Benchmarking and Writing an Effective Evaluation

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Track 1, Workshop 2

Today’s Objectives

• Describe the steps of effective summative evaluation
• Understand the language of EPA's, competencies and milestones
• Be able to discuss gaps between performance and competencies
• Discuss elements of written feedback

Students seem very similar
Summative Evaluation is “Final”

A judgment of competence at the end of a learning experience by an evaluator

The Vocabulary of Evaluation

• EPA
• Competencies
• Milestones
• Benchmarks

EPAs = Entrustable Professional Activities

“The specific knowledge, skills and attitudes acquired over the course of training that society and our profession believe are critical to performing as a physician. EPAs are defined by milestones in each competency.”
Milestones

“… a significant point in development [that] helps to define the appropriate developmental trajectory of a trainee. Milestones identify the discrete knowledge, skills and attitudes expected of learners as they progress through training.”

Benchmarks are …

- Developmental milestones for a learning experience which are standardized
- Based on competencies required by the LCME or ACGME/NAS
- The basis of learning objectives
- Example: By the end of the first year of residency, learners will be able to perform a focused patient visit within 40 minutes. By the end of second year, this should take 20 minutes.
EPAs - Core Activities

1. Manage the care of patients with acute common diseases across multiple care settings
2. Manage the care of patients with acute complex diseases across multiple care settings
3. Manage the care of patients with chronic diseases across multiple care settings

EPAs

- Performance benchmark which a learner is *entrusted* to achieve
- Developmental progression
  - With supervision
  - With indirect supervision, with direct supervision available
- Proficiency expected at time of graduation
A different kind of example

Entrust a Dessert Party

Host A Holiday Dessert Party

• Prepare an extensive array of delicious desserts appropriate for the holiday season.
• Create a welcoming and festive party environment.
• Exhibit hospitality to all guests through the invitation process.
• Monitor the enjoyment of the guests and modify the party experience as needed.
Performance Milestones

- Novice
- Adequate
- Proficient
- Expert

Food Service Milestones

- Novice – Food often burned or tastes bad, no attention to creativity or presentation
- Advanced Learner – Food preparation sometimes lacks key elements such as attention to seasoning, attempts to present food creatively in an aesthetically pleasing way
- Adequate – Food is prepared correctly with attention to critical details and incorporation of some creative elements. Presentation of food is aesthetically pleasing

Environment Milestones

- Novice – Environment is unclean, no attempts to decorate for the event
- Advanced Learner – Environment is clean and welcoming. Multiple decorative elements are appropriate for the event and promote the enjoyment of guests
- Adequate – Environment is clean and welcoming. Multiple decorative elements are present but they may not be appropriate for the event
Event Logistics Milestones

Novice – Invitations not sent out with enough lead time for guest to attend the event.

Advanced Learner – Invitations completed to allow all guest the ability to attend to event.

Adequate – Invitations are aesthetically pleasing and made at a time that permit all interested guest the ability to attend to event.

Guest Management Milestones

Novice – Host fails to greet most guests and attempts to modify the experience if guests appear unhappy.

Advanced Learner – Host greets many guests. Host identifies most situations in which guests are unhappy and makes no attempt to modify implementation of a solution.

Adequate – Host greets almost all guests immediately upon arrival. Unsatisfactory guest experiences are identified and rectified in a timely fashion.

Step 1

1. Know what is expected for a student on this level.
Benchmark Expectations

• Some programs have benchmarks for students & residents based on year and even part of the year
• Clerkship benchmarks (Is it July or January of third year?)
• Do you know the benchmarks for the students and/or residents you teach?

Step 2 of summative evaluation

1. Know what is expected (ie, the benchmarks) for a student on this level.
2. Share the expectations with the student (or have the student share them with you from the clerkship director)

Why Share Benchmarks?

• Suggest that the benchmark be the learner’s goal
• Aligns faculty and learner perceptions of what is expected
• Helps learners advance their self-monitoring and metacognitive skills
Step 3 of summative evaluation

1. Know what is expected (ie, the benchmarks) for a student on this level.
2. Share the expectations with the student.
3. Gather data about the learner’s knowledge/skill.

Step 4 of Summative Evaluation

1. Know expected competencies for a student on this level.
2. Share the expectations with the student.
3. Gather data about the learner’s knowledge/skill.
4. Assess the difference between the expected benchmark and the learner’s performance.

Residency Case Study

• Late first year resident is missing required chart rounds on a regular basis because his clinic is always running over.
• He interacts well with patients, but often spends too long with each patient.
• Patients like him, but some complain about the wait to see him.
• He also has trouble delegating tasks to ancillary staff.
• What do you think are the benchmarks for these skills at the end of first year level?
• How does his performance compare?
IM Performance Milestones

Milestone: Works Effectively Within an Interprofessional Team
Competency: System Based Practice

Milestone: Accepts Responsibility and follows through on tasks
Competency: Professionalism

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3rd Year Clerk Case Study

- 3rd year medical student on her 3rd clinical rotation
- Has done surgery and pediatrics
- Very quiet at orientation and during her first small group meeting
- Doesn’t answer questions unless specifically asked, and even then seems uncomfortable.

Family Med Clerkship Benchmarks

- Obtain a focused medical history and perform the appropriate physical exam.
- Concisely present orally and in writing case presentations utilizing a problem-based S.O.A.P. format.
- Identify relevant psychosocial, family and lifestyle issues as they relate to patient care.
- Demonstrate a patient centered model of patient interviewing.

Pediatric 3rd yr. Milestones

Improving your communication skills. You will learn how to:
- Assess a family’s understanding of the problem.
- Test their ability to implement the treatment program.
- Write histories and physicals and progress notes in SOAP format.
- Function as a member of a treatment team, spearheading your patients’ care, keeping members apprised of patient changes and progress and accessing the expertise of other members of the team to care for your patient.
**Pediatric Milestones (continued)**

- Obtain a focused medical history and perform the appropriate physical exam
- Concisely present orally and in writing case presentations utilizing a problem-based SOAP format
- Identify relevant psychosocial, family and lifestyle issues as they relate to patient care
- Incorporate relevant psychosocial, family and lifestyle issues into patient care management

**Start of Clerkship**

- Initial meeting to discuss goals & benchmarks
  - Include inquiry of past experiences
  - Co-identify needs
  - Document goals and action steps

**Written Feedback Cards**

- High completion compliance
- Potentially increase amount of explicit feedback from preceptors
- Learners like feedback specifically linked to concrete events with suggestions for improvement as most helpful
- Can ensure timely feedback
- And, Can use the same words for the summative evaluation

Salerno, SM, Jackson, JL et al, JGIM
Mid Clerkship Evaluation

- Presentations lack detail
- Elderly patients had difficulty hearing her
- Tends to avoid emotional issues.

Milestone: Therapeutic Relationships
Competency: Communicator

- Establishes relationships and works sensitively with patients
- Conveys respect/generally understands emotions
- Difficulty with interactions/inattentive
- Exceptional ability to form strong relationships across range of patients

Milestone: Oral Case Presentation
Competency: Communicator

- Consistently superior, concise, comprehensive even with complex patients
- Generally organized, complete and informative
- Disorganized, incomplete, inaccurate
- Thorough, well organized and accurate
Mid Clerkship Feedback

- Review current experiences and progress towards goals and benchmarks
- Consider resources
- Adjust goals as necessary

Benchmarking and Self-Assessment

- In general doctors, residents and students ineffectively assess their own clinical skills performance without benchmarking feedback
- Low performing learners do the worst at determining their own performance level and learning needs

Benchmarking and Self-assessment

- Feedback about benchmarking can help learners advance the self-monitoring and metacognitive skills they require to set learning goals for improving their own performance
Review: The 4 Steps of Summative Evaluation

1. Know expected competencies for a student on this level.
2. Share the expectations with the student.
3. Gather data about the learner's knowledge/skill.
4. Assess the difference between the expected benchmark and the learner's performance.

Putting Evaluations Into Words

• You've assessed the difference between the benchmarks and the performance
• How do you put this into a written evaluation?

Writing Effective Evaluation Comments

• The preceptor’s experience with evaluations:
  – Preceptors want a way to make them
    • Easier?
    • Quicker?
    • Satisfying
• Program director’s experience with evaluations
  – Need them to be specific and useful for longitudinal evaluation of competence
  – Especially when learner is struggling
Writing Effective Evaluation

• What do you feel is important to include?

Tips For Efficient and Effective Written Evaluations

• Top 7 Pearls for writing effective evaluations in a short time

Mark Vining, Pediatrics Clerkship Director, UMMS,
Faculty Development Series 2010

Pearl #1

• Look back at the goals and objectives for the clerkship or residency rotation
• Base the evaluations on the benchmarks for those goals and objectives
Pearl #2

• Identify and write about the three or four most important objectives for YOU
  – Evaluate everyone on those

Pearl #3

• Think of the last 5 learners you evaluated
  • List them in order from best to worst
  • Where does this learner fit?
  • Review the past evaluations if necessary

Pearl #4

• To make the process of evaluation an ongoing one, start early
  • Send yourself e-mails with specific comments from your observations
  • Jot down examples (families, skills, personality traits)
Pearl #5

• When evaluating learners who are very strong:
  • Write about a personality trait, particular style or approach (to patients, students, you) that makes them different
  • Compare to the benchmarks (*They exceeded expectations for learners at this level.*)
  • Compare to a gold standard (*They perform like a seasoned clinician.*)

Pearl #6

• When evaluating the “typical” learner or the struggling learner:
  • Consider what the learner struggled with most
  • Document what you did to help them improve, and detail the response
  • i.e. Document the results of formative evaluation

Pearl #7

• Ask yourself: “Would the learner be surprised to read this?”
  • If yes, call the learner for more feedback
A bit more on feedback…

• Giving feedback on attitudes (as opposed to skills and knowledge) is uncommon and can be difficult
• Attitudes include:
  – Physician-patient relationship
  – Integrity
  – Enthusiasm
  – Professionalism

Letters of Recommendation

• 2012 AAMC Survey
  • 72% of Internal Medicine residency directors use letters of recommendation when deciding who to interview, but less significant when ranking applicants.
  • Step 1 scores correlate poorly with supervisor evaluations and resident skills
  • Research is conflicted over correlation between LOR and professionalism.

Writing Letters of Recommendation

• Timeline: before October 1
• Length: 1-2 pages
• Structure and content
• Final paragraph

Structure and Content

• Preparation of letter
  – Who is writing it, and what data is it based upon
  – Has student waived right to review

• Key rotations (i.e. clerkship, sub I, subspecialty rotations)
  – Duration
  – Level of student participation
  – Grading policy
  – Relationship to faculty members and residents

• Student performance
  – Detailed narrative description including actual comments from faculty if possible
    • Comments that demonstrate qualities necessary to become a successful... (integrity, motivation, communication skills, time management, empathy)
  – Student final grade
  – Don’t include info that can be found other places in the application (board scores)
Structure and Content

• Final Paragraph
  – Overall evaluation of student as a candidate for residency
  – Numerical statement of where student ranks compared with other students in the class based on your experience

Take Home Points

• Evaluation should be based on established milestones and benchmarks which are transparent
• When evaluating, assess the difference between the expected benchmark and the learner’s performance
• Written evaluation should include specific descriptions related to benchmarks to better inform the MSPE
• Letters of recommendation should follow a standard format

The End!