Standard 9: Teaching, Supervision, 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.

Supporting Data

Table 9.0-1	Methods of Assessment – Pre-clerkship Phase of the Curriculum

List all required courses in the pre-clerkship *phase of the curriculum,* adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.

Course Name	# of Exams**	Included in Grade							Narrative Assessment Provided (Y/N)
		Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (Specify)	
FMS 501	7 + (11 Form.)	X	X			X	X	1,2,3	Y
LMH 501						X	X	1,2,3	Y
FMS 502	3 + (12 Form.)	X			X (Form)	X	X	1,2,3	Y
LMH 502						X	X	1,2,3	Y
FMS 503	3 + (11 Form.)	X			X	X	X	1,2,3	Y
LMH 503						X	X	1,2,3	Y
FMS 511	3 + (12 Form.)	X			X (Form)	X	X	1,2,3	Y
LMH 511						X	X	1,2,3	Y
FMS 512	3 + (12 Form.)	X			X (Form)	X	X	1,2,3	Y
LMH 512						X	X	1,2,3	Y
FMS 513	2 + (9 Form.)	X			X	X	X	1,2,3	Y
LMH 513						X	X	1,2,3	Y
Programmatic Years 1 & 2	(6 Form.) Progress Tests						X	1,3	N
*Other: 1. Portfolio 2. Workplace-Based Assessment 3. Self-Assessment									
**Includes the total number of exams in a course, with brackets containing how many of those are formative.									

Table 9.0-2 | Methods of Assessment – Clerkship Phase of the Curriculum

List all required clerkships in the *clerkship phase of the curriculum*, adding rows as needed. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.

| Clerkship Name | Included in Grade | | | | | | Narrative Assessment Provided (Y/N) |
	NBME Subject Exam	Internal Written Exams	Oral Exam or Pres.	Faculty/ Resident Rating	OSCE/SP Exams	Other* (Specify)	
MED CLIN 521 (LIC 1)		X (Form)	X	X		1,2,3	Y
MED CLIN 522 (LIC 2)		X (Form)	X	X	X	1,2,3	Y
LMH 521						1,3,4	N
MED CLIN 523 (LIC 3)		X	X	X	X	1,2,3	Y
LMH 522						1,3,4	N
MED CLIN 524 (LIC 4)		X	X	X	X	1,2,3	Y
LMH 523						1,3,4	N
MED CLIN 531-553			X	X	X	1,2,3	Y
Programmatic Years 3 & 4						1	N

*Other: 1. Portfolio 2. Workplace-Based Assessment 3. Self-Assessment 4. Assignment

9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

Supporting Data

| Table 9.1-1 | Provision of Objectives and Orientation in the Pre-clerkship Phase of the Curriculum |

Table 9.1-1 | Provision of Objectives and Orientation in the Pre-clerkship Phase of the Curriculum			
List each course in the pre-clerkship phase of the curriculum where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach/supervise medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided and that this information has been received and reviewed.			
Course or Clerkship	**Type(s) of Trainees Who Provide Teaching/Supervision**	**How Learning Objectives are Provided, and Instructors are Oriented**	**How the Provision of Learning Objectives and of Orientation is Monitored**
FMS 502	Postdoctoral Fellows	Learning objectives are provided to all teachers, including postdoctoral fellows, through an orientation session provided at the beginning of each course and through weekly journal club preparation sessions.	Attendance at these sessions is informally monitored. Any facilitator who is not present at a session receives the weekly package through the component director.
FMS 503	Postdoctoral Fellows	Learning objectives are provided to all teachers, including postdoctoral fellows, through an orientation session provided at the beginning of each course and through weekly journal club preparation sessions.	Any facilitator who is not present at a session receives the weekly package through the component director.

Table 9.1-2 | Resident Preparation to Teach

Briefly summarize the orientation program (s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution (D/I), whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom. Add rows as needed.

	Program Name/Brief Summary	Sponsorship (D/I)	Required/ Optional (R/O)	Centrally Monitored? (Y/N)	Monitored by Whom?
Family medicine	Kadlec Family Medicine Residency: residents receive in person orientation to the LIC by the ADCE annually	No	Required	Y	OFD*
	Central Washington Family Medicine Residency: residents receive the course guide from Course Director of the Family Medicine sub internship annually	No	Optional	Y	OFD
	SeaMar Marysville Family Medicine Residency: residents receive in person orientation to the LIC and Family Medicine sub internship by the ADCE annually	No	Required	Y	OFD
Internal medicine	Providence St. Vincent Internal Medicine Residency: residents receive in person orientation to the LIC by the ADCE annually	No	Required	Y	OFD
	Internal Medicine Residency Spokane: residents receive course guide from Course Director of the Internal Medicine sub internship annually	No	Optional	Y	OFD
Ob/Gyn	Not applicable				
Pediatrics	Not applicable				
Psychiatry	Psychiatry Residency Spokane: residents receive course guide from Course Director of the Psychiatry Medicine sub internship annually	No	Optional	Y	OFD
Surgery	Not applicable				

*Office for Faculty Development

Narrative Response

    a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

The Clinical Supervision of Medical Students Policy (appendix 9-01-01) states that any health professional supervising or assessing medical students is required to complete faculty development programs related to teaching and/or assessing. Any resident working with medical students must be familiar with the learning objectives, the required clinical encounters, the level of learner, and the assessment requirements. The Associate Dean for Clinical Education (ADCE) and the faculty member supervising the resident are required to monitor and ensure that any residents working with medical students receive necessary information including, learning objectives, assessment requirements and expectations for the clinical learning environment. It should be noted that residents are not permitted to provide summative assessments for medical students. However, they can inform the assessment completed by the supervising faculty member.

    b. How does the medical school ensure that all residents who supervise/assess medical students in required clinical clerkships, whether they are from the school's own residency programs or other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters, and the necessary orientation to their roles in teaching and assessment?

During clerkships, medical students are supervised by College faculty. Any residents working with medical students are oriented by the Associate Dean for Clinical Education or the supervising clinician who is appointed faculty. Orientation includes an online module focused on resident medical student teaching and verbal or written instructions on resident-medical student teaching. Clerkship objectives and required clinical encounters are provided to residents prior to a medical student starting rotations. Tracking and monitoring of completion of training and attestation of receipt and review of relevant policies and procedures are centrally located and monitored by the Office for Faculty Development (OFD).

9.2 Faculty Appointments

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

Narrative Response

a. How is it assured that physicians who will supervise/assess medical students have a faculty appointment?

All physicians and other health professionals who supervise/assess medical students are appointed as faculty to the Department of Medical Education and Clinical Sciences. The Department Chair, the regional Associate Dean for Clinical Education (ADCE), or one of the Clinical Education Directors provides an overview of the faculty intake, appointment, and required training process with each clinician who may have a role in medical student supervision and assessment. Clinicians interested in having such a role provide a written request to join the faculty and a copy of their curriculum vitae. The clinician's materials are then entered into the departmental faculty appointment process pipeline where each step is tracked to completion of faculty appointment and role-based training. Upon completion of onboarding, the new faculty member is sent a welcome letter and their ADCE is notified. At that point, the ADCE works with their team to assign one or more students to that faculty member per the needs of the curriculum and availability of the faculty member.

b. Describe how, by whom, and how often the faculty appointment status of physicians who will teach and assess medical students is monitored.

In scheduling a student with a clinician, the coordinator in the Office of the Associate Dean for Clinical Education (ADCE) verifies that the clinician holds a faculty appointment. If there is not a formal appointment, the coordinator will inform the ADCE who initiates onboarding to ensure the clinician is vetted, appointed, and trained. Faculty appointment status is monitored by the Business Office and by the Department of Medical Education and Clinical Sciences. The Office of Faculty Affairs, in collaboration with the Business Office, the WSU Provost's Office and the WSU Office of Attorney General developed standardized templates for initial faculty hire offer letters, and renewal letters, specifying start and end of appointment, duties and expectations, and conditions for renewal.

On an annual basis, the Business Office provides the Chair of the Department of Medical Education and Clinical Sciences with a list of faculty members whose appointments are set to expire. The Chair and ADCEs review the faculty performance data and determine reappointment. In cases when a clinician leaves the faculty or is not reappointed, the regional ADCE is consulted and notified so that no student is assigned to that clinician.

c. Where teaching of students is carried out by physicians and other health care professionals who do not hold faculty appointments at the medical school or other members of the health care team, describe how the teaching activities of these individuals are supervised by medical school faculty members.

In accordance with the Clinical Supervision of Medical Students Policy: "It is the Elson S. Floyd College of Medicine policy to prohibit any medical student from performing any service for which a license, certificate of registration or other form of approval is required unless the service is performed under the direction of the supervising College of Medicine faculty. At the institutional level, medical student supervision requirements should be clearly articulated in the affiliation agreements."

Additional information regarding teaching activities is gathered at the conclusion of each course/clerkship. Reports from course and clerkship evaluations are reviewed by Course/Clerkship Directors and College leadership.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Narrative Response

a. Describe the policies/guidelines and practices by departments and/or the central medical school administration that ensure medical students are appropriately supervised during required clinical clerkships and other required clinical experiences.

To ensure medical students are appropriately supervised, the College requires all clinical supervisors to have a faculty appointment. Faculty complete web-based training (or the equivalent delivered via workshops) as a requirement for their appointment which includes a review of student autonomy and supervision. At the institutional level, requirements are clearly articulated in the affiliation agreements, which include all provisions approved in the AAMC Uniform Clinical Training Affiliation Agreements.

To ensure that medical students are appropriately supervised throughout their medical education, Clinical Education Directors (CEDs) collaborate with the regional Associate Deans for Clinical Education (ADCEs) to provide orientation to all faculty. This required content details the specific requirements for direct supervision to ensure student and patient safety. Standards for appropriate medical student supervision have been established by the Clinical Supervision of Medical Students Policy

At the start of each academic year, the CEDs communicate with faculty in their specialty area to review the requirements of appropriate supervision of students during required clinical learning experiences. Course Directors and CEDs regularly observe faculty and validate participation in the oversight role.

Students are surveyed to provide feedback on the appropriate supervision at clinical sites. Surveys are distributed following Clinical Campus Weeks and all courses/clerkships. ADCEs are notified immediately of any concerns related to appropriate supervision.

b. What mechanisms exist for students to express concern about the adequacy and availability of supervision? How, when, and by whom are these concerns acted upon?

There are five main mechanisms for students to express concerns about the adequacy and availability of supervision for every clerkship.

1. Direct reporting to administration: Concerns regarding supervision in the pre-clerkship years are directed to the Chair of Medical Education and Clinical Sciences. Concerns regarding supervision in the clerkship years are directed to the Associate Deans of Clinical Education (ADCEs), as well as the Chair of the Department of Medical Education and Clinical Sciences. The ADCEs are charged with effecting a resolution.

2. Course Evaluations: Students are asked to complete end of course/clerkship evaluations which include specific questions regarding the adequacy and availability of supervision. The Evaluation Unit provides the data from evaluations to the Course or Clerkship Director, the appropriate Clinical Education Director and the regional ADCE who are charged with effecting a resolution.

3. Clinical Campus Week Evaluations: In the pre-clerkship curriculum, students are surveyed each term about their experiences with preceptors and clinical sites. These surveys contain questions dedicated to adequacy of supervision. The Evaluation Unit provides the data from evaluations to the regional ADCE who are charged with effecting a resolution.

4. Monthly meetings with the Dean: Students may report concerns directly to College administrators through class leaders at monthly meetings with the Dean's Cabinet and the Dean's administrative staff.

5. Feedback channel: Students have access to an email feedback channel (medicine.evaluation@wsu.edu) that is anonymous and monitored daily.

   c. Provide data from the ISA on student satisfaction with supervision in required clerkships and other required clinical experiences.

The Independent Student Analysis (ISA) that was completed in October-November 2019 indicated that most students (72%) were satisfied or very satisfied with their clinical supervision in the third-year Longitudinal Integrated Clerkship (LIC). Areas of concern for the students included quality of feedback and challenges collecting low stakes assessments. This feedback was used to inform faculty development opportunities to address the quality of feedback.

   d. What practices are used during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience? Are these practices based in formal policies/guidelines?

All faculty working with medical students in the clinical environment receive orientation materials that include learning objectives and information about the stage of learner they will be engaged with. Orientation materials outline the skill level of students and contain feedback forms that provide guidance to the supervising clinician about what is an appropriate level of responsibility. The guidelines for supervision are part of the AAMC Uniform Clinical Training Affiliation Agreement that all institutions must have in place before accepting students.

Students are regularly surveyed regarding the level of responsibility delegated to them in their learning environments. Any concerning information is reported to the appropriate ADCE for investigation and faculty development.

Supporting Documentation

1. Policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

Appendix 9-03-01 Clinical Supervision of Medical Students Policy

2. Policies or guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.

Appendix 9-03-01 Clinical Supervision of Medical Students Policy

9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

Supporting Data

Table 9.4-1 | Observation of Clinical Skills											
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated they were observed performing the following clerkship activities.											
	AAMC GQ 2018				AAMC GQ 2019				AAMC GQ 2020			
	History		Physical exam		History		Physical exam		History		Physical exam	
	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %
Family Medicine	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Internal Medicine	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Ob-Gyn/ Women's Health	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Pediatrics	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Psychiatry	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Surgery	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

* GQ Data will not be available until 2021.

Table 9.4-2 | Clinical Skills						
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following way to begin a residency program.						
	AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %	School %	National%
Acquired the clinical skills required to begin a residency program	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will not be available until 2021.

Narrative Response

a. Provide the following information for each required comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs independent of individual courses or clerkships: when in the curriculum it is offered, the general skills and content areas covered, and whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

There are no clinical assessments that occur independent of individual courses or clerkships.

b. How does the school monitor that all students are assessed performing the essential components of a history and physical examination, as defined by the school, in each required clerkship or clinical discipline (in a longitudinal integrated clerkship)?

Note that the school can decide if students must complete an entire history and physical examination or a modified history and physical that is relevant to the specific clerkship.

The College uses Workplace-Based Assessments (WBAs) to ensure that students are directly observed and assessed performing the essential components of a history and physical examination in each discipline of the LIC. WBA 1a (appendix 9-04-01) assesses the student's ability to obtain a history from a patient. WBA 1b (appendix 9-04-02) assesses the student's ability to complete a physical examination on a patient. Students are required to collect WBA 1a and WBA 1b from each discipline (e.g. Family Medicine, Pediatrics, Internal Medicine, etc.) in the LIC. The WBAs also capture information about clinical setting (ambulatory, in-patient, simulated), case complexity (low, moderate, high), and patient continuity (first or subsequent encounter).

In addition to ongoing WBAs, the LIC has two formative and one summative Objective Structured Clinical Examinations (OSCEs). In these examinations, a standardized patient is used to evaluate the student's performance with regards to history taking and physical examination in a controlled environment.

c. Provide data from the ISA on student satisfaction with clinical skills instruction in the first/second years and clinical skills assessment in the required clinical clerkships.

Overall, about half of all medical students (51%) were satisfied or very satisfied with clinical skills instruction during the pre-clerkship years. Of the 80 MS1 respondents, 51% were satisfied or very satisfied with clinical skills instruction during the pre-clerkship years. Twenty-nine percent of students felt neutral about the subject and 19% were dissatisfied with the clinical skills instruction. It should be noted that the ISA was completed in October of the first year of instruction for the MS1s which likely accounts for the high neutral response. Of the 55 MS2 students who responded to the same question, 56% were satisfied or very satisfied with clinical skills instruction during the pre-clerkship years, 18% were neutral and 18% were dissatisfied with clinical skills instructions. Fifty-eight MS3 students responded to the ISA. Forty-six percent of MS3s were satisfied or very satisfied with clinical skills instruction in the pre-clerkship years, 26% of MS3 students felt neutral and 25% responded that they were dissatisfied. The reasons given for the dissatisfaction include wanting more structured feedback and more one-on-one feedback sessions with faculty. In response to this feedback, Workplace-Based Assessments were introduced into the Year 1 and 2 clinical skills curriculum to compliment the in-person feedback provided by faculty teaching clinical skills. Faculty-supported video review has also been introduced to provide additional opportunities for structured feedback.

MS3 students were also surveyed regarding their satisfaction with clinical skills assessment in the third-year clerkship. Of the 58 respondents, 45% reported that they were satisfied or very satisfied. 20% of respondents were neutral and 29% were dissatisfied or very dissatisfied. The reasons for the dissatisfaction include variability between assessors and lack of actionable feedback. This feedback has been used to inform faculty development sessions and workshops for assessment and effective feedback in the third year.

Supporting Documentation

1. Provide data from school-specific sources (e.g., clerkship evaluations and/or the ISA) on student perceptions that they were observed performing required clinical skills.

Appendix 9-04-03 Med Clin 521 Course Evaluation Excerpt re: Teaching in the LIC

9.5 Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

Narrative Response

    a. Summarize the policy/guidelines describing the circumstances in which narrative descriptions of a medical student's performance will be provided (e.g., length of teacher-student interaction).

Narrative assessment is a foundational aspect of the assessment program across all four years of the MD program. The Assessment of Student Performance policy (appendix 9-05-01) states that students receive narrative assessment in each course in the MD program. Students receive written feedback regarding non-cognitive achievement in all courses in the pre-clerkship years through Workplace-Based Assessments (WBAs) and course assignments and receive narrative feedback at regular intervals throughout the LIC through WBAs and narrative feedback provided on course assignments. All assessment forms used in the MD program include a narrative feedback component for faculty to provide specific comments that help inform student learning. All WBAs are screened centrally to ensure that any student who receives a "does not meet expectations/requirements" or "opportunities for growth," receives specific and actionable feedback to support their learning.

    b. List the courses in the pre-clerkship phase of the curriculum that include narrative descriptions as part of a medical student's final course assessment where the narratives are:
       1. Provided only to students as formative feedback
       2. Used as part of the final grade (summative assessment) in the course

1. Provided only to the students as formative feedback: All Foundations of Medical Sciences (FMS) courses in the pre-clerkship phase of the curriculum (FMS 501, 502, 503, 511, 512, 513) include narrative assessment as part of formative feedback. Formative narrative feedback is provided to students through course-specific assignments (oral and written presentations, reflections), Objective Structured Clinical Examinations, self-assessments, and learning plans. Formative narrative feedback is also provided to students in the Leadership in Medicine and Healthcare (LMH) courses (LMH 501, 502, 502, 511, 512, 513) through peer assessments and course deliverables.

2. Used as part of the final grade (summative assessment) in the course: All FMS courses in the pre-clerkship phase of the curriculum (FMS 501, 502, 503, 511, 512, 513) include narrative assessment as part of the final assessment (summative assessment). Narrative feedback is provided to students through Workplace-Based Assessments (case-based learning, Art and Practice of Medicine, clinical skills (history-taking, physical examinations, written documentation, oral presentation) and journal club discussions) and course-specific assignments (oral and written presentations, reflections). Narrative feedback is also used to inform the final grade in LMH courses (LMH 501, 502, 502, 511, 512, 513) through workplace-based assessments, and course assignments.

    c. Referring to Table 6.0-1, describe the reasons why a narrative description of performance is not provided in a course where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

All courses in the pre-clerkship years contain small group learning (case-based learning, Art and Practice of Medicine, journal clubs). Narrative assessment is provided in all small group learning environments where students remain connected with a facilitator for a minimum of 6 hours of observation. All clinical assessments in Years 3 and 4 use Workplace-Based Assessments which include a narrative feedback element. There are no circumstances where a narrative description of performance is not provided where the teacher-student interaction is sufficient.

Supporting Documentation

1. Copies of any institutional policies or guidelines related to providing narrative descriptions of student performance.

Appendix 9-05-01 Assessment of Medical Student Performance Policy

Appendix 9-05-02 FMS and LMH 501 Assessment Package

9.6 Setting Standards of Achievement

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

Narrative Response

   a. Describe the roles of following in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and clerkships and for the curriculum as a whole (i.e., progression and graduation requirements):
      1. The curriculum committee
      2. Other medical school committees
      3. Academic departments
      4. Course/clerkship leaders

1. The Curriculum Committee: The Curriculum Committee has primary responsibility for the oversight and management of the curriculum, including setting the standards of achievement for courses (including clerkships and sub internships) and the entire curriculum. Grading criteria, passing standards, progression standards, and graduation requirements were established via a collaborative process among members of the faculty, staff, and administration which comprise the Curriculum Committee. The five subcommittees of the Curriculum Committee (Foundations of Medicine Subcommittee, Clinical Experiences Subcommittee, Evaluation Subcommittee, Student Assessment Subcommittee, and Learning Resources Subcommittee) each reviewed the medical education literature and models of setting standards of achievement in order to make recommendations to the Curriculum Committee for review and approval. Through a programmatic assessment and continuous quality improvement approach, the College collects a wide variety of achievement-related data to inform a rigorous, evidence-driven decision-making process. The Standard Based Continuous Quality Leadership (SBCQL) teams for standards 6,7,8,9 also collaborated with subcommittee members to develop minimum standards, standards of excellence, and measurable metrics for the Curriculum Committee to monitor.

2. Other medical school committees: The Student Evaluation, Promotion, and Awards Committee (SEPAC) is a medical school committee that has a role in ensuring the standards of achievement are met in the areas of grading criteria, passing standards, progression standards, and graduation requirements. While the Curriculum Committee sets the standards of achievement, it is SEPAC that is responsible for ensuring the standards for promotion and graduation are applied fairly to each individual student in the program. Standards of achievement are published on the website and disseminated by emails and the curriculum management system (EFlo MD).

3. Academic Departments: The MD Program is housed entirely in the Department of Medical Education and Clinical Sciences (DMECS). The faculty most involved in setting achievement standards pertaining to grading criteria, passing standards, progression standards, and graduation requirements are the Clinical Education Directors and Clinical Education Specialists in DMECS.

4. Course/Clerkship Leaders: Course and Clerkship Directors function to coordinate and integrate curricular content and assessment processes with core pre-clerkship and clerkship faculty members, as well as the Assessment and Curriculum Offices. Course Directors attend SEPAC meetings at the conclusion of each course to participate in the overall assessment process for each student's achievement and determination of having met the established standards. The LIC Director and the Clinical Education Directors monitor student achievement in each LIC course, which also has grading criteria, passing standards, progression standards, and graduation requirements set as described above.

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 a medical student can measure his or her progress in learning.

Supporting Data

Table 9.7-1 | Mid-clerkship Feedback				
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships.				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Family Medicine	N/A*	N/A*	N/A*	N/A*
Internal Medicine	N/A*	N/A*	N/A*	N/A*
Ob-Gyn/Women's Health	N/A*	N/A*	N/A*	N/A*
Pediatrics	N/A*	N/A*	N/A*	N/A*
Psychiatry	N/A*	N/A*	N/A*	N/A*
Surgery	N/A*	N/A*	N/A*	N/A*

*GQ Data will not be available until 2021.

Table 9.7-2 | Mid-clerkship Feedback	
Provide information from clerkship evaluations for the most recently completed academic year on the percentage of respondents who *agreed/strongly agreed* (aggregated) that they received mid-clerkship feedback for each listed clerkship. Specify the data source.	
Family Medicine	N/A*
Internal Medicine	N/A*
Ob-Gyn/Women's Health	N/A*
Pediatrics	N/A*
Psychiatry	N/A*
Surgery	N/A*
Year of Data:	

*All MS3 students engage in a 10-month Longitudinal Integrated Clerkship (LIC) in which they are engaged in all six core disciplines concurrently. Evaluation information is not collected by discipline but is collected over the course of the LIC. The student assessment model for the LIC has students collecting frequent low-stakes assessments (workplace-based assessments) that ensure students are being observed performing clinical skills and are receiving frequent and ongoing feedback. Students are asked about the feedback they receive during the routine course evaluations. Data is provided below:

Longitudinal Integrated Clerkship Feedback		
Information from course evaluations for the most recently completed academic year on the percentage of respondents who *agreed/strongly agreed* (aggregated) that they received feedback for. Specify the data source.		
Question	**Course(s)**	**Percentage of respondents who *agreed/strongly agreed* (aggregated)**
My preceptors provided me with timely and constructive feedback	MED CLIN 521, 522, 523	89.64%
Year of Data: 2019-2020		

Table 9.7-3	Pre-clerkship Formative Feedback			
Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum.				
Course Name	Length of course (in weeks)	Type(s) of formative feedback provided		Timing of formative feedback
FMS 501, 502, 503, 511, 512, 513	12-14	Weekly exams		Weekly
		Course deliverables (reflections, presentations, patient write-ups, self-assessments)		Monthly
		In-person formal feedback sessions with small group facilitators		Mid-course and end-of-course
		Workplace-based assessments (Case-based learning, history taking and physical examinations) **		At least mid-course and end-of-course
		Formative OSCEs		Once per term (not including FMS 501)
		Peer assessments-EBM 502		At least mid-course and end-of-course
LMH 501, 502, 503, 511, 512, 513	12-14	Course deliverables, in-person formal feedback sessions with faculty		At least mid-course and end-of-course
		Peer assessment		At least mid-course and end-of-course

Table 9.7-4a	Formative Feedback – Amount in Pre-clerkship Year(s)								
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the amount of formative feedback in the pre-clerkship year(s). Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1[+]	78[+]	3	4%	7	9%	12	15%	56	72%
M2[+]	55[+]	0	0%	8	15%	6	11%	41	75%
M3[+]	58[+]	0	0%	6	10%	10	17%	42	72%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	3	1%	21	11%	28	15%	139	73%

[+]The ISA team used a 5-point scale that included a "neutral" response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.
*There were no M4 students at the time of the ISA.

Table 9.7-4b | Formative Feedback – Quality in Pre-clerkship Year(s)									
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the quality of formative feedback in the pre-clerkship year(s). Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1[+]	78[+]	4	5%	8	10%	13	17%	53	68%
M2[+]	55[+]	0	0%	23	42%	6	11%	26	47%
M3[+]	58[+]	0	0%	14	24%	14	24%	30	52%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	4	2%	45	25%	33	17%	109	56%

[+]The ISA team used a 5-point scale that included a "neutral" response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 9.7-4c | Formative Feedback – Amount in Third/Fourth Years									
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the amount of formative feedback in the third/fourth years. Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1[+]	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M2[+]	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M3[+]	58	2	3%	11	19%	15	26%	30	51%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	58[+]	2	3%	11	19%	15	26%	30	51%

[+]The ISA team used a 5-point scale that included a "neutral" response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 9.7-4d	Formative Feedback – Quality in Third/Fourth Years								
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the quality of formative feedback in the third/fourth years. Add tables as needed for additional relevant survey questions.									
Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1[+]	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M2[+]	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
M3[+]	58[+]	2	3%	12	21%	17	29%	27	47%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	58[+]	2	3%	12	21%	17	29%	27	47%

[+]The ISA team used a 5-point scale that included a "neutral" response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.
*There were no M4 students at the time of the ISA.

Narrative Response

a. Describe how and by whom the provision of mid-course and mid-clerkship feedback is monitored within individual departments and at the curriculum management level.

Assessment in the MD program is centralized with oversight for the implementation and the performance of the assessment plan lying with the Associate Dean for Accreditation, Assessment and Evaluation (ADAAE), and with the Assessment Subcommittee of the Curriculum Committee. The ADAAE, in conjunction with the Assessment Subcommittee is responsible for setting the assessment schedule to ensure that students receive formative feedback at the appropriate intervals within the course and the program. The assessment schedule is designed to ensure that students receive feedback early and often to support any targeted skills development requirements and ensure opportunities for mid-course correction.

The ADAAE also works with the Course and Component Directors to monitor the timing and quality of feedback delivered to students. Regular performance reports are a standing item at each Assessment Subcommittee and at each Curriculum Committee meeting. The ADAAE works with the Office for Faculty Development to ensure proper faculty development training is in place not only for Course and Component Directors, but also any faculty member providing feedback to students.

End of course/clerkship reports provided by the Evaluation Unit include data about the provision of and quality of both formative and summative feedback. These reports are provided to all subcommittees of the Curriculum Committee, as well as to the Curriculum Office and the Assessment Office. The data are aggregated in year-end summary reports that are reviewed by all subcommittees of the Curriculum Committee.

b. For courses/clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills development related to the course/clerkship objectives.

Students engaged in any patient-care course or clerkship, including courses/clerkships that are shorter than 4 weeks, receive feedback weekly through mandatory Clinical Performance Assessments. Students also receive feedback from the course director through a mandatory mid-course/clerkship check-in. For students engaged in non-patient care courses/electives (research electives ,etc), students are required to collect written feedback from their supervisor at the mid-point in their elective to ensure that students receive feedback about their skills development. The requirements for feedback are outlined in all elective manuals and course guides.

Supporting Documentation

1. Any institutional policy or guideline requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

Appendix 9-07-01 Assessment of Medical Student Performance Policy

*The first full year of Clerkship Evaluations will be available in August 2020.

9.8 Fair and Timely Summative Assessment

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

Supporting Data

Table 9.8-1 | Availability of Final Grades											
For each required clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks. *If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each campus.* Add rows as needed.											
Required clerkship	AY 2017-18				AY 2018-19				AY 2019-20			
	Avg.	Min.	Max.	%	Avg.	Min.	Max.	%	Avg.	Min.	Max.	%
	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*Grades will be available within four weeks for the required clerkship. There is not data yet to report for required clerkships.

Narrative Response

a. List any courses in the pre-clerkship phase of the curriculum where all students did not receive their grades within six weeks during the 2019-20 academic year.

Late submission of grades was noted for one elective course (MED CLIN 598 (summer elective)) in the most recent Academic Year (2019-2020). The delay was the result of a miscommunication between the Course Director and the Assessment Unit.

b. Describe how and by whom the timing of course and clerkship grades is monitored and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

The Associate Dean for Accreditation, Assessment and Evaluation (ADAAE) monitors the timely submission of grades for all pre-clerkship and clerkship courses and electives. If grades are not submitted in a timely manner, the WSU Registrar reports the grade-reporting status to the ADAAE who notifies the appropriate Course Director. Grades in the pre-clerkship curriculum are reviewed by the Student Evaluation, Promotion & Awards Committee (SEPAC) within four business days of the end of the course with final grade submission to the Registrar's Office on the fifth business day. Grades for all year 4th year electives are submitted within 4 weeks of completion of the elective. The ADAAE provides the Student Assessment Subcommittee and the Curriculum Committee with regular updates and reports on the submission process.

c. Provide any data from the ISA or course/clerkship evaluations related to students' opinions about the fairness of summative assessments in courses and clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives).

The following tables present data that has been collected about student perceptions of the fairness of examinations and alignment of exams with stated learning objectives.

ISA Question: Exams as a fair representation of your learning

Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1[+]	78	1	1%	7	9%	16	21%	54	69%
M2[+]	55	0	0%	22	40%	13	24%	20	36%
M3[+]	58	2	3%	10	17%	12	21%	34	59%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	3	2%	39	22%	41	22%	108	55%

Course Evaluation Data: Fairness of Exams

Course /Academic Year	Number of Responses	% of N/A Responses	% of combined Dissatisfied and Very Dissatisfied Responses	% of Neutral Responses	% of combined Satisfied and Very Satisfied Responses
		%	%	%	%
FMS 501 2018-2019	25/60	0%	0%	8%	92%
FMS 502 2018-2019	31/60	0%	48%	16%	35%
FMS 503 2018-2019	25/59	0%	8%	12%	72%
FMS 511 2018-2019	35/60	0%	37%	31%	35%
FMS 512 2018-2019	24/60	0%	4%	17%	79%
FMS 513 2018-2019	35/60	0%	6%	17%	77%

Course Evaluation Data: Exam Alignment with Learning Objectives

Course /Academic Year	Number of Responses	% of N/A Responses	% of combined Dissatisfied and Very Dissatisfied Responses	% of Neutral Responses	% of combined Satisfied and Very Satisfied Responses
		%	%	%	%
FMS 501 2018-2019	25/60	0%	0%	8%	92%
FMS 502 2018-2019	31/59	0%	35%	23%	41%
FMS 503 2018-2019	25/59	0%	28%	20%	52%
FMS 511 2018-2019	35/60	0%	32%	34%	35%
FMS 512 2018-2019	24/60	0%	8%	25%	67%
FMS 513 2018-2019	38/60	0%	3%	11%	85%

Course Evaluation Data: Exam Alignment with Learning Objectives					
Course /Academic Year	Number of Responses	% of N/A Responses	% of combined Dissatisfied and Very Dissatisfied Responses	% of Neutral Responses	% of combined Satisfied and Very Satisfied Responses
		%	%	%	%
FMS 501 2019-2020	77/80	0%	5%	16%	79%
FMS 502 2019-2020	78/79	0%	17%	27%	56%
FMS 503 2019-2020	75/79	0%	21%	35%	44%
FMS 511 2019-2020	57/59	0%	25%	21%	55%
FMS 512 2019-2020	59/59	0%	44%	19%	37%
FMS 513 2019-2020	56/59	0%	48%	14%	38%

Supporting Documentation

1. Policy or guideline that specifies the time frame for the reporting of grades.

Appendix 9-08-01 Timing for Submission of Grades Policy

9.9 Student Advancement and Appeal Process

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

Narrative Response

   a.   Describe how the medical education program enforces and monitors that a single set of core standards for promotion, advancement, and graduation is applied across all instructional sites, including regional campuses. If the medical education program has a parallel curriculum with additional academic requirements, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.

The Student Evaluation, Promotion & Awards Committee (SEPAC) ensures that a single standard for promotion and graduation is applied across all instructional sites, including the regional campuses. SEPAC meets at the end of each course to review grades and approve each students' promotion to the next course. SEPAC also meets at the end of each academic year to review each student's progress across the academic year and to approve promotion to the next academic year if they have met the criteria to move forward in the MD program. The SEPAC includes members from all clinical campuses to ensure that policies are applied consistently across all campuses. The Student Promotion, Dismissal and Graduation Policy outlines a single set of procedures regarding promotion decisions.

The medical education program does not have a parallel curriculum with additional academic requirements.

   b.   Describe how and by which individual(s) or group(s) the following decisions are made:
   1.   The advancement of a medical student to the next academic period
   2.   A medical student's graduation

1. The advancement of a medical student to the next academic period: The Student Evaluation, Promotion & Awards Committee (SEPAC) is responsible for the decisions regarding the advancement of a medical student to the next academic period. The SEPAC meets at the end of each course to review academic performance and approve promotion to the next course, and they meet at the end of each academic year to review each student's overall performance and approve promotion and advancement to the next academic year.

2. A medical student's graduation: The SEPAC will also review all final academic performance at the end of Year 4 to ensure that students have completed all graduation requirements and met the academic competency standards required for graduation.

   c.   Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action taken for academic or professionalism reasons (not including grade appeal), including the groups or individuals involved at each step in the process.

The College has procedures in place to ensure decisions regarding grading and promotions are fair and consistent, and to ensure that any adverse action against a medical student for academic or professionalism reasons is consistent with all policies and procedures. Assessment information used for grading decisions includes examinations, Workplace-Based Assessments and course deliverables. The requirements to pass each course are outlined in the course-specific

assessment package. Observations by faculty members, and others (e.g. staff, standardized patients, etc), of the student's behavior and conduct are monitored for professionalism. Satisfactory professional attitudes and behavior are a course and program requirement. The SEPAC has the authority to review professionalism concerns within courses and across courses and to act based on professionalism concerns. A pattern of documented concerns about a student's professionalism as part of their performance may indicate unsatisfactory overall performance when the entire record is reviewed.

An appeal of adverse ruling must be filled within ten (10) business days of notification of an adverse ruling. A student must file a formal written appeal with SEPAC and the Dean. Before filing an appeal, the aggrieved student must meet with Student Affairs to ensure factual accuracy of the basis for appeal, review the processes and procedures, and prepare any relevant documentation for the SEPAC meeting. Any student wishing to pursue an appeal must describe the rationale for the grievance in detail in writing, specifically including new information not previously considered by SEPAC and/or a proposed alternative resolution of the issue. The original adverse ruling will be held in abeyance while under appeal. However, progression through degree requirements (such as continued course enrollment, research activities, internships, and clinical training activities) may be suspended.

The student may seek advice regarding constructing the appeal portfolio from a faculty member of the student's own choice. Upon review of the student's record and appeal portfolio, the Dean may elect to: deny the appeal, allowing the committee decision to stand; Modify the decision; Make an alternate decision; or Impanel an ad hoc committee to re-examine the primary and secondary appeals and make recommendations. If an ad hoc committee is impaneled, it will be composed of three College faculty members appointed by the Dean who are not on the SEPAC. The ad hoc committee will have full investigative authority and make recommendations directly to the Dean. At the discretion of the Dean, a face-to-face meeting with the appealing student may be required. A faculty member of the student's choosing may accompany the student in face-to-face meetings with the Dean and/or ad hoc committee but may not speak for the student.

Within fifteen (15) business days from receipt of the student's appeal, the Dean will provide a written decision to the student, the Dean for Student Affairs, and the Chair of SEPAC. The Assistant Dean for Student Affairs will meet with the student to inform the student of the Dean's decision. If the student is not available to meet, the decision will be transmitted electronically via the student's WSU email address, with a "READ" receipt. At the next scheduled SEPAC meeting, the Chair will present the decision of the Dean for entry into the minutes. The decision of the Dean is final unless appealed to the Graduate School Dean. An appeal to the Graduate School Dean may only be filed based on process or procedural errors in the SEPAC or appeal processes.

A procedural appeal must be made within five (5) business days of the SEPAC decision or the Dean's decision, respectively (depending on where/when in the process/procedures the error is alleged to have occurred), the student may file a formal written appeal to the Graduate School Dean as provided in the Graduate Student Rights and Responsibilities. It is not in the purview of Graduate School Dean to overturn whether a professional conduct or academic integrity violation as defined by the College occurred; rather, it is to investigate if processes or procedures described in this document were followed or not.

d. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors, describe whether there is a recusal policy in place for directors who may have a conflict of interest, including having previously taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student.

As defined in the Faculty Bylaws, the SEPAC committee is composed of at least five individuals, including the SEPAC Chair, the Associate Dean for Curriculum, faculty representatives from the pre-clerkship years and faculty representatives from the clerkship years (Years 3 and 4). The Associate Dean for Accreditation, Assessment and Evaluation and the Assistant Dean for Student Affairs are standing non-voting members of the committee. Course and Clerkship Directors are invited non-voting guests as relevant to SEPAC sessions.

In cases where a member of the SEPAC committee has a personal, academic, or financial relationship with a student(s), members recuse themselves per the SEPAC Conflict of Interest policy (appendix 9-09-01).

e. Describe how the due process policy and process are made known to medical students.

Student policies, including the due process section embedded within the Student Promotion, Graduation and Dismissal policy, are included in the Student Handbook, and is available online for students and faculty to access. Student promotion policies and the processes for student appeals are also covered during Student Orientation.

Supporting Documentation

1. The policy that specifies the core standards for advancement and graduation and the standards in the case of a parallel curriculum with additional requirements.

The College does not have a parallel curriculum with additional requirements.

2. The policies and procedures for disciplinary action and due process.

Appendix 9-09-02 Student Promotion, Dismissal and Graduation Policy