Changes to our Clinical Assessment System

Disclosures

Today's speaker has no financial relationships with an ineligible company relevant to this presentation to disclose.
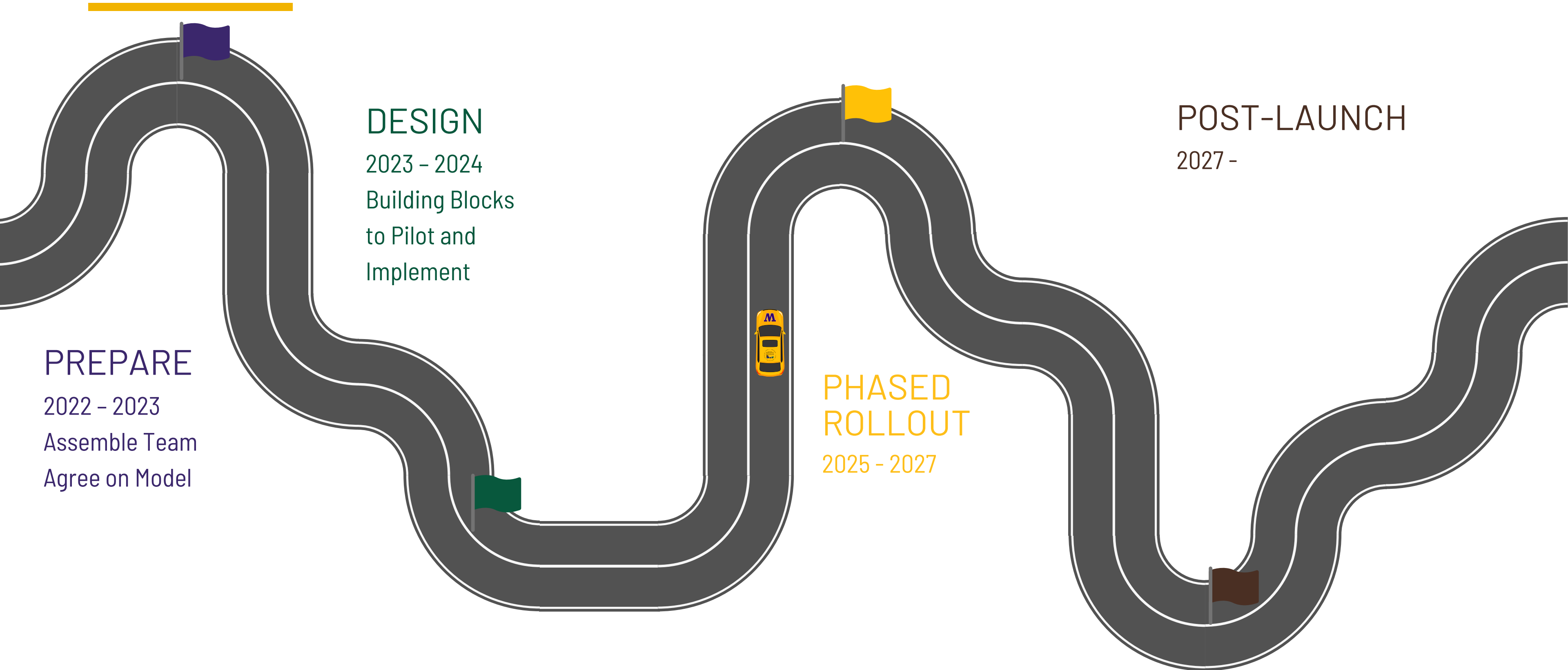
None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

All relevant financial relationships have been mitigated

Clinical Assessment Work Project Timeline

The Clinical Assessment Workgroup: A diverse group of stakeholder representation

- Students
- Fellow
- Career Advisors
- Learning Technology
- Clerkship Directors
- Clerkship Admin
- Residency Program Directors
- Clerkship Site Leads

- Regional Clinical Deans
- WRITE Program
- Curriculum Team
- FCM Team
- Assessment
- College Head
- Faculty Development
- Student Affairs

Work Group Vision and Values

EQUITY	TRUSTWORTHY
GROWTH MINDSET	TRANSPARENT
ANTI-DEFICIT	USEFUL

Clinical Assessment Work Project Timeline

PREPARE
2022 - 2023

Phases

- Recruit a clinical assessment workgroup
- Define the overarching values, goals, and measurable outcomes for a new assessment system
- Select a model for clinical assessment
- RESULT: pass/fail in required clerkships using CBME model and EPA framework

DESIGN
2023 - 2024

Phase Milestones

- Define the components of the new clinical assessment system
- Develop an implementation strategy for instituting pass/fail grading that aligns with planned changes to the clinical assessment system

PHASED ROLLOUT
2025 - 2027

Phase Milestones

- Implement approved changes to curriculum
- Implement new assessment methods
- Implement technology support systems
- Build faculty education and program evaluation strategies

POST-LAUNCH
2027 -

Phase Milestones

- Make adjustments to initial implementation plans and processes as needed
- Track and monitor data to ensure desired outcomes are achieved
- Solicit feedback from stakeholders and other end users
- Identify areas for improvement

Where can I learn more?

https://education.uwmedicine.org/curriculum/by-phase/clinical/clinical-assessment-system-change/

Scan me!

What is Changing?

What Is Changing? Pass/Fail for REQUIRED clerkships using a CBME Model and EPA Framework

2025-2026
Trial Year (E23)

- WBAs will be required in required Patient Care core clerkships and will be graded only for completion (2/week minimum).

- Data gathered from EPAs will be used to train newly established coaches and CCCs. CCCs will assess students' progress *across a developmental framework of milestones. This information will be shared with student and coach only,*

- Clerkships, students, coaches, CCCs, and staff will provide feedback on the structure and delivery of the new assessment program to inform changes prior to the Go Live Year.

2026-2027
Patient Care Go Live Year (E24)

- Grading in all required Patient Care core clerkships will change to Pass/Fail.

- Revised clerkship assessment requirements and grading criteria will go into effect.

- Longitudinal clerkship assessment data, including EPAs, will be reviewed by CCCs to determine promotion/remediation recommendations.

- Students who do not meet expected milestones for promotion will be required to complete clinical remediation.

2027-2028
Explore & Focus Go Live Year

- Patient Care Phase grading and assessment requirements will go into effect for all required Explore & Focus Phase core clerkships (Emergency Medicine, Neurology, & Neurological Surgery).

What is CBME?

Shift the focus from grade to patient care

Remove peer comparisons

Focus on learning over performance

Focus on development over judgment

Competency-based medical education (CBME) is an outcomes-based approach to the design, implementation, and evaluation of a medical education program and to the assessment of learners using an organizing framework of competencies.

The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training.

CBME Framework

## Stages and progression of training

Structured stages of entrustment provide clarity on expectations and progression in skills acquisition. By facilitating group entrustment decisions, the system accommodates **individual growth rates and helps students understand their readiness for increasingly independent clinical responsibilities.**

Group entrustment decisions

A **competence committee can ensure that assessments are fair and consistent across the board**, enhancing transparency. Group decision-making allows for a more comprehensive evaluation of student competencies, fostering an environment of collective accountability and support.

Timely & actionable narrative feedback

Providing detailed, constructive feedback helps students understand their performance and areas for growth. Timely and actionable feedback supports ongoing development and prepares students more effectively for residency, addressing concerns about feeling unprepared for practice.
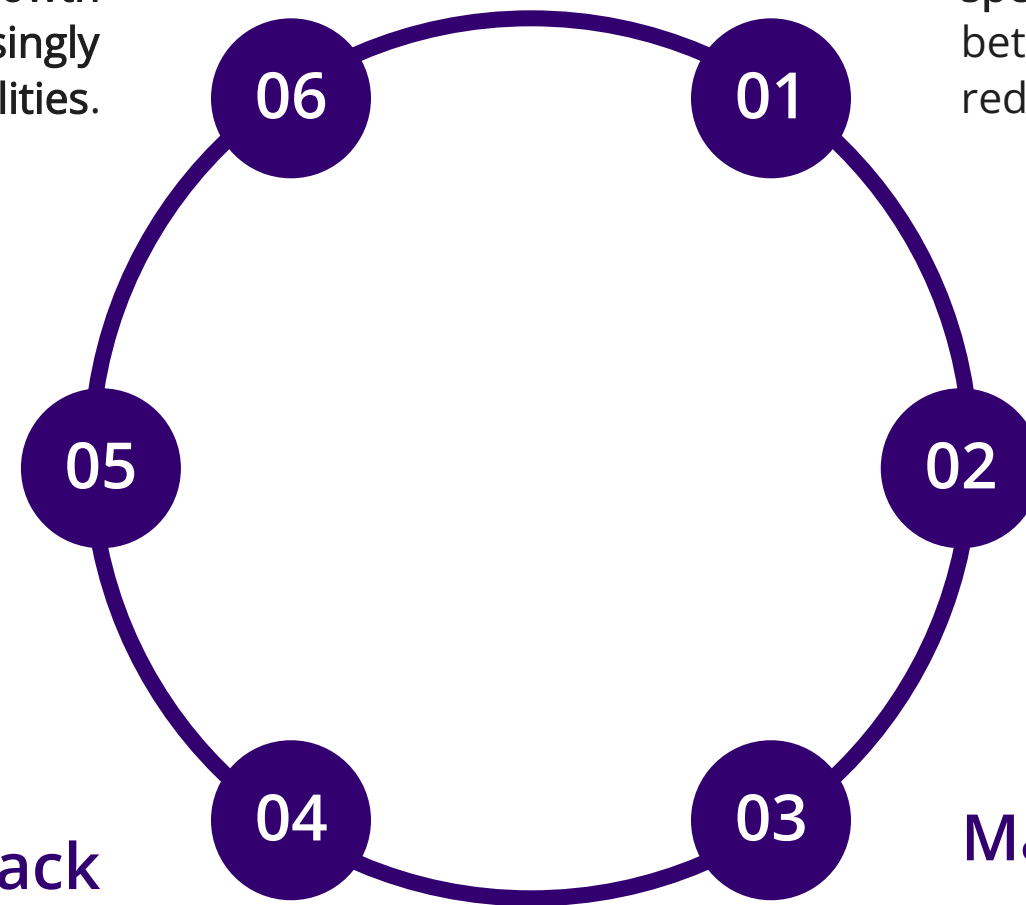
Defined competencies & abilities

Establishing clear assessment requirements and milestones enhances transparency in grading. By **linking competencies to specific Entrustable Professional Activities (EPAs)**, students can better understand how their performance is evaluated, reducing uncertainty about clinical grades. (MEPOS!)

Emphasis on observation

Focusing on direct observation provides a more accurate and holistic view of a student's performance. This helps ensure assessments are fair and equitable, addressing concerns about the current grading system's transparency. Increased observation allows for more personalized feedback based on individual strengths and areas for improvement.

Many low-stakes assessments

Conducting low-stakes assessments allows students to practice skills without the pressure of high-stakes evaluations. This fosters a growth mindset by encouraging learning from mistakes and gradual improvement, accommodating varying rates of development during the Patient Care phase.

06 01 05 02 04 03

Speaking CBME

Competencies

The assessment of our medical students is structured around the competencies described in UWSOM's 32 **MEPOs**.
https://education.uwmedicine.org/curriculum/program-objectives/

Milestones

To understand where a student is in their progress toward achieving competence in each of the 32 MEPOs, each MEPO has an associated set of **milestones**

Clinical Competency Committees (CCC)

CCCs use a portfolio approach to assess student's overall performance across multiple clerkships mapping each subcompetency to milestones to ensure that students are meeting expected levels of performance and help identify struggling learners early.

Competence Coaching

Coaches support individualized, learner-centered, developmental self-reflection by students around their progress using a coaching framework.

Assessment Requirements

A variety of different assessment methods are deliberately structured across the curriculum, including **WBAs**.

Workplace-based assessments (WBAs) are brief, formative assessments completed by a preceptor after a clinical encounter that rate a student's performance and provide feedback for that specific encounter. WBAs include:

• **Entrustable professional activities (EPAs) are Everyday Student Activities in this context**
• Mini-clinical evaluation exercise (mini-CEX)
• Direct observation of procedural skill (DOPS)
• Clinical encounter card (CEC)
• Acute case assessment tool (ACAT)
• Consultation observation tool (COT)
• Observed history & physical (H&P)
• Case-based discussions (e.g., Aquifer cases)
• Direct observation, assessment, and feedback

Also called "competencies in context", **entrustable professional activities (EPAs)** are key tasks of a discipline that an individual can be trusted to perform in a given health care context once sufficient competence has been demonstrated. EPAs are linked to a specific stage of the competence continuum and integrate multiple milestones from various MEPOs.

Think of these as Everyday Student Activities in the clinical environment!

Milestone / Milestone / Milestone / EPA

Why?

Why Change?

Project Background

There are significant gaps and challenges in the current assessment model

- **Equity & transparency:** Many students are uncertain about how their clinical grades are determined, inhibiting their learning. Inequities exist in current grades by gender and race/ethnicity.

- **Growth mindset & varying rates of development during the clinical phases:** Nationally, many graduates feel unprepared for residency and practice, impacting our ability to meet the healthcare needs of our communities.

- **Changing role of physicians**: We need to reevaluate our educational framework to better support all students and prepare them to meet the needs of their future patients.

Joining a national movement toward Competency Based Medical Education (CBME), UWSOM is changing its assessment and grading practices in the clinical phases to better align with patient needs and physician competencies.

Equity in assessment: a wicked problem

Lucey, 2020

What is equity?

- All students have fair and impartial opportunities to learn, be assessed, graded, and advanced
- Based on demonstration of achievements that predict future success in medicine
- Neither experiences nor assessment are influenced by structural or interpersonal bias

Three components to equity in assessment:

1. Intrinsic equity (design of the tools and assessment program)
2. Contextual equity (fairness in learning experience and environment)
3. Instrumental equity (how assessment results are used and shared)

Number of Medical Schools Using Selected Grading Systems in Pre-Clerkship Courses (Excluding Physical Diagnosis/Clinical Skills)
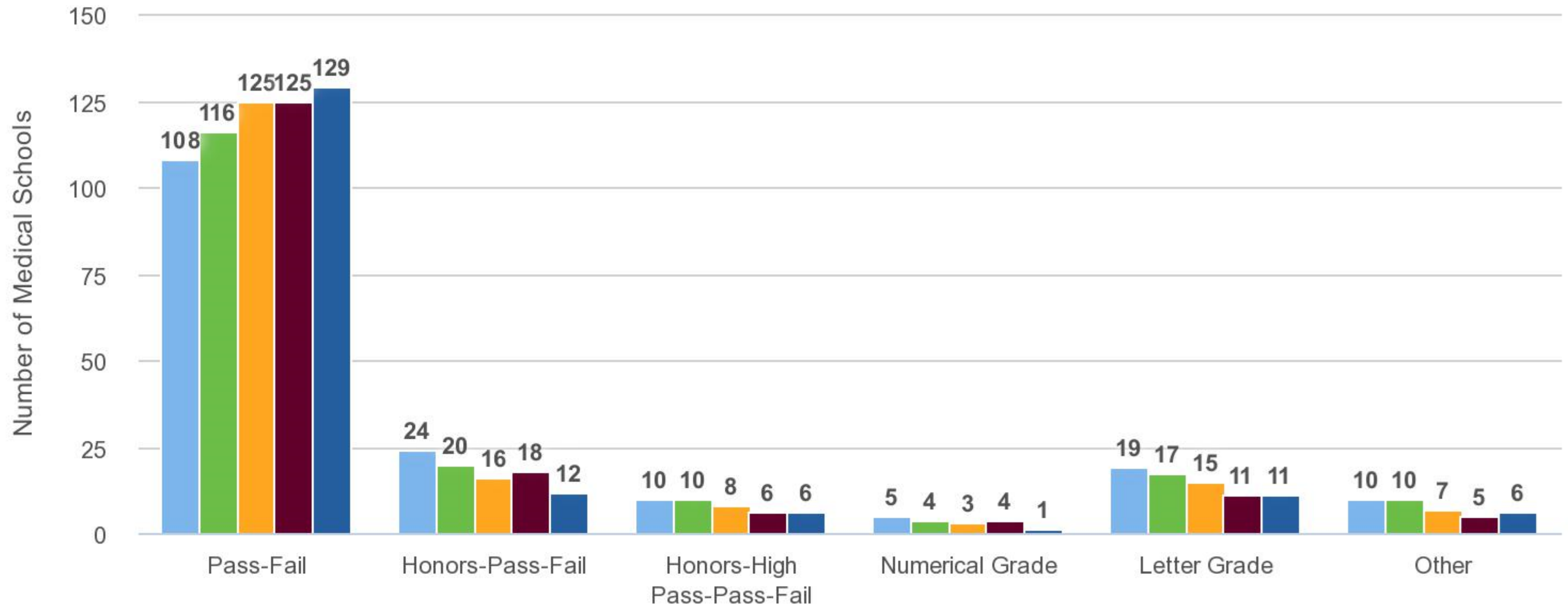
Number of Medical Schools

Grading System	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Pass-Fail	108	116	125	125	129
Honors-Pass-Fail	24	20	16	18	12
Honors-High Pass-Pass-Fail	10	10	8	6	6
Numerical Grade	5	4	3	4	1
Letter Grade	19	17	15	11	11
Other	10	10	7	5	6

Click a legend item below to add or remove a column from the report.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
	n=147	n=150	n=153	n=155	n=155
	N=147	N=151	N=153	N=155	N=155

Number of Medical Schools Using Selected Grading Systems in Required Clinical Clerkships

Baylor
OHSU
Harvard
UCSF
UNC
UVA
Stanford (although may go back)
Univ. of Minnesota
Vanderbilt
Univ. Illinois Peoria
Emory
UPenn
Yale
UCLA

Number of Medical Schools (y-axis: 0, 25, 50, 75, 100)

Pass-Fail: 14, 12, 11, 24, 20
Honors-Pass-Fail: 26, 25, 26, 25, 26
Honors-High Pass-Pass-Fail: 79, 78, 85, 81, 82
Numerical Grade: 8, 6, 6, 7, 3
Letter Grade: 24, 26, 24, 20, 19
Other: 11, 14, 13, 11, 9

Click a legend item below to add or remove a column from the report.

	2017-2018 n=147 N=147	2018-2019 n=150 N=151	2019-2020 n=153 N=153	2020-2021 n=155 N=155	2021-2022 n=155 N=155

Causes, Effects & Consequences of Lower Assessed Performance in UIM students
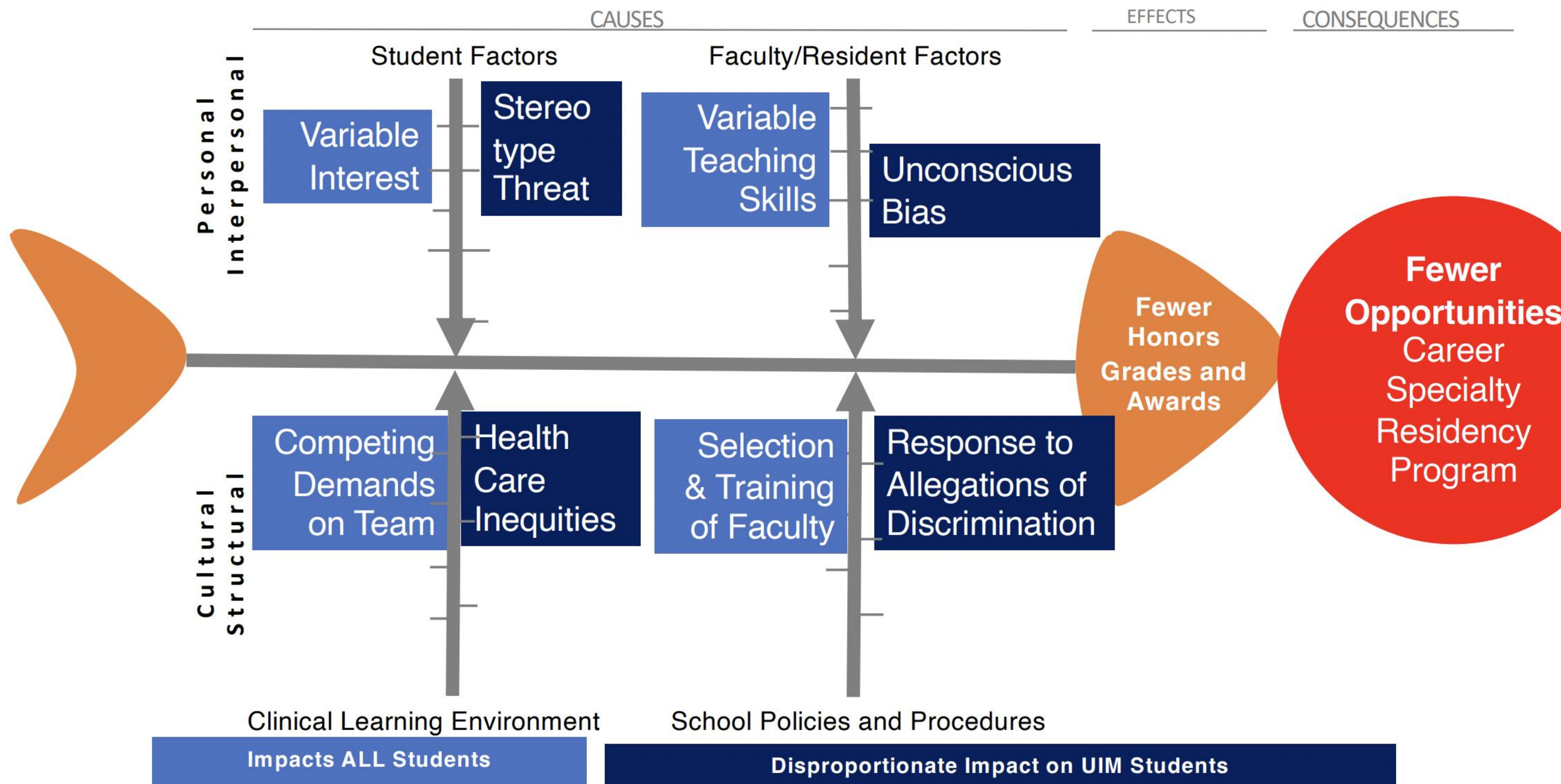
Amplification Cascade: USCF Paper

Odds ratio 3.4

	Average clerkship scores (0.5-4)	Average clerkship honors (8 max)	AOA Honor society (n)
UIM (n=177, 26%)	3.5	1.3	11 (6%)
Not-UIM (n=493, 74%)	3.6	2.4	91 (19%)

Teherani et al, Acad Med 2018
(also Low TLM 2019; Colson Acad Med 2020

UW Data 2021-23
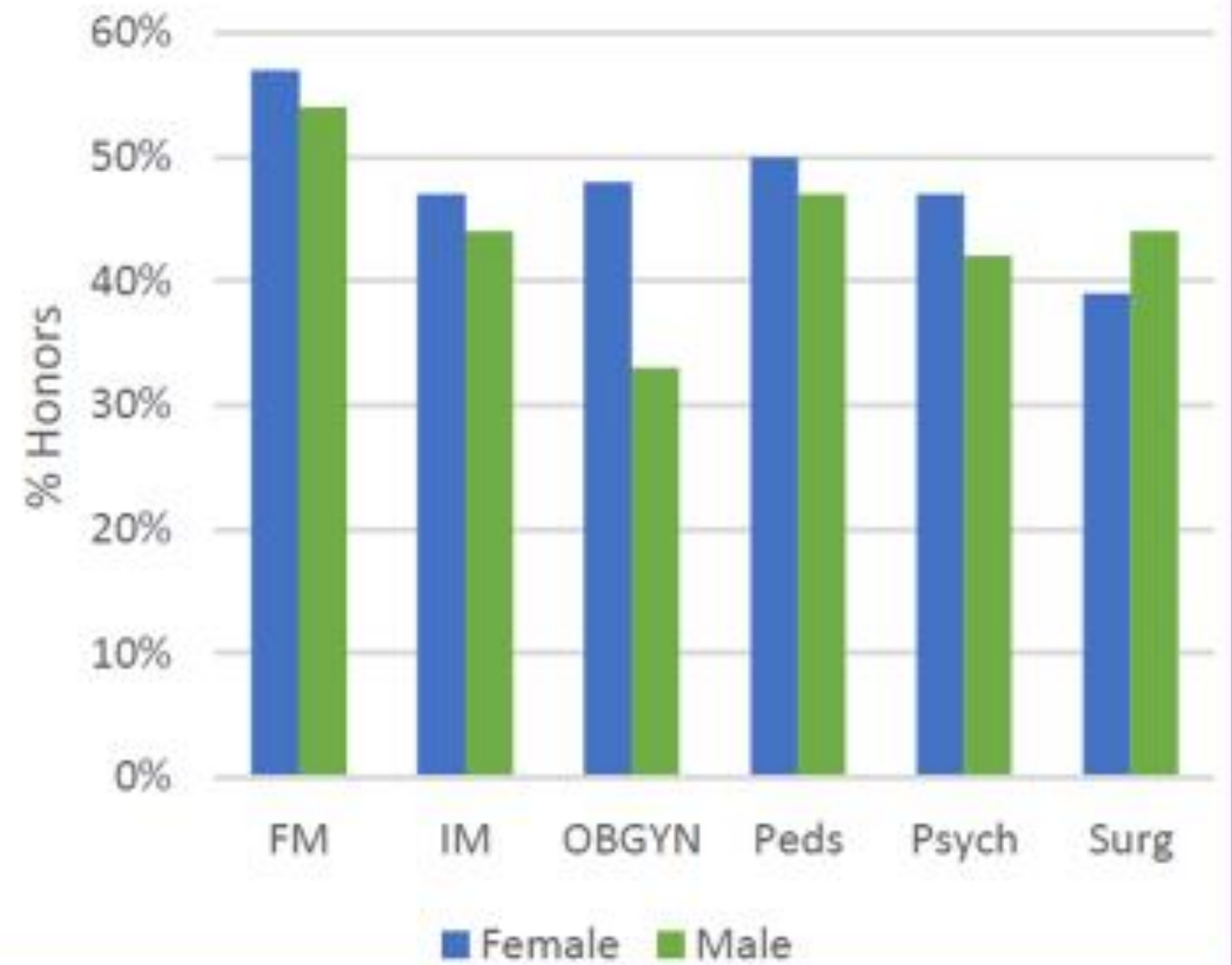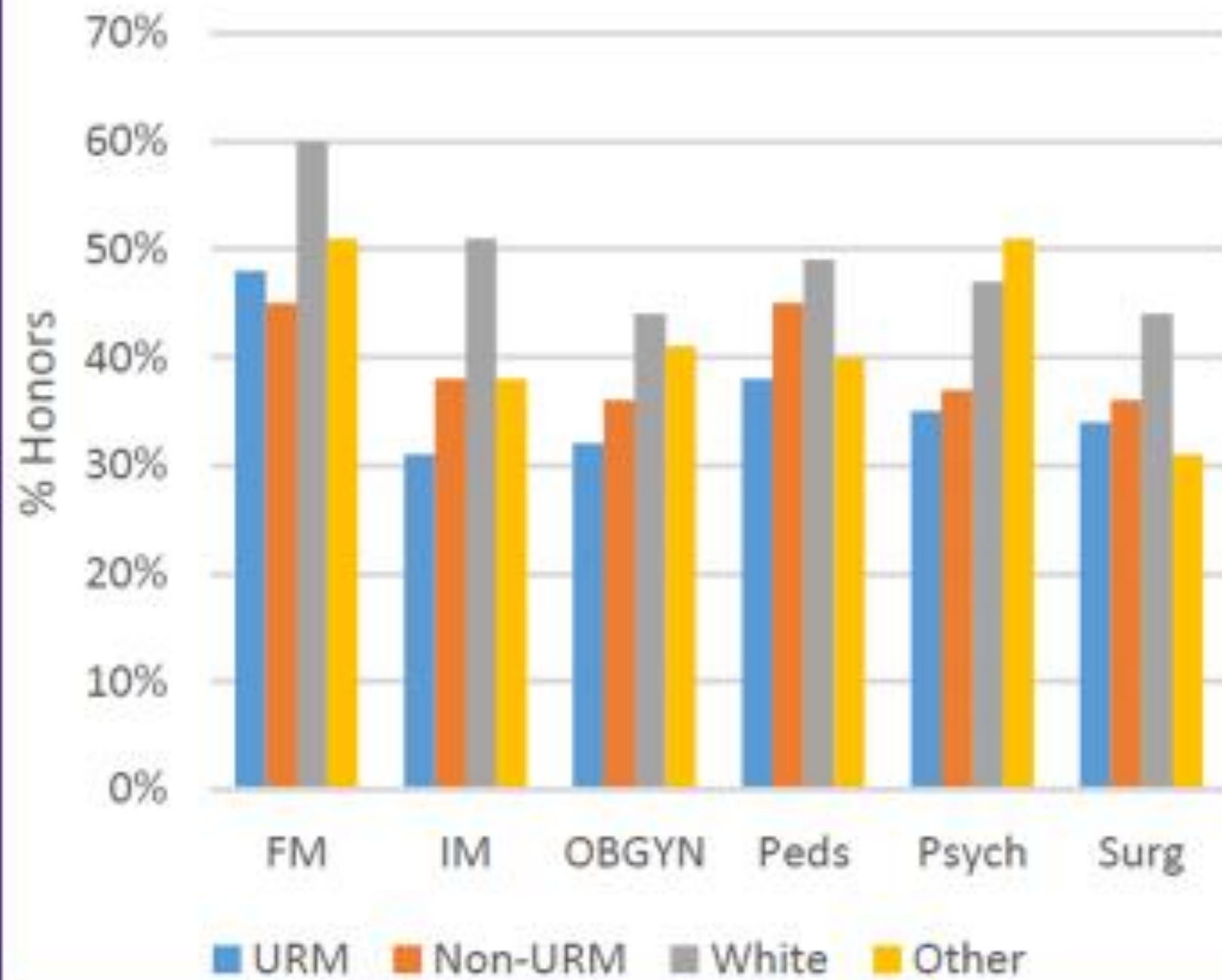
How do We Encourage Learning and Growth?

In Pursuit of Honors: A multi-institutional study of students' perceptions of clerkship evaluation and grading

Bullock et al, Acad Med, 2019

Multi-institutional cross-sectional study (666 students)

106-item survey

Perceptions of assessment and of the learning environment

Relationship of perceptions and students' academic performance

Used identified factors to examine predictors of student performance

On a scale of 0-10, based on your experience, how important is each of the following in determining your final clerkship grade?

	Mean (SD) n=666
Being liked	8.7/10 (1.7)
Particular attendings you work with	8.7 (1.7)
Particular residents you work with	8.5 (1.8)
Oral presentations	8.2 (1.7)
Clinical site where you do your rotation	8.0 (2.5)
Clinical reasoning	7.7 (1.8)
Written exam	7.4 (2.4)
Fund of knowledge	7.3 (1.7)
Rapport with patients & families	6.0 (2.7)
Improvement	5.7 (2.7)

What will this look like?

2025-2026: Trial Year Changes

EPAs

In the new clinical assessment system, some assessments will be EPAs, designed to provide specific, timely feedback to learners on their skill progression and inform competence committee decisions.

New Workplace Based Assessments using EPAs

- Qualtrics assessment survey initiated by preceptor or by a student with preceptor verification via email.

- Compatible with a personal device or computer.

- Required in Patient Care core clerkships only.

- Graded only for completion (2/week minimum).

Entrustable Professional Activities (EPAs)

Scan the QR code to complete a sample EPA assessment form

6 EPAs will be assessed in **all required core clerkships ...**

EPA	Description
1	Gather a history
2	Perform a physical examination
3	Prioritize a differential diagnosis following a clinical encounter
4	Recommend appropriate diagnostic and screening tests
5	Interpret common diagnostic and screening tests
6	Provide an oral presentation of a clinical encounter

... using the following entrustment scale

Level	Descriptor
1	I stepped in and did it, they observed
2	I talked them through it
3	They mostly did it, I directed them from time to time
4	I was available just in case and I checked their work

EPAs

In the new clinical assessment system, some assessments will be EPAs, designed to provide specific, timely feedback to learners on their skill progression and inform competence committee decisions.

So what does this look like?

Step 1: Student asks preceptor to assess them on
EPA 5: Interpret Diagnostic and Screening Tests

So what does this look like?

Step 2: Preceptor observes student reviewing results

So what does this look like?

Step 3: Preceptor gives verbal feedback to student

So what does this look like?

Step 4: Preceptor scans student's QR code to access WBA form

Alternatives to QR code

- Student sends an email to preceptor with link to form
- With preceptor permission, student fills out the WBA form on behalf of the preceptor based on verbal feedback

[Link to WBA Draft](#)

What happens after the WBA is submitted?

If student is chosen as submitter
- Email generated to student after each submission
- Email generated to preceptor with link to a new form pre-populated with student responses; preceptor must submit form (with or without edits) to count

If preceptor is chosen as submitter
- Email generated to student after each submission
- Summary email generated to preceptor every day or week (need to decide)

What to Call This Project?

Join at
slido.com
#1076 446

A.I.M.
Assessment for Integrated Mastery

Room to Grow
Competency-Based Design & Assessment

COMPASS
Competency Assessment

C.A.R.
Clinical Assessment Revision

Competency Quest
Unlocking growth and skill progression

Additional Resources

IN PROGRESS

- Clerkship guide
- Faculty guide
- Student guide
- CBME guide

One-sheet

CBME Overview with Jordan Kinder (14 minutes): https://youtu.be/s2frS9mFUSg

AAMC Core EPA guides: https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas/publications

LEARN MORE https://education.uwmedicine.org/

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