Making the Milestones Work for You: Training your faculty to become better evaluators

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Disclosures

- We will not be discussing off-label use of any medications in this presentation
Objectives

By the end of this one hour workshop, participants will be able to:

• Discuss how the milestones can be used for rater training
• Participate in a demonstration of two types of rater training
• Formulate a draft of a plan to implement rater training at their home institution
Format

• Introductory didactic
• Small groups training exercises
• Large group discussion
Why is it important to train your raters?
Improving the Quality of your Evaluations

• Improve your evaluation forms
• Improve the raters
• Remove the raters
Standardized patients

Direct observation

Extended matching

Standardized exams

Knows how

Knows

Does
“Good with patients”

“Hard-working”

“Did ok.”

“Chief resident material”

“Interprets complex diagnostic tests accurately”

“Works effectively with interprofessional team”
Recommendations

• Educate raters
• Establish the meaning of ratings
• Make promotion and grading decisions via a faculty group review
• Give raters feedback about stringency and leniency

Rater Training

• Performance dimension
• Frame of reference
• Direct observation of competence
• Training in behavioral observation
Systematic Rater Errors

- Examiner bias
- Halo effect
- Recency effect
- Stringency bias
- Central tendency error

* Holmboe, 2008
Rater Error Training

- Familiarize raters with common errors
- Reduces rater errors
- But...mixed effects on rating accuracy

Common Rater Errors

- Halo/horn effect
- Central tendency
- Leniency
- Stringency

Halo Effect: “They’re good at X so must be good at everything.”

- Patient care 1 2 3 4 5 6 7 8\textcircled{9}
- Med knowledge 1 2 3 4 5 6 7 8\textcircled{9}
- SBP 1 2 3 4 5 6 7\textcircled{8} 9
- PBLI 1 2 3 4 5 6 7\textcircled{8} 9
- Prof 1 2 3 4 5 6 7\textcircled{8} 9
- ICS 1 2 3 4 5 6 7\textcircled{8} 9
Central Tendency: “Everyone is Average”

- Patient care  1 2 3 4 5 6 7 8 9
- Med knowledge  1 2 3 4 5 6 7 8 9
- SBP  1 2 3 4 5 6 7 8 9
- PBLI  1 2 3 4 5 6 7 8 9
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- ICS  1 2 3 4 5 6 7 8 9
Leniency: “Everyone is Above Average”

- Patient care 1 2 3 4 5 6 7 8 9
- Med knowledge 1 2 3 4 5 6 7 8 9
- SBP 1 2 3 4 5 6 7 8 9
- PBLI 1 2 3 4 5 6 7 8 9
- Prof 1 2 3 4 5 6 7 8 9
- ICS 1 2 3 4 5 6 7 8 9
Stringency: “What’s wrong with our selection committee?”

- Patient care  1 2 3 4 5 6 7 8 9
- Med knowledge  1 2 3 4 5 6 7 8 9
- SBP          1 2 3 4 5 6 7 8 9
- PBLI     1 2 3 4 5 6 7 8 9
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Attending Ratings of Learners on GMF 2013-2014
N = 17
Performance Dimension
Training

• Review definitions and criteria for each dimension of performance
Performance Dimension
Training

• What constitutes competence in...?
• Raters define the dimensions of a competence
• Teach raters a common language
Milestones can be the Language
20. Communicates effectively with patients and caregivers. (ICS1)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for Aspirational Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignores patient preferences for plan of care</td>
<td>Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences.</td>
<td>Identifies and incorporates patient preference in shared decision making in uncomplicated conversations</td>
</tr>
<tr>
<td>Makes no attempt to engage patient in shared decision-making</td>
<td>Attempts to develop therapeutic relationship with patients and caregivers but is often unsuccessful</td>
<td>Requires assistance facilitating discussions in difficult or ambiguous conversations</td>
</tr>
<tr>
<td>Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</td>
<td>Defers difficult or ambiguous conversations to others</td>
<td>Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</td>
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Comments:
## INTERPERSONAL AND COMMUNICATION SKILLS

**Communicates effectively with patients and caregivers. (ICS1)**

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<th>Ignores patient preferences for plan of care</th>
<th>Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences</th>
<th>Engages patients in shared decision making in uncomplicated conversations</th>
<th>Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</th>
<th>Role models effective communication and development of therapeutic relationships in both routine and challenging situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic relationship</td>
<td>Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</td>
<td>Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful</td>
<td>Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</td>
<td>Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</td>
<td>Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds</td>
</tr>
<tr>
<td>Difficult conversations</td>
<td>Makes no attempt to engage patient in shared decision-making</td>
<td>Defers difficult or ambiguous conversations to others</td>
<td>Requires assistance facilitating discussions in difficult or ambiguous conversations</td>
<td>Incorporates patient-specific preferences into plan of care</td>
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**Communicates effectively in interprofessional teams**

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<th>Team communication</th>
<th>Utilizes communication strategies that hamper collaboration and teamwork</th>
<th>Uses unidirectional communication that fails to utilize the wisdom of the team</th>
<th>Inconsistently engages in collaborative communication with appropriate members of the team</th>
<th>Consistently and actively engages in collaborative communication with all members of the team</th>
<th>Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions</th>
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<td>Collaboration</td>
<td>Verbal and/or non-verbal behaviors disrupt effective collaboration with team members</td>
<td>Resists offers of collaborative input</td>
<td>Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</td>
<td>Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care</td>
<td></td>
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Frame of Reference Training

- Achieve consistency among faculty in applying criteria – to distinguish levels of performance
Frame of Reference Training

• Goal: discriminate between variations in performance
• What does a “level 1” resident look like? a “level 2”?}

**20. Communicates effectively with patients and caregivers. (ICS1)**

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Comments:
Training in the Art of Observation

• Increase number of observations
• Provide a means for recording observations
• Prepare for observations
  ● Purpose
  ● Positioning
  ● Minimize interruptions

* Holmboe, 2008
Review: What is Rater Training?

- Rater error training
- Performance dimension training
- Frame of reference training
- Training in the art of observation
Creating a Curriculum for Rater Training

1. Problem identification and general needs assessment
2. Targeted needs assessment
3. Goals & objectives
4. Educational strategies
5. Implementation
6. Evaluation

Steps 1, 2 & 3

1. **General needs assessment:**
   - Ratings are inaccurate and unreliable

2. **Targeted needs assessment**
   - What do you wish *your* evaluators did better?

3. **Goals and objectives**
   - What do you hope people will do better as a result of your curriculum?
4. Educational Strategies

- Rater training is effective
- Four commonly used strategies for training raters
  - Rater error training
  - Performance dimension training
  - Frame of reference training
  - Behavioral observation training

5. Implementation

- Return to your group:
- How will you use this at your home institution?
- What are the resources that are available?
- What barriers do you anticipate encountering?
Take Home Points

• Rater training is *at least* as important as improving your forms
• Rater training works
• Follow Kern’s 6 Steps for Curriculum Development
• Let your goals and objectives guide your educational strategy
Your Turn...
Observational Assessment – References


