

Assessment of Professional Behavior

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Outline

- Assessment in general
- Specific behavioral assessments
- Validity concerns
- NBME's *Assessment of Professional Behaviors* program

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Objectives

- List means by which professional behaviors can be assessed
- Describe the elements of the National Board of Medical Examiners' Assessment of Professional Behaviors (APB) program
- Identify strengths and challenges of using a multisource feedback process in assessing performance

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ACGME Competencies

- Medical knowledge
- Interpersonal and communication skills
- Patient care
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

Why should we assess professional behavior?

- Communicate values
- Motivate and direct educational effort
- Foster improvement
- Document competence (and mastery)
- Facilitate selection for fellowship programs
- Identify outliers
- Protect the public

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Key Assessment Considerations

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Reliability and Validity

- Is scoring correct, accurate, and consistent?
- Is assessment generalizable across settings & times; is the test reliable?
- Do results extrapolate to construct being measured?
- Are resulting decisions justified by available evidence?

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Assessment Requirements

- Clear goals and objectives, for educational AND assessment activities
- Good assessment methods
 - Reliable
 - Valid
 - Appropriate educational effect
 - Feasible
 - Acceptable
- Faculty development

Van Der Vleuten 1996

Characteristics of Effective Professionalism Assessment

- Occurs in as realistic a context as possible
- Situation involves conflict
- Includes individuals being measured in design and implementation
- Symmetry

Stern 2005

Miller's Pyramid

A pyramid diagram divided into four horizontal sections. From top to bottom, the sections are labeled: **Does**, **Shows How**, **Knows How**, and **Knows**.

Behavioral Assessments

What is the Context for Behavior Assessment?

A horizontal spectrum diagram with arrows at both ends. The left end is labeled **Naturalistic/ In vivo** and the right end is labeled **Structured/ Standardized**. Above the spectrum, four assessment methods are listed with arrows pointing down to the spectrum: **Clinical Performance Review or Multisource Feedback**, **Case Presentation**, **USMLE Step 2 CS**, and **Critical Incident Report**. Below the spectrum, three assessment methods are listed with arrows pointing up to the spectrum: **Reflective Narrative (e.g., educational portfolio)**, **Focused Observation of Patient Encounter**, and **Critical Incident Report**.

- Variable degrees of spontaneity/control for:
 - Stimulus
 - Measurement

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Structured Behavioral Assessments

- OSCE (Objective Structured Clinical Examination)
 - Standardized patient (SP) and/or simulators
- Videotape of real patient encounter
- Unannounced practice assessment via SP

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Behavior Assessments With A Structured Stimulus

Strengths <ul style="list-style-type: none"> ● Controlled environment ● Focused content ● Learner comparisons ● SP can rate performance ● Faculty cost savings? 	Weaknesses <ul style="list-style-type: none"> ● Artificial ● Expensive ● Potential content compromise ● Generalizable? ● Disadvantages the expert?
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Physicianship Mini-Evaluation Exercise (P-MEX)

- UNacceptable
- BELow expectations
- MET expectations
- EXCeeded expectations

- Critical Event: Clear breach of professional boundaries

Professionalism Mini-Evaluation Exercise Form

Evaluator:	Level:	<input type="checkbox"/> 3rd year	<input type="checkbox"/> 4th year	<input type="checkbox"/> res 1	<input type="checkbox"/> res 2
Student/Resident:	Setting:	<input type="checkbox"/> res 3	<input type="checkbox"/> res 4	<input type="checkbox"/> res 5	<input type="checkbox"/> ER
		<input type="checkbox"/> Ward	<input type="checkbox"/> Clinic	<input type="checkbox"/> OR	<input type="checkbox"/> ER
		<input type="checkbox"/> Classroom	<input type="checkbox"/> Other _____		
	N/A	UN	BEL	MET	EXC
Listening actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended him/herself to meet patient needs					
Ensured continuity of patient care					
Advocated on behalf of a patient					
Demonstrated awareness of own limitations					
Admitted errors/omissions					

Assessments Based on an Individual's Report

- Case presentation
- Medical record review/audit
- Reflective narrative

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Case Presentation, Medical Record Review/Audit, or Reflective Narrative

Strengths <ul style="list-style-type: none"> ● "Traditional" ● (Mostly) routine activities ● Enduring record ● Relate to patient outcomes ● Assess reasoning & judgment 	Weaknesses <ul style="list-style-type: none"> ● Subjective biases ● (Possibly) not standardized ● Dependent on insight
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Critical Incident Report

Example: UCSF Physicianship Evaluation Form (sample content)

1. Unmet professional responsibility:
a. The student needs continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
b. The student cannot be relied upon to complete tasks.
c. The student misrepresents or falsifies actions and/or information.

Clinical Performance Review

- o Comparison of three evaluation methods
 - standard checklists, written comments, and verbal evaluation session comments
 - to identify professionalism lapses in six domains
- o Findings
 - Inpatient >> Outpatient
 - Checklists = Written < Verbal
 - 20% of faculty noted problems ONLY during verbal session

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Behavior Assessments With An Unstructured Stimulus

Strengths <ul style="list-style-type: none">• Validity• Ready availability• Miller's "does"• Immediacy• Emotional impact• Cost• Reliability can be comparable to SPs	Weaknesses <ul style="list-style-type: none">• Observer impact on resident & patient• Artificial• Validity• Affected by case mix• Generalizable?• Relatively time consuming
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http://professionalbehaviors.nbme.org/

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The NBME's Assessment of Professional Behaviors Program

- o Purpose: to assess the professional behaviors that are essential for safe, effective, and ethical health care
- o Focus: behaviors
- o Approach: multisource feedback
- o Goal: provide feedback that forms the basis for action
- o Why NBME?

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APB Components

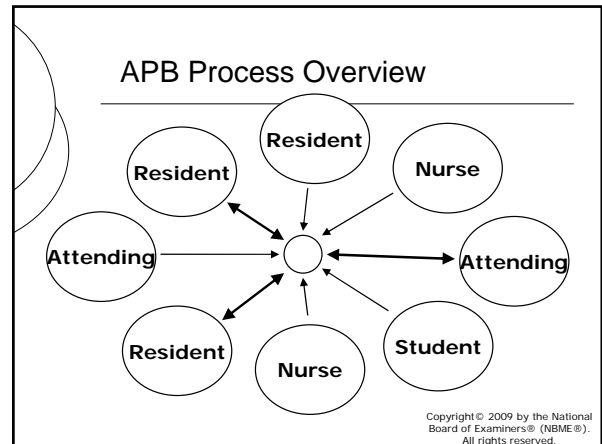
- o A systematically developed instrument to assess observable behaviors
- o A web-based system to collect, track and collate multisource feedback responses
- o A source of quantitative and narrative feedback to learners
- o An educational program to enhance:
 - Skill as observers
 - Skill as feedback providers

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What is the Purpose of the APB Program?

- Formative assessment, to help recipients gain insight into strengths and development needs
- Why formative?
 - Establish conditions of trust and acceptance
 - Foundation needed for high-stakes decision-making
- Important questions
 - What is reported and to whom?
 - Who will see the data?
 - Who will provide the feedback?
 - Feedback discussions: are they mandatory?

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Behavioral Items	
●	Demonstrates appropriate boundaries with patients
●	Discusses patients in a respectful manner
●	Maintains confidentiality of patient information
●	Responds promptly when paged or called
●	Assumes responsibility for own mistakes
●	Advocates for needs of the patient in the face of system barriers
●	Communicates with attendings and consultants in a timely manner
●	Retrieves test results in a timely manner
●	Composes understandable and useful written communications
●	Collects essential information from previous caretakers following hand-off
●	Follows up with consulting physician when indicated
●	Uses clear verbal communication with colleagues
●	Takes on extra work to help the team
●	Shows initiative for own learning
●	Works beyond usual duties to provide care for patients
●	Listens and responds to others respectfully
●	Solicits input from nurses and other health care workers
●	Acknowledges limits of own knowledge or ability
●	Balances honesty and tact in conveying information
●	Maintains composure during difficult interactions

● Almost Always or Always
 ○ Almost Never or Never
 ○ About Half the Time

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APB Multisource Feedback Program Benefits

- Provides information for documenting assessment of ACGME competencies
- Improves evaluation skills (necessary faculty development)
- Focuses on observable behaviors
- Involves multiple individuals in the feedback process
- Enhances the learning environment

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APB

Current Pilot and Future Plans

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Conclusions

- Behavioral outcomes – not process measures – document (most) competency achievement
- An ideal assessment optimizes the balance between frequently conflicting priorities
- Multisource feedback holds promise for assessing “difficult” competencies

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