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**

- Level of "entrustment" = level of supervision
- Example: Give or receive a patient handover
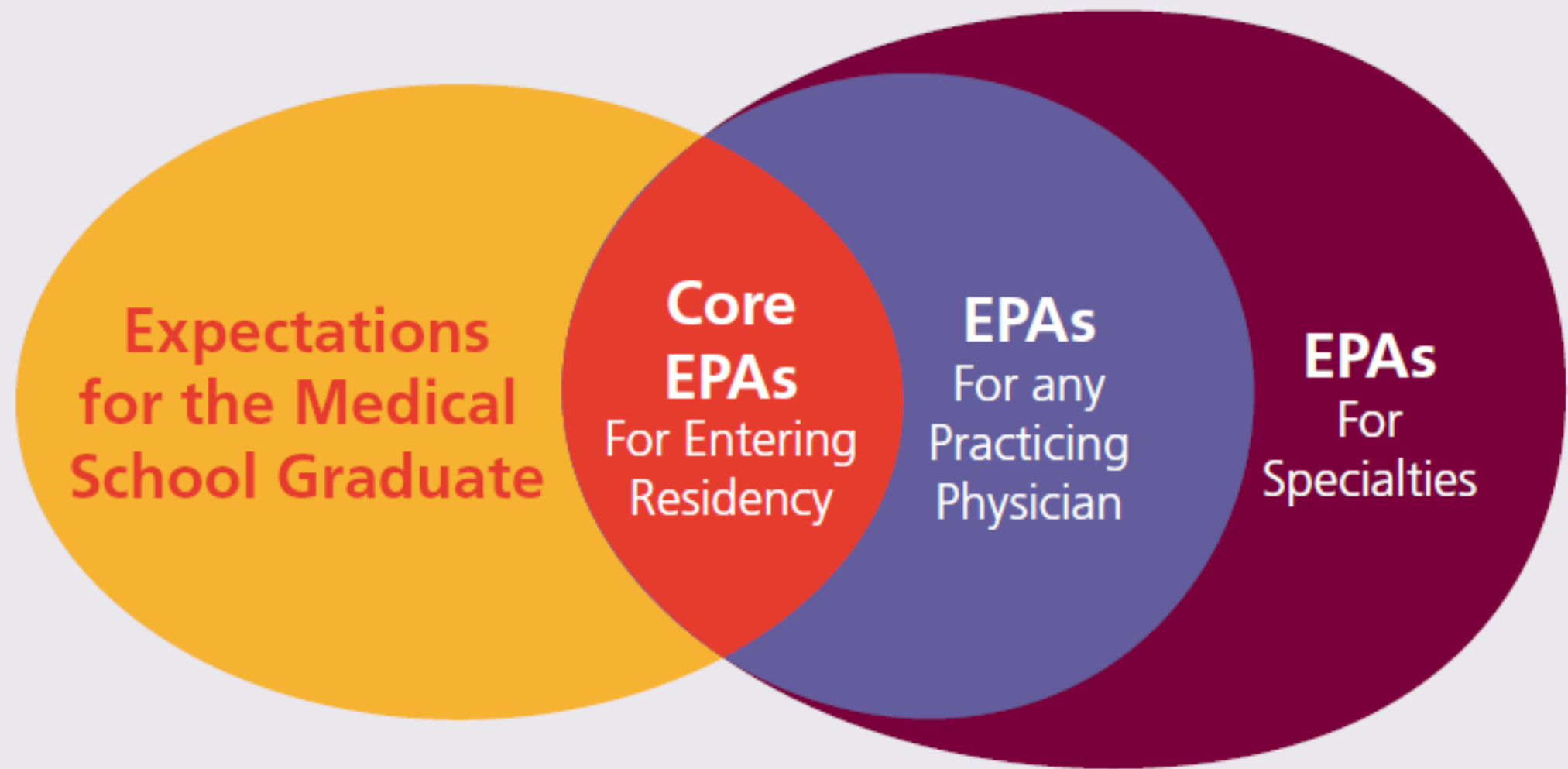

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Figure 1. The relationships among the Core EPAs for Entering Residency to a medical school's graduation requirements, the EPAs for any physician, and specialty-specific EPAs

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
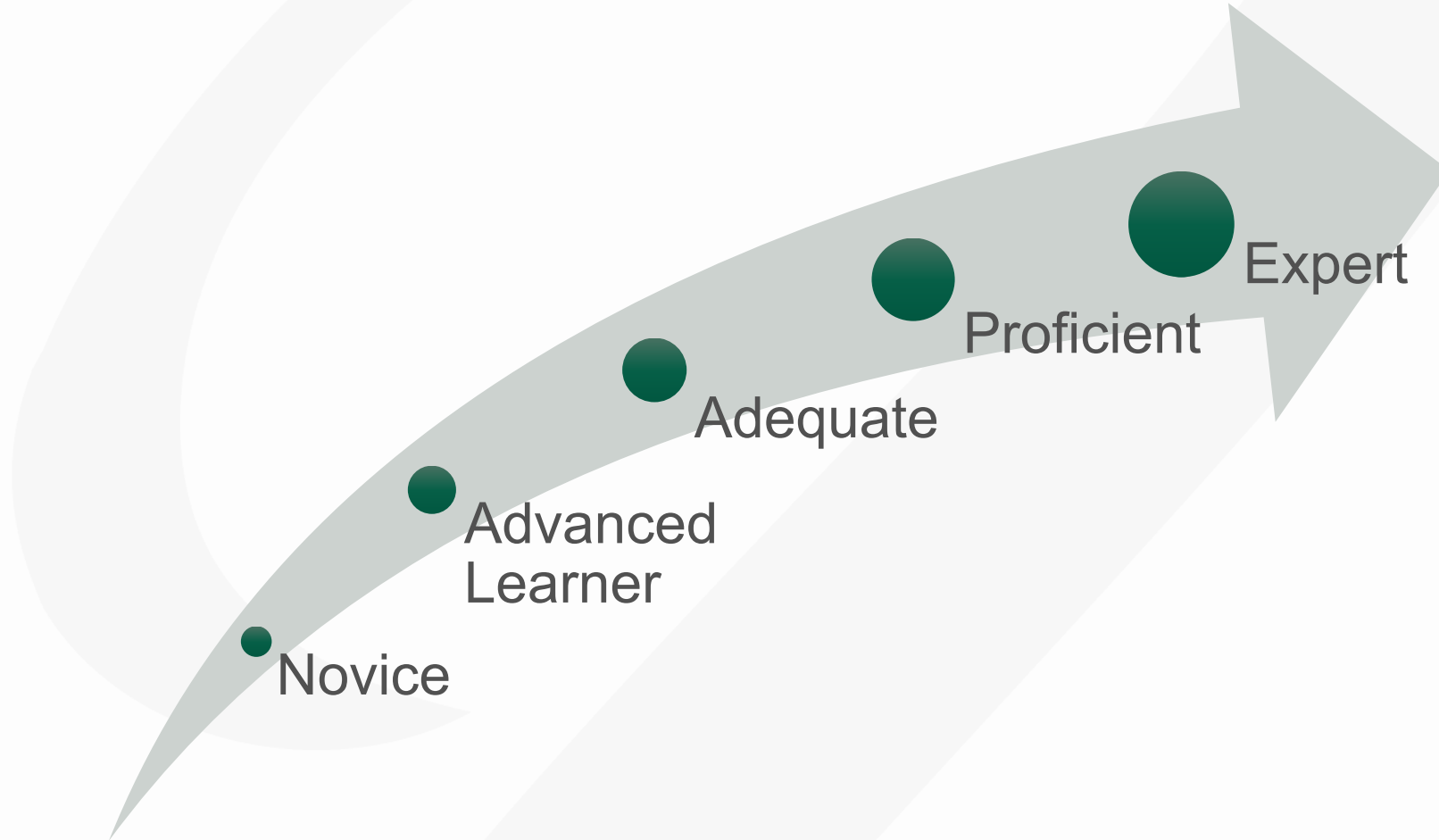
Performance Milestones

Figure 1b: Example of the Basic Anatomy of a Milestone

Competency

Subcompetency

Patient Care 5:	Urgent and Emergent Medical Conditions			
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Recognizes urgent and emergent medical conditions and initiates system protocols as appropriate	Performs an initial assessment of patients with urgent and emergent conditions	Provides initial stabilization of patients with urgent and emergent medical conditions, as well as safe transitions in care	Coordinates the initial assessment and management of urgent and emergent conditions with the interprofessional care team	Anticipates clinical decompensation and intervenes early
Knows code status	Discusses and clarifies code status with patient and family	Uses code status in clinical decision making	Considers patient and family wishes to modify code status and subsequent care as appropriate	Leads conversation with medical team when care is futile
☐	☐ ☐	☐	☐ ☐	☐ ☐ ☐

Milestone

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

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 ← Sub-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?

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Writing Effective Evaluation Comments

Preceptor's perspective:

    Easier?

    Quicker?

    Satisfying and meaningful

Clerkship/Program director's perspective:
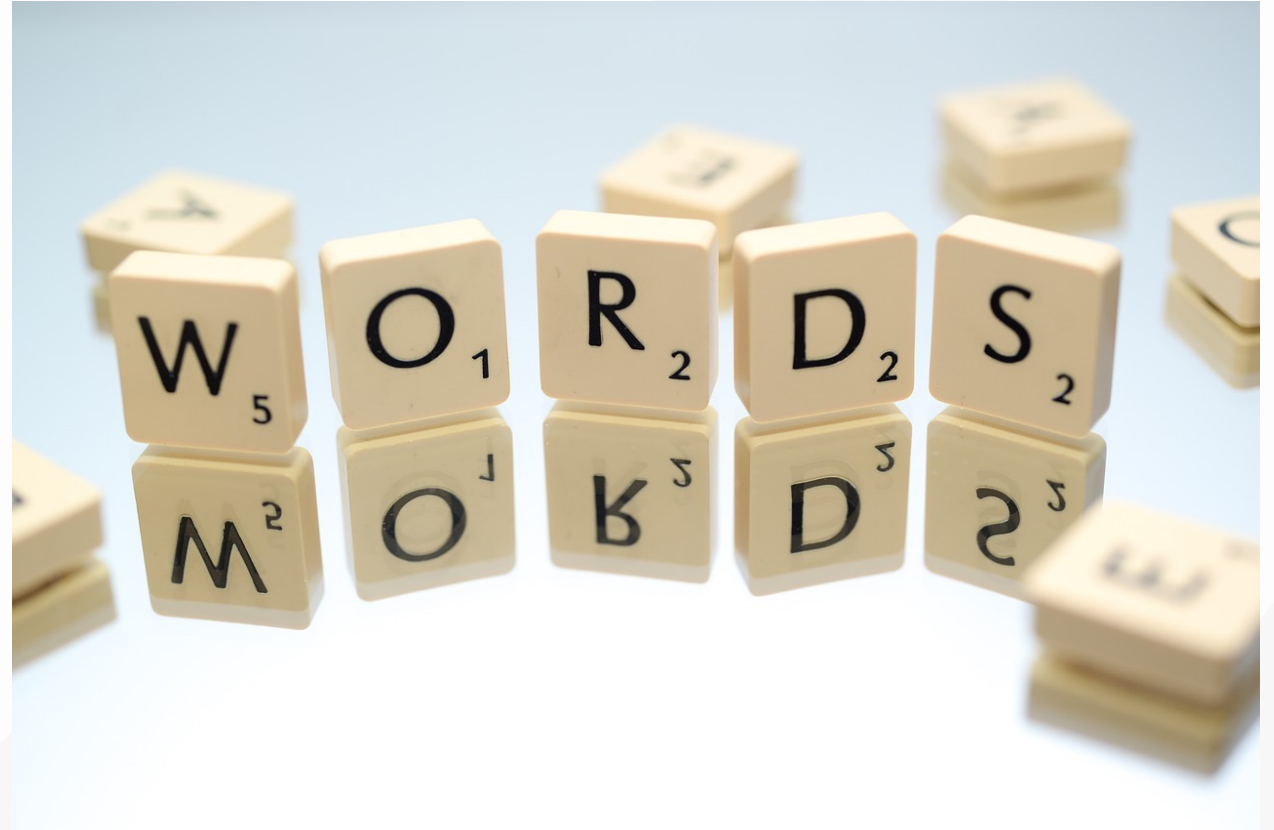
    Specific for longitudinal evaluation of competence

    Especially when learner is struggling

Learner's perspective:

    Specific and directly tied to performance

    Highlight strengths

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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

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)

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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
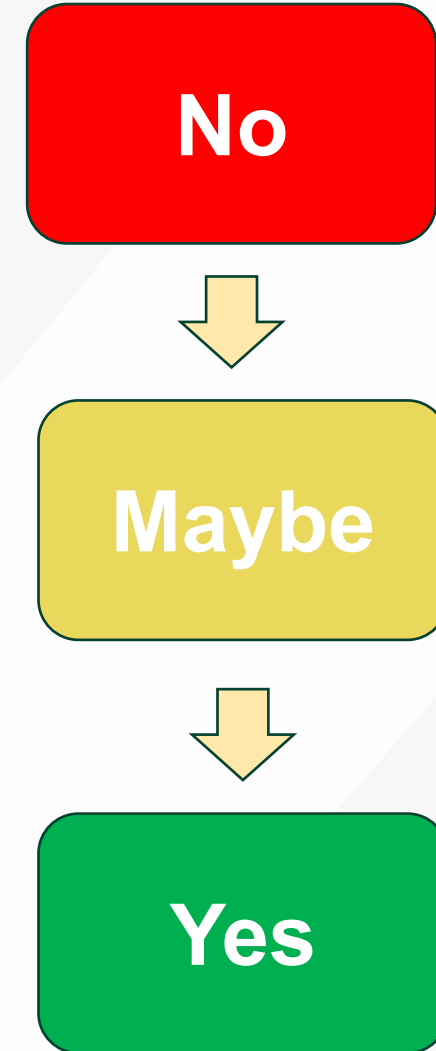
Specificity of comments

Qualifiers

"showed improvement"

Evidence

"started the rotation where I would expect for level of training, but improved consistently"

Examples

"showed great improvement in that by the end of the rotation they were able to carry multiple patients including the most complex on our service without difficulty"

No

Maybe

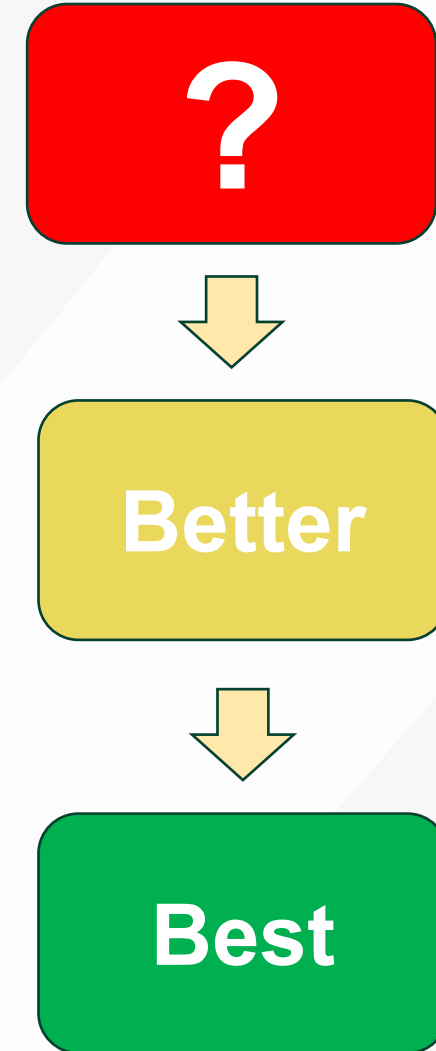**Yes**

Specificity of comments

Qualifiers

"competent"

Evidence

"did a nice job taking histories and exams were reproducible"

Examples

"she demonstrated excellent clinical judgment and quickly recognized a child's worsening respiratory status while taking the history and notified the team immediately"

?

Better

Best

Other Forms of Bias

Doubt Raising

> "He *appears* to be motivated"

Faint Praise

> "She is better than *average*"

Career Trajectory Bias

> **Non-URM described as researchers and professionals**
>
> **URM described as students**

P-Professionalism **R-Reporter** **I- Interpreter** **M-Manager** **E-Educator** **+ PLUS**	

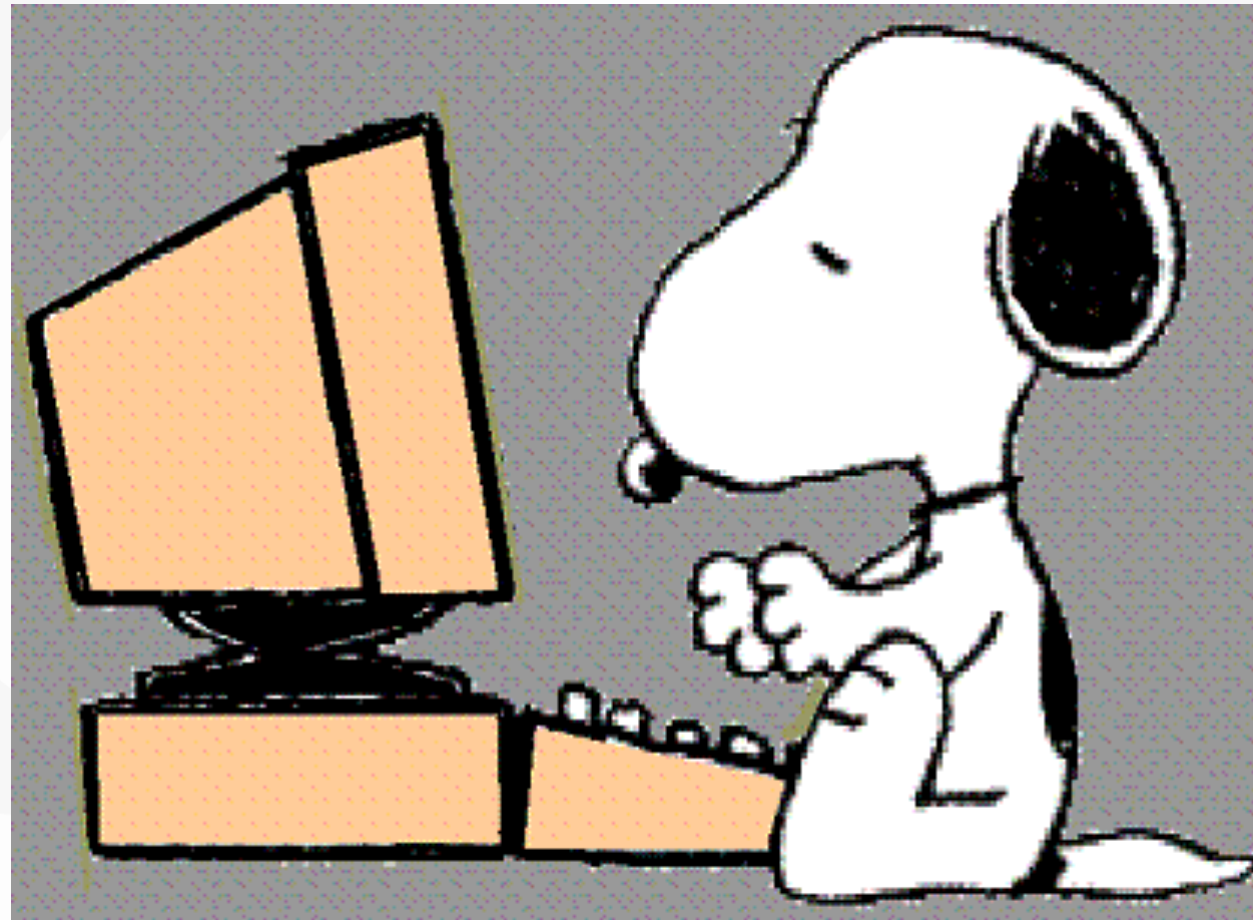|	
P	Responsibility, attire, attitude, response to feedback, motivation
R	Gather the appropriate, complete information
I	Prioritize, critical thinking, differential diagnosis
M	Discuss the most logical next step
E	Self-directed learner, ability to educate others
+	What was done well and modify, what did not do well?

Let's Evaluate Dr. H!
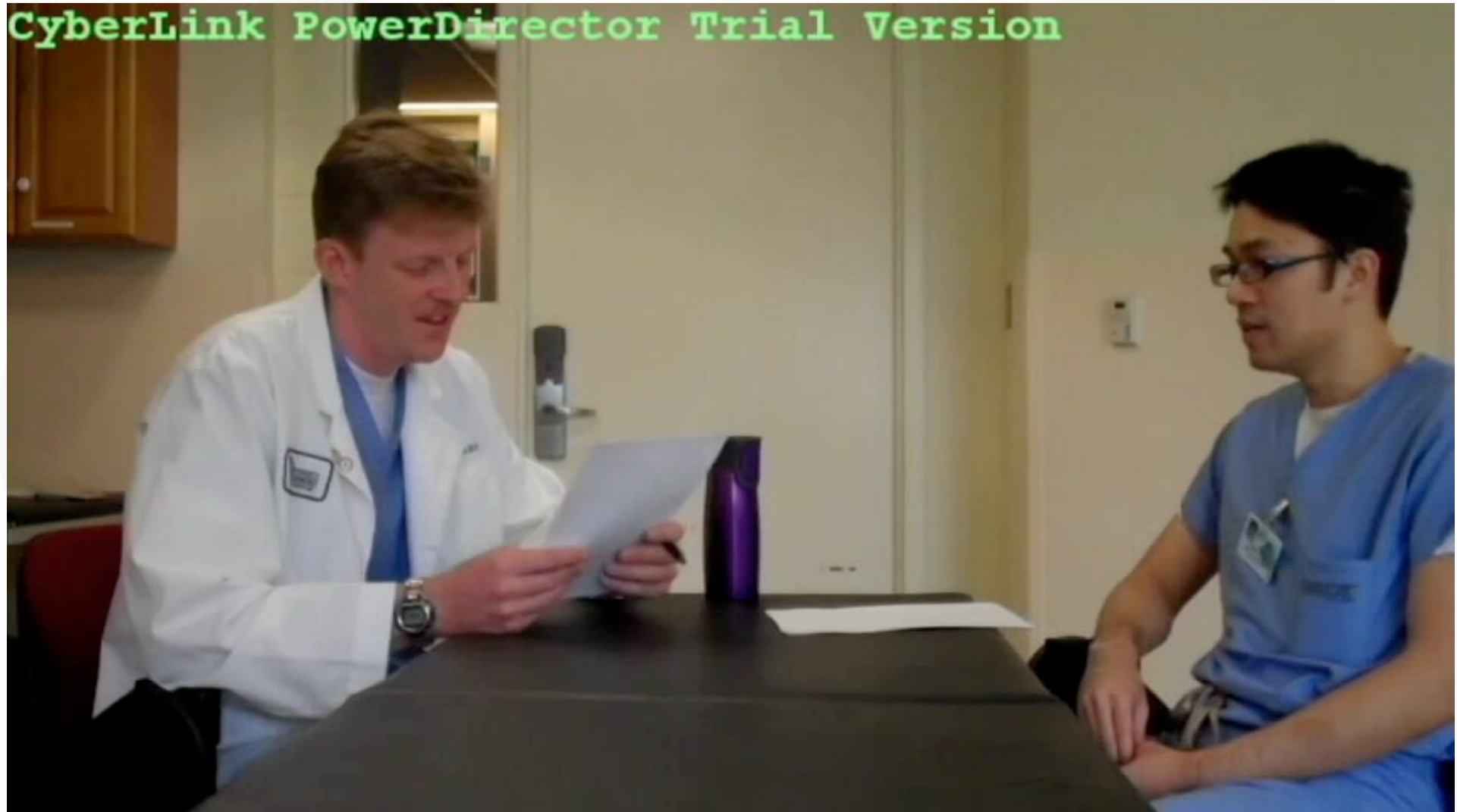
Let's Evaluate!

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!"

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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