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

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.

9.0 SUPPORTING DATA

Table 9.0-1 | Methods of Assessment – Year One

List all courses in the first year 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 (1, 2, etc.) and provide the corresponding number in the table.

<table>
<thead>
<tr>
<th>Course Name</th>
<th># of Exams</th>
<th>Included in Grade</th>
<th>Narrative Assessment Provided (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Internal Exam</td>
<td>Lab or Practical Exam</td>
</tr>
<tr>
<td>FMS 501</td>
<td>7</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>LMH 501</td>
<td>X</td>
<td>1,3</td>
<td>Y</td>
</tr>
<tr>
<td>FMS 502</td>
<td>3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>LMH 502</td>
<td>X</td>
<td>1,3</td>
<td>Y</td>
</tr>
<tr>
<td>FMS 503</td>
<td>3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>LMH 503</td>
<td>X</td>
<td>3</td>
<td>Y</td>
</tr>
</tbody>
</table>

*Other: 1. Portfolio (formative) 2. Workplace-Based Assessment 3. Self-Assessment
## Table 9.0-2 | Methods of Assessment – Year 2

List all courses in the second year 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 (1, 2, etc.) and provide the corresponding number in the table.

<table>
<thead>
<tr>
<th>Course Name</th>
<th># of Exams</th>
<th>Included in Grade</th>
<th>Narrative Assessment Provided (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FMS 511</td>
<td>3</td>
<td></td>
<td>X, X, X, 1, 2, 3, Y</td>
</tr>
<tr>
<td>LMH 511</td>
<td></td>
<td></td>
<td>X, 1, 3, Y</td>
</tr>
<tr>
<td>FMS 512</td>
<td>3</td>
<td></td>
<td>X, X, X, 1, 2, 3, Y</td>
</tr>
<tr>
<td>LMH 512</td>
<td></td>
<td></td>
<td>X, 1, 3, Y</td>
</tr>
<tr>
<td>FMS 513</td>
<td>3</td>
<td></td>
<td>X, X, X, 1, 2, 3, Y</td>
</tr>
<tr>
<td>LMH 513</td>
<td></td>
<td></td>
<td>X, 1, 3, Y</td>
</tr>
</tbody>
</table>

*Other: 1. Portfolio (formative) 2. Workplace-Based Assessment 3. Self-Assessment

## Table 9.0-3 | Planned Methods of Assessment: Years 3-4

List all clerkships (and courses) in the third and fourth-years 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 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 (1, 2, etc.) and provide the corresponding number in the table.

<table>
<thead>
<tr>
<th>Clerkship or Course Name</th>
<th>Included in Grade</th>
<th>Narrative Assessment Provided (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med Clin 521 (LIC 1)</td>
<td>Y, Y</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>LMH 521</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Med Clin 522 (LIC 2)</td>
<td>Y</td>
<td>Y, Y, Y, 1, 2, 3</td>
</tr>
<tr>
<td>LMH 522</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Med Clin 523 (LIC 3)</td>
<td>Y</td>
<td>Y, Y, Y, 1, 2, 3</td>
</tr>
<tr>
<td>LMH 523</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Med Clin 524 (LIC 4)</td>
<td>Y</td>
<td>Y, Y, Y, 1, 2, 3</td>
</tr>
<tr>
<td>LMH 524</td>
<td></td>
<td>1, 3</td>
</tr>
<tr>
<td>Med Clin 531-553</td>
<td>Y</td>
<td>Y, Y, Y, 1, 2, 3</td>
</tr>
</tbody>
</table>

*Other: 1. Portfolio (formative) 2. Workplace-Based Assessment 3. Self-Assessment

*Planning for Year 4 is underway but not yet complete*
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, with central monitoring of their participation in those opportunities provided.

9.1 SUPPORTING DATA

<table>
<thead>
<tr>
<th>Course</th>
<th>Types of Trainees Who Provide Teaching/Supervision</th>
<th>How Objectives Provided and Teachers Oriented</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMS 502</td>
<td>Postdoctoral Fellows</td>
<td>Learning objectives are provided to all teachers, including postdoctoral fellows through an orientation session provided at the beginning of each course and through weekly journal club preparation sessions.</td>
</tr>
<tr>
<td>FMS 503</td>
<td>Postdoctoral Fellows</td>
<td>Learning objectives are provided to all teachers, including postdoctoral fellows through an orientation session provided at the beginning of each course and through weekly journal club preparation sessions.</td>
</tr>
</tbody>
</table>

9.1 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 their teaching and/or assessing medical students.

The requirements for supervision of medical students in the clinical environment is articulated in the affiliation agreement per policy. It is the responsibility of each supervising clinician to ensure members of the their healthcare team (e.g. graduate students, postdoctoral fellows, residents, etc.) provide supervision within their scope of practice. Clinical Training Affiliation agreements outline the roles and responsibilities of the students and those of the clinical affiliates for teaching and supervision; ensure an appropriate learning environment; and provide a consistent framework at regional campuses. The responsibility for monitoring this lies with the Associate Deans for Clinical Education and the Clinical Education Directors. The completion of online modules will be tracked by the FSTRE.

Resident or others (e.g., graduate students, postdoctoral fellows) that teach in the classroom environment are provided training as described in section b. below.
b. Describe any institution-level and department-level programs that prepare residents, graduate students or postdoctoral fellows to teach or assess medical students during the first two years (pre-clerkship phase) of the curriculum. Note if any additional programs are being planned and the timeline for their implementation.

Most medical student instruction in the first two years is delivered and assessed by ESFCOM faculty. In the Evidence-Based Medicine (EBM) component of the Foundations of Medical Sciences courses, postdoctoral fellows function as small group facilitators in the EBM journal clubs. Journal Club facilitators guide student discussions related to critical appraisal of the literature, research methodologies, and ethical conduct of research. Learning objectives for Journal Club sessions are provided to all teachers, including postdoctoral fellows through an orientation session provided at the beginning of each course and through weekly journal club preparation sessions. The postdoctoral fellows that facilitate Journal Club sessions also complete a low-stakes workplace-based assessment designed to provide students with feedback on skills domains that include communication and interpersonal skills, and professionalism. All faculty, postdoctoral fellows included, receive training on how to use the workplace-based assessment as part of their faculty orientation.

c. Describe plans to prepare residents as teachers and supervisors of medical students during the clerkship phase of the curriculum, including the methods of providing them with the clerkship objectives.

During the clerkship phase of the curriculum, medical students will be supervised primarily by ESFCOM faculty. Any residents working with medical students will be oriented by the supervising clinician (physician). This orientation will include directing them to an online module focused on resident medical student teaching, and/or providing verbal guidance and/or written instructions on resident-medical student teaching. Clerkship objectives will be provided to ESFCOM residents prior to a medical student starting rotations involving residents. Supervising clinicians will attest to their regional ADCE that this training has been accomplished. Tracking and monitoring of completion of training and attestation of receipt and review of relevant policies and procedures are centrally located and monitored by the Office of FSTRE. It should be noted that residents will not be involved in formally assessing the medical students.

The GME Office will distribute teaching resources and documents to ESFCOM residents involved in the teaching of medical students. The GME Office will monitor attestation of receipt and review of documents. The ESFCOM will also provide information on available resources for development and enhancement of teaching skills. These include GME E-learning modules, graduate teaching workshops, and individual departmental educational programs.
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.

9.2 NARRATIVE RESPONSE

a. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students in the required clerkships will be monitored.

Faculty appointment status is monitored by the Department Chairs and the Office of Faculty Affairs. The Office of Faculty Affairs, in collaboration with the Office of Business Services, the Provost’s Office and the Office of Attorney General developed standardized templates for Initial Faculty Hire Offer Letters, and Renewal Letters, specifying start and end of appointment, duties and expectations, and conditions for renewal (appendix 9-02-1).

Faculty teaching in the required clerkships will, in general, be in the clinical faculty track, holding faculty ranks from Assistant to Associate to Professor, and less often designated as instructors. Paid faculty in the clinical faculty track receive annual appointment renewal letters. Volunteer faculty in the clinical faculty track receive three year appointments and receive renewal letters after the third year of service. All renewals are issued for the period July 1 of the current year to June 30 three years later.

The Office of Business Services reviews the payroll database monthly for upcoming contract end dates. The clustering of faculty around the June 30 end-date further simplifies the process of monitoring faculty appointments. Three months prior to appointment end-date, a notification is issued to the Office of Faculty Affairs and the respective Department Chair. At that time the Department Chair has the option to continue the contract or not.

In the process of initial faculty appointment, ESFCOM Business Services completes, through a contractual relationship with Federation of State Medical Boards (FSMB), a check of the faculty member's degree completion, residency training, board certification, maintenance of certification, practice license, and any history of board actions.

b. If some physicians who will teach and assess medical students in required clinical clerkships do not yet hold faculty appointments, describe the timeline for completion of the appointment process.

It is expected that physicians who provide clinical instruction have faculty appointments. Physicians teaching students who have not completed the faculty appointment process are to, at a minimum, have begun the process prior to interacting with students.

The faculty appointment process includes a criminal background check initiated by the WSU Human Resource Services. For appointment at a rank above Assistant Professor the Faculty Rank, Promotion and Tenure Committee (FRP&T) reviews the candidate’s academic credentials.

Once started, the faculty onboarding process (from application to entry into the HR system) takes an average of eight weeks.
c. Where teaching and assessment of students will be carried out by individuals who do not hold faculty appointments at the medical school, describe how the teaching and assessment activities of these individuals will be supervised by medical school faculty members.

According to the Clinical Supervision of Medical Student Policy (appendix 9-02-2), “ESFCOM prohibits any medical student from performing any service for which a license, certificate of registration or other form of approval is required unless the service is performed under the direction and supervision of appropriate ESFCOM faculty. At the institutional level, medical student supervision requirements are clearly articulated in the affiliation agreements.”

The policy further elaborates that “All medical students engaged in any patient care activities must be supervised by a member of ESFCOM faculty unless the activity is covered by a current affiliation agreement that specifies that other health care professionals may provide supervision. It is the responsibility of each supervising physician to determine which learning experiences are appropriately delegated in this manner and to ensure that non-physicians providing such supervision are working within their scope of practice.”

Additionally, the policy provides mechanisms to express concerns about the adequacy and availability of supervision in the learning environment. Concerns are communicated to the LIC Director, ADCEs and/or the Chair of the Department of Medical Education and Clinical Sciences. Concerns are reports to the Office of Student Affairs and an investigation is carried out by the Vice Dean for Student and Faculty Experience.
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.

9.3 NARRATIVE RESPONSE

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

To ensure medical students are appropriately supervised, ESFCOM requires faculty appointment in all affiliated institutions and outpatient practices. At the institutional level, requirements are clearly articulated in the affiliation agreements, which include all provisions approved in the AAMC Uniform Clinical Training Affiliation Agreements (appendix 9-03-1).

To ensure that medical students are appropriately supervised throughout the curriculum, Clinical Education Directors in collaboration with the regional ADCEs provide orientation to all faculty. This required content details the specific requirements for direct supervision of all medical students so as to ensure student and patient safety. Standards for appropriate medical student supervision have been established by the Clinical Supervision of Medical Student Policy (appendix 9-02-2) and are defined as follows:

- **Direct supervision:** The supervising physician is physically present with the medical student and patient.
- **Indirect supervision:** With direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- **With direct supervision available:** The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision.

At the start of each academic year, the Clinical Education Directors communicate with faculty in their specialty area to review the requirements of appropriate supervision of students during required clinical learning experiences. Course and Education Directors periodically observe faculty and validate participation in the oversight role.

Clinical Education Directors meet regularly with their clinical campus Site Directors throughout the year to monitor student progress. Annual clerkship evaluations and student progress reports are monitored by the Curriculum Office and Curriculum Committee. Information is also be reported to the Clinical Experience Subcommittee of the Curriculum Committee.

Students are routinely surveyed to provide feedback on whether or not they received the appropriate supervision at clinical sites. In addition to student feedback, data from the Graduate Questionnaire (GQ survey) is reviewed and reported to the respective subcommittees of the Curriculum Committee.
b. What mechanisms will be available for students to express concern about the adequacy and availability of supervision and how and by whom will these concerns be reviewed and be acted upon?

Students have multiple mechanisms to express concerns about the adequacy and availability of supervision for every clerkship. The avenues include:
1. Director reporting to administration: If a student wishes to express a concern about supervision, reports go directly to the Vice Dean for Student and Faculty Experience who, in conjunction with the appropriate regional ADCE is charged with effecting a resolution.

2. Course Evaluations: Students are asked to complete end of course/clerkship evaluations which include specific questions regarding the adequacy and availability of supervision. The Evaluation Unit provides the data from evaluations to the Clinical Education Director and regional ADCE who are charged with effecting a resolution.

3. Monthly meetings with the Dean: Students may report concerns directly to ESFCOM administrators through class leaders at monthly meetings with the Dean’s Cabinet and the Dean’s administrative staff.

4. Feedback channel: Students also have access to an email feedback channel that is anonymous and monitored daily.

c. What mechanisms will be 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?

The planned mechanisms that will be used during the required clinical experiences will ensure that the level of responsibility delegated to a medical student is appropriate to their level of training. The level of responsibility delegated to the student will be congruent with the level of training and experience of the student and increase as the student’s knowledge, skills and overall competence builds. Supervision is a relationship that is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the student while monitoring the quality of services delivered.

Supervision is provided through observation, consultation, directing the teaching and learning and activities and role modeling. Students will be under the supervision of appointed faculty at all times. Supervisors for medical students in hospitals and clinics may be physicians, residents, and other health care providers appropriately certified and working within their scope of practice. The determination of the level of responsibility delegated to a medical student is based upon the documented evaluation of the student’s clinical experience, judgement, knowledge, and technical skills.

ESFCOM employs milestones with assessment throughout the educational program which are tied to Entrustable Professional Activities (EPAs). Milestones are communicated to the supervising faculty and the clinical location for each educational experience. The degree of supervision will take into account the complexity of the procedure, potential for adverse effects, and the demonstrated competence, maturity and responsibility of each student. The supervising health professional must be credentialed in the procedure being supervised. Clinical decisions and orders are never enacted by medical students without a supervisor’s approval.

d. Describe how the clerkship director or the student’s attending physician will ensure that non-physician health professionals who teach or supervise medical students and do not hold a medical school faculty appointment are acting within their scope of practice.

Supervising preceptors in the Longitudinal Integrated Clerkship (LIC) will have a faculty appointment. Student may be taught by advanced practice providers (such as PA, ARNP, LCSW, etc) and these supervising clinicians are to be ESFCOM faculty and will be, in turn, supervised by physicians within their practice setting.

All supervising clinicians of medical students must be licensed in their clinical field and credentialed by their corresponding institution in the procedures/skills that they are supervising. It is the shared responsibility of the
supervising physician and the Clinical Education Director to ensure this requirement is fulfilled. The Associate
Dean’s for Clinical Education and Site Directors at each regional campus are responsible for ensuring physicians and
non-physician health professionals are teaching and acting within their scope of practice.
9.3 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).

Appendix 9-02-2 Clinical Supervision of Medical Student 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.

9.4 NARRATIVE RESPONSE

a. For each comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs or will occur independent of individual courses or clerkships, describe when in the curriculum it is/will be offered, the general content areas covered by each, 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).

There are no clinical assessments that occur independent of individual courses or clerkships.

b. Describe how the medical school will ensure that students will be observed performing core clinical skills during the required clerkships.

Student performance in the Longitudinal Integrated Clerkship (LIC) will be assessed using multiple assessment modalities. These modalities include Workplace-Based Assessments (WBAs) which are direct observation assessment tools that include history-taking, physical examinations, clinical field notes, and 360-evaluations. Each direct observation assessment will be scheduled and presented in a learner dashboard for scheduled review by the Clinical Portfolio Coach and the appropriate LIC Site Director. All student assessments will be centrally tracked and linked to yearly milestones and learning outcomes. If students are not receiving or collecting sufficient feedback, the LIC Director and the appropriate Regional ADCE will be notified to ensure that clinical faculty are observing and assessing the student’s core clinical skills. In addition, students are regularly surveyed by the Evaluation Unit to ensure the program is monitoring key requirements, including completion of required clinical experiences, collection of required direct observation assessments, and quality of feedback received.

c. Describe the system in place to assess medical student’s behaviors and attitudes as specified in the educational program objectives.

The program of assessment implemented by ESFCOM is comprised of assessment tools, methods, and processes that are planned and coordinated to give students, faculty, and administration a comprehensive picture of a student’s progress. The tools capture multiple skills domains including knowledge for practice, as well as skills and behaviors related to communication, team work and collaboration, and professionalism. The assessment tools that specifically measure behaviors and attitudes include Workplace-Based Assessments (clinical field notes, history taking, physical examinations, written and oral patient presentations, OSCEs, etc). All assessments are purposefully anchored by milestones and housed centrally to facilitate the tracking of student progress and the identification of patterns in learning. The Assessment Unit produces monthly performance reports that are released to students and portfolio coaches (Academic and Clinical). Month reports allow for early identification of students in need of support for issues related to knowledge content, skills, behaviors, or attitudes.
9.4 SUPPORTING DOCUMENTATION

1. A copy of any policies related to the observation of medical students’ clinical skills.

Appendix 09-02-2 Clinical Supervision of a Medical Student Policy

2. Samples of course/clerkship-specific or standardized forms that are or will be 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

Appendix 9-04-1 History and Physical Examination Assessment Form

Appendix 9-04-2 Clinical Skills Workplace-Based Assessment (WBA) Form

The following courses in Years 1-3 of the curriculum include assessment of history taking and physical examination of clinical skills (formative (Form) or summative (Sum)):

<table>
<thead>
<tr>
<th>Clinical Assessment</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td>Form, Sum: FMS 501, 502, 503</td>
<td>Form, Sum: FMS 511, 512, 513</td>
<td>Form, Sum: Med Clin 521, 522, 523, 524</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>Form, Sum: FMS 501, 502, 503</td>
<td>Form, Sum: FMS 511, 512, 513</td>
<td>Form, Sum: Med Clin 521, 522, 523, 524</td>
</tr>
</tbody>
</table>
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.

9.5 NARRATIVE RESPONSE

a. Describe any institutional policies or guidelines that include the requirement for a narrative description of medical student performance (narrative assessment), where feasible.

Narrative assessment is a foundational aspect of feedback to students for all four years of the MD program. Students receive written feedback regarding non-cognitive achievement in all courses in the pre-clerkship years and will receive narrative feedback at frequent intervals across the LIC. All assessment forms used in the MD program include a narrative feedback component and all faculty are encouraged to provide specific comments in the narrative comment sections that help inform student learning. In cases where a faculty member is assigning a “does not meet expectations/requirements” or “opportunities for growth”, faculty are required to provide actionable feedback to support student learning. These requirements are specified in the Assessment of Medical Student Performance Policy (Appendix 9-05-1).

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 the students as a formative assessment
2. Used as part of the final grade (summative assessment) in the course

1. Provided only to the students as a formative assessment: All Foundations of Medical Sciences courses in the pre-clerkship phase of the curriculum (FMS 501, 502, 503, 511, 512, 513) include narrative assessment as part of the student’s formative feedback. Narrative feedback is provided to students through Workplace-Based Assessments (history taking, physical examinations, etc), course-specific assignments (oral and written presentations), OSCEs, self-assessments and learning plans. Formative narrative feedback is also provided to students in the Leadership courses (LMH 501, 502, 502, 511, 512, 513) through the feedback given on course deliverables.

2. Used as part of the final grade (summative assessment) in the course: All Foundations of Medical Sciences courses in the pre-clerkship phase of the curriculum (FMS 501, 502, 503, 511, 512, 513) include narrative assessment as part of the final assessment in each course. Narrative feedback is provided to students through workplace-based assessments (history taking, physical examinations, etc) course-specific assignments (oral and written presentations), OSCEs, self-assessments and learning plans.

c. If a narrative assessment is not provided in a course where teacher-student interaction could permit it to occur (e.g., there is small group learning or laboratory sessions where students work in small groups), describe the reason(s) for the absence of narrative assessment.

Narrative assessment is provided in all courses where teacher-student interactions permit it to occur.
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.

9.6 NARRATIVE RESPONSE

a. Describe the roles, as relevant, 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., graduation requirements)

The ESFCOM Curriculum Committee is charged with the focused responsibility for the central management of the curriculum. This committee sets the standards of achievement for courses (including clerkships) and the curriculum as a whole. Achievement is monitored both by the Curriculum Committee and the Student Evaluation, Promotion, and Awards Committee (SEPAC). While the Curriculum Committee sets the standards of achievement, it is SEPAC that is responsible for ensuring the standards for promotion and graduation are applied fairly to each individual student. Standards of achievement are published on the website and disseminated by emails and the curriculum management system (EFloMD). In addition, the Continuous Quality Improvement (CQI) Teams for standards 6,7,8,9 collaborated to develop minimum standards, standards of excellence, and measurable metrics for the Curriculum Committee to monitor.

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.

The Dean, as the Chief Academic Officer, is responsible for ensuring that the Curriculum Committee and SEPAC membership represents faculty members with appropriate knowledge and expertise to set the standards of achievement for courses and for the curriculum as a whole. ESFCOM Bylaws were approved by the the Faculty Senate and the Provost and assure that committee members possess the necessary expertise to fulfill committee needs (terminal degree and expertise in their respective fields).

The official faculty roster for ESFCOM is maintained by the Office of Student and Faculty Experience. Each academic year, the Chair of the Department of Medical Education and Clinical Sciences and Course Directors, under the direction of the Dean, review the faculty roster and validate that the curriculum leaders have the requisite knowledge and expertise to set the related standards. The comparisons and results of the review are submitted to the Curriculum Committee for oversight.

Faculty who have the appropriate knowledge and expertise set the standards of achievement for courses and the curriculum as whole through the following processes:

- Course Directors, Component Directors, Foundational Science Education Directors, the LIC Director, and Clinical Education Directors are responsible for individual course/clerkship design. These individuals work with the Curriculum Office and the Assessment Unit to ensure methods of assessment are appropriate for the standards being assessed and that they are consistent across courses and years.
- Course design and standards of achievement are submitted in collaboration with the Curriculum Office through the relevant Curriculum Committee Subcommittee for review and recommendations for approval.
- The Curriculum Committee reviews and approves submissions as appropriate.
- In the event the subcommittee and/or committee does not approve recommendations they are returned to the Course/Clerkship Directors for revision and resubmitted following the preceding processes.
- Course design and standards of achievement are submitted to the Faculty Senate for review and approval.
9.7 FORMATIVE ASSESSMENT AND FEEDBACK

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback typically 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.

9.7 SUPPORTING DATA

Table 9.7-1 | Pre-clerkship Formative Feedback

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Length of Course (in weeks)</th>
<th>Type(s) of Formative Feedback Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMS 501, 502, 503, 511, 512, 513</td>
<td>12-14</td>
<td>Weekly exams, monthly practice tests, course deliverables (reflections, presentations, patient write-ups, self-assessments), in-person formal feedback sessions with small group facilitators, workplace-based assessments (clinical field notes, history taking and physical examinations), formative OSCEs, peer evaluation</td>
</tr>
<tr>
<td>LMH 501, 502, 503, 511, 512, 513</td>
<td>12-14</td>
<td>Course deliverables, in-person formal feedback sessions with faculty</td>
</tr>
</tbody>
</table>

Table 9.7-2 Satisfaction with Formative Feedback

<table>
<thead>
<tr>
<th>Class entering in 2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of formative feedback in the first year</td>
<td>86.66%</td>
</tr>
<tr>
<td>Quality of formative feedback in the first year</td>
<td>83.34%</td>
</tr>
</tbody>
</table>

9.7 NARRATIVE RESPONSE

a. Describe how and by whom provision of formative feedback in pre-clerkship courses is monitored within individual departments and at the curriculum management level.

Assessment in the MD program is centralized with oversight for the implementation and the performance of the assessment plan lying with the Associate Dean for Accreditation, Assessment and Evaluation (ADAAE), and with the Evaluation and Assessment Subcommittee of the Curriculum Committee. The ADAAE, in conjunction with the Evaluation and Assessment Subcommittee is responsible for setting the assessment schedule to ensure that students receive formative feedback at the appropriate intervals within the course and the program. The assessment schedule is designed to ensure that students receive feedback back early and often to support any remediation requirements for mid-course correction.
The ADAAE also works with the Course and Component Directors to monitor the functioning and performance of all assessment tools, as well the quality of feedback being delivered to the students. Regular performance reports are a standing item at each Evaluation and Assessment Subcommittee and at each Curriculum Committee meeting. The ADAAE also works with the Office of Faculty Talent, Recognition and Enhancement to ensure that proper faculty development training is in place for Course and Component Directors.

End of course/clerkship reports provided by the Evaluation Unit include data about the provision of formative feedback. These reports are provided to the individual Course/Clerkship Directors, the Evaluation and Assessment Subcommittee, the Foundations of Medicine Subcommittee, the Clinical Experiences Subcommittee and Curriculum Committee. The data are also aggregated in year-end summary reports that are reviewed by all subcommittees of the Curriculum Committee.

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

The MD program currently does not offer any course of less than four weeks duration that contribute to graduation requirements.

c. Describe information from the independent student analysis, course evaluations, or other measures regarding medical students’ perceptions of the amount and quality of formative feedback in the pre-clerkship phase (first and second years) of the curriculum.

Feedback regarding medical student perceptions of the amount and quality of formative feedback in the pre-clerkship phase is collected through formal course evaluation surveys and was collected by the Independent Student Analysis (ISA) survey. Feedback collected from Year 1 students in the ISA indicate that students found the formative feedback valuable and informative for their learning. As presented in Table 9.7-2, 88.67% of students were satisfied or very satisfied with the amount of feedback, and 83.34% were satisfied or very satisfied with the quality of formative feedback.

9.7 SUPPORTING DOCUMENTATION

1. 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.

Appendix 9-05-1 Assessment of Medical Student Performance Policy
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.

9.8 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.

All students received their grades within one week of completing each course in the recently completed academic year.

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

The Student Evaluation, Promotion & Awards Committee (SEPAC) meets at the end of each course to review student performance reports (grade reports) and recommend promotion to the next course. The Assessment Unit collates and produces all final student performance (grade) reports for each Course Director to present to the SEPAC within 3 working days at the end of each course. Course Directors, with support from the Assessment Unit then submit final grades to the Registrar’s Office within 5 working days from the end of the course.

The Timing for Submission of Grades Policy (Appendix 9-08-1) ensures consistency and completeness in reporting, as well as timely submission of grades. The Associate Dean for Accreditation, Assessment and Evaluation (ADAAE) monitors the timely submission of grades and provides the Evaluation and Assessment Subcommittee and the Curriculum Committee regular updates and reports on the submission process. If grades are not submitted in a timely manner, the WSU Registrar reports the grade-reporting status to the ADAAE who notifies the Course and/or LIC Director and the Chair of Department of Medical Education and Clinical Sciences. The ADAAE is responsible for contacting Course Directors and Clerkship Directors directly to follow up on any late grade submissions.

c. Describe the process that will be used to ensure that students will receive their clerkship grades within six weeks. How will the provision of clerkship grades be monitored?

The LIC is composed of four courses. At the end of each course, the Assessment Unit will compile and collate all grade reports for the LIC Director to present to SEPAC for promotions to the next course. The LIC Director, with support from the Assessment Unit will then submit grades to the registrar. This process will occur within five working days following the end of each course. The provision of grades will be monitored by the Associate Dean for Accreditation, Assessment and Evaluation and the regional campus ADCE.

9.8 SUPPORTING DOCUMENTATION

1. Policy or guideline that specifies the timeframe (deadlines) for the reporting of grades.

Appendix 9-08-1 Timing for Submission of Grades Policy
9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single standard for the promotion 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 promotion, graduation, or dismissal.

9.9 NARRATIVE RESPONSE

a. Describe the means by which the medical education program ensures that a single standard (i.e., set of policies) for promotion and graduation is applied across all instructional sites, including regional campuses

The Student Evaluation, Promotion & Awards Committee (SEPAC) ensures that a single standard for promotion and graduation is applied across all instructional sites, including the regional campuses. SEPAC meets at the end of each course to review grades and approve promotion to the next course. SEPAC also meets at the end of each academic year to review grades and approve promotion to the next years. The Student Promotion, Dismissal and Graduation Policy outlines a single set of procedures regarding promotion decisions (appendix 9-09-1).

b. 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 of an adverse academic action against a student.

As defined in the faculty bylaws, the SEPAC committee is composed of at least five individuals, including the SEPAC Chair, the Vice Dean for Student and Faculty Experience, a faculty representative from the pre-clerkship years and a faculty representative from the clinical years (Years 3 and 4). Additionally, a third or fourth year medical student may be elected to serve on the committee. Invited guests include the Associate Dean for Accreditation, Assessment, and Evaluation, the Associate Dean for Student Affairs, and Course and Clerkship Directors as relevant to SEPAC sessions.

In cases where a member of the SEPAC committee has a personal, academic, or financial relationship with a student there is a SEPAC Conflict of Interest policy (Appendix 9-09-3) to address this concern.

c. 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 adverse action, including the groups or individuals involved at each step in the process.

ESFCOM has a due process procedure that involves progressive discipline through the issuance of “incident cards”. Students are made aware of what, when, and how unprofessional behaviors result in the receipt of an incident card. Students are also made aware at what level the accumulation of cards triggers an adverse action which ranges from minor-to-serious in nature. The Associate Dean for Accreditation, Assessment and Evaluation issues and tracks the distribution of the incident cards. At a level of “serious” SEPAC becomes involved to adjudicate. If the finding by SEPAC is adverse for the student, the student may appeal.

According to the SEPAC policy (Appendix 9-09-1), an adverse ruling by SEPAC against a student regarding standing or progression in the MD curriculum must be communicated in writing within 10 days of the ruling. The student must acknowledge the ruling within 10 days, and the student has 10 days to file a formal appeal of the decision.
The student must meet with the Associate Dean for Student Affairs for details of the process and to ensure factual accuracy. The student presents the rationale for the grievance of the decision in a written document. An ad hoc group of SEPAC members including the Associate Dean for Student Affairs, the SEPAC chair, and at least one additional committee member will perform a comprehensive investigation within 10 days of the appeal.

A special SEPAC meeting will be held and the student’s documentation will be presented. The student may be invited to appear at this meeting and if not, the student may be represented by a faculty member. SEPAC will have 10 days to respond to the appeal process and the decision will be final unless a secondary appeal is made to the ESFCOM Dean.

The final appeal process is to the Graduate School Dean and outlined in the Graduate Student Rights and Responsibilities (appendix 9-09-2). The student continues in the curriculum until the appeals process is exhausted. Student policies (both academic and non-academic) are included in the ESFCOM medical student handbook and are available online for students and faculty to access. Grievance policies and the processes for student appeals are also be covered during onboarding of medical students.

d. Describe the means by which the due process policy and process are made known to medical students.

Student policies, including the due process section embedded within the Student Promotion, Graduation and Dismissal policy, are included in the ESFCOM medical student handbook, and is available online for students and faculty to access. Student promotion policies and the processes for student appeals are also covered during Student Orientation.

**9.9 SUPPORTING DOCUMENTATION**

1. The policy that specifies that there is a single standard for promotion and graduation.
   
   Appendix 9-09-1 Student Promotion, Dismissal, and Graduation Policy

2. The policies and procedures for disciplinary action and due process.
   
   Appendix 9-09-1 Student Promotion, Dismissal and Graduation Policy

   Appendix 9-09-3 SEPAC Conflict of Interest Policy

   Appendix 9-09-4 ESFCOM Faculty Bylaws (Article III, Sections A, B, and H)