UICOMP Policy on Medical Students Viewing Evaluations Completed by Faculty & Residents

The following policy addresses **the importance of medical students having the opportunity to view the evaluations completed on their clinical performance in a time-sensitive manner**, aligned with LCME directives (see Appendix A) and through a process that protects the integrity of the clerkship director's generating a grade within allowable timeframes.

This policy is related to, but not duplicative for the following others policies:

UIC General Policy on feedback for medical students in clerkships (dated November 7th, 2011):

http://chicago.medicine.uic.edu/cms/One.aspx?portalId=513437&pageId=6725612

UICOMP policy on students' evaluations of the M3/4 Clerkship/Elective (dated August 20th, 2008):

http://peoria.medicine.uic.edu/UserFiles/Servers/Server_442934/File/Peoria/Departments%20and%20Programs/Academic%20Affairs/Students/M-3_and_M-4_Clerkship_Evaluation_Policy.pdf

Policy

UICOMP recognizes the importance of students having the opportunity to view and reflect upon the evaluations completed about their clinical performance by faculty preceptors and residents. With the adoption of an electronic system (E*VALUE) to store these evaluations (both for clerkship directors to use in calculating a grade and for the student to reflect upon this source of feedback) it has become more important to clarify the process and timeframe by which these evaluations are viewable:

1. Students' evaluations (completed by faculty, resident or other designated educators) will be viewable immediately after the clerkship has submitted grades for the rotation
2. The clerkship coordinator will review/release the students' evaluations in E*VALUE for a given rotation block according to this timeframe.
3. Should a student wish to discuss any aspect of their evaluations they must make an appointment through the clerkship coordinator for a meeting time that is amenable to the Clerkship Director.
4. Students are expected to maintain professionalism when communicating about evaluations with all collegiate personnel.
5. Matters that cannot be resolved at the clerkship level may be referred to the Office of Academic Affairs Assistant Dean for Medical Education and Evaluation.

Note:

(a) that the evaluations will be stored electronically and will no longer be printed for hard-copy inclusion in the student file in academic affairs
(b) Clerkship directors must still prepare and submit grades to academic affairs within the 4-6 week guideline set forth by the LCME

Appendix A

The preceding UICOMP Policy on Medical Students Viewing Evaluations Completed by Faculty, Preceptors & Residents is related to the following LCME accreditation directives:

ED-30. The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/clerkship rotation.

Faculty of the medical education program directly responsible for the assessment of medical 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, and other factors associated with effective educational assessment.

In addition, the chief academic officer, curriculum leaders, and faculty of the medical education program should understand, or have access to individuals who are knowledgeable about, methods for measuring medical student performance. The medical education program should provide opportunities for faculty members to develop their skills in such methods.

An important element of the medical education program's system of assessment should be to ensure the timeliness with which medical students are informed about their final performance in courses and clerkships/clerkship rotations. In general, final grades should be available within four to six weeks of the end of a course or clerkship/clerkship rotation.

ED-31. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship (or, in Canada, clerkship rotation) to allow sufficient time for remediation.

Although a course or clerkship/clerkship rotation that is short in duration (e.g., less than four weeks) may not have sufficient time to provide a structured formative assessment, it should provide alternate means (e.g., self-testing, teacher consultation) that will allow medical students to measure their progress in learning.

ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment.

Reference:

http://www.lcme.org/publications/functions2013june.pdf