

# Developing a Global Health Assessment Collaboration

Extension work from the Office for Learning and Teaching funded project *Australian medical assessment collaboration: from proof of concept to proof of sustainability*.

Ancillary report 2016

Australian Council for Educational Research

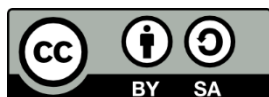
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2016

## Acknowledgements

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Integral to this project are our colleagues at a number of universities both in Australia and in the UK. In particular, we acknowledge the feedback and contribution to this project offered by (in alphabetical order) Rosalie Aroni (The University of Queensland), Emyr Benbow (University of Manchester), Inam Haq (University of Manchester – now at The University of Sydney), Clare Heal (James Cook University), Anna Jones (University of Brighton), Julia Montgomery (University of Brighton), David Kramer (Australian National University), Robyn Preston (James Cook University), Robin Ray (James Cook University), Tony Redmond (University of Manchester), Jennifer Schafer (The University of Queensland), Susan Smith (James Cook University), Nancy Sturman (The University of Queensland), Peta-Ann Teague (James Cook University) and Mieke van Driel (The University of Queensland). In addition the support of David Wilkinson and colleagues at Macquarie University helped in securing the project funding to ensure this small project was a success.

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## Introduction

This document reports on a project designed to develop an assessment collaboration between medical schools in both Australia and the United Kingdom. The project was funded by the Office for Learning and Teaching (OLT), utilising surplus funding from a broader assessment collaboration project – the Australian Medical Assessment Collaboration (OLT ID12-2482).

With a modest budget, the project required a specific content area focus, and based on consultation with partners, the area of Global Health was chosen as the basis for which to develop the collaboration. The Global Health Assessment Collaboration (GHAC) involved five universities in Australia and the United Kingdom (UK), developed an Assessment Framework and Item Specifications, undertook assessment item drafting workshops, built in a process of review and resulted in the development of a focussed suite of assessment items.

This report provides an overview of the processes undertaken in developing this collaboration. It supplements the other main output of the work, an Assessment Framework for Global Health (see Annexure A).

The document begins by providing a brief background to the project and highlighting the partnerships that the project developed. It then outlines the aims and objectives of the project. The approach taken is then detailed, following four broad stages: Defining Global Health and building an Assessment Framework; Specifying Item Parameters; Development of Items; and Consolidation of a Suite of Assessment Items. The outcomes of the project are then reported followed by a conclusion with reflections from the authors on the implementation and outcomes of the work.

## Background

As noted in the introduction, this project stemmed from the momentum built by previous OLT funded projects in the area of assessment collaborations in medical education. The Australian Medical Assessment Collaboration (AMAC) spanned two OLT projects which ran from 2012 to 2014 (SP10-1869 and ID12-2482). Utilising a small pool of funding remaining from the second project, this work was proposed to and approved by the OLT in November 2014. The project involved oversight by Macquarie University and the involvement of The University of Queensland and James Cook University in Australia, as well as two member schools from the Medical Schools Council – Assessment Alliance (MSCAA) in the UK. The project was directed and facilitated by researchers from the Australian Council for Educational Research (ACER).

ACER and the MSCAA have both been closely involved in developing national assessment collaborations in medical schools — ACER through the AMAC projects and the MSCAA

through their own alliance among medical schools. Both collaborations have focussed on formative and summative benchmarking, sharing expertise and items between institutions, and enhancing student learning. Utilising this expertise, and building on these experiences, the study reported in this document was proposed to explore the possibilities of implementing a common assessment for use across systems in both UK and Australian medical schools.

Through conversations and presentations to the MSCAA and discussions with partnering universities, the researchers involved in this project identified particular interest in the subject area of Global Health. As a consequence of its very nature, the area of Global Health was seen as conducive to development of assessment items that would be suitable for use in two different education systems and medical contexts.

The project researchers invited a small number of Australian medical schools to participate in the project — focussing on schools with a specific interest in Global Health and schools which had previously shown interest in being involved in such collaborations. Following these invitations and further discussion about the project requirements, James Cook University and The University of Queensland joined the collaboration. In the UK, the ACER/OLT proposal was circulated among schools who were members of the MSCAA. Five medical schools expressed interest in participating in the collaboration, and following further specification and discussion two made substantial contributions to the project — Brighton and Sussex Medical School (University of Brighton) and the School of Medicine at The University of Manchester.

## Aims and objectives

The overarching aim of the project was to **produce a suite of common assessment items for use in medical schools in the UK and Australia.**

Within this overall aim, the project intended to achieve a number of other objectives, specifically to:

- identify common areas for outcomes assessment in medical education;
- develop agreed item review and quality processes;
- develop items in agreed content areas that align with quality processes;
- produce a suite of assessment items for use by partner medical schools in assessing students.

## Approach

As mentioned in the background to this project, during the scoping of the work and identification of partners, the content area of Global Health was chosen for focus in this

project. The reasoning behind this choice was mainly pragmatic, in that a number of the schools showing interest in the project had academics/clinicians with particular expertise and interest in the area of Global Health. By un-designed coincidence, the focus on Global Health was befitting of an international assessment collaboration. Because of the universal issues that Global Health addresses, issues with contextualisation of items, 'fit' within education systems and national contexts, and translation of language were far less an issue than may have been experienced if a different area of medicine was used to frame this project.

This section outlines the four main stages of the approach undertaken in developing this project.

## **1. Defining Global Health and building an Assessment Framework**

Participating schools collated information about the teaching of Global Health within their respective medical schools. This collection included documents and information such as how this area sits within the broad curriculum and graduate capabilities statements of their medical degrees, as well as more specific information about the Global Health content areas covered, the types of competencies targeted for this particular area, and the way in which Global Health is currently assessed.

The ACER members of the project team gathered the information provided and synthesised this to develop an Assessment Framework as a foundation for the project (see Annexure A). This framework encompassed the common elements and definitions in Global Health across the partner schools, and also drew on broader literature in this area as a reference for ensuring broad coverage of key issues. Following a similar approach and justification for development to that undertaken in the AMAC project framework development (Pearce Edwards, Fraillon, Coates, Canny, & Wilkinson, 2015), the aim of the document was to provide the broad parameters of what competencies the collaboration would target with the developed items.

Following drafting, the Framework was circulated for comment and revision by partner schools. Further amendment was implemented based on feedback from participants in the item development/revision workshops conducted during the project (and described later). An outline of the Framework components is provided in Table 1, see Annexure A for further details.

Table 1: Global Health Assessment Collaboration Framework (overview)

Global Health Learning Outcomes			Global Health Competencies
1 - Critical Issues	2 - Health Structures	3 - Practical Complexities	
<b>(i) Global burden of diseases</b> (a), (b), (c).	<b>(i) Health Systems</b> (a), (b), (c).	<b>(i) Human rights and ethics</b> (a), (b), (c).	<b>(i) Clinical competencies</b> (a), (b).
<b>(ii) Socioeconomic and environmental determinants of health</b> (a), (b), (c), (d).	<b>(ii) Global health governance</b> (a), (b), (c).	<b>(ii) Cultural diversity and health</b> (a), (b), (c).	<b>(ii) Professional competencies</b> (a), (b), (c).

## 2. Specification of item parameters

Based on the documentation collated from schools, and the Assessment Framework developed for the collaboration, the ACER researchers in the team developed a specification document to detail parameters for the development of items for the project (see Annexure B). This document included guidelines on item type, content focus, and specified the ideal number of items for development in particular focus areas — mapped to the Assessment Framework. The Item Specification document was distributed to participating schools, and each was sent particular guidelines on the content and number of items that schools would ideally contribute to the collaboration.

## 3. Development of items

Schools were tasked with drafting a set number of items to fit the specifications designed for the project. An online, cloud-based ‘project folder’ was set up with password protection for use by project team members for distribution of documents. Flexibility was encouraged in the approach individual schools took towards item development, within the parameters of the Item Specification document. Schools were asked to follow guidelines for approaches to development of quality assessment items based on documentation developed for AMAC (Schuwirth & Pearce, 2014) and item development guidelines developed by the MSCAA (MSCAA, 2014).



Within the participating schools in Australia, ACER team members conducted workshops with academics in Global Health on campus. These workshops involved discussion of the project aims, an overview of approaches to best practice in item development and then exploration and revision of items for the collaboration that had been drafted by participants prior to the workshop.

All items developed for the collaboration were then consolidated by the ACER team, formatted for consistency and re-distributed as a whole to members of the collaboration for review. Based on the review (facilitated through secure sharing of items online), items deemed acceptable were collated into an item bank and distributed to participating medical schools. The process for development is outlined in Figure 1, based closely on the approach developed during the AMAC projects.

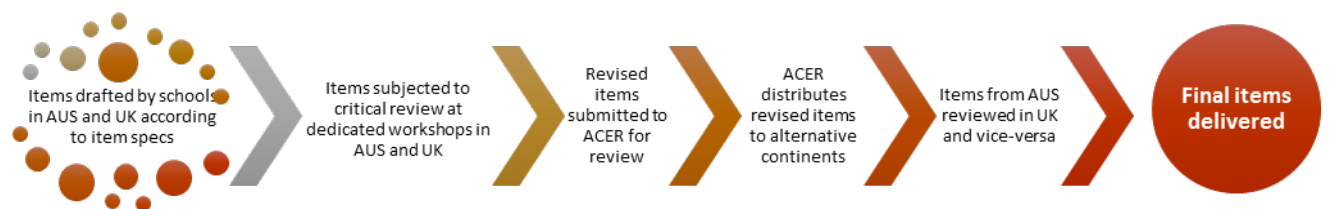


Figure 1: Overview of approach to item development for GHAC

#### 4. Consolidation of a suite of Global Health items

Based on the review of items developed for the collaboration (facilitated through secure sharing of items online), items deemed acceptable were collated into an item bank and distributed to participating medical schools.

In this collaborative project, there has been no prescribed guidance on how or when the items developed for the collaboration can be used. Given the small group of institutions involved and the broad scope of the programs involved in the development, specific security or other parameters were not deemed essential for this particular project. Through the collaborative approach developed, it is hoped that schools remain in contact and inform each other on the uses of the items developed.

### Outcomes

By mid-2016 the collaboration had achieved the following outcomes:

- Cooperation between medical schools in Australia and UK to identify common areas for assessing competency in Global Health through medical degrees.

- An Assessment Framework, which reflects the areas of competency identified.
- An Item Specifications document to operationalise the development work in the Assessment Framework.
- Two item development workshops in Australia for developing assessment items in for Global Health education.
- A conference presentation at an international medical assessment conference (to be presented in late 2016)<sup>1</sup>.
- An item bank of 21 items, mapped to the Framework and reviewed by partner medical schools.
- Potential ongoing communication between medical schools and ACER relating to the use of items, sharing of item statistics, sharing of revisions and uses of items in context.

## Reflections

This small project, utilising remaining funds of a broader OLT project achieved some notable outcomes, and also confronted some issues of note. In relation to these, the reflections below outline the team’s thoughts relating to the project. Areas considered as successful and areas that were less successful are covered.

Overall, the collaboration enabled the researchers involved to further build on the work undertaken in the bigger AMAC project — honing some of the approaches developed and stretching the approaches across continents and into very specific areas of medical expertise. For the team involved, this experience was helpful in sparking a number of conversations among universities (especially in the Australian participating schools) that we believe will lead to improvements in approach and practice in assessment in the Global Health area.

In relation to this, the workshops and ongoing communication during the development of the documentation in the collaboration sparked useful discussion and debate among practitioners and educators in the area of Global Health around the wider issues relating to the assessment of Global Health across continents. Issues such as identifying areas of over-assessment as opposed to areas where significant gaps exist due were discussed by partner schools in workshops, leading to plans for further consultation and focus on assessment to

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<sup>1</sup> Pearce, J, ‘Crossing Boundaries — Assessment in Medical Education’, EBMA Conference, Exeter UK, 14-15 October 2016.

address this. The Framework developed by the collaboration was a key vehicle in being able to identify and articulate these particular issues.

Other interesting issues arose from the discussions about the topic of Global Health in particular that highlight the broader contextual elements that require consideration in assessment. For example some of the academics involved highlighted the dilemmas they faced in relation to political issues in Global Health. In particular, how to develop assessment that is not value-laden, how to address issues that may be sensitive to different political persuasions — i.e. even the mention of some issues involves making political assumptions. In this sense, the critical importance of having the inputs, perspectives, biases and experiences of a range of people in the development of these assessments was highlighted through these discussions.

Also specific to the Global Health area is the constant change and adjustment in the way things are conceptualised which highlights the need for continuous revision, updating and improving of assessment in this area — in Global Health the approach cannot be ‘set-and-forget’. A key example of this encountered during the project was the changing of the United Nations High Commission for Refugees (UNHCR) goals and priorities from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) – this particular change has significant impacts on the field of Global Health and academics saw the need for this to be reflected in the updating of assessment items.

The team also found reflection in the some less successful aspects of the project. Primarily these were centred around the issue of engagement with universities, in particular those outside Australia. The size (budgetary) and scope of this project was relatively small and relied heavily on the input of universities. The team found that in the early stages of the project, there was little problem in gaining ‘buy-in’ from academics in being part of the collaboration. In the tasks relating to sharing curriculum blue-prints and pointing to scholarly work of relevance to the area of Global Health, there was plenty of information shared by the collaborating schools. However, in the drafting/development of items themselves, the project stalled to a certain extent — with fewer items generated than had been (perhaps ambitiously) hoped. In Australia, the researchers were able to assist universities directly in development of items because we could physically visit and run workshops, whereas in the UK the schools were left to undertake this themselves. Given the highly involved jobs of academics in medicine (many of whom are also working as clinicians), it is clear that the ability to prioritise this project was difficult. The UK university participants found this prioritisation particularly challenging meaning that they were unable to prepare any items for the collaboration. In Australia, while the 21 items developed through two workshops are seen as highly useful, the task in being able to coordinate participants in finding half a day to sit down and work on this task was extremely difficult.

As such, future work in this area needs to be able to balance expectations of project outcomes with the reality of academic work and prioritisation within a given field. The

research team believes that if more emphasis in the development of teaching resources and courses was given to thinking about the importance of assessment and instigating collaborative discussions (either within or across faculties/universities/countries), then engagement in projects such as this could be improved.

## References

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Schuwirth, L., & Pearce, J. (2014). *Determining the quality of assessment items in collaborations: aspects to discuss reach agreement*. Melbourne: Australian Medical Assessment Collaboration and Australian Council for Educational Research.

Appendix A

***Certification by Deputy Vice-Chancellor (or equivalent)***

I certify that all parts of the final report for this OLT grant provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: Professor John Simons, Deputy Vice-Chancellor (Academic) Date: 26 July 2016

A handwritten signature in grey ink, appearing to be 'J. Simons', written in a cursive style.

# Annexure A: GHAC Assessment Framework

DEVELOPING COMMON ASSESSMENT  
ITEMS FOR GLOBAL HEALTH EDUCATION  
A COLLABORATIVE PROJECT

## ASSESSMENT FRAMEWORK

Document ID: \_\_\_\_\_

THE AUSTRALIAN GOVERNMENT FOR EDUCATIONAL RESEARCH (AGRE)

SCHOOL OF MEDICINE, THE UNIVERSITY OF SYDNEY

SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF WISCONSIN & UNIVERSITY OF TORONTO

SCHOOL OF MEDICINE AND ALLIANCE, UNIVERSITY OF MICHIGAN

SCHOOL OF MEDICAL EDUCATION OF HARVARD

UNIVERSITY OF TORONTO

# Annexure B: GHAC Item Specification Document

DEVELOPING COMMON ASSESSMENT  
ITEMS FOR GLOBAL HEALTH EDUCATION  
A COLLABORATIVE PROJECT

## ITEM SPECIFICATIONS

Document ID: \_\_\_\_\_

COLLABORATION AGREEMENT FORM

THE AUSTRALIAN GOVERNMENT FOR EDUCATIONAL RESEARCH (AGRE)

SCHOOL OF MEDICINE, THE UNIVERSITY OF SYDNEY

SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF WISCONSIN & UNIVERSITY OF TORONTO

SCHOOL OF MEDICINE AND ALLIANCE, UNIVERSITY OF MICHIGAN

SCHOOL OF MEDICAL EDUCATION OF HARVARD

UNIVERSITY OF TORONTO