

WHAT?

Traditionally, medical education assessments have focused on student performance at the end of a curricular component and compare it to a standard or benchmark. In contrast, programmatic assessment takes a more longitudinal view of learning. It harnesses the learning aspects of assessment by using a mix of assessment methods to provide feedback to learners as well to inform credible assessment decisions about their progression¹.

SO WHAT?

In order to provide robust information about a learner's progression, programmatic assessment relies on data sources that can come from multiple types of assessment modalities. Specifically, in the MD Undergraduate Program, these modalities are the following:

- **Portfolio** - In Portfolio, students' critical reflection and self-regulated learning is supported and assessed through exploration of issues and artifacts with a faculty coach.
- **Progress tests** - Through taking the same multiple choice test at key points throughout their 4 years of training, medical student progression can be tracked.
- **Workplace-Based Assessments (WBA)** - WBAs are based on direct observation of a student in the workplace to effectively chart a students' progression towards competence in clinical tasks within rotations.
- **Objective Structured Clinical Examinations (OSCE)** - An OSCE is a clinical exam comprised of a series of clinical stations that involve simulated patients and physician examiners.
- **Written or Multiple Choice Question (MCQ) exams** - These exams involve selecting best answers from a series of written choices.

NOW WHAT?

Direct observation of learners by faculty is key component to a programmatic assessment model and is critical to helping learners optimize their learning and performance. Consider these tips²:

- Normalize the process of direct observation and feedback: discuss approach, purpose and benefit
- Ask learners about their goals and incorporate into planning
- Determine purpose of the observation
- Use an existing tool to help organize
- Observe short fragments of the encounter when rushed for time
- Include meaningful feedback—if rushed deferring to later better than omitting altogether
- Include action planning

REFERENCES

1. Torre, Dario et al. "Ottawa 2020 consensus statements for programmatic assessment - 2. Implementation and practice." Medical teacher, 2021. <https://doi.org/10.1080/0142159X.2021.1957088>
2. Department of Family Practice Postgraduate Program. Teaching Resources. Web. 30 April 2021. https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty_development/teaching-resources-2/