



Policy Replaces a Previous Policy (*this includes change in policy name*):  Yes /  No  
If so, list name of previous policy (*include policy number if different*):

Policy Number (*issued by the Office of Academic Affairs upon final approval*): **MSEC-1016-16**

Policy Owner (*Individual, Department, or Committee/Chair*): **Ramsey McGowen, PhD / MSEC Chair (2016-2019)**  
**Ivy Click, EdD / MSEC Chair (2020-)**

Committees, Departments, or Individuals Responsible for Implementation: **Course and Clerkship Directors**

Original Approval Date and Who Approved by: **10/18/2016 - MSEC**

Effective Date(s): **10/18/2016; 4/18/2017; 10/4/2019; 10/10/2023; 1/11/2024**

Revision Date(s) (*include a brief description*) and Who Approved by (*made by Policy Owner and/or Policy Advisory Committee*):  
**4/18/2017 – language added regarding student receiving written communication from the course director informing them of their at-risk status and identifying for them their areas of deficiencies and will be required to schedule a meeting with the course director to discuss and plan for addressing deficiencies / MSEC**

Administrative Edits (*briefly describe*) by Staff and/or the Policy Advisory Committee and Date (*these revisions do not require voting/approval by the policy owner*):  
**10/4/2019 – update with implementation of Student Performance Assessment Review Committee (SPARC)**  
**10/29/2021 – update of New Innovations to curriculum management system**  
**10/10/2023 – update of SPARC to Student Success Committee (SSC) and changing Section of Medical Education as monitoring feedback to the Office of Academic Affairs.**

Exemption(s) to Policy (*date, by what committee or individual, and brief description*):

LCME Required Policy:  Yes /  No  
If yes, please list the Element(s) Affiliated with this Policy (*include Element number/name/statement*):

### **9.7 Formative Assessment and Feedback**

**The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback 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 medical students can measure their progress in learning.**

***All policies will be reviewed by the Policy Advisory Committee every three years unless an earlier review is identified.***

Date of Review: 1/11/2024

Revisions Made:  Yes /  No If yes, list revisions made:

1. Clarification of language on who at-risk students should receive written communication from and be required to meet with.
2. Addition of faculty or course director for other types of feedback.
3. Deletion of Notification of Remediation section.

**Policy Name: Formative Feedback**

Revisions Require Approval by Policy Owner:  Yes /  No

**(A.) Policy Statement:**

Formative feedback is that feedback provided to each medical student to allow them to monitor and improve their performance in meeting course/clerkship objectives, including identifying strengths as well as weaknesses. It communicates the preceptor's/faculty member's assessment of the students' knowledge, skills, and attitudes based upon formal assessment or other observations. This feedback must be provided to each medical student in sufficient time to allow for any needed remediation. Formal feedback occurs at least by the mid-point of a course or clerkship. Feedback must be of adequate detail to assure that the student can appreciate deficiencies in his/her performance and develop a plan to improve performance and achievement of course/clerkship objectives.

**(B.) Purpose of Policy:**

In order for students to successfully monitor their progress in learning and to effectively remediate areas of weakness or concern, specific formal formative feedback must be provided in a timely manner, at least by the course/clerkship mid-point.

**(C.) Scope of Policy (*applies to*):**

This policy applies to all courses and clerkships within the medical education program in the Quillen College of Medicine.

**(D.) Policy Activities:**

Courses are allowed to determine the format and frequency of formative feedback, but it should be provided at least by the mid-point of a course.

Formative feedback can be provided through quiz/exam grades, grades or feedback on assignments or assessment of performance in classroom setting.

Feedback provided verbally should be documented.

In courses with examinations or quizzes as the primary mechanism of student assessment, grades on these are sufficient formative feedback for those performing successfully. However, any student at risk of deficient performance or failure for any reason (formal grades, professionalism deficiencies, etc.) in a course should receive written communication from the Student Success Committee informing them of their at-risk status, identifying for them their areas of deficiency, and require that the student schedule a meeting with the course director and an academic support counselor to discuss and plan for addressing deficiencies per the Student Success Committee (SSC) policy.

Other types of feedback include, but are not limited to:

- Informal discussion by faculty member or course director
- Student specific feedback on missed questions (e.g. Exam Soft Report).
- Written communications from faculty or course director

**Policy Name: Formative Feedback**

**Formal / Formative Feedback in Clerkships**

Formal mid-clerkship feedback is required for each student in all clerkships. Quizzes, verbal feedback on clinical performance and written feedback provided on clinical evaluation forms may represent components of this feedback.

Each student is provided a hard copy of the mid-clerkship review form each period and performs a self-assessment of performance prior to meeting with the clerkship director during their mid-clerkship meeting.

If a student's performance is unsatisfactory, the clerkship director must discuss deficiencies with the student and design plans for improvement. This discussion must occur with enough time remaining in the clerkship for the student to have the opportunity to remedy the noted deficiencies.

The forms are collected during the mid-clerkship meeting and the student is given a copy of the completed form and the original is kept on file in each clerkship office.

The clerkship director documents that all students have received a **mid-clerkship evaluation\*** within the curriculum management system. \* Attached to this policy.

Monitoring of feedback will be completed by the Office of Academic Affairs.

See [Student Promotions Committee Policy](#), [Student Success Committee Policy](#), [M3 Clerkship Grading and Required Clinical Experiences](#), and [Preclerkship Assessment Policy](#).

Administrative Reviews/Approvals	Date Approved
University Compliance <i>(if applicable)</i>	
Policy Advisory Committee <i>(includes three-year reviews)</i>	1/11/2024
Associate Dean for Accreditation Compliance <i>(if applicable)</i>	1/12/2024
Vice Dean for Academic Affairs	1/11/2024
Policy Review and/or Revision Completed By <i>(if applicable)</i>	Date Policy Reviewed and/or Approved <i>(if applies to that department, committee, or group)</i>
Office of the Dean	
Office of Academic Affairs	10/18/2016; 4/11/2017; 10/4/2019; 1/24/2024
Office of Student Affairs	
Department of Medical Education	
Medical Student Education Committee	10/18/2016; 4/18/2017; 10/15/2019
Student Promotions Committee	
Faculty Advisory Council	
Administrative Council	
	4/18/2017; Oct 2019

**Policy Name: Formative Feedback**

	M1/M2 Course Directors	
	M3/M4 Clerkship/Course Directors	4/18/2017; Oct 2019
	Student Groups/Organizations ( <i>describe</i> ):	
	Other ( <i>describe</i> ):	

<b>Final Policy Emailed to:</b>		<b>Date and Method of Notifications</b>
	Medical Education Director for Posting on Educational Policies Website	1/25/2024
	Policy Owner	1/25/2024
	Admissions Office for Catalog	1/25/2024



### Mid-Clerkship Self-Assessment

Student Name: \_\_\_\_\_ Period: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Clerkship: \_\_\_\_\_

***This assessment is designed to improve student performance and does not contribute to the student's final grade.***

1. Student completes self-assessment.
2. Student identifies a preceptor which they have spent significant time with to this point on the clerkship, asks preceptor to complete page 2 prior to the mid-clerkship review with the clerkship director.
3. Student's provides the completed form to the clerkship director during the mid-clerkship review.

#### Part I: Student completes a self-assessment

Take a moment to reflect on your progress in this clerkship rotation to this point by answering the questions below.

What are your strengths in this rotation? Cite specific examples of evidence.	
What have you found particularly challenging?	
What strategies will you be using to improve your performance in this rotation?	
What can we do to enhance your experience on this clerkship?	

Clerkships Completed: \_\_\_\_\_

## Part II: Faculty Feedback for Student

Indicate Student's progress toward meeting expectations at this point in the rotation. Comments and specific feedback are encouraged, and if appropriate, use the check boxes for additional narrative feedback. Limit comments to one page.

***If you have concerns about a student's performance being marginal or not on track, please notify the clerkship director immediately.***

<b>Knowledge Performance:</b>	<input type="checkbox"/> Below Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Above Expectations	<input type="checkbox"/> Insufficient time spent with student to determine
Comments on Fundamental Knowledge:				
Check if appropriate:				
<input type="checkbox"/> Demonstrates understanding of pathophysiology and basic differential diagnosis of active problems.				
<input type="checkbox"/> Shows evidence of preparation for assigned patient interactions/presentations				
<input type="checkbox"/> Needs to read more to prepare for patient presentation on rounds				
<input type="checkbox"/> Needs to improve fund of knowledge of the following steps:				
<b>Skills Performance:</b>	<input type="checkbox"/> Below Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Above Expectations	<input type="checkbox"/> Insufficient time spent with student to determine
Comments on Skills:				
Check if appropriate:				
<input type="checkbox"/> Obtains basic and accurate histories and physicals				
<input type="checkbox"/> Oral presentations are organized and include basic information				
<input type="checkbox"/> Needs to focus on organization or oral/written presentations				
<input type="checkbox"/> Needs to work on confidence and self-protection in group settings				
<input type="checkbox"/> Needs to improve history taking or physical exam skill by the following steps:				
<b>Attitude and Professionalism:</b>	<input type="checkbox"/> Below Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Above Expectations	<input type="checkbox"/> Insufficient time spent with student to determine
Comments on Attitude and Professionalism:				
Check if appropriate:				
<input type="checkbox"/> Shows initiative in caring for the patients				
<input type="checkbox"/> Respects patient confidentiality/privacy (e.g. knocks on doors before entering; avoids discussion of patients in public places)				
<input type="checkbox"/> Utilizes and implements feedback to improve performance				
<input type="checkbox"/> Is active participant on the team				
<input type="checkbox"/> Is unavailable on call unless actively sought				

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Preceptor's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

I have reviewed the student's Patient and Procedure log in Leo and discussed with them.

I have reviewed & discussed the work duty hour policy with this student.

**Clerkship Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_