

Key Note Address: Towards a Future of Programmatic Assessment Summary Report

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In his opening keynote address, which helped to frame nearly all of the discussions that followed for two days, assessment expert Dr. Cees van der Vleuten described the shift in medical education away from a purely didactic approach to a model that puts the learner at the center. He also noted that the model for validity is changing from one of input to output, focusing on what the learner should be able to do at the end of training.

Referring to Miller's competency pyramid, Dr. van der Vleuten advised that a combination of assessment tools are needed. "We need both standardized and unstandardized assessments. We can't rely on either or one." For domains such as professionalism and communication, he asserted that these cannot be tested just once. "These require longitudinal and periodic assessment and nurturing." In acknowledging that each type of assessment has limitations, he was also careful to distinguish between the two. In standardized assessment, quality control around test development and administration are vital; for unstandardized assessment the users (i.e., people) are vital.

No single method of assessment is more reliable than another; each can be reliable depending on the context. Dr. van der Vleuten cautioned against assuming that objectivity is the same as reliability, noting that many subjective judgments are reproducible with sufficient sampling when appropriate methods are employed to reduce procedural bias.

Dr. van der Vleuten also discussed the importance of feedback. Too much of assessment has been reduced to "tick-box exercises." He asserted that there should be no assessment without feedback. Moreover, he argued that narrative feedback has more impact on complex skills than mere scores. Feedback should be a dialogue. Simply providing feedback is not enough. He also noted that assessments of greater length and duration consistently yield greater reliability. However, the reality is that most assessments are short and thus lead to lower reliability. This is further undermined when considering that performance is contextual. The solution, he suggested, is more frequent sampling which leads to programmatic assessment.

With a more programmatic approach, every assessment becomes a single data point with a focus on learning. Summative and formative assessments are replaced by a continuum comprising multiple data points. Dr. van der Vleuten used a pixelated image of the Mona Lisa to illustrate how each assessment in a physician's career is but a single pixel, or data point. Collectively these many data points contribute to the complete and broader image of a physician's competency. High stakes assessments require many data points. He also described the graduate entry program for physicians at Maastricht University, where a committee of counselors use a portfolio of assessments to make decisions.

In conclusion, Dr. van der Vleuten encouraged the audience to stop “thinking in terms of individual assessment methods.” Instead, he pointed the way toward a more longitudinally oriented and systematic approach to assessment. In his view, one single instrument simply can’t do it all.