

Addressing Validity in Accreditation

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A relatively new accreditation process that uses self-assessment and surveys to promote education rather than inspection is currently gaining popularity. Recently, the International Society for Quality in Healthcare (ISQua; Toolkit, 2004) called for the use of standards that are based on scientific evidence of validity within this process. Validity is a required outcome of assessment, and reliability is an essential component of validity. A mandate of accreditation, then, must be the mitigation of assessment errors *throughout* the accreditation process.

In many ways, the new accreditation model is an education model in that one end product of the process is education. As such, there are lessons to be learned in educational assessment methodology research. A clear perspective in educational research is that it is the responsibility of assessment methodologists to communicate appropriate practices and to promote defensible decisions. As such, the purpose of this paper is to outline a methodology for mitigating bias that may result from the accreditation process. It is not the intention of this paper to discuss or promote a particular process of accreditation. Rather, this paper describes educational assessment methodologies that may be adapted to promote valid inferences within an accreditation context.

Validity work in the area of educational testing clearly indicated that assessments must be subjected to a rigorous examination of validity (Kane, Crooks & Cohen, 1999). In accreditation this means that, a) the standards must accurately sample the domain of behaviours and practices associated with excellence in quality services, b) the rating scale must fit the intention of the assessment and, c) qualitative data collected through surveys must provide information directly related to the intention of the assessment.

The inclusion of a survey in the accreditation process adds a complexity to the assessment model that may threaten validity. The role of the surveyor is conventionally viewed as one of “validating” the self-assessment ratings because information about the accuracy of the self-assessment ratings is collected. However, surveyors often demonstrate consistent individual differences in scoring tendencies and may unintentionally distort results (Mendes-Barnett & Zumbo, 2006). Inappropriate treatment of the collected data also adversely affects validity. Appropriate treatment of data that recognizes the intended use of qualitative versus quantitative data can serve, not only to bolster validity, but also inform practice.

Educational researchers have suggested several programs of validation that the field of accreditation may amend for use. By addressing content, context, criterion and consequential components of validity (Cronbach, 1971; Messick, 1975) and by addressing validity issues at each stage of the accreditation process we may bolster the accuracy of our accreditation decisions and recommendations. Further, by examining methodologies used in educational assessment, we may more suitably promote the perspective of accreditation currently gaining popularity; that of accreditation as a tool for promoting best practice in healthcare services.