

Assessment for Learning Activities

In addition to obtaining information, some activities may require the *successful completion* of an (externally validated) assessment to demonstrate the knowledge or skills gained.

It is expected that the content of all learning activities will be of an appropriate educational or practical standard directly related to the professional practice of pharmacy, and that any learning material is delivered or authored by people who are qualified and have suitable practical or academic experience in the topic(s) presented.

Development of all Learning Activities

There must be:

- a written statement of learning objectives which accurately reflect the content of the activity. These must be provided as part of the activity and preferably also on any advertising or promotional material used. These should be clearly written in measurable terms to provide the basis for what is to be assessed and how. (See *Writing Learning Objectives document*)
- significant pharmacist and/or another subject matter expert (SME) involvement in the development of the activity and assessment
- disclosure of the involvement of anyone with a commercial interest related to the subject area. This person/company must not unduly influence the content of the activity, and active ingredient and brand names must be used to achieve a balanced presentation
- disclosure of any possible conflicts of interest
- freedom of any commercial bias for the activity

Assessment for Learning Activities

- There are some **required criteria** of how any assessment may be formulated.
- A 'quiz' cannot just be manufactured and therefore have group 2 points allocated to it.
- All assessments **MUST** meet the required criteria and the [PSNZ Education Team](#) give their written approval for any assessment for any learning activity being organised, and *should be contacted a minimum of four weeks before the activity takes place.*

The type of assessments that can be used is not limited, but the assessment **must allow every participating pharmacist to demonstrate** the learning attained through the learning activity, and evaluation of the pharmacist's achievement of the all the learning objectives **and therefore their successful acquisition of new or refreshed** knowledge or skills.

Assessments should target all levels of learning (from simple recall through to problem solving) appropriate to the content of the learning and should adequately reflect the relative importance of the content.

Where assessment can be reliably quantified, (eg MCQs) successful assessment is either:

1. the achievement of 80% on the candidate's *first and only* attempt, or
2. if additional attempts are specifically permitted, then 100% within the defined number of attempts, or
3. if additional attempts are specifically permitted, then 80% on a different set of questions within the defined number of attempts

Assessment must be externally validated and therefore self-assessment is not acceptable for any type of summative assessment.

There must be written protocols in place to ensure that EVERY pharmacist who wants to undergo assessment is able to demonstrate the knowledge or skills they gained from the presentation, and that this is measured against the stated learning outcome objectives.

What should be assessed?

There must be a direct relationship between the learning objectives and the assessment. The assessment should derive directly from the objectives and focus on important and relevant content. Trivia (even if it is interesting) does not need to be assessed.

- Assessment content should match the stated Learning Objectives
- Important topics should be weighted more heavily than less important topics
- The degree of assessment time should reflect the relative importance of the topic

Proof of Assessment

Standard 4.2 (PSNZ CE Accreditation Standards)¹ requires all assessed activities to have some external written confirmation that new, updated or improved knowledge, skills or behaviours has been successfully acquired, such as a PDF copy of a certificate of completion, confirmation email or other proof of successful learning.

This confirmation of learning must be able to be uploaded to the MyRecert platform to be included as part of the pharmacist's recertification record.

¹ www.psnz.org.nz > Education > Accreditation for Educational Activities

Types of assessment

There are several different types of assessment available: diagnostic, formative, summative, criterion-referenced, and interim/benchmarked are some of the most common.

- Diagnostic – assesses a learner's strengths, weaknesses, knowledge and skills before any learning takes place. This can be useful as a self assessment tool. Group 2 points may *not* be allocated for this.
- Formative/Interim/benchmark – Assesses learning during the teaching process. This does not provide an overall view of learning. Group 2 points may *not* be allocated for this.
- Criterion referenced - measures a learner against a goal, specific objective or standard. Group 2 points may be allocated for this.
- Summative – measures a learner's achievement at the end of the learning session(s). Group 2 points may be allocated for this.

Ask

“What kinds of tasks will reveal whether participants have achieved the stated learning objectives?”

True/False; Yes/No

Research has shown that a minimum of 100 True/False questions are needed for a reliable test that minimises the statistical chance of passing by guessing².

True/False or Yes/No questions should therefore not be used, and are not suitable nor acceptable for the allocation of Group 2 points, unless they require the application of a collection of knowledge to make the decision, not just recall of a fact.

It is OK to use them as part of formative assessment (e.g. a pre learning quiz) but not for the summative assessment for the allocation of group 2 points.

e.g. acceptable

Claire is taking Ava 30 and has missed three pills and had sex last night. She had taken 9 active pills before she missed the last three. Is she at risk of pregnancy? Yes No

e.g. NOT acceptable

A neuron is the functional physiologic unit of the kidney True False

² [Med Teach](#). 2005 Aug;27(5):468-72; [Advances in Medical Education](#) pp 193-196

Multiple Choice

Read the document “**Using MCQs for assessment**”

This document provides information about how to write effective MCQs to ensure that assessment is fair and appropriate.

- The assessment must be constructed (e.g. in terms of number of questions, style of questions, number of distractors where multiple choice questions are used, level of difficulty) to adequately assess the learning outcomes and be appropriate for the mode of delivery
- Successful assessment is deemed to be 80% or higher.
- Assessment must comprise of *at least 5 questions per hour of activity* and must adequately assess the learning outcomes. This may require more than 5 questions per hour of learning.

Short Answers

If short answers are included as part of the assessment then the model answer sheet should have an accompanying judgement statement. A judgement statement defines the minimum/most important piece(s) of information that *must* be given for an answer to be deemed correct. A candidate may offer only part of the model answer and it then becomes necessary to decide whether that is adequate or not. More information may be provided, but at the least the minimum information required in the judgement statement must be given for the question to be marked correct.

Example:

Question: What is the proposed mechanism of action for Tamoxifen when it is used to treat brain tumours?

Full model answer: Active inhibitor of protein kinase C (PKC), a protein involved in cellular proliferation. Malignant glioma cell lines exhibit an increased activity of PKC compared with normal astrocytes, and this was shown to be related to tumour proliferative ability.

Judgement Statement: Inhibits protein kinase C

From this, providing the candidate includes the words “inhibits protein kinase C” in their answer (and providing everything else in the answer makes sense), then the question may be marked correct. If these words are missing, then it cannot.

Active Discussion/Interactive Activities

Interactive activities must be structured and facilitated in such a way as to allow each participant the ability to demonstrate the acquisition of the learning objectives. The session must consist of a moderated discussion or activities with a ratio of facilitator to participants of **no more than 1:20**.

For group 2 points to be allocated for this type of activity, the interactive component of the activity must take two thirds of the time allocated for the activity e.g. a 30 minute peer group meeting must have a minimum of 20 minutes of interactive subject focussed discussion.

If assessment is going to take place by actively taking part in discussion after the presentation, then EACH pharmacist must actively participate and/or contribute individually. A signed statement from the session co-ordinator is required to confirm this.

This must be provided to the participant as a record of their assessment for their CPD records.

This option will be agreed on a case by case basis.

Reflective Assessment

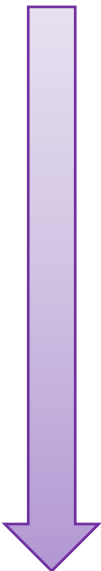
This type of assessment is not intended to be a 'tick-box exercise' and neither is it intended to be an easy option. It allows the demonstration of the acquisition of new or refreshed knowledge or skills as required by the Pharmacy Council Recertification Framework, when no other assessment options are available. A professional peer must review the written reflection with the pharmacist, and this must be documented by both.

It should not be used (for group 2 points) if there is any other type of structured assessment formally associated with the learning activity, although it may be used in conjunction with that.

It has been designed to help establish thinking patterns that genuinely encourage professional growth and good practice, and moves from merely requiring the recall or understanding of information to applying, analysing and integrating it into individual professional practice. This is not a summary of learning, but rather a critical analysis of it and then a description of how it has, or is intended to be, integrated into individual practice. This then allows the learning to be interpreted in the context of where it will be applied and how it will add value to day to day work.

Done well, it should raise further learning needs or opportunities.

The assessment of learning travels along the following continuum:

| | | |
|---|-----------------------------|--|
|  | Description | What did you do? |
| | Evaluation | What was good and bad about the learning? |
| | Analysis | How does this learning fit in with what you already know? |
| | General conclusions | What are the general conclusions from this learning? |
| | Specific conclusions | What are the specific conclusions for you in your unique situation? |
| | Personal Action plan | What are you going to do differently now, as a result of this learning? |

A PDF template to record this is available from PSNZ Education on request.
This could be uploaded to the MyRecert platform as part of the pharmacist's recertification records.

Presentation to professional peers

A professional peer is a person who is equal to another in abilities, qualifications, background, i.e. expert in the same field - anyone who could be reasonably considered able to know what is being talked about rather than a group of people who would just the information at face value e.g. a public group or students.

The presentation is the process of subjecting an individual's work, research, or ideas to the scrutiny of others who are experts.

Professional peers are deemed to be the 'assessors, and the pharmacist's ability to discuss the topic or answer questions with them is the assessment component. For assessment to be valid, there must be a degree of interaction with those peers (e.g. Q & A session, post presentation discussion)

For every hour of presentation time, up to three hours of learning and preparation time may be allocated as professional learning.

The documentation must clearly indicate what new or refreshed learning had to be done for this presentation. Ensure that the resources used in preparation are adequately documented and the learning component for the presenter in producing the presentation is clearly justified. It is not purely a regurgitation of something already known.

The same presentation can only be claimed ONCE.

A Declaration Statement signed by the presenter must be completed. A PDF template to record this is available from PSNZ Education on request.

Marking Schedule and Judgement Statement

A marking schedule and judgment statement with model answers and an indication of how marks will be awarded must accompany the proposed assessment, and all marking must be consistent with this schedule.