

# *Increasing Expectations for Medical Students as Practitioners*

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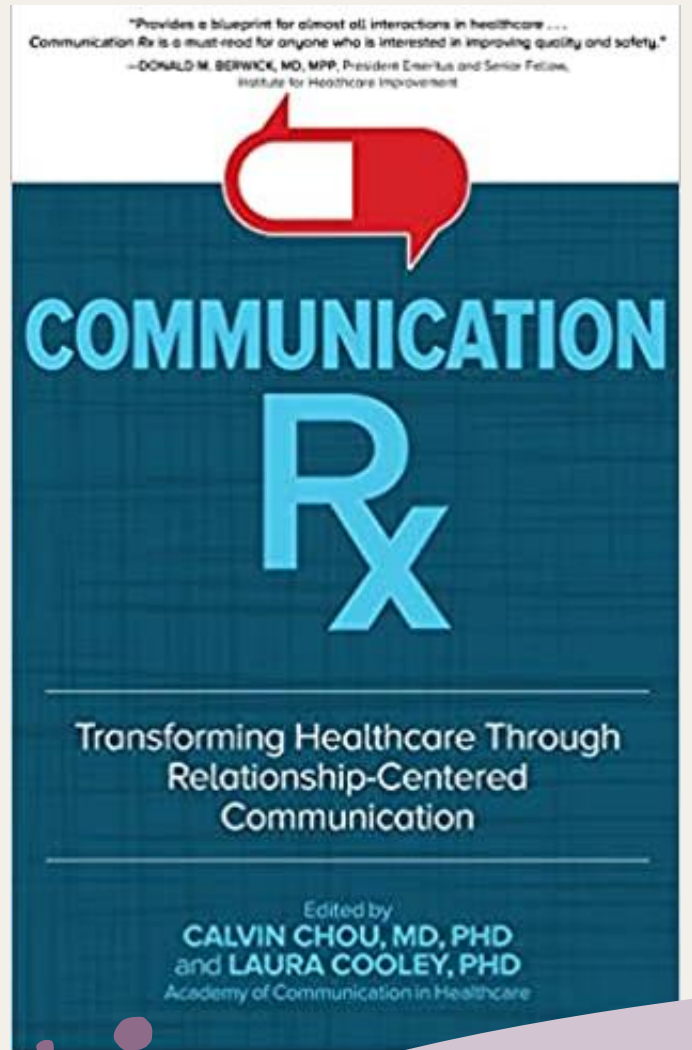
# Remediation in Medical Education

A Mid-Course Correction

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*Editors*

*Second Edition*

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## Disclosure

Royalties from book sales go  
directly to Academy of  
Communication in Healthcare

# *Objectives*

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1. List components of student assessment in clinical practice
2. Describe the importance of feedback for learning of clinical practice
3. Illustrate feasibility with UCSF VALOR – one example of longitudinal clerkship



# *Section 1: Assessment of Clinical Practice*

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- A. What constitutes fairness in assessment?
- B. Who participates in student assessment?
- C. What is the role of remediation of clinical skills?

# *How does one assess students (and teachers)?*

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Milestones in basic competencies:

<https://meded.ucsf.edu/current-students/curriculum/md-competency-milestones#Patient-Care>

For clinician educators:

<https://www.acgme.org/globalassets/pdfs/milestones/standalone/2022/clinicianeducatormilestones.pdf>

# *Components of Fairness in Assessment*

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1. Credibility
2. Fitness for purpose
3. Transparency
4. Accountability

*Valentine et al, 2021, 2022, 2023; Hauer et al, 2023*



# *Credibility*

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## Faculty and Residents

- Appropriate expertise to interrogate and interpret evidence
- Reflection on susceptibility to bias (gender, race, family, likability, social connections)

## Program

- Multiple data points with multiple assessors collecting longitudinal evidence comprehensively in all competencies
- Assessors represent identities reflecting resident pool and patient population
- Justification of tools used
- Examine undue influences on assessment



# *Fitness for Purpose*

## Faculty and Residents:

- Feedback conversations with all learners
- Curiosity to gather information to adequately interpret performance
- Awareness of inequitable learning environments for learners who are underrepresented in medical practice
- Enable psychological safety so learners can take risks to recognize weaknesses and focus on continual improvement

## Program:

- Proportional judgments
- Avoidance of assessments that allow for “gaming the system”





# *Transparency*

## Faculty and Residents

- Explicit expectations
- Clear, meaningful feedback conversations: communication about how a learner can improve their performance
- Allowances for acceptable variations in performance
- Avoidance of pre-judgments

## Program

- Forums for learners to speak and provide their perspective

# *Accountability*

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## Faculty and Residents

- Ability to spend sufficient time observing learners, taking responsibility for learner assessments
- Awareness of self-interest / centering learners' best interest

## Program

- Documentation of all outcomes
- Regular programmatic review to ensure that learning experiences and assessments minimize negative influences of structural or interpersonal bias of learners or assessors
- Investigation of the validity of assessment outcomes for certain learners who are favored over others



# *Remediation in medical education*

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Facilitating a correction for trainees who started out on the journey toward becoming an excellent health professional but have moved off course



## *Section 2: Feedback for Learning*

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- A. What is feedback?
- B. How to offer feedback for learning?
- C. Examples of feedback for students in clinical practice

# *Definition and Facts*



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**Feedback:** a conversation where specific, nonjudgmental information is shared to support development

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**Fact:** Feedback is always occurring, consciously or unconsciously, skillfully or carelessly

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**Suggestion:** Feedback is an expression of commitment to the relationship

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# Brief Literature Review

Feedback as part of an “educational alliance”

Tying feedback to learner’s **goals\***

Understanding the learner’s position helps

Calibrating the amount of feedback

Telio *et al*, Acad Med 2015; Van de Ridder *et al*, Med Educ 2015; Watling & Ginsburg, Med Educ 2019



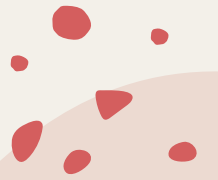
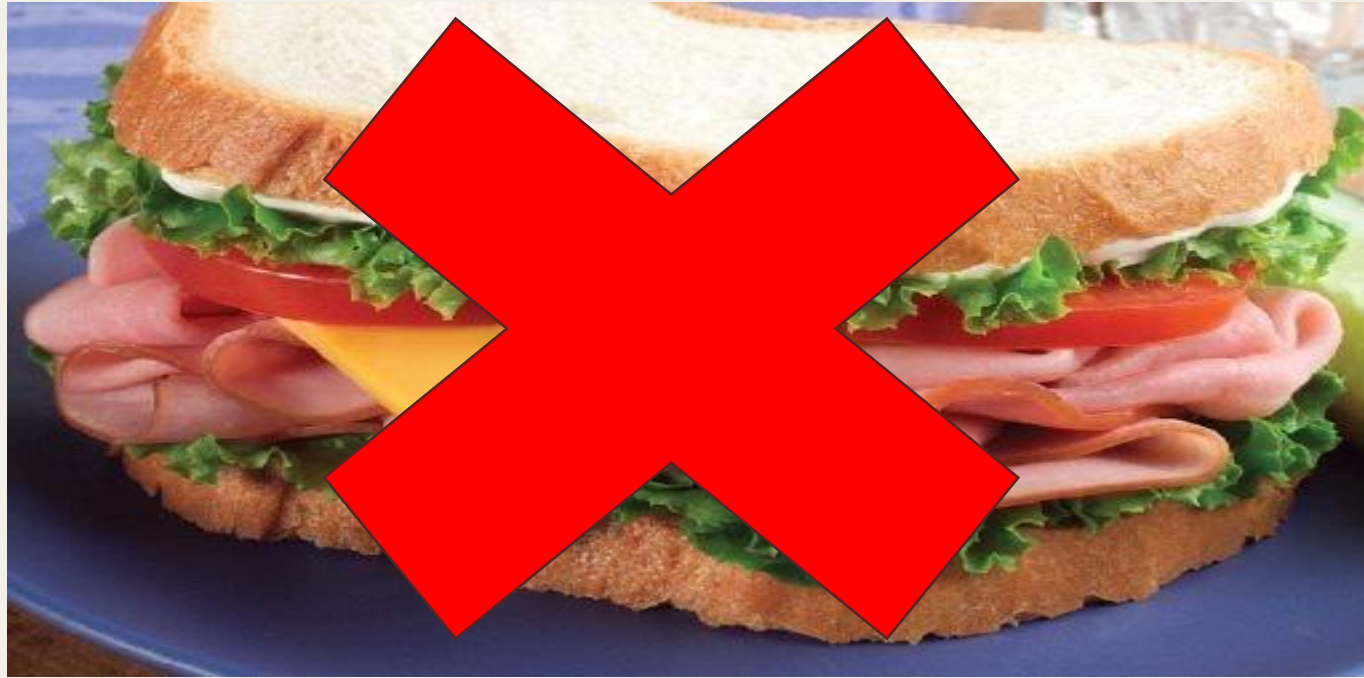
# *The sandwich*

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# *The sandwich*

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# *Feedback Steps*

Set up

Gather Information /  
Observe

ARTful Feedback  
Conversations



# *Imagine a scenario*

Envision an everyday scenario in which you would host a feedback conversation with a colleague / learner



# Set-Up

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Creating a **psychologically safe environment** to maximize collective learning

- In context of relationship: establish a personal connection
- In the spirit of improvement for everyone, *including us as supervisors*
- In dialogue rather than using downloading: ask about and help specify the learner's goals



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# *Gather information*

Transcribe what is happening

- Verbal
- Nonverbal

Record words and/or behaviors to give feedback about

- Avoid “You *were*…”
- Practice “I saw…”; “I heard…”; “I noticed…”



# *Feedback Steps*

Set up

Gather Information / Observe

ARTful Feedback Conversations

Reinforcing

Modifying

Take Homes



# *ARTful Skills: Feedback Dialogues*

## Ask

- Self-assessment
- Recall previously-stated goals from Set-Up

## Respond

- Depends on active listening
- Using empathic words can be helpful

## Tell

- Your own assessment and thoughts
- Behavioral and specific
- Can cultivate insight

# *ARTful Reinforcing Feedback*

Ask: What do you think you did effectively?

Respond: gently redirect learner from self-criticism, and take the opportunity to agree or reflect the learner's self-assessment

Tell: your own assessment (if anything to add)

The ART cycle continues: ask for reactions to your feedback

# *ARTful Modifying Feedback*

Ask: What do you think you'd like to **do differently?**

Respond, Tell (remain as nonjudgmental as you can!)

Continue the ART cycle: ask for reactions to your feedback

For challenging situations, try:

Asking about **intention**

Responding with empathy or a summary

Telling your perception of how intention and impact differ





## *ARTful Take Homes*

“What will you take home from our conversation?”

Doing this teach-back allows you to

- Assess impact
- Measure outcomes
- Ensure accountability

For high-stakes situations:

**Agree on action plan and accountability**

- By when?
- What would you expect to happen if you can't / don't meet our agreement?

## *Section 3: UCSF VALOR – One Example*

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- A. What is a longitudinal clerkship?
- B. How does UCSF VALOR work?
- C. What is the student and faculty experience of longitudinal clerkships?

# *What are longitudinal clerkships?*

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Addresses needs of medical students in the transition from classroom to clinical spaces



Enhanced learning with single system and site (“site continuity”) and cohesion from ongoing peer cohort (“peer continuity”)



Protected space to debrief and reflect on clerkship experiences, professional development, career choice

# *UCSF VALOR - Description*

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Students spend most of their clerkship year based at the Veterans Affairs Medical Center: internal medicine, neurology, psychiatry, surgery, and anesthesiology clerkships

Weekly meetings allow students to consolidate learning and more importantly develop community with their peer group: explore informal curriculum, reflect on their experiences and their professional identity formation, and think about career planning

Outcomes: students feel prepared not only in formal medical school competencies but also the personal growth that always occurs; they often remain friends for years after the end of medical school

# Summary

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Fair assessment of clinical competency: credibility, fitness for purpose, transparency, accountability



Feedback: relationship-based, specific, nonjudgmental information to support development, involving Set-Up, Observation, and Feedback Conversation (4 reinforcing: 1 modifying plus take homes) phases



Longitudinal clerkships: enhance learning through site and peer continuity; development of community through dedicated reflection sessions