I. POLICY

Each student will receive narrative assessments during the curriculum that when aggregated provide feedback on their knowledge, skills, attitudes and behaviors.

II. PURPOSE

The LCME requires that narrative feedback on a medical student’s performance, 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.

III. SCOPE

This policy applies to all NYULISOM medical students and faculty.

IV. DEFINITIONS

Narrative assessment is to be defined “written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism, clinical reasoning.” (Glossary of Terms for LCME Accreditation Standards and Elements, LCME Functions and Structure of a Medical School, effective March, 2020)

V. POLICY AUTHOR(S)

- Director of Assessment

VI. RELATED POLICIES

- Assessment, Advancement and Graduation Policy
- Formative Assessment Policy
- Professionalism Policy

VII. PROCEDURE(S):

1. During the pre-clerkship curriculum students will receive narrative assessment of their:
a. application of foundational knowledge in problem-based learning small group lessons, designated laboratory small group sessions and seminars
b. clinical skills including critical reasoning skills
c. team work skills, interpersonal communication and professionalism
d. use of evidence, fluency of written communication and critical thinking

2. During each core clerkship students will receive narrative assessment of overall performance, considering competency in patient care, medical knowledge, professionalism, interpersonal and communication skills, systems-based learning, interprofessional collaboration, personal and professional development, and practice-based learning and improvement.

3. The curriculum subcommittees determine that narrative assessments are distributed throughout courses and clerkships, determining when teacher-student interaction permits particular learning outcomes to be observed and adequately assessed by narratives.

The effectiveness of the policy is judged through student end of course/clerkship and end of year surveys asking about adequacy of feedback and will be analyzed by the Program Evaluation.

The assistant and associate deans for medical education are responsible for adherence to this policy. The Office of Medical Education is responsible for ensuring the narrative assessments are visible to students.

VIII. REFERENCES

- LCME Standard 9 specifies that “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 Functions and Structure of a Medical School, effective March 2020)

- LCME Element 9.5 specifies that “A medical school ensures that a narrative description of a medical student’s performance, including 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.” (LCME Functions and Structure of a Medical School, effective March 2020)

IX. TYPE OF POLICY

Academic (Education and Curriculum)

X. APPROVALS

EPEC

XI. POLICY MANAGEMENT

Responsible Executive: Dean of the School of Medicine
Responsible Officer: Associate Dean for Medical Education
Responsible Office: Office of Medical Education