

The Plan for Student Performance Assessment in Years 1 and 2: Tucson

TEPC Policy and Procedures
(Approved by TEPC 1/16/2013)
Modified and approved 4/03/2013

Relevant Standard:

ED-26. A medical education program must have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes.

Assessments of medical student performance should measure the retention of factual knowledge; the development of the skills, behaviors, and attitudes needed in subsequent medical training and practice; and the ability to use data appropriately for solving problems commonly encountered in medical practice. The system of assessment, including the format and frequency of examinations, should support the goals, objectives, processes, and expected outcomes of the curriculum.

ED-29. The faculty of each discipline should set standards of achievement in that discipline and contribute to the setting of such standards in interdisciplinary and interprofessional learning experiences, as appropriate.

I. Rationale and Philosophy

All general guidelines and standards contained in “The Program-Wide Grading and Progression Policy,” established by the EPC for Years 1 and 2 will be met in this plan. EPC grading policies for Years 1 and 2 can be found at: <http://medicine.arizona.edu/form/grading-and-progression-policies-years-1-4-com>

. This plan supports fulfillment of the accreditation standard ED-26 (see below).

II. Assessing Competencies in Years 1 and 2

- a. Every block must maintain written objectives for the block as well as objectives for every instructional session that support the educational program objectives for the curriculum. All examination items must be linkable to those objectives.
- b. For blocks in Years 1 and 2, the patient care (PC) and the systems based practice and population health (SBP) competencies are not assessed as separate competencies. Both PC and SBP are addressed under the medical knowledge (MK) competency. The rationale for this decision is as follows:
 - i. The PC competency typically addresses student knowledge of the nature of diagnostic tests and the basic and clinical sciences that underlie critical thinking and generating hypotheses for disease symptoms.
 - ii. Similarly, the SBP competency in Years 1 and 2 covers knowledge of health care delivery, public health, etc.
 - iii. In addition, students experience with PC and SBP in blocks during Years 1 and 2 are not derived from direct contact with patients but from classroom activities.

- c. All competencies are assessed in the Societies Program/Doctor and Patient course. This includes assessment of PC as a separate competency, because students are performing history and physical exams with standardized patients and inpatients.

III. Assessment Methods in Blocks:

- a. The MK/PC competencies are assessed primarily through the use of multiple choice exams and quizzes.
- b. The other competencies [Interpersonal and Communication Skills (IPS), Practice-based Learning and Improvement (PLI), Professionalism (PRO)] are assessed through the use of surveys to assess observed behaviors.
 - i. Surveys will be completed by faculty facilitators and student peers for CBI.
 - 1. Faculty facilitators can provide formative feedback to students before the 1st survey.
 - ii. Student peer performance surveys are completed for team-based learning (TL) at the end of block.
 - iii. Blocks may add specific graded activities, but these must also be linked to the program competencies and adhere to grading and progression policies.

IV. Assessment Methods in Societies Program/Doctor and Patient Course

- a. Mentors use rating forms to evaluate students on their bedside performance, oral presentations and written history and physical exams. Students also receive narrative feedback from their Societies mentors on their submitted history and physical exam write-ups.
- b. An OSCE with standardized patients is used for summative assessment at the end of Years 2 and 3. Additionally, Portfolio Reviews are conducted at the end of each semester at which the mentor and student review individual performance.

V. Administration and scheduling of exams

- a. Exams in Years 1 and 2 will be administered through the electronic exam system that has been developed internally for the Tucson track.
- b. Block directors meet with the co-directors of the Societies Program/Doctor and Patient Course before each academic year to schedule exam dates. This removes potential conflicts between block exams and required Societies (e.g., Year 2 OSCE) activities when setting the calendar for each year.
- c. Block directors decide the frequency of examinations for their blocks. However, this frequency is reviewed by the Tucson Curriculum Management Subcommittee (TCMS) and the Tucson Evaluation Subcommittee (TEVS) through annual block directors' reports or as part of the biennial block review process. The Tucson Educational Policy Committee (TEPC) reviews this frequency in the block review report, and determines if the frequency and timing of examinations in each block is appropriate. Where changes are deemed necessary, those changes will be included in the TEPC recommendations back to the block director.

VI. Reporting and recording grades:

- a. The *ArizonaMed Online* gradebook is used to record grades in Years 1 and 2. Reporting guidelines are:
 - i. Individual assignments are associated with the appropriate competency(ies) in the gradebook.

- ii. Individual assignments do not receive a grade of pass/fail etc. Each assignment is instead given a numeric point value in the gradebook.
- iii. Individual assignments are summed and contribute to the composite score for each associated competency.
- iv. The composite scores appear in the gradebook as pass/fail. The exception is the MK/PC competency, which is reported as a numerical score.
- v. The other competencies are calculated as either Pass or Fail as detailed in the EPC Grading and Progression Policy.
- vi. Students do not see individual surveys (nor the scores as stated above). Instead, they can only view comments from peers and faculty facilitators that are posted to their gradebook account.
- vii. Block/course grades will be posted in ArizonaMed within 1 week (7 calendar days) after completion of the block/course.