School of Medicine

From Normative to Narrative: transitioning a clerkship curriculum and grading system

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Disclosures

• None
What’s wrong with normative?

• Normative used for many years

• Allows comparisons between students – (helpful to GME)

• Makes “intuitive” sense to many faculty
The “dark” side of normative

• *Forces* an artificial distribution on a group of smart, highly accomplished students
  – In effect creates a “shifted” bell curve out of an already highly intelligent, motivated group
  – Unclear benefit to patients or clinical skills

• Often a single assessment (i.e. shelf) becomes the dominant factor in a grade

• Breeds competition rather than emphasis on clinical skills and patient care
What’s our job in UME?

Stratify students—make it easy for GME to sort applications?

Certify competence for supervised practice?

A bit of both?
Changing the curriculum

“Old” structure
- Shelf (T-score)
- Clinic Eval & Summative OSCE (T-score)
- Lecture-based didactics
- Lecture-based orientation

“New” structure
- O-RIME evals
- Formative direct observation
- Simple KFE (P/F)
- Simulation-based orientation
Establishing the criteria

Normative Grading

Criterion Grading

T-score

ORIME level

Acceptable Professionalism

Pass KFE
Establishing the criteria

“Old” normative

- **Pass**
  - T score > 40

- **High Pass**
  - T-score > 50

- **Honors**
  - T-score > 55

“New” criterion

- **Pass**
  - Pass KFE
  - Reporter
  - Professionalism

- **High Pass**
  - Pass KFE
  - Interpreter
  - Professionalism

- **Honors**
  - Pass KFE
  - Manager
  - Professionalism
How the ORIME sausage gets made!

CD initial reviews

Faculty/resident evaluations

Grading Committee Final Review

Final ORIME designation
Extra special note!

• Curriculum office staff concerned about grade *deflation* using ORIME

• Determined we must use lower thresholds for Honors and HP in rotations 1-3; also an attempt to correct “timing” bias in student schedules

• Rotations 1-3:
  – Honors = interpreter or manager
  – HP = reporter with exceptional comments

• Rotations 4-6:
  – Honors = manager
  – HP = interpreter
ORIME summative evaluation

RIME Framework Instructions:
Please consider all of your interactions with the above student and determine whether you believe their overall performance while working with you is most characteristic of a "Reporter," an "Interpreter," or "Manager" based on the RIME framework descriptions of each level of performance below.

Observer:
Does not actively contribute to patient care; passive participant in rounds; does not report information or meaningfully add to clinical discussions.

Reporter:
Accurately gathers history and performs basic physical examination; clearly organizes and communicates data, orally and written; able to recognize normal from abnormal and identify a new problem; reliable, day-to-day, punctual, follow-up.

Interpreter:
Can do everything described under "reporter" plus the following: demonstrates independent and critical thinking; prioritizes problems and develops a differential diagnosis; interprets follow-up test results; shows a higher level of knowledge, increased skill in selecting data which support diagnosis; and can apply test results to specific patients.

Manager:
Can do everything described under "reporter" and "interpreter" plus the following: actively and directly involved in patient care; decides when action needs to be taken; proposes and selects among different diagnostic and therapeutic options; tailors the plan to the particular patient.

Educator:
Has mastered the skills in reporter, interpreter, and manager; seeks out literature and does in-depth research into a central clinical question; appraises the quality of relevant scientific literature; takes a role in educating other members of the team.

Select student performance:

Overall Summative for this student:
Acceptable professionalism = self-directed learning

• Completion of at least 42 formative direct observation evaluations
  – Student-driven process

• Attendance at all didactic sessions (unless excused)

• Completion of at least 500 MCQ’s on question bank with >75% correct
Direct observation

• Point of Education (POE) evaluations
• Based on EPA key functions
• Behavior-based
• Focused on 1-2 skills at a time
• Student-generated via text-based platform
Which EPA’s for direct observation?

- EPA 1: gather a history and perform a physical examination

- EPA 3: order and interpret common diagnostic and screening tests

- EPA 6: provide an oral presentation of a clinical encounter

- EPA 9: collaborate as a member of an inter-professional team
Point of Education Evaluations
Key Features Exam

• Developed by Valerie Lang and folks at Med U (Now Aquifer)

• Test of clinical reasoning vs. pure fact-based knowledge

• For this pilot phase, “pass” set at 2SD below mean from national sample (Lang et al.)

• Piloted exam with local clerkship directors, deans and 35% appeared to be reasonable for passing/borderline competent student
Direct observations

POE's by rotation

Number of observations

TotalCompleted

TotalAssigned

0
200
400
600
800
1000
1200
1400
1600
1
2
3
4

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How much feedback did they get?

Median word count per student

Rotation 1 | Rotation 2 | Rotation 3 | Rotation 4

AY 16 | AY 17
ORIME designations

Percent achieving designation

Rotation 1 | Rotation 2 | Rotation 3 | Rotation 4
-----------|-----------|-----------|-----------
Observer   | Reporter  | Interpreter| Manager  

Legend:
- Observer
- Reporter
- Interpreter
- Manager
The Great Inflation Bubble burst: rubric shift

Grade outcomes by rotation and AY

Percent achieving grade

AY 16 Rotation 1  AY 16 Rotation 2  AY 16 Rotation 3  AY 16 Rotation 4
AY 17 Rotation 1  AY 17 Rotation 2  AY 17 Rotation 3  AY 17 Rotation 4

Fail  Pass  High Pass  Honors

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Key Features Exam Scores

![Graph showing Key Features Exam Scores with rotations 1 to 4, indicating average and median values across different rotations.](image-url)
Conclusions

• Successfully transitioned to criterion-based, narrative-focused grading structure
  – The IM clerkship did not devolve into chaos without a number-based evaluation or a shelf exam

• Attempting to “correct” for timing bias is fraught with unintended consequences and should be approached carefully

• Total feedback is increased
  – Anecdotally it is high-quality and actionable per student reports

• Getting faculty/residents to perform direct observations is challenging
  – Requires ongoing reinforcement at evaluator and student level
  – Other evaluations/demands on evaluator time MUST be reduced to off-set direct observation time; we accomplished this by simplifying the summative evaluations
Next steps

- Pilot deemed successful by Curriculum Council
- All clerkships adopted RIME & criterion-based grading
- Faculty development underway across the institution
Thank you!

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