The following are some popular clinical assessment techniques that you might like to know more about. Because assessment strategies vary from dept. to dept., please refer to your home institute for guidance on which method is most relevant to your situation.

- **Feedback** plays two roles in clinical environments:
  1. It provides students with ideas about what they need to improve
  2. It tells them what they are doing well.

  You will receive more info and an opportunity to practice during the Clinical Teaching workshop.

- **Competent for Unsupervised Practice: Use of Pediatric Residency Training Milestones to Assess Readiness.** To describe clinical skills progression during pediatric residency using the distribution of pediatric milestone assessments by subcompetency and year of training and to determine reasonable milestone expectations at time of graduation.

- **The ACGME Outcomes Project** This initiative, called the Outcome Project, seeks changes in residency programs that focus education on the competency domains, enhance assessment of resident performance and increase utilization of educational outcomes for improving residents’ education. Increased emphasis on educational outcome measures in accreditation is another important goal.

- **Debrief2Learn** Effective feedback and debriefing play a critical role in healthcare education in both simulated and workplace-based environments. Debrief2Learn supports clinical educators by sharing resources to guide faculty development and exploring the latest innovations. We aim to create an online community of practice for health professions educators while advancing knowledge through cutting-edge collaborative research.

- **Direct Observation Field Notes** Using DOFN provides the following advantages: 
  - an opportunity to have a direct observation/discussion format at our fingertips
  - an ongoing record of residents’ experience
  - a method for giving appropriate feedback to individual residents
  - a focus on skills/objectives identified by external licensing bodies
  - a way of teaching clinical problem solving/reasoning
  - improved consistency of objectives/goals throughout the program
  - a method for residents to provide us with feedback when they observe our interactions with patients and staff.

- **Continuity-Structured Clinical Observations (CSCO):** The continuity-structured clinical observation tool was developed and used to conduct a multiple-observer evaluation to assess residents in the core competency areas of patient care, interpersonal and communication skills, and professionalism.

- The **PRIME** method was developed by Dr Pangaro and compares students on a Reporter, Interpreter, Manager and Educator continuum. [Video example from Practical Doc.](http://example.com)

- **Use of assessment to reinforce patient safety as a habit** This paper focuses on the constructive use of assessment to embed a pervasive and proactive culture of patient safety into practice, starting with the trainee and extending out into the practice years. This strategy is based on the adage that “assessment drives curriculum” and proposes a series of new assessment tools to be added to all phases of the training-practice continuum.

- **Student Perceptions of Assessment for Workplace Learning and Summative Decisions Using Frequent Mini-CEXs** These findings support a shift towards workplace-based assessment programs for learning that promote frequent direct observation and feedback, while also improving the trustworthiness of summative decisions.

- **Peer Observation of Teaching Handbook** from Harvard.
• **Doctors’ perceptions of why 360-degree feedback does (not) work: a qualitative study.** It appears that 360-degree feedback can be a positive force for practice improvement provided certain conditions are met.

• **Assessing procedural skills in context: exploring the feasibility of an Integrated Procedural Performance Instrument (IPPI).** IPPI offers an innovative approach to assessing clinical procedural skills. Although resource-intensive, it has the potential to provide insight into individual’s performance over a spectrum of clinical scenarios and at no risk to the safety of patients. Additional benefits of IPPI include assessment in real time from experts (allowing remote rating by external examiners) as well as provision of feedback from simulated patients.

**Resources**

*Working with the “Difficult” Student: Part 1*

*Why Rewards and Punishment are NOT Effective Teaching Tools*

*Damned If You Do, Damned If You Don’t: Bias in Evaluations of Female Resident Physicians* [Journal of Graduate Medical Education, October 2017](#)

*The Ottawa Surgical Competency Operating Room Evaluation (O-SCORE): a tool to assess surgical competence,* [Academic Medicine 2012](#)

*Team-Based Coaching Approach to Peer Review: Sharing Service and Scholarship* [Journal of Graduate Medical Education, February 2017](#)

*Student Perceptions of Assessment for Workplace Learning and Summative Decisions Using Frequent Mini-CEXs* [MedED Publish 2017](#)

---

**Content**

1. Become familiar with Competency Based Education By Design
2. Preparing your work environment
3. Orienting the learner
4. Facilitating learners developing the thinking skills of physicians
5. Facilitating learners ability to act like physicians
6. Assessing learners progress in becoming physicians
7. Assessing your effectiveness as a clinical teacher