



Writing Narrative Assessments of Medical/Biomedical Trainees

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Acknowledgments / Disclosures

- Benefit of Group-Think
 - Local Colleagues: JHUSOM course/clerkship directors
 - National Colleagues: AAMC GSA/GFA, COMSEP, APPD, ABP, NBME
 - CMSRU: Rachael Berget, Dr. Susan Perlis, Matthew Gentile
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Session Objectives

- Examine stakeholders related to quality narrative assessments of trainees
- Identify barriers to writing quality narrative assessments
- Discuss assessment frameworks to facilitate narrative assessments
- Brainstorm ways to make CMSRU narrative assessments even better
- Commitment to action

Not going to write assessments

Personal Objective



Agenda 4:30-6:00 pm

- Completed by:
- 4:35: Know my audience
- 4:45: TD/GF - reflective exercise
- 5:00: TD/GF – discussion of stakeholders
- 5:10: TD/GF - Barriers and Facilitators
- 5:25: Discussion of toolbox / assessment frameworks
- 5:40: TD/GF - Brainstorm improvements– Linking CMSRU opportunities and frameworks
- 5:50: Think–Pair–Share: Commitment to action.


TD/GF –Table discussion/ group facilitation

Audience

- Phase I: Fundamentals; Organ Systems (ALG's); Ambulatory Clerkship; Foundations Medical Practice
- Phase I / II: Scholars WS
- Phase II: CLIC; Clerkships

Course	Topics
Phase I: Fundamentals	Basic Sciences, Clinical Skills, Professionalism
Phase I: Organ Systems	Internal Medicine, Surgery, Pediatrics, Obstetrics/Gynecology
Phase I: Ambulatory Clerkship	Primary Care, Preventive Medicine
Phase I: Foundations Medical Practice	Medical History, Physical Examination, Diagnostic Reasoning
Phase I/II: Scholars WS	Research, Quality Improvement, Leadership
Phase II: CLIC; Clerkships	Specialty Training, Clinical Experience

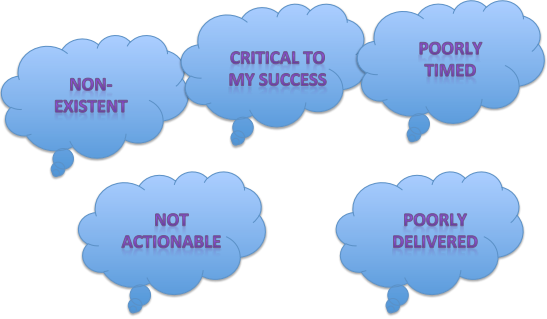
TD/GF #1: Reflection



Importance of Feedback

- Think-Pair-Share
 - 1 min: Think about your experience receiving feedback as a trainee (Science / Clinical Medicine)
 - 2 min: Share with neighbor(s)
 - 5 min: Group facilitation

Feedback



NON-EXISTENT

CRITICAL TO MY SUCCESS

POORLY TIMED


NOT ACTIONABLE

POORLY DELIVERED

Examples of narratives

- “Needs to work on follow-through of plans and communicating with staff.”
- “Very pleasant. Fun to work with. Seemed to enjoy ED setting. Overall, performance was as expected.”
- “Exceeded expectations. Very bright and organized.”
- “A likable person, but at times appeared to be confused during the rotation.”

Adapted from Volpe Holmes A: *Pediatrics* 2014;133:766.



Why is this important?



TD/GF #2

- Table Discussion
- *Why are (quality) narrative assessments important?*
 - *What purpose do they serve?*
 - *Who are the stakeholders?*
 - *Who benefits?*
- 5 min discussion
- 5 min group facilitation

Who benefits?

- Students
- Medical School / Faculty
 - Curriculum evaluation
 - Accreditation
 - Faculty recognition
- Office of Student Affairs / MSPE
- Program Directors
- Public

LCME

Teaching, Supervision, Assessment, and Student and Patient Safety

9.5 Narrative Assessment

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

9.7 Formative Assessment and Feedback

A medical school ensures that each medical student is assessed and provided with **formal formative feedback** early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. **Formal feedback occurs at the midpoint of the course or clerkship**. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

MSPE

Medical Student Performance Evaluation

- **Narrative information** on "overall" performance in the preclinical/basic science curriculum.
- Narrative information on overall performance on **each core clinical clerkship and elective**.
- Narrative information about the student's level of **initiative, enthusiasm, and ability to self-start** in all curricular components.

MSPE Guidelines 2002.

AAMC MSPE Task Force 2014-2015

Aspirational? Possible?

This year, Susan demonstrated excellent preparation for her Active Learning Group. She was never shy speaking in front of the group and is often called on by her classmates to read through clinical cases and relevant literature found on the internet. She has an infectious, positive attitude, which helps to energize her classmates as they struggle through cases. To that end, her contributions to the achievement of weekly case objectives and her ability to work within a group have both been excellent.

In regard to medical knowledge, she demonstrated an excellent basic science foundation in the understanding of health and disease. She has also shown an excellent ability to access and critically evaluate medical information and scientific evidence and to apply this knowledge to clinical problem-solving. With respect to patient care, she displayed excellent clinical skills, critical thinking, medical decision making and problem solving skills in the delivery of care. Additionally, she has shown an excellent ability to use and interpret diagnostic studies appropriately.

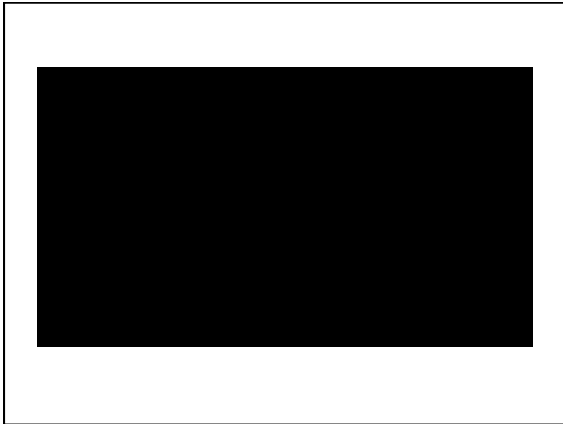
In the realm of professionalism, she demonstrated outstanding compassion and respect for others while also displaying an excellent ability to incorporate the principles of medical ethics into the care of patients. Like many of her colleagues, she has shown an emerging ability to recognize and address disparities in health care. Gabriela also displayed an outstanding ability to maintain a professional demeanor of integrity and transparency in all communications.

She demonstrated an excellent ability to identify her own strengths, deficiencies and limits of knowledge and to engage in effective ongoing learning to address these issues. To this end, she showed an excellent ability to identify, appraise and assimilate evidence from scientific studies using information technology. Ultimately, Gabriela demonstrates excellent-to-outstanding skills that foster life-long learning.

Areas of growth would include.....

Barriers



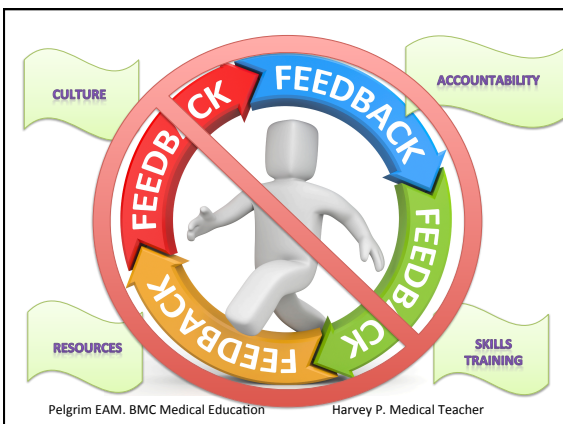


TD/GF #3

- Table discussion:
 - ½ the room:
 - Barriers to quality narrative assessments
 - ½ the room:
 - Opportunities: What opportunities exist based on culture / curriculum at CMSRU?
- 5 min discussion
- 5 min group facilitation

Barriers

- Time
- Time
- Time
- Lack of Direct Observation / OSCE / Multisource Feedback
- Unclear expectations on part of evaluators



Frameworks: A toolbox

- Individualized Learning Plans
 - Goal Setting before course / clerkship
- Course Objectives
- “Pyramids”



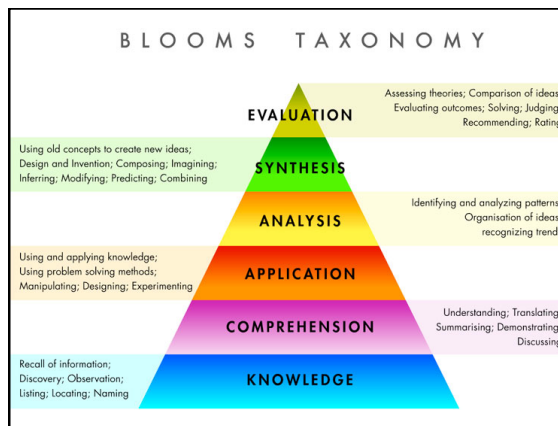
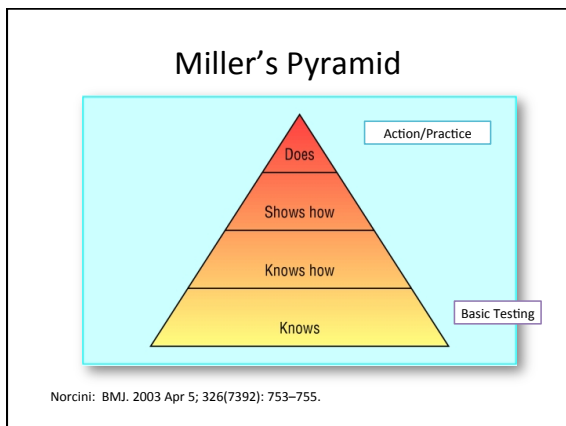
Course Objectives

Learn to appropriately identify the patient's chief complaint and medical history

Acquire information about all of the patient's medications

Conduct medical interviews with respect and professionalism.

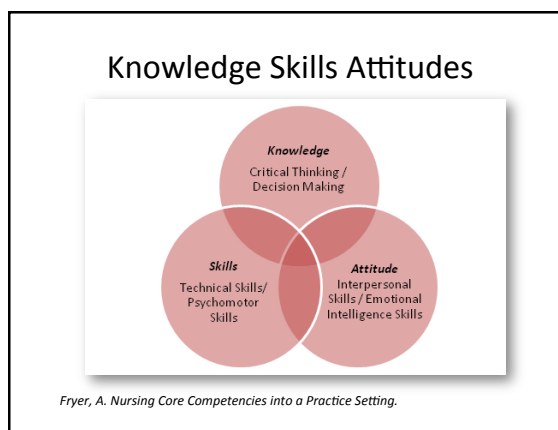
Be able to elicit and analyze social qualities and characteristics of patients that may help or impede health maintenance needs



Competency Based Assessments Frameworks ("WPBA")

- Analytic Frameworks
 - Knowledge, Skills, Attitudes - KSA
- Developmental Frameworks
 - Milestones based assessment
 - Dreyfus level of mastery
- Synthetic Frameworks
 - RIME / PRIME+
 - Entrustable Professional Activities (CEPAER)

Pangaro L, tenCate O. AMEE Guide 78



Milestones

Milestone: "Incorporate formative evaluation feedback into daily practice."

Developmental Milestones

- ❖ Difficulty in considering others' points of view when they differ from her own, leading to defensiveness and inability to receive feedback and/or avoidance of feedback; limited incorporation of formative feedback into daily practice.
- ❖ Dependent on external sources of feedback for improvement; beginning to acknowledge other points of view, but reinterprets feedback in a way that serves her own need for praise or consequence avoidance rather than informing a personal quest for improvement; little to no behavioral change occurs in response to feedback (e.g., listens to feedback but takes away only those messages she wants to hear).
- ❖ Understands others' points of view and changes behavior to improve specific deficiencies that are noted by others (e.g., understands that the perceptions of others are important even when those perceptions are different from her own, such as when a nurse interprets a response as abrupt when it was not intended to be, causing her to examine what prompted this perception).
- ❖ Internal sources of feedback allow for insight into limitations and engagement in self-regulation; improves daily practice based on both external formative feedback and internal insights (e.g., is able to point out what went well and what did not go well in a given encounter, and makes positive

Can be developed for scientific foundations

Pediatric Milestone Project – American Board of Pediatrics
Hanson et al. Front Psychol. 2013; 4: 668. Bartlett et. al J Grad Med Ed 2015

Dreyfus model of Competence

Novice-to-Expert summary

Novice
Has an incomplete understanding, approaches tasks mechanically and needs supervision to complete them.

Advanced Beginner
Has a working understanding, tends to see actions as a series of steps, can complete simpler tasks without supervision.

Competent
Has a good working and background understanding, sees actions at least partly in context, able to complete work independently to a standard that is acceptable though it may lack refinement.

Proficient
Has a deep understanding, sees actions holistically, can achieve a high standard routinely.

Expert
Has an authoritative or deep holistic understanding, deals with routine matters intuitively, able to go beyond existing interpretations, achieves excellence with ease.

Dreyfus, H L and Dreyfus, S E (1986) Mind over Machine: the power of human intuition and expertise in the age of the computer

RIME / PRIME +

- R: Reporter
- I: Interpreter
- M: Manager
- E: Educator
- P: professional behavior
- +: one area for development / improvement
– SMART

Pangaro L, tenCate O. AMEE Guide 78
Volpe Holmes A. *Pediatrics* 2014;133;766.



PRIME+

Jane was always on time, reliable, and dependable. She always carried herself professionally, spending more time and effort whenever it was required by the situation. (P) The information she provided on patients was accurate. She reported data succinctly and gathered complete histories while simultaneously maintaining excellent rapport with families (P/R). She developed good differential diagnoses, was able to interpret lab tests specific to the patient's condition (I). She independently found 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 ensure family understanding of instructions (M/E). She responded well to feedback with appreciation and an upbeat attitude, worked diligently on fund of knowledge. One area of growth for Jane would be to ensure that her documentation of findings on the physical exam takes into her differential diagnosis (pertinent pos/neg) (+)

Volpe Holmes A. *Pediatrics* 2014;133;766.
Ginsburg S. *Med Educ* 2015 Mar; 49: 296-306

TD/GF #4

- Brainstorming Solutions:
 - What framework / strategy are you already using effectively? – share with colleagues.
 - KSA: “note taking on learner behavior”
 - Given the opportunities at CMSRU, could any other frameworks work for you?
- 5 min discussion
- 5 min group facilitation

Commitment to Action

- Think-Pair-Share
- What did you learn from your colleagues that you plan to incorporate in the next 4-6 weeks?

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