Assessment for Learning: Using assessment to promote learner growth

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Learning Objectives

- Describe the approach to student assessment at CUSOM
- Describe best practices for completing an accurate and meaningful clinical assessment
- Practice assessing learners

Why do we assess our learners?

- Ensure high quality patient care – Protect the public by upholding high professional standards
- Provide direction and motivation for future learning
- Determine readiness for advancement or independent practice
- Basis for choosing applicants for advanced training
- Improve an educational program

Assessment Drives Education

Epstein, NEJM, 2007

Grading is merely a label

- Grading involves synthesizing all of the assessment data about a student and assigning a label
- Makes it easier to communicate about the student's performance
- No standard labels in medical education

What is the overall goal of clinical assessment?

To provide the student and the school with helpful information on the student's growth towards becoming an independent physician capable of providing safe and effective patient care.

Assessment Forms

- All assessment is done in Oasis
  - Be on the look out for emails from Oasis with direct links to the forms – no need to remember your login!

- All forms have two types of questions:
  - Ratings
  - Comment boxes

What are the tasks that you will assess?

- Gather a **history** from a patient.
- Perform a **physical exam**.
- Develop a **differential diagnosis**.
- Provide **written documentation** of a clinical encounter.
- Provide an **oral presentation** of a clinical encounter.
- Develop a **management plan** (including selecting/interpreting tests and preventative care).

- Basic Technical skills
- Urgent/ Emergent care
- Organization/Prioritization
- Evidence-Based Medicine
- Professionalism
- Compassion
- Situational Awareness
- Advocacy
- Interprofessional Collaboration
- Self-directed learning/Agency
- Cohort engagement

For a patient with a ***common concern***, if you were to supervise this student again how would you assign the task to the student to ***assure safe and effective patient care***?

EPA scale:

- Let the student watch me do it
- Do it with the student together
- Let the student do it on their own and then repeat <u>all</u> findings or provide <u>substantial</u> input/revisions
- Let the student do it on their own and then repeat <u>some</u> findings or provide <u>minimal</u> input/revisions

Common misconceptions about ratings

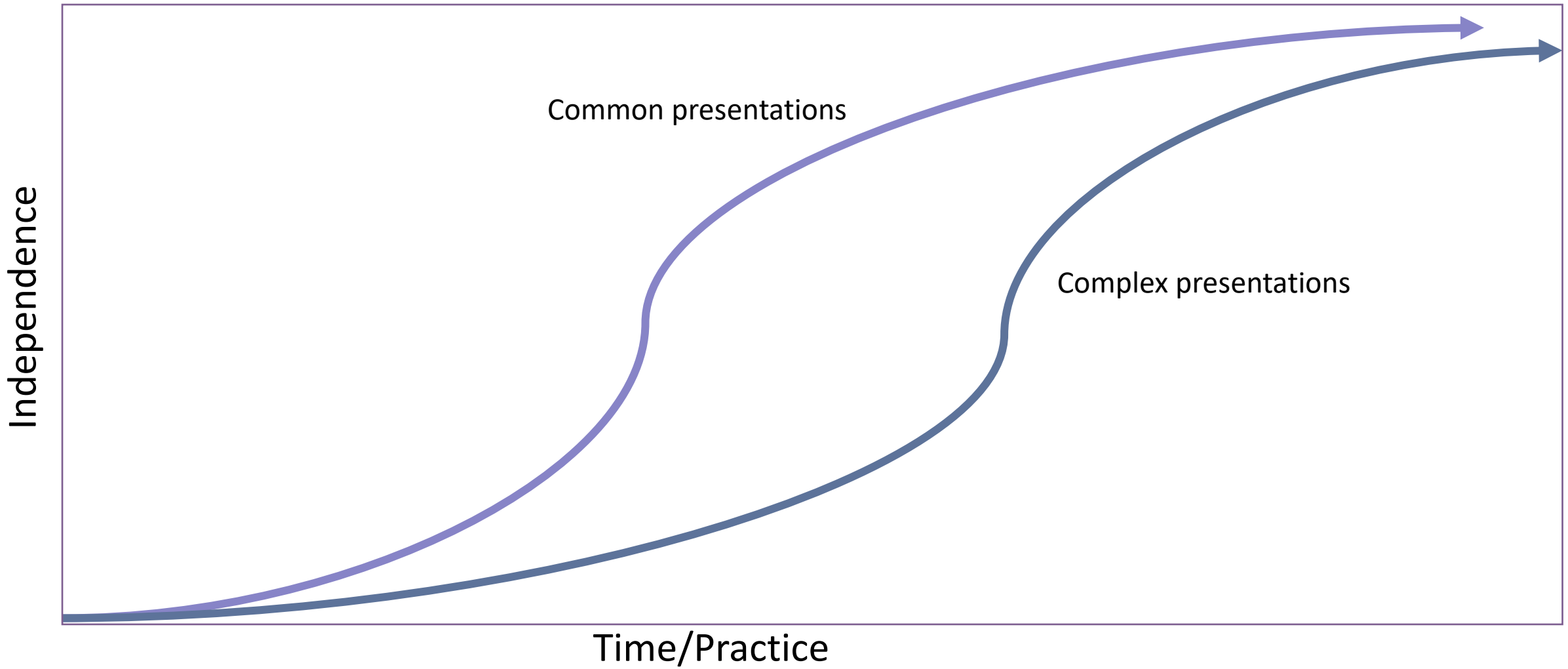
Billing rules do not apply!

Selecting that a student is very independent in the task does NOT mean they do not need teaching/ feedback.

Asking for help and knowing your limits is part of being an independent clinician and not always a marker of a need for increased supervision.

The amount of supervision a student needs is different depending on the context/complexity of the patient.

Independence in clinical care is context dependent



Common vs. Complex

- The key difference between common and complex patients isn’t always just the diagnosis (i.e., a patient with a fever could be common or complex or a patient with leukemia could be common or complex).
- The difference instead lies in the amount and complexity of clinical decision making that is needed for that patient at that visit.

Common vs Complex

Common

- Single or a few uncomplicated concerns
- Routine problem
- Minimal intervention/orders/ follow-up needed
- Follow up care of a stable chronic condition

Complex

- Multiple problems that may interact and require extensive clinical decision-making
- Extensive test/ referral/medication ordering
- Undifferentiated patient with unclear diagnosis
- Atypical presentations of common diagnoses
- Patients who need urgent/emergent care
- Decision-making heavily influenced by a complex social situation

Expectations for the end of Foothills

EPA (Task)	"Watch me do this."	"Let's do this together."	Repeat all findings or substantial input/revisions.	Repeat key findings or minimal input/revisions.
Gather a history from a patient.	I would gather the history myself	I would gather the history with the student	I would let the student gather the history and repeat all findings	I would let the student gather the history and repeat key findings
Perform a physical exam.	I would do the physical exam myself	I would do the physical exam with the student	I would let the student do the physical exam and repeat all findings	I would let the student do the physical exam and repeat key findings
Develop a differential diagnosis.	I would create the differential diagnosis myself	I would work with the student to create the differential diagnosis but take the lead	I would let the student create the differential diagnosis, but then provide substantial input	I would let the student create the differential diagnosis, but then provide minimal input
Develop a management plan (including suggesting and interpreting lab tests and preventative care).	I would create the management plan myself	I would work with the student to create the management plan but take the lead	I would let the student create the management plan but then provide substantial input	I would let the student create the management plan but then provide minimal input
Provide written documentation of a clinical encounter.	I would write the note myself	I would sit next to the student and write the note together	I would let the student write the note but then make substantial revisions	I would let the student write the note but then make minimal revisions
Provide an oral presentation of a clinical encounter.	I would not allow the student to present	I would do the presentation with the student but take the lead	I would let the student present the patient, but then provide substantial input	I would let the student present the patient, but then provide minimal input

OPEN ENDED COMMENT BOXES

Suggestions for high quality feedback and narrative comments

Describe what the student did in detail with specific examples

Include specific reference to the activities we expect students to perform

Use verbs not adjectives

Avoid clichés – i.e. “he went above and beyond” – what does that mean?

Don’t use comparative language

Describe what the learner can do to move to the next level

The power of Yet

- Constructive feedback doesn't always have to be about something the learner did wrong
- Think about what the next steps are for the learner
  - What would they be able to do if they were more independent?
    - *Picture this learner on their own in a hospital on a deserted island – what else would they need to be able to do to **provide safe and effective care?** How would they act differently?*
    - *Think about the interns or more senior learners you work with – what makes them different? how can your student grow to reach that level?*

Affinity bias – Like likes like

- We are drawn to people who we think are similar to us
- Human nature – shortcut for our brain
  - Similar to me = good
- Can result in students receiving higher evaluations than their work warrants, while others may be evaluated more harshly based on perceived similarities or differences

Mitigating bias

Work to find common ground and similarities with all learners

Practice Perspective taking

Imagine being the student who reads the feedback you wrote.

Consider the difference between your intent and your impact.

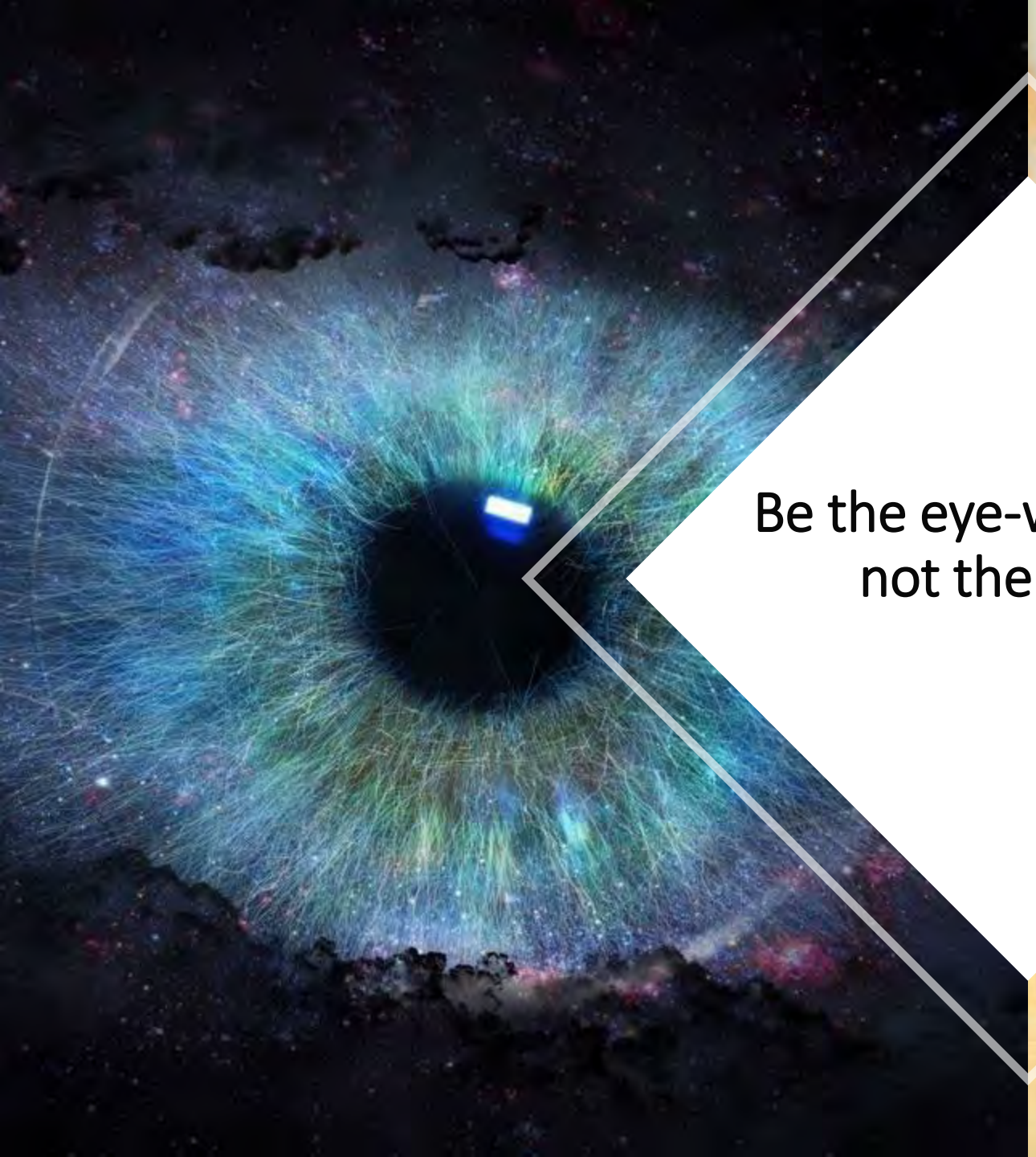
Pause to think about if your biases are influencing your perceptions of someone else

Are my perceptions influenced by similarities with the student? Or differences?

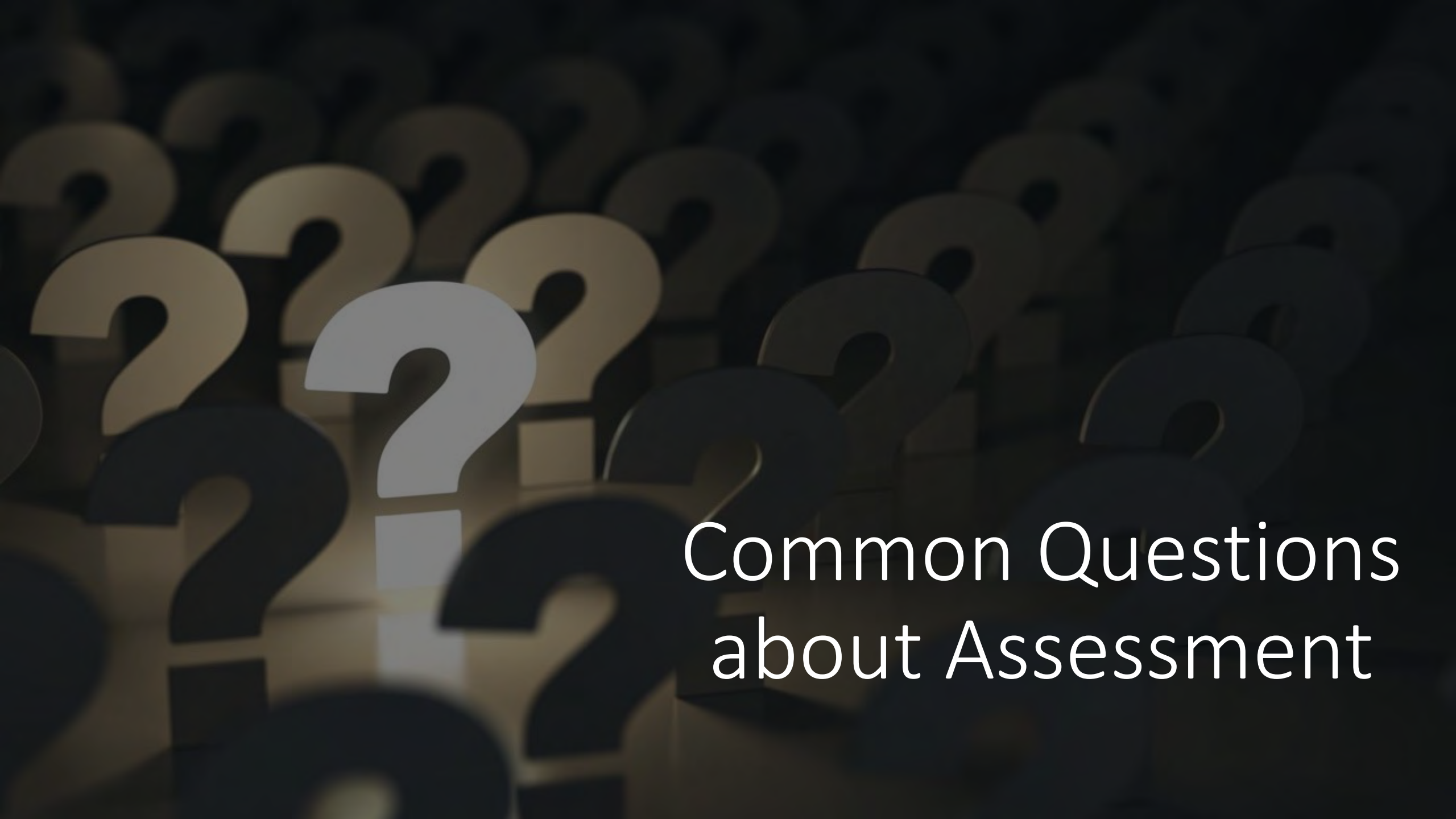
If so, in what way?

Focus on behavioral observations

Am I describing personal attributes of the student or how well they fit in, or am I describing the actual skills and knowledge they demonstrated during our time together?



Be the eye-witness and not the judge!



Common Questions about Assessment

What if I only work with a student for one day?

- You can still complete an assessment and provide feedback!
- Describe what you saw even if it is only a single patient encounter
- Avoid making broad generalizations from only brief observations
- Don’t worry about whether or not the student had an “off day” or if this is representative of their skills
- Remember that the goal of assessment is to look for patterns and even one data point can be helpful!

What about grades?

- Clerkships at CUSOM are graded Honors/High Pass/Pass
- All grades are determined by a grading committee
  - It is *not* your responsibility to grade the students
- There are specific criteria for each grade and students are not compared to each other

Criteria for each grade in the Foothills

	HONORS	HIGH PASS	PASS	FAIL
Clinical Assessments 	• Comments and ratings consistently demonstrate achievement of **exemplary** expectations for most clinical skills for patients with **common conditions AND** • Consistently demonstrates many clinical skills with **complex or undifferentiated patients**	• Comments and ratings consistently demonstrate achievement of minimum expectations for all clinical skills with common conditions • Demonstrates **some (but not all) exemplary** clinical skills expectations for patients with **common** conditions • Demonstrates **some (but not all)** clinical skills with **complex or undifferentiated patients**	Comments and ratings consistently demonstrate achievement of minimum expectations for clinical skills for patients with **common conditions**	Comments and ratings do not consistently demonstrate achievement of minimum expectations for clinical skills for patients with common conditions
Professionalism	• No more than 1 minor professionalism concern; No significant professionalism lapses	No more than 2 minor professionalism concerns, no more than 1 significant professionalism lapse and no egregious professional lapses	No egregious professional lapses and no pattern of unprofessional behavior	Pattern of unprofessional behavior or egregious professional lapses
Assignments and exams	• Pass all assignments on first attempt • Pass exam on the first attempt	Pass all assignments and exams (allowed one retake)	Pass all assignments and exams (allowed one retake). If shelf exam is only passed on 2nd retake (3rd sitting) or an assignment is only passed after 2 retakes, students only eligible for PR.	Does not pass all assignments even after allowed retakes, will result in PR once passed. Does not pass shelf exam on 3rd sitting.

What about the forms?

- All assessments will be in Oasis
- Three different forms (actually 1 form, 3 formats)
  - Comprehensive Form
    - *Includes all tasks for each clerkship*
    - *Completed by preceptor at end of year*
  - Core Form
    - *Includes 4 core tasks to assess and provide comments (option to select more)*
    - *Immersions, preceptor mid-point, any time a student works with someone for more than 3 clinical interactions*
  - Brief Form
    - *Select 1 task to assess and provide comments (option to select more)*
    - *Triggered by student or LIC coordinator*

What about growth over time?

- All data gathered during the year is reviewed by the grading committee and utilized to determine a grade.
- The emphasis is placed on the skills/abilities a student is able to demonstrate at the end of the year so growth over the course of the year is encouraged and not penalized.
- The grading committee is looking for a pattern of performance, therefore one individual evaluation with an outlying score or comment will not be the determining factor for the grade.

Each assessment is another pixel to provide more detail

Tips for integrating this into daily practice

- Set expectations at beginning of experience with a learner
- Pledge to observe – ideally multiple targeted observations over time
- Jot down notes to yourself at the end of a day
- Provide timely formative feedback so you can observe growth
- Make time to complete assessments and be thoughtful in your comments

Let's Practice

I am going to give you examples of comments written about a student from last year. Your job is to answer 2 questions:

1. What is the quality of the comment?
   - **High Quality comment** – Helpful to the student for their own growth AND helpful for the grading committee in terms of understanding exactly what the student can/cannot do independently
   - **Neutral**
   - **Low Quality comment** – Doesn't provide much detail, not truly helpful to student or grading committee
2. What level of entrustment does this comment reflect?

Expectations for the end of Foothills

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OBGyn

XXX was great at thinking beyond the box. XXX has a solid understanding of the “bread and butter” of ObGyn, but was able to expand thinking to ensure all bases were being covered.

XXX takes a comprehensive history – even with more complex OB and Gyn patients.

Able to collect thorough, concise interval history from patients during clinic appointments and deliver complete oral presentations incorporating history, objective information, assessment/plan. Able to close laparoscopic port sites with single interrupted suture without assistance. Demonstrated excellent understanding of pelvic anatomy – able to correctly identify all anatomic structures during surgery. Excellent situational awareness. XXX knew when and where XXX could be helpful for the team and showed great understanding of when it was best to observe.

XXX gives an adequate OBGyn oral presentation

Surgery

Student was very good with gathering information and history. Less adept with PE and some notable discomfort with things like removing staples. I found XXX to be adept in not missing the big picture. Generally was aware of plans and details so only needed refining regarding more specific surgical knowledge. I would describe student as naturally awkward but endearing. Regarding overall independence XXX is above the level of a MS2.

Student was able to take a thorough history and used key features to perform an appropriate targeted PE which helped XXX to propose a well substantiated diagnosis. XXX presentation and management skills were at the level of a starting intern. XXX was very pleasant to work with.

Family Medicine

XXX excels in giving detailed yet focused histories. Even in complicated patients I rarely feel that XXX is providing more information than is needed or that I need to ask a lot of follow up questions. What we have mainly been working on is XXX organization of assessments and plans. In a straightforward patient with GERD XXX is able to detail that this is XXX primary diagnosis based on burning pain with eating as well as explain that the chronic and intermittent nature is less consistent with appendicitis but when there are multiple problems such as in a patient with GERD and tobacco use XXX mixed up the assessment and plans for each diagnosis without providing a concise summary of each.

XXX is able to give an oral presentation but sometimes gets distracted by extraneous details or physical exam findings not pertinent to the history. XXX has improved throughout XXX rotation and focuses on pertinent history and exam findings.

XXX documentation and oral presentations are very good – XXX is a good information gatherer and documenter. It is rare that I have to correct XXX plans. For example, today we had a complex patient with a confusing headache syndrome. XXX was able to describe the patient's story in a concise and accurate way. XXX documentation didn't need to be changed at all.

Pediatrics

XXX helped admit a child who was transferred from another facility with community acquired pneumonia complicated by a large pleural effusion that required drainage. XXX was able to gather most of the relevant portions of the history from the child's parent. XXX needed prompting to review the prior hospital course before transfer to our facility. This was particularly relevant for this child because the antibiotics were changed prior to transfer for unclear reasons, and it was important that this be recognized to formulate a plan for antibiotics moving forward.

Does a great job obtaining history on patients

XXX took on a busy clinic schedule with great attitude. On multiple occasions, XXX happily jumped in to see patients. Asked appropriate questions about differential diagnosis and became more independent. I was impressed by XXX positive attitude and ability to support other team members.

Cared for two patients presenting with common viral illnesses. Obtained an accurate history in both circumstances on XXX own. Developed a differential that is understandably limited given level of training. It is important to compare and contrast the presentation with the most common/likely diagnosis and the must not miss diagnoses. XXX effectively used the template for student documentation. We worked together on the MDM portion of the note.

Psychiatry

XXX demonstrated immense growth as XXX transformed basic knowledge in mental health to complex and cohesive differential diagnoses that were accompanied by thoughtful treatment plans. Whether it entailed clients with mixtures of mood disorders, anxiety, or trauma, XXX used XXX superb history/PE skills to condense the information into well developed differential diagnoses. XXX then went on to use a combination of laboratory needs, independent research and investigation as well as collaboration with other providers to determine what XXX proposed was leading to the current patient presentation. Even in cases with complex medical needs, serious mental illness/psychosis, or abrasive personality traits, XXX was able to interpret the necessary details for coherent working diagnoses that were able to be tested throughout subsequent visits. Demonstrative of XXX's humility and flexibility, XXX not only did the above but was able to adjust XXX mindset when clients did not respond as anticipated. XXX management plans were consistently thorough and included appropriate and up to date medication options, considerations of therapy needs and social/community support.

XXX has presented multiple patients with both common and complex backgrounds. XXX has shown an ability to synthesize histories and consider pertinent aspects of the case. In all, little feedback is needed outside of intricacies of diagnosis and management. Written documentation continues to be an area of focus for our upcoming sessions.

Internal Medicine

XXX would gather some of the information regarding the issue such as HTN or anxiety. We would review initial information and I would add missing information.

XXX would document everything and I would go back and make some revisions

XXX was very thorough and went above and beyond in reviewing some patients histories

XXX was at where I would expect for XXX training level. Took good history. Took initiative and was helpful with patient care.

I saw XXX collect a history and complete a PE on a new patient being admitted to the hospital. XXX was thorough and collected all the necessary information. Additionally XXX had good bedside manner and was able to connect with the patient and their family. Lastly, XXX did a thorough PE as was appropriate for a new admission. XXX did and excellent job.

Surgery

On morning rounds, XXX was able to summarize medically complex patients into succinct and accurate presentations. In the OR XXX had technical skills that exceeded XXX level of training, including XXX suturing skills. In and out of the OR XXX was always finding ways to be helpful, including weighing all of our surgical nutrition patients daily and obtaining their grip strength multiple times per week. XXX will make a great resident in whatever field XXX decides to pursue

XXX was able to function at the level of a resident coordinating care for our patients and took the initiative to call consults and follow-up on orders.

XXX has written multiple notes both in the inpatient and outpatient setting

Summary

- Think about your role in assessment as crucial in shaping a student's journey to becoming a physician
- Assessment in the clinical setting involves careful observation and thoughts about how the student can improve
- Feedback is about partnering with the learner to help them improve
- Comit to observing, providing useful feedback, and documenting a student's abilities ove and grow

Always feel free to contact us with any questions at any time!

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