

Holding the Middle: Program Level Quality Intermediaries in Ontario Polytechnic Health Programs

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Keywords

quality assurance, health professions education, program coordinators, polytechnic education, student success, phenomenology, quality intermediaries

Article History

Received 24 May 2026

Received in revised form 29 July 2026

Accepted 4 Aug 2026

Available online 11 Aug 2026

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Abstract

Quality assurance in health professions education is often framed through policy, accreditation, and institutional systems, with less attention to how quality work is interpreted and enacted by program level leaders. This qualitative phenomenological study examined how program coordinators and program managers from one Ontario polytechnic health faculty perceived quality assurance processes, linked them to student success, and navigated implementation challenges in their day-to-day work. Semi-structured interviews were conducted with 10 coordinators and managers responsible for diploma, degree, and graduate certificate programs at that institution, and data were analyzed using Colaizzi-informed phenomenological interpretation and inductive thematic analysis. Participants described quality assurance as accountability and improvement when it informed curriculum sequencing, competency alignment, assessment redesign, and readiness for practice, rather than as a detached compliance exercise. Also, participants defined student success in multidimensional terms, including progression, graduation, licensure or certification outcomes, employment, and affective markers such as confidence, pride, and belonging, reflecting the polytechnic education's mission. Participants reported role ambiguity, documentation burden, workload intensification, and structural constraints that contributed to quality assurance fatigue when systems emphasized documentation over learning. The findings position those who lead program-level quality work—whether titled program coordinator, program manager, or an equivalent mid-level academic role—as strategic quality intermediaries whose agency, relationships, and working conditions shape whether quality assurance functions as a driver of student-centred innovation and meaningful improvement or remains narrowly focused on meeting external requirements within similar contexts.

Introduction

Quality assurance (QA) is a defining feature of contemporary health professions education because programs are expected to demonstrate curricular coherence, regulatory compliance, and graduate readiness for increasingly complex

practice environments (Dalseg et al., 2024; Joshi, 2012; Sreedharan et al., 2022). Ontario's polytechnic sector faces intensified expectations due to applied learning mandates, employer responsiveness, accountability pressures, and the requirement to align teaching and assessment with external professional standards and provincial quality frameworks (Humber Polytechnic, 2025; Liu, 2020; Ontario College Quality Assurance Service [OCQAS], 2024). Within Ontario's polytechnics, QA extends beyond accreditation and institutional review to encompass curriculum mapping, assessment, program review, student progression, external stakeholder engagement, and evidence informed improvement. In this study, QA is understood as both formal regulatory oversight and the everyday practices through which program quality is enacted. Formally, it includes accreditation requirements, institutional review cycles, and compliance with external standards. Operationally, it also involves the decisions and actions of program coordinators (PCs), including curriculum adjustments, responsiveness to feedback, and efforts to support meaningful learning outcomes. Indicators such as student satisfaction or graduation-day experiences are therefore treated not as standalone measures of quality, but as outcomes that reflect how effectively QA is translated into practice.

Within the polytechnic landscape, PCs and program managers (PMs) occupy a critical yet underexamined position. PCs and PMs are the academic leaders who translate external accreditation standards, internal policies, student needs, and workforce expectations into concrete program-level practices (Hoecht, 2006; Jarrell & Kirby, 2024; Mensah, 2016). PCs and PMs' responsibilities may include annual program quality review, curriculum renewal, faculty coordination, student support, documentation for accreditation or review, and communication with advisory committees and practice partners (Fleming College, n.d.; Great Plains College, 2018; Liu, 2020). In health professions education, where competency-based learning and workplace readiness are prominent, the responsibilities associated with QA have direct implications for how students experience teaching, assessment, clinical learning, and transition to employment (Canadian Council of Registered Nurse Regulators [CCRN], 2019; Dalseg et al., 2024; National Association of Pharmacy Regulatory Authorities [NAPRA], 2024).

Although QA is often framed through institutional systems, metrics, and cyclical review processes, growing literature

suggests that its educational influence depends heavily on local interpretation, stakeholder engagement, and the capacity of middle-level academic actors to mediate between policy and practice (Beerkens & Udam, 2017; Kleijnen et al., 2011; Seyfried & Pohlenz, 2018; Tavares et al., 2016). Jarrell and Kirby (2024), for example, highlighted the experiences of front-line quality managers in Ontario community colleges and underscored the practical tensions between accountability demands and operational realities. Similarly, scholarship on internal QA has shown that participatory, faculty-informed approaches are more likely to produce meaningful improvement than top-down, bureaucratic models detached from daily educational work (Kleijnen et al., 2011; Rucker et al., 2015; Tavares et al., 2016).

The lived experiences of PCs in Ontario polytechnic health programs remain relatively underexplored. Existing literature on health and higher education quality largely addresses quality cultures, accreditation systems, and curriculum or program level governance, with comparatively little empirical attention to how mid level actors, such as program level quality leads or coordinators, engage with QA in their everyday work (Jarrell & Kirby, 2024; Liu, 2020; Sreedharan et al., 2022). There is limited evidence about how PCs make sense of QA in day-to-day practice, how they understand its implications for student success, or how they experience tensions related to workload, documentation, competing priorities, and institutional constraints. This gap is significant in health professions education. In competency based and entrustable professional activity informed programs, program level decisions about outcomes, curriculum, and assessment shape competency development and learners' trajectories and form the basis for judgments about readiness for licensure or certification and progression to new stages of training and practice (Dalseg et al., 2024; Peters, 2012; Ten Cate, 2018).

This qualitative phenomenological study reduces the gap by exploring the lived experiences of PCs and PMs at an Ontario polytechnic institution as they navigated QA processes in health professions education. The study was guided by two research questions: How do Ontario polytechnic PCs perceive QA processes and student success in health professions education, and how do they navigate challenges associated with implementing QA practices? The central argument advanced here is that PCs function as quality intermediaries: they are neither mere implementers of top-down policy nor fully autonomous academic leaders, but rather mediators

whose agency, judgment, and working conditions shape whether QA supports meaningful student-centred innovation or devolves into compliance work (Honig, 2004; Jarrell & Kirby, 2024; Trick, 2015). By centring PCs and PMs perspectives, the study's findings contribute to scholarship on QA in polytechnic education and provide practical insights for institutional leaders seeking to design QA systems that are rigorous and educationally useful. Those who lead program-level quality work—whether titled PC, PM, or an equivalent mid-level academic role—are conceptualized as strategic quality intermediaries who “hold the middle” between accountability demands, institutional structures, and the lived realities of programs, faculty, and students in polytechnic health professions education.

Literature Framing

The literature reviewed identified three broad strands: PCs as agents of compliance and innovation; the intermediary role of QA between policy and practice; and the conditions under which QA systems strengthen or weaken student-centred improvement. Across the three strands, one pattern emerges: QA is most effective when it is internally meaningful, professionally owned, and closely connected to educational practice rather than treated as a detached administrative requirement (Kleijnen et al., 2011; Liu, 2020; Tavares et al., 2016).

The first strand concerns the agency of PCs and similar mid level leaders. Research on internal and program level QA indicated that these roles extend beyond procedural coordination, positioning mid level actors as central to enacting QA practices and promoting improvement within their institutional contexts (Jarrell & Kirby, 2024; Mensah, 2016; Seyfried & Pohlenz, 2018). In health professions education, this work is intensified by competency-based frameworks, accreditation expectations, and employer-facing accountability demands (CCRN, 2019; Dalseg et al., 2024; NAPRA, 2024). When coordinators have sufficient autonomy and institutional support, they can act as catalysts for curriculum improvement and more responsive educational design (Aono et al., 2022; Matahela & van Rensburg, 2023). When support is weak, QA can become procedural and burdensome, with limited effect on teaching and learning (Hoecht, 2006; Sreedharan et al., 2022).

The second strand emphasizes QA as mediation between policy and practice. Beerken and Udam (2017) described

QA as a multistakeholder process involving institutions, students, faculty, employers, and external agencies. Honig (2004) and Trick (2015) similarly highlighted the importance of intermediary actors who translate policy into operational practice. In the polytechnic context, PCs appear to embody the intermediary function by balancing institutional review structures, faculty autonomy, student concerns, and labour market expectations. The capacity to mediate across these interests becomes important in applied health education, where pedagogical decisions carry immediate implications for practice readiness and public trust.

The third strand concerns the tension between compliance and meaningful improvement. Scholars have repeatedly warned that QA systems can become bureaucratic, documentation-heavy, and disconnected from actual learning if they prioritize process over substance (Amaral & Norcini, 2023; Elshama, 2022; Tavares et al., 2016). Sreedharan et al. (2022) noted similar concerns in allied health education, where quality structures may be extensive but variably experienced as supportive by those responsible for implementation. Other work has shown that internally driven QA, built around stakeholder engagement and continuous feedback, is more likely to support adaptability, student engagement, and educational quality than externally imposed routines alone (Kleijnen et al., 2011; Rucker et al., 2015). The challenges described above are closely related to what this researcher conceptualizes as quality intermediation: the everyday work of ensuring that QA retains educational meaning while still meeting accountability requirements.

Collectively, the literature suggests that PCs are well positioned to illuminate how QA works in practice. PCs' perspectives can reveal which parts of the quality system are genuinely useful, which are burdensome, and which institutional support is required for QA to enhance rather than constrain innovation and student success. This study extends the literature by examining the questions within the underexplored setting of Ontario polytechnic health professions education.

Method

A qualitative phenomenological design was used to investigate the lived experiences of PCs and PMs regarding QA processes and student success in higher education. Phenomenology was appropriate because the study sought to understand how participants interpreted the meaning

of QA within their roles and contexts, rather than simply describing tasks or documenting procedural compliance (Alhazmi & Kaufmann, 2022; Arnout et al., 2020; Vignato et al., 2022). Semi-structured interviews were selected to allow participants to articulate their experiences, tensions, and judgments in depth while maintaining sufficient consistency to address the study's guiding questions (George, 2023). The study was conducted at one Ontario polytechnic institution, where all 10 participants were employed as PCs or PMs.

Setting and Participants

The study took place at an Ontario polytechnic institution emphasizing applied learning, industry integration, and cyclical academic quality review. Participants were 10 mid-level academic leaders serving as either PCs or PMs in health-related fields. The sample included eight females and two males, and their representative duration in the role provided early-career, mid-career, and longer-tenured perspectives on QA practice.

Recruitment and Data Collection

Purposive and voluntary response sampling were used to recruit participants with direct responsibility for program-level QA work (Campbell et al., 2020; Palinkas et al., 2015). Potential participants received an email invitation with an information letter outlining the study purpose, procedures, and confidentiality protections, and all participants provided informed consent before taking part. Interviews lasted approximately 45 to 60 minutes and followed a semi-structured protocol focused on participants' experiences with QA processes, accountability structures, curriculum alignment, regulatory expectations, faculty autonomy, implementation barriers, and student success (see Appendix). Interviews were conducted using Microsoft Teams, audio-recorded, transcribed, and returned to participants for review as part of member checking.

Analysis and Trustworthiness

Data analysis combined Colaizzi's phenomenological method with inductive thematic analysis, supported by ATLAS.ti (Colaizzi, 1978; Nowell et al., 2017; Praveena & Sasikumar, 2021). The analysis process involved repeated transcript review, extraction of significant statements, formulation of meanings, clustering of codes into themes, and checking themes against the full data set. Institutional QA policy and procedure documents were also reviewed to triangulate participants' accounts with formal organizational

expectations (Grant et al., 2024; Humber Polytechnic, n.d.-a; Humber Polytechnic, n.d.-b). Trustworthiness was further supported through bracketing, an audit trail, member checking, and reflexive attention to the researcher's professional experience in QA and health professions education (Birt et al., 2020; Korstjens & Moser, 2018; Nowell et al., 2017).

Results

[Table 1](#) summarizes research participant (RP) characteristics, including gender, role (PC or PM), years in the current role, and the program level they managed. Ten mid-level academic leaders from an Ontario polytechnic institution participated in this study, including PCs and PMs responsible for diploma, bachelor's degree, and graduate certificate programs. The sample included eight females and two males, and participants' time in role ranged from 1.7 to 10 years, which offered early-career, mid-career, and longer-tenure perspectives on QA and student success. Data saturation was evident by the ninth interview, because later interviews reinforced the same core patterns rather than generating substantively new categories.

Inductive, line-by-line coding of interview transcripts, combined with document triangulation using institutional QA policies and procedures, generated integrated themes across the two research questions. These findings are presented as four higher-order interpretive themes that preserve the phenomenological emphasis on lived experience. Table 2 presents selected example codes and illustrative quotations for each theme.

Quality Assurance as Accountability and Improvement

Participants described QA as an accountability framework and a mechanism for improving curriculum, assessment, and program delivery. Their accounts suggested that QA was most meaningful when it moved beyond documentation and generated visible action to student learning, professional readiness, and curricular coherence. One of the clearest examples came from RP2, who explained how program-level evidence informed course resequencing: "We shuffled a whole bunch of the courses. We changed the order in which they're served to the students also to ensure that scaffolding was appropriate, so they were getting the right information at the right time."

Table 1: Participant Attributes

Participant ID	Gender	Role	Time in PC role (years)	Program level RP manages
RP1	F	PC	3	Diploma
RP2	F	PC	2.4	Bachelor's degree
RP3	F	PC	5	Diploma
RP4	F	PM	1.7	Graduate certificate
RP5	F	PM	2.5	Graduate certificate
RP6	F	PC	10	Diploma
RP7	F	PC	7	Bachelor's degree
RP8	M	PC	5.5	Diploma and graduate certificate
RP9	M	PC	9	Diploma
RP10	F	PM	3	Graduate certificate

Note. All participant IDs are pseudonyms. RP = research participant; F = Female; M = Male; PM = program manager; PC = program coordinator.

Additionally, RP1 explained preparation activities for quality audits: “As program coordinator, our program must maintain accreditation. We were first accredited in [year] and have undergone multiple site visits. I've been involved in preparing documentation, coordinating evidence for auditors, and mapping competencies across courses and clinics.”

These quotations illustrate how QA was experienced not as a detached institutional exercise, but as a practical decision-making process tied to the developmental logic of learning. The finding aligns with the literature that distinguishes QA as control from QA as enhancement, in which quality processes become meaningful when they inform local improvement rather than simply demonstrate compliance.

RP4 reported that redesigning a lab course to address inconsistent instruction across clinical teachers showed how QA surfaced and mitigated inequities in learning experiences:

We have since revamped the course so now they are taught by professional lab specialists who do not teach new content; they reiterate what is taught in the theory classes and do practice in the lab. We have found that there is a better outcome for students with regard to their skills. They do not need as much retesting because they are all on the same page.

In this account, QA served as an iterative mechanism to identify uneven learning experiences and improve consistency

in skill development. The observed pattern aligns with scholarship arguing that internal quality systems are most effective when embedded in day-to-day educational work rather than treated as episodic reporting requirements.

Student Success as a Multidimensional Outcome

Participants defined student success in broad and relational terms, extending beyond completion metrics to include readiness for practice, certification or licensure outcomes, employability, confidence, and pride. Their responses suggest that student success was understood as measurable and experiential, linking academic progression with visible moments of confidence and belonging.

RP6 offered a more traditional performance-oriented definition: “Towards the end, after two years, if they follow all the rules and pass with great effort and grades, I'll be very happy. That's success to me—seeing students being successful.”

By contrast, RP2 emphasized relational and affective dimensions:

It's the smiles at graduation. Last year in spring graduation, I had the joy of working with the thesis students, the graduating class, watching them execute their project using all of the knowledge that they had from courses directly into their project work, seeing that

Table 2: Illustrative Themes, Example Codes, and Representative Quotations

Theme	Example codes	Representative quotations
QA as accountability and improvement	Accreditation readiness; curriculum mapping; action planning; annual review; continuous improvement	“As program coordinator, our program must maintain accreditation. We were first accredited in [year] and have undergone multiple site visits. I’ve been involved in preparing documentation, coordinating evidence for auditors, and mapping competencies across courses and clinics” (RP1). “We shuffled a whole bunch of the courses. We changed the order in which they’re served to the students also to ensure that scaffolding was appropriate, so they were getting the right information at the right time” (RP2).
Student success as a multidimensional outcome	Graduation; licensure pass rates; career readiness; graduate employment; confidence; belonging	“It’s the smiles at graduation. Last year in spring graduation, I had the joy of working with the thesis students, the graduating class, watching them execute their project using all of the knowledge that they had from courses directly into their project work, seeing that happen, seeing that culmination. And then being able to be at the grad ceremony knowing that they executed all their knowledge in one singular excellent project and being able to celebrate that with them. The hugs, the cheers, the camaraderie, the pride, all of those things. I think that’s the only reason why we do it” (RP2).
Structural tensions and QA fatigue	Ill-defined role; workload intensity; reactivity; documentation burden; competing expectations	“This is massive. The program coordinator role is an ill-defined role. When I was hired, I asked for the role description. I said, “What is the job?” and my manager at the time said there’s no definition. We dug deep and apparently a number of years ago someone put together what the role of the program coordinator was by asking every coordinator, “What do you do?” They put together this giant list and, as you can imagine, people do everything” (RP9).
Agency, adaptation, and support systems	Data-informed change; collaboration; informal networks; peer advice; specialist support	“If I’m stuck with something or need to make a change or need advice, I know I have a good group I can count on, and that goes a long way” (RP7). “We work with many industry partners, and this is one area where we are able to get feedback from them to make sure that our students are aligned with what is expected and required in the field. This gives us an opportunity to get feedback on where students are successful in the competencies they’re required to have, and where there are gaps or lack of competencies” (RP10).

Note. Example codes and quotations illustrate how participant language supported each theme; ellipses indicate removed text to preserve brevity and confidentiality.

happen, seeing that culmination. And then being able to be at the grad ceremony knowing that they executed all their knowledge in one singular excellent project and being able to celebrate that with them. The hugs, the cheers, the camaraderie, the pride, all of those things. I think that’s the only reason why we do it.

These quotations show that participants framed success not as a single indicator, but as a cluster of academic, professional, and human outcomes.

Participants also linked QA to graduate trajectories beyond the institution. For example, RP2 reported tracking graduates through LinkedIn and finding that “98 percent of the students that graduated from this program are working in positions that are associated to the degree, in some way or other.” This interpretation aligns with student-centered QA scholarship that emphasizes employability, transparency, and the broader student experience as legitimate markers of educational quality.

Structural Tensions and Quality Assurance Fatigue

Although participants viewed QA as important, they also described substantial barriers to implementing it in the way they believed it should function. Their accounts were marked by role ambiguity, workload intensity, reactive workflows, and the sense that quality work was layered onto already overextended positions.

RP9 captured this issue directly:

This is massive. The program coordinator role is an ill-defined role. When I was hired, I asked for the role description. I said, “What is the job?” and my manager at the time said there’s no definition. We dug deep and apparently a number of years ago someone put together what the role of the program coordinator was by asking every coordinator, “What do you do?” They put together this giant list and, as you can imagine, people do everything.

This quotation highlights a central structural tension in the findings: participants were expected to uphold quality, accountability, and student support without clear role boundaries or realistic workload recognition. The finding also resonates with scholarship showing that QA can become burdensome and disconnected from educational improvement when institutional expectations exceed available support.

RP7 described how the burden often extended beyond formally allocated hours:

Sometimes it’s working on your off hours. If you get into the technicalities of workload allocation, there might be x hours of program coordinator role, and I can burn that by day two. So there’s definitely some volunteering of time, working on weekends to complete other things so there’s time during the week to be part of curriculum discussions and program evaluations and reviews.

RP4 similarly emphasized the emotional and operational strain of reactive QA work:

Quality assurance unfortunately has not been a priority during this time. Being in this role, the focus has been more on being reactive rather than proactive and kind of putting out fires as they come, and we do not have a

really good system for quality assurance in the program. Unfortunately, we find that a lot of things are falling through the cracks or students are getting missed or opportunities are falling through because of that. It has just been very rapid over the last year, so again, we are kind of running on this hamster wheel and just hoping that things fall into place.

Together, these accounts show that QA fatigue reflected not resistance to quality itself, but rather a structural mismatch between institutional expectations and the conditions under which coordinators were expected to perform.

Agency, Adaptation, and Support Systems

Despite substantial constraints, participants described multiple ways of adapting QA processes to local needs and using available support to keep improvement work moving forward. Their accounts showed that agency was enacted through problem solving, collaboration, and selective use of formal and informal support rather than through complete autonomy.

RP6 described one example of data-informed adaptation:

We look at all our weaknesses and say, “OK, you know what, I think students need more math components in the [course] because some students do not know what they are doing out in clinical.” So this is what we did. We implemented more math components in clinical as well as in the classroom so that students are getting exposed to more of the math component. I feel that after doing that we have actually, I can say, from 50% we increased to about 60%. There was an increase where more students passed that particular course because we made changes.

This quotation demonstrates how coordinators used QA evidence not only to identify weaknesses but also to justify and evaluate specific interventions.

Participants also emphasized the value of collaboration and peer support. RP7 stated, “If I’m stuck with something or need to make a change or need advice, I know I have a good group I can count on, and that goes a long way.” RP10 similarly described how feedback from industry partners informed competency alignment:

We work with many industry partners, and this is one area where we are able to get feedback from them to make sure that our students are aligned with what is expected and required in the field. This gives us an opportunity to get feedback on where students are successful in the competencies they're required to have, and where there are gaps or lack of competencies.

These accounts suggest that sustainable quality culture depends on distributed support, collaboration, and responsive infrastructures rather than procedural compliance alone.

Some participants also linked agency to experience and credibility. RP6 reflected:

Seniority counts a lot, as in, because I've been here a long time. Initially when these kinds of things happened, sometimes I felt I failed in convincing individuals to ensure that something is implemented. But because I'm much more senior right now, I feel like I have more say. If I were to suggest something or if somebody suggested something and we're not up to it, I think I've got more say in it and I feel more confident now compared to when I first started.

Participants called for specialist support roles dedicated to QA, curriculum mapping, and evaluation, suggesting that meaningful quality improvement required organizational infrastructure rather than reliance on personal goodwill alone. The study's results position PCs as adaptive intermediaries who translate expectations, negotiate constraints, and mobilize relationships and evidence to maintain a strong connection between QA, student learning, and program improvement.

Discussion

This study advances a focused interpretation: PCs in Ontario polytechnic health programs act as quality intermediaries whose agency helps determine whether QA is experienced as meaningful educational improvement or reduced to procedural compliance. A reframed understanding of the coordinator role moves beyond viewing coordinators as either frontline managers or academic administrators. The analysis instead positions coordinators as translators, negotiators, and implementers situated between institutional systems and the lived realities of programs, faculty, and students (Honig, 2004; Jarrell & Kirby, 2024; Trick, 2015).

The first implication is that QA is most effective when accountability and enhancement remain connected. Participants accepted the legitimacy of accreditation requirements, review cycles, and policy alignment, but valued QA when it informed usable decisions about curriculum, instruction, assessment, and support. The literature indicates that internal QA systems are educationally productive when they foster reflection and adaptation, rather than simply satisfying reporting requirements (Kleijnen et al., 2011; Rucker et al., 2015; Tavares et al., 2016). Institutions should not assume a quality system is effective merely because it is comprehensive or compliant. The value of a quality system depends on whether coordinators and faculty can translate quality processes into meaningful action.

The second implication concerns student success. Participants' multidimensional definitions of success challenge narrow notions that rely on single indicators. In this study, student success encompassed progression, completion, examination or certification outcomes, readiness for practice, employment, confidence, and belonging. The significance for polytechnic education lies in reflecting the sector's applied mission and strong orientation toward workforce preparation. Findings from this study also highlighted the need for QA systems to be built on a richer understanding of what students are meant to achieve. When QA indicators ignore experiential readiness, relational climate, or employability, they risk overlooking outcomes that coordinators regard as central to quality (Gipson et al., 2025; Tinapay et al., 2024).

The third implication concerns structural burden. The findings suggest that the problem is not simply that QA takes time. The deeper issue is that coordinators are often expected to sustain rigorous quality work while carrying diffuse responsibilities and operating in environments with limited time, fragmented support, and competing initiatives. Such circumstances help explain why participants described QA as reactive, exhausting, or vulnerable to superficiality. Participant experiences echo broader critiques that bureaucratic QA systems can suppress innovation and divert energy from authentic improvement when they emphasize documentation over learning (Amaral & Norcini, 2023; Elshama, 2022; Sreedharan et al., 2022). Quality fatigue should not be viewed as an individual failing; rather, persistent fatigue signals that institutional design may be undermining the purposes of QA.

The fourth implication is that meaningful QA depends on support infrastructures as much as on policy frameworks. Participants' adaptive strategies revealed that improvement work thrives when there is access to data, collaboration, specialist expertise, and responsive institutional relationships. The importance of support infrastructures aligned with scholarship on quality culture and educational leadership, which emphasized that sustainable improvement is relational, developmental, and distributed rather than purely procedural (Bendermacher et al., 2021; Javed & Alenezi, 2023; Matahela & van Rensburg, 2023). A dedicated, decentralized QA role, for example, could reduce interpretive and administrative burdens while strengthening the quality of evidence used in local decisions.

Figure 1 illustrates how PCs act as QA intermediaries by integrating regulatory requirements, institutional policies, and structural conditions into curriculum design, assessment, and feedback loops to drive continuous improvement and student success. Figure 1 also emphasizes that the quality system is cyclical rather than linear, with stakeholder feedback and outcome data continuously shaping future quality decisions.

Recommendations

Figure 2 summarizes the structural conditions that support sustained, meaningful, student-centered QA work. Several practical recommendations are identified for polytechnic institutions. First, institutions should clarify the QA dimensions of the PC role and align workload models with

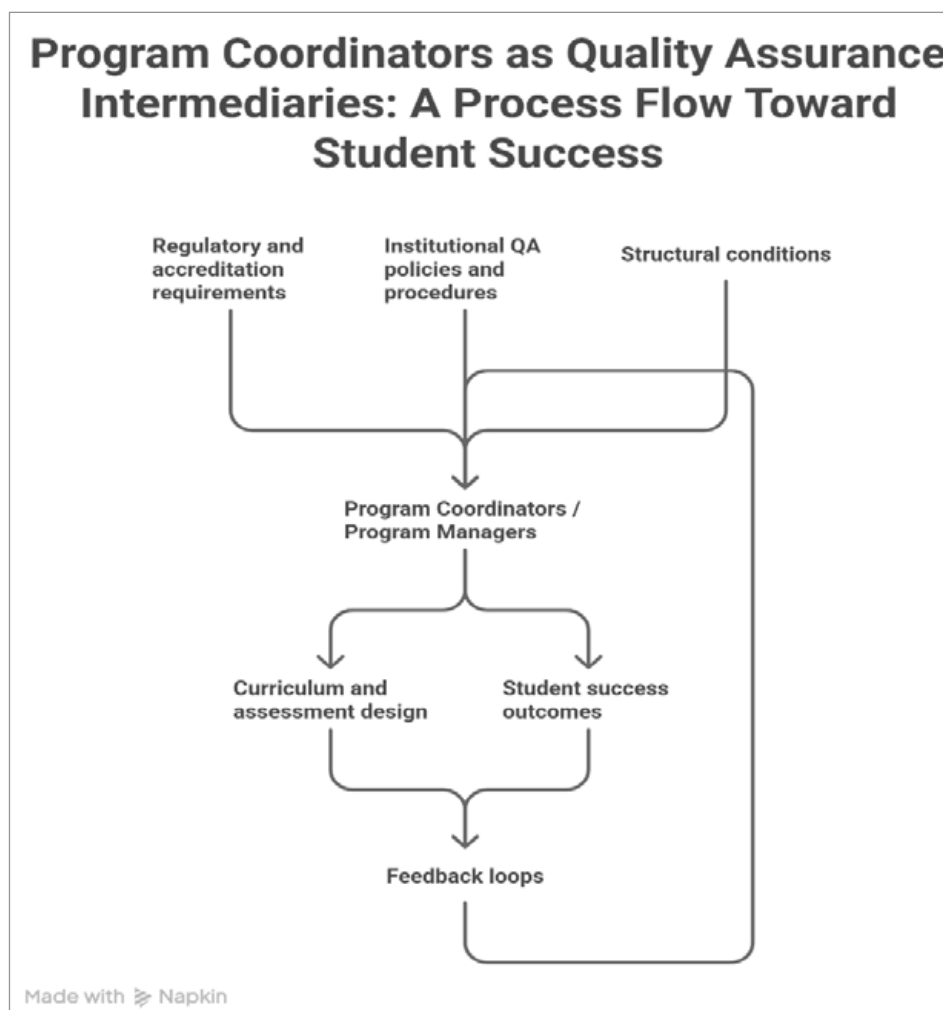


Figure 1: Program Coordinators as QA Intermediaries: A Process Flow towards Student Success

Note: Feedback loops: Student, faculty, employer, and outcome data inform subsequent QA cycles and institutional refinement. Structural conditions: workload, role clarity, data support, autonomy, and specialist roles shape the strength of these relationships.

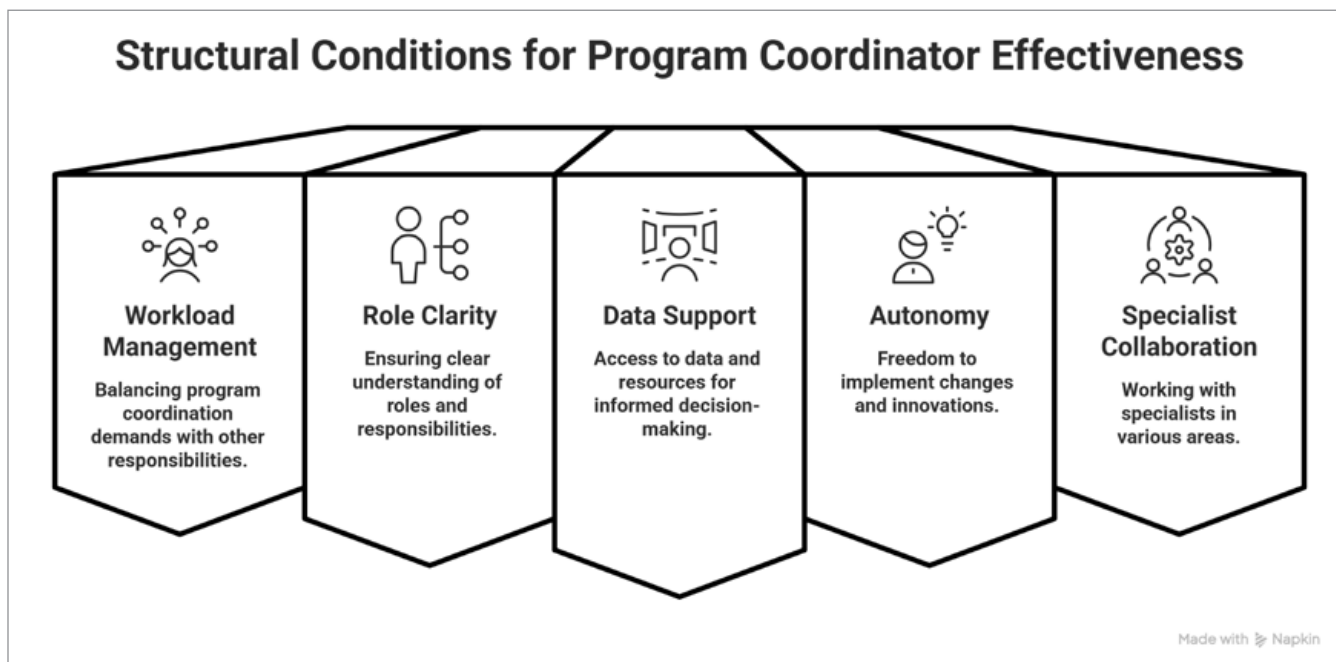


Figure 2: Conditions That Sustain Meaningful Program Level Quality Assurance

Note: Workload management, role clarity, access to data support, autonomy to implement changes, and collaboration with specialist roles emerged as key structural conditions that shaped whether PCs could sustain meaningful, student centered QA work or experienced QA fatigue.

the actual labor required for curriculum review, mapping, action planning, stakeholder engagement, and follow-up. Second, investment in specialist support for data analysis, curriculum mapping, and interpretation of external regulatory expectations is recommended. Third, participatory QA cultures can be strengthened by embedding visible feedback loops that involve students, faculty, employers, and advisory committees. Finally, polytechnic institutions should ensure that quality frameworks reflect multidimensional definitions of student success, rather than relying exclusively on narrow compliance measures. Implementing these recommendations would not diminish rigor; instead, such changes would enhance the educational value of rigor.

Limitations

This study has several limitations. It was conducted at a single polytechnic institution in Ontario with a relatively small qualitative sample; therefore, the findings are not intended to be statistically generalizable. The data are based on self-reported perceptions and may be shaped by recall bias or socially desirable responding when participants discussed institutional effectiveness or gaps in support (Plumb et al., 2023; Steltenpohl et al., 2023). In addition, the researcher's professional experience in QA and health professions education likely supported nuanced interpretation while also

introducing the possibility of interpretive bias, despite the use of bracketing, member checking, and an audit trail (Korstjens & Moser, 2018; Nowell et al., 2017). Accordingly, the findings are context-specific and should be interpreted cautiously beyond similar settings.

Implications for Future Research

Future studies could extend this work through multi-site qualitative or mixed-methods designs comparing coordinators' experiences across institutions, program types, or provinces. Such work could examine whether the patterns identified here are characteristic of Ontario polytechnics more broadly or are shaped by local organizational conditions. Researchers might also link specific QA practices, such as curriculum mapping, advisory engagement, use of regulatory exam data, or specialist supports, to student-level outcomes over time. Longitudinal work following coordinators through accreditation cycles or leadership transitions would also deepen understanding of how quality intermediation evolves. Adopting the proposed directions could move the field from rich description toward stronger evidence about which support structures enable QA to function as a driver of innovation and student success.

Conclusion

Findings from this qualitative phenomenological study indicated that PCs and PMs in Ontario polytechnic health programs occupied a consequential yet often underrecognized position in QA practice. PCs and PMs work at the intersection of policy, curriculum, accreditation, faculty relations, and student support, which positions them as quality intermediaries whose decisions strongly influenced whether QA functioned as an engine of student-centered improvement or was experienced as a checklist exercise. Participant accounts suggested that QA was most effective when it was embedded in practical decision making, linked to multidimensional student success—including progression, licensure or certification outcomes, employment, and affective markers such as confidence, pride, and belonging—and supported by collaborative structures and usable evidence.

At the same time, the analysis highlighted a persistent tension between the responsibility placed on coordinators and the conditions under which they were expected to work. Ill-defined roles, workload intensification, documentation burden, and reactive workflows could erode QA's improvement potential and contribute to QA fatigue, even among leaders who were deeply committed to students and programs. Fatigue was better understood as an indicator that system design might be misaligned with the multiple—and sometimes competing—purposes attached to QA, including accountability, documentation, and meaningful educational improvement, rather than as resistance to quality itself. Participants' descriptions of using data to inform curriculum and assessment changes, drawing on peer networks, engaging industry partners, and leveraging feedback from experiential learning showed that coordinators were able to anchor QA in meaningful educational practice, but that such work depended on relational trust, access to information, and supportive infrastructures.

For polytechnic institutions navigating a complex and resource-constrained higher education landscape, the results point to the limits of relying on expanded QA requirements without attending to local capacity. Sustainable QA depends on recognizing those who lead program-level quality work—whether titled PC, PM, or an equivalent mid-level academic role—as strategic quality intermediaries who hold the middle between accountability, innovation, and student success. PCs and PMs cannot be treated merely as administrative

functionaries; they need to be positioned as strategic partners with a decisive voice in faculty and institutional decisions about quality, program value, and student success. Clarifying the QA dimensions of their roles, aligning workload models with the actual labor of quality work, investing in analytic and curriculum-mapping support, and cultivating participatory QA cultures are key steps toward a more resilient quality system. Under such conditions, program-level leaders are better able to sustain rigorous, context-sensitive, and responsive QA processes that meet the evolving demands of health professions education and polytechnic practice.

Conflict of Interest

The author declares no conflicts of interest and was solely responsible for the conception, design, data collection, analysis, and writing of this study.

Acknowledgement

The author thanks the program coordinators and program managers who contributed their time and supported this research.

Funding

This research received no specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Appendix

Semi-Structured Interview Protocol for Program Coordinators

Purpose

The purpose of this protocol is to explore program coordinators' perceptions and lived experiences with quality assurance (QA) processes and student success in health professions education.

Key Definitions

Please review these definitions before the interview. The interviewer will provide clarification as needed during the discussion:

Quality Assurance (QA): The formal and informal processes are aimed at monitoring, maintaining, and improving the quality of educational programs. QA encompasses both internal activities (such as curriculum reviews, course evaluations, program mapping, and faculty feedback) and external requirements (including accreditation, compliance with regulatory bodies, and adherence to institutional policies and procedures).

QA Initiatives: Specific structured activities, practices, or policies introduced to support or enhance the quality of programs, e.g., program self-studies, stakeholder engagement, alignment with accreditation standards, curriculum mapping, and assessment reviews.

Student Competencies: The measurable skills, knowledge, and behaviours students are expected to demonstrate by graduation. In health professions, these often reflect regulatory or professional standards and may include clinical, technical, communication, or interprofessional skills.

Program Coordinator (PC): A faculty or academic administrative staff member responsible for program-level management, overseeing curriculum delivery, ensuring alignment with QA requirements, leading program reviews, and liaising between faculty, students, administration, and external stakeholders.

Program Manager (PM): A faculty or academic administrative staff member who oversees the quality assurance, curriculum alignment, and operational management of educational programs, especially taking full responsibility for these areas when the Program Coordinator role is vacant. PMs ensure compliance with institutional and accreditation requirements, support faculty, manage resources, and serve as a key liaison between stakeholders in health professions education at polytechnic institutions.

Institutional Accountability: Obligation to ensure programs meet standards set by the college/polytechnic and external agencies, including reporting on outcomes, maintaining accreditation, and supporting continuous improvement.

Faculty Autonomy: The degree of independence program faculty has in determining curriculum content, instructional methods, assessment, and other teaching-related decisions within QA frameworks.

Employer Expectations: The competencies, attributes, and work-readiness skills that industry partners, employers, and professional bodies expect from graduates of health professions programs.

Introduction (To Be Read to the Participant)

Thank you for agreeing to participate in this interview. The purpose of this discussion is to gain an understanding of your experiences and perspectives regarding quality assurance in your program and how these processes affect student success. Your responses will remain confidential, and you may skip any question or stop the interview at any time.

Instructions

1. Obtain verbal consent to record the interview.
2. Ask each question in order, using probes as needed.
3. Encourage participants to answer as fully as they wish; there are no right or wrong answers.

Demographic Information

1. What is your current job title and primary role (e.g., Program Coordinator, Program Manager, Faculty, Other)?
2. How long have you served in this/these position(s), and at which institutions?
3. Which Faculty or program cluster are you affiliated with? Please specify credential level(s) if applicable (e.g., diploma, degree, certificate).

Core Interview Questions

1. Experience with QA:
How would you describe your experience with QA processes in your program?
 - Prompt: What activities or responsibilities do you associate with QA in your role?
2. Effect on Student Competencies:
Can you describe a time when a QA process influenced student learning outcomes or competencies?
 - Probe: In what ways did this experience align with institutional standards or regulatory requirements?
3. Features of QA Initiatives:
In your experience, what aspects of QA initiatives (e.g., stakeholder engagement, curriculum alignment, assessment practices, or others described earlier) have most effectively contributed to improved student outcomes? Please provide examples where possible.
4. Navigating Challenges:
What challenges have you encountered when implementing QA practices? What strategies have you used to overcome these obstacles?
5. Balancing Demands:
How do you balance faculty autonomy, institutional accountability, and employer expectations within QA frameworks? Are there examples where these demands have conflicted with each other?
6. Suggestions for Improvement:
What changes would you suggest to improve QA practices in your program? (Consider: What should be started, stopped, or continued?)

Probes (Used as Needed)

- Can you elaborate on that?
- Can you provide an example?
- What was the outcome?
- What did you learn from that?
- How did you feel about that experience?
- How has this experience shaped your approach as a PC?

Closing

- Is there anything else you would like to share about your experiences with QA processes, student success, or your role as a program coordinator?
- What does success in your role look like to you?

I will be in touch to provide you with a copy of this interview transcript for your review. Thank you for your time.