycle can be understood as an application of the scientific method. Following these steps helps ensure that the solutions you arrive at will not simply mask the problem by addressing only the symptoms; rather it assists you in uncovering the root causes of the problem. Only by addressing the root causes can there be long-term solutions. Another critical component of the PDSA cycle is the requirement to standardize the results so that the process doesn’t revert back to its previous state of low performance and problems. Note that we can talk of either process or system improvements. This is because a system consists of interrelated processes. Don’t let this cause unnecessary confusion.
2.2 Plan

1. DEFINE THE PROCESS or SYSTEM: *To agree on the aim, size, scope of the project and to gather data on each quality measure.*
   This phase of the cycle starts with the identification and definition of the specific problem to be addressed. A clear understanding of the problem and its scope are important steps in keeping the improvement process on track and on target. The importance of using data to select problem areas cannot be overemphasized. Some of the key tools that are useful in this step are **systems mapping** and **flowcharting**.

2. ASSESS CURRENT SITUATION: *To gain knowledge of the process’s or system’s performance.*
   Data collected will be summarized and analyzed using various quality improvement tools (e.g. **Pareto charts**, **histograms**, **control charts**, etc.) enabling your team to identify problem areas and, in turn, to determine the area’s most in need of improvement.

3. ANALYZE CAUSES: *To search for the root causes of variation and develop a theory for process or system improvement.*
   Your team will use the data collected, along with other quality improvement tools (e.g., a **cause & effect diagram**), to develop or identify the problem causes. Once you have narrowed down the suspected root cause, you can then begin to develop a theory for improving the process or system (i.e. developing a corrective action plan).

2.3 Do

4. TRY OUT IMPROVEMENT THEORY: *To test the improvement theory to see if it works.*
   This step involves the implementation of the corrective action plan. Responsibility for this step may go beyond your initial team—depending on the process being improved. It may be that your team makes a recommendation to a department head, division leader, or perhaps to Cabinet.

2.4 Study

5. STUDY THE RESULTS: *To study the results to determine if the theory has led to actual improvement of the system.*
   This step involves the collection of new data which will be summarized and analyzed by the appropriate person(s) to determine the effect of the corrective action. The appropriate person may be one of your team members or it might be a department head, division leader, or Cabinet member. Who it is depends on the process or system.

2.5 Act

6. STANDARDIZE IMPROVEMENT: *Standardize the improvements that have succeeded to ensure that the system does not revert back to its previous levels of performance.*
   Your team will need to document changes made in the process or system, so that the improvements gained from the corrective action will become a permanent part of future procedures even if that specific person is no longer with the college.

7. PLAN CONTINUOUS IMPROVEMENT: *Develop a new plan for continuous improvement.*
   This step cycles us back to the planning phase where we start the process all over again working with new data on new problems.
3 FURTHER CONSIDERATIONS

Quality assurance helps to establish if a deliverable is acceptable based on the processes used to create it. Quality assurance processes are used to evaluate overall project performance frequently and to determine that quality reviews were held, deliverables tested, and customer acceptance acquired.

3.1 AQIP Quality Improvement Tools

As you read this document, you may have felt intimidated by the mention of some of the quality improvement tools: Pareto charts, histograms, control charts, cause & effect diagrams. While these may sound daunting, they are not overly complicated. The college does have access to training materials on these and other tools. The narrated PowerPoint modules on our website, http://intranet.midmich.edu/Training/Training%20home.htm, are a good place to become familiar with the use of these tools.

3.2 Other Tools

There are numerous other tools to help teams working on quality improvement projects. Please refer to the Memory Jogger II for some common tools used by teams. These tools work best when someone plays the role of a facilitator. The facilitator can be a team member, but should play the role for the entire meeting. It is difficult to facilitate and be part of the meeting at the same time. It also is good to rotate who plays this role from meeting to meeting. There is an Improvement Opportunity Statement form, a Project Declaration form, an AQIP Principles and Criteria for Improving Academic Quality that can be used to help us in this process.

This may all seem a bit overwhelming but until we begin actively using this information to make application it will remain overwhelming. It’s a lot like talking about all the steps involved in riding a bike before you’ve ever ridden. Once you actually get on and start peddling, you realize it’s not difficult at all and the exercise has great benefits.

3.3 Storyboard

Teams should keep a storyboard or narrative of the improvement project. This will help others understand, and appreciate, your work. It will also benefit other teams that may be doing similar work in the future. To help teams capture the journey of each action project we are creating a PowerPoint template which will be placed on our website.
4 Cycles of AQIP Reaccreditation Process

AQIP Cycles
AQIP is a quality improvement program and a quality assurance program for higher education organizations. It operates by involving participating institutions in three distinct cycles that occur simultaneously. Each cycle has a different duration and sequence of distinctive processes.

Action — This one-year cycle drives continuous improvement by having every AQIP college or university tackle three or four Action Projects that it has chosen, committed to completing in a few months or years, and published in AQIP’s on-line Action Project Directory. Organizations can complete Action Projects and begin new ones at any time. Each fall, they provide Action Project Updates to AQIP on the progress of current projects, and AQIP provides written feedback on these reports. Improvements in the processes an institution employs or the performance results it achieves are incorporated into its published Systems Portfolio.

Strategy — This four year cycle drives improvement by having every AQIP organization create and maintain an up-to-date Systems Portfolio describing key systems and processes the organization uses to achieve its goals and the performance results it obtains from them. A System Appraisal of the Systems Portfolio provides institutions with written, actionable feedback they can use to create strategies and actions that will move them quickly toward achievement of their goals. Participation in a Strategy Forum drives organizations to use this feedback in shaping new strategies, aligning systems, and creating specific Action Projects.

Accreditation — This seven-year cycle quality assurance reviews evidence from both the action cycles and strategy cycles, evidence that demonstrates that an AQIP organization continues to comply with the Higher Learning Commission’s Criteria for Accreditation — and that continuing its participation in AQIP will result in measurable performance improvement. A Quality Checkup visit to the institution a year or two before its Reaffirmation of Accreditation review confirms the improvements it is making as well as the accuracy of the evidence it has provided to AQIP while providing helpful feedback and consultation on specific issues of its choosing.

New AQIP institutions concentrate their first Strategy Forum on selecting initial Action Projects that will launch their quality initiative with energy. Following this first Strategy Forum, they create a Systems Portfolio, and submit it for Systems Appraisal no later than the academic year that occurs ten years after their last PEAQ comprehensive evaluation. To make sure they will have sufficient time to create a Systems Portfolio, institutions joining AQIP must have had their last comprehensive site visit within the last seven years. This provides three to four years for the challenging task of developing a first Systems Portfolio.
5 ACTION PROJECTS

5.1 Creating an Action Project Charter

Action projects according to AQIP were never envisioned as part of a “cycle” – a closed loop in which an institution attended a Strategy Forum, chose three projects, completed them, and then put its quality improvement efforts into hibernation until its next Strategy Forum rolled around. Rather, the Action Project cycle is a continuous one in which new projects are selected and worked on as soon as the current projects are completed.

MMCC has two categories of action projects – formal and in-formal. A formal project is what the college reports to the Higher Learning Commission and is posted on the HLC’s AQIP web site. An in-formal action project isn’t performed any differently. The only difference is that in-formal action projects are not posted on the AQIP web site. We do, however, post the in-formal projects on our intranet.

You can help any Action Project by clearly “chartering” the team so that they have confidence that the solution or approach they invent will get a fair hearing and trial that rewards their hard work. AQIP doesn’t require you to charter every Action Project, but many institutions have discovered that creating a formal charter for an Action Project enhances the likelihood of its success. Chartering involves four steps:

1. Prepare a proposed Action Project Charter that includes these elements:
   • Business case
   • Problem/opportunity statement and goal statement
   • 2-3 sentence description of the project scope, constraints, and assumptions — without opinions as to what’s wrong, what the cause(s) might be, or who’s to blame; without prescriptions about what the solution(s) should be; and without combining several problems into one.
   • Ground rules
   • Team membership
   • Preliminary project plan (timetable for what the team will do)
   • Identification of important stakeholders

2. Review the Charter with a potential Action Project Sponsor to confirm support. It is absolutely essential that the administrator in charge of the area of the Action Project agree with its goals and support trying or piloting the solution the team comes up with. (There is no better way to kill enthusiasm for continuous improvement than to create project teams and reject the fruit of their work without giving it a fair trial.)

3. Prepare a detailed process map of the areas of the process where measurement will be focused initially.

4. Form the Action Project team and get to work.
5.2 Identifying Action Projects

What Action Projects Accomplish

To build and strengthen your quality initiative — and to demonstrate to AQIP the earnestness and vitality of your institutional commitment to quality — AQIP asks you to commit to doing three or four “vital few” Action Projects that will swiftly and determinedly move your institution closer to being the institution it wants to be. The self-assessment you did before you joined AQIP should provide you with some insight into where gaps exist in your institution. (The AQIP Categories, Vital Focus, and AQIP Examiner, like the Baldrige categories, are organized around systems, or groups of processes. If you used either of these schemes to organize your self-assessment, the results should indicate directly which of your systems could benefit most from a focused improvement effort.)

In addition, examine your institution’s opportunities (e.g., “if we had a stronger process for student recruitment, we could…” or “if our planning system allowed us to foresee major changes early, we might…” ) to identify potential Action Projects. Or look at problems and irritants — systems that have worked poorly in the past — and target them as improvement Projects (e.g., “everyone’s complained for years about the way we plan and schedule classes—now’s our chance to repair the problem by redesigning our system”).

In preparation for coming to a Strategy Forum, you need to tentatively identify the Action Projects that will best help you address your opportunities (or close gaps) to achieve your institution’s mission and vision. Specifically you need to list three or four tentative Action Project ideas in the Strategy for Action Workbook (the written homework for the Forum). At the Forum you will receive feedback that could cause your team to reconsider if the three or four tentative Projects will best help you address your opportunities and gaps; therefore, you should really put serious thought into your Project ideas.

Here are some questions that will help you generate creative ideas for Action Projects:

<table>
<thead>
<tr>
<th>From external perspectives</th>
<th>From all perspectives</th>
<th>From internal perspectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voices of our students and other stakeholders</td>
<td>Voice of “the market”</td>
<td>Voice of our processes</td>
</tr>
<tr>
<td>Comparison with our competitors</td>
<td></td>
<td>Voice of our employees</td>
</tr>
<tr>
<td>How ready are we to adapt to an evolving higher education market?</td>
<td>What stands between us and the accomplishment of our strategic goals?</td>
<td>What major delays slow down our processes?</td>
</tr>
<tr>
<td>Where are we falling short in meeting students’ needs?</td>
<td>What new resources or capabilities must we acquire to implement our long-range strategies?</td>
<td>Where is there a high volume of failures, withdrawals, or courses that must be retaken?</td>
</tr>
<tr>
<td>Where are we behind our competitors?</td>
<td>How can we project the image we want?</td>
<td>Where are the costs of poor quality (e.g., waste, rework) increasing?</td>
</tr>
<tr>
<td>Where might we gain new competitive advantages?</td>
<td>What new programs, services, locations, or other capabilities will provide better value to our students and other stakeholders?</td>
<td>What concerns or ideas have faculty or staff consistently raised?</td>
</tr>
<tr>
<td>What new needs are surfacing that affects our students and other stakeholders?</td>
<td></td>
<td>What complaints have we been hearing repeatedly?</td>
</tr>
</tbody>
</table>
Choose Action Projects that are Important to You

The Action Projects you choose are up to you — it’s your institution, and you know better than anyone else what is vital to helping you achieve your particular vision and mission. Neither AQIP nor your peers will formally approve your Action Projects. But at the Strategy Forum, both AQIP staff and your peers — from other institutions as serious about quality improvement as you are — will challenge and test your choices, grilling you on why you selected these specific Projects and goals, why they are the most vitally important priorities for your institution’s improvement, and whether doing them will really move your institution to where you want it to be.

Discuss your Action Project Ideas with your Team Before the Strategy Forum

Because AQIP is an Academic Quality Improvement Program, at least one (1) of your Action Projects must fall primarily under Helping Students Learn, the AQIP Category most central for any higher learning organization. The Project(s) can deal with learning assessment, educational program design, delivery of instruction, evaluation and transcripting, academic advising, or other academic processes that directly affect learning. See the AQIP Categories on our website www.AQIP.org for details of what Helping Students Learn includes. If, when you joined AQIP, the Commission articulated expectations of specific issues that your first Action Projects must address, remember these constraints as you fashion your Action Projects. To prepare yourself for this intensive dialogue, examine in advance whether the Projects you have identified:

- **Make a serious difference to institutional performance**

  After you’ve completed your Action Project, people ought to notice the difference. The results of your Project should make people pay attention and give your colleagues renewed confidence that they can make significant institutional improvements happen. You don’t want to squander your time improving something that few care about, or focusing your efforts where the change will be imperceptible.

- **Embody challenging but “do-able” goals**

  Nothing will kill support for your quality initiative quicker than Projects so grandiose that they are bound to fail, or Projects so vague that no one can ever tell whether they succeeded or failed. Scope your Projects properly: avoid trying to “eradicate illiteracy” or “bring world peace.” Try to craft Projects that you can complete quickly — a year or two at most. To give your faculty and staff a sense of how good success can feel, pick one or more Projects that you can complete more quickly -- perhaps in six months.

- **Stretch yourself in new ways**

  Select Projects with outcomes that wouldn’t happen normally, undertakings whose achievement will require serious institutional effort. Tackle problems with causes few now understand, where the optimal solution is neither apparent now, nor predetermined. If you choose wisely, you’ll not only improve a few specific systems and processes, but you’ll also convince the skeptics in your institution that working for improvement pays off, that teamwork succeeds, that people can learn new skills and tools, and that collectively you can shape your destiny. (**Warning:** If you already know exactly how you’re going to improve or fix something, “just do it” — but don’t try to make it into an Action Project. Doing what you already knew you were going to do doesn’t stretch you, or help you learn more about improvement.)

- **Focus both on efficiency and on benefits to students and other stakeholders**
Don’t make all of your Action Projects concerned with improving efficiency or lowering costs. Include Projects that enhance student learning and satisfaction, which build faculty and staff’s satisfaction that their jobs are worthwhile, that communicate better to employers what knowledge and skills your graduates acquire, or other challenging and fulfilling goals.

Help your institution learn and change as it accomplishes something significant

Choose Projects that do something worthwhile — solve a problem or seize an opportunity — but pay equal attention for the potential of a Project to help your employees learn to think and work together in new, creative, more effective ways. The most enduring value of an Action Project is what it does for your institution’s culture. Your Projects can demonstrate the value of teamwork, help your employees learn to use data more effectively, develop people’s understanding of leadership roles and responsibilities, make people value colleagues with whom they’ve rarely interacted, or many other things. Examine AQIP’s Principles of High-Performance Organizations — the list will get you thinking about the potential for selecting Action Projects that help shape your institution’s culture in fresh, positive ways.

Narrow Down your Potential Action Project Ideas to a “Vital Few”

Prior to the Strategy Forum, we expect you to get your team together, generate a list of potential Action Projects that your institution might wish to work on, and focus in on the “vital few” — the ones which, if done, will give your institution the “biggest bang for the buck,” the most dramatic improvement for the effort invested. To narrow down all the possibilities you generate for your “vital few,” consider these questions:

<table>
<thead>
<tr>
<th>What Might the Benefit or impact of this Project be?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On students and other stakeholders</strong></td>
</tr>
<tr>
<td><strong>On our institutional vision</strong></td>
</tr>
<tr>
<td><strong>On our competitive position</strong></td>
</tr>
<tr>
<td><strong>On “core competencies”</strong></td>
</tr>
<tr>
<td><strong>On finances or resources</strong></td>
</tr>
<tr>
<td><strong>Urgency</strong></td>
</tr>
<tr>
<td><strong>Trends</strong></td>
</tr>
</tbody>
</table>
How Feasible is it for Us to Succeed with this Project?

<table>
<thead>
<tr>
<th>Sequence or dependency</th>
<th>Must some other issue be addressed first in order for this one to be addressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources needed</td>
<td>What people, time, money, or equipment do we need?</td>
</tr>
<tr>
<td>Expertise available</td>
<td>What technical skills do we need to do this?</td>
</tr>
<tr>
<td>Complexity</td>
<td>How complicated do we expect the solution or implementation to be?</td>
</tr>
<tr>
<td>Probability of success</td>
<td>Are we likely to succeed in doing it in a reasonable time?</td>
</tr>
<tr>
<td>Support or buy-in</td>
<td>Will we be able to make a good case for doing this with key groups whose support we need?</td>
</tr>
</tbody>
</table>

What will we Learn, Organizationally, from Doing this Project?

<table>
<thead>
<tr>
<th>Organizational learning</th>
<th>Will we gain new knowledge about ourselves from doing this? Will we learn and practice quality principles and tools?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-functional thinking</td>
<td>Will it break down “silos” and help the organization see itself as a system?</td>
</tr>
</tbody>
</table>

Don’t Let the Possibility of Failing Prevent You from Setting Ambitious Goals

Action Projects help you mobilize your institution, getting teams of people working on common goals in new and more productive ways. By having only three or four Action Projects at any one time, you concentrate people’s attention on what you believe is vital and demonstrate your seriousness about following through on your commitment — something that would never be possible if you pursued 50 or 100 objectives simultaneously. By tying your Action Projects to the Higher Learning Commission’s Academic Quality Improvement Program, you enlist faculty and staff’s respect for accreditation as an additional driver for your Projects. Action Projects are ideal for tackling the tough problems and issues that demand creative solutions. Don’t waste them on simple, easy-to-do tasks.

Following your Strategy Forum, AQIP will give you a few months to think through what you’ve heard from your peers before asking you to commit to three or four specific Action Projects. At that time, you’ll need to set timelines and measurable goals for your Projects, and explain how you plan to keep them in the spotlight and measure progress as you work to complete them. We also hope you’ll give AQIP permission to add the details about your Action Projects to its Action Project Directory, so that other institutions and the public can learn about the activities of the leaders in higher education quality improvement. Every September 14th, AQIP will expect you to provide a brief Annual Update on the progress you’re making or the problems you’ve encountered. In return, you get constructive feedback from quality experts selected because they are familiar with the process areas in which you’re working. The purpose of the feedback on these Annual Updates is to ensure you keep moving toward the goals you set for yourself, and to provide assistance if you get stuck.

Aim High and Learn

Ultimately, whether your institution succeeds or fails in a particular Action Project does not alarm AQIP, nor should it overly concern you. Taking risks – tackling difficult challenges, problems, or opportunities – sometimes leads to less success than we might desire. AQIP believes in setting “stretch targets,” in taking on challenges that help you to grow and learn – and develop new organizational muscle – even if one possible result is that you fail to reach the targets you set. As
the Scottish poet Robert Burns wrote, “A man’s reach must exceed his grasp – or what’s a heaven for?”

AQIP does not judge an institution on the success or failure of its individual Action Projects, but on the overall commitment it makes to continuous improvement and on the demonstrated improvement in performance that comes from that commitment over the long term. When you prepare your Systems Portfolio, the cumulative effects of all of your Action Projects – both the successes and failures – will be evident in institutional sophistication about process design and systems thinking, and in improvement in operational performance. Minor dips in a road rising toward improved quality are to be expected, and will not lead AQIP or others to judge your institution negatively.

If Conditions Change

If the situation, priorities, or fortunes of your institution change significantly, and the Action Projects to which you have committed yourself are no longer the most important things for you to be doing, all you need do is inform AQIP. You can abandon an Action Project at any time, replacing it with a new Project more vital to your institution’s success and performance. AQIP wants to know what happened (so we can learn from your experience and incorporate that learning into our program), but you do not need AQIP’s permission to substitute a new Project for one that is no longer desirable.

Similarly, when you complete an Action Project successfully, AQIP would like a short report of what you accomplished and learned so that we can (with your approval) share your success with the broader higher education community. AQIP then expects you to create a new Action Project to replace the one completed, so that you’ll always have three or four Action Projects on your institutional agenda, driving your continuous improvement effort forward. Consequently, short-term (under six month) intensive Projects are often highly desirable.

Some Background Reading on Action Projects and Action Learning

Michael J. Marquardt’s *Action Learning in Action: Transforming Problems and People for World-Class Organizational Learning* (Palo Alto, CA: Davies-Black Publishing, 1999) provides a good theoretical background of the way in which AQIP has designed its Action Project component. Marquardt draws upon the “action learning” work of Reg Revans in Britain, and discusses ways of implementing Action Projects, using teams to both increase the likelihood of success and to maximize the institutional learning that can be derived from the team’s experience.

Some of the current books on Six Sigma are also useful when conceptualizing and implementing an Action Project. Although Six Sigma projects are primarily concerned with the reduction of “defects” caused by excessive variation (an aspect of statistical process control not normally the subject of academic discussions), Six Sigma literature gives much good advice about the formulation of projects, the selection of project teams and champions, the desirability of setting “stretch” targets and accelerated timelines for project completion, and the ways to maximize institutional learning and spread the experience of success to other employees.
5.3 Declaring and Updating AQIP Action Projects

AQIP’s Goals for Action Projects

For all colleges and universities participating in AQIP, Action Projects serve important goals. They focus and highlight an institution’s efforts in undertaking specific improvement initiatives, and they provide the Higher Learning Commission with evidence that AQIP institutions are seriously committed to a regimen of continuous improvement.

For AQIP, the knowledge that a college or university is working on a series of concrete improvement projects provides minimal evidence that quality improvement is alive and active at that organization. For that reason, AQIP expects every participating organization institution to have three Action Projects underway at all times, and to share information about them.

For institutions new to AQIP

AQIP anticipates that an institution’s first Strategy Forum — and the selection of its initial Action Projects — will be the kickoff for a continuous series of projects. Contrary to some impressions, AQIP Action Projects do not form part of a four-year “cycle,” a closed loop, in which an institution attends a Strategy Forum, chooses three projects, completes them, and then puts its quality improvement efforts into hibernation until its next Strategy Forum rolls around. Action Projects are valuable to new AQIP institutions for three reasons:

1. First, they are a means of focusing institutions that are just joining AQIP into getting to work on three pressing projects to test their resolve to devote their efforts to quality improvement; forcing institutions to develop the superstructure(s) necessary to organize and oversee a quality initiative; making institutions engage their faculty and staff in selection of projects and empower employees by using them on project teams; and opening an avenue for peer interaction, feedback, and review beginning with the first Strategy Forum.

2. Second, Action Projects provide institutions a finite, concrete place to begin their quality improvement efforts, hopefully without the extended deliberation and delay that often comes with larger strategic planning activities in higher education. For many institutions, action is the antidote to stagnation, and the specific choice of project is less critical than the communication of a shared sense of activity, movement, and purpose. A demonstration that shared efforts could change things for the better is an important tangible result of these first projects.

3. Third in the design is the belief that while working on its Action Projects, an institution new to AQIP will have time to gather data for its Systems Portfolio, working towards an institutionally-understood summary of its current processes and performance, the benchmark for future improvement efforts. The concrete activity of the projects, and the fruit they bear quickly, serves to balance what might otherwise seem a long-term, rather theoretical but essential activity with a deferred payoff — creating the Systems Portfolio. To have institutions join AQIP and spend their first three years solely gathering data and producing a portfolio has little likelihood of appealing to dynamic institutions, or of helping them improve dramatically.

For experienced institutions already in AQIP

Veteran AQIP colleges or universities that are attending their second (or subsequent) Strategy Forum will:
have already made a serious commitment to continuous improvement,
have completed at least three (and hopefully more) Action Projects,
have three or more Action Projects underway when they attend the Forum,
have completed and kept up-to-date a Systems Portfolio describing the current
organization and performance of the major work systems in their organization; and
have received and studied the feedback from their Systems Appraisal.

This situation is quite different from an institution's first Strategy Forum, where AQIP's goal is to
stimulate the institution to action — both on projects and on creation of the systems Portfolio. At
its second and subsequent Forums, an institution should focus its attention on larger strategic
issues. Issues like the clarity of its mission, the relation of its strategies to its mission, its
mechanism for creating Action Projects or concrete action objectives and making sure they
implement strategic decisions, its processes for shaping and improving institutional culture, etc.
By this point in its evolution, an AQIP institution should need minimal outside help in choosing
and shaping Action Projects, and so the second Forum that an institution attends is quite different
from its first.

When an Action Projects ends, a new Action Project begins

As an institution completes or ends an Action Project, it becomes part of an accumulating visible
history of the institution's quality improvement activities. When an institution finishes an Action
Project, AQIP wants it to begin a new one, using the knowledge and skills gained from its earlier
projects to select, and shape the replacement. Before it formally declares a new project in the
AQIP Action Project Directory, the organization should get feedback on the idea for the new
project — from other institutions, or from outside quality experts.

Setting your Action Project Timetable

An Action Project should last as long as it takes — six weeks, three months, two years — to
achieve its goals, and no longer. Much of the value derived from an Action Project is learning how
to identify and solve a problem quickly. If you put together a team and give them years to solve a
problem that ought to take weeks or months, you may teach and reward procrastination, delay,
and unnecessary deliberation rather than inventiveness, focus, and teamwork. Moreover, if each
of your Action Projects takes a year or more, the number of projects you can accomplish in a
given period (and the number of people you can get involved in “action learning”) will be severely
limited.

In AQIP’s early days, it erroneously gave the impression that it was encouraging three-year long
Action Projects. What it meant to suggest was that three years was the maximum length for any
serious project, but that most should be much shorter — perhaps only three to six months. The
Declaration Form for Action Projects has been changed to prevent this problem in the future.
Instead of asking for goals for “Year 1,” “Year 2,” etc., it now asks for goals for up to three stages.
If you have a project with clear direct goals and a short timeline (say, a semester or less), make it
all a single stage. If it’s a bigger and longer project, you may want to create two or three stages
by identifying “mileposts” that will tell everyone when they move from one stage to another.

However you plan a project to run, bear in mind that pushing teams to solve problems quickly
often results in better and more creative solutions, communicates a higher level of energy and
enthusiasm to the rest of the institution, and helps your employees develop knowledge and skills
that will serve them will in other challenging situations.

Getting Feedback before you declare an AQIP Action Project

Before you declare any Action Project in the Action Project Directory, your must share the
Declaration Form (and Action Project Charter, if you have one) with outsiders to get feedback on
your planned project. The purpose of soliciting and considering this feedback is to ensure that AQIP institutions don’t undertake Action Projects with vague motivation or fuzzy objectives.

The Action Projects your institution comes up with at its first Strategy Forum have already received and benefited from this kind of feedback — from the facilitators and other teams that participated in the Forum.

But for institutions that have been in AQIP longer, starting an Action Project that did not receive feedback in an initial Strategy Forum requires that you solicit some outsider input before you solidify your project plan. You can do this by asking for feedback from higher learning institutions (preferably in AQIP) or quality experts in business or other fields. Be cautious about using a paid consultant for this. It’s best to get feedback from someone actually engaged in an organization that is doing work on processes similar to the one(s) you’re trying to improve. You can solicit the feedback in writing, or you can have a group from the institution meet with the reviewer(s) physically or by telephone conference. (Don’t let just one person from your institution receive and interpret the feedback; share it with a group.) You don’t have to share the feedback you get with AQIP, nor do you have to document for AQIP that you solicited feedback. The quality of your Action Projects themselves will demonstrate whether you went through this essential process, and the Annual Updates you do will provide AQIP with an opportunity to see the results of your work in selecting and defining projects.

Here are some good questions to use in soliciting feedback on new Action Projects:

- How clear and compelling are the organization’s reasons for undertaking this Action Project? How crucial is successfully achieving its goals for the institution? How will the Action Project directly benefit specific groups of people important to the institution? What do you see as the urgency or benefit of undertaking it now?

- How clear are the goals and scope of the proposed Action Project? How well will the stated goals and objectives allow everyone to agree objectively on whether the project is a success at some future date? How clearly has the organization identified measures or indicators that will tell it whether it has achieved its goals in completing the project?

- How appropriate is the institution’s timetable for this project? Is planned completion time too brief or too drawn-out? If the project extends longer than three months, are there clear “milestones” along the way that will enable the institution to measure reasonable progress or the lack of it?

- Has the institution chosen the right people to work on this project? Is the project team too small, too large, too diverse, too homogeneous, too inexperienced, lacking needed expertise, too heavy in high- or low-level people, etc.? Will they have the resources they will need?

- How well has the institution designed this project so that it both accomplishes its goals and provides a learning experience that will add to the value of those involved or develop the quality-orientation of the organization’s culture? How will doing this proposed Action Project stretch and increase the institution’s capacity to tackle and solve other challenges and projects?

Declaring your Action Projects publicly

At all times, every participating institution should share with AQIP — and the public — three
Action Projects that demonstrate the institution’s continuing commitment to and efforts in continuous improvement. The Declaration Form is online, part of the Action Project Directory available on AQIP’s website (www.AQIP.org). Declaring an Action Project requires:

- giving it a name and description that will help others understand your work and goals
- describing the goals of the project, inventing a set of measures or indicators that will tell you whether you are making progress toward your goal(s) and how you will determine when you complete the project and whether it was a success, partial success, or failure; and
- indicating whom at your institution others can contact if they wish to find out more about the Action Project (or offer to collaborate with you).

Below is a list of the items you must complete when you add your Action Projects to AQIP’s Action Project Directory, with explanations. When you enter the information into the Directory, use the following style guidelines:

Every word that you put into the Action Project Directory will appear as plain text – no formatting, boldface, italics, underlining, etc. If you need to highlight a word or give it emphasis, the simplest way is to use CAPITALS (or asterisks — two for **bold** and one for *italics*). Please use these devices sparingly. TOO MANY words IN CAPITALS can UNDERMINE THE GOAL of EMPHASIZING PARTICULAR words or phrases.

The Action Project Declaration Form on AQIP’s website does not require you to decide in advance how you are going to solve the problem or capitalize on the opportunity represented by the Action Project. That’s the job of the team members you put together to tackle the project. You don’t want to hamstring their creativity by dictating the solution to them before you give them a chance to solve the problem.

**The Action Project Commitment Declaration**

AQIP institutions complete their actual Action Project Commitment Declarations in the Action Project Directory on AQIP’s website, but the web form follows the structure below. We’ve provided brief explanations of what each item requires in italics, after the item.

Institution: (Name of your college or university)

Planned project kickoff date: (default is the date of the project declaration, but you can enter a different date):

Target project completion date: (the date you plan to complete the project):

Actual project completion date: (default is the date you retire the project, but you can specify a different date)

A. Give this Action Project a short title in 10 words or fewer.

   *Use a descriptive name containing nouns and verbs that will enable people searching for projects that interest them to find yours.*

B. Describe this Action Project’s goal in 100 words or fewer.

   *You don’t need to explain how you are going to accomplish the project’s goals, but the clearer and more explicit the purposes are to you, the more likely you are to mount a successful project.*

C. Identify the single AQIP Category that this Action Project will most affect or impact.
Identifying the primary AQIP Category will allow colleagues from other institutions who are searching for projects that interest them to find yours. Making clear which of the nine AQIP Categories is most related to the goals of your project will help you and others with similar interests to communicate.

D. Describe briefly your institution’s reasons for taking on this Action Project now — why the project and its goals are high among your current priorities.

E. List the organizational areas — institutional departments, programs, divisions, or units — most affected by or involved in this Action Project.

List the academic units, departments, or organizational areas that will be directly or indirectly affected by the project, or whose needs may influence the way the project is conceived.

F. Name and describe briefly the key organizational process (es) that you expect this Action Project to change or improve.

Some key processes have commonly used names (hiring, personnel evaluation, course preparation, program design, budgeting, planning, etc.) while others may require unique designations and descriptions.

G. Explain the rationale for the length of time planned for this Action Project (from kickoff to target completion).

If you plan for this project to last longer than one year, identify the goals you hope to reach at one or more interim phases as you work on the project. Establishing “mileposts” that mark progress toward your ultimate goal is equally useful for projects of shorter duration as well, but not required. These interim goals or mileposts should be objective measures or indicators that “stretch” or challenge your capacities and thereby build and extend your institution’s skills in tackling and solving problems.

H. Describe how you plan to monitor how successfully your efforts on this Action Project are progressing.

Your Action Projects are important, and deserve a central place in your institution’s attention. Explain how you plan to keep everyone focused on what you are working to achieve.

I. Describe the overall “outcome” measures or indicators that will tell you whether this Action Project has been a success or failure in achieving its goals.

Process measures tell you whether you are making progress toward accomplishing the project’s goals, and serve as “leading indicators” or predictors of a successful project. Outcomes measures tell you whether the project has actually accomplished the goals or purposes that led you to undertake it, measuring whether it was successful when completed.

J. Other information (e.g., publicity, sponsor or champion, external partners, etc.)

K. Project Leader and contact person (First Name, Middle Initial, Last name, Title, Email, Telephone)
Supply the name and contact information for the project manager or leader of the project team above, an employee of your institution who will be directly responsible for the work of doing this Action Project. Each of your Action Projects should have a different contact person. If the person with this responsibility changes, you should update the Action Project information on AQIP’s Action Project Directory.

Updating Your Action Projects: Goals of the Annual Update Process

Every year, September 14th is the date Annual Updates are due on each of your institution’s Action Projects. (You must provide an Annual Update on any project declared before April 15. You may provide Updates for projects declared between April 15 and July 1; if you do, you will get formal feedback from AQIP.) There will be no extensions of the Annual Update deadline for any reason. These Updates serve to keep AQIP informed about:

• the progress you are making, based on each project’s timelines, goals, and measures;
• the problems, snags, delays, and challenges you have encountered; and
• any outstanding successes and discoveries you have made.

You should view the Annual Update process as an opportunity to identify areas where you want to solicit objective input that will be useful to you as you continue each project. The process is not designed to judge, trap, or penalize you, but to help you stay on course to accomplish the goals you set for yourself.

Your responses should be direct, factual, and provide AQIP with a clear picture of your progress, accomplishments, and challenges.

Steps for Entering an Annual Update into the Action Project Directory:

1. On the AQIP Homepage select the Action Project Directory link to go the Action Project Directory page. In the Action Project Directory Page click on either Institutional Login at the left in the blue navigation column or Click here to login and manage your Action Projects at the very bottom of the page. Both of these links will take you to the institutional login page.

2. Enter the login and password assigned to your institution after attending the Strategy Forum.

3. You will see the Liaison Welcome Page.

4. In the blue column on the left, select the button labeled Manage Action Projects.

5. The next screen will show all of the Action Projects for your institution, both current ones and those listed in draft, cancelled or retired status. When your project is listed in draft status you will not be able to submit an Annual Update. It must be listed as current to enable the Annual Update fields to show. To edit your Action Project Declaration, your project must be in draft status. If it is already listed as current, but you want to make changes, you will need to change the status in the drop-down menu and then click on Save Status.

6. Select the Submit New Update button beneath a current Action Project you wish to update.

7. At the bottom of your Action Project Declaration, you will now see the Annual Update fields with the 5 questions you need to answer. You can type your answers directly into the fields or cut-and-paste from a text file.
8. Once you fill in the update questions, to save the Update and come back to it later you must click the No option in the drop-down menu beneath the project and then click on Save. If you have completed the Update and are ready to submit it for Review, choose the Yes option from the drop-down menu and then click on Save. Once you do this, you will no longer be able to see or edit your Update.

**Update Questions.** For the 2005-06 academic year, each Update consists of your answers to five required questions. (Update questions may change in the future.)

#1 *Describe the past year’s accomplishments and the current status of this Action Project.*

Describe concrete achievements: meetings, data gathered and analyzed, plans made or implemented, changes in processes, and measured results. If you haven’t made much progress, explain why you think things are moving slower than planned.

#2 *Describe how the institution involved people in work on this Action Project.*

AQIP wants Information about motivation and communication: how you kept this project on the institution’s priority list, how you maintained general awareness of the importance and progress of the project, and how you kept those working on it directly active and motivated.

#3 *Describe your planned next steps for this Action Project.*

Be specific about the next critical steps you are planning to move the Action Project ahead. If your planning is vague or there is no planning at this point, explain why.

#4 *Describe any “effective practice(s)” that resulted from your work on this Action Project.*

Share practices (or processes, policies, procedures, or initiatives) that could be adopted or adapted at other institutions. AQIP is most interested in practices that would give value (better educational services, cost-savings, improved morale, more satisfied stakeholders, etc.) to another institution if they copied your innovation. If you believe that your work on this project has little or no value for other institutions, explain why.

#5 *What challenges, if any, are you still facing in regards to this Action Project?*

This is an opportunity to get constructive, actionable feedback and advice from our review process. Use this question to specify where your blocks, gaps, sticking points, or problems are. If you have already fashioned strategies to deal with any challenge you face, share both the challenge and your strategy for meeting it.

When the Update is posted, the assigned Reviewer receives an automated email alert. When the Reviewer has completed the review, it is sent to a Review Manager for final posting.

All Reviewer feedback will be posted within the Directory by Nov. 19th. You will need to login to the Directory to see the feedback. After all reviews are completed and posted, your institution will be invoiced $150 per Annual Update Review.

All Annual Updates must be posted to the Action Project Directory by midnight, Sept. 14th. After that date, the submit Annual Update option will be removed.
5.4 Principles and Categories for Improving Academic Quality

Origins and Purposes of the Academic Quality Improvement Program

Launched in July 1999 with a generous grant from the Pew Charitable Trusts, the Academic Quality Improvement Program attempts to infuse the principles and benefits of continuous improvement into the culture of colleges and universities by providing an alternative process through which an already-accredited institution can maintain its accreditation from the Higher Learning Commission of the North Central Association of Colleges and Schools. With AQIP, an institution has the opportunity to demonstrate it meets the Higher Learning Commission’s accreditation standards and expectations through sequences of events that naturally align with those ongoing activities that characterize organizations striving to improve their performance. By sharing both its advancement activities and the results of these actions with AQIP, an institution provides the Higher Learning Commission with the evidence it needs both to make a public quality assurance judgment and to support and to assist the institution in its efforts to excel at achieving the distinctive higher education mission it has set for itself.

To achieve these goals, AQIP uses direct, cost-effective, processes that themselves are continuously improved. Full details about AQIP’s Strategy Forums, Systems Appraisals, and various other services are available from the AQIP website (www.AQIP.org). The website also provides links that individuals and institutions can use to learn more about involvement, about quality and systematic improvement, or about the other initiatives that AQIP is undertaking to support its network of participants.

Principles of High Performance Organizations

Research and experience indicate that common principles — Focus, Involvement, Leadership, Learning, People, Collaboration, Agility, Foresight, Information, and Integrity — permeate colleges and universities that have achieved a systematic approach to continuous quality improvement. These qualities underlie all of the Academic Quality Improvement Program’s Categories, activities, processes, and services, and they represent the values to which AQIP itself aspires organizationally.

Focus. A mission and vision that focus on students’ and other stakeholders’ needs provide quality-driven higher education organizations with the foundation they need to shape communication systems, organizational and decision-making structures, and planning and improvement processes. An institution earns the trust, confidence, and loyalty of its current and potential students and its other stakeholders — both external and internal, including faculty, staff, administrators, and trustees — by actively developing and regularly employing listening tools essential for gathering and understanding their diverse and distinctive perspectives. The institution interprets and weighs these expressed needs, preferences, hopes, and requirements to frame ongoing communication, discussion, and refinement of a common mission and vision. Faculty, staff, and administrators integrate this shared focus into their individual work goals and decision-making strategies.

Involvement. Broad-based faculty, staff, and administrative involvement encourages better decisions and strengthens individual and group ownership of systems, activities, and initiatives. Individuals understand how what they do affects others within and outside the organization, and appreciate how their work helps further the institution’s mission. A culture of involvement draws on the expertise and practical experience of those people closest to a situation and helps leaders across the organization anticipate the complex implications of decisions. Such involvement often helps initiate and implement improvements that better meet student’s and other stakeholders’ needs. A culture of
involvement requires ongoing development of people’s skills in making fact-based decisions, working with diverse groups, resolving conflicts, and using quality-based tools to build consensus.

Leadership. Leaders and leadership systems that support a quality culture consistently model those values and behaviors that communicate to all constituents a clear and compelling vision of the future. Leaders have a responsibility to make sure that everyone understands and values the institution’s mission, goals, and directions — and uses this understanding to inform individual work goals and decision-making strategies. Leadership must work to help students and other stakeholders share this understanding as well. Further, leadership must ensure that an institution’s systems and processes align with its mission and vision, making certain that the necessary resources — people, policies, funds, facilities, equipment, supplies, time, energy, and other assets — are allocated and used to support the overall mission and vision.

Learning. A learning-centered environment allows an institution dedicated to quality to develop everyone’s potential talents by centering attention on learning — for students, for faculty and staff, and for the institution itself. By always seeking more effective ways to enhance student achievement through careful design and evaluation of programs, courses, and learning environments, both the institution and its employees demonstrate an enthusiastic commitment to organizational and personal learning as the route to continuous improvement. Seeing itself as a set of systems that can always improve through measurement, assessment of results, and feedback, the institution designs practical means for gauging its students’ and its own progress toward clearly identified objectives. Conscious of costs and waste — whether human or fiscal — leadership champions careful design and rigorous evaluation to prevent problems before they occur, and enables the institution to continuously strengthen its programs, pedagogy, personnel, and processes.

People. Respect for people and the willingness to invest in them leads the quality-driven institution to prize and support the systematic development of its individual faculty, staff, and administrators. Recognizing that fully developing and using its people’s abilities strengthens its most valuable resource, it consciously invests in all its people as leaders and learners through ongoing education, training, and opportunities for continuing development. Leadership encourages individuals to take responsibility in crafting and following through on professional and personal growth plans aimed at acquiring, practicing, and using new skills and knowledge to better serve students and other stakeholders. It nourishes a sense of responsibility and ownership in which all individuals understand how their role contributes to the measurable success of the institution and how they can become engaged as full participants in its improvement processes.

Collaboration. Collaboration and a shared institutional focus promote support for a common mission. A quality-driven institutions encourages active collaboration among and within different internal departments and operational areas, and, externally, between the institution and other institutions or organizations. It removes internal barriers to collaboration, such as the constraints individuals often experience within a hierarchical chain of command or when they find themselves working for a sub-unit rather than the larger organization. The institution provides its faculty, staff, and administrators with the training and resources successful collaborative demands, rewarding effective cooperation and celebrating model collaborative efforts with internal or external partners.

Agility. Agility, flexibility, and responsiveness to changing needs and conditions allow high performance institutions to transform themselves. Traditionally colleges and universities have enjoyed more reflective and deliberative cultures than organizations, but the rapid development of new knowledge and technologies and the rising expectations of external stakeholders are altering these environments. As the pace of change quickens and competition becomes commonplace in higher education, the quality-driven institution develops the flexibility to respond quickly to opportunities, threats, and shifting needs and
practices. It redirects its attention and resources in response to new requirements, and accurately monitors its performance in responding to such demands.

**Foresight.** Planning for innovation and improvement allows quality-driven institutions to think into the future, tracking trends in order to better predict how conditions will change, and anticipating how those changes may affect students and other stakeholders, operations, and performance. In dynamic or trying situations, the institution with foresight can innovate proactively, making meaningful changes to improve its services and processes in ways that create new or additional value for its students and other stakeholders. Open to new approaches and techniques, the institution designs, tests, and improves its planning structures and processes through practical use and experience.

**Information.** Fact-based information gathering and thinking to support analysis and decision-making give the quality-driven institution and its personnel the ability to assess current capacities and measure performance realistically. Faculty, staff, and administrators track progress concretely and consistently, and use performance results to set ambitious but attainable targets that increase and improve the institution's capability to meet its students' and other stakeholders' needs and expectations. Data-enriched thinking nurtures evaluation and a results-orientation that maximizes the benefits and value produced for students and other stakeholders. The institution develops and refines systems for gathering and assessing valuable feedback and data, and continually seeks better methods for obtaining the most useful information on which to base decisions and improvements.

**Integrity.** Integrity and responsible institutional citizenship allow quality-driven institutions to model their values in both words and deeds. In recognizing and fulfilling its public responsibility, the institution treats people and organizations with equity, dignity, and respect. Demonstrating responsible citizenship, it anticipates and takes into account the consequences of its actions upon the various larger communities to which it belongs, and upon the higher education system, regionally, nationally, and globally. Mindful that education serves society, the institution continuously examines its practices to make certain its effects and results actively contribute to the common good.

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**Systems Thinking in the Process-Focused Organization**

What most distinguishes AQIP from traditional reaccreditation is its concentration on systems and processes both as the basis for quality assurance and as the lever enabling institutional improvement. The figure below shows how the nine AQIP Categories together describe the interrelationships among systems essential to any effective college or university, using *quality* to refer to the never-ending improvement of systems and processes in support of mission.

**The Academic Quality Improvement Program Categories**

- **Understanding Students' and Other Stakeholders' Needs**
- **Valuing People**
- **Leading and Communicating**
- **Supporting Institutional Operations**
- **Planning Continuous Improvement**
- **Building Collaborative Relationships**
- **Helping Students Learn**
- **Accomplishing Other Distinctive Objectives**
- **Measuring Effectiveness**
AQIP insists that every institution be lucid and direct about what it is trying to accomplish, and clear about identifying those for whom it is doing the things on which it expends its energies and capital. To do this effectively, every institution needs a system than can decipher precisely the shifting needs of its particular target students and stakeholders. At the left of the figure, **Understanding Students’ and Other Stakeholders’ Needs** examines this system, which reestablishes the basis for accountability by determining the requirements, expectations, and preferences of an institution’s stakeholders. Knowing the needs it chooses to serve delineates a higher education institution’s mission and vision. In turn, this understanding drives everything else — the design and operation of the other systems and processes an institution establishes to carry out its mission.

On the figure’s right end, **Helping Students Learn** highlights the core processes — such as instructional design and delivery — that contribute directly to student learning, an educational institution’s primary purpose and achievement. **Accomplishing Other Distinctive Objectives** provides for diversity in the character of higher education institutions by encompassing the variety of processes that institutions administer to pursue additional critical goals, such as research, development of endowment funds, competitive athletics, or service to specific communities. Together, these two Categories examine the key processes that an institution employs to create value directly for its students and its other stakeholders. In the eyes of those an institution serves, the processes included in these systems are the apparent reasons it exists. They are where an institution touches and affects the lives of its stakeholders.

The center of the diagram exemplifies the array of internal systems and processes that every institution must design and operate in order to enable and support those processes that directly impact the people it serves. **Valuing People, Leading and Communicating, Supporting Institutional Operations, Planning Continuous Improvement, and Building Collaborative Relationships** designate the major systems and activities through which an institution achieves the mission that its students and other stakeholders require. However these systems are enablers, making the delivery of educational and other services possible, and are often themselves invisible to students and stakeholders. The AQIP Categories require searching examination of these internally hidden support systems and processes. These five Categories do not merely review independently operating departments, offices, and divisions, but seek to understand a set of critical systems that must be linked and aligned in ways that allow an institution to maximize its ability to give its students and stakeholders the services they need.

Underlying everything, **Measuring Effectiveness** sustains other institutional systems by effectively collecting, storing, retrieving, and interpreting the information needed to improve the entire institution. While AQIP recognizes the importance of inputs and resources, this Category stresses the necessity for an organization to measure accurately its current performance in key processes— to know whether it is delivering what students and stakeholders require and expect. By developing and using performance metrics, an institution ensures that it is using its resources effectively, demonstrating its accountability to those who fund and support it. When gaps exist between present performance and possible or desirable results, new strategies for improvement come primarily through understanding those existing systems and processes that produced the current results.

Together, the nine AQIP Categories analyze interrelationships among systems essential to all effective colleges and universities. To advance the core purpose of all higher education, the Categories take a systemic view, defining and evaluating all of the key systems or processes within an institution as they relate to learning, and demanding concrete indicators that measure the effectiveness of those systems and processes. The questions in each Category provide every institution a roadmap for the examination of its systems by posing two questions repeatedly: *Are we doing the right things to achieve our mission? and Are we doing those things well?* Mission-
focused and holistic, the Categories provide a framework that supports improvement within any organization whose mission targets learning.

Using the Categories

Each of the Categories deals with a related group of processes, and allows an institution to analyze, understand, and explore opportunities for improving these processes. Thus each Category asks:

- How does your institution approach these processes? How do you design and stabilize key processes? Have you evolved methods you use consistently to achieve the goals you want?
- How broadly have you implemented your approach across different departments, operations, and locations?
- How do you measure your processes and evaluate your results? What trends do you perceive? How do your results compare with the results of others’ approaches designed to achieve similar goals?
- How do you use information about your processes’ performance results to improve your own approach? How does your institution learn to improve continuously from your experience with these processes?
- How effectively do your processes and their results serve your students’ and other stakeholders’ needs?

AQIP Category One
Helping Students Learn

Helping Students Learn identifies the shared purpose of all higher education organizations, and is accordingly the pivot of any institutional analysis. This Category focuses on the teaching-learning process within a formal instructional context, yet also addresses how your entire institution contributes to helping students learn and overall student development. It examines your institution’s processes and systems related to:

- Learning objectives
- Mission-driven student learning and development
- Intellectual climate
- Academic programs and courses
- Student preparation
- Key issues such as technology and diversity
- Program and course delivery
- Faculty and staff roles
- Teaching and learning effectiveness
- Course sequencing and scheduling
- Learning and co-curricular support
- Student assessment
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Helping Students Learn

Context for Analysis (C)

1C1 What are the common student learning objectives you hold for all of your students (regardless of their status or particular program of study) and the pattern of knowledge and skills you expect your students to possess upon completion of their general and specialized studies?

Note 1: As appropriate, address co-curricular objectives/goals. Category 6, Supporting Institutional Operations, asks how you determine, address and improve your learning support systems to contribute to achieving student learning and development objectives.

1C2 By what means do you ensure your student learning expectations, practices, and development objectives align with your mission, vision, and philosophy?

1C3 What are your key instructional programs? What delivery methods are used within these key programs? To what degree is technology used within the formal instructional context?

1C4 What practices do you use to ensure your design and delivery of student learning options are preparing...
students to live in a diverse world and that the options accommodate a variety of student learning styles?

1C5 By what means do you create and maintain a climate that celebrates intellectual freedom, inquiry, reflection, respect for intellectual property, and respect for differing and diverse opinions?

Processes (P)

1P1 How do you determine your common student learning objectives as well as specific program learning objectives? Who is involved in setting these objectives?

1P2 How do you design new programs and courses to facilitate student learning? How do you balance educational market issues with student needs in designing responsive academic programming?

1P3 How do you determine the preparation required of students for the specific curricula, programs, courses, and learning they will pursue?

1P4 How do you communicate expectations regarding student preparation and student learning objectives (for programs, courses, and the awarding of specific degrees or credentials) to prospective and current students? How do admissions, student support, and registration services aid in this process?

1P5 How do you help students select programs of study that match their needs, interests and abilities? In providing this help, how are discrepancies between the necessary and actual preparation of students and their learning styles detected and addressed?

1P6 How do you determine and document effective teaching and learning? How are these expectations communicated across the institution?

Note 2: Category 4, Valuing People, examines how you ensure your hiring practices take into account the needs for appropriate faculty talents and credentials and how you ensure your reward and recognition systems are aligned with your teaching and learning objectives.

1P7 How do you build an effective and efficient course delivery system? How do delivery decisions balance student and institutional needs?

1P8 How do you monitor the currency and effectiveness of your curriculum? What process is in place for changing or discontinuing programs and courses?

1P9 How do you determine student and faculty needs relative to learning support? How are learning support areas involved in the student learning and development process?

Note 3: Learning support areas to address may include library, advising, and tutoring, as appropriate.

1P10 How are co-curricular development goals aligned with curricular learning objectives?

Note 4: From the point of view of the formal instructional process, Category 6, Supporting Institutional Operations, asks how support areas such as residence life, student activities, advising, counseling, etc. address student development performance (learning, behaviors, values, activities, etc.) and determine processes and goals to aid in student development.

1P11 How do you determine the processes for student assessment?

1P12 How do you discover how well prepared students completing programs, degrees, and certificates are for further education or employment?

1P13 What measures of student performance do you collect and analyze regularly?

Results (R)

1R1 What are your results for common student learning objectives as well as specific program learning objectives?

1R2 What is your evidence that students have acquired the knowledge and skills base required by the institution and its stakeholders (i.e., other educational institutions and employers) for the awarding of specific degrees or credentials?

Note 5: Results might address perspectives of other higher education institutions, employers, etc.

1R3 What are your results for processes associated with Helping Students Learn?

Note 6: Results might include processes in designing and introducing new courses and programs, using technology and its impact, evidence of effective teaching, processes associated with scheduling, etc.

1R4 Regarding 1R1 through 1R3, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 7: For 1R1 through 1R4, address historical trends and patterns, as appropriate.

Improvement (I)

1I1 How do you improve your current processes and systems for helping students learn and develop?

1I2 With regard to your current results for student learning and development, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?
Accomplishing Other Distinctive Objectives

Accomplishing Other Distinctive Objectives addresses the processes that contribute to the achievement of your institution’s major objectives that complement student learning and fulfill other portions of your mission. Depending on your institution’s character, it examines your institution’s processes and systems related to:

- Identification of other distinctive objectives
- Alignment of other distinctive objectives
- Faculty and staff roles
- Assessment and review of objectives
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Accomplishing Other Distinctive Objectives

Context for Analysis (C)

2C1 What are your explicit institutional objectives in addition to Helping Students Learn (Category 1)?

Note 1: Accomplishing Other Distinctive Objectives may include pure and applied research and scholarship, professional and public service, institutional citizenship, service learning, service to a religious order or philosophy, economic stimulation and development of the community, growth in organizational capital, participation in college athletics and other auxiliary or secondary activities, or any other major activities to which the institution commits substantial resources, energy, and attention. These objectives are distinctive because they distinguish your institution’s unique identity, while Helping Students Learn is an objective you share with all other higher education institutions.

2C2 By what means do you ensure your other distinctive objectives align with your mission, vision, and philosophy?

2C3 How do your other distinctive objectives support or complement your processes and systems for Helping Students Learn?

Processes (P)

2P1 How do you determine your other distinctive objectives? Who is involved in setting these objectives?

2P2 How do you communicate your expectations regarding these objectives?

Note 2: Category 4, Valuing People, examines the ways you make certain your reward and recognition systems are aligned with your other distinctive objectives.

2P3 How do you determine faculty and staff needs relative to these objectives?

2P4 How are these objectives assessed and reviewed? Who is involved and how is their feedback incorporated in readjusting the objectives or the processes that support them?

2P5 What measures of accomplishing your other distinctive objectives do you collect and analyze regularly?

Results (R)

2R1 What are your results in accomplishing your other distinctive objectives?

2R2 Regarding 2R1, how do your results compare with the results of peer institutions? How do they compare, if appropriate, with other higher education institutions and organizations outside of the education community?

Note 3: For 2R1 and 2R2, address historical trends and patterns, as appropriate.

2R3 How do your results in accomplishing other distinctive objectives strengthen your overall institution? How do they enhance your relationship with the community(s) and region(s) you serve?

Improvement (I)

2I1 How do you improve your systems and processes for accomplishing your other distinctive objectives?

2I2 With regard to your current results for accomplishing your other distinctive objectives, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Three

Understanding Students’ and Other Stakeholders’ Needs

Understanding Students’ and Other Stakeholders’ Needs examines how your institution works actively to understand student and other stakeholder needs. It examines your institution’s processes and systems related to:

- Student and stakeholder identification
- Student and stakeholder requirements
- Analysis of student and stakeholder needs
Complaint collection, analysis, and resolution
Determining satisfaction of students and stakeholders
Measures
Analysis of results
Improvement efforts

Answer these questions about
Understanding Students’ and Other Stakeholders’ Needs

Context for Analysis (C)

3C1 Into what key groups do you subcategorize your students and other stakeholders? How do you define and differentiate these student and other stakeholder groups?

Note 1: Students are any educational institution’s primary stakeholders, but your institution may see its mission as serving other groups as well. For purposes of Category 3, other stakeholders refers to those groups that have a major stake in your institution’s success, such as, for example, parents, alumni, board members, local and regional communities, employers, and legislators. Internal groups (e.g., faculty and staff) are addressed in Category 4, Valuing People.

3C2 What are the short- and long-term requirements and expectations of your student and other stakeholder groups?

Processes (P)

3P1 How do you identify the changing needs of your student groups? How do you analyze and select a course of action regarding these needs?

Note 2: Changing needs might address, for example, needs that will impact enrollment in programs and courses, services provided, and facilities required, as appropriate.

3P2 How do you build and maintain a relationship with your students?

Note 3: Address current and prospective students, as appropriate.

3P3 How do you identify the changing needs of your key stakeholder groups? How do you analyze and select a course of action regarding these needs?

Note 4: Changing needs might address, for example, needs of the communities and region that you serve and needs that will impact students upon entry into internship and service opportunities, the job market, and further educational opportunities, as appropriate.

3P4 How do you build and maintain a relationship with your key stakeholders?

Note 5: Address both current and prospective stakeholders, as appropriate.

3P5 How do you determine if new student and stakeholder groups should be addressed within your educational offerings and services?

Note 6: How you anticipate the future needs of your student and other stakeholder groups and include them in your planning process should be addressed in Category 8, Planning Continuous Improvement.

3P6 How do you collect complaint information from students and other stakeholders? How do you analyze this feedback both in a formative and summative manner and select a course of action? How do communicate your actions to students and stakeholders?

3P7 How do you determine student and other stakeholder satisfaction? What measures of student and other stakeholder satisfaction do you collect and analyze regularly?

Results (R)

3R1 What are your results for student satisfaction with your performance?

Note 7: Results might include satisfaction with instructional and supporting institutional operations, as driven by the requirements identified in 3C2 Results might include complaint information as well.

3R2 What are your results for the building of relationships with your students?

Note 8: Results might address, for example, attrition and retention, transfer, loyalty, and overall value ratings.

3R3 What are your results for stakeholder satisfaction with your performance?

Note 9: Results regarding serving the communities and region that you serve should be addressed in Category 2, Accomplishing Other Distinctive Objectives.

3R4 What are your results for the building of relationships with your key stakeholders?

Note 10: Results might address, for example, retention, loyalty, and overall value ratings.

3R5 Regarding 3R1 through 3R4, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?
Note 11: For 3R1 through 3R5, address historical trends and patterns, as appropriate.

Improvement (I)
3I1 How do you improve your current processes and systems for understanding the needs of your key student and other stakeholder groups?

3I2 With regard to your current results for understanding the needs of your key student and other stakeholder groups, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Four
VALUING PEOPLE

Valuing People explores your institution’s commitment to the development of your faculty, staff, and administrators since the efforts of all are required for institutional success. It examines your institution’s processes and systems related to:

- Work and job environment
- Workforce needs
- Training initiatives
- Job competencies and characteristics
- Recruitment, hiring, and retention practices
- Work processes and activities
- Training and development
- Personnel evaluation
- Recognition, reward, compensation, and benefits
- Motivation factors
- Satisfaction, health and safety, and well-being
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Valuing People

Context for Analysis (C)
4C1 In what distinctive ways do you organize your work environment, work activities, and job classifications to strengthen your focus on student learning and development?

Note 1: Valuing People addresses your workforce, including faculty, staff, and administrators. As appropriate, address your student work force throughout Category 4 as well.

4C2 What key institutional and geographic factors determine how you address your work environment and job classification? In what ways do you use part-time employees?

4C3 What demographic trends do you analyze as you look at your workforce needs over the next decade?

Note 2: Also discuss how your plans addressed in Category 8, Planning Continuous Improvement, include these trends and needs.

4C4 What key faculty, staff, and administrative training initiatives are you currently undertaking or planning to implement in the near future?

Processes (P)
4P1 How do you identify the specific credentials, skills, and values required for faculty, staff, and administrators? How do your hiring processes make certain people you employ possess these requisite characteristics?

4P2 How do you recruit, hire, and retain employees? How do you orient all employees to your organization? How do you plan for changes in personnel?

4P3 How do your work processes and activities contribute to communications, cooperation, high performance, innovation, empowerment, organizational learning, and skill sharing? How do you ensure the ethical practices of all employees?

4P4 How do you train and develop all faculty, staff, and administrators to contribute fully and effectively throughout their careers with your institution? How do you reinforce this training?

Note 3: Training and development might include, for example, leadership training at all organizational levels, the use of technology, safety issues, the collection and use of tools associated with measuring effectiveness, and the key issues associated with educational changes.

4P5 How do you determine training needs? How is your training aligned with your plans addressed in Category 8, Planning Continuous Improvement, and how does it augment your focus on helping students learn and accomplishing other distinctive objectives?

Note 4: Include how you prepare all personnel to contribute to a culture of continuous improvement and an understanding of how their roles and responsibilities contribute to the success of your institution.

4P6 How do you design and use your personnel evaluation system? How does this system align with your objectives in Category 1, Helping Students Learn, and in Category 2, Accomplishing Other Distinctive Objectives?

Note 5: Include how you provide feedback to employees.
4P7 How do you design your recognition, reward, and compensation systems to align with your objectives in Category 1, Helping Students Learn, and in Category 2, Accomplishing Other Distinctive Objectives? How do you support employees through benefits and services?

4P8 How do you determine key issues related to the motivation of faculty, staff, and administrators? How are these issues analyzed and how is a course of action selected?

4P9 How do you provide for and evaluate employee satisfaction, health and safety, and well-being?

Note 6: Specify varying methods, if appropriate, for faculty, staff, and administrators.

4P10 What measures of valuing people do you collect and analyze regularly?

4R1 What are your results in valuing people?

Note 7: Include faculty, staff, and administrator satisfaction, health and safety, well-being, and your employees' impact on institutional development.

4R2 What are your results in processes associated with valuing people?

Note 8: Results might include, for example, processes in designing, modifying, and delivering new recruitment and selection procedures, orientation and/or training sessions, retention of employees, and employee evaluation systems.

4R3 What evidence indicates the productivity and effectiveness of your faculty, staff, and administrators in helping you achieve your goals?

4R4 Regarding 4R1 and 4R3, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 9: For 4R1 through 4R4, address historical trends and patterns, as appropriate.

4I1 How do you improve your current processes and systems for valuing people?

4I2 With regard to your current results for valuing people, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Five
LEADING AND COMMUNICATING

Leading and Communicating addresses how your institution's leadership and communication structures, networks, and processes guide your institution in setting directions, making decisions, seeking future opportunities, and building and sustaining a learning environment. It examines your institution's processes and systems related to:

- Leading activities
- Communicating activities
- Alignment of leadership system practices
- Institutional values and expectations
- Direction setting
- Future opportunity seeking
- Decision making
- Use of data
- Leadership development and sharing
- Succession planning
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Leading and Communicating

Context for Analysis (C)

5C1 Describe your leadership and communication systems. (A brief chart or summary of groups, committees, or teams and their functions may be useful in describing these systems.)

Note 1: Your leadership system includes not only individuals who have day-to-day supervisory or decision-making responsibility to manage the institution, but also leadership groups within your institution and the oversight entities such as institutional or state boards, or trustees.

5C2 In what ways do you ensure that the practices of your leadership system - at all institutional levels - align with the practices and views of your board, senior leaders, and (if applicable) oversight entities?

5C3 What are your institutional values and expectations regarding ethics and equity, social responsibilities, and community service and involvement?

Note 2: Specific community service and involvement activities may be addressed in Category 2. Accomplishing Other Distinctive Objectives. For purposes of Category 5, address the overall values and expectations set forth by leaders.
Processes (P)

5P1 How do your leaders set directions in alignment with your mission, vision, and values and that are conducive to high performance, individual development and initiative, organizational learning, and innovation? How do these directions take into account the needs and expectations of students and key stakeholder groups and create a strong focus on students and learning?

5P2 How do your leaders guide your institution in seeking future opportunities and building and sustaining a learning environment?

5P3 How are decisions made in your institution? How do you use teams, task forces, groups, or committees to recommend or make decisions, and to carry them out?

Note 3: Describe how decisions are actually made and implemented, even if this differs from your theoretical or procedural governance guidelines.

5P4 How do your leaders use information and results in their decision-making process?

Note 4: By specific group and with what frequency, describe the key results reviewed. Key results refer to those results, from all organizational areas, which are critical to your understanding whether your institution is succeeding — the kind of results described in the nine AQIP Categories.

5P5 How does communication occur between and among institutional levels?

Note 5: Address downward, upward, and 2-way communication, as well as how leaders and leadership groups communicate with one another.

5P6 How do your leaders communicate a shared mission, vision, values, and high performance expectations regarding institutional directions and opportunities, learning, continuous improvement, ethics and equity, social responsibilities, and community service and involvement?

5P7 How are leadership abilities encouraged, developed and strengthened among faculty, staff, and administrators? How are leadership best practices, knowledge, and skills communicated and shared throughout your institution?

5P8 How do your leaders and board members ensure that your mission, vision, and values are passed on during leadership succession? How is your leadership succession plan developed?

Note 6: Describe your leadership succession plan.

5P9 What measures of leading and communicating do you collect and analyze regularly?

Results (R)

5R1 What are your results for leading and communicating processes and systems?

Note 7: Results might include, for example, leadership effectiveness, satisfaction with leadership, leadership communication effectiveness, value of decisions made, etc.

5R2 Regarding 5R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 8: For 5R1 and 5R2, address historical trends and patterns, as appropriate.

Improvement (I)

5I1 How do you improve your current processes and systems for leading and communicating?

Note 9: Address how you use student, faculty, staff, administrator, and key stakeholder feedback, as appropriate.

5I2 With regard to your current results for leading and communicating, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Six
SUPPORTING INSTITUTIONAL OPERATIONS

Supporting Institutional Operations addresses the variety of your institutional support processes that help to provide an environment in which learning can thrive. It examines your institution’s processes and systems related to:

- Student support
- Administrative support
- Identification of needs
- Contribution to student learning and accomplishing other distinctive objectives
- Day-to-day operations
- Use of data
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Supporting Institutional Operations
Context for Analysis (C)
6C1 What are your key student and administrative support service processes? What are the support service process needs of students and other stakeholder groups?

Note 1: Student support services could include, for example, admissions, advising, athletics, bookstore, campus activities, campus safety, career services, computing, disability services, financial aid, food services, health, library, registration, residential life, and tutoring. Administrative support services could include, for example, accounting, business office, cashing, custodial services, facilities planning and management, financing, maintenance, purchasing, and risk management. Address which services, if any, are outsourced.

6C2 How do your key student and administrative support services reinforce processes and systems described in Category 1, Helping Students Learn, and Category 2, Accomplishing Other Distinctive Objectives?

Processes (P)
6P1 How do you identify the support service needs of your students?

6P2 How do you identify the administrative support service needs of your faculty, staff, and administrators, as well as other key stakeholder groups (e.g., oversight board, alumni, etc.)?

6P3 How are your key student and administrative support service processes managed on a day-to-day basis to ensure that they are meeting the needs of students and key stakeholder groups? How do you document your processes and encourage knowledge sharing, innovation and empowerment?

Note 2: Address how feedback from students and key stakeholder groups (including faculty and staff) is used to change processes.

6P4 How do your key student and administrative support service processes use information and results to improve their services?

Note 3: Address how information and results are used on a day-to-day and summative basis.

6P5 What measures of student and administrative support service processes do you collect and analyze regularly?

Results (R)
6R1 What are your results for student support service processes?

6R2 What are your results for administrative support service processes?

Note 4: Address patterns of financial capacity as well as other indicators of institutional health and viability.

6R3 Regarding 6R1 and 6R2, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 5: For 6R1 through 6R3, address historical trends and patterns, as appropriate.

Improvement (I)
6I1 How do you improve your current processes and systems for supporting institutional operations?

6I2 With regard to your current results for student and administrative support processes, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Seven
MEASURING EFFECTIVENESS

Measuring Effectiveness examines how your institution collects, analyzes, and uses information to manage itself and to drive performance improvement. It examines your institution's processes and systems related to:

- Collection, storage, management, and use of information and data – at the institutional and departmental/unit levels
- Institutional measures of effectiveness
- Information and data alignment with institutional needs and directions
- Comparative information and data
- Analysis of information and data
- Effectiveness of information system and processes
- Measures
- Analysis of results
- Improvement efforts

Answer these questions about Measuring Effectiveness

Context for Analysis (C)
7C1 In what ways do you collect and store information and data, both in centralized and decentralized circumstances? In what ways is this information made accessible to those that need it?

Note 1: Address your primary data collection mechanisms, as appropriate, your information system(s) – not just your central information system, but those used at varying levels – and your
accessibility options (i.e., what is available, and to whom).

7C2 What are your key institutional measures for tracking effectiveness?

Note 2: These measures might include data on: students; accomplishing other distinctive objectives; faculty, staff, and administrators; other key stakeholder groups; academic and other programs; the performance of institutional operations and processes; and comparative information concerning students, stakeholder groups, programs, and performance in other institutions.

Processes (P)

7P1 How do you select, manage, and use information and data (including current performance information) to support student learning (Category 1), overall institutional objectives (Category 2), strategies (Category 8), and improvement (all Categories) efforts?

7P2 How do you determine the needs of your departments and units related to information and data collection, storage, and accessibility? How are these needs met?

7P3 How do you determine the needs and priorities for comparative information and data? What are your criteria and methods for selecting sources of comparative information and data within and outside the education community?

Note 3: Address determination of needs at both the institutional and department or unit levels.

7P4 How, at the institutional level, do you analyze information and data regarding overall performance? How is this analysis shared throughout the organization?

Note 4: Analysis of performance information should span measures you determine to be key from across the nine AQIP Categories.

7P5 How do you ensure department and unit analysis of information and data aligns with your institutional goals regarding student learning (Category 1) and overall institutional objectives? How is this analysis shared?

7P6 How do you ensure the effectiveness of your information system(s) and related processes?

Note 5: Address, for example, your hardware and software system upgrades, integrity and reliability of information and data, and confidentiality and security of information and data.

7P7 What measures of the effectiveness of your system for measuring effectiveness do you collect and analyze regularly?

Results (R)

7R1 What is the evidence that your system for measuring effectiveness meets your institution’s needs in accomplishing its mission and goals?

Note 6: Results should address processes associated with information and data collection, analysis, and use. These might include, for example, system accessibility; reliability and confidentiality of information and data; and internal satisfaction ratings of the timeliness, accessibility, and user-friendliness of information and data.

7R2 Regarding 7R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 7: For 7R1 through 7R2, address historical trends and patterns, as appropriate.

Improvement (I)

7I1 How do you improve your current processes and systems for measuring effectiveness?

7I2 With regard to your current results for measuring effectiveness, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Eight

PLANNING CONTINUOUS IMPROVEMENT

Planning Continuous Improvement examines your institution’s planning processes and how your strategies and action plans are helping you achieve your mission and vision. It examines your institution’s processes and systems related to:

- Institutional vision
- Planning
- Strategies and action plans
- Coordination and alignment of strategies and action plans
- Measures and performance projections
- Resource needs
- Faculty, staff, and administrator capabilities
- Measures
- Analysis of performance projections and results
- Improvement efforts
Answer these questions about
Planning Continuous Improvement

Context for Analysis (C)
8C1 What is your institution’s vision of what your institution will be like in the next 5-10 years?

8C2 What are your institution’s short- and long-term strategies? How are these strategies aligned with your mission and vision?

Note 1: Strategies should be interpreted broadly to reflect institutional nuances in language. Thus, strategies might refer to initiatives, directions, objectives, etc.

Processes (P)
8P1 What is your planning process?

Note 2: Describe, as appropriate, planning steps, who is involved, timelines, factors that are addressed, and methods for addressing the future. Also, address, how modifications to your mission and vision are addressed.

8P2 How do you select short- and long-term strategies?

Note 3: Address, as appropriate, the key influences, challenges, and requirements that most effect your strategy selection and how you address conflicting expectations of key stakeholder groups.

8P3 How do you develop key action plans to support your institutional strategies?

Note 4: Address the plans you regularly produce, implement, and revise. Also, address how progress reports are regularly tracked as well as communicated to students, faculty, staff, administrators, and key stakeholders groups.

8P4 How do you coordinate and align your planning processes and overall institutional strategies and action plans with your varying institutional levels?

Note 5: Levels might include, for example, colleges, departments, units, and satellite campuses.

8P5 How you select measures and set performance projections for your institutional strategies and action plans?

8P6 How do you account for appropriate resource needs within your strategy selection and action plan implementation processes?

Note 6: Resource needs might include staff, financial, space, and equipment.

8P7 How do you ensure faculty, staff, and administrator capabilities will be developed and nurtured to address requirements regarding changing institutional strategies and action plans?

8P8 What measures of the effectiveness of your system(s) for planning continuous improvement do you collect and analyze regularly?

Results (R)
8R1 What are your results for accomplishing institutional strategies and action plans?

8R2 Regarding 8R1, what are your projections of performance for your strategies and action plans over the next 1-3 years?

8R3 Regarding 8R2, how do your projections for your strategies and action plans compare with those of other higher education institutions and, if appropriate, organizations outside of the education community?

8R4 What is the evidence that your system for planning continuous improvement is effective?

Note 7: Results might include, for example, number of participants involved in the planning process and employee and stakeholder satisfaction with your institution’s planning process. Address historical trends and patterns, as appropriate.

Improvement (I)
8I1 How do you improve your current processes and systems for planning continuous improvement?

8I2 With regard to your current results for planning continuous improvement, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities as well as performance projections to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Category Nine
Building Collaborative Relationships

Building Collaborative Relationships examines your institution’s relationships – current and potential – to analyze how they contribute to the institution’s accomplishing its mission. It examines your institution’s processes and systems related to:

- Identification of key internal and external collaborative relationships
- Alignment of key collaborative relationships
- Relationship creation, prioritization, building
- Needs identification
- Internal relationships
- Measures
Answer these questions about
Building Collaborative Relationships

Context for Analysis (C)

9C1 What are your institution’s key collaborative relationships?

Note 1: Address specific relationships with educational institutions, businesses, and other organizations. Also, address the nature of the relationship (existing or emerging, feeder or receiver, community support, outsource, etc.). Activity that promotes internal collaboration among employees is best addressed in Category 4, Valuing People.

Note 2: External collaborative partners might include organizations that are the sources of your entering students (high schools, community colleges, places of work); organizations that are the destination of your exiting students (4-year institutions, graduate schools, places of work); suppliers such as food services, book suppliers, and student recruiting services; external agencies such as state coordinating boards or state, local, or national governments; religious organizations; other institutions or consortia of institutions; etc.

9C2 In what ways do these collaborative relationships reinforce your institutional mission? If applicable, how do these relationships support changes in your institutional directions as addressed in Category 8, Planning Continuous Improvement?

Note 3: Involvement of external collaborative partners in planning processes may also be addressed in Category 8, Planning Continuous Improvement.

Processes (P)

9P1 How do you create, prioritize, and build relationships with the:

- educational institutions and other organizations from which you receive your students?
- educational institutions and employers that depend on the supply of your students and graduates that meet these organization’s requirements?
- organizations that provide services to your students?
- education associations, external agencies, consortia partners, and the general community with whom you interact?

9P2 How do you ensure the varying needs of those involved in these relationships are being met?

9P3 How do you create and build relationships within your institution? How do you assure integration and communication across these relationships?

9P4 What measures of building collaborative relationships do you collect and analyze regularly?

Results (R)

9R1 What are your results in building your key collaborative relationships?

9R2 Regarding 9R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside of the education community?

Note 4: For 9R1 through 9R2, address historical trends and patterns, as appropriate.

Improvement (I)

9I1 How do you improve your current processes and systems for building collaborative relationships?

9I2 With regard to your current results for building collaborative relationships, how do you set targets for improvement? What specific improvement priorities are you targeting and how will these be addressed? How do you communicate your current results and improvement priorities to relationship partners, faculty, staff, administrators, and appropriate students and stakeholders?

AQIP’s Expectations on Assessing Student Learning

Institutions participating in AQIP are part of an intensive, collaborative effort to reshape their cultures and to make a commitment to continuous quality improvement their constant focus. Consequently a major objective of every AQIP institution is the evolution and strengthening of an institutional culture that value using performance data to drive continuous improvement of processes within a systems view of the interdependence of instructional structures, functions, and policies. Valuing assessment, therefore, forms the core of being in AQIP.

For accredited Higher Learning Commission colleges and universities, this emphasis on the central importance of assessment is not new, for most institutions have been hard at work for years weaving assessment into the fabric of their operations. While participating in AQIP they will continue to measure student learning — and use the results to improve teaching and learning processes directly and, indirectly, all other institutional processes that contribute to student learning.
AQIP significantly raises assessment’s importance, scope, form, and purpose, so significantly that it is critical institutions understand this difference before they join.

The most central of the AQIP Categories, Helping Students Learn, requires an institution to address specific questions about its teaching-learning processes, about the performance of these processes, and the way the institution uses results data to improve.

An institution joining AQIP will begin to compile its Systems Portfolio, presenting concrete evidence answering all of the questions posed under each of the nine Categories in preparation for a Systems Appraisal that will occur three years after participation in a Strategy Forum. The evaluation and feedback an institution receives from this process will help it to improve its learning assessment practices, and ensure that it receives maximum benefit from them. Institutions judged to be making unsatisfactory progress will receive directed advice and assistance, and give evidence of acting assertively on it, or they will be guided out of AQIP and back to the standard accreditation process (with a different means for documenting evidence of assessment).

AQIP demands that measuring the results of key processes become habitual throughout an institution, since knowing how well a process performs currently is vital for improvement. In AQIP, the expectation that institutions will establish performance metrics to gather and analyze data extends beyond Helping Students Learn. Each of the other eight AQIP Categories deals with a set of key institutional processes (e.g., planning, human resources, stakeholder needs determination, support services), and each Category asks, using specific questions, how the institution decides what data to collect, how it gathers it, and what the data reveals about levels and trends in institutional performance. In addition, each Category asks the institution to compare its performance data with that of other organizations, so that it knows clearly whether it should be satisfied with current performance, or whether opportunities exist for improvement. Thus the pattern for student learning assessment found in Helping Students Learn is reinforced throughout the AQIP Categories, building in AQIP institutions a culture of individual and organizational learning that values realistic measurement and its use for improvement and innovation.

AQIP reserves an entire Category, Measuring Effectiveness, to examine how an institution collects, analyzes, and uses information to manage itself, to drive performance improvement, and to become what it envisions. Thus AQIP stimulates a participating institution to scrutinize, continuously, the kind of data and information it collects; the measures it uses to evaluate its key processes; its storage, analysis, and distribution of this data; and, most importantly, the use of data and information. By triggering an institution to ask itself such penetrating questions, AQIP helps again to drive the development an information-based culture that thrives on the effective use of data.

AQIP does not rely merely on conducting a searching comprehensive evaluation every four years, the Systems Appraisal, but it also drives institutions to move toward a culture that values measurement and process improvement by requiring participating institutions to identify and begin Action Projects soon after they join.

These ambitious projects are crafted to serve two purposes: (1) to help the institution develop the characteristic of a high-performance institution, characteristics articulated in the ten Principles of High Performance Organizations; and (2) simultaneously engage the institution’s administrators, faculty, and staff in concrete work that capitalizes on an institutional opportunity for improvement, critical problem-solving, or innovation. Essentially, the projects serve as intense action learning cycles that focus the institution on hands-on, useful work that further drives change in the entire institution’s culture.

Developing 3-4 Action Projects that serve these goals is difficult, particularly for institutions new to AQIP; the Strategy Forum provides an event in which peers from other AQIP institutions work together to help institutions craft the most potentially valuable Action Projects possible. Action Projects promote a culture of learning and assessment when they work toward deepening an institutional culture that values the Principles of High Performance Organizations (especially 1, 4, 8, and 9). In addition, at least one of every institution’s Action Projects must address directly the processes included in Helping Students Learn, a requirement that forces an institution to declare measurable targets for improvement of key teaching and learning processes and then to implement changes that will bring that improvement to reality quickly. Annual Updates hold institutions responsible for the progress they are making on the Action Projects they have undertaken, and provide assistance to institutions that need it.
6 APPENDICES

The Academic Quality Improvement Program (AQIP) provides its Categories as tools for any institution to study itself using the principles and perspectives of continuous improvement. Explanations of some terms used in the Questions following each Category may be helpful, but AQIP understands that every institution has a unique culture, and that the particular language an institution uses will reflect and embody that culture. Therefore AQIP encourages institutions to use the Categories with their broad purpose in mind — institutional self-assessment and improvement — and to avoid creating harmful complexity by attempting to narrowly define every term. There are no “trick questions” here and common sense interpretations of words should be sufficient.

6.1 Glossary

Academic Quality Improvement Program (AQIP): A forum for higher education institutions to receive reaccreditation through systematic demonstration of a working quality program across the institution.

Action plan: A specific method or process to achieve the results called for by one or more objectives. It can be a simpler version of a project plan.

Affinity diagram: A management tool for organizing information (usually gathered during a brainstorming activity).

Alignment: Actions to ensure that a process or activity supports the organization’s strategy, goals and objectives.

Arrow diagram: A planning tool to diagram a sequence of events or activities (nodes) and their interconnectivity. It is used for scheduling and especially for determining the critical path through nodes.

Baseline measurement: The beginning point, based on an evaluation of output over a period of time, used to determine the process parameters prior to any improvement effort; the basis against which change is measured.

Benchmarking: A technique in which an organization measures its performance against that of best in class comparisons, determines how those organizations achieved their performance levels and uses the information to improve its own performance. Subjects that can be benchmarked include strategies, operations and processes.

Best practice: A superior method or innovative practice that contributes to the improved performance of an organization, usually recognized as best by other peer organizations.

Brainstorming: A technique teams use to generate ideas on a particular subject. Each person on the team is asked to think creatively and write down as many ideas as possible. The ideas are not discussed or reviewed until after the brainstorming session.

Cause: An identified reason for the presence of a defect or problem.

Cause and effect diagram: A tool for analyzing process dispersion. It is also referred to as the “Ishikawa diagram,” because Kaoru Ishikawa developed it, and the “fishbone diagram,” because the complete diagram resembles a fish skeleton. The diagram illustrates the main causes and subcauses leading to an effect (symptom). The cause and effect diagram is one of the “seven tools of quality” (see listing).

Checklist: A tool for ensuring all important steps or actions in an operation has been taken. Checklists contain items important or relevant to an issue or situation. Checklists are often confused with check sheets (see listing).

Check sheet: A simple data recording device. The check sheet is custom designed by the user, which allows him or her to readily interpret the results. The check sheet is one of the “seven tools of quality” (see listing). Check sheets are often confused with checklists (see listing).

Consensus: A state in which all the members of a group support an action or decision, even if some of them don’t fully agree with it.

Continuous improvement (CI): Sometimes called continual improvement. The ongoing improvement of products, services or processes through incremental and breakthrough improvements.

Continuous quality improvement (CQI): A philosophy and attitude for analyzing capabilities and processes and improving them repeatedly to achieve customer satisfaction.

Control chart: A chart with upper and lower control limits on which values of some statistical measure for a series of samples or subgroups are plotted. The chart frequently shows a central line to help detect a trend of plotted values toward either control limit.

Corrective action: A solution meant to reduce or eliminate an identified problem.

Culture change: A major shift in the attitudes, norms, sentiments, beliefs, values, operating principles and behavior of an organization.

Culture, organizational: A common set of values, beliefs, attitudes, perceptions and accepted behaviors shared by individuals within an organization.

Curricula: The questions use curricula to refer broadly to programs, courses, lectures, discussion, laboratories, studio or shop activities, practica, internships, and all co-curricular activities the institution designs and makes available to promote learning.

Cycle time: The time required to complete one cycle of an operation.

Data: A set of collected facts. There are two basic kinds of numerical data: measured or variable data, such as “16 ounces,” “4 miles” and “0.75 inches;” and counted or attribute data, such as “162 defects.”
**Decision matrix:** A matrix teams use to evaluate problems or possible solutions. For example, a team might draw a matrix to evaluate possible solutions, listing them in the far left vertical column. Next, the team selects criteria to rate the possible solutions, writing them across the top row. Then, each possible solution is rated on a scale of 1 to 5 for each criterion, and the rating is recorded in the corresponding grid. Finally, the ratings of all the criteria for each possible solution are added to determine its total score. The total score is then used to help decide which solution deserves the most attention.

**Deployment:** Dispersion, dissemination, broadcasting or spreading communication throughout an organization, downward and laterally.

**Design:** Questions using design ask you to examine and describe how your institution – or its component parts – structures general and specific programs: who does it, when do they do, how long it takes, what steps are involved, what information and resources are used as input to the design process, and what concretely emerges as the output (e.g., paper plans and specifications, written guidelines, tacit understandings among the participants, etc.).

**Determine:** An institution can act consciously and deliberately set or define requirements, expectations, or processes, or it can allow its processes to be determined by chance, tradition, or other forces. Questions asking you how you determine something ask you to focus on the processes you use to reach these decisions, whether you do so deliberately or not.

**Documentation:** Concrete, factual evidence that supports or proves an assertion constitutes documentation. This evidence is often, but not exclusively, in the form of documents or numerical indices. Undocumented beliefs, intuitions, and tacit understandings are often accurate, but they may not provide as solid a structure for shared understanding or future action as does documentation.

**Driving forces:** Forces that tend to change a situation in desirable ways.

**Effect:** The result of an action being taken; the expected or predicted impact when an action is to be taken or is proposed.

**Eighty-twenty (80-20):** A term referring to the Pareto principle, which was first defined by J. M. Juran in 1950. The principle suggests most effects come from relatively few causes; that is, 80% of the effects come from 20% of the possible causes. Also see “Pareto chart.”

**Expectations:** To improve, an institution must articulate its targets or desired outcomes for student learning and other activities. Educational expectations specify the learning – knowledge, skills, competencies, abilities, performance, values, habits, behaviors, attitudes, and preferences – that students will possess upon completion of their educational experience. Your expectations explain what you want your students to know and be able to do after their education that they did not know or could not do before, and when or for how long you expect students to exhibit the benefits of this acquired learning.

**External stakeholder:** A person or organization that receives a product, service or information but is not part of the organization supplying it.

**Feedback:** Communication from stakeholder about how delivered products or services compare with stakeholders expectations.

**Fishbone diagram:** See “cause and effect diagram.”

**Five whys:** A technique for discovering the root causes of a problem and showing the relationship of causes by repeatedly asking the question, “Why”

**Flowchart:** A graphical representation of the steps in a process. Flowcharts are drawn to better understand processes. One of the “seven tools of quality” (see listing).

**Focus group:** A group, usually of eight to 10 people, that is invited to discuss an existing or planned product, service or process.

**Force field analysis:** A technique for analyzing what aids or hinders an organization in reaching an objective. An arrow pointing to an objective is drawn down the middle of a piece of paper. The factors that will aid the objective’s achievement, called the driving forces, are listed on the left side of the arrow. The factors that will hinder its achievement, called the restraining forces, are listed on the right side of the arrow.

**Gantt chart:** A type of bar chart used in process planning and control to display planned and finished work in relation to time.

**Gap analysis:** The comparison of a current condition to the desired state.

**Gatekeeper:** A timekeeper; in team meetings, a designated individual who helps monitor the team’s use of allocated time.

**Goal:** A broad statement describing a desired future condition or achievement without being specific about how much and when.

**Histogram:** A graphic summary of variation in a set of data. The pictorial nature of a histogram lets people see patterns that are difficult to detect in a simple table of numbers. One of the “seven tools of quality” (see listing).

**Indicators:** Established measures to determine how well an organization is meeting its stakeholder’s needs and other operational and financial performance expectations.

**Internal stakeholder:** The recipient (person or department) within an organization of another person’s departments’ output (product, service or information). Also see “external stakeholder.”

**Ishikawa diagram:** See “cause and effect diagram.”
Just-in-time (JIT) training: The provision of training only when it is needed to all but eliminate the loss of knowledge and skill caused by a lag between training and use.

Key performance indicator (KPI): A statistical measure of how well an organization is doing in a particular area. A KPI could measure a company’s financial performance or how it is holding up against customer requirements.

Matrix: A planning tool for displaying the relationships among various data sets.

Mean: A measure of central tendency; the arithmetic average of all measurements in a data set.

Median: The middle number or center value of a set of data in which all the data are arranged in sequence.

Mission: The term mission communicates a broad understanding of what an institution does, and whom it does it for. The verb educate captures an essential element in the mission of all higher learning institutions, but most mission statements will specify who the institution will educate (e.g., anyone, local high school graduates, would be welders, physicians) at what levels (e.g., undergraduate, doctoral, etc.), in what localities, etc. In formally stating these intentions, some institutions use mission, some use purposes, some mission and purposes. Some have mission statements, some vision statements, and some statements, separate or combined, describing both mission and vision. For simplicity, AQIP uses mission for all these, but feel free to translate any statement using mission into the words people use in your institution. AQIP distinguishes an organization's broad mission from the specific objectives it sets to achieve its mission. If your institution's mission statement includes both mission and objectives (and many college and university statements do), pay attention to how AQIP distinguishes these in its questions. Interpret mission to include vision, institutional values, guiding principles, core principles, and similar concepts.

Mode: The value occurring most frequently in a data set.

n: The number of units in a sample.

N: The number of units in a population.

Nominal group technique: A technique, similar to brainstorming, to generate ideas on a particular subject. Team members are asked to silently write down as many ideas as possible. Each member is then asked to share one idea, which is recorded. After all the ideas are recorded, they are discussed and prioritized by the group.

Objective: A specific statement of a desired short-term condition or achievement; includes measurable end results to be accomplished by specific terms or individuals within time limits.

Outcomes: AQIP uses this term to refer to the results actually achieved by a system or process, regardless of its objective or targets, and independent of the wishes or expectations of those involved. Often, outcomes refer to achieved student learning, but it can also refer to the measured performance of other institutional systems and processes.

Pareto chart: A graphical tool for making causes from most significant to least significant. It is based on the Pareto principle, which was first defined by Joseph M. Juran in 1950. The principle, named after 19th century economist Vilfredo Pareto, suggests most effects come from relatively few causes; that is, 80% of the effects come from 20% of the possible causes. One of the “seven tools of quality” (see listing).

PDCA cycle: See “plan-do-study-act cycle.”

Pedagogy: The category questions use pedagogy to refer to the instructional methods (including lectures, discussions, case studies, internships, group projects, and the application of technology to learning) that the institution uses to help students learn.

Plan-do-check-act (PDCA) cycle: A four-step process for quality improvement. In the first step (plan), a way to effect improvement is developed. In the second step (do), the plan is carried out, preferably on a small scale. In the third step (check), the effects of the plan are observed. In the last step (act), the results are studied to determine what was learned and what can be predicted. The plan-do-check-act cycle is sometimes referred to as the Shewhart cycle; because Walter A. Shewhart discussed the concept in his book Statistical Method From the Viewpoint of Quality Control, and as the Deming cycle; because W. Edwards Deming introduced the concept in Japan. The Japanese subsequently called it the Deming cycle. Also called the plan-do-study-act (PDSA) cycle.

Problem solving: The act of defining a problem; determining the cause of the problem; identifying, prioritizing and selecting alternatives for a solution; and implementing a solution.

Procedure: The steps in a process and how these steps are to be performed for the process to fulfill stakeholders' requirements; usually documented.

Process: A set of interrelated work activities characterized by a set of specific inputs and value added tasks that make up a procedure for a set of specific outputs.

Process improvement: The application of the plan-do-check-act cycle (see listing) to processes to produce positive improvement and better meet the needs and expectations of the stakeholders.

Process map: A type of flowchart depicting the steps in a process and identifying responsibility for each step and key measures.

Quality: The degree to which a good or service meets the real, long-term needs of those for whom it was designed and to whom it was delivered determines its quality. Commonly used surrogates for quality include the reputation (or name-recognition) of the manufacturer of a product or service, its cost (or the cost of the resources used to produce it), or the socio-economic status of those who purchase it. Although popular because they are easily measurable,
none of these proxies correlate directly with how well a product or service satisfies the requirements of those who use it, and so none can serve as reliable indices of quality.

**Random cause:** A cause of variation due to chance and not assignable to any factor.

**Requirements:** Detailed requirements are the specifications or “necessary ingredients” around which a system or process is designed. Requirements may refer to the input a process requires, or to the outputs demanded (wanted, expected) by those the process serves. Often people use specifications, expectations, needs, wants, desires, and requests as synonyms for requirements.

**Root cause:** A factor that caused a nonconformance and should be permanently eliminated through process improvement.

**Run chart:** A chart showing a line connecting numerous data points collected from a process running over time.

**Scatter diagram:** A graphical technique to analyze the relationship between two variables. Two sets of data are plotted on a graph, with the y-axis being used for the variable to make the prediction. The graph will show possible relationships (although two variables might appear to be related, they might not be; those who know most about the variables must make that evaluation). One of the “seven tools of quality” (see listing).

**Seven tools of quality:** Tools that help organizations understand their processes to improve them. The tools are the cause and effect diagram, check sheet, control chart, flowchart, histogram, Pareto chart and scatter diagram (see individual entries).

**Special causes:** Causes of variation that arise because of special circumstances. They are not an inherent part of a process. Special causes are also referred to as assignable causes.

**Stages of team growth:** Four stages that teams move through as they develop maturity: forming, storming, norming and performing.

**Stakeholder:** Any individual, group or organization that will have a significant impact on or will be significantly impacted by the quality of a specific product to service.

**Strategic planning:** The process an organization uses to envision its future and develop the appropriate strategies, goals, objectives and action plans.

**Strengths, weaknesses, opportunities, threats (SWOT) analysis:** A strategic technique used to assess what an organization is facing.

**Stretch goals:** A set of goals designed to position an organization to meet future requirements.

**Suboptimization:** A condition in which gains made in one activity are offset by losses in another activity or activities that are caused by the same actions that created gains in the first activity.

**Survey:** The act of examining a process or questioning a selected sample of individuals to obtain data about a process, product or service.

**Symptom:** An observable phenomenon arising from and accompanying a defect.

**System:** A group of interdependent processes and people that together perform a common mission.

**Vision:** An overarching statement of the way an organization wants to be; an ideal state of being at a future point.

**Weighed voting:** A way to prioritize a list of issues, ideas or attributes by assigning points to each item based on its relative importance.
6.2 Improvement Opportunity Statement Form

An improvement opportunity exits with________________________________________
(Name the process)

Beginning with______________________________________________________________
(Process starting point)

And ending with___________________________________________________________
(Process ending point)

The current process causes__________________________________________________
(Statement of the problem)

And improvement should result in____________________________________________
### 6.3 Project Declaration Form

**Timeline:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Date Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned project kickoff date</td>
<td>mm-dd-yyyy</td>
</tr>
<tr>
<td>Target completion date</td>
<td>mm-dd-yyyy</td>
</tr>
<tr>
<td>Actual completion date</td>
<td>mm-dd-yyyy</td>
</tr>
</tbody>
</table>

**A.** Give this Action Project a short title in 10 words or fewer:

**B.** Describe this Action Project's goal in 100 words or fewer:

**C.** Identify the single AQIP Category which the Action Project will most affect or impact:

**D.** Describe briefly your institution's reasons for taking on this Action Project now -- why the project and its goals are high among your current priorities:

**E.** List the organizational areas -- institutional departments, programs, divisions, or units -- most affected by or involved in this Action Project:

**F.** Name and describe briefly the key organizational process(es) that you expect this Action Project to change or improve:

**G.** Explain the rationale for the length of time planned for this Action Project (from kickoff to target completion):

**H.** Describe how you plan to monitor how successfully your efforts on this Action Project are progressing:

**I.** Describe the overall "outcome" measures or indicators that will tell you whether this Action Project has been a success or failure in achieving its goals:

**J.** Other information (e.g., publicity, sponsor or champion, etc.):
6.4 Gradients of Agreement Consensus Tool

5 Point Scale

<table>
<thead>
<tr>
<th>Endorse</th>
<th>Agree with Reservation</th>
<th>Mixed Feelings</th>
<th>Don’t Like but won’t Block</th>
<th>Veto</th>
</tr>
</thead>
</table>

The steps are as follows:

- Have group define consensus. This can be done in a variety of ways. One suggestion is to have each team member write the definition down, then go round robin having each read their definition. Final definition should be something close to: **A willingness by a group to move forward on an issue**. The trick at this point is to determine when consensus exists.

- Explain the Gradients of Agreement Tool as a method to determine when consensus is achieved

- There must be a ground rule set for what level of agreement is needed in order for there to be consensus. This will vary with the size of the team. For smaller teams (up to 10) one veto is sufficient to block consensus. Your team may agree that it would take two vetoes for larger groups. This is negotiable and your team should settle this first.

- When a proposal is made, poll each person in the group to determine their level of agreement, putting a check mark for each person on the scale

- Then go round-robin and each person explains why they agree or disagree with the proposal

- Ask those who have vetoed the proposal how the proposal could be modified to suit them such that they could live with the proposal.

- After making changes that the group agrees with, you poll the group again

- Repeat the process until the necessary level of agreement is reached

- **Note how different this method is from merely taking a yes-no vote. This provides a method for moving forward in a manner the team, as a whole and individually, can live with.**

- If consensus is not reached, you need to move to your agreed upon fallback method of decision-making. Typically this is the traditional hierarchical method where the head of a department or division makes the decision. This is necessary to prevent team members from abusing the veto, and forces everyone to work out their differences so a workable solution is developed.
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