

VIEWPOINT

Time for Consensus on a New Approach for Assessments

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With the impending changes in the Accreditation Council for Pharmacy Education (ACPE) Standards projected for implementation in 2016, the academy is at another crossroads with respect to pharmacy education.¹ One of the more controversial items is Standard 25.2, relating to standardized and comparative assessments.² It states that “the assessment plan must include standardized assessments as required by ACPE that allow for national comparisons and college- or school-determined peer comparisons.” Specifically the Pharmacy Curriculum Outcomes Assessment (PCOA) is given as an example of a structured assessment that would help provide pre-advanced pharmacy practice experiences (APPEs) assessment of foundational knowledge. The concept of standardized assessment is a response to a call from the Department of Education for more accountability to the public.³

The suggestion of using PCOA for preAPPE assessment of knowledge has generated reactions from the academy including criticism of the PCOA examination’s validity as a tool for curricular revision. Schools contend that each school’s curriculum is unique and that a standardized tool would be too prescriptive and stifle creativity among schools. Others do not like the idea of National Association of the Boards of Pharmacy (NABP) being involved in curricular assessment. Another concern is the additional cost and hurdle pharmacy students would incur.

The profession currently regulates entry to practice pharmacy and protects the public with the National Association Pharmacy Licensure Examination (NAPLEX). Even though the blueprint for NAPLEX has evolved, with resulting changes in curricular content, the examination has never been a direct measure of curricular effectiveness nor has it assessed the skills and affective domains required for practice of direct patient-centered care as intended by the curricular outcome standards for the PharmD degree.⁴ The affective patient-centered skills are even more critical as we prepare for the evolving role of the pharmacist as a health care provider.

The academy should be proactive in addressing the need for standardized and comparative assessments of curricular effectiveness. A standardized assessment model

that intersects with the licensure to practice pharmacy should be advocated for. The model should assess competencies not only in knowledge, but also in skills and the affective domains to meet curricular outcomes. Most schools of pharmacy having limited resources, it would be more cost-effective for an institution like the NABP to collaborate with the academy and ACPE to focus on a new approach to licensure that would address the need for curricular assessment and address assessment needs for professional licensure to protect the public.

The United States Medical Licensing Examination (USMLE), which uses a stepped approach to licensure, is worth considering as a model as both pharmacy’s and medicine’s curricula are intended to prepare graduates for patient-centered roles.⁵ The USMLE currently consists of 3 steps. Step 1 consists of multiple-choice questions that assess foundational sciences using clinical vignettes. Students complete it at the end of the second year of medical school. Step 2 consists of 2 parts: assessing clinical science knowledge using multiple-choice questions and assessing clinical, communication, and interpersonal skills using standardized patients. Students complete this step at end of fourth year of medical school. The third step is assessment of clinical science and competencies in management using multiple-choice questions and computerized case simulations. Step 3 is completed between the first and third year of residency.

The model for pharmacy licensure could similarly be a 3-step approach that assesses knowledge, skills, and affective curricular domains of the ACPE Standards. Instead of administering a separate PCOA tool to assess the didactic curriculum prior to APPEs, the first step in the licensure process could be an assessment of core foundational knowledge administered upon completion of the preAPPE components of the curriculum (Step 1: Pre-APPE Examination). Completion of the first step would be required for matriculating into APPEs. The examination would be developed and validated to address foundational knowledge delineated in the ACPE Standards, which would circumvent the issue of a separate PCOA examination. The second step would be to assess skills and the affective domains of the ACPE Standards (Step 2: Clinical and Patient-Care Skills). This step would include

objective structured clinical examination (OSCE)-like processes and clinical/patient care case assessments administered upon completion of the APPE curriculum components. The third and final step would be an objective examination assessing knowledge of federal and state law and application of clinical knowledge to patient care (Step 3: Law and Clinical Applications Examination). This step would be completed upon graduation. The NABP could be responsible for creating the blueprint and administering all 3 steps of the examination. Such a model would benefit the academy and provide a stepwise assessment approach that would build on a solid scientific and clinical knowledge base and ultimately culminate in the ability of graduates to apply knowledge to practice.

A standardized assessment model such as the USMLE would serve as the gateway for licensure to practice pharmacy, thereby addressing ACPE assessment standards and validating the curricular outcome expectations (knowledge, skills, and affective domains) for PharmD graduates. Moreover, it would address the need

to protect the public because not only knowledge but also patient care skills would be assessed. If the academy, ACPE, and NABP can reach a consensus, it would enable the profession to proactively ensure that the public is protected by properly credentialed pharmacists who can competently deliver patient-centered care.

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