**Facilitator’s Guide**

**Description**: This guide is intended to help Program Directors, Associate Program Directors, and Clinical Competency Committee (CCC) Chairs to educate CCC members and core faculty about rater error in competency-based assessment. By understanding the types of error and the cognitive, social, and contextual factors that contribute to errors, they can develop strategies to improve the accuracy of their ratings.

**Learning Objectives**:

* Describe common rater errors - halo, leniency, undifferentiation, and range restriction
* Identify biases that lead to rater error
* Implement strategies to reduce rater error and improve rating effectiveness

**Audience and Setting:** The intended audience for this workshop are CCC members and faculty who assess residents. A large group setting with time and space for small group work within the session is best.

**Equipment Required:**  A computer with projector for PowerPoint presentation with audio output and wireless internet; audience response system (a web-based polling site or application may be used), paper and pens.

**Workshop Steps:**

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| **Step** | **Description** | **Estimated TIme** |
| 1 | Welcome participants, introduce speaker and state the goal for the workshop, which is to educate Clinical Competency Committee (CCC) members and/or core faculty about rater error in competency-based assessment. Review learning objectives. (Slide #2) | 1 minute |
| 2 | Large group activity   * Instruct the audience that they are to watch the ice skating video and that they will be asked to judge the skaters at the end of the video. * Play the approximately 2-minute video (should play when you click on the link in slide 3). * Ask participants to rate the skaters’ “technical merit” on a scale of 1-6, with 6 being the highest. Participants may enter the score via an audience response system or web-based polling site, such as polleverywhere. If not available, they may write down their score on paper. * Ask participants to rate the skaters’ “artistic merit” on a scale of 1-6, with 6 being the highest. Again, participants may enter the score via an audience response system or, if not available, they may write down their score on paper. * Display the scores (slide #4 if web-based system is used – will need to create poll in advance). * Ask participants to comment on the process. Did they feel competent to judge the skaters? Did they know what criteria to use? What were the challenges? What can they observe from the scores? * Review some of the flaws in the system they used to judge the skaters. Draw a parallel to resident assessment (slide # 5) | 10 minutes |
| 3 | Rater error in resident assessment   * Introduce common rater errors and define (see notes on slide #6) * It happens to the best of us! Point out evidence of rater error in the participants’ scoring of the ice skaters. * Cite examples of rater errors in resident assessment from medical education literature (slides #7-10) | 10 minutes |
| 4 | Transition to competency-based assessment and the milestones   * Back to the ice skating example: Explain how, due to the judge’s bribery scandal, the ISF completely changed their scoring system to be based on observation of pre-specified skills (see notes on slide # 11) * Briefly explain the Dreyfus model and how it pertains to resident training and assessment (slide # 12) * Discuss unconscious biases which contribute to rater error (slides #13-15). * Review common rater errors and some possible causes. Ask audience: How do these factors apply to faculty (see table on slide #16) * How do we recognize rater error among CCC members (see notes on slide #17) when they assess residents? | 10 minutes |
| 5 | Rater training activity   * Present a real or hypothetical resident; for example, a PGY-2 resident with excellent interpersonal & communication skills who gets superior evaluations from faculty, peers, nursing, and patients but performs poorly on standardized testing. * Break audience up into small groups of 4-5 participants. Show examples of reporting milestones on slide #18. Ask them to discuss potential rater errors that could occur in rating this resident’s performance of these milestones. * Debrief the small groups. For each potential error, discuss how these errors could be recognized and addressed. | 20-25 minutes |
| 6 | Review strategies for reducing rater error (slide #19) | 1 minute |
| 7 | Summary and Q&A (slide #20) | 3-8 minutes |
| 8 | Acknowledgements and References (slides # 21 and 22) | 1 minute |

**References:**

* Thorndike EL. A constant error in psychology ratings. *J Appl Psychol*. 1920; 4 : 25-29.
* Thomas MR, Beckman TJ, Mauck KF, Cha SS, Thomas KG. Group assessments of resident physicians improve reliability and decrease halo error. *J Gen Intern Med*. 2011; 26 (7): 759-64.
* Schwind CJ, Williams RG, Boehler ML, Dunnington GL. Do individual attendings’ post-rotation performance ratings detect residents’ clinical performance deficiencies? *Acad Med*. 2004; 79 (5): 453-57.
* Silber CG, Nasca TJ, Paskin DL, Eiger G, Robeson M, Veloski JJ. Do global rating forms enable program directors to assess the ACGME competencies? *Acad Med*. 2004; 79 (6): 549-56.
* Holmboe and Hawkins (2008). *Practical Guide to Evaluation of Clinical Competence. Philadelphia, PA: Mosby , Inc. pp. 36-37.*
* Williams, RG, Klamen, DA, McGaghie, WC.  2003.  Cognitive, Social and Environmental Sources of Bias in Clinical Performance Ratings.  *Teaching and Learning in Medicine*.  15(4)  270-292.
* Raj JM, Thorn, PM. A faculty development program to reduce rater error on milestone-based assessments. *Journal of Graduate Medical Education*, December 2014.