



Developing self-assessment in an osteopathic curriculum

**A comparison between self-assessed and externally assessed
undergraduate clinical evaluations**

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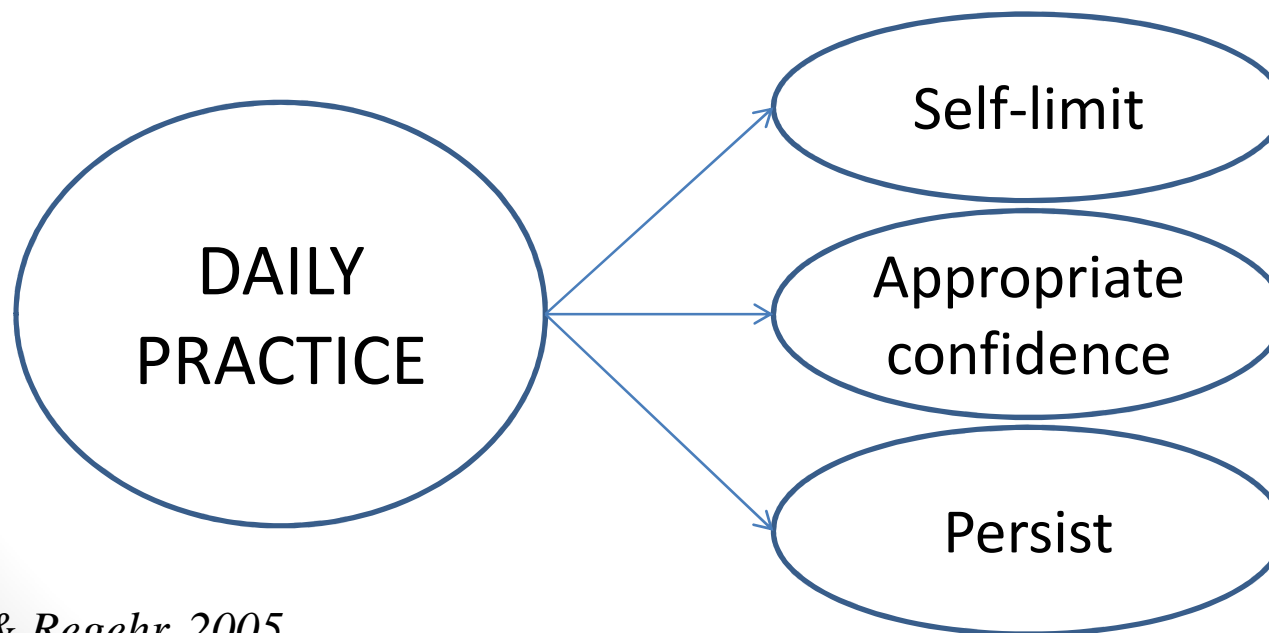
OsEAN Open Forum 2014 : « Innovation in Osteopathic Education »



What is self-assessment ?

« Self-assessment functions both as a mechanism for identifying one's weaknesses and as a mechanism for identifying one's strength »

Why is it important for healthcare professionals?

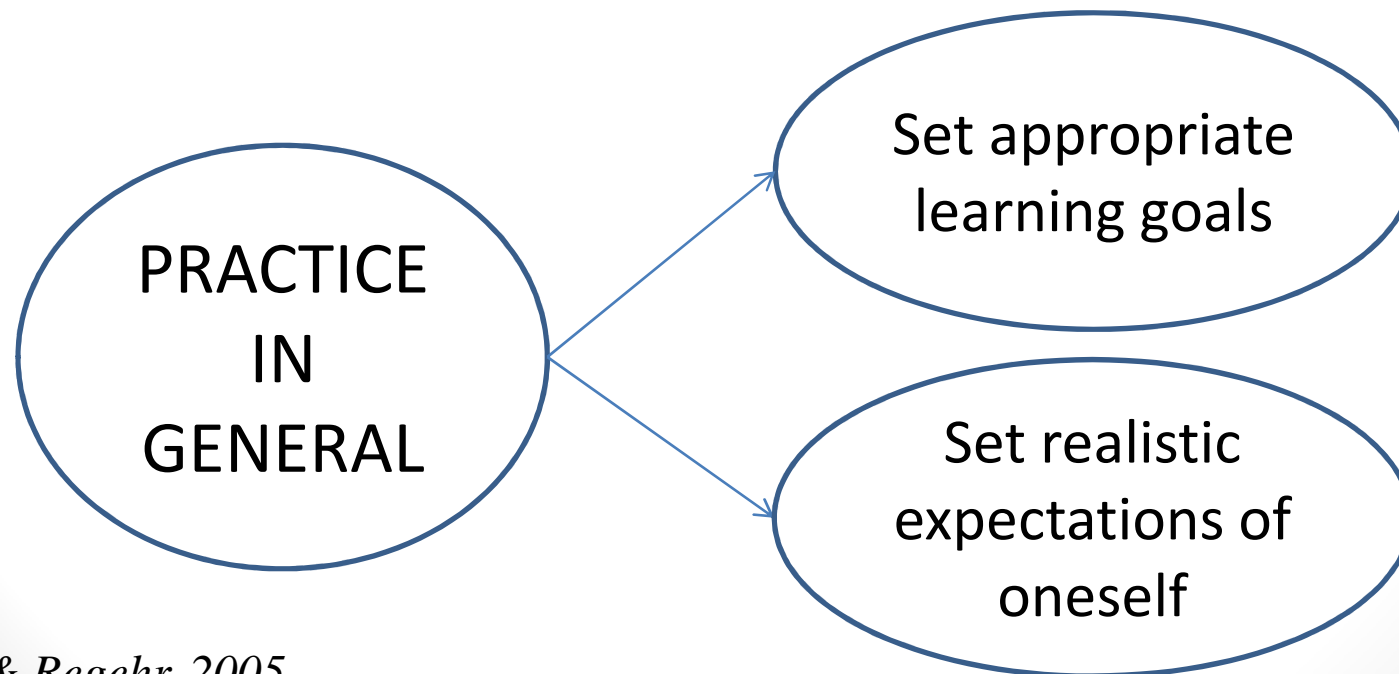




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Implementing the concept in an osteopathic curriculum

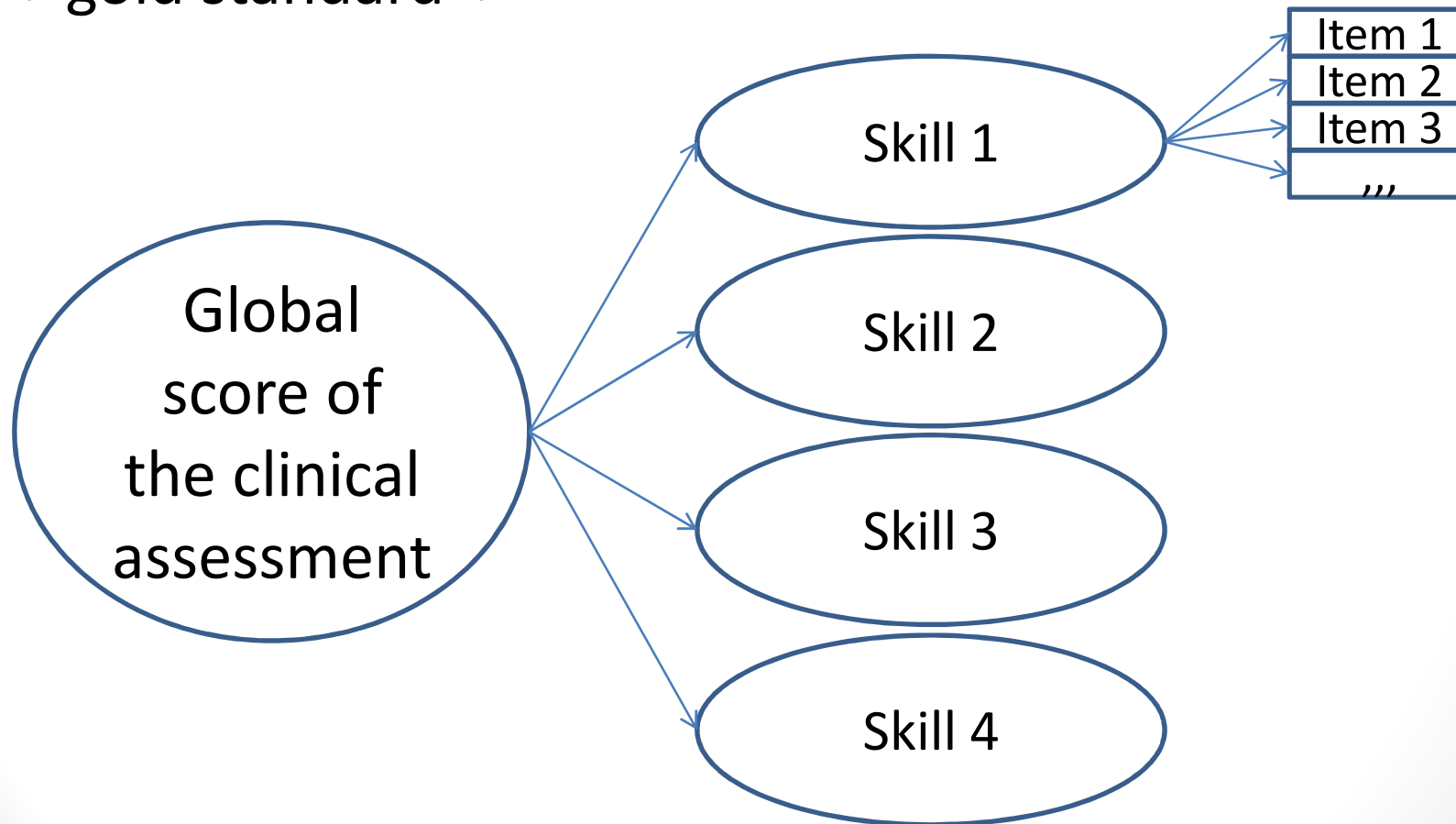


- Each student is assessed 4 times during the clinical hours of his last year
- At the end of these clinical assessments, the student fills in a self-assessment form
- The assessor fills in a similar form
- Students and assessors debrief on the consultation and comment the student's self-assessment

How close is the student's self-assessment to the « expert » assessment, in general ?

Main objective

Assess the validity of 5th year students's self-assessment capacities when compared to a « gold standard »



3 levels of analysis : global score, skills and items

Population



5th year students who never repeated a clinical year and gave their informed consent

Assessors

- Trained osteopath
- Graduated at least 5 years ago
- At least 5 years of clinical tutoring experience.

-> We gathered the results of the first two clinical assessments

The assessment form



Based on the 6 osteopathic skills defined by the SNESO organisation with the help of Professor Jacques Tardif (2012)

- 1) PROFESSIONALISM
- 2) INTERPERSONAL SKILLS
- 3) DIAGNOSTIC PROCESS
- 4) TREATMENT

- 5) EVIDENCE-BASED PRACTICE
- 6) PRACTICE MANAGEMENT



Assessed during
the clinical
evaluations

The assessment form



Skills	Number of items
Professionalism	4
Interpersonal skills	8
Diagnostic process	11
Treatment	7



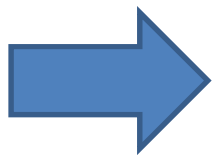
28 items rated
on a 3-point
Likert scale

Not-acquired	Acquired	Mastered
1	2	3

The assessment form



Skills	Number of items	Skill score
Professionalism	4	/12
Interpersonal skills	6	/18
Diagnostic process	11	/33
Treatment	7	/21



Summation of each item to reach a global score. Maximum : **84**



Imputation of missing data by the mean of the other items of the skill, when at least 2/3 was available

Statistical analysis



Comparison of self-assessments and external assessments

- Spearman correlation coefficients for the global scores and each skill score
- Weighted kappa coefficients for each item

Results : Population



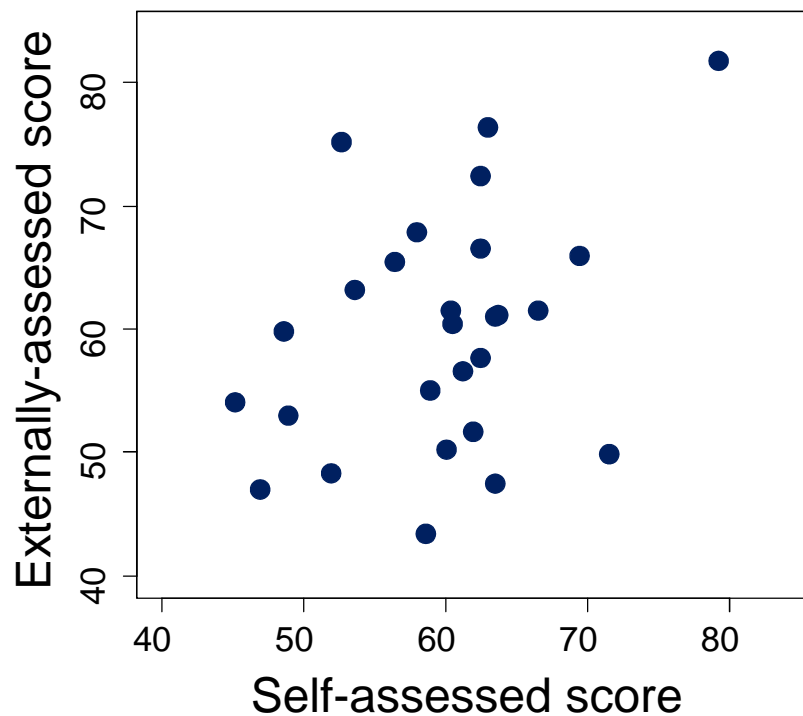
1st assessment → 27 students, 10 male/17 female,
mean age 24,3 years old (+/- 1,8)

2nd assessment → 21 students, 6 male/15 female,
mean age 24,6 years old (+/- 1,7)

Results : Global scores

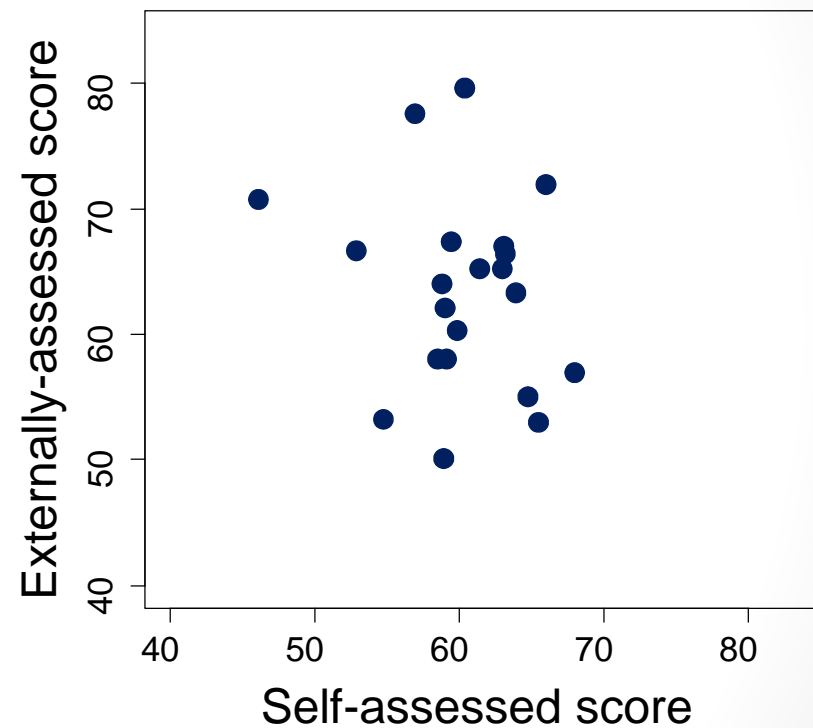


1st assessment



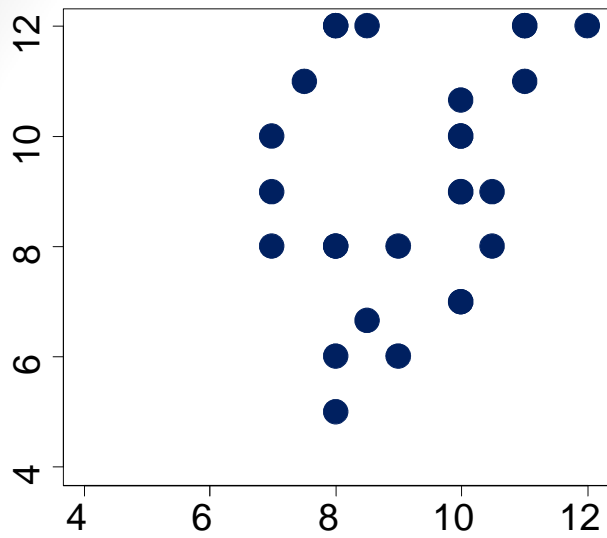
$$\rho = 0,29 \quad (p=0,1403)$$

2nd assessment



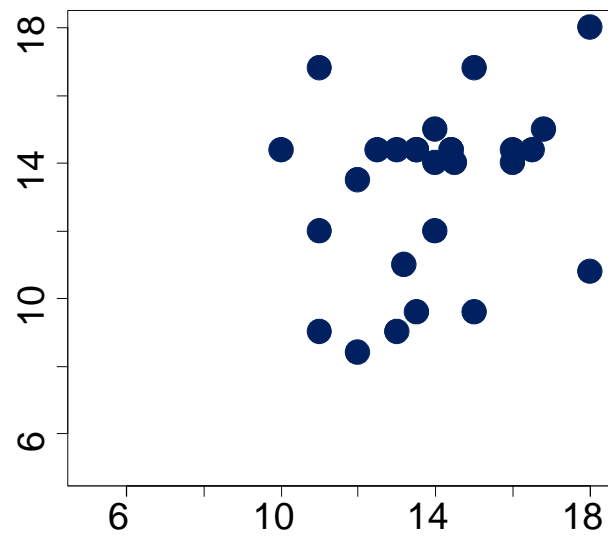
$$\rho = - 0.12 \quad (p=0,6127)$$

Results : Skill scores, 1st assessment



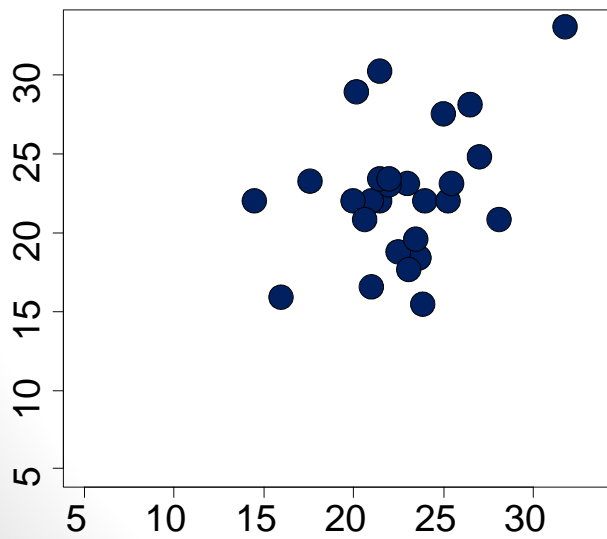
$\rho = 0,27$

Professionalism



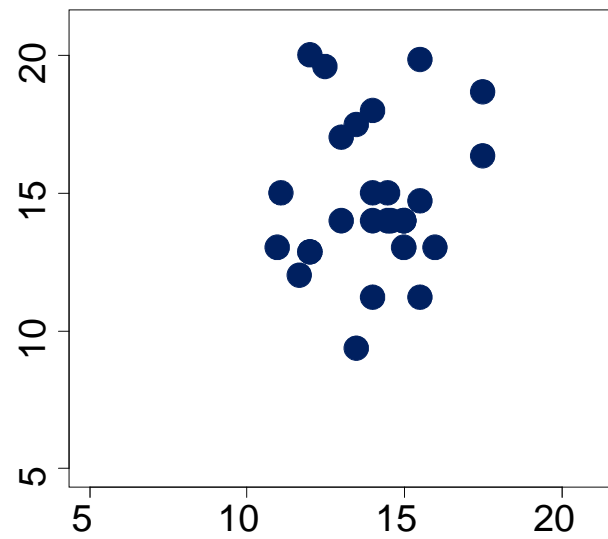
$\rho = 0,28$

Interpersonal skills



$\rho = 0,18$

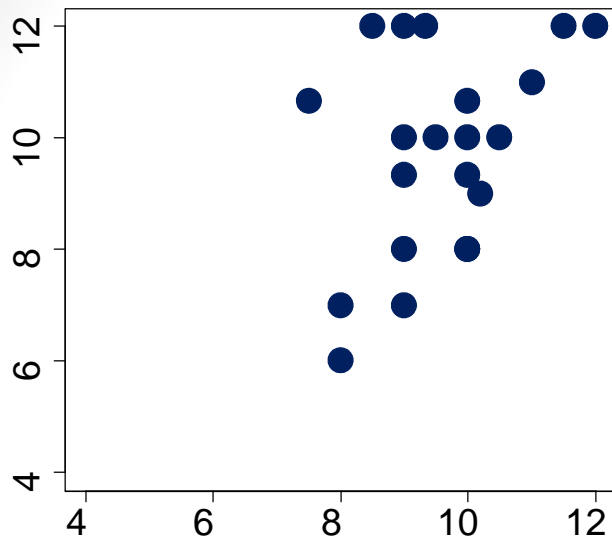
Diagnostic process



$\rho = 0,12$

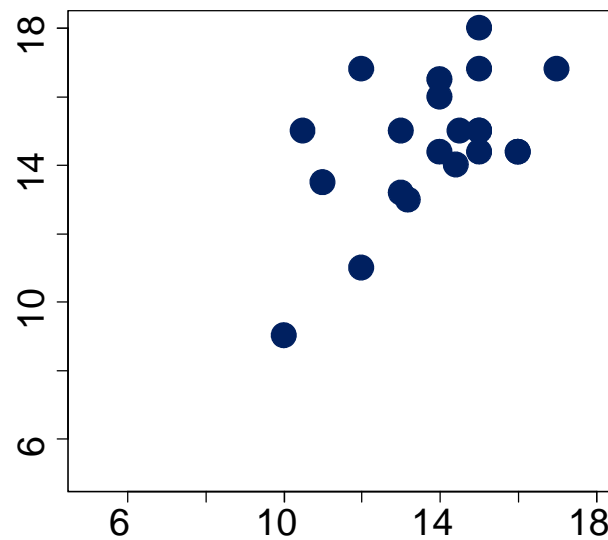
Treatment

Results : Skill scores, 2nd assessment



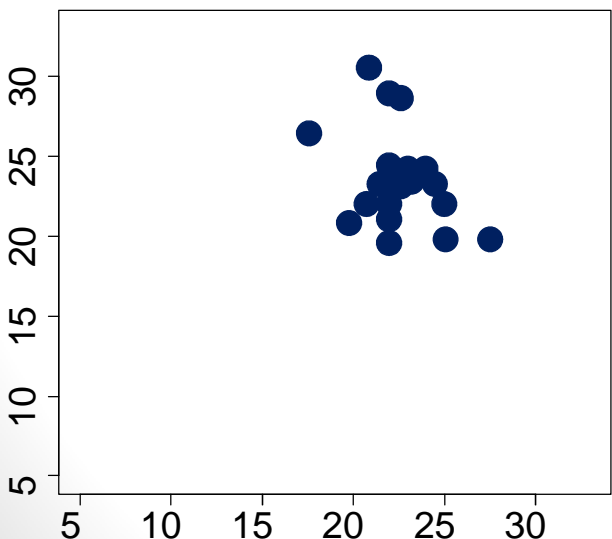
$\rho = 0,31$

Professionalism



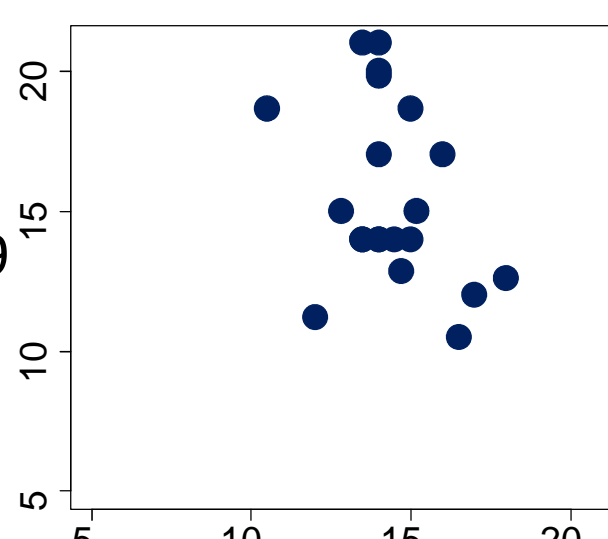
$\rho = 0,41$

Interpersonal skills



$\rho = -0,19$

Diagnostic process



$\rho = -0,33$

Treatment

Results : Item analysis



Most kappa values are lower than 0.4 , confirming the global results : There is poor concordance between self-assessment and external assessment.

→ Mean kappa values are higher for Professionalism and Interpersonnal skills

→ Kappa values are globally lower for Diagnostic and Treatment skills

Results : Item analysis



Best kappa values :

- Informing on the treatment ($\kappa = 0,41$ & $0,30$)
- Listening and empathy skills ($\kappa = 0,48$ & $0,21$)
- Confront history taking with palpation ($\kappa = 0,5$ & $0,49$)
- Hypothesis making ($\kappa = 0,29$ & $0,29$)

Worst kappa values :

- Palpation skills ($\kappa = 0,18$ & $-0,44$)
- Static and dynamic observation ($\kappa = -0,18$ & $0,04$)
- Adapting the treatment to the type of patient (child, pregnant women...) ($\kappa = -0,29$ & $-0,18$)

Discussion



1. Although the results of the first assessment are positive, the global feeling is that there is poor concordance.

- Self-assessment is a new concept for students
- Design of the scale : 3 point not enough ?
- Complexity of evaluating an osteopathic consultation

Discussion



2. Interestingly, self-assessments seem harder for diagnostic and treatment skills.

- Does it really come from the students ?
- Particularly for assessments that rely on subjectivity ?
- Do we need to clarify our expectations to the students ?

Discussion



→ Some Limits

- Pilot study : need to increase assessments
- Students may not measure the importance of self-assessment and don't fill the forms seriously.
- A heterogeneity of assessors

Conclusion



This type of analysis can reveal the strenght and weaknesses of :

- The appreciation by the students of the skills they're supposed to master
- An item-based assessment process.

Perspectives



- Sensibilizing the students to the importance of self-assessment
- Self-assessment as part of a portfolio approach of learning
- Modify the assessment form in light of what we've learned
- Analyse the psychometric properties of a global scale? (reliability, construct validity...)



Thank you for your attention...

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