Review of Common Assessment of Student Performance in Clerkships

Fall, 2012
Objectives

• Identify how students are assessed in clerkships
• Review medical competency areas and their corresponding criterion
• Illustrate expectation level differences with benchmark guidelines
• Discuss the differences between the expectation levels
• Explain the significance of narrative comments in the development of students’ Dean’s Letters
Student Assessment in Clerkships

- Clinical performance
- Clerkship exam (NBME or local)
- Medical competency behaviors
Medical Competency Behaviors

• **Common Assessment of Student Performance**
  – During the length of the clerkship, multiple faculty, attendings, and residents teach and observe their students
  – Each student is assessed by their demonstration of performance in the ACGME competency areas:
    • Interpersonal and Communication Skills
    • Medical Knowledge
    • Patient Care
    • Practice-based Learning
    • Professionalism
    • Systems-based Practice
    – **Within each competency area are observable criterion on which the student is observed by a rater**
  – Narrative comments highlight/support competency area observations
Common Assessment Form for Student Performance in the Medicine Clerkship

It is very important that you explain student performance for each of the competencies listed. The clerkship director relies on this information when assigning student’s grades, and Senior Associate Dean for Student Affairs use this information in writing Dean’s Letters.

You can explain the ratings you assigned by commenting on the competencies separately (refer to the “Comments” section below each competency) and/or you can aggregate your comments in the “Summary Comments” section at the end of the survey. After careful consideration, if an item is not observed or not applicable, please leave it blank.

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Far Below Expectations</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Far Above Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Demonstrates the ability to apply knowledge to specific clinical situations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Demonstrates an understanding of psychosocial influences on illness and treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Demonstrates critical thinking and clinical decision making</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</table>

Comments on Medical Knowledge:

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Far Below Expectations</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Far Above Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts accurate history and physical exams, covering all essential aspects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Suggests and/or performs appropriate diagnostic tests</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Appropriately manages patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Works effectively with health care professionals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</table>

Comments on Patient Care:
Rubric

• 5 levels of observed behavioral performance
  o 1=Far below expectations (fail)
  o 2=Below expectations (marginal)
  o 3=Meets expectations (pass)
  o 4=Above expectations (high pass)
  o 5=Far above expectations (honors)
Equating Grade Scores

• Reviewed in October, 2012 Clinical Curriculum Subcommittee (CCS) meeting
• Averaging of criterion within each competency area (1-5 scale; 1=lowest, 5=highest)
  – A minimum of 70% equates to ‘Meets Expectations’
  – Tucson using same averaging method to equate final scores
Common Observer Errors to Avoid

- **Similarity**
  - Influences by how similar observed behavior is to yours

- **Leniency**
  - Rating higher than deserved; giving student ‘benefit of the doubt’

- **Halo effect**
  - Rating one competency area determined by another area

- **Central tendency**
  - Rating everyone in the middle; assuming everyone ‘meets’ expectations unless evidence shown otherwise

- **Consistency of confirmation**
  - Using evidence to support pre-judgment of student behavior

- **Contextual effects**
  - Using performance of the group to influence individual ratings
Decision Making Process

• Separate observation from judgment
• Focus observation in behavioral aspects
• Compare performance observed to rubric not other observers
• Follow the rubric over your gut feeling
• Evaluate based on evidence
  – No evidence = no inference
• Review rubric
  – What am I looking for?
# Expectation Level Benchmarks

## Patient Care

1) Conducts accurate history and physical exams, covering all essential aspects

| Far above expectations: For most or all patients, provides very well organized and comprehensive report of history and physical exam with convincing use of findings to support proposed diagnosis. | Above expectations: | Meets expectations: Gathers basic data for history and physical exam. Considers some positive and negative findings to support proposed diagnosis. During presentations, student re-organizes findings from history and physical to provide a cohesive picture of the patient and the proposed diagnosis. Can support their observations or conclusion when queried further. | Below expectations: | Far below expectations: Fails to include important findings from history and physical exam. Lists findings from history and physical without organizing into a story or cohesive picture. Cannot support conclusions with findings, when queried. |

History taking scenario to score: [http://www.youtube.com/watch?v=YKF3Eo5m1P4](http://www.youtube.com/watch?v=YKF3Eo5m1P4)
### Expectation Level Benchmarks cont’d

#### Patient Care

2) Suggests and/or performs appropriate diagnostic tests

<table>
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<tr>
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<th>Far below expectations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In addition to explaining rationale for all current tests and findings, student initiates conversation about additional tests that would be appropriate. Is able to explain the relative value of a test compared to alternatives.</td>
<td>Provides appropriate explanation/rationale for ordered tests. Provides basic interpretation of the findings from tests for the patients assigned to the student.</td>
<td>Unable to explain the basic principles behind standard tests that were performed on assigned patients. Unable to explain or misinterprets findings from standard tests.</td>
<td></td>
<td></td>
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</table>

3) Appropriately manages patient care

<table>
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<tr>
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<tr>
<td>Provides comprehensive and advanced plan for follow-up tests, treatment and continued care of the patient.</td>
<td>Articulates basic considerations of treatment or management plan after initial work up. (Treatment plan includes examples such as next steps for monitoring patient, therapeutics to start now, and follow-up or care). (e.g., if asthmatic patient, can discuss what parameter to continue to check, possible pharmacological and non-pharmacological treatments, and what may be needed for to prepare for leaving hospital if relevant.)</td>
<td>Unable to develop or recommend appropriate or safe treatment or management plan.</td>
<td></td>
<td></td>
</tr>
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</table>
Reviewing Benchmarks for Remaining Competency Criterion

• Medical Knowledge
• Interpersonal and Communication
• Professionalism
• Practice-based Learning
• Systems-based Practice

Available online:
Importance of MS3 Evaluations
Medical Student Performance Narrative Assessment

• Comments Section
  – Consistent reporting across all clerkships
  – Evidence-based **summative** comments
    • Omit formative comments
  – Grammatically correct
  – Appropriate length to provide reasonable feedback and justify grade
  – Internally consistent
  – Supports final clerkship grades
Summative vs. Formative Comments

- **Summative** = elicited from multiple observations of the student
- **Formative** = observed from one instance, a single encounter with the student
  - A single, brief encounter is not reflective of the overall experience unless it is a trend observed repeatedly by all
- **Point of Clarification:**
  - If the student has made a mistake, corrects the problem and improves the behavior, target the improvement rather than the problem in the summative comment
  - For example:
    - *Early in the clerkship the student was unprepared for rounds. Feedback was given to the student who was subsequently prepared and articulate in presenting his patients at the level expected for his training.*
Medical Student Performance Evaluation

• Performance Based
• MS 3 Clerkships evaluations carry lots of weight
• Few if any MS 4 evaluations are in MSPE
  – Step 2 study delays entry into 4th year electives
  – October 1st deadline
    • Hard to obtain many evaluations
Example 1: Conflicting Comments

- **Clinical:** High Pass
- **Exam:** High Pass
- **Composite Grade:** High Pass
- **Comments:** It was discussed with Student X about putting more effort into assessments and reading a bit more about specifics of his patients. He did actively participate in rounds, but he needs to take more "ownership" of patients he is following. His oral presentation was satisfactory. Student X is friendly, competent and enthusiastic. Overall his performance was *average*, worked *hare*, researched subjects on his own. He did appear motivated and inquisitive.
Example 1

• Why final grade high pass, comments indicate average?
• Grammatically correct?
Example 2: **Conflicting Comments, Vague**

- Comments: Student met my high expectations. He has the knowledge base I expect from a MS 3. He is eager and enthusiastic, and was very highly regarded by all team members. *(why??)*
  - Attending 1 Excellent student to work with. Very promising. Medical Resident. Great to work with, appreciate student’s positive attitude. Medical Resident. Student X has a very good rapport with the patients. Attending Clerkship Director-
  - Student X was seen as a hardworking, enthusiastic student who was well liked by his team mates and attendings. Good job!
Example 2

- What does it really assess?
  - Professionalism?
  - Patient Care?

- Extrovert, easy to get along with personality?
  - What does this allude to?
Example 3: Consistent, Detailed

- Comments: Student has a solid fund of knowledge above the level expected. She functioned above the level of the intern on the service with regard to patient care. Student is a great team player who is extremely respectful to patients and staff. She was able to improve her presentations after being critiqued. The best student so far this year, she is highly intelligent, motivated and caring. She functioned at the intern level and was an integral part of our team. I actively tried to recruit her to be a-------. She will be an outstanding physician, whatever field she chooses. All medical students should be this willing to learn by putting in hard work taking care of patients. Dr. Y commented, “Student has excellent fund of knowledge with excellent patient care skills and attention to details of patient care. I found her exam and differential diagnoses reliable and trustworthy. She was functioning at level of late in year intern or early second year. She would make excellent ------if she desires, but will do well in whatever path she chooses. Summary comments: Excellent knowledge base, was willing to read to fill in gaps in knowledge, prepared independently with regards to reading for round and cases. She demonstrated compassionate care and had good rapport with patients. She paid attention to details of patients issues and needs. Always timely notes and was always well prepared for rounds. I fully trusted her history and exam of new patients and consults. Truly excellent student who functioned on services as good as many interns and better than some.
Example 3

- Identified and addressed strengths/weaknesses in a positive way
- Documented student incorporated feedback and showed improvement
Example 4: Inappropriate Assessment

Composite Grade: Pass

Comments: Appropriate fund of knowledge. Needs to work on H&P taking skills.

(Note: Student was in department brief period and asked to fill out evaluation way after rotation. A lot of faculty could not remember him).
Example 4

• Inappropriate evaluation that faculty member could not remember the student
  – Only include comments you can be sure are accurate assessments of student performance

• Timeliness of evaluation
  – Student or clerkship issue?
Example 5: Second-hand knowledge

Clinical: Pass
Exam: Pass
Composite Grade: Pass

Comments: Dr. Wiesen: Overall Josh did a fine job on our service. His greatest attributer was his willingness to go above and beyond to get work done. He was frequently the first to show up in the morning. Another attribute is that he accepts criticism and shows that he works to incorporate criticism into his performance to improve. I would recommend that Josh be more assertive. I do think he does a fine job of developing a plan, but does not seem firm in his resolve. Surgical skills are certainly adequate for this point in his training. Dr. Uccelli: Practice-based Learning Improvement: The attending surgeons expressed concerns to me that he wasn't always certain of the cases we were doing for the day and was underprepared when asked about the pathology and diagnoses. Summary Comments: Josh did everything that was asked of him. He did well on his oral presentations that he gave me. He gets very nervous when asked questions - seemingly he knows the answers, but has trouble getting them out. Dr. Damore: Josh worked hard to improve during the rotation. He was always pleasant and willing to learn. Dr. Makari: Hard worker, teachable, his nerves get in the way sometimes.
Example 5

- Conflicting comments
- Grammatical errors
- Needs to be valid assessment by attending who observed repetitive behaviors
  - Exclude second-hand knowledge
Example 6: Formative, Conflicting Grade

• **Clinical:** High Pass
• **Exam:** Pass
• **Composite Grade:** High Pass
• **Comments:** Student reads about subject matter of cases she sees, takes an accurate history and presents concisely. She is reliable, works well with peers, and is interested in patients' well-being as well as medical problems. She is intelligent but needs time to develop a more extensive knowledge base - doing well though active member of the team, good daily notes - needs to read more and practice her presentations, work on ddx, and start to take more responsibility for patients.
Example 6

• Focus on summative behavior
  – Omit formative comments

• Conflicting grades and comments
  – Comments should indicate that student has overcome problems and is working toward success
Example 7: Short

Clinical: Pass
Exam: High Pass
Composite Grade: Pass
Comments: Good job.
Example 7

- Comments need to specify feedback based on performance in a detailed manner
  - Inappropriate length
Internal Consistency in Clerkship

• Be sure to check for consistency:
  – Can the student be disorganized and organized at the same time?
  – Can they have a great fund of knowledge and be the best informed medical student at the same time they have an average fund of knowledge and need to read more?
  – Can they stay late, always be willing to work, and not be interested in the rotation?
Fairness

• Avoid conflicting comments
  – Review comments indicating that the student has no aptitude for a certain specialty

• Ensure comments are summative in nature
  – Consider overall competence instead of a single incident

• Consider whether the student’s behavior is developmentally appropriate/inappropriate
  • Is the student behaving at the specified expectational level?
MSPE Examples

• Handouts
  – Joe Medicine
  – Tim Doctor
Completion Time for Assessments

• Student End of Rotation evaluations will be automatically forwarded to assigned faculty by our electronic system 4 days prior to the last day of the clerkship period.
• Faculty will be reminded of outstanding evaluations in their queue until the form(s) is completed or suspended.
• Optimum timeframe for completion of evaluations is as soon as possible, preferably within one week.
• Final clerkship grades are required to be completed and distributed within 4 weeks of the end of the clerkship.
Contact Information

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