	Teaching, Supervision, Assessment, and Student and Patient Safety	**POLICY: 09-00, includes:** Policy No.: 09-01 Policy No.: 09-02 Policy No.: 09-03 Policy No.: 09-05 Policy No.: 09-07 Policy No.: 09-08
		Effective Date: April 10 2019; July 1, 2019; and June 2020 (see 9.1 below)

1.0 Policy Purpose

The purpose of this policy is to govern patient and student safety and ensure the preparedness of those who teach, supervise, and assess students of the Warren Alpert Medical School of Brown University (AMS). This policy contains policies and guidelines related to the following:

- Preparation of Resident and Non-Faculty Instructors (Element 1)
- Faculty Appointments (Element 2)
- Clinical Supervision of Medical Students (Element 3)
- Narrative Assessment (Element 5)
- Formative Assessment and Feedback (Element 7)
- Fair and Timely Summative Assessment (Element 8)

Such policies are in place to ensure compliance with Liaison Committee on Medical Education (LCME) requirements for re-accreditation and correspond to elements of Standard 9 (Teaching, Supervision, Assessment, and Student and Patient Safety).

2.0 To Whom the Policy Applies

All AMS community members.

3.0 Policy Statement

3.1 Preparation of Resident and Non-Faculty Instructors (Policy No. 09-01)

All residents, graduate students and other non-physicians who teach medical students in required courses or clerkships must have an orientation to their teaching role. This orientation must include basic information on teaching strategies, feedback and assessment. This orientation must be monitored either centrally or through the Department in which the teacher resides.

3.2 Faculty Appointments (Policy No. 09-02)

The Warren Alpert Medical School of Brown University requires all faculty members who supervise and assess medical students to have a faculty appointment. To ensure compliance with this policy, the Assistant Director for the Office of Medical Education (OME) requests a list of teaching faculty annually within the curriculum. This list is checked against the master list of appointments at AMS. If, in the rare case, a teaching physician does not have a faculty appointment,

a request is immediately made for the necessary documents to process a faculty appointment, if appropriate. Any physician who does not meet the requirements for a faculty appointment is not permitted to supervise or assess medical students.

3.3   **Clinical Supervision of Medical Students (Policy No. 09-03)**

The OME, in conjunction with the Clerkship Directors (CDs), will ensure the level of responsibility delegated to a medical student is appropriate to, and not above, the student's level of training and experience. To monitor this, students will answer a question on each course evaluation assessing compliance with this policy. In addition, mid-clerkship feedback, which is completed by each student at the midpoint of each rotation, asks students to verify that they are engaging in activities appropriate to, and not above, their level of training and expertise without appropriate supervision. This is centrally monitored and followed-up on by the OME. During all times when medical students are rotating on clerkships or elective rotations, there must be attending and/or resident supervision present in hospital, outpatient or other clinical settings.

CDs must ensure that non-physician health professionals who teach or supervise medical students are acting within their scope of practice. CDs will evaluate this through a variety of mechanisms, including orientation of these non-physician health professionals to clerkship objectives, teaching strategies and assessment of students. In addition, CDs will meet with non-physician health professionals once each academic year to ensure these health professionals are working within their scope of practice while teaching within the clerkships.

3.4   **Narrative Assessment (Policy No. 09-05)**

The Subcommittee on Years 1 and 2 and the Subcommittee on Years 3 and 4 is charged with adhering to the relevant policies below, and the Medical Curriculum Committee (MCC) is charged with centrally monitoring adherence to the following policy.

Pre-Clerkship Integrated Medical Science (IMS) Courses: The Subcommittee on Years 1 and 2 identifies courses in the pre-clerkship IMS curriculum that meet the criteria for having an adequate amount of student-faculty interaction to enable an appropriate narrative assessment of student knowledge and skills and makes recommendations to the MCC. The MCC reviews the recommendation and has final authority on which courses meet the criteria for the use of narrative assessment. After MCC approval, the AMS-CQI Committee discusses the use of SPE in the course with the course leader(s).

IMS courses meet the criteria for narrative assessment if there are five (5) or more small groups with the same small group faculty member between the start and end date of the course and a faculty:student ratio of no more than 1:10. These courses are required to use an end-of-course SPE. SPEs in the IMS curriculum are completed by small group faculty and include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

Pre-Clerkship Doctoring Courses: All Doctoring courses utilize SPEs with narrative assessment components at the mid-point of the course and at the end of the course, with the exception of Doctoring IV (end-of-course SPE only). Doctoring SPEs include ratings on the Abilities mapped to the respective course, and narrative assessments of the student's overall strengths and opportunities for improvement.

Clinical Skills Clerkship (CSC): The CSC utilizes SPEs with narrative assessment components at the end of the course. The SPE includes ratings on the Abilities mapped to the course, and narrative assessments of the student's overall strengths and opportunities for improvement.

Clerkships and Courses in the Clinical Years: All Year 3 required clerkships, sub-internships, and clinical electives are required to use SPEs with narrative assessments at the end of the course/clerkship. Clinical SPEs include ratings on all Abilities, and narrative assessments of the student's overall strengths and opportunities for improvement.

3.5   **Formative Assessment and Feedback (Policy No. 09-07)**

Pre-clerkship courses that include five (5) or more small group sessions (with sufficient faculty-student contact) include one session in which students receive mid-course feedback (either via OASIS or verbally as a small group). This is monitored on an ongoing basis by using OASIS in Years 1 through 3. All clerkships provide mid-clerkship feedback using a paper form. For Years 1 and 2 courses, any course with a verbal mid-course feedback component has an item on the course evaluation asking students if they received mid-course feedback. Reports are provided by course to the Subcommittee on Years 1 and 2, Subcommittee on Years 3 and 4, AMS-CQI, and the MCC.

3.6   **Fair and Timely Summative Assessment (Policy No. 09-08)**

Grade Submission Policy. For all pre-clerkship courses, grades must be submitted within 30 days of course completion. For all clerkships, grades must be submitted within 32 days of the last day of the rotation.

4.0   Definitions

For the purpose of this policy, the terms below have the following definitions**:**

4.1   **AMS:**   The Warren Alpert Medical School of Brown University

4.2   **AMS-CQI**:   Alpert Medical School and Continuous Quality Improvement committee is responsible for ensuring ongoing compliance with LCME Standards and for continuous quality improvement of the medical school overall.

4.3   **COLE:**   Committee on the Learning Environment affirms the medical school's commitment to shaping a culture of teaching and learning that is rooted in respect for all.

4.4   **IMS:**   Integrated Medical Science (pre-clerkship curriculum, which includes the Doctoring program).

4.5   **MCASP:**   Medical Committee on Academic Standing and Professionalism

4.6   **MCC:**   The Medical Curriculum Committee oversees the review of curricular content and integration, and evaluation of the medical education program to ensure continuous oversight of such program. (Formerly "MDCC.")

4.7   **OASIS:**   Registration and evaluation system designed specifically for medical student information into which student evaluations and grades are submitted electronically. It is also used for student, resident, and faculty attestations.

4.8   **OSCE:**   Objective Structured Clinical Examination

4.9   **OME:**   Office of Medical Education

4.10 **USMLE:**   United States Medical Licensing Examination is a three-step examination for medical licensure in the United States.

5.0 Responsibilities

All individuals to whom this policy applies are responsible for becoming familiar with and following this policy. University supervisors are responsible for promoting the understanding of this policy and for taking appropriate steps to help ensure compliance with it.

Responsibilities include the department/office of the subcommittee responsible for the Standard; for Standard 9 this is primarily OME.

6.0 Consequences for Violating this Policy

Failure to comply with this and related policies is subject to disciplinary action, up to and including suspension without pay, or termination of employment or association with the University, in accordance with applicable (e.g., staff, faculty, student) disciplinary procedures.

Brown's Ethics and Compliance Reporting System allows anonymous and confidential reporting on matters of concern, including privacy issues, through the EthicsPoint platform.

Failure to comply with this policy will be referred to either the COLE executive committee or MCC.

7.0 Related Information

The following information complements and supplements this document. The information is intended to help explain this policy and is not an all-inclusive list of policies, procedures, laws and requirements.

7.1 Related Forms:
- Data Collection Instrument for Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety, as submitted to the LCME in July 2020.

7.2 Other Related information:
- **LCME Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety.** The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences.

  - Standard 9, Element 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.

  - Standard 9, Element 2: Faculty Appointments. A medical school ensures that supervision of medical student learning experiences are provided throughout required clerkships by members of the school's faculty.

  - Standard 9, Element 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.

- ○ <u>Standard 9, Element 5: Narrative Assessment</u>. 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.

- ○ <u>Standard 9, Element 7: Formative Assessment and Feedback</u>. 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.

- ○ <u>Standard 9, Element 8: Fair and Timely Summative Assessment</u>. 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.

- • Brown University Academic Code, found <u>here</u>.

8.0 Policy Owner and Contact(s)

8.1 **Policy Owners:** Subcommittee Standard Office related to this policy: OME

8.2 **Policy Approved by:** MCC

8.3 **Subject Matter Contact:** Same as 8.1.

9.0 Policy History

9.1 **Policy Effective Date:** April 10, 2019 (Policy No. 09-05); July 1, 2019 (for Policy Nos. 09-01, 09-02, 09-03, 09-07, 09-09.01, 09-09.02); August 2022 (Policy No. 09-08).

9.2 **Policy Last Reviewed:** February and March 2020 (all other policies), August 2022 (Policy No. 09-08) by MCC. In June 2021, all policies herein were reviewed and revised against the Student Handbook and any inconsistencies were corrected. The policies in the Student Handbook were removed in full and instead will be linked to this policy as appropriate.

9.3 **Policy Update/Review Summary:**
- • Policy No. 09-05: added ratio of faculty to student in small groups.
- • Policy No. 09-07: removed MyProgress and replaced with OASIS.
- • Policy No. 09-09.01: updated course leaders, etc. table for current AY (July 2023). (This is done annually since the Student Handbook is updated and then approved by MCC annually.) Updated length of course/clerkship for Years 3 and 4 (December 2021).
- • Policy No. 09-09.02: updated core requirements and course leaders for Years 1 and 2, Years 3 and 4 timing shifts; quarters changed to semesters; IPC paragraph updated;

removed Step 2 CS and Year 4 Climate Survey as graduation requirements. Referenced Policy No. 03-05.02, subsection 3.3.2.2., headings 'Reporting Violations' and 'The Academic Code' and removed these sections (to only update in one place).

- Policy No. 09-05: policy revised, added ratio component (August 2021).
- Policy No. 09-07: added 'verbal' to policy (August 2021).
- Policy No. 09-08: clerkship submission date changed to 32 days (August 2022).
- Removed Policy Nos. 09-09.01 and 09-09.02 to comply with University policy regarding policy language.

Formatted to comply with new University Policy template. Policies were approved, with changes, by MCC on February 26, 2020 (specifically for Policy Nos. 09-01, 09-02, 09-05, 09-07, and 09-09); March 18, 2020 (Policy No. 09-03); and June 17, 2020 (Policy No. 09-08).

Key Words: faculty, supervision, feedback, assessment, advancement