

# Train Your Item Writers

By **Graham Barrow of GR Business Process Solutions**

In this article I want to address the need to provide high quality training for item writers but before I do, here's a question:

1. Which ONE of the following is an antibiotic?
  - a) Ibuprofen
  - b) Amoxicillin
  - c) Paracetamol
  - d) Salbutamol

Did you choose option 'b'? Most people do.

Now try this one.

2. A patient presents with a superficial eye infection. Which ONE of the following statements describes the best course of action?
  - a) prescribe Chloramphenicol but warn of that there may be a very slight risk of inducing aplastic anaemia
  - b) prescribe Metranidazole but warn of the possibility of transient epileptiform seizures on high doses
  - c) prescribe Griseofulvin but warn of the slight risk of hepatotoxicity
  - d) prescribe Gentamicin sulphate but warn of the risk of alopecia particularly in the very young

I bet you're struggling with that one! So what's the big difference? Well, question 1 is simply designed to test people's ability to recall a previously learned fact whilst question 2 is designed to test your understanding of specific antibiotics, which conditions they are suitable to treat and what their common side effects are.

The reason most people would be able to answer question 1 is that there is a strong likelihood that they, or a member of their family has been treated with amoxicillin at some point and they remember its name. Or, alternatively, they recognise that Ibuprofen and Paracetamol are pain killers and Salbutamol is used to treat asthma. Either way, I'm sure you would agree that answering this question correctly in no way demonstrates the candidate's ability to prescribe complex antibiotics.

On the other hand, if someone could confidently answer question 2 (and it took me quite a long time searching the internet to research this question) it would strongly point to a good understanding of antibiotics, how they work and for which conditions they are most suitable.

So based on the evidence given above it would be reasonable to expect that the average Financial Services adviser (whether for investment, general insurance or mortgage products) should be tested at the level of question 2 rather than question 1 given that they are prescribing a course of treatment (albeit a financial one) tailored to the specific needs of the client rather than simply needing to remember previously learned generic information.

Sadly, my experience of auditing firms' question banks indicates a massive preponderance of the former and very few of the latter. The results of this imbalance tend to emerge when sales quality strongly diverges from the results of assessments of advisers when they are being trained.

Have you ever wondered why your induction training is achieving impressive scores in the end of course licensing tests which are then not replicated when the trainees are signed off and start to produce business in the real world? Have you ever wondered why test scores are so poorly predictive not only of sales results but often even of standards of advice?

There are many reasons for this but in this article I would like to focus on one in particular. My experience of working with a variety of firms is that, in the majority of cases, no formal training is given to the staff tasked with producing the question bank for knowledge testing. In the absence of training, people will produce questions which follow a remarkably consistent pattern.

Allow me to demonstrate. Read the following passage:

The antibacterial effect of **penicillin** was discovered by Alexander Fleming in 1929. He noted that a fungal colony had grown as a contaminant on an agar plate streaked with the bacterium *Staphylococcus aureus*, and that the bacterial colonies around the fungus were transparent, because their cells were lysing.

If I were to ask you to write a number of questions based on the text the vast majority would produce questions along the lines of (I have not bothered to include the options):

1. Who discovered the effects of penicillin
  2. When did he discover it
  3. What was the bacterium streaked on the agar plate?
- etc.

I have repeated this experiment many times and the outcome has always been the same. Notice that all these questions are simply designed to test your memory of what you have just read.

A much better question might be:

1. Why does Penicillin cause lysis in bacterial colonies?

because this question cannot be answered correctly if the candidate does not *understand* the subject matter.

How then do we improve the quality of the question bank?

I have spoken at length in previous articles about the need for a clear, unambiguous and detailed syllabus against which to map the question bank so I do not intend covering this ground again here (although it is vital that this is in place).

Equally important is to train those people, be they subject matter experts or trainers, who will be responsible for authoring, editing and revising the items which will form part of the overall candidate assessment process both in induction and in measuring ongoing competence of advisers.

So what should that training consist of? As a bare minimum it should address the need to write questions testing knowledge, comprehension and application of knowledge in specific circumstances. There should be examples of questions at each level together with plenty of practice working from set texts to ensure a thorough understanding of the differences.

Ideally, the training should also provide an underpinning of the delegates' understanding of these different levels of cognitive ability through an introduction to, for example, Bloom's taxonomy in the cognitive domain and why it is important to assess target audiences at the correct level for their needs. Let me explain a bit more what I mean by this.

For most people it is enough to know that there is a difference between Ibuprofen, Paracetamol and Amoxicillin and to be able to select the right container from the medicine chest. In order to do this you simply need to know the name of the drug and be able to recognise it amongst others.

If you were a nurse, working in an Accident and Emergency department, you would need to understand how antibiotics work and be able to recognise, for example, a contra-indication to an administered drug (e.g. sudden swelling of the lips after receiving Amoxicillin might indicate an allergic reaction to the drug) which is a higher level of cognitive ability than simply remembering the name of an antibiotic.

A doctor on the other hand must be able to diagnose symptoms, establish a cause and prescribe the correct medicine which demands a much greater level of cognitive ability again.

This means that effective testing of these different groups of people would demand different levels of question types and this in turn demands a different level of ability amongst those responsible for constructing the questions.

So let's return to Financial Services. Are your question banks full of questions such as: -

1. What is the minimum premium for a...?
2. What is the minimum age at entry for...?
3. What is the maximum term allowed on our...?
4. Which ONE of the following products can have Critical Illness Cover attached?

If so, you are testing your advisers at the wrong level. You should be seeing questions like: -

1. In which ONE of the following circumstances would the inclusion of Waiver of Premium be appropriate?
2. Which ONE of the following statements best describes why Life Assurance might be suitable for a single person?
3. How much Inheritance Tax would be payable in the following circumstances...?
4. Which ONE of the following amounts is the correct level of Waiver of Premium cover for a person who works as...?

These questions are designed to check that your target audience understands the requisite knowledge and can apply that understanding to specific client situations (although, of course, it won't tell you whether they will!)

However, none of these things can happen if the people responsible for the production of items are not adequately trained for the job. Far too often (in my experience) item writing is handed out as some sort of punishment ("I'm afraid we need 100 questions for the bank and you've drawn the

short straw”) or as some kind of weird induction ritual for new starters in a training department (“one of your first jobs is to write 100 questions on pensions for the question bank – it’s a great way to learn more about our products!”).

It’s only once people have received training on how to do the job properly that they understand what a skilful ability good item writing is and that, when performed well, it makes a major contribution to the overall quality of knowledge assessment within a firm which, in turn, minimises that firm’s exposure to regulatory risk (this is generally considered to be a good thing!)

And here the story could easily end. You have trained your item designers, so all is well from now on. As we know, real life rarely works that way. Just as CPD is a vital element of the adviser’s career, so is it a vital element of the item designer’s. There has to be a feedback cycle between the designers and those analysing the performance both of the advisers and the tests.

There is another way, of course, in which practice is at odds with theory. Just as doctor’s must take account of pre-existing conditions when prescribing suitable antibiotics and advisers need to allow for past and present financial planning of varying merit when putting together their recommendations, so the item writer is unlikely to given the luxury of a ‘blank canvas’ on which to produce his finely crafted items. Instead, they are likely at some point to be set the job of trawling through an established item bank with a similar triage brief. Exactly how to go about that will be the subject of my next article.