

### ECFMG FAIMER

# Introduction to Programmatic Assessment

Adapted from a workshop originally presented as part of the ACGME Assessment Course

**July 2024** 

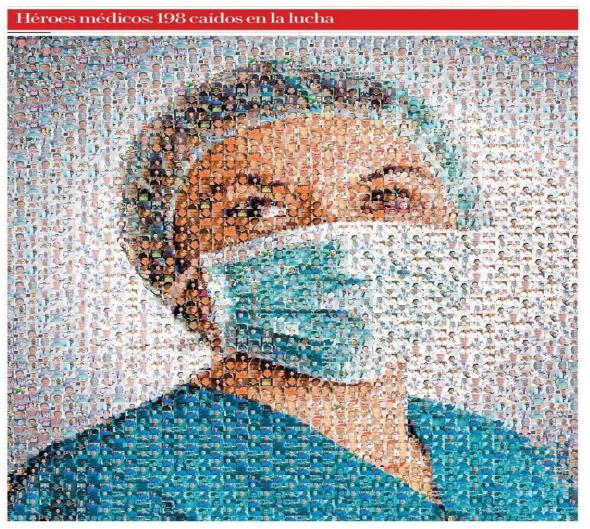
### **Disclosures**

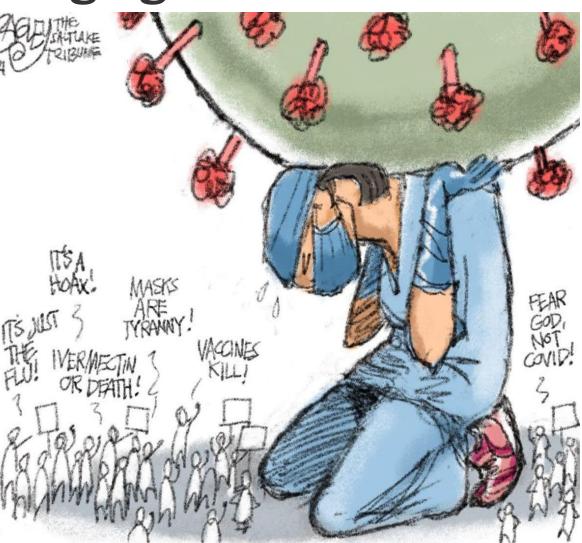
• I work for Intealth and currently receive royalties from Elsevier Publishing for a textbook on assessment

## **Objectives**

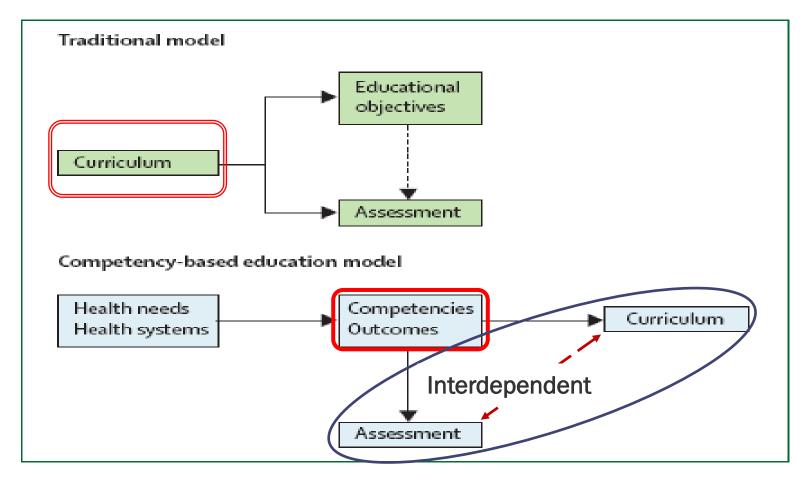
- Brief review of outcomes and competency-based medical education (CBME)
- What is programmatic assessment (PA)?
- Programmatic assessment and context
- Creating and implementing programmatic assessment

# Thank You It Has Been a Challenging 4+ Years



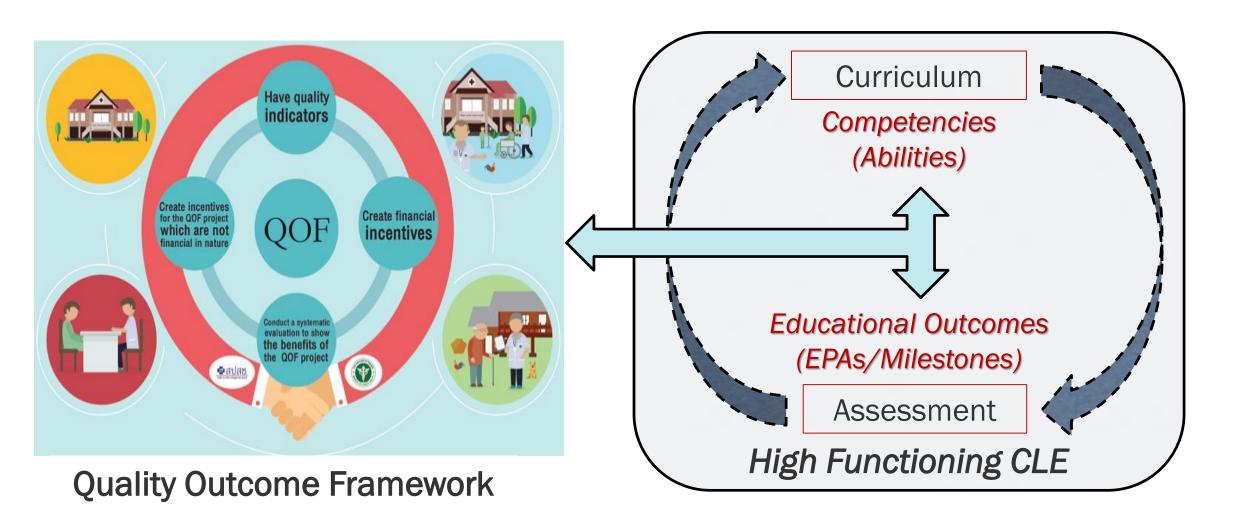


### Designing Medical Education: Start with System Needs



Frenk J, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010

### The Ultimate Goal of Medical Education





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# **Key Definitions and Principles in Outcomes-based Education**

### **Outcomes-based Education: What is it?**

- Central tenet: start with the end in mind
  - Focus on what type of physician will be produced
  - Structure and process flow from the outcomes
- Educational outcomes should be "clearly and unambiguously specified."
- These educational outcomes determine:
  - Curriculum, assessment processes, and the learning environment



https://www.hospitalmanagementasia.com/talent-skills/findout-how-this-thai-hospital-group-is-effectively-managing-theirmanpower-during-covid-19/

Harden RM. Outcomes-based education: Part 1-An introduction to outcomes-based education. Med Teach. 2009; 21: 7-14.

### **Operationalizing Outcomes: CBME**

An approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of **societal and patient needs**.

It de-emphasizes time-based training and promises greater accountability, flexibility and learner-centeredness"

Frank et al. Toward a definition of CBME. Med Teacher 2010

#### "Time" Still Matters

- In OBME/CBME, time is viewed as a resource and not an intervention/measure
  - Time is too often used as a proxy for competence (measure lens)
- Shortening training is not the primary goal of OBME/CBME
  - Time should be used wisely
  - The amount of "training time" required should be based on outcomes
- The core principles of CBME can still advance GME within "fixed" program lengths, designing outcomes-based flexibility within a residency/fellowship

### **Core Components Framework**

Outcome Competencies	Sequenced Progression	Tailored Learning Experiences	Competency- focused Instruction	Programmatic Assessment (using Systems Thinking)
Competencies required for practice are clearly articulated.	Competencies and their developmental markers are sequenced progressively.	Learning experiences <u>facilitate</u>	Teaching practices promote	Assessment practices <u>support</u> & document
		the developmental acquisition of competencies.		

Van Melle E, et. al. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009

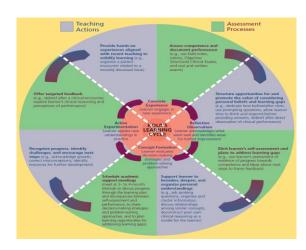
### Critical CCF Philosophical Assessment Principles

#### Grounded in a "growth" mindset:

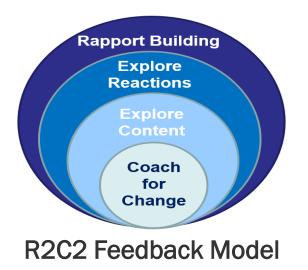
 Focused on promoting learner growth and development through frequent formative assessment

 Rich in feedback/coaching individualized to the learner and grounded in the desired competencies.

Van Melle E, et. al. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009.



Kolb Learning Cycle





### **Programmatic Assessment**

### Model for Programmatic Assessment

- Good assessment requires a programmatic approach in a deliberate and arranged set of longitudinal assessment activities.
- A model of programmatic assessment is possible that optimises the learning and certification function of assessment.
- Individual data points in the assessment programme are maximally informative to the learning.
- Aggregated data points are used for higher stake pass/fail and remediation decisions; the higher the stakes in the assessment decision the more data points are needed.
- Expert professional judgement in assessment is imperative and requires new approaches to deal with biases.

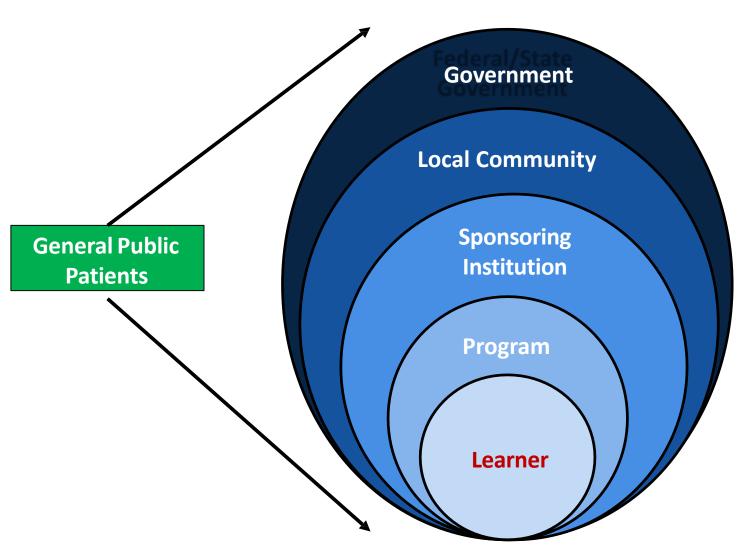
### System of Programmatic Assessment

- Systems thinking is necessary for effective programmatic assessment.
- A programmatic assessment system can be defined as a group of individuals who work together on a regular and longitudinal basis to perform, review, and improve assessments.
- Individuals involved in this system include program directors/associate program directors, core faculty, peers, interprofessional staff, and patients.

### Assessment does not occur....

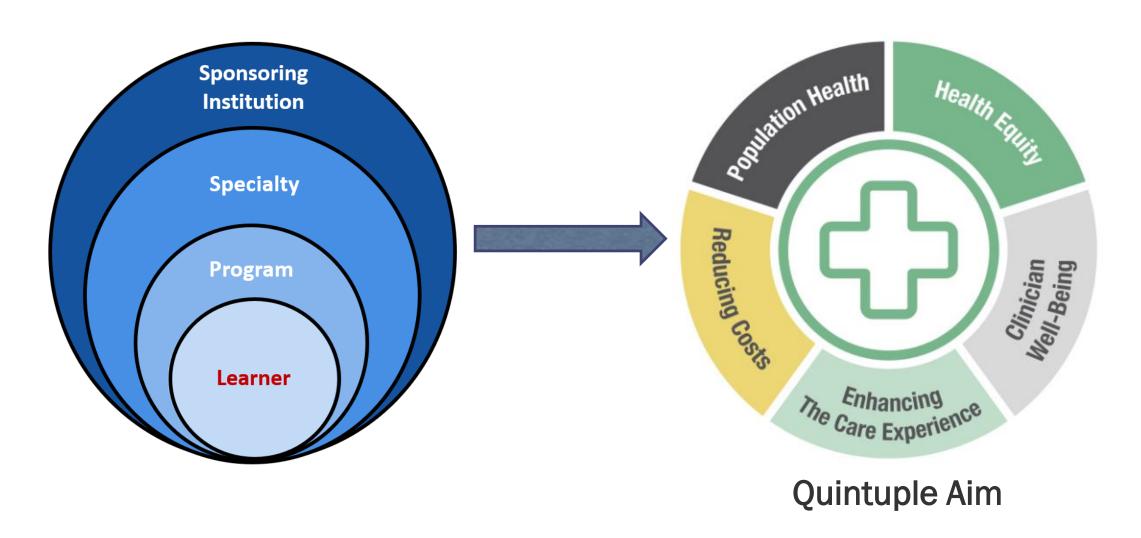
...In a vacuum

### **Nested Relationships**



- Learners are nested within programs that are nested within institutions, all embedded within a community
- These interdependent relationships can affect both educational and clinical outcomes

### **Connecting Medical Education to Outcomes**

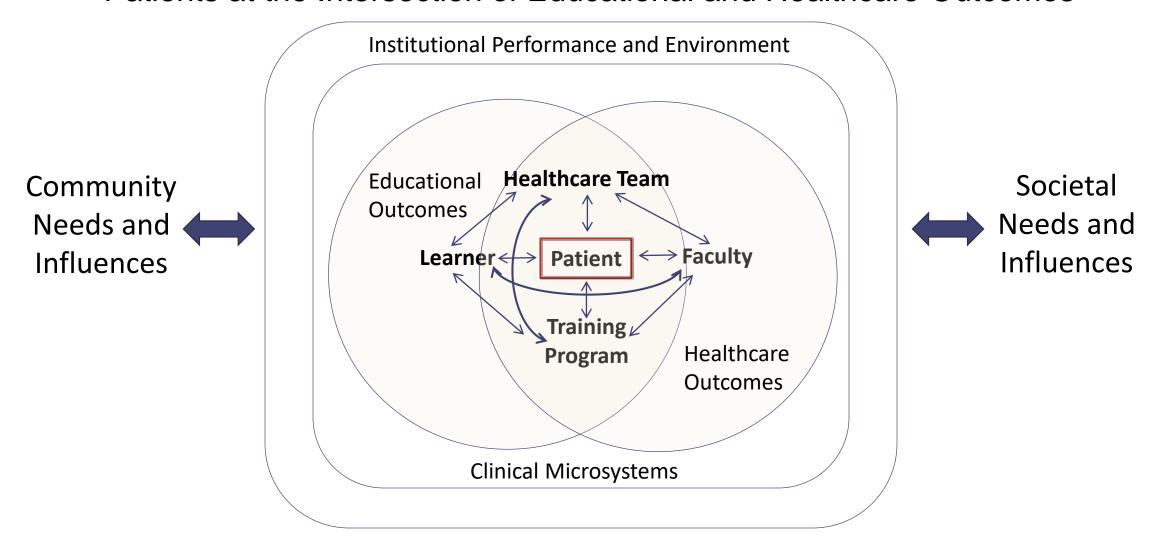


### **Training Environment and Future Practice**

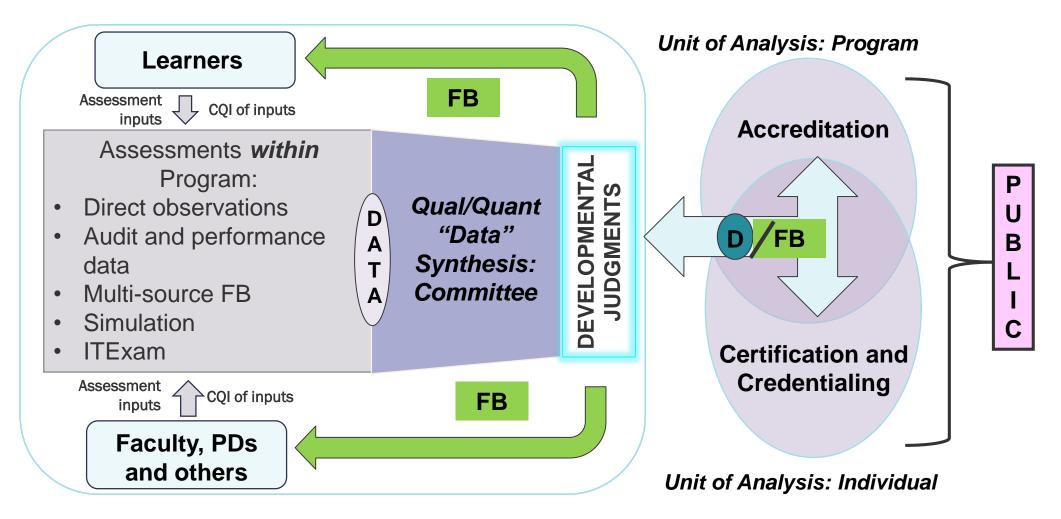
**All** these studies in the U.S. found an association between hospital level quality, safety or costs where the physician trained and their future practice after graduation:

- Asch (2009)
  - Obstetrical complications
- Chen (2014); Phillips (2017)
  - Costs of care in IM and FM practice
- Sirovich (2014)
  - Appropriate conservative management (on exam)
- Bansal (2015)
  - Surgical complications

# Changing Perspective: Patients at the Intersection of Educational and Healthcare Outcomes



# The MedEd Assessment "System"



# Minimal Assessment Components: PGME

- Faculty summary assessments
  - Potentially multiple competencies
- Direct observation of 1:1 care (+/- questioning)
- Multi-source FB

- Audit and performance data (including patient experience)
- Simulation (when applicable)
- Practice Exam (if available)

### Core Faculty Assessment Roles in CBME

- Direct observation of clinical skills
  - Narrative and ratings
- Assessment of clinical reasoning
- Feedback and coaching
- Ensuring safe, effective, patient-centered care through appropriate supervision
- Provide robust assessment information to program leadership and (if available) competency committees

## **Clarity of Assessment Roles**

#### **Frontline Faculty**

#### **Primary**

#### responsibilities:

- Provide accurate, rich, descriptive information
- Provide feedback and coaching
- Provide feedback to program for CQI

#### "CE" Faculty

#### <u>Primary</u>

#### responsibilities:

- Provide accurate, rich, descriptive information
- Understand best practices: assessment & Milestones
- Provide feedback and coaching

#### PDs and Leadership

#### Primary responsibilities:

- Manage assessment program
- Understand best practices:
   assessment & Milestones
- Synthesize and aggregate assessment data
- Provide feedback and coaching
- Perform CQI of assessment program

### **Large Group Conversation**

- How well does your program of assessment (i.e. package, combination) assess the competencies in Thailand?
  - What assessment methods and tools are you currently using in your program?
- How do your frontline faculty view their role(s) in the assessment system?

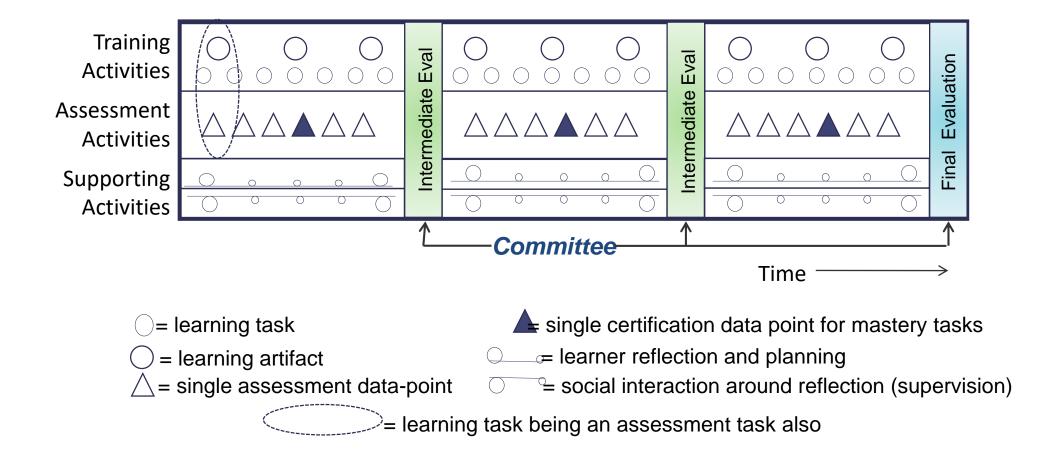
### **Creating Assessment Programs**

- Competence is specific, not generic. Sample across contexts, assessors, time
- Use multiple assessment methods
- Quantitative not necessarily better than qualitative
- Move assessment back to workplace
- Use credible standards
- Validity resides in instrument user

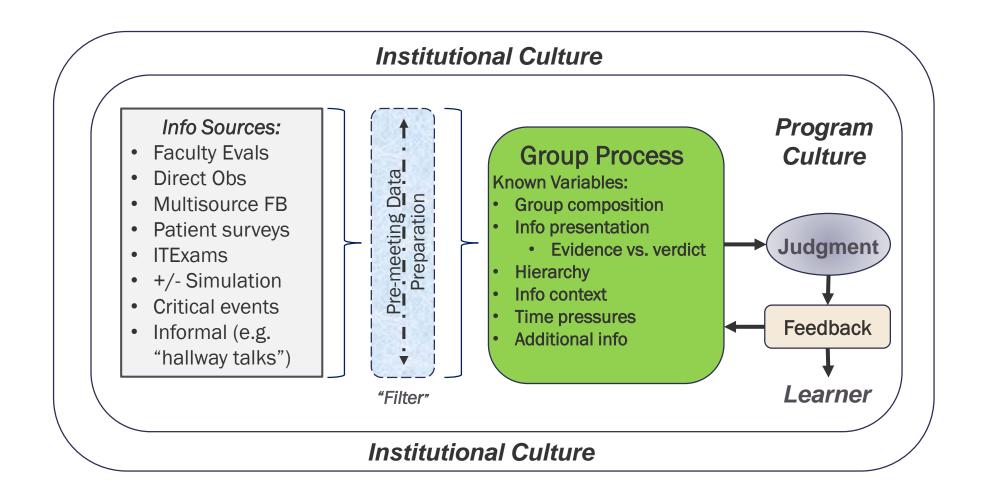
Van der Vleuten CPM et al Med Educ 39:309–17. Van der Vleuten CPM et al. Best Practice & Research Clinical Obstetrics and Gynaecology. 2010 (24):703–19

### **Model For Programmatic Assessment**

(With permission from CPM van der Vleuten)



### **Group Judgment for Assessment**



# **UCSF Six Programmatic Principles**

- 1. Centrally coordinated plan for assessment aligns with and supports a curricular vision
- 2. Multiple assessment tools used longitudinally generate multiple data points
- 3. Learners require ready access to information-rich feedback to promote reflection and informed self-assessment

# **UCSF Six Programmatic Principles**

- 4. Coaching is essential to facilitate effective data use for reflection and learning planning
- 5. The program of assessment fosters self-regulated learning behaviors
- 6. Expert groups make summative decisions about grades and readiness for advancement

## **Large Group Conversation**

- What is currently working best in your assessment program?
  - Why is it working well?
- What aspect of your assessment program do you feel needs improvement?
  - Are there any lessons from what is working well?
- Where are the feedback loops?

## **Questions and Discussion**

eholmboe@intealth.org