

Common Methods for Assessing Learning from CME Activities

1. Direct measure of learning through a knowledge or performance assessment.

Directly measuring acquired knowledge or performance of a skill is the most explicit way to assess learning. Typically, this involves administering a quiz following a single or multiple learning events within an activity. Sometimes the quiz is administered both before and after a learning activity or event to demonstrate development (after all, a post-test alone may just be measuring prior knowledge and not what was learned at a single event or the many events comprising your activity). Direct assessments can be administered using audience response systems during an event or using an online survey tool during or outside of an event. Assessment of a learner's performance (including with simulated experience) is required in order to demonstrate achievement of skills. Quizzes and skills tests should be closely aligned with the learning objectives as a measure of objectives achievement.
2. Retrospective pretest-posttest.

Post-hoc self-assessment of knowledge gain asks learners to designate their proficiency with the learning objectives before and after a single or multiple learning events within an activity. The method is retrospective because the learner's self-assessment of proficiency both before and after the event(s) is solicited only afterward. Retrospective pretest-posttest assessment data are usually collected by survey and can be included with the event evaluation. The most common format lists each learning objective twice, once under the heading of "Proficiency before the learning opportunity" and once under the heading of "Proficiency after the learning opportunity." Common response options are: not at all proficient, somewhat proficient, moderately proficient, very proficient, extremely proficient.
3. Commitment to change.

Expecting learners to indicate the changes to practice that they will undertake as a result of an event or activity (consisting of multiple events) has a long history in CME. Commitment-to-change data are typically collected by an open-response question that asks what the participant intends to do differently as a result of, or use from, the learning activity. This question about what one intends to do differently in their practice based on the educational event is sometimes included on an event evaluation form although it is best collected with identifying information. By knowing who made a commitment, activity leaders can follow up in two valuable ways. One is to assist with additional educational or noneducational interventions. The other is to determine if the committed change was implemented and, if so, the resulting outcome or, if not, the barrier to implementation. Be cautious of using this assessment tool with activities, such as grand rounds, where a variety of topics unrelated to an individual's practice may be included. While it is reasonable to expect them to learn something (assessable by direct measure or retrospective pre-post test), they may not intend to put the knowledge into practice if it is viewed as irrelevant. Asking commitment to change in these situations can lead to low response rates or unmeaningful responses that jeopardize your ability to assess learning.