

TITLE:

Comparability of Clinical Education and Assessment Policy

SUMMARY AND PURPOSE:

The purpose of this policy is to ensure students have comparable educational experiences and equivalent methods of assessment across all locations within a given clerkship to ensure that all medical students achieve the same medical education program objectives.

APPROVED BY: Curriculum Committee

APPROVAL DATE: March 28, 2022

EFFECTIVE DATE: May 30, 2022

APPLIES TO: All students, faculty, administration, and staff at Chicago Medical School

RESPONSIBLE PARTY: Office of Medical Education

RESPONSIBLE PARTY CONTACT: Assistant Dean for Curriculum and Instruction

LAST REVIEWED: March 28, 2022

SUPERSEDES: N/A

POLICY STATEMENTS:

All medical students achieve the same medical education program objectives for each required clerkship, ensured through educational experiences that are comparable at all clinical sites for any given required clerkship and assessment methods that are equivalent at all clinical sites for any given required clerkship.

The Curriculum Committee is responsible for appraising the core analogous components of the curriculum including the mechanisms and related procedures which ensure comparable educational experiences and equivalent methods of assessment for all students.

The CMS Office of Medical Education is responsible for maintaining a central monitoring system of clinical education and assessment.

Education Directors are responsible for identifying and remediating any potential inconsistencies with comparability educational experiences and/or equivalent assessment methods.

DEFINITIONS:

Comparable educational experiences: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur.

Equivalent methods of assessment: The use of methods of medical student assessment that are as close to identical as

possible across all educational sites at which core curricular activities take place.

Learning objectives: A statement of the specific, observable, and measurable expected outcomes of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives.

Central monitoring: Tracking by institutional level offices and/or committees of desired and expected learning outcomes by students and their completion of required learning experiences.

PROCEDURES, FORMS, AND RESOURCES:

- 1) CMS uses ongoing assessment and quality improvement mechanisms to ensure comparable educational programming and outcomes across all clinical education sites.
- 2) The Curriculum Committee and Education Directors, through existing established responsibilities, ensure comparability of education and assessment across all clinical sites for any given required clerkship. Established core components of the Phase II curriculum include the following comparable educational opportunities:
 - a) Learning objectives: The clerkship-specific objectives are the same at all sites and are made known to all medical students and those faculty members, residents, and others with teaching and assessment responsibilities in those required experiences.
 - b) Required clinical experiences: Clerkship-specific required encounters, including patient type and clinical condition, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility, are the same at all sites.
 - c) Assessment instruments and criteria for evaluation: The instruments and criteria used for student evaluation is the same at all sites. The policy for determining final grades is the same at all sites.
 - d) Instruction at each site: All faculty members have a clear understanding of the core competencies, the clerkship-specific learning objectives, and the clerkship-specific evaluation methods both formative and summative assessment.
- 3) The CMS Office of Medical Education, Education Directors, and Curriculum Committee shall monitor components of comparability of education and assessment via the CMS Clinical Site Comparability Central Monitoring System, with responsibility of oversight assigned to the CMS Office of Medical Education.
- 4) Annually, the Director of Curriculum Management provides Education Directors with summaries, by clinical site, of comparison assessment data relative to the clerkship. Comparison data and evaluation mechanisms include, but are not limited to, the following:
 - a) NBME subject exam and summative exam data
 - b) Clinical evaluation data

- c) End-of-rotation student satisfaction data
 - d) Final grade data
- 5) Quarterly, the Manager of Medical Education provides Education Directors with additional comparison data. Data include, but are not limited to, compliance with clerkship-specific educational activities and assessments.
- 6) The established annual clerkship review process conducted by the Year 3/Year 4 Subcommittee includes monitoring the quality of the Phase II curricula by providing the Curriculum Committee an appraisal of the following:
- a) clerkship objectives
 - b) educational activities and assessments
 - c) clerkship strengths and areas for improvement
 - d) outcome data related to comparability across instructional sites
- 7) Education Directors, in their existing duties, are responsible for the identification and remediation of inconsistencies as needed.
- 8) Clinical training sites that are not able to meet the established core components of clerkship-specific curricula or are otherwise unable to provide a high quality clinical teaching and learning environment will not be utilized

HISTORY (IF APPLICABLE):

- March 28, 2022 – Policy was updated to include revised offices and titles.
- January 27, 2020 – Policy was created to align with in-place practices.