
Peer assessment and professional development

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Thanks to...

- Helena Davies – some slides
 - Steve Lurie – quantitative analyses
 - Anne Nofziger, Betsy Naumburg, Barbara Davis – qualitative analyses
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Goals of Assessment

- Providing direction and motivation for future learning
 - Protecting the public
 - Choosing among applicants for advanced training
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Criteria for usefulness of an assessment

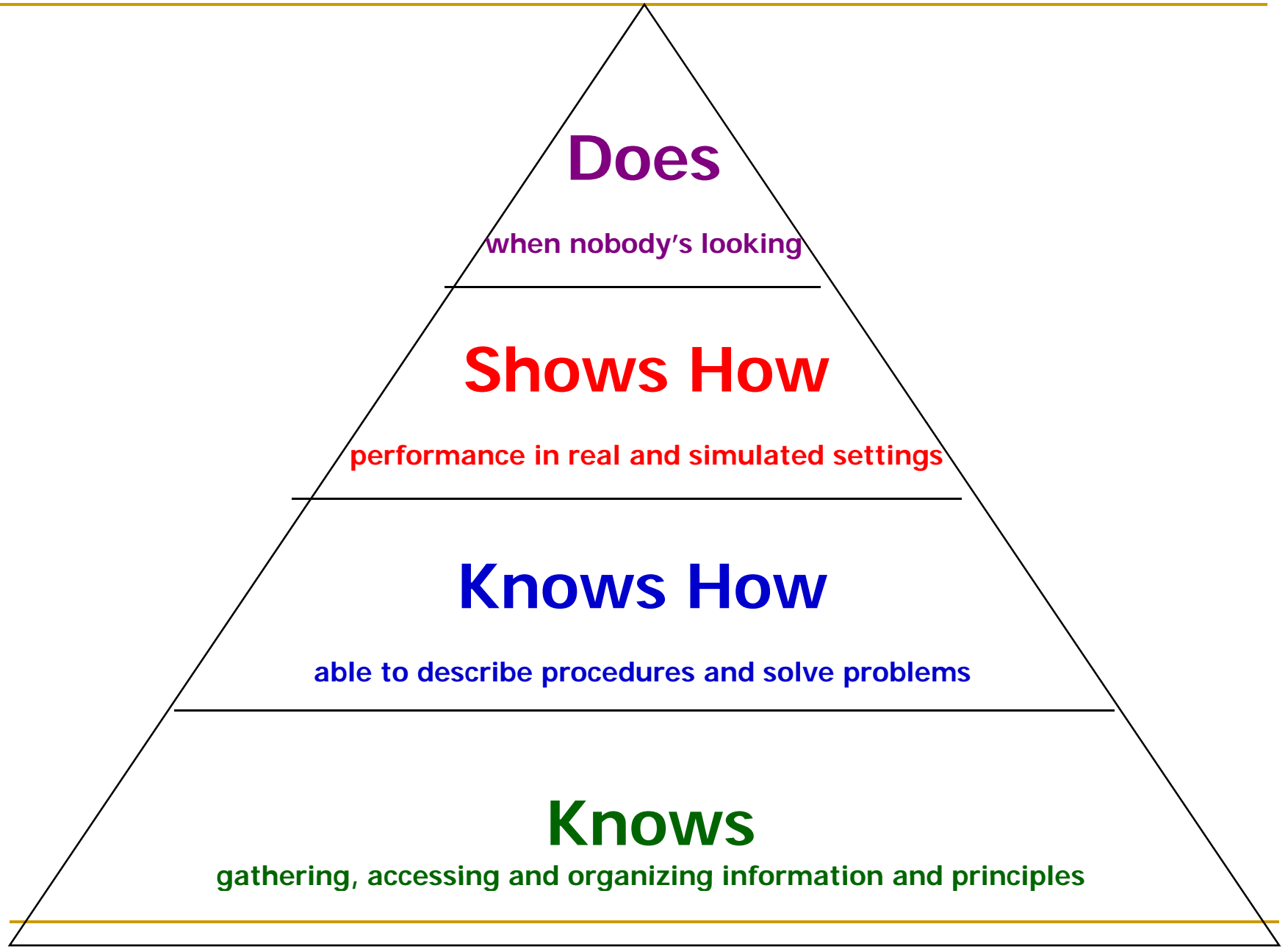
- *Reliability* = accurate and reproducible
- *Validity* = measures what it claims to measure
- *Impact* on future learning and practice
- *Acceptability* to learners and faculty
- *Costs* to the trainee, the institution, and society

Competence is:

The habitual and judicious use of communication, knowledge, technical skills, evidence-based decision-making, emotions, values and reflection to improve the health of the individual patient and the community.

But,...

How do you assess a habit?

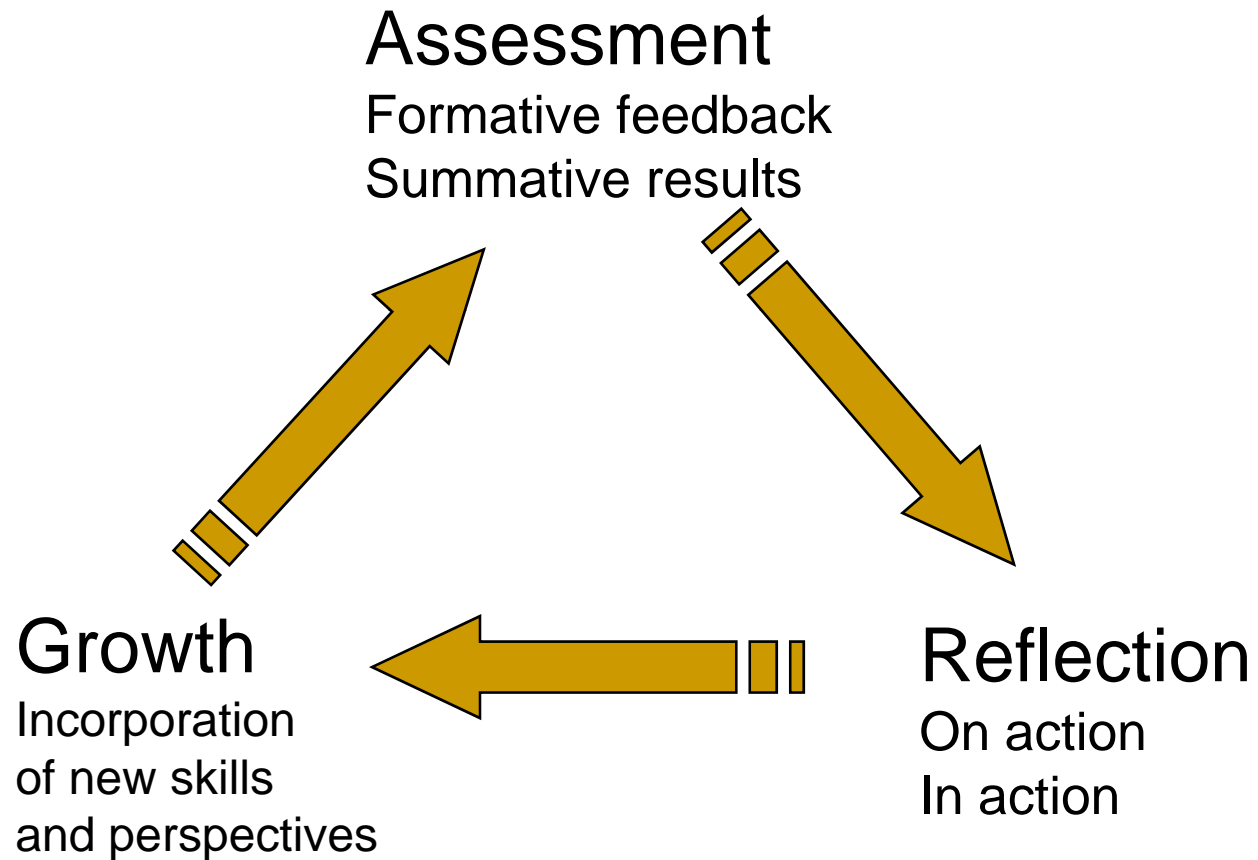


Assessing practice: The Miller Pyramid

Formative assessment

High-quality timely data presented in a facilitating environment with the goal of achieving enduring perceptual, attitudinal, emotional and/or behavioral change in the learner.

Assessment, reflection and growth



Formative feedback: the evidence

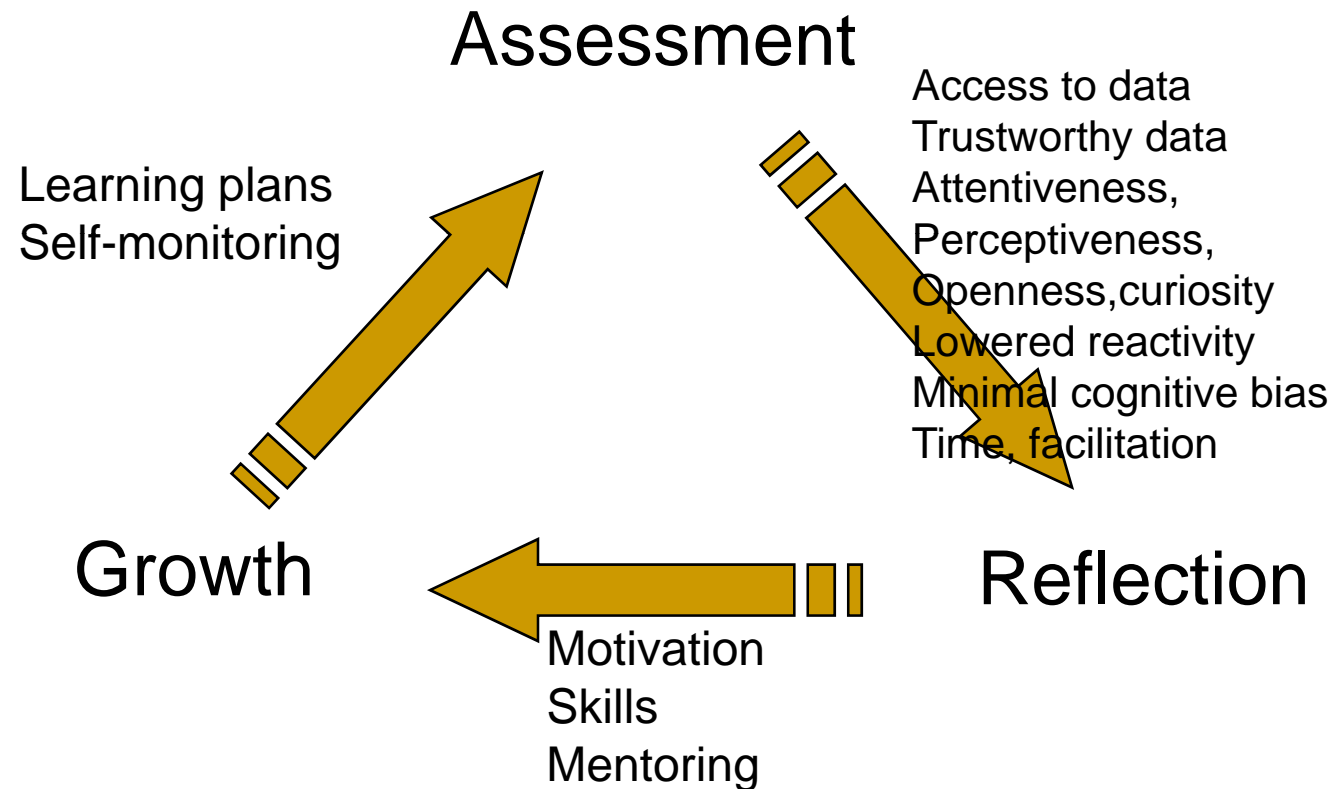
- Reactions to feedback influenced by
 - Perceived accuracy
 - Perceived credibility
 - Perceived usefulness
 - Feedback alone does not change behavior; behavior change is enhanced by
 - **Goals** that people set in response to feedback
 - Mentoring / coaching
 - Extremely negative feedback can lead recipients to abandon their goals
-

Personal growth

- Changes that can be noted by others
- Personal impact that cannot be directly observed



Assessment, reflection and growth



How does feedback lead to learning?

- Feedback



- Assimilation of new data



- Reflection on prior actions with a new perspective (reflection on action)



- Planning to incorporate the products of reflection into practice (learning plans)



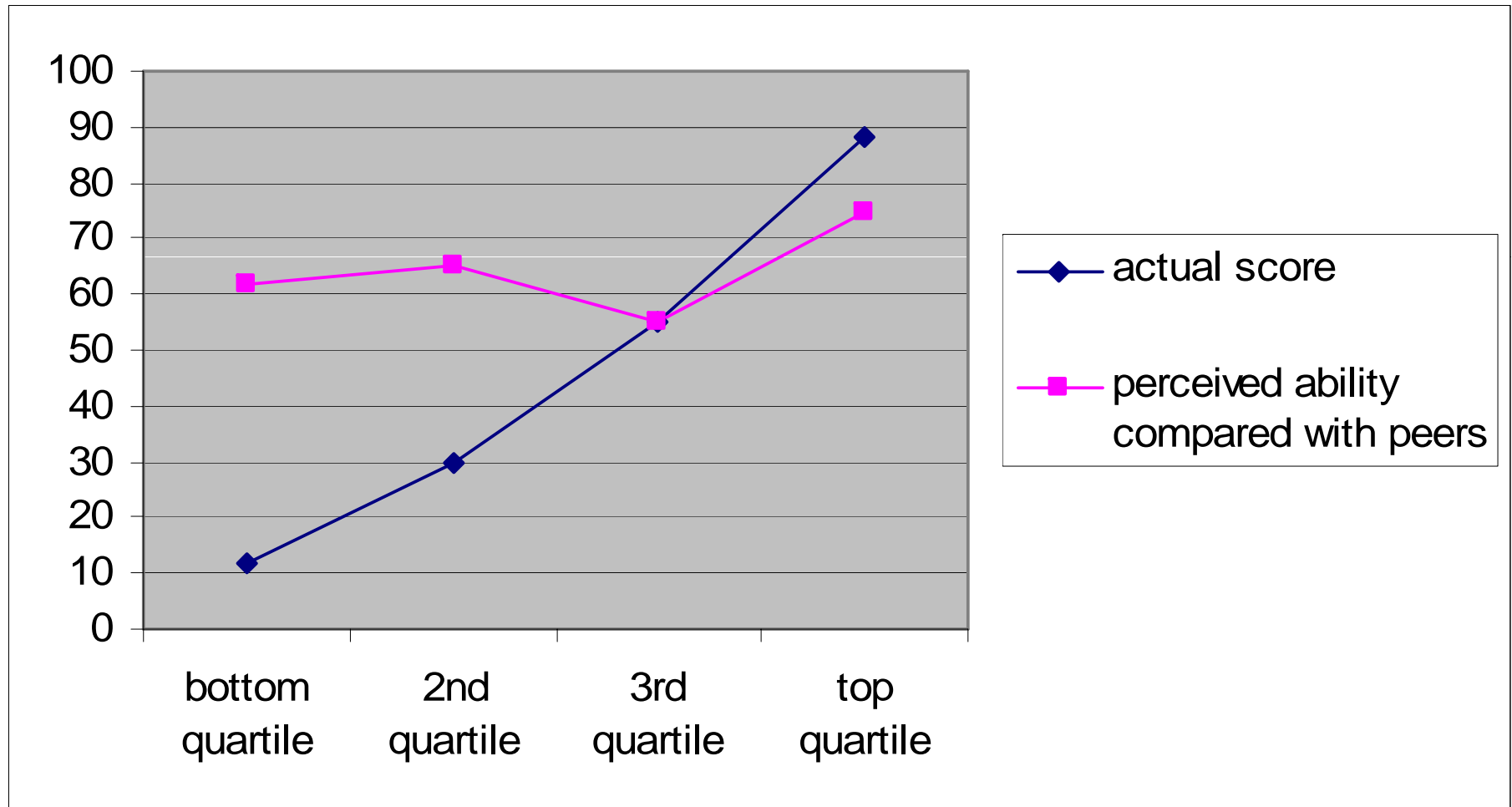
- Creating a space in which reflection during action can actually occur



- Mindfulness to monitor actual behavior on an ongoing basis (reflection-in-action)
-

Are you a good driver?

Insight and Competence



Kruger and Dunning, 1999

The need for assessment: limitations of self-knowledge

- Lack of data, or poor quality data, upon which to base self-assessments
 - Inability to perceive (“tone deaf”)
 - Lack of awareness of one’s own biased perceptions
 - Poor or biased judgments
 - Lack of awareness of tacit heuristics
 - Cognitive dissonance
 - Hyper-reactivity to / avoidance of disconfirming data
 - Socially desirable self-perceptions (“Of course I am compassionate/thorough/capable/etc...”)
-

Results of flawed self-assessment

- Premature closure
- Self-deception
 - “Imposing a definition on things (or oneself) and then mistaking the definition for the actual experience”

Why peer assessment?

- Peers observe *different things* than others might, in multiple settings
 - Peers observe each other during spontaneous performances
 - Superiors view trainees (usually) during rehearsed performances
 - Peers observe *with different eyes* than others might
 - Peer feedback may be *more credible* to the receiver
-

Why peer assessment?

- Peer feedback may be perceived *as useful and transformative* by learners
 - Peer assessments may *predict future academic performance*
 - *Peers can be trained* to provide high quality feedback
 - Peers may provide reliable measures with a *manageable number of raters (6-12)*
-

Prior Research (1960-2000)

- 360-degree evaluation in industry
 - Peers can rate two distinct domains (Ramsey):
 - Cognitive / work habits
 - Interpersonal dimension
 - Correlate with nurse and patient ratings, but poor correlation with superiors' ratings (DiMatteo)
 - Untrained peers gave more global than specific ratings
 - Peers selected by the trainee/physician gave similar ratings to those chosen at random
 - ~~Mostly formative use~~
-

Prediction of future performance

- Internship performance (better than grades or faculty evaluations [Korman])
 - No correlations better than grades in untrained raters (Arnold)
-

Current uses of peer assessment

■ Practice

- Physician Achievement Review (PAR) - Canada
 - Physician achievement questionnaire (PAQ)
 - Targeted - IMGs, poorly performing physicians, others
- Physician Associate Rating (PAR – Ramsay) – used by ABIM for voluntary recertification
- Anesthesiologists - clinical, communication, professionalism
- Family physicians

■ Training

- All interns/residents in the UK
 - Various residency and med school programs
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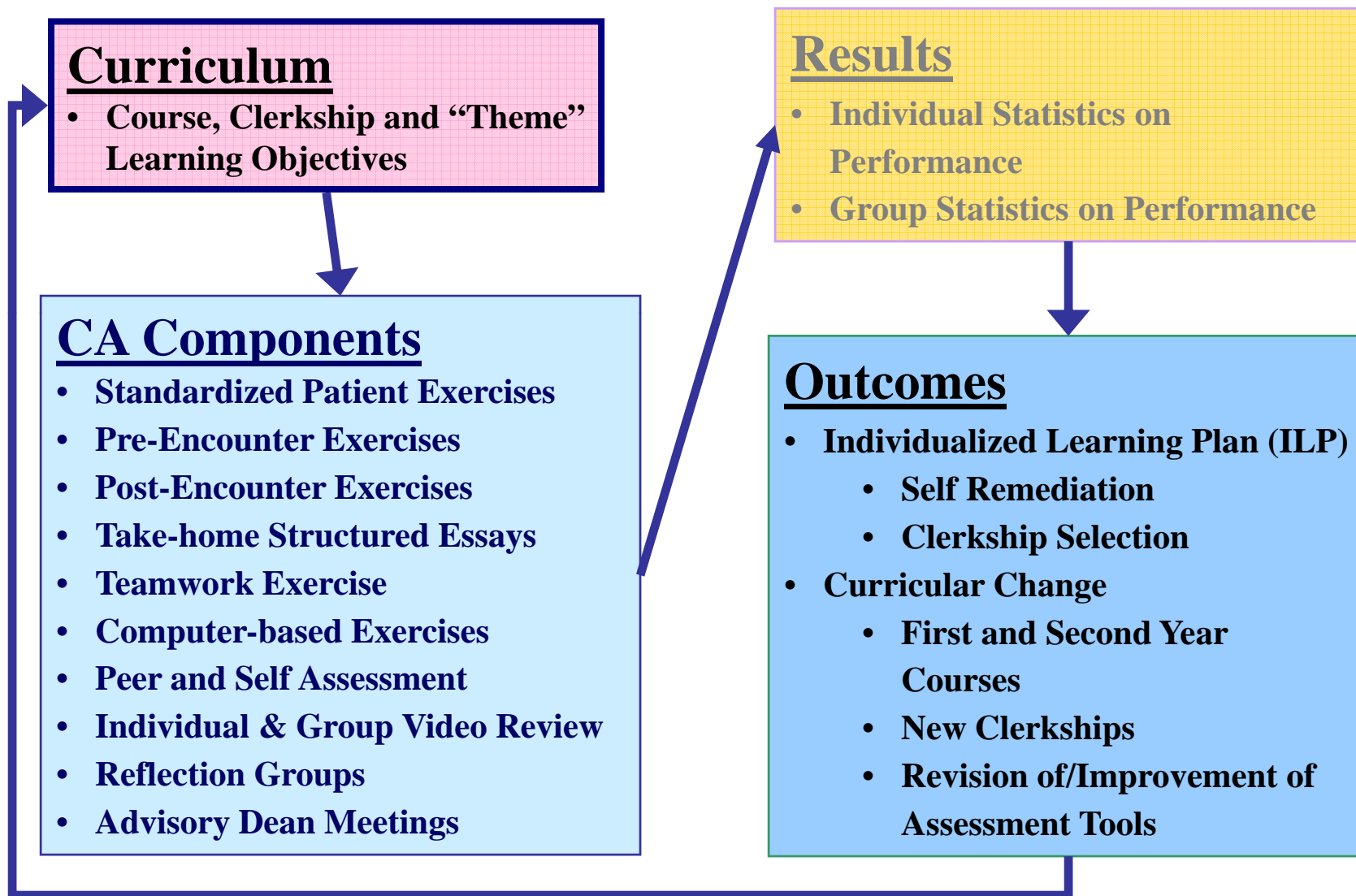
You want me to do *what*?

Considerations in designing our peer assessment program

- Embedded in a multimodal comprehensive assessment period that
 - Provides a wide range of data about performance
 - Emphasizes reflection
-

Comprehensive Assessment of Medical Students

University of Rochester (March, year 2; June, year 3)



Considerations in designing our peer assessment program

- Areas identified that peers can assess that others cannot
 - Emphasis on preparation, respect, confidentiality, anonymity
 - Formative intent but rigorous and required
 - Mentoring from trusted faculty members
 - Safety net for students in distress
 - Method for screening for inappropriate comments and unprofessional behavior
 - Linked to parallel self-assessments, and a structured learning plan with accountability and follow-up
 - Patient assessments attempted as well.
-

Peer assessment in Rochester: process

- When: comprehensive assessment year 2 and year 3
 - Preparation
 - Interactive feedback workshop
 - Clear description of the purpose and process
 - Confidentiality and trust are essential
 - Who: all students assess 6 – 10 peers, assigned based on group work together
 - Completed online, during unscheduled time, likert items and comments, may choose to sign comments
-

Peer/Self Evaluation: Work Habits

<i>Low/Unsatisfactory</i>		<i>High/Exceptional</i>
Consistently seems unprepared for sessions.	1 → 5 Likert Scale	Consistently well-prepared for sessions; presents extra material; supports statements with appropriate references.
Overlooks important data and fails to identify or solve problems correctly.		Identifies and solves problems using intelligent interpretation of data.
Unable to explain clearly his/her reasoning process with regard to solving a problem, basic mechanisms, concepts, etc.		Able to explain clearly his/her reasoning process with regard to solving a problem, basic mechanisms, concepts, etc.
Lacks initiative or leadership qualities.		Takes initiative and provides leadership.
Only assumes responsibility when forced to or stimulated for personal reasons; fails to follow through consistently.		Seeks appropriate responsibility. Consistently identifies tasks and completes them efficiently and thoroughly.
Dependent upon others for direction with regard to his/her learning agenda.		Directs own learning agenda; able to think and work independently.

Peer/Self Evaluation: Interpersonal Attributes

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Does not seek feedback; defensive or fails to respond to feedback.		Asks classmates and professors for feedback and then puts suggestions to good use.
Pleases superiors while undermining peers; untrustworthy.		Presents him/herself consistently to superiors and peers; trustworthy.
Hides his/her own mistakes; deceptive.		Admits and corrects his/her own mistakes; truthful.

Peer/Self Evaluation: Other items

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I have concerns for his/her future patients.	1 2 3 4 5	I would refer my own family or patients to this future physician or ask this person to be my own doctor.

Structured reflection

- Students review comments
 - Individually
 - in familiar advising groups
 - In individual meetings with advisory dean
-

Narrative comments: examples

“I think at times people underestimate your knowledge base simply because they have not heard/understood the nuances of what you present in your arguments. Sometimes you are difficult to understand due to your accent. It would be helpful in group sessions if you would enunciate and project your voice more, and others in the group should encourage you to do this.”

Narrative comments

“He has a domineering personality and seems barbaric when he interacts with classmates in lab or group work. He answers multiple phone calls during lecture which distracts the class. He also seems to ask questions that sometimes turn into a confrontation between him and the lecturer. Sometimes I feel as though he feels medical school is a waste of his time because he leaves labs abruptly.”

---Signed

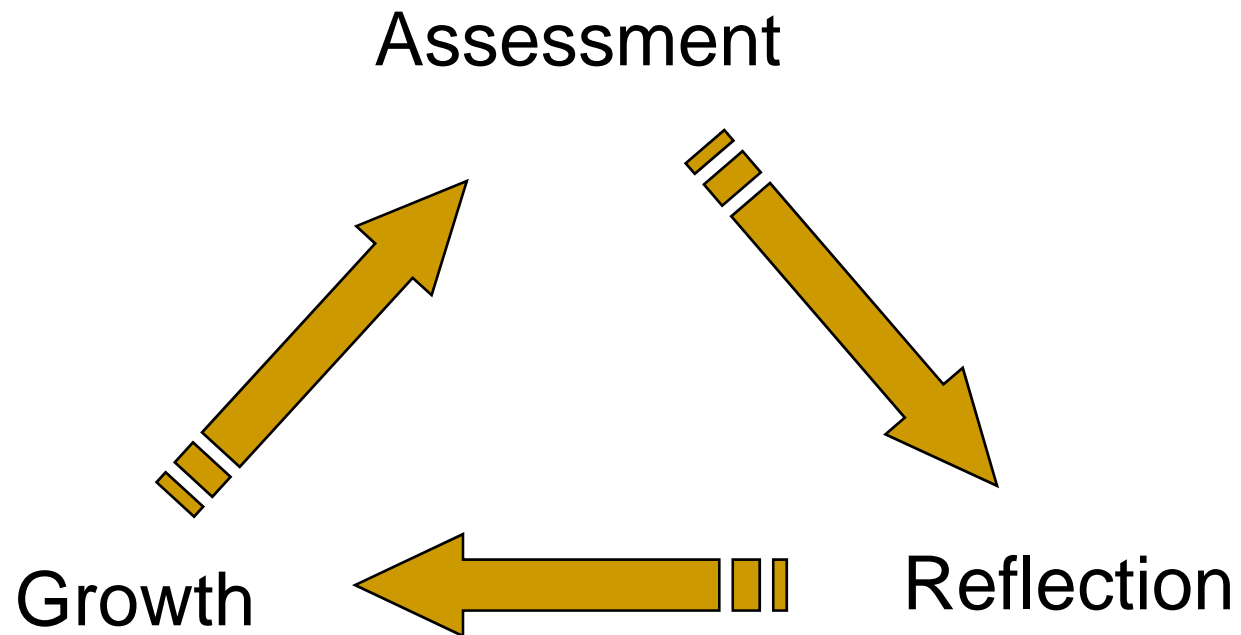
Then students produce Individual Learning Plans

- Self-directed
 - Structured
 - Supervised
 - Accountability and follow up
 - A work in progress
 - Must include at least one “personal development” goal; these often come from peer assessment
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A sample individualized learning plan

Learning goal	Method of achieving goal	Date of review and Completion	Means of verification	Concerns and comments
Differentiate pathologic from non-pathologic cardiac murmurs	Round with cardiologist or geriatrician, review of heart sounds tape	May 1 2009	Cardiology fellow to confirm my exam 5x with different murmurs. Complete post-test on computer module.	Need to sign up for cardiology or geriatrics elective, need advice which would be the best site
Ask questions when I don't understand something	Mention to senior resident on team at beginning of rotation, get weekly feedback	April 1, 2009	Evaluation by supervising resident	
Be a better "team player"	Seek to understand others before seeking to be understood	July 1, 2009	My next peer assessment	Need to schedule time to do this, otherwise I'll procrastinate

Is there evidence that peer assessment leads to reflection and growth?



Studying impact of peer assessment: questions

- What feedback from the peer assessment makes a lasting impression on students?
 - How does peer assessment affect students' professional development?
-

Qualitative analysis of impact narratives

- Descriptions of the content of the comments, including positive, negative, whether consistent themes were present
 - Student's emotional reactions to PA, e.g. appreciation, anger, indifference; initial or sustained
 - Interpretive codes (angry, defensive, suggests different response than stated)
-

Impact narratives

- Cognitive reactions to peer feedback (e.g. helpfulness, importance, accuracy, credibility)
 - Personal transformation due to peer feedback
 - Change in awareness or attitudes (e.g. more guarded with peers, increased confidence)
 - Change in behavior (e.g. speak up more)
 - Change sustained? Change already made?
-

Assessment → feedback → reflection →
mindful practice → behavior change

- “I had nine comments during my first peer assessment which told me that I was too quiet [multiple sources]. While this was something I was already aware of, it helped to hear what my classmates thought [expected/confirmatory]. With my dean, we sought to change this by coming up with specific changes in behavior to make me participate more in group settings. I made this one of my learning goals for the comprehensive assessment. I felt a dramatic improvement over the next two years [transformation] but still feel that this is a work in progress. I had less comments about me being quiet on my second comprehensive assessment.”
-

Evidence of impact of peer assessment on reflection, mindfulness and behavior

- “One of the most important parts of this experience was sharing those comments with a classmate who had the opposite problem”
 - “It was more meaningful to hear it from a number of classmates.”
 - “One comment struck a particular chord with me because of its accurate depiction of my approach to med school.”
 - “This classmate picked up on something that I was not really aware of.”
-

Changes, Transformations

- “I was told `she knows more than she thinks she does` and she needs to have more confidence in herself. Because this comment was repeated by several individuals, I started to think about it and tried to work on this. It was much easier to work on this when I also had the positive feedback from peers in the same assessment indicating that they thought very highly of working with me.”
-

Reflection leading to change

- “One comment that had a meaningful effect on my personal development was a comment that I tend to interrupt others rudely. At first I was quite upset and angry at the comment as it was framed in a negative manner. But after having some time to mull it over, I realized that I do have a tendency to interrupt people in small groups. I don't mean to do it in a dismissive manner, but I can see that it may be perceived in that way, and therefore during case seminars I made an attempt to hold back and allow others to talk more.”
-

Examples: Goals prompted by peer assessment

■ Communication

- ❑ Be more organized and methodical in interviewing patients
- ❑ Increase my volume and speak up

■ Personal development

- ❑ Stop being so hard on myself about mistakes commonly made at my level
 - ❑ Remain calm and more organized in acute visits
 - ❑ Work on treating patients that may/may not have mental illness without stigmas
 - ❑ Soften argumentation
-

Examples: Interventions prompted by peer assessment

- Behavior change
 - Speaking at least three times per small group session
 - Go to bed earlier and arrive early to events
 - Writing down one thing I did right each day
 - Seeking formal counseling
 - Articulate this issue with my AD, peers, parents, psychiatrist
-

Are peer assessments reliable and valid?

Eight years of data

- Factor structure
 - Number of raters
 - Reliability
 - Stability over time
 - Quality of raters
 - Ability to predict class rankings and subsequent residency director ratings
-

Factor Structure and Reliability

- Consistently, a clear 2-factor solution emerges –
 - work habits
 - interpersonal habits
 - “Would you choose...” question loads equally on both
 - Each subscale has a Cronbach alpha of 0.75 or greater in each group tested
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Figure 3 Generalizability of Peer-Assessed Work Habits Skills by Class and Year

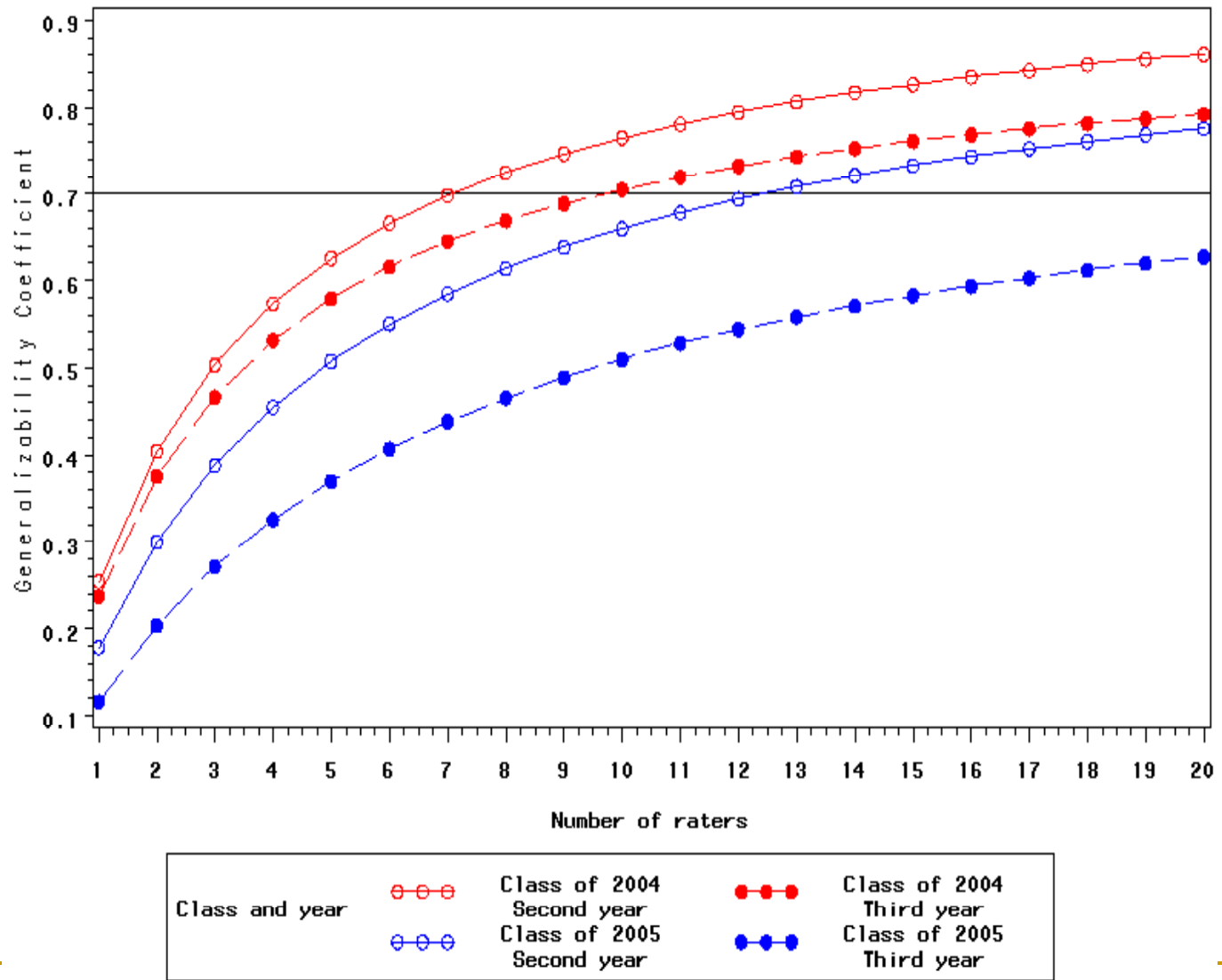
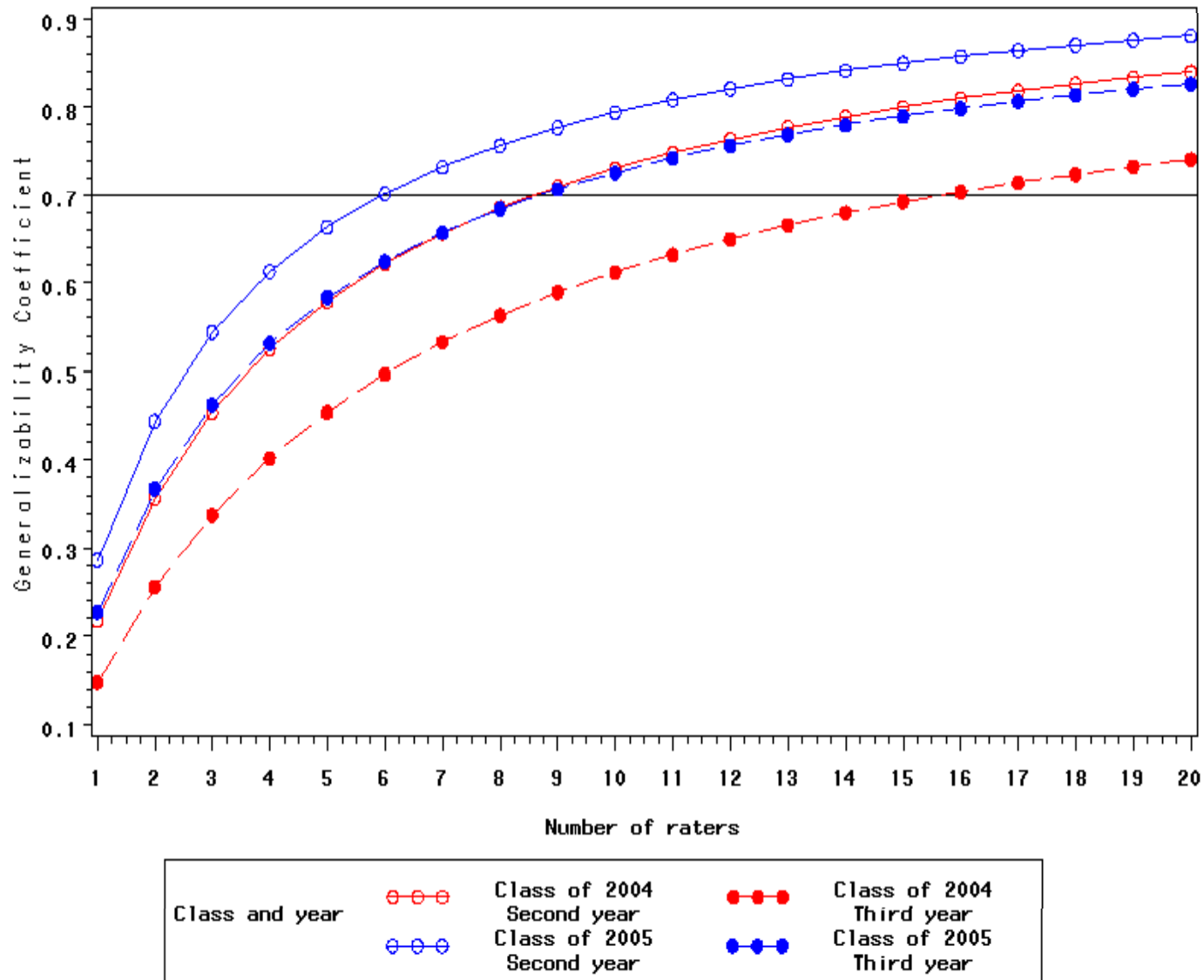
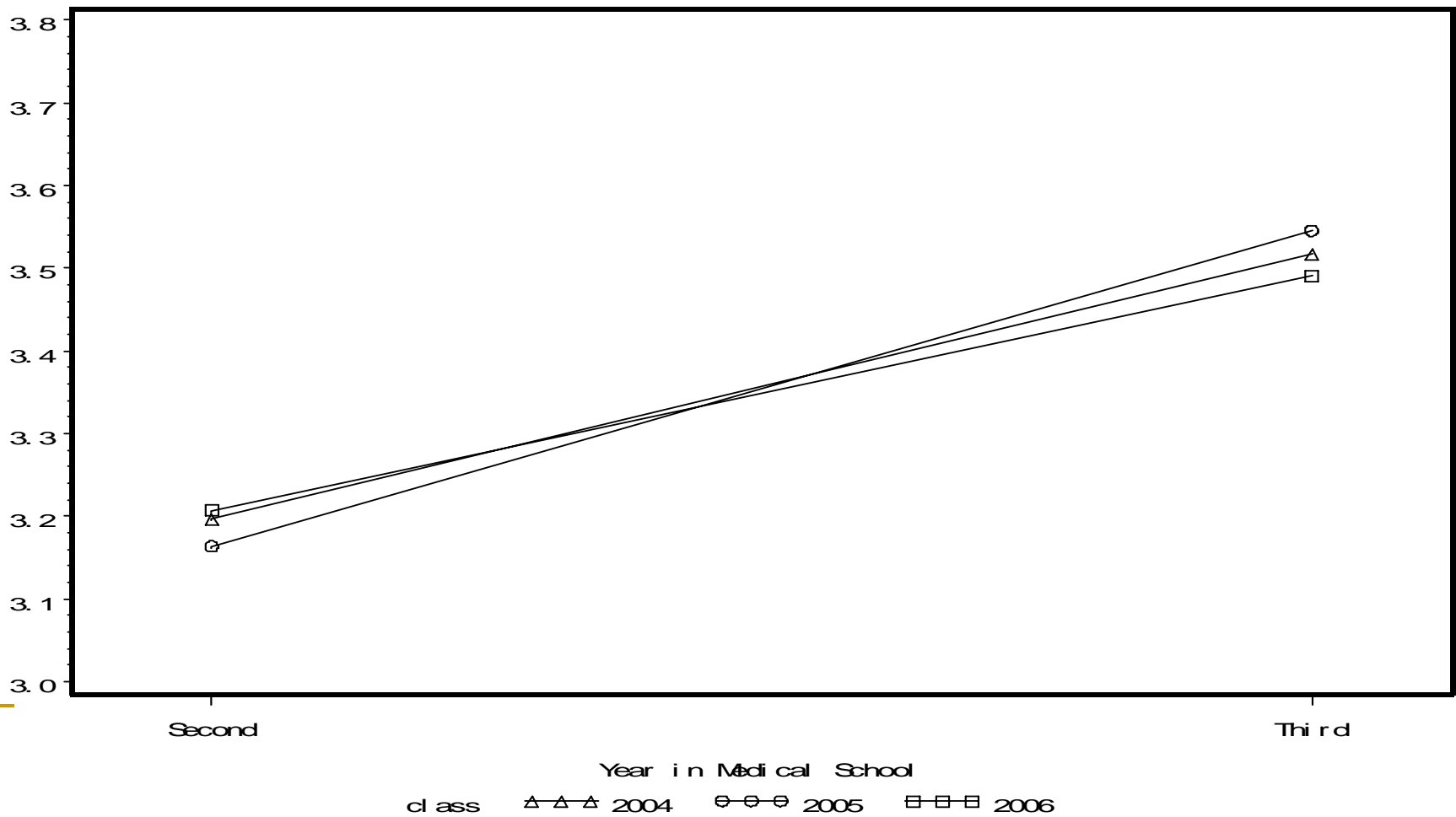


Figure 4 Generalizability of Peer-Assessed Interpersonal Habits Skills by Class and Year



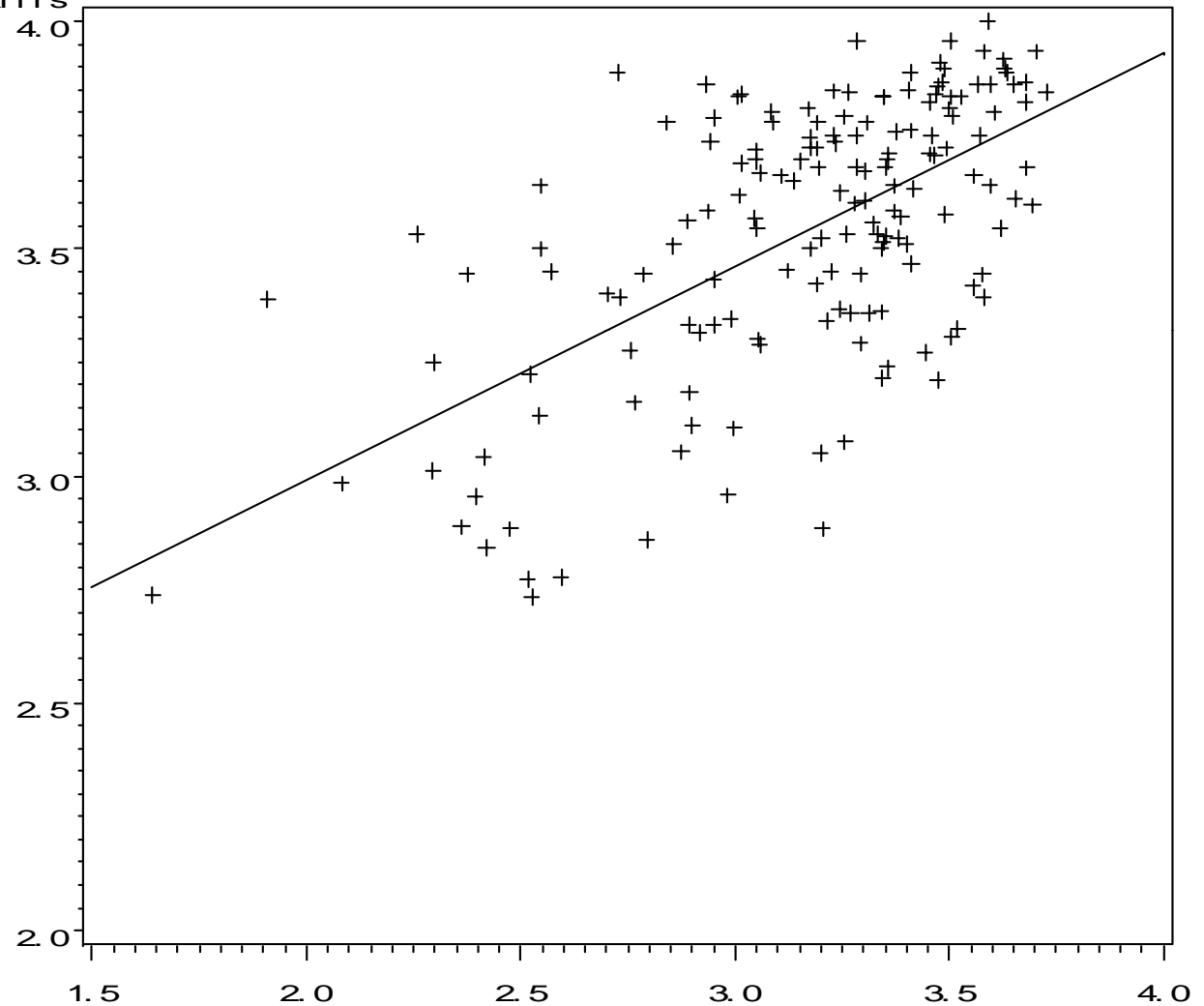
Stability of Peer Assessments

Ratings tend to rise....



...but correlate well with prior ratings

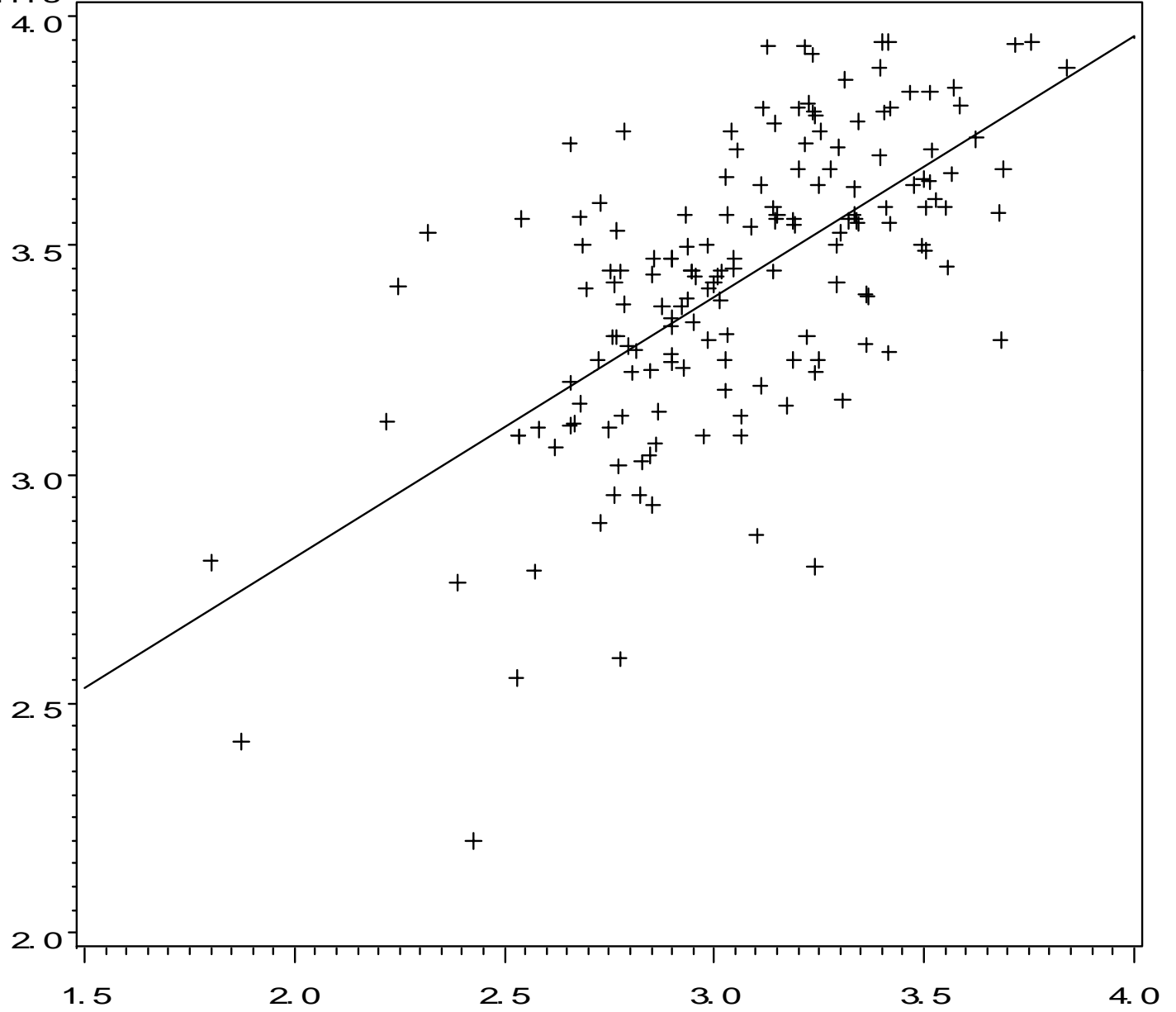
Third-year interpersonal skills



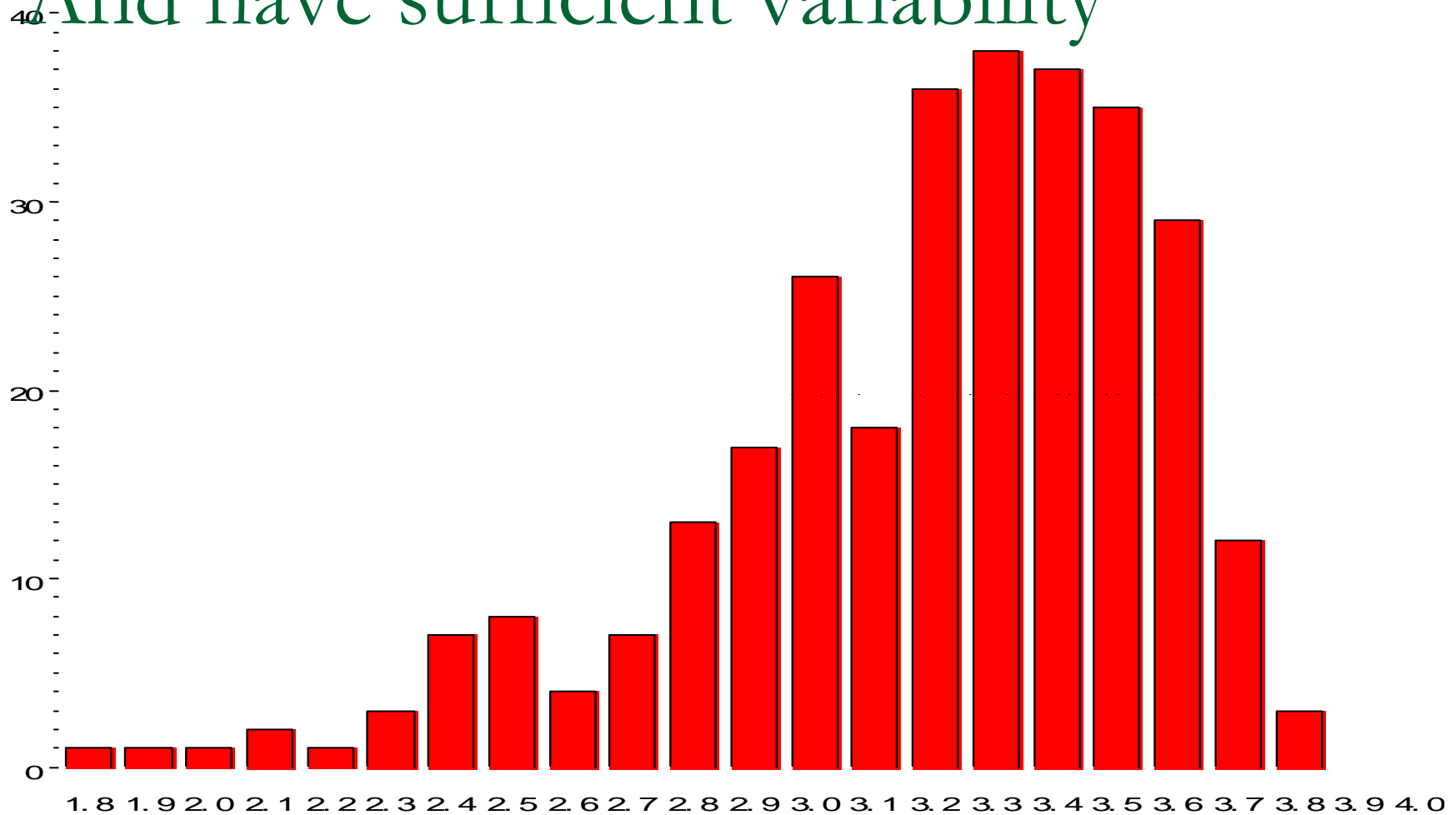
Second-year interpersonal skills

Lurie SJ 2006

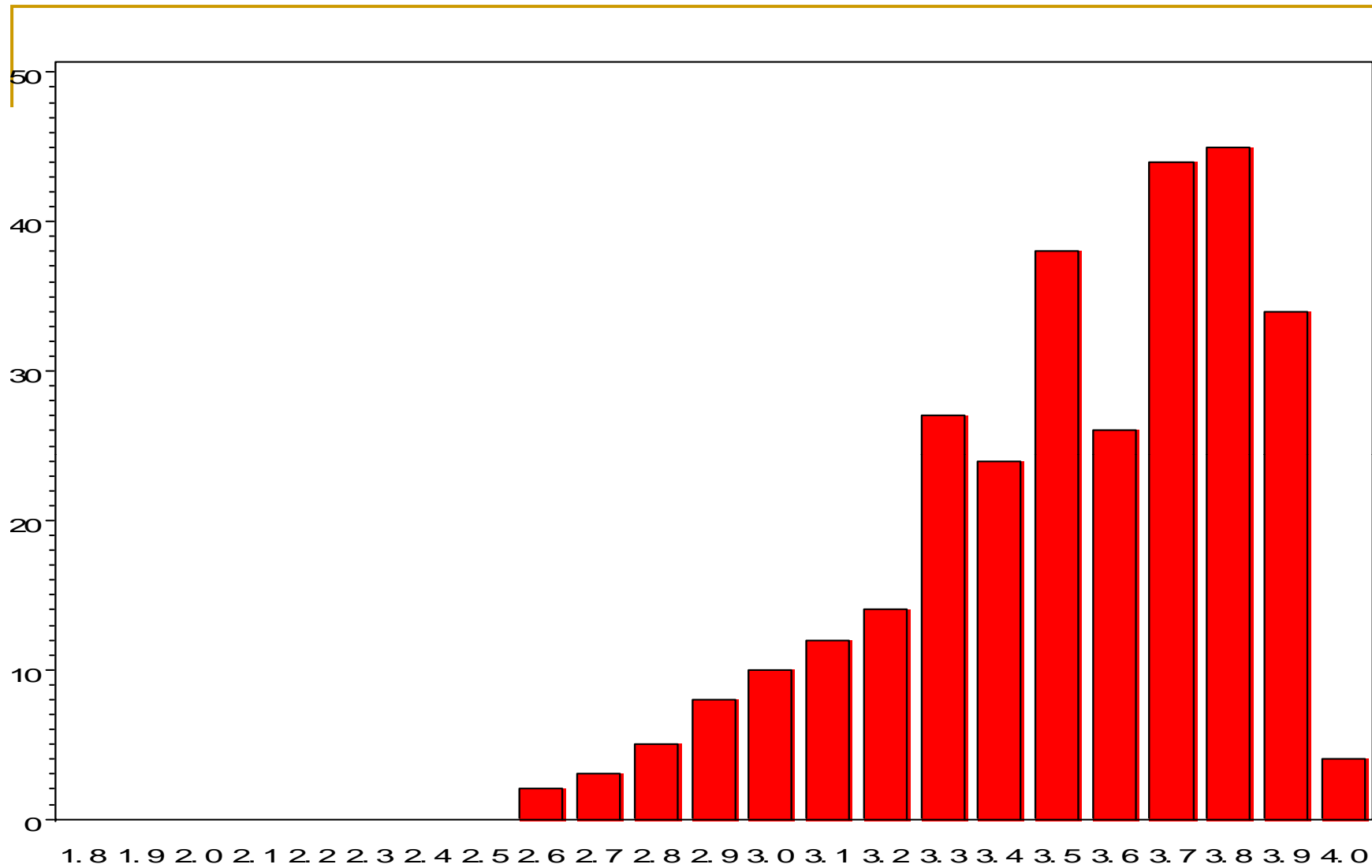
Third-year work-habits skills



And have sufficient variability



Distribution of average peer-rated interpersonal habits scores among second-year students



Distribution of average peer-rated interpersonal habits scores among third-year students

All raters are not equal:

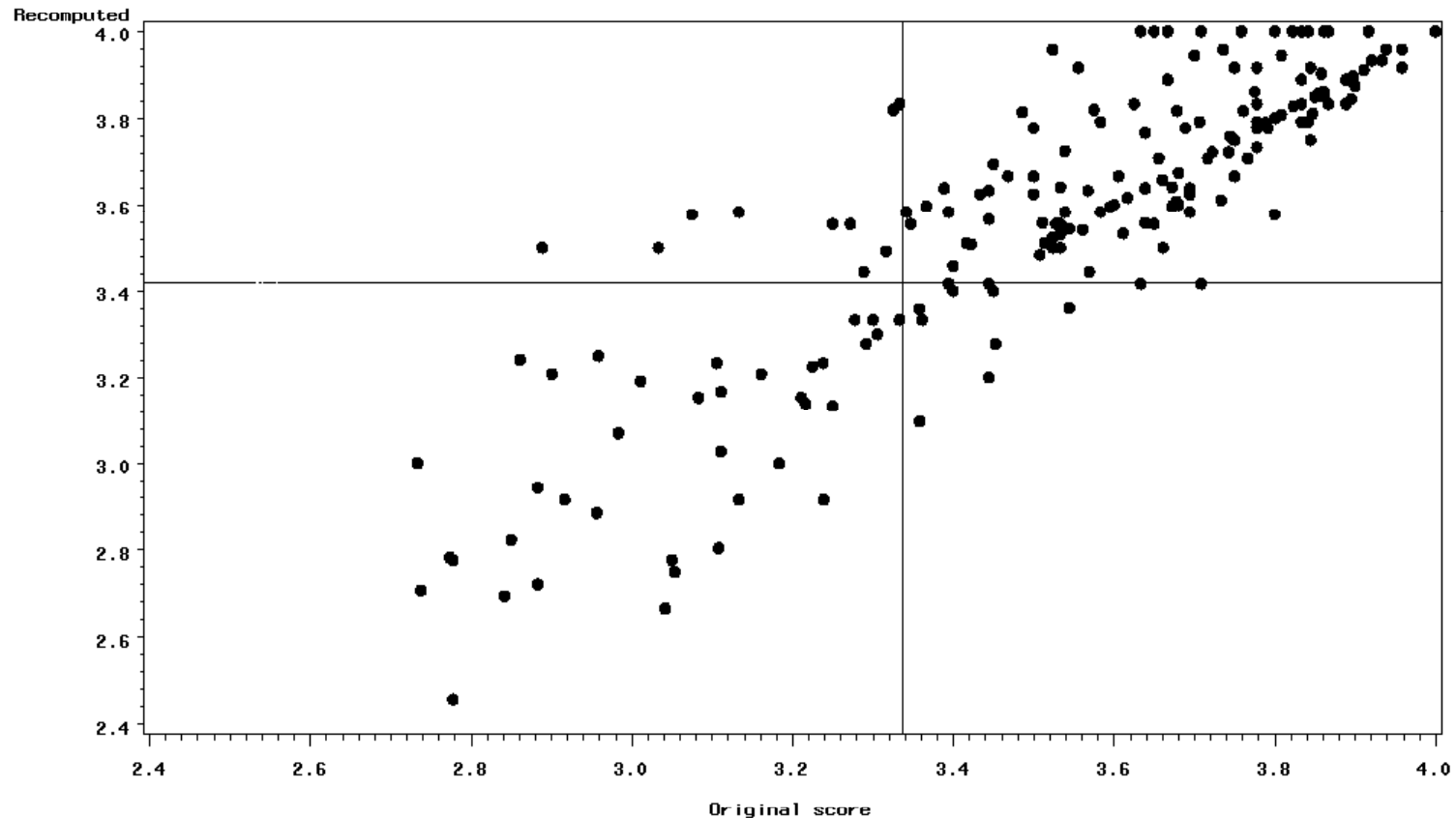
Students in the lowest quartile of received scores also give their classmates significantly lower scores

	Lowest Quartile	Upper Quartiles	
Second Year	3.04	3.20	$F(1,262)=9.24,$ $p=.003$
Third Year	3.31	3.52	$F(1,255)=19.23,$ $p<.001.$

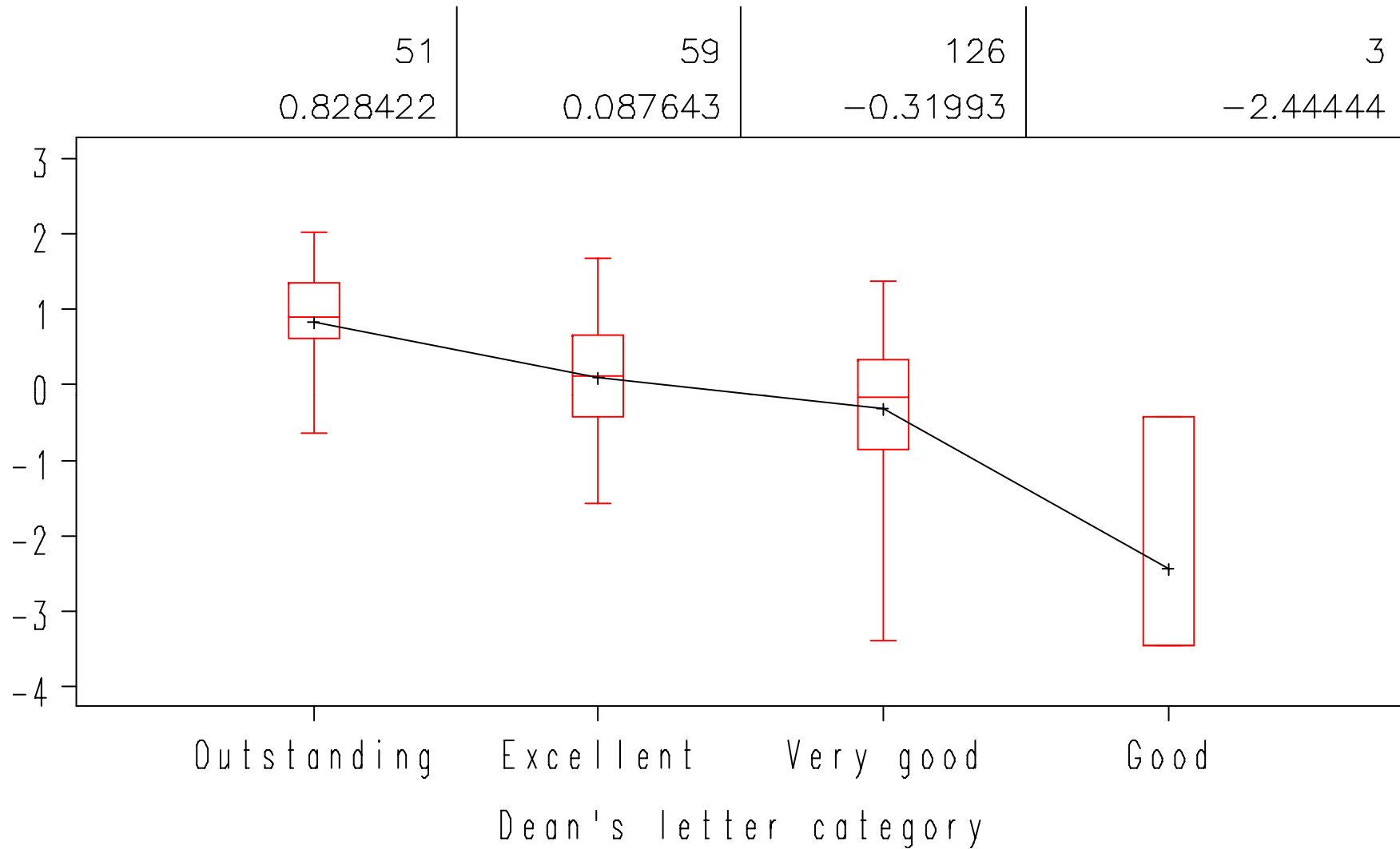
Low-rated students are more likely both to ask to rate other low-rated students, and to be rated by them.

	Upper Quartile	Lower Quartile	
Percentage of lower-quartile students requested to rate	23.8%	30.6%	$p = .028$
Percentage of lower-quartile students requested to be rated by	20.5%	23.8%	$p = .026$

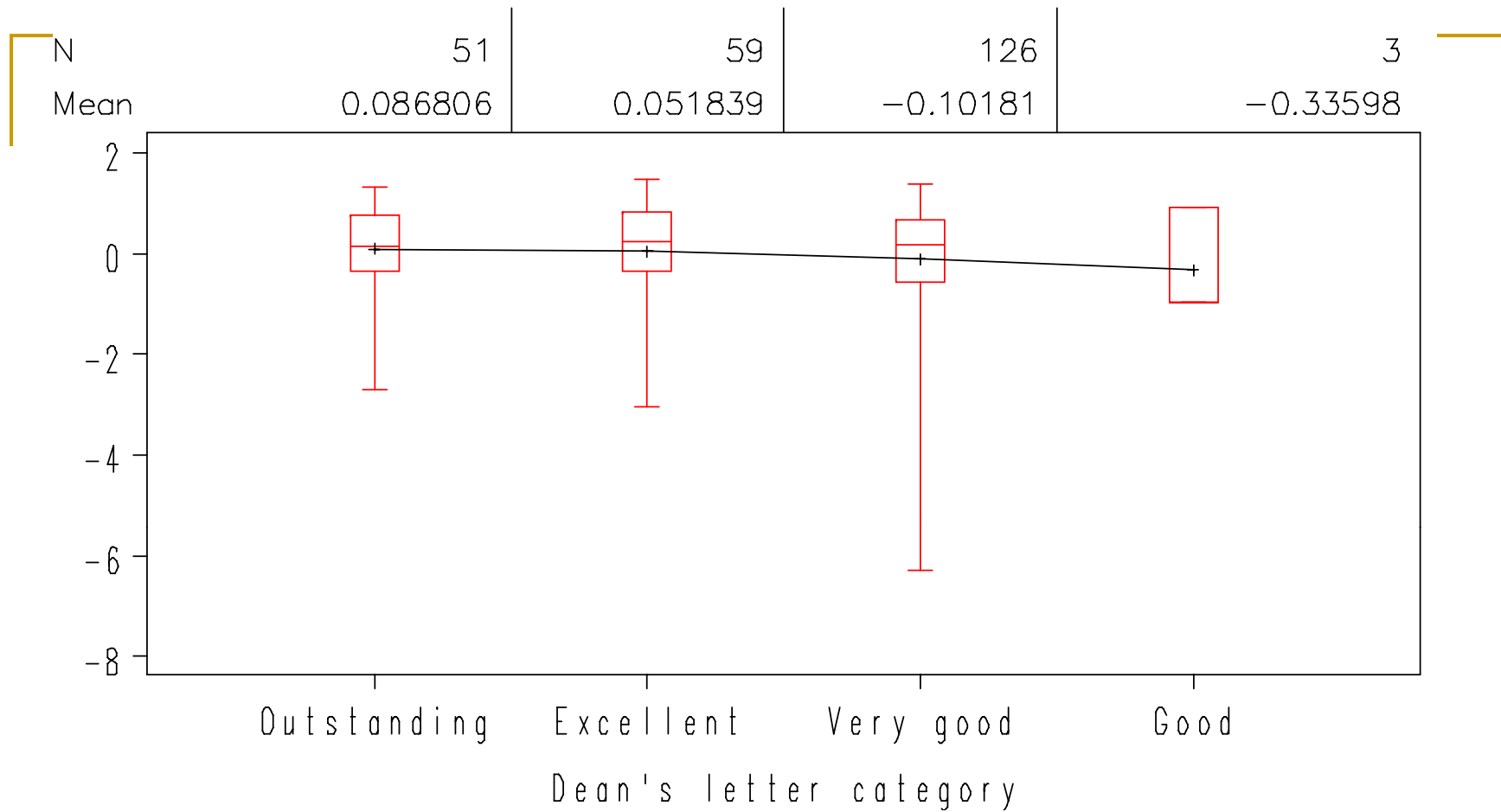
Comparison of original vs recomputed interpersonal-attribute scores



Recomputed scores were significantly more variable among low-rated than high-rated students. Average scores in both groups were unchanged. *Lurie 2006*



Relationship of third-year peer-assessed **work habits** and MSPE rating for three classes of medical students. *Lurie SJ 2007*



Relationship of third-year peer-assessed *interpersonal attributes* and MSPE rating for three classes of medical students. *Lurie SJ 2007*

The Rochester experience

- 8 years, 15 peer assessments
 - Changes in selection criteria for 3rd yr
 - Incorporation of feedback workshops
 - Comments – 90% now signed voluntarily
 - Overall culture change towards greater self-disclosure, frankness and openness
 - Some initial distress, no backlash
 - Absolute integrity of the process
-

Problems

- Administrative
 - Computer failures, lost data (2001)
 - Unintentional disclosure once when using paper reports (2002)

 - Student
 - Not bringing report to discuss with advisory dean
 - Low-ranked students provide inaccurate assessments (low EI?)
 - The immature student
 - The ostracized student
 - The student traumatized by the feedback
 - The distressed student
 - The hurtful student
-

Some conclusions: peer assessments

- 6-20 peers are required for generalizability,
 - Two factors – interpersonal attributes, work habits
 - Peer assessments
 - are reliable
 - are stable over time
 - are stable even with different methods of rater selection.
 - tend to rise over time
 - predict future grades, deans letters, residency evaluations
 - are taken seriously and evokes a wide range of reactions from students
-

Conclusions (II)

- For many students, peer assessments can prompt reflection, action, and transformative changes in attitude or awareness.
 - Both positive and negative feedback were considered important by students.
 - A significant majority reporting negative content also reported a transformation in attitude or behavior.
 - Interpersonal attributes are not reflected in other formal assessments
 - Formative use of peer assessments should also employ learning plans, mentor meetings and other means for follow up.
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To look for...

- Dannefer EF, Henson LC, Grady-Weliky TA, Meldrum S, Nofziger AC, Barclay C, Epstein RM. Peer Assessment of Professional Competence: Feasibility and Outcomes with Undergraduate Medical Students. *Medical Education* 2005;39:713-722.
 - Lurie S, Lambert D, Epstein RM, Grady-Weliky TA. Relationship Between Dean's Letter Rankings, Peer Assessment During Medical School, and Ratings by Internship Directors. *J General Internal Medicine* 2007.
 - Lurie SJ, Nofziger AC, Meldrum S, Mooney C, Epstein RM. Effects of Rater Selection on Peer Assessment among Medical Students. *Medical Education* 2006 Nov;40(11):1088-97.
 - Lurie SJ, Nofziger AC, Meldrum S, Mooney C, Epstein RM. Temporal and Group-Related Trends in Peer Assessment amongst Medical Students. *Medical Education* 2006 Sep;40(9):840-7.
 - Nofziger AC, Davis B, Naumburg EH, Epstein RM. The impact of peer assessment on professional development. Under review, 2008.
-

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Physician
Associate
Review: A
Pilot Study for
GP Revalidation
Elwyn 2005

Table 3. Mean ratings for 113 practitioners who were rated by 2 or more peers.

Rating category	Range of mean ratings	Mean rating	SD mean rating
Respect	4.88–9.00	8.09	0.59
	6.08–8.91 ^a	7.78 ^a	0.5 ^a
Medical knowledge	6.75–9.00	8.20	0.44
	6.20–8.62 ^a	7.63 ^a	0.57 ^a
Primary care skills (UK)	6.88–8.90	8.22	0.39
Ambulatory care skills (US)	6.11–8.71 ^a	7.67 ^a	0.5 ^a
Integrity	7.08–9.00	8.37	0.38
	6.18–9.00 ^a	8.11 ^a	0.43 ^a
Psychosocial aspects	6.45–8.86	0.38	0.49
	5.75–8.73 ^a	7.57 ^a	0.55 ^a
Management of complex problems	5.50–9.00	8.10	0.48
	5.87–8.67 ^a	7.58 ^a	0.62 ^a
Compassion	6.43–9.00	8.18	0.51
	5.77–8.82 ^a	7.7 ^a	0.56 ^a
Responsibility	6.29–9.00	8.35	0.45
	6.18–9.00 ^a	7.98	0.46 ^a
Problem solving	5.86–9.00	8.11	0.48
	5.93–8.75 ^a	7.7 ^a	0.54 ^a
Clinical skills	6.13–9.00	8.18	0.46
	6.21–8.67 ^a	7.71 ^a	0.53 ^a
Management of (US) hospitalised patients	6.13–8.71 ^a	7.71 ^a	0.53 ^a

^aResults from Ramsay's US study.⁷ SD = standard deviation.

Physician assessment tool (UK)

mini-PAT (Peer Assessment Tool)

Please complete the questions using a cross: ✕ Please use black ink and CAPITAL LETTERS

Doctor's Surname

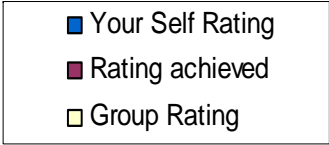
Forename

GMC Number:

How do you rate this Doctor in their:

	Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C*
	1	2	3	4	5	6	
Good Clinical Care							
1 Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Awareness of their own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Appropriate utilisation of resources e.g. ordering investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining good medical practice							
6 Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Technical skills (appropriate to current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching and Training, Appraising and Assessing							
8 Willingness and effectiveness when teaching/training colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Patients							
9 Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Communication with carers and/or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Respect for patients and their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with colleagues							
12 Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Ability to recognise and value the contribution of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Accessibility/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Overall, how do you rate this doctor compared to a doctor ready to complete F2 training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

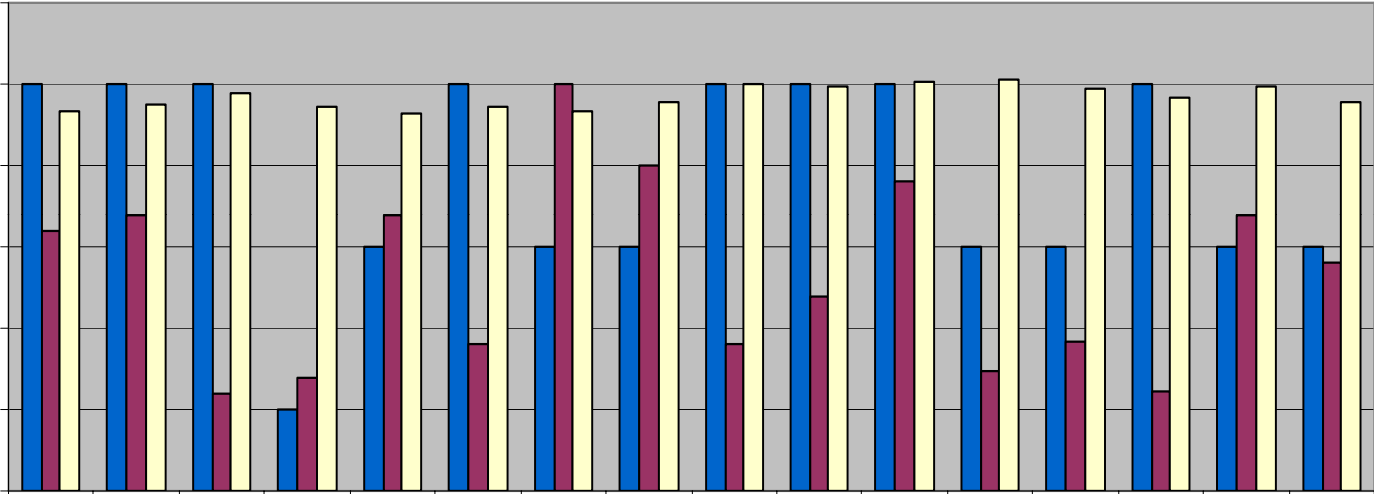
Do you have any concerns about this doctor's probity or health? Yes No
 If yes please state your concerns:



Self rating 4.44

Raters 3.82

Group 4.9



Exercise

- Think of a peer of yours who has at least one significant difficulty (personality, interaction style, thoroughness, clinical judgment, selfishness, attitude, etc.) that you have personally observed and been affected by.
 - Complete the peer assessment form as if you were giving feedback to that person.
-

Development of a peer assessment system: initial lessons

- Base your efforts on prior work when possible
 - Make the instrument short enough to reduce respondent burden
 - Pilot items to ensure reliability, acceptability and face-validity
 - “I would choose this student as my doctor”
 - Assignment process: ascertain respondent’s relationship to person being evaluated
 - Expect a powerful emotional impact on some learners
-

Initial lessons: creating a culture of feedback

- Provide refresher training in feedback before each administration of periodic peer assessment
 - Include rehearsal practice and examples
 - Encourage high quality feedback (no comments about body parts, immutable characteristics, gratuitously destructive, etc.)
 - Emphasize option to sign
 - Be clear about rules
 - Censor inappropriate comments with feedback to the writer
 - Model peer feedback among faculty
-

Initial lessons: Build trust

- Involve students in planning, monitoring and execution of the assessment
 - Demonstrate respect
 - Tell students how data is encrypted and handled
 - Keep to your word
 - Respect autonomy and confidentiality
-

Building trust: respecting confidentiality and autonomy

- Think carefully about who gets the results and when
 - May need to be over-stringent about confidentiality during the first few iterations
 - Wait until students ask to relax the stringency
 - Signing narrative comments
 - Non-anonymous comments
-

Building trust (II)

- Leave yourself an “out” to break confidentiality but be clear about this in advance
 - Potentially suicidal student
 - Consistently negative feedback about a remediable characteristic
 - But, err on the side of caution when considering breaking confidentiality (who and how)
-

Original group	Predicted group			
	Outstanding	Excellent	Very Good	Good
Outstanding	36 (71%)	3 (6%)	12 (24%)	0 (0%)
Excellent	17 (29%)	2 (3%)	40 (68%)	0 (0%)
Very Good	17 (13%)	5 (4%)	104 (83%)	0 (0%)
Good	0 (0%)	0 (0%)	0 (0%)	3 (100%)