

MUHAMAD SAIFUL BAHRI YUSOFF

Director, Center for Development of Academic Excellence (CDAE),
Assoc. Prof, Department of Medical Education, School of Medical
Sciences, Universiti Sains Malaysia, email: msaiful_bahri@usm.my.

Nurturing & Assessing PROFESSIONALISM

Visiting Medical Education Scholar Webinar | Faculty of Medicine, Mahidol University



Professionalism

- Why do we have to assess this?
- How best can we assess this?
- How can it drive student behaviour and nurture their learning - summative or formative?
- Is one assessment enough - Risk of faking?

Competency Framework

CanMeds (Canada)

- Medical expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- **Professional**

ACGME (US)

- Medical knowledge
- Patient care
- Practice-based learning and improvement
- Interpersonal and communication skills
- **Professionalism**
- Systems-based practice

GMC (UK)

- Good clinical care
- Relationships with patients and families
- Working with colleagues
- Managing the workplace
- Social responsibility and accountability
- **Professionalism**

SEA-CALOHEA (ASEAN)

- Health & Wellbeing
- Integrated Medical Knowledge
- Clinical Practice
- Ethics & Humanities
- Quality Practice
- **Professional Behaviors**

MQF 2.0 (Malaysia)

- Knowledge and understanding
- Cognitive skills
- Functional work skills
- Personal and entrepreneurial skills
- Ethics and **Professionalism**

Professionalism - a sought outcomes

MQF 2.0	USM 2020	Program Outcomes	How do we assess in USM?
Cluster 1	PLO 1	Knowledge and understanding	
Cluster 2	PLO 3	Cognitive skills	
Cluster 3 (Functional)	PLO 2	Practical skills	
	PLO 5	Interpersonal skills	
	PLO 4	Communication skills	
	PLO 10	Digital skills	
	PLO 11	Numeracy skills	
	PLO 9	Leadership, autonomy and responsibility	
Cluster 4	PLO 7-8	Personal and entrepreneurial skills	
Cluster 5	PLO 6	Ethics and professionalism	Pre-clinical: GMT110, PBL, OSCE Clinical: OSCE, LC, SC, STEPS

FLEXNER, PROFESSIONALISM & DIGITAL ERA

Flexner's report 1910

Professionalism

e-Professionalism

“He was an educator, with strong feelings about teaching and, more importantly, about learning. He sympathized with medical students attending low-quality medical ... In his opinion, **standards were needed for the protection of the student as well as for the protection of the public.**”



1980

Technical skills

needed to work with computer hardware and software

“Professionalism in medicine requires the physician to serve the interests of the patient above his or herself interest. Professionalism aspires to **altruism, accountability, excellence, duty, service, honor, integrity and respect for others.**”
(ABIM, 1995 – Project Professionalism 1992-1994)

1990



Reproduction literacy/
content creation skills

2000

Mobile devices, video streaming, world-wide technology, wide band data network, powerful processors, gamification, AI, augmented reality

Evol

2010



Booming of social media

“e-Professionalism (digital professionalism) as the **attitudes and behaviors reflecting traditional professionalism paradigms but manifested through digital media.**”

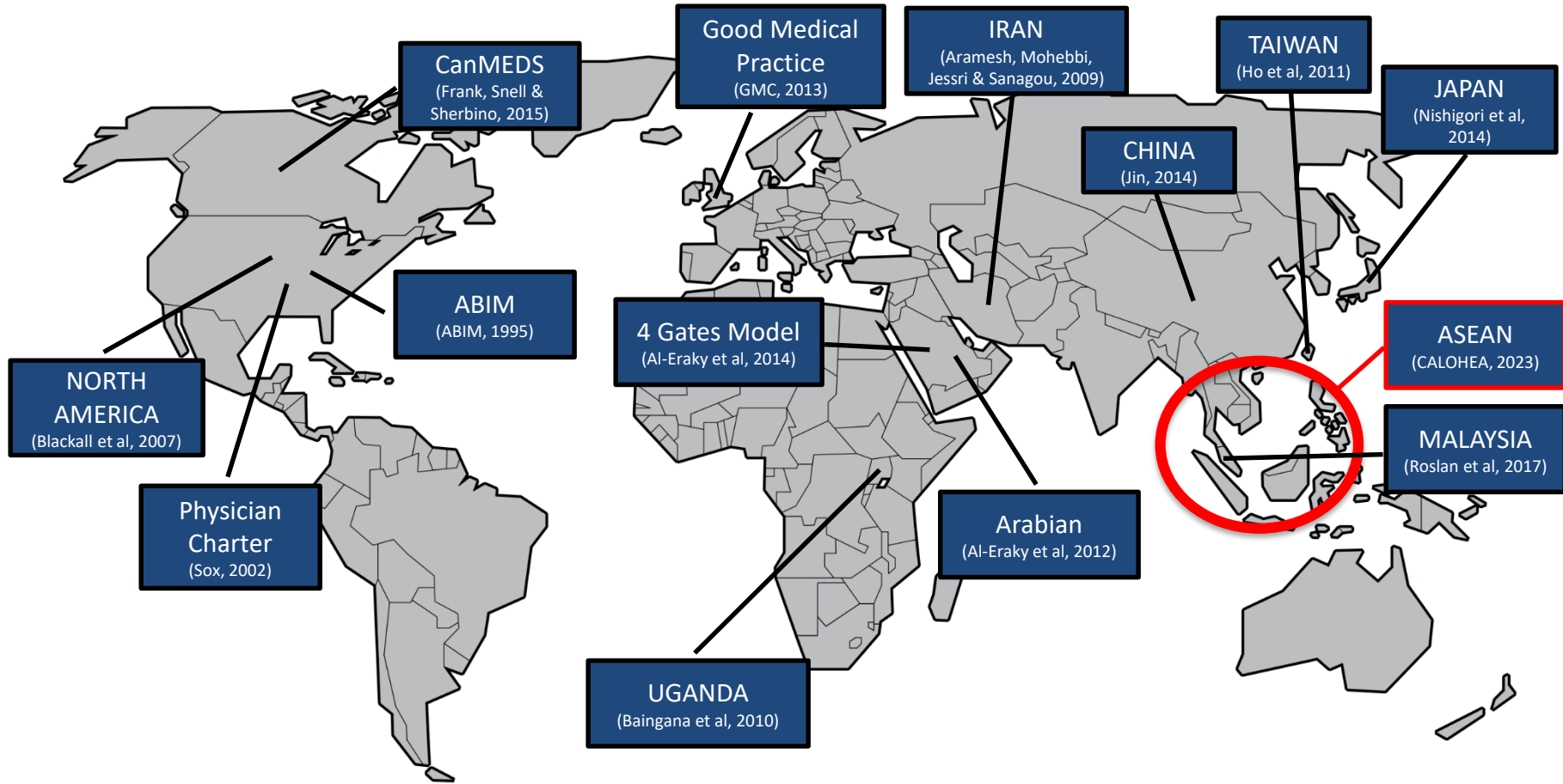
(Cain & Romanelli, 2009)

2020 onwards

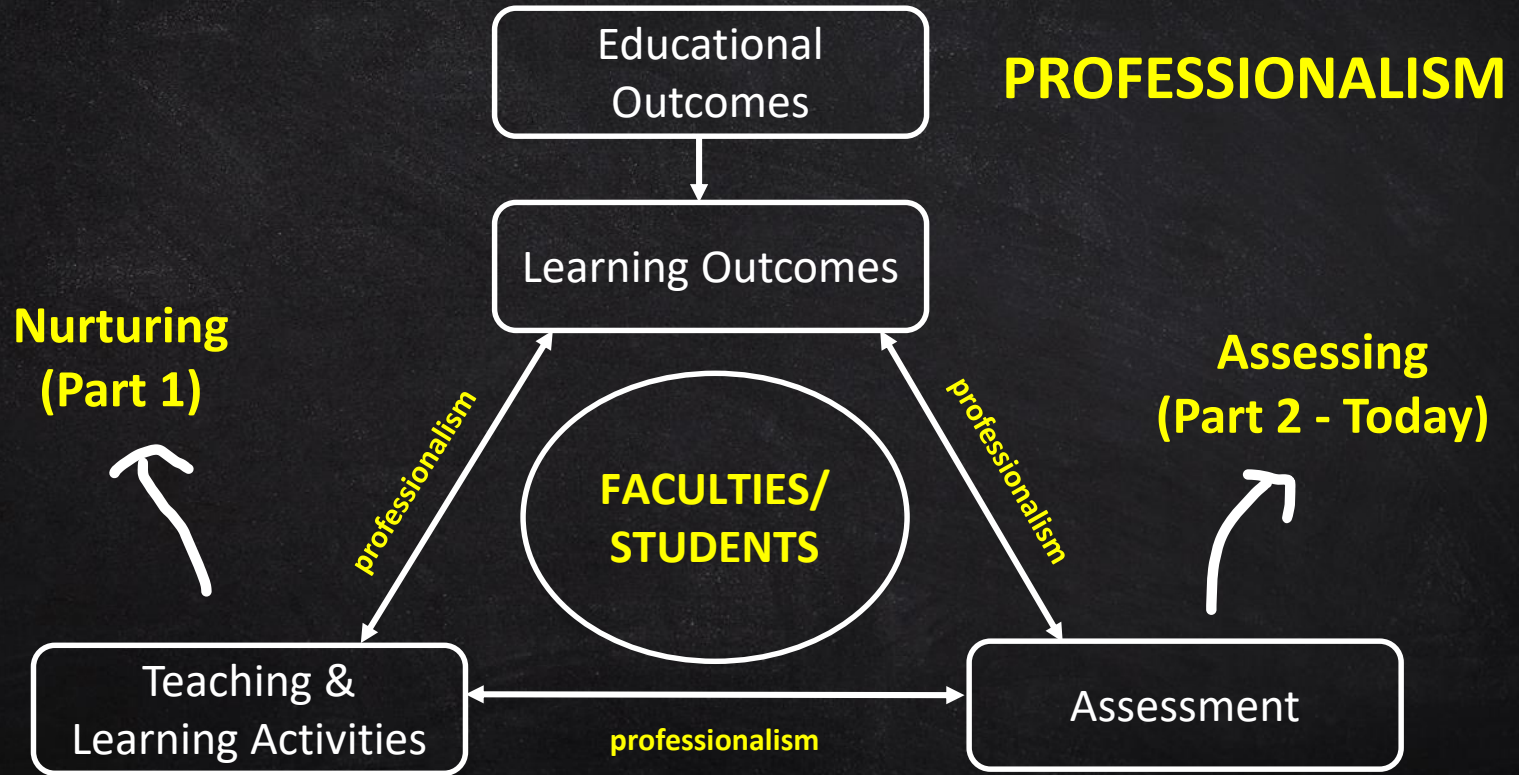
Pandemic & Post-Pandemic

Social distancing, personal space, small group activity, leverage on digital platform, online and distance learning

Medical Professionalism Models



Professionalism Education



Nurturing (Part 1)

Structured, Competency-based
education
Longitudinal feedback and assessment
with the use of Portfolios

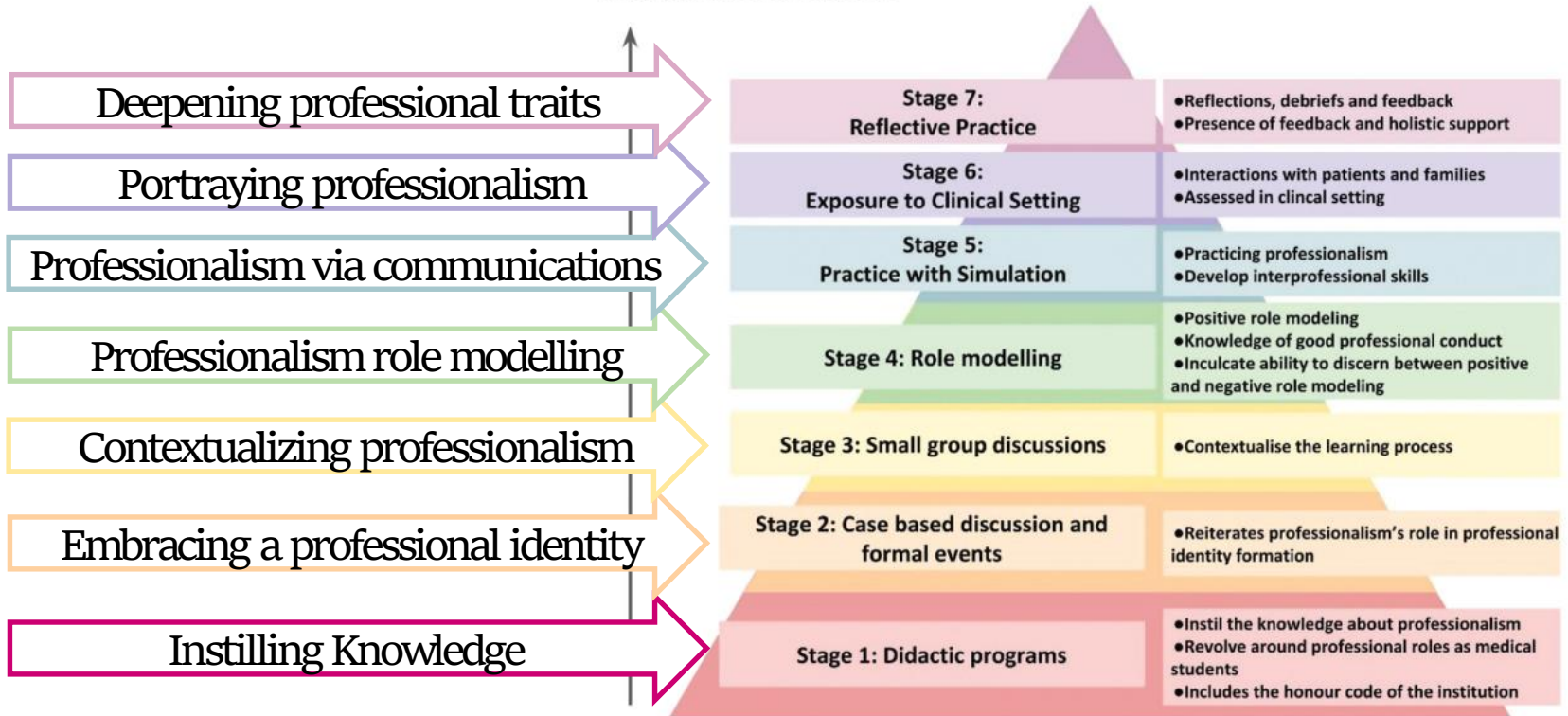


Figure 4. Diagram showing the different stages proposed in Professionalism Training.

(Ong et al, 2020)

COMPETENCY

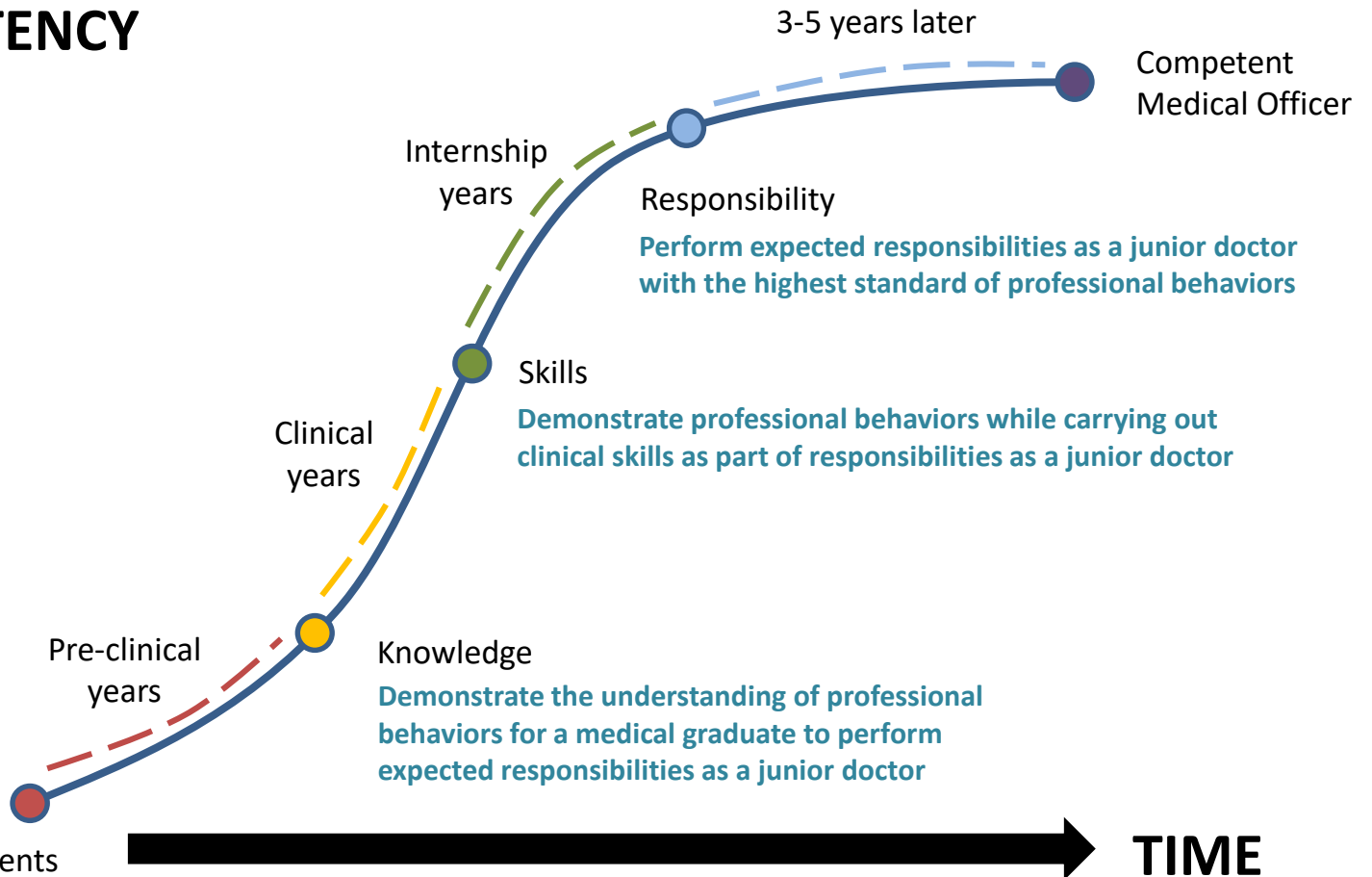
PROFESSIONALISM



Students



TIME



The Assessment Goals

(Epstein, N Engl J Med, 2007)

Protect Publics

To protect the public by identifying incompetent graduates

Publics

Training

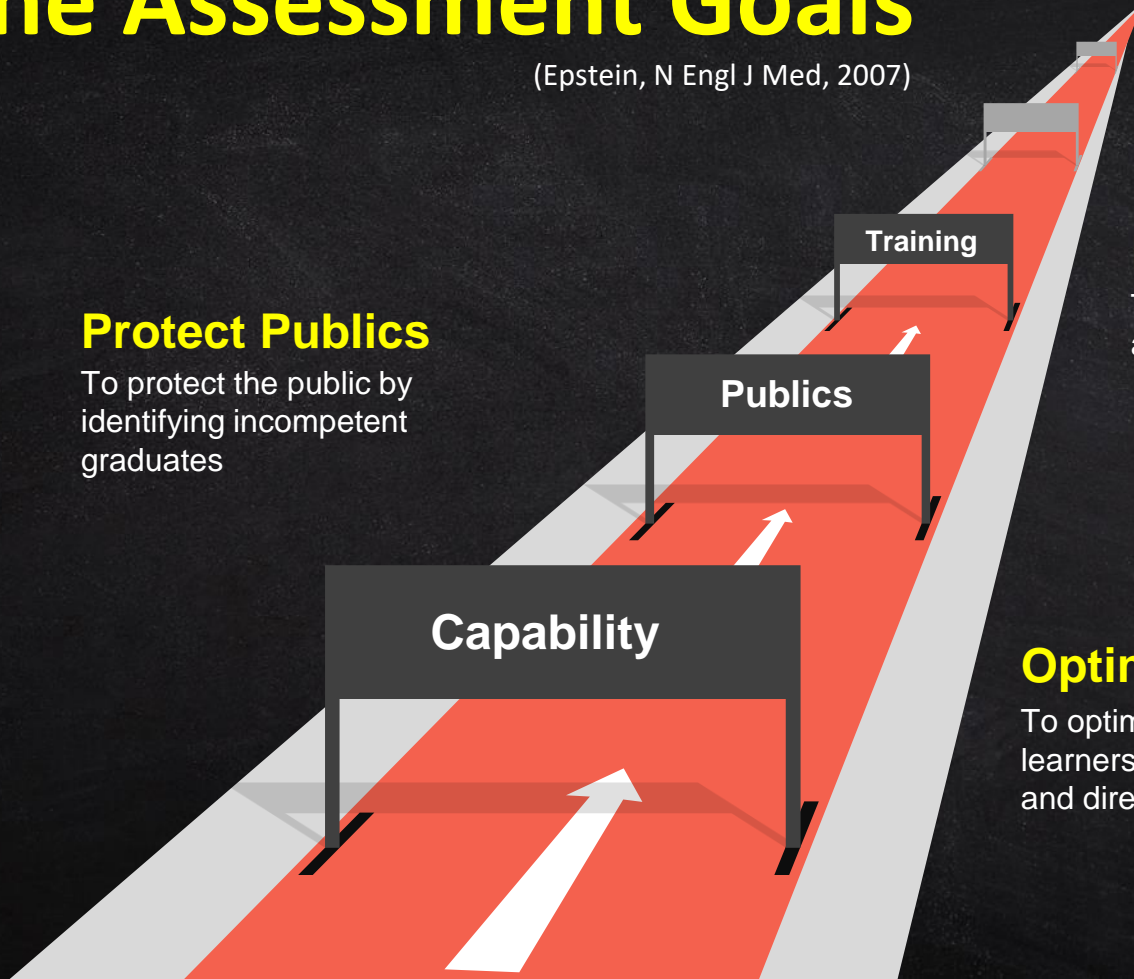
Further Training

To provide a basis for advanced training

Capability

Optimize capabilities

To optimize the capabilities of all learners by providing motivation and direction for future learning



* HARVARD UNIVERSITY

expert judgement is **VITAL!**

assessment Drives Learning

any single assessment 'data-point' is **FLAWED..**

Must Be Expert in Field..

PRINCIPLES OF ASSESSMENT

THEORY + PRACTICAL BALANCE!!!



Stakes of assessment

INSTRUMENTS OF ASSESSMENTS.

STANDARDIZED

NON-STANDARDIZED

BUILT-IN VALIDITY

USER BASED VALIDITY

KNOWLEDGE

PROFESSIONAL BEHAVIOUR

Test OR EXAMS

assessment of user understanding
 Subjective
 extend knowledge
 Creativity



HIGH STAKE

- Presentations
- CRIT. SESSIONS
- VIVA SESSIONS.

LOW STAKE

- Quiz
- PAPER-BASED assignments.
- test.
- FINAL EXAMS.

A model for programmatic assessment fit for purpose

C. P. M. VAN DER VALUETRA, L. W. F. DE BRUIN, E. W. OPPERSEN, J. DILKSHITRA,
 D. TOULKANY, C. W. A. SMARTMAN, R. J. VAN FANTHOF

Education Faculty, The Netherlands, Tilburg Medical School, Australia, James Cook University Graduate School of Teaching,
 The Netherlands, Ghent University of Applied Sciences, The Netherlands, Umeå University, The Netherlands

Abstract
 We propose a model for programmatic assessment in action, which simultaneously optimises assessment for learning and assessment for the learner making about learner progress. This model is based on a set of assessment principles that are interpreted from conceptual research. It covers the fields of training, assessment and learner support activities that are controlled through the assessment and used to measure the acquisition of assessment goals. The principles in the model build upon the assessment for learning and feedback's value, whereas high-stake decisions are based on the aggregation of many data points. Experts judgement plays an important role in the programme. Feedback by the experts of learning and time reduction for the deal with the available activities of the type of judgement. This activities is further sought in practical assessment designs that will focus on the qualitative research. We discuss a number of challenges in programmatic assessment research and the fit for purpose criteria in that a suitable assessment is more, beyond the traditional assessment. Questions such as the use in individual assessment, research a concrete approach to assessment design (supported by) implicitly provided theory.

Introduction
 In 2005, we made a plea for seeking a programmatic approach to thinking about assessment in education (Van der Valuetra & Schwartz 2005). We described a programme of assessment as an integration of assessment methods oriented to optimise its focus for purpose. Factors for purpose is a functional judgement of quality, the context of which is the nature of contributing to the achievement of the purposes of the assessment programme. Hence for purpose to fit on the basis of quality, conceptualisation of other assessment systems is a more difficult task. In the context of purpose (Herman & Goren 2005), which would quality in itself, we indicated that an assessment programme should be constructed differently, as assessment should be constructed for a purpose. The central question is: in implementation and evaluation and it should be regularly evaluated and adapted. Evaluation of the more generally accepted view that a good model to meet this a suitable set of goals quality, a good programme of assessment to meet this a suitable set of goals (Schwartz & Van der Valuetra 2011). The position of programmatic assessment differs from beyond the usual view of assessment, which is based on the assessment of the work done on an individual assessment. As early as 1996, we indicated that an assessment method is a continuous, the quality context (Van der Valuetra 2005). The choice in which objectives to compare should be based on a single combined domain as to which quality context is to be assessed on the specific assessment context. A programme of assessment, including different assessments, can affect the

Practice points
 • Good assessment requires a programmatic approach to a deliberate and integrated set of longitudinal assessment activities.
 • A model of programmatic assessment is possible that optimises the learning and evaluation function of assessment.
 • Individual data points in the assessment programme are intelligently aggregated to the learning.
 • Out and evaluation decisions the higher the stakes in the assessment decisions the more data points are needed.
 • Expert professional judgement in assessment is important and requires more approaches to deal with issues.
 • Programmatic assessment requires a programmatic approach to a deliberate and integrated set of longitudinal assessment activities.
 • Since the first introduction of the notion of programmatic assessment, further work has been done in other fields (van der Valuetra & Schwartz 2005, 2011). One of the main issues, concerning the use of programmatic assessment, is the quality context (Van der Valuetra 2005). The choice in which objectives to compare should be based on a single combined domain as to which quality context is to be assessed on the specific assessment context. A programme of assessment, including different assessments, can affect the

Correspondence to: van der Valuetra, Department of Educational Psychology and Assessment, Ghent University of Applied Sciences, Ghent, Belgium. Email: c.p.m.van.der.valuetra@hogent.be

Assessment

Summative

Continuous

End of
Course

Making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility.

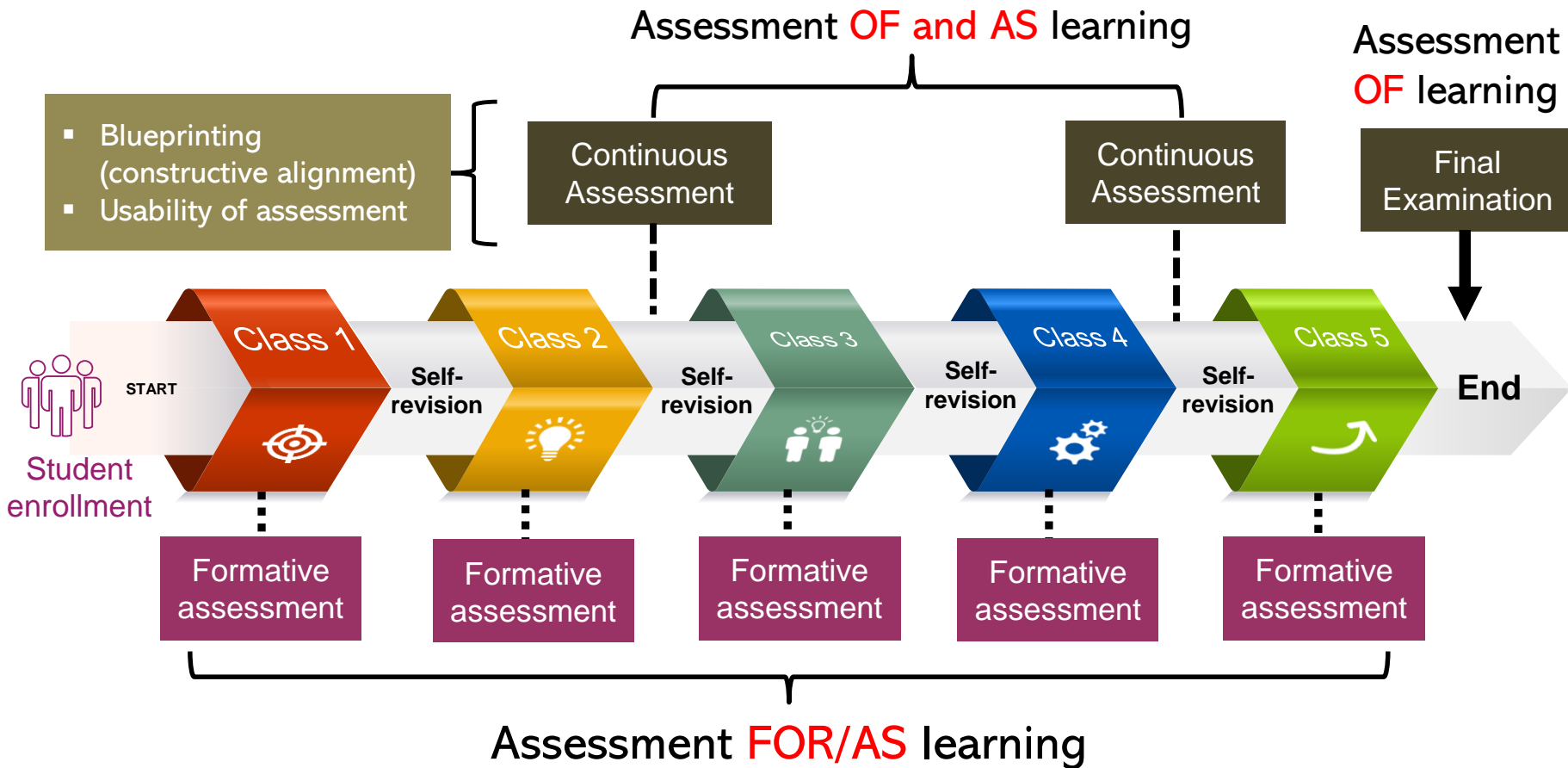
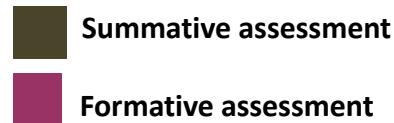
Formative

Ongoing
process

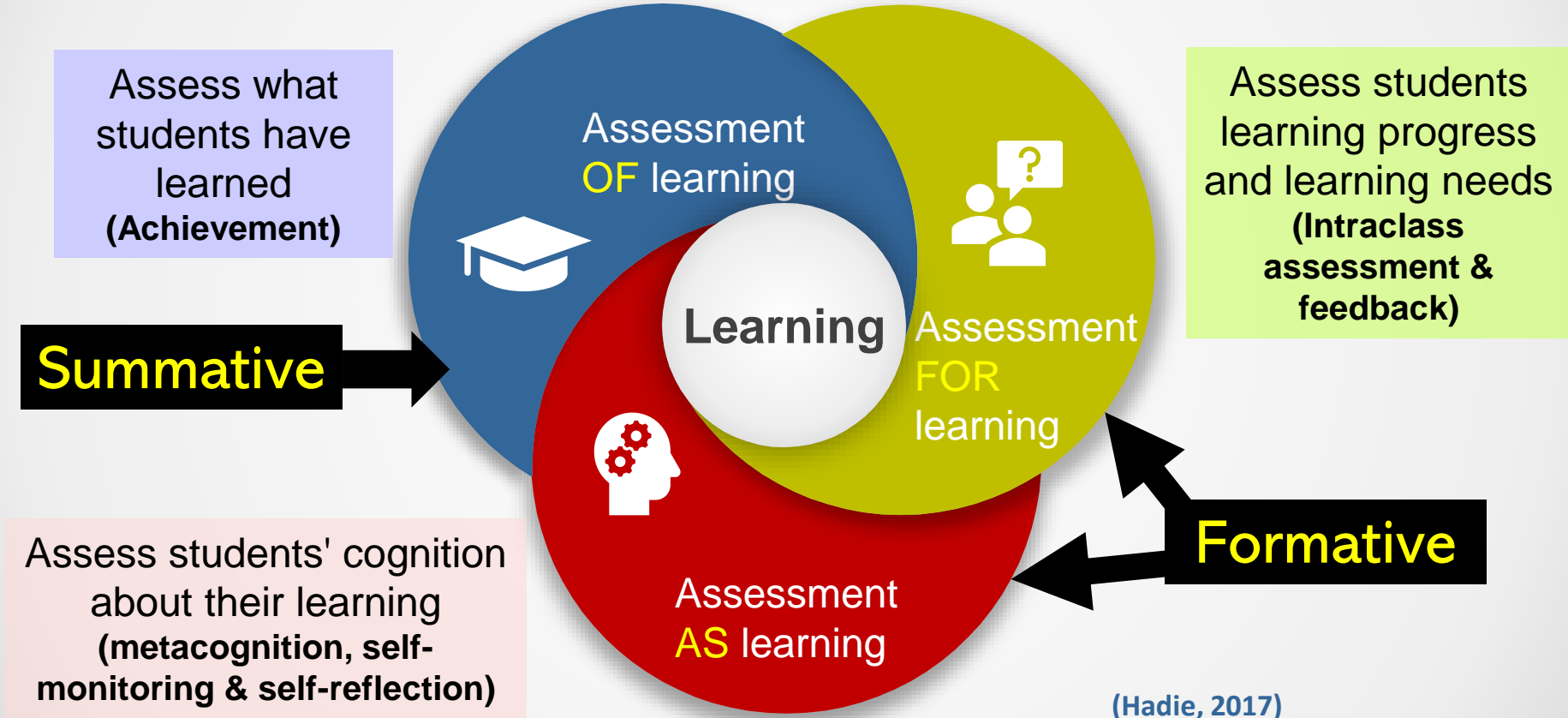
Guiding future learning, providing reassurance, promoting reflection, and shaping values.

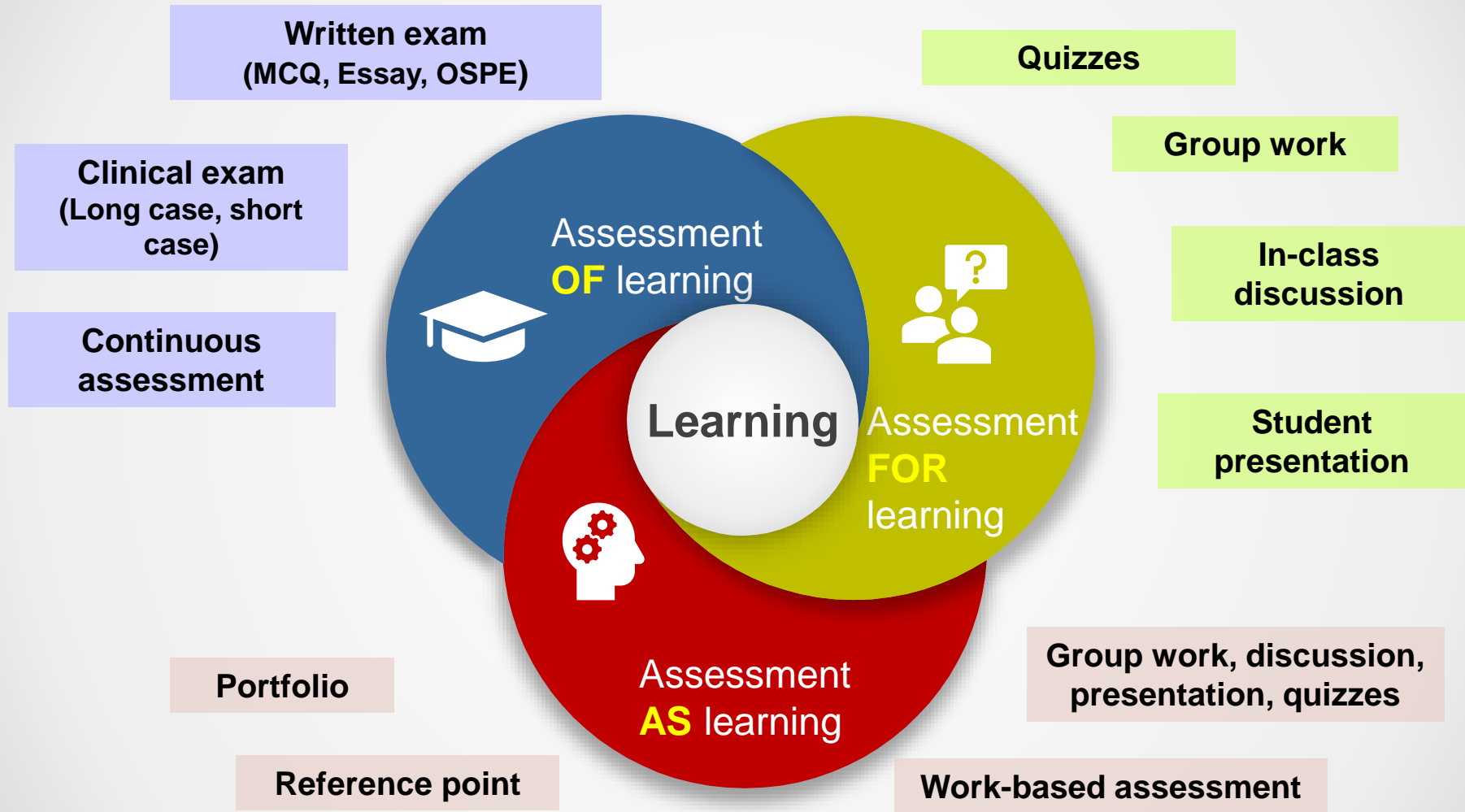
(Epstein, N Engl J Med 2007)

Assessment design



How does assessment affect learning?





Written exam
(MCQ, Essay, OSPE)

Quizzes

Clinical exam
(Long case, short case)

Group work

Continuous assessment

Assessment **OF** learning



In-class discussion

Learning

Assessment **FOR** learning

Student presentation



Assessment **AS** learning

Portfolio

Group work, discussion, presentation, quizzes

Reference point

Work-based assessment

Evidence of Learning (Assessment Task)



Direct

Assessment that demonstrates learning
(observed)

Some examples,

- Oral examination (interview, viva)
- Presentation (final year project, progress presentation, etc)
- 360 Assessment (supervisor, lecturer, peer, etc)
- Performance-based assessment (OSCE, OSPE, etc)

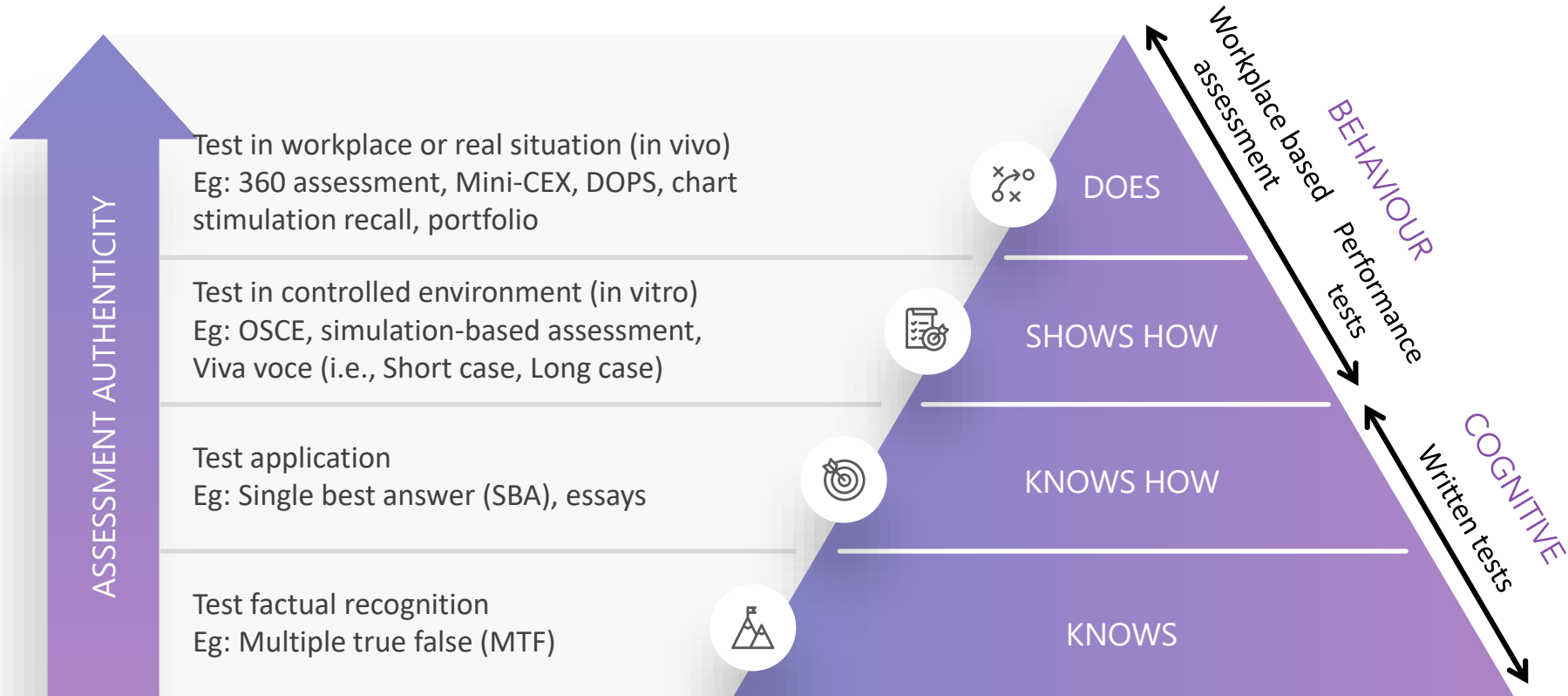
Indirect

Assessment that describes learning
(unobserved)

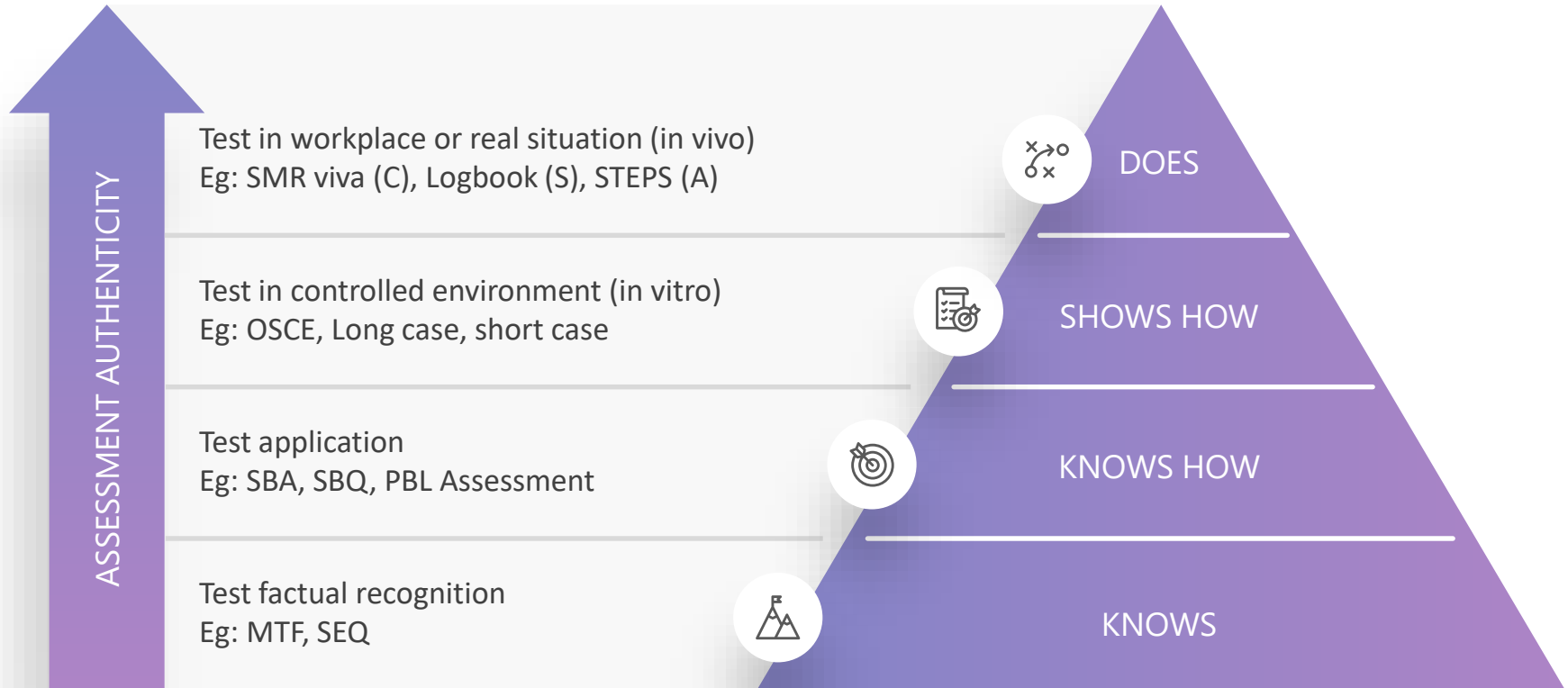
Some examples,

- Take Home Exam (unsupervised testing)
- Project assignment (project report, pre-recorded video, e-poster, etc)
- Written assignment (essay, case report, reflective journal, etc)
- e-Portfolio

Miller's Pyramid Assessment



Miller's Pyramid: Professionalism Assessment at USM



Amending Miller’s Pyramid to Include Professional Identity Formation

Richard L. Cruess, MD, Sylvia R. Cruess, MD, and Yvonne Steinert, PhD

Academic Medicine, Vol. 91, No. 2 / February 2016

Research | [Open access](#) | [Published: 20 January 2022](#)

How an EPA-based curriculum supports professional identity formation

[Anne E. Bremer](#) , [Marjolein H. J. van de Pol](#), [Roland F. J. M. Laan](#) & [Cornelia R. M. G. Fluit](#)

BMC Medical Education 22, Article number: 48 (2022) | [Cite this article](#)

“An EPA-based curriculum does stimulate PIF in the complex context of working and learning by supporting participation in the workplace and by encouraging feedback-seeking behavior.” (Anne et al., 2022)

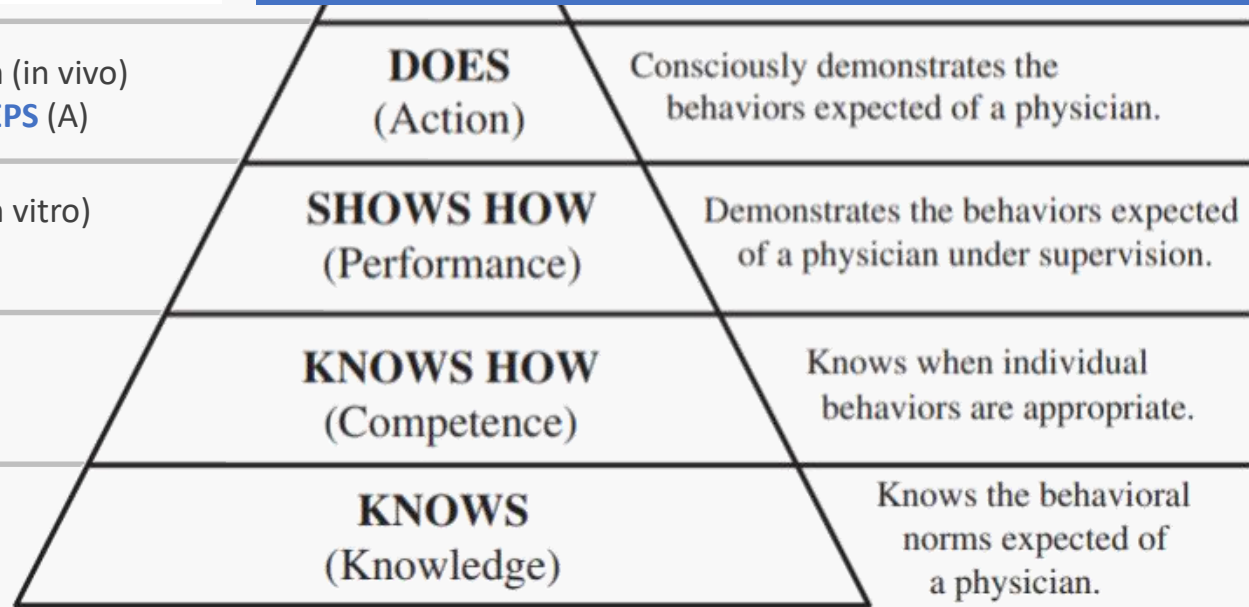
ASSESSMENT AUTHENTICITY

Test in workplace or real situation (in vivo)
Eg: SMR viva (C), Logbook (S), **STEPS** (A)

Test in controlled environment (in vitro)
Eg: OSCE, Long case, short case

Test application
Eg: SBA, SBQ, PBL Assessment

Test factual recognition
Eg: MTF, SEQ



The amended version of Miller’s pyramid with the addition of “Is” and an outline of what is to be assessed at each level.

EPAs require the integration of multiple competencies

	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6
Medical Expert	xx	xx	xx	Xx		X
Communicator	xx	xx	xx	X	xx	xx
Collaborator		xx	xx	Xx	xx	
Scholar			x	Xx		
Leader				Xx		xx
Health Advocate			x	Xx	xx	xx
Professional	x				xx	xx

EPA 1= performing venipunctures
 EPA 2= performing appendectomies
 EPA 3= sign-over at morning report after a night shift
 EPA 4= developing and implementing patient management plans
 EPA 5= chairing multidisciplinary meetings
 EPA 6= requesting organ donation

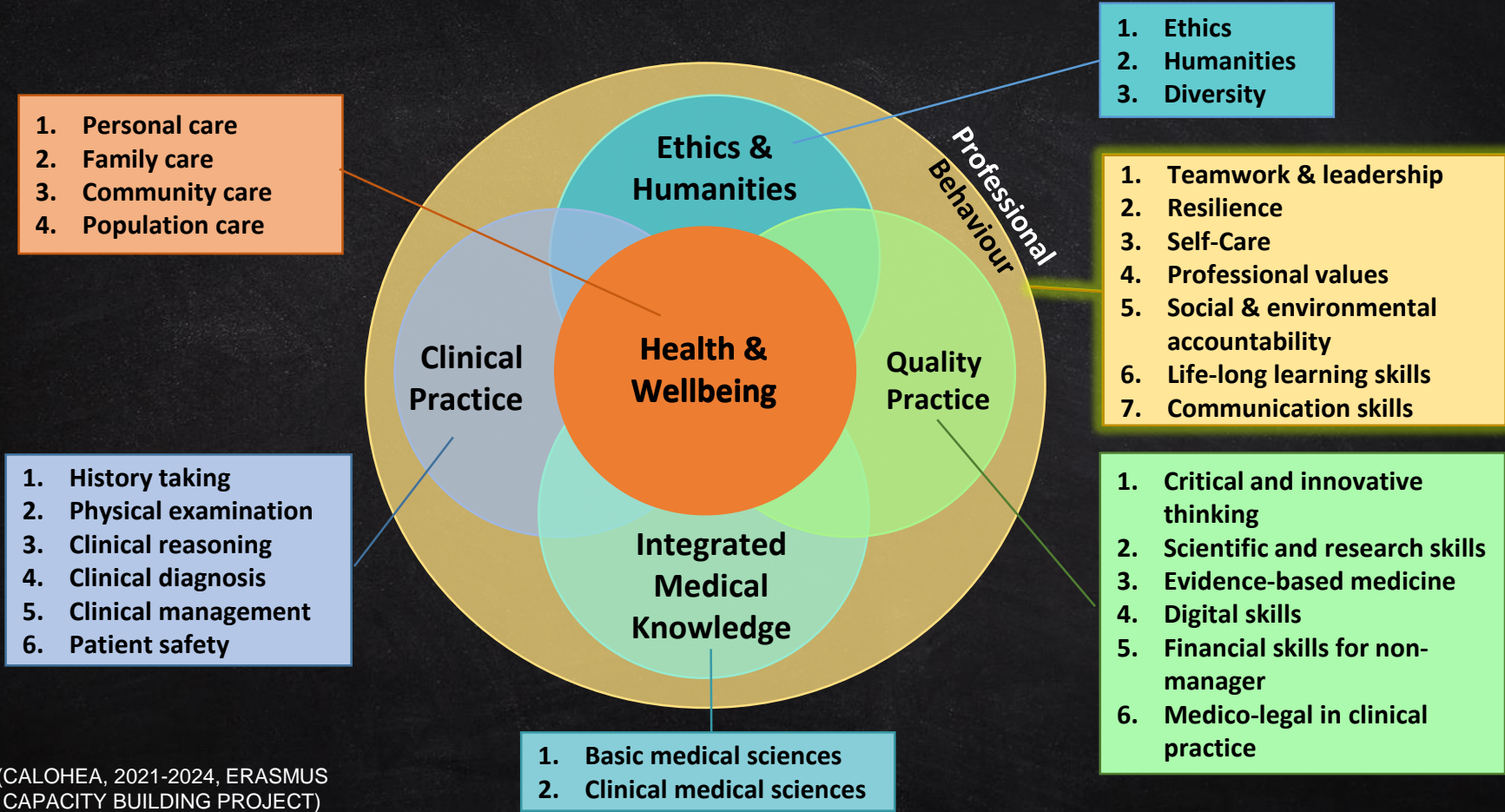
xx: competency is necessary for this EPA
 x: competency is useful for this EPA



(Olle ten Cate, 2023, MAEMHS Conference; Olle ten Cate, 2021)

Entrustable Professional Activity (EPA): Unit of professional practice (a task or responsibility) that can be fully entrusted to a trainee, once he or she has demonstrated the necessary competencies to execute this activity unsupervised.

SEA-CALOHEA MEDICAL COMPETENCY FRAMEWORK



DOMAIN (SUBDOMAIN)	Knowledge that a medical graduate needs to acquire for them to perform the expected skills	Skills that a medical graduate must attain to perform the expected responsibilities	Ultimate expectation of a medical graduate as an individual and as a professional
	KNOWLEDGE	SKILLS	RESPONSIBILITY
PROFESSIONAL BEHAVIOUR	Demonstrate the understanding of professional behaviors for a medical graduate to perform expected responsibilities as a junior doctor	Demonstrate appropriate professional behaviors with appropriate skills when performing expected responsibilities as a junior doctor	Perform expected responsibilities as a junior doctor with the highest standard of professional behaviors
1. TEAMWORK & LEADERSHIP	Demonstrate the understanding of the principles of effective leadership and teamwork in healthcare	Demonstrate effective leadership and collaboration within healthcare teams	Take initiative in coordinating patient care, supporting team members, and contributing to a positive team environment.
2. RESILIENCE	Demonstrate the understanding of the impact of stressors on personal well-being and professional performance	Demonstrate effective coping mechanisms and strategies for maintaining personal resilience.	Seek support when needed, learn from setbacks, and promote a culture of well-being
3. SELF-CARE	Demonstrate the understanding of the importance of self-care for maintaining personal and professional well-being.	Demonstrate effective self-care practices to prevent distress and burnout	Advocate for a healthy work-life balance and engage in activities that promote well-being
4. PROFESSIONAL VALUES	Demonstrate the understanding of core professional values, ethical principles, and guidelines	Demonstrate adherence to professional values in clinical practice	Uphold professional values in decision-making, interactions, and relationships
5. SOCIAL & ENVIRONMENTAL ACCOUNTABILITY	Demonstrate the understanding of the social determinants of health and the environmental impact of healthcare.	Demonstrate ability to contribute to social and environmental responsibility	Advocate for healthcare policies that address societal needs and minimize environmental impact
6. LIFE-LONG LEARNING SKILLS	Demonstrate the understanding of the importance of continuous learning and staying current in medical knowledge	Demonstrate the ability to access and critically appraise new medical information	Engage in ongoing professional development, seek feedback, and adapt to evolving healthcare practices
7. COMMUNICATION SKILLS	Demonstrate the understanding of the principles of effective communication in healthcare	Demonstrate clear and empathetic communication with patients, families, and colleagues	Actively listen, convey information clearly, and adapt communication to diverse audiences

EPA for Professionalism (SEA-CALOHEA Model)

COMPETENCY	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5
TEAMWORK & LEADERSHIP	xx		xx		
RESILIENCE		xx			x
SELF-CARE		x		xx	
PROFESSIONAL VALUES	xx			xx	xx
SOCIAL & ENVIRONMENTAL ACCOUNTABILITY		xx	xx		
LIFE-LONG LEARNING SKILLS				xx	xx
COMMUNICATION SKILLS	xx		xx		

EPA 1: Facilitating interprofessional team communication

EPA 2: Advocating for sustainable healthcare policies

EPA 3: Engaging in community outreach and education

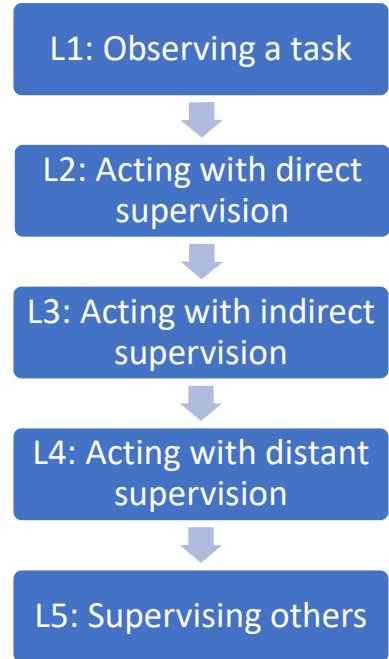
EPA 4: Reflecting on professional growth and development

EPA 5: Participating in continuing professional development

xx: Competency is necessary for this EPA

x: Competency is useful for this EPA

LEVEL OF ENTRUSTMENT



SIMPLIFIED THEMATIC ENGAGEMENT of PROFESSIONALISM SCALE (STEPS)

MINI CEX

(Norcini et al, 1995)

Mini-Clinical Evaluation Exercise (CEX)

Evaluator: _____ Date: _____

Resident: _____

Setting: Ambulatory Inpatient ED Other _____

Patient: Age _____ Sex _____ New Follow-up

Completion: Low Moderate High

Focus: Data Gathering Diagnosis Therapy Counseling

1. Medical Interviewing Skills (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

2. Physical Examination Skills (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

3. History-taking (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

4. Clinical Judgment (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

5. Counseling Skills (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

6. Organization/Efficiency (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

7. Overall Clinical Competence (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

Mini-CEX Items: Observing _____ Miss _____ Providing Feedback _____ Miss _____

Evaluator Satisfaction with Mini-CEX: 1 2 3 4 5

Resident Satisfaction with Mini-CEX: 1 2 3 4 5



P-MEX

(Cruess et al, 2006)

PROFESSIONALISM PRACTICE EVALUATION EXERCISE

Evaluator: _____ Student/Resident: _____

Level: (Choose 1) 1 2 3 4 5 6 7 8 9 10 11 12

Setting: (Check 1-3) Clinical Practice Physical Exam Practice Other _____

(Check 1-3) Interviewing History Taking etc.

PROFESSIONALISM PRACTICE	1	2	3	4	5	6	7	8	9	10	11	12
1. Demonstrates respect for patient autonomy												
2. Demonstrates respect for patient privacy												
3. Demonstrates respect for patient confidentiality												
4. Demonstrates respect for patient dignity												
5. Demonstrates respect for patient beliefs and values												
6. Demonstrates respect for patient preferences												
7. Demonstrates respect for patient needs												
8. Demonstrates respect for patient wishes												
9. Demonstrates respect for patient expectations												
10. Demonstrates respect for patient concerns												
11. Demonstrates respect for patient fears												
12. Demonstrates respect for patient hopes												

1. Please rate the student/resident's overall professional performance during this encounter:

1 = Excellent 2 = Good 3 = Fair 4 = Needs Improvement 5 = Inadequate

2. Do you recommend a review? Yes No (Comments required)

Comments: _____

Evaluator's signature: _____

Student/Resident's signature: _____

Date & Time: _____



STEPS

(Roslan & Yusoff, 2016)

USM UNIVERSITI SAINS MALAYSIA

USM PROFESSIONALISM SCALE STUDENT (SPS) (Resident only)

Evaluator: _____ Student: _____ Student ID: _____

Current Clinical Field: _____

Setting: Outpatient Inpatient Clinic ED Other _____

1. History taking (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

2. Physical Examination Skills (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

3. History-taking (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

4. Clinical Judgment (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

5. Counseling Skills (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

6. Organization/Efficiency (2 Not observed)

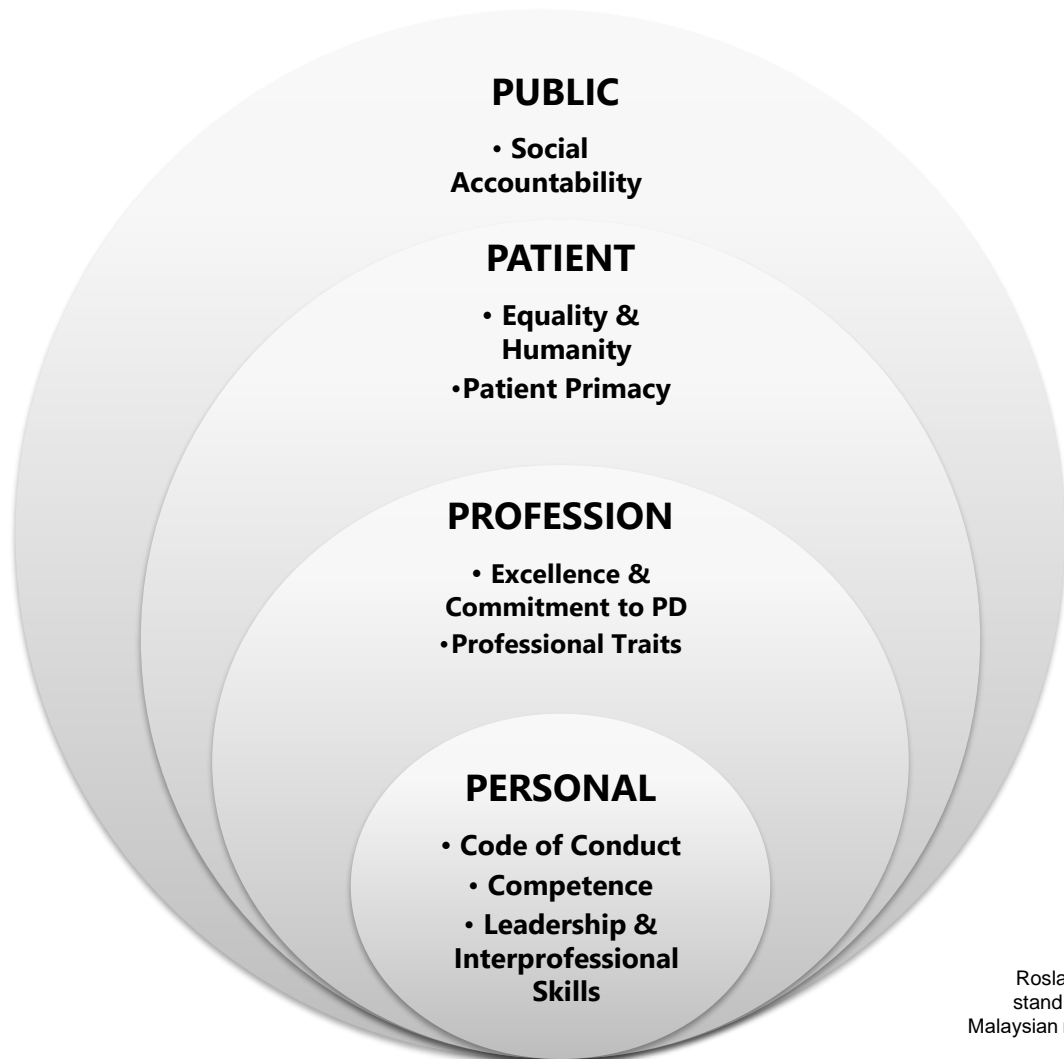
Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

7. Overall Clinical Competence (2 Not observed)

Classical/adequate	1	2	3	4	5
Substandard/adequate	1	2	3	4	5

Feedback given to the resident: Yes No Student's response: _____

RESUMMATIVE COMMENT (Please refer to the next page for numerical evaluation by an assessor)



**Items developed from
this framework - study
with PPSP
academicians and
clinicians.**

**STEPS allows
assessment of various
professionalism
domains in 1 form**

"Universal"

"Themed"

"Feedback"

SIMPLIFIED THEMATIC ENGAGEMENT of PROFESSIONALISM SCALE (STEPS)

MINI CEX
(Norcini et al, 1995)

Mini-Clinical Evaluation Exercise (CEX)

Evaluator: _____ Date: _____

Resident: _____ → R.1 → R.2 → R.3

Problem/Problem/Task: _____

Setting: Ambulatory Inpatient ED Other _____

Patient: Age _____ Sex _____ New Follow-up

Completion: Low Moderate High

Focus: Data Gathering Diagnosis Therapy Counseling

1. Medical Interviewing Skills (2) Not observed | | | | |

2. Physical Examination Skills (2) Not observed | | | | |

3. History/Physical Quality/Professionalism | | | | |

4. Clinical Judgment (2) Not observed | | | | |

5. Counseling Skills (2) Not observed | | | | |

6. Organization/Efficiency (2) Not observed | | | | |

7. Overall Clinical Competence (2) Not observed | | | | |

Mini-CEX Time: Observing _____ Min. Providing Feedback _____ Min.

Evaluator Satisfaction with Mini-CEX
Scale: 1 2 3 4 5

Resident Satisfaction with Mini-CEX
Scale: 1 2 3 4 5

P-MEX
(Crues et al, 2006)

PROFESSIONALISM MINI-EVALUATION EXERCISE

Evaluator: _____

Student/Resident: _____

Level: (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Setting: (Check all that apply) Outpatient Inpatient Patient Not Present

Observed: (Check all that apply) General Interview History Physical

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. History taking															
2. Physical examination															
3. History/Physical quality															
4. Clinical judgment															
5. Counseling skills															
6. Organization/efficiency															
7. Overall clinical competence															

Legend: 1=Not observed, 2=Observed, 3=Not observed, 4=Observed, 5=Not observed, 6=Observed, 7=Not observed, 8=Observed, 9=Not observed, 10=Observed, 11=Not observed, 12=Observed, 13=Not observed, 14=Observed, 15=Not observed

Student/Resident's signature: _____

Date & Time: _____

STEPS
(Roslan & Yusoff, 2017)

UNIVERSITI MALAYA MALAYSIA (UMM) **STEPS**

Resident: _____ Student ID: _____

Observer: _____

Setting: Outpatient Inpatient Other _____

Observed: General Interview History Physical Other _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. History taking															
2. Physical examination															
3. History/Physical quality															
4. Clinical judgment															
5. Counseling skills															
6. Organization/efficiency															
7. Overall clinical competence															

Feedback given to the resident: Yes No Student signature: _____

Observer's signature: _____

FEEDBACK PART



SIMPLIFIED THEMATIC ENGAGEMENT OF PROFESSIONALISM SCALE (STEPS) *(Student copy)*

Evaluator: _____ Student ID: _____
 Student: _____

CONTEXT *(Please Tick)* Year: 3 4 5

GENERAL Large Group Presentation Small Group Tutorial Group Work

PATIENT CONTACT Ward Outpatient Others

FORMATIVE COMPONENT *(Please tick)*

-3 INTOLERABLE	Repetitive or serious unprofessional conduct that imposes harm with no apparent intended corrective action.
-2 UNDESIRABLE	Intentional unprofessional conduct with no apparent intended corrective action.
-1 BELOW EXPECTATION	Intentional unprofessional conduct with apparent intended corrective action.
0 INEXPERIENCED	Unintentional unprofessional conduct.
1 MEET EXPECTATION	Demonstrated performance at par with the expected level.
2 ABOVE EXPECTATION	Demonstrated performance beyond the expected level.
3 EXEMPLARY	Exceptional and outstanding professional conduct.

LEVEL	ATTRIBUTES	-3	-2	-1	0	1	2	3	N/R
PERSONAL	Committed to personal and professional code								
	Shown competence to provide care								
	Demonstrated respect and good communication								
	Displayed leadership and teamwork								
PROFESSIONAL	High commitment and dedication								
	Maintained patient confidentiality								
	Dealt with professional dilemmas effectively								
	Committed to life-long learning								
PATIENT	Listened actively to patient								
	Shown empathy and compassion								
	Recognized patient's autonomy								
	Respected patient's needs and decision								
PUBLIC	Acknowledged own limitation								
	Used health resource appropriately								
	Committed to societal welfare								

SUMMATIVE COMPONENT *(Please refer to the next page for summative evaluation by examiner)*

ASSESSMENT PART



SIMPLIFIED THEMATIC ENGAGEMENT OF PROFESSIONALISM SCALE (STEPS) *(Academic copy)*

Evaluator: _____ Student ID: _____
 Student: _____

CONTEXT *(Please Tick)* Year: 3 4 5

GENERAL Large Group Presentation Small Group Tutorial Group Work

PATIENT CONTACT Ward Outpatient Others

Feedback given to the student Yes No Student signature: _____

++ SUMMATIVE COMPONENT *(Please fill in and return to Academic Office)*

1	2	3	4	5	6	7	8	9
Unsatisfactory			Satisfactory			Excellent		

Comments: _____

Evaluator signature: _____

FEEDBACK PART

ASSESSMENT PART



SIMPLIFIED THEMATIC ENGAGEMENT OF PROFESSIONALISM SCALE (STEPS) *(Academic copy)*

Evaluator: _____

Student: _____ Student ID: _____

CONTEXT *(Please Tick)*

Year: 3 4 5

GENERAL

Group Work

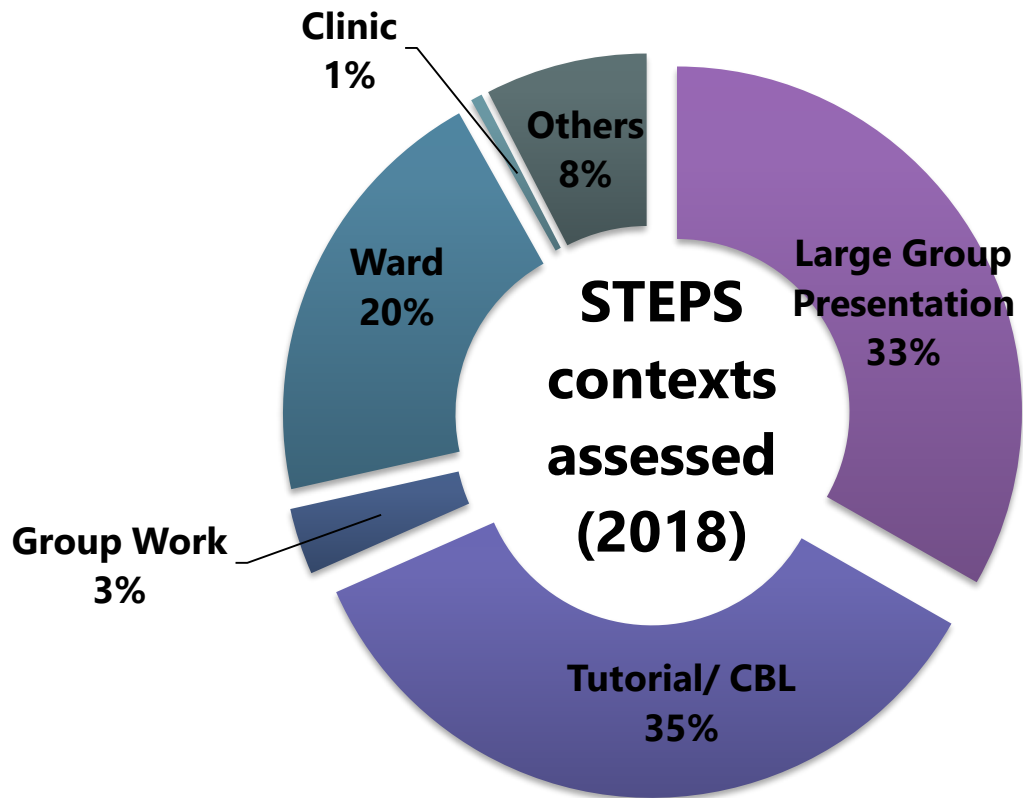
PATIENT CONTACT

Ward

Outpatient

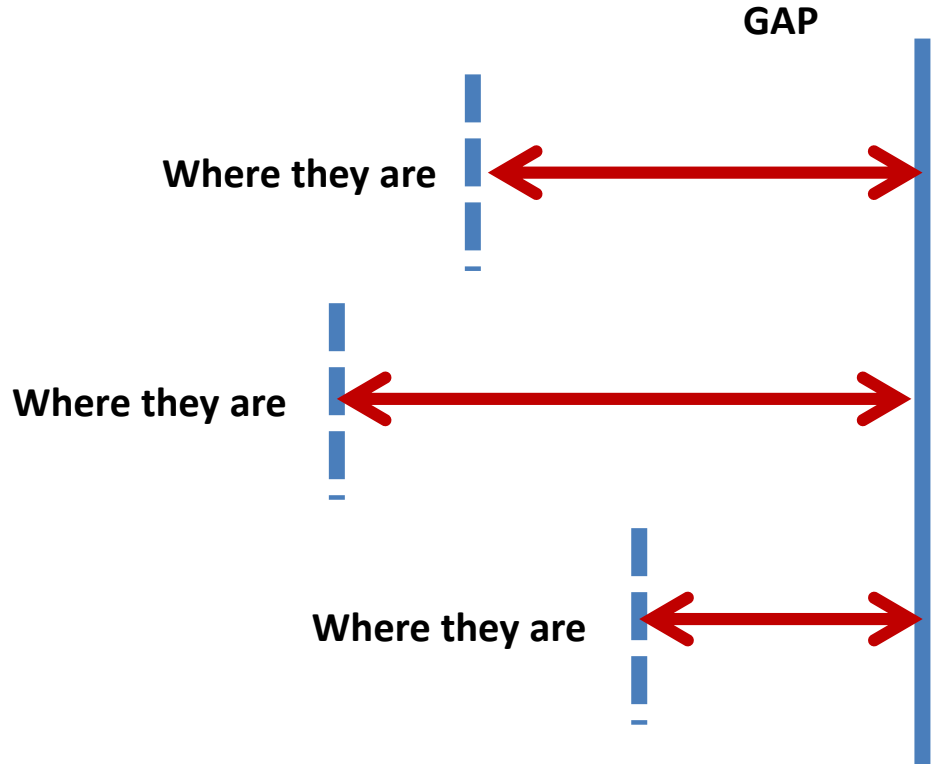
Others

Filled in by the students



Large group presentation and tutorial have been removed from 2023/2024 cohort - more emphasis on professionalism at clinical workplace

Where we want students to be



Feedback is closing the gap

information given on other's performance and the existing discrepancy between the actual and the desired state

Effective Feedback

2. Has three components

1. Which level?

TASK

PROCESS

**SELF-
REGULATION**

SELF

FEED UP

Where are students going? (Goal)

FEED BACK

How are students doing? (Now)

FEED FORWARD

Where to next? (Future)

Regarding the skills for housemanship.

You have performed the venipunctures correctly.

Next, you should practice on setting an IV line.

As I was observing the respiratory examination

I didn't quite hear the percussion sound

Next time, you should relax your wrist more for a better percussion

I was observing your counselling technique.

I found that you counselled the patient correctly.

For next patient, you can try to counsel patients without me.

“You are a great student” - not encouraged because it is non-specific and can mislead students

How can STEPS encourage feedback practice?

FEED UP

Where are students going? (Goal)

FEED BACK

How are students doing? (Now)

FEED FORWARD

Where to next? (Future)

FORMATIVE COMPONENT *(Please tick)*

7	EXEMPLARY	Exceptional and outstanding professional conduct.
6	ABOVE EXPECTATION	Demonstrated performance beyond the expected level.
5	MET EXPECTATION	Demonstrated performance at par with the expected level.
4	INEXPERIENCED	Unintentional unprofessional conduct.
3	BELOW EXPECTATION	Intentional unprofessional conduct with apparent intended corrective action.
2	UNDESIRABLE	Intentional unprofessional conduct with no apparent intended corrective action.
1	INTOLERABLE	Repetitive or serious unprofessional conduct that imposes harm with no apparent intended corrective action.

FEEDBACK PART

5th YEAR

FORMATIVE COMPONENT *(Please tick)*

7	EXEMPLARY	Exceptional and outstanding professional conduct.
6	ABOVE EXPECTATION	Demonstrated performance beyond the expected level.
5	MET EXPECTATION	Demonstrated performance at par with the expected level.
4	INEXPERIENCED	Unintentional unprofessional conduct.
3	BELOW EXPECTATION	Intentional unprofessional conduct with apparent intended corrective action.
2	UNDESIRABLE	Intentional unprofessional conduct with no apparent intended corrective action.
1	INTOLERABLE	Repetitive or serious unprofessional conduct that imposes harm with no apparent intended corrective action.

LEVEL	ATTRIBUTES	1	2	3	4	5	6	7	N/R
<i>PERSONAL</i>	Committed to personal and professional codes							/	
	Showed competence to provide care								
	Demonstrated respect and good communication					/			
	Displayed leadership and teamwork								
<i>PROFESSION</i>	Met commitments and dedication								
	Maintained patient confidentiality						/		
	Dealt with professional dilemma effectively				/				
	Committed to self-directed learning					/			
<i>PATIENT</i>	Listened actively to patient					/			
	Showed empathy and compassion					/			
	Recognized patient's sensitivity					/			
	Respected patient's needs and decision						/		
	Acknowledged own limitation						/		
<i>PUBLIC</i>	Used health resource appropriately						/		
	Committed to societal welfare						/		

ASSESSMENT PART

Feedback given to the student|

Yes

No

Student signature:

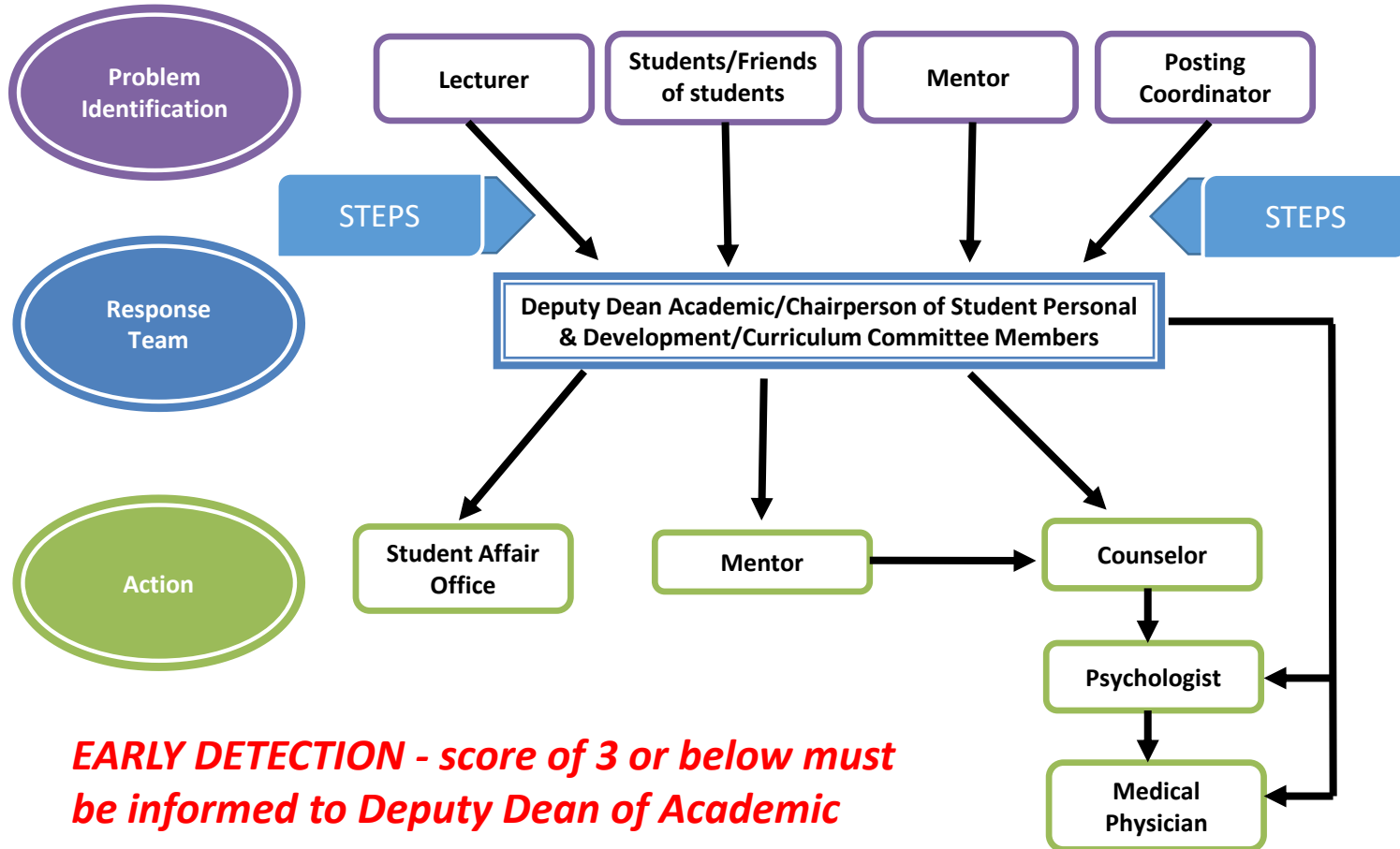
SUMMATIVE COMPONENT *(Please fill in and return to Academic Office)*

1	2	3	4	5	6	7	8	9
Unsatisfactory			Satisfactory			Excellent		

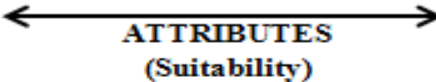
Comments: _____

Evaluator signature:

Student Medical and Academic Response Team (SMART)



GLOSSARY (IN ALL LOGBOOK)

PROFESSIONALLY BURNED-OUT	 ATTRIBUTES (Suitability)	PROFESSIONALLY ENGAGED
<p>Candidates intentionally breach the declared standard of medical profession (MMC), institution policy (USM), wear attires that is unhygienic or unacceptable for doctors, or being dishonest and immoral.</p>	<p>Commitment to personal and professional codes (Year 3)</p>	<p>Candidates adhere to the declared standard of medical profession (MMC), institution policy (USM), comply to dressing codes expected of a doctor and being honest and conscientious consistently.</p>
<p>Candidates show unsatisfactory knowledge or lack of skills that can hamper the quality of patient care.</p>	<p>Competence to provide care (Year 5)</p>	<p>Candidates show adequate knowledge that is evidence-based, acceptable skills for safe practice and act in confidence while on duty.</p>
<p>Candidates display disrespect and poor communication that include using inappropriate manner and jargon.</p>	<p>Respect and communication (Year 3)</p>	<p>Candidates display respect and effective communication that includes using appropriate manner and comprehensible language.</p>

Traditional undertakings of assessment - Block style

Lectures /practicals

Test

Lectures/practicals

Test

Limited sampling

Examination environment

Faking

Difficult to give feedback

Examiner biases

- Halo effect
- Dove (over strict) or hawk (over lenient)
- Central tendency effect
- Recency effect

More sampling data (assessment can tell a 'story' about a student) - Robust decision making
Examiners biases is diluted
Opportunity to give immediate feedback

Assessment datapoints



Assessment datapoints

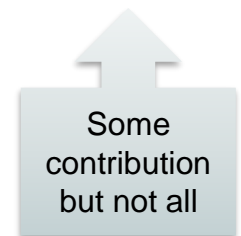
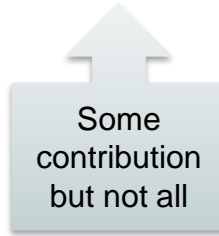


Lectures / practicals

Test

Lectures / practicals

Test



STEPS is snapshots of professionalism behaviour

***For a reliable summative assessment - need 8 to 25 snapshots.
However, it is not feasible for each module.***

3 rd year (3%)	Medical		Paed		Surgery		O&G	
	2 lecturers		2 lecturers		2 lecturers		2 lecturers	
4 th year (3%)	Fam Med	Ortho	Ophthal	ORL	Psych	Comm Med	Neuro	
	2 lecturers	2 lecturers	1 lecturer	1 lecturer	2 lecturers	2 lecturers	2 lecturers	
5 th year (5%)	Internal Medicine	Paed	Surgery	O&G	Ortho	ED	Anaes	Psych
	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	2 patients 2 allied health 2 MO 1 lecturer	1 allied health 1 lecturer

In combination, the students had at least 8 snapshots every year. As for final year (shadow houseman) - they had 47 STEPS (evidence of professionalism)

Can be student-driven



or lecturer-driven.

2018 Students Evaluation (n=137)

	Excellent	Moderate	Poor
Is STEPS able to measure your professionalism?	65.9%	34.1%	
Was it done fairly?	79.4%	20.6%	
Did you get feedback through STEPS?	90.5%	9.5%	
Was the obtained feedback useful?	89.9%	10.1%	



12TH AMDS ASEAN MEDICAL DEANS' SUMMIT

Towards the Development of
Future-Ready ASEAN Health Professionals

27th - 29th | July 2023 | Faculty of Medicine | Universiti Malaya



From the students

- ***More opportunity to receive feedback on professionalism***
- ***More elaboration on how to improve professionalism with examples***

'The need to promote feedback practice'

(Ahmad et al, 2015)

FEEDBACK

WHERE THE
STUDENTS
ARE

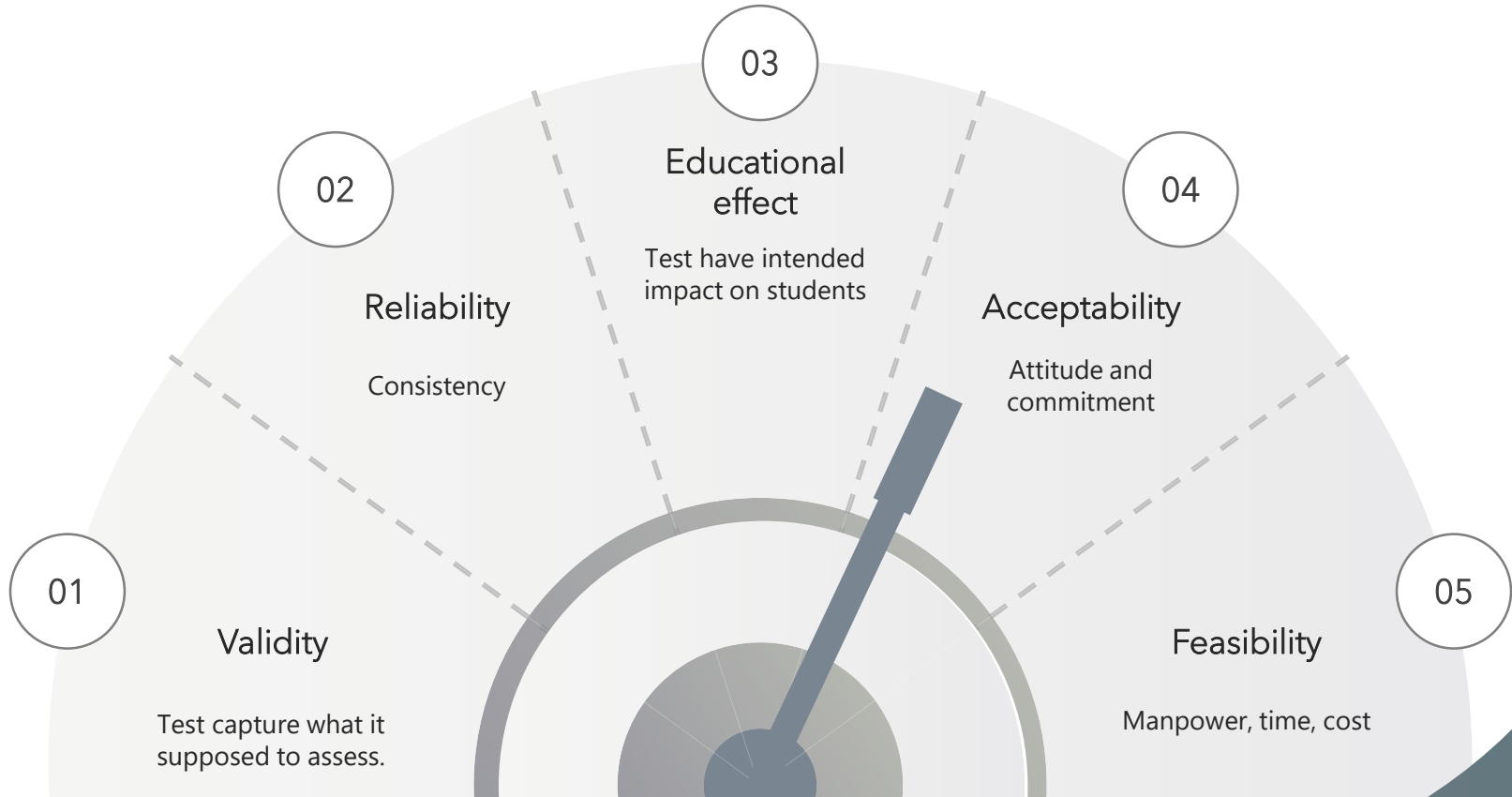
Effect Size

0.79

(Hattie & Timperley, 2007)

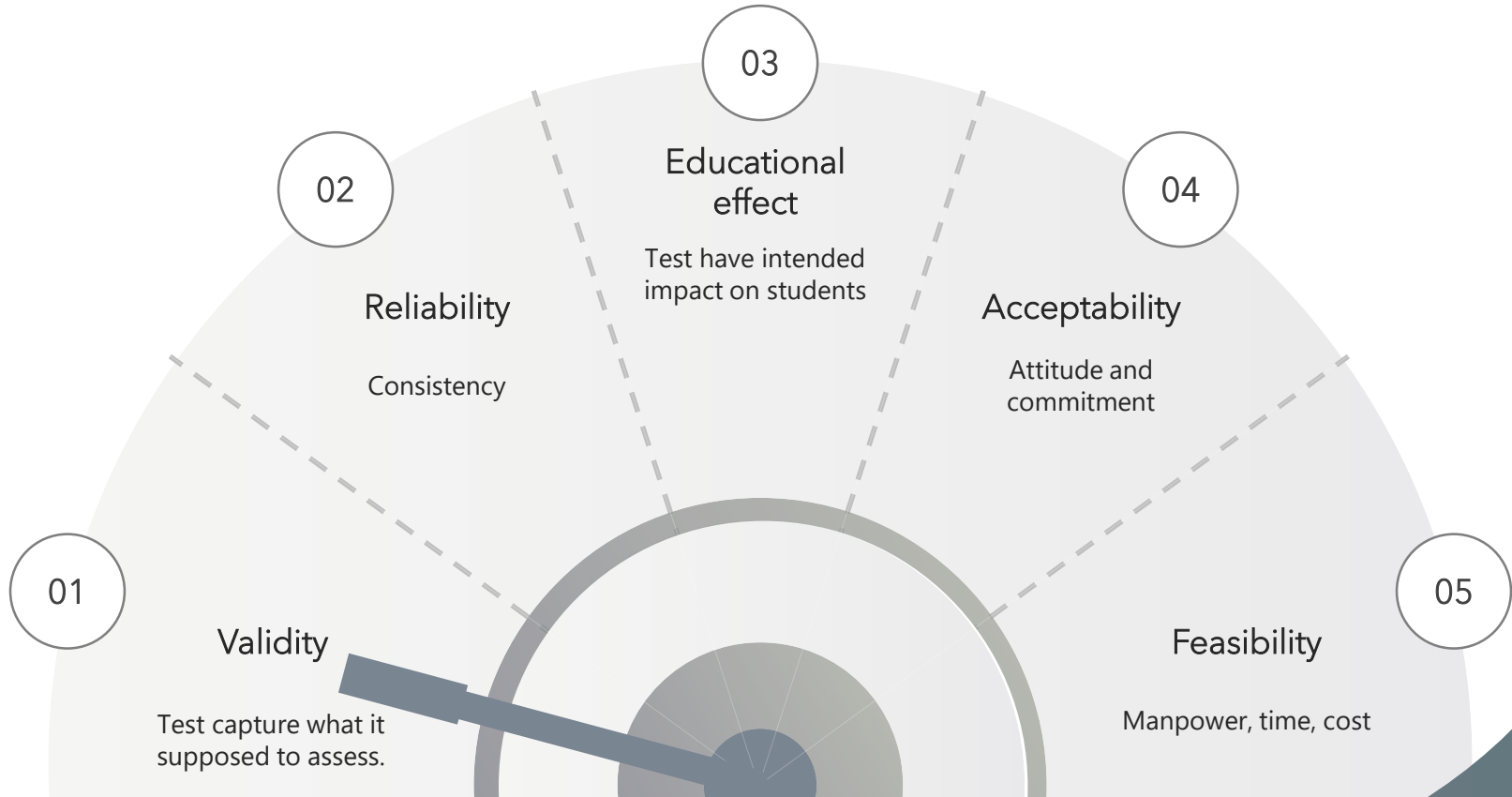
WHERE THE
STUDENTS
IS
EXPECTED
TO BE

Assessment Utility



(van der Vleuten, 1996)

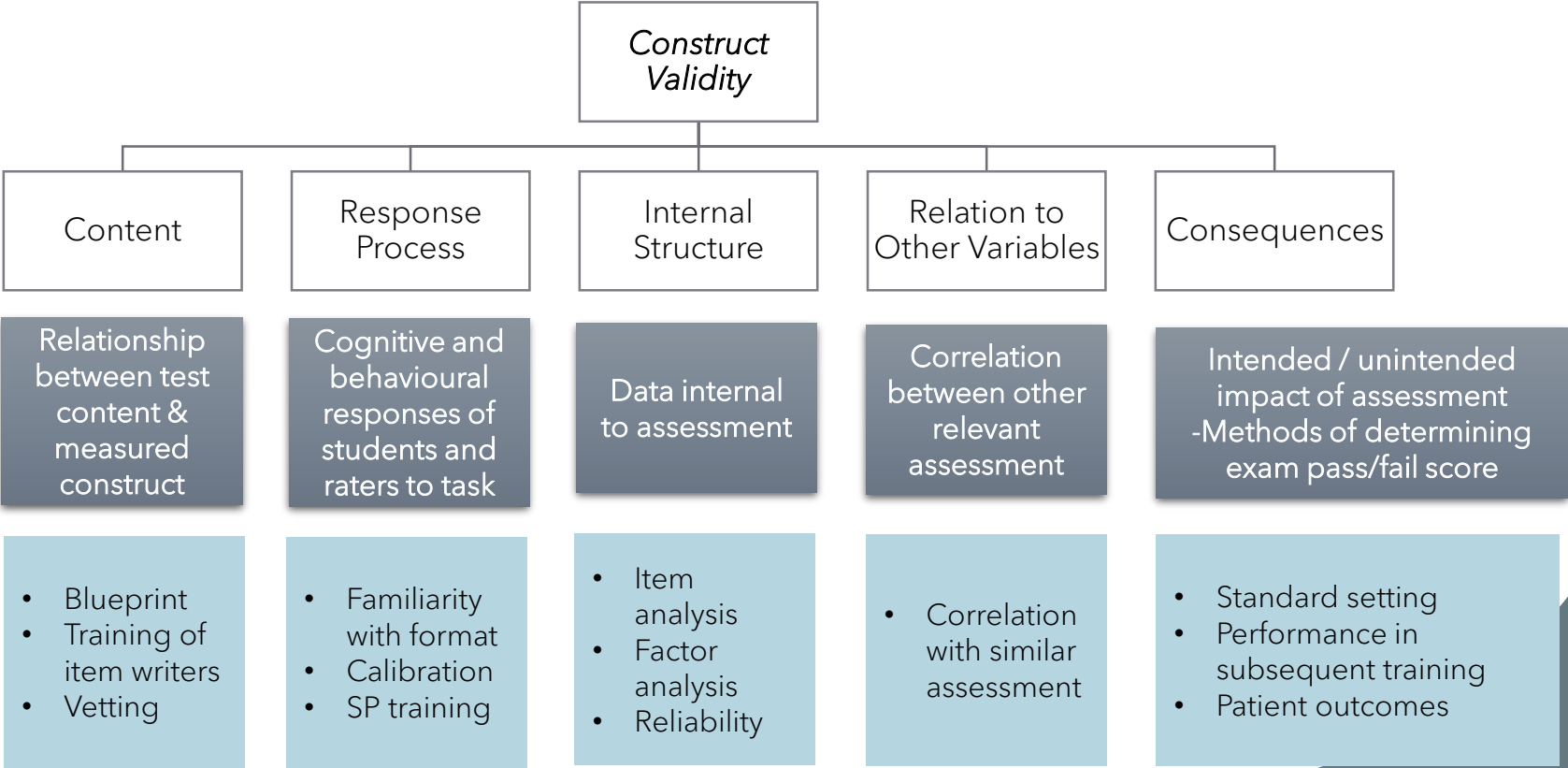
Assessment Utility - High stake

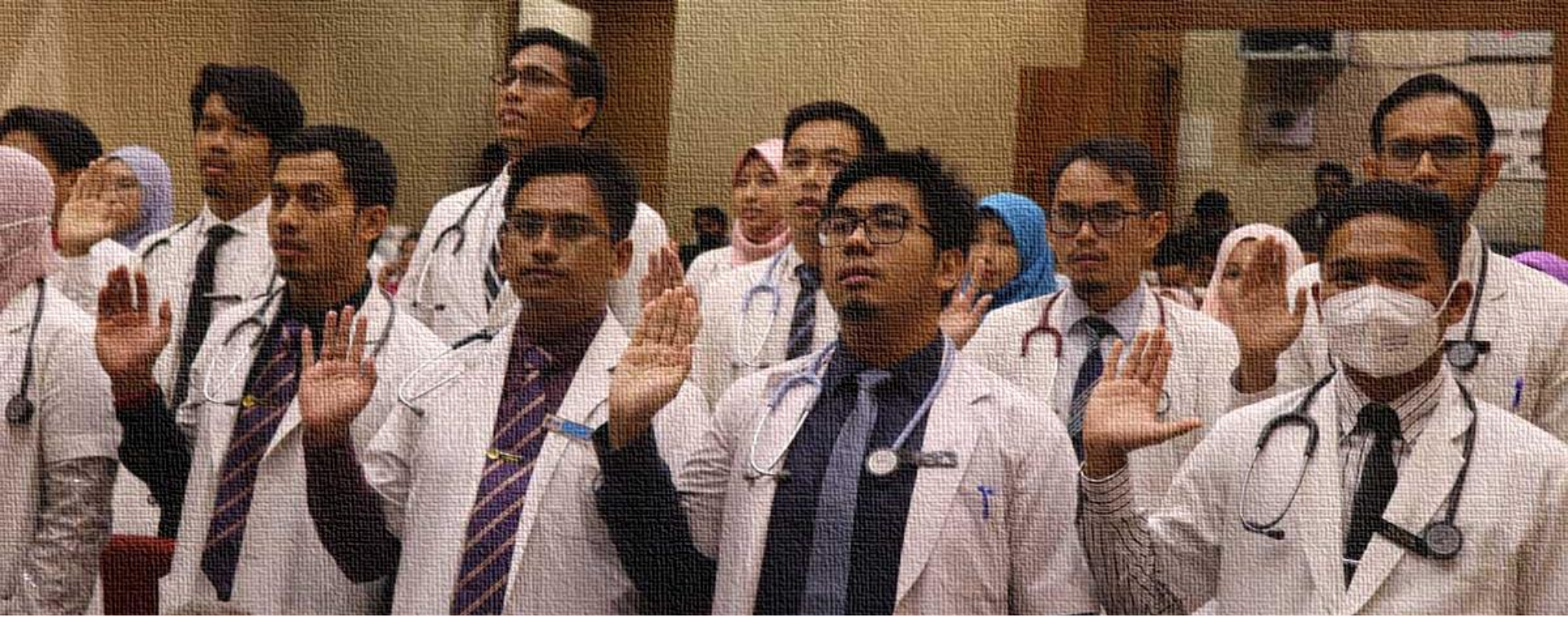


(van der Vleuten, 1996)

Current Concepts in Validity and Reliability for Psychometric Instruments: Theory and Application

David A. Cook, MD, MHPE, Thomas J. Beckman, MD, FACP
Division of General Internal Medicine, Mayo Clinic College of Medicine, Rochester, Minn.

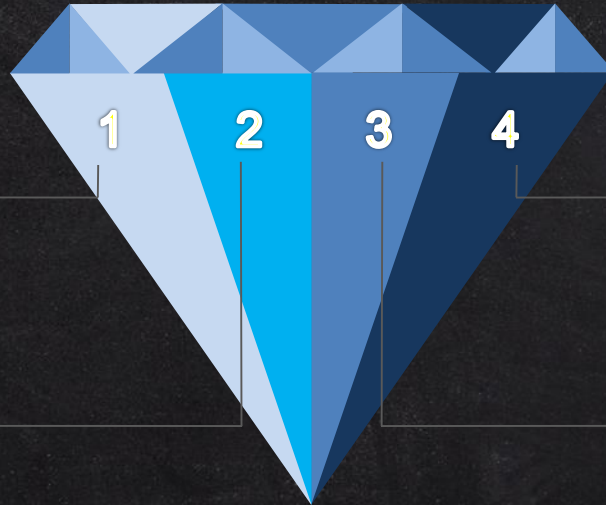




Medical Professionalism

“The means by which individual doctors fulfil the medical profession’s contract with society” (Cohen, 2006)

Part 2 Summary



FEEDBACK

Feedback is the key to professionalism assessment

EVIDENCE OF PROFESSIONALISM

The importance of evidence of professionalism

ASSESSMENT DESIGN

Assessment is designed to ensure individual doctors fulfil the medical profession's contract with society

FORMATIVE ASSESSMENT

Formative assessment promote the growth of professionalism



Thank You

MUHAMAD SAIFUL BAHRI YUSOFF, MD, MSc, PHD

Department of Medical Education, School of Medical Sciences,
Universiti Sains Malaysia, email: msaiful_bahri@usm.my.



https://www.researchgate.net/profile/Muhamad_Saiful_Bahri_Yusoff
