CBME Implementation

How are we transforming the culture of assessment?

Health Sciences Education Rounds
January 25, 2018

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Disclosure of Commercial Support

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Office of Health Sciences Education
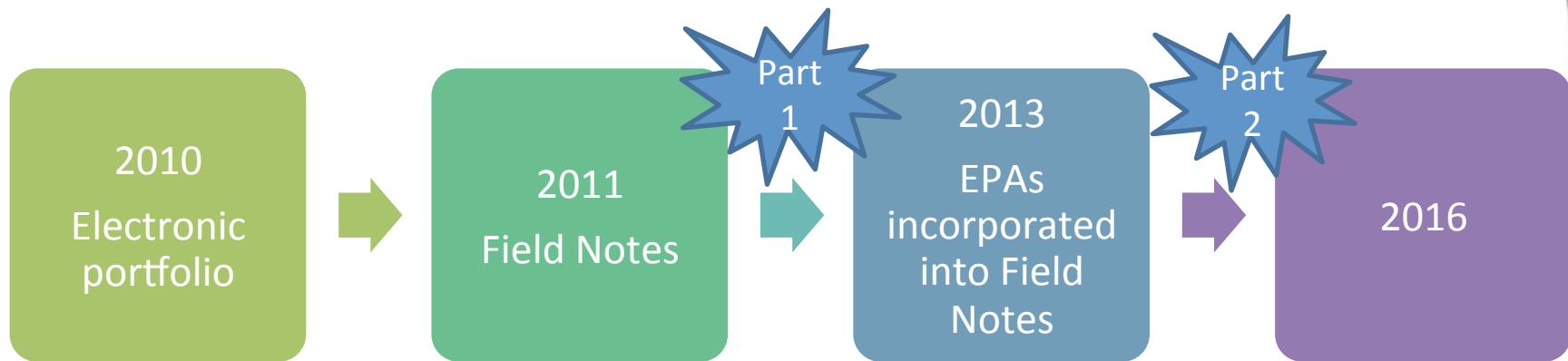Faculty of Health Sciences, Queen's University

Purpose

To describe the change in the culture of assessment over the period of implementation of a competency-based assessment system

Trust Me, I'm Competent

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Situating studies along our assessment time path

2010
Electronic portfolio

→

2011
Field Notes

Part 1

→

2013
EPAs incorporated into Field Notes

Part 2

→

2016

Method

- Phenomenological study; Grounded theory
- Conceptual framework: Competency-based Medical Education (CBME)

Data Collection

- AA Interviews:
  - Part 1 (n = 12/20)
  - Part 2 (n = 9/19)

Data Analysis

- Thematic analysis
- Constant Comparative Method

A) Understanding of CBME

Part 1
"I think the idea is we know where we want the person to get to and we can sort of define that in terms of various competencies, the trainee, where we want the trainee to get to. And they will work along sort of at their own speed to reach those competencies. So it won't be so much a matter of passing or failing at the end of a month, but achieving the competency and some will take a little longer to do it. ..So that that's sort of my understanding of the competency-based approach. I find it a little bit um uh….there's this term what is it… learning objects or something. Like it's as if there are these little bits and pieces and you know when I've seen that one then I'm competent. And when I've done this one then I'm competent." [AA12]

Part 2
"Tailoring a program to the needs of the individual learner, so enabling them to focus on areas that they may be weaker in versus any more time in areas they are already strong in. So when they're done, being kind of competent in all domains … they have to not just write tests and show that they know the information, but they have to show us their competence. They have to do and show that they can do, you know, the right thing at the right time for different patients and across all the domains." [AA5]

Theme 1: Identified shifts in assessment culture

B) Shift in role of Learners

Part 1

"Well yeah, we've forced them to be much more active and …they were fairly passive in the evaluation process previously. There's self- reflection things they have to do, there's actual on-line modules they have to do. So it's ….a fairly rigorous list of work activities that the portfolio generates." [AA9]

Part 2

"With having more comprehensive evaluation, that's all in the portfolio system with the reflections, and the other things that they have to do – it does force them to be more self-reflective and to go through things like that and to keep an eye on where they're at and how they're progressing." [AA3]

"I think the more people get (daily feedback) they realize how its low stakes. So I think people are much more accepting and, in fact, residents are seeking more feedback." [AA6]

Theme 1: Identified shifts in assessment culture

C) Shift in role of Preceptor

Part 1

"I think …..in theory field notes are an excellent concept. We're supposed to do one every session with a resident and I don't get one done. I may get 4 done in 2 months for a resident and that would be a good effort." [AA6]

Part 2

"I know that my little bits add to a picture and it's a different perspective…we need lots of experts contributing to the information about a resident. Because we all have our own slightly different internal standards around things. So I feel that it's an important contribution to their data base as a whole in supporting their assessment for their learning." [AA6]

"But when you've been watching and you know the feedback that you have, it's kind of, you can't really dispute it. It's seen and heard and so I think that increases the credibility for residents around the feedback that you're giving." [AA6]

" it's easy to quickly get an oral report from someone, read their note and say yea that looks fine and sign off on it. But when you actually have to write a field note you have to reflect and think "was there anything that maybe more subtle but that could have been done differently?" So I do think that for my learning as a teacher, there's definitely some value." [AA2]

C) Shift in role of Academic Advisor

Part 1
"…You know nothing substitutes working side-by-side a resident to gauge you know, how they're doing. … I would be a lot more uncomfortable if uh you know gauging a resident just based on their portfolio rather than…having never worked with them." (Part1AA10)

Part 2
"The tools you have in the system now…are much easier because you can sort (Field Notes) …and can identify gaps and weaknesses and how things are going. " (Part2AA3)

We get these little snippets of competency along the way- it makes sense to me… because we get a better compiled picture with the little pieces of the puzzle coming together in the end for the whole. So it sort of changed my whole idea of how we assess competency. (Part2AA9)

Theme 2: Factors supporting the shift in assessment culture
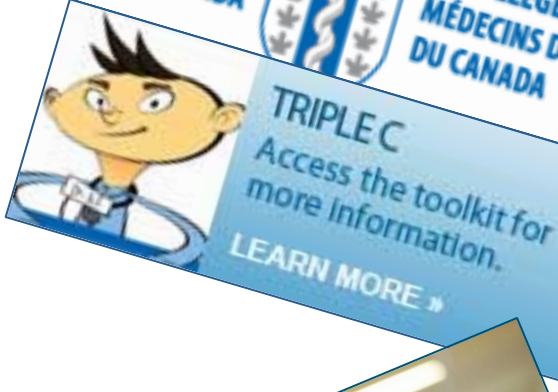
Theme 3: Outcomes of the shift in assessment culture

A) Enhanced Learning

Part 1

"From my perspective, it's yet another task [writing a Field Note] that I have to do and so it is an extra in that sense…. It doesn't necessarily change the feedback or interactions that I have with the resident, so it is on top of." (Part1AA5)

Part 2

"Without it [written feedback or FNs] they wouldn't have any documented things to reflect on afterwards. I think that at the end of every clinic, a lot of things I write field notes on are the things that we talked about though. It's a record of that in a way that they can reflect on. And then [in the] comment section, I usually put something that we talked about, so if they go back they can say, 'Oh yeah, I can read about that'. I'm sure that enhances their learning." (Part2AA9)

"And it enables the resident to build a portfolio across the different domains to see kind what their maybe their strengths are, what their weakness are, what they need some exposure in—that kind of thing." (Part2AA5)

B) Enhanced Teaching

Part 1

"Using the field notes forced me to dissect more of what I'm doing rather than just have this global [statement], 'Huh, great!' [or] 'Oh, no!', but to actually break it down into what is great and what is not so great." (Part1AA12)

Part 2

"When you actually have to write a field note, you have to reflect and think was there anything more subtle that could have been done differently. I do think that for my learning as a teacher that there's definitely some value." (Part2AA2)

C. Use of standards to make level of performance decisions

Part 1

"I think the judgements are probably comparing things to how I would do it. … there isn't necessarily a benchmark that I use in deciding about whether somebody needs minimal supervision or no supervision is often not easy. …. the decisions about that are just your gut. I don't really have firm benchmarks for it." (Part1AA5)

Part 2

"I primarily use my internal sense [to make level of performance decisions] …but if I'm sort of teetering between on or the other I will sometimes get into the descriptors [the benchmark descriptions of the EPAs for each level of performance]." (Part2AA6)

"I go and hover over and read what the criteria are [the benchmark descriptions of the EPAs for each level of performance] if I was stuck, but if I have a strong feeling one way or the other I'll sort of use my overall assessment [instead]." (Part2AA2)

D. Broader picture of learner's performance

Part 2

"It's easier now to look across the resident's entire medical career in residency and see how they're doing in other rotations and what they're experiencing. Um so, when we're assessing them, we're really assessing a bigger picture, I feel, as opposed to being an isolated preceptor for one rotation." (Part2AA5)

"As an Academic Advisor, it's helpful to get all these little pieces of information. They still do remain little pieces of information and I think a narrative is helpful, more helpful than reading through all these 145 check box." (Part2AA7)

E. Central repository for all assessments

Part 2

"As an Academic Advisor, it's just so much easier having everything in the electronic portfolio and not having to chase things down....There's sometimes a little chasing down of missing items, but it's a lot easier to keep track of all of the things that we're supposed to be reviewing.... There's no comparison to the old paper ones. It's just so coordinated, it's together. You can see where things are. There's some good summary reviews. Everything's together." (Part2AA3)

F. Better tracking and documentation

Part 2

"If you have a resident in difficulty, the appropriate paper trail is there in the event that you're going to end up with trouble down the road. I'm just glad we have it now; it is very helpful to have for sure." (Part2AA3)
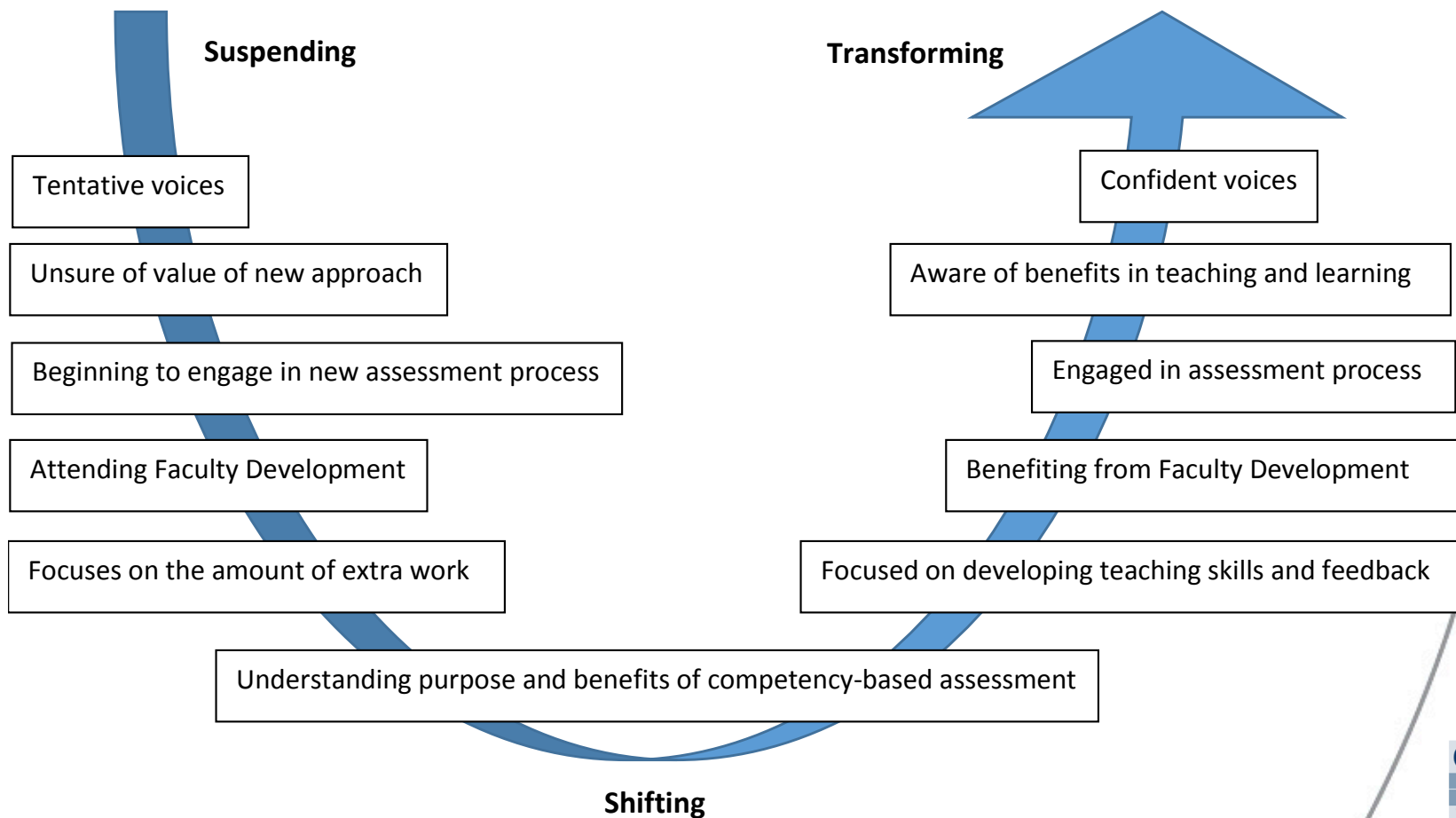
Discussion

- Better understanding of CBME, more confident voices articulating key ideas

- Participants describe residents as being engaged and benefiting from the changes in assessment

- Participants describe being able to make level of performance decisions supported by standards

- Participants describe having more confidence in making competency decisions

- Participants see the value in the approach to them personally as teachers, as well as for the learners

- Assessment takes more time and effort but in Part 2 the effort is mitigated by a sense of value

Transforming Assessment Culture: Theory U

Suspending

Transforming

Tentative voices

Confident voices

Unsure of value of new approach

Aware of benefits in teaching and learning

Beginning to engage in new assessment process

Engaged in assessment process

Attending Faculty Development

Benefiting from Faculty Development

Focuses on the amount of extra work

Focused on developing teaching skills and feedback

Understanding purpose and benefits of competency-based assessment

Shifting

Selected References

Carraccio, C., Wolfsthal, S. D., Englander, R., Ferentz, K., and Martin, C. (2002). Shifting paradigms: From Flexner to competencies. *Academic Medicine, 77*(5), 361-367.

Frank, J. R., Snell, L., & Sherbino, J. (2014). The Draft CanMEDS 2015: Physician Competency Framework. *Ottawa: Royal College of Physicians and Surgeons of Canada*.

Griffiths, J., Van Melle, E. (2014). *Competency-based medical education: Are we shifting the culture of assessment?"* Paper session at International Conference on Residency Education (ICRE), Toronto, CA.

Griffiths, J., Van Melle, E., and Craig, N. (2014a). *The impact of a Portfolio Assessment and Support System (PASS) on faculty views of assessment. Are we changing culture?* Poster Presentation Queen's OHSE Celebration of Teaching, Learning and Scholarship in Health Sciences Education.

Hodges, B. (2006). Medical education and the maintenance of incompetence. *Medical Teacher, 28*(8), 690-696.

Holmboe, E. S., Sherbino, J., Long, D. M., Swing, S. R., and Frank, J. R. (2010). The Role of Assessment in Competency-Based Medical Education. *Medical Teacher*, *32*(8), 676–82.

Kreuger, R. A. and Casey, M.A. (2015). *Focus groups: A practical guide for applied research* (5th ed.). Thousand Oaks, CA: Sage.

Norcini, J. J., Holmboe, E. S., & Hawkins, R. E. (2008). Evaluation challenges in the era of outcomes-based education. In E.S. Holmboe and R.E. Hawkins (editors), *Practical Guide to the Evaluation of Clinical Competence* (pp. 1-9). Philadelphia, PA: Mosby/Elsevier.

Patton, M. Q. (2005). *Qualitative research*. John Wiley & Sons, Ltd.

Scharmer, C. O. (2009). *Theory U: Leading from the future as it emerges.* San Francisco, CA: Berrett-Koehler

Schuwirth, L. W. T., and Van der Vleuten, C. P. M. (2011). Programatic assessment: From assessment of learning to assessment for learning. *Medical Teacher, 33*(6), 478-485.

Spillane, J. P., Beiser, B. J., & Reimer, T. (2002). Policy implementation and cognition: Reframing and refocusing implementation research. *Review of Educational Research, 72*(3), 387-431.

Van der Vleuten, C.P.M., and Schuwirth, L.W.T. (2005). Assessment of professional competence: From methods to programmes. *Medical Education*, 39, 309–317.

Van der Vleuten, C.P.M., Schuwirth, L.W.T., Driessen, E. W., Dijkstra, J., Tigelaar, D., Baartman, L. K. J., and Tartwijk, J. V. (2012). A model for programmatic assessment fit for purpose. *Medical Teacher*, *34(3)*, 205-214.

Thank You

Questions?

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