Assessment Tool Kit

**Educational Leadership Program**

**—Test questions**

**Competency 1: Backward planning**

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| **Question ID** | **Status** | **Comments** |
| AOT\_CEP\_C01\_q01\_v01\_PRE\* | **✓** | Maybe too difficult for precourse |
| AOT\_CEP\_C01\_q05\_v01\_PRE\* | **🞅** | Maybe too easy |
| AOT\_CEP\_C01\_q02\_v01\_POST\* | **🞅** | Maybe too easy for postcourse |
| AOT\_CEP\_C01\_q04\_v01\_POST\* | **🞅** | Need to be revised |

**✓ 🗴 🞅**

Question 1

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| **Question ID** | AOT\_CEP\_C01\_q01\_v01\_PRE\* | **Status (Date)** | November, 2015 |
| **Competency 1** | Backward Planning | | |
| **Ave. Score** |  | | |
| **Faculty comments** |  | | |

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| Question: | You have been asked by AO Trauma to be responsible for planning a new course on managing soft-tissue injuries related to high-energy fractures.  What is your best first step when using AO Trauma’s backward planning process for this new course? |

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| **Response options** | **Res**. |
| a) Identify the evaluation data from previous courses related to soft-tissue injuries including both ARS data and the assessment toolkit. | 62% |
| b) Contact leading experts in high-energy trauma both within and without the AO faculty pool for their opinion. | 6% |
| **c) Identify data sources related to the incidence and prevalence of soft-tissue problems in the patient population that may be affected.** | **16%** |
| d) Determine the budget at your disposal for planning purposes using the resources of the AOTrauma educational team. | 16% |
| Correct: C |  |

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| **Rationale** | To use the process of backward planning correctly, the first step is to identify patients’ problems. Once these are known, some of the other answers become more appropriate. However, if problem identification is not done first, the other steps force a definition on the problem. |

Question 2

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| **Question ID** | AOT\_CEP\_C01\_q05\_v01\_PRE\* | **Status (Date)** | November, 2015 |
| **Competency 1** | Backward Planning | | |
| **Ave. Score** |  | | |
| **Faculty comments** |  | | |

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| Question: | You are chairing a task force planning a Master’s level course in a developing country. Having successfully identified the patient problems and performance requirements of the surgeons you are engaged in a discussion about developing competencies. One task force member who is very influential in the host country strongly advocates the inclusion of a competency relating to a new implant that is not widely available in the host country. His justification is that the local surgeons are very keen to learn about this new technology.  How should you as the chair of the task force handle this situation? |

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| **Response options-** | **Res**. |
| a) Agree to include a competency in the course because to do so would respond directly to participant needs. | 3% |
| b) Agree to include a competency in the course to placate the task force member. | 1% |
| **c) Initiate a conversation with the task force member as to whether the new technology relates to surgeon performance and patient problems.** | **92%** |
| d) Refuse to include the competency on the grounds that to do so would violate the principles of backward planning. | 3% |
| Correct: C |  |

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| **Rationale** | The sequence of backward planning starts with identification of patient problems followed by identification of the performance requirements of the surgeons; these steps result in development of competencies.  Option D has some validity. However, although it is unlikely that introducing this competency will result in improved patient care, the task force member should be given the opportunity to explore the possibility. If the new technology does not result in improved patient care, then the competency should not be included. |

Question 3

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| **Question ID** | AOT\_CEP\_C01\_q02\_v01\_POST\* | **Status (Date)** | November, 2015 |
| **Competency 1** | Backward Planning | | |
| **Ave. Score** |  | | |
| **Faculty comments** |  | | |

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| Question: | What are the four steps of AO Trauma’s backward planning process in the order they will be addressed in the planning process? |

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| **Response options-** | **Res.** |
| a) Competencies, objectives, performance, and problems | 8% |
| b) Objectives, competencies, performance, and problems | 15% |
| c) Competencies, resources, performance, and problems | 7% |
| d) **Problems, performance, competencies, and objectives** | 71% |
| Correct: D |  |

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| **Rationale** | Backward planning consists of four steps. The process begins with the identification of patient problems. From an understanding of those problems, one derives the kind of surgeon performance that is necessary to solve those problems, – what the surgeon needs to know/ be able to do. This in turn leads to the identification of the competencies needed to perform in that manner. The last step is setting objectives for the course to match these competencies  Moore and Green (2010) |

Question 4

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| **Question ID** | AOT\_CEP\_C01\_q04\_v01\_POST\* | **Status (Date)** | November, 2015 |
| **Competency 1** | Backward Planning | | |
| **Ave. Score** |  | | |
| **Faculty comments** |  | | |

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| Question: | Your planning committee has successfully identified five competencies related to the course you are planning. They are now seeking direction from you as to the appropriate next step in the process. They wish to identify faculty immediately.  What is the next most appropriate step in the process once competencies are developed for the course? |

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| **Response options** | **Res.** |
| a) **Begin a discussion as to how each of the competencies can be measured or assessed** | 40% |
| b) Identify relevant lecture topics, practical exercises and discussion group material that support each competency | 49% |
| c) Organize the competencies in the order that they will appear in the course | 4% |
| d) Identify a faculty expert who can contribute to education related to these competencies | 8% |
| Correct: A |  |

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| **Rationale** | Although all these response options may be necessary to create a successful educational event the most important task at this stage is to begin to examine how the competencies can be assessed so that needs assessments and evaluations can be constructed. |