



# VCU

## Formative Assessment and Feedback Policy

### Policy Statement and Purpose

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The Liaison Committee on Medical Education (LCME) has established a standard regarding the provision of formative feedback in all courses and clerkships. This standard outlines the requirement for all students to receive formative feedback at a point within each course and clerkship that allows sufficient time for remediation of any deficiencies. The LCME further requires this feedback to occur at least at the midpoint of each course or clerkship. If a course or clerkship is less than four (4) weeks in length, then the standard allows for alternative avenues by which students are able to measure their individual progress in learning. To support compliance with this standard, the Virginia Commonwealth University School of Medicine has created procedures outlining requirements for the incorporation of formative feedback within courses and clerkships and the processes for documenting this feedback.

### Stakeholders

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The faculty, staff, and students of the VCU School of Medicine are responsible for knowing this standard operating procedure, its contents, and provisions.

### Definitions

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**VCU SOM:** Virginia Commonwealth University School of Medicine.

**CC:** Curriculum Council.

**LCME:** Liaison Committee on Medical Education. The group with authority to accredit medical education programs leading to the MD degree in the United States and Canada.

**OME:** Office of Medical Education.

**CD:** Course/Clerkship Director.

**Formative Assessment:** Formative assessment is the process of monitoring the acquisition and development of knowledge, skills, and behaviors of students throughout a course/clerkship through assessment methods that allow students to identify their personal strengths and opportunities.

**Formative Feedback:** Formative feedback is feedback regarding the strengths, weaknesses, and opportunities for improvement for an individual student that is communicated in a manner which allows time for the student to modify their behavior, refine their understanding, and improve upon their subsequent learning and performance within the course/clerkship.



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**EPA:** Core Entrustable Professional Activity; a set of guidelines established by the Association of American Medical Colleges that defines thirteen (13) activities that all graduates entering residency should be able to perform, regardless of specialty.

## Responsibilities

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**Students:** Students are expected to utilize opportunities for formative feedback presented within each course/clerkship in order to aid in their continued development as a learner. Students must complete all assigned formative assessments as required by the CD, and students in the required core clerkships must complete the Mid-Clerkship Feedback Form as instructed prior to their scheduled mid-clerkship feedback meeting.

**Faculty, Residents, and other healthcare professionals providing instruction or supervision of medical students:** All individuals who teach, facilitate, or precept medical students must provide verbal or written feedback, to allow the student to assess their progress towards completion of course/clerkship requirements and objectives and allow the student sufficient time for remediation if necessary.

**CD:** Course and Clerkship Directors are responsible for ensuring opportunities for formative feedback and assessment are provided throughout their respective course/clerkship as outlined in this policy. CD's are also responsible for communicating with the appropriate Assistant/Associate Dean within the OME when any issue may arise that would prohibit them from meeting the minimum expectations outlined in this policy.

## Procedures

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### Formative Assessment and Feedback

#### *Formative Assessment and Feedback in Courses*

- Courses, regardless of their length in weeks, should utilize formative assessment(s) as a method to identify the strengths and areas of opportunity for each student in the learning process.
  - These assessments provide the student with formative feedback on their learning progress.
- CD's have the autonomy to determine the method(s) of formative feedback that are used within their respective course; however, each method must be clearly outlined in the course syllabus and align with the course objectives.
- For all courses, students must receive formative feedback at least once at the mid-point of the course.
  - Methods of formative feedback may include, but are not limited to:
    - Self-assessment questions
    - Practice tests
    - Audience response questions
    - Homework assignments
    - Informal verbal feedback
    - Written narrative feedback



- Class discussions
- Quizzes
- Formative OSCEs

### *Formative Assessment and Feedback in Clerkships*

- All supervising clinicians should provide feedback to students throughout the clinical rotation verbally and/or using formal documentation methods (e.g. clinical assessment forms, EPA assessments, etc.)
- Clerkships that are four (4) weeks or longer in length must provide written formative feedback to all students.
  - This feedback must occur by at least the mid-point of the clerkship and utilize the Mid-Clerkship Feedback Form included in the appendices of this policy.
    - Steps in the mid-clerkship feedback process include:
      - Student will complete the self-reflection and self-assessment portion of the Mid-Clerkship Feedback Form.
      - Upon completion, the student will provide the form to the CD or their designee with whom they have worked and can adequately evaluate the student's performance.
      - Once the Form has been completed, the student will meet with the CD/attending to review their rating and receive feedback on their strengths and areas of opportunity.
        - Students are expected to bring a copy of their Required Clinical Procedures Log with them to their feedback meeting and discuss their progress toward completion of required experiences for the rotation.
      - Upon completion of the feedback meeting, the student is responsible for ensuring the Mid-Clerkship Feedback form, signed by both student and faculty member who completed the form, are uploaded into the LMS or turned into the clerkship administrator
- Clerkships that are shorter than four (4) weeks in length must provide alternate means by which medical students can measure their progress in learning
  - Alternative methods of formative feedback include, but are not limited to:
    - Informal verbal discussions
    - Completion of EPA assessments
    - Clinical evaluation tools

### **Compliance Monitoring**

#### *Course Level Monitoring*

- Individual courses are responsible for ensuring compliance with formative feedback requirements.
  - Any issue that may prevent the timely completion of formative feedback requirements must be escalated to the Associate Dean for Pre-Clinical Medical Education and the OME

#### *Clerkship Level Monitoring*

- Individual clerkships are responsible for ensuring compliance with formative feedback requirements.
  - Any issue that may prevent the timely completion of formative feedback requirements must be escalated to the Assistant Dean for Clinical Medical Education and the OME

#### *Central Monitoring*

- The CC will have final authority and oversight into the monitoring of compliance with formative feedback requirements.
- Students will be surveyed at multiple points throughout the curriculum to confirm they have received formative feedback
  - These surveys include, but are not limited to:
    - End of Course/Clerkship Evaluations
    - Institutional End of Year Survey
    - AAMC Graduate Questionnaire
  - The CC will review data on the compliance of each course/clerkship with these procedures from the survey data at least twice a year, but may review more frequently at the request of the Chair of the CC

### **Related Policies** \_\_\_\_\_

- Completion of Required Clinical Experiences Policy
- Non-Involvement of Healthcare Providers in Assessment and Promotion of Students policy

### **Review Cycle and Revision History** \_\_\_\_\_

The policy is reviewed and may be revised by the Curriculum Council as necessary, but at least every three years.

**Current Revision Approved: 02.23.2023**

### **Applicable Laws, Regulations & Standards** \_\_\_\_\_

LCME Standards for Accreditation of Medical Education Programs Leading to the MD Degree:

- LCME Standard 9, Element 7



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## Mid-Clerkship Feedback Form

Student Name (please print): \_\_\_\_\_

Current Clerkship: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Self-Assessment: Personal Reflection

Please reflect on your progress to date in this clerkship, and in the space below identify your strengths, areas for growth, and plans for improvement moving forward into the remainder of the rotation. This self-assessment is designed to improve student performance and does not contribute to your final grade.

The completed self-assessment form, along with a printed copy of your Required Clinical Experiences log, should be given to the clerkship director or an attending whom you feel can evaluate your performance. They will complete the second section of this form and discuss progress toward completion and logging of all Required Clinical Experiences. Upon completion of all sections and signatures, the Mid-Clerkship Feedback Form should be uploaded into eCurriculum.

Identified Areas of Strength:
Identified Areas for Growth:
Steps/Measures for Improvement:

### Student Self-Assessment: ORIM-E Criteria

Student Self-Assessment	Descriptions of Roles
<input type="checkbox"/>	OBSERVER: Does not actively contribute to patient care; passive participant in rounds; does not consistently report accurate information or meaningfully add to clinical discussions.
<input type="checkbox"/>	REPORTER: A reporter reliably and consistently gathers clinical information through history-taking, physical examination, and review of the electronic medical record for a “bread and butter” general internal medicine patient. A reporter can “get the story straight.” A reporter is organized and can reliably and truthfully communicate a verbal presentation to the care team and provide appropriately comprehensive written documentation in the electronic medical record. A reporter can answer the “what” question.
<input type="checkbox"/>	INTERPRETER: An interpreter interprets and analyzes clinical data to answer the “why” question. An interpreter can identify pertinent positive and negative history, physical exam, and ancillary



## Mid-Clerkship Feedback Form

	details for their patient. An interpreter should identify at least three DDX's for a patient they are evaluating and be able to explain their rationale though need not always be absolutely correct. An interpreter should be situationally aware of the clinical situation, patient's verbal and nonverbal cues, and tailor their behavior/presentation based on the situation. They should counsel patients in line with their level of understanding and preferences.
<input type="checkbox"/>	<b>STUDENT MANAGER:</b> A student manager independently and proactively develops a diagnostic and therapeutic care plan for their patient by seeking out evidence/literature. They can discuss the rationale for the plan they devised and incorporate risk/benefit discussions as well as patient preferences in their diagnostic/therapeutic plan. They answer the "how" question. A manager provides effective counseling to the patient that is attuned to patient preferences and clinical situation. They provide and solicit feedback as an integral member of the clinical care team.

### Student Self-Assessment: Additional Questions

Do you have your list of Required Clinical Experiences to review with clerkship leadership?

Yes  No

Have you been observed by residents/faculty/preceptor doing the relevant portions of History and Physical Exam?

Yes  No

Have you experienced any concerns with professionalism, supervision, or the learning environment?

Yes  No  If you selected yes, please explain below:

Have you had any duty hour violations?

Yes  No  If you selected yes, please explain below:

Do you have any additional items you would like to discuss with Clerkship Leadership?

Yes  No  If you selected yes, please explain below:



## Mid-Clerkship Feedback Form

Student Name (please print): \_\_\_\_\_

Clerkship Director/Attending (please print): \_\_\_\_\_

### Clerkship Director/Attending Evaluation

The Mid-Rotation Feedback provides an opportunity for dialogue between the Clerkship Director/Faculty and student about the student's specific strengths and opportunities for improvement. Discussion at the mid-point of the clerkship allows the student time to build upon existing skills and correct any deficiencies. This is a formative feedback process and does not contribute to the student's final grade.

This report should be filled out by the clerkship director or attending physician and **reviewed with the student in person**. Specific comments regarding areas that need attention and opportunities for student improvement are **required**.

	Working Toward Expectations	Meets Expectations	Exceeds Expectation
History	<input type="checkbox"/> Gathers extraneous or insufficient information, performs in a rote fashion	<input type="checkbox"/> Appropriate info in clinical context, focusing history to address CC and urgent issues	<input type="checkbox"/> Exceptional focused hx, all relevant info obtained, seeks and incorporates data from secondary sources
Physical	<input type="checkbox"/> May miss key findings, may perform exams incorrectly, not fluid	<input type="checkbox"/> Exam mostly adequate and correct, still working on differentiating important maneuvers, exams	<input type="checkbox"/> Performs PE appropriate for setting, complaint, comprehensive vs. focused with all appropriate examination maneuvers
DDx	<input type="checkbox"/> Generally able to filter and connect information to generate a basic differential based on clinical data and medical knowledge. Beginning to incorporate data and prioritize. May have difficulty explaining how they arrived at DDx	<input type="checkbox"/> Reliably synthesizes data into pertinent positives and negatives to generate a complete and prioritized differential. Able to explain basic findings but struggles with novel or uncommon presentations.	<input type="checkbox"/> Exceptional differential diagnosis and data interpretation. Able to explain medical decision-making that led to DDx. Updates DDx as new information emerges
Plan	<input type="checkbox"/> May be able to apply knowledge to formulate plan, but may be incomplete or incorrect, focusing of diagnosis rather than therapeutic or disposition	<input type="checkbox"/> Reliably able to apply knowledge to formulate plans that are complete, appropriate. Connects foundational knowledge to plan formulation.	<input type="checkbox"/> Exceptional ability to apply knowledge to formulate outstanding patient-centered plans. Tailors plan to patient needs/desires. Utilize evidence-based guidelines consistently. Can explain pre-post probability of common diagnostic tests.

## Mid-Clerkship Feedback Form

<b>Communication</b>	<input type="checkbox"/> Communication with patients and/or team is unidirectional or not tailored to circumstances. May not always attend to patient comfort, preferences, barriers to care. May not always integrate or recognize value of team contributions.	<input type="checkbox"/> Communication with patients and/or team is bidirectional and reliably tailored to circumstances. Skillful in reading and responding to others' emotions. Reliably sensitive to patient perspective and preferences. Integrates well into team and recognizes value	<input type="checkbox"/> Exceptional communication skills with patients and/or team. Effectively negotiates complex emotional situations and conflicts. Always sensitive to patient perspective. Highly regarded by patients and team, consistently seeking input from team.
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Is the student functioning at the expected level for the time in training (Including clinical skills, self-directed learning, and professionalism?)  
 Yes  No

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Do you have any concerns regarding the student's professionalism?  
 Yes  No  If you selected yes, please explain below:

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**Identified Areas of Strength:**

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**Identified Areas for Improvement:**

By signing below the I attest that:

- I have received mid-rotation feedback on my performance during the present clerkship. I understand that current feedback is not a guarantee of a particular grade.
- My log of Required Clinical Experiences has been reviewed. I understand who to ask for help if I am unable to find a patient with a particular clinical condition or procedure
- My schedule has been in accordance with VCU SOM Student duty hours policy. I understand that I should contact the Clerkship Director immediately if I am asked to work outside this policy.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have discussed with the above student that their experience on this clerkship follows the VCU SOM student duty hours policy and is in a supportive learning environment. In addition, I attest that they have received Mid-Rotation feedback and have discussed their Required Clinical Experiences log.*

**Clerkship Director/Attending Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_