

# Performance Assessment and Evaluation Policies

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## **EPC Plan for the Assessment of Student Performance**

Guidelines and Procedures

(2/20/13 EPC meeting Passed by electronic poll of members)

**Purpose:** This plan outlines the system of assessment at the University of Arizona College of Medicine. Here, the system of assessment is defined as the grading policies and procedures passed by the Educational Program Committee (EPC), Tucson Educational Program Committee (TEPC) or Phoenix Educational Program Committee (PEPC).

**Relevant Standards:** *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. Philosophy of Assessment at UA COM**

When the medical curriculum was restructured in 2006, assessment of student performance also was changed fundamentally. Four basic principles guided the change in assessment of student performance.

1. Assessment of student performance will be structured as a system that will be coordinated across courses and across years. In other words, assessment will follow a planned continuum from the first day of medical school to the last.
2. Assessment will be anchored to the educational program objectives and competencies. Student performance throughout the 4 years must be linked to achievement in the six competencies. This creates continuity for students from the first day of their education to the last day.
3. Best practices of assessment will be followed including evaluation by multiple observers on multiple occasions. These best practices are important not only for the medical knowledge competency, but also for the other competencies for which achievement is best measured using observational strategies.
4. Where appropriate, assessment will be carried out through self- and peer assessments as well as assessment by faculty. Peer and self-assessment will provide students opportunities to practice critical self-reflection and develop skills for self-regulation.

### **II. General guidelines for system of assessment**

For a given track, each course will follow a basic approach to assessment of student performance that will be common to all courses of a similar type (e.g., Year 1 and 2

blocks/courses, clerkships, electives). Each course may also add course-specific assessment items and strategies. The common guidelines for assessment are:

1. Grading throughout the four-year curriculum is based on successful performance in each of the competencies.
2. Assessment systems may be individualized to account for local resource and program differences. However, assessment methods and grading standards must be identical for required courses and clerkships in Years 3 and 4, and adhere to the EPC Grading Policy. Assessment forms and surveys are designed to measure behaviors and/or benchmarks directly related to the educational program competencies.
3. Some competencies are more appropriately assessed via observational methods and therefore surveys of observed behaviors may be used as performance assessment tools in courses (e.g., CBI facilitator & peer surveys in blocks, faculty assessment surveys of student performance in clerkships).
4. Faculty and students will be trained in the use of assessment surveys.
5. In addition to summative assessment, each block or clerkship will incorporate some method of formative assessment into their curriculum (excluding "Transition to Clerkships," "Intersessions," and elective courses).
6. Narrative feedback will be provided when the structure of the curriculum allows.
7. Assessment systems and their applications will be formally reviewed and, if necessary, revised on a periodic basis by appropriate faculty committees.
8. The assessment systems will include guidelines for setting the frequency of examinations within each block and course.
9. Final exams occur in the last week of each clerkship, as determined by the clerkship director.

### III. **System of assessment for Years 1 and 2 (track-specific)**

1. The Tucson system of assessment can be found at:  
<http://medicine.arizona.edu/form/tucson-assessment-plan>  
<http://medicine.arizona.edu/form/grading-and-progression-policies-years-1-4-com> (section I.F.)
2. The Phoenix system of assessment can be found at:  
<http://epc.medicine.arizona.edu/pcontent/phoenix-competencies-assessment#PhxRemediation>

### IV. **Program-wide system of assessment**

1. Program-wide grading and progression policies can be found at:  
<http://medicine.arizona.edu/form/grading-and-progression-policies-years-1-4-com>

### V. **How grading policies are determined**

1. Grading policies that apply to the College of Medicine (including both Tucson and Phoenix tracks) are approved by the Educational Policy Committee (EPC).
  1. As one College of Medicine, general grading policies must be consistent and fair across tracks. Hence, the general policies for grading are approved by the EPC.
  2. Required clinical rotations in Year 3 are constituted as a single course so grading policies for clerkships in Tucson and Phoenix must be identical at all sites and approved by the EPC.
  3. Electives must follow the Electives Grading Policy established by the EPC.

2. Grading policies that are specific to a track are approved by that track's Education Policy Committee (i.e., Tucson Education Policy Committee, Phoenix Education Policy Committee)
3. Revisions to grading policies may be proposed by governance and oversight subcommittees, (e.g., Tucson Curriculum Management Subcommittee, Tucson Clinical Curriculum Subcommittee, Phoenix Clinical Curriculum Subcommittee), as well as administrators in divisions such as the Office of Medical Student Education. Block directors and students may also propose changes. Any such proposal will be considered by the subcommittee with oversight responsibilities for the course(s) involved, and then submitted to EPC, TEPC or PEPC for approval.

## **Assessment of Student Performance in a Clerkship**

(Passed October 28, 2009)

The Years 3 and 4 curriculum is programwide, meaning that the same clerkship blocks are offered at both the Phoenix and Tucson campuses. Because students may enroll in clerkship experiences at either campus, standards for student performance evaluation in clerkships must also be equivalent at both campuses.

The Assessment Form for Student Performance in a Clerkship is designed as a core assessment form for all clerkships. However, each clerkship may append additional assessment items, if desired.

## **TEPC Procedure for the Regular Review of Years I and II Content**

(Approved by the TEPC – July 18, 2012)

(Revised and approved – December 5, 2012)

**Rationale:** The LCME Accreditation Standard, ED-37, requires that, “A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline...” For this reason, and as medical knowledge is constantly advancing, it is important that regular evaluation of the content covered in the ArizonaMed curriculum be conducted.

### **Processes:** TCMS Content Surveys

The Tucson Curriculum Management Subcommittee (TCMS) shall conduct regular reviews of content within blocks and across Years I and II, following these guidelines.

1. At a minimum of every 3 years, the TCMS and the Office of Medical Student Education (OMSE) will compare all content offered in Years 1 and 2 against a nationally-recognized summary of medical school content (e.g., USMLE Step 1 Subjects Outline, or derivative of that outline).
2. Using the findings of the audit, the TCMS will produce a list of topics worthy of more thorough investigation for issues of coverage, integration and increasing sophistication of student learning across Years I and II.
3. Using topics from the list and at a minimum of one topic per year, the TCMS, supported by OMSE, will conduct a detailed analysis of how that content may be better distributed within and among

blocks (for example, the comprehensive review of immunology content conducted by TCMS in 2011).

4. The TCMS will produce and deliver to TEPC a report of the review findings for each topic addressed and the plan to improve its coverage.
5. In its annual report to the TEPC, the TCMS will provide progress reports on the implementation of all plans adopted.

### T3 Directors Content Surveys

At a minimum of every 4 years, the T3 directors shall engage in reviews of T3 content following these guidelines:

1. OMSE will produce an audit of all T3 content across Years 1 and 2. Using the results of that audit, the T3 directors will identify topics of particular concern and convey them to the TCMS, identified by greatest importance.
2. The T3 directors and the TCMS, with support by OMSE, will conduct a detailed analysis of how one or more of the high-priority topics may be better integrated across Years 1 and 2.
3. The TCMS will produce and deliver to TEPC a report of the review findings and the plan to improve coverage.
4. In its annual report to the TEPC, the TCMS will provide progress reports on the implementation of all T3 plans adopted.

## Program Evaluation Plan for Years 1 and 2

(Approved by the TEPC, April 7, 2010)  
(REVISED December 5, 2012 and June 5, 2013)

### Relevant Accreditation Standard

ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.

**Rationale:** To meet the requirement of the Educational Policy Committee that each track of the ArizonaMed curriculum implement an annual evaluation process, the Tucson Educational Policy Committee (TEPC) establishes the following standards and guidelines for the annual evaluation of blocks. The policies and procedures below direct pilot evaluation processes and establish reporting expectations for subcommittees and other entities that may contribute to the reports. TEPC expects to modify these policies and procedures as needed, based on its experience with pilot reports.

### Overview of Program Evaluation Plan

The program evaluation plan for Years 1 and 2 consists of three levels of reports. The definitions are as follows.

1. Annual Report – A brief report that gives an overview of each block or course every year. Submitted by each block/course director to the Tucson Curriculum Management Subcommittee (TCMS).

2. Level 1 Report – A biennial review of each individual block or course. Composed by faculty other than the block/course director and submitted to the Tucson Educational Policy Committee (TEPC).
3. Level 2 Report on Years 1 and 2 – A triennial review of the segment of the curriculum composed of Years 1 and 2. Composed by the Tucson Evaluation Subcommittee (TEVS) and submitted to TEPC.

#### Years 1 and 2 Program Evaluation Policies and Procedures

##### A. Annual Reports

1. The Office of Medical Student Education (OMSE) shall provide each block/course director with the relevant Annual Report Form and accompanying evaluation data each academic year.
2. The director shall fill out the form, comment on the data and then submit the report to TCMS by the stated deadline.
3. The director will present a brief overview of their report at the next available TCMS meeting.

##### B. Level 1 Reports

Every required block or course in the Tucson Track of Years 1 and 2 of the curriculum will be evaluated. These evaluations will:

- a. be conducted by faculty and experts with knowledge of the goals and implementation of Years I & II.
- b. inform the TEPC regarding the quality of daily instruction and the adherence of daily delivery to curricular design and plan.
- c. inform the TEPC regarding overall block content and the expression of that content across the block
- d. inform the TEPC regarding student performance outcomes
- e. inform the TEPC of any new issues affecting oversight since the previous evaluations.
- f. inform the TEPC on progress related to directives for change arising from the previous evaluations.
- g. be completed and delivered to the TEPC no later than four weeks following the closure of feedback surveys for the block.

##### C. Level 1 Reporting Guidelines

Level 1 Reviews of blocks and courses will address the following issues:

- a. overall quality
- b. perceived strengths
- c. perceived weaknesses
- d. compliance with curricular policies (scheduling templates, instructional templates) and analysis of content

##### D. Process for Level 1 Reviews

1. Evaluation data or reports of data will be generated by the Office of Instructional Technology and the Office of Medical Student Education for the specific block or course under review.
2. For Level 1 review of courses other than blocks, all evaluation data are delivered to TEVS and course director. TEVS is responsible for the review of courses and delivers those

reports directly to TEPC. Because of its multi-year format, Societies is reviewed on a triennial basis. The TEVS will compile submit the Societies Review Report to the TEPC.

3. For Level 1 Block Reviews all evaluation data and reports of data are delivered to the TCMS, TEVS and director of the block under review.
4. Additional processes of Level 1 Block Reviews
  - a) The TCMS, as the group directly involved with the design and delivery of blocks and courses, will also include a specific review of content provided in the block. Possible issues related to content to be addressed are:
    - i. evaluating whether the content was up-to-date
    - ii. how well and in what ways the content of the block was integrated, including core and thread topics
    - iii. the relationship of block content to that in other blocks
    - iv. the quality of teaching methods and average instructional quality
    - v. student achievement of goals of the block
  - b) The TEVS will include in its report comments and recommendations on:
    - i. the integration of content within the block, including disciplines.
    - ii. the design and effectiveness of small-group teaching modalities to integrate content, provide exploration of new content, promote problem-solving, encourage independent learning.
    - iii. the design and quality of methods for assessment of student performance.
    - iv. specific evaluation of exams and their appropriateness for measuring higher-order thinking and understanding of links between multiple disciplines.
  - c) TEPC will compile a Biennial Block Evaluation Report for each block based on the findings and recommendations from two TEPC subcommittees, the Tucson Curriculum Management Subcommittee (TCMS) and the Tucson Evaluation Subcommittee (TEVS). The rationale for this two-subcommittee approach is that the TCMS provides the internal viewpoint of instructional faculty, while the TEVS provides an external viewpoint for the same block.
  - d) The approved Level 1 Block Report with recommendations will be delivered to the respective block director by the TEPC Chair, or the Chair's designee.
    - i. Along with the final report, the block director will receive a letter of instructions with respect to TEPC's expectations for implementation, or reporting timetable on a response to the recommendations.
    - ii. The letter will also include an invitation to attend a future meeting of the TEPC where, as desired, the final report may be discussed, and at which time the block director may make known to the committee any other issues affecting block performance.

#### E. Level 2 Report on Years 1 and 2

An evaluation of the Years 1 and 2 curriculum as a segment of the curriculum is conducted by the Tucson Evaluation Subcommittee (TEVS). This report is produced on a triennial schedule and is a synthesis of the program evaluation data produced in the preceding years.

The Level 2 Report on Years 1 and 2 is submitted to the TEPC for review, and includes recommendations for change as required.