

## STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

### SUPPORTING DATA

**Table 9.0-1 | Methods of Assessment – Year 1**

List all required courses in the *first year/phase of the curriculum*, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column.

Course Name	Number # of Exams	Included in Grade							Narrative assessment provided
		Internal Exam	Lab or practical exam	NBME subject Exam	OSCE/SP exam	Faculty/resident rating	Paper or oral pres.	Other* (specify)	
Elements of Medicine	4	Y	Y	N	N	N	N	Y	X*
Structure and Function I	4	Y	Y	N	N	N	N	Y	X*
Structure and Function II	3	Y	Y	N	N	N	N	Y	X*
Structure and Function III	3	Y	Y	N	N	N	N	Y	X*
Structure and Function IV	2	Y	Y	N	N	N	N	Y	X*
Intro to Clinical Skills	8	Y	N	N	Y	Y	Y	CCE	Y

\* Other: The CCE is a clinical competency exam that involves assessing bedside manner, basic history taking, and important patient communication skills through the use of standardized patients and clinical scenarios. Other also include a number of low-stakes assessments, including small-group discussion, TBLs, written assignments, weekly quizzes, case presentations, oral presentations, and meeting or exceeding professionalism standards.

\*\* Students take a comprehensive, year-end, customized NBME with 40 questions per Block. They must pass the NBME with a score greater than 70% to advance to the second year without remediation.

X\* Narrative feedback for formative purposes provided during: small group sessions, clinical correlates, TBLs, large group discussions, and formal exam review.

**Table 9.0-2 | Methods of Assessment – Year 2**

List all required courses in the *second year/phase of the curriculum*, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column.

Course Name	Number # of Exams	Included in Grade							Narrative assessment provided
		Internal Exam	Lab or practical exam	NBME subject exam	OSCE/SP exam	Faculty/resident rating	Paper or oral pres.	Other* (specify)	
Principles of Disease	3	Y	Y		N	N	N	Y	X*
Disease and Therapeutics, I	2	Y	Y	Y	N	N	N	Y	X*
Disease and Therapeutics, II	2	Y	Y	Y	N	N	N	Y	X*
Disease and Therapeutics, III	2	Y	Y	Y	N	N	N	Y	X*
Disease and Therapeutics, IV	2	Y	Y	Y	N	N	N	Y	X*
Advanced Clinical Skills	8	Y	N		Y	Y	Y/N	CCE	Y

\* Other: The ACS course has a comprehensive summative CCE exam that assesses clinical skills acumen through the use of video recorded standardized patient encounters. Each student receives feedback on his or her performance by a faculty member. . Other also include a number of low-stakes assessments, including small-group discussion, TBLs, written assignments, weekly quizzes, case presentations, oral presentations, and meeting or exceeding professionalism standards.

X\* Narrative feedback for formative purposes provided during: small group sessions, clinical correlates, TBLs, large group discussions, and formal exam review.

**Table 9.0-3 | Methods of Assessment – Years 3-4**

List all required clerkships in the *third and fourth years/third and fourth phases of the curriculum*, adding rows as needed. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column.

Course or clerkship name	Included in Grade						Narrative assessment provided (Y/N)
	NBME subject exam	Internal written exams	Oral exam or pres.	Faculty/resident rating	OSCE/SP exams	Other* (specify)	
Family and Community Medicine	Y	Y	N	Y	N		Y
Internal Medicine	Y	Y	Y	Y	Y		Y
Surgery	Y	Y	Y	Y	N		Y
Pediatrics	Y	Y	N	Y	N		Y
Obstetrics and Gynecology	Y	Y	Y	Y	Y		Y
Neurology	Y	Y	N	Y	Y		Y
Psychiatry	Y	Y	N	Y	Y		Y

\* Other: Each clerkship requires that students complete a subject specific mini board at the end of their rotation. These mini boards are summative, and students must meet or exceed a cut-off that has been established by that clerkship. Students receive a Pass/Fail/Honors mark in the course that includes data from evaluations, patients, internal examination, and NBME mini boards. Each student is evaluated by faculty and residents in every rotation. These evaluations, although not directly graded, do make up part of the overall grade.

## 9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

### SUPPORTING DATA

<b>Table 9.1-1   Provision of Objectives and Orientation</b>		
List each course or clerkship where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach/supervise medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided and that this information has been received and reviewed.		
Course or clerkship	Types of trainees who provide teaching/supervision	How objectives are provided and teachers oriented/How receipt and review of information documented
MDC 710- Element of Medicine (EoM)-MS1	Graduate Students (PhD and MD/PhD)	Students in the Graduate program complete each course prior to participating as teaching assistants. The director of the course further orients graduate students to the objectives of the course and assessment methods utilized.
Anatomy in MDC 711-714-MS1	Surgery and Orthopedics Residents	Anatomy dissection facilitated by surgery and orthopedics residents and course faculty orients these residents to the objectives of the course and assessment methods utilized.
Clinical Skills in MDC715 (ICS, MS1) and MDC755 (ACS, MS2)	MS4 elective in Academic Medicine—forth year medical students	The director of the course further orients graduate students to the objectives of the course and assessment methods utilized.
Family Medicine	Residents/Fellows	All teaching faculty/residents/fellows and non-faculty instructors are provided with and have access to clerkship syllabus, which outlines objectives, pedagogies and assessment for each clerkship. Clerkship specific learning objectives are provided in a joint meeting with Clerkship and Residency Program Directors to residents at the start of the academic year and during resident orientation. Clerkship Directors assure additional specialty specific teaching sessions, which are provided during resident didactics. Residents are required to complete an online AMA module, "Residents as Teachers" and receive a completion certificate upon completion of a post-assessment.
Internal Medicine	Residents/Fellows	
Ob/Gyn.	Residents	
Pediatrics	Residents	
Psych/Neuro	Residents	
Surgery	Residents	

**Table 9.1-2 | Resident Preparation to Teach**

Briefly summarize the preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution (D/I), whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom. Add rows as needed.

	Program Name/Brief Summary	Sponsorship (D/I)	Required/Optional (R/O)	Centrally Monitored? (Y/N)	Monitored by Whom?
Family medicine	Residents are required to complete an online AMA module, “Residents as Teachers”, and receive a completion certificate upon completion of a post-assessment.	D	R	Y	Chairman & Program Director
Internal medicine	Five Minute Preceptor by Dr. Charles Meadows – lecture given to all new intern resident physicians during their orientation week.	D	R	Y	Chairman & Program Director
	Giving Effective Feedback by Eva Patton-Tackett – lecture given to all new intern resident physicians during their orientation week.	D	R	Y	Chairman & Program Director
	Quarterly, the clerkship director meets with all residents to reiterate medical student objectives, expectations, and the best practices to evaluate the students.	D	R	Y	Chairman & Program Director
Ob/Gyn	Residents as Teachers Session with Dr. Ed Pino	D	R	Y	Chairman & Program Director
Pediatrics	Residents as Teachers Workshop (Three one-hour sessions)	D	R	Y	Program Administrator
Psychiatry	Residents are required to complete an online AMA module, “Residents as Teachers”, and receive a completion certificate upon completion of a post-assessment.	I	R	Y	GME Coordinator
Surgery	Residents are required to complete an online AMA module, “Residents as Teachers”, and receive a completion certificate upon completion of a post-assessment.	D	R	Y	Chairman & Program Director
Other (list):					

## NARRATIVE RESPONSE

- a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

As part of their onboarding to JCESOM, all residents are required to complete the AMA module “Residents as Teachers.” This is consistent across all programs, and individual departments may provide additional training.

- b. How does the medical school ensure that all residents who supervise/assess medical students, whether they are from the school’s own residency programs or other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters, and the necessary orientation to their roles in teaching and assessment?

Clerkship directors coordinate with the residency program directors and ensure timely distribution of clerkship syllabi to all residents participating in the education and assessment of medical students. These syllabi include Institutional Competencies covered in the course, all methods of pedagogies and assessments, required patient encounters and breakdown of course grades. In addition, all residents are required to complete the AMA module “Residents as Teachers.” This is consistent across all programs, and individual departments may provide additional training. In addition, each clerkship director coordinates regularly with the residency program director to update him/her on clerkship progress and requirements.

- c. Describe how data provided by medical students on resident teaching and/or supervision skills are used to improve the quality of resident teaching and/or supervision.

Clerkship directors provide residency program directors with aggregate data on the students’ assessment of resident teaching and supervision at least bi-annually. When data necessitate individual resident improvement, training and direction is provided to the resident from the program faculty. Medical students evaluate resident teaching at the end of every clerkship rotation. These data are reviewed by the Associate Dean of Medical Education and shared with the clerkship director. These evaluations are also used by the Curriculum Evaluation Committee during their annual evaluation of the clerkship.

- d. Describe any institution-level and department-level programs that prepare graduate students or postdoctoral fellows to teach or assess medical students.

Although not a requirement, many graduate students in the Doctor of Philosophy program of the Department of Biomedical Sciences are assistant course directors of the preclinical curriculum in the design and implementation of these courses. As such, these students are intimately familiar with the course objectives, pedagogies and assessments. These graduate-students are mentored by teaching-faculty and course-directors of the preclinical curriculum and primarily assist in selected, small-group activities in the MS1 curriculum. In addition, Graduate Students in the Biomedical Sciences Department are offered a course in communication skills, which includes a teaching practicum and strategies in effective pedagogies and assessments (BMR 660).

## 9.2 FACULTY APPOINTMENTS

**A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.**

### NARRATIVE RESPONSE

- a. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students during required clerkships is monitored.

The faculty appointment status of physicians who teach and assess medical students is monitored in two ways:

1. Faculty appointment status is reviewed annually as part of their yearly review with the chair or division chief of their department. This is done with the advice and input of clerkship directors. Each faculty is assessed regarding their teaching contribution via student evaluation. Based on the performance expectations, their continued participation as an educator may change.

2. The Dean's office twice yearly reconciles faculty appointments with those listed and assigned as medical educators within each Department's curriculum. This ensures valid faculty credentials

- b. List any required core clinical clerkships where students are supervised, assessed, or graded by physicians who are not medical school faculty members (do not include residents/fellows). Describe the steps taken to provide faculty appointments to these physicians.

All physicians participating in the education of medical students must have faculty appointments in one or more departments of the JCESOM. These appointments are handled at the department level and range from full-time faculty to volunteer-faculty. Volunteer faculty have little to no involvement in required core clinical clerkships. The OME advises and supports this process.

- c. Where teaching of students is carried out by physicians who do not hold faculty appointments at the medical school, describe how the teaching activities of these individuals are supervised by medical school faculty members.

N/A

## 9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

**A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.**

### NARRATIVE RESPONSE

- a. Describe how departments and the central medical school administration ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences so as to ensure student and patient safety.

JCESOM recognizes medical students are learners who are not licensed to practice medicine and has a policy in place to ensure medical students are appropriately supervised by physicians who are faculty members of the school of medicine. Supervising faculty or residents are expected to provide students with opportunities to participate in learning activities, including procedures, which are commensurate with the student's level of competence. These learning experiences are meant to be progressive in nature to accommodate students at different levels of training. The overall goal of this policy is to ensure an effective learning experience for the student while protecting both student and patient safety.

Supervision is defined as direct supervision with the supervisor present in the same room as the student, or indirect supervision with the supervisor available for consultation. Within each department, the clerkship director orients students to expectations for supervision and prepares supervisors for their role in the medical education program.

- b. What mechanisms exist for students to express concern about the adequacy and availability of supervision and how, when, and by whom are these concerns acted upon?

In the event a student feels any part of a clerkship supervision is inadequate or unavailable, students are encouraged to reach out to the clerkship director or department chair at any time. The clerkship director then investigates the events to determine the best course of action to correct the situation. Of course, the clerkship director is empowered to seek assistance from the department chair or the vice dean of medical education.

Additionally, the students are polled regarding the adequacy of their supervision twice a year. We utilize AAMC Graduation Questionnaire for the recent graduates and an internal poll of current third- and fourth-year students in January of each year. The concerns are shared with the entire faculty. The areas that are identified as potential concerns are further investigated by the Vice Dean of Medical Education and the Assistant Dean of Student Affairs in conjunction with the Clerkship Director and Coordinator to clarify specific issues and develop action plans for improvement.

- c. What mechanisms are used during required clinical experiences to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience? Is there a policy (departmental or institutional) related to the delegation of responsibility to medical students?

Each clerkship has established standard sets of expectations for medical students to include history taking, physical examination, and selected procedures on the appropriate clerkship. These selected procedures are reviewed, and the list updated annually. It is expected that with exposure and experience students will be able to gradually increase which responsibilities can be delegated to them.



- d. Provide examples of how the clerkship director or the student's attending physician ensures that non-physician health professionals who teach or supervise medical students are acting within their scope of practice.

Clerkship directors and attending physicians who hold faculty appointments with the school of medicine retain ultimate responsibility for supervising medical students. There are ways that other healthcare professionals provide valuable learning opportunities and experience for medical students. The other healthcare professionals practicing within the hospital and/or ambulatory setting are approved and/or credentialed to perform duties within their scope of practice, according to facility and Joint Commission regulation.

Some specific examples of where other healthcare professionals provide teaching or supervision to medical students include:

- Nursing – Nurses are frequently part of the team that provides instruction to medical students. They can also instruct students about important processes like time out procedures and washing and gowning. Additionally, nurse practitioners may assist with overnight supervision of learners in the neonatal intensive care unit. Nurses in outpatient settings may provide information and direction concerning practice-based systems mechanisms and patient-centered ambulatory management.
- Anesthesiology – Certified Registered Nurse Anesthetists can instruct and supervise students regarding airway management, anesthetic pharmacology, and ventilator management.
- Physician Assistants – Many specialties employ physician assistants within their practice who provide instruction in procedures such as suturing, suture removal, wound debridement, minor incision and drainage procedures.
- Surgical Technologists – Medical students are instructed in operating room procedures such as maintenance of the sterile field, instrument handling and passing, and the name of common surgical equipment.

## **SUPPORTING DOCUMENTATION**

1. Policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

See Appendix 9.3-1 JCESOM Student Supervision Policy

## 9.4 ASSESSMENT SYSTEM

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

### SUPPORTING DATA

<b>Table 9.4-1   Observation of Clinical Skills</b>												
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they were observed performing the following clerkship activities.												
	GQ 2016				GQ 2017				GQ 2018			
	History		Physical exam		History		Physical exam		History		Physical exam	
	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %
Family Medicine	92.9	88.9	90.5	90.9	92.2	90.0	95.3	91.7	89.8	91.0	93.2	92.7
Internal Medicine	92.9	92.7	92.9	93.8	92.2	93.4	90.6	94.3	89.8	93.9	91.4	94.8
Ob-Gyn/ Women's Health	90.5	91.8	95.1	90.1	92.2	83.3	93.8	91.0	89.8	84.4	98.3	91.2
Pediatrics	85.7	91.4	95.1	92.8	93.8	92.2	93.8	93.5	94.9	92.8	96.6	94.1
Psychiatry	80.0	91.7	85.0	90.6	92.2	92.5	92.2	91.5	96.6	93.2	94.9	92.5
Surgery	54.8	72.4	98.3	78.8	81.0	74.4	81.3	80.4	62.1	74.9	76.3	81.0

<b>Table 9.4-2 Clinical Skills</b>						
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following ways to begin a residency program.						
	GQ 2016		GQ 2017		GQ 2018	
	School %	National %	School %	National %	School %	National %
Acquired the clinical skills required to begin a residency program	90.0	90.8	98.4	90.1	96.6	90.7

### NARRATIVE RESPONSE

- a. For each comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs independent of individual courses or clerkships, describe when in the curriculum it is offered, the general content areas covered, and whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

At the JCESOM, students undergo a comprehensive Clinical Competency Exam (CCE). This is a six-station exam meant to mimic the USMLE Step 2 Clinical Skills exam administered at the end of the third year. These stations represent the required third year clerkship specialties. Students are given 15 minutes to complete a history and physical followed by 10 minutes to write the note and differential before moving on to the next station. All standardized patient interactions are video recorded. Documentation is done in a home-grown program that incorporates the standardized patients' evaluation and comments.

A core group of faculty has been selected and trained to review and critique the students' performance. Faculty members log into the CCE website and review all 90 minutes of the digital record, grade the documentation, and

reviews the standardized patient's comments. The student then meets with the faculty mentor who reviews the videos with the student and provides formative feedback specifically targeting preparation for the Step 2 Clinical Skills exam. The end of the year CCE's are for formative feedback and are not in the student's grades.

- b. How does the school ensure that all students are assessed performing the essential components of a history and physical examination, as defined by the school, in each required clerkship?

*Note that the school can decide if students must complete an entire history and physical examination or a modified history and physical that is relevant to the specific clerkship.*

Every clerkship has learning objectives related to performing a focused history and physical examination that is specific to that discipline/clerkship. These skills are on every clerkship assessment form for faculty to observe and provide feedback. Every clerkship has developed formative standardized patient encounters called CCEs during which students are assessed on focused history and physical examination skills. Each clerkship uses their specific CCE in different ways. Clerkships may use the CCE as either formative and/or summative feedback in evaluating performance as outlined in their syllabi. About half use it as formative feedback only while the other half use it as points in calculating a final grade.

## **SUPPORTING DOCUMENTATION**

1. Provide data from school-specific sources (e.g., clerkship evaluations) on student perceptions that they were observed performing required clinical skills.

*See Appendix 9.4-1 Student Perceptions of Clinical Skill Observations*

2. Course/clerkship-specific or standardized forms that are used in the assessment of the following clinical skills. Indicate the course or clerkship where each form is used and whether the results are used for formative (feedback) or summative (grading) purposes.
  - a. History taking
  - b. Physical examination

*See Appendix 9.4-2 Sample of History and Physical Evaluation Forms*

## 9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student's performance, including his or her 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.

### NARRATIVE RESPONSE

- a. Describe any institutional policies that include the requirement for a narrative description of medical student performance.

The Medical Student Grading and Narrative Policy states that written narrative assessments are required of all MS3 Clerkships. Narrative assessments may cover topics including but not limited to behavior, interpersonal skills, personal initiative, professionalism, dependability, and interactions with patients, peers, faculty, staff, and directors. Narrative assessments should feature both strengths and weaknesses.

Please see Appendix *9.7-1 Medical Student Grading and Narrative Policy.pdf* for more information.

- b. List the courses in the pre-clerkship phase of the curriculum that include narrative descriptions as part of a medical student's final assessment where the narratives are:

1. Provided only to students as formative feedback
2. Used as part of the final grade (summative assessment) in the course

#### **1. Provided only to students as formative feedback**

None

#### **2. Used as part of the final grade (summative assessment) in the course**

Students in the preclinical years participate in group activities where they work as a group and submit a written document to the course director. The course director grades the exercise and provides the group with narrative feedback that is part of the final grade:

- MDC710-Elements of Medicine-MS1
- MDC711-Structure and Function I-MS1
- MDC712-Structure and Function II-MS1
- MDC714-Structure and Function IV-MS1
- MDC750-Principles of Disease-MS2
- MDC751-Disease and Therapeutics I-MS2
- MDC754- Disease and Therapeutics IV-MS2

- c. List the clinical clerkships that include a narrative description as part of a medical student's final assessment where the narratives are:

1. Provided only to students as formative feedback
2. Used as part of the final grade in the clerkship

1. Provided only to students as formative feedback:
  - i. Family Medicine Clerkship
  - ii. Internal Medicine Clerkship

- iii. Obstetrics & Gynecology Clerkship
  - iv. Pediatrics Clerkship
  - v. Psychiatry Clerkship
  - vi. Surgery Clerkship
  - vii. Neurology Clerkship
2. Used as part of the final grade in the clerkship:
- viii. Family Medicine Clerkship
  - ix. Internal Medicine Clerkship
  - x. Obstetrics & Gynecology Clerkship
  - xi. Pediatrics Clerkship
  - xii. Psychiatry Clerkship
  - xiii. Surgery Clerkship
  - xiv. Neurology Clerkship
- d. Referring to Tables 6.0-1 and 6.0-2, describe the reasons why a narrative assessment is not provided in a course or clerkship where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

Not applicable

## 9.6 SETTING STANDARDS OF ACHIEVEMENT

**A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.**

### NARRATIVE RESPONSE

a. Describe the roles, of the body with responsibility for central management of the curriculum (i.e., the curriculum committee), other medical school committees, the chief academic officer, and departments, and course/clerkship leadership in setting the standards of achievement for the following:

1. Courses
2. Clerkships
3. The curriculum as a whole (i.e., progression and graduation requirements)

#### 1. Courses

The grading scale for the preclinical courses is set by the Curriculum Committee. The preclinical curriculum continues to be the traditional A, B, C, F scale. The individual course directors determine the spread of possible points across exams, lab practical, small group work, and homework assignments.

#### 2. Clerkships

The clerkship director is responsible for setting the achievement standard for their specialty. The grading scale for the clinical clerkships was changed in the 2015-2016 academic year to an honor, pass, or fail system because all students were receiving A's on the traditional scale, which prevented students with strong clinical skills from standing out from their peers. Each clerkship did its own internal hypothesis testing to determine the criteria for achieving honors. Because of the difference between the various specialties, each clerkship has a different set of rules for achieving honors that required the approval of the Curriculum Committee.

#### 3. The Curriculum as a whole (i.e., progression and graduation requirements)

Adequate progression is followed closely by the Office of Medical Education which includes academic support, academic affairs, student affairs, and the register. This group reviews the result of every test in the preclinical curriculum and every mini board in the clinical curriculum. Any student not making adequate progress is referred to the Academic Standards and Professionalism Committee. Graduation requirements are set by the Curriculum Committee and reviewed annually.

b. Describe how the medical school ensures that faculty members with appropriate knowledge and expertise set the standards of achievement for courses and clerkships and for the curriculum as a whole.

#### Preclinical Curriculum

The CC has 2 subcommittees that focus on the PreClerkship Curriculum: the MS1 and MS2 Subcommittees. While led by a member of the CC, Block leaders for that particular year, as well as any additional key faculty members are invited to participate. These individuals are content experts, as evidenced by the process of their appointment and their background and have demonstrated an interest and strength in medical education. They utilize the USMLE content outline to identify gaps and redundancies to ensure that content areas are adequately covered. They compare their outcomes to student performance on national exams and may recommend changes in curriculum content and methodology on a regular basis back to the CC as whole.

## **Clinical Curriculum**

The Clinical Clerkship Subcommittee, also led by a member of the CC, is composed of the clerkship directors. Clerkship directors play a critical role in ensuring that standards of achievement in clinical clerkships are established based on guidelines relevant to national norms and expectations. The department chair appoints the clerkship director for his/her respective department with input from the Office of Medical Education and other administrators. These individuals are full-time faculty in good standing. They are selected based on expertise and interest in medical education and are expected to attend appropriate national medical education meetings and maintain clinical expertise in their subject matter. They are expected to forge and maintain liaisons with all other members of their departments as it relates to medical education efforts. They have at their disposal, as does the basic science faculty, all the resources for faculty development in educational processes and skills at the University level. Clerkship directors utilize the guidelines published by the national organizations in their responsible disciplines to develop objectives, educational experiences, and assessment methods for each clerkship.

## **Curriculum Evaluation Committee**

This is a relatively new addition. This is a 6-member committee. It is co-chaired by a full-time faculty member of the Biomedical Sciences and one of the Clinical Departments. It is composed of three full-time faculty members from the Biomedical Sciences and two full-time clinical faculty. The Associate Dean of Medical Education is the OME representative on the committee. The members have interest and/or experience in curricular design and evaluation, data analytics and outcome analysis. The committee evaluates one course or clerkship each month and submits its finding and recommendation to the CC. In developing its evaluation report, the committee works collaboratively with the course/clerkship director and meets once a month to finalize the report of the month.

## **Curriculum Committee**

All four subcommittees report back to the Curriculum Committee which considers all this information and data in its deliberations and planning. This invariably ensures vertical and horizontal integration of the curriculum and ultimately validates its content and delivery. The CC and all subcommittees are continuously supported at the staff level by a highly trained and experienced expert in medical education, the Associate Dean for Medical Education. This person provides a wide range of pedagogical support for all the efforts within curriculum development and to the faculty who participate in these efforts. This person helps organize and direct many processes and initiatives and coordinates and appropriately disseminates all curricular information throughout the JCESOM.

## 9.7 FORMATIVE ASSESSMENT AND FEEDBACK

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

### SUPPORTING DATA

<b>Table 9.7-1   Mid-clerkship Feedback</b>				
Provide school and national data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships.				
	GQ 2017		GQ 2018	
	School %	National %	School %	National %
Family Medicine	96.9	95.0	94.9	95.2
Internal Medicine	98.4	98.0	96.6	98.0
Ob-Gyn/Women's Health	100.0	93.6	98.3	94.0
Pediatrics	98.4	96.3	89.8	96.6
Psychiatry	100.0	93.9	96.6	94.6
Surgery	95.3	92.0	91.5	92.4

<b>Table 9.7-2   Mid-clerkship Feedback</b>	
As available, provide information from clerkship evaluations for the most recently-completed academic year and/or the independent student analysis on the percentage of respondents who <i>agreed/strongly agreed</i> (aggregated) that they received mid-clerkship feedback for each listed clerkship. Specify the data source.	
Family Medicine	97%; aggregate clerkship evaluation for 2017-2018
Internal Medicine	99%; aggregate clerkship evaluation for 2017-2018
Neurology	89%; aggregate clerkship evaluation for 2017-2018
Ob-Gyn/Women's Health	91%; aggregate clerkship evaluation for 2017-2018
Pediatrics	96%; aggregate clerkship evaluation for 2017-2018
Psychiatry	93%; aggregate clerkship evaluation for 2017-2018
Surgery	91%; aggregate clerkship evaluation for 2017-2018
Data Source: New Innovations, clerkship evaluations	
* Clerkship evaluation form has been modified for academic year 20108-2019; specifically; for the students to comment on the learning environment and the quality of formative feedback. Above data is students affirming that they received "useful feedback".	

<b>Table 9.7-3   Pre-clerkship Formative Feedback</b>		
Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum (typically years 1 and 2).		
Course Name	Length of course (in weeks)	Type(s) of formative feedback provided
MDC710-Elements of Medicine	10	Small group discussions, clinical correlates, TBL, practice questions, audience response, written assignments, feedback on SDL
MDC711-SFI	5	Small group discussions, clinical correlates, practice questions
MDC712-SFII	8	Small group discussions, clinical correlates, practice questions, TBL, review sessions, written assignments, audience response
MDC713-SFIII	7	Small group discussions, clinical correlates, practice questions, review sessions, written assignments, TBL, audience response



MDC714-SFIV	6	Small group discussions, clinical correlates, practice questions, TBL, review sessions, written assignments, TBL, audience response
MDC715-ICS		Simulated patients, formative OSCEs
MDC750-Principles of Disease	9	Small group discussions, clinical correlates, practice questions, review sessions, written assignments, audience response
MDC751-DTI	5	Small group discussions, clinical correlates, practice questions, review sessions, written assignments, TBL, audience response
MDC752-DTII	7	Small group discussions, clinical correlates, practice questions, review sessions, TBL, audience response, feedback on SDL
MDC753-DTIII	7	Small group discussions, clinical correlates, practice questions, review sessions, TBL, audience response, feedback on SDL
MDC754-DTIV	9	Small group discussions, clinical correlates, practice questions, review sessions, TBL, audience response, feedback on SDL
MDC755-ACS		Simulated patients, formative OSCEs, workshops and simulations

**Table 9.7-4 Formative Feedback**

Provide data from the independent student analysis by curriculum year on student satisfaction (satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.

Survey Question	Year 1	Year 2	Year 3	Year 4
Amount and quality of formative feedback in the first/second years	67.5%	86.9%	86.2%	84.0%
Amount and quality of formative feedback in the third/fourth years	N/A	N/A	82.8%	90.7%

## NARRATIVE RESPONSE

- a. Describe how and by whom the provision of mid-course/clerkship feedback is monitored within individual departments and at the curriculum management level.

Each clerkship director and clerkship coordinator is tasked with ensuring that students receive timely midpoint feedback. The Assistant Dean of Academic Affairs reviews all midpoint feedback forms in the online New Innovations system to ensure that there are no red flags and that no student was overlooked in the process. Any concerns are further discussed with the Vice Dean of Medical Education.

- b. For courses and clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

The only required clerkships less than four weeks in duration are the Emergency Medicine clerkships and Intensive Care Unit blocks as part of the required fourth year clerkships. Faculty and residents are encouraged to give feedback to students on a daily basis. Final feedback is provided through the New Innovations system.

## SUPPORTING DOCUMENTATION

1. Any institutional policy or guideline requiring that medical students receive formative feedback by at least the midpoint of courses and clerkships of four weeks (or longer) duration.

See Appendix *9.7-1 Medical Student Grading and Narrative Policy*  
*9.7-2 Student Midpoint Feedback Form*

## 9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

### SUPPORTING DATA

Table 9.8-1   Availability of Final Grades												
For each required clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks. Add rows as needed.												
Required clerkship	AY 2015-16				AY 2016-17				AY 2017-18			
	Avg.	Min	Max	%	Avg.	Min	Max	%	Avg.	Min	Max	%
Family Medicine	2.06	0.78	12.92	1.01	2.49	0.21	11.49	2.05	1.98	1.00	4.43	0.0
Internal Medicine	3.07	1.05	5.93	0.0	4.32	2.08	29.37	2.05	5.47	3.00	23.00	6.55
Neurology	3.45	0.66	6.06	0.0	2.19	0.36	4.64	0.0	2.12	1.00	3.14	0.0
Ob/Gyn	3.41	0.23	32	5.34	5.70	0.23	20.91	15.23	3.23	2.14	19.43	4.25
Pediatrics	4.99	2.05	14.64	20.33	6.98	3.49	33.62	60.27	5.28	2.29	12.57	22.55
Psychiatry	1.86	0.61	16.04	1.01	1.71	0.51	13.51	3.11	2.38	0.71	18.00	2.06
Surgery	5.41	0.95	17.00	21.44	2.72	0.20	20.51	1.01	2.85	1.00	16.71	3.13

If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each campus.

### NARRATIVE RESPONSE

- a. List any courses in the pre-clerkship phase of the curriculum where all students did not receive their grades within six weeks during the most recently-completed academic year.

POD – individual-student narrative feedback at the end of the course was time consuming and created a bottleneck in the grading process. For the following academic year, the assignment was modified into a group-activity and the grading effort was streamlined by using a rubric.

Disease and Therapeutics, I (MDC 751) – video assignment took longer than expected to grade. The assignment will be moved to the beginning of the block for the next academic year.

- b. List any specific clerkship sites that are not complying with the school's guidelines for the timeliness of grade reporting.

OB/GYN – A combination of student failures and family emergency for the Clerkship director contributed to longer than usual grading-time for this clerkship

PEDS – We had several testing site issues during the 2016-2017 Academic Year, which caused students to have incomplete, or outstanding grades until the miniboards were successfully completed. Due to limitations on testing room availability and proctor availability, some of these retakes took longer than anticipated to complete.

- c. Describe how and by whom the timing of course and clerkship grades is monitored and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

The Registrar monitors the submission of final composite clerkship evaluations in New Innovations. If evaluations are not submitted by the fifth week after a rotation ends, the Registrar sends a follow-up

correspondence to the Clerkship Director and Coordinator for a report on when grades will be submitted. If by the sixth week an evaluation has not been submitted, the Registrar reports this information to the Vice Dean of Medical Education who will take further action if needed. The Registrar also ensure that all reported grades are entered into the university grading system at the end of the term in December and May.

- d. Provide any data from the independent student analysis or course/clerkship evaluations related to students' opinions about the fairness of summative assessments in courses and clerkships.

From the 2017-2018 Independent Student Analysis:

<b>Grading of the Clinical Competency Exams (CCE) were fair and adequate.</b>											
Medical School Class	Number of Total Responses to this Item	Number and % of N/A Responses		Number and % of Very Dissatisfied (1)		Number and % of Dissatisfied (2)		Number and % of Satisfied (3)		Number and % of Very Satisfied (4)	
		N	%	N	%	N	%	N	%	N	%
M1	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
M2	84	1	1.2	0	0.0	3	3.6	27	32.1	53	63.1
M3	64	1	1.6	0	0.0	5	7.8	23	35.9	35	54.7
M4	71	0	0.0	0	0.0	2	2.8	32	45.1	37	52.1
Total	219	2	0.9	0	0.0	10	4.6	82	37.4	125	57.1

## SUPPORTING DOCUMENTATION

1. Policy or directive that specifies the time frame for the reporting of grades.

See Appendix 9.8-1 JCESOM Medical Student Grading Policy

## 9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

**A medical school ensures that the medical education program has a single standard for the advancement and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.**

### NARRATIVE RESPONSE

- a. Describe how the medical education program ensures that a single set of policies for promotion and graduation is applied across all instructional sites, including regional campuses.

All students are monitored from a central location in the institution, as we do not have regional campuses.

- b. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an action for academic or professionalism reasons (not including grade appeal), including the groups or individuals involved at each step in the process.

When a student has been identified as struggling academically or professionally, they are asked to meet with the Assistant Dean of Student Affairs or the Assistant Dean of Academic Affairs. An action plan is created including referral to our in-house learning specialist, if needed. If the action plan does not lead to improvement, the student may be referred to the Academic and Professionalism Standards Committee (APSC).

At the APSC Committee meeting, the student's case is reviewed and discussed by the committee members. The student is given the opportunity to explain the situation. The committee then recommends dismissal or a different action plan for improvement.

If the student is not happy with the decision of the APSC Committee, they may appeal to the second-level appeals committee, which is composed of the Department Chairs. Once again, the student's case is reviewed and discussed. The student is given the opportunity to explain the situation. The committee may support the APSC decision or overturn the decision and make their own recommendations.

The third, and final, level of appeal is to the Dean. The Dean meets with the student one-on-one to discuss the situation. The Dean may uphold the decision of the lower committees or choose to dismiss the student. The decision of the Dean is final.

- c. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors, describe whether there is a recusal policy in place in the case that an adverse academic action against a student is being proposed.

The Academic and Professionalism Standards Committee consists of basic science and clinical faculty members and one student from each class. The Chair and the Office of Medical Education, with final approval from the Dean of the School of Medicine, appoint faculty members. Students may formally apply for the opportunity of membership. Members of the Office of Medical Education serve on the committee as ex-officio, non-voting members. Those members are:

- Assistant Dean of Academic Affairs
- Associate Dean of Medical Education
- Assistant Dean of Student Affairs
- SOM Registrar

The Assistant Dean of Academic Affairs serves as the Executive Secretary for the committee. There are no clerkship directors on the committee and in the event a member is a course director for which an academic/student issue arises, the committee member abstains from the voting process.

- d. Describe how the due process policy and process are made known to medical students.

APSC promotions and standards policies are available online on the JCESOM website. Students are oriented to the website and policy pages during orientation. A link to the policy page is also included in course/clerkship syllabi along with course objectives, grading scheme and SOM Professionalism Domains. In the event there is an adverse finding or decision regarding a student, the student is notified in writing, and the appeals process is also outlined and fully explained at that time.

#### **SUPPORTING DOCUMENTATION**

1. The policy that specifies that there is a single standard for promotion and graduation.

See Appendix 9.9-1 *Honor System.pdf*

2. The policies and procedures for disciplinary action and due process.

See Appendix 9.9-1 *Academic & Professionalism Standards Policy*