

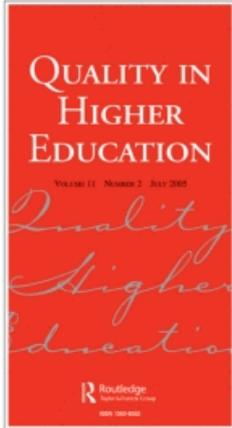
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# Introduction to Assessing Quality in Higher Medical Education in Iran: challenges and perspectives

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**ABSTRACT** *With growing desire to make higher education systems more effective and efficient, the policy of evaluating tertiary institutions has been intensified in developed, as well as developing, countries. Based on this, this article argues that quality assessment of total university systems in Iran has been a sporadic activity in the past. However, recent attempts in self-evaluation of higher medical education have brought a positive attitude towards continuous quality improvement in Iranian higher medical education. This article presents a brief description of the context of higher education system in the Islamic Republic of Iran, and then describes a pilot self-evaluation project which has been carried out since 1995 at the medical sciences universities. Finally, the process and product of this project in continuous improvement of the quality of higher medical education are analysed.*

## Introduction

Three major factors have affected higher education systems in the past decade: socio-economic changes, technological changes, and the move to globalisation. These changes have made higher education systems more aware of efficiency and effectiveness.

However, not all the systems of higher education have paid enough attention to these three factors. This is especially true of systems in developing countries. The reason is the need to break with the traditional goals of the university, which is defined as the 'methodical discovery and teaching of truths about serious and important things' (Shils, 1988).

Based on the above, the systems of higher education have had to be more responsive to the current and future requirements of society. In this context, 'the university's ultimate educational goal is presented as preparing people to function properly in society' (Boelen *et al.*, 1992).

University goals of research and services may also be considered as discovery of truth and responding to the needs of society. However, due to rapid expansion of student population and financial constraints, there has been an expectation from higher education institutions 'to produce more with less' (Meade, 1995).

In this context, higher education systems are concerned with three major issues: relevance, quality and equity. As an example, relevance in medical education is defined as 'the degree to which the most important problems of health care are tackled first' (Boelen & Heck, 1995). Consequently, quality medical education gives primary attention to: 'those

who suffer ailments that are most prevalent, and to conditions that can be addressed with locally available means' (Boelen & Heck, 1995).

In addition, attention should be given to equity in medical education (Boelen & Heck, 1995). In other words, opportunities should be distributed with greater equality in social and economic terms. Furthermore, the providing of equitable care is also regarded as a part of quality medical education.

With a growing desire to make higher education systems more effective and efficient, the policy of evaluating tertiary institutions has been intensified around the world in recent years.

This context provides the basis for a review of definitions of quality in higher education, followed by an evaluation of approaches to judging the quality. Finally, the experiences of assessing quality in higher education systems in Iran are reviewed and self-evaluation, as a tool which is applied on an experimental basis for assessing the quality of medical education units in Iran, is analysed.

### Quality in Higher Education

From the early days of higher education, the quality of tertiary institutions has been an important focus of attention for faculty members and managers. What is meant by quality in higher education? The International Network of Quality Assurance Agencies in Higher Education (INQAAHE) proposed the following:

- compliance with pre-established standards;
- achievement of stated objectives (Craft, 1994).

Assessment of quality in higher education, according to the first definition, requires that judgement be made on the basis of a set of pre-established standards. When such standards are not available, quality assessment may be carried out with regard to the second definition. In such a case, faculty members of a higher education institution themselves judge the degree to which education, research and services of the system meet the criteria related to the stated objectives.

Recent attempts to improve the quality of higher education systems have contributed to a wider application of evaluation procedures to university systems. By evaluation (or assessment) is meant a systematic activity undertaken to judge the past activities, or assist decisions related to future developments, and to improve education, research and services delivered by the system.

It is thus necessary to make a distinction between criteria, standards and indicators (Windham & Chapman, 1990).

Criteria are the characteristics of a system. Standards answer the question: how much of the important criteria is enough? Indicators refer to the measures used to collect data regarding performance on the valued criteria.

Thus, to evaluate the quality of a system of higher education, we compare its status *vis-à-vis* either a set of standards or objectives of the system. Then judgement is made whether the status of the system is satisfactory, nearly satisfactory, or unsatisfactory. However, the standards or objectives should be chosen in accordance with the related elements of the system. For instance, to evaluate the quality of a college, we may judge the status of its faculty members, or else, the status of its graduates against pre-established standards. We may, though, select a range of quite different criteria.

If an Organisational Elements Model (OEM) (Kaufman & Herman, 1991) is applied to

represent a system of higher education, five organisational elements can be considered as follows:

- students, faculty members, facilities, educational;
- inputs, resources, curriculum, regulations, laws, money;
- processes, the way educational means, methods, procedures are used, mediated or managed;
- products, *en route* results, such as, courses completed by students, competencies acquired by students, learner accomplishment;
- the aggregated products of the system which are output—delivered or deliverable to society, such as, graduates, research results and services, social results or impacts.

Therefore, based on the focus of evaluation, any of the aforementioned elements (or a set of them) may act as criteria for judgement. According to the five elements of the Organisational Element Model, five definitions of quality in higher education have been proposed (Bazargan, 1994). They are

- the quality of inputs;
- the quality of processes;
- the quality of products;
- the quality of outputs;
- the quality of outcomes.

Another criterion that has been proposed for evaluation of educational systems is value added. According to this criterion, value added quality is the extent to which value has been added by the educational system (McGinn & Borden, 1995).

Value added measures the extent to which the current state of its graduates (or other outputs) can be attributed to the higher education system or institution. Recent practices of assessing quality in higher education in Iran have been based on a combination of the processes described above. The major steps that were undertaken by the medical education system to assess and improve the quality are reviewed.

### Introduction to Assessing Higher Education Quality in Iran

Iran, as a developing country, has a population of over 60 million. In 1996 more than 51% of the total population were under the age of 20 years, and 9% were in the 20–24 years age group. The rate of enrolment at the primary education level is more than 95%. However, the rate at higher education level is, comparatively, very low.

Modern tertiary institutions in Iran were established in the early 1930s. The University of Tehran, as the pioneer in university education, was established in 1934. Gradually, provincial universities were established in Tabriz, Esfahan, Shiraz and Mashad in the following two decades.

In 1968, total enrolment at tertiary institutions in Iran was about 68,000. By 1978 the student population reached about 180,000 (IRPHE, 1997).

After the Islamic Revolution in 1979, private higher education expanded so rapidly that in 1997, the total enrolment in the public and private institutions reached about 1,200,000 (IRPHE, 1997; IAU, 1997). There is a very high demand for higher education. The number of applications for admission to higher education in April 1998 was about 1,300,000 (10% higher than the previous year), but the available places in both public and private tertiary institutions were about 250,000.

During the past two decades, demand pressure for higher education has forced the

system to change its focus from an élite to a mass system. It may have brought a more equitable distribution of higher education resources in social terms. However, several questions have been raised with regard to the relevance and quality of higher education.

In 1982, owing to post-revolutionary changes, the Iranian higher education system was divided into two sub-systems: medical education and non-medical higher education. While the non-medical universities and other tertiary institutions have been under the Ministry of Culture and Higher Education (MCHE), the medical education universities were detached from the MCHE and put under the Ministry of Health, Treatment and Medical Education. Each of these two sub-systems is independent and highly centralised in curriculum planning, staff recruitment, financing and administration. According to the source of funding the Iranian higher education system is also divided into two sub-systems: government and private.

The government institutions receive almost all their annual expenditure from the national budget. Students in these institutions pay only a nominal fee for enrolment. However, the majority of private (non-government) tertiary institutions are under a system called Islamic Azad University (IAU). Students at these institutions pay for their enrolment and full tuition fees. More than 51% of the total student population in Iran are studying at the 124 campuses of Islamic Azad University system of private higher education (IAU, 1997).

Although from the early days of university education in Iran, the assessment of quality had been an important focus of attention for the faculty members and university managers, at present it is regarded as one of the priorities in developing an integrated higher education system. In doing so, a centralised assessment process has been applied to select the inputs, such as applicants for admission to tertiary institutions. This process includes two separate mechanisms:

1. Educational Testing Organisation (ETO) for selecting entrants for the government-funded tertiary institutions;
2. Islamic Azad University Admission System (IAUAS) for the majority of private higher education.

ETO selects entrants centrally for the government-funded tertiary institutions and the IAUAS selects entrants for the private tertiary institutions which are under the Islamic Azad University system.

In addition to the assessment process for selecting entrants, there has been an important focus on the assessment of faculty members in the government-funded universities. At present, recruitment of faculty members in the government-funded tertiary institutions is carried out through a central process. Furthermore, once a faculty member is recruited, any request for tenure or promotion is evaluated by the board of evaluation. Each public university that meets certain criteria (for example, a specific number of professors, and associate professors) can organise its own board of evaluation of faculty members. The board of evaluation makes sure that tenure and promotion of faculty members are granted according to quality standards. These standards are set by each of the two ministries concerned.

The medical education system, which is under the Ministry of Health Treatment and Medical Education, not only maintains and evaluates the quality of applicants for admission to medical science universities and faculty members, it also administers a central mechanism for the assessment of student learning at the basic and final stages of medical education programmes.

However, evaluation of the quality of total university systems in Iran has been a

sporadic activity in the past. In other words, once in a while, a team of academics from different universities accompanied by an administrator from the Bureau of Monitoring and Evaluation of the Ministry of Culture and Higher Education, (or the Ministry of Health, Treatment and Medical Education) visited a university department (or a unit) for inspection. The results of such inspections were reported to the ministry. Based on the report of the visiting team, corrective actions would be taken. Such an evaluation practice did not help much in improving the quality of tertiary institutions.

### Introduction to Self-evaluation in Higher Education in Iran

Being aware of the need to measure the quality of higher education in Iran, the MCHE has made efforts to establish an evaluation mechanism to assess the quality of universities. To this end, a project was initiated to rank universities in 1992. However, the idea was not appreciated by the council of rectors. Since then, other attempts have been made by the MCHE to apply an external evaluation approach to higher education. Several factors have led to academics resisting the assessment initiatives from authorities outside their own institution.

In Iran, as in many other developing countries, the culture of evaluation is not deep-rooted in higher education. However, practices at the international level (Bazargan, 1995–96) have indicated that self-evaluation is a crucial mechanism for academics if they are to accept a quality assessment system.

Based on the experiences of assessing higher education at the national and international level (Bazargan, 1997), the Ministry of Health, Treatment and Medical Education (MHTME) started a pilot project in conducting self-evaluation in medical education departments. In doing so, it first examined similar attempts and experiences around the world (Bazargan, 1997).

An *ad hoc* committee was set-up at the Bureau of Monitoring and Evaluation (BME) of the MHTME. The mission of this committee was to:

- adopt suitable self-evaluation procedures to the conditions of the medical education system in Iran;
- propose practical guidelines for carrying out self-evaluation in a few departments of medical education.

The committee reviewed the situation and, with regard to the OEM and through the participation of academics, proposed five sets of criteria for conducting self-evaluation in the Iranian higher education system in general and medical education system in particular (Bazargan, 1995–96).

Based on the recommendations of the BME and the *ad hoc* committee, seven medical education departments at Tehran University of Medical Sciences and at Shaheed Beheshti University of Medical Sciences pioneered self-evaluation. The pilot projects in the seven departments started in December 1996, and six were completed in June 1997.

First, the six departments conducted workshops in self-evaluation so that their faculty members were familiarised with the philosophy behind self-evaluation. Then a departmental committee was set up to undertake the task of planning and conducting self-evaluations in the department. A steering committee was also set up at the Bureau of Monitoring and Evaluation (MHTME) to provide technical support and advice to each of the six departments. Using the OEM model, the steering committee assisted the departments to define indicators for the evaluation criteria. Five sets of criteria were considered for the pilot self-evaluation (Bazargan, 1995–96):

- organisational structure and administration, staff, facilities and resources of the department (10 indicators);
- student population (8 indicators);
- degree programmes (6 indicators);
- teaching-learning processes (4 indicators);
- graduates (4 indicators).

Data were collected, by questionnaires and checklists, from students, faculty members, graduates and employers. Then the data were analysed and judgements were made about the current status of each of these five sets of criteria. Finally, internal and external factors, which would contribute to development of the department, were identified by faculty members.

A final report of self-evaluation for each department was submitted to MHTME. The results of the pilot project in self-evaluation were presented at a ministerial meeting in October 1997. Academics from different fields of medical education were invited to participate in the meeting. Those representatives who attended confirmed the merits and success of self-evaluation (Keshavarz & Siassi, 1997; Razzaghi *et al.*, 1997). The meeting agreed that self-evaluation is a suitable tool for motivating faculty members to:

- obtain a basic understanding of the department (university unit) to which they belong;
- identify issues of primary importance to development of the unit;
- direct its resources to improve the quality of the unit and advance it continuously.

Based on the results of the pilot project, MHTME has decided to request all the departments of internal medicine to conduct self-evaluation. Furthermore, a number of medical and non-medical universities have volunteered to conduct self-evaluation. It is planned that after self-evaluation of internal medicine departments, national standards for accreditation be developed and an external evaluation be carried out, so that the departments (units) are ranked by peer groups. This would be applied only to those departments that had voluntarily participated in the process of external evaluation.

## Conclusions

Considering the importance of a quality higher education system in the socio-economic and cultural development of a society, there is need for transparency and accountability of tertiary institutions. 'Simply wandering into tomorrow without knowing the prevailing forces and trends, in an active attempt at creating the reality we want, is to miss the opportunities of creating a better life' (Kaufman & Herman, 1991). Educational evaluation and research, planning and management are the functions that help higher education systems to reach the intended reality (Bazargan, 1997).

Among these functions, evaluation has a crucial role to play in ensuring quality in higher education. This is due to the fact that evaluation involves determining the reality (quality) which is intended to be accomplished by measuring what is accomplished, comparing the intention and the performance, and ensuring performance takes place in accordance with established planning.

An accreditation model is an educational evaluation model which is frequently applied to assess the quality of higher education systems (Worthen & Sanders, 1987; Wolf, 1993; Kells, 1993). This model is composed of two stages: an internal evaluation (self-evaluation) and an external evaluation. Through self-evaluation, academics participate in a basic understanding of the quality of the unit. Then, they identify issues of primary importance

in improving the quality. Finally, they direct activities of the unit toward the intended quality.

The Iranian experience of self-evaluation is a first step in successfully applying the accreditation model in a developing country. It has provided an environment in which academics actively participated in identifying the major issues to be addressed in development of their departments. In addition, they have contributed to policy analysis and improvement of quality in medical education at national level.

## References

- BAZARGAN, A., 1997, 'Pedagometrics: statistical measurement and analysis for improving the quality of education', in *Proceeding of the 51st Session of the International Statistical Institute*, Invited papers, Book 1, pp. 459-462 (The Netherlands, International Statistical Institute).
- BAZARGAN, A., 1994, 'Total quality education: an approach to revitalize educational systems', *Quarterly Journal of Research in Education*. New series, 3, pp. 54-68 (in Persian).
- BAZARGAN, A., 1997, 'Quality in higher education and its evaluation: a review of national and international experiences', *Rahyافت Quarterly Journal of Science Policy Research*, Spring, pp. 60-71 (in Persian).
- BAZARGAN, A. 1995-96, 'Internal evaluation and its application to continuous improvement of higher education', *Quarterly Journal of Research and Planning in Higher Education*, 3(3 & 4), Winter 1995 and Spring 1996 (in Persian).
- BOELEN, C. & HECK, J.E., 1995, *Defining and Measuring the Social Accountability of Medical Schools*, WHO/HRH/95.7 (Geneva, World Health Organization).
- BOELEN, C., BANDARANAYAKE, R., BOUHUIJIS, P.A.J., PAGE, G.G., & ROTHMAN, A.J., 1992, *Towards the Assessment of Quality in Medical Education*, WHO/HRH/92.7 (Geneva, World Health Organization).
- CRAFT, A. (Ed.), 1994, *International Developments in Assuring Quality in Higher Education* (London, Falmer).
- INSTITUTE FOR RESEARCH AND PLANNING IN HIGHER EDUCATION (IRPHE), 1997, *Statistics of Higher Education in Iran: 1996-1997* (in Persian) (Tehran, IRPHE).
- ISLAMIC AZAD UNIVERSITY (IAU), 1997, *Statistical Yearbook: 1996* (in Persian) (Tehran, Information, Statistics and Computer Centre IAU).
- KAUFMAN, R. & HERMAN, J., 1991, *Strategic Planning in Education: rethinking, restructuring, revitalizing* (Lancaster, PA, Technomic).
- KELLS, H.R. 1993, 'Creating a culture of evaluation and self-evaluation in higher education organizations', keynote paper presented at the EEC conference on Total Quality in Education, October, Aarhus, Denmark, cited in: H.R. KELLS & P. STENQVIST (1995) *A Guide to Evaluation Processes in Finish Higher Education (Policy and Practice)* (Helsinki, Ministry of Education).
- KESHAVARZ, A. & SIASSI, F., 1997, Internal Evaluation of Department of Nutrition and Biochemistry, Faculty of Health, Tehran University of Medical Sciences and Health Services (FH-TUMSHS), unpublished report.
- MCGINN, N.F. & BORDEN, A.M. 1995, *Framing Questions, Constructing Answers: linking research with education policy for developing countries* (Cambridge, MA, Harvard Institute for International Development).
- MEADE, P. 1995, 'Utilising the university as a learning organisation to facilitate quality improvement', *Journal of Quality in Higher Education*, 1(2), pp. 111-121.
- RAZZAGHI, M.R. *et al.*, Report of Internal Evaluation of the Departments of Internal Medicine and Gynaecology, Tajrish, Shohada Center for Medical Education and Treatment, unpublished report in Persian, Shaheed Beheshti University of Medical Sciences and Health Services.
- SHILLS, E., 1988, *The Academic Ethic* (Chicago, University of Chicago Press).
- WINDHAM, D.M. & CHAPMAN, D.W., 1990, *The Evaluation of Educational Efficiency: constraints, issues, and policies* (London, JAI).
- WOLF, R.A., 1993, 'The accreditation of higher education institutions in the United States', *Higher Education in Europe*, 18(3), pp. 91-99.
- WORTHEN, B.R. & SANDERS, J.R., 1987, *Educational Evaluation: alternative approaches and practical guidelines* (New York, Longman).