

## S43-2 Preparation of Questions and Developing of software applications for Computer-based Testing (CBT): Current Status and Awaiting Solutions

○Takashi ITO<sup>2</sup>, Satoru MIYAZAKI<sup>1</sup>

<sup>1</sup>Tokyo University of Science, <sup>2</sup>Showa University

In order to prepare enough amounts of questions for Computer-based Testing (CBT), Preparation of the questions has been carried out these three years. Among 1747 SBOs in Model Core Curriculum, 991 of them were adopted as essentials for CBT. All Japanese Pharmaceutical University and Faculties of Pharmaceutical Sciences (total 72), Japan Pharmaceutical Association, and Japanese Society of Hospital Pharmacist have contributed to the preparation of the questions for CBT. The accumulated questions have been reviewed by referees selected from all universities and facilities, then the selected questions have been further tested thorough the CBT trials. As a result, 7,202 questions have been stored as possible ones for the real CBT until now. In the process of questions preparation, several issues were revealed to be difficult problems. Each member has been forced to make questions in the absence of any information about the other questions made by other members. Thus, same kinds of questions were accumulated, and this phenomenon should continue as long as the questions are made under the conditions. In the future, the process should be modified to afford more information to the members, and we hope that questions are accumulated to certain amount which is enough to perform several times of the CBT. So far, we have been holding CBT trials to test the performance of computer software, network environment in each University and its implementation manual. In this year, some so-called “panic tests” are planning. At 16 places, administrators are experienced a sort of panics on purpose. These “panics” includes non-delivery of the set of questions in proper time, denying access to the main server for sending answers set and aborting the software on relay servers etc. We would like to summarize third CBT trial from the viewpoint of the implementation manual preparation and the computational software we developed.