

Case Study Title: Redesign of the ‘person-centred care’ assessment stream across a Master of Pharmacy (MPharm) programme

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Assessment Name: Person-centred care assessment

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1. How would you summarise your practice case study?

I led the redesign of the person-centred care (PCC) coursework stream across all four years of our MPharm programme. The coursework follows a spiral design, with one assessment at each level, increasing in complexity as students progress through the programme.

Historically in this coursework stream, students completed lengthy written care plans based on patient case scenarios. Whilst these assessments required application of clinical knowledge and person-centred thinking, they often provided limited insight into students’ rationale for decisions and were very time consuming to mark consistently.

The assessment strategy was redesigned to combine concise written submissions with structured viva-style assessments. Students continue to make key clinical decisions within authentic patient case scenarios, but they must also explain and justify their reasoning through discussion with an assessor. This enables a richer assessment of clinical reasoning, communication of information, application of evidence and person-centred decision making.

Importantly, the clinical patient cases, complexity and learning outcomes remained largely unchanged. The innovation was not in what was being assessed, but how students demonstrated their learning.

2. Why did you develop or enhance your assessment and what was your rationale?

The redesign was driven by a desire to improve assessment authenticity, validity and sustainability, whilst maintaining alignment with the intended learning outcomes.

Person-centred care is complex and contextual. When making clinical decisions, pharmacists routinely balance evidence-based medicine, professional guidelines, local formularies, patient preferences and practical considerations. As a result, there is often more than one clinically appropriate decision, provided it is supported by sound reasoning and person-centred decision making. The existing written care plan assessment focussed on the final decision rather than the reasoning behind it.

A further challenge was that person-centred care is difficult to assess authentically without interaction with a patient. In practice, pharmacists could explore a patient's concerns, beliefs, circumstances and preferences before agreeing a management plan. Written case studies provide limited opportunities for students to demonstrate how they would adapt their decision making in response to these factors.

The introduction of a viva component allowed assessors to explore students' rationale in real time and assess the quality of their clinical reasoning, judgement and decision making more authentically. This approach enables assessment of higher order cognitive skills within Bloom's taxonomy, including application, analysis, evaluation and justification of clinical decisions.

The redesign also addressed several practical issues. Students who reached appropriate clinical decisions could lose marks if they did not document their rationale effectively, while strong written submissions did not always reflect strong clinical understanding. The increasing use of generative AI highlighted concerns around relying solely on written work to assess reasoning. Finally, the assessments required substantial marking time and were challenging to mark consistently.

Overall, the revised approach better aligns with the intended learning outcomes by assessing clinical reasoning, person-centred care, communication and application of evidence, rather than students' ability to write academic reports.

3. What enhancements or changes did you implement in assessment in making this more innovative, diverse or inclusive of diverse learner cohorts?

The PCC assessment stream was redesigned across all four years of the MPharm programme using a spiralling developmental approach. At each level, students continue to engage with authentic patient cases of increasing complexity. However, lengthy written care plans have been replaced with a concise written submission (for example an updated medicines list or a discharge letter) combined with structured viva assessments. Students are therefore able to demonstrate clearly what decisions they make, and then discuss how they made those decisions.

This redesigned format offers multiple opportunities for students to demonstrate competence, through written and verbal communication. This approach reduces reliance on academic writing as the primary indicator of achievement, which is appropriate for a practice-based discipline. It also allows assessors to probe understanding, clarify student reasoning and explore person-centred considerations that may not be evident in a written submission alone.

The redesign also promotes inclusivity by allowing students to demonstrate achievement through multiple modes of assessment. By combining concise written work with verbal discussion, students are less reliant on extended academic writing as the sole means of evidencing competence. This enables a broader range of learners to demonstrate their understanding while maintaining the same academic and professional standards.

4. What informed your approach to the changes you made, e.g. student feedback, observations of student difficulty, insights from literature or research findings, assessment pass rates etc.?

The redesign was informed by student feedback, staff observations and experience of delivering the PCC stream over a number of years.

Students frequently reported that written care plans were highly time-consuming and that they felt unfairly penalised for making an appropriate clinical decision, but not including a full rationale for their decisions. These were valid concerns, as the assessments did not always provide evidence of students' clinical reasoning.

Similarly, staff observed cases where students who demonstrated good clinical reasoning during workshops and placements achieved lower assessment marks because their written explanations lacked detail. Conversely some highly polished

submissions did not always provide assurance that students understood the rationale underpinning their recommendations. Assessors regularly expressed the desire to explore students' thinking in greater depth than the written submission allowed. The emergence of generative AI further reinforced the need for assessment approaches that could provide greater assurance of students' understanding and ownership of their work.

Together, these issues highlighted the need for an assessment model that could assess skills such as clinical reasoning and professional judgement, rather than written output alone.

5. What key changes have you seen as a result of this change to your assessment practice?

The redesigned assessment has produced several positive outcomes for students and staff. Students and assessors report that the assessment more closely reflects authentic pharmacy practice, where pharmacists are expected to explain and justify their clinical decisions to patients and healthcare professionals, rather than produce lengthy written reports.

The viva format enables assessors to explore students' clinical reasoning and the patient factors that influenced their decisions. Students can demonstrate ownership of their recommendations.

Assessors involved in both assessment models believe that the revised approach is fairer, because achievement is less dependent on academic writing ability. Students are assessed on the quality of their reasoning and decision making, resulting in outcomes that are more reflective of student capability.

Most importantly, the redesigned approach has strengthened alignment between assessment and learning outcomes, ensuring that students are rewarded for demonstrating the skills and attributes the coursework is intended to assess.

6. How are you evaluating the effectiveness of these enhancements or changes implemented?

The effectiveness of the redesigned strategy is being evaluated through annual review of student feedback, staff feedback, external examiner commentary and student performance data.

Feedback has been overwhelmingly positive. Students report that the assessment reflects real-world pharmacy practice, and academic staff value the opportunity to engage in meaningful discussions with students. Staff also report a substantial reduction in marking burden. External examiner feedback has also been particularly supportive of the approach.

Student performance metrics are reviewed annually, including grade distributions, average marks and failure rates. Following implementation, average marks increased by up to 10% while maintaining a normal distribution of grades. This was accompanied by a notable reduction in failure rates. These improvements have been sustained over subsequent years, suggesting that the revised approach provides students with a more effective opportunity to demonstrate achievement of the learning outcomes.

7. Tips for practitioners:

When redesigning assessment, begin by identifying exactly what knowledge, skills and behaviours you intend to assess. Assessment methods should be driven by learning outcomes, rather than tradition.

Consider whether existing assessments genuinely measure the capabilities you are interested in. In healthcare education, written assignments may sometimes assess academic writing more than clinical reasoning or professional judgement.

Authentic assessments should mirror tasks graduates will encounter in professional practice. For us, explaining and justifying decisions through discussion was more representative of pharmacy practice than producing lengthy written reports.

Viva assessments can be highly effective for assessing clinical reasoning, professional judgement and decision making. However, they require careful design, assessor training and standardisation to ensure consistency and a positive student experience. Providing assessor guidance, calibration exercises and exemplar questions can help support reliability across examiners.

Successful viva assessments require a supportive environment in which students feel able to explain and justify their reasoning. Thoughtful design and assessor training are therefore critical to ensuring validity, consistency and a positive student experience.