2018-11-04: Criterion-referenced for Norm-based Examinations

Links shared during the chat:

- [http://journals.lww.com/academicmedicine/Abstract/publishahead/Criterion_Based_Assessment_in_a_Norm_Based_World__.98102.aspx](http://journals.lww.com/academicmedicine/Abstract/publishahead/Criterion_Based_Assessment_in_a_Norm_Based_World__.98102.aspx)
- [https://www.slideshare.net/pokray/criterionreferenced-assessment](https://www.slideshare.net/pokray/criterionreferenced-assessment)

MedEd Chat @mededchat 9 hours ago
Welcome to the Medical Education chat (US) I am your moderator for the next hour, @alliance4clined #meded

MedEd Chat @mededchat 9 hours ago
The topic & questions will be announced in a moment...for now, please introduce yourselves #meded

MedEd Chat @mededchat 8 hours ago
If you are tuning in to the #meded chat, remember to use the #meded hashtag and try to answer with the Topic numbers (T1, T2, T3)

Gary Beck Dallaghan @glbdallaghan 8 hours ago
@MedEdChat Gary here in frozen Omaha #meded

Renee @02amor 8 hours ago
Hi #meded. It’s been a while. Renee from Philly, trying to get back after the New Year

Alliance4ClinEd @alliance4clined 8 hours ago
T1: What’s preferred....criterion-referenced or norm-based exams for #meded? [https://t.co/D5E638Oj2c](https://t.co/D5E638Oj2c)

MedEd Chat @mededchat 8 hours ago
Topic 1: What is preferred for #medstudents vs. educators? Criterion-based exams or Norm-based exams? Why? #MedEd

MedEd Chat @mededchat 8 hours ago
@02amor Welcome! #meded
Gary Beck Dallaghan @glbdallaghan 8 hours ago

T1 It depends on the purpose of the exam. Nice resource explaining both... [link to resource 1] [link to resource 2] #meded [link to resource 3]

Alliance4ClinEd @alliance4clined 8 hours ago

RT @GLBDallaghan: T1 It depends on the purpose of the exam. Nice resource explaining both... [link to resource 1] [link to resource 2] #meded [link to resource 3]

Alice Fornari @afornari18 8 hours ago

@MedEdChat @02amor #MedEd same for me awhile too-

MedEd Chat @mededchat 8 hours ago

@AFornari1 @02amor #meded Nice to see you @AFornari1

Renee @02amor 8 hours ago

T1 #meded This is a good topic. As someone whose whole personal educational experience was conditioned to grades, the shift to longitudinal milestones to eval others is sometimes hard for me

Gary Beck Dallaghan @glbdallaghan 8 hours ago

@MedEdChat T1 #meded I would think #medstudents would prefer criterion-referenced exams so they aren't compared to a group. Would be interesting to hear their take.

Alice Fornari @afornari18 8 hours ago

@GLBDallaghan #MedEd I believe criterion based exams for assessment are more aligned with learning intent and desired outcomes

MedEd Chat @mededchat 8 hours ago

@02amor T1 #meded Were your exams normed or did you get graded based on individual performance?

Alliance4ClinEd @alliance4clined 8 hours ago

@AFornari1 @GLBDallaghan T1 #meded Why then do we continue to rely so much on nationally standardized exams like #USMLE if desired outcomes arise from criterion-referenced exams?

Paul Haidet @myheroistrane 8 hours ago

I agree with @AFornari1; criterion based tests are more compatible with current #meded competency and EPA-based curricula IF ... the bar is set high and challenging.

Renee @02amor 8 hours ago

@MedEdChat T1 #meded a but of both. Some were straight grades with objective MCQ tests or oral exams, some based on population
How high of a bar do you set? What if the exams are poorly written?

I have no idea. #MakeUSMLEPassFail #meded https://t.co/I3QA3gAm8m

AMEN! #MakeUSMLEPassFail

I have no idea. #MakeUSMLEPassFail #meded https://t.co/I3QA3gAm8m

T1 #meded steps/comlex are still defended by people who evaluate students coming from a wide array of schools, both usmd, usdo, and international. It gives a common, if flawed, touchstone https://t.co/hpVSw7sFqS

That's true, but if they would report the outcome in as per guidelines for norm-based exams (Pass/Fail) it wouldn't be such an issue. Right? #MakeUSMLEPassFail

High enough to promote patient safety, reduce diagnostic errors, and restore public trust in the profession. A tall order, but also an important one. #meded needs to get this right. https://t.co/th5VtnwgeA

What's your opinion on setting a bar, but being flexible if for whatever reason the exam performance is lower than anticipated? Do you feel that's lowering standards? Or bad exam writing?

High enough to promote patient safety, reduce diagnostic errors, and restore public trust in the profession. A tall order...
**MedEd Chat @mededchat** 8 hours ago

**Topic 2:** If we truly want **#CBME**, criterion-based exams are preferred. What challenges would arise for **#medstudents** and **#medschools** doing this? **#meded**

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**Renee @02amor** 8 hours ago

@**Alliance4ClinEd** **#meded** I’m not opposed to that, personally. Some people are horrible test takers, fine drs. Others horrible drs, great test takers. But I know people who feel they need those numbers

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**Alliance4ClinEd @alliance4clined** 8 hours ago

T2 **#meded** Criterion-referenced exams are better for **#CBME**. What are the challenges/opportunities in doing this?

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**Gary Beck Dallaghan @glbdallaghan** 8 hours ago

@**MedEdChat** T2 **#meded** This is what I’ve been hinting at…..what if your faculty are not good at writing exam items? How can you be sure your exams then meet that bar? **@myheroistrane**

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**Alliance4ClinEd @alliance4clined** 8 hours ago

@**02amor** T1 **#meded** Program directors are challenged by how to gauge candidates without the almighty score.

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**Renee @02amor** 8 hours ago

T2 **#meded** competency based eval is much more labor intensive, and very few of us are really trained to do it well (myself included)

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**Stephanie Starr @stephrstarr** 8 hours ago

**#MedEd** https://t.co/o3aBarwLNR

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**Gary Beck Dallaghan @glbdallaghan** 8 hours ago

**#meded** How do you ensure these assessments are being completed appropriately? Do you do a lot of **#facdev**? https://t.co/pVvtPy2sNd

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**Alliance4ClinEd @alliance4clined** 8 hours ago

@**02amor** T2 **#meded** What kind of training would help? Do you think honest evaluations are difficult to give **#medstudents**?

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**Paul Haidet @myheroistrane** 8 hours ago

Could be either; this is why we need **#meded** research: to start connecting the dots between our assessments and patient outcomes. Organizations like **#SDRME** can help in this regard. https://t.co/ZOSv8OJnBb
Renee @02amor 8 hours ago
#meded good question. Direct mentoring, maybe co-eval of some students/trainees for new faculty? But again, time intensive https://t.co/A1RKFuNoBl

Gary Beck Dallaghan @glbdallaghan 8 hours ago
@myheroistrane T1 #meded And #SDRME could partner with @Alliance4ClinEd to undertake some interesting #meded research

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RT @GLBDallaghan: @myheroistrane T1 #meded And #SDRME could partner with @Alliance4ClinEd to undertake some interesting #meded research

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RT @02amor: #meded good question. Direct mentoring, maybe co-eval of some students/trainees for new faculty? But again, time intensive http...

Stephanie Starr @stephrstarr 8 hours ago
@GLBDallaghan I think everyone in #MedEd is challenged to do enough direct obs. We have several SP OSCE stations for HSS-related skills (shared decision-making, HVCC care)

Alliance4ClinEd @alliance4clined 8 hours ago
@StephRStarr @GLBDallaghan T2 #meded The OSCEs are great, but still an artificial experience. How can the direct obs happen more often in our RVU world so #medstudents are assessed in authentic patient encounters?

Paul Haidet @myheroistrane 8 hours ago
What if the educationo-industrial complex (that was on full display at #AAMC17) were to be oriented toward helping schools make robust assessments rather than gaming the existing test? #meded #MakeUSMLEPassFail https://t.co/otZHOYlTWO

Gary Beck Dallaghan @glbdallaghan 8 hours ago
@myheroistrane #meded Mic drop!

MedEd Chat @mededchat 8 hours ago
RT @Alliance4ClinEd: @StephRStarr @GLBDallaghan T2 #meded The OSCEs are great, but still an artificial experience. How can the direct obs h...

Gary Beck Dallaghan @glbdallaghan 8 hours ago
@myheroistrane T2 #meded There's also the choice of balancing the two types of exams since they have different purposes. https://t.co/HgdHUyE1T6
Great question! Working collaboratively across schools to develop good tools and faculty development #MedEd interventions.

There's also the choice of balancing the two types of exams since they have different purposes.

Great question! Working collaboratively across schools to develop good tools and faculty development.

It's been argued that if USMLE is pass/fail that program directors will find another arbitrary metric to rate medstudents. Is this an uphill battle to incorporate other forms of assessment?

T3: Or - can we change the UME to GME transition & culture to acknowledge those that have ‘met the bar’ and provide rich data re unique student strengths? #MedEd https://t.co/XglJanbocB

It seems as though the proliferation of the core EPAs may be an option. Should these be reported before or after the Match?

T3: Or - can we change the UME to GME transition & culture to acknowledge those that have ‘met the bar’ and provide rich...

Here’s a heretical thought: what if residencies did their own assessment? Then they could focus on abilities if importance to them, and it might keep the numbers of applicants more manageable. #meded https://t.co/dzq8tgiAlU

and her crew have been using more #qualitative data for assessments. Is that a route to take? That is labor intensive.
RT @StephrStarr: T3: Or - can we change the UME to GME transition & culture to acknowledge those that have ‘met the bar’ and provide rich...

T3 #meded That’s a brilliant idea. Instead of a day of interviews have more skill based exercises to assess readiness for residency! Programs could then customize to their needs and not an arbitrary standard. https://t.co/ByL7V4qukW

T3 #meded human tendency is to sort and rank. Then there’s the actual Rank Order List to fully enumerate this!

RT @myheroistrane: Here’s a heretical thought: what if residencies did their own assessment? Then they could focus on abilities if important...

@myheroistrane T3 #meded How could this possibly happen? It would require quite a culture shift.

What it will take is some brave residency to do the work, find a creative way to offset the cost, and ignore the urge to have 1000 applicants for 5 slots. #mededhttps://t.co/osS4waVTl7

Certainly attractive as ideal state, but how do we disseminate to scale in a way that matches resource limitations? I know @JaniceEducation and colleagues will have great insights on this . . . #MedEd

RT @myheroistrane: Here’s a heretical thought: what if residencies did their own assessment? Then they could focus on abilities if important...

It is labor intensive, but you get richer data. I don’t think the answer is 100% one or the other, but probably some strategic qual work to support the quant info #meded

RT @myheroistrane: What it will take is some brave residency to do the work, find a creative way to offset the cost, and ignore the urge to...
Melanie Lybarger @melanielybarger
RT @StephRStarr: T3: Or - can we change the UME to GME transition & culture to acknowledge those that have ‘met the bar’ and provide rich...

Rachel Lewin @mededunicorn
RT @myheroistrane: Here’s a heretical thought: what if residencies did their own assessment? Then they could focus on abilities if important...

MedEd Chat @mededchat
RT @MedEdUnicorn: @GLBDallaghan @StephRStarr @JaniceEducation It is labor intensive, but you get richer data. I don’t think the answer is 1...

Rachel Lewin @mededunicorn
RT @myheroistrane: What if the educationo-industrial complex (that was on full display at #AAMC17) were to be oriented toward helping schoo...

Rachel Lewin @mededunicorn
@myheroistrane This would be amazing, especially if it eased the path for people with different strengths/degrees of comfort with MCQs #meded

MedEd Chat @mededchat
RT @myheroistrane: What it will take is some brave residency to do the work, find a creative way to offset the cost, and ignore the urge to...

Alice Fornari @afornari
@GLBDallaghan @StephRStarr @JaniceEducation #meded at Zucker SOM @ZuckerSoM we use only essay exams and grade questions with one grader per question and use a rubric with points assigned to increase reliability-the students are receptive to exams and feel learnign is really assessed

MedEd Chat @mededchat
Well, we have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded

MedEd Chat @mededchat
RT @AFornari1: @GLBDallaghan @StephRStarr @JaniceEducation #meded at Zucker SOM @ZuckerSoM we use only essay exams and grade questions with...

Paul Haidet @myheroistrane
@MedEdUnicorn It would also free #medstudents to focus on core abilities for their chosen specialty, rather than spend time on an unfocused test. #meded
Final Thoughts.....The debate rages on between norm-based or criterion or both. Getting away from strictly normed exams is what we need to do.

RT @myheroistrane; @MedEdUnicorn It would also free #medstudents to focus on core abilities for their chosen specialty, rather than spend t...

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Final thought: if assessment drives learning, we are laboring in a system where the assessments are focused on the wrong things. Time to fix this system! #MakeUSMLEPassFail #meded

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yes as leaders in education we must go beyond curriculum reform to assessment reform and both must happen together

final thoughts- thank you for the discussion tonight
Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email #meded

Which also requires evaluating what it means to be a successful program. Do 1st time board pass rates really mean your residency program is awesome? https://t.co/b4Oi3vB5IV

yes as leaders in education we must go beyond curriculum reform to assessment reform and bot...

Which also requires evaluating what it means to be a successful program. Do 1st time board pass rates really mean...

YES. I work on remediations with residents and *usually* failure isn’t a result of a lack of ability, but a lack of structure/accountability/ knowing what to do to succeed. #meded