

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Approach to Assessment of Student's Clinical Performance on Clerkships**Policy Number:** 950-06-009

Responsible Officer:	Senior Associate Dean, Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	06/08/2021
Date of Revision:	05/19/2022; 01/19/2023
Scope:	All Medical Students on Required Third-year Clerkships and LACE 3; and Fourth-year Clinical Requisites.

I. Policy Summary

Rooted in best practices and education principles, this policy establishes a general approach to the assessment of medical students' clinical performance in workplace settings on third-year clerkships and the Longitudinal Ambulatory Care Experience 3; and fourth-year clinical requisites: Sub-internships and Critical Care Medicine.

II. Definitions

Longitudinal Ambulatory Care Experience 3 = LACE 3

III. Policy Text**A. Standardized Tool to Assess Clinical Performance of Students in All Clerkships**

1. Faculty and residents must use the standardized "Medical Student End-of-Rotation Summative Assessment by Faculty or Resident Teacher" form for the specific purpose of rating the student's clinical performance and providing narrative assessment to the clerkship.
2. The electronic version of this form must be completed by the faculty or resident assessor using the online evaluation system. The form must not be returned to the clerkship coordinator via the medical student. If there are technical issues with an electronic submission, the faculty or resident should contact the clerkship coordinator.
3. Use of this summative assessment form can happen at multiple points during the clerkship rotation by multiple assessors – and not only at the end of the clerkship.

B. General Approach to the Identification of Appropriate Assessors of Students' Clinical Performance**1. Criteria of an Appropriate Assessor**

- a. An appropriate faculty or resident assessor of a student must have had the opportunity of direct observation of at least some of the student's clinical performance (history and physical skills, formulating differential, clinical reasoning, communication skills, etc.).
- b. While each clerkship can set additional criteria for who can or cannot complete an assessment of a student (based on student exposure to instructors or settings), the following conditions must be met:
 - i. All submitted assessment forms for a student must not be exclusively from only interns and residents. There must be assessments submitted by clerkship faculty.
 - ii. Peripheral instructors (e.g., a specialist consultant to a Medicine or Pediatric ward team) are not acceptable assessors because they are usually not part of the core clerkship faculty or residents and may not be aware of the learning objectives, grading criteria and other expectations of the clerkship.
 - iii. Allied health professionals (e.g., midwives, psychologists, nurse practitioners, etc.) can be an assessor if the clerkship has made these individuals explicitly aware of the learning

objectives, grading criteria of the clerkship, and their expected role in assessment – and the individual has directly observed the student’s clinical performance.

2. Assignment of Assessors to Students

- a. Each clerkship must map out the dynamics at each clinical site (e.g., ambulatory, inpatient team, operating rooms, labor and delivery, emergency rooms, etc.) to determine which faculty and/or residents have appropriate opportunities to assess the clinical performance of each student during each rotation.
- b. The clerkship director, clerkship coordinator and clerkship site leader have the sole responsibility for assigning faculty and/or residents the online (e.g., MedHub) assessments of clinical performance for each student during each rotation.
- c. At some sites with sufficient resources, a clerkship site leader may collate all the assessments locally from faculty and residents who had direct observation of the student and submit one compiled online assessment form and this arrangement must be made known and agreed to by the clerkship leadership and the medical student.
- d. Students do not determine or assign which faculty and/or residents will assess their own clinical performance.

C. Other Clerkship Criteria

1. Minimum number of assessment forms returned

- a. Each clerkship must set a meaningful minimum standard number of summative assessment forms that must be returned in order to fairly calculate the clinical performance portion of the clerkship grade.
- b. A single assessment is not acceptable to formulate the entire clinical performance portion of the grade with the following exceptions:
 - i. A clinical site that is a solo practice or a very small group practice.
 - ii. A clinical service with a single faculty preceptor.
 - iii. A clinical site with sufficient resources where the clerkship site leader may collate all the assessments locally from faculty and residents who had direct observation of the student and submit one compiled assessment form and this arrangement is known and agreed to by the clerkship leadership.

2. Elimination of a Submitted Assessment Form

- a. All assessment forms submitted will be counted toward the calculation of the clinical performance component of the final grade.
- b. Students can directly request that a Clerkship Director eliminate counting a submitted assessment toward the clinical performance component of the final grade if:
 - i. It is determined the assessor had no direct experience with the student or did not gather information from those who did have direct experience with the student.
 - ii. Due grievance process substantiates implicit or explicit bias, mistreatment, or unjust review against the student.

3. Submission of the Final Overall Clerkship Grade

- a. A clerkship director and coordinator will submit the final overall clerkship grade for a student once all graded components are returned including the minimum number of required assessments of the student’s clinical performance.
- b. If the minimum number of clinical performance assessments has been returned but there are still more assessments pending return by faculty or residents, the clerkship director and coordinator can continue reaching out to those instructors for completion until **4 weeks after the end of the clerkship rotation. At this point, the clerkship director and coordinator will file the grade with the assessments collected – and no further assessments will be considered.**
- c. All final clerkship grades must be filed **≤6 weeks after the end of the clerkship rotation.**

IV. Responsibilities

A. Clerkship responsibilities

1. All clerkships must conduct an orientation at the start of every rotation where the learning objectives, expectation of students, and grading rubric are clearly stated to all students.
2. The explicit learning objectives, grading rubric and the expected assessment role must be disseminated electronically to all faculty and residents annually by each clerkship and the Office of Medical Education (OME) (e.g., DocuSign).
3. All assessments of a student's clinical performance will be pre-assigned to faculty and/or residents by the clerkship leadership only.
4. The sole responsibility for collecting the assessments of students' clinical performance belongs to the clerkship leadership. Clerkship leadership may reach out to a student for clarification if there is a delay in obtaining an assessment from a faculty and/or resident.

B. Clerkship clinical site responsibilities

1. Clerkship sites must review with students how the grading will be operationalized at the site at the start of the rotation.
2. Faculty and residents should review the explicit learning objectives, grading rubric and their expected assessment role which is disseminated to them electronically each year by each clerkship and OME (e.g., DocuSign).
3. Departments and clinical sites should discuss the assessment forms and their summative use and how to apply it to their clinical context and specialty.

C. Student responsibilities

1. Students have no role in assigning or determining their assessors. This is not negotiable by students.
2. The instructors who assess students must have had the opportunity of direct observation of at least some of the student's clinical performance.
3. Students have no role in collecting assessments from their instructors.
4. Students must not pressure the faculty and/or residents for higher clinical performance ratings or for changes to their narrative assessment. Students who engage in such behavior will be referred to the Professionalism Committee.
5. A final grade for the overall clerkship must also not be discussed by the faculty or the residents at the site as the clinical performance contributes only to a portion of the final overall grade.
6. Students are discouraged from repeatedly contacting the Clerkship Coordinators about the status of their clinical assessments. Clerkship leadership complete the overall grading and narrative assessments six weeks or less after the rotation has ended.
7. Students must follow the stated grade appeal policies (e.g., Appeal Policy for Summative Assessment or Course Grade) and not appeal their grades to individual faculty or residents at the site.

V. Forms/Instructions

Medical Student End-of-Rotation Summative Assessment by Faculty or Resident Teacher

Approvals:

MEDICAL EDUCATION COMMITTEE (01/19/2023)

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