Faculty Development Approaches to Implementing New Assessment Tools

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Clinical Professor, UNECOM
President, NEOMEN
Vice-Chairperson, SOME
Objectives

After this presentation, the participant will be able to:

Identify how efficient assessment streamlines learning and teaching

Identify common faculty barriers to effective assessment

Discuss (at least) three new methods of assessment in medical education

Describe (at least) three new methods of obtaining buy-in with faculty
214-555-2957
KEVIN BAILEY --
IS PRETENDING TO "CATCH UP"
BUT ACTUALLY WANTS TO
BORROW YOUR TRUCK.

DELUXE CALLER I.D.
214-555-2957
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You kids settle down!
This is serious!
214-555-2957
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DELUXE CALLER I.D.

HELP

You kids settle down!
This is serious!
What We Teach
Medical Knowledge
Interpersonal
Clinical Skills
Systems
Lifelong Learning
OPP
Professionalism

What We Expect
Time Management
Organization
Hidden Curriculum
Health Maintenance
Financial Acumen
How Can Assessments Help?

Identify the biggest disconnect at your school:

✓ No one shows up for my lectures
✓ They all failed the exam. They didn’t study the material I gave them.
✓ They keep complaining about my test questions being too hard
✓ I don’t know why they fail (my section) of the boards. They all ace my tests.
Assess the Faculty

What does your faculty expect of students?

Is that realistic?

What do students expect of faculty?

Is that realistic?

What does the administration expect as outcomes?

Is that realistic?
SNAPPS
One Minute Preceptor
Aunt Minnie
BID (Procedure Preparation)
“Pimping”

What do all of these have in common?
Rubrics

Tell me what acceptable looks like.

Does that mesh with reality?
<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Marginal</th>
<th>Acceptable</th>
<th>Wowzah!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t find their head with both hands</td>
<td>Knows where their head is, can’t always put their hands on it, but can describe how to do it.</td>
<td>Can consistently find their head with both hands, even under adverse conditions.</td>
<td>Can find their head with both hands, and their neighbors head as well</td>
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<td>Does not make eye contact with patient, and does not face the patient when talking</td>
<td>Makes eye contact with patient intermittently. Faces the patient when talking</td>
<td>Makes eye contact with patient, sits at or below patient’s eye level</td>
<td>Makes eye contact with patient, uses facial expression to elicit further responses from patient.</td>
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<td>Does not read on cases and presents unprepared over 50% of the time</td>
<td>Reads on cases, but doesn’t connect knowledge with patient presentation</td>
<td>Reads on cases and is able to apply knowledge to patient care.</td>
<td>Regularly researches and presents case studies on patients.</td>
</tr>
</tbody>
</table>
Please Read:

- You are now logged in with the following information:

  Your Name: P Leonard  
  User Name: pleonard-02886

Dr. Leonard's Rubrics

- **View** or **Title** link - See the completed rubric.  
- **Edit** - change title, content, number of columns, number of rows, row titles and column titles.  
- **Analyze** rubric - Put in data about the performance of the class as a whole to find problem areas in the project.  
- **Delete** - delete the rubric and all its contents. Deleted rubrics are gone forever.  
- **Duplicate** - duplicate the rubric and all its contents. Duplicated rubric will have a new rubric ID. **Note:** This feature is currently not working properly. The duplicated rubric will have all rows and columns of the original, but the contents will NOT BE duplicated.

<table>
<thead>
<tr>
<th>Rubric ID</th>
<th>Rubric Title</th>
<th>Create Date</th>
<th>Last Modified</th>
<th>Status</th>
<th>View Rubric</th>
<th>Edit</th>
<th>Analyze Rubric</th>
<th>Delete</th>
<th>Duplicate</th>
</tr>
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<td>Alumni Association Scholarship 2010</td>
<td>March 08, 2010</td>
<td>March 08, 2010</td>
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<td>2318519</td>
<td>Oral Presentation Rubric: Resident CMM Case Presentations</td>
<td>May 02, 2013</td>
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<td>April 06, 2010</td>
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<tr>
<td>1888428</td>
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<td>July 13, 2010</td>
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</tbody>
</table>

www.rubistar.4teachers.org
## Template for Invasive Procedures

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Does not meet competency</th>
<th>Marginal competency</th>
<th>Meets standard of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Does not have all supplies assembled in advance Consent form not signed</td>
<td>Assembles most of the supplies needed. Able to assemble all of the supplies with cueing. Consent form is signed</td>
<td>Assembles all needed supplies Consent form is signed</td>
</tr>
<tr>
<td>Time out procedure</td>
<td>Disregards the Kent Hospital Time Out policy before beginning the procedure.</td>
<td>Observes the Kent Time Out Policy, but does not follow it exactly before the procedure begins.</td>
<td>Strictly observes the Kent Time Out Policy before procedure begins.</td>
</tr>
<tr>
<td>Communication with staff/attending</td>
<td>Does not communicate with the attending or support staff about the procedure. Does not lead the team in performing the procedure.</td>
<td>With cueing, is able to communicate to support staff and attending the procedure, need for procedure, and level of assistance anticipated. Leads the team in performing the procedure.</td>
<td>Communicates to support staff and attending the procedure, need for procedure, and level of assistance anticipated. Leads the team in performing the procedure.</td>
</tr>
<tr>
<td>Communication with patient/family</td>
<td>Does not attempt to communicate with the patient and/or family about the procedure. Does not answer questions from the family and patient</td>
<td>Communicates to the patient and/or family two or fewer of the following: -the need for the procedure -what the procedure entails -risks/benefits of procedure Does not answer all questions from the family and patient</td>
<td>Communicates to the patient and/or family -the need for the procedure -what the procedure entails -risks/benefits of procedure Answers all questions from the family and patient</td>
</tr>
<tr>
<td>Sterile technique</td>
<td>Does not observe sterile technique Does not observe basic universal precautions</td>
<td>Observes sterile technique with cueing Observes basic universal precautions</td>
<td>Observes careful sterile technique Observes careful universal precautions</td>
</tr>
</tbody>
</table>
SHARE EXPECTATIONS

✓ When students know how they will be evaluated, they will rise to the occasion
✓ Students have so much to learn, if they have a direction for success, they will follow it
✓ Clear expectations means eliminating or remediating the struggling student
✓ MUCH LESS EFFORT to quantify marginal students.
Now You Can:

Identify how efficient assessment streamlines learning and teaching

✓ Consistent and realistic expectations
✓ Students take suggestions as coaching
✓ If you know the goal, you know when you get there
Now You Can:

Identify how efficient assessment streamlines learning and teaching

Identify common faculty barriers to effective assessment

✓ Lack of clarity
✓ “Guess what I’m thinking”
✓ Delayed feedback
✓ All criticism, no coaching
Now You Can:

Identify how efficient assessment streamlines learning and teaching

Identify common faculty barriers to effective assessment

Discuss (at least) three methods of assessment in medical education

✓ Rubrics
✓ Student self-evaluation
✓ Test scores
Now You Can:

Identify how efficient assessment streamlines learning and teaching
Identify common faculty barriers to effective assessment
Discuss (at least) three methods of assessment in medical education

Describe (at least) three new methods of obtaining buy-in with faculty

✓ Efficiency – make their job easier
✓ Improved outcomes – make them look good
✓ Better work environment
References

• Iceberg photo by Paul Sanders, telegraph.co.uk
• Rubistar.4teachers.org
• https://hbr.org/2013/03/the-ideal-praise-to-criticism
• https://hbr.org/2013/04/the-sandwich-approach-undermin