

## Focusing your evaluation skills: not just eyeing the basics

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## Objectives

- To introduce teachers to evaluation within a competency based curriculum
- To use portions of the CCFP evaluation objectives to help in learner situations
- To review some key observable behaviors that are useful in evaluating learners

## Why evaluate?

- Judging competency in skills and knowledge
- Measuring improvement
- Diagnosing difficulties
- Providing feedback
- Motivating learners
- Quality control for our patients

## What kind of evaluation are we talking about here?

- Summative
  - end of training, making judgments about suitability for progress to subsequent experiences
- Formative
  - continuous, informal, opportunity to get feedback, guided learning during the learning process

## Why should we improve our evaluation of learners?

- Both learners and advisors seek clarification of evaluation processes
- There is a need to promote the overall goal for graduating residents to be proficient with "Guided Self Assessment" (being able to take professional responsibility for ongoing self assessment but accept and effectively use guidance and feedback)

## Guided Self-Assessment: Why not just self-assessment? Reflective learning?

Studies show the unreliability of self assessment, both over and under estimating performance.



### Characteristics of successful evaluations:

- **Valid:** assess performances that are truly indicative of competence
- **Reliable:** measure performance consistently, and distinguish between competent and non-competent performances
- **Cost-effective:** in terms of time, effort, and resources
- **Acceptable:** pertinent, rigorous, and fair.
- **Positive in its effect on learning:** It should drive learning toward true competence

### Case: Gary

- You are supervising a senior medical student who is doing generally well. It would be great if he showed up on time. One day he didn't show up at all, claiming car trouble. You've had to remind him more than once to follow up on labs and finish his notes.

### Case: Gary

- Gary's faculty advisor calls you to ask how things are going. You have concerns about Gary's professionalism and the FA asks you for specifics – "I really need documentation on what he's doing".



### Twelve Themes that Define Professionalism in Family Medicine

- The physician is **responsible, reliable, and trustworthy.**
- The physician **knows his or her limits**
- The physician demonstrates a flexible, open-minded approach and **deals with uncertainty.**
- The physician evokes **confidence without arrogance**
- The physician demonstrates a **caring and compassionate** manner.
- The physician demonstrates **respect for patients**

### Twelve Themes that Define Professionalism in Family Medicine

- The physician **demonstrates respect for colleagues and team members.**
- The physician is **ethical and honest**
- **practices evidence-based medicine** skillfully.
- a commitment to **societal and community well-being.**
- **seeks balance** between personal life and professional responsibilities.
- The physician demonstrates a **mindful approach to practice**

### Day-to-day behaviour: responsible, reliable, and trustworthy

- Does not look up questions after specific requests
- Leaves early, arrives late, without advising
- Inappropriately double schedules activities
- Switches schedules to personal advantage
- Does not do patient rounds appropriately (too infrequent, too cursory)
- Is unavailable for clinical responsibilities for personal reasons, without consideration of the needs of the patient or team
- Allows chart completion to back up unreasonably
- Does not document lab results as normal or abnormal; does not document follow-up
- Does not do letters, summaries

## Gary

- Set expectations including time frames
- Review observable behaviors
- Document outcomes

## Case: Andrew

- A few patients have complained to staff that your student Andrew isn't a good communicator. You're not sure how to evaluate communication skills.



## Communication skill subsets:

- Listening skills
- Language skills
  - Verbal
  - Written
- Charting skills
- Non-verbal skills
  - Expressive
  - Receptive
- Cultural and age appropriateness
- Attitudinal



## Observable desirable behaviors

- Asks open- and closed-ended questions appropriately
- Checks back with the patient to ensure understanding (am I understanding you correctly?)
- Provides clear and organized information in a way the patient understands (e.g., test results, side effects)
- checks back to ensure the patient understands
- Provides explanations to accompany examinations and/or procedures
- When first meeting a patient, clarifies how the patient would like to be addressed

## Undesirable behaviors

- Fails to greet the patient
- Interrupts patients inappropriately
- Uses inappropriate word choices (overuse of jargon)
- Asks multiple questions without awaiting the answers
- Has language skills that are insufficient (patients can't understand what the physician is saying)

## Case: Erin

- Erin is on top of her game. She performs procedural skills to a level of a colleague. You find it difficult to evaluate her and give her any useful feedback because she's so good, yet you would like to challenge her.

***The core procedures and their key features:***

- Cognitive skills for procedures are generally low level
- the technique is learned, practiced and becomes routine
- As a general rule, the individual at the higher levels of competence:
  - will not perform a procedure at which he or she is not skilled
  - will arrange to learn a procedure that he or she is going to need in his or her particular practice

**Evaluating Erin**

- Higher level cognitive skills:
  - Indications and contraindications
  - Deciding to do or not to do a procedure
  - The potential complications and their management.

**Case: the teacher**

- You really want to improve your teaching and evaluation skills. Some direction in this would be helpful. Where should you focus your energy?

**Levels of Competence**

- High level
  - Multiple tasks
  - Ambiguous, uncertain end points
  - Knows how and why
  - Can abstract to new situations
- Low level
  - One well defined task
  - Done repeatedly
  - The same way

**So what?**

- For evaluation:
- High level
  - Predicts overall competence
- Low level
  - Task specific
  - Does not predict overall competence well

**Higher and lower levels of Cognitive Skills**

- Treatment vs Diagnosis
- History vs Physical Examination
- Gathering data vs interpreting data
- Defined problem vs undifferentiated problem
- Pattern recognition vs analytic diagnosis
- What is done vs how it is done
- Professionalism vs procedure skill

### Higher and lower levels of Cognitive Skills

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- Professionalism vs procedure skill

### What does this mean for you?

- Focus your time on the higher cognitive skills
- The others are more commonly used for assessment
- Bigger bang for the buck

### Case: Teresa

- You have concerns about a first year Family medicine Resident who has been with you for a month. Some things she is up on, but there are clear gaps in her knowledge. When you review this with her she produces several ITERS which are all pretty equivalent.

### ITER

- In Training Evaluation Report
- Check boxes in the domains of knowledge, skills and attitudes
- Usually done at the end of a rotation
- Most learners meet expectations

### ITER: another definition

- **Random comments on the behavior of somebody you can't remember very well (or you didn't like)**
- **when they are no longer there,**
- **and it's too late to do anything about it,**
- **not that it would make much difference anyway**

### Why are most ITERS unreliable?

- Not done enough
- Not documented properly
- Timing

### Why is it hard to do ITERs?

- No time
- Don't see learners enough
- Don't know objectives
- Forms too long
- Hard to fill out on below average learners

### The problem with ITERs

- What % of residents get less than average rating on some part of competence?
- What % of residents have significant "below average" performances on comprehensive assessments?

### The problem with ITERs

- What % of residents get less than average rating on some part of competence?
  - <1%
- What % of residents who significant "below average" performances on comprehensive assessments?
  - 7-28%

### What detail is actually needed?

- Performance
- Reflect expectations
- Observable behaviors
- Knowing benchmarks
- Formative

### What do I need?

- Evaluation tools should measure:  
"the habitual & judicious use of communication, knowledge, technical skills, clinical reasoning, emotional values and reflection in daily practice for the benefit of the individual and the community being served"  
(Epstein & Hundert : JAMA ,287: 226-235,2002)

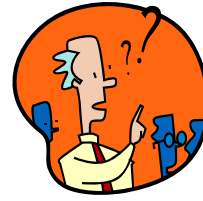


### What do I need?

- Documented observations of behaviour or knowledge gaps
- Field notes
- Narrative comments

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### Questions?

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