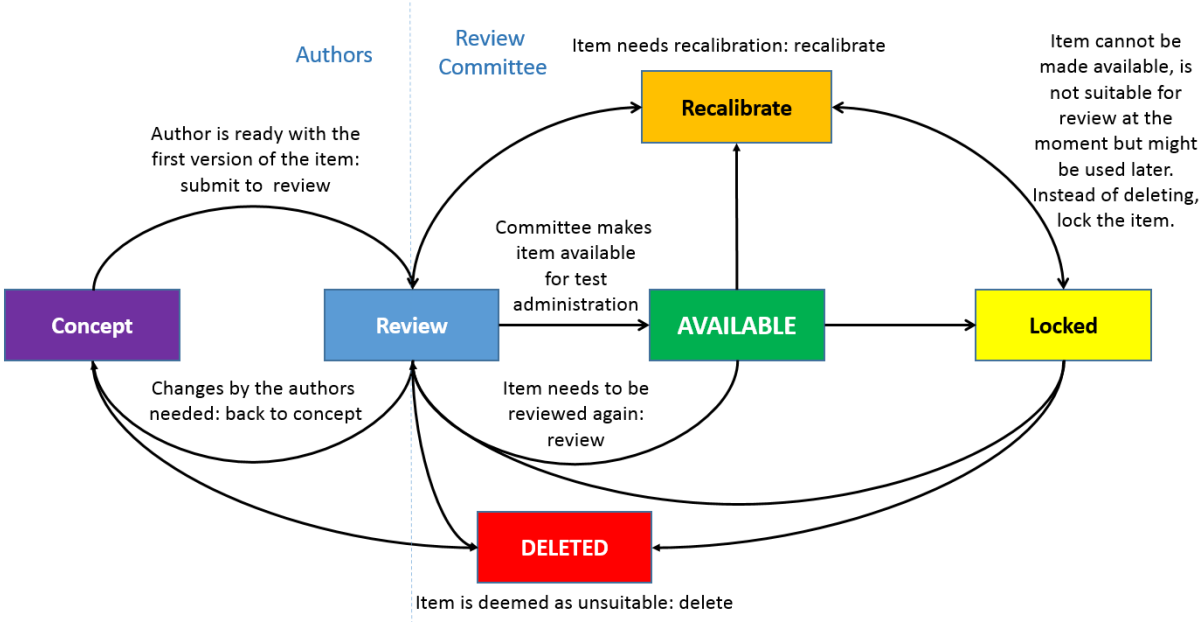
Review process (part of Task 1.2)

Part of Task 1.2 is to design the review process for item writing. The aim of the review process is to set up quality control cycles in order to ensure that the OAIPT only contains items of high quality.

Current situation Testlife

Testlife, the software system we will use for OAIPT, has already quality control cycles. The current situation of Testlife is described below.

Flowchart Testlife



Roles on Testlife

***AUTHOR*:** The creators of the original drafts of the items. They are responsible to write new items and store them as "CONCEPT" items until she/he considers the item ready to be evaluated by the Local Review Committee (REVIEWERS).

***REVIEWER*:** The members of the Local and Central Review Committees. They are responsible to accept or reject the items created by AUTHORS

COORDINATOR: This role keeps the overview of the entire review process, but also what happens on the administration side. This role have access to everything.

Status of items on Testlife

CONCEPT: Items that are still on the initial draft phase. AUTHORS work on these items before sending them to the Review Committee in these items. CONCEPT items can also occur when one of the Review Committees send the item back to the authors for rewriting. These items have two possible fates: become a REVIEW item or a DELETED item.

REVIEW: Items that have been finished by AUTHORS and are ready to be reviewed by the Local Review Committees (REVIEWERS). Items can also get this status after they were made AVAILABLE or after they were LOCKED. These items have four possible fates: AVAILABLE, RECALIBRATE, DELETED and CONCEPT.

AVAILABLE: Items that had a REVIEW status after they have been approved by the Local Review Committees (REVIEWERS) and now are ready for test delivery. These items have three possible fates: RECALIBRATE, LOCKED and REVIEW.

LOCKED: Items that for any reason are not adequate for test delivery and should not be rewritten by AUTHORS or reviewed/approved by REVIEWERS. This status is useful for items that have been used, but were "retired" due to overexposure or any other reason. Also useful for items in a "quarantine" period (e.g. 3 years without being reused). These items have three possible fates: RECALIBRATE, REVIEW and DELETED.

DELETED: Items that cannot be accepted for test delivery are given this status when they can no longer be corrected, rewritten or reused, i.e. "unsolvable items". The items are not actually "deleted", as they are kept in the item bank for documentation purposes. In principle, the majority of users are not be able to change this status of DELETED items.

RECALIBRATE: Items that have been already delivered but, due to any reason (e.g. need of extensive rewriting to the point that it changes the nature of the cognitive processing needed to solve the item in comparison to the original item, drift of the difficulty parameter), need to be made temporarily unavailable until a new difficulty parameter for the item can be recalibrated. These items can have their status changed to REVIEW.

Suggestions for improvement

The current quality control cycles of Testlife will already make a significant contribution to getting and keeping the items to a high level. Because the OAIPT project is a collaboration of eight Medical Universities from different countries the review phase will be very important. Therefore we suggest to make it very clear what are the roles and how is the composition of the local and central review committee.

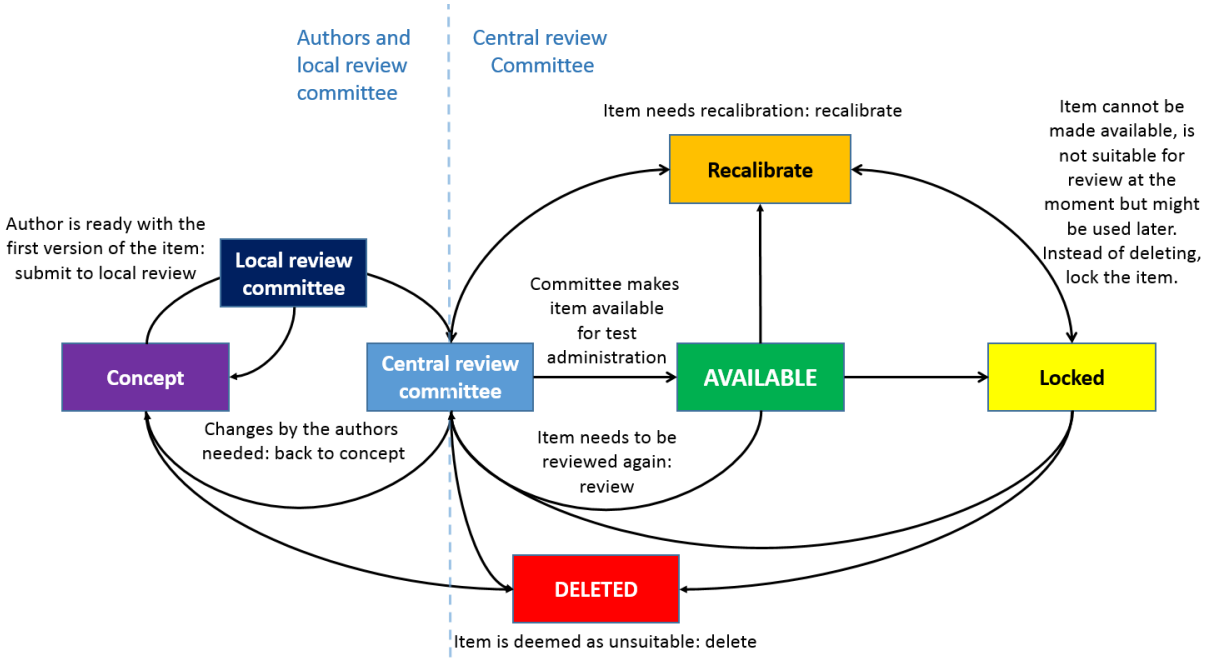
<u>Local review committee</u>

The local review committee is responsible for the first check on content and also if the items comply with the guidelines for item writing. The local review committee consist of at least two members, one of them must be a clinician and one an educationalist. Both of the members have to review a item before it can go to the next phase.

<u>Central review committee</u>

The central review committee is responsible for the check if an item is relevant for all the partners. The central review committee consists of eight members, each project partner delivers one member. Because the central review committee needs to judge the items on content it is preferably that the member are clinicians.

Suggestion for the flowchart of Testlife



Questions to be answered by the project partners

1. Does everybody agree with the suggestions for improvement for the quality control cycles of Testlife?
2. Are all partners able to organize a local review committee?
3. Are all partners able to provide a member for the central review committee?