Supplemental digital content for Smith S, Kogan JR, Berman NB, Dell MS, Brock DM, Robins LS. The development and preliminary validation of a rubric to assess medical students' written summary statements in virtual patient cases. Acad Med.

Supplemental Digital Appendix 1

Questions on a Reflection-on-Action Survey Completed by Raters Using an Assessment Rubric for Evaluating Medical Students' Summary Statements in Virtual Patient Cases

- Q1: How would you describe your method of assigning the argument score? (Be as descriptive as possible about the general process you used.)
- Q2: What do you think were the factors that most influenced your approach to assigning argument ratings?
- Q3: Were there different factors in play for any of the cases? (Explain.)

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Supplemental Digital Appendix 2

Correlation Between the Components of an Assessment Rubric for Evaluating Medical Students' Summary Statements, Across All Four Raters, By Individual Virtual Patient Case

		Appropriate		Han of	
Case and	Factual	narrowing of the differential	Transformation	Use of semantic	
component	accuracy	diagnosis	of information	qualifiers	Global rating
Pediatrics case	decaracy	uiugiiosis	or milor matron	quanners	Global rating
Factual	1.000				
accuracy					
Appropriate	0.231	1.000			
narrowing of					
the differential					
diagnosis					
Transformation	0.189	0.476a	1.000		
of information					
Use of	-0.032	0.339	0.454a	1.000	
semantic					
qualifiers					
Global rating	0.290	0.672 ^b	0.602 ^b	0.439a	1.000
Family medicine case					
Factual	1.000				
accuracy					
Appropriate	0.349 ^a	1.000			
narrowing of					
the differential					
diagnosis					
Transformation	0.189	0.440a	1.000		
of information					
Use of	0.213	0.094	0.251	1.000	
semantic					
qualifiers					
Global rating	0.393	0.829 ^b	0.663 ^b	0.271	1.000
Internal medicine case					
Factual	1.000				
accuracy					
Appropriate	0.387	1.000			
narrowing of					
the differential					
diagnosis					
Transformation	0.051	0.603 ^b	1.000		
of information					
Use of	0.285	0.382	0.433^{a}	1.000	
semantic					
qualifiers					
Global rating a P < 01 by Spearman's rho	0.332	0.894 ^b	0.659^{b}	0.346	1.000

 $^{^{}a}P < .01$ by Spearman's rho calculation.

 $^{^{\}rm b}P$ < .001 by Spearman's rho calculation.

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Supplemental Digital Appendix 3

Results of a Content Analysis of Reflection-on-Action Comments Regarding Reasons for Assigning a Global Rating During Response Process Exploration

Scoring decision and themes	Example		
Assigning the global rating			
Assess presence of key	There need to be enough key features (pertinent positives and		
findings	negatives included). (Rater1)		
Score individual items then	I completed the individual scoring approach, then assigned a		
score argument	global score. (Rater3)		
Most influential factor			
Accuracy	Accuracy was the most important issue. (Rater 3)		
Organization	Focused on key findings, exclusion of extraneous		
	information/detail, and organizing it into an argument. (Rater 4)		
Most negative impact on			
global rating			
Inaccuracy	misleads reader, e.g. inaccuracy ("no SOB" for patient with		
	P.E.) or no ability to narrow ddx at all (e.g. refusing to walk - no		
	ability to differentiate pain from weakness from imbalance, let		
	alone differentiate between causes of leg pain or, more		
	specifically, hip pain). (Rater 2)		
Case-related factors			
Case is two-pronged	The DVT/PT case really has 2 diagnoses – DVT and PE. The		
	other cases are more a single diagnosis. (Rater 2)		
Case outside expertise	Doing cases outside your own area of expertise or knowledge base		
- 11. T - 11. T - 11. T	\mathcal{C}		