VIEWPOINT

Golden Age of Assessment in Pharmacy Education

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Nearly 10 years ago, during a meeting to establish university-wide quantitative learning outcomes and assessment measures, a physics faculty member assured the other committee members that, “If we just drag this out long enough it won’t matter anymore (because) this assessment stuff is going away.” In pharmacy education, “this assessment stuff” is definitely not going away. In fact, pharmacy assessment has reached its golden age.

Although for some this golden age may appear to be driven by the Center for the Advancement of Pharmacy Education (CAPE) 2013 Outcomes¹ and Accreditation Council for Pharmacy Education (ACPE) 2016 Standards,² the inverse is true, as this assessment prosperity has been growing and building within the academy over the past decade. Just over 5 years ago, the American Association of Colleges of Pharmacy (AACP) established the Assessment Special Interest Group (SIG) with the goal of facilitating faculty exchange of ideas and innovations regarding curricular and programmatic assessment planning and implementation and outcome management. In that short time, the SIG has grown to the third largest in AACP. Recognizing that most schools and colleges only have one designated assessment person, this growth shows that AACP members whose primary responsibility is not assessment recognize the need to increase their own assessment knowledge and skills.

As another means to increase assessment knowledge and skills, academy members are increasingly attending the annual AACP institutes. As far back as the 2007 Assessment Institute at Lansdowne, Virginia, and Snowbird, Utah, institutes have included assessment components regardless of the primary topic. In 2015, AACP Annual Meeting programming included 20 distinct sessions and mini-sessions on assessment topics, doubling from 2009 and representing a quarter of all educational sessions at the meeting.³

Educational programming is not the only area in which assessment’s golden age is noted; governance and initiatives are aiming to establish stronger quality assurance measures through validated tools. The association has worked with its membership to develop and launch curriculum quality surveys that provide national and peer school benchmarks in perceptions of student, faculty, alumni, and preceptors to all member institutions.

During the 2015 AACP House of Delegates, the need for stronger assessments and links between licensure and assessment were emphasized through the resolution that AACP lead collaborative efforts to produce evidence-based assessments mapped to current CAPE Outcomes.⁴

While some perceive that assessment efforts are entirely driven by accreditation, the overall trend toward accountability in higher education, particularly in the health professions, has influenced the revision of the ACPE Standards in 2007 and in 2016, which involves the members of the academy and other stakeholders. These revisions highlight the importance of continuous quality improvement, engagement of all stakeholders, and the transparency and availability of assessment data.

Although this is a time of prosperity for assessment, we are far from our pinnacle. What else needs to be done? First and foremost, despite having only one person assigned to assessment at most institutions, it is not a one-person job. Along with ensuring sufficient administrative and staff support, schools need to develop cultures of assessment in which all faculty members appreciate their role in curricular and programmatic assessment.

Deans and administrators need to provide leadership in assessment to engage faculty members, staff, students, and stakeholders. Beyond support of an assessment culture, part of this leadership requires administrators to encourage faculty members to validate their assessment instruments to ensure the tools assess what they claim to measure. This leadership also requires that measures beyond student perceptions be used to evaluate achievement of learning outcomes.

Collaboration among similar schools also will serve to advance assessment. Many schools have formed consortiums or other collaborative groups, which advance knowledge among members, establish and share practices for meaningful data collection and use, validate assessment tools, and advance scholarly pursuits.

Not only is “this assessment stuff” not going away, it is here to stay and flourish. The academy has embraced the culture of continuous quality improvement and accountability to prepare our graduates for entry into practice and provision of patient-centered care as members of a health

care team. Now is the time to join the assessment efforts as we move onward and upward during this time of assessment prosperity. Don't get left behind.

REFERENCES

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