

Assessing Quality in Higher Education in a Changing Environment

Joseph E. Steinmetz

Executive Director, Psychological Clinical Science Accreditation System

<https://orcid.org/0009-0007-0418-0343>

Institutions of higher education have always been engaged in assessing quality of their faculty, staff, and students and the effectiveness of their research, teaching, and service missions. For example, annual reviews are conducted to evaluate contributions made by faculty, students are graded on their performance in the classroom, peer reviews are used to assess the relative merits of research and scholarship, and external ranking agencies like the Carnegie Foundation and *U.S. News & World Report* use institutional or program data to rate and sometimes rank institutions. In addition, the federal government and federal and state licensing agencies often require that accrediting agencies assess the viability and effectiveness of institutions and individual programs within the institutions. For example, financial aid from the federal government cannot be distributed unless the institution is accredited by a regional accreditor such as the Higher Learning Commission (HLC). Physicians must be graduates of a medical education program that is accredited by the Liaison Committee on Medical Education to be eventually licensed. Engineering programs are accredited by the Accreditation Board for Engineering and Technology (ABET). In the end, accrediting agencies are doing what institutions have been doing for many years—assessing quality.

Over the last 10-20 years there has been an increasing call for accountability in higher education, which I detailed in a previous Merrill Conference presentation (Steinmetz, 2021). As the cost of attending college has increased, students and their parents have demanded more from universities, and some have even begun questioning the overall value of a college education given these skyrocketing costs. State legislators, who have generally reduced funding to public universities in their states, are also demanding that universities produce graduates that can immediately find jobs and have an impact on their states' economies and do so more efficiently with fewer resources. This scrutiny has put additional pressure on accreditors to accurately assess the quality and viability of institutions and programs.

In this paper, I will introduce one program-level accreditor, the Psychological Clinical Science Accreditation System (PCSAS), and use it as an example of how assessment of quality is done and what

may lie in the future as we continue to experience a volatile time in higher education.

What Is PCSAS?

To practice as a clinical psychologist in the United States, all states require that a person graduate from an accredited clinical psychology program before they can sit for an examination that may lead to a license to practice clinical psychology in that state. PCSAS is one of two recognized accrediting agencies for doctoral programs. The American Psychological Association is the other organization. PCSAS is an independent, non-profit organization that provides rigorous, objective, and empirically based accreditation of PhD programs that adhere to a *clinical science* training model (see [PCSAS Website](#)). Programs that earn PCSAS accreditation are ones that support and expand the scientific foundation for mental and behavioral health care to increase the quality and quantity of clinical scientists contributing to all aspects of public health. Above all, PCSAS does what all

programmatic accreditation organizations do: performs reviews of programs to assess overall excellence so that graduates of these programs can pursue careers in a specific area.

A Brief History of PCSAS

In 1992, a summit on the future of accreditation of clinical psychology programs was held. About 140 leading clinical scientists, directors of clinical training, and department chairs attended the summit that was sponsored by the Association of Psychological Science, National Institute of Mental Health, and Council of Graduate Departments of Psychology. The main reason that the meeting was convened was a growing dissatisfaction with the [then-sole] accreditation system that was established just after World War II. The accreditation system developed in the 1940s was seen by many as too rigid and too rooted in a bygone era of clinical psychology. Several key questions were raised during the summit: Is some form of accreditation necessary for doctoral programs that intend to train students for the practice of psychology as well as research? Is the current process of accreditation, in particular, compatible with the goals of the PhD as a research degree? Is it compatible with the goals of the science-practitioner model of training? And finally, are alternative accreditation systems possible? By the end of the summit a consensus emerged that there was a “need for urgent reform of the [then-sole] accreditation system in psychology.” (See [Accreditation Summiteers in Agreement on Change – Association for Psychological Science – APS.](#))

Another idea that grew out of the summit was the creation of the Academy of Psychological Clinical Science (APCS) in 1995. APCS currently has 65 member programs, all which are doctoral training programs in clinical and health psychology or psychology internship programs. Academy members are committed to the education and training of *psychological*

clinical scientists. Because of this shared commitment to the advancement of psychological clinical science, APCS eventually reached a consensus that a new accreditation system was needed to promote science-centered doctoral education that stressed the integration of excellent research and delivery of comprehensive mental and behavioral health services to the public.

The formation of PCSAS came out of a special meeting on accreditation held in January 2006 that was organized by the executive committee of the APCS. The formal idea was eventually overwhelmingly ratified by the whole membership of the APCS in October 2007. The Psychological Clinical Science Accreditation System, Inc. (PCSAS) was officially incorporated in Delaware on December 27, 2007. A PCSAS Board of Directors was quickly formed and met February and May 2008, at which time officers were selected and an executive director selected.

Once established, PCSAS sought national recognition as an accreditor of clinical psychology programs and began the process of pursuing official recognition by the Council for Higher Education Accreditation (CHEA). In May 2011, the CHEA Board of Directors deemed PCSAS eligible to apply for recognition, an application was submitted, and at its September 2012 meeting the CHEA Board granted full CHEA recognition to PCSAS for a period of 10 years. In May 2022, the CHEA board extended PCSAS’s accreditation for another seven years, after a thorough reaffirmation review.

Several important agencies recognize PCSAS accreditation for licensing and employment purposes. The U.S. Department of Veteran’s Affairs (VA) was one of the first agencies to recognize PCSAS accreditation, a very important endorsement since the VA was the original impetus for creating an accreditation system after World War II. Other agencies that recognize PCSAS accreditation include

the Commissioned Corps of the U.S. Public Health Service; the Health Resources and Services Administration (HRSA), within the U.S. Dept. of Health and Human Services; the National Institutes of Health; and the Association of Psychology Postdoctoral and Internship Centers (APPIC), which oversees the national internship match process. PCSAS is also recognized in the licensing laws and regulations of states representing nearly 35 percent of the U.S. population (and this list is steadily growing).

PCSAS has had three executive directors. Dr. Richard McFall from Indiana University served as the inaugural director and was largely responsible for taking PCSAS through the initial accreditation process and for many years serving tirelessly as an advocate for the psychological clinical science education and training model. His influence on the organization and on clinical science, in general, has been significant. Dr. Alan Kraut served for six years as the executive director. Before his PCSAS service, Alan was the executive director of the Association for Psychological Science, during which time he advocated and supported the development of PCSAS. During his term as executive director, the number of PCSAS accredited programs grew significantly, and he led the effort that resulted in the reaffirmation of PCSAS recognition by CHEA. I became the third executive director of PCSAS in November 2021. I have had a variety of experiences that I hope can benefit PCSAS: I served as a chair of the Indiana University psychology department (where the clinical science model was adopted very early); I have had other university administrative positions at public universities, including dean, provost and chancellor; I served a four-year term as a trustee of the HLC (a regional, institutional accreditor), so I am familiar with accreditation processes; and I served as a member of the original PCSAS Board of Directors.

What Distinguishes PCSAS Accreditation?

PCSAS accredits doctoral training programs in clinical psychology that grant PhD degrees in psychology with a core focus on the specialty of *psychological clinical science*. To receive PCSAS accreditation programs must subscribe to an empirical epistemology and a scientific model: An educational and clinical training model in which the discovery and advancement of knowledge and its application to real world problems are driven strongly by research evidence. In the psychological clinical science model, research and application are integrated and reciprocally informing.

PCSAS programs must produce graduates who are competent and successful at conducting research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders. And PCSAS programs must use scientific methods and evidence to design, develop, select, evaluate, implement, deliver, supervise, and disseminate empirically based clinical assessments, interventions, and prevention strategies. The integration of research and practice is emphasized and must be demonstrated.

Importantly, programs are evaluated with an emphasis on outcomes instead of inputs. Flexibility in curriculum is allowed to achieve the desired clinical science outcomes that are required. While many content areas within clinical psychology must be covered to ensure that PCSAS graduates have the necessary education and skills to function as clinical psychologists, PCSAS does not require a list of specific courses that must be taken but rather requires each program demonstrate how its curriculum successfully prepares students for the many career paths a clinical science student may eventually take, including practice. And solid research training is an important part of the PCSAS accreditation requirement

Table 1: Current PCSAS Accredited Programs

Arizona State U	Oklahoma State U	U of Illinois	U of South Florida
Binghamton U	Penn State U	U of Iowa	U of Southern California
Boston U	Purdue U	U of Kentucky	U of Texas
Duke U	Rutgers U	U of Maryland	U of Virginia
Emory U	Stony Brook U	U of Michigan	U of Washington
Harvard U	Temple U	U of Minnesota	U of Wisconsin
Indiana U	U of Arizona	U of Missouri	Vanderbilt U
McGill U	U of Buffalo Suny	U of New Mexico	Virginia Tech U
Michigan State U	UC Berkeley	UNC Chapel Hill	Washington U
Northwestern U	UCLA	U of Oregon	Yale U
Ohio State U IDD	U of Delaware	U of Pennsylvania	
Ohio State U Psych	U of Georgia	U of Pittsburgh	

not only for graduates who may choose research-oriented academic careers but also for graduates that eventually choose practitioner-oriented careers so that application continues to be informed by science.

What Programs Are Accredited by PCSAS?

Since its creation, PCSAS has accredited 46 programs in the United States and Canada, and that number is steadily growing with several other programs in various stages of the application process. Currently, all PCSAS accredited programs are also accredited by the APA. However, three programs (University of California Berkeley, Washington University, and Stony Brook University) have begun admitting students as a PCSAS-only program and plan to drop their APA accreditation in the future. Also, the Ohio State University Intellectual Developmental Disabilities program is solely accredited by PCSAS. To date, 20 other programs have indicated publicly the possibility of becoming PCSAS-only accredited programs in the future.

By many metrics PCSAS programs are highly regarded and considered the best clinical psychology programs in the country. All 20 programs that are ranked as the top 20 by *U.S. News & World Report* are PCSAS accredited, and 42 PCSAS programs in the U.S. are listed among the top 50. All 46 PCSAS programs are ranked highly by the National Acade-

mies of Sciences, higher than non-PCSAS programs on several dimensions such as their graduates' scores on state licensing exams, students' placements in internships, and publication records of their faculties. Table 1 provides a list of PCSAS accredited programs as of fall 2022.

Current Issues for Program Evaluation and Assessment

Like the rest of higher education, program accreditors like PCSAS, as well as institutional accreditors like HLC, face issues and challenges as the environment in higher education is changing. Some of these changes have been caused by the COVID pandemic and its effects on higher education. Others have been emerging over the last several years. I will discuss a few examples here.

Over the years assessments of quality of institutions and programs have been based largely on input-based data, such as ACT scores, GRE scores, financial support available for undergraduate and graduate students, and sometimes pedigree of faculty, to name a few. Quality is often assumed from the perceived strength of the inputs. However, there is a great need these days to move away from input-based assessment data to more output-based data, such as retention and graduation/completion rates, employment, number of publications and grants produced, community service, and general impact (such as economic impact and societal impact).

There is a major reason why assessment and evaluation has been dependent on inputs: Inputs are easier to document and evaluate. Outputs can be more difficult to assess and require clear definition to effectively measure quality and this can present a challenge. For PCSAS, the challenge is how to establish that a program is functioning as a clinical science program; that is, integrating research and practice. This can't be done by simply looking at the GRE scores of incoming students or at a check list of required courses (input data). Rather, PCSAS accredited schools are required to demonstrate that their students are performing as clinical scientists after they graduate (output data). One way this is accomplished during a PCSAS accreditation assessment is to look at what every program graduate is doing at the time of review. These are generally more difficult data to get but necessary to determine the success of the clinical science program under review.

One thing accreditors have been accused of (and sometimes guilty of) is using a cookie-cutter approach to evaluation and assessment. Having a rigid template for review that assumes all programs are the same or very similar has sometimes been used even though we know there are considerable variations across institutions and programs in many areas, such as mission, size, resources, programs offered, and geographical location. There needs to be more movement among accreditors to empower programs and to embrace flexibility. That is, programs should have a freer hand in designing ways to reach standards, goals, objectives, and desired outcomes. This presents a challenge for the evaluator as this flexibility makes it more difficult to make assessments and can reduce or eliminate comparisons across programs. I would argue, however, that the variations across institutions and programs will only increase in coming years as the higher education environment changes.

We should be prepared for this.

A third challenge I can cite is how, over the years, the role that research plays in teaching and learning at both the undergraduate and graduate levels has often been ignored or minimized in assessments. At the undergraduate level, student involvement in experiential learning has emerged as an important part of a college education. Involvement in research is an example of experiential learning. Yet, assessments of undergraduate research experiences are at best a minor factor in many institutional and program reviews. Likewise, at the graduate level, evaluation of research should be a prominent feature of institutional and program reviews and should be featured more prominently. And often overlooked are the contributions made by graduate students in the teaching and research of undergraduates. Again, these assessments may be hard to do, but in my opinion necessary for assessing the quality of a program or institution.

Ongoing Concerns about Assessment and Evaluation

The general environment of higher education has changed dramatically over the last several years and that includes the role of assessment, evaluation, and accreditation. In general, there has been a movement toward greater accountability for our colleges and universities from the public, government, and the media. I covered this in depth in a previous publication in this retreat series (Steinmetz, 2021). This has led to increased efforts within our universities to evaluate the impact that faculty have in teaching research and service. Although many outside our universities have the belief that faculty aren't scrutinized and evaluated, this is simply not true. Peer evaluation, as well as administrative evaluation, has been used for decades to determine progress toward promotion and compensation changes. Recently, however, there has been a trend toward scrutinizing the

role of accreditors in higher education. A few examples largely affecting institutional review and accreditation are presented here.

There seems to be a growing desire by the state and federal governments to become involved in evaluation and assessment and in some ways taking away the flexibility of review that I wrote about above as desirable. The goal of some is to adopt standards that create “bright-lines”: absolute standards that are achieved to be considered a passable institution or program. Test scores and specific retention or graduation rates are examples of bright-lines. Institutions or programs are considered successes or failures if they either exceed or fall short, respectively, of the defined metric. Institutions are then rated by how they are positioned around the desired metric or score. An example would be eliminating federal financial aid if a university doesn’t meet a pre-defined graduate rate. The problem with this approach can be that it assumes all institutions are generally very similar. They are not. Institutions differ by geography, finances, the students they serve, and whether they support research and discovery.

Given this variation, how does one choose the score or metric that must be obtained? Some states have recently expressed a desire to either take over the evaluation process or have more say on how accreditors are selected. In these states there seems to be a distrust in accreditors and their ability to evaluate and assess programs and institutions. An example of this can be seen in Florida’s governor Ron DeSantis’s recent signing of a bill that mandates colleges and universities change accreditors every 10 years, and in the process stating that accreditors have “inordinate amount of power.” Comparisons were made with the business world, where auditors are changed regularly. The problem with this is that institutions have histories with their ac-

creditors—each review is based on continued progress since the last review. (See [Education Department Warns Florida About Accreditation Bill, insidehighered.com](https://www.insidehighered.com/news/policy/2021/03/15/education-department-warns-florida-about-accreditation-bill).) This could also encourage institutions to “shop around” to find accreditors that are more “friendly.”

Accreditors evaluate many aspects of institutions and programs, including financial condition; academic freedom of the faculty; diversity, equity and inclusion; tenure; and curricular requirements. Accreditors at both the institutional and program levels require that these issues be addressed. There seems to be movement in some states to ignore accreditation or move it to the state level; that is, treat universities more like primary and secondary educational institutions, which are under more local control. This would create, of course, a patchwork of accredited universities that reflect the individual state views (and perhaps politics) on higher education—not ideal for creating more universal referents. Accreditors must go through a rigorous approval process by either the Department of Education or CHEA before they can conduct assessments of programs or institutions. It is difficult to see how states could oversee this process and maintain the high standards that now exist.

Similarly, there has recently been increased involvement and management by university governing boards on matters that have been in the domain of campuses and their faculty for many years. This includes responses to accreditors when they disagree with findings or actions. Probably worse yet is the impact a dysfunctional oversight board can have on institutions and their evaluations. Boards are supposed to set general direction for the institutions they oversee and are often ultimately fiscally responsible for the institution. When a board is not functioning well, the evaluation of the institution will be affected.

Other issues and concerns that can af-

fect assessments of universities and their programs include fiscal issues that have recently become more acute, an increase in regulations in general at the federal and state levels that put additional burdens on universities, and the general devaluation of higher education we have witnessed over the last decade or so.

Special Issues Related to the COVID Pandemic

Higher education was impacted by the COVID-19 pandemic in many ways, and it is likely that this impact will be seen for many years to come. COVID-19 affected finances, the way classes are taught, and learning is (or is not) achieved, and research at our universities, just to name a few. The world of assessment and accreditation was also affected by the pandemic, and like other areas of higher education these effects seem to be long-lasting. Here are a few examples.

As I mentioned above, peer review is a cornerstone of evaluation in higher education. Indeed, peer review is critical for accreditation review and evaluation. I have heard from several individuals in institutions and other accrediting agencies that during the pandemic there was a decline in the number of faculty willing to serve as peer reviewers, and this has continued as the pandemic has subsided. This may be due to several factors. For example, during the pandemic faculty members were very busy transitioning to remote teaching and trying to figure out how to complete their research. Review service may have been a relatively low priority given how much our faculty had to do to deal with the pandemic, as well as the fact that serving on review teams is not usually rewarded well when faculty are evaluated for promotions or salary increases. I also note here that I believe faculty have been asked to do more locally to support their teaching and research and contribute to their institutions. This has impacted the time available for national service.

During the pandemic, in-person reviews were eliminated as travel was unsafe and face-to-face meetings nonexistent. Faculty largely worked from home for two years and, like many in the business world, discovered they could be as productive at home as they could be on campus. As the pandemic has subsided, many faculty want to continue to work at home. Similarly, we have heard from several of our PCSAS reviewers that they would like to continue remote reviews instead of traveling to the universities that are being assessed. They cite several reasons, including lower costs to the organization, more efficient time usage since travel is eliminated, and an equity factor we generally haven't considered to date: faculty with children must arrange childcare when they travel; this is less of an issue when reviews are done remotely. Institution permanent remote reviews could increase the pool of available reviewers.

Other reviewers believe that in-person reviews are necessary. First, they often cite a "retreat from community" that is caused by remote meetings and gatherings, especially as it relates to the dynamics of a working review team. Second, some reviewers believe that in-person meetings with faculty, students, administrators, and staff from the university being evaluated are an advantage because they typically result in a better back-and-forth during discussions. Also, accreditation reviews involve assessments of facilities and the university environment. This can't be done during a wholly virtual review. My prediction is that when the pandemic is behind us, we will end up with a hybrid review process where one or more of the review team visits the university while the other reviewers make assessments remotely.

Another issue created by the pandemic is difficulty assessing the quality of remote experiences (such as teaching and delivery of clinical services) that

were created to deal with the pandemic. These experiences will likely remain after the pandemic. How do we know that these remote experiences lead to the same teaching/learning outcomes seen with traditional approaches? There will also be long-lasting financial issues after the pandemic. How will these issues affect institutional and program quality? Lastly, the pandemic has accelerated the considerable devaluation of higher education over the last decade. Will this continue and how will this affect the operations of our institutions and programs?

Summary

I have attempted here to provide insights into how the changing environment of higher education is affecting how we assess and evaluate higher education, especially as it relates to accreditation. Like other areas of higher education, accreditors will have to deal with the dynamic environment changes that have occurred in higher education and that will likely continue well in the future.

References

1. Steinmetz, J. E. (2021). The pandemic seems to be waning: What's next for our universities? *Merrill Series on The Research Mission of Public Universities*, 1-12.