

# Unconscious Bias and Its Impact on Feedback & Evaluations in Medical Education

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### My Background

Educational Psychology – Learning sciences





#### Today

- What is Unconscious Bias?
- Learning Environments
- Assessment
  - -Why?
    - Different Methods
- What to assess
- Equity in assessment
- Enhancing motivation, confidence, and learning
- Framing conversations around assessment data
- Reliability and Validity



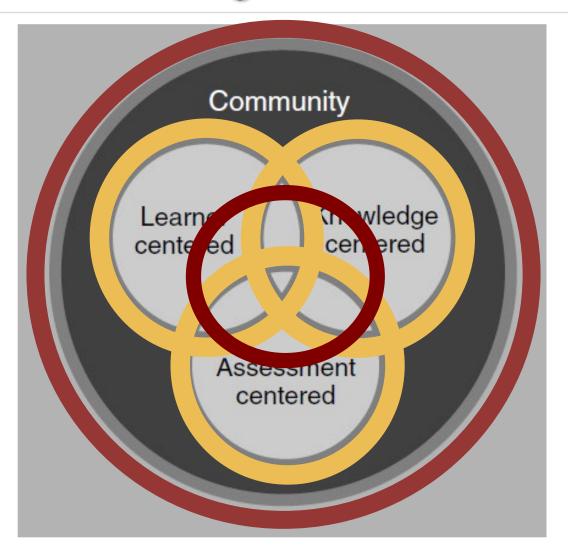


### Unconscious Bias (Implicit Bias)

- Prejudice or unsupported judgments in favor of or against one thing, person, or group as compared to another
  - Occurs automatically
  - Certain people benefit and other people are penalized
- Many unconscious biases tend to be exhibited toward minoritized groups based on factors such as:
  - Class
  - Gender
  - Sexual orientation
  - Race
  - Ethnicity
  - Nationality
  - Religious beliefs
  - Disability, etc.



### **Learning Environments**





Bransford, J.D., with Cognition and Technology Group at Vanderbilt 1998 Designing environments to reveal, support, and expand our children's potentials. *How People Learn.* Edited by Bransford, Brown, and Cocking.

#### Knowledge-Centered

- Things to consider...
  - Medical knowledge
  - Technical skills
  - Clinical reasoning
  - Applying knowledge and skills to practice
  - Interpersonal interactions





#### **Assessment-Centered**

- Things to consider...
- We assess to inform decisions
- Three broad purposes for assessment
  - -Assisting Learning Formative
  - -Measuring Individual Student Achievement Summative
  - -Evaluating Programs



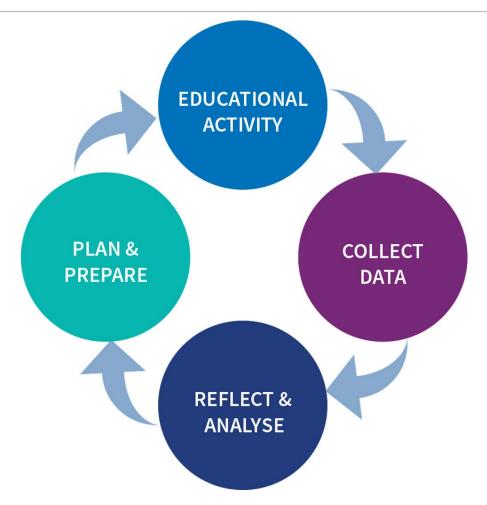
#### What are assessment and evaluation?

 Assessment: Estimate the nature, ability, or quality of something.

• Evaluation: The making of a judgement about the amount, number, or value of something.



#### Why Spend Time Planning for Assessment?



Graphic From Trinity College Dublin



#### **Assessment Plans**

- A plan ensures that our standards, instruction and assessment are aligned.
  - -Includes
    - Learning Objectives
    - Time Frame
    - Types of Assessment
- You should always know how you will assess before you teach!



### Some Assessment Types

Formal vs. Informal

Formative vs. Summative

 Traditional vs. Authentic or Performance



#### Different Assessment Instruments

- -Checklists
  - Especially good for performances where something happens or doesn't
- Rating Scales
  - Can be graphic, numeric, or descriptive
- -Rubrics
  - Good when you have multiple criteria being assessed
  - Clarifies standards



### Checklists

Airway assessed	
Spinal precautions maintained at all times	
Oxygen applied	
Chest auscultation	
Time between awareness of difference in breath sounds to start of decompression of	
pneumothorax <3 min	
Reassessment of chest after chest tube placement	
Assessed pulses	
Recognize initial hypotension and administer fluids/blood	
Full complete exposure	
ABCDE before secondary survey	
2nd IV access achieved	
Obtain chest x-ray	
Obtain pelvis x-ray	
Recognize pelvic fracture	
Perform FAST examination	
Verbalization of positive FAST	
Assessed pelvis	
Applied pelvic binder	
Proper technique for pelvic binder	
Assessed pupils	
Report GCS	
Insert Foley catheter	
Recognize repeat hypotension and administer blood	
Assessed temperature	
Recognized hypothermia	
Apply warm blankets / warming device	
Completed full secondary exam	
Obtained AMPLE history	
Administered pain control	
Administered TXA	
Verbalize indication for OR vs CT	
Time to disposition = 10 min</td <td></td>	
Total Score	/32



### Rating Scales

#### **Overall Performance**

5	4	3	2	1	
Excellent	Very Good	Good	Fair	Poor	NA



#### Rubrics

Topic	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Overall Approach Interaction with patient and nursing staff to successfully evaluate the patient and obtain pertinent clinical information in a timely and organized fashion	Organized approach results in efficient obtainment of clinical data, medical decision making, clinical treatment and notification of senior resident	Generally organized, however misses an important aspect of care	Becomes sidetracked in evaluation of the patient, resulting in loss of care efficiency.	Provides appropriate medical care but disorganized approach hinders the timing or delivery of that care	Scattered or disorganized approach interferes with timely care and management of the patient
	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Data Collection Orders diagnostic tests appropriate to and focused on the clinical setting	Obtained all critical data points	Obtained most of the critical data	Obtained some critical data	Required prompting to obtain critical data	Failure to obtain critical data
	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Differential Diagnosis Creates a differential diagnosis appropriate to the clinical setting	Comprehensive Included Critical Diagnosis	Appropriately Broad	3-4 Diagnoses	One or Two Diagnoses	No Differential Diagnosis
	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Medical Decision Making Appropriate to the clinical setting	Initiated all appropriate therapies Appropriate disposition of patient	Initiated some appropriate therapies	Delayed decision making resulted in delay of care	Some ideas but no clear decisions made	Delay in treatment of urgent condition Stumped
	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Communication and Interaction w/ RN	Requested appropriate work up at initial call Professional behavior. Good Communication.	Provided some Communication	Incomplete communication Didn't't request additional testing/info	Delayed or repetitive communication	Excessively delayed communication Required prompting Disregarded RN or Rude
	5 = High Performing	4 = Above Average	3 = Satisfactory	2 = Below Average	1 = Poor Performing
Communication with Senior Resident	Called Senior in timely, appropriate fashion Concise report, with all needed information	Called within appropriate time period. Missing minimal information	Call delayed or missing some info	Required prompting to call senior	Excessively delayed Communication Required excessive prompting

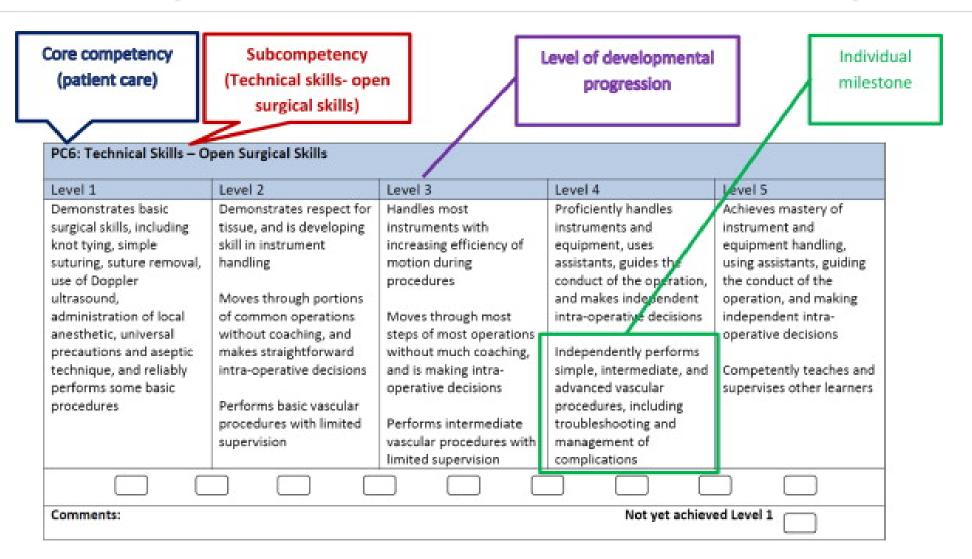


#### What to assess?

- Core Competencies and Milestones
  - -Give shared picture of the behaviors trainees will demonstrate when they are novice learners, advanced beginners, competent, proficient or experts
  - Can the integrate all these behaviors to deliver care in different clinical settings of contexts

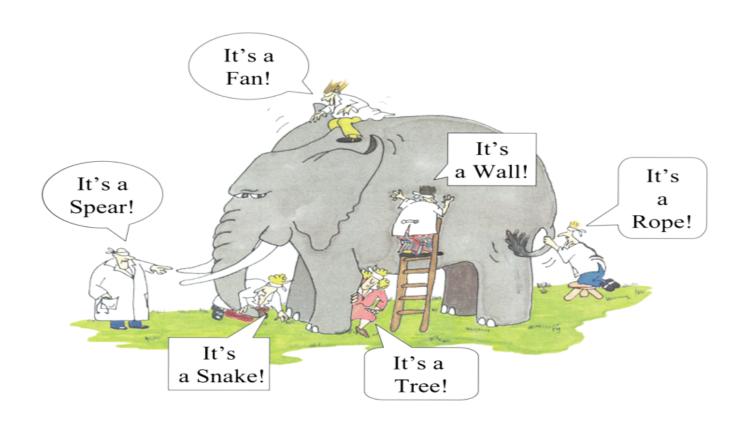


#### Competencies and Milestones Example





#### Reductionist vs holistic assessment





#### **Entrustable Professional Activities**

- Work-based assessment
- Holistic assessment
  - Integrating all competencies
- Learner-driven
- Directly observable
- Frequent
  - NOT the same as end of rotation evaluation. Base solely on interaction being evaluated
- Level of entrustability for same EPA may change based on clinical context
  - -Sicker patient, more difficult interpersonal skills, harder case





#### Assessment for Enhancing Motivation & Confidence

- More frequent assessment is more effective than less frequent
- Providing feedback
- Self & peer assessment
- Adjusting instruction based on assessment



#### Good Feedback to Support Learning

- Approach uses a non-threatening but honest approach
- Sets Goals/Expectations goals and expectations for performance are clearly set
- Objective focuses on clinical skills and targets specific behaviors for change
- Specificity clear and focused areas for improvement are identified
- Application reinforces how improvement and growth relate to future clinical practice
- Quantity concise yet comprehensive



#### Community-Centered

- Things to consider...
  - Adult learners must be active participants in their learning
    - Self-regulated learning
    - Application to practice
  - Appropriate skills are needed to be active learners
  - Forming of relationships and trust facilitate an environment for effective learning and practice to occur
  - How do we view ourselves as teachers and learners?



#### Equity

 Equity – focus on what individuals and groups bring to learning situations and how this may influence what they get out of it

#### Guiding Principles for Equity by Design

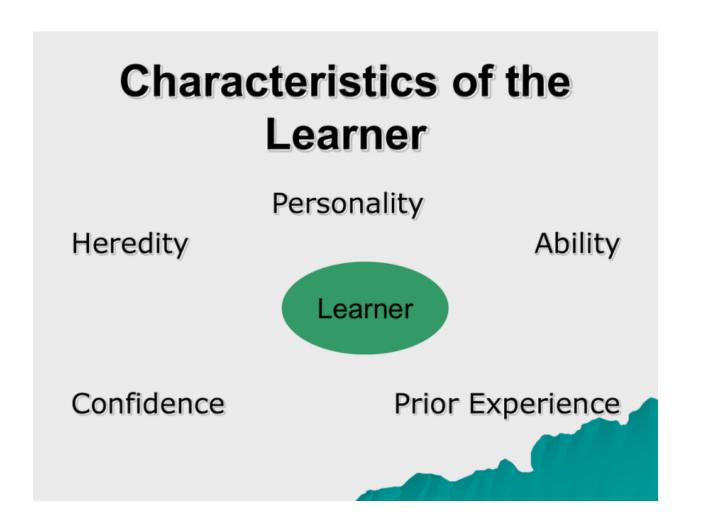
- (1.) Clarity in language, goals, and measures is vital to effective equitable practices.
- 2.) Equity-mindedness should be the guiding paradigm for language and action.
- 3. Equitable practice and policies are designed to accommodate differences in the contexts of students' learning—not to treat all students the same.
- 4.) Enacting equity requires a continual process of learning, disaggregating data, and questioning assumptions.
- 5.) Equity must be enacted as a pervasive institution- and system-wide principle.

Sources: Bensimon, Dowd, and Witham 2016; and Witham et al. 2015.



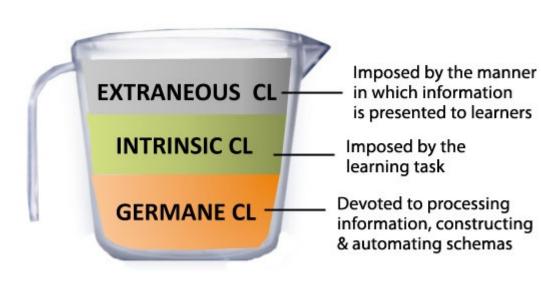
#### Learner-Centered

- Things to consider...
  - Not about doing things exactly as the learner wants
  - Is about understanding what a learner brings to the situation





#### Cognitive Load, Expertise, Visualization

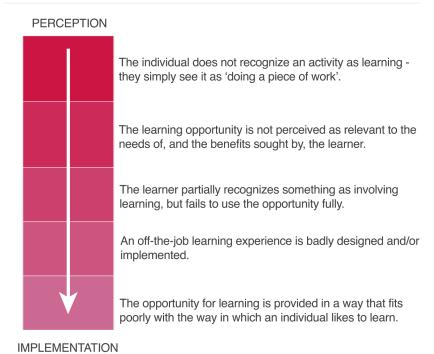




#### **Learning Inefficiencies**

The continuum from failures of perception to failures of implementation

A five-point scale of learning inefficiences







#### Individual Learning Plans (ILPs)

Only as good as the data you put into it and the actions it allows you to

take

	Stage 1 – Desired Res	sults		
ESTABLISHED	Transfer			
GOALS	Students will be able to independently use their learning to			
The enduring	Refers to how students will transfer the knowledge gained from the lesson, unit, or course			
understandings and	and apply it outside of the context of the course.			
learning goals of the	and apply to define or the content of the con-			
lesson, unit, or	Meaning			
course.	UNDERSTANDINGS	ESSENTIAL QUESTIONS		
	Students will understand that	`		
		Refers to the provocative questions that		
	Refers to the big ideas and specific	foster inquiry, understanding, and transfer		
	understandings students will have when	of learning. These questions typically frame		
	the complete the lesson, unit, or course.	the lesson, unit, or course and are often		
		revisited. If students attain the established		
		goals, they should be able to answer the		
		essential question(s).		
	Acquisition			
	Students will know	Students will be skilled at		
	Refers to the key knowledge students will	Refers to the key skills students will		
	acquire from the lesson, unit, or course.	acquire from the lesson, unit, or course.		
	Stage 2 – Evidence and As	ssessment		
Evaluative Criteria	Assessment Evidence			
	PERFORMANCE TASK(S):			
Refers to the various				
types of criteria that	Refers to the authentic performance task(s)			
students will be evaluated on.	the desired understandings or demonstrate			
evaluated on.	performance task(s) are typically larger assessments that coalesce various concepts and understandings like large projects or papers.			
	understandings like large projects or papers	*		
	OTHER EVIDENCE:			
	OTHER EVIDENCE.			
	Refers to other types of evidence that will sh			
	achievement of the desired results. This includes quizzes, tests, homework, etc. This is			
	also a good point to consider incorporating self-assessments and student reflections.			
	Stage 3 – Learning F			
	Summary of Key Learning Events an	nd Instruction		
This stage encompasses the individual learning activities and instructional strategies that will be employed. This includes lectures, discussions, problem-solving sessions, etc.				



https://cft.vanderbilt.edu/guides-sub-pages/understanding-by-design/

#### **FUEL Model to Frame Conversations**

FUEL is a flexible framework designed to facilitate behavioral change and outcomes while challenging assumptions.

Supporting learners in self-reflection.

- Frame set purpose and frame the conversation
- Understand use data to understand
- Explore explore the desired outcomes, brainstorming
- Lay lay the plans



#### Using the FUEL Model

#### Frame the Conversation

Identify the issue, process, and outcomes

#### **Understand the Current State**

- Explore the learner's POV
- Explore consequences
- Offer perspective

#### **Explore the Desired State**

- What does success look like? What are the goals?
- What are some possible approaches?
- What are barriers?

#### Layout a successful plan

- Action plan and timeline
- What resources are available?
- Set milestones and plans for accountability



### Clear Objectives

For Training Program

For Development or Remediation Plans







#### Reliability

- Consistency of information
  - -Signal / Signal + Error/Noise

#### Different types of reliability, including –

- Test Retest
  - Measuring at different points
- Internal Consistency
  - Looking at item error variance
- Interrater Reliability
  - Agreement between raters
- All assessments include error!





#### Validity

 The estimate of performance and any associated decisions from the data are warranted

#### Different types of validity, including –

- Face validity: expert review
- Content validity: items measuring what trying to measure
- Construct validity: degree to which a construct is measured
- Concurrent validity: relation to other similar constructs
- Discriminate validity: can distinguish among groups/levels
- Predictive validity: data indicative of later performance



#### In Summary

- Assessments are our "data points" that inform decisions BUT are susceptible to bias
- Assessment can take multiple forms within the learning environment
- Expectations should be set and articulated to learners
- Assessments should be <u>formative</u> as well as <u>summative</u>
- Individual Learning Plans (ILPs) can help to organize assessment observations and facilitate conversations around learning progression
- Reliability and validity must be considered



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## Thank you!

Comments? Questions?

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