

# Improving How We Evaluate Students





**"Your evaluation will be based on what you do in the next thirty seconds. Go!"**

# During this Session

We will talk about

Linking Feedback to Evaluation

Identifying what we are assessing

&

Practice using a tool to unify our process

# Necessary but not sufficient

## Guidelines for giving feedback

- Feedback should be undertaken with the student & teacher acting as allies, with shared goals
- Feedback should be well timed and expected
- Feedback should be based on first hand data
- Feedback should be regulated in quantity & limited to behaviors that are remediable
- Feedback should be phrased in descriptive and nonevaluative language
- Feedback should deal with specific performances, not generalities
- Feedback should offer subjective data, labeled as such
- Feedback should deal with decisions & actions; not assumed intentions or interpretations

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So if our feedback is so good...



# What gets in the way?

- Lack of time
- Differing Expectations
- Accuracy?
- Standard?
- Experience?



# Set Expectations

- Set common goals
- Starting description
- How do you use feedback to determine the grade?
  
- Revisit expectations
- Revisit goals periodically





# Biases

Cognitive bias is *distortion* in the way we perceive reality / information.

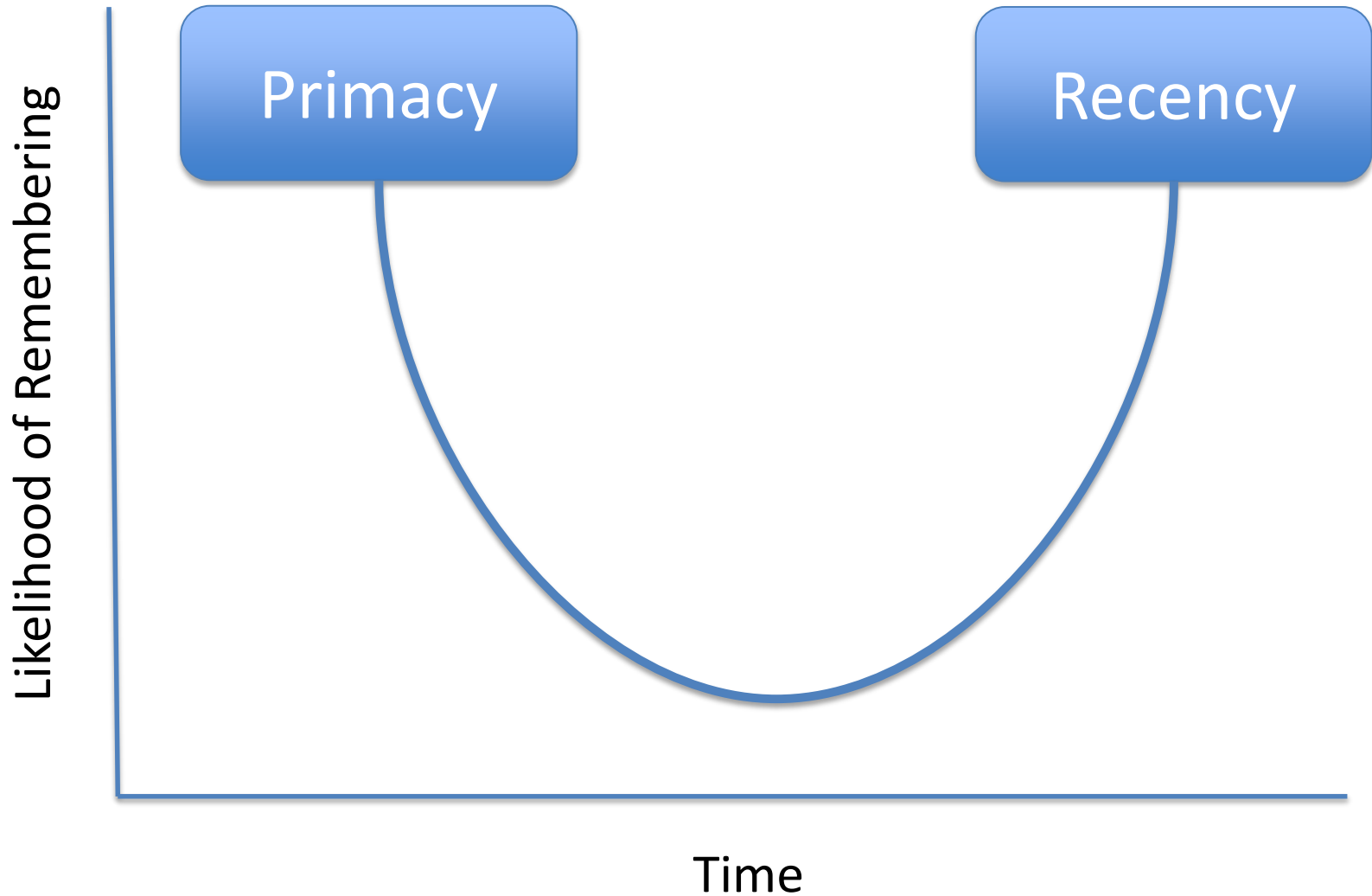


# Halo/Devil Effect

**Perception** of a particular behavior or trait is **positively or negatively influenced** by the perception of previous unrelated positive/negative traits.



# Primacy & Recency effect



# Grouping of Ratings

Dove/Hawk approach



Central Tendency



# Spillover Effect



“A Pleasure to Work With” . . . *but can we say more?*

# **WRITTEN PERFORMANCE EVALUATIONS**



0 NO HURT	1 HURTS LITTLE BIT	2 HURTS LITTLE MORE	3 HURTS EVEN MORE	4 HURTS WHOLE LOT	5 HURTS WORST

5
<b>A</b>
5
0

← Student perception

Clinical Reporting Skills (Qu)		
NA	1	2
○	○	○

0	1	2	3	4	5	6

7	8	9	10	11	TOO SERIOUS FOR NUMBERS

**“Meets Ex**

Despite very kind and thoughtful attempts,  
some written evals are not very useful . . .

“Very pleasant. Fun to work with”

“Exceeded expectations – bright and organized”

“Should work on presentation skills”

“Development of treatment plans will  
improve with experience”

“Continue to expand fund of knowledge”



# “RIME” to “PRIME+”

## A Tool for Writing Narrative Comments

<b>R</b>	<b>Reporter:</b> obtain information, review the record, report coherently in oral and written form
<b>I</b>	<b>Interpreter:</b> interpret and synthesize the gathered data, prioritize problems, formulate differential diagnoses
<b>M</b>	<b>Manager:</b> develop diagnostic and therapeutic plans, manage aspects of care, perform simple procedures, manage one’s own time
<b>E</b>	<b>Educator:</b> Self-directed learning, accepting and responding to feedback, critical interpretation of medical literature

# “RIME” to “PRIME+”

## A Tool for Writing Narrative Comments

<b>P</b>	<b>Professionalism:</b> previously assumed to be included in RIME system; here called out specifically given its importance
<b>R</b>	<b>Reporter:</b> obtain information, review the record, report coherently in oral and written form
<b>I</b>	<b>Interpreter:</b> interpret and synthesize the gathered data, prioritize problems, formulate differential diagnoses
<b>M</b>	<b>Manager:</b> develop diagnostic and therapeutic plans, manage aspects of care, perform simple procedures, manage one’s own time
<b>E</b>	<b>Educator:</b> Self-directed learning, accepting and responding to feedback, critical interpretation of medical literature
<b>+</b>	<b>“Plus”:</b> i.e., what to do next to improve and grow

# PRIME+ Narratives: Advantages

- Provides clear feedback to students
- Easier for site directors to aggregate faculty comments
- Course directors will edit less (your comments conveyed more directly to student)
- Stronger, more detailed narratives to support the students' applications to residency (MSPE)

# PRIME+ Reference

Holmes AV et al. Writing medical student and resident performance evaluations: Beyond “Performed as Expected”. *Pediatrics* 133(5): May 1, 2014, pp 766-768.

<http://pediatrics.aappublications.org/content/133/5/766.full.html>