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When I say Quality

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When I say quality, do you and I share a collective understanding of its meaning? Perhaps, perhaps not. The notion of 'quality' is complex. The original meaning of 'quality' simply denoted the possession of a characteristic or attribute, whereas now it is associated with evaluative meanings relating to judging quality. This shift has seen the word 'quality' used in multiple ways, in different settings, to talk about assessing, guaranteeing, and improving quality. Different fields have influenced the use of the word 'quality' in medical education, such as industry, healthcare and higher education, resulting in different understandings of its meaning. The terms 'quality management', 'quality improvement', and 'quality enhancement', and many others, represent diverse ways of talking about quality, associated with various (often contrasting) cultural practices. We argue that these differing 'quality discourses,' which have on the surface offered a solution to the 'quality' conundrum, still pose a challenge for practitioners of 'quality' in medical education, and demand deconstruction.

What is quality?

'Quality' is a word with multiple meanings. It assumes different connotations depending on the societal, cultural, and political context in which it is used. Diverse contexts produce contrasting realities, assumptions, and constructions, resulting in challenges for operationalising 'quality.' This inherent ambiguity leads to conflicting ideas and interpretations which frustrate attempts at a universal definition:

'Everyone senses when it is present. Everyone recognises it. When we try to define it, however, we come up empty-handed.'^{1p59}

We suggest examining this issue by drawing on the principles of discourse analysis (DA). DA examines the use of language and how it shapes practice, it considers the work that language does in constructing a particular view of the world, and in doing so can also reveal how authority and political agendas become established². There are many forms of DA² but here we examine 'the language we use'^{3p7} focusing on the words we use to discuss quality. Standing back in this way allows us to see things differently, to regard diverse, time-bound and context-dependant meanings with curiosity, to contest taken for granted assumptions and to identify and interrogate alternative discourses.

Drawing on our own experiences of operationalising in 'quality' in education, we employ these principles to consider some of the challenges we have encountered, and we might gain a fresh perspective of them.

Deconstructing the quality discourse

When we say deconstruction... our aim is to 'trouble' the term 'quality,' from a DA perspective, showing the reader how examining the word(s), their interpretation(s) and subsequent practice(s) can reveal tacit and alternative discourses. We will deconstruct three popular quality discourses.

Quality control: Quality can be described as ‘high’ or ‘low’, ‘adequate’ or ‘inadequate’ and therefore controlling against programmes and institutions who do not exhibit adequate quality seems reasonable. Quality control can be internal – removing a poorly performing assessment item from a programme’s exam bank is a simple illustration. Quality control can also be external, for example the accreditation of medical schools. External agencies judge whether medical schools meet the appropriate standards for graduating doctors, and failure to demonstrate sufficient quality means they do not achieve recognition. Through deconstruction we can see how this discourse presents a singular vision of quality. Terms such as ‘quality control’ can imply hierarchy and dominance, urging compliance against standards authored by those in positions of power.

As Crampton and colleagues⁴ research reveals, hierarchy can be problematic. They identify instances where ‘powered’ relationships act to block meaningful interaction, in contrast with strong relationships between regulator and education provider, where trust, mutual respect and informal communication channels act as crucial facilitators for a successful quality process. An alternative discourse materialises, of **quality as relational**. Bleakley and colleagues⁵ describe how those responsible for administering quality might more effectively engage with educators, by prioritising a shared sense of the quality endeavour, within a community of practice. Rather than imposing a singular vision of quality, fostering a ‘community’ of stakeholder groups gives rise to a shared quality project that is meaningful for all.

Quality assurance: is about maintaining the standards of quality rather than precluding inadequate quality. To quality assure foregrounds the important discourse of accountability. Institutions and regulating agencies typically use common metrics to enable comparisons of programmes or institutions, identifying strengths and weaknesses. Examples include international and national rankings like the QS World University Rankings and the US News Best Undergraduate teaching rankings. However, we measure “narrowly defined outcomes”⁶ using a host of differing metrics and methodologies, which are difficult to reconcile, and further complicate quality assurance by presenting multiple contradictory subjectivities.

Given the range of actors operating in different settings, we argue for a less prescribed approach than quality assurance conventionally allows, one which better accounts for the contextually dependent nature of quality endeavours. An alternative discourse is **quality as multidimensional**. While regulators must employ uniform components to set standards and monitor performance, their impact depends on the setting. This is particularly relevant where complexity is introduced by alternative local standards and multiple layers of hierarchy⁴. Context matters, and winning engagement may necessitate a degree of flexibility, with respect for local expertise, contextual imperatives and constraints.

Quality enhancement: is driven by the desire to improve quality, and perhaps better accounts for the complexity of education, accommodating the subjective nature of the student experience, and therefore quality. The emerging quality enhancement discourse has been exemplified in the rise in gathering students’ views, to provide a stakeholder-specific perspective of educational quality. In the UK the National Student Survey estimates student

experience by examining satisfaction. However, operationalisation of the enhancement discourse through centralised surveys is potentially problematic. With surveys, typically authored by educators, rather than students, and a focus on cohort estimates of overall satisfaction, without accounting for unique student journeys, improvement measures run the risk of being misdirected.

If we want quality to be responsive to changing societal values, as with the Equality, Diversity, and Inclusion (EDI) agenda, a 'one size fits all' approach would be a concern. Our DA lens allows us to consider 'quality' as a social construct; the product of the social, cultural and political context of the people who use it. As sociocultural and political orientations evolve, so the construct of quality alters its form, as new values influence both how we deliver education, and the standards to which we hold it accountable. We suggest a discourse of **quality as dynamic**. We argue that individual differences count, and they confer a unique, collective, temporality to education. For each specific instance of learning, those participating create its inherent excellence, and simultaneously define what constitutes 'quality.' Defining quality as a dynamic entity allows quality processes to reflect these changing values.

Implications for the state of science of 'quality'

We argue that there is still much work to do in improving the state of science of 'quality' in medical education. We need better metrics to measure the gains from education, for our learners, patients and society. We suggest that we worry less in "the pursuit of the Holy Grail definition of quality"^{7p52} and urge that anyone employing this term communicates their own meaning of 'quality' mindful of language, audience, context, culture and time.

Relational:

Word count 1178

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