

Assessment Part II

Using assessment for faculty development and program improvement



University of Tokyo
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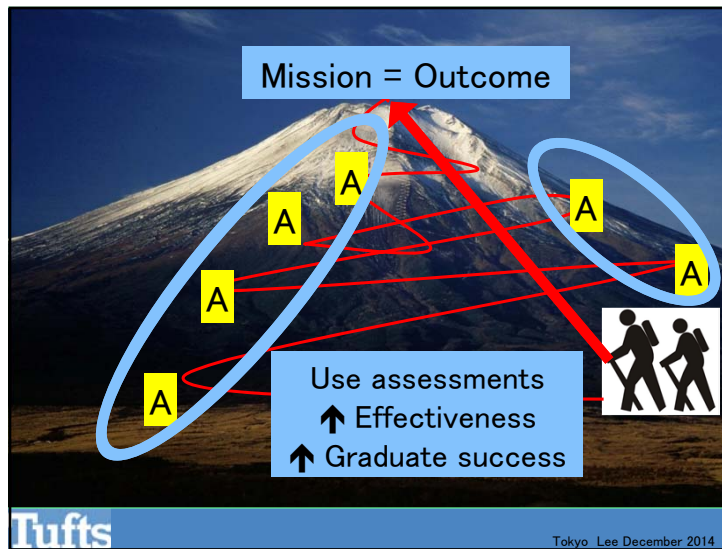
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Aims

1. Provide perspectives on using assessment for:
 - Faculty development, particularly for professionalism and clinical teaching
 - Program improvement
2. Provide opportunities to exchange ideas
3. Consider next steps for your course/program

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Qualities of assessment

1. Reliability (stable, consistent results from cohort to cohort)
2. Validity (measures what you intend)
3. Transparency (to the student)
4. Authenticity (supports relevant outcomes)
5. Adaptability (continuous improvement)

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Link between assessment and feedback

- Assessment *of* learning

Measure what learning has occurred at a point in time

- Feedback *for* learning

Provide information to gain mastery

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Feedback from assessments

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Inputs for self-assessment to design teaching plan

Expectations → Clear

Assignments → Reinforcing

Patient logs → Reasonable

Simulation → Sufficient

Observation → Effective

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Two student representatives per course for real-time adjustments

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Use of small focus groups

- 6–8 students
- Usually same year cohort
- Address a previously identified issue that you want to explore more deeply
 - Example: poor attendance at ~
 - Identify competing demands
 - Reaffirm goals
 - Brainstorm solutions (mutually agreed upon vs. top-down)
 - Test acceptance of solutions with polling
- Use opportunity to model professional feedback

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Hippocratic Oath* Reflective practitioners



Tufts' White Coat Ceremony

*Dr. Louis Lasagna's Modern Version, 1964

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MSPE professional attributes

Evaluate relative to peers:

- Ability to treat patients with compassion
- Honesty and integrity
- Respect for others
- Ability to act as an advocate for patients
- Communication skills
- Commitment to putting the needs of others before one's own needs

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Longitudinal tracking

- Explicit goals/expectations start at orientation, anatomy, etc.
- Socialization process: attire, interactions, promptness, etc.
- Teaching, modeling, and *assessing* behavior
- Central tracking, warnings, formative feedback, support
- Students know it "counts" for MSPE*
- Cannot receive honors without excellent professionalism
- Major reason for dismissal, not academic

*MSPE: Medical Student Performance Evaluation replaced Dean's Letter

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Competency-based Apprenticeship in Primary Care

- 21st century apprentice
- Experience vs. competency-based
- Competent in what skills? At what level?
- Learn not just from faculty, but also from peer, patient and staff

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Faculty challenges

- Not enough time to teach
- Student presentations take too long
- Too many student questions
- Sensitive subjects
- Patient acceptance (or not)
- Documentation
- Space

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How can students help busy clinical faculty?

- Faculty development workshops
- Faculty surveys
- Top ten ways to help faculty

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Top 10 ways to help

- | | |
|----------------------------------|--------------------------------|
| 1. Patient Education Medications | 6. Reconcile |
| 2. Research Latest Evidence | 7. Call Patients: Labs, etc. |
| 3. Write Notes | 8. Room patients |
| 4. Counsel Patients | 9. Present succinctly |
| 5. Geriatric Evaluation | 10. Give preceptors quiet time |

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Workshops for students

1. Role of student in the office
2. Documentation/EMR/Oral Presentation
3. Office Procedures
4. Lifestyle Modification Counseling
5. Information Mastery
6. Peer teaching and assessment

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Student input

- Peer assessment often tougher
- Buy-in on criteria
- Socialization into profession is part of education
- Needs to have responsibility to learn responsibility

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Student-preceptor relationship

- Educational home: comfortable learning and contributing
- Students exchange help for teaching
- Team continuity over 20 weeks
- Adds value to patient and care

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Faculty Feedback

- 72% of faculty felt time neutral or students helped them get through day's work faster (28%)
- Professional satisfaction: 94% felt teaching CAP increased professional satisfaction

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Attributes of + mentor

- Up-to-date, experienced, committed to growth
- Compassionate, caring, empathic, engaging
- Inspires, tailors teaching, gives autonomy
- Patient, enthusiastic, accessible
- Integrity, shows respect to others, humanistic
- Vs. uncaring, unsupportive, cynical, impatient

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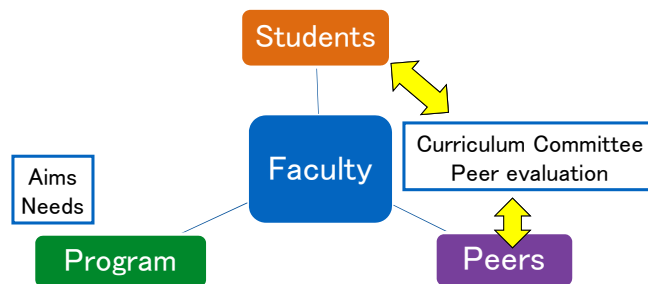
Importance of observation

- Structured observation *by student of faculty*
 - Know what to look for
 - Verify observation
- Focused observation *of student by faculty*
 - Use standardized objectives
 - Known to both student and faculty

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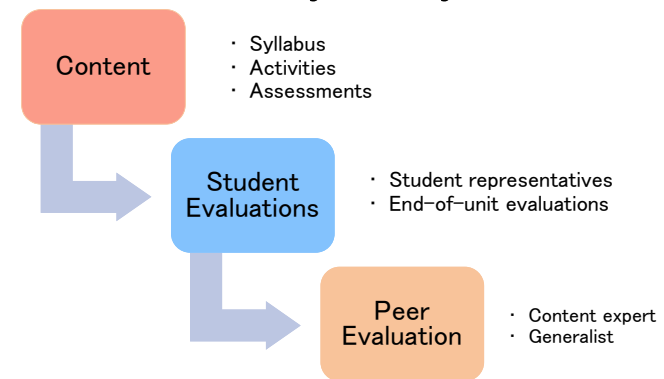
Inputs for self-assessment to design teaching plan



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Curriculum Committee Three-year cycle



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Use of students' patient log data

**Individual formative feedback
Compare against objectives—
ready for next stage?**

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Combine assessments

**Synergy with other methods
More complete reflection
of student learning
Compare across cohort**

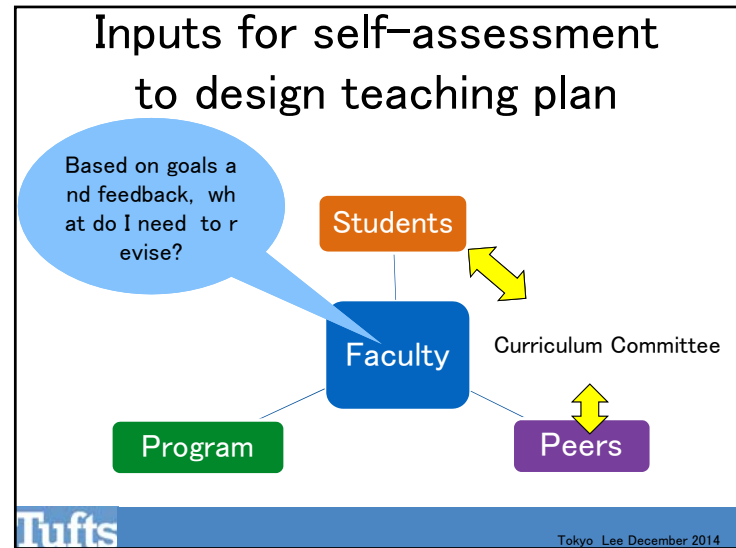
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Patient log reports across sites

**Share best practices
Address gaps in core**

Site	# Students	% of Total	Patients Seen
Baystate Medical Center	194		
Caritas Carney Hosp	10		
Caritas St. Elizabeth's	50%		144
Faulkner/Shattuck	67%		12
Lahey Clinic	4	80%	71
Newton-Wellesley Hosp	3	50%	25
Salem Hospital	3	1	33%
Tufts Medical Center	9	7	78%
Total	43	29	67%

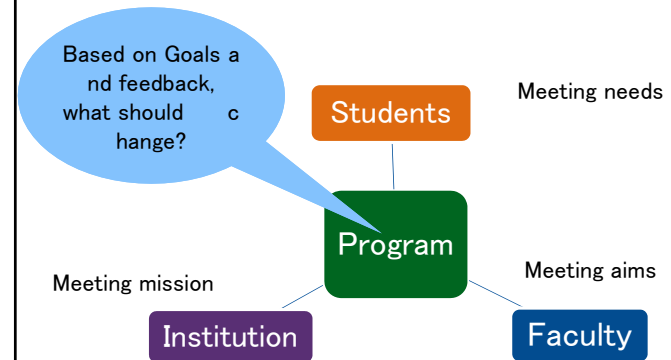
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Course revision paths

- Team development
- Individual education consultation
- Education “fellow”, grants
- Faculty development workshops
- Technical design assistance

Inputs to assess program



Emphasis of evaluation

- Programs: What evidence can you provide that your programs are meeting your mission/goals?
- Continuous renewal: What evidence can you provide that you are using data to conduct continuous quality improvement?

Patient log reports across sites

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TUFTS UNIVERSITY SCIENCES KNOWLEDGEBASE

Home Browse All Courses Search Manage Content

CMS Home | Course - Third Year Medicine C... | Manage Patient Logs | Custom Reports | Literat...

PATIENT LOG REPORT: MEDICINE

Time Period(s): 3A3B (2010)

Course Summary

Summary	Quality Indicators	Ch...			
Site	# Students	Ch...			Patients Seen
Baystate Medical Center					194
Caritas Carney				100%	10
Caritas St. Elizabeth				50%	144
Faulkner/Shattuc				67%	12
Lahey Clinic			4	80%	71
Newton-Wellesley H			3	50%	25
Salem Hospital	3	1		33%	15
Tufts Medical Center	9	7		78%	70
Total	43	29		67%	541

Use data from students' mobile checklists to compare students by site, by discipline, by cohort

Curriculum hours by unit

Essential for accreditation reports,
Aids management of curriculum
(e.g., by curriculum committee)

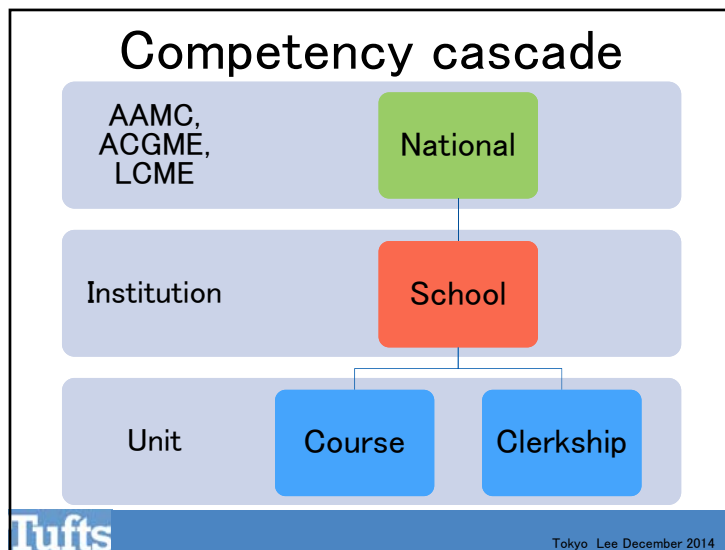
Course	Conference Sessions / Hours	Examination Sessions / Hours	Laboratory Sessions / Hours	Lecture Sessions / Hours	Small Group Sessions / Hours	Unspecified Sessions / Hours
• Competency in Primary Care I (DGS115) This course is a child course of Foundations of Patient Care (DPS601)	2 / 6h 00m			3 / 9h 00m		12 / 60h 00m
• Problem-Based Learning (2nd Year) (DGS200)						
• Scientific Foundations of Social and Behavioral Me... (DGS100)	3 / 7h 00m	1 / 3h 00m		44 / 31h 50m	7 / 14h 00m	1 / 3h 00m
• The Brain (BRA100)		2 / 7h 00m		1 / 3h 00m		
• Neuroscience (DGS100) This course is a child course of The Brain (BRA100)				39 / 29h 20m	10 / 30h 00m	
• Introduction to Clinical Psychiatry (PSY115) This course is a child course of The Brain (BRA100)				22 / 11h 10m	4 / 2h 00m	
• Head & Neck Anatomy (ANA140) This course is a child course of The Brain (BRA100)			1 / 4h 00m	12 / 27h 00m	17 / 11h 00m	1 / 2h 00m

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Program Assessment

- Gather data by course/unit
- Compare data across courses/units
- Compare data longitudinally
- Document changes to programs based on data

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What are possible next steps for your course or your school?

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Did we meet our aims

1. Provide perspectives on using assessment for:
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 - Program improvement
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Thank you!

Questions?

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Handouts from Tufts

- Institutional Educational Objectives
- Introduction to Ethics and Professionalism

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Competency Cards for Competency-based Apprenticeship in Primary Care

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Competency “Cards”

- From end of 1st year→end of 2nd
- 28 required (22 optional) cards
- 1/week by preceptor
- Student responsible for signatures from preceptor, peer, staff

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HISTORY OF PRESENT ILLNESS <small>Additional comments on reverse (required if competency not achieved)</small>			
SKILL	COMPETENT		
	Partner	Preceptor	Doctor
Elicits patient's chief concern			
Asks seven cardinal questions, including exacerbating factors, risk factors			
Summarizes and repeats report back to patient			
<p>Student Name _____ Preceptor Signature _____ Date _____</p>			

“Cards” are now online for students and faculty

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History

1. HPI
2. PMH
3. Social History
4. Family History
5. Cultural History
6. Complete History
7. Adolescent History

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Exam

- | | |
|-----------------|--------------------------|
| 8. HEENT Exam | 15. Extremity Exam |
| 9. Neck Exam | 16. Eye Exam |
| 10. CV Exam | 17. Fundoscopic Exam |
| 11. Pulm. Exam | 18. Pelvic Exam |
| 12. Abdom. Exam | 19. Rectal/Prostate Exam |
| 13. Neuro Exam | 20. Breast Exam |
| 14. Complete PE | |

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Advanced Communication

- 21. Establish Rapport
- 22. Explain Lab Results
- 23. Starting a New Medication
- 24. Depression Screening
- 25. Oral Presentation
- 26. Cross-Cultural Communication
- 27. Talk with Consultant
- 28. Geriatric Assessment

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Counseling

- 29. Smoking Cessation
- 30. Nutrition Counseling
- 31. Exercise Counseling
- 32. AA Meeting
- 33. Routine Prenatal Care

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Office skills & procedures

- 34. Introduction and Rooming Patients
- 35. Information Mastery
- 36. Orthostatics
- 37. Peak Flow
- 38. Cerumen Disimpaction
- 39. Skin Tag Removal
- 40. Wart Destruction
- 41. Office Procedure

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Documentation

- 42. Updating Med List
- 43. SOAP Note
- 44. Documenting Annual Physical Exam
- 45. Prescription Writing

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Pediatric

46. Growth and Development
47. Pediatric Communication
48. Newborn Exam
49. Pediatric Social History
50. Infant Medical History

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Workshops for students

1. Role of student in the office
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Role of student in the office

- Room patients
- Take vital signs
- Check orthostatics
- Do medication reconciliation
- Find and review patient education materials with patients

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Documentation

- Write prescriptions
- Write progress notes
- Use an EMR appropriately

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Office procedures

- Give IM Injections/PPDs
- Learn how to maintain sterile technique and basic suturing
- EKG (how to perform, not read)
- Help patients perform a peak flow
- Help patients use a glucometer

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Lifestyle modification

- Counsel patients on smoking cessation
- Counsel patients on nutrition for HTN, lipids, DM and obesity
- Screen patients for alcohol addiction

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Information mastery

- How to ask the right question
- How to find high quality evidence for clinical questions in real time
- How to communicate this evidence to your patients

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