

# Faculty Handbook for the MD Curriculum

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## SECTION 6. EVALUATION AND ASSESSMENT OF STUDENTS

### FACULTY SUPERVISION OF MEDICAL STUDENTS

(Executive Curriculum Committee, revised 9/3/2021)

Accreditation standards for the College of Medicine are specific about the requirement of faculty supervision of medical students.

- A medical school must ensure that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty. (*LCME Standard 9.2*)
- Medical students in clinical learning situations involving patient care must be appropriately supervised at all times in order to ensure patient and student safety. The level of responsibility delegated to the student must be appropriate to the student's level of training and the supervised activities must be within the scope of practice of the supervising health professional. Students must have timely access to, and in-house availability of, attending physicians and/or residents. (*LCME Standard 9.3*)
- Visiting medical students must have the same level of clinical supervision as OSU COM students. (*LCME Standard 10.8*)

Faculty must provide a combination of ***Direct Supervision of Students***, where the faculty member is personally present at key times during the educational process of the medical student, and ***Indirect Supervision of Students***, where the faculty member is aware of the educational components in which the student is participating. These roles are done in conjunction with and facilitated by the program or clerkship director. Direct supervision includes direct observation of medical history-taking, physical examinations, procedures, behaviors and attitudes as well as provision of direct feedback to the student.

During instances in which a medical student is participating in a clinical setting where resident/fellow physicians or other healthcare professionals are actively involved in medical student education, it is the responsibility of the supervising faculty physician to assure all personnel are appropriately prepared for their roles for teaching and supervision of medical students within the scope of their practices.

Clinical supervision is designed to foster progressive responsibility. Supervision will be based on the medical student's level of training, demonstrated competence, and the objectives for the clinical experience. In general, faculty should provide direct supervision when medical students are learning new clinical skills. Faculty may transition to indirect supervision after a student has demonstrated competence.

In Part 1, students are required to meet competencies for being able to complete a history and physical examination; these are observed and verified by clinical preceptors. Specifically, students are verified capable of taking a history of present illness prior to entering the clinical setting (Longitudinal Practice). By the end of Part 1, students have been verified to be able to gather a comprehensive medical history including history of present illness, past medical history, family history, and social history; perform a physical examination of the following competency groups in adults: Head/Eyes/Ears/Nose/Throat, Neck, Pulmonary, Cardiovascular, Abdomen, Musculoskeletal, and Neurological; perform a supervised genitourinary examination on males and females, and a basic pediatric examination; perform shared decision making and motivational interviewing; complete an oral presentation; document a progress note in the SOAP format; interpret a basic ECG and chest x-ray.

During Part 2, students further their history and physical building skills, develop differential diagnoses, and propose treatment plans. Direct observation of each component is used to document performance and entrustment. Clerkship directors provide specific guidance for each clinical experience, including the student's level of responsibility and scope of approved activities and procedures that are permitted and/or expected during the rotation. This information is shared with all teaching faculty and residents on an annual basis.

By the time students enter Part 3 rotations, students will have a clinical experience similar to that of an intern. With a combination of indirect and direct supervision, they are able to do the following: perform advanced musculoskeletal and neurological exams; utilize advanced interviewing techniques; deliver bad news; work effectively in health care teams; and apply the principles of value-based care.

### **Expectations of Faculty and Clerkship Directors**

- a. Model professional behavior in interactions with patients, learners, staff and all other individuals in the health care team.
- b. Provide opportunities for students to demonstrate responsibility and ownership for patient care responsibilities. These opportunities include but are not limited to taking patient histories; performing complete and/or focused physical examinations; and reporting and entering findings in the patient's medical record with the explicit approval of the patient's supervising attending physician. The supervising physician will be responsible for reviewing student documentation and countersigning progress notes.
- c. Provide students with regular feedback, both positive and constructive. The clerkship or module director should be notified immediately if serious academic or professional gaps in student performance exist.
- d. Complete student assessments in a timely manner, with all assessments completed in time for calculation of final grades.

## Expectations of Students

- a. Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians, other health professionals, members of the staff, patients and any other individuals encountered in the clinical setting.
- b. Maintain self-awareness of own competence and seek assistance/advice when clarification is needed.
- c. Inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.
- d. Proactively inform the supervising physician or clerkship director concerns about levels of supervision (excessive or sub-standard).

## ASSESSMENT OF LEARNERS

(Executive Curriculum Committee, revised 7/26/2021)

The role of faculty members in medical education is not only to teach but to provide formative and summative assessment to learners. Summative assessments are assessments used to inform decision-making about grades, academic progression, or graduation. Faculty participate in summative assessment of learners through creation of examination items, monitoring of stations for Observed Standardized Clinical Examinations, and completion of end-of-clerkship clinical performance assessments, including narrative sections. Students are assessed in each of the eight competency areas in the curriculum.

Formative assessment is a formal or informal assessment (e.g., faculty evaluation, quiz, practice exam, formal self-assessment, etc.) used by an instructor to improve student's performance, helping students identify their strengths and weaknesses and focus on areas that need work. Formative feedback is constructive and specific information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior to improve subsequent learning and performance in the medical curriculum.

Effective feedback should be frequent, specific, timely, and given in a climate of respect and mutual trust.

Accreditation standards specify:

- 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. (*LCME Standard 9.7*)

The Ohio State University College of Medicine requires course directors (or a faculty designee) to provide formative assessment to each student at a minimum on or near the midpoint of each required course or clerkship four or more weeks in length.

#### Required Part 1 Courses

- Students will receive formative assessment by at least the mid-point of each required Part 1 Block
- Students must have access to course or module directors (or their faculty designees) throughout the course or module to solicit additional feedback regarding their performance.
- Formative assessment includes, but is not limited to, quizzes, practice questions, and verbal feedback

#### Required Clerkships

##### Part 2

- A mid-ring review meeting must occur by approximately the midpoint of each ring with the clerkship director (or their faculty designee)
- The clerkship director (or faculty designee), will provide formative feedback to each medical student on the rotation and complete a mid-ring review form
- The mid-ring review should include a review of the student's clinical log to ensure that the student is on track to meet all required diagnoses and procedures for that clerkship. If deficiencies are found, a plan will be developed with the student to ensure all requirements are met by the end of the clerkship.
- The clerkship director (or faculty designee) will sign the mid-ring review form and provide a copy to the student at the end of the meeting.
- Students must have access to clerkship directors (or their faculty designees) throughout the clerkship to solicit additional feedback regarding their performance.

##### Part 3

- A mid-clerkship review meeting must occur by approximately the midpoint of each required clerkship with the clerkship director (or their faculty designee).
- The clerkship director, or faculty designee, will provide formative feedback to each medical student on the rotation and complete a mid-clerkship review form.
- The mid-clerkship review should include a review of the student's clinical log to ensure that the student is on track to meet all required diagnoses and procedures for that clerkship. If deficiencies are found, a plan will be developed with the student to ensure all requirements are met by the end of the clerkship.
- The clerkship director (or faculty designee) will sign the mid-ring review form and provide a copy to the student at the end of the meeting.
- Students must have access to clerkship directors (or their faculty designees) throughout the clerkship to solicit additional feedback regarding their performance.

Faculty members are required to prepare for the responsibility of teaching, supervising, and assessing medical students and are encouraged to seek professional development in these areas. (Faculty Handbook Section 7)

## GRADING AND SUBMISSION OF EVALUATIONS

It is an important responsibility of each faculty member to complete course evaluations in an accurate, complete, and timely fashion. Students and trainees deserve the feedback provided by evaluations. Grades must be completed in a timely fashion and delayed evaluations can hinder this process. Any questions about evaluations should be addressed to the clerkship, rotation, or course coordinators or directors.

Accreditation standards specify:

- 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.

The OSU COM adheres tightly to the requirement that final grades are available to the student within six weeks of the end of a Part 1 block, Part 2 ring, or Part 3 clerkship. In order for a final grade to be determined from the aggregate of evaluations, individual faculty evaluations are required to be submitted earlier than the six weeks deadline. The specific times are established by the individual academic program committees.

The College of Medicine uses the standard grading system of The Ohio State University. Medical school courses officially use a pass/fail system consisting of:

- S = Satisfactory
- U = Unsatisfactory
- P = Progress (issued when grading is required for University purposes, progress is satisfactory, but the curricular component has not been completed.)

In addition, for internal College purposes (not to be recorded on an official transcript), the Part 2 and 3 programs may use the following distinctions:

- Honors = Outstanding performance
- Letter of Commendation = Performance clearly above average

Distinctions will appear on the Medical Student Performance Evaluation (MSPE) sent to residency programs in the student's fourth year.

## ACADEMIC DUE PROCESS

[Pattern of Administration for the OSU COM, approved 4/14/2020]

Academic due process involves the process by which individual student performance issues are considered for action by the faculty. This process encompasses issues related to deficiencies in knowledge, skills, attitudes and/or behaviors of the learner. Each academic program within the College of Medicine shall develop a program-specific mechanism for ensuring academic due

process of learners. Learners should refer to the program student handbook regarding the program specific process.

[Note: Each academic program within the LSI curriculum has developed the appropriate policies.]

## **OVERVIEW OF ACADEMIC REVIEW PROCESSES FOR MEDICAL STUDENTS**

There are four levels of academic review, with responsibilities that are assigned by the Executive Curriculum Committee.

### **Level I: Formative/Advisory Review (Support)**

Level 1 Review is intended to assist the student in correcting academic or behavioral patterns that may be disruptive to their success in medical school or as a physician. Appearances before Level I Review groups will not be noted in the Medical Student Performance Evaluation (MSPE).

- Student Review Committee
- Honor and Professionalism Council (students only)

### **Level II: Disciplinary Review (Detailed Performance Analysis)**

Level II Review committees have the authority to modify a student's curricular progression and to recommend that a student be dismissed from the College of Medicine. Appearances before Level II Review committees and the subsequent actions taken are noted in the MSPE and/or the student's electronic file.

- Honor and Professional Council (faculty and students)
- Technical Standards Advisory Committee
- Violations Committee
- Academic/Behavioral Review Committee
- USMLE Review Committee

### **Level III: Assessment of Due Process**

A Level III committee evaluates the process of the Level II committees in the event that a student is recommended for dismissal, to assure that decisions were fairly made with complete information. A Level III committee also evaluates requests for reinstatement to the College after a student has withdrawn or been dismissed.

- Academic Review Board

### **Level IV: Final Decision Making**

Final decision making for a student's dismissal or reinstatement resides with the Dean of the College of Medicine or their designee, the Vice Dean for Education. In the event that a student

demonstrates behavior felt to be significantly harmful to patients, students, staff, or faculty, the Dean may suspend or dismiss a student without using other levels of the review process.

## ACADEMIC STATUS LIGHTS

Decisions about academic status changes (“lights”) are made after a comprehensive review of a student’s performance record and an understanding of a student’s progress and prognosis for future performance. The Academic Advancement Committee (AAC), a subcommittee of the Executive Curriculum Committee, is charged with tracking student academic performance and modifying academic status. Guidelines for decision-making have been developed, but the AAC has the discretion to modify them based upon their comprehensive review.

- Green light means “Good Academic Standing.” No areas of current concern and/or any initial issues have been clearly resolved and student has consistently demonstrated academic progress.
- Yellow light means “Good Academic Standing/Minor Risk”
  - A student may be placed in “Good Academic Standing/Minor Risk” (yellow) when a student initially encounters a challenge or failure to meet standards in any assessments or competencies. A student may return to green when the AAC determines the student has clearly resolved any issues and met assessment and/or competency standards.
- Orange light means “Good Academic Standing/Moderate Risk.”
  - Students who are “Good Academic Standing/Moderate Risk” (orange) have an accumulation of academic and/or non-academic issues or challenges with competencies that need to be taken into consideration when assigning small group or clinical activities. Students will typically remain at this status for the duration of the academic program or academic year. In exceptional circumstances, the status may be changed to “Good Academic Standing” (green) if the AAC determines that the student has clearly resolved all issues and consistently demonstrated academic progress (i.e., consistently achieved assessment and competency standards).
  - A student at the end of an academic program who is “Good Academic Standing/Moderate Risk” (orange) will remain at that status going into the next academic program until the AAC determines that the student has clearly resolved all issues and consistently demonstrated academic progress (i.e., consistently achieved assessment and competency standards).
- Brown light means “Good Academic Standing/High Risk.”
  - A student who is at high risk of not meeting established academic competency or performance levels will be changed to “Good Academic Standing/High Risk” (brown). Students may not participate in longitudinal Advanced Competency experiences while on “brown” status in order for them to concentrate on achievement of core competencies. This student should be placed at The Ohio State University Wexner Medical Center facilities for clinical experiences and is not allowed to do away or international electives without permission from the Academic Program Director. Students in this status may rotate to our local affiliates only with permission from the Academic Program Director. The student will



remain on “Good Academic Standing/High Risk” (brown) until the AAC determines that the student has clearly resolved all issues and has consistently demonstrated academic progress (i.e., consistently achieved assessment and competency standards).

- Red light means “Not in Good Academic Standing.”
  - A student who is “Not in Good Academic Standing” (red) has failed a program or has a significant issue pending official action. This student should not be involved with any academic program activities unless approved by the Dean's staff in conjunction with the appropriate Academic Program Director.
- Purple light means “Academic Standing Under Review”
  - The Evaluation and Assessment team will change the status to purple if a student has not met a competency, pending further review at the next meeting of the Academic Advancement Committee.

## **CHALLENGE RELATED TO A GRADE**

[Pattern of Administration for the OSU COM, approved 4/14/2020]

A student may challenge a grade only for procedural reasons. If a student believes that a procedural error in grading was made, the student should follow the specific program guidelines for grade appeals in the respective program specific student handbook that are in alignment with Faculty Rule 3335-8-23 in making an appeal. In general, the student should first meet with the instructor of the course and if the instructor does not agree that a procedural error was made, the student must meet with the Program/Division director to discuss the grade grievance. If the issue is not resolved to the satisfaction of the student, the student may request in writing a grade appeal to the Chair/School Director. If the student is not satisfied with the response from the Chair/School Director, the student may seek further review through the Vice Dean of Education.