



NARRATIVE ASSESSMENT



Moving From:



To Meaningful Assessment:

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What Do We Do?



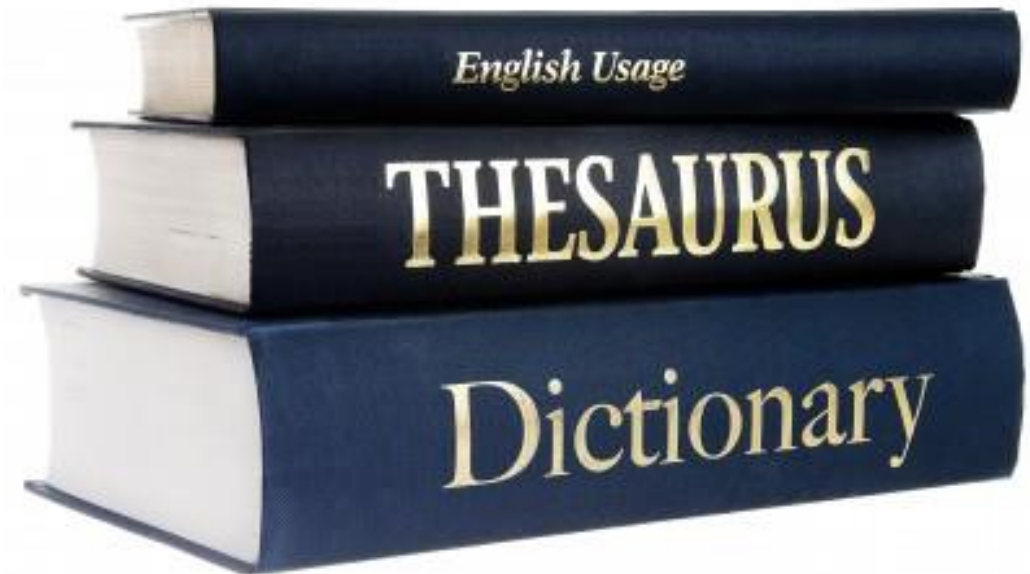
Objectives

- ✓ Understand and discuss the role of narrative assessment in student's evaluations.
- ✓ Discuss the potential impact of poor narrative assessments in a student's progress.
- ✓ Develop narrative assessments based on a direct observation encounter using the PRIME model

Thesaurus

nar-ra-tive

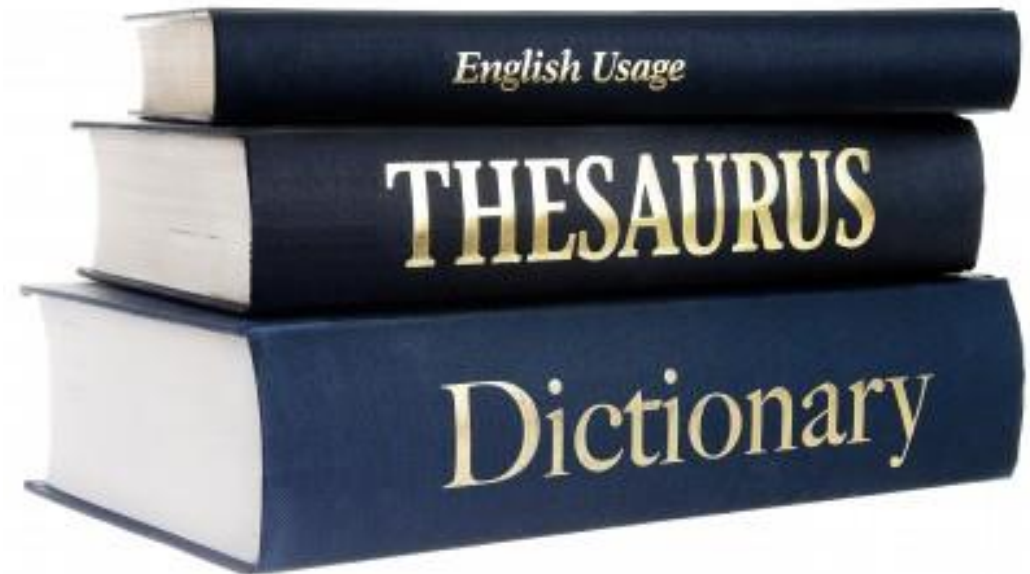
1. A narrated account of connected events; a story.
2. The art, technique, or process of narrating: the highest form of narrative.
3. A presentation of real-world events that connects them in a story-like way
4. An explanation or interpretation of events in accordance with a particular theory, ideology, or point of view
5. Consisting of or characterized by the telling of a story: narrative poetry.
6. Of or relating to narration: narrative skill.



Thesaurus

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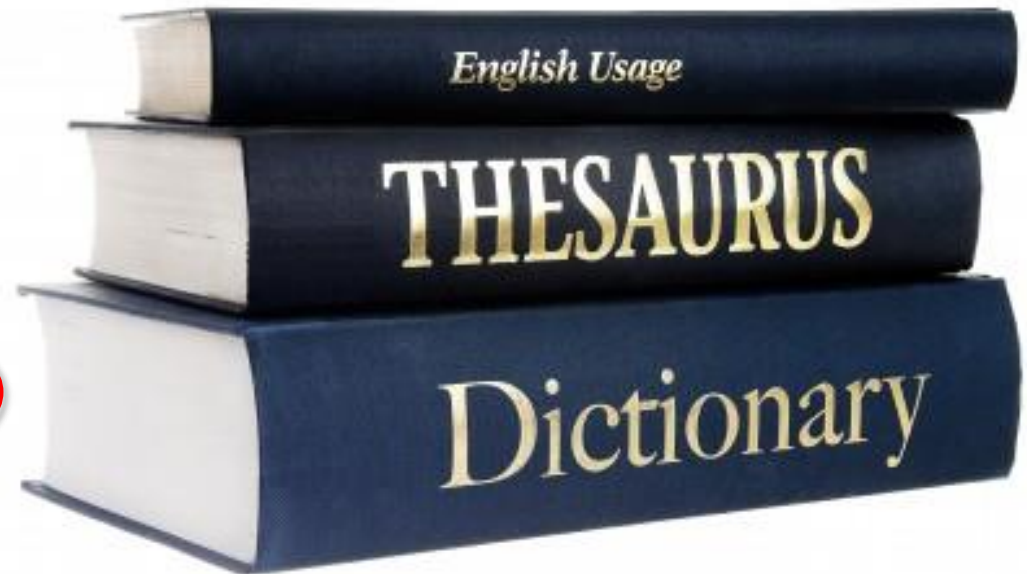
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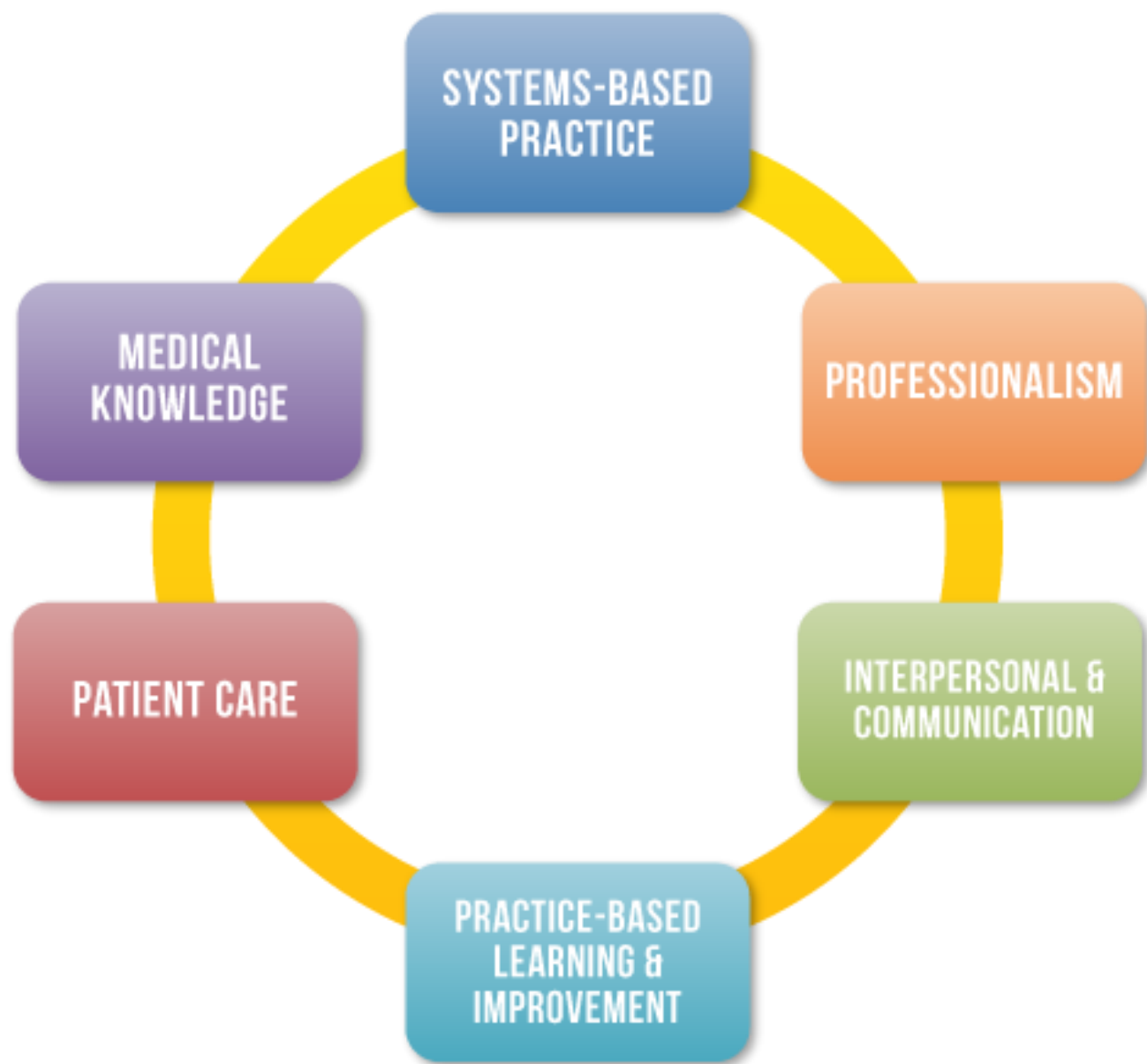
Standard Schemes

NORM REFERENCED

Ranking of students with respect to the achievement of others within his/her same level of training

CRITERION REFERENCED

Ranking of students with respect of their achievement of a pre-determined set of criteria (competencies)



Definitions of Assessment

FORMATIVE ASSESSMENT

A teaching (“forming”) evaluation done with the purpose of guiding future performance. Requires the use of FEEDBACK

FEEDBACK: “...refers to information describing students’ performance in a given activity that is intended to guide future performance in that same or in a related activity”-(Ende, 1983)

SUMMATIVE ASSESSMENT

A “summary” of student performance used to make a judgment.

All assessments are formative, but not all assessments are summative

The Rhythm of the Evaluation Process (Pangaro, 2015)

Educational Process	Aristotle	Clinical Process analogy
Assessment	Observation	History and Physical Exam
Evaluation	Reflection	Diagnosis
Grading/Feedback	Action	Therapy

Narrative Assessment

AKA: Narrative Feedback

AKA: Descriptive Assessment

“Teachers’ words should provide evidence of a student’s strengths and weaknesses, give examples of achievement or deficiencies and serve as the basis for direct, meaningful feedback to the student and for recommending advancement or remediation.” (Pangaro, 2015)

Handbook on Medical Student Evaluation and Assessment



Alliance for
Clinical Education

Louis N. Pangaro, M.D.
William C. McGaghie, Ph.D.
Editors

Why Use Narratives At All?

Teaching and assessment strategies must be varied

Teaching and assessment strategies must be appropriate for learning objectives

Numbers predict numbers

What predicts attitudes and behaviors?

Meaningful for Whom?

Stakeholder: Student

- Assessment drives learning (the engine of learning)
- Feedback guides future performance and thus is a teaching tool as well
- Can have an impact on professional future (admittance to residency program)

Stakeholder: Evaluator (Course/Clerkship Directors; Program Directors; Advancement Committee)

- Is this a good candidate for my residency program?
- Is he/she ready for the next step in training? (Pre-Clinical to Clinical to Supervised Practice to Unsupervised Practice)



Is narrative feedback Effective?

Feedback can be beneficial, neutral or debilitating (Kluger, 1996; Hattie 2007)

- Self-directed comments are detrimental (competent, caring, compassionate) unless reinforced with specific examples that led to that assessment (Canavan, 2010)

Physician performance improves significantly more with feedback than without it (Westberg & Jason, 1991)

Without reinforcement, desirable behaviors on the part of learners may be lost, and undesirable behaviors may become stronger (Ende 1983)

Provision of feedback, which identifies learner strengths and makes recommendations for improvement, is a key tool in clinical teaching (Irby & Bowen, 2004)

Conclusions: Comments often lack effective feedback characteristics. Opportunities exist to improve the quality of comments provided in multisource feedback.

Commenting on Comments

Moderator: Nancy Dudek, MD

Discussant: Joan Sargeant, PhD

The Quality of Written Comments on Professional Behaviors in a Developmental Multisource Feedback Program

Colleen Canavan, Matthew C. Holtman, Margaret Richmond, and Peter J. Katsufakis

Abstract

Background

Written feedback on professional behaviors is an important part of medical training, but little attention has been paid to the quality of written feedback and its expected impact on learning. A large body of research on feedback suggests that feedback is most beneficial when it is specific, clear, and behavioral. Analysis of feedback comments may reveal opportunities to improve the value of feedback.

Method

Using a directed content analysis, the authors coded and analyzed feedback phrases collected as part of a pilot of a developmental multisource feedback program. The authors coded feedback on various dimensions, including valence (positive or negative) and whether feedback was directed at the level of the self or behavioral performance.

Results

Most feedback comments were positive, self-oriented, and lacked actionable information that would make them useful to learners.

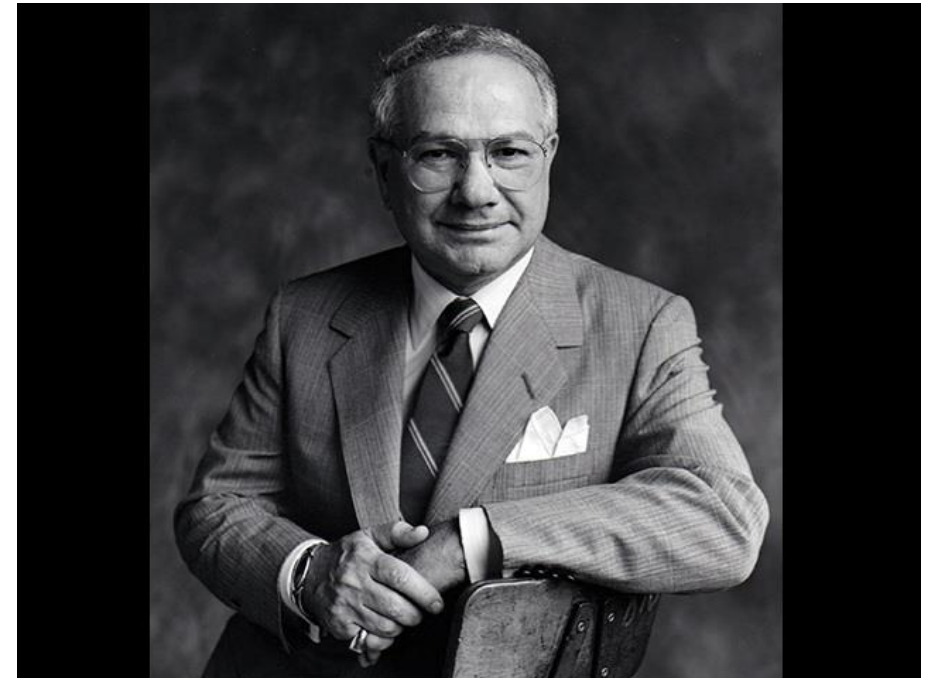
Conclusions

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Are NA “Subjective”?

Traditionally identified as “subjective” due to its qualitative nature

Pangaro cites E.W. Eisner who argued that “expert judgment is likely the superior approach to evaluating competence in fields in which science and art are mixed” (Pangaro, 2015)





Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

9.5 Narrative Assessment: (ED-32)

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher student interaction permits this form of assessment.

LCME's Definition

Narrative assessment: Written comments from faculty that assess student performance and achievement in meeting the objectives of a course or clerkship. (Element 9.5)

Medical Student Performance Evaluation (MSPE)

- “ Graduation from medical school is the student’s transition from a general phase to a specialized phase”
- Residency program directors and selection committees require information about levels of accomplishments during medical school.
- It is not a letter of recommendation, it is an evaluation
- **Rarely those who prepare dean’s letters of evaluation have enough information**



What do UPR-SOM
Students Think??



Recommendations: The ISA Task Force Committee recognizes there are concerns regarding the narrative feedback of students by the clerkship directors included in the Dean's Letter. Students feel the feedback included is not descriptive or specific enough about their strengths, and are not comparable with letters written for students at other medical schools. In addition, narrative feedback from clerkship directors are often not received by the application deadline. As of the 2015-2016 Academic Year, faculty development workshops on How to Write Narrative Assessments have been offered to all clerkship directors and will be given at the beginning of each academic year. This will strengthen the content of the Dean's Letter that accompanies residency



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What Should We Assess With Narratives?

Competencies not easily assessed with tests and practical exams

Student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations.

- Professionalism
- Self-directed skills (initiative, self starter)
- Interpersonal skills (peers, superiors, patients, staff)



As with Feedback, Narratives Should be...

- ✓ Based on the activity's objectives
- ✓ Well timed and expected
- ✓ Based on observations
- ✓ Limited in quantity and to remediable behaviors
- ✓ **Descriptive and specific- Make it individualized, reflect student's uniqueness**

A helpful framework should:

- Be behavior based
- Have simple phrases
- Be easy for faculty to observe and write
- Have common vocabulary to compare performance over time



Proposed Framework

PRIME+



Louis Pangaro, MD

Professionalism

Studies demonstrate that assessment of professionalism (particularly concerns) predict future behavior (Papadakis, 2004)

Vocabulary:

- Responsibility (punctuality, preparedness)
- Image (attire, attitude)
- Response to authority and feedback
- Motivation
- Initiative
- Honesty
- Truthfulness
- Formal vs informal
- Respect for peers and supervisors

Reporter

Can the student answer the “what” question?

- Did she/he gather the appropriate information?
- Is the information complete?
- Did she/he communicate the information using the correct terminology? (oral and/or written)

Interpreter

Can the student answer the “why” question?

- Did he/she make the right connections? (critical thinking)
- Can he/she identify the most pressing issues? (Prioritize)
- Can he/she identify the most likely cause? (differential diagnosis, problem solving)

Manager

Can the student express the most logical course of action (the most logical next step)?

Can the student identify the most logical solution?

Educator

Can the student adequately transmit his/her thought process to peers? To patients? To faculty?

Does she/he know where to look up the most reliable information?

Can she/he perform an effective search of the information needed?

Does she/he have initiative to educate him/herself? Is she/he a self-starter?

+ Plus

What can you (the faculty) suggest for him/her to continue doing what she/he did well and to modify what he/she did not do well?

Be very specific, and choose only one or two things to work on

- The student relies too much on review books and therefore her knowledge of pathophysiology is incomplete. I recommend that she uses the Nelson Textbook of Pediatrics to prepare for her case write-ups, with special emphasis on epidemiology and pathophysiology of illness
- SGD: The student presented information on the pathology of inflammation that was inaccurate. When asked, he reported obtaining the information after a quick Google search and used Wikipedia as main reference. Student needs to review the reliability of the sources of information since this will have a future impact on medical decision making.

What will you say?

If the student had the next three weeks to work on improving something, what should it be and what suggestions do you have for them as to how to do it?

If you were “handing over” the student to another tutor, what could you identify as areas for improvement that your colleague could focus on?

Professionalism

- Reliability, responsibility, teamwork [P, SBP]
- Respect for patient's values [P]
- Punctuality [P]
- Respect for staff and peers [P, ICS]
- Appropriate attire for clinical care [P]
- Demeanor, speech, courtesy [P]

Reporter

- Interviewing [PC, ICS]
- Physical examination [PC]
- Written documentation [ICS]
- Oral case presentations [ICS]
- Accurate assessment [PC, MK]

Interpreter

- Problem prioritization [PC]
- Differential diagnosis [MK]
- Interpreting data (Hx, PE, Labs) [MK, PC]

Manager

- Management of individual patients [PC]
- Management of a medical team [ICS, SBP]
- Diagnostic plans [MK, PC]
- Therapeutic plans [MK, PC]
- Benefit/risk/cost decision making [MK, PC, SBP]
- Basic procedures (IVs, NGs, etc.) [PC]
- Advanced procedures (LPs, central lines, etc.) [PC]
- Incorporates patient values in plan [P]

Educator

- Self-directed learning [PBLI]
- Professional growth [P, PBLI]
- Response to feedback [PBLI]
- Giving effective feedback [ICS, PBLI]
- Critical literature appraisal skills [MK, PBLI]
- Teaching skills [MK, ICS, PBLI]
- Recognize own deficiencies [PBLI]

Plus

- Next steps in professional development [PBLI]

Holmes, Peltier, 2015)

How Much to Write?

Ideally, one to two sentences per domain.

This is not practical in every situation and definitely not in pre-clinical courses or when there has been limited interaction

Minimum information that can be provided:

- Professionalism (image, responsibility, motivation, interest, preparedness, language and terms used, communication, response to authority)
- Reporter (was information accurate and complete?)
- In case of SGD, TBL, where students make presentations: Did they use correct terminology? Did they use reliable resources?

Jane was always on time, reliable and dependable such that I always knew the information she provided was accurate. She was able to report data succinctly and gather complete histories while simultaneously maintaining excellent rapport with families. She performed good differential diagnoses, was able to interpret lab data, PFT's, etc., and to independently find resources to help her when she came across data she had not encountered previously. Jane could synthesize good plans, and managed patients well, always spending additional time to assure family understanding of instructions. She responded well to feedback with appreciation and an upbeat attitude, worked diligently on fund of knowledge, and was able to educate families and patients well on various illnesses—always the professional, spending more time and effort whenever it was required by the situation

Sandra is a very mature and thoughtful student who did an outstanding job on the inpatient service at NMH. She was consistently interested and inquisitive, and maintained a wonderful working relationship with staff. She showed empathy and a sense of caring for her patients, and took personal responsibility for their care. She was very psychologically-minded and thoughtful in her evaluation of patients. Her assessments did an excellent job of applying the biopsychosocial model. In the outpatient VA setting, she was a quick learner, and demonstrated interest, care, and concern for her patients. She displayed strong problem-solving skills and was a great team player. She wrote an outstanding case report on patients with bipolar disorder; in addition to being well-researched, the write-up demonstrated tremendous empathy for the patient. Her score on the shelf exam was above the Northwestern mean (76th percentile nationwide), revealing an excellent fund of knowledge for her level of training. She has great aptitude for psychiatry, and will make a wonderfully compassionate, caring physician. She receives a grade of HONORS for the rotation.

Sample MSPE Narrative: accessed 2016



- **Be specific and behavioral.** Avoid words like “good” and “excellent”
 - When I arrived for rounds every morning, Juan had already examined all patients and had prepared a list of possibilities for the patients’ complaints according to their underlying condition
 - Juan participated when prompted and was prepared with up-to-date information obtained from validated sources (such as...)
- **Avoid surprises**
 - Do Not write a bad evaluation if student doesn’t know it’s going to happen
- **Make suggestions**
 - “Jane has yet to refine her search of the medical literature skills. I recommend that she takes a review course online such as....and addresses this with her mentor.”

-
- Be consistent in writing.
 - Grammatically correct.
 - Appropriate length and justify what you write.
 - write what supports your assessment



Comments
encouraged!



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)

PRACTICE

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PRACTICE
MAKES
PERFECT

Narrative Assessment in the Pre-Clinical Curriculum

Small Group Activities

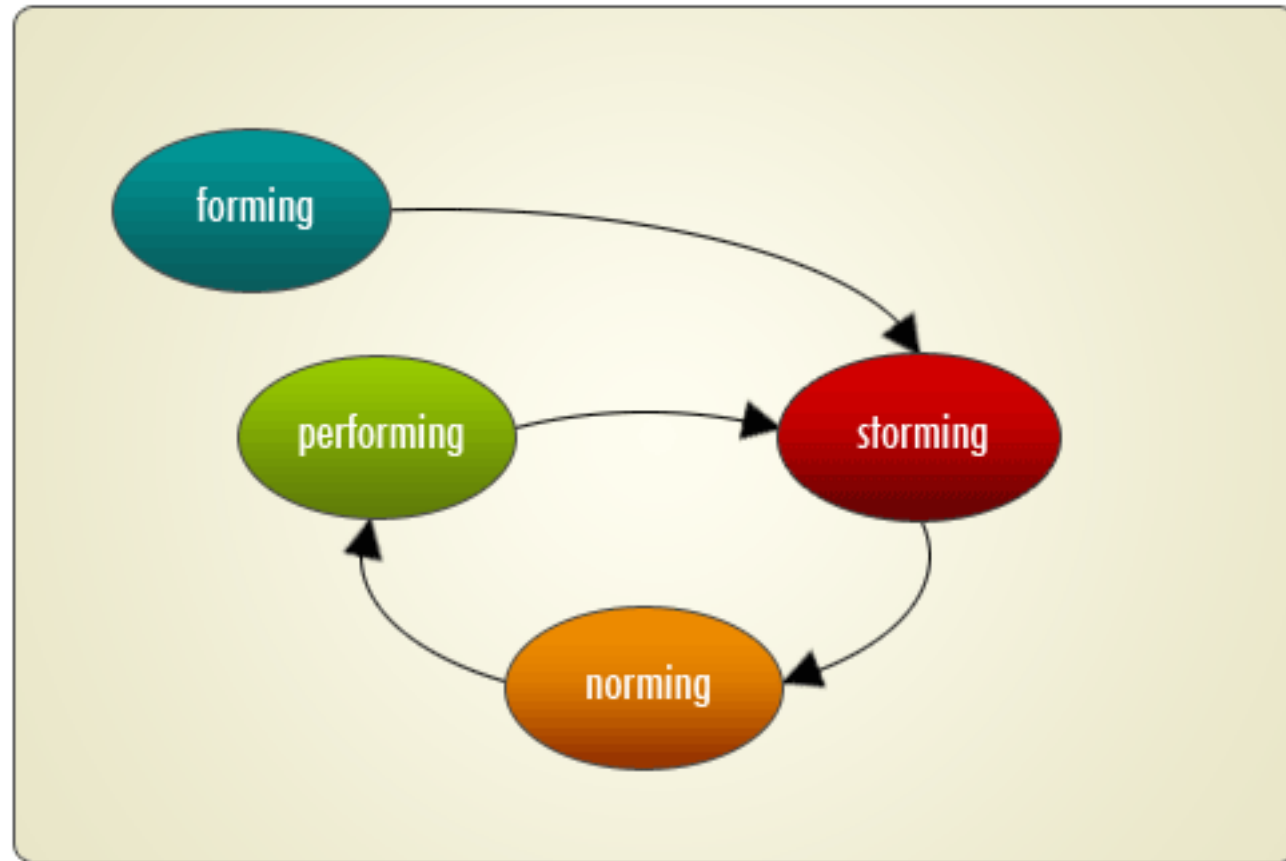
Team-Based Learning

Flipped-Classroom

Active Learning

- Skills of Self-directed, life-long learning
- Identify, analyze and synthesize information
- Assess credibility of information resources
- Share information with peers and supervisors
- Receive feedback on information-seeking skills

The Five Stages of Group Dynamics



Challenges

Time consuming

Reluctance to make “negative” comments (Grade Inflation)

Understanding the framework

Feedback cannot be forgotten!

Factors that improve reliability

Lower teacher: student ratios

Prolonged exposure and observation

Common vocabulary and parameters

Faculty Training

Student # 1



“ 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”.

To discuss: What does it really assess? Professionalism? Patient care? Personality?

Student showed respect for patients, peers and supervisors. He was recognized by the residents as part of the team since he diligently assisted during daily patient check-ups and offered to follow-up on test results. When questioned during rounds he was able to demonstrate the expected knowledge of epidemiology of most common maladies and he was able to delineate at least a rudimentary differential diagnosis. He was able to convey his enthusiasm for learning and looked up all information he did not immediately know and followed up with either the attending or the supervising resident.

Student #2: Small Group Discussion

“Student was on time to discussions and satisfactorily completed assigned tasks. He was respectful of peers and teacher.”

In terms of professional characteristics, Joe was on-time, his attire was in accordance to the school’s dress code and he was respectful of his peers, waiting for his turn to make comments and listening attentively to his classmates. Although he did not volunteer information, he readily participated when prompted and had prepared his assigned task according to the instructions and obtaining information from reliable sources (cite the sources).

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 training.



Tips...

- If the student has made a mistake, corrects the problem and improves, target the improvement rather than the problem.





Non-Cognitive Academic Factors Evaluation Form

Important: An unsatisfactory evaluation in only one or more of the following criteria may result in the student failing the course or activity (grade of F), regardless of satisfactory completion of other grading requisites. Also, the unsatisfactory evaluation in any of these criteria may require that a remedial work plan be developed and agreed upon.

CRITERIA	Satisfactory	Unsatisfactory	Not Observed / Does Not Apply	Comments
Professionalism and Ethics				Comment on any positive or extraordinary aspect of the student's performance. Also specify in the case of any criteria that are found to be unsatisfactory.
Responsibility / Accountability				
Motivation / Initiative				
Commitment / Dutifulness / Dedication / Effort				
Professional Image				
Response to Authority				
Response to Feedback and Criticism				
Recognition of Limitations				
Shows integrity, honesty and truthfulness				
Interpersonal and Communication Skills				
Humanism (Empathy / Compassion / Advocacy)				
Consideration for Roles and Rights of Others				
Team Work				
Protectiveness towards Vulnerability of Others				
Communication and patient education				
Respect for Expectation of Confidentiality				
Respectful attitude				
Patient Care				
Health promotion and education				
Sociocultural competence				
Respect for Autonomy				
Fairness / Justice/ Tolerance and objectivity				

<p><u>Narrative Evaluation</u></p>	<p><u>Criteria for Non-Cognitive Factors</u></p> <p><input type="checkbox"/> Passed, without Incident Report</p>
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Guidelines for the Evaluation of Non-Cognitive Academic Factors:

SATISFACTORY	UNSATISFACTORY*
<i>Professionalism and Ethics</i>	
Responsibility / Accountability	Responsibility / Accountability
Consistently prompt and prepared at scheduled conferences, laboratories work-up presentations, clinics rounds or any other academic and professional activity.	Consistently late and unprepared at scheduled academic and professional activities. Needs continual reminders on the fulfillment of responsibilities.
Motivation / Initiative	Motivation / Initiative
Hard-worker and active leader/participant. Uses current medical information and scientific evidence. Seeks new learning experiences and shows high interest in self-improvement and educating others.	A poor worker. Rarely an active leader/ participant. Avoids new learning experiences and remains unaware of his/her own inadequacies. Does not or rarely use current medical information and scientific evidence.
Commitment / Dutifulness / Dedication / Effort	Commitment / Dutifulness / Dedication / Effort
Undertakes duties enthusiastically and preserves until complete. Functions independently. Assumes added responsibilities for course load and patient care.	Undertakes duties without enthusiasm or interest. Rarely assumes added responsibilities for course load and patient care. Unavailable when needed.
Professional Image	Professional Image
Dresses in an appropriate professional manner, (maintains an adequate dress code and abides to the official School of Medicine Dress Code). Able to perform duties in an appropriate manner and reacts well even under stressful situations.	Does not maintain an adequate dress code (as described in official School of Medicine Dress Code). Composure under extreme stress is poor, reacts badly and is abusive or critical during times of stress.
Response to Authority	Response to Authority
Carries out instructions with responsibility.	Shows resentment to directives of superiors.
Response to Feedback and Criticism	Response to Feedback and Criticism
Accepts academic counseling, guidance, constructive feedback and critiques of others. Incorporates feedback and criticism in order to modify performance and behavior.	Does not accept guidance, makes poor introspection of recommendations and is defensive in accepting criticism. Rejects and resists changes of judgments, even when behavior and performance is inappropriate.
Recognition of Limitations	Recognition of Limitations
Is self-aware and has insight of own limitations. Recognizes when to seek help and seeks it out from appropriate persons.	Does not recognize that help is needed. Is unaware of weaknesses and does not ask or seek for help.
Shows integrity and honesty	Shows integrity and honesty
Upholds and complies with personal and professional Codes of Conduct. Is forthcoming with information, is truthful, recognizes and admits errors, keeps own word and meets commitments. Recognizes the limits of his/her knowledge and demonstrates ability for self-education.	Violates Codes of Conduct. Withholds and/or uses information for power and is not truthful. Does not admit or report mistakes or errors. Misuses resources and does not deal with information in a discreet and respectful manner. Does not recognize the limits of his/her knowledge. Demonstrates lack of ability for self-education.
<i>Interpersonal and Communication Skills</i>	

Unhelpful Feedback	Reason	Helpful Feedback	Reason
'Your body language wasn't very good at the start'	Judgmental	'At the beginning you were looking at the computer screen records and not at the patient as she started to tell her story'	Descriptive, detailed, behavioural
'You weren't very empathic'	Non-specific	'You didn't acknowledge the problems she has dealing with her husband's illness'	Identifies specific problem
'You're very abrupt'	Personality issue	'You interrupted a lot. For example...' (give specific points in consultation)	Behavioural, specific
'It was really good' '	Non-specific	At the start you asked an open question and then allowed her to tell her story. You left silences so that she continued in her own words'	Positive, specific, descriptive

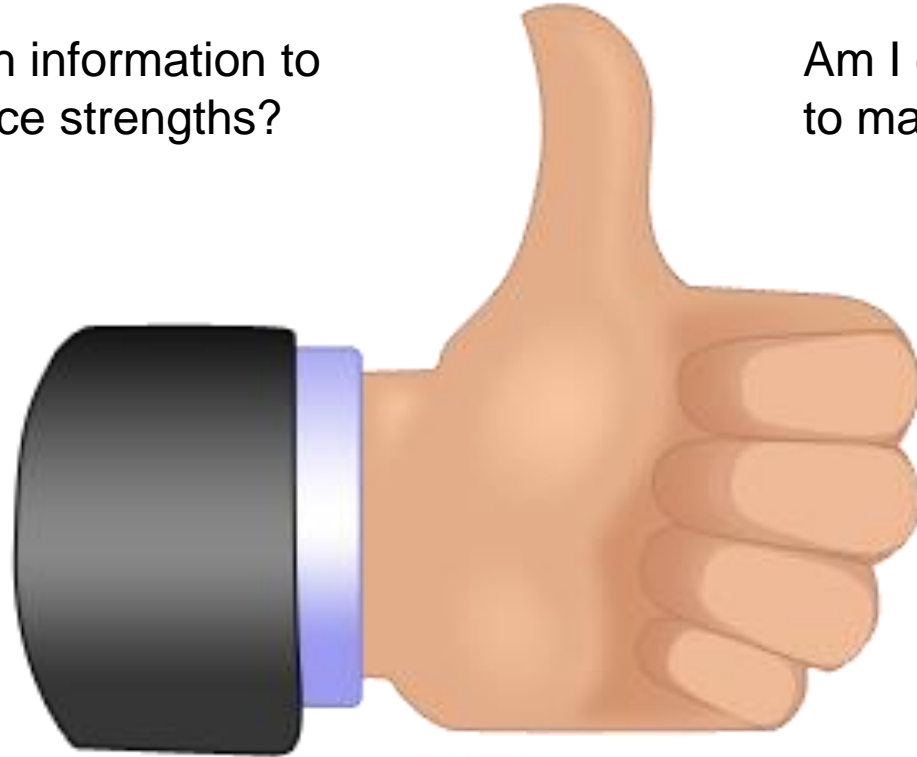
Parting Words

- Avoid conflicting comments
- Consider whether the student's behavior is appropriate/inappropriate
- Be sure to check for consistency
 - Can a student be disorganized and organized at the same time?
 - Can a student have a great fund of knowledge and have an average fund of knowledge at the same time?



Am I giving the student enough information to improve weakness and reinforce strengths?

Am I giving the judges enough information to make a fair decision?



If YES.... Then I have written a meaningful Narrative Assessment!!

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