

# How does the integration of a high-fidelity measurement of professionalism impact overall student grades?

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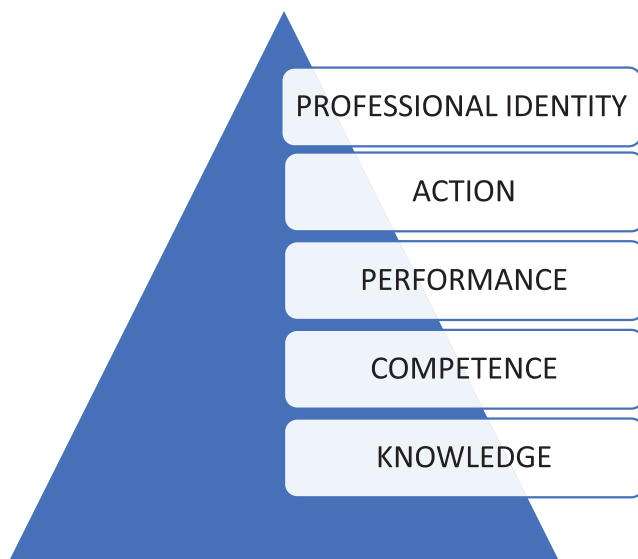
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## 1 | PROBLEM

At our institution, graduating students consistently met requirements like passing summative exams, but some fell short of expectations regarding professional behavior. Professional identity has been conceptualized as the highest level of Miller's pyramid and is important in the development of a health care professional (Figure 1).<sup>1</sup> However, traditional assessments focus on procedural-based performance and measure professionalism as moment-in-time tests. There was a need for a better, longitudinal assessment of professionalism.



**FIGURE 1** Amended miller's pyramid with professional identity at the highest level.

Adapted from Cruess et al.<sup>1</sup>

## 2 | SOLUTION

A longitudinal measure of students' ( $n = 62$ ) professionalism was included in an overall evaluation of their performance by a panel of their faculty. Professionalism was assessed using an abbreviated version of criteria derived from two measures validated on dental student populations (Table 1).<sup>3,4</sup> Through reviewing of data and discussion, the faculty panel categorized students into three categories: senior clinician (SC, a student who can move forward in the curriculum without significant correction and may be afforded some autonomy), junior clinician (JC, someone needing to improve a specific skills/knowledge/behaviors/attitudes but progressing well and needs no remediation), or requiring remediation (RR, not meeting the standard in a specific skill/knowledge/behaviors/attitudes and must remediate).

The project was deemed as "not regulated" (HUM00169572) by our institutional research body.

## 3 | RESULTS

Among students who responded to the student survey (24 of 62), all identified feedback about their nonclinical skills such as professionalism from their clinical faculty (100%) and clinic director (79%) as a metric to be included in feedback. Similarly, patient complaints/commendations (92%) and feedback from staff about their interaction with them (88%) was also rated highly.

In the traditional letter grading system (Table 2), 54 of 62 students (87%) gained an "A," "A-," or "B+." In the faculty panel review process, nine (17%) of these 54 were classified

TABLE 1 Student traits to assess patient management skills\*

<b>Collaborative</b>	Receptive when given critical feedback by faculty/staff; vs defensive. Open to different viewpoints; vs question instructor's knowledge/abilities if they don't align to their own or chooses to work with someone else. Is compliant to instructions and protocols; vs makes excuses or request exemptions for themselves. Works well with patients, staff, faculty and other students; vs has multiple poor interactions
<b>Empathy and communication</b>	Sincerely shows care/concern for patients; shows empathy/kindness for the patient; vs treats patients like requirements and delivers care that is not patient centric. Listens to and engages patients; vs frequently misunderstands patient/faculty/staff
<b>Integrity</b>	Is prepared for procedures that require some prep ahead of the appointment (did their homework prior to presenting); vs comes unprepared. Schedules patient family on a timely basis; vs multiple neglected patients. Doesn't have to be told something twice when asked to do something; vs student evades certain faculty
<b>Ethics and professionalism</b>	Student does not lie/cheat; vs does whatever is needed to advance. Student is a good representative of our profession and could serve as a role model to others; vs student fails to model the characteristics of peer professional

Adapted from Ramaswamy<sup>3</sup> and Ramaswamy et al.<sup>4</sup>

TABLE 2 Number of students classified in each category

Grade	Senior clinician	Junior clinician	Remediation required
A	8	7	3
A-	9	14	3
B+	3	4	3
B			3
B-			2
C+			1
C			1
C-			1
SUM	20 (32%)	25 (40%)	17 (27%)

as “remediate” and 25 (46%) were classified as “junior clinician” (Table 2). In total, 17 of 62 (27%) were identified as needing remediation. However, not one of these students was currently in a remediation program and 6 of them were actually getting an A or A-.

### 3.1 | What went well

There were two specific outcomes of the faculty panel review process. First, there was a more focused evaluation of professionalism over time as part of the overall evaluation. Second, the faculty panel review process adjusted for grade inflation.<sup>5</sup>

### 3.2 | What did not go well

While students requested feedback, they were also resistance to it. Only 22 of the 62 requested their feedback (35%)—notably, among the 22, none were classified into the “remediate” group.

### 3.3 | Lessons learned

Traditional grading had awarded 44 students (71%) an A or A-. However, the faculty panel review (which delved deeper into professionalism) only classified 17 students (39%) as senior clinician—a comparable ranking of excellence. Importantly, six individuals who were awarded an A or A- in the traditional system, after faculty panel evaluation, were ranked as requiring remediation.

Interestingly, while the faculty panel results conflicted for those with grades of B+ or higher with the traditional grading system, there was complete agreement for the eight students with grades of B or lower.

### REFERENCES

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