Moving From: Great job!

To Meaningful Assessment:

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April 27, 2016
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

**narrative**

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.
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## Standard Schemes

<table>
<thead>
<tr>
<th><strong>NORM REFERENCED</strong></th>
<th><strong>CRITERION REFERENCED</strong></th>
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</thead>
<tbody>
<tr>
<td>Ranking of students with respect to the achievement of others within his/her same level of training</td>
<td>Ranking of students with respect of their achievement of a pre-determined set of criteria (competencies)</td>
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**Definitions of Assessment**

<table>
<thead>
<tr>
<th>FORMATIVE ASSESSMENT</th>
<th>SUMMATIVE ASSESSMENT</th>
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<tbody>
<tr>
<td>A teaching (&quot;forming&quot;) evaluation done with the purpose of guiding future performance. Requires the use of FEEDBACK</td>
<td>A &quot;summary&quot; of student performance used to make a judgment.</td>
</tr>
<tr>
<td><strong>FEEDBACK</strong>: “…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)</td>
<td>All assessments are formative, but not all assessments are summative</td>
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</table>
The Rhythm of the Evaluation Process (Pangaro, 2015)

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<thead>
<tr>
<th>Educational Process</th>
<th>Aristotle</th>
<th>Clinical Process analogy</th>
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</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Observation</td>
<td>History and Physical Exam</td>
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<td>Evaluation</td>
<td>Reflection</td>
<td>Diagnosis</td>
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<td>Grading/Feedback</td>
<td>Action</td>
<td>Therapy</td>
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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)
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.
Conclusions.—Evaluation comments were infrequently related to basic clinical skills and were not often specific enough to lead to effective change in a student’s performance. Faculty development is needed to make final evaluation comments more useful for students.
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
Responsibility…

- Use of terminology: competencies, objectives, milestones.
- Heavy burden on faculty evaluations for student’s grades.
- A common framework and vocabulary might be able to help.

Most written evaluations are too vague and we don’t have great evidence that we are improving yet.

Ambulatory Pediatrics 2001; 1(3): 128-31
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

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
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)
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?
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]

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]

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

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]

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

Plus
- Next steps in professional development [PBLI]
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: 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
PRACTICE
PRACTICE
PRACTICE
PRACTICE
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 synthetize 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 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”.


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.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed / Does Not Apply</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Professionalism and Ethics</strong></td>
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<tr>
<td>Responsibility / Accountability</td>
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<tr>
<td>Motivation / Initiative</td>
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<td>Commitment / Dutifulness / Dedication / Effort</td>
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<td>Professional Image</td>
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<td>Response to Authority</td>
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<td>Response to Feedback and Criticism</td>
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<td>Recognition of Limitations</td>
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<td>Shows integrity, honesty and truthfulness</td>
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<tr>
<td><strong>Interpersonal and Communication Skills</strong></td>
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<td>Humanism (Empathy / Compassion / Advocacy)</td>
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<td>Consideration for Roles and Rights of Others</td>
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<td>Team Work</td>
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<td>Protectiveness towards Vulnerability of Others</td>
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<tr>
<td>Communication and Patient Education</td>
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<tr>
<td>Respect for Expectation of Confidentiality</td>
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<tr>
<td>Respectful attitude</td>
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<td><strong>Patient Care</strong></td>
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<td>Health promotion and education</td>
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<td>Sociocultural competence</td>
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<td>Respect for Autonomy</td>
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<tr>
<td>Fairness / Justice / Tolerance and objectivity</td>
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**Narrative Evaluation**

Criteria for Non-Cognitive Factors

☐ Passed, without Incident Report
<table>
<thead>
<tr>
<th>Guidelines for the Evaluation of Non-Cognitive Academic Factors:</th>
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<tbody>
<tr>
<td><strong>Satisfactory</strong></td>
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<tr>
<td><strong>Professionalism and Ethics</strong></td>
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<tr>
<td><strong>Responsibility / Accountability</strong></td>
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<tr>
<td>Unhelpful Feedback</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>‘Your body language wasn’t very good at the start’</td>
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<tr>
<td>‘You weren’t very empathic’</td>
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<tr>
<td>‘You’re very abrupt’</td>
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<tr>
<td>‘It was really good’</td>
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</tbody>
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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!!
References


9. Wimmer MJ. Narratives: a great assessment tool or fairy tale? Power Point Presentation WVU School of Medicinemedicine.hsc.wvu.edu/ accessed on April 2015
References

1. www.comsep.org

2. www.lcme.org


6. Papadakis, MA et al. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. 2004;79(3):244-249

7. Canavan C et al. The quality of written comments on professional behaviors in a developmental multisource feedback program. Acad Med 2010;85:s106-s109