

Narrative Assessment Policy

—This policy applies to Gateway Curriculum students.—

Background

Washington University School of Medicine is committed to providing the highest quality education to medical students preparing to lead the future of health and medicine. Narrative assessment provides students with the critical guidance needed to improve performance. Acknowledging the importance of narrative assessment, Liaison Committee on Medical Education (LCME) standard 9.5 requires that students receive narrative assessment as a component of assessment in each required course and clerkship of the medical education program whenever student/teacher interactions permit this form of assessment. Narrative assessment is defined as written comments from faculty and others capable of providing important feedback that is aimed at supporting student achievement in meeting the Washington University School of Medicine Educational Program Objectives.

Policy

Narrative assessment is a required component of the assessment of each student in the Gateway Curriculum at Washington University School of Medicine. Narrative assessments of a medical student's performance will be provided when the following curricular conditions are met:

- Students work in small groups of 12 members or fewer and small groups of the same composition are observed longitudinally by the same faculty member for at least three sessions, with a ratio of one faculty member to one student team.

or

- The student is observed performing duties in the clinical setting.

Narrative assessment can be provided in courses that do not meet these criteria if there is documentation that the nature of the interaction allows for meaningful feedback.

Guidelines

In the Gateway Curriculum, small group teaching with a longitudinal faculty member primarily occurs in the coaching small groups, which generally meet at least twice per month during Phase 1 and continue to meet less frequently throughout Phases 2 and 3. While coaching does involve 1:1 review of the student assessment portfolio and general progress, these small groups are also where content related to ethics, health equity and justice, personal and professional identity, community engagement, and patient, student and clinical experiences are taught, discussed and debriefed. Because of the unique teaching and coaching roles of these faculty/student interactions, all assessment done by and with coaches must be purely formative in nature. The

content of the narrative assessments performed by the coaches are not collected centrally as they are strictly for formative purposes. We do track the attestation of completion centrally to ensure that all students receive this important narrative assessment.

Clinical preceptors and peers are able to provide narrative assessment for inclusion in competency decisions. This narrative assessment will be collected centrally and incorporated into the competency portfolio.

Last approved on October 3, 2022