



Sharing Assessment Information: Why, How and What to Consider

IAMSE Web Audio Seminar
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Lynn Cleary, MD, VP Academic Affairs
Upstate Medical University
Syracuse, NY

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- I have no conflict of interest



Webinar Objectives

- Explain the **context** of sharing AI
- Determine **whether** to share AI
- Identify **what to do** at your institution
- Identify **other** considerations



Previous Work

- Medical school educators
- Clerkship Directors Internal Medicine
- Alliance for Clinical Education
- Work related to the transition into residency training (AAMC, NBME)



Defining and Measuring Competence

- Framework: competencies, milestones and core EPAs
- Most are not discipline-specific (especially in UGME)
- Most are learned, attained longitudinally
- Behaviors related to competence often manifest intermittently



Evolutionary changes in education and assessment

- Integrated pre-clerkship curricula
- Longitudinal integrated clerkships
- Integrated exams (pre-clinical, clinical)
- Progress testing
- Sharing information about performance



Focusing on Assessment

- Good assessment is the basis of the degrees we grant
- Granting the MD is our word to the GME program, and ultimately to the public
- Assessment is important and expensive
- Assessment should be systematic, comprehensive, and as efficient as possible.

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The Case for Sharing AI

- Responsibility to patients, GME programs
- Integrity of the degree
- Early awareness fosters personalized mentoring and remediation
- Avoid the “We saw that, too” discussion

Concerns about sharing AI

- COI as teacher and evaluator
- Risk of introducing bias
 - Observer-expectancy effect
 - Pygmalion effect
- Students may mistrust it
- Remediation is not robust enough to do something with the information

Misperceptions

- FERPA is not a problem

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- **Evaluate** your plan

Who is responsible? Who are stakeholders?

- Curriculum and Assessment Committee(s)
- Grades or Early Identification Committees
- Course, Clerkship, Sub-I Directors
- Deans and Directors (Education, Student Assessment, Student Affairs)
- Faculty, students, legal counsel, others

Make the case

- See sections 1 & 2 above, and literature
- Communicate clearly
- Choose a focus, make a commitment
- Identify the data, processes and resources required
- Address obstacles

Develop a plan

- Decide where to start (big, small, step-wise)
- Ideal: a system of integrated, longitudinal assessment based on your program learning objectives (competencies, EPAs)
- Step-wise: focus on a competency, or a year (Communication? Professionalism? Data-gathering? Year 3 clerkships?)

Develop a team

- Within your school
- Within a consortium of schools
- Within your professional organization

Articulate a vision

- Share information for all students, not just students at risk
- Robust, multi-sampling approach
- Professional development for course and clerkship directors
- Tie in to existing procedures (e.g., tracking professionalism)

Identify what is needed

- Assessment policies, procedures and personnel
- Database of competency assessments
- Software program to identify those at risk
- Robust academic and mentoring support for students who perform at or below the margin

Summary

- The case for sharing assessment information is strong
- Medical schools should develop policies and procedures for sharing assessment information
- This can be done using transformational change or incremental change

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- Thank you for your interest and participation

References

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