

LIC 101

Student Assessment

Focus on four major domains+ time for questions and answers

Lori Hansen MD, University of South Dakota

Bruce Peyser MD, Duke University

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Faculty Presenter Disclosure

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GOALS

- ▶ Identify and discuss key student assessment issues in longitudinal integrated clerkships (LICs)
- ▶ Focus on four major domains of assessment that are critical to creation of a strong and successful LIC.
- ▶ Some innovative practices will be demonstrated.
- ▶ We will leave ~ 25% of the session open for question and answer.



Common challenges that can
limit student assessments

Assessment

- ▶ Assessment suitable for LIC
- ▶ Meets institutional goals
- ▶ Meets LCME requirements
- ▶ Comparable to other programs at your institution
- ▶ Tools
 - ▶ Milestones/EPA
 - ▶ OSCE/MiniCEX
 - ▶ Direct observation
 - ▶ Clinical reasoning/computer based simulation
 - ▶ NBME/written exam

#1 Faculty Assessments are too generic and of limited value.

- ▶ “The student worked hard, got along well with the patients and will be a great primary care provider someday.”
- ▶ “The student has a fair fund of knowledge but really needs to read more. Seems on par with colleagues.”
- ▶ “She did a nice job, was fairly diligent, reported pretty good histories.”

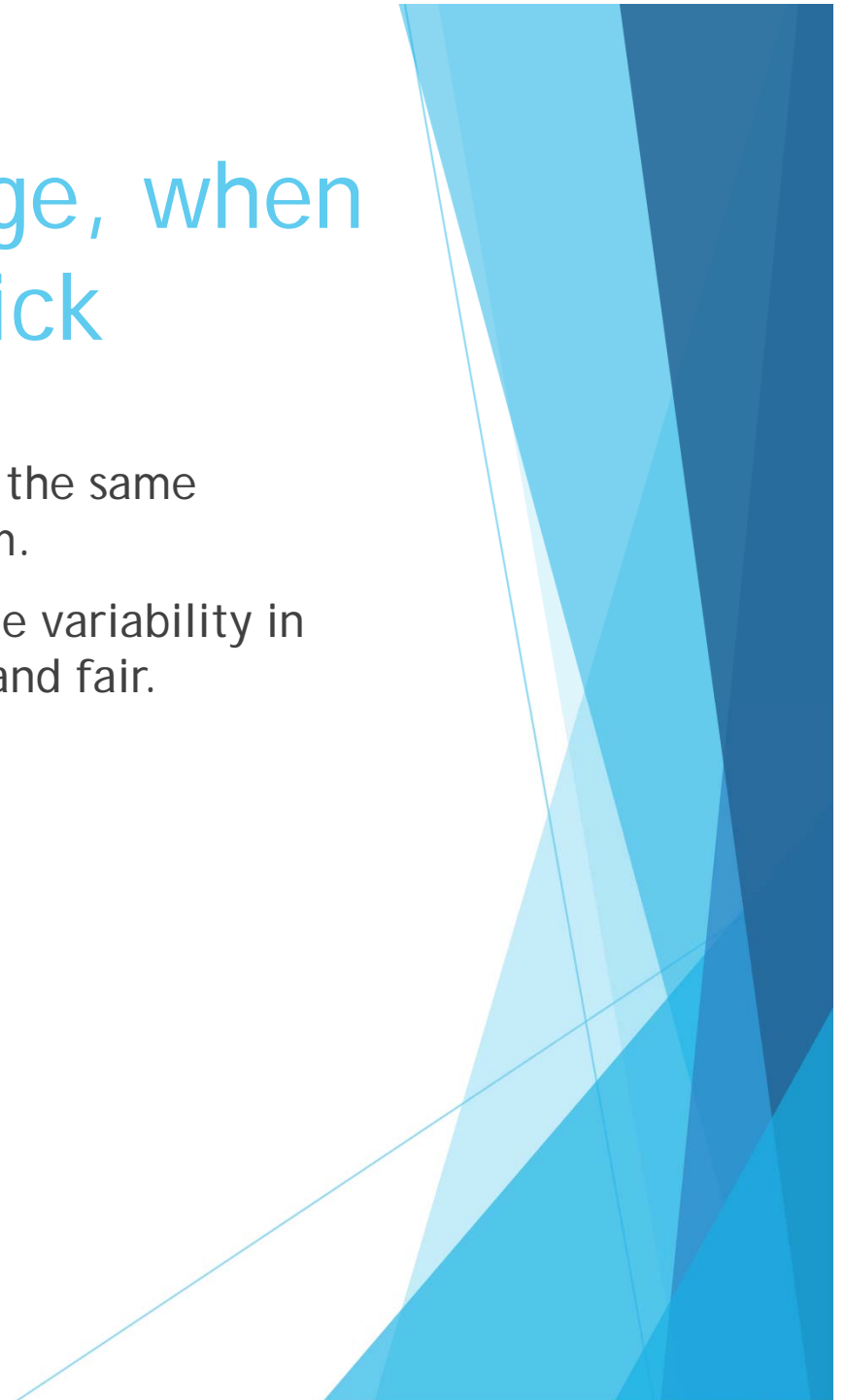
#2 Faculty are slow to respond to finish evaluations on time-
deadlines can be missed!



(From Hacker Noon)

#3 Restriction of Range, when there are boxes to click

- ▶ Many of us have the tendency to circle the same number or score on the evaluation form.
- ▶ We go too fast, and don't think about the variability in scores that is probably more accurate and fair.



#4. There are not enough recorded details in comments sections



(From Qwerki thoughts and musings)

#5 Sometimes students might confront faculty about their negative, corrective evaluations





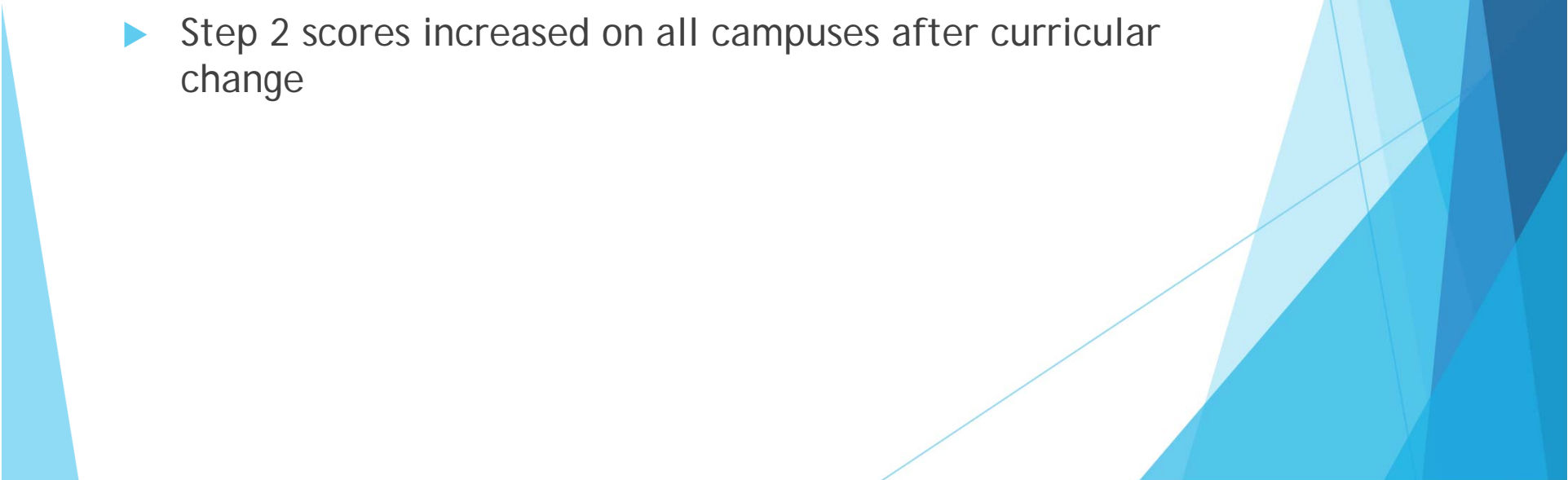
(From the college fix)

#6 There is grade inflation- everyone gets honors

- ▶ “ I can’t deal with the disappointment if I have a learner who does not make honors. I feel that I have to give everyone an honors grade in the outpatient setting. It is the only way that they will make an honors grade for the course or rotation..... I give everyone a 5 out of 5. Its’s just what I do.”

From faculty member at recent meeting 10 days ago

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- ▶ Does the model of medical education LIC vs block clerkship affect grading and grade inflation
 - ▶ 55% of Internal Medicine Clerkship Directors report grade inflation and 78% feel it is a serious problem
 - ▶ Inflation of grades leads to decreased correlation with shelf NBME scores

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- ▶ At SSOM- there was little change in GPA for BC students after curricular change
 - ▶ LIC students GPA increased with change in grading rubric
 - ▶ Step 2 scores increased on all campuses after curricular change

Discipline and competency grades



Continuity Affordances

- Patient assessment
- Peer assessment
- Faculty relationships
 - students admit uncertainty
 - performance vs learning
- Reliability improves with multiple data points

Many teachers and clinician educators have trouble identifying challenging learners



(From the highly effective teacher)

What are some common warning signs that might suggest a learner will be challenging?



What are some best practices for how to cope with challenging learners?



Feedback

Define-to student

Timely

Location

Descriptive, non judgmental and based on observation

Plan for improvement

-After clinical encounter, brief focused

-Summative and formative



Faculty tend to not give much
feedback after each work session



feedback

(from eCommerce Marketplace Payment Reconciliation Software)

An example of how feedback can be taught, practiced

- ▶ Peyser and student role play



Debrief Role playing for delivery of corrective feedback



Questions and Discussion

What's on your mind??



The background features abstract geometric shapes in various shades of blue. On the left, a light blue triangle points downwards. On the right, a complex arrangement of overlapping triangles and polygons in different blue tones creates a dynamic, layered effect.

Thank You!