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## **Raising the Bar in Quest of Performance Excellence**

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### **Abstract**

The experience gained during a recent ABET Accreditation effort in outcomes assessment and in the development of assessment instruments has been greatly instrumental in driving the institutional accreditation efforts at the University of Puerto Rico at Mayagüez (UPRM). More importantly, the extent to which the culture of assessment and continuous improvement has become routine across all academic and non-academic units at UPRM, is gradually beginning to demonstrate its acceptance. While the development and implementation of academic assessment plans in each academic college was more gradual and individualized, the process was much quicker in the case of administrative assessment plans because it was aided via a common template. To sustain motivation and advance the implementation of assessment across the academic units, it became necessary to develop objective rubrics to provide feedback, targeted assistance, and recognition to academic departments and administrative units on their assessment implementation efforts. Furthermore, earlier this year, UPRM formally indicated its commitment to incorporate the Baldrige National Quality Program’s Education Criteria for Performance Excellence although these efforts are still in their early stages of implementation and training.

### **Introduction**

This paper presents a case study of an ongoing process of institutional transformation at the University of Puerto Rico at Mayagüez (UPRM). UPRM, one of 11 campuses of the University of Puerto Rico System, enrolls approximately 12,000 students in four colleges; Agricultural Sciences, Arts & Sciences, Business Administration, and Engineering. The College of Engineering includes six engineering programs and is the largest of the four colleges, with 40 percent of the student population. The engineering college boasts one of the highest proportional enrollments of females pursuing engineering among U.S. institutions, at 35 percent.

The metaphor within the title of this paper - raising the bar – refers to the process of setting more rigorous standards of quality that must be cleared, like a high-jump bar, to demonstrate adequate performance. Educational accrediting agencies and accountability systems have raised the bar for higher education institutions with the movement to require outcomes-based assessment and data-driven decision making. We argue that higher education institutions, in turn, must move beyond adherence to external standards and set the bar for themselves at ever challenging levels, ultimately internalizing continuous improvement practices as regular ways of operating. This paper describes our institutional journey from a primarily reactive mode to a more proactive mode in which the institution itself is shaping its definitions of educational quality and excellence. First, we describe the background events that contextualize our current continuous improvement structures and processes. Next, we describe the structures and processes

that have been instrumental in the institutionalization of assessment and continuous improvement at our institution, along with the results they have generated. Finally, we look ahead to setting our sights (and our bar) on the Baldrige National Quality Program's Education Criteria for Performance Excellence.

## **Background**

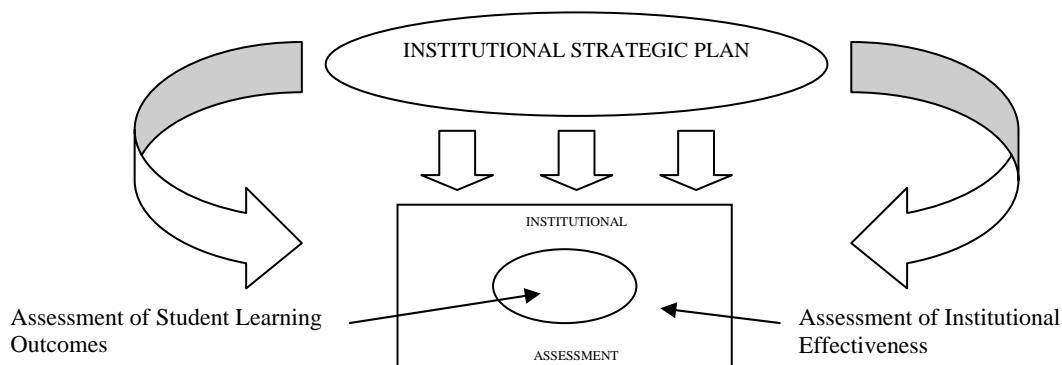
External standards have always played an important role for the UPRM, but the rules of the game, and the way that we played it, changed significantly in 2000. The UPRM recently completed three very successful accreditation processes, including the Accreditation Board for Engineering and Technology (ABET) EC 2000 in 2002, the Middle States Commission on Higher Education (MSCHE) in 2005, and the National League for Nursing Accreditation Commission (NLNAC) in 2006. Two additional accreditation processes; the Association to Advance the Collegiate Schools of Business (AACSB) and the National Council for Accreditation of Teacher Education (NCATE); are currently in process to occur in 2007 and 2008 respectively.

The ABET experience in many ways represents the catalyst for the institutional-level changes that occurred from 2000 to present. To sustain continuous improvement efforts within the College of Engineering, a permanent office called the System for the Evaluation of Education (SEED) was created in mid-year 2001, led by a Faculty Coordinator appointed by the Dean. Each of the six department offices created corresponding assessment offices, led by departmental coordinators. The final accreditation report from ABET lauded these efforts, indicating that "(t)he institution's systematic and innovative effort to introduce the culture of outcomes-based assessment to the College of Engineering community is especially noteworthy." The entire EC 2000 experience at UPRM is described in detail by Sharma et al., (2004).

The success of this experience attracted the attention of the Chancellor, who was confronted with responding to requirements from Middle States Commission on Higher Education (MSCHE) to deliver an institutional strategic plan and assessment plans for institutional effectiveness and student learning in early 2003. The preparation of these plans, and the 2005 accreditation self-study, were carried out under the aegis of a two-year initiative called the Continuous Improvement Educational Initiative (CIEI). The initiative took effect in February 2003, building upon the momentum, experience and successes of the ABET accreditation process. The ABET Faculty Coordinator was named as the coordinator of the UPRM-MSCHE Institutional Steering Team, and 14 steering team members were appointed; 6 from Engineering; to lead eleven (11) task forces to address the MSCHE's fourteen (14) standards of excellence (<http://www.uprm.edu/msa>).

### *Institutional Strategic Planning and Assessment*

Prompted by the MSCHE requirements, the UPRM-MSCHE Institutional Steering Team quickly had to develop a model of strategic planning and assessment. The team worked to write institutional student learning outcomes, which were approved by the Academic Senate and the Administrative Board of the university (<http://www.uprm.edu/msa/Outcomes.html>). The two required institutional assessment plans: overall institutional assessment (Banerjee and Dika, 2003) and student learning assessment (González, 2003); were conceptualized as a continuation of the institutional strategic plan to specify the criteria, methods, and processes of assessment (Figure 1).



**Figure 1: Conceptual Diagram of Strategic Planning and Assessment at UPRM**

The MSCHE Standards of Excellence (MSCHE, 2006) focus equally on institutional context (e.g., mission, goals, and objectives; administration) and educational effectiveness (e.g., educational offerings, faculty). To assess the institutional context, the UPRM-MSCHE Institutional Steering Team developed customized questionnaires for all units and surveys for key internal stakeholder groups (faculty, staff, and students) following the related MSCHE Standards of Excellence. The results indicated that forty-four (44%) percent of the administrative offices were not aware of their effectiveness in providing services and that most of them did not have an assessment plan.

The results of the self-study activities related to student learning indicated more formalized structures in place in most departments. Over half of academic departments had developed student learning outcomes, and by the time of the self-study visit, all 29 departments and programs had developed assessment plans. Once again, UPRM received re-accreditation and praise for its efforts, but with the following caveat from MSCHE – “Now that the UPRM has a comprehensive learning plan in place...Each program should complete at least one significant assessment project during the next academic year....” (MSCHE, 2005, p. 18).

At the end of 2004, the UPRM-MSCHE steering team disseminated the draft self-study through the UPRM web site and town hall presentations. The evaluations from the presentations indicated that nearly all attendees (90% or higher) had greater awareness of the self-study, institutional planning and assessment, and institutional strengths as a result of attending. The eleven recommendations of the team were widely accepted (80% or higher in agreement), the most advocated being to require orientation and training on policies, procedures, and regulations for administrative personnel (97%); to structure, formalize, and shorten all curricular change and program approval processes (96%); and revise existing criteria for personnel evaluation and implement continuous performance appraisal system (95%).

### **Raising the Bar, Part I: Formalization of Continuous Improvement Structures**

After the completion of the MSCHE self-study and the news of the re-accreditation in summer 2005, the institution was at an important crossroads. The two-year Continuous Improvement Educational Initiative (CIEI) had come to an end. One of the primary recommendations of the self-study was the formalization of an institutional office to represent a cultural change from compliance to continuous improvement. There was discussion about whether such an office should be part of the existing Institutional Research and Planning office. It was determined that a separate office would be established to lead continuous improvement efforts while working in partnership with the institutional research office. On September 8, 2005, the University Board formally established a permanent office called the Office of Continuous Improvement and Assessment (*Oficina de Mejoramiento Continuo y Avalúo* - OMCA in Spanish).

With the creation of OMCA, assessment and continuous improvement efforts at the institutional level finally had a permanent home. The coordinator of the ABET and MSCHE accreditation efforts was named as the Director of the office. Initially, the office was staffed by the director and a full-time secretary, and aided by the support of two appointed steering teams; academic and administrative, and a select group of advisors. Team members were chosen on the basis of past performance in institutional and engineering accreditation efforts, at the same time ensuring that all academic colleges and administrative units were well represented. Among the first tasks of the steering teams was to clearly define the vision, mission, and responsibilities of the office. In April 2006, an assessment specialist with expertise in educational research, evaluation, and assessment was added to the permanent staff of the office to ensure the office greater ability to meet its stated responsibilities.

The significance of the creation of the OMCA office in advancing our continuous improvement agenda cannot be overstated. The commitment of university resources to create the office and employ an assessment professional signify to the campus community a change in expectations, one met with a willingness to provide the necessary support to implement the desired changes. The attention to the administrative functions of the university, formalized by the creation of the Administrative Steering Team, has been met with much enthusiasm and a sentiment that this sector of the university would finally receive needed attention and resources. Without these structures, the continuous improvement processes that have come to fruition during the past year would not have been sustainable.

## **Raising the Bar, Part II: Implementation of Continuous Improvement Processes**

The primary mission of OMCA is the institutionalization of a culture of continuous improvement by means of an assessment process involving both the academic and administrative/service sectors of the university. During the past several months, the office staff and steering teams have implemented key processes to move the continuous improvement agenda from a focus solely on student learning to encompass the wide range of support and administrative services at the institution.

### *Academic Assessment and Improvement*

As part of the CIEI efforts, all academic departments had developed student learning outcomes and assessment plans. Some of the plans, particularly those in Agricultural Sciences, were developed hastily to meet the deadline of the MSCHE visit in March 2005. The Academic Steering Team identified the need for certain departments to revise their assessment plans during the 2005-06 academic year. All departments were charged to identify at least one assessment project, and complete one assessment cycle, by the end of the year. This project would be described in an assessment report to be submitted to the OMCA office.

### *Administrative Assessment and Improvement*

While almost all academic programs had assessment plans in varying degrees of implementation by mid-2005, earlier surveys from the CIEI efforts had indicated that most administrative and service units lacked assessment plans. Thus, the Administrative Steering Team designed an assessment plan template for all administrative and service units. This user-friendly template was designed to simplify the process for units that had no experience in the development of assessment plans, and the completed assessment plans also served as their first assessment reports to identify strengths and opportunities for improvement based on assessment results, as well as concrete steps to address needs for improvement. Members of the team provided institutional seminars and training sessions on how to complete and implement the first assessment plans. Plans were submitted at the end of March 2006.

### *Bringing it All Together*

As interest and motivation across the institution was growing, the OMCA staff recognized the need to be able to provide timely feedback to units on their assessment plans and reports. Members of the steering teams echoed this concern, citing previous experiences where reports for different initiatives were submitted, only to be filed away without further comment. It was not enough that the units continuously improve in their efforts to educate students and provide effective services - the continuous improvement processes *themselves* needed to continuously improve. An opportunity to develop an assessment mechanism for the assessment processes presented itself in the form of a summer institute with MSCHE. The OMCA office submitted a proposal and was selected to send a faculty team to the institute to develop a rubric to evaluate student learning assessment plans and reports.

The MSCHE Student Learning Assessment Summer Institute in 2006 proved to be a pivotal event in the direction of our continuous improvement processes. The readings, workshops, team time, and facilitator guidance at the institute resulted in our team's creation of a rubric targeted at student learning assessment plans and reports. The rubric identified four major elements and corresponding criteria; mission, learning outcomes, assessment methods, and reporting and use of results; along with five performance levels; Best Practice, Meets Standard, and Opportunity for Improvement (3 levels). The rubric criteria were adapted from Jones (2006) and the performance levels from Suskie (2004). The rubric for student learning assessment led naturally to a rubric for administrative assessment efforts. The key elements of the administrative rubric mirror those of the academic one, with the substitution of responsibilities and services for learning outcomes. The criteria for the elements follow directly from the assessment plan template, creating a transparency of expectations related to assessment efforts.

Essentially, three continuous improvement processes are in place to monitor, document, and reward continuous improvement efforts at UPRM.

- *Assessment Planning*: Each unit is required to have an annually-reviewed assessment plan, approved by the unit's members. The plans are posted on the OMCA website.
- *Assessment Reporting*: Each unit is required to submit an annual assessment report to document evidence of implementation of its assessment plan and to report assessment results and improvement actions.
- *Assessment Monitoring and Feedback*: Assessment plans and reports are reviewed using the corresponding rubric. The academic assessment documents are reviewed by the Academic Assessment Review Committee, an 8-member sub-committee of the Academic Steering Team that includes the four College Assessment Coordinators and one additional faculty member from each of the four colleges. The administrative assessment documents are reviewed by members of the Administrative Steering Team and selected advisors, working in pairs or in threes to review the plans belonging to one of the eight larger administrative units (seven Deans and the Chancellor's Office).

The systematic review of the assessment plans and reports represents a key mechanism for OMCA to assess campus needs related to assessment, and to develop appropriate interventions to continue our progress. It will also provide us with indicators over time to assess the progress toward institutionalization of continuous improvement and assessment on the campus.

The results of the review of the academic assessment plans and reports indicate varying levels of progress on assessment implementation. See Table 1 for the results by academic college. For both Table 1 and Table 2, "BP" indicates "Best Practice"; "MS" indicates "Meets Standard"; and "OFI" indicates "Opportunity for Improvement."

**Table 1: Results of Review of UPRM Student Learning Assessment Plans and Reports, August 2006**

Key Elements and Performance Levels ->		Mission			Learning Outcomes			Assessment Methods			Reporting & Use of Results		
Academic Units	Total Plans	BP	MS	OFI	BP	MS	OFI	BP	MS	OFI	BP	MS	OFI
Agricultural Sciences	9	0 (0%)	6 (67%)	3 (33%)	0 (0%)	1 (11%)	8 (89%)	0 (0%)	1 (11%)	8 (89%)	0 (0%)	1 (11%)	8 (89%)
Arts & Sciences	13	7 (54%)	3 (23%)	3 (23%)	0 (0%)	6 (46%)	7 (54%)	0 (0%)	3 (23%)	10 (77%)	0 (0%)	13 (100%)	0 (0%)
Business Administration	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Engineering	6	5 (83%)	0 (0%)	1 (17%)	0 (0%)	4 (67%)	2 (33%)	0 (0%)	1 (17%)	5 (83%)	0 (0%)	1 (17%)	5 (83%)
<b>TOTAL</b>	<b>29</b>	<b>13 (45%)</b>	<b>9 (31%)</b>	<b>7 (24%)</b>	<b>0 (0%)</b>	<b>12 (41%)</b>	<b>17 (59%)</b>	<b>0 (0%)</b>	<b>5 (17%)</b>	<b>22 (83%)</b>	<b>0 (0%)</b>	<b>15 (52%)</b>	<b>14 (48%)</b>

**Table 2: Results of Review of UPRM Administrative Assessment Plans, August 2006**

Key Elements and Performance Levels ->		Mission			Responsibilities & Services			Assessment Methods		
Administrative Unit	Total Plans	BP	MS	OFI	BP	MS	OFI	BP	MS	OFI
Academic Affairs	10	4 (40%)	6 (60%)	0 (0%)	2 (20%)	2 (20%)	6 (60%)	0 (0%)	2 (20%)	8 (80%)
Administration	13	8 (62%)	4 (31%)	1 (7%)	6 (46%)	5 (39%)	2 (15%)	1 (9%)	2 (15%)	10 (76%)
Agricultural Sciences (Academic Units)	12	4 (33%)	6 (50%)	2 (17%)	1 (8%)	8 (67%)	2 (25%)	0 (0%)	2 (17%)	10 (83%)
Agricultural Sciences (EEA & SEA)	27	2 (7%)	19 (70%)	6 (23%)	5 (19%)	15 (55%)	7 (26%)	0 (0%)	0 (0%)	27 (100%)
Arts & Sciences	18	5 (28%)	12 (67%)	1 (5%)	1 (5%)	5 (28%)	12 (67%)	0 (0%)	5 (28%)	13 (72%)
Business Administration	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Chancellor R&D center	11	4 (36%)	5 (46%)	2 (18%)	3 (27%)	2 (18%)	6 (55%)	0 (0%)	0 (0%)	11 (100%)
Engineering	11	5 (45%)	6 (55%)	0 (0%)	5 (45%)	1 (10%)	5 (45%)	0 (0%)	0 (0%)	11 (100%)
Students	11	1 (9%)	10 (91%)	0 (0%)	2 (18%)	4 (36%)	5 (46%)	0 (0%)	4 (36%)	7 (64%)
<b>TOTAL</b>	<b>114</b>	<b>34 (30%)</b>	<b>65 (67%)</b>	<b>9 (8%)</b>	<b>25 (22%)</b>	<b>42 (37%)</b>	<b>47 (41%)</b>	<b>1 (1%)</b>	<b>15 (13%)</b>	<b>98 (86%)</b>

In the College of Arts & Sciences, the assessment reports of all 13 departments meet the criteria outlined in the rubric. Outside of this college, only two other reports meet the rubric criteria; one from Agricultural Sciences and the other from Engineering. The Engineering departments have a more established assessment process; however most units are not using the wealth of data gathered in planning and identification of assessment and improvement priorities. In the case of Agricultural Sciences, most units have not developed an assessment design with measures aligned to learning outcomes that allow student performance to be gauged over time. In addition, all but one of the Agricultural Sciences departments missed two or more criteria on Learning Outcomes, with the most prevalent absence being a timeline for implementation and administration. Some units have still not identified appropriate direct measures of student learning.

The administrative units entered formal assessment planning much later than the academic units. Given that few of the units have implemented their assessment plans, the review of plans focused on the elements of Mission, Responsibilities and Services, and Assessment Methods. Results are displayed in Table 2.

Most (87%) units meet or exceed the standard criteria for mission, with 30% of units displaying a best practice. All units under the Dean of Academic Affairs, Students, Business Administration, and Engineering meet or exceed the mission requirements. Units had slightly more difficulty defining primary responsibilities and services linked to the university mission. Nearly 60% of plans meet or exceed the standard criteria, with 22% earning a best practice rating. Units under the Dean of Administration show strengths in this area, with 85% meeting or exceeding the standard criteria. Units under the Deans of Academic Affairs and Arts and Sciences show the most need for improvement in definition of responsibilities and services.

In terms of assessment methods, only one unit (Finance) achieved a best practice rating. Overall, only 14% of plans meet or exceed the standard criteria. None of the units in the Chancellor's office and Deans of Business Administration and Engineering meet the standard criteria for assessment methods. In Agricultural Sciences, none of the experiment stations and extension offices meet the criteria. The units under the Deans of Students and Arts and Sciences in general have greater proportions of units with plans that specify methods to assess each key service, including measures of satisfaction and efficiency/effectiveness.

In September 2006, OMCA staff and steering team members will meet separately with each of the larger administrative units to explain the rubric and its criteria, and to share the results of the reviews. We are currently planning a series of workshops to address the needs identified by the review, including a workshop for administrative units on identifying an assessment project to be completed by early 2007. We will also recognize units that earned "Best Practice" ratings; in any category; at a special event in the near future.

### **Are We Making Progress? Next Steps**

We have become accustomed to meeting outside demands for quality, which has led to the development of permanent structures to lead accreditation, assessment, and continuous improvement efforts at the college and institutional levels. We are now moving into a phase of defining our own standards of quality, taking into account those standards we must meet for accreditation, but also those that we aspire to for their national prestige and prominence.

In early 2006, UPRM formally indicated that it would adopt the Baldrige National Quality Program's (BNQP) Education Criteria for Performance Excellence (BNQP, 2006) as indicators of institutional effectiveness. The seven BQNP categories are: (1) Leadership; (2) Strategic Planning; (3) Student,

Stakeholder, and Market Focus; (4) Measurement, Analysis, and Knowledge Management; (5) Faculty and Staff Focus; (6) Process Management; and (7) Results. Ruben (2005) has developed the Excellence in Higher Education (EHE) Framework as an approach for planning, assessment, and improvement in higher education. The framework specifically draws on the BNQP framework and the standards of the U.S. higher education accrediting associations. We are currently revising our institutional assessment plan to formalize our effectiveness indicators for student learning, faculty productivity, administration, and service.

Our first step to determine our effectiveness related to the BNQP and EHE indicators was to administer two surveys developed by the BNQP. The surveys, entitled “Are We Making Progress?” are targeted to senior leaders and employees of organizations (see <http://www.baldrige.nist.gov>). The instrument for employees is available in Spanish. The surveys are used together to determine perception gaps on each of the seven criteria between senior leaders and employees.

We administered “Estamos Progresando?” online, in Spanish, in May 2006. The survey for senior leaders was translated to Spanish using the wording from the employee survey. Senior leaders included the seven Deans, the Director of the Research & Development Center, and the Chancellor. The survey for employees was administered to unit directors of both academic and administrative units, as well as all assistant and associate deans. As a preliminary analysis, we examined level of agreement to each of the 40 items to determine areas of similar perceptions as well as gap areas. We created three agreement levels – High (70-100%), Moderate (40-69%), and Low (0-39%) – and categorized the items from both surveys (Table 3).

**Table 3: Agreement Levels for UPRM “Estamos Progresando?” Surveys**

Agreement Level (By Survey Item)	Cumulative Percent Answering “Strongly Agree” and “Agree”
High	70% - 100%
Moderate	40% - 69%
Low	0% - 39%

Then, we mapped the items onto a 3x3 grid to determine areas of coinciding perceptions and gaps. We created four lists from this grid: perceived strengths (high agreement from both groups), perceived opportunity for improvement (low agreement or medium agreement from both groups), leadership gaps (areas perceived more positively by leadership team) and employee gaps (areas perceived more positively by directors). Figure 2 illustrates the grid and the four categories.

		<i>Director Agreement</i>		
		High	Moderate	Low
<i>Leadership Team Agreement</i>	High	<b>Perceived Strength</b>	<b>Leadership Gap</b>	<b>Leadership Gap</b>
	Moderate	<b>Employee Gap</b>	<b>Perceived Opportunity for Improvement (OFI)</b>	<b>Leadership Gap</b>
	Low	<b>Employee Gap</b>	<b>Employee Gap</b>	<b>Perceived Opportunity for Improvement (OFI)</b>

**Figure 2: UPRM “Estamos Progresando?” Perceptions and Gaps**

These lists were further divided into 3 categories to indicate the subject of the item; employees, leadership team, or institution (Table 4).

**Table 4: Perceptions and Gaps Related to Employees, Leadership Team, and Institution**

Groups	Perceived Strengths	Perceived OFI	Leadership Gaps	Employee Gaps
Employees	<ul style="list-style-type: none"> <li>• Know organizational mission</li> <li>• Know relevant parts of institutional plans</li> <li>• Know most important clients</li> <li>• Keep in touch with clients</li> <li>• Clients tell employees what need and want</li> <li>• Allowed to make decisions to solve problems for clients</li> <li>• Know how to measure quality of work</li> <li>• Satisfied with their jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Know how measures used in their work fit into overall measures of improvement</li> <li>• Get information they need to know how institution is doing</li> <li>• Can make changes that will improve their work</li> <li>• Can get everything they need to do their jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Know how to tell if they are making progress on their unit's part of the strategic plan</li> <li>• Get all the information they need to do their work</li> <li>• Are recognized for their work</li> </ul>	<ul style="list-style-type: none"> <li>• Ask clients if they are satisfied</li> <li>• Know how to analyze the quality of their work to see if changes needed</li> <li>• Use analyses to make decisions about work</li> <li>• Cooperate and work as a team</li> <li>• Collect data about quality of their work</li> <li>• Have control over their own personal work processes</li> <li>• Customers satisfied with their work</li> <li>• Work products meet all requirements*</li> <li>• Know how well institution is doing financially</li> </ul>
Leadership Team	<ul style="list-style-type: none"> <li>• Uses institutional values to guide institution and employees</li> <li>• Shares information about organization</li> </ul>	<ul style="list-style-type: none"> <li>• Asks employees what they think</li> </ul>	<ul style="list-style-type: none"> <li>• Creates work environment to help employees do job</li> <li>• Encourages learning that will help employees advance in careers</li> <li>• Lets employees know what it thinks is important</li> <li>• Asks employees for their ideas as it plans for future</li> <li>• Encourages and enables employees to develop their job skills so they can advance their careers</li> </ul>	
Institution	<ul style="list-style-type: none"> <li>• Employees have safe workplace</li> <li>• Institution obeys laws and regulations</li> <li>• Institution has high standards and ethics</li> </ul>	<ul style="list-style-type: none"> <li>• Institution uses employees' time and talents well</li> <li>• Institution removes things that get in way of progress</li> <li>• Institution helps employees help their community</li> </ul>	<ul style="list-style-type: none"> <li>• Organization cares about employees</li> </ul>	<ul style="list-style-type: none"> <li>• Organization has good processes for doing work</li> </ul>

Thirteen items showed perceived strengths across the two groups. Eight of those are related to employee knowledge (mission, institutional plans, and work quality measures), communication with and problem solving for clientele, and job satisfaction. Perceived strengths related to the leadership team are that it uses institutional values to guide institution and employees and shares information about the institution. A safe workplace, adherence to laws and regulations, and high standards and ethics were perceived strengths of the institution.

Across the leadership team and the directors, eight opportunities for improvement (OFI) emerge. Three OFI's are related to employees' ability to obtain necessary information or make necessary changes. Respondents also signaled less agreement that employees know how measures in their unit fit into overall improvement measures. Regarding the leadership team, both groups indicated only a moderate level of agreement that it asks employees what they think. Related to the institution as a whole, both groups had very low agreement that the institution removes things that get in the way of progress. There was greater, but moderate, agreement that the institution uses employees' time and talents well, and helps employees help the community.

Nearly half (19) of the items were rated differently by the two groups. Of the nine items rated more positively by the leadership team, five are related to their communication with and encouragement of employees. Conversely, of the 10 items rated more positively by directors, nine are related to employee knowledge and performance. Thus, each group perceives its own functioning more positively than the other does. We are just beginning to think about how we can address gap areas, through greater communication between the two groups and through the provision of data to bring additional indications of effectiveness. Two OMCA staff members, and one Administrative Steering Team member, will participate in the Iowa Recognition of Performance Excellence (IRPE, <http://www.iowaqc.org>) examiner training in September 2006 offered by the Iowa Quality Center (IOWAQC). The IRPE process is based on the BNQP criteria. We also plan to invite Brent Ruben to our campus in late 2006 or early 2007 to provide an orientation about the EHE framework. As an answer to the question, "Are We Making Progress?", we would say yes – but we are looking at ways to set our bar even higher to challenge our institution and improve our processes.

## **Summary**

This paper presented a case study of an ongoing process of institutional transformation at the University of Puerto Rico at Mayagüez (UPRM). The ABET accreditation experience in 2002 is described as a catalyst for several institutional changes during the past five years, including the formalization of a Continuous Improvement Educational Initiative, and then an Office of Continuous Improvement and Assessment. We described how those structures provided a framework for the key continuous improvement processes at UPRM – assessment planning, assessment reporting, and assessment monitoring and feedback. Results from reviews of assessment plans and reports recently submitted to our office show that we are making slow progress at implementing assessment practices across the institution. We have some lead units from each branch that will serve as examples and advisors to their colleagues. Our surveys to assess the coherence with the BNQP criteria on our campus showed several strengths, some opportunities for improvement, and significant gaps in perceptions among senior leaders and unit-level leaders. The next challenge is to bring all of this information together to create targeted plans and initiatives for institutional improvement.

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