

## **The influence of evaluation in higher education – *curriculum development through a deliberative responsive dialogue with stakeholders***

### ***Abstract***

The increasingly ritualized and instrumental evaluation of higher education, initiated mainly from above, has resulted in little consideration of what is needed if evaluation is truly to support the development of higher education. Strategies for quality enhancement and accountability rarely consider the distinctive features of higher education development. This paper describes the influence of an evaluation strategy that was locally initiated and deliberately involved stakeholders in the process. The evaluation was designed to support the development of an undergraduate medical education in Sweden. Based on experiences from the case, I argue that evaluations should, in the context of higher education, be made the responsibility of the teachers. Making the teachers responsible should develop both their ability to work with educational development and to a greater extent enable definitions of educational quality specific to education.

The case describes an evaluation strategy that distinctly emanated from the need for knowledge by those who were responsible for the development of an undergraduate medical education in Sweden. The programme board established a dialogue with ten of the stakeholders. The core aim was to learn more about the stakeholders' expectations and views about the programme, but also to identify important areas for programme development. The dialogue with the stakeholders contributed to the creation of a qualified and nuanced development process and illuminated an evaluation process more associated with learning than quality enhancement. The commitment to cooperation, dialogue and enlightenment was, however, constantly threatened by a higher education culture that is increasingly characterized by productivity and efficiency.

### ***Context***

The demand for quality assessment and quality enhancement systems within higher education (HE) has increased rapidly over the last twenty years. The origin is a substantial expansion of HE institutions and study programmes all over the world in combination with more and more restricted possibilities to finance HE by national state budget. The HE context of both national and international competition in combination with limited resources also coincides with a policy transformation into the audit culture that is a part of *New Public Management*. With potential students acting on a global HE market and public demands for efficiency and high quality, visibility has become

important. Governments need economic control and comparable performance indicators; HE institutions need official, objective and professional quality judgments. This has given rise to a rapid growth in quality control institutions within governments as well as among independent authorities. Key objectives in the quality discourse are 'value for money', efficiency and accountability but these managerial issues are also accompanied by ideas about transparency, learning and support for improvement.

In Sweden the accelerating interest in the evaluation of HE programmes (SOU 1992; Gov bill 1999/2000:28) has meant that several paragraphs concerning evaluation have been included in the Higher Education Act (HEA) and Ordinance. Government control has also increased as The National Agency of Higher Education (NAHE) has extensive authority and is responsible for a long term quality assessment programme. The aim of the assessment programme is "control, development and information" (NAHE, 2007). The ambition is to combine the government's need for control with information to society and a support for learning and development at the local level. Assessment criteria are based on HE legislation and regulations.

It has however been questioned whether thoroughly controlled and standardized agency-run quality assessment really can support educational change. In a meta-evaluation of the NAHE assessment scheme Karlsson et al. (2002) found instrumental use; a checklist strategy and local criticism of criteria geared to more academic values. Segerholm and Åström (2004) describe a case where the assessment process results in activities similar to "teach to the test" and resistance by manipulation of self evaluation. Their conclusion is that the assessment mainly generated bureaucratic procedures and production of documents. These disheartening experiences have their bearing on basic issues such as; in whose interest, who has power, how and when (e.g. Guba & Lincoln, 1989; House, 1993; Weiss, 1998) and arouse concerns about whether the assessment strategies really have the potential to support HE development.

The purpose of this paper is to describe the influence of an internally initiated and conducted deliberative responsive evaluation strategy in Swedish HE, and to raise issues of concern for evaluations conducted for HE development.

### ***Evaluation influence***

The most fundamental concept of evaluation is use or utilization (Patton, 1986). Use is the original motivation for evaluation, the focus of research, and the ground for theory as well as critique. Since the late 1970's the most common concepts of use have been as instrumental, conceptual, symbolic, or process use (Weiss & Bucuvalas, 1977). The predominant view of evaluation as an instrumental activity and evaluation results as objective "facts" ready to use for decision making or other purposes has however constantly been a subject of debate. Issues on how evaluation can be understood in societal change processes, evaluation as a process of learning, how evaluations can take moral aspects into consideration, and not the least, how evaluation can contribute in democratic processes for social betterment, have generated a rich flora of research. (e.g. Guba & Lincoln, 1989; House, 1993; Henry, 2000).

An important step towards a new understanding of evaluation nature and impact was presented by Kirkhart in 2000 (Kirkhart, 2000). She states that the core problem is the use of a too narrow language that implies a simplistic representation of the relationship between evaluator, evaluation, evaluand, and affected person or system. Kirkhart argues for a shift in terminology to the term influence, integrating dimensions of intention, source of influence and time. Inspired by Kirkhart's writings, and drawing on existing empirical/theoretical social and behavioural sciences, Henry & Mark (2003; Mark & Henry, 2004) have developed a model of how to examine and describe the influence of evaluation. Their model focuses on evaluations that are aimed at social changes through deliberation and the engagement of stakeholders. Evaluation is perceived as an activity analogous to an intervention and influence can appear both as the architecture for change and as cognitive/affective, motivational and behavioural processes and outcomes. Influence can further appear at individual, interpersonal and collective levels. Instead of concentrating all attention on end-of-process decisions and actions, the model takes a social constructivist learning standpoint including the past, surrounding society, individual as well as collective intentions, space of influence and action (Vygotsky, 2001; Säljö, 2000).

The model consciously addresses deliberation as a condition for social change (Habermas, 1990) by embracing both processes and outcomes as 'results'. This view has an obvious bearing on HE evaluations for change, bringing together the widening HE context, education as a social activity, and the academic culture of professional independence and scholarship (e.g. Trigwell & Shale, 2004). Their model of analysis also makes it possible to grasp the basic aspects of educational evaluation and gives an opportunity to make the pathways of influence visible. Considering these merits, Mark & Henry's model was chosen as the frame of analysis for the case studied. Special attention was given to aspects such as the individual teachers' opportunity to learn by heuristics and collaborative elaboration and the creation of common grounds for new policies and actions of change. The report describes the evaluation process viewed in the light of the analysis model.

### ***The Influence of a deliberate stakeholder evaluation in higher education***

The context for the case studied is a successful undergraduate medical education programme at a Swedish university. In the late nineties the government decided that undergraduate medical education should adopt the shorter semesters used by other study programmes. Simultaneously, the HE system in Sweden expanded the ambitions of an open HE (Gov bill 2001/02:15). These changes in policy meant an increase in student numbers and demands for a more student-centred, flexible education that would support social change in society. The programme board had to reduce programme content, create good learning conditions for a study programme with shorter semesters and create a programme appropriate for teaching almost 50% more students.

A local curriculum review resulted in the development of a new curriculum that meant changes in objectives, structure, subject content and teaching philosophy. Whether the new curriculum would succeed was not only an issue for the teachers concerned but also for society and for future employers. A wider discussion about the criteria of educational

success was therefore important. Together with the complexity of the change and the relative lack of educational development expertise, there was also a greater need for *enlightenment* (Weiss, 1999) than could be provided by 'simple' measurements used for the judgement of failure or success.

Inspired by Weiss (1999), Guba & Lincoln (1989) and House & Howe (2002) a deliberative stakeholder evaluation strategy was designed (Fjellström, 2008). The ambition was to collect formative, summative and above all illuminative information by means of a platform of dialogue and enlightenment. Key ideas were: common activities, cooperation, dialogue and learning. Instead of employing an 'expert evaluator', the programme board and teachers concerned engaged in an active dialogue with actors of importance for the training. Teachers<sup>1</sup> were involved in designing evaluations and the interpretation of results. The programme board was responsible for what comprehensive actions to take. As educational consultant for the Medical faculty I was engaged in both the developmental discussions and in designing the evaluation strategy. My role in both processes was as a facilitator.

Ten principal stakeholders were selected for the dialogue<sup>2</sup>. For practical reasons only one person from each of the ten stakeholder categories could participate. The participants were not supposed to represent a group of stakeholders but to contribute with their specific experiences, views and values based on their relation to the training/profession. In order to establish a continuous dialogue the evaluation plan was designed as a four step cyclic procedure; 1 Interviews with stakeholders, 2 Distribution of results from the interviews and discussions/ reflections, 3 Evaluation activities and distribution of evaluation results, 4 Actions of change.

During the period 2000-2006 the stakeholders were interviewed on two occasions, 2000 and 2004. The purpose of the first interview was to identify crucial evaluation criteria. The interviews focused on what the participants wanted to know about undergraduate medical education and how they had experienced contacts with medical students or physicians. In the second round of interviews the stakeholders were asked to reflect on the question bank received from the first interviews, to comment on the evaluations that had been carried out and to bring up new issues that had emerged. With the results from the interviews as a base, nine different study program evaluations were conducted. Reports on interview results and conducted evaluations including plans of actions were continuously distributed to those teachers concerned and the stakeholders. Both evaluation procedure and results were regularly discussed at programme board meetings and teacher conferences.

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<sup>1</sup> All members of the programme board are also teachers.

<sup>2</sup> Selected stakeholders were: students, teachers, clinical tutors, patients, coworkers, employers, PhD supervisors, The Swedish Medical Association, The National Agency for Higher Education and The National Board of Health and Welfare.

The first round of interviews with the stakeholders generated 115 questions and several narratives (Czarniawska, 2004) dressing the skeleton of questions with specific contexts, actors, actions, feelings and values. When presented to the programme board, students and teachers, the results generated much discussion. Most considered the questions and narratives to be insightful making it clear that there were many more aspects to consider when changing the curriculum. The narratives showed that educational development was not an issue of simple judgements, right - wrong and technical rationality, but more of visibility, understanding and value-laden adjustments. The stakeholders both asked for more deep-level learning (synthesis and critical argumentation) and also revealed a deep concern that undergraduate medical education was on the wrong track promoting academic competence instead of competence as a doctor. Discussions arose on the expectations associated with the undergraduate medical education qualifications.

A comparison of the objectives asked for by the participants and the key objective of the HEA and Ordinance revealed both a high degree of overlap/agreement and that the majority of the questions related to profession-specific abilities and skills not specified in the HEA or Ordinance. The fact that a majority of stakeholders were interested in aspects covered by official documents showed that certain of these top-down stated issues, by some teachers regarded only as bureaucratic rhetoric, were actually important aspects in the wider context of medical education. In addition, the highlighting of issues that were not stipulated in any official document was perceived as an acknowledgment of, and support for, the complexity of the 'actual' educational work and the medical profession. The scrutiny of information did not make the task easier for the programme board members, many of whom were appointed for the first time, but it seemed to make them more engaged.

Although new important issues arose, the general impression was that there was an overall support for the new curriculum. The board were strengthened in their ambition and directed their attention towards supportive and evaluative matters. A general pattern among teachers was an increased interest in qualitative and more complex pedagogical issues. There was also a new awareness, among teachers as well as the programme board, of the possibility of using evaluations for learning (Schwandt, 2002) instead of grading.

According to the analysis model of Mark & Henry (2004) this initial phase shows influence at the individual level through processes of elaboration, heuristics and priming. The encounter with new information raised new issues of education at the same time as discussions arose on the merits and weaknesses in the new curriculum. At the interpersonal level influence appeared as justification of some training content questioned earlier, and a conviction to continue the development in the planned direction. Minority-opinion influence was obvious. The traditional norms of undergraduate medical education were challenged and this raised demands for collaborative policy consideration and agenda setting.

As a consequence of the encounter with the results of the first interview, several decisions were made. A team of three persons from the board (two teachers and one student) were assigned to answer those questions that the board could answer. Their

answers made the arguments for and the ambitions of the new curriculum explicit at the same time as weaknesses and lack of crucial knowledge were identified. Six important areas of interest for continued development emerged: teaching and learning, clinical training, teacher/tutor situation, administrative and management support, internal quality assessment and qualitative results of the 'old' education. The last area generated a focus group evaluation with students at the end of the 'old' study programme. The result from the focus group further supported the strategy of the programme board confirming problems that had to be addressed and important goals to reach.

The issue of internal quality assessment was brought up during a workshop at the yearly teaching conference where teachers presented their different ways of conducting course evaluations. The first term of the new curriculum was evaluated by teachers (several of them inspired by the extensive question battery) and the results were presented and discussed at the yearly teachers' conference. A policy for quality assessment was developed as a support for those teachers that conducted course evaluations. Discussions were held among teachers and students about the criteria to be used and about the refinement of evaluative instruments for the more comprehensive study program evaluations.

A number of stage evaluations (the curriculum was divided into three stages; semester 1-4, 5-8 and 9-11) were designed cooperatively by the board and a group of teachers. The design was a mix of the main principles in the new curriculum and a large number of stakeholder questions. Now aware that students were not the only source of information, teachers, tutors and students were asked to answer the evaluation questionnaires. This strategy had the advantage of making common as well as different views visible. Common signals acted as obvious confirmation or strong incentives for change, while differences in views offered grounds for interpretations, discussions and new questions. The first stage evaluation revealed an overwhelming student and teacher support for the new educational philosophy supporting the actions taken by the board and making it obvious that the voices of resistance were in the minority. Students and teachers also agreed on the need for more teacher training and the development of assessments. The extent and complexity of the information however, occasionally aroused a demand for facilitator judgement and recommendations, despite the decision to not have an expert evaluator. These impulses to circumvent analysis and reflection were usually solved by discussions within the programme board or by reminding the board about the evaluation plan's initial ambitions.

At this stage, evaluation influence at the individual level was evident through the demonstration of skills acquisition and performance. Together with the programme board teachers designed new evaluations, interpreted the results and engaged in decisions of change and new policies. A number of change agents (teachers) came forward eager to contribute to the development process. Teachers demonstrated individual change in teaching and course evaluation practice. Through working more collaboratively patterns of social reward appeared as individual or group acknowledgements. There was also a greater amount of mutual exchange of teaching experiences such as failures, successes and ideas.

Parallel with these evaluation and dissemination activities an increased interest for competence development came up. Initiated by the programme board of the undergraduate medical education the Medical faculty authorized a faculty policy on teacher competence. Courses offered by the university Centre for Teaching and Learning received notably more applicants from the medical faculty. As the educational consultant I was asked to arrange courses and workshops in case method and problem based learning, course evaluations and assessment techniques. Important time-specific issues of development or educational debate were brought up during the teaching conferences and I was asked to contribute on different pedagogical aspects in individual, group work and departmental activities.

When the stakeholders were interviewed for the second time they reported how the evaluation process had had effects outside the study program. In Mark & Henry's (2004) model this is labelled as diffusion. The stakeholders were, like the programme board, fascinated by the insights of the other participants and regarded most questions as relevant and important. In a number of cases this generated new questions. It was obvious to the participants that not all questions were answered through evaluations and this was at times disappointing. However, the evaluation results received had a profound effect on their views of the medical education programme. Making many aspects of the programme visible resulted in a new view of the medical education for several participants. Some of them reported how they had used the information from the reports in their work or in various development projects.

The stakeholders also made positive comments about the educational process and the developmental efforts that became visible through the evaluations. Even when the result of a specific evaluative question was less positive the participants were positive to the fact that the programme board wanted to illuminate various aspects of the study programme and communicate the result with them. The evaluation strategy was perceived as unusual and interesting mainly because of the dialogue. Having others articulate what aspects to evaluate was a totally new idea for most of them. For a few, this was the most interesting discovery.

As the evaluation process continued continually new decisions and actions were made. Issues that emerged in the evaluation process also became intertwined with new demands by the authorities, changes in the health care sector and an interest in new pedagogical methods. Subject contents were moved between courses or reduced, courses were extended or reduced in time, teaching strategies on specific courses were altered, a new project work of ten credits was included, new units for clinical training were considered, the system for economic compensation was investigated, new course plans were developed and new assessments were applied. Some problems recurred in several evaluations despite different actions taken. Often these problems had their ground in complex issues such as cooperation between university and hospital, economic structures or differences in the educational culture of disciplines. The recurrence of these problems was nevertheless continuously discussed, evaluated in new ways and was a subject for new actions.

## *Conclusions*

One preliminary conclusion is that Mark & Henry's analysis model strongly contributed to the rich description of evaluation effects. By capturing both processes and outcomes on several organisational levels the model illuminated processes of scholarly work and HE organisation. The distinguishing features of HE development became visible.

A second conclusion is that the analysis highlights the importance of ownership and deliberation. By designing the evaluation process themselves the programme board could put great effort into crucial aspects of HE change, namely teacher development, collaborative work and a dialogue with stakeholders. The process of elaboration, heuristics and priming became one of the principal features giving the board and teachers a platform of joint learning, agenda setting and policy formation. The most evident pathway of influence began with an interlacing of interpersonal and individual processes of learning and ended in new norms and collective agenda setting or programme change. Instead of waiting for the analysis and recommendations of an evaluation expert or peers they conscientiously engaged in the task themselves. At the same time, one of the big challenges was staying with the idea of deliberation. The commitment to cooperation, dialogue and enlightenment was constantly threatened by a higher education culture that is increasingly characterized by productivity and efficiency.

The importance of ownership also appeared in the organization of educational development. During the evaluation process different change agents and coalition formations appeared. This meant that different persons or constellations were representing the 'voice of legitimacy' at different times. Over the total period of five years an unspoken succession of informal leadership took place. This distribution of power and effort was an important practical solution to the problem of powerful and sustainable leadership.

A third conclusion is that educational change is dependent on the infusion of multifaceted new information. The need for new information, rooted in the daily experience of teaching undergraduate medical students and work as physicians and/or researchers, reached far outside government stated key objectives or quality criteria in the NAHE assessment. A multitude of educational aspects were visualised through the interviews and these both widened and deepened pedagogical discussions. Most attention was spent on new or surprising information – coming from stakeholders not heard before. The dialogue with the stakeholders gave rise to an evaluation process more associated with scholarly work and learning than quality enhancement and control. The encounter with self defined 'voices of legitimacy' had a strong influence on individual opinions and attitudes. acting as fuel for the establishment of educational debates, new norms, collaborative change, standard setting and new policies. Programme board and teachers developed their understanding of undergraduate medical education and their knowledge of curriculum development at the same time as their interest in teacher training increased.

The fourth conclusion is about the importance of language. Through the whole process the programme board and teachers could discuss, problematize, and create solutions in a 'familiar' language. Since many of the teachers do not have more than a few weeks of



pedagogical education most of them use a teaching language that is a blend of medical and pedagogical terms. In this evaluation process they had the power to raise their own issues and to engage in the clarification of terms used by themselves. The clarification of terms was an important aspect of their development as teachers.

Together, these findings strongly advocate a more thorough design of evaluations used for the support of HE change. The analysis of this local evaluation initiative has made crucial HE development prerequisites visible at the same time as the importance of the well-known basic issues (in whose interest, who has power, how and when) is clearly illustrated. Instead of continuing to focus on more and more standardized and instrumental quality assessment systems there is a need for evaluation processes that can support true and organization specific development. In the case of HE this means the local power of designing a process for individual and collaborative discoveries and interpretation in their own language. At present neither of these aspects is met by the externally managed quality assessment process.

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