Written Evaluation

Passing on Observations for Summative Evaluation
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Objectives

- Define entrustable professional activities (EPAs), competencies and milestones

- Describe the components of effective summative evaluation

- Transform direct observations into effective written evaluation

Observations drive evaluation

- …and evaluations are captured on forms
  - EPAs
  - Competencies
  - Milestones

Entrustable Professional Activities

EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions.

- **= work that we expect of providers**
- Ex: Give or receive a patient handover
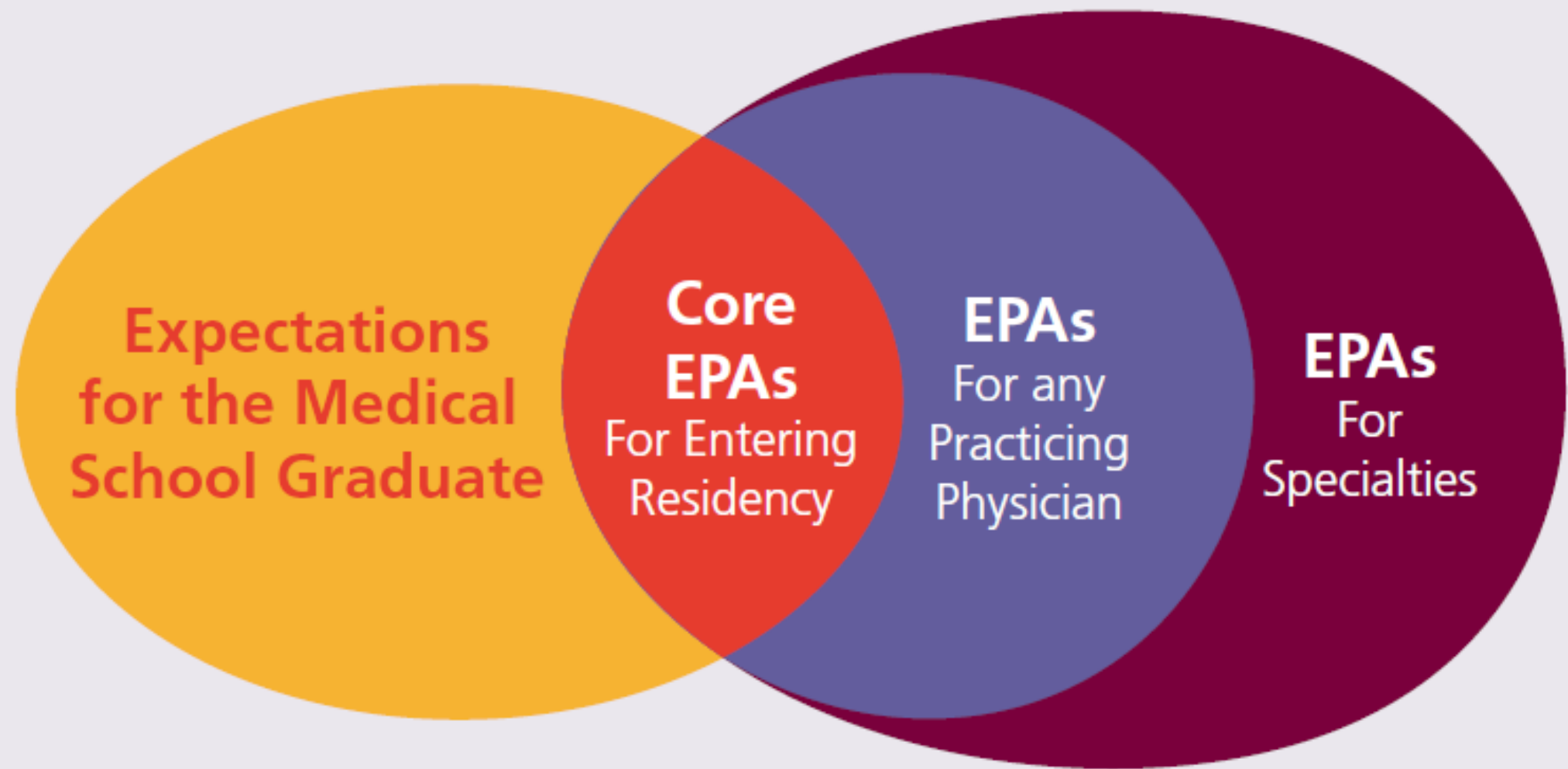- Level of "entrustment" = level of supervision

Figure 1. The relationships among the Core EPAs for Entering Residency to a medical school's graduation requirements, the EPAs for any physician, and specialty-specific EPAs

Competencies

- An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.
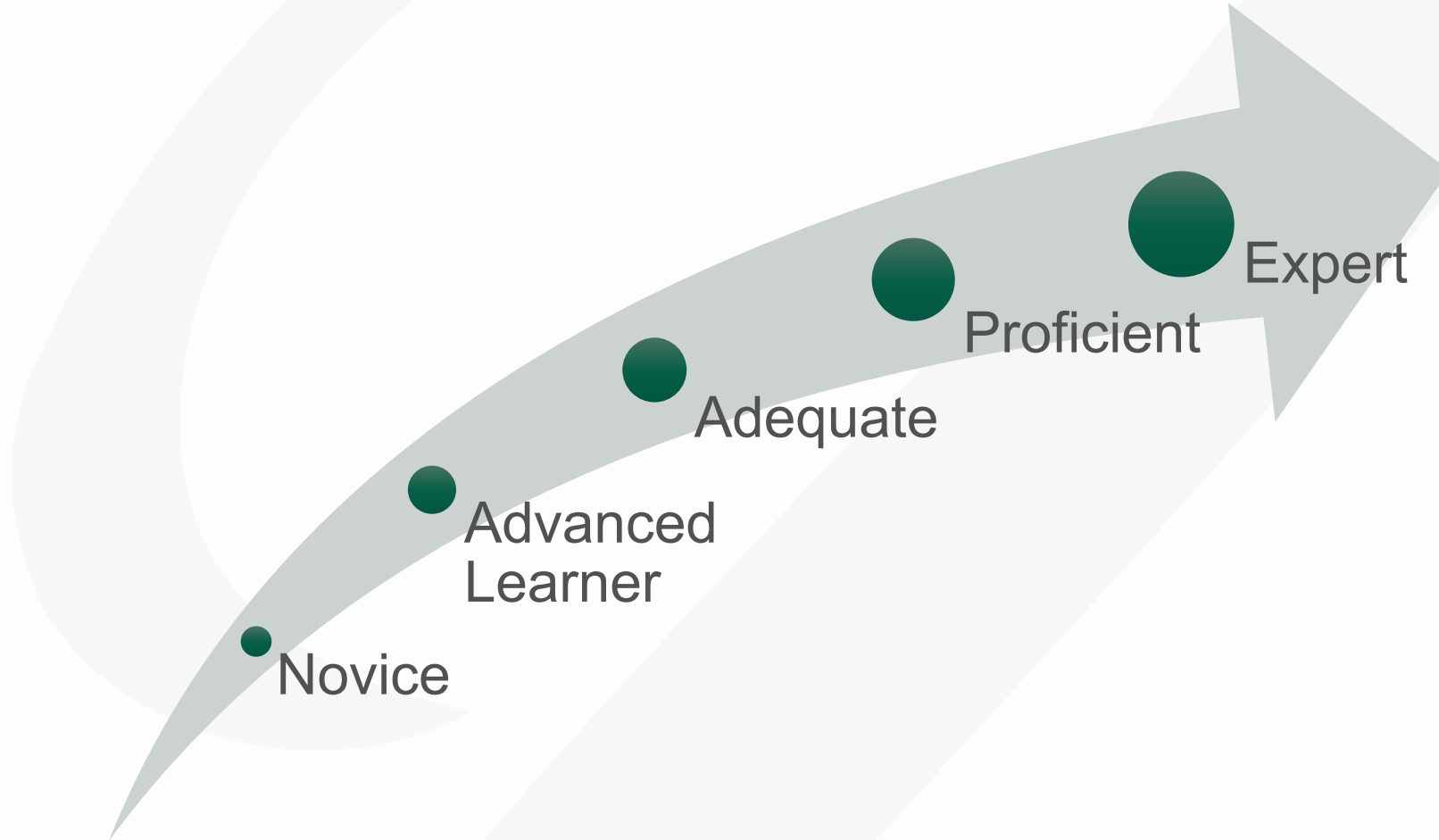
- **Skill of the individual**

Milestones

- A milestone is a behavioral descriptor that marks a level of performance for a given competency

Performance Milestones

Clinical Problem Solver:

1. **Physical Exam** – Performs a targeted, accurate physical exam appropriate to the clinical setting; detects most findings; is responsive to patient needs ⟵ Competency
   - *Unable to Evaluate*
   - Unsatisfactory
   - Developing — Milestones (not perfect!)
   - Competent
   - Exemplary

2. **Data synthesis** – Develops a broad, prioritized differential diagnosis which incorporates pertinent history, physical findings, and an interpretation of screening/diagnostic testing
   - *Unable to Evaluate*
   - Unsatisfactory
   - Developing
   - Competent
   - Exemplary

Summary

- EPAs, competencies and milestones represent the current "units" for observation-driven evaluation

- EPAs are the broad "units of work" expected of a provider

- Competencies are the skills required to perform these units of work

- Milestones describe the level at which a various skill is being displayed

But, what about the narrative?

Writing Effective Evaluation Comments

Preceptor's perspective:

- Easier?
- Quicker?
- Satisfying and meaningful

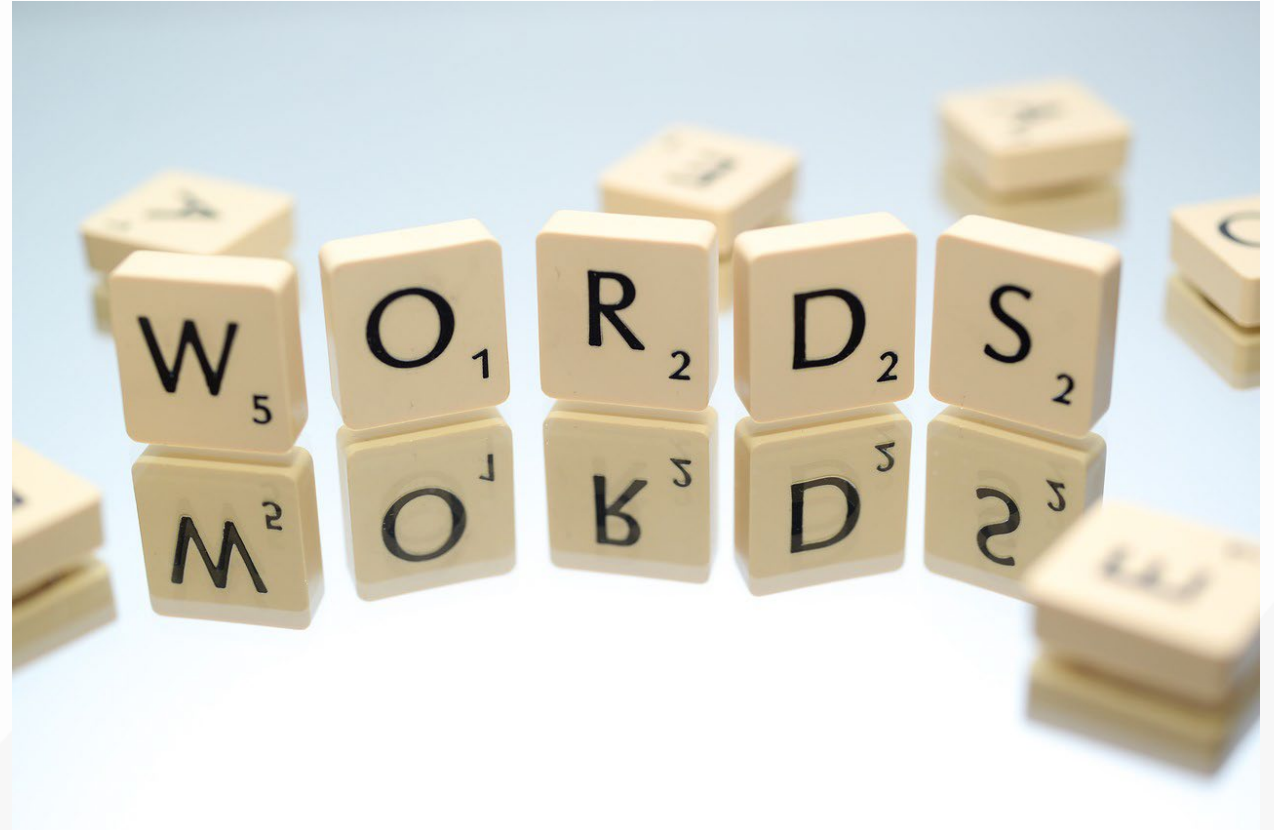Clerkship/Program director's perspective:

- Specific for longitudinal evaluation of competence
- Especially when learner is struggling

Learner's perspective:

- Specific and directly tied to performance
- Highlight strengths

Tips For Efficient and Effective Written Evaluations

- Pearls for writing effective evaluations in a short time

Adapted from Mark Vining, Pediatrics Residency Program 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 those goals and objectives

Pearl #2

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

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Pearl #3

- Think of the last 5 learners at the same level that you evaluated
  - Consider their performance on the same competencies
  - Where does this learner fit? Are they developmentally similar to their peers?
  - Review the past evaluations if necessary

Pearl #4

To make the process of evaluation an ongoing one, start <u>early</u>

- Send yourself e-mails with specific comments from your observations
- Jot down examples (skills, behaviors)

Pearl #5

- When evaluating learners who are very strong:
  - Write about a particular style or approach (to patients, students, you) that makes them different
  - Provide a specific example of how this quality was demonstrated
  - Provide a meaningful comparison where appropriate

Pearl #6

- When evaluating the "typical" learner or the struggling learner:
    - Consider what the learner struggled with most
- Document what was done to help them improve, and detail the response
    - i.e. Document the results of formative evaluation

Let's Evaluate Dr. H!

Let's Evaluate!

Now, write!
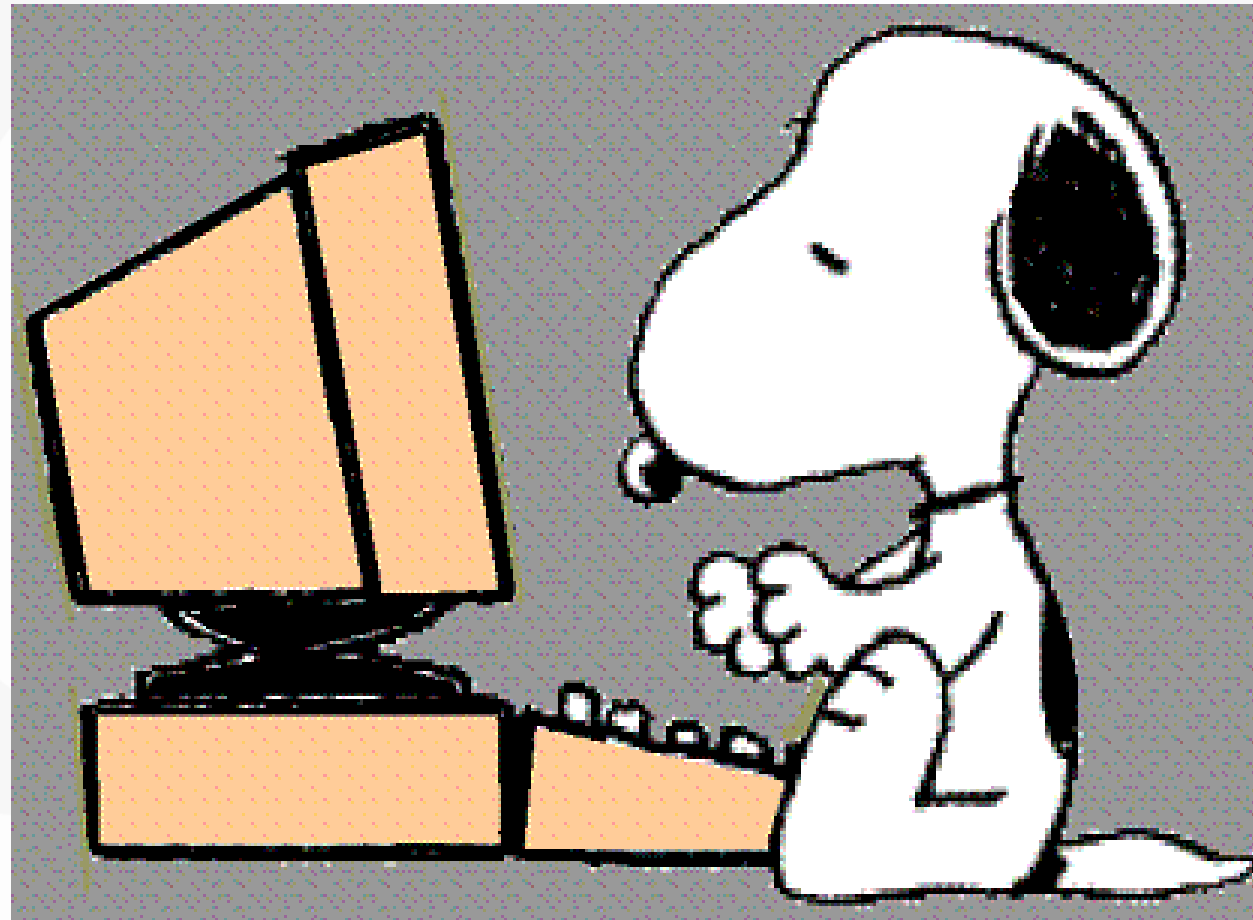
An example

"Dr. H demonstrated tremendous growth during his inpatient ICU rotation. As a specific example, he initially struggled to complete a comprehensive patient handoff to the oncoming team, but with targeted feedback and direct observation, he was able to provide a highly detailed and organized patient handoff by the end of the clinical rotation. He now functions at a level appropriate to his time in training."

How is this used?

- Letters of Recommendation

- MSPE
  - Summative evaluation are compiled *unedited* from primary preceptors
  - Core competencies should be highlighted when possible

- GME
  - Used by Clinical Competency Committees (CCC) to help determine ratings on Reporting Milestones biannually
  - May inform program director's letter of evaluation

Pediatrics (May - June 2016) Grade: Honors

Overall grade based on: Clinical 40%, Exam 40%, and Project: 20%.

On 2700, his attending commented, "Dr. Rey proved to be a hard-working, well-read medical student who related well to the parents as well as the clinical staff. He was perhaps a bit tentative with some of the younger patients, but seemed to care deeply about their care." He did his ambulatory rotation with Charlie Pride, DO, who commented, "I was honored to have Shelby in our Free Weigh Program. He even provided a lecture to the teens at our summer camp about his findings in his research. One of the most impressive aspects of this lecture is how he communicated his findings from the Lancet article into a talk that adolescents not only understood, but enjoyed. This included him creating a video based on Beyoncé's 'Formation' to illustrate his talk. He clearly can communicate with teens!"

Table 4. Percentage of applicants by race/ethnicity group for whom each descriptive word was used at least once in the Medical Student Performance Evaluation.

	Black	Hispanic	White	Asian	Multi	Other	p-value
Word Categories	n = 346	n = 202	n = 2,740	n = 1,281	n = 336	n = 109	(* Alpha = .002)
Standout Words							
Exceptional	50%	52%	64%	54%	64%	58%	<0.001*
Best	41%	44%	54%	49%	50%	58%	<0.001*
Outstanding	77%	84%	86%	79%	82%	88%	<0.001*
Superb	30%	32%	38%	36%	38%	38%	0.025
Stellar	7%	7%	10%	8%	9%	13%	0.067
Excellent	91%	90%	93%	93%	95%	97%	0.050
Phenomenal	3%	5%	5%	5%	5%	8%	0.213
Ability							
Intelligent	40%	43%	49%	50%	46%	44%	0.004
Bright	43%	44%	57%	54%	54%	52%	<0.001*
Talent	19%	18%	20%	19%	17%	15%	0.760
Brilliant	3%	1%	3%	3%	4%	2%	0.420
Competent	40%	20%	29%	27%	32%	34%	<0.001*
Smart	19%	18%	24%	23%	24%	28%	0.129
Gifted	5%	5%	6%	5%	7%	5%	0.342
Grindstone							
Organized	71%	74%	80%	77%	82%	79%	0.001*
Hardworking	76%	74%	77%	78%	77%	77%	0.790
Conscientious	36%	28%	32%	34%	33%	37%	0.337
Diligent	42%	32%	36%	37%	34%	31%	0.115
Compassion							
Caring	47%	50%	51%	49%	51%	55%	0.750
Kind	35%	32%	33%	34%	36%	42%	0.332
Empathy	36%	49%	40%	35%	38%	45%	0.003
Compassionate	56%	49%	54%	51%	51%	63%	0.480

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Ross DA, Boatright D, Nunez-Smith M, Jordan A, Chekroud A, et al. (2017) Differences in words used to describe racial and gender groups in Medical Student Performance Evaluations. PLOS ONE 12(8): e0181659. https://doi.org/10.1371/journal.pone.0181659
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181659

Table 5. Associations between race/ethnicity and adjective use controlling for USMLE Step 1 scores.

Applicant Characteristics	Odds Ratios (95% Confidence Interval)				
	Exceptional	Best	Outstanding	Bright	Competent
Race/ethnicity*					
Black	1 [Reference]	1 [Reference]	1 [Reference]	1 [Reference]	1 [Reference]
White	1.39 (1.09–1.75)	1.38 (1.09–1.75)	1.31 (0.99–1.74)	1.47 (1.16–1.86)	0.62 (0.49–0.79)
Hispanic	0.98 (0.69–1.40)	1.02 (0.71–1.45)	1.41 (0.89–2.22)	0.97 (0.68–1.38)	0.38 (0.26–0.58)
Asian or Pacific Islander	0.94 (0.74–1.20)	1.20 (0.94–1.53)	0.85 (0.64–1.14)	1.39 (1.09–1.77)	0.57 (0.44–0.74)
Multiracial	1.49 (1.09–2.04)	1.25 (0.92–1.70)	1.08 (0.74–1.59)	1.41 (1.04–1.91)	0.72 (0.53–0.99)
Other	1.16 (0.75–1.81)	1.75 (1.12–2.71)	1.88 (0.99–3.56)	1.31 (0.85–2.02)	0.78 (0.49–1.23)
USMLE Step 1 Score	1.02 (1.01–1.02)	1.01 (1.01–1.01)	1.02 (1.02–1.02)	1.01 (1.01–1.01)	0.99 (0.99–1.00)

*As a category, the p-value for Race/ethnicity using a Wald test was <0.01 for each adjective

https://doi.org/10.1371/journal.pone.0181659.t005

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Summary

- Summative evaluation is a final determination of a learner's performance

- Use direct observations and be specific when writing a narrative or comment on performance

- Avoid adjectives as they are prone to unconscious bias

Questions?

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