

**Departmental Policy**

**CLERKSHIP STUDENT FEEDBACK**

Classification Operations	Table of Contents Purpose 1
Approval Authority Associate Dean, UME	Scope 2
Implementation Authority Manager, UME	Definitions 3
Effective Date January 6, 2015	Policy Statement 4
Latest Revision January 21, 2020	Special Situations 5
	Responsibilities 6
	Appendices 7
	Procedures 8
	Instructions/Forms 9
	Standards 10
	Parent Policy 11
	Related Policies 12
	Related Information 13
	References 14
	History 15

- 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 with the University of Calgary, Cumming School of Medicine
  - b. MD – Medical 3-year program
  - 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. Clerkship rotation – refers to the mandatory block rotations of Year 3 of the MD Program (ie Internal Medicine, Obstetrics/Gynecology, Psychiatry, Surgery, Pediatrics, Family Medicine, Emergency Medicine, Anesthesia)
  - f. Sub-rotation- subcomponents of the mandatory clerkships (e.g. selectives or MTU in Internal Medicine, selectives or CTU in Pediatrics, selectives or General Surgery in Surgery, Adult and Child Psychiatry in Psychiatry Clerkship)
  - g. Electives- rotations outside of the mandatory clerkships

- h. Preceptor – individuals who teach in the MD Program
- i. Resident – a physician obtaining training in a particular medical field.
- j. Fellow – a physician obtaining advanced training in a particular medical field.
- k. University of Calgary Longitudinal Integrated Clerkship (UCLIC)
- l. ITERS: In-Training Evaluation Reports

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

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

**Procedures**      **6**      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.

In addition, as per accreditation element 9.7, formal provision of formative feedback is expected in each required learning experience<sup>1</sup>.

- A. It is expected that preceptors will provide verbal (and/or written) feedback to ALL students:
  - i. At the mid point of each clerkship component of 4 or more weeks duration.
  - ii. At the mid point of any sub-rotation considered to be a “must-pass” component of the clerkship rotation.
  - iii. At the end of clerkship rotations or sub-rotations of less than 4 weeks duration. In these cases, the feedback may be provided at the time of the summative ITER completion. These shorter rotations and sub-rotations are encouraged to provide daily or weekly opportunities for feedback.
  - iv. Approximately every 6 weeks for students in the UCLIC stream.
- B. The feedback described in A should be provided in both VERBAL and WRITTEN form when the preceptor (or group of preceptors) feels the student is not currently meeting expectations. In all instances, it should

---

<sup>1</sup> Standard 9.7: 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.

emphasize and document current concerns, remedies for improvement and where relevant or possible, opportunities for support towards the ultimate achievement of the expected performance level.

- C. Serious performance deficiencies at any point in the clerkship or sub-rotation may result in unsatisfactory overall evaluations. Feedback regarding serious performance deficiencies should be discussed with the student (and documented) in a timely manner, even if this is outside the usual intervals outlined in “A” and “B” above.
- D. The need for mid point feedback as described above does not limit clerkship rotations or sub-rotations in identifying and acting (e.g. by an unsatisfactory result) on serious deficiencies (knowledge, skills, attitudes) identified after the mid-point time period.
- E. Feedback should be provided privately.
- F. All documented feedback will be part of the student’s academic file.

**History**

**7** *Approved:* UME Management  
January 6, 2015

UMEC  
February 18, 2016

Clerkship Committee (Reviewed & Updated)  
January 21, 2020