POLICIES AND PROCEDURES MANUAL FOR CLINICAL CLERKS IN PHASE IV[1]

August, 2001

Phase IV Committee

Dr. J. Fraser, Chair, Phase IV Committee and Program Director, Department of Paediatrics

Dr. L. Albrecht, Program Director, Department of Dermatology
Mr. M. Broudo, Division of Educational Support and Development
Dr. R. Cheifetz, Program Director, Department of Surgery
Dr. G. Page, Director, Division of Educational Support and Development
Dr. J. Dunne, Program Director, Department of Medicine
Dr. J. Fleming, Program Director, Department of Psychiatry
Dr. A. Kamani, Program Director, Department of Anaesthesia
Ms. Deborah Lapointe, Program Assistant, Dean's Office
Dr. J. McEwen, Program Director, Department of Emergency Medicine
Dr. T. Perry, Department of Pharmacology and Therapeutics
Dr. B. Regan, Program Director, Department of Orthopaedics
Ms. Donna Rota, Dean's Office
Dr. L. Sadownik, Program Director, Department of Obstetrics/Gynaecology
Dr. R. Schertzer, Program Director, Department of Opthalmology
Dr. W. Schreiber, Associate Dean, Undergraduate Education
Dr. Ian Scott, Program Director, Family Practice
Dr. A. Towle, Director, Undergraduate Medical Education Program

[1] This *Policy and Procedures Manual* is intended to provide faculty and clerks with the guidelines used for developing each department's evaluation plan for assessing clerks in Phase IV of the medical curriculum. Please note that each department is responsible for providing clerks with an overview describing the description of the course, learning objectives, faculty contact information, and course specific evaluation procedures.

TABLE OF CONTENTS

	Page
I. Supervision of Clinical Clerks General Guidelines Scheduling Policies Policies relating to insurance for clerks Miscellaneous	2
II. Assessment of Clerks in Phase IV Clerkships Preamble Types of Assessments Principles guiding the design and implementation of the assessment system Grading System Grades for the Orientation to Phase IV Clerkship Grades Weighting of Component Grades Written Assessments OSCE Assessment	4
III. Clinical Supervisor Grading Daily formative assessments Mid-rotation self- and supervisor assessments End-of-Clerkship Summative Assessments and Grading Forward Feeding Follow-up Activities Criteria for Assessing the Performance of Clerks in Clinical Settings	8
IV. Promotion Criteria and Remedial and Supplemental Programs Orientation to Phase IV Student Promotions Committee, Years 3 & 4 Advancement Criteria	12
V. a. Procedures for Managing Clerks Experiencing Difficulties b. Clerks Experiencing Professional Behaviour Difficulties	13
VI. Attendance Policy for the MD Undergraduate Program	15
VII. Process for Clerks Missing Examinations	17
VIII. Process for Clerks Requesting a Leave of Absence	17
IX. Responsibility of the Dean's Office Relating to Deferred Examinations and Follow-up for Leave of Absence	17
X. Appeals Policy	17

I. SUPERVISION OF CLINICAL CLERKS

Guidelines

1. Histories and physical examinations performed by clerks must be completed, reviewed and signed by the attending physician or resident responsible for the care of the patient, within twenty-four hours of admission.

2. Orders written by clerks under appropriate supervision are recognized by the hospital as equivalent to orders written by other members of the resident and medical staff. APPROPRIATE SUPERVISION IS DEFINED AS PREVIOUS DISCUSSION OF SUCH ORDERS WITH A RESIDENT OR ATTENDING STAFF PHYSICIAN. For all orders, Clinical Clerks must indicate “CLERK” after their name.

   In the case of invasive diagnostic procedures or investigations, or therapeutic drug orders, including orders for intravenous fluids (this includes blood and blood products), the clerk shall, except in an emergency, write the name of the resident or attending physician with whom the orders have been discussed after his/her own signature. The responsible resident or attending staff physician should preferably countersign orders before they are carried out. If this is not practicable the order may be carried out and then countersigned at the earliest opportunity.

   NOTE: "IN AN EMERGENCY, NARCOTICS AND CONTROLLED DRUGS ARE TO BE TREATED IN EXACTLY THE SAME WAY AS ANY OTHER THERAPEUTIC AGENT ORDERED BY CLERKS."

   All orders written and signed in the Emergency Department require prior discussion with an **on site** resident or attending staff physician before the orders are carried out. Clinical clerks in other departments may write and sign the following without requiring prior discussion:

   Investigations

   a. Non contrast x-rays (but excluding CT scans, tomograms, portable examinations, ultrasound examinations and radionuclide scans.

   b. Electrocardiograms, echocardiograms.

   c. Blood and urine tests, excluding bone marrow aspiration.

   d. Microbiology cultures.

3. Clerks may perform procedures under appropriate supervision. The words "under appropriate supervision" mean that the supervising medical and resident staff shall ensure that the clerk has been sufficiently trained to carry out the elements of patient care and that he/she is capable performing the procedure he/she is permitted to undertake. In addition, it is the responsibility of the clerk to ensure that he/she is competent to undertake the elements of patient care.

4. The clerk may not discharge a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department, without appropriate review by a qualified physician.

5. Clerks cannot sign birth and death certificates, although they may carry out the clinical task of certifying death. Prescriptions to be filled outside the hospital cannot be signed by clerks.

6. Physicians and students are advised to exercise care and caution during introductions to hospital staff and patients, so that the role of the clerk cannot be misinterpreted.

7. Each department, service or hospital to which a clerk is attached must identify by name, the person responsible for the educational experience of the clerk while he/she is attached to the department, service or hospital.

Temporary registration is provided for the clerk under Section 38 (d) of the Provincial Medical Act.

Scheduling Policies

1. On-Call

a) The clerk will not at any time be designated as first "on-call" either through printed schedules or by carrying the "first call" beeper. It has been unanimously agreed that all scheduling policies will be developed towards achieving the educational goals of the clerk Program and will never be developed primarily to fulfil a "service" requirement of the institution. This does not imply that the clerk cannot be delegated the responsibility of first contact with a patient, by the resident or the attending physician first on-call.

b) Night call will not exceed one in three. This frequency should be distributed as evenly as possible through the rotation.

c) The clerk is exempted from night call for three nights prior to the LMCC Examinations and the last rotation should end on the Friday prior to the LMCC Examinations.

d) There will be no call for the clerk after 1700 hours on the last day of a rotation.

e) There will be no call for the clerk after 2100 hours the night prior to a scheduled examination. The clerk should consult the program director if s/he feels s/he needs to be off earlier. (Motion passed November 17, 1994)

f) The clerk is not expected to cover additional night call for another clerk who may be absent for reasons of illness, holidays or other related reasons.

g) The clerk is exempted from night call on the evening of the Medical Alumni Ball. (Motion passed April 21, 1988)

h) The clerk is exempted from night call on the evening of "Skits Night" as well as the “Spring Gala”. (Motion passed April 21, 1988)

i) Students shall be permitted time off to attend CaRMS interviews.

j) The clerk is excused from his/her duties on the CaRMS Match Day.

2. *Holidays*

a) A clerk is allocated two weeks of holiday during the academic year that will include a week over the Christmas/New Year holidays. The remaining week will come from the period before the commencement of, or after the termination of, Phase 4. Holidays cannot be taken during any Phase 4 clinical rotation.

b) Statutory holidays, except for scheduled holidays as noted above, are not considered holidays for the clerk. The U.B.C. mid-term break does not apply to clerks.

Policies relating to insurance for clerks

1. Malpractice insurance through UBC will cover the clerk (UBC) undertaking an elective in the UBC-affiliated hospitals, as well as in other locations approved by the UBC Faculty of Medicine.

2. Health insurance for students undertaking electives outside British Columbia, particularly in the United States, should be arranged before the clerk leaves British Columbia. It is the students' responsibility to ensure that they have adequate health insurance coverage.

3. Hospital insurance The clerk will be covered by the hospital's insurance policy while the clerk is on site. This applies to all aspects of the coverage except long term disability. This policy applies to the major UBC-affiliated teaching hospitals. The policy of other institutions in which a clerk may be located is presently under review.

Miscellaneous

1. Uniforms are provided by the hospital and are required to be returned prior to the year-end. It is imperative that they be returned so that the upcoming third year/Phase IV students can be provided with jackets. Should they not be returned for any reason, Laundry must be paid for their loss. Beginning in the l993/94 academic year, a $20.00 deposit must be paid at the beginning of the year and a receipt will be issued. When jackets are returned at year's end, the deposit will be refunded. If the jackets are not returned, the $20.00 deposit will be forfeited.

2. Clerks starting third year are responsible for owning their own pager. Clerks are responsible for providing the pager number to the Dean's Office, VGH. The Dean's Office will circulate the pager number to all clinical departments. Clerks must inform the Dean's Office, VGH immediately of any pager number changes.

II. ASSESSMENTS OF CLERKS IN PHASE IV CLERKSHIPS

Preamble

While the policies and procedures enumerated below are the ideal standards that each clerkship should endeavor to meet, due to existing resource limitations (e.g., the availability of *clinical teaching units*, human resources, patient populations), it may be difficult or impossible for all clerkships to achieve the letter of all standards. However, all clinical departments have agreed to attempt to attain these policies and procedures to the best of their abilities.

Types of Assessments

Central tenets of the assessment process in clerkships are that ongoing and detailed dialogue with clerks on their progress is an integral part of the learning process, and that early detection of clerk problems will enable more effective help to be provided. Both formative and summative assessments will be provided to each clerk. The following lists the types of assessments that may be included in each category.

Formative (To provide clerks with information about their skills and achievements and how to improve them, and to enable clerks to practice self- assessment skills):

- Clerks' mid-rotation self-assessment
- Preceptors' feedback
- Clinical supervisor feedback
- Practice exams

Summative (To record formal judgements about clerks' progress):

- End-of-clerkship evaluation

- End-of-clerkship written examination(s)
- End-of-clerkship oral examination(s)
- Comprehensive Objective Structured Clinical Examination (OSCE) (scheduled either in Phase 4 or 5)

Principles Guiding the Design and Implementation of the Assessment System

1. The process of assessing clerks will be co-ordinated and governed by a committee established by the Associate Dean, Undergraduate Medical Education - Curriculum.

2. The assessment process will provide a reliable and valid basis for judging clerks' achievement (summative assessment), and will be effective in providing feedback to clerks on their strengths and weaknesses (formative assessment).

3. The assessment of clerks will include self-assessments, which are elements of the professional development of clerks.

4. The assessments will be tied directly to program goals and specific course objectives.

5. Relevant cumulative content/competencies will be evaluated in the context of current courses.

6. Assessment methods will be chosen which provide direct, valid evaluations of specific competencies of interest.

7. A structured process of appeal and remedial instruction will be available (see Phase IV Appeal Process within the body of this manual).

8. All formative and summative assessment data for a clerk will be entered into an "Assessment Portfolio" which is the property of the clerk. The Dean's Office will retain a copy of all summative assessment data.

9. A system of "academic advisors" will exist to help clerks review their progress and achievement. The clerk's assessment portfolio will provide the basis for discussion between the clerks and their academic advisors.

10. The development, administration and scoring of assessments and remedial instruction for clerks will be the responsibility of those faculty members involved in each course.

11. Assessment of clerks will be accomplished through a variety of means, which may include written and oral examinations, objective structured clinical examinations, clinical preceptor ratings, as well as any other methods that effectively assess achievement of program objectives.

12. Assessments of knowledge will focus on the clerk's skill in applying and integrating knowledge to understand biological and clinical phenomena.

13. Assessment of clinical performance will focus on the clerk's ability to competently function in clinical settings.

14. Clerkship assessments will present an emphasis on competencies in clinical disciplines, but may also include professional, biological, behavioural and population issues as outlined in the Statements of

Competencies for medical graduates, as ratified in the spring, 1997 by the Faculty of Medicine.

15. The system of evaluating clerks will evolve with the ongoing development and review.

Grading System
An 'honours' (H), 'pass' (P), or 'fail' (F) grading system has been adopted for all courses in the curriculum. While an 'H', 'P', or 'F' will be recorded on the clerk's University transcript, the full range of percentage grades and/or a reduced number of grades (*does not meet requirements, requires improvement, meets requirements, exceeds requirements*) may be used within each department to help arrive at the 'H', 'P', and 'F' designation. The Faculty Senate has approved that the 'honours' designation appearing on a clerk's transcript will be determined by the respective course director at each year's Promotions Committee meeting at the end of each academic year.

Grades for the Orientation to Phase IV
This course will be graded on the equivalent of a pass/fail basis. A grade of "P" will be assigned to all passing clerks; a grade of "F" assigned a failing clerk. The criteria of "pass" will be attendance at all sessions, active participation, and the completion of assignments from the various components of this course.

Clerkship Grades
Clerks' grades for a course will be derived from course components, usually:

(a) supervisor assessments of clinical performance and in-course assignments,

(b) written examinations conducted at the end of the clerkship, and

(c) oral (and/or internal OSCE) examinations conducted within clerkships.

It is recommended that each department assign equal weights to each of the clerkship grading components.

There will also be a comprehensive OSCE conducted after the conclusion of the year.

Clerks must pass (grade = 60%) all of the components of each clerkship as well as the OSCE to pass the course.

(a) Supervisor Assessments

Role of the Clerkship Supervisor. At each CTU clerkship site, a clerkship supervisor will be identified who is (ideally) a faculty member. (Depending on the clerkship, the clerkship supervisor may be a site coordinator or the course director.) For clerkships of 6 or more weeks duration, the clerkship supervisor will endeavor to meet with each clerk at the rotation's mid-point to discuss the clerk's self-evaluation, clinical performance based on direct observations and/or preceptor reports, and to provide feedback. In all clerkships, the clerkship supervisor will endeavor to meet with each clerk at the end of the clerkship to review the clerk's progress. If available, the clerk will be provided with a copy of the clinical clerk evaluation form that the supervisor has completed based on the direct observations and preceptors' evaluation observations.

Role of Preceptor. It is recognized that a clerk will be supervised by a variety of clinical preceptors. After spending enough contact hours with a clerk to form judgments of a clerk's performance, each clinical preceptor should complete a brief evaluation form. Preceptor evaluation forms will be developed and distributed by each department. Departments are encouraged to adapt the *preceptor evaluation form* from the

clinical clerk evaluation form that is attached to this *Manual*. Preceptor evaluation forms are to be distributed to clerks at the start of each clerkship. Clerks are instructed to provide preceptors with these forms following 'meaningful' teaching encounters (ideally, at least 5-10 teaching contact hours) and request the preceptor to complete the form and submit it to the clerkship supervisor assigned to the clerk. Clerks are to provide the names of preceptors who have been given forms to their clerkship supervisor. (Clerkships may specify a minimum number of preceptor forms to be distributed by clerks.) The clinical supervisor will use forms collected from preceptors to discuss each clerk's progress at the mid-point and to determine clerks' summative assessment at the end of the clerkship.

(b) Written and (c) Oral Assessments

The main purposes of the written and oral examinations administered at the conclusion of each clerkship are to provide a sound basis for judging (grading) clerks' progress and to provide clerks with detailed feedback on their progress. These examinations will present a balanced assessment of the full range of competencies expected of clerks at the time of the examination. Each type of examination will focus on the objectives of the clerkships, but implicit within this context is the testing of cumulative program objectives up to the point at which the examination is administered. That is, material from courses from previous phases (e.g., Principles of Human Biology, organ system blocks, or interviewing strategies from clinical skills) will be tested, but will be done so in the context of the content of the Phase IV clerkship. The examinations will also serve, as necessary, to identify clerks who are candidates requiring improvement and offer a remedial examination for these clerks.

A remedial exam refers to an intra-departmental decision to offer a clerk who requires improvement a second written or oral assessment to measure a clerk's competency in identified area(s) of weakness before formal action by the Student Promotions Committee, Years 3 & 4. Note that remedial programs are offered at the discretion of each department: a department may elect to fail a clerk and not offer a remediation program. If a remediation program is offered:

- *Written and oral* remediation measures must occur within a maximum of 10 weeks from the conclusion of the course
- *The passing mark for a remedial exam is at least 65% for a quantitative measure (e.g., multiple choice question exam) or 'meets requirements' for a qualitative measure (e.g., oral exam).*
- *The successful completion of a remedial examination will result in a mark of 60% for that component of the course.*

Clerks with a pending remedial examination will have a CIP (currently in progress) mark recorded in their transcript until the course has been completed successfully. Unsuccessful completion of an intra-department remediation program will result in a failure ('F') for that course and the need for a *supplemental program* (See 'Advancement' below). A supplemental program and assessment for failing clerks will be discussed at the next scheduled Student Promotions Committee, Years 3 & 4.

Practice Exams

For participating clerkships, formative practice examination(s) will be presented using the WWW MEDICOL (Medical Integrated Curriculum On-line) site.

If clinical departments participate in the on-line practice exam program, the practice exams will be:

- representative of clerkship objectives
- representative of written examination content
- able to provide each clerk with an immediate indicator of their learning and identify areas of focus for further study
- for formative assessment only (will not be used to grade clerks)
- consist of questions which use verbal, graphic, and pictorial materials

Practice exam(s) may be taken at any time: before, during, at the end, or after the conclusion of the clerkship. The co-ordinator of the practice exam program is Ms Charlene Walsh (cwalsh@unixg.ubc.ca). Charlene would welcome your questions/comments about the practice exams.

OSCE Assessment
An objective structured clinical examination (OSCE) using standardized patients will be administered after the end of the Phase IV year to assess clinical skills objectives. Failure in the OSCE will result in required supplemental work during the Phase 6 elective.

III. CLINICAL SUPERVISOR GRADING

General Policies
Although specific methods of evaluation remain within the jurisdiction of each department or program, certain general policies regarding evaluation have been approved as mandatory.

1. Evaluation must be on-going and this evaluation must be discussed with the clerk at least midway through the rotation (for rotations of 6 weeks or longer) and at the end of the rotation. Evaluation discussions with the clerk should focus on the clerk's contribution to and performance in the clerkship, and can be guided by the performance criteria listed on the assessment form.

2. It is strongly recommended that all student evaluations be signed by the student prior to the evaluation being forwarded to the Dean's Office, Vancouver General Hospital (VGH). It is mandatory that a 'Does Not Meet Requirements' or 'Requires Improvement' assessment, or one containing unfavourable comments in the narrative portion of the evaluation, be signed by the student prior to this evaluation being forwarded to the Dean's Office, VGH. Any such evaluations received by the Dean's Office, VGH without the student's signature will be returned to the department.

3. Although a resident may sign an evaluation, it cannot be the only signature appearing on the evaluation.

4. All clerks have access to completed evaluations through the Dean's Office, VGH. If the clerk does not feel a fair evaluation has been submitted, they must address any concerns with the course director before presenting them to the Associate Dean, Student Affairs. See the "Appeals Policy' included later in this document for a more detailed outline of this process.

Daily formative assessments
Daily assessment discussions should be intrinsic to clerks' clinical experiences. There should be some general discussion about how each clerk is functioning. This daily assessment focuses on self-assessment skills, which are an important part of the clinical encounter process and central to the concept of educating medical clerks to become self-critical clinicians. The supervisor or preceptor should also spend a few minutes discussing particular issues with individual clerks after a patient encounter. If necessary, it should also be possible for the clerk to book time to meet with the supervisor.

Modeling of assessment skills by the supervisors and preceptors (i.e., the supervisor providing feedback to clerks) is an important way for clerks to develop self-assessment skills.

Mid-rotation self- and supervisor assessments
At the mid-point of each clerkship with a duration of 6 or more weeks, clerks will be asked to prepare a written self-assessment of their personal progress in each of the identified areas (see *Skill Areas* section later in this document), and their plans for addressing any self-perceived weaknesses in the remainder of the clerkship. The self-assessment will be recorded on the form: *Clerk Mid-Rotation Self-Assessment*. This mid-rotation self-assessment will be discussed with the clinical supervisor at the middle of each rotation. The clerk retains the completed self-assessment form for inclusion in their Assessment Portfolio. Preparing this assessment is not expected to be an arduous task and its purpose is largely formative. A clerk's self-assessment will help the supervisor provide the clerk with feedback regarding the clerk's progress. Besides giving supervisors insight into the clerk's self-assessment skills, it should help identify clerks who may be having difficulties. A principal role of the self-assessment process is to form a 'learning contract' for the remainder of the clerkship.

A mid-rotation discussion with each clerk and their supervisor will be held to review both the clerk's self-assessment as well as supervisor's feedback based on direct observation and/or preceptors' reports of a clerk's progress.

End-of-Clerkship Summative Assessments and Grading
Supervisors will attempt to provide a formal summative assessment of each clerk on an *End-of-Clerkship Clinical Clerk Evaluation* form at the end of the clerkship. For this final evaluation, the supervisor will assign clerks one rating across all the skill areas that have been identified. **The supervisor will include a detailed narrative assessment intended to identify the clerks' strengths, areas for which improvement is needed, and recommendations to guide improvement** (see appended form). At the conclusion of the clerkship, supervisors should provide clerks and the Dean's Office with a copy of the completed assessment form. The supervisor assessment of clerks should, as much as possible, be based on a clerk's degree of mastery of skills, rather than on comparisons of one clerk with another.

Each marking category will receive only on equivalent percentage grade. It is recommended that no other percentages are to be used to grade clinical performance. The percentage grade that is appropriate to each marking category is indicated below:

- Does not meet requirements 50%
- Requires improvement 60%
- Meets requirements 75%
- Exceeds requirements 85%

The supervisor's grades will be based on health care team ratings and comments regarding each clerk's performance in the identified skill areas (see following section). It is recommended that, when arriving at an overall mark for the clerkship, the supervisor grade will be weighted equally with other clerkship grading components.

To help supervisors provide useful and accurate assessments, and to work toward **consistent** grading practices across supervisors, the following guidelines should be followed:

1. As a baseline position, the **majority** of clerks should be judged to have *'met requirements'* -- this is considered a highly positive assessment.
2. On occasion, a **few** clerks will stand out as having difficulty and will be judged as *'requires improvement*' or '*does not meet requirements'*. It is important to substantiate judgements of *'requires improvement*' or '*does not meet requirements'* with narrative comments identifying the areas of concern. The rating category 'requires improvement' is still a pass, but is very useful for alerting the clerk, the clerk's academic advisor and the Dean's office that the supervisor feels the clerk is in

potential difficulty and in need of additional help. If a supervisor has concerns about a clerk, these should be addressed to the clerk well before the final assessment.

3. It is also important to substantiate judgments of *exceeds requirements* with narrative coments that justify this high rating. A **few** clerks (most often 2-4 of 18-20 in a clerkship) will stand out as exceptional and will be judged to have *exceeded requirements*.
4. The narrative comments recorded on the clerks' performance should follow the guidelines for providing useful feedback (see Assessment Skills criteria on back of assessment form) -- e.g., they should be descriptive (not judgmental), specific, balanced (strengths and weaknesses), and limited (two or three main issues only).

Ward Remediation

Clerks who require improvement based on their overall clinical performance rating may be required to utilize a Phase V elective for remediating ward performance. A CIP (currently in progress) grade will appear on the transcript until a remedial elective is successfully completed. At least a 'meets requirements' rating must be achieved in the Phase V remediation elective. If at least a 'meets requirements' is not achieved, a failing mark will be entered on the clerk's transcript and the Student Promotions Committee, Years 3 & 4 will meet to determine qualification for a *supplemental* program (see below), repetition of Phase IV, or withdrawal from the program. A*ny remediation program scheduled for Phase V must be immediately reported to the Student Promotions Committee, Years 3 & 4 through the Associate Dean, Undergraduate Program. Due to the limited elective blocks in Phase V, only one or two Phase IV clerkships will be able to prescribe ward remediation electives in Phase V.*

Forward Feeding

The purpose of forward feeding is to enhance clerk performance. Clerkship directors who believe that information concerning a clerk should be passed on to subsequent clerkships will inform the Dean's Office in writing. The Associate Dean, Student Affairs will review the information, and, if forward feeding is required, meet with the clerk to discuss the process and the information that will be shared. It is the responsibility of the Associate Dean, Student Affairs to notify the clerkship director who has recommended forward feeding of any consequent actions that have (or have not) been taken regarding the clerk.

Follow-up Activities

The end of clerkship supervisor assessment of clerks will be kept by the Dean's Office for the duration of a clerk's tenure in the program so that they can be accessed as required by Promotions, Appeals and other Committees. Final grades along with narrative comments are sent to the Dean's Office for each clerk who completes all the clerkship requirements. Grades are based on the sum of weighted scores derived from assessments of clinical performance (including oral and written case presentations), written examinations, and oral examinations.

In the event of a '*does not meet requirements'* rating in a clerk's clinical performance, the clerkship director must submit a letter to the Associate Dean, Student Affairs, summarizing the reason for the failing grade and recommendations for a supplemental program.

A clerk with a '*does not meet requirements*' or 'requires improvement' rating on the clinical supervisor's final evaluation must meet with their academic advisor as well as the Associate Dean, Student Affairs, to plan for additional assistance in the area(s) of weakness.

Criteria for Assessing the Performance of Clerks in Clinical Settings

Clinical Supervisors will assess and provide clerks with feedback in each of the following areas. The statements are included in the back of the *Assessment Form* and are intended to describe the types of

behaviours that clerks are expected to demonstrate during their clinical experiences. The items in the lists below should be considered examples, as complex behaviours cannot be reduced to a comprehensive list of component behaviours.

Clinical Skills

C **Takes an appropriate history and/or conduct an appropriate interview**	The clerk must demonstrate the ability to acquire from the patient, family, or other sources a chronological, medically logical description of pertinent events. The clerk must acquire the information in sufficient breadth and depth to permit a clear definition of the patient's problem upon which to base further investigation, diagnosis and management.
C **Performs an appropriate physical examination**	The clerk must demonstrate the ability to elicit physical findings that document the presence or absence of abnormalities relevant to the patient's problem. In doing so, the clerk will demonstrate a caring and supportive attitude with regard to the physical and emotional comfort of the patient.
C **Appropriately recognizes patient problems and generates differential diagnosis**	The clerk must demonstrate the ability to identify important information and reach a reasonable diagnosis based on sound basic and clinical knowledge. Decisions should be made in a timely fashion to establish a program of investigation and management adapted to the patient's condition, recognizing the limits of his/her own ability, the hazards of the therapy, and the need to modify therapy when indicated.
C **Appropriately orders and interprets diagnostic tests**	The clerk must demonstrate the ability to order appropriate laboratory or other diagnostic procedures that elucidate or confirm the diagnosis and an awareness of the cost of these investigations, as well as be sensitive to any inconvenience, discomfort, or harm to the patient inherent in them.
C **Formulates and implements appropriate treatment and follow-up plan**	The clerk must demonstrate the ability to make decisions in a timely fashion to establish a program of investigation and management adapted to the patient's condition, recognizing the limits of his/her own ability, the hazards of the therapy and the need to modify therapy when indicated.
C **Written records are accurate, complete, well organized, up-to-date, and legible.**	The clerk must demonstrate the ability to maintain records that accurately reflect the pertinent clinical data, investigation and treatment. These records should be of sufficient clarity, organization and detail to permit present and future interpretation of the record by him/herself and others. The clerk will complete records and reports promptly in order to ensure adequate patient care and follow-up and continuing care.
C **Presents cases in a concise, logical, accurate and organized manner**	The clerk must demonstrate the ability to organize data in a logical manner and to integrate the data that defines the problem. The clerk must also discuss the rationale for the arriving at the diagnosis and laboratory investigation(s) selected, and be able to demonstrate an understanding of their physiological, biochemical and pathological basis and discuss their reliability and predictability.

Professional Behaviours

C **Reliable work habits with responsibility toward pts & staff, punctuality & attendance**	The clerk must demonstrate the ability to accept and fulfill his/her responsibility to both patients and colleagues. The clerk will respond to patient needs in a timely and thoughtful manner and will arrange for the care of his/her patients during absence. The clerk will demonstrate willingness to seek the advice of supervisors when the diagnosis or management of the patient is in doubt. Honesty, integrity, conscientiousness and reliability will characterize his/her professional activities.
C **Initiative and motivation to learn**	Clerks must actively participate in the educational opportunities available to them. The clerk will demonstrate the ability to maintain a program of self-directed learning based upon self-evaluation and the evaluation of teachers and peers. The clerk will participate in the teaching of others, when appropriate.
C **Communicates respectfully during patient and pt's family interactions**	The clerk must demonstrate the ability to communicate effectively with the patient and the family. The clerk will demonstrate a compassionate interest and overall understanding of the patient as a person. The clerk will demonstrate the ability to inspire confidence and obtain the cooperation of the patient and the family. The clerk must demonstrate attention to preventive measures by incorporating into his/her plan of management strategies to assist the patient in maintaining an optimal state of physical and mental health. The clerk must demonstrate the ability to instruct the patient and the patient's family with regard to risk factors and modification of lifestyle based on current understanding in these matters.

C **Self-assessment skills: awareness of limitations of own knowledge & accepts criticism**	The clerk must demonstrate an awareness of the limits of his/her capabilities and the ability to function adequately within the limits of his/her competence as determined by training and experience. The clerk must demonstrate the ability to assess his/her own progress realistically and to determine his/her learning needs with the assistance, when necessary, of teachers and colleagues. The trainee must demonstrate an awareness of how his/her own emotions, beliefs and attitudes may affect the care of patients or relationships with colleagues.
C **Team work: effective working relationships with peers and allied health workers**	The clerk must demonstrate the ability to establish and maintain effective working relationships with colleagues and other health personnel. The clerk will contribute to the overall team effort by sharing the knowledge and expertise and demonstrate the capacity to accept and value the contributions of others. The clerk will demonstrate communications skills that facilitate the team effort.

Procedural Skills

C **Common ward procedures and/or OR assisting performed with care, judgement, & mastery**	The clerk will demonstrate competence in the performance of the clinical procedures identified as basic in each clerkship.

IV. PROMOTION CRITERIA AND SUPPLEMENTAL PROGRAMS

Orientation to Phase IV

Failure in the Orientation course will require remedial (not noted in the transcript) or supplemental (noted on transcript) work and evaluation.

Clerks will fail the Orientation Block if they have more than one unexcused absence (see 'Attendance Policy') for any session. Such a failure will require completing a short essay question on the content of the lecture/small group session(s) not attended. This will be graded pass/fail. If the clerk fails this, a preceptor will be assigned to ensure that the material is understood. The assigned preceptor will award a pass/fail. Should continued failure result, it will be considered a course (3 weeks or less) failure for the year (see below).

Student Promotions Committee, Years 3 & 4

At regular intervals during Phase IV, the Student Promotions Committee, Years 3 & 4 will meet to identify students having academic difficulty. A 'final' meeting of this Committee at the conclusion of Phase IV will formally decide on the advancement of clerks to Phase V and the need for supplemental examinations or instruction. The detailed terms of reference of this Committee are available from the Dean's Office.

Advancement Criteria

The detailed advancement policies of the Faculties of Medicine are presented in the UBC Calendar. A clerk must achieve a passing mark (of at least 60%) in all courses to advance to the next academic year. Failure of two or more clerkships of 4 weeks duration or greater requires the repetition of the entire clerkship year or withdrawal from the program**.** Failure in less than two clerkships of 4 weeks or greater requires successful completion of a supplemental examination program before the clerk is promoted to the next academic year.

Supplemental Program

If the progress of a clerk has been deemed unsatisfactory, the Student Promotions Committee, Years 3 & 4 may permit a supplemental program and examination in the course(s) failed, provided that attendance has been satisfactory and no more than one clerkship of 4 weeks or greater has been failed. A course failure is formally and permanently noted on the student's transcript, as is the grade they achieve on their supplemental work (which must be 65% or better). The course director(s) concerned will direct such work as will be necessary to prepare for the supplemental examination. A supplemental program and evaluation may require the utilization

of one or two Phase V elective blocks. It is the responsibility of the clerk to consult the course director(s) concerned about such arrangements. In order to be promoted, the clerk must satisfy the requirements of the course(s) concerned and pass each supplemental examination and/or Phase V elective with a mark of at least 65% and/or at least a 'meets requirements' rating. The consequences of not successfully completing the supplemental program will be decided by the Student Promotions Committee, Years 3 & 4 and may result in the repetition of the clerkship year or dismissal from the program.

V. PROCEDURES FOR MANAGING CLERKS EXPERIENCING DIFFICULTIES

The following procedures describe the process that should be followed for clerks experiencing academic difficulties or difficulties in the clerkship process, where the latter may or may not be related to academic issues. These procedures have been prepared for and with the assistance of preceptors, course directors, and academic advisors.

1. How are clerks in difficulty identified?

- by self-assessment
- by clinical supervisor
- by preceptors, including other health care team members
- by examination results (clerkship component scores, examination component scores, etc.)

2. Who receives the assessments of the clerks?

- clerks (all formative and summative information)
- clerks' academic advisors (all information, but only via clerks)
- the Dean's office (summative information only)

3. What is the role of supervisors in identifying/helping clerks in difficulty?

If supervisors believe a clerk is experiencing academic problems, they should:

- first discuss the situation with the clerk.
- recommend to such clerks that they speak to their academic advisor, course director or Associate Dean Student Affairs, depending on severity of problem.
- report (in writing) the situation to the Associate Dean Student Affairs if the clerk declines to seek help on their own volition (note: preceptors should report difficulties to clinical supervisors and/or course directors and/or the Associate Dean Student Affairs, not academic advisors).
- be rated as 'requires improvement' or 'does not meet requirements' on the Assessment of Clerk form, and specific narrative description of problems should be provided.

4. What is the role of the academic advisor (see Academic Advisor Program Document)?

- review assessments with clerk, and with the clerk's permission, liaise with the clerk's preceptors or other members of the health care team
- recommend/help arrange remedial work as needed, and with reference to the forward feeding policy in item 6 below, encourage clerks to discuss their situation with their subsequent clinical supervisors.

5. What is failure in a course?

- a score of less than 60% in the composite course grade, or a score of less than 60% from any 'essential' component of the course grade or the composite in-course grade.

6. What is the Dean's Office role during the term?

- to review the Clinical Supervisor's Assessment of Clerk forms immediately at the end of each

clerkship, and to direct clerks judged as 'requires improvement' or 'does not meet requirements' to meet with their academic advisor, course director, or Associate Dean Student Affairs with a view to developing/implementing a plan to help the clerk address identified deficiencies in particular subject areas.

- to monitor failing or clerks requiring improvement and notify the Associate Dean Student Affairs if there is no improvement in a clerks progress.
- Associate Dean, Student Affairs will advocate the forward feeding information on clerks in difficulty to subsequent preceptors. However, the decision on forward feeding should be made jointly by the Associate Dean and the clerk. The goal of forward feeding is to help the clerk, and to alert clinical supervisors to the difficulties being encountered by the clerk, so that they may make an effective contribution to their resolution.

7. What is the Promotions Committee's role with clerks in academic difficulty?

- clerks who fail one or two courses and whose overall average exceeds 60%, will be given a supplemental examination in each course, on which they must achieve a minimum of 65% to pass.
- clerks who fail more than 2 courses fail the year will be required to repeat the year or requested to withdraw from the program.

Clerks Experiencing Professional Behaviour Difficulties in the Clerkship

Problems may arise in clerkships relating to 'professional behaviour' or 'interpersonal dynamics' among clerks or with a clerk and preceptor which may or may not be related to academic problems, but which interfere with the learning process. The following steps should be considered in addressing such problems, and these should be pursued as quickly as possible. Which specific steps are followed will be contingent on the severity and nature of the problem.

1. **Individual Discussion with Clerk and Preceptor** The preceptor who identifies the problem should initiate a discussion of the situation as part of the feedback process, with the goal of resolving the problem.

2. **Seek Outside Assistance** If step #1 does not resolve the problem, the preceptor should bring the problem to the attention of the clerkship clinical supervisor or course director.

   All activities relating to steps 1-2 should occur as quickly as possible (in the span of less than 1 week).

3. **Refer Problem to Associate Dean** If the problem persists, the clerkship director should recommend that the clerk(s) meet with the Associate Dean Student Affairs to seek a solution to the problem. If the clerk declines to meet with the Associate Dean, the clerkship director should notify the Associate Dean in writing of the problem, and request that a meeting be held with the clerk to resolve the problem.

4. **Forward Feeding** If the problem is in the process of being resolved through the above interventions and if this process carries over to a new clinical supervisor and new clerkship, the clerk should be encouraged by the Associate Dean to brief, or permit the new clinical supervisor and new course director to be briefed on the problem, and what is being done to resolve it. Preceptors and course directors in other courses should also be briefed if the problem is believed to impact on their role with the clerks. For example, since the clerks are in the same groups across clerkship courses, it is likely

that issues of group dynamics arising in one setting will carry over to the other. The goal of forward feeding is to help the clerk, and to alert clinical supervisors and course directors to the difficulties being encountered by the clerk, so that they may make an effective contribution to their resolution.

5. **Records** Letters, meeting summaries and other documentation pertaining to the problem and the process of attempting its resolution should be obtained by the Associate Dean and maintained in the Deans Office file of the clerk(s) in question.

VI. ATTENDANCE POLICY FOR THE MD UNDERGRADUATE PROGRAM

Policy
Regular attendance (see *UBC Calendar* entry on Attendance under *Academic* Regulations chapter) is expected of clerks in all academic activities. At the Curriculum Management Committee meeting of April 6, 1998 the following motion was approved: *That attendance at all educational/clinical experiences is mandatory unless there is an excused absence*. Students who are unavoidably absent because of illness or disability must notify the director of the current clerkship *as well as the Dean's Office (Ms Deborah Lapointe, 875-4500)*.

Excused absences may be granted for defined reasons (see *Typical Criteria* below), but whenever possible, confirmation must be sought beforehand from the appropriate faculty member. Clinical supervisors will note any unexcused absence on clerk evaluation forms so that the course director can take follow up action. Course directors must report unexcused absences to the Dean's Office.

Rationale
It is important that clerks understand and value the time commitments made by both faculty and patients toward their learning. If poor attendance becomes a more frequent occurrence, faculty morale may be affected.

The overarching issue in maintaining clerk interest and participation remains the quality of the course offerings, including content relevance and opportunities for active learning. Faculty members note the following potential reasons for clerk absenteeism and are making all efforts to ensure that these are being addressed in all clerkships:
1. Emphasize active learning strategies..
2. Provide appropriate feedback on clerk's performance.
3. Ensure that summative examinations and other clerk assessments reflect closely the curriculum objectives and content.

Enforcement/consequences
In developing an enforcement strategy, it is recognized that 'make-up' sessions are not usually feasible in a clerkship setting. Clerks are expected to attend all clerkship activities and to come prepared. Preceptors will note excused and unexcused absences on evaluation forms so that the course director can take fillow up action. There is a policy that more than one unexcused absence per clerkship may result in an incomplete/'requires improvement' grade, with a potential need to do remediation during elective time. NB: University policy indicates that: "students may be denied the privilege of writing the examination in any subject because of unsatisfactory work *or attendance, and in this case they will be considered to have failed the course*.

In the case of long-term absences, due to limitations in Phase V for conducting remediation programs, a continuous absence of more than eight weeks may result in the Promotions Committee requiring a clerk to repeat the Phase IV year.

Process for obtaining excused absences

1. For *unanticipated absences* (e.g., illness, injury, or bereavement) as soon as possible, notify Clerkship Supervisor or Director as well as the Dean's Office, VGH (Ms. Deborah Lapointe, 875-4500). Provide an explanation to preceptors and/or other staff upon your return.
2. For *anticipated absences*
   - **a.** Medical/dental appointments, religious holidays (see *UBC Calendar* re religious holiday policy), etc. require prior reporting to course director (and preceptors/staff effected)..
   - **b.** Academic pursuits of a one-time nature (e.g., commencement exercises, attendance at scientific meeting for the purpose of either presenting a research paper or to accept an award or other academic distinction), participation in major varsity team events, participation in major faculty activities or in worthy social endeavours (e.g., planning of a fund raising, education or other community event), rare occurrences (e.g., compassionate leave, marriage, etc.) **require prior permission of Associate Dean, Student Affairs, as well as reporting absence to faculty affected.**

VII. PROCESS FOR CLERKS MISSING EXAMS

If a clerk is unable to attend an examination due to illness or accident, they must contact the appropriate course director as well as Dean's Office personnel (Ms. Deborah Lapointe, 875-4500) within 24 hours of the exam. If these individuals cannot be contacted, Ms. Donna Rota can be reached at 875-4500.

In addition, in order to receive permission to take a deferred examination the clerk must contact the appropriate course director as well as the Associate Dean, Student Affairs (Faculty of Medicine: Dr. Bruce Fleming [875-4500]) and arrange an appointment to discuss the reasons for missing an examination as soon as possible.

VIII. PROCESS FOR CLERKS REQUESTING A LEAVE OF ABSENCE

In the event a student is considering a request for a leave of absence from their studies, an appointment must be arranged with the Associate Dean, Student Affairs to discuss the request. All leaves must be approved by the Associate Dean, Student Affairs. Any leave of absence greater than 2 months will generally result in the recommendation that the clerk return to the beginning of the year from which the leave was requested. The expectation in these situations is that the clerk will complete the year in its entirety, after joining the following year's class. Individual arrangements with course and program directors are not encouraged. All communication with respect to course requirements and expectations should be finalized with the Associate Dean, Student Affairs.

IX. RESPONSIBILITY OF THE DEAN'S OFFICE RELATING TO DEFERRED EXAMINATIONS AND FOLLOW UP FOR LEAVE OF ABSENCE

The Dean's Office is responsible for:

1. Informing the Registrar's Office of all leaves of absences where a student's academic record is

affected.

2. Informing in writing the course/program directors, all students who have been granted a leave of absence or have missed an examination and been granted a deferral.
3. Providing arrangements for the student to write the deferred examinations
4. Forwarding remedial marks to the Registrar's Office.
5. Completing the Record of Student Absence form (Faculty of Medicine) for the student file.
6. Forwarding the application for re-admission form to the student returning from a leave of absence and preparing the appropriate paperwork (licenses, etc.).

X. APPEALS POLICY

Mark Appeal Process

The following outlines the policy and procedures for clerks to appeal a mark. Please note that in certain cases, if a clerk feels strongly that one of their marks is incorrect, the clerk may need to submit an appeal in writing. This written appeal must include the rationale supporting their request.

Appeal process for preceptor grade

When the mark is provided by a preceptor (including narrative assessments, written projects, ambulatory experiences, presentations, term papers, patient write-ups etc.):

Step 1: Clerk and preceptor meet and discuss discrepancy

a) if a satisfactory agreement is reached, case closed
b) if an agreement is not reached, go to Step 2

Step 2: Clerk brings appeal with written rationale to relevant course director who will facilitate a final resolution.

Appeal process for examinations

Note: The written portion of examinations as well as OSCEs involves a thorough review process by faculty content experts. The review process, which includes an analysis of the examination's item statistics, is aimed at eliminating errors in scoring, content and format.

Step 1: Clerk brings written rationale justifying marking change to the Clerkship Director who examines the rationale and item documentation, including statistical analysis information. The clerkship director, in conjunction with the appropriate content experts, makes every attempt to resolve the situation. If satisfactory agreement is not reached…

Step 2: The course director brings all relevant documents to the Associate Dean, Student Affairs, who will facilitate a final resolution.

Note: Failing satisfaction at these levels, there are University appeal procedures that may be followed.