Supporting the Expert Assessors: Competency Based Medical Education Systems for Frontline Preceptors

Mike Donoff MD, CCFP, FCFP
Competency Based Achievement System (CBAS) Program
Department of Family Medicine
University of Alberta

CBAS Team: Shelley Ross PhD, Shirley Schipper MD, Darren Nichols MD, Paul Humphries MD, Fred Janke MD
Objectives:

- After attending this session participants will be able to:
  - Describe the essential role of preceptors doing assessment in the workplace.
  - List the essential components of an organized assessment system.
Faculty/Presenter Disclosure

- **Faculty:** Dr. Michel Donoff

- **Relationships with commercial interests:** None
Disclosure of Commercial Support

- This program has received financial support from the University of Alberta in the form of an educational grant from the Teaching and Learning Enhancement Fund.

- This program has received in-kind support from the University of Alberta Department of Family Medicine in the form of logistical support.

Potential for conflict(s) of interest:

- None
Mitigating Potential Bias

- Not required
Workplace-based assessment and the art of performance
Objectivity / Subjectivity Issue
Formative / Summative Issue

• High stakes summative assessment decisions require elimination of subjective opinion and use of objective, reliable data only.

• Or

• Summative decisions for high level, complex competencies require the subjective judgment of trusted and valued clinical experts.
Increasing support in the literature for subjective, qualitative data

“Any assessment method at the ‘does’ level is characterized one way or another by reliance on information from knowledgeable people to judge performance”

(van der Vleuten)
The elephant in the room
Inter-rater variability

Decades of research show little to no improvement by changing assessment frameworks or preceptor training.
Seeing the ‘black box’ differently: assessor cognition from three research perspectives
Andrea Gingerich,1 Jennifer Kogan,2 Peter Yeates,3 Marjan Govaerts4 & Eric Holmboe5  Medical Education 2014: 48: 1055–1068

- Assessor as trainable
- Assessor as fallible
- Assessor as meaningfully idiosyncratic
QUESTION 1: How to increase the input of preceptor experts into trustworthy assessment?

Step 1: You need a programmatic system.
A Programmatic Assessment Approach

① Observe and Document

② Collect and organize documented observations within a framework (evaluation portfolio)

③ Periodic review of progress supported by documentation (Guided Self Assessment)

④ Reporting

⑤ Adjust learning activities as needed
① Observe performance
Purposeful observation
Coach with feedback
Document a sample

Eg. Field Notes
FieldNote

Learner: ____________ Observer: ____________

Describe observation (event or action):

Feedback:

Date: ________________  □ Observed patient/resident interaction

Sentinel Habit _________  Clinical Domain ___________

□ Stop: Important correction  □ In Progress  □ Carry On / Got it!

Stack Name (Optional): ________________  To Follow-Up: □
A 54 year old woman with anemia

<table>
<thead>
<tr>
<th>Feedback *</th>
<th>I just wanted to comment on the fullness of the GI history for Connie. I think it needed to be flushed out a bit more to ensure that we were able to determine our risks for a GI cause of blood loss. I would have liked to have had a history of any change in her bowel habits, new consistency, new calibre, etc, as well as any possible family history of GI malignancy, inflammation, etc. This would help us determine the need for further GI workup. Also, I'm not sure you had mentioned it to her, but we should have also ensured that we had recommended iron supplementation to treat her anemia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentinel Habit *</td>
<td>2. Differential diagnosis</td>
</tr>
<tr>
<td>Clinical Domain *</td>
<td>2. Care of adults</td>
</tr>
<tr>
<td>Progress Level *</td>
<td>☐ Stop, important correction</td>
</tr>
<tr>
<td></td>
<td>☐ In progress</td>
</tr>
<tr>
<td></td>
<td>☐ Carry on, got it</td>
</tr>
<tr>
<td>Follow Up *</td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>
Total FieldNotes

2010-2011: 5208
2011-2012: 4712
2012-2013: 5099
2013-2014: 5889
2014-2015: 7230*

*to March 1, 2015

Total: 28,138
Collect and organize documented observations within a framework (evaluation portfolio)
All FieldNotes are collected electronically; other assessment documents also collected here (Progress Reports, eventually ITERs, too)
How clear is the picture of competence?
Total Field Notes for each Progress Level

2013-2014

PL-1 (STOP) | PL-2 | PL-3 (Carry on)

2012-2013

PL-1 (STOP) | PL-2 | PL-3 (Carry on)

PL-1: Stop/Important Correction

PL-2: In Progress

PL-3: Carry On/Got it
FieldNotes by Sentinel Habit

<table>
<thead>
<tr>
<th>SH</th>
<th>Incorporates the patient’s context</th>
</tr>
</thead>
<tbody>
<tr>
<td>SH2</td>
<td>Generates relevant hypotheses</td>
</tr>
<tr>
<td>SH3</td>
<td>Manages patients using available best practices</td>
</tr>
<tr>
<td>SH4</td>
<td>Selects and attends to the appropriate focus</td>
</tr>
<tr>
<td>SH5</td>
<td>Uses key features for procedures</td>
</tr>
<tr>
<td>SH6</td>
<td>Demonstrates respect and/or responsibility</td>
</tr>
<tr>
<td>SH7</td>
<td>Communication is clear and timely</td>
</tr>
<tr>
<td>SH8</td>
<td>Helps others learn</td>
</tr>
<tr>
<td>SH9</td>
<td>Promotes effective practice quality</td>
</tr>
<tr>
<td>SH10</td>
<td>Seeks and acts on feedback</td>
</tr>
</tbody>
</table>

2013-2014

2012-2013
A last controversial claim...

- Documentation using narrative description trumps Likert scales, rating scales and detailed checklists every time!
Conclusion:

- The most important contribution to workplace based competency assessment is the day to day purposeful observation, coaching and documentation done by clinical experts.

- We only value their input if we provide an organized programmatic system which is based on the most appropriate methods (qualitative research methods).