WRITE WBA/EPA Feedback

Frank M. Batcha MD

Average Score		Minimum Maximum		Applicable Answers		Scale	
3.27	3.27		1 5		22	1 to 5	
Answer Value		Answer Choices	Ansv	wer Count	Percent of All Answers		
0				0	0.00%		
1	Strongly Disagree			1	4.55%		
2	Disagree			5	22.73%		
3	Neutral			6	27.27%		
4	Agree			7	31.82%		
5	Strongly Agree			3	13.64%		

9. The WBAs were free from bias.								
Average Scor	е	Minimum Maximum		Applicabl	e Answers	Scale		
3.09	1 5			2	22	1 to 5		
Answer Value	Answer Choices			nswer Count Percer		nt of All Answers		
0				0	0.00%			
1	Strongly Disagree			2	9.09%			
2	Disa	gree		6	27.27%	б		
3	Neutral			5	22.73%			
4	Agree			6	27.27%	6		
5	Strongly Agree			3	13.64 %			

10. The WBAs provided timely feedback.

Average Score		Minimum Maximum	Minimum Maximum Applicab		e Answers	Scale	
2.86		1 5			22	1 to 5	
Answer Value	Answer Choices	Answer Count Percent			nt of All Answers		
0				0	0.00%		
1	Strongly Disagree			3	13.64%		
2	Disagree			8	36.	36%	
3	Neutral			3	1 3.64%		
4	Agree			5	22.73%		
5	Strongly Agree			3	13.64%		

11. The WBAs provided actionable feedback.

Average Score		Minimum Maximum A		Applicable Answers		Scale	
3.09		1 5		2	2	1 to 5	
Answer Value		Answer Choices	Ans	Answer Count Percen		nt of All Answers	
0				0	0.00%		
1	Strongly Disagree			1	4.55%		
2	Disagree			6	27.279	%	
3	Neutral			6 27.27%		%	
4	Agree			8	36.36%		
5	5 Strongly Agree			1	4.55%		

12. The WBAS were easy to understand.									
Average Score Minimum Maximum Applicable Answers Scale									
2.77		1 4	1 4 22		22	1 to 5			
Answer Value	Answer Choices			ver Count Percer		nt of All Answers			
0				0	0.00%				
1	Strongly Disagree			2	9.09%				
2	Disagree			8	36.3	36%			
3	Neutral			5	22.73%				
4	Agree			7	31.82%	%			
5	Strongly Agree			0	0.00%				

13. The WBAs were easy to use.								
Average Scor	е	Minimum Maximum		Applicabl	e Answers	Scale		
3.05		1 4	22		22	1 to 5		
Answer Value	Answer Choices			wer Count	t of All Answers			
0				0	0.00%			
1	Strongly Disagree			2	9.09%			
2	Disagree			6	27.27%	6		
3	Neutral			3	13.64%			
4	Agree			11	5	0.00%		
5	Strongly Agree			0	0.00%			

14. The WBAs were transparent.								
Average Scor	e	Minimum Maximum		Applicabl	e Answers	Scale		
3.55		1 5	1 5 22		22	1 to 5		
Answer Value		Answer Choices	Ans	Answer Count Percer		nt of All Answers		
0				0	0.00%			
1	Strongly Disagree			1	4.55%			
2	Disa	gree		4	18.18%			
3	Neutral			2	9.09%			
4	Agree			12	5	4.55%		
5	Strongly Agree			3	13.64%			

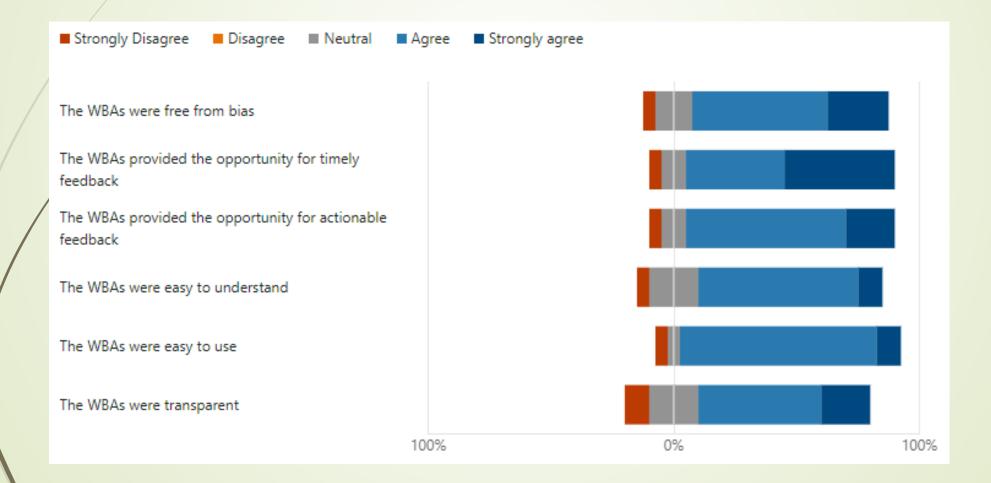
15. workplace-based assessments:

Average Score		Minimum Maximum	Minimum Maximum		e Answers	Scale	
3.32		1 6		2	22	1 to 6	
Answer Value		Answer Choices	Ans	Inswer Count Percent of All Answer			
0	N/A			0	0.00%		
1	Very	Poor		1	4.55%		
2	Poor			5	22.73%		
3	Fair			9	40.9	91%	
4	Good			2	9.09%		
5	Very Good			3	1 3.64%		
6	Excellent			2	9.09%		

- think it will ultimately be a good grading system but there are still many kinks.
- Pros rapid and actionable feedback knowing what my grade was throughout the process - working towards subjective grading
- Cons too many WBAs required per day -> me saying no to learning opportunities - need more preceptor education on what the different levels mean for my training level – more streamlined/user friendly system on the preceptors end

WRITE Preceptor Feedback Survey Results

After every clerkship, we ask the students to give us feedback about that clerkship. One of the focuses of our WRITE clerkship survey was to ask about the workplacebased assessments (WBAs). We would like to solicit your feedback as well. Considering the WBAs, how do you feel about the following statements?



Comments on Workplace-Based Assessments

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- Overall positive. I like the process that [the student] and I have developed to complete them, which is relatively fast. The assessments are good- timely, allow opportunity to discuss student skills.. It is stressful for the student to make sure they have all the correct visit types for the EPA's.
- At times felt like students where so focused on "checking off" the required WBAs that some of the interaction in clinic suffered. Strong push by the student to get these all completed as soon as possible.
- I enjoy these much more than the traditional evaluations one concern we saw was that in evaluating where the student is at at that moment they are doing very well, but that does not mean they are exceptional, and we worry the WBA form options could weight them towards looking exceptional/ honors
- Just like to know where the student ranked in their class or what their grade was at the end of the rotation. I know our student appreciated the in-time feedback!
- This worked well for us. Not sure it gives any better evaluation of the student but definitely makes my job easier!
- I really liked using the WBAs rather than the typical feedback and eval form at the end of a month. the WBA works best
 when the student calls out which patient they're using it on. it got confusing when I asked them at the end of the day
 which patient, and they were trying to come up with patients then. It made it harder to be objective in their evaluation
 in the moment. I also felt torn a little between being a hard grader and giving them the benefit of the doubt especially
 when they didn't tell me until the end of the day which patient they had chosen. I had to stay accountable to the
 program as well, because the one time I forgot to do the evals at the end of the day, I had to struggle to remember
 which patients I was doing them for.
- Worked best if student and I discussed the WBA before the clinical session or immediately afterward. If only done by email, lost opportunities for interaction and feedback.

Comments continued...

- Great tool for real-time feedback. The "grade levels" are a little difficult, I would never expect a 3rd year student to
 achieve the highest level available and so rarely chose that level despite excellent performance. I think because of that
 our student assigned me the minimum number of assessments and asked other preceptors for more assessments.
- Would be nice if students let you know what WBA they were wanting to work on prior to the encounter then you could tailor your teaching. I also did not have a full-time student; I was filling in for [the primary preceptor] when he was not available
- I found that some of the requirements were a bit tedious and unnecessary, specifically the ones asking if the student knew how to use the EMR. I don't see a lot of benefit in the students demonstrating they can use one particular EMR, when they are going to differ widely between facility. There are functions of our EMR that a student doesn't have access to and having the student place orders is very time consuming and throws off the workflow for many of our providers. Overall, this particular area just doesn't seem very relevant of education and is highly cumbersome to preceptors. The weekly feedbacks for the students are extremely difficult to interpret. There are multiple highlighted areas, so it isn't clear to me which ones are required for honors. Additionally, it was not clear how the student succeeded in attaining honors because the WBA and the rubric use different grading rubrics (1, 2, 3, 4 vs. I did it all, I did it some, I just observed, etc.)
- The timeliness of the WBAs were student-dependent as preceptors could only remind students to send them to us. For the student, it seemed difficult to decide which patients fit which WBAs and I felt like it added a level of restriction to the days' flow in the sense that the student felt pressure making sure to get enough of the appropriate WBAs covered. I also think that within each WBA, it was not necessarily easy to observe all the granular parts within that WBA for one encounter.
- Just very repetitive. sometimes not very applicable, such as cultural questions in a very monocultural part of the state.