



# Assessment for Learning: Using assessment to promote learner growth

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# Learning Objectives

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- Distinguish between feedback, assessment, evaluation, and grading
- Describe best practices for completing an accurate and meaningful clinical assessment
- Practice assessing learners

What is the first word that comes to mind when you hear the word “Assessment?”

- Poll Everywhere word cloud



Why do we  
assess our  
learners?

Why do we assess our learners? Feel free to add as many answers as you would like

- Poll Everywhere text wall or cluster

# Why do we assess our learners?

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- 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**



**Assessment** – Gathering data about how an individual **student** is performing and comparing this data to the program objectives



**Evaluation** – Gathering data about how the **program** is doing



Both involve comparing data to pre-determined criteria/objectives



Student assessment can be a component of program evaluation

# Assessment vs. Evaluation

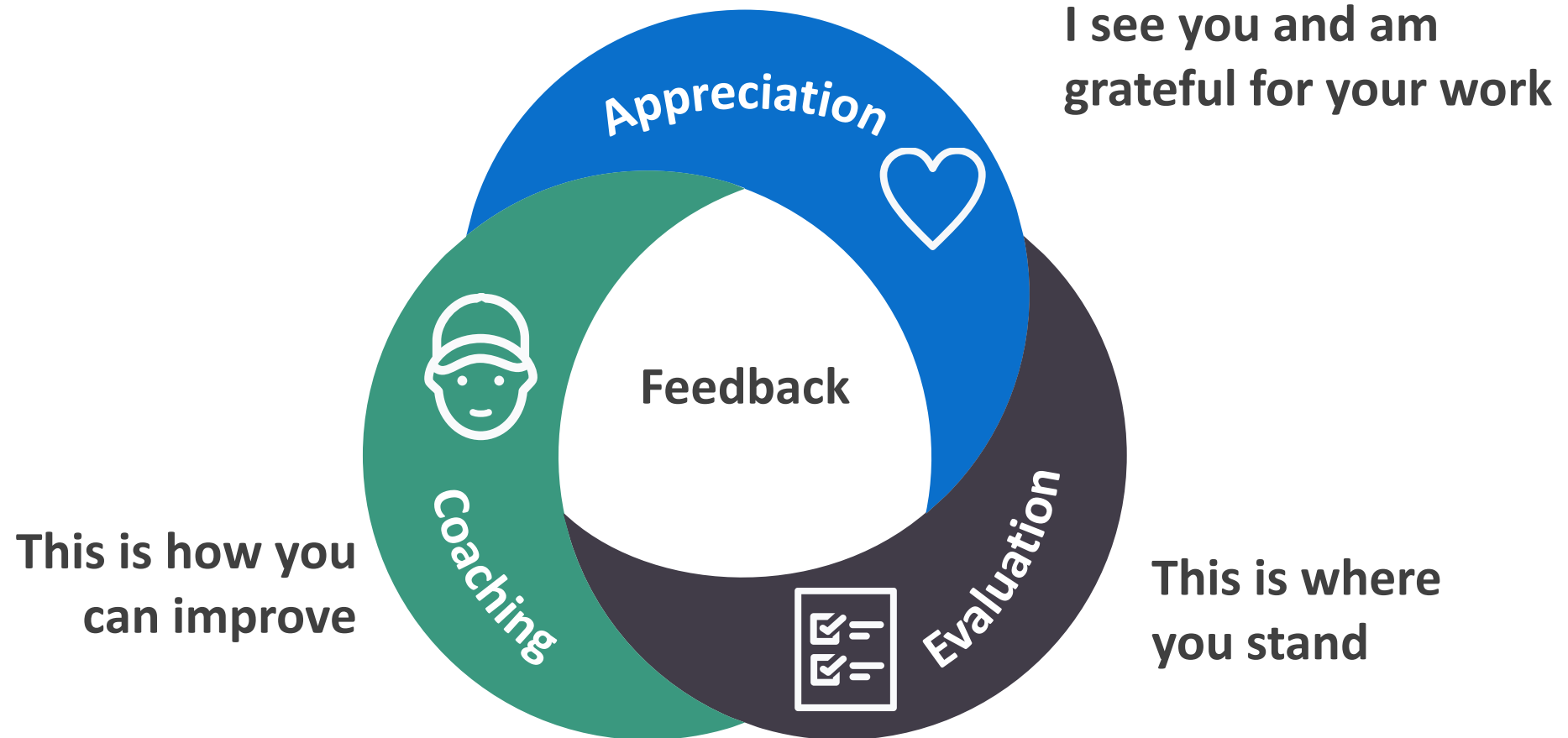




In reality, assessment and evaluation are often used interchangeably when it comes to student assessment



# Three types of feedback





# Grading is merely a label

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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



Assessment and  
Feedback in the  
clinical setting

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# RX-OCR

## Coaching Conversation

### Expectations

Helps to focus observations

- Identify what was done well and needs improvement
- Provide direction as to how to improve

**R**

### Rapport

Establish a relationship

**X**

**O**

### Observe

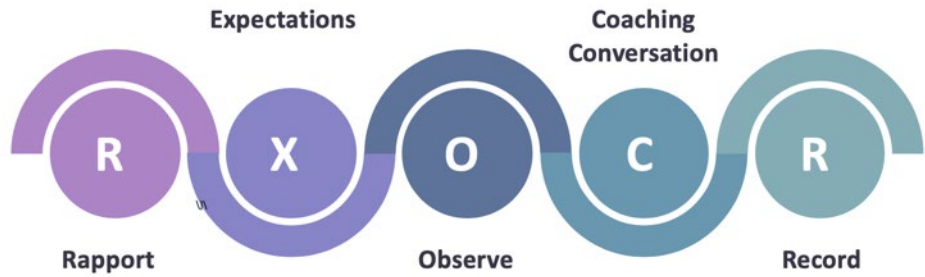
- Focus on specific activities/skills
- Consider if student could have done that alone – if not what would you say needs improvement?

**C**

**R**

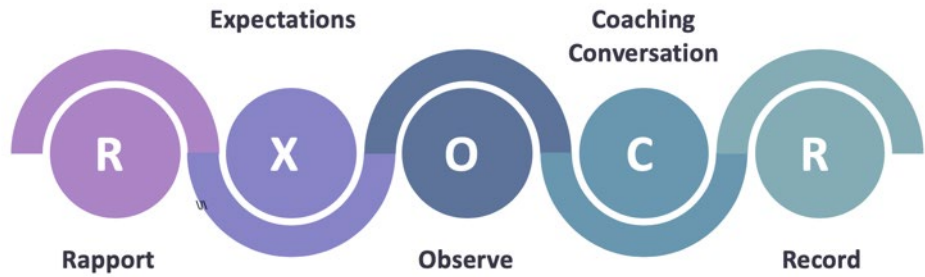
### Record

- Your “assessment of how it was performed
- Suggestions you gave to student for improvement



## Coaching Conversation

- Remember that your goal is to change their behavior not just to “give feedback” so do what you can to make sure the learner will internalize what you say
- Starting with the learner’s self-reflection helps to gauge their insight and allows you to use their own goals/thoughts to trigger change



## Record

- Similar to patient notes, recording your assessment of a student's performance allows for a more complete picture of a student's growth over time
- Each individual observation or assessment is only one piece of the puzzle and won't be the only determining factor in a student's grade/residency options





Each assessment is another pixel to provide more detail



# What are the questions on the form?



RATINGS OF ENTRUSTABLE  
PROFESSIONAL ACTIVITIES



OPEN ENDED COMMENT  
BOXES



## RATINGS OF ENTRUSTABLE PROFESSIONAL ACTIVITIES

# Entrustable Professional Activities

- Based on the concept of trust:
  - Do you believe that the student can do the activity on their own correctly and ask for help when needed?
  - Utilizes your judgment and observation
  - Trust depends on the student's:
    1. Knowledge and skill
    2. Discernment – Do they know their limits?
    3. Conscientiousness – Do they follow through?
    4. Truthfulness – Do they admit mistakes?
  - Specific billing rules or clinic logistics DO NOT need to play into this rating



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*?

### Physical Exam

1. I would do the exam myself
2. I would do the physical exam with the student
3. I would let the student do the physical exam and repeat ALL findings
4. I would let the student do the physical exam and repeat KEY findings

### Differential Dx

1. I would create the differential diagnosis myself
2. I would work with the student to create the Ddx but take the lead
3. I would let the student create the Ddx but then provide SUBSTANTIAL input
4. I would let the student create the Ddx but then provide MINIMAL input

### Plan

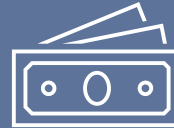
1. I would create the plan myself
2. I would work with the student to create the plan but take the lead
3. I would let the student create the plan but then provide SUBSTANTIAL input
4. I would let the student create the plan but then provide MINIMAL input

# Common misconceptions about entrustment ratings



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

This is about safe and effective patient care



Billing rules do not apply!



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



# Consider the complexity of the patient

- Entrustment and feedback are based on the context (i.e., details about the patient)
  - Often students are more independent with simpler patients before more complex so that can be a next
- What type of patient is the student able to independently care for?
  - Common diagnosis with typical presentation
  - Common diagnosis with atypical presentation
  - Uncommon diagnosis with typical/atypical presentations
  - Complex social situation
  - Undifferentiated patient
  - Urgent/emergent situation



OPEN ENDED  
COMMENT BOXES



# Suggestions for high quality feedback and narrative comments



Describe what the student did in detail with specific examples



Use verbs not adjectives



Include specific reference to the activities we expect students to perform



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



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



Don't use comparative language

# Equity in Assessment Reflection Questions

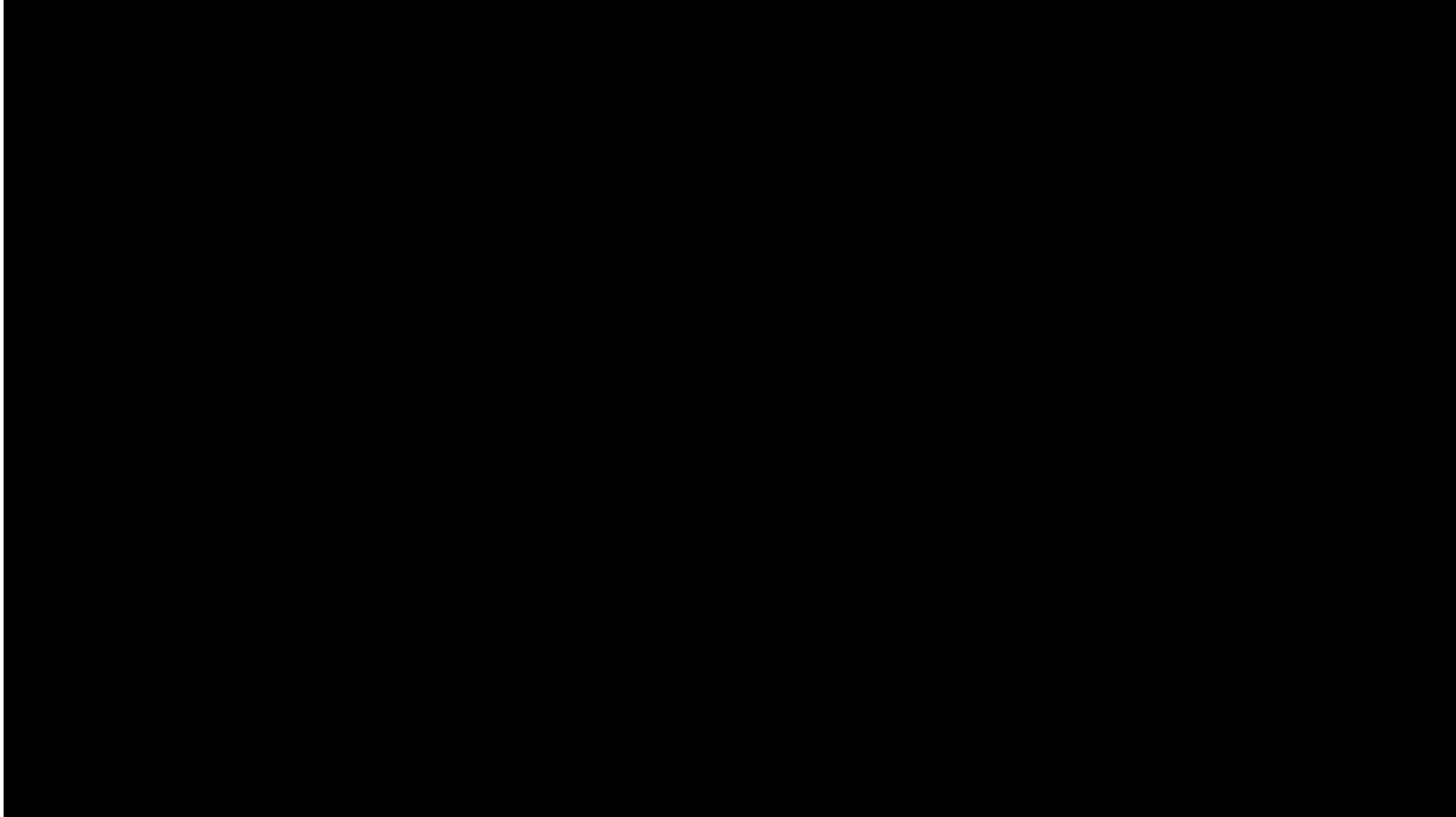
- *Would I have written the same thing if the student was a different gender or race?*
- *Am I describing personal attributes of the student or how well they fit in, or am I describing the actual skills and knowledge they demonstrated during our time together?*
- *For every adjective in my narrative did I include examples of what the student did that led me to include this adjective?*
- *Did I actually see the student performing the activities that I am assessing them on or am I making inferences about their performance in one area from their performance in another area?*





Be the eye-witness and  
not the judge!

Let's practice





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*?

- Poll everywhere MCQ
  - I would not allow the learner 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

Please provide any example comments about this student's strengths and areas for growth

- Poll Everywhere text wall or cluster

# Second Practice opportunity

- I am going to give you an example of a comment written about a student from last year. Your job is to decide if this is a:
  - **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
- Another way to think of this is would you recommend that this comment be rewritten or submitted as is

# Comment #1

- **Summary:** Student is an exceptionally impressive third year medical student and did a great job during her time on hospital medicine. She carried 2-3 patients at all times and presented/managed them in a very mature manner. One patient that comes to mind is a 70-year-old male with pancytopenia in the setting of fever. She was able to identify a broad ddx (eg. leukemia/lymphoma, viral suppression) and discuss how additional lab findings (eg. transaminitis) and exam findings (eg. absence of lymphadenopathy or splenomegaly) made her feel this was more consistent with a viral process. She communicated these findings with both the family and bedside nurses and was able to answer all follow up questions.
- **Improvement:** Student sought out feedback and did a great job incorporating it throughout her rotation. Since she is doing so well with presentations as it is, she could work to take them to the next level by limiting medical language and involving families with the formulation of plans on rounds.

# Feedback on Comment #1

- Overall, this is a high-quality comment.
  - The length is appropriate – there are 115 words in the summary.
  - The description is quite specific and includes some medical information. This can be something for you to look for in your comments – you should be telling us something about the medical complexity of the patients the student can care for independently.
  - Specific ideas on how to improve are included.
  - The comment is mostly actions rather than adjectives
  - It is written in a supportive tone.

# Comment #2

- **Summary:** Student was one of the best 3rd year medical students I have worked with in the last few years. Outstanding ability to take what she learns and apply it to the next patient she sees. She was really proactive and took appropriate initiative in patient care. An absolute pleasure to work with.
- **Improvement:** Ask for more observations



# Feedback on Comment #2

- Overall, this not a useful comment
  - The comment is relatively short (only 52 words) so that means that there is not much detail
  - When we look at what those 52 words are many are not actually useful to help understand what the student can do – this is a comment that is mostly adjectives and not actions.
  - There is a lot of comparative language included.
  - If we were to take out the comparative language and adjectives we are left with an even shorter comment:
    - **Summary:** ~~Student was one of the best 3rd year medical students I have worked with in the last few years.~~ Outstanding ability to take what she learns and apply it to the next patient she sees. She was really proactive and took appropriate initiative in patient care. ~~An absolute pleasure to work with.~~
  - Finally – can you tell which rotation this was from by this comment? I can't. I am pretty certain that what students do in surgery is different than pediatrics. We should be able to see that in the comments – it is a good way to check to see if you are writing about actual skills that the student is demonstrating when working with you in your particular field.

# Comment #3

- **Summary:** He was enthusiastic and willing to jump in and take a history. Was not hesitant to do a physical exam on an assortment of pediatric aged patients. He asked for help and advice with each of these steps and was a willing receiver of suggestion. Because he was so early in his rotation I felt he functioned appropriately for an MS3 with little pediatric background experience. Importantly he was an enthusiastic learner and did apply suggestion to each successive patient.
- **Improvement:** He needs time and experience. I felt he certainly has the basics and the hunger for information and technique to allow him to grow with time

# Feedback on comment #3

- Although at first glance the length seems good, when you look in detail most of the words are “fluff” and don’t add any specifics about the student’s skills.
  - **Summary:** ~~He was enthusiastic and willing to jump in and take a history. Was not hesitant to do a physical exam on an assortment of pediatric aged patients. He asked for help and advice with each of these steps and was a willing receiver of suggestion. Because he was so early in his rotation I felt he functioned appropriately for an MS3 with little pediatric background experience. Importantly he was an enthusiastic learner and did apply suggestion to each successive patient.~~
  - **Improvement:** ~~He needs time and experience. I felt he certainly has the basics and the hunger for information and technique to allow him to grow with time~~
- The only specific skill mentioned in this comment is help-seeking.
- The mention of history and physical exam may seem like a skill but all it really says is that the student was eager but participate in patient care and doesn’t say anything about their actual abilities.

# Comment #4

- **Summary:** Student is a very enthusiastic learner, always willing to help out, and responsive to feedback. She is empathetic working with families, takes detailed histories and gained skills in delivering clear, concise and accurate histories. By the end of the month, student was able to effectively deliver age-appropriate anticipatory guidance for all younger children.
- **Improvement:** Continuing to work on your fund of knowledge by researching the presenting condition so that you will be able to create more rich and comprehensive differentials.

# Feedback on Comment 4

- This comment has some strengths but also could be better.
  - A little longer and more detail could strengthen this comment – it is only 80 words total.
  - There is some detail about the student's abilities – presenting and providing anticipatory guidance but those are only 2 skills and more detail could be helpful.
  - This comment has clear suggestions for next steps for the learner which are phrased supportively.

# Comment #5

- **Summary:** Student interviewed a 5 year old girl and her parents who had come in for Kawasaki's Disease. He was very thorough in his questions, obtaining a full history. He also was able to build a rapport with the parents in a short amount of time but asking questions and responding to their answers in an appropriate way. His physical exam was rudimentary, but this is because he had not seen a girl with Kawasaki's Disease before and didn't know what specifically to look for.
- **Improvement:** Student should continue to think about what specific questions need to be asked given a certain chief complaint. While he is good about asking every general question in a history, there are specific questions that should be asked for an asthmatic, for example, that he didn't do when interviewing a boy admitted for an asthma exacerbation.

# Feedback on comment #5

- This comment is a strong example of a comment that you can write even after only a short period of time with the student
  - There is great detail in the comment and appropriate length
  - Because this includes a good amount of description of what the student can do and is written in a supportive and non-judgmental manner, even though the student is not excelling this assessment feels fair and focuses on descriptions of what was observed.
  - Yes, this is only one patient, but it is up to the grading committee to put this piece of data together with other data to determine if this is a pattern or a one-off. The detail is helpful no matter what.

The background of the slide is a dark, textured surface filled with numerous question marks. The question marks are rendered in various shades of brown, tan, and grey, creating a sense of depth and repetition. One question mark in the center-left is highlighted in a light grey color, making it stand out from the others.

# 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?

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- 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





# How are grades determined?

	Honors	High Pass	Pass	Fail
Clinical Assessments	<ul style="list-style-type: none"> <li>Comments and ratings consistently demonstrate achievement of <b>exemplary expectations</b> for <b>most</b> clinical skills for patients with <b>common</b> conditions <b>AND</b></li> <li>Consistently demonstrates <b>many</b> clinical skills with <b>complex or undifferentiated</b> patients</li> </ul>	<ul style="list-style-type: none"> <li>Comments and ratings consistently demonstrate achievement of <b>minimum expectations</b> for all clinical skills with <b>common</b> conditions</li> <li>Demonstrates <b>some (but not all)</b> <b>exemplary</b> clinical skills expectations for patients with common conditions</li> <li>Demonstrates <b>some (but not all)</b> clinical skills with <b>complex or undifferentiated</b> patients</li> </ul>	Comments and ratings consistently demonstrate achievement of <b>minimum expectations</b> for clinical skills for patients with <b>common</b> conditions	Comments and ratings <b>do not consistently demonstrate</b> achievement of minimum expectations for clinical skills for patients with common conditions
Professionalism	<ul style="list-style-type: none"> <li>No more than 1 minor professionalism lapse</li> <li>Comments and ratings consistently demonstrate exemplary professionalism</li> </ul>	No more than 2 minor professionalism lapses, no major or egregious professional lapses	No major or egregious professional lapses and no pattern of unprofessional behavior	Pattern of unprofessional behavior or major or egregious professional lapses
Assignments and exams	<ul style="list-style-type: none"> <li>Exemplary in at least 1 eligible assignment</li> <li>Pass exam on the first attempt</li> </ul>	Pass all assignments and exams (allowed one retake)	Pass all assignments and exams (allowed one retake)	Does not pass all assignments even after one retake for each assignment and exam

# Examples of questions about clinical skills

EPA (Task)	"Watch me do this."	"Let's do this together."	Repeat <u>all</u> findings or <u>substantial</u> input/revisions.	Repeat <u>key</u> findings or <u>minimal</u> 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 <u>all</u> findings	I would let the student gather the history and repeat <u>key</u> 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 <u>all</u> findings	I would let the student do the physical exam and repeat <u>key</u> 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 <u>substantial</u> input	I would let the student create the differential diagnosis, but then provide <u>minimal</u> input
Recommend and interpret common diagnostic tests.	I would recommend and interpret the tests myself	I would work with the student to recommend and interpret the tests but take the lead	I would let the student recommend and interpret the tests, but then provide <u>substantial</u> input	I would let the student recommend and interpret the tests, but then provide <u>minimal</u> input
Develop a management plan.	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 <u>substantial</u> input	I would let the student create the management plan but then provide <u>minimal</u> input
Provide preventive care.	I would provide the preventative care and anticipatory guidance myself.	I would work with the student to provide the preventative care and anticipatory guidance.	I would let the student provide the preventative care and anticipatory guidance but then provide <u>substantial</u> input.	I would let the student provide the preventative care and anticipatory guidance but then provide <u>minimal</u> input.

# What about the forms?

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- All assessments will be in Oasis
- Two different forms
  - Short Form
    - *Select 1 or 2 tasks to assess and provide comments*
    - *Can be accessed with QR code*
  - Long Form
    - *Includes all tasks for each clerkship*
    - *Completed by preceptor twice a year*

Leadership. Curiosity. Commitment.

# What about growth over time?

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- 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.

Leadership. Curiosity. Commitment.



Each assessment is another pixel to provide more detail





# Tips for integrating this into daily practice

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- 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



# 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



# Let's end with two reflections...

- One thing I learned
- One thing I still have questions about