Workplace-Based Assessment in Medical Education

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Assessment of professional competence

KNOWS

KNOWS HOW

SHOWS HOW

DOES

THE CANMEDS ROLES FRAMEWORK

PROFESSIONAL

COMMUNICATOR

SCHOLAR

HEALTH ADVOCATE

MANAGER

COLLABORATOR
Assessment of professional competence

Assessment embedded in learning and working

Every single assessment has its flaws

Programme of assessment, carefully combining various methods, instruments, wide sampling across content and assessors

Use expert professional judgment for complex competencies and performance

Assessment is essential in development of expertise
Assessment and learning......

Work-based assessment
Work-based assessment for learning

- **Psychological safety**
  - Quality of feedback and supervision
  - Embedded in daily working routines → high frequency
  - Single assessment occasions: teach and learn, do not judge

- **Scores are meaningless**
  - Tasks frame candidates' performances within a particular context and at a particular time
  - Focus on narrative comments → feedback

- **Feedback: credible, specific**
  - Direct observation
  - Credible, competent assessors

Govaerts et al., AHSE, 2005; Delandshere & Petrovsky, Ed. Res. 1998
Bindal et al., Med. Teacher, 2011
Work-based assessment for learning

- From feedback to feed-forward
  - Goal setting: transparent and mutually agreed upon
  - Define and discuss performance standards

- Transform learners’ roles in assessment and feedback
  - Learner engagement:
    - Feedback seeking
    - Guided self-assessment, peer assessment

- Congruence of learning and assessment
  - Avoid the ‘tick box effect’  → focus on (individual) learning
  - Document regularly (portfolio) and use information to guide learning
    - Self efficacy
    - Reflection, follow-up (mentor, coach)

Govaerts et al., AHSE 2005, Watling et al., 2008; Bindal et al., Medical Teacher 2011
Overeem et al., 2010; Hounsell, 2007
Work-based assessment of learning

Patient Encounter Feedback Form

<table>
<thead>
<tr>
<th>Medical Expert (item 1-8)</th>
<th>Professional Behaviour (item 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory □</td>
<td>Unsatisfactory □</td>
</tr>
<tr>
<td>Satisfactory □</td>
<td>Satisfactory □</td>
</tr>
<tr>
<td>Good □</td>
<td>Good □</td>
</tr>
</tbody>
</table>

Duration observation: .................... min.
Comments/Feedback provided: (See back)
Work-based assessment of learning......

Rater judgments

- BIAS
  - leniency
  - halo
  - central tendency

- SUBSTANDARD RELIABILITY
- QUESTIONABLE VALIDITY

The Scream by E. Munch
Work-based assessment

WHY DOESN’T IT WORK?
Reflection-on-assessment

8/10  7/10  7/10  9/10  8/10  4/10
Traditional approach

Focus on assessment outcomes (scores)
Focus on quantifiable measures of reliability and validity
  one single ‘true score’
  consistency in measurement results

Focus on instruments / rating scales
Focus on standardization
Focus on rater training
Towards cognition-based models

**Assessment design**
- Purposes/goals
- Instruments
- Procedures
  ...

**Rater characteristics**
- Performance theories
- Personal goals
- Beliefs, Attitude,
- Trust, Values
- Mood
  ...

**Organizational / context factors**
- Values, norms
- Accountability
- Feedback culture
- Support (time, training, rewards, threats)

**Ratee**
- Performance

**Cognitive processes**
- By rater

**Personal / private judgment**

**Public decision**
- Score
- Feedback

*Govaerts et al., 2007 AHSE*
Expert judgments: contextualized judgments

- Raters’ behaviours are shaped by interactions between individuals and the social context in which assessment occurs.
- Raters’ behaviours are motivated and goal-directed.
  - Raters’ perceptions of the assessment system (trust, acceptance, accountability).
- Actual ratings may differ from raters’ personal judgments or feedback to ratees.
- If we want to improve utility of work-based assessment, we need to start focussing on the assessment context.
Expert judgments: contextualized judgments

- Assessment of performance in real life settings is judgment and decision making
  - Similar to clinical reasoning, decision making in medicine

- Raters are active information processors, not passive measurement instruments
  - Assessment outcomes are determined by raters’ cognitive processing / information processing
Work-based assessment

WHAT ARE THE IMPLICATIONS?
Implications

Assessment design

• Shift from numbers to words: focus on narrative comments/feedback
• Document performance evaluations and feedback: portfolio
• Incorporate self-assessment and/or peer assessment
• Frequent feedback / performance assessment, by multiple raters

• Avoid summative assessment decisions (i.e. grading, rating score) at single assessment occasions (separate coaching role from assessor role)

• High stakes decision making on the basis of aggregated data: rich meaningful information, narrative-qualitative data carrying a lot of weight
• Decision making through critical dialogue
  • Coherent interpretation of all evidence
  • Clear performance standards
  • Independent assessors
Implications

Raters / assessors
- Development of the rater’s professional (expert) judgment
  - Training
  - Coaching and feedback-on-the-job (feedback on feedback)
  - Deliberation and deliberate practice

Ratees / learners
- Development of self-directed learning
  - Guided self-assessment
  - Elicitation of useful feedback, goal setting
  - Mentoring, coaching

Organization
- Clarity with respect to (use of) assessment results
- Accountability: rater and ratee
  - In a safe learning environment
- Support: training, time, rewards
Implications

Change in culture needs time!
Thank you!

To be continued…….

Workshop 12.40 – 14.00 hrs

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