

Policy on Formative Evaluation

Consistent with sound educational practices and in compliance with Liaison Committee on Medical Education accreditation requirements, the University of Cincinnati College of Medicine has established a policy and procedures with respect to formative evaluation of medical students. The specific LCME standards (ED-30 and ED-31) are included in this document for reference.

ED-30. The directors of all courses and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

Those directly responsible for the evaluation of student performance should understand the uses and limitations of various test formats, the purposes and benefits of criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment, etc. In addition, the chief academic officer, curriculum leaders, and faculty should understand, or have access to individuals who are knowledgeable about, methods for measuring student performance. The school should provide opportunities for faculty members to develop their skills in such methods.

An important element of the system of evaluation should be to ensure the timeliness with which students are informed about their final performance in the course/clerkship. In general, final grades should be available within four to six weeks of the end of a course/clerkship.

ED-31. Each student should be evaluated early enough during a unit of study to allow time for remediation.

It is expected that courses and clerkships provide students with formal feedback during the experience so that they may understand and remediate their deficiencies. Courses or clerkships that are short in duration (less than 4 weeks) may not have sufficient time to provide structured formative evaluation, but should provide alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.

UCCOM Formative Evaluation during the Preclinical Years:

The structure of the pre-clinical years allows for students to receive on-going formative evaluation through multiple block examinations within each of their courses. As the course progresses, the student's level of comprehension of the required didactic and skill-based material is assessed in multiple ways either through block exams, weekly quizzes, small-group exercises, essays, or observation of clinical skills. After each block examination, students receive immediate feedback regarding their performance. If a student's performance does not meet the minimum passing level (MPL) for the course, the student is invited to meet individually with the Course Director for the course as well as with the Assistant Dean for Academic Support in Student Affairs. The purpose of these meetings is to review recent performance, discuss steps to enhance future performance, and when indicated, to explore any issues interfering with a student's ability to succeed in coursework. After each academic quarter, the Promotions Board, comprised of Year 1 and Year 2 Course Directors, the Associate Dean for Student Affairs & Admissions, the Assistant Dean for Medical Education, the Assistant Dean for Academic Support, the Registrar, and a medical student representative, monitors student academic progress and communicates in writing with the student any academic concerns and suggestions for improvement when indicated. The Promotions Board is particularly constructive for detecting when students are having similar problems across courses. A written document called University of Cincinnati College of Medicine Academic Performance Standards Guidelines for Promotion Boards outlines the process of informing students of their ongoing evaluation while in medical school. The document is reviewed annually by the Assistant Dean for Medical Education and distributed to Promotions Board members and students at the beginning of each academic year.

UCCOM Formative Evaluation during the Clinical Years:

Although there is some variation across clerkships in terms of implementation, some type of formative evaluation received near the midpoint of each of the clinical clerkship is required.

Below is a brief description of how formative feedback is currently conducted in the year 3 and 4 required clerkships. While the specifics of the approach taken is up to the Clerkship Directors, each continues to work on ensuring that the feedback received is constructive and substantive.

Ob/Gyn – Each student is required to have preceptors complete 2 midrotation formative feedback cards by the end of the rotation. Each student meets with the clerkship director to discuss his/her progress midway through the rotation. The feedback may include information gathered from completed formal evaluations, mid-rotation feedback cards and/or small group quiz averages.

Family Medicine – Students are given a midrotation formative feedback card and are instructed to give it to their preceptor during the 2nd week of the rotation. They are required to bring the form back on the 2nd Friday of the rotation (the midway point) when it is reviewed with the student one-on-one with an individual Family Medicine Predoctoral Division faculty member.

Internal Medicine – The Clerkship Director and faculty members review and write feedback on each student's H&Ps starting with the second week of the 4 week inpatient rotation. The Clerkship Director provides each student with written feedback, during the second week of the clerkship, on their standardized patient write up and the Standardized Patients give them direct oral feedback on their communication skills during the first week of the clerkship. Faculty members on ambulatory rotation review written notes and patient presentations and give feedback on an ongoing basis.

Psychiatry – Students are given 3 formative/midrotation feedback cards and are instructed to give one to each of their 2 In-Patient attendings and one to their Out-Patient attending at the midpoint of their rotation. Students must return these cards at the end of the rotation in order to sit for the final exam on the last day of the rotation whether completed or not. Reminder emails are sent.

Surgery – The Clerkship Director meets personally and formally with each student during the last week of each 3-week rotation to provide feedback about their performance on the clinical rotation so far, and how they can improve.

Pediatrics – A letter is sent to all preceptors reminding them to give midrotation formative feedback. The green feedback cards are given to students and they are instructed to show it to their preceptors so that the preceptor has a guideline to give the feedback. An email is sent halfway through each 4 week rotation to the attendings as well as to the case based teaching session preceptors that it is "feedback Friday" and to give the students feedback.

Neuroscience – From the very beginning of the 4-week rotation the attending physician evaluates and provides feedback to the medical student on their case presentations including their skills at localization, timing of the neurological problem, physical examination accuracy and completeness, construction of a differential diagnosis, formulation of a treatment and diagnostic plan, and clarity and succinctness. Evaluation data are recorded that improvement can be monitored. At the midpoint of the clerkship, the attending reviews the table with the student and also provides feedback on issues such as professionalism, interpersonal communication, independent study skills etc. This system provides instant and continuous feedback on the student's development of important clinical and professionalism skills.

In addition to midrotation, the students are also provided with formative feedback in their end-of-rotation evaluation via preceptor comments that are not included in their Dean's letter.