Starting at the End: Measuring Learning Using Retrospective Pre-Post Evaluations

Debi Lang
University of Massachusetts Medical School

Judith A. Savageau
University of Massachusetts Medical School

Follow this and additional works at: http://escholarship.umassmed.edu/healthpolicy_pp

Part of the Curriculum and Instruction Commons, Educational Assessment, Evaluation, and Research Commons, Health Services Administration Commons, and the Health Services Research Commons

Repository Citation
http://escholarship.umassmed.edu/healthpolicy_pp/207

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Center for Health Policy and Research (CHPR) Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Starting at the End: Measuring Learning Using Retrospective Pre-Post Evaluations

Hello! We are Debi Lang and Judy Savageau from the Center for Health Policy and Research at UMass Medical School. Earlier this year, Debi published a post on how program-specific learning objectives can help measure student learning to demonstrate program impact. Today’s post shows how to measure whether training or professional development programs are meeting learning objectives using a retrospective pre-post methodology.

Start at the End!

Using a traditional pre-and-then-post approach to measure student learning can suffer when students over or underestimate their knowledge/ability on the pre-test because we often “don’t know what we don’t know.” Therefore, the difference between pre and post-program data may inaccurately reflect the true impact of the program.

Instead of collecting data at the beginning and end of the program, the retrospective pre-post approach measures students’ learning only at the end by asking them to self-assess what they know from two viewpoints - BEFORE and AFTER participating. The responses can be compared to show changes in knowledge/skills.

Below is an example of the retrospective pre-post design excerpted from the evaluation of a class on American Sign Language (ASL) interpreting in health care settings. Students are self-assessing their knowledge based on statements reflecting the learning objectives.

For each of the topics listed below, please check the box under the number that indicates your level of knowledge both before and after completing the course:

1 = None - have no knowledge of the content
2 = Low - know very little about the content
3 = Moderate - have basic knowledge; there is more to learn
4 = High - consider myself very knowledgeable

<table>
<thead>
<tr>
<th>How do you rate your knowledge about the following topics:</th>
<th>Knowledge BEFORE The Class</th>
<th>Knowledge AFTER The Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANATOMY OF AN OFFICE VISIT</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Q1. The names and roles of professionals in the health care system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2. The different types of health care encounters where patients and health care professionals meet.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hot Tips:

Here are some recommendations for designing a retrospective pre-post survey (as well as other training evaluation surveys):
• Write a brief statement at the top of the form stating the purpose of the evaluation along with general instructions on when, how and to whom to return completed forms, a confidentiality statement, and how responses will be used.

• Include space at the end to ask for comments on what worked and suggestions for improvement.

• Since many learners may not be familiar with the retrospective approach, use plain language so instructions are easily understood. This can be especially important for youth programs and when written or verbal instruction is not given in a student’s native language.

And Now for the Statistics...

Generally, a simple paired t-test is used to compare mean pre and post scores. However, if sample sizes are too small such that the data are not normally distributed, the non-parametric equivalent of the paired t-test would typically be computed. To analyze the data from the ASL class, with a sample size of 12, we used the Wilcoxon signed-rank test. Below are the average class scores for the 3 measures.

<table>
<thead>
<tr>
<th>How do you rate your knowledge about the following topics:</th>
<th>BEFORE</th>
<th>AFTER</th>
<th>Stat. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANATOMY OF AN OFFICE VISIT</td>
<td>Mean Score</td>
<td>Std. Dev.</td>
<td>Mean Score</td>
</tr>
<tr>
<td>Q1. The names and roles of professionals in the health care system.</td>
<td>2.75</td>
<td>.62</td>
<td>3.67</td>
</tr>
<tr>
<td>Q2. The different types of health care encounters where patients and health care professionals meet.</td>
<td>3.17</td>
<td>.72</td>
<td>3.75</td>
</tr>
<tr>
<td>Q3. Various health care settings and their utilization.</td>
<td>3.08</td>
<td>.67</td>
<td>3.67</td>
</tr>
</tbody>
</table>

**Mean Scores of Select Pre vs Post Knowledge Ratings from ASL Class n=12**

![Bar chart showing mean scores for Q1, Q2, and Q3 pre and post](chart.png)

Knowledge scores range from 1 (None) to 4 (High)

**Lessons Learned:**
Using a retrospective pre-post design allows for analysis of anonymous paired data, whereas the traditional pre-post approach requires linking the paired data to each student, which may compromise anonymity.

If follow-up data is collected (e.g., 6 months post-training) to measure sustainability of knowledge, additional analytic testing would require a plan to merge the two data files by some type of ID number.

**Rad Resources:**

- What’s the Difference? “Post then Pre” & “Pre then Post”
- The Retrospective Pretest: An Imperfect but Useful Tool
- Synthesis of Literature Relative to the Retrospective Pretest Design