



QAS INSTITUTE Speed Dating Station Cards

Quality Assurance System — All 7 Elements

How to use these cards

1. Post one card at each of the seven stations around the room.
2. Participants rotate every 4 minutes. At each station, read the card and record one insight and one question in the notes box at the bottom.
3. After all seven rotations, the facilitator runs a 5-minute whole-group question harvest: participants share their most pressing question from any station, and the facilitator addresses the 2–3 most common themes.
4. Each card is color-coded to match the QAS framework visual. Participants should have the visual available for reference.

1 DEFINE QUALITY

What does a quality candidate look like – and does everyone agree?

Start Here (30 seconds)

- Without reading yet: What do you *think* “defining quality” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

A Quality Assurance System begins with a shared answer to a deceptively simple question: **What does a quality candidate look like at the point of program completion?** Without a clear, shared definition, every part of the system that follows (e.g., what data you collect, how you analyze it, what you change) is built on unstable ground. Defining Quality means establishing candidate outcome expectations that are aligned to professional standards (such as InTASC and CAEP), shared across programs and faculty, and visible to candidates themselves. It is not a single document; it is a **living agreement** about what the EPP is collectively trying to produce. When that agreement doesn't exist, different programs respond to different signals, and the system cannot learn from its own results.

WHAT IT LOOKS LIKE

- ✓ Faculty across programs can describe candidate expectations in consistent language, without first consulting a document.
- ✓ Candidates in Year 1 can articulate what will be expected of them at program completion.
- ✓ The EPP's assessment instruments, observation rubrics, and program review criteria all point to the same definition of quality.
- ✓ Accreditor reviewers see the same definitions in syllabi, handbooks, and faculty interviews.

 RED FLAG

When asked 'What does a practice-ready candidate look like?', faculty across programs give meaningfully different answers or defer to their own program's standards rather than a shared EPP framework. Data is collected inconsistently because no one has agreed on what matters.

Discuss
Choose One

What is the *core function* of this element in a system?
What breaks if this element is weak or missing?

System
Connection

Which other QAS Element does this one depend on most? Why?

If this element
fails...

The system becomes:

YOUR NOTES

One insight from this station:

One question you still have:

2 EVIDENCE & DATA SYSTEMS

What evidence does the system collect – and is it actually trustworthy?

Start Here (30 seconds)

- Without reading yet: What do you *think* “evidence and data system” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

Once quality is defined, the system needs **reliable, systematic evidence** that candidates are meeting those expectations. Evidence & Data Systems refers to the architecture of how an EPP collects, organizes, and maintains its data, not just what data exists, but whether it is collected consistently, scored reliably, and disaggregated in ways that reveal patterns across programs, populations, and pathways. Weak evidence systems are characterized by **patchwork collection**: some programs collect certain data, others don't; instruments vary in rigor; completer and employer data arrive sporadically. A strong evidence system doesn't require collecting everything; it requires collecting the **right things** consistently enough to detect meaningful trends.

WHAT IT LOOKS LIKE

- ✓ The EPP maintains a data dashboard or matrix that shows which evidence is collected, when, by whom, and at what level of disaggregation.
- ✓ Assessment instruments have documented scoring reliability; inter-rater agreement is calculated and monitored.
- ✓ Completer data (surveys, licensure, employer feedback) is collected on a regular cycle and returned to program faculty; not just filed centrally.
- ✓ Data can be disaggregated by program, candidate population (e.g., first-generation, transfer), and pathway.

RED FLAG

Data exists in silos; some programs have rich data, others have almost none. Instruments were designed by individual faculty and have never been calibrated. Completer data is collected but not shared with the people who could act on it. The EPP cannot answer basic questions like “How do first-generation candidates perform compared to continuing-generation peers?”

Discuss
Choose One

What is the *core function* of this element in a system?
What breaks if this element is weak or missing?

System
Connection

Which other QAS Element does this one depend on most? Why?

If this element
fails...

The system becomes:

YOUR NOTES

One insight from this station:

One question you still have:

Does the data actually drive decisions — or just document them?

Start Here (30 seconds)

- Without reading yet: What do you *think* “analysis and decision-making” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

Having data is not the same as using it. Analysis & Decision-Making is the element that transforms evidence into insight, and insight into action. It requires **regular, structured data review cycles** in which faculty and staff examine evidence together, surface root causes (not just symptoms), and make explicit connections between what the data shows and what the program will do differently. The failure mode here is not always ignorance; it is **ritual without consequence**. Many EPPs hold annual data retreats, produce program review reports, and document findings. What is missing is the link: the explicit, documented decision that says, 'because we saw X in the data, we changed Y, and here is what resulted.' Without that link, analysis is compliance theater, not continuous improvement.

WHAT IT LOOKS LIKE

- ✓ The EPP has a documented, recurring data review calendar, not just an annual program review, but structured mid-year check-ins.
- ✓ Meeting notes or program review documents show explicit connections: 'The data showed _____. We hypothesized that _____ was the cause. We decided to _____.'
- ✓ Root cause analysis is a normal part of data conversations. The question 'why is this happening?' is asked before, 'what should we do?'
- ✓ Decisions made in response to data are tracked over time so the EPP can assess whether the response worked.

RED FLAG

The EPP produces annual reports and holds data review meetings, but when faculty are asked, 'What changed because of last year's data?', the room goes quiet. Decisions are made for other reasons (enrollment pressures, faculty preferences, accreditation timelines), and data is assembled afterward to justify them.

**Discuss
Choose One**

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What breaks if this element is weak or missing?

**System
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The system becomes:

YOUR NOTES

One insight from this station:

One question you still have:

4 CONTINUOUS IMPROVEMENT

Does the system actually change — and does it sustain those changes over time?

Start Here (30 seconds)

- Without reading yet: What do you *think* “continuous improvement” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

Continuous Improvement is the action engine of the QAS. It is the element that moves from insight to intervention, and from intervention to **documented, sustained change**. This element is characterized by evidence-based action planning with clear ownership, timelines, and follow-through: not just 'we will address this,' but 'here is who is responsible, here is the timeline, here is how we will know if it worked, and here is what we will do if it doesn't.' Critically, Continuous Improvement is not about doing more; it is about doing things **differently based on evidence**. An EPP that adds a new course, revises a syllabus, or changes a clinical placement without connecting that change to specific data findings is not practicing continuous improvement. It is practicing activity rather than improvement.

WHAT IT LOOKS LIKE

- ✓ Action plans name specific leads, timelines, and success indicators, not just goals.
- ✓ The EPP can point to a change made in response to data, describe who owned it, and show evidence of whether it worked.
- ✓ Implementation is monitored at regular intervals, not just assessed at the end of the year.
- ✓ When a change doesn't produce the expected result, the EPP documents what was learned and adjusts, rather than quietly abandoning the effort.

RED FLAG

The EPP has a long history of 'action steps' in program review documents that are never revisited. Faculty describe improvement efforts as episodic things that happened in response to an accreditation visit or a bad outcome, not as part of a sustained system. Nobody owns the follow-through.

**Discuss
Choose One**

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What breaks if this element is weak or missing?

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Connection**

Which other QAS Element does this one depend on most? Why?

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The system becomes:

YOUR NOTES

One insight from this station:

One question you still have:

5 GOVERNANCE & ACCOUNTABILITY

Who is responsible for quality – and does everyone know it?

Start Here (30 seconds)

- Without reading yet: What do you *think* “governance and accountability” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?	<p>A quality assurance system does not run itself. Governance & Accountability is the structural element that answers: Who owns this? Who decides? Who reports to whom, and about what? It includes designated roles and responsibilities for QA oversight, transparent reporting of findings both internally (to faculty, staff, and candidates) and externally (to accreditors, partners, and the public), and alignment with accreditation standards as a floor, not a ceiling. Weak governance is not necessarily about bad intentions; it is often about diffuse responsibility. When everyone is vaguely responsible for quality, no one is specifically responsible. Data review happens when someone has time. Reports are produced because they are required, not because they are used. The accreditation visit creates a flurry of activity that disappears the moment the visitors leave.</p>
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WHAT IT LOOKS LIKE

- ✓ There is a specific individual or a committee with explicit authority and responsibility for QA oversight, and that role is resourced with time and institutional support.
- ✓ QA findings are reported to faculty on a regular schedule, not just compiled in a binder for accreditors.
- ✓ Candidates and completers receive transparent communication about how their feedback influences program decisions.
- ✓ The EPP can answer clearly: 'If something is wrong with our data system, who finds out and what do they do?'

RED FLAG	<p><i>QA responsibilities are distributed across multiple roles with no clear authority structure. Program review reports are filed centrally, but faculty rarely see them. Accreditation preparation is treated as a separate project from normal operations; a compliance exercise rather than a reflection of how the system actually works.</i></p>
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AT SVCU	<p>SVCU has no clearly designated QA oversight structure. Dr. Reyes is attempting to build one, but the readiness assessment reveals that the EPP cannot demonstrate a consistent process for collecting and reviewing evidence or a clear link between data analysis and program decisions.</p>
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<p>Discuss Choose One</p> <p>System Connection</p> <p>If this element fails...</p>	<p>What is the <i>core function</i> of this element in a system? What breaks if this element is weak or missing?</p> <p>Which other QAS Element does this one depend on most? Why?</p> <p>The system becomes:</p>
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YOUR NOTES

One insight from this station:

One question you still have:

6 STAKEHOLDER ENGAGEMENT

Do the people closest to practice have a voice in the system?

Start Here (30 seconds)

- Without reading yet: What do you *think* “stakeholder engagement” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

A quality assurance system that only involves EPP faculty is an incomplete system. Stakeholder Engagement is the element that brings P–12 partners, employers, and completers into genuine, ongoing dialogue about candidate quality, not as external validators, but as **co-owners of what quality means** and partners in interpreting what the evidence shows. Meaningful engagement is not a survey sent once a year to employers. It is structured involvement in program review, advisory conversations that influence actual decisions, and candidate and graduate voices that reach the faculty and staff who can act on it. It also requires **faculty ownership**; faculty who see QA as professionally meaningful, not as an administrative obligation imposed from above.

WHAT IT LOOKS LIKE

- ✓ Employer and completer survey data are reviewed by program faculty, not just the assessment coordinator.
- ✓ P–12 partners participate in program review conversations and can point to at least one decision that changed because of their input.
- ✓ Candidates understand how the EPP's QA system works and see evidence that their feedback is used.
- ✓ Faculty describe their role in QA as professionally meaningful, connected to their own teaching, research, and values, not just as a compliance requirement.

RED FLAG

Employer surveys are sent annually, and the data is filed centrally, but faculty have never seen it. P–12 partners sit on an advisory board that meets once a year for a catered lunch and a one-way presentation. Candidate voice exists in the form of course evaluations that go to individual faculty but never surface in program-level review.

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7 CULTURE

Does the environment make honest inquiry possible?

Start Here (30 seconds)

- Without reading yet: What do you *think* “culture” means in a system?
- Where have you seen this go wrong in real life?

WHAT IS IT?

Culture is the element that makes every other element work or prevents it from working. It sits above the continuous improvement cycle in the QAS framework because **culture enables and sustains every part of the system**. A QAS culture is characterized by inquiry over compliance, shared responsibility for outcomes, psychological safety to name problems without blame, and a genuine commitment to access, the belief that the system’s results must be examined for who they serve and who they don’t. Culture is also the hardest element to change and the easiest to ignore. An EPP can build all the right structures, data systems, review cycles, governance protocols, and still find that no one tells the truth in data meetings, that certain findings are never surfaced, that access questions are treated as sensitive rather than analytically essential. **Structure without culture is scaffolding with no building inside.**

WHAT IT LOOKS LIKE

- ✓ Faculty and staff describe data review meetings as places where problems are named honestly, not meetings where everyone presents their best results.
- ✓ When something isn’t working, the first question is ‘what does the system need?’ not ‘whose fault is this?’
- ✓ Access findings, disparate outcomes by candidate population, are surfaced and discussed, not minimized, or explained away.
- ✓ New faculty are acculturated into QA norms; it is part of how we work here, not a burden added on top of teaching.

RED FLAG

Faculty describe data review as ‘checking boxes’ or ‘telling accreditors what they want to hear.’ When poor outcomes are presented, the conversation quickly moves to external factors (candidates weren’t prepared, the district is difficult) rather than internal questions (what did our program do or not do?). Questions about disaggregated data by candidate population are met with discomfort or defensiveness.

**Discuss
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