Interprofessional collaboration is important for medical student education. As one of several institutions increasing this facet of medical education and moving it earlier in the curriculum, we endeavor to capture and assess student performance in this domain. However, identifying and implementing effective methods to do so remains an ongoing challenge.

At University of Michigan Medical School, we collected multisource assessments from multiple health professionals during our Initial Clinical Experience (ICE) course, a longitudinal course which exposes first-year students to team-based healthcare through interprofessional observation and interaction. Students were assessed by the professionals they interacted with on competencies for professionalism, communication skills, teamwork/inter-professionalism, and overall performance.

A total of 692 assessments were submitted for 164 enrolled students, by 11 different categories of health professionals. Students were assessed using a 9-point scale: Novice (1-2), Approaching Competent (3-4), Competent (5-6), Proficient at Intern Level Expert (7-8), and Senior-Resident Level (9). Assessments included orienting instructions, such as: “Typically, first-year students perform in the novice range – they have some understanding, approach tasks mechanistically without recognition of complexity, and need supervision.” Despite such orientation, the mean overall score was 4.06.

A one-way ANOVA was conducted to examine association between assessor-group type and ICE overall student score. There association was statistically significant [F(10, 681) = 9.99, p <.001]. Mean scores from Medical Assistants (mean=5.52(sd=2.35)), Dietitians (4.45(2.31)) and Social Workers (4.12(2.40)) were highest. In contrast, Technicians (3.45(2.07), Faculty (2.96(1.74)), and Medical Students (2.57(1.74)) gave the lowest mean scores. Bonferroni-adjust post-hoc tests found many significant pairwise differences, e.g. Medical Assistants differed significantly from five other assessor-groups, and Medical Students differed significantly from two others.

Lessons Learned:
In our implementation of multisource assessment, health profession groups rated our first-year students differently. We note that students had varied experiences within the various ICE environments that may have influenced this association. We also received feedback for improvement, which has led to modification of our assessment processes. Feedback themes included: suggestions for the assessment instrument, student difficult in interpreting the meaning of scores, relevance of assessment items to the actual learning experience.

Significance: There are logistical challenges to standardizing over 500 professionals to assessment of students. Yet interprofessional input is an important part of programmatic assessment for inter-professionalism. Having learned from our first attempts, we are modifying in response to feedback, and hope to develop further methods for assessing students’ communication skills and professionalism within an inter-professional team-based healthcare environment.