



Assessment of Student Performance in the Advanced Experiential Environment

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2010 AACP Annual Meeting and Seminars
Expanding Our Horizons
Seattle, WA

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ACKNOWLEDGMENTS

Some information included in this presentation was adapted from the APTA Clinical Instructor Education and Credentialing Program.

The legal issues addressed in this presentation were from the presentation "Legal Context for Evaluating and Dismissing Physical Therapy Students" by Steve Milam, Senior Counsel and Assistant Attorney General, Health Sciences and Medical Centers, University of Washington, Seattle, WA.

Learning Objectives

- ▶ Identify the purposes of performance evaluation in the experiential environment.
- ▶ Differentiate between formative and summative evaluations.
- ▶ Differentiate between types of evaluation instruments and associated strengths and weaknesses.
- ▶ Discuss common rater errors in performance evaluation.
- ▶ Describe key legal issues associated with performance assessments.
- ▶ Integrate concepts learned through a case-based situation.

What is your recurring nightmare in assessing student performance in the experiential environment?



Performance Evaluation Assumptions

1. Decisions in experiential education are based on objective evaluation and professional judgment.
2. Objective evaluation of student performance drives decision making.
3. Evaluation is an ongoing process with two complementary components: formative and summative.

Performance Evaluation Assumptions

4. Being an effective evaluator requires skill in three competency areas:
 - Evaluation
 - Supervision
 - Communication
5. Experiential education is NOT an evaluative process. Rather, evaluation is a tool used in experiential education.

Why complete student evaluations?

1. Provide feedback during practice on performance in cognitive, psychomotor, and affective domains.
2. Determine whether a student is competent in a procedure or process.
3. Determine how students are changing in their performance.
4. Identify additional work needed for clinical competence and mastery .
5. Evaluate the final achievement of specific learning objectives.
6. Assist the development of self-assessment skills.
7. Collect data for determining grades and program progression.
8. Evaluate overall effectiveness of an experiential course.

What are the types of evaluation?

- ▶ **Formative**
 - Ongoing, timely, and specific feedback provided to learners throughout the experiential component with opportunities that facilitate learning and change over time.
- ▶ **Summative**
 - Formal evaluative process typically at mid- and final evaluations that captures the overall picture of the learner's performance in practice.
 - Summarizes the learner's performance based on multiple opportunities to observe and assess cognitive, affective, and psychomotor behaviors.

Types of Evaluation

	Formative Evaluation	Summative Evaluation
PURPOSE	Process	Outcome
USE	Provides learning	Grading Program progression
TIMING	During the experience	At the end of the experience
AUDIENCE	Internal	External
FUNCTION	Predicts summative	Sets standard for formative

When should I start to evaluate a student?

1. Become familiar with the evaluation instruments being used for the learner prior to the experience.
2. Begin as soon as the experiential experience starts.
3. Continue the evaluation process throughout the experience.
4. Evaluate all aspects of student performance so that there are no surprises at mid- or final evaluations!

What are guidelines for effective formative evaluation?

Individualized
Goal related
Diagnostic
Remedial
Collegial

Positive
Liberative
Selective
Timely
Reciprocal

What are examples of formative evaluation tools?

Weekly Planning Form

The Critical Incident Report

Others?

Weekly Planning Form

1. Adjunct to summative evaluation
2. Promotes program assessment
3. Promotes weekly planning
4. Allows for ongoing dialogue between the student and preceptor
5. Allows for and promotes student self-assessment

Weekly Planning Form

Dates: _____ Week Number: _____

STUDENT'S REVIEW OF THE WEEK:

PRECEPTOR'S REVIEW OF THE WEEK:

GOALS FOR THE UPCOMING WEEK OF _____

Student's Signature _____ Preceptor Signature _____

Critical Incident Report

1. Useful adjunct to summative evaluation
2. Used to document a series of related behaviors
3. No interpretation made by the observer, just states the facts
4. Includes clearly stated consequences
5. Requires student signature

Critical Incident Report²

Directions: Record each entry clearly and concisely without reflecting any biases.

Student's Name: Trouble

Evaluator/Observer: Justice

Date (Time)	Antecedents	Behaviors	Consequences
7/10/10 10:00 AM	Trouble was filling a patient prescription during a busy time of day.	Trouble was talking on the cell phone to a physician while eating an apple and did not check to see if the patient was on other meds that could have an adverse effect.	<i>If unsafe behavior continues to occur, it will be written on his permanent evaluation.</i>

Student's Signature: _____ Evaluator's Signature: _____

² Shea ML, Boyum PG, Spanke MM. Health Occupations Clinical Teacher Education Series for Secondary and Post Secondary Educators. Urbana, Ill: Dept of Vocational and Technical Education, Univ of Ill at Urbana-Champaign, 1985.

Are there any problems with the statements below?

1. This is hard to evaluate for the student's level.
2. With more experience, she will improve in clinical decision making.
3. Her performance was okay, but could have been better.
4. The problem of reviewing the drug doses and interactions dates back to the first week of the experience.
5. He needs to improve his professional attitude toward patients.

What are some guidelines in providing summative evaluation?

General Guiding Principles

- ▶ Any rating method will have some subjectivity; professional judgment is part of evaluation.
- ▶ Following principles of evaluation will make rating as objective as possible.
- ▶ Using evaluation instruments that are shown to be valid and reliable in assessing student performance adds credibility.
- ▶ Standardized training in the use of a valid performance evaluation instrument has been shown to enhance the consistency and effectiveness in how raters use the performance assessment.

Guidelines For Summative Evaluation³

1. Ratings are based on definite observations and established performance criteria.
2. Ratings are based on typical and frequent performance (not isolated instances).
4. Become rating conscious (familiarize yourself in advance with the evaluation).

³Watts N. Handbook of Clinical Teaching. New York, NY: Churchill Livingstone Inc., 1990.

Guidelines For Summative Evaluation

- 4. Avoid **rater "errors"** by maintaining objectivity.
- 5. Do not "average" rating scores or make other markings (without instruction)
- 6. Use comment section(s) to make specific explanatory remarks (qualitative)

How should the summative mid-evaluation report be used?

- ▶ **Mid-evaluation**
 - To provide student assurance
 - To offer constructive criticism
 - To suggest areas for improvement
 - To provide a specific plan for performance improvement

How should the summative final evaluation report be used?

- ▶ **Final evaluation**
 - To summarize student performance
 - To plan for future experiential education
 - To plan for entry into practice
- ▶ **Preceptor and student sign and return summative evaluation to the academic program**

How can performance evaluation be assessed?

- ▶ **Competency-based performance evaluation**
 - Defines a series of specific competencies or tasks at varied levels of taxonomy
 - Assesses performance relative to the set of specific defined task analyses
 - Sum of all competencies is equivalent to the expected performance
 - May complete different competencies during different experiential rotations
 - Once all competencies have been completed satisfactorily then the learner should be prepared to enter practice

How can performance evaluation be assessed?

- ▶ **Outcomes-based performance evaluation**
 - Evaluates performance based on the highest level of expected performance outcome (highest taxonomy for cognitive, affective, and psychomotor).
 - Typically provides expected performance criteria that collectively represent entry-level practice.
 - Provides either an illustrative or exhaustive list of expected observable behaviors, that when demonstrated, enable the learner to meet the outcome performance criterion.
 - Tends to be more global in overall ratings with an assumption that individual tasks are addressed.

Inquiring Minds Want to Know?

- ▶ How do you know that you are assessing the "right" behaviors?
- ▶ Should the same evaluation instrument be used for all experiential rotations?

Summative Evaluation Ratings

1. Checklist
2. Numeric ratings
 - a. Descriptive-numeric
 - b. Visual analog scales
3. Categorical scales

Checklist

- ▶ Absence/presence (yes/no) only
- ▶ Useful in remediation task analysis
- ▶ Least subjective but most difficult to use correctly
- ▶ Does not allow for any nuances in the rating

Numeric

- ▶ Rater able to qualify a response (what was performed and how well)
- ▶ Can appear as descriptive-numeric or graphic (VAS) with definitions provided for the rating or end anchors
- ▶ Used in conjunction with formative tools
- ▶ Easy to use
- ▶ Can be subjective and must follow summative evaluation to avoid bias (ie, typical rating errors)
 - Each objective operationally defined
 - Use of N/A (not applicable) or N/O (not observed) may be included (do not guess)

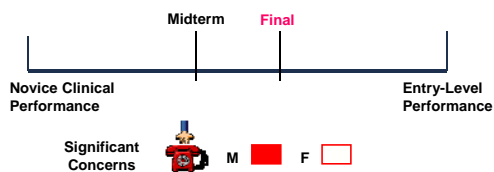
Numeric Rating Scale

Grades based on the amount of supervision required.

- 4- Consistently meets or exceeds the stated objective. The student seeks affirmation from the preceptor.
- 3- Consistently meets the stated objective. The student needs 25% supervision/guidance from the preceptor.
- 2- Meets the stated objective with inconsistencies. The student requires 50%-75% supervision from the preceptor.
- 1- Does not meet the stated objective. The student requires constant supervision from the preceptor.

Visual Analog Scale⁴

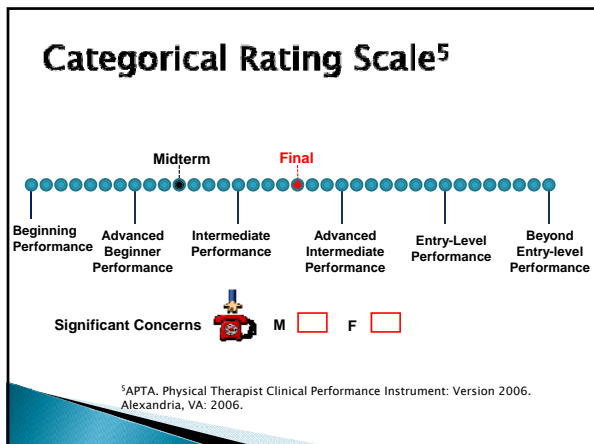
Practices in a safe manner that minimizes risk to patient, self, and others.



*Task Force on the Development of Student Clinical Performance Instruments. The Development and Testing of APTA Clinical Performance Instruments. *Phys Ther.* 2002;82:329-353.

Categorical Rating Scale

- ▶ Rater able to qualify a response (what was performed and how well)
- ▶ Appears as more objective with well defined anchors that use similar qualifiers
- ▶ Allows for greater specificity and clarity in the rating
- ▶ May be more discerning in how learners are rated, reducing some types of rater errors
- ▶ Maybe more complicated to use and requires training
- ▶ Designed to assess performance over time



- ### Performance Dimensions as Qualifiers
1. Quality of performance
 2. Supervision/guidance required
 3. Consistency of performance
 4. Complexity (patients, tasks, environment)
 5. Efficiency of performance

- ### Summative Comments
- ▶ Qualitative comments substantiate the rating
 - ▶ Comments further explain student's performance with specific examples
 - ▶ Comments explain areas of problems and excellence
 - ▶ Comments may provide student's overall strengths, deficits, and areas for improvement

What are common rater errors?

1. Halo or reverse halo
2. Rater mood/definition/memory
3. Error of central tendency
4. Proximity error
5. Error of leniency
6. Initial Impressions
7. Logical error
8. Contrast effect
9. Similarity of background
10. Issues of diversity

Where are common rater errors?

1. Halo or reverse halo
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9. Similarity of background
10. Issues of diversity

Inquiring Minds Want to Know?

- ▶ How do you deal with rater inflation from preceptors?
- ▶ Should subsequent clinical experiences be privy to prior student performance assessments?

How can you avoid evaluation pitfalls?

- ▶ Clearly establish goals and measurable learning objectives.
- ▶ Be consistent with expectations and open with feedback.
- ▶ Be specific – use examples.
- ▶ Engage the learner in the evaluation process.
- ▶ Listen.
- ▶ Be rater conscious and avoid errors.
- ▶ Practice assertiveness and cooperation when dealing with a potential/actual situation.

Legal and Regulatory Issues in Experiential Education



Assumptions

1. Educators have legal as well as ethical responsibilities to learners, the academic institution, the clinical facility, and patients or clients.
2. Documentation of the experiential education process must be sufficiently clear, accurate, and thorough to demonstrate the quality and consistency of the educational experience.

Legal Principles for Evaluation and Dismissal of Students

1. The court will not overturn academic decisions.

- “When judges are asked to review the substance of a genuinely academic decision...they should show great respect for the faculty’s professional judgment. Plainly, they may not override it unless it is such a substantial departure from accepted academic norms as to demonstrate that the person or committee responsible did not actually exercise professional judgment.”

Univ. of Michigan v. Ewing, 106 S. Ct. 507 at 513 (1985)

Legal Principles for Evaluation and Dismissal of Students

- “Courts are ill-equipped to evaluate academic performance. The factors discussed...warn against any such judicial intrusion into academic decision-making.”

Board of Curators of Univ. of Missouri v. Horowitz., 435 U.W. 78 (1978)

- “Courts are not supposed to be learned in medicine and are not qualified to pass opinions as to the attainments of a student in medicine.”

Connelly v. Univ. of Vermont, 244F. Supp. 156 (1965)

Legal Principles for Evaluation and Dismissal of Students

2. Faculty (academic and clinical) are encouraged to uphold high academic standards to candidly and critically evaluate a student.

- Arbitrary and capricious action is willful and unreasoning action without consideration and in disregard of facts or circumstances. When there is room for two opinions, an action is not arbitrary or capricious when exercised honestly and upon due consideration even though it may be believed that an erroneous conclusion has been reached.

McDonald v. Hogness, 92 Wn.431, at 437 (1979)

Legal Principles for Evaluation and Dismissal of Students

3. Faculty are encouraged to identify students with problems early and to provide assistance.
4. Faculty are encouraged to candidly evaluate a student's performance and to dismiss a student when dismissal is warranted.

What is an **Early Warning System**?

1. Used to identify problems
2. Define means to resolve problems
3. Define performance criteria expectations
4. Define timelines for improvement
5. Requires that a student sees his/her documentation to know the specific problem.

What are the potential outcomes with early problem identification?

- ▶ Performance improves
- ▶ Student denies problems
- ▶ Student tries to improve, but fails

Early Warning System

- “The real tragedy and perhaps unfairness to the student was the school’s failure to dismiss the student earlier when there was ample evidence of his inability to meet scholastic standards.”

Manangen v. Board of Regents, University of Washington,
King County Cause #832518, Wash. Superior
Court, No. 1977, Seattle, Washington
(unreported and not appealed)

Buckley Amendment (1974)

- ▶ **The Family Rights and Privacy Act**
 - Amendment allow students to inspect academic records and challenge facts in that record.
 - What is written about a student’s academic and clinical performance is part of the academic record.
 - Written information not on a “need to know” basis could be construed as slander or libel or a violation of confidentiality (eg, learning disability).

Inquiring Minds Want to Know?

- ▶ How do you deal with variations among sites and preceptors in assessing student performance?

What are your legal responsibilities?

1. Rules governing student's performance must be communicated to the student prior to the performance evaluation.
2. The student must be treated fairly and given feedback regarding his/her performance.
3. Preceptors must show they have not acted arbitrarily or capriciously.

What are your legal responsibilities?

4. The problem-solving process should be documented, as well as the student's behavior and response to feedback.
5. All parties involved (student, preceptor, academic program) should be involved in contract negotiations and decision-making.
6. Patients must be informed of and consent to health care services prior to delivery, especially in the case of services provided by students.

Any Missing Pieces?



Putting it all together!



THE CASE OF A STUDENT DISMISSAL



The Case of A Student Dismissal

Background Information

- ▶ A pharmacy student is completing her final 6-week practice experience at a large hospital. This student's performance has successfully met expectations for all classroom and prior experiential rotations.
- ▶ The student has a slow start and is fearful of this experience. She has not had any prior experience in a large hospital facility with patients with complex conditions and multiple co-morbidities. She has little experience with patients that require multiple medications with a high risk for pharmacological interactions and medication error.
- ▶ She is expected to function as an integral member of the healthcare team that depends upon the pharmacist to provide appropriate medications and education for patients/families/caregivers to achieve optimal outcomes and overall pharmacologic management.
- ▶ She is diligent in preparing for patients and any drug-related information required to effectively implement the healthcare plan.

The Case of A Student Dismissal

Preceptor Observations - Week 1

- ▶ The preceptor used a formative Weekly Planning Form for the first week of the 6-week clinical experience but did not continue its use in subsequent weeks.

Mid- Performance Evaluation

- ▶ Narrative comments reflect slow progress in all performance criteria, especially those associated with common doses for less frequently used drugs and social-behavioral aspects of care for patients with complex conditions.
- ▶ Performance is rated low (score of 1's and 2's out of 5-point scale).
- ▶ No critical incident reports were completed by the preceptor.
- ▶ No indication that the student is at-risk (EWS) on any performance criterion.
- ▶ Preceptor's summative comments indicate the student's performance is a little behind expectations but anticipates that the student will meet expectations in the next 3 weeks of the experience.
- ▶ No call is placed to the academic program.

Student Perceptions

- ▶ Based on the mid-evaluation, the student feels confident that although she got a slow start, she is progressing satisfactorily to meet performance expectations at the end of this experience.
- ▶ The preceptor verbally lets the student know that she is still demonstrating problems meeting expected clinical performance.

The Case of A Student Dismissal

Final Performance Evaluation:

- ▶ Narrative comments indicate that the student has slowly progressed on several performance criteria with some difficulties with professionalism and social-behavioral aspects of patient care.
- ▶ Performance is rated at mostly 3's (performs within the expected level of a student in some areas while other areas require significant growth) out of a possible 5 (entry-level: performs within and often beyond the expectations of a student at this level).
- ▶ The preceptor does not mark "at-risk" box (EWS) for any criterion.
- ▶ Summative written comments at the end of the evaluation do not reflect the seriousness of the student's problem at this point in her experiential education.
- ▶ The preceptor and the student review the completed Pharmacy Evaluation and sign the assessment form.

Student Perceptions

- ▶ The student leaves the experience with the impression that she has successfully passed the practice experience.

The Case of A Student Dismissal

Academic Program

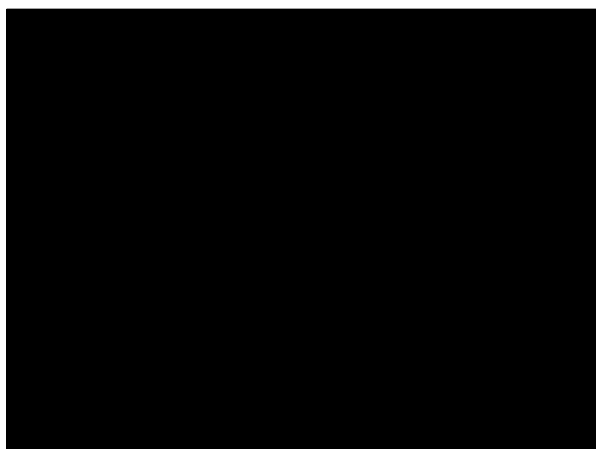
- ▶ The academic program receives the completed evaluation and a note from the preceptor stating that this student's performance has not met performance expectations. Based on the preceptor's evaluation of the student, the student should not pass the practice experience.
- ▶ This is the first time that the academic program is aware that there has been any problem with this student and the documentation that is provided does not consistently substantiate the preceptor's recommendation.
- ▶ The academic program faculty contacts the preceptor and asks whether the student was informed that her performance was unacceptable. The preceptor indicates that she had been letting the student know all along that she was progressing more slowly than expected and she was made aware that she needed work.

The Case Of A Student Dismissal Discussion Questions

1. What fundamental legal principles may have been violated in this case?
2. Was this student aware of the status of her clinical performance?
3. Was the student provided early notification regarding performance difficulties with an opportunity to successfully remedy her performance?
4. Do we know if the performance evaluation will uphold under an academic grievance?
5. On what basis did this student fail this clinical experience?
6. How was the student's clinical education performance documented? Was it sufficient to warrant failure?

THAT'S ALL THERE IS!





Development and Implementation of a Standardized Regional APPE Assessment Instrument



Objectives

- › Describe the development and implementation of a standardized regional Advanced Pharmacy Practice Experience (APPE) assessment instrument.
- › Share practical 'lessons learned' based on experiences of developing and implementing a standardized regional APPE assessment instrument.
- › Q & A with the our consortium members


NWPEC: Who are we?



- NABP VII**
- › Idaho State University
 - › Oregon State University
 - › Pacific University
 - › University of Montana
 - › University of Washington
 - › University of Wyoming
 - › Washington State University

NWPEC


Mission is to promote outstanding pharmacy experiential education programs for our students and preceptors by cultivating relationships among the colleges and schools of pharmacy within the northwest region.



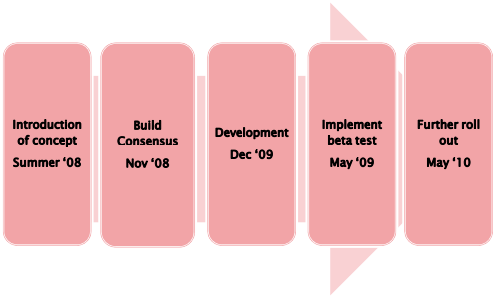
NWPEC

Recent Projects

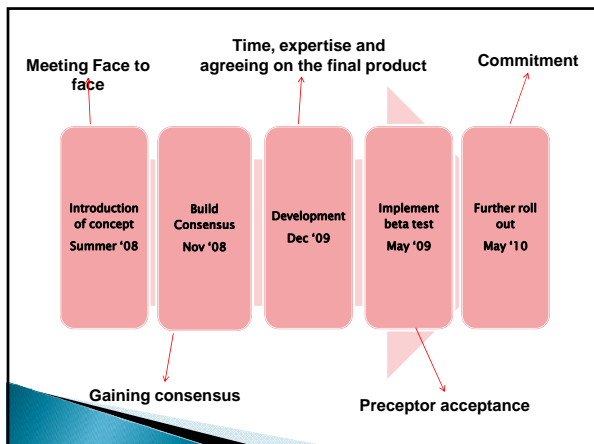
- ▶ Scholarly Activity
- ▶ Standardization
 - Block dates
 - Web preceptor training
 - Electronic management tool
 - Student assessment tool



Roadmap



- Introduction of concept Summer '08
- Build Consensus Nov '08
- Development Dec '09
- Implement beta test May '09
- Further roll out May '10



Why standardize assessment tool ?


- ▶ Improve quality of tool
 - Formative and summative
 - Clearly defined grading metrics
 - Outcomes based (mapped to abilities)
 - Improve feedback mechanism to students
 - Efficient
 - Flexible – adapt to any grading system
- ▶ Comparative benchmarking
- ▶ Improve the ability of our shared preceptors to evaluate and provide feedback to our students

Washington

- ▶ UW
- ▶ WSU

Oregon

- ▶ OSU
- ▶ Pacific University



NWPEC Meeting Agenda (Draft)
November 17, 2008
 Hosted by OSU / OHSU College of Pharmacy
 3303 SW Bond Ave. CH 12C
 Portland, OR 97239

9:30 to 10am: Gathering Time & Refreshments
 10 – 11am: Welcome and School / College Updates
 11am to 12:30pm: Standardizing Student Evaluation Tool (Introduction)
 •Presentation of each School / College current
 •Discussion of short term and long term goals of project
 12:30 to 1:15pm: Lunch
 1:15 to 3pm: Standardizing Student Evaluation Tool (Brainstorm Session)
 •Outcomes / Competencies Rubric
 •Curriculum mapping against CAPE
 3:00 to 3:15: Break
 3:15 to 4pm: Standardizing Student Evaluation Tool
 •Build consensus on short term and long term goals of project
 •Development of working groups with task and deadlines
 4:00 to 4:30pm: CEI updates | Implementation | Further roll out

- ▶ Face to face
- ▶ Exp Directors
- ▶ Assessment
- ▶ Pre determined agenda
- ▶ HOMEWORK

Introduction | **Consensus** | Development | Implementation | Further roll out



Introduction | **Consensus** | Development | Implementation | Further roll out

- ▶ We were all committed to the project.
- ▶ We did our homework.
- ▶ Created an aggressive but realistic timetable with deadlines.
- ▶ Identified and involved experts we needed.
- ▶ Redefined working groups as the development stage changed (12/08 and 4/09)
- ▶ Constantly communicated ideas and progress.
 - Email and phone
 - Scheduled live meeting

Introduction | Consensus | **Development** | Implementation | Further roll out

Northwest Pharmacy Experiential Consortium
Missoula Meeting Agenda **12-14-09**

1. Submissions for AACP Annual meeting:
 - A. Regional APPE Student Assessment Tool: How and what we did
 - B. The Business of Experiential Education
2. Ideas for NWPEC posters or other presentations at the AACP meeting.
3. Converting our last year's posters to manuscripts (someone please send them around)
4. **Regional APPE Student Assessment Tool. Where do we go from here?**
5. IPPEs. We want to see where our common ground is with the idea of building on that. Everyone please email your competencies/evaluation tools around in preparation for the meeting or bring copies.
6. Continued preceptor development activities.

IntroductionConsensusDevelopmentImplementationFurther roll out

NWPEC Meeting
Washington State University
310 N. Riverpoint Blvd; Spokane, WA
May 26, 2010

Campus Map: http://spokane.wsu.edu/aboutWSU/Spokane/Visiting/WSU/SpokaneMap2009_home1.pdf
Interactive Map: http://spokane.wsu.edu/aboutWSU/Spokane/Visiting/virtual_tour.html
Driving directions: <http://spokane.wsu.edu/aboutWSU/Spokane/Visiting/directions.html>
Wireless Connections: <http://spokane.wsu.edu/campusresources/IT/content/WirelessDoc.pdf>

Agenda Items:

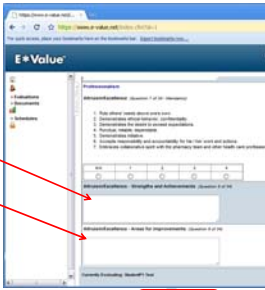
- ▶ Implementation of the common evaluation tool
- ▶ AACP Meeting & Presentation
- ▶ NW Pharmacy Conference Presentation
- ▶ Next steps

2009	2010
Oregon State University Pacific University	Oregon State University Pacific University Washington State U University of Washington University of Montana

IntroductionConsensusDevelopmentImplementationFurther roll out

New Form

- ▶ Language clean up
- ▶ Grading each behavioral anchor
- ▶ Added more comment fields
 - Strengths and achievements
 - Areas for improvements



Introduction
Consensus
Development
Implementation
Further roll out

Lessons Learned

- ▶ Building consensus is key
- ▶ Success is dependent on the planning process
 - Identify a mediator
 - Commitment from program directors
 - Process needs to be clearly outlined
 - Clear timetable with goals and owners
- ▶ Include all internal and external stakeholders
- ▶ Ongoing (informal and formal) communication
- ▶ Transparency
- ▶ Compromise
- ▶ Commit to the decision of the group

Next Steps

- ▶ Validity / reliability of the tool
- ▶ Investigate the clarity of our behavioral anchors
- ▶ Benchmarking
- ▶ Contacting other consortiums and other national standardized forms from PT, etc.

Q & A

WASHINGTON STATE UNIVERSITY
School of Pharmacy UNIVERSITY OF WASHINGTON
OSU
Idaho State UNIVERSITY
UNIVERSITY OF WYOMING
Pacific University
The University of Montana

Overall Session Q & A

**CE Activity Code:
CDD5W2**
