



## **STUDENT ASSESSMENT POLICY FOR MEDICAL STUDENTS IN REQUIRED COURSES AND CLERKSHIPS: FORMATIVE FEEDBACK**

Issue Date: January 5, 2024

Supersedes: *Student Assessment Policy for Medical Students in Required Courses and Clerkships: Formative and Summative Feedback* dated July 1, 2015

Last Review: January 5, 2024

### **I. PURPOSE**

The purpose of this policy is to ensure that all students in the New York Medical College School of Medicine ("NYMC SOM") receive formative feedback on his/ her performance during any course/ clerkship. The goal of formative feedback is to monitor student learning to provide ongoing feedback that can be used by instructors to improve their teaching and by students to improve their learning. More specifically, formative assessments help students identify their strengths and weaknesses and target areas that need work and help faculty recognize where students are struggling so that address challenges can be addressed immediately.

### **II. POLICY**

All courses or clerkships must provide students with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Any course or clerkship less than four weeks in length will provide alternate means by which a medical student can measure his or her progress in learning.

Early intervention by the Student Academic Success Team (SAST) when assessments suggest a student may be struggling.

### **III. SCOPE**

This policy applies to course and clerkship directors; teaching faculty, including graduate students, residents and fellows who participate in the teaching and evaluation of medical students; and NYMC SOM students.

### **IV. DEFINITIONS**

*Formative feedback:* Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve subsequent learning and performance in the medical curriculum.

### **V. PROCEDURES**

A. Formative feedback may be provided by module directors, phase directors, clerkship directors, teaching faculty, and/or advisory deans.

- B. In Phase One, formative feedback will be provided at least midway through the module, and no more than three weeks into a module for modules longer than four weeks.
- C. Such feedback may include:
1. Internally developed practice questions
  2. Audience response systems
  3. Practice observed structured clinical examinations (OSCE)
  4. Practice clinical notes
  5. Practice presentations
  6. Written assignments
  7. Comprehensive Basic Science examination
  8. UWorld and other external question banks
- D. In Phase Two and Phase Three, formative feedback will be given at least at the midpoint of the clerkship. Such feedback may include:
1. Midpoint of each clerkship
  2. Workplace Based Assessments
  3. Directly observed history and physical examinations
  4. Comprehensive Clinical Science examination
- E. The provision of feedback in the curriculum is monitored directly by the Director for Assessment and Evaluation (ADAE) using data from end-of-course/clerkship evaluations and from the Graduation Questionnaire. This data is appended to annual course reviews and assessed by the Course and Clerkship Review Subcommittee (CCRS), which reports to the Education and Curriculum Committee (ECC).

## **VI. EFFECTIVE DATE**

This policy is effective immediately.

## **VII. POLICY MANAGEMENT**

Executive Stakeholder: Dean, School of Medicine

Oversight Office: Office of Undergraduate Medical Education

## **VIII. REFERENCE**

### **LCME Standard 9: Teaching, Assessment, and Student and Patient Safety**

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

### **LCME Element 9.7: Formative Assessment and Feedback**

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.