

Workplace Assessment Summary Summary Report

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Background

During training, in accordance with ACGME requirements, faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment. Residents must also be evaluated utilizing a structured approach by faculty members or other appropriate supervisors using multiple assessment methods in different settings, performing histories and physical examinations, providing effective counseling, making diagnostic and therapeutic decisions based on best evidence, developing management plans, and providing longitudinal care for patients. Documentation is provided attesting that the trainees have met the required standards. More important, feedback is provided to trainees throughout the process to help them improve. Once a physician becomes certified, there is no longer a required workplace-based assessment component to Maintenance of Certification. This session looked at whether the ABP should expand beyond testing of cognitive knowledge in MOC Part 3 to gather evidence of workplace performance for use in a summative decision about certification.

Key Points from Presentation

Dr. Eric Holmboe began his presentation by noting that outcome-based medical education starts with the needs of the health system to discern the required competencies. The required competencies in turn drive both the assessment system and the curriculum. Assessment and curriculum must be integrated as assessment drives learning, and learning should drive assessment. Dr. Holmboe holds that workplace-based assessment is an essential element to a competency-based system, because performance in the workplace is ultimately what matters most to patients. He acknowledges that presently workplace assessment is “messy,” but notes that this is not a reason to shy away from it. He referred to Miller’s pyramid and the need to move from the bottom, assessing what a physician knows, to the top of the pyramid, where the focus is on what a physician does. After providing some examples from various studies, he concluded by noting that workplace-based assessment has to be a larger part of our future if we are to make meaningful gains in quality and safety. If our current methods are no longer adequate to meet society’s needs, this only points to the need to improve our methods.

Key Points from Breakout Session

When the group met to discuss workplace assessment, several advantages were identified. It offers a track for improvement after observation, and it provides physicians with ongoing assessment even after residency. Workplace assessment also covers constructs that currently are not measured in traditional multiple choice exams (e.g., nonverbal skills, communication, professionalism). It is further strengthened by incorporating multiple sources of data, providing feedback to faculty and attending physicians, offering valuable support to practitioners through its feedback, and potentially aiding in the early identification of physician burnout.

Several disadvantages were also discussed in the context of MOC. First, the data would be very complicated to analyze and interpret. Generally, inter-rater reliability is poor, so there would have to be methodological progress with regard to producing a common frame of reference. The development of standardized anchor points would be crucial. Given the variability of clinical skills among faculty, raters would need standardized training.

Another disadvantage is that the assessment process would be very labor intensive, and it would be difficult to integrate into the current board assessments. It was generally agreed that it should be used in combination with training. If it were used for making pass-fail decisions, raters and examinees might feel that it was not a safe environment to give candid feedback, which would undermine the integrity of the process. Other disadvantages include the lack of professional mentors and the difficulty disentangling knowledge, experience, and reasoning.

Conclusions

The group felt that before attempting to develop a workplace assessment program within the current MOC model, there would first need to be a clear statement of purpose. There was a strong consensus that workplace assessment should not be linked to any high-stakes aspect of the certification process. The group favored ongoing workplace assessment designed around feedback, perhaps as a quality improvement activity (Part 4). This is consistent with research indicating that periodic feedback is more effective than one-time feedback as part of the learning process. However, the group did not find workplace assessment suitable for summative purposes requiring pass-fail decisions. In addition to the potential subjectivity among raters, other factors also threaten to undermine the validity and reliability of workplace assessment.