

Faculty members bring a variety of interpretations when evaluating learners leading to inconsistent ratings of performance.¹ For faculty to accurately assess a particular skill (eg, history taking or clinical reasoning), they need a clear idea of how the learner's performance aligns with expected levels of competence (eg, EPA or milestone benchmarks). A shared mental model of what excellence looks like is important for grounding faculty in how to interpret assessments and judge behaviors.^{1,2} Frame of reference (FOR) training is a training tool that can be employed to develop a shared mental model of excellence to improve consistency in assessments and feedback.³⁻⁵

Although studies of rater training methods have had mixed results in the medical education setting,² approaches like FOR have had significant impacts on the accuracy of rater performance in other contexts.⁵

FRAME OF REFERENCE TRAINING

FOR training brings faculty together to develop a common understanding of what specific behaviors should be sought when observing a particular skill. It allows faculty to collectively understand the major components of the skill and helps to focus feedback on the key components of the skill. When faculty are aligned in this way they communicate clearer expectations to learners while also creating an opportunity to address unconscious biases that become evident.

FOLLOW THESE STEPS FOR TRAINING:

- 1 Ask faculty "What does excellence in [insert any skill, eg, history taking, counseling, patient turnover, etc] look like?"
- 2 Have faculty reflect and write down specific behaviors they would expect to see.
- 3 Have faculty discuss in small groups or pairs, then share the list in the larger group. Full consensus is not necessary at this point.
- 4 Provide an evidence-based rubric or checklist to the faculty (eg, SPIKES for breaking bad news, IPASS for patient turnover, etc).
- 5 Have faculty compare their list with the provided list.
- 6 Ask "What's the same? What is different? Do we all agree that these are important?"
- 7 Practice with video examples or role play at varying performance levels. Have faculty practice using assessment instruments including both numeric scales and narrative summaries.
- 8 Have faculty explain how they rated an example and why. Highlight faculty biases (eg, "learner was disinterested" vs "learner did not make good eye contact"). Discuss disagreements among faculty with an effort to resolve them by focusing on the specific behavior being described with reference to a rubric or best practices.

KEY TAKEAWAY

FOR training is a straightforward faculty development tool that positively impacts learner assessment and feedback. Discussion of expected behaviors fosters a shared mental model for faculty during assessment. Training can be structured as a series of 1-hour workshops focused on an individual skill (eg, history taking) and repeated periodically and with new faculty.

REFERENCES

1. Kogan JR, Dine CJ, Conforti LN, Holmboe ES. Can rater training improve the quality and accuracy of workplace-based assessment narrative comments and entrustment ratings? A randomized controlled trial. *Acad Med*. 2023;98(2):237-247. doi:10.1097/ACM.0000000000004819
2. Vergis A, Leung C, Roberston R. Rater training in medical education: a scoping review. *Cureus*. 2020;12(11):e11363. doi:10.7759/cureus.11363
3. Newman LR, Brodsky D, Jones RN, Schwartzstein RM, Atkins KM, Roberts DH. Frame-of-reference training: establishing reliable assessment of teaching effectiveness. *J Contin Educ Health Prof*. 2016;36(3):206-210. doi:10.1097/CEH.0000000000000086
4. Kogan JR, Holmboe ES, Conforti LN, O'Toole JK, Singer S, Shea JA. Faculty perceptions of frame-of-reference training to improve workplace-based assessment. *JGME*. 2023-02, Vol.15 (1), p.81-91. doi:10.4300/JGME-D-22-00287.1
5. Woehr D, Huffcutt A. Rater training for performance appraisal. *J Occup Organ Psychol*. 1994;67(3):189-205. doi:10.1111/j.2044-8325.1994.tb00562.x