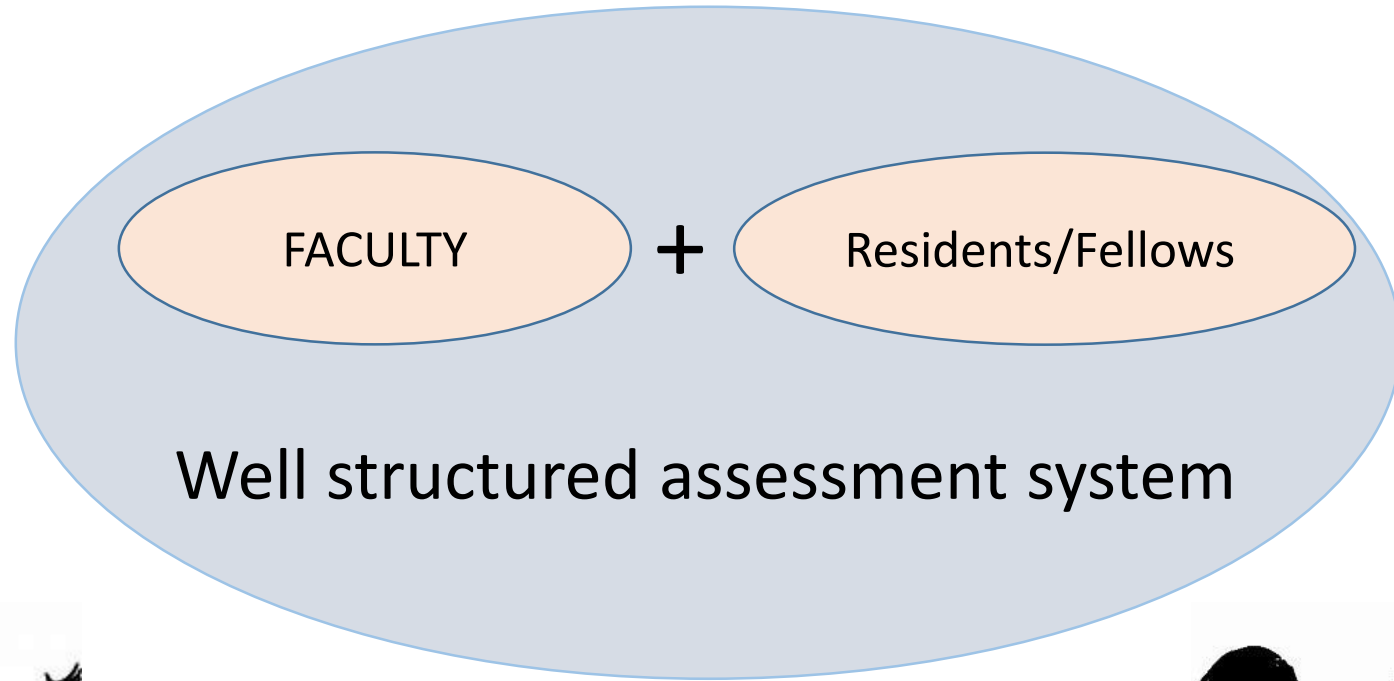


Assessing your Assessment System

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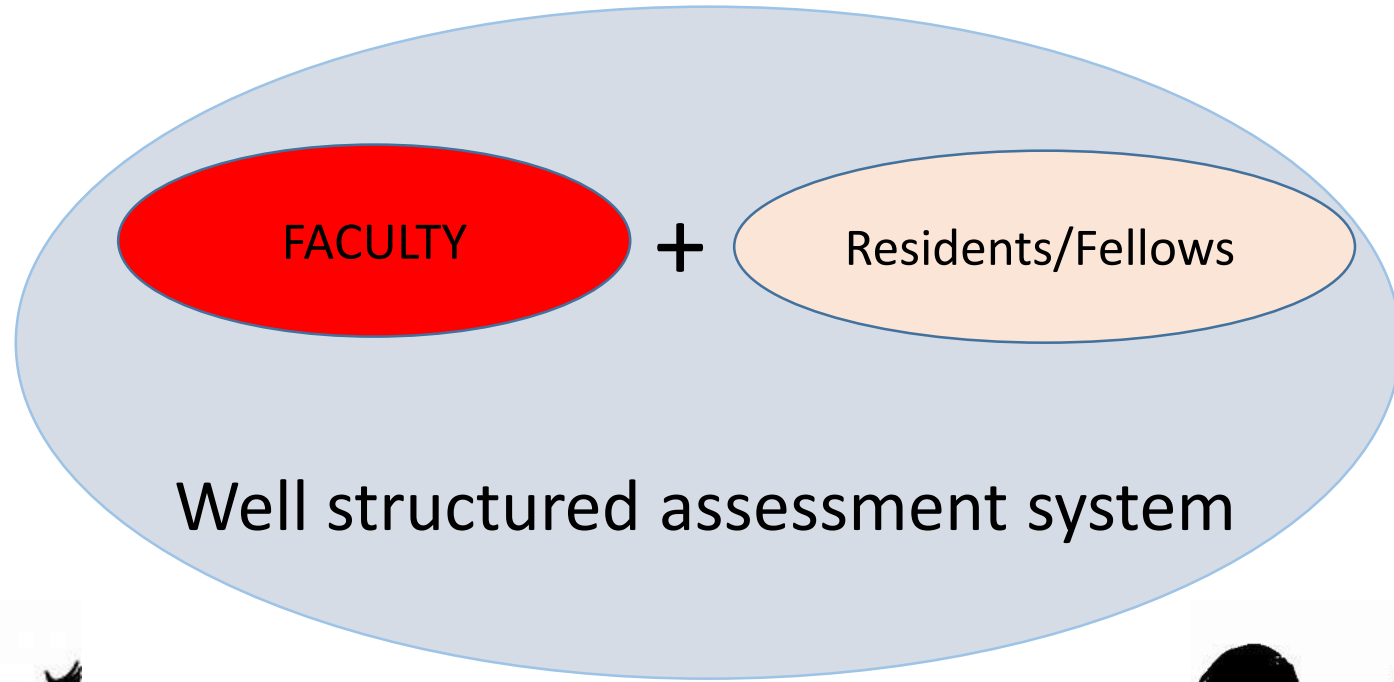
What is an Assessment
System?



Competency-based evaluations



Competent Graduates



Competency-based evaluations



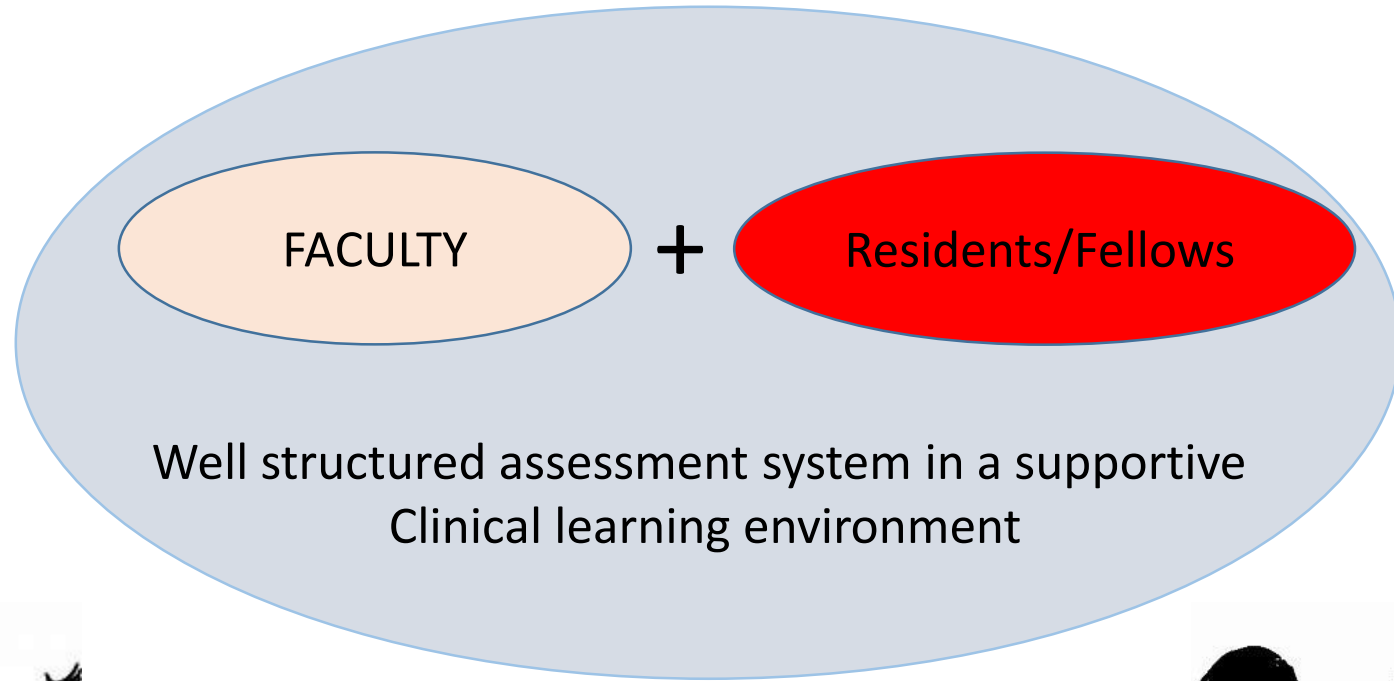
Competent Graduates

Faculty

- Faculty development.....
 - Understand Milestones
 - Best-practice evaluations
 - Shared mental model of competence
 - Remember – validity resides in the instrument user (not the instrument...)
- Internal motivation to teach – especially at the bedside – where the work occurs
- External motivation to evaluate
- INVESTED in medical education

Faculty

- Commitment to giving effective *formative* feedback in partnership with trainees
- Consistent membership on Clinical Competency Committees
- Focus on direct observation of residents to
 - Minimize recall evaluations
 - Need to know exactly what you are looking for and observe in real time in a real environment
- Longitudinal relationships with learners
 - We have this already, but have no longitudinal relationship in the context of competency-based education



Competency-based evaluations



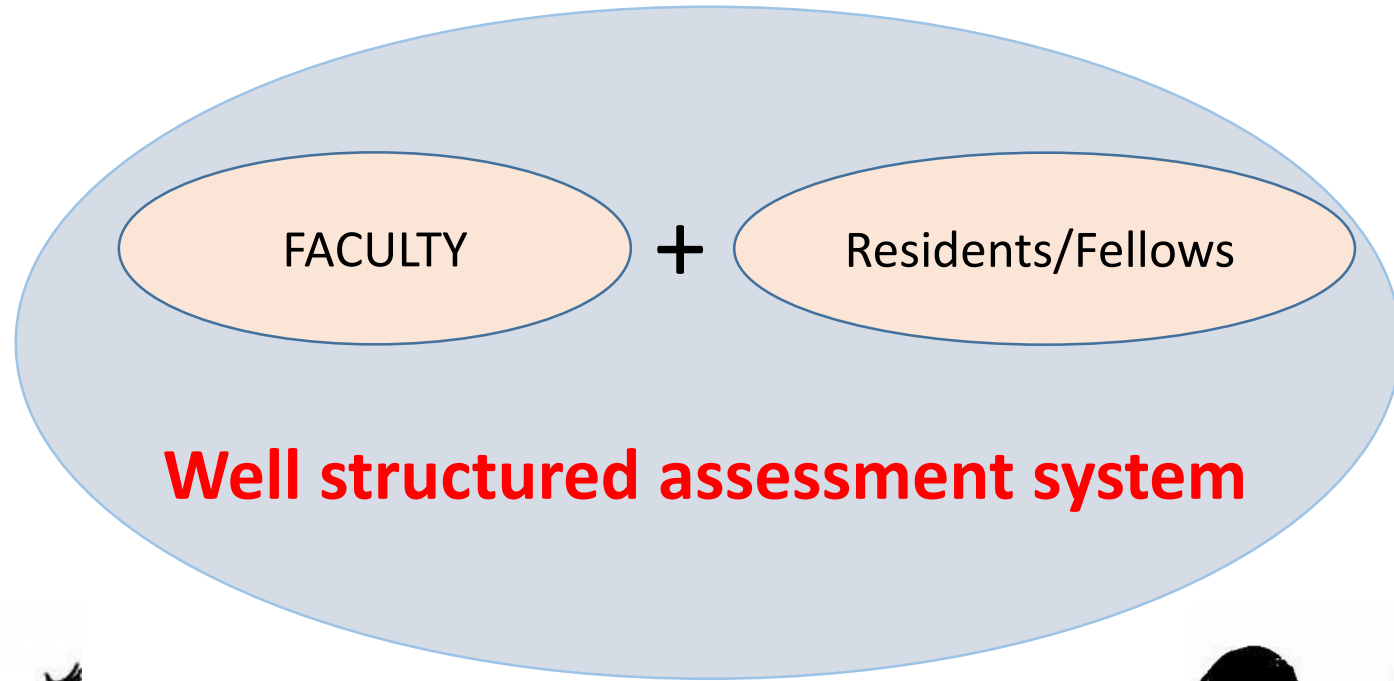
Competent Graduates

Resident/Fellow Learners

- Adult learners
 - Very invested in their education
 - Committed, motivated learners
- Sensitive to the time constraints of training
- CRAVING feedback
- Very facile with technology

Residents *partnered* with Faculty

- Residents will be more involved in their assessment if they can clearly see areas that need work
 - Shared ownership of a portfolio representing the achievements in residency
- Reflection on experiences and self-evaluation on level of training
- Need ability to trigger specific evaluations
 - No longer waiting for residency admin to send evaluations
 - Pull up a Milestone-specific evaluation in response to clinical situations (ie: resident just performed unscheduled cricothyrotomy – will have option of asking their attending to fill out a Milestone specific evaluation for that unique competency)



Competency-based evaluations



Competent Graduates

Assessment System

- Program-specific system of applying best practices to:
 - Develop a network of formative evaluation opportunities to provide learners feedback in real time; to effect change and growth
 - Collect competency-based evaluations on trainees to inform CCC deliberations, meaningful individual learning plans (ILP's)
 - Analyze discrete evaluations into meaningful summative evaluations to make decisions about advancement; graduating only competent physicians
- Maximize resources:
 - Faculty expertise and evaluative effort
 - Trainee investment and commitment to self-improvement
 - Administrative effort
 - Emphasize utility, acceptability

Process vs Outcome-based Assessment Systems

Variable	Process-Based	Competency-Based
Driving force for curriculum	Knowledge acquisition	Knowledge application
Driving force for process	Teacher	Learner
Path of learning	Hierarchical (teacher---→ learner)	Non-hierarchical (teacher ←---→ learner)
Responsibility for content	Teacher	Learner and teacher
Goal of educational encounter	Knowledge acquisition	Knowledge application
Typical Assessment Tool	Single subjective measure	Multiple objective measures ("evaluation portfolio")
Assessment tool	Proxy	Authentic (= mimics real tasks of the profession)
Setting for evaluation	Removed ("gestalt")	Direct Observation
Evaluation	Norm-referenced	Criterion referenced
Timing of assessment	Emphasis on summative	Emphasis on formative

3 Assessment Questions

- **Is your assessment system structured to gather data on all Milestones?**
- Is there a process to regularly assess the efficacy of your assessment system?
- Is your assessment system meeting desired outcomes (competent graduates)?
 - If yes – how do you know?

Let's look at some common Milestones...

- Patient Care
 - Develops a thorough and prioritized differential diagnosis for common patient presentations
- Medical Knowledge
 - Demonstrates knowledge of pathophysiology and treatments of patients with complex conditions
- Interpersonal and Communication Skills:
 - establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters
- Professionalism
 - Demonstrates a pattern of professional behavior in complex or stressful situations
- System-based Practice
 - Performs safe and effective transitions of care/hand-offs in routine clinical situations

Reflection...

- Are you measuring all of these Milestones?
- How good are you at measuring all these?
- Do you have the educational experiences that you need?
- Do you have the tools (evaluations) that you need?
- Do you have the observers that you need?

(what would have been an)
**Interactive exercise to start assessing your
assessment system**

Step 1: Take a few minutes to make a list of ALL the evaluation tools you currently using in your program...

- Global Assessments
- Direct Observation
- 360 evaluations
- Simulation
- Chart Stimulated Recall
- Chart Audit
- QI Projects
- Scholarly Projects
- Patient evaluations
- Portfolios
- EPA
- Milestone based assessments
- ITE scores
- MC knowledge tests
- Peer assessments
- student assessments
- Nurse/APP evaluations
- Direct Observations

Make a list of ALL the evaluation tools you currently using...

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- Student assessments
- Peer assessments
- Nurse/APP evaluations
- Direct Observations

Step 2: Create grid and list all current evaluations across the top...

	Evaluations					
Milestones	Global Assessment	360 Evals	Simulation	Scholarly Projects	MCQ tests	Peer assessments

Step 3: Add your Milestones in the first column

	Evaluations					
Milestones	Global Assessment	360 Evals	Simulation	Scholarly Projects	MCQ tests	Peer assessments
Develops a thorough and prioritized differential diagnosis for common patient presentations						
Demonstrates knowledge of pathophysiology and treatments of patients with complex conditions						
Performs safe and effective transitions of care/hand-offs in routine clinical situations						
Demonstrates a pattern of professional behavior in complex or stressful situations						
establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters						

Create a master spreadsheet

Milestones



Evaluation tools



		JR Clinic	Sr Clinic	JR GYN	Onc	Sr GYN	Urogyn	Repro	Patient	Sr Peer	Jr Peer	OR	MFM	Sr OB	Jr OB	Intern NF	PGY2 NF	PGY3 NF	Senior NI	EBM	US	Nursing	Admin	M&Ms	CIQA	eLearn	CREOG	OSCE	
Compassion, Integrity, and Respect for Others	1 Understands the importance of compassion, integrity, and respect for others																									1			
	1 Demonstrates sensitivity and responsiveness to patients	1													1	1							1					1	
	2 Consistently shows compassion, integrity and respect in typical situations with patients, peers, and members of the health care team	1		1					1		1				1		1						1					1	
	2 Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religion, abilities or sexual orientations	1		1				1			1				1		1						1						
	2 Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity and respect for others			1				1			1				1								1						
	2 Consistently shows compassion, integrity and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress	1		1								1			1				1				1						1
	3 Modifies one's own behavior based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others		1				1		1						1	1								1					
	4 Consistently model compassion, integrity and respect for others		1		1	1					1				1						1								
	4 Coaches others to improve compassion, integrity and respect for patients		1		1						1				1														
	5 Assumes long term or leadership role in community outreach activities to improve the health of vulnerable populations																							1					

PEARL

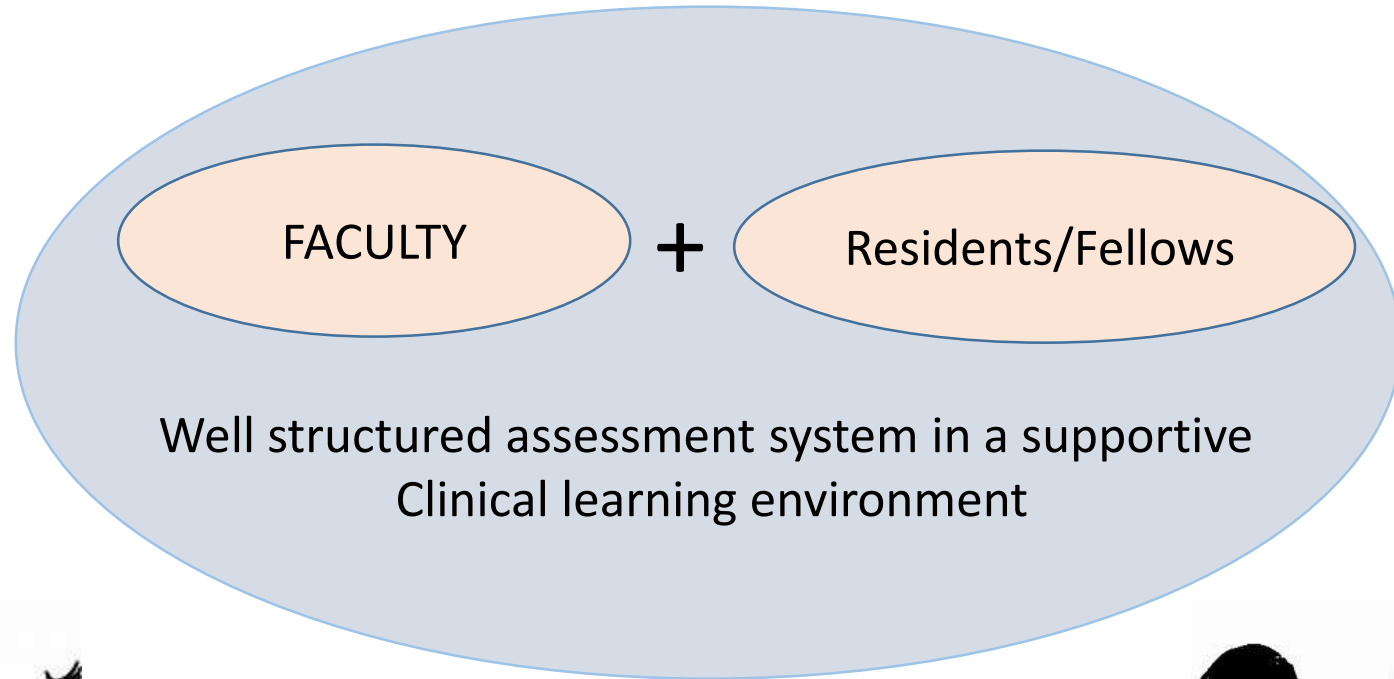
- **Fit for Purpose** - Create evaluation forms to best harness the evaluative expertise of the faculty evaluator
- Keep evaluation forms short – better to have more TYPES of evaluations, but shorter and specifically crafted respect the faculty effort and expertise
 - ie: does your Pediatric Endocrinologist need to opine on punctuality on an evaluation form when they are really the only ones able to evaluate the specific endocrinology Milestones (and 9 other evaluation forms evaluate punctuality....)
- Create resident/fellow – triggered evaluations, especially for difficult to assess Milestones
 - They know who they worked with
- Consider short daily/weekly evaluations

So.....Are you evaluating all of your Milestones with your current evaluation tools?

- Are there milestones you don't have data for?
- What are you currently doing in your program that COULD be harnessed to provide high quality evaluation data?
 - E-learns?
 - Orientation activities?
 - MCK exams?
 - Conference presentations?
 - Self-assessments? (ILPs)
 - Required institutional activities – like chart audit?
- Do you have the evaluators you need? Are they committed and have the requisite
- Are resources in your system used maximally efficiently? (faculty, residents, CLE, etc)

3 Assessment Questions

- Is your assessment system structured to gather data on all Milestones?
- **Is there a process to regularly assess the efficacy of your assessment system?**
- **Is your assessment system meeting desired outcome (competent graduates)?**
 - HOW DO YOU KNOW?
 - HOW ARE YOU MEASURING?



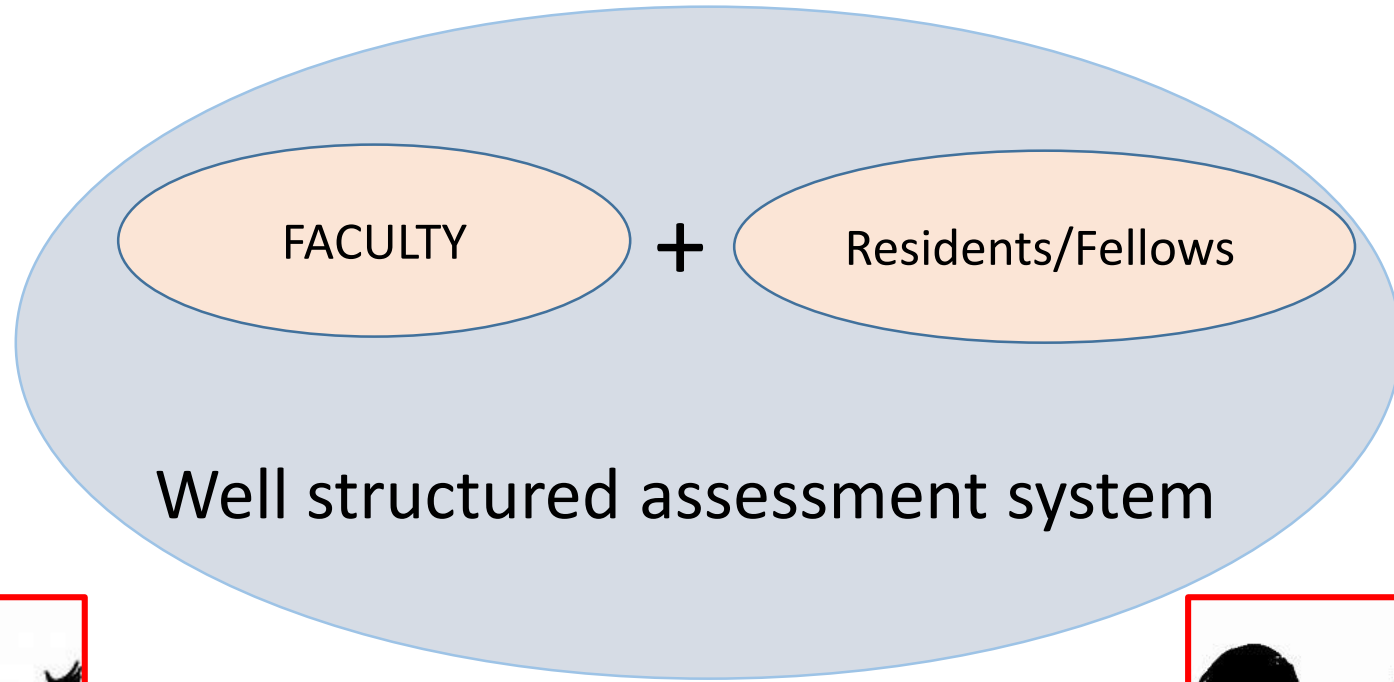
Competency-based evaluations



Competent Graduates

Competency-based Evaluations

- Do you the right TYPE of evaluations? Do you have the right KIND of evaluations for your system?
- Evaluate the desired outcome in more than one way
 - Different types of evaluations
 - Different times in training
 - By different evaluators
 - Direct observation
- Increased number of evaluations increase reliability and validity of evaluations
- Create evaluation forms to best harness the evaluative expertise of the faculty evaluator



Competency-based evaluations



Competent Graduates

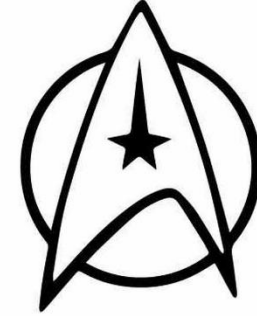


Role of Program Director



- Engaging invested residents
- Faculty development
- Developing/adapting competency-based evaluations
- Developing a well-structured assessment system
- Assessing the assessment system and evolving
 - Identifying gaps
 - Creatively solving system problems

Your Prime Directive



- **Graduate competent trainees**
- ACGME: The program director is the ultimate arbiter of whether a resident or fellow will enter unsupervised practice
 - *“This accountability cannot be over-emphasized: professional self-regulation depends heavily on the judgment of training programs, as manifest by the final evaluation and entrustment made by the program director’*

Questions?

References:

- **Introduction to a systems and programmatic approach to assessment**
- Key Chapter from textbook *A Practical Guide to the Evaluation of Clinical Competence*:
- Chapter 1.
- Recommended reading:
 - Schuwirth LWT, Van der Vleuten CPM. Programmatic assessment: From assessment of learning to assessment for learning. *Med Teach*. 2011; 33: 478-85.
 - Van Der Vleuten CPM, Schuwirth LWT, Driessen EW, Govaerts MJB, Heeneman S. [Twelve Tips for programmatic assessment](#). *Med Teach*. 2015;37(7):641-646.
- Optional reading:
 - Schuwirth LWT, Van der Vleuten CPM, Durning SJ. What programmatic assessment in medical education can learn from healthcare. *Perspect Med Educ*. 2017; 6: 211-15.
 - Bowe CM, Armstrong E. Assessment for Systems Learning: A Holistic Assessment Framework to Support Decision Making Across the Medical Education Continuum. *Acad Med*. 2017;92(5):585-592.