

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 for Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	06/08/21
Date of Revision:	
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 "Medical Student Clerkship 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 assessor using the online evaluation system (e.g., MedHub). 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 happens 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 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, etc.) can be an assessor if the clerkship has made the individual 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 to determine which sites and clinical settings (e.g., ambulatory, inpatient team, operating rooms, labor and delivery, emergency rooms, etc.) have opportunities and the resources (e.g., faculty site leader, site administrative coordinator, etc.) to determine the advanced work assignments of students to specific faculty and residents during the rotation and those clinical sites who do not have these opportunities or resources.
- b. Sites capable of pre-determined work assignments will enable the clerkship coordinator, site faculty leader and/or site coordinator to make pre-determined assessment assignments in the online evaluation system (e.g., MedHub). At some sites with sufficient resources, a site faculty leader may collate all the assessments locally from faculty and residents and submit one compiled assessment form and this arrangement must be made known and agreed to by the clerkship leadership.
- c. At clinical sites where the student daily assignment to faculty and/or residents is made “on the fly” – the student will identify their faculty and/or residents (for the day, shift or case) via the online evaluation system (e.g., MedHub) which allows the faculty and/or resident to complete the summative assessment form online or on their electronic device with direct submission to the clerkship and not via the student.
- d. It is strongly encouraged that each clerkship has a mix of pre-assigned and “on the fly” evaluations at each site whenever possible.

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. This minimum number must be clearly stated to students at the clerkship orientation and students should be encouraged to exceed this minimum number.
 - c. Students should not wait until the final week of the clerkship to identify their assessors.
 - d. 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 site faculty leader may collate all the assessments locally from faculty and residents 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 Block 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.

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 clerkship must also provide clear instruction to students on the identification of appropriate assessors by both the student and clerkship, the number of assessments required, the logistics of submission of assessments (e.g., pre-assignment and student assigned) and how any other criteria is operationalized in the clerkship.
3. The explicit learning objectives, grading rubric and the expected assessment role must be disseminated electronically to all faculty and residents in writing annually by each clerkship and OME (e.g., Docusign).

B. 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. Some assessment conducted by faculty and residents will be pre-assigned by the clerkship and this is not negotiable by students.
2. While students are encouraged to identify multiple clerkship faculty and/or resident assessors, these instructors must have had the opportunity of direct observation of at least some of the student's clinical performance. Students who are found to request an assessment by a faculty, resident or allied health professional who had no direct observation of any of aspect of their clinical performance may be referred for professionalism issues.
3. Faculty and residents are encouraged to have summative discussion of the student's clinical performance, but this is not required. If the discussion does take place, students must not pressure the faculty or residents for a higher grade or for changes to their narrative assessment. 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.
4. 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 Clerkship Summative Assessment by Faculty or Resident Teacher" form

VI. Related Information

VII. Revision History

Approvals:

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