



Formative Assessment and Feedback for Medical Students Policy

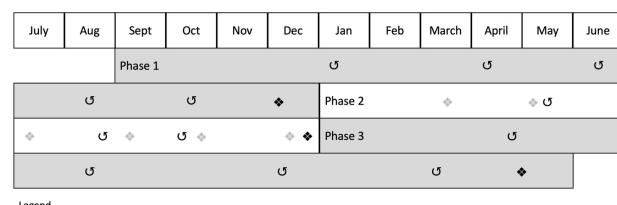
—This policy applies to Gateway Curriculum students.—

Background

Formative assessment is critical to high-quality medical education, and, as such, central to the educational mission of Washington University School of Medicine (WUSM). In keeping with Liaison Committee on Medical Education (LCME) standard 9.7, WUSM is committed to ensuring that each medical student is provided with formative assessment on their performance, including noncognitive achievement, early enough in their training to allow sufficient time for improvement. For the purposes of this policy, the term *formative assessment* is defined as any no-/low-stakes assessment, including narrative assessment, performed during the learning experience for the purposes of supporting the student's ability to achieve competence and meet their maximum potential. This information must be communicated to a medical student in a timely manner so that the student has the ability to modify their thinking or behavior to improve subsequent performance in the medical curriculum.

The WUSM Gateway Curriculum is a fully competency-based, longitudinal curriculum. There are six competency domains modeled on the Accreditation Council for Graduate Medical Education core competencies: (1) Foundational Knowledge for Practice; (2) Patient Care; (3) Interpersonal and Communication Skills; (4) Professionalism; (5) Practice-Based Learning and Improvement; and (6) Systems-Based Practice. Within each of the competency domains, there are several Educational Program Objectives (WUMS MD EPOs). All curriculum is mapped to the EPOs in a course structure to ensure the adequacy of content coverage at the course, clerkship, phase and overall curriculum levels. Assessments occur within courses and clerkships but are collated longitudinally. Assessments are labeled as competency-contributing or non-compatibility-contributing. Non-compatibility-contributing assessments are provided purely for formative purposes and can be used by students to measure their own knowledge, attitudes and skills in preparation for competency-contributing assessments. Competency-contributing assessments are also formative in that no single assessment can result in a learner being deemed not competent. In addition, performance on any given assessment or combination of assessments within a course does not result in a student passing or failing that course. Determinations of competence in each of the WUMS MD EPOs is made by the Competency Attainment Committee (CAC) at the end of each phase of the curriculum; recommendations for progression or remediation are sent to the Committee for Academic Promotion

(CAP), which makes the final determination (see the Policy for Review of Student Attainment of Competency (<http://bulletin.wustl.edu/medicine/policies/md-competency-attainment/>) and the Policy for Student Promotion and Appeals (<http://bulletin.wustl.edu/medicine/policies/md-student-promotion/>) for details). In addition, the CAC reviews student assessments continually, with formal interim reviews occurring throughout each phase. During the clerkship phase (Phase 2), each clerkship has its own clinical competency committee (CCC) that reviews four of the Patient Care EPOs that have a specialty-specific context to make decisions about student achievement of competence in each of these four EPOs. The figure below depicts the frequency of formative and summative competency reviews by the CAC and the CCCs.



Legend
 ⌚ = formative Competency Attainment Committee meetings [Jan, June, Oct meetings followed by 1:1 coaching]
 ❖ = summative Competency Attainment Committee meeting [competency determination & promotion recommendation made to Committee for Academic Promotion]
 ☀ = summative Clerkship Competency Committee meetings [competency determination for Patient Care WUSM EPOs, preceded by mid-clerkship feedback during which progression towards competency attainment in these EPOs is reviewed]

Policies

All students must receive meaningful formative assessment on their performance in each of the EPOs at regular intervals during each phase of the Gateway Curriculum. This may include the following:

- The inclusion of non-compatibility-contributing assessments in each course or clerkship. This includes resources created by course leads as well as those provided by WUSM to support learning (e.g., UWORLD, Aquifer, similar materials) if appropriately aligned with the content covered in the course or clerkship.
- The inclusion of multiple low-stakes compatibility-contributing assessments (e.g., TBL knowledge assessments, just-in-time clinical assessments, peer feedback, quizzes, low-stakes observed structured clinical examinations [OSCEs], written assignments, midpoint clerkship feedback) throughout the curriculum with the ability to comprehensively review results and seek clarification.
- Early intervention by the Student Success Team (i.e., the Associate Dean for Student Affairs, the Assistant Dean for Assessment, and the Director of Student Success) and coach when low- or high-stakes compatibility-contributing assessments suggest a student may be struggling, appearing off-track for achieving competence, or demonstrating a sudden change in performance.
- Specifically for clerkships, a separate midpoint clerkship feedback session with the clerkship director or their designee is required within each clerkship. The focus of this session must include discussion of the student's progress toward competence in the patient care EPOs reviewed by the CCC. It should also include information received related to other competency domains/



EPOs. If there are concerns about the student's ability to achieve competence, the Student Success Team and the coach must be notified and work with the student and clerkship to support the attainment of competence.

- Interim review of progression toward competency attainment by the CAC for each student in each of the WUMS MD EPOs to allow for the early identification of at-risk students. Communication of CAC interim judgements must be provided to students in formal letters that should also support student review and interpretation of their portfolios.
- Prior to the summative review made by the CAC, students must have the ability to review the constellation of their competency-contributing assessments in a comprehensive portfolio. The purpose of this portfolio review is to allow students to assess their own growth and development and to develop an understanding of how the individual assessments are contributing to competency in each of the EPOs. Each portfolio also includes information about whether there is sufficient data, thus far, for students to make inferences from the data about whether they should alter their behavior/learning plan.
- Students must have formal 1:1 reviews of their portfolios with their coaches periodically throughout each phase, and they are encouraged to discuss concerns with their coaches at any time regardless of whether there is a formal 1:1 review. Coaches review the student-created individual learning plans. Each student's plan and the coach's observations regarding learner performance in coaching small group teaching sessions are incorporated into a summary narrative assessment that is non-competency-contributing and used to help consolidate feedback and ensure progression toward competence. These formal coach-supported reviews must occur at least three times during Phase 1, twice during Phase 2, and three times during Phase 3.

Clerkships are responsible for documenting that each student has received formative assessment at the midpoint of their clerkship. Coaches are responsible for documenting that each student has received formative assessment at the time of each required 1:1 portfolio review. The Committee for Oversight of Medical Education (COMSE) will conduct oversight of student responses on both internal and external surveys to assess the amount and quality of formative and narrative assessment and make recommendations for change as needed to ensure that the intent of this policy is met.

Guidelines

Quality formative assessment ought to include reinforcement of things done well, identification of room for improvement or areas of growth, and specific strategies for improvement. Evidence for this feedback in the form of specific examples and observations should also be included.

Last approved on October 3, 2022