Equitable Assessment:

*Developing assessment practices so all learners can succeed*

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https://meded21.ucsf.edu

#UCSFMedEd21

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Zoom Workshop Etiquette

- Turn on your video
- Consider renaming yourself with your preferred name and pronouns
- Mute yourself unless speaking
- Use the reactions buttons
- Use the chat and participant feedback features
- It is our job to make this interactive
- Our ask of you is to give us feedback along the way

bit.ly/32Db6ls
Introductions

Please share in the chat:
1) Name
2) Context where you teach
3) Level of learners you assess
Goals and Objectives

By the end of this workshop, participants will be able to:

1. Describe the potential for bias in learner assessment
2. Examine current learner assessment systems and practices in your Department for bias
3. Recommend changes to assessment systems and practices that will provide learners greater opportunity to demonstrate their learning and be successful
4. Reflect on personal assessment decisions about individual trainees to mitigate the potential for bias
Our road map for today

- Intro and ground rules
- Equity in assessment landscape
- Assessment strategies
- Small group cases
- Large group discussion
- Wrap up
Disclosures

We have nothing to disclose
Acknowledgments before we begin

- We don’t have all the answers
- Emotions are normal
- Let’s learn from each other
Acknowledgments before we begin

Our stance:

• Diversity enriches the learning environment: differences are not deficits
• We all want our learners to succeed
• Assessment is a tool for learning
• We must be open to multiple ways of assessing our learners
• We hold all of our learners to the same high standard
Ground rules
Ground Rules

- Respect our learners
- Respect for each other
- Be accountable for our words and how they land
- Be open to tough conversations
- Step up/step back
- Participation – verbal or chat
Equality

Equity
A structural perspective

Equity “is about recognizing historical and current marginalization experienced by members of certain groups within society, and understanding institutions as places where the injustices have occurred”

Razack 2019
Inequities in Assessment

- UIM students
  - Lower scores on major standardized gateway exams (Davis 2013)
  - Fewer honors grades (Teherani 2018)
  - Lower grades in all clerkships (Lee 2007)
  - Independent of other metrics
    - Lower rates of AOA membership (Boatright 2017)
    - Fewer “standout” or “ability” narrative descriptors (Ross 2017)
    - Black applicants described as “competent” (Ross 2017)
- Men are described using “standout” adjectives (Trix 2003)
- Non-native fluent English speakers of Asian descent receive lower clinical communication scores (Fernandez 2007)
Equitable Assessment

Same target, different ways of reaching it
Explicit Criteria

1. Develop a Rubric:

   A rubric is a scoring guide that defines what is expected and what will be assessed. It is used to evaluate performance, a product, or a project.

2. It is helpful to provide various Models (Examples)
Explicit Criteria

“When teachers accompany their assignments with clear and descriptive performance criteria, and… accompany such criteria with rubrics and models, they communicate their expectations for students’ achievement in ways that students can understand and use.”

“Rubrics… allow teachers to translate their expectations for students’ work and achievement in ways that students can independently utilize.”

Martin-Kniep 2000
Explicit Criteria

- Content: The material presented is thorough and relevant to the topic assigned. The sources used are comprehensive and varied.
- Delivery: Articulates clearly, fluently and with poise; is easily understood by the entire audience; presentation is enhanced by an authoritative and self-confident non-verbal communication, body language, and movement. Dress is attractive and appropriate to the occasion; movement and activity are directed to the entire audience.
- Organization: Opening statement elicits high interest and is directly related to the topic. Message is coherent; ideas are conveyed in a smooth sequence from introduction to conclusion. Maintains focus on topic throughout the presentation. The closing statement synthesizes and flows from the presentation. Handouts and visuals enhance and are intrinsically tied to the presentation.
- Engagement with audience: Establishes rapport and trust with audience by tailoring examples and experiences to their needs and backgrounds; the repertoire of examples used are drawn from research, experience, and personal views; these create a common experience between the audience and emphasize the commonalities between the audience and the presenter. The timing for the use of personal anecdotes draws the audience to the presenter.

Martin-Kniep 2000
# Explicit Criteria

### Internal medicine medical knowledge competency assessment

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Below Expected Competency Fund of knowledge and/or understanding of disease mechanisms may or may not be adequate but demonstrates very poor ability to clinically apply knowledge base</td>
</tr>
<tr>
<td>.5</td>
<td>Near Expected Competency</td>
</tr>
<tr>
<td>1</td>
<td>Above Expected Competency Outstanding fund of knowledge and understanding of disease mechanisms with excellent ability to 1) apply it to clinical situations, and 2) develop and defend differential diagnoses</td>
</tr>
<tr>
<td>1.5</td>
<td>At Expected Competency</td>
</tr>
<tr>
<td>2</td>
<td>has limited overall knowledge base but shows abilities in clinical application thereby showing significant potential for growth</td>
</tr>
<tr>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Not Observed - Not Applicable

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UCSF
 Explicit Criteria

**Competency: Medical Knowledge** (Q4 of 21 – Mandatory)

- Student does **not demonstrate interest** in learning neuroanatomic localization or major topics in neurology.

- Student does **not demonstrate knowledge** of basic neuroanatomic localization or major topics in neurology.

- Student demonstrates knowledge of **basic neuroanatomic localization** (e.g., can distinguish between brain, spinal cord, and PNS lesions). Additionally, student demonstrates a familiarity with major topics in neurology (e.g., stroke, seizure, migraine, Parkinson and Alzheimer disease, polyneuropathy).

- Student demonstrates **sophisticated knowledge beyond basic neuroanatomic localization** (e.g., can correctly localize to specific brainstem regions, specific spinal cord tracts, specific peripheral nerves). Additionally, student demonstrates a **deep knowledge base in neurology** (e.g., brainstem stroke syndromes, seizure classification, less common primary headache disorders).

Neurology medical knowledge competency assessment
Diversified/Differentiated Assessment

Use of “a **VARIETY** of approaches to assess student learning supports **equitable assessment**… for instance, students could choose to write an essay, take an exam, give a presentation, or make a poster demonstrating their learning on the same learning outcomes.”

“**While the process through which students demonstrate their knowledge is different, the criteria on which they are evaluated remains the same**”

Montenegro, Jankowski 2017
Diversified/Differentiated Assessment

“Differentiated assessment … means selecting the right and reasonable assessment tools and strategies which provide each student with the best opportunity to demonstrate his/her own learning capabilities. Moreover, it …empowers students to self-direct their learning”

Ali 2015
“Authentic tests ferret out and identify (perhaps hidden) strengths. The aim is to enable the students to show off what they can do… They also … accommodate students’ learning styles, aptitudes, and interests… Why must all students be tested in the same way and at the same time?”

Wiggins 1989
Small Group Work

Warm up – Case A
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- Before discussing, note your individual thoughts/reactions
- Discuss as a group

*Designate a reporter from each group*
Questions for discussion:

1. What is your mental image of this learner?
2. What issues came up in this case? Is there potential bias at play?

Report out:

1. What assumptions are the assessor and the instrument making about learners?
2. What are 2 concrete ways you can assess this learner that provide different types of opportunities for the learner to demonstrate their skills? Describe how you would do this.
Large Group Recap
Case A

Student A is a third year student who just started the medicine clerkship. This student tends to be quiet; while able to answer direct questions correctly, Student A does not volunteer to answer questions posed to the entire team. Student A is disappointed to read the final evaluation which gives a low score in medical knowledge.

What assumptions are the assessor and the instrument making about learners?

What are 2 concrete ways you can assess this learner that provide different types of opportunities for the learner to demonstrate their skills? Describe how you would do this.
Small Group Work

Challenging cases

Case X

Case Y

- Before discussing, note your individual thoughts/reactions
- Discuss as a group

Designate a reporter from each group
Small Group Work

Questions for discussion:

1. What is your mental image of this learner?

2. What issues came up in this case? Is there potential bias at play?

Report out:

1. What assumptions are the assessor and the instrument making about learners?

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Large Group Discussion
Case X

Resident X is a mid-year PGY2 who is widely considered to have excellent clinical skills and fund of knowledge. When she leads the team Resident X provides a lot of corrective feedback to the interns and students on their presentations and patient care, and often will ask the interns to change small points of management based on her preferred way of doing things without much discussion. Resident X’s self-perception is as a “straight shooter” who is not “touchy-feely” like others in the program. Resident X is brought up for discussion at the Clinical Competency Committee because of concerns over professionalism.

What assumptions are the assessor and the instrument making about learners?

What are 2 concrete ways you can assess this learner that provide different types of opportunities for the learner to demonstrate their skills? Describe how you would do this.
Case Y

Resident Y is a UIM PGY1 who was a top recruit from a medical school across the country. In the transition to a new institution, the resident has not found many faculty or co-residents from their racial/ethnic group. During down time on the wards Resident Y is rarely in the common work area and occasionally has arrived 10-15 minutes late to rounds stating they lost track of time. In comparison to the other intern on the team, Resident Y is seen to spend less time working with the medical students, and when co-following Resident Y’s patients the students’ presentations are less organized and thorough. Resident Y is distressed to learn concerns have been raised about clinical skills and professionalism.

What assumptions are the assessor and the instrument making about learners?

What are 2 concrete ways you can assess this learner that provide different types of opportunities for the learner to demonstrate their skills? Describe how you would do this.

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Equitable Assessment

Same target, different ways of reaching it
Commitment:

What are 2 concrete strategies you commit to using to promote equity in assessment?

Please share your response in the chat
Many thanks to:

Pat O’Sullivan, EdD
Rachel Tenney
Sharad Jain, MD

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References


References


Thank you!!

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