

## Assessment of Professional Behavior

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## Outline

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

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## Objectives

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- 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

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

## Why should we assess professional behavior?

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- 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

<b>Strengths</b> <ul style="list-style-type: none"> <li>● Controlled environment</li> <li>● Focused content</li> <li>● Learner comparisons</li> <li>● SP can rate performance</li> <li>● Faculty cost savings?</li> </ul>	<b>Weaknesses</b> <ul style="list-style-type: none"> <li>● Artificial</li> <li>● Expensive</li> <li>● Potential content compromise</li> <li>● Generalizable?</li> <li>● Disadvantages the expert?</li> </ul>
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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:  3rd year  4th year  res 1  res 2  
 res 3  res 4  res 5

Student/Resident: \_\_\_\_\_ Setting:  Ward  Clinic  OR  ER  
 Classroom  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

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

*Example: UCSF Physicianship Evaluation Form (sample content)*

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**1. Unmet professional responsibility:**

- The student needs continual reminders in the fulfillment of responsibilities to patients or to other health care professionals.
- The student cannot be relied upon to complete tasks.
- The student misrepresents or falsifies actions and/or information.

### Clinical Performance Review

- Comparison of three evaluation methods
  - standard checklists, written comments, and verbal evaluation session comments
  - to identify professionalism lapses in six domains
- 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

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

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### The NBME's Assessment of Professional Behaviors Program

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

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### APB Components

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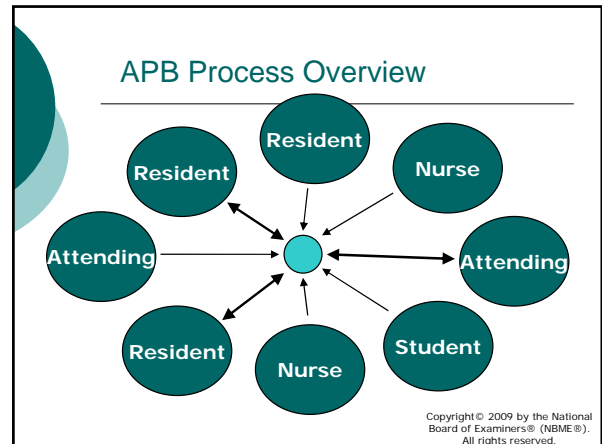
- A systematically developed instrument to assess observable behaviors
- A web-based system to collect, track and collate multisource feedback responses
- A source of quantitative and narrative feedback to learners
- An educational program to enhance:
  - Skill as observers
  - Skill as feedback providers

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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

Behavioral Item	Frequency
● 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	●

Legend: ● Almost Always or Always, ○ About Half the Time, ○ Almost Never or Never

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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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## Acknowledgements

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- APB Advisory Group
- APB Pilot Sites
- UMass
  - Kathy Mazor
- NBME CI
  - Steve Clyman
  - Bob Galbraith
- NBME MCS
  - Brian Clauser
  - Ulana Luciw
  - Melissa Margolis
  - Janet Mee
- NBME APB Team
  - Colleen Canavan
  - Rich Hawkins
  - Matt Holtman
  - Molly Richmond
  - Harold Venable

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