Enhancing decisions about competence and progress with narrative descriptions of learners’ performance

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Emerging Solutions and Workshops

Emerging Solution

ABSTRACT BODY:

Short Description: Qualitative, narrative descriptions of observations of learners’ actual performance in clinical settings add depth, meaning and validity to assessment of learners’ competence and progress but pose challenges for organizing, categorizing, summarizing and managing large quantities of written or recorded descriptions. This session will provide three exemplars of systems used in medical education to manage and use narrative data, then provide opportunity for participants to work in small groups to discuss alternative strategies or adapted applications.

Abstract: Topic: With the current focus on competency-based assessment and some interest in competency-based progression, medical educators are developing ways to gather and manage assessment data relevant to Entrustable Professional Activities, Milestones, and other frameworks of competence. Numerical scales and checklists conveniently collect data but these data often lack the breadth, depth and specificity needed for valid, meaningful decisions about performance and progress. Narrative data provide richness but may be difficult to organize and summarize. This session will address practical approaches to managing and using narrative data to make decisions about competence and progress of learners across the continuum of medical education.

Conceptual viewpoints: Some medical educators have suggested that numerical assessments of performance cannot meaningfully capture the socially-situated and complex aspects of the work of a physician in the clinical work environment. Although it is relatively easy to gather numerical or categorical data that place learners’ performance on a scale, these data may lack validity when used as the sole source of data. Narrative descriptions of learners’ performance add meaning and validity to assessment of learners’ competence and progress but pose challenges for organizing and managing written or recorded descriptions. This session will briefly introduce three exemplars that illustrate practical uses of narrative data for assessment, providing a springboard for discussion of the conditions needed for faculty preceptors to provide useful narrative data, strategies that can be used to solicit high quality narrative data, and alternative approaches to managing the data.

Exemplar 1: The pediatric residency program at the University of Colorado developed a Descriptive Comments form using the RIME framework and Pediatric Milestones. Faculty enter narrative descriptions of residents’ work in an electronic data system. We piloted an approach in which comments are exported to Word files, then matched to Pediatric Milestones using qualitative research software. Faculty and staff coded narrative data for residents and produced reports organized by Milestone using the software, then wrote summaries of residents’ progress for bi-annual competency reviews of residents’ competence and progress.

Exemplar 2: The medicine clerkship at the Uniformed Services University of the Health Sciences gathers narrative data using a clerkship evaluation form that requests comments following items with detailed behavioral anchors based on the RIME (reporter, interpreter, manager, educator) framework. Additional comments are solicited through email and conversations about learners during evaluation sessions. Preceptors discuss observations of learners’ performance during evaluation sessions; site directors and education leaders review comments from all sources. Narrative data form the basis of decisions about learners’ overall performance in relation to the RIME framework, which informs decisions about successful completion of the clerkship.

Exemplar 3: The family medicine residency program at the University of Alberta uses the CBAS (Competency Based Achievement System) framework, based on concepts of workplace-based assessment, regular formative feedback, representative sampling, documentation of feedback as evidence of progress, and direct observation. FieldNotes (short narratives of feedback previously shared with a resident) from multiple observers across multiple contexts are collected in an electronic portfolio. Every four months, residents self-assess; FieldNotes provide evidence for their review of progress and help identify strengths and areas for improvement. Continuous advisors meet with the
residents to discuss progress towards competence, supported by an evidence review that includes the FieldNotes. A summative decision arises from this discussion, and a learning plan is developed. Residents who are struggling are identified early and FieldNotes focus attention on areas of need. Session Plan: This session will provide three exemplars of systems used in medical education to manage and use narrative data, then provide opportunity for participants to discuss alternative strategies and adapted applications of the exemplars.

1. Introductions and conceptual overview (10 minutes)

2. Three exemplars (5 minutes each)

3. Instructions for small groups (5 minutes)
   a. Introduce discussion questions
   b. Explain worksheet

4. Small group discussions (40-60 minutes)
   a. All groups discuss three questions:
      What conditions are necessary for faculty to produce useful narrative?
      What are some strategies that programs could use to elicit high quality narrative data from faculty?
      Once narrative data are available how might it be organized so that clinical competence committees and program leaders can use it for decisions about performance and progression?
   b. Each group completes a worksheet that records strategies and insights developed during their discussion.

5. Large group debrief (15-20 minutes)
   a. Hear from each group.
   b. Record discussion in a preliminary summary.

6. Summary and next steps (5 -10 minutes)
   a. Gather worksheets from small groups.
   b. Describe plans for publication of ideas.
   c. Gather names and email addresses for participants.

Outcome(s): Resulting descriptions of strategies for managing narrative data will be compiled and emailed to participants for comment and input. The final summary will be submitted to iCollaborative or Medical Teacher. Participants will be acknowledged in the publication and will be emailed the manuscript when it is submitted.

Level of Audience: Mid-career

Focus of Presentation: Continuum

References:


