SELF-ASSESSMENT
for learning and performance improvement

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Session Goals
- Define self-assessment
- Understand self-assessment accreditation requirements at the institutional, program and resident levels
- Understand the results of self-assessment research findings
- Understand the barriers to effective self-assessment
- Identify methods to improve effectiveness of self-assessment
- Share best practices

Conflict of Interest Declaration
No Conflicts of Interest to Report
Evaluation and Self-Assessment

Evaluation
- Summary Judgment

Self-Assessment
- "Guided Self-Audit"

Source:
1. Scriven, 1967
2. Duffy & Holmboe, 2006

Self-Assessment: Learning and Performance Improvement

- Potential Benefit:
  - Self-monitoring enables a potential self-corrective feedback loop

- Reflection Component of Self-Assessment:
  - The reflective process is widely assumed to provide the mechanism for learning to take place

- Ideal Conditions:
  - Self-assessment is accompanied by goal setting, directed learning strategies, coaching, supervision, and mutual feedback to ensure that the learning goals are met

Sources:
1. (Sternberg, 1984)
2. (Baernstein, 2003; Cole, 2005; Driessen, Tartwijk, Vermunt, and van der Vleuten, 2003)
3. (Tillema and Smith, 2000)

Aims of Self-Assessment

1. Improve learning and achievement
2. Promote academic self-regulation
3. Comply with accreditation requirements

Sources:
1. Pintrich, 2000; Zimerman & Schunk, 2004
2. ACGME Common Program Requirements, 2014

Requirements for Resident Self-Assessment

ACGME Requirements for Resident Self-Assessment:

"Residents must demonstrate the ability to:
1. investigate and evaluate their care of patients
2. appraise and assimilate scientific evidence
3. continuously improve patient care based on constant self-evaluation and life-long learning."

Source:
1. ACGME Common Program Requirements (M.O. III.A.d.d)
Requirements for Physician Self-Assessment

For physicians currently in practice...

1. "Demonstrate commitment to lifelong learning and ongoing practice assessment"

2. Compliance with ABMS maintenance of certification requirements
   a. Part II: Lifelong learning and self-assessment
   b. Part IV: Practice performance assessment

Source:
1. American Board of Medical Specialties

Requirements for Program Self-Assessment

ACGME Residency Program-Level Requirements:

- Program Evaluation Committee (PEC) Appointed by Program Director

*Responsibilities include:
  1. Program evaluation activities
  2. Program goals and objectives
  3. Addressing areas of non-compliance with ACGME requirements
  4. Annual Program Evaluation"

Source:
1. ACGME Common Program Requirements NAS, V.C.2., p. 13

Requirements for Program Self-Assessment

ACGME Residency Program Requirements:

"Must document a formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering an APE report. The program must prepare a written plan of action to document initiatives to improve performance...as well as delineate how they will be measured and monitored.

The program must monitor and track each of the following areas:

1. Resident Performance
2. Graduate Performance
3. Faculty Development
4. Program Quality"

Source:
1. ACGME Common Program Requirements NAS, V.C.2., pp. 12-13

Requirements for Institutional Self-Assessment

ACGME Institutional Level Requirements

- Annual Institutional Review (AIRS)

GMEC must identify institutional performance indicators which include:

1. Results of the most recent institutional site visit (self-study visit post-2014)
2. Results of ACGME survey of residents/fellows and core faculty
3. Notification of ACGME-accredited programs’ accreditation statuses and site visit results (self-study visits post-2014)

"The AIR must include monitoring procedures for action plans resulting from the review."

Source:
1. ACGME Institutional Program Requirements NAS, II., p. 5
Benefits of Self-Assessment: Students

Because...

- Students learn more and do better when they...
  1. Set goals
  2. Make flexible plans to meet them
  3. Monitor their progress

Schunk (2003)

Self-Assessment: Inefficiencies

Psychological studies of self-assessment indicate:

1. Moderate correlations (at best) between self-assessments of skill and actual performance
2. People overrate themselves (people say they are...“above average”)
3. Students exhibit overconfidence
4. Employees overestimate skills
5. CEOs display overconfidence in judgments


Research Findings: Physician Self-Assessment

Systematic review of physician self-assessment studies
20 comparisons of physician self vs. external assessment
1. 13 studies: little, no, or inverse relationship
2. 7 studies: positive associations
3. Least skilled/confident physicians demonstrated worst accuracy in self-assessment

Source: L. Davis et al., 2006

Self-Assessment Decision Making Context
- “Reflection on practice”
  - Self-directed learning
  - Continuous Professional Development
- “Reflection in practice”
  - Repeatedly enacted
  - Situationally relevant assessments of self-efficacy
  - Continuous monitoring of one’s ability to solve the current problem
Barriers to Effective Self-Assessment

- Self-Assessment not a stable skill (Eva & Regehr, 2005)
- Physicians confuse confidence with competence (Duffy & Holmboe, 2006)
- Post-hoc, summative process is not good fit for self-assessment (Eva & Regehr, 2005)
- Self-assessment is difficult task, we often lack crucial information (Dunning, Heath, & Suls, 2004)

Methods to Improve Self-Assessment Effectiveness

- Value
- Clear Criteria
- Specific task/performance
- Models
- Instruction/Assistance
- Cues
- Feedback
- Opportunities to revise/improve

Self-Assessment Best Practices: Surgical Outcome Database

1. Residents enter Cataract Surgery pre and post-operative variables
2. Software provides individual reports of outcome trends, institutional wide statistics
3. Residents complete self-reflective report for six month evaluation meeting with Program Director


Self-Assessment Best Practices: iPad Resident Self/Faculty Evaluation of Surgical Procedure

- Resident participates in Surgery
- Resident immediately completes Procedural Assessment Form in New Innovations on iPad
- Resident hands iPad to Attending Surgeon
- Attending Surgeon reviews Resident Self-Assessment and Dialogue/Feedback ensues
- Attending submits final form

- Results
- Data Analysis
- Data Collection/Data Sources
- Design Evaluation Plan (objectives/indicators)
- Develop Evaluation Questions
- Develop Conceptual Model of Program
- Identify and Engage Stakeholders and Expectations
- Determine Evaluation Capacity


Residency Program Self-Assessment

Multiple Programs at the DMC used the “Impact Evaluation Process” for Annual Program Evaluation Meetings

Results:
1. Increased compliance with ACGME requirements
2. Increased stakeholder investment and “buy in”
3. Data-driven Performance Improvement Plans
4. Measurable Program Improvements
5. Increased Evaluation Capacity

Institutional Program Self-Assessment

Identified Need:
- ACGME NAS Requirement for Annual Institutional Review
- CLER Visit Self-Assessment

- Design/Development Phase:
  a. GMEC Sub-Committee Charge

- Implementation Phase:

- Results:
  a. Identification of performance deficits
  b. Data-driven recommendations for improvements
  c. Improved Outcomes

CLER Visit Example
External Audit vs. Self-Assessment

**External Audit**
1. Auditor retains control
2. Auditor determines results
3. Auditor measures and monitors performance
4. Auditor determines strengths and deficits

**Self-Assessment**
1. You retain control
2. You determine results
3. You measure and monitor performance
4. You determine strengths and deficits
5. You design data-driven improvement plans
6. You build evaluation capacity

Questions?

Thank you!

References


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