

VIEWPOINTS

Program Assessment: Enough or Too Much?

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Program and institutional assessment have gained considerable momentum because of the major emphasis in higher education in the mid-1980s and in pharmacy education in the early 2000s. Regional and specialty accreditation agencies have increased the requirements in meeting standards related to assessment and have focused on the incorporation of assessment processes throughout institutions and programs as part of continuous improvement and accountability.¹ As a result, colleges and schools of pharmacy have responded remarkably by expanding the responsibilities of existing administrators or creating new administrative positions to oversee assessment activities; creating assessment committees or adding those responsibilities to other committees; and increasing the number, scope, and quality of assessment activities.² Colleges and schools of pharmacy have assessment activities that support major program decisions and self-studies with assistance from outside vendors. The American Association of Colleges of Pharmacy also provides assistance through curriculum quality surveys, other institutional research data, and the Assessment and Accreditation Management System. However, the growing expectations in assessment do not seem to have an endpoint or target. How do we know if the assessment efforts are sufficient to meet program needs and expectations or if they have gone too far and have unintended negative consequences? Pellegrino indicated the need to develop methods “to understand and analyze the cost-benefit consequences of the shift in assessment foci,”³ and provide a reasonable general approach to answer these difficult questions.

Program assessment activities are sufficient when programs have collected and used pertinent information to assess the major program outcomes and strategic initiatives in the program and unit. This depends initially on the development and selection of the college or school of pharmacy’s major outcomes and initiatives based on prioritization and importance of the quality, sustainability,

and improvement in the program and academic unit. Next, assessments must be selected to support the needed monitoring and decision-making based on reliable, accurate, and meaningful information from more than 1 source on each of those major outcomes and initiatives. The goal is not to assess every objective or initiative, but instead to provide a reasonable measure of the status, strengths, and areas in need of improvement for the major outcomes and initiatives. A highly effective and efficient assessment program will likely have assessment activities that are well integrated and embedded in the curriculum.³⁻⁵ These same principles should be considered for standing committees and administrative offices by integrating and embedding assessments within the functions of those entities and their reports on a routine and annual basis. Each institution will have its unique challenges in making these determinations. The consequences of not having sufficient assessment activities would include not having the data and processes needed to monitor and enhance the quality of the academic program and unit, in addition to being at risk for unfavorable accreditation actions.

Is more assessment always better? No. Can too much assessment be done? Yes. A number of factors may indicate that the program assessment efforts are excessive. A prime example is the collection of massive amounts of assessment data that are never analyzed, shared, or used, or that have little relevance to the major outcomes or initiatives. Some excesses can be expected, but this becomes a problem when the collection, storage, maintenance, and analysis of data impair other assessment activities or other pertinent unit functions. Triangulation is needed to provide an accurate assessment of major outcomes and initiatives, but excessive duplication of assessment efforts that focus on similar methods may be wasteful. Additionally, it may be problematic when the discussions on assessments activities alone displace or delay discussions on quality improvement. Assessment efforts may be imbalanced with an overemphasis on certain components (curriculum, for example) and an underemphasis on other components (student services, research and scholarship, facilities, etc). Finally, there should be a reasonable balance of resources and efforts that are put into assessment activities compared to other fundamental

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operations of the college or school of pharmacy. A general cost-benefit approach, as mentioned by Pellegrino,³ should be considered when evaluating assessment activities and determining if there is an appropriate emphasis on those activities.

In summary, assessment activities should be done efficiently and sufficiently to fully support, but not impair, program delivery, quality improvement, and accountability. In addition to the selection of major outcomes and initiatives and appropriate assessment activities, the integration and embedding of assessment activities into ongoing processes (curricular, administrative, services, etc) should be considered to enhance the cost-benefit nature of assessment activities within colleges and schools of pharmacy.

References

1. Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree. Guidelines Version 2.0, Adopted January 23, 2011. <https://www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf>. Accessed July 25, 2013.
2. Kirshenbaum HL, Brown ME, Kalis MM. Programmatic curricular outcomes assessment at colleges and schools of pharmacy in the United States and Puerto Rico. *Am J Pharm Educ.* 2006;70(1):Article 8.
3. Pellegrino JW. The evolution of educational assessment: considering the past and imagining the future. William H. Angoff Memorial Lecture Series, Educational Testing Service; 2004. <http://www.ets.org/Media/Research/pdf/PICANG6.pdf>. Accessed July 25, 2013.
4. Boyce EG. Development of an educational assessment plan for doctor of pharmacy programs. *J Pharm Pract.* 2000;13(5):411-419.
5. Boyce EG. Finding and using readily available sources of assessment data. *Am J Pharm Educ.* 2008;72(5):Article 102.