Accreditation and Academic Quality:
A Comparison with Healthcare Accreditation

Ramon B. Zabriskie
Brigham Young University

Bryan P. McCormick
Indiana University

Abstract

The origins of accreditation in higher education began at the turn of this century, resulting from the rapid growth in number and variety of educational institutions. One of the key concerns of accreditation has been to address quality in educational experiences. Specialized accreditation of higher education programs in recreation, park resources, and leisure services has evolved over the past 20 years; however, concerns can be raised regarding the ability of the current process to adequately measure quality. Comparisons are made with trends identified in the evolution of accreditation in healthcare and their implication to the future of accreditation. Recommendations are made to improve specialized accreditation in parks and recreation due to an increasing demand for identifying quality via outcome measurement.

Keywords: accreditation, outcome measures, recreation, park resources, leisure services

Biographical Information

Ramon Zabriskie is an Assistant Professor in the Department of Recreation Management and Youth Leadership, Brigham Young University, Provo, Utah, 84602. Bryan McCormick is an Associate Professor in the Department of Recreation and Park Administration, HPER 133, Indiana University, Bloomington, IN 47405.

It has been noted that accreditation, as a phenomenon, is uniquely American (Harcleroad, 1980). Accreditation in higher education was spawned at the turn of this century by rapid growth in the number and variety of postsecondary educational entities and the resulting difficulties in defining what constituted a "college" (Harcleroad, 1980; Young, 1983b). As accreditation developed in higher education, the concept also spread to other arenas.

Accreditation now exists in such diverse areas as health care, law enforcement, horsemanship programs and organized camping. Although the initial purpose of educational accreditation may have been to define postsecondary educational entities, this

purpose has evolved over time to increasingly focus on accreditation as a means for verification of the quality of such entities, and their component programs (c.f., Council on Higher Education Accreditation [CHEA], 1998; Sessoms, 1998). This same focus on quality may be seen in the other areas of accreditation noted above.

One area where accreditation has come to focus keenly on identifying quality has been in healthcare (c.f., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 1991, 1997). Although accreditation standards in healthcare were initially only implicitly focused on identifying high quality services (JCAHO, 1991), more recent changes in accreditation standards have made this focus more explicit (JCAHO, 1997; Scalenghe, 1991). This paper provides a comparative analysis of the process of program accreditation in Parks and Recreation curricula and healthcare. Based on this comparison, insights may be drawn that aid in improving program accreditation in Parks and Recreation curricula.

Accreditation in Higher Education: Forms & Purposes

Although a number of other areas in human services have developed processes of accreditation, its initial development was in higher education (Harcleroad, 1980). Most of this development has occurred during the 20th century, which has seen accreditation in higher education evolve from a process intent on identifying what constituted a "college" (Young, 1983b) to a process intent on examining educational quality (CHEA, 1998). This evolution has spawned two principle forms and a number of purposes of higher education accreditation.

Forms of Accreditation

The first form of accreditation occurs at the institutional level. Institutional accreditation is administered by one of nine regional bodies recognized through the Council on Higher Education Accreditation (CHEA) and examines postsecondary institutions as a whole. It provides an external evaluation to confirm that an institution fulfills its mission and goals and is equal in quality to other comparable institutions. It helps an institution define its overall educational objectives; to evaluate their availability to achieve them; to evaluate appropriate roles of the governing board, the faculty, the staff, the student body, and other interest groups; and to reach an appropriate balance among these factors (Peterson, 1980).

The second form of accreditation is specialized or programmatic accreditation. This form focuses on a specific school, department, or professional preparation curriculum that prepares students to enter a given profession. Unlike institutional accreditation, not all specialized accrediting bodies are recognized by CHEA. Specialized accreditation is oriented towards the interests of a profession, while institutional accreditation is directed to the interests of the institution (O'Morrow, 1997). Specialized accreditation focuses on fairly specific standards that address knowledge, skills, and abilities consid-

ered important or essential by practitioners and/or standards of practice in the particular profession (Peterson, 1980).

The specialized accreditation process is provided by accrediting bodies that are generally closely related to respective professional organizations. Although some accrediting bodies are associations that were formed specifically for the purpose of accreditation such as the Association of American Medical Colleges, and the National Association of Schools of Music, most are branches or arms of existing professional membership organizations such as the American Council on Education for Journalism, the National Council for Accreditation of Teacher Education, and the NRPA/AALR Council on Accreditation (Peterson, 1980).

Purposes of Accreditation

What is the conceptual purpose of accreditation? First, accreditation is the single form of credentialing that addresses quality through agencies or institutions as opposed to licensure, certification, and registration that address quality through individuals (Carter & Folkerth, 1997; Stumbo, 1990). Given that it has an institutional or agency focus, there appears to be two related functions of accreditation across the diverse areas in which accreditation exists.

The first function of accreditation is that it is inherently evaluative in nature. Bender (1983), in commenting on the purposes of accreditation in higher education, noted that "its primary purpose [is] to encourage and assist institutions of postsecondary education to evaluate and improve their educational quality" (p. 75). Sessoms (1998) also alluded to this evaluative function of accreditation in his identification of the characteristics of a profession. He noted that a profession must "establish its programs of professional prepa-ration, and create mechanisms to verify the quality of those programs" (p. 3). This evaluative function, and the related concept of identifying quality, transcend all areas in which accreditation appears. However, given the two forms of accreditation (institu-tional and specialized) there also appear to be slightly different purposes.

Although both forms of accreditation appear to have self-improvement as a focus, the constituencies of the two forms differ. Institutional accreditation serves the public interest (Bender, 1983; O'Morrow, 1997; O'Morrow, 1981; Sessoms, 1998). In contrast specialized accreditation typically serves a professional constituency. Young (1983a) stated that "the ultimate test of specialized accreditation is whether graduates of the program are acceptable to members of the profession, credentialing bodies, and employers" (p. 24). However, despite differences in constituencies, both forms of accreditation address the issue of quality in educational experiences.

The second function of accreditation is to publicly recognize those entities that have undergone this process. This process began with accreditation's initial problems in defining which institutions met the criteria for being considered a "college," and this public recognition function continues to the present. The publicizing purpose provides

consumers some assurances that accredited entities have met some agreed upon standards for services. Sessoms (1998) also identified this function in his discussion on accreditation, noting that "its intent is to ensure both students and the public served that those who enroll in an accredited program will receive an appropriate education, one that is consistent with the standards of practice of the profession" (p. 1).

Misuses of Accreditation

Although accreditation may serve the purposes cited above, the purpose of accreditation has sometimes been used inappropriately. One of the misuses identified by Bender (1983) is the use of accreditation by professional groups as a vehicle for certifying practitioner members. Bender noted that this use is inappropriate, and ineffective, "as a means for assuring the qualifications of individual practitioners" (p. 79). Sessoms (1998) also echoed this sentiment citing the caveat that accreditation does not imply that each individual enrolled in an accredited program "will develop the necessary skills for effective practice" (p. 1). Instead, Sessoms suggested that certification or licensure are more appropriate vehicles for credentialling individuals. Bender did indicate, however, that accreditation can be used as a vehicle to ensure that future practitioners meet specified educational requirements so long as "this objective is in harmony with the institutional accrediting body's objective to help the institution evaluate and improve its educational programs" (pp. 78-79).

Accreditation in Parks & Recreation Curricula

The NRPA/AALR Council on Accreditation (COA) sponsored by the National Recreation and Park Association in cooperation with the American Association for Leisure and Recreation is the governing body that grants specialized accreditation to baccalaureate programs in recreation, park resources, and leisure services. Although the Council on Accreditation officially began in 1974, recreation and park educators and practitioners had been addressing the matter of accreditation and developing plans for evaluative criteria for many years prior (NRPA/AALR, 1992; Henkel & Mobley, 1986, November; Sessoms, 1993).

Niepoth (1998) noted that the origins of parks and recreation accreditation, which eventually led to the formation of the COA, began as early as 1962. Efforts by the profession to establish an accreditation process for Parks and Recreation curricula were met by a variety of barriers over the ensuing two decades. As a result of these barriers, the profession decided to create its own accrediting body and postponed seeking recognition from the larger accrediting body in higher education (then the National Commission for Accreditation) until a later date (Sessoms, 1993).

The formation of the NRPA/AALR Council on Accreditation (COA) in 1974 signaled the beginning of program accreditation in Recreation and Parks curricula. Yet, the COA was not recognized by the larger body of accreditation in higher education (then the Council on Postsecondary Accreditation, currently the Council for Higher Education

Accreditation) until 1986 (Henkel & Mobley, 1986, November). Today there are 102 programs currently accredited nationwide by the NRPA/AALR COA (NRPA/AALR, COA June, 1999). Still others are applying or are using the standards as a basis for curriculum development or revision.

Overall, the specialized accreditation of higher education programs in recreation, park resources, and leisure services has developed rather quickly over its quarter century history (O'Morrow, 1997). Through a dynamic, ever-changing process filled with count-less hours of voluntary work, sacrifice, frustration, growth, and triumph, accreditation has evolved into the recognized procedure for the development and provision of quality education in the park, recreation, and leisure profession. Although programs at 102 insti-tutions are recognized as accredited by the NRPA/AALR Council on Accreditation (COA), there are still some concerns about the ability of the current accreditation process to adequately measure quality. Increasingly accreditation has received criticism that it has not served its purpose and that its current focus places too great an emphasis on compli-ance with minimum standards at the expense of self-evaluation and improvement (e.g, O'Morrow, 1997).

The Evolution of Healthcare Accreditation

Pursuing higher quality human services through the process of accreditation is not unique to higher education. The Joint Commission on Accreditation of Healthcare Orga-nizations has developed its approaches toward defining, measuring, and improving qual-ity human services for four and a half decades (JCAHO, 1991). Much like that of the NRPA/AALR Council on Accreditation, the Joint Commission on Accreditation of Healthcare Organization (JCAHO) has a rich developmental history. A closer look at the evolutionary stages of this history may offer a prophetic look at the future, or at least a good idea of the possibilities for further evolution of the accreditation process for cur-ricula in recreation, park resources, and leisure services.

JCAHO: An Evolution of Change

Since 1953, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has also addressed the provision of quality human services through the ac-creditation process. They too, grant a "stamp" or seal of approval that suggests that fa-cilities provide quality services due to their ability to meet or exceed certain standards. In review of JCAHO's history of approaches toward defining, measuring, and improv-ing quality human services, several evolutionary stages become apparent (see Figure 1). Initially, attempts to address service quality were examined through implicit reviews of problems or questionable behaviors. These often came in the form of morbidity and mortality reviews (JCAHO, 1991). Specific cases would be examined and quality of service questioned after problems had already occurred. During this stage in the devel-opment of accreditation in health care, questioning quality after the fact was the norm for assessing and improving quality of care.

Stage 1: Implicit Review
(Morbidity Mortality Reviews)

Stage 2: Time Limited Studies
(Retrospective Audits)

Stage 3: Ongoing Montioring and Evaluation
(Quality Assurance- Standards of Care)

Stage 4: Integrated Program of Continual Improvement
(Continuous Quality Improvement)

Stage 5: Organization-wide Performance Improvement
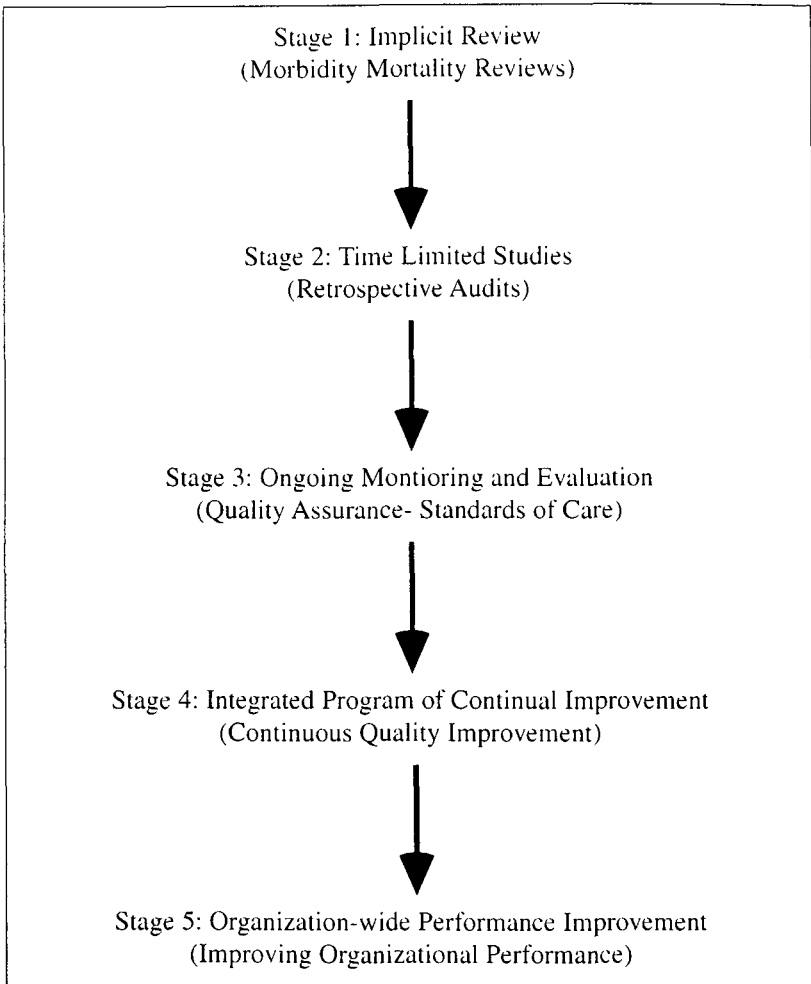(Improving Organizational Performance)

Figure 1. JCAHO Evolution of Approaches to Quality Assessment

In 1976 JCAHO published new quality professional service standards requiring facilities to "demonstrate that the quality of patient care was consistently optimal by continually evaluating care through reliable and valid measures" (JCAH, 1976; p. 27). This standard suggested that an end level of (optimal) quality exists and that it should be reached at all times (consistently) throughout the organization. It also suggested that this optimal care can and should be documented, which could be shown to third parties when necessary. These standards went on to require explicit, measurable, criteria that should be used in retrospective, outcome focused, time-limited audits of service.

This began the second evolutionary stage in the measurement of quality. During this stage, JCAHO standards required facilities to measure equipment and resources they possessed as an indication of quality services. For example, did programs have sufficient numbers of professionals and were they appropriately qualified to provide quality care? They were also required to define processes such as services the institution deemed appropriate, timing of services, and responsibilities for their provision. In addition, standards required facilities to retrospectively measure their identified inputs related to service provision. Although this systematic, organization-wide effort to address quality was a significant evolutionary step, it was a problem-focused approach that assumed quality if the necessary structures were in place.

The next evolutionary stage came with the introduction of ongoing monitoring and evaluation or quality assurance. JCAHO hoped that with further definition of important aspects of care, continual collection of performance data, and systematic efforts to identify and improve service problems, facilities could reasonably "assure" high quality services. In order to facilitate this new vision of quality, the Joint Commission developed a detailed monitoring and evaluation system known as the ten-step process. Steps included assigning responsibility, identifying important aspects of care, identifying indicators to monitor the aspects of care, collecting data, evaluating care, and taking specific actions to improve services. Although this process was very structured and sophisticated, it still based its measurement of quality on the assumption that "optimal" quality could be determined. The Commission also found that although standards required an organization-wide approach, quality assurance tended to fall to a discrete department "that found itself with the unenviable task of persuading already busy staff to take on more tasks" (JCAHO, 1991; p. 9). Resentment was also caused by the common perception that quality assurance was completed solely to placate external accrediting bodies.

Despite these difficulties, interest from funding sources, competition in the health care field, and professional desire for self-improvement demanded continued focus on quality. One influence on health care came from the business world in the form of the management style of Total Quality Management or Continuous Quality Improvement (TQM/CQI) (Dienemann, 1992; McLaughlin, & Kaluzny, 1994). This influence set JCAHO's agenda for the next evolutionary stage (stage 4 in Figure 1) in which quality was addressed as something that could be continually improved through study and refinement of processes. As a result, identifying and eliminating problems that prevented "optimal" quality ceased to be a focus (JCAHO, 1991). This approach began an intensification of focus on processes in addition to inputs to services. Furthermore, this shift in the philosophy of identifying quality services increasingly began to examine the outcomes of services. Did this so called quality service actually produce quality outcomes, and how did these outcomes compare to others? JCAHO (1991) stated the following:

> Up to now, by focusing on the structures and processes of the health care organization, the Joint Commission has been measuring the *capability* of the organization to provide high-quality care and services. Of course, only if the

necessary structures (for example, people and equipment) are in place, and the plans for what they do (that is, the processes) are well designed, can high-quality care result. But the right structures and good designs for processes do not guarantee good care or results. (p. 10)

As a result of their ongoing pursuit to improve the quality of services, the Joint Commission has come to focus on outcome measurement (JCAHO, 1997). This not only allows them to answer the question, "Does an accredited facility provide quality services?" but also, "Does an accredited facility provide a better quality of care than one that is not accredited?" Along these lines the most recent evolution (stage 5 in Figure 1) has moved away from "assuring" or even "improving" quality. Instead, the focus has shifted to that of "performance measurement." In concert with this change in focus, JCAHO has moved to an accreditation process that is based on performance measurement as a key indicator of the value of an agency's services (JCAHO, 1998 July).

Assessing Quality

Given that all forms of accreditation are focused on assessing and verifying quality, some discussion of the determination of quality is in order. There are three domains in the widely accepted classification of approaches to quality assessment (Donabedian, 1980, 1982). They include structure, process, and outcome indicators or criteria (see Table 1). Structure criteria have historically been the most commonly used approach to the measurement of quality human services (Riley, 1987). These criteria refer to the measurement of different aspects of the environment. In terms of education, structure would include such indicators as qualification of faculty, financial resources, physical facilities, and organizational operation and administration of a program. However, structural measurement of quality is based on the assumption that if the necessary structure is in place then quality service must exist. Although structural assessment is necessary, it is limited in its ability to demonstrate quality and it has been suggested that it only be relied upon in the absence of the more valid and reliable process and outcome approaches (Donabedian, 1982).

The next domain focuses on processes and involves measurement of the actual service provided. In terms of education, process appraisal would measure the actions of the faculty member in regard to established standards of educational service. This may include reviewing syllabi, the use of certain types of teaching approaches, the nature of internship experiences, as well as student advising and retention processes. Here again, quality service is based on the assumption that such practices are uniformly recognized as "best practices" and inherently good for the student, and should lead to expected quality education. As with structure criteria, process criteria only indicate a propensity for high quality education.

TABLE 1

Approaches to Quality Assessment

Domain

Structure Evaluation
- Physical facilities (offices, conference rooms, classrooms, etc.)
- Resources (Library facilities, faculty qualifications, computer resources, clerical support, finances, etc.)
- Organizational Elements (Administrative organization, curriculum development, policies and procedures, etc.)

Process Evaluation
- Faculty/Student interaction
- Activities that constitute education/learning

Outcome Evaluation
- Student Learning
- Student performance post-graduation
- Satisfaction of Professionals with graduates
- Student satisfaction with learning

The third domain in quality measurement is based on outcomes. Assessment of outcomes focuses on end results. Not only does outcome measurement often possess a high level of effectiveness evidence, it also typically involves the person receiving the services in the process of interpreting and judging quality (JCAHO, 1997). Applied to education, outcome indicators of quality education may be examined through such things as performance on certification examinations, job placement, student satisfaction surveys, and internship supervisory evaluations. Although outcome measures provide indicators of the results of services, it should also be noted that measuring outcomes is more difficult than measuring structures or processes (Riley, 1991).

Although an appropriate balance of each of these approaches may be the best way to address quality, there is a definite trend towards increased focus on outcome measurement in accreditation in healthcare (JCAHO, 1997; 1998) as well as higher education. Braskamp and Braskamp (1997) stated that:

Over the past decade, the accrediting community has begun to redefine academic quality moving from inputs and resources (facilities, student excellence at entry into college) to process (quality of the collegiate experience) to quality that is based on student learning "outcomes." (p. 1)

This overview of quality assessment provides a basis for the examination of the evolutionary development of the NRPA/AALR Council on Accreditation standards.

Current NRPA/AALR COA Standards

Based on the COA's standards and evaluative criteria, it would appear that the evaluation of the quality of higher education programs in recreation, park resources, and leisure services is principally focused on structure and process approaches to indications of quality.[1] Of the COA's nine series of standards and evaluative criteria, the first six (1.00-6.00, Organizational and Operational Standards) focus almost entirely on structural measurement. The existence of an administrative unit, of philosophy and goals, policies and procedures, qualified faculty, students, and instructional resources are some of the "things" that are measured, upon which we base our assumption of a quality program. There is also limited focus on process approaches in some of the specific criteria. For example, standard 4.10 indicates that "There shall be evidence of continuing scholarly productivity by faculty" (NRPA/AALR, 1999, p. 15). Although this standard does indicate a process (scholarly productivity) which would appear to be related to the quality of the faculty, it does little to indicate the intended result of this process (outcome).

The last three series of standards (7.00-9.00, Baccalaureate Degree Standards) are intended to indicate progressive learning by identifying learning levels including knowledge, understanding, and ability. Although these terms may sound like outcome measures, they are determined to be met by evaluating the structures and processes that should lead to the particular outcome. For example, standard 9D.06 indicates that students should have an "Understanding of the credentialing process and the ability to comply with credentialing standards in therapeutic recreation service" (NRPA/AALR, 1999, p. 24). This standard is considered to be met, if upon syllabi review, it was found that this concept was listed in a specific course syllabus. In this manner, the last three series of standards continue to base measurement of quality on structure and process approaches. There is little ability for a reviewer to determine if in fact students know, understand, or can apply the concept.

It is clear that the trend in accreditation both within and outside of higher education is to increasingly base accreditation decisions on the results of services provided. Without following such trends can parks and recreation educators identify differences between graduates from accredited and non-accredited programs? For example, some programs in recreation, park resources, and leisure services cannot meet the therapeutic recreation option requirements for accreditation, but still provide sufficient therapeutic recreation course content to allow their students to be eligible to sit for a national certification examination (O'Morrow, 1997). If these students consistently pass such exams equal to students from accredited programs, what does that say about assurances of quality from accredited programs? If accreditation is to serve as a good indicator of a quality educational experience, it seems apparent that we must increase the inclusion of outcome standards in the accreditation process in parks and recreation curricula.

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[1] Although COA standard 2.02 does require an "up-to-date" assessment process, there is no specification that outcomes (or any other measurement criteria) must be included in this assessment.

Increasing Outcome Standards in Recreation
and Park Program Accreditation

Although Riley (1987) suggested that measurement of outcomes is more difficult than structure or process measurement, we can move towards more outcome-based measurements in our attempts to assess and improve educational quality. One way to begin to identify outcomes is by considering the constituencies of specialized accreditation. As noted by Young (1983b) the constituencies of specialized accreditation are members of the profession, credentialing bodies, and employers. For example, how do graduates fare in subsequent professional activities? Outcome measurements may need to look at factors such as job placement data, success in graduate school, and passage rates on national/state certification requirements. Results of national certification exams are already made available by certification bodies, but are not considered in current NRPA/ AALR COA practices. In addition, all accredited programs in parks and recreation require an intensive practicum/internship. Internship agencies represent an important constituency. A high quality education should prepare students well for such experiences. Internship agencies' perceptions of student preparation might represent an important indicator of the outcomes of an educational program's quality.

In addition, students are also a principal constituency in educational accreditation. In the arena of health care accreditation, client satisfaction and perceptions of services have become an important indicator of successful performance. Educational experiences might begin to involve students' perceptions in the same manner. To some extent, measures of educational satisfaction already exist in most institutions in the form of teaching/course evaluations. Granted, course evaluations remain a source of contention between faculty and administration due to questions about what is being measured through such evaluations. This example is intended to suggest that many measures of outcomes may already be in place at educational institutions. Student satisfaction measurements may be most useful if collected over a period of time following graduation. Students may be able to best judge their satisfaction with their educational experiences post hoc when their knowledge is tested in the practice arena.

Furthermore, it may be possible to develop outcome standards through the development of measurable student competencies. Such an effort has been undertaken by the Association of Multicultural Counseling and Development (AMCD, Arredondo, 1999). The AMCD first developed standards for multicultural counselors in terms of beliefs, knowledge, and skills. Subsequently "explanatory statements" were developed that interpreted the standards in measurable language. Although agreed upon statements of student competencies do not currently exist in parks and recreation accreditation, both the Certified Therapeutic Recreation Specialist, and the Certified Leisure Professional credentials are competency based. Thus both credentialing processes offer some measurement of outcome-based competencies.

Summary

Although the specialized accreditation of higher education programs in recreation, park resources, and leisure services has come a long way in its efforts to identify, measure, and promote quality services, we must continue to strive to develop accreditation procedures that address educational quality. Trends in other human service fields suggest that in order to address increased demand for accountability, the accreditation process needs to move to outcome standards. Young (1983a) identified this need over a decade ago, stating that "one clear trend is that the accreditation process will have to focus, much more than it has, on educational outcomes" (p. 34). We cannot address the quality of the educational process in our field simply by providing the physical environment (structure) and engaging in best practices (process). Today's focus on quality demands that we also look at the end results of the educational experience (outcomes).

In addition, we must not lose sight of the purposes of the accreditation process. Young (1983a) noted that the key characteristics of accreditation are: 1) a statement of institutional educational intentions or objectives, 2) a directed self-study aimed at examining achievement of stated educational intentions, 3) on-site evaluation by a selected group of peers, and 4) a decision by an independent accrediting body that "in light of its standards, the institution or specialized unit is worth of accreditation" (p. 21). He stated that unfortunately accreditation has come to focus on the third and fourth characteristics (on-site evaluation & accrediting body decision) at the expense of the original intent of accreditation—self-evaluation. As accreditation continues to evolve in parks and recreation curricula, we must guard against losing sight of the value of the statement of educational objectives and self-study. We should be instructed by the experiences of assuring quality in healthcare services in which accreditation procedures came to be seen as an exercise simply to satisfy the demands of an external body. Ultimately, the accreditation process must be focused on a program's self-evaluation of academic quality.

Finally, although the purpose of this paper was to raise the issue of outcome assessment as a component of specialized accreditation in parks and recreation curricula, one cannot ignore the work that such effort will require. Ideally, this work should be a combination of educators' initiatives to improve the quality of the educational experience and the work of the profession to "create mechanisms to verify the quality of those programs" (Sessoms, 1998, p. 3). Following the outcomes path in the evolution of specialized accreditation will aid in demonstrating the results of a quality educational experience.

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