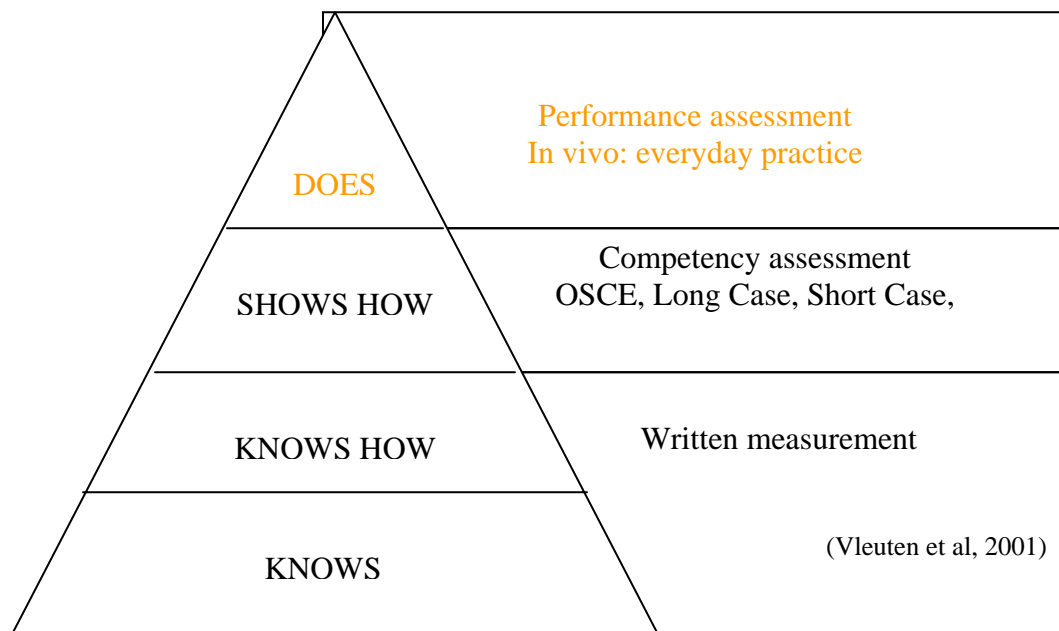
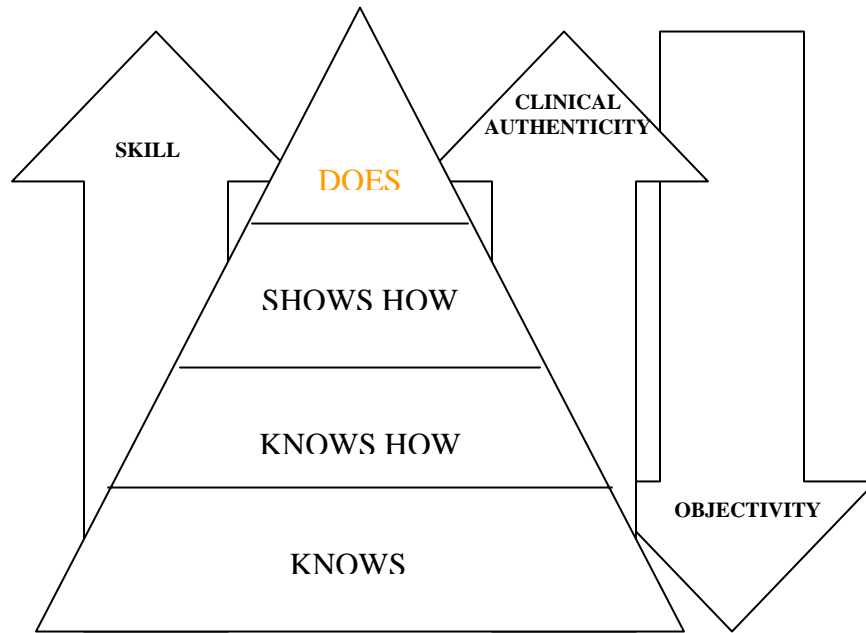


## ASSESSMENT OF “DOES”

MILLER’S PYRAMID (1990)



1. A competent health professional

- A competent doctor
- A competent nurse
- A competent medical assistant
- Competent?
  - Knowledge?
  - Skill?
  - Attitude?
  - What they do?

2. It is also said that “DOES” is for competency assessment... some questions regarding correlation between “SHOWS HOW” and “HOW”

- Does performance in “shows how” correlate with “does”?
  - Majority research indicates no correlation.
- Does performance in “does” correlate with postgraduate performance?
  - More towards no correlation
- How can we assess performance at work?
- How can we assess the non-clinical competencies?
- How can we design a balanced assessment regarding their **utility**?

3. Clerkship and Apprenticeship model in “DOES”

- Research finding of clerkship:
  - Far fewer patient contact than assumed
  - Considerable time spent on non-educational activities
  - More educational contact with HO, registrars and fellow students; less with senior staff
  - Rarely being observed during patient contact
  - Little consensus on clerkship objectives
  - Wide gap between previous theoretical learning and clerkship teaching.
- All of this happen due to lack of educational structure

#### 4. Utility of assessment procedures

- Reliability
  - Content specificity
  - Importance of sampling; need increased sampling
  - Need increased observers
  - Observation
    - Increased numbers
    - Concrete behaviour
    - Specific time
- Validity
  - Competency: difficult to define
  - What is asked is more important (stimulus format)
  - No single methods is ideal
- Educational impact
  - Assessment influences learning
  - Deliberate choice and use of methods
  - Importance of feedback
- Acceptability
  - Role of education, training and staff development
- Cost
  - Quality assurance
    - Format related
    - Content related
    - Standard setting – standard for fitness of practice
    - Statistical
  - Better done by central
  - Expensive but important

#### 5. Clerkship assessment:

- Why?
  - Summative? Formative? Program evaluation?

- Emphasis: formative
  - High quality needed for summative
  - Selection/summative should be at earlier stage
  - Lack of educational structure of clerkship
- Needs high feedback component
- Final weight (summative/formative) to be agreed upon
- What?
  - Focus on content
    - Which medical problems students would encounter during clerkship rotation
    - Benefits of clarifying content: guidelines for both students and teachers → enhancing educational structure
    - Importance of core content identification and blueprinting
  - Evaluation of attitude
    - Attitude: propensity/tendency for certain behaviour
    - Minimize 'psychologising', maximize stating concrete and clinically meaningful actions
    - Who defines 'appropriate' attitude/behaviour?
- When?
  - At the end?
    - Logical for summative purposes
    - But no time for students to remedy their patient encounters
  - At the beginning?
  - Midway?
  - At both ends?
- How?
  - Do present methods test what we really want to test?

- Patient-based examinations
  - Short and long case
- Observations
- Relatively newer methods
  - OSCE using SPs
  - Longitudinal video taping of undercover SPs
- Again → role of blueprinting
- Observations
  - More direct
  - More often
  - More observer
- Who?
  - All partners
    - Nurses, patient and etc
  - Separate role of teacher and assessor as much as possible
    - Especially in assessment more summative in nature
  - Need for more collaboration
    - Systematic and planned
      - Central planning and coordination
      - Saves cost

6. Some review:

- Does performance in “shows how” correlate with “does”?
  - Majority research indicates no correlation.
- Does performance in “does” correlate with postgraduate performance?
  - More towards no correlation
- How can we assess performance at work?
- How can we assess the non-clinical competencies?
- How can we design a balanced assessment regarding their utility?
- **Professional behaviour and its assessment**

- Assessment of performance at work