



# Faculty Evaluation of Student Portfolio Presentations of a Seven-Week Clinical Competency-Based Curriculum Pilot

R. Brent Stansfield, Casey White, Joseph Fantone, Ken Pituch, Larry D. Gruppen, Rajesh Mangrulkar

University of Michigan Medical School, Ann Arbor, MI, USA

## The ENCORE pilot was:

- 6 Students:** between 1st and 2nd year only 5 presented
- 7 Weeks of:** independent study individual clinical experiences
- Outcomes-Driven:** students worked to meet explicit outcomes

## The Portfolio Presentation was:

- At the end of the pilot**
- Students' opportunity to demonstrate achievement**
- 20 minutes:** +10 minutes for questions at the end

## Presentations were rated twice:

- Individual ratings:** Live observation by 7 faculty raters
- Consensus ratings:** Reviewed on video and rated by a consensus panel: 2 faculty who had observed them live 1 additional faculty member
- 5 item rating form:** 5 point scale with detailed anchors

Achievement of learning objectives

Clinical skills

Self-regulated learning

Accountability for learning

Quality of presentation

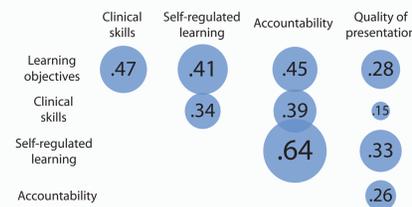
ENCORE Final Portfolio Presentation Assessment Form				
Student Presenter:	Assessor:			
<b>Achievement of LEM Learning Objectives</b> Presented insufficient sample of LEMLOs with no clear approach to achievement and no connection between approach and a learning plan	1	2	3	4 5
<b>Clinical Skills</b> Presented insufficient evidence to document specific improvement in clinical skills over time, regardless of expert feedback or self assessment	1	2	3	4 5
<b>Self-regulated Learning</b> Presented little or no evidence of self assessment with linkages to expert feedback, and little or no evidence of adjustment of goals or strategies based on expert feedback or self assessment	1	2	3	4 5
<b>Accountability for Learning</b> Presented little or no evidence suggesting student felt ownership of and responsibility for achieving program and personal goals; too much reliance on program to provide information and motivation	1	2	3	4 5
<b>Quality of Presentation</b> Disorganized presentation, delivery not fluent, poor quality of slides	1	2	3	4 5

## Individual ratings were unreliable:

### Items correlated meaningfully

Accountability and self-regulated learning are highly related

Clinical skills and quality of presentation are not very related



### Inter-rater reliability was unacceptable

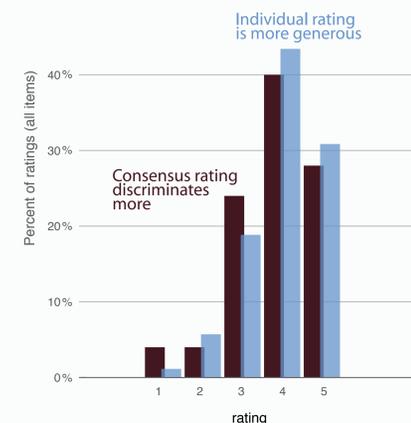
Inter-rater reliability was low for:  
 Learning objectives ICC = 0  
 Clinical skills ICC = .26  
 Self-regulated learning ICC = .63  
 Quality of presentation ICC = .61

Inter-rater reliability was high for:  
 Accountability ICC = .91

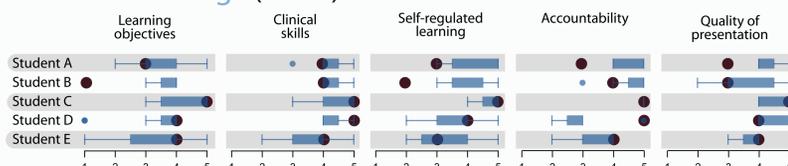
## Consensus ratings seem better

Consensus ratings use the rating scale more broadly

Individual raters are more generous and less discriminating



Consensus ratings (●) can differ from individual ratings (—)



## Student feedback:

presentations were valueable

All students rated the exercise 5 on a 5-point scale

presentations were difficult to prepare

*"It took me a long time to make mine"*

*"It is hard to go over what we had done over the past 6 weeks and say this is good evidence and this is maybe something I don't want to put in there because you don't know what you are aiming for."*

better development tools would help

*"If the LMS [the computer-based learning management system] was a little better developed it would probably be able to generate graphs of things."*

## Conclusions:

Students can demonstrate their academic accomplishments in formal presentations.

Evaluation of student performance is difficult due to poor inter-rater reliability.

Consensus ratings may help

Students want more time and better tools to help develop presentations.

