

# The Challenge of Authentically Evaluating Practice Competence

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# The Rhetoric of “Field” Evaluations

- Evaluation in the field central to the assessment of competence to practice
- Ought to be great tool
  - Based on performance in the field
  - Expert clinicians making evaluations
  - Extensive opportunity for observation





# The Reality of “Field” Evaluations

- Questionable reliability and validity
  - “Lake Wobegon” effects
  - Little consistency from rotation to rotation
  - No ability to identify students in trouble



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- Fiddling with the scales unhelpful
  - “Better” dimensions and “better” anchors have no sustainable effect
- Faculty development largely unhelpful
  - Primary conclusion: “Faculty are untrainable”



# The Reality of the Field

- This is a tough task
  - Easy to teach the good ones
  - Difficult to provide “concerning” feedback
  - Almost impossible to document a negative final grade



# The Reality of the Field

- This is not what they signed up for
  - I wanted to mentor enthusiastic learners not act as a “gatekeeper” for the university





# The Reality of the Field

- We probably haven't given them:
  - Particularly helpful evaluation tools
  - Much preparation
  - Adequate support







# Goals for Today

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- Give words to some of the difficulties field instructors may be experiencing
  - Reflections from the field
  - Insights from cognitive and social psychology





# The Difficulty of Clinical Evaluations

- Cognitive Factors
  - Hard to know what number to put down
- Social/Professional Factors
  - Hard to put down that number
- Administrative/Political Factors
  - Hard to back it up and follow through



# Cognitive Issues

Lavine et al. The role of attribution in supervisors perceptions of clerk's behaviors. *Teaching and Learning in Medicine* 2004;16:317-322.

Bogo et al. Beyond Competencies *Journal of Social Work Education* 2006;42(3):579-593.

Ginsburg et al. Pitfalls in the pursuit of competencies. *Academic Medicine* (in press).





# Cognitive Issues

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- THE SUBJECTIVE PHENOMENON
  - A sense that you know more than you can properly articulate about this student
  - A sense that what you want to say is not well represented by the forms you must fill in



# Cognitive Issues

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- The concept of the “good” clinician
  - That special something beyond behaviours



# Cognitive Issues

- The concept of the “good” clinician
  - That special something beyond behaviours

“She just seemed to get it ... she could work it out on her own”

vs.

“There’s a missing link, they want you to connect the dots for them.”



# Cognitive Issues

- The concept of the “good” clinician
  - That special something beyond behaviours

“...its hard to translate to paper...often it’s not concrete.”

“It’s when and why, not what”



# Cognitive Issues

- The slippery slope of attributions
  - I think I can know your motivations

“She was just going through the motions to get a degree, to be employable, to finish it and get on.”

“[She was] more reserved, quiet, she seemed disengaged in rounds ... She didn't seem to enjoy what we were doing. She didn't want to be there.”





# Cognitive Issues

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- But still...



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# Cognitive Issues

- But still, there is something missing on the forms
  - Other dimensions one considers when asking:  
“Is this someone I want representing my profession?”



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  - Is this person flexible / adaptable to changing context?



# Cognitive Issues

- But still, there is something missing on the forms
  - Other dimensions one considers when asking: “Is this someone I want representing my profession?”
  - Does this person make my life easier or harder?
  - Is this person flexible / adaptable to changing context?
  - Is this someone I trust?
    - To manage patients/clients
    - To handle emergent situations
    - To know when she is over her head
    - To get help when she is over her head
    - To give me an “accurate” picture of the situation



# Cognitive Issues

- SUMMARY

- Supervisors' mental representations of trainees are more cognitively sophisticated and subtle than is represented on the evaluation forms
  - There is a danger in unfettered, unreflective subjectivity
  - But much is lost in translation when we orient all evaluation around a criterion of objectivity





# Relational/Professional Issues

Bogo et al, When values collide. *The Clinical Supervisor* 2007;26(1/2):99-117.



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# Relational / Professional Issues

- THE SUBJECTIVE PHENOMENON
  - Starts with excitement about the opportunity  
(effort to develop educational alliance)
  - Growing concern about how much work this will be  
(sense of unidirectionality to relationship)
  - Alarm that this person is really problematic  
(sense of deterioration of relationship)
  - Feeling of “encampments” / need to “get through it”  
(sense of antagonistic relationship)





# Relational / Professional Issues

- Difficult to say bad things about people
  - Violates societal standards of human interaction



# Relational / Professional Issues

- Difficult to say bad things about people
  - Violates societal standards of human interaction

“Giving negative feedback to the student is so difficult ... it feels so personal.”



# Relational / Professional Issues

- Difficult to say bad things about people
  - Violates professional/educational standards
    - Be supportive / build on strengths



# Relational / Professional Issues

- Difficult to say bad things about people
  - Violates professional/educational standards
    - Be supportive / build on strengths

“I try not to be critical but ask how could you have done better?”



# Relational / Professional Issues

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- Question own perspective and role
  - Second guess your judgment



# Relational / Professional Issues

- Question own perspective and role
  - Second guess your judgment

“How much of this is me and how much is the student?”

“Could I do differently or better?”



# Relational / Professional Issues

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- Generates a “slippery slope” of inaction



# Relational / Professional Issues

- Generates a “slippery slope” of inaction
  - Uncertainty about one’s early impression
  - Oblique feedback with the hope that the student will turn around without serious intervention
  - Inertia resulting from difficulties of direct confrontation
  - Sense that it is “too late” to do anything about it
  - Inability to give bad mark given lack of earlier action and documentation





# Relational / Professional Issues

- SUMMARY

- The “values” of the mentorship role and the gatekeeping role are not always experienced as compatible by faculty
  - Mentorship role more consistent with self-image (it often takes precedent when roles conflict)
  - Gatekeeper role seldom in forefront when first building relationship with trainee (and hard to invoke later)





# Administrative/Political Issues

Dudek N, et al. Failure to fail. *Academic Medicine*, 2005;80(10supp):S84-S87.



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# Administrative/Political Issues

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- THE SUBJECTIVE PHENOMENON
  - Sense of being over your head
  - Concern for what will happen if...
  - Feeling alone



# Administrative/Political Issues

- Lack of knowledge of how to proceed
  - What constitutes “evidence”?



# Administrative/Political Issues

- Lack of knowledge of how to proceed
  - What constitutes “evidence”?

“While it’s hard to translate it to paper, I think if you work with somebody for a bunch of weeks, you know whether they’re a good doctor or not. The problem is, before you commit to paper, stating that they aren’t good, you need something concrete, and often it’s not concrete.”



# Administrative/Political Issues

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- Perceived lack of remediation options
  - Whose problem does this become?



# Administrative/Political Issues

- Perceived lack of remediation options
  - Whose problem does this become?

“You fail somebody and then you go, well now what? Do we actually have a mechanism to help you get better? It causes me to think twice before I fail somebody.”



# Administrative/Political Issues

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- Concern for own time / reputation
  - Anticipation of appeals / reprisals





# Administrative/Political Issues

- Concern for own time / reputation
  - Anticipation of appeals / reprisals

“It’s just a pain ... way more work, way more documentation ... You’re going to have to defend your actions with the program director or at the university level.”



# Administrative/Political Issues

- Perceived lack of university support
  - Whose side is administration on anyway?



# Administrative/Political Issues

- Perceived lack of university support
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“At the university, when a student fails and s/he writes a letter defending their actions, the letter is sent back to the preceptor ... please defend your actions in response to this letter. And it’s like being accused of not being truthful... We need support for when that happens. That may seem really silly, like, oh I failed a student, boo hoo, I need moral support. But you know? You do.”



# Administrative/Political Issues

- Generates an unwillingness to stick your neck out
  - It will be picked up by the next supervisor
  - This is not what I signed up for



# Administrative/Political Issues

- Generates an unwillingness to stick your neck out
  - It will be picked up by the next supervisor
  - This is not what I signed up for
- But also a sense of guilt
  - “[I felt] horrible ... I had to take a break from taking students for a few years.”



# Administrative/Political Issues

- SUMMARY
  - Strong perception that giving a low evaluation results in a heavy administrative burden for the preceptor
    - They feel under-prepared for this burden
    - They feel (anticipate being) under-supported in this burden



# SUMMARY



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# The Sociology and Psychology of Evaluation

- Research and development efforts have tended to focus on the scales and use of the scales to address the “problems” of clinical evaluation
- But the many of the underlying issues are more administrative, social, and psychological than they are psychometric





# The Reality of the Field

- This is a tougher task than we give it credit
- This is not what supervisors signed up for
- We probably haven't given them:
  - Adequate support
  - Much preparation
  - Particularly helpful tools



# The University of British Columbia Centre for Health Education Scholarship

Shaping the theories  
and activities of learning  
in the health professions



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