Assessment and Evaluation Policy

I.   Purpose

To describe the evaluations and assessment process for the College of Medicine (COM). This policy ensures that evaluations completed about students, faculty, instructors, courses, and clerkships shall:

A. Follow procedures and policies endorsed by the COM curriculum committees, Faculty Council, and President's Executive Council.
B. Be performed in a consistent and efficient manner to analyze performance and enhance informed decision making.

II.   Scope/Coverage

This policy applies to all CNUCOM students who complete evaluations about faculty, instructors, courses, and clerkships, and to all CNUCOM faculty and instructors who complete evaluations about students, courses, and clerkships.

III.   Policy Statement

A. Policy Outline

1. The COM Policy on Assessment of Student Performance is postulated on the following overarching concepts:
2. The formative (learning) functions of assessment will be given at least as much emphasis as the summative (grading and selection) functions.
3. Both formative and summative assessments will center on knowledge, skills and attitudes that really matter.
4. The number, timing, and weighting of individual assessments will be chosen to maximize validity (both formative and summative).
5. The workload associated with assessment requirements will be reasonable and the tasks will be fully described early enough to give students time to fit them in alongside their other commitments.

IV.   Procedure

A. Definitions

Terms commonly used in the area of Evaluation and Assessment are defined to allow consistency in the use and understanding amongst students, faculty, staff, and administration.

1. Formative Assessment: Measures developmental learning and occurs at multiple instances within a given period of time.
2. Summative Assessment: Measures if a student is demonstrating the expected competency at the end of a given period of time.
3. Curricular Block: Any component of the curriculum where a grade is earned, including courses, clerkships, electives, selectives and sub-internships.
4. Action Plan: A collaborative, individualized plan developed by the student, course/clerkship director, Student Progression Committee Chair and Office of Medical Education to meet the expectations of the deficient competency program objective(s). Completion date is dependent upon issues raised.
5. Remediation Plan: A collaborative, individualized plan developed by the Student Progress Committee, the student and faculty to meet the expectations of the deficient competency program objective(s). Remediation plans are documented in the Medical Student Performance Evaluation.

B. **Principles**

The principles that drive the current assessment system at CNUCOM include the following:

1. Medical students are responsible, motivated adults who are expected to participate actively in assessing their own learning progress, guided by staff, fellow students, patients, and others.
2. The Faculty has a responsibility to assure students, staff, the profession and the public that graduates have achieved the outcomes of the medical degree course.
3. Assessment should support learning.
4. The assessment process should encourage co-operative learning.
5. The assessment process should encourage and acknowledge excellence.
6. The assessment process should be clear so that students know well in advance what they need to do to pass the course or to obtain higher results. The timing and mode of each assessment and the outcomes to be assessed should be made explicit at an appropriate time.
7. The combination of assessment methods used must provide a comprehensive assessment of the core knowledge, skills, and attitudes defined in the outcomes of the medical degree course.
8. The evidence supporting decisions made from assessment results should be appropriate to the purpose of the assessments

9. Assessment methods should promote the integration and application of information, principles, and concepts.
10. Whenever possible, assessment methods should closely match "real-life" situations. This should include frequent observations of students interacting with patients.

C. Student Assessment Categories

All assessments of students will have a formative function and some assessments will have a summative function. A formative method of assessment of knowledge and skills should precede a summative assessment method. Summative assessments within modules should focus on core outcomes and should determine eligibility for the award of terms. Summative decisions for the year's work should be made up from all assessments undertaken up to that point.

1. Formative Assessment.
   The formative function of assessment is to make students aware of their learning progress, and to identify areas of strength and weakness. It is usually informal and does not form part of the final course result or the official student record of achievement.

   a) Each course will provide opportunities for a formative assessment so that students can ascertain how well they are meeting the objectives of the course (or clerkship) and have time to correct identified issues. The formative assessment activities will be the responsibility of course directors and may include individual assignments such as practice questions and group activities such as quizzes, discussion of student questions in lecture, practice tests, thought questions, reflective writing, and practice problem sets.

   b) Formative assessment in required clinical rotations/clerkships shall include clerkship director's feedback, delivered in person or electronically, to each student about his/her strengths and weaknesses along with steps to correct deficiencies. A mid-rotation assessment shall be provided in an electronic system or one-on-one discussion with each student about how well they are meeting clerkship expectations for patient encounters/conditions and performance/observation of procedures, and arrangements for alternate means (virtual cases) for students to meet these expectations if need be.

2. Summative Assessment.
   The summative function of assessment is a formal process that evaluates the student's mastery of the learning objectives of the course, determines progression within the course, and forms part or all of the final result. Summative assessments often include a

discussion with the student and, importantly, provide a written narrative that presents information, observations, and evaluations of the student's performance. Such assessments may include test scores in addition to observations made in the classroom or laboratory.

   a) Observations and comments from supervising community preceptors on clerkships provide a significant portion of the summative assessment at the end of clerkships. The summative assessment provides end-of-course or end-of-clerkship evaluation of the student's overall performance with careful attention to the student's achievement of the stated course/clerkship learning objectives

   b) Course/clerkship objectives are developed to support acquisition or maintenance of core competencies.

3. Mid-point Evaluation.

All courses, blocks and clerkships provide mid-point formative assessments. Formative assessment feedback must be provided to students at mid-point to allow adequate time for learners to address deficiencies before course end.

a) <u>Pre-Clerkship</u>: Within the pre-clerkship block curriculum, students will receive assessment feedback from their Course Directors at the mid-point of each course. All blocks with Case-Based learning are strongly recommended to have one-to-one meetings for the mid-point formative feedback by the College Masters.

b) <u>Clerkship</u>: A mid-clerkship formative assessment for each student is required. The student's performance must be reviewed in a one-to-one meeting with a clinical teacher, and the student and clinical teacher must sign the Mid-Clerkship Formative Feedback Form.

D. <u>Competencies for Assessment of Student Performance.</u>

COM has established well defined institutional and program learning outcomes that form the basis of the assessed competencies. Appendix 1 describes the procedure for providing narrative assessment for required courses and clerkships. Pre-Clerkship Competencies evaluated in the Clinical components are:

1. Pre-clinical

   a) <u>Critical thinking</u>: Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action (All Phase A courses).

b) <u>Written Communication</u>: Written communication involves any type of interaction that makes use of the written word that is essential to any endeavor involving more than one person (Medical Skills, Clinical cases, CCBL, Masters Colloquium).

c) <u>Oral Communication</u>: Oral communication is the process of verbally transmitting information and ideas from one individual or group to another that can be either formal or informal (Medical Skills, Clinical cases, CCBL, Masters Colloquium).

d) <u>Professionalism:</u> As defined in the CNUCOM PLOs, "Students must demonstrate a commitment to the highest standards of professional responsibility and adherence to ethical principles. Students must display the personal attributes of compassion, honesty, integrity, and cultural competence in all interactions with patients, families, and the medical community" (All Phase A courses).

e) <u>Quantitative Reasoning</u>: is the application of basic mathematics skills to the analysis and interpretation of real-world quantitative information in the context of a discipline or an interdisciplinary problem (Biostatistics, SDSSP, Foundations)

f) <u>Information Literacy</u>: is the ability to find, evaluate, organize, use, and communicate information in all its various formats, most notably in situations requiring decision making, problem solving, or the acquisition of knowledge. (Clinical Cases, CCBL, SDSSP)

g) <u>Medical and Scientific Knowledge</u>: Assessed by grading of summative exams, quizzes, workshop report (All the 11 system-based courses: Foundations, Hematology, MSK/Integumentary, Neuroscience, CVP, Renal, GI, Endo, Repro, Behavioral Medicine, Stages of Life)

2. Clerkship, Electives and Sub-internships

a) Patient Care

b) Medical and Scientific Knowledge

c) Communication and Interpersonal skills

d) Professionalism.

e) Healthcare Systems

f) Reflective Practice and Personal Development

E. **Rubrics for Assessment.**

Performance in the competencies is assessed in each curricular unit by developmental levels of progress using the following levels:

1. Student Evaluation of Pre-Clinical Course/Faculty

       a) Level 1 – Much less than expected.

       b) Level 2 – Less than expected.

       c) Level 3 – Meets expectations.

       d) Level 4 – Exceed expectations

       e) Level 5 – Greatly exceeds expectations

2. Faculty Evaluation of Pre-Clinical Course

       a) Level 1 – Much less than expected.

       b) Level 2 – Less than expected.

       c) Level 3 – Meets expectations.

       d) Level 4 – Exceed expectations

       e) Level 5 – Greatly exceeds expectations

3. Peer Evaluation of Faculty

       a) Level 1 – Much less than expected.

       b) Level 2 – Less than expected.

       c) Level 3 – Meets expectations.

       d) Level 4 – Exceed expectations

       e) Level 5 – Greatly exceeds expectations

4. Clerkships: Faculty Evaluation of Student

       a) Level 1 – Not Observed.

       b) Level 2 – Below Expectations.

       c) Level 3 – Meets expectations.

       d) Level 4 – Above expectations

       e) Level 5 – Outstanding

5. Electives and Sub-internship: Faculty Evaluation of Student

       a) Level 0 – N/A

       b) Level 1/2 – Poor

       c) Level 3/4 –Average

       d) Level 5/6 – Good

       e) Level 7/8 – Excellent.

F. **Course Assessment by Students.**

The CNUCOM continually and systematically collects, utilizes, and responds to students' feedback regarding medical school courses, rotations, and clerkships. Students' perceptions are a critical component of the curriculum evaluation process. Student ratings and

comments are carefully reviewed by faculty, department chairs, Curriculum Committee, and the Dean in order to promote positive curricular change.

Therefore, students are required to complete evaluations of all courses, rotations, and clerkships that the COM requires. Course ratings and comments will not be linked to the student who provided them.

Students who do not complete evaluations by the established deadline (by the end of the 7th day after the course, rotation/clerkship is over) are subject to the following actions:

1. The Assessment & Evaluation Committee will record in its (monthly) minutes a student's failure to submit a required course/rotation/clerkship evaluation and will send the student an e-mail noting the first and, if necessary, the second instance of non-compliance.

2. When a student has failed to submit three (3) evaluations, the student will receive a letter of unprofessional behavior from the Assessment & Evaluation Committee. The letter will be placed in the student's official record.

3. Persistent non-compliance with this policy will result in review by the Assessment and Evaluation Committee to determine if the student's performance evaluation by the Dean (Dean's letter), used in the process of application to residency programs, will refer to the student's non-compliance.

G. **Changes in Evaluation Process.**

The Evaluation and Assessments Committee is responsible for overseeing evaluations and assessment for all the courses from M1-M4 year. This oversight includes designating the format, timing, structure, and technical set-up for administration, implementation, and reporting of evaluations and assessments. This oversight applies to all evaluations and assessments in the College of Medicine medical student education including those administered by departments, courses, and programs.

1. Course directors interested in adopting or editing evaluation or assessment instruments must first present the concept at the Assessment and Evaluation Committee for review and approval. Prior to implementing new instruments there must be final endorsement by the Office of Medical Education.

2. There shall be no mid-course alteration in the assessment instruments of summative examinations by the individual course directors without consent and approval by the Assessment and Evaluation Committee, Curriculum Committee and Office of Medical Education.

3. To address urgent evaluation issues, the course directors will request the Chair of the Assessment and Evaluation Committee to coordinate an ad hoc meeting that shall include the Chair of the respective department, Chair of the respective Phase A, B or C subcommittee, Chair Curriculum Committee, and the Associate Dean of Medical Education.

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I. **Non-Involvement of Providers of Student Health Services in Students Assessment**.

The student has the right to strict confidentiality of their health and medical conditions, including physical, mental health and/or learning disability. The student may waive their right to confidentiality if the student believes it is in their best interest.

1. Faculty, Staff, and preceptors providing or who have provided clinical care to a student cannot not serve in any academic supervisory or mentoring role for that student. This is especially important in clinical setting, when providing an academic assessment of the student, participating in assigning grades for that student or participating in making decisions about academic advancement or lack thereof for that student.

2. The Faculty must not provide written or verbal statements regarding their involvement in the student's care or the nature of the student's condition to the administration or other bodies unless specifically requested by the student under their care and after the appropriate consent has been provided. Exceptions to the requirement of consent include the presence of life-threatening physical or mental conditions or other legally covered limits of confidentiality.

3. Faculty may function as a large group classroom teacher for that student at any time and may function as a small group teacher for that student as long as they do not participate in assessment or grading activities and may provide general support for classroom-based learning experiences requiring their specific expertise for that student.

4. Faculty who have participated in supervision, assessment, grading, or academic advancement decisions for a student may accept a student's request for medical care with the understanding that they will adhere to the text of this policy. Faculty may not provide medical advice or care to their students while they are supervising that student.

5. Faculty and Staff with familial or intimate relationships with a medical student must not serve in any academic supervisory role for that student.

6. They must not supervise the student in the clinical setting, lead small group sessions involving student assessment, provide academic assessment of the student, participate in assigning grades for that student or participate in making decisions about their academic advancement or lack thereof.

7. Faculty may serve in a mentoring capacity for situations that do not formally contribute to decisions about academic progress.

8. In the event that no other faculty member is available to supervise a relevant clinical experience that a student requests, the Chair of Clinical Medicine must review the circumstances and in consultation with the Associate Dean of Medical Education may consider a limited waiver to this policy.

J. **Limitations of the Policy.**

1. This policy is not intended to prevent the timely intervention by a qualified clinician in case of a medical emergency (e.g., cardiopulmonary arrest, suicidality, risk for homicide). Once the student has been stabilized or transferred to the appropriate care site, the faculty member with a duality of interest should relinquish care.

2. In the event a faculty-student relationship specifically or not specifically described in this policy presents a conflict of interest, it is the expectation that the faculty member will take responsibility for managing the relationship based on the best interest of the student as a patient. Consultation regarding potential or actual conflict of interest may be sought from the Associate Dean for Medical Education.

3. In the case of disagreement about the application of any elements of this policy, the default arbiter will be the Associate Dean for Medical Education. Waivers of this policy require consultation and approval of the Associate Dean for Medical Education.

APPENDIX 1

NARRATIVE ASSESSMENT REQUIREMENTS FOR COURSES

I. LCME ACCREDITATION STANDARD REFERENCE: Element 9.5, Narrative Assessment states "A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment."

II. Procedure

1. Medical students are provided a written narrative assessment of their performance in non-cognitive domains for each required course and clerkship of the medical education program. The non-cognitive domains are derived from the institutional and program learning outcomes and are essential for growth as student physicians.

2. Faculty completing assessments must provide written comments whenever their interaction with the student(s) is of sufficient duration and depth to permit observation and assessment of student behavior reflective of CNUCOM graduation competencies (e.g., communication, interpersonal skills, teamwork). Narrative assessment is used for formative feedback and may also be factored into a course grade and/or may be included in or inform the content of the Medical Student Performance Evaluation (Dean's letter).

3. Narrative assessment will be provided as follows for the pre-clinical and clerkship courses:

   a. During the pre-clinical curriculum, students will receive narrative assessment of their oral and written communication, professionalism, and information literacy in the following courses.
      i. The longitudinal Masters Colloquium course.
      ii. Medical Skills and clinical case-based learning (CCBL), the pre-clinical course components in which students have four or more sessions in a small group with the same instructor at each session. During these two components, non-cognitive domains can be observed as students integrate the knowledge, skills, and attitudes they acquire from their other courses.
   b. During the clerkship curriculum, students will receive narrative assessment in all core clerkships and non-core clerkships. These assessments will address cognitive and non-cognitive domains.

    c. Faculty-student interactions that are likely to permit narrative assessment may include but are not limited to:
  i. Small group sessions: Clinical case based learning (CCBL), Clinical cases and clinical scenario simulation.
  ii. Standardized Patient (SP) observations of communication skills during medical skills course
  iii. Faculty observation during Objective Structured Clinical Examinations (OSCE) sessions
  iv. Faculty observation of peer teamwork during small group laboratory sessions
  v. Faculty observation of participation, discussion, and presentation during weekly clerkship didactic sessions.
  vi. Preceptor on-site observation of communication with patient, family, or inter-professional team during clerkship.

    d. Students may receive narrative assessments immediately or periodically throughout the course, but at least at the end of each block or clerkship to cultivate improvement or maintain outstanding performance in the next course or clerkship.

    e. As with all assessments of student performance, in instances of sustained or severe substandard performance in non-cognitive domains, referrals will be made to the Student Promotion Committee.

III. Compliance Monitoring:
Course/Clerkship Directors, College Masters, and/or Section Directors are responsible for documenting that each student has received narrative assessment and feedback. Compliance with the narrative assessment component of the Assessment and Evaluation Policy is monitored by Curriculum Committee through submissions of annual course reports. Overall policy oversight is provided by the Office of Medical Education.

Approval record:
APPROVED: PEC 3/17/21
APPROVED: PEC: 12/23/20
REVIEWED BY: COM DAC 12/23/20
APPROVED: FEC 3/12/21
APPROVED: CC 2/16/21
REVIEW: every three years (or more often if required)