

WRITE 2.0 Lessons Learned

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WRITE 2.0

- Participants will understand the implementation of Competency Based Medical Education in the WWAMI Rural Integrated Training Experience (WRITE)
- Participants will understand the successes and challenges of utilizing CBME in WRITE
- Participants will understand student and preceptor satisfaction with CBME and Workplace Based Assessments (WBAs)

WRITE 2.0

- 21-24 week experience (minus/plus OB/GYN)
- Over 2 consecutive academic quarters
- Spring/Summer/Autumn starts
- Only one "WRITE" grade (MEDLIC) per quarter
- EPAs/WBA
- Outpatient experience will meet objectives for FM, Adult Medicine (IM), Peds, Psych, Women's Health (OB/GYN)
- Goal for regional inpatient experiences

MEDLIC 601

3. Overall quality of faculty teaching:

Average Score	Minimum Maximum	Applicable Answers	Scale
5.39	3 6	33	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Very Poor	0	0.00%
2	Poor	0	0.00%
3	Fair	1	3.03%
4	Good	3	 9.09%
5	Very Good	11	 33.33%
6	Excellent	18	 54.55%

8. Clerkship as a whole:

Average Score	Minimum Maximum	Applicable Answers	Scale
5.39	3 6	33	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Very Poor	0	0.00%
2	Poor	0	0.00%
3	Fair	2	 6.06%
4	Good	3	 9.09%
5	Very Good	8	 24.24%
6	Excellent	20	 60.61%

21. The WBAs were a fair assessment tool.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.55	1 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	1	3.03%
2	Disagree	6	 18.18%
3	Neutral	6	 18.18%
4	Agree	14	 42.42%
5	Strongly Agree	6	 18.18%

22. The WBAs were free from bias.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.48	2 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	8	 24.24%
3	Neutral	5	 15.15%
4	Agree	16	 48.48%
5	Strongly Agree	4	 12.12%

MEDLIC 601

23. The WBAs provided timely feedback.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.48	1 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	1	3.03%
2	Disagree	6	18.18%
3	Neutral	9	27.27%
4	Agree	10	30.30%
5	Strongly Agree	7	21.21%

24. The WBAs provided actionable feedback.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.30	1 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	2	6.06%
2	Disagree	7	21.21%
3	Neutral	9	27.27%
4	Agree	9	27.27%
5	Strongly Agree	6	18.18%

25. The WBAs were easy to understand.

Average Score	Minimum Maximum	Applicable Answers	Scale
2.82	1 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	5	15.15%
2	Disagree	8	24.24%
3	Neutral	12	36.36%
4	Agree	4	12.12%
5	Strongly Agree	4	12.12%

26. The WBAs were easy to use.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.33	1 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	3	9.09%
2	Disagree	5	15.15%
3	Neutral	9	27.27%
4	Agree	10	30.30%
5	Strongly Agree	6	18.18%

MEDLIC 601

27. The WBAs were transparent.			
Average Score	Minimum Maximum	Applicable Answers	Scale
3.91	3 5	33	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	0	0.00%
3	Neutral	9	 27.27%
4	Agree	18	 54.55%
5	Strongly Agree	6	 18.18%

29. Workplace-based assessments:			
Average Score	Minimum Maximum	Applicable Answers	Scale
3.70	1 6	33	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	N/A	0	0.00%
1	Very Poor	3	 9.09%
2	Poor	3	 9.09%
3	Fair	10	 30.30%
4	Good	7	 21.21%
5	Very Good	5	 15.15%
6	Excellent	5	 15.15%

MEDLIC 602

3. Overall quality of faculty teaching:

Average Score	Minimum Maximum	Applicable Answers	Scale
5.80	5 6	30	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Very Poor	0	0.00%
2	Poor	0	0.00%
3	Fair	0	0.00%
4	Good	0	0.00%
5	Very Good	6	<div style="width: 20.00%;"></div> 20.00%
6	Excellent	24	<div style="width: 80.00%;"></div> 80.00%

8. Clerkship as a whole:

Average Score	Minimum Maximum	Applicable Answers	Scale
5.70	4 6	30	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Very Poor	0	0.00%
2	Poor	0	0.00%
3	Fair	0	0.00%
4	Good	1	3.33%
5	Very Good	7	<div style="width: 23.33%;"></div> 23.33%
6	Excellent	22	<div style="width: 73.33%;"></div> 73.33%

17. The WBAs were a fair assessment tool.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.57	1 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	1	3.33%
2	Disagree	2	<div style="width: 6.67%;"></div> 6.67%
3	Neutral	11	<div style="width: 36.67%;"></div> 36.67%
4	Agree	11	<div style="width: 36.67%;"></div> 36.67%
5	Strongly Agree	5	<div style="width: 16.67%;"></div> 16.67%

18. The WBAs were free from bias.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.67	2 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	4	<div style="width: 13.33%;"></div> 13.33%
3	Neutral	7	<div style="width: 23.33%;"></div> 23.33%
4	Agree	14	<div style="width: 46.67%;"></div> 46.67%
5	Strongly Agree	5	<div style="width: 16.67%;"></div> 16.67%

MEDLIC 602

19. The WBAs provided timely feedback.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.67	2 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	5	<div style="width: 16.67%;"></div> 16.67%
3	Neutral	8	<div style="width: 26.67%;"></div> 26.67%
4	Agree	9	<div style="width: 30.00%;"></div> 30.00%
5	Strongly Agree	8	<div style="width: 26.67%;"></div> 26.67%

20. The WBAs provided actionable feedback.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.47	1 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	1	3.33%
2	Disagree	5	<div style="width: 16.67%;"></div> 16.67%
3	Neutral	8	<div style="width: 26.67%;"></div> 26.67%
4	Agree	11	<div style="width: 36.67%;"></div> 36.67%
5	Strongly Agree	5	<div style="width: 16.67%;"></div> 16.67%

21. The WBAS were easy to understand.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.37	2 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	8	<div style="width: 26.67%;"></div> 26.67%
3	Neutral	8	<div style="width: 26.67%;"></div> 26.67%
4	Agree	9	<div style="width: 30.00%;"></div> 30.00%
5	Strongly Agree	5	<div style="width: 16.67%;"></div> 16.67%

22. The WBAs were easy to use.

Average Score	Minimum Maximum	Applicable Answers	Scale
3.40	1 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	2	<div style="width: 6.67%;"></div> 6.67%
2	Disagree	7	<div style="width: 23.33%;"></div> 23.33%
3	Neutral	6	<div style="width: 20.00%;"></div> 20.00%
4	Agree	7	<div style="width: 23.33%;"></div> 23.33%
5	Strongly Agree	8	<div style="width: 26.67%;"></div> 26.67%

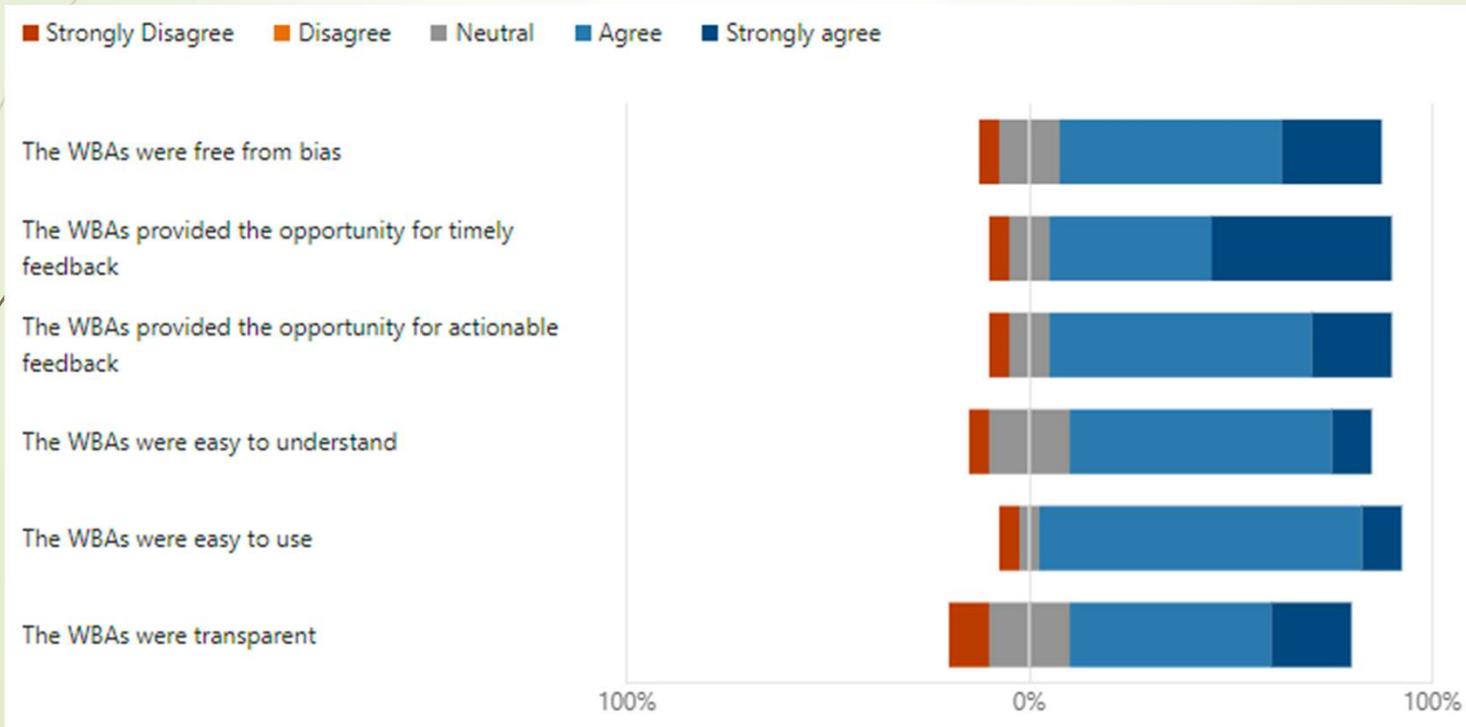
MEDLIC 602

23. The WBAs were transparent.			
Average Score	Minimum Maximum	Applicable Answers	Scale
3.83	2 5	30	1 to 5
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0		0	0.00%
1	Strongly Disagree	0	0.00%
2	Disagree	3	 10.00%
3	Neutral	7	 23.33%
4	Agree	12	 40.00%
5	Strongly Agree	8	 26.67%

25. Workplace-based assessments:			
Average Score	Minimum Maximum	Applicable Answers	Scale
3.43	1 6	30	1 to 6
Answer Value	Answer Choices	Answer Count	Percent of All Answers
0	N/A	0	0.00%
1	Very Poor	4	 13.33%
2	Poor	3	 10.00%
3	Fair	8	 26.67%
4	Good	9	 30.00%
5	Very Good	3	 10.00%
6	Excellent	3	 10.00%

Preceptor Survey (2024):

Considering the WBAs, how do you feel about the following statements?



Comments on Workplace-Based Assessments

- Overall positive. I like the process that [the student] and I have developed to complete them, which is relatively fast. The assessments are good- timely, allow opportunity to discuss student skills.. It is stressful for the student to make sure they have all the correct visit types for the EPA's.
- At times felt like students were so focused on "checking off" the required WBAs that some of the interaction in clinic suffered. Strong push by the student to get these all completed as soon as possible.
- I enjoy these much more than the traditional evaluations - one concern we saw was that in evaluating where the student is at at that moment they are doing very well, but that does not mean they are exceptional, and we worry the WBA form options could weight them towards looking exceptional/ honors
- Just like to know where the student ranked in their class or what their grade was at the end of the rotation. I know our student appreciated the in-time feedback!
- This worked well for us. Not sure it gives any better evaluation of the student but definitely makes my job easier!
- I really liked using the WBAs rather than the typical feedback and eval form at the end of a month. the WBA works best when the student calls out which patient they're using it on. it got confusing when I asked them at the end of the day which patient, and they were trying to come up with patients then. It made it harder to be objective in their evaluation in the moment. I also felt torn a little between being a hard grader and giving them the benefit of the doubt especially when they didn't tell me until the end of the day which patient they had chosen. I had to stay accountable to the program as well, because the one time I forgot to do the evals at the end of the day, I had to struggle to remember which patients I was doing them for.
- Worked best if student and I discussed the WBA before the clinical session or immediately afterward. If only done by email, lost opportunities for interaction and feedback.

Comments continued...

- **Great tool for real-time feedback. The "grade levels" are a little difficult, I would never expect a 3rd year student to achieve the highest level available and so rarely chose that level despite excellent performance. I think because of that our student assigned me the minimum number of assessments and asked other preceptors for more assessments.**
- **Would be nice if students let you know what WBA they were wanting to work on prior to the encounter then you could tailor your teaching. I also did not have a full-time student; I was filling in for [the primary preceptor] when he was not available**
- **I found that some of the requirements were a bit tedious and unnecessary, specifically the ones asking if the student knew how to use the EMR. I don't see a lot of benefit in the students demonstrating they can use one particular EMR, when they are going to differ widely between facility. There are functions of our EMR that a student doesn't have access to and having the student place orders is very time consuming and throws off the workflow for many of our providers. Overall, this particular area just doesn't seem very relevant of education and is highly cumbersome to preceptors. The weekly feedbacks for the students are extremely difficult to interpret. There are multiple highlighted areas, so it isn't clear to me which ones are required for honors. Additionally, it was not clear how the student succeeded in attaining honors because the WBA and the rubric use different grading rubrics (1, 2, 3, 4 vs. I did it all, I did it some, I just observed, etc.)**
- **The timeliness of the WBAs were student-dependent as preceptors could only remind students to send them to us. For the student, it seemed difficult to decide which patients fit which WBAs and I felt like it added a level of restriction to the days' flow in the sense that the student felt pressure making sure to get enough of the appropriate WBAs covered. I also think that within each WBA, it was not necessarily easy to observe all the granular parts within that WBA for one encounter.**
- **Just very repetitive. sometimes not very applicable, such as cultural questions in a very monocultural part of the state.**



Student comments

- ▶ The teaching at my site was great!
- ▶ I'm fully confident I'm receiving one of the best medical education one can have.
- ▶ The WBA's...quickly get overwhelming for evaluators...the scoring system is difficult especially in more complicated patients
- ▶ Not receiving feedback on the 3/4 WBAs that indicated how to improve to 4/4.
- ▶ The WBAs incentivizes students to pick "easy patients" to do a WBA on so that they can easily get honors.
- ▶ Some of my preceptors were good at filling out the EPAs in a timely fashion but there were a lot of times that some built up a pretty significant backlog. Because of this, it was somewhat difficult to know exactly where I really was at with the EPAs



Student comments

- ▶ WBAs frankly, feel like box checking exercises that take away time to actually get feedback about the patient cohorts I'm working with.
- ▶ a lot of my preceptors struggled to understand and operate the system and it feels like an extra burden to add to their
- ▶ already-packed emails; it is unfortunately not always possible to go over them in-person every day and it puts an odd burden on the student to keep asking for preceptors to fill them out
- ▶ I liked these as they provided early feedback which I could act on prior to the mid-rotation review or end of rotation grade
- ▶ I think WBA assessments are a good idea, they could just use some refining. Some are very explicit in what they want, others are a little vague on the wording



Student comments

- ▶ WBAs need refined so that we don't get penalized for asking questions.
- ▶ It was uncomfortable having to ask preceptors continuously to fill out WBAs (some were fine, some were less happy) and am interested in seeing how that changes over the next few years.
- ▶ The system needs a way to specify how "challenging" a particular patient was
- ▶ I appreciated how the WBAs provided instant feedback that I could incorporate the next day