

Teaching Tips

Volume 5 Issue 5 May 2014

Department of Family & Social Medicine Faculty Development E-Newsletter



A framework for clinical assessment

Students often express concern that the evaluations they receive at the end of their clinical experience do not reflect the feedback they were given throughout. To reduce this discrepancy, it is important that **formative assessment** be aligned with **summative assessment**. Preceptors should be familiar with the **learning objectives** for the clinical experience, observe the student whenever possible, give honest feedback on their performance, and, when applicable, share their assessment with the site director so that they can accurately complete the summative assessment.

Key terms

Learning objectives: outcomes statements that capture knowledge, skills and attitudes students should be able to exhibit following a learning experience; must be written in specific, measurable terms.

Formative assessment: evaluation of an individual learner that is used to help the individual improve performance.

Summative assessment: evaluation of an individual learner that is used to make decisions about the individual's performance.

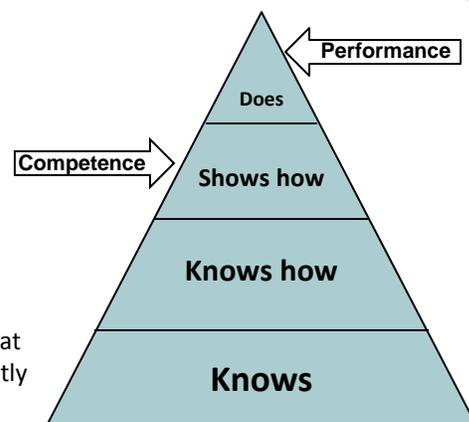
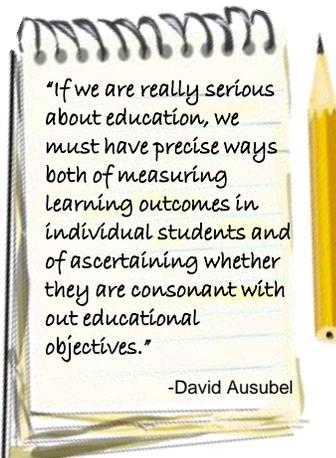
Effective formative assessment helps students understand their current knowledge and skill level in relation to the clerkship's learning objectives.

Timely, structured formative assessment encourages self-reflection and helps students plan for targeted improvement. As a preceptor, you should review the objectives and desired outcomes with the student at the start of the clerkship or clinic session, to help them identify specific skills they want to develop during the clerkship.

Psychologist George Miller developed a pyramidal framework for clinical assessment that illustrates the progression from acquiring knowledge (tier 1) to performing independently (tier 4). For students in their third year of medical school, the majority of assessment should focus on the third tier of the pyramid, which Miller described as "shows how", and is now more commonly referred to as demonstrating competence.

Accurately assessing competence requires students to demonstrate the skill that is being assessed. One of the primary objectives of the family medicine clerkship is for students to "conduct a physical examination relevant to the patient's reason for seeking care in the family medicine outpatient setting." Being present in the room while the student performs part of the physical exam (even for just a minute!) can strengthen the formative feedback given to the learner, and makes it possible to objectively measure the student's progress towards the stated objective.

Aligning formative and summative assessment is key to improving the relevance and objectivity of evaluating clinical competence. When faculty give formative feedback that is grounded in learning objectives and direct observation, students are empowered to assume responsibility for their learning and take the necessary steps to reach competence.



References / Resources:

Hays R. Assessment in medical education: roles for clinical teachers. *The Clinical Teacher*. 2008;5:23-27.

Kern DE, Thomas PA & Hughes MT eds. *Curriculum Development for Medical Education*. 2nd ed. Baltimore, MD: The Johns Hopkins University Press; 2009.

Miller GE. The assessment of clinical skills/competence/performance. *Academic Medicine*. 1990;65:563-567.

Shehmar M and Khan K. A guide to the ATSM in medical education. Article 2 : assessment, feedback and evaluation. *The Obstetrician & Gynecologist*. 2010;12:119-125.

Shumway JM and Harden RM. AMEE guide no. 25: the assessment of learning outcomes for the competent and reflective physician. *Medical Teacher*. 2003;25:569-584.