

Assessing Student Performance: The Vital Role of Clinical Preceptors

Pam Basehore, Ed.D., M.P.H.
Associate Dean for Assessment
Professor of Geriatrics and Gerontology

Michele Tartaglia, DO
Assistant Dean of Clinical Education
Associate Professor of Obstetrics and Gynecology



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Following Today's Program

Please make sure to complete the attestation form, outcome and evaluation to receive a CME certificate. Certificates will be emailed out within two weeks and credits will be posted directly to the AOA.

Any questions, please contact Tara Shontz at cme@rowan.edu



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Disclosures

Pam Basehore: I have no financial disclosures or conflicts of interest.

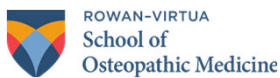
Michele Tartaglia: I have no financial disclosures or conflicts of interest.



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Overview

1. Articulate the general principles of student assessment through summative and formative evaluations.
2. Describe required and recommended assessment methods and practices at Rowan-Virtua SOM.
3. Utilize the Preceptor Evaluation Form to provide meaningful and actionable feedback to students.



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“Assessment in medical education is multifaceted. It drives and stimulates learning, provides information on education efficacy to institutions and teachers, and protects patients”



Norcini et al., Criteria for good assessment, consensus statement and recommendations from the Ottawa 2010 Conference, Med Teach, 2011;33(3), 206-14

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Why evaluation matters?

- Integral part of the learning process
- Enriches students' learning experience
- Guides goal setting and drives performance improvement
- Reinforces good practice and motivates the learner to narrow the gap between actual and desired performance



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Assessment takes many forms

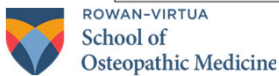
- Formative vs Summative
- Methods
 - ACGME Assessment Guidebook 2020
<https://www.acgme.org/globalassets/pdfs/milestones/guidebooks/assessmentguidebook.pdf>
 - Norcini J. & McKinley D. Assessment methods in medical education. Teaching and Teacher Education. 2007; 23: 239-250
 - Prakash J., Chatterjee K., Srivastava K., et al. Workplace based assessment: A review of available tools and their relevance. Industrial Psychiatry Journal. 2020 Jul-Dec; 29(2): 200-204.

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How do preceptor ratings contribute to overall grades?

Rowan-Virtua SOM MS III Core Clerkship Grading Breakdown AY 2023/24

MS 3 Core CLERKSHIP	PRECEPTOR EVALUATION	NATIONAL COMAT EXAM	DEPT. EXAM	OSCE/ Standardized Patients	Other Performance Assessment	CASE PRESENTATION	OMM Module/Quiz	Other	Total
Comm. Service Learning	20%							80%	100%
Family Medicine	20%	40%		20%		5%	5%	10%	100%
Internal Medicine	20%	30%		30%		5%	5%	10%	100%
Geriatrics	20%		30%	30%	10%		5%	5%	100%
Neuro. Musc. Med/Pain	20%		35%	30%	5%	10%			100%
OB/GYN	20%	40%		15%		15%	5%	5%	100%
OMM	20%	30%		30%	10%	5%		5%	100%
Pediatrics	20%	30%		20%	6%	5%	5%	14%	100%
Psychiatry	20%	35%			15%	15%		15%	100%
Surgery	20%	40%			17.5%	17.5%	5%		100%



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Vital Role of Preceptors in Workplace Assessment

“Objective assessment may capture knowledge and skills that amount to the “building blocks” of competence, but it cannot elucidate or scrutinize higher-level competence... (this) involves sensitivity to clinical context and can only be validly appraised by **fully competent clinical appraisers**”

Huddle TS & Heudebert G. Taking apart the art: The risk of anatomizing clinical competence. Academic Medicine, 2007; 82(6):536-541.



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An effective preceptor...

- Accurately assesses students
- Uses direct observation of learners



- Provides effective feedback
- Performs fair and thoughtful evaluation



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What preceptors assess?

Clinical Competence in Core Domains

- Medical Knowledge
- Osteopathic Patient Care
- Interpersonal and Communication Skills
- Practice-based Learning and Improvement
- Systems-based Practice
- Professionalism

How assessed?

Milestones:
meaningful &
measurable markers of
developmental progress

Entrustable Professional Activities (EPAs)

- Essential activities for all physicians
- Observable and measurable
- Requires an integration of competencies within and across domains to perform
- “Entrustable” refers to readiness to safely perform the activity without supervision

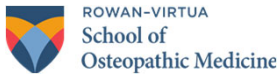
**Level of Supervision/
Entrustability**



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Specific UME competencies: RowanVirtua Online Evaluation

- **Medical knowledge**
 - Knowledge for effective patient care
- **Patient Care**
 - History taking
 - Physical exam
 - Screening and diagnostic testing
- **Interpersonal and Communication**
 - Communication with patients
 - Written documentation
 - Oral presentation
- **Practice-based learning**
 - Use of evidence-based medicine
- **Systems-based Practice**
 - Teamwork
 - Knowledge of health systems
- **Professionalism**
 - Accountability/responsibility
 - Respect and compassion
 - Self-awareness of limitations



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Patient Care

Preceptor Evaluation of Students Online Form

Students are expected to promote health and deliver compassionate, appropriate and effective treatment of disease based upon patient information, preferences, evidence and clinical judgment.

		Often misses important information. Information often inaccurate. Patient concerns poorly characterized.	Sometimes misses important information or information is inaccurate. Patient concerns not fully characterized or prioritized.	Usually gathers an appropriate and accurate patient history. Identifies and characterizes most patient concerns. Generally prioritized and organized.	Consistently gathers an appropriate and accurate patient history. Fully identifies patient concerns which are effectively prioritized and organized. Applies psycho-social issues to delivery of care.		
	Unable to Evaluate	Unacceptable	Developing	Approaching Competent	Competent	Approaching Advanced	Advanced
*2. Takes an effective history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Entrustable Professional Activities (EPAs) for UME

1. History and physical
2. Prioritize differential
3. Recommend and interpret tests
4. Discuss orders and prescriptions
5. Document records
6. Oral presentations
7. Form clinical questions and retrieve evidence
8. Handoff patient care
9. Teamwork
10. Identify need for urgent care and initiate evaluation and management
11. Informed consent
12. Perform General Procedures
(CPR, Bag and mask ventilation, Venipuncture, inserting IV Lines, OMT)
13. Identify system failures to promote patient safety



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Preceptor Evaluation of Students: EPAs (FORMATIVE)

The levels of entrustment: Formative feedback – DOES NOT CONTRIBUTE TO THE GRADE

1. Not trusted to perform skill at all
2. Trusted to perform with DIRECT (in-room) supervision Only
3. Trusted to perform with INDIRECT supervision and ALL findings checked
4. Trusted to perform with INDIRECT supervision with only KEY findings checked

Sample from Preceptor Evaluation of Students Form

*EPA 1 rating (formative feedback)

Based on your ratings from questions 2 & 3, at what level would you ENTRUST the student to: gather a history and perform a physical examination.

Unable to Evaluate Not trusted to perform at all Trusted to perform with DIRECT (in-room) supervision ONLY Trusted to perform with INDIRECT supervision and ALL findings double checked Trusted to perform with INDIRECT supervision with only KEY findings double checked



↑
Goal for third year student

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Goal for resident

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Competency in medical students is different than competency in residents



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Third year medical student

- Students should complete their clerkship with the:
 - foundational knowledge that they will need to pass Level2/Step2
 - the basic ability to apply that to patient care
 - the interpersonal/professional skills to work with your patient and care team effectively
- **Average student:** can do all that and obtain a basic history and physical that includes most of what you would expect on bread and butter patients
- **Above average student:** can do all that and start to make diagnoses/solid differential diagnoses
- **Excellent student:** can do all that and discuss management

Fourth year medical student

- **Average student:**
 - can obtain a history and physical that includes most of what you would expect for bread and butter patients as well as slightly more complicated patients
 - (not just a labor admit, PIH workup, or a consult for PID in the ER, but more the micro preemie preterm labor patient or a sick patient with preeclampsia)
- **Above average student:**
 - can do all of the above
 - make a broad differential
 - discuss basic management of those more advanced conditions
- **Excellent student:**
 - can do that advanced H&P
 - have accurate dx
 - truly understand management of all bread and butter as well as have a good foundation for management of the more complicated conditions



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Preceptor Evaluation of Students – THIRD YEAR

Rating Scale	Description
Unacceptable	FAILS to meet MINIMUM EXPECTATIONS for MS 3 student performance; significant improvement is required Struggles with foundational medical knowledge so history taking is not accurate even on last week of rotation; perhaps struggles with interpersonal skills/professionalism with patients or staff
Developing	BASIC level for MS 3 student performance; continued improvement is required Some foundational knowledge, history taking not as focused/accurate but improving with coaching
Approaching Competent	Performance approaching the level of “competent” below Most foundational knowledge by end of rotation, “bread and butter” history much improved, but struggles with deviations in patient presentation so differentials aren’t quite accurate
Competent	Performance at EXPECTED level for MS 3 students Solid foundational knowledge at end of rotation, H&P mostly correct even with deviations in patient presentations, mostly accurate differential dx
Approaching Advanced	Performance approaching the level of “advanced” below Competent (see above) but differential broadening and accurate, starting to be able to discuss management accurately
Advanced	Performance ABOVE EXPECTED level for MS 3 students Solid foundational knowledge by mid rotation and some advanced knowledge by end of rotation, history robust on “B&B”, differential solid, basic understanding of management, starting to function like an intern on service

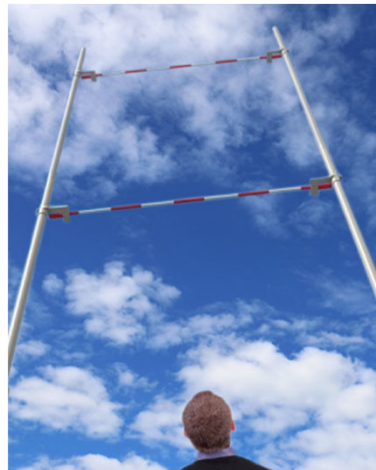
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Preceptor Evaluation of Students

Rating Scale	Ratings at this level equates to a score of:
Unable to Evaluate	Item not counted into grade
Unacceptable	62.5%
Developing	70.0%
Approaching Competent	77.5%
Competent	85.0%
Approaching Advanced	92.5%
Advanced	100%

Numeric grade calculated automatically online in One45.

Composite of all preceptor ratings within a clerkship.



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Evaluation Comments

Please comment on the student's overall performance. These comments **WILL** be included in the Medical Student Performance Evaluation (MSPE formerly known as the Dean's letter)

Student X always came prepared for rotation, was conscientious and hard-working. They demonstrated medical knowledge appropriate for level of training and demonstrated improvement in his history-taking skills over the course of the rotation. They had tremendous rapport with patients and families and worked well with all members of the team. The student has the potential to be an excellent resident.

Please comment on areas where the student's performance will benefit from enhanced skill development. These comments **WILL NOT** appear in the MSPE (For students only)

You did well in the office-setting and had an easy rapport with your patients. Your ability to gather and present a history are right where they should be. You need to take a step further in the months ahead in refining your H&P based upon the chief complaint and your differential. Also, you should begin to focus on developing a plan of care. I would suggest that you.....



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Challenges and Constraints with Preceptor Assessment

- Intra and interrater reliability
 - Horn vs Halo
 - Dove vs Hawk
 - Straight-line and central tendency errors
- # Trained Raters
 - Option for combined rating through One45
- Limited time for direct observation



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