

CLERKSHIP STUDENT FEEDBACK

Departmental Policy

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- Purpose** **1** Create an UME policy detailing expectations for provision of feedback to students during clerkship.
- Scope** **2** This policy applies to all Clerks in the MD Program, Cumming School of Medicine, University of Calgary. This policy applies to feedback, and not to final summative ITERs
- Definitions** **3** In this policy:
- a. UME means the Undergraduate Medical Education program at the Cumming School of Medicine, University of Calgary.
 - b. “MD” means Doctor of Medicine.
 - c. Approval Authority means the office or officer responsible for approving Undergraduate Medical Education policy and procedures.
 - d. Implementing Authority means the office and officer responsible for implementing Undergraduate Medical Education policies and procedures.
 - e. CACMS: Committee on Accreditation on Canadian Medical Schools.
 - f. College of Family Physicians of Canada (CFPC)

- g. Confidential means that access to the records is limited to those with a demonstrated need to know. Information that is classified as Confidential must be stored within a controlled access system. It may be transmitted on internal networks with or without encryption. Information must be encrypted if transmitted on a public network.
- h. Student Inactive Files refers to records about a former medical student.
- i. Student File refers to records about a current or former medical student held by UME.
- j. Medical Student Performance Record (MSPR) letters refers to the specific document compiled by the UME Administration team in preparation for CaRMS match.
- k. Canadian Resident Matching Service (CaRMS).
- l. FOIP refers to Alberta's Freedom of Information and Protection of Privacy Act.
- m. Academic file refers to information pertaining to the MD curriculum, marks, rotation information etc.
- n. Non-academic file refers to information of a personal nature of the medical student.
- o. UME administration refers to: Associate Dean, Assistant Deans, Manager, Curriculum & Administration, Administration Assistants and Coordinator and Program Supervisors.
- p. Student Academic Review Committee (SARC).
- q. Student Evaluation Committee (SEC).
- r. "Pre-Clerkship" means years one and two of the MD program.
- s. "Clerkship" means the third and final academic year of medical school.
- t. "Learning Management System" means a web-based system for curriculum management system in use is called OSLER.
- u. "OSLER" means Online Schemes, Learning and Education Resources.
- v. "IST" means Independent Study Time.
- w. "ITER" means In Training Evaluation Report, these are forms that are completed by preceptors after interacting with a student, either in a classroom (i.e. small group) or clinical setting. They can assess a variety of domains of performance, and usually also include a global rating of the Students' performance.

Policy Statement **4** It is expected that preceptors will provide feedback to students.

Responsibilities **5** **UME will ensure adherence to this policy.**

Procedures **6** **Principles**

- 1. Provide timely, useful feedback for clerks in order to promote learning.
- 2. Provide documentation of the feedback provided.

Preamble

Feedback is a vital component for clinical learning and is a vital part of experiential learning. In a clinical environment, it would be rare that there are not daily opportunities to provide feedback for a clinical clerk; the aim of this policy is to designate specific minimums for the provision and documentation of feedback.

Feedback should be formative, with the goal of improving learning. It should be provided privately, in a distraction-free environment; one or more preceptors may be present. The feedback should be specific and descriptive, identifying behaviours that should be repeated as well as behaviours that should be changed to improve performance. The feedback must be timely – occurring at a point when there is still time for a learner to make changes in their practices. This is specifically addressed in element 9.7 of the CACMS accreditation standards:

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback typically occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.

Timing of Mid-Point Feedback

- A. Rotations with consistent weekly preceptor (two-week duration)
 - a. The learner must be provided with feedback at the end of the first week of the rotation
 - b. This feedback should include both areas in which the student is performing well (and should be continued) and areas in which the student needs to improve
 - c. The feedback will be provided by the preceptor who has worked with the student over the first week of the rotation
 - d. The feedback provided will be documented via a short mid-point ITER
- B. Rotations with different daily preceptor (two-week duration)
 - a. Rotations with daily evaluations can include feedback as a part of the daily evaluation; the written documentation of the feedback provided to the student will be documented on the one45 daily form

- b. For rotations without daily evaluations, the learner must be provided with feedback at the end of the first week of the rotation
 - i. This feedback should include both areas in which the student is performing well (and should be continued) and areas in which the student needs to improve
 - ii. This feedback is provided by the evaluation coordinator (or designate) who will review the daily assessments of the clerk that have been completed by individual preceptors
 - iii. If possible, the feedback will be provided in person; commonly, the person who is collating and providing the feedback will not be physically co-located with the student and therefore will provide the feedback via ucalgary email
 - c. The evaluation coordinator (or designate) will store a copy of the feedback provided to the student until the end of the clerkship year
- C. Rotations with consistent or variable preceptor (four-week duration)
 - a. The learner must be provided with feedback at the end of the second week of the rotation
 - b. This feedback should include both areas in which the student is performing well (and should be continued) and areas in which the student needs to improve
 - c. The feedback will be provided by a preceptor working with the student for the second week of the rotation; this preceptor is encouraged to solicit input from other team members, including those who worked with the student during the first week of the rotation
 - d. The feedback provided will be documented through the mid-point ITER form that is completed by the preceptor
- D. Longitudinal Clerkships
 - a. The learner must be provided with formal feedback, at a minimum, every six weeks
 - b. This feedback should include both areas in which the student is performing well (and should be continued) and areas in which the student needs to improve
 - c. The feedback will be provided by the student's primary preceptor, with input from other team members who have worked with the learner over the six weeks
 - d. The feedback provided will be documented through the mid-point ITER form that is completed by the preceptor

The need for mid-point feedback as described above does not limit clerkship rotations or sub-rotations in identifying serious deficiencies (knowledge, skills, attitudes) identified after the mid-point time period.

All documented feedback will be part of the student's academic file.

Summative ITERs are required at the end of each clerkship component. These must be completed by faculty members, generally in consultation with residents, fellows, other faculty and/or allied health care professionals. Evaluations from residents and/or fellows alone is not satisfactory. Individuals who have been consulted in the compilation of a consensus report must be named.

History

- 7** *Approved:* UMEC
 May 26, 2023
- Clerkship Committee
 (Reviewed &
 Updated)
 May 2, 2023
- UME Management
 May 2023