

UT Health Science Center:	
COM110 Provision of Narrative Feedback to Medical Students - COM Medical Education	
Version 2	Publication Date: 02/21/2024

No./Title: COM110/Provision of Narrative Feedback to Medical Students	Resp. Office: Medical Education Approval Body: CUME	Effective Date: 03/16/20
Category: COM/UME	Last Review: 02/19/24	Next Review: 02/19/27
Contact: Michael Whitt, Ph.D. Assoc. Dean for Medical Education	 901-448-4634	 mwhitt@uthsc.edu
Related Policy: COM107 -- Grading for the MD Curriculum	Program: Medicine (M.D.)	

POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) to provide medical students with narrative feedback on their performance, including non-cognitive performance, in each required course and clerkship of the medical education program in which teacher-student interaction permits this form of assessment.

RATIONALE AND PROCEDURE

1. Settings in which narrative feedback is to be provided:
 - a) All self-directed learning sessions, to provide longitudinal evidence of the acquisition of life-long learning skills.
 - b) The Principles of Clinical Medicine curriculum, evaluating professionalism and clinical skills.
 - c) All courses in which students work in fixed small groups with the same faculty observer/facilitator for a minimum of 4 sessions for the preclinical phase. Examples in the preclinical phase include team-based learning groups and laboratory dissection teams. Because faculty feedback often involves assessment of student peer evaluation, small groups are defined as teams of 4 or more students to preserve anonymity during the peer review process.
 - d) All core clerkships and junior internships.
2. Mechanism for documenting narrative feedback;
 - a) Narrative assessment is comprised of written comments that assess student performance in meeting the specific objectives of a course or clerkship, considering both strengths and opportunities for improvement. Comments should address behavior, professionalism, clinical reasoning, initiative and dependability. In the clinical phase, this should include interactions with patients, peers, members of other professions and supervisors, beyond what is already identified in the clerkship or junior internship evaluation form.
 - b) Assessment is based on direct observation of student performance by a faculty member or may include information from other sources who have directly observed student performance (e.g., residents, nurses, secretaries, ancillary personnel).
 - c) Information is assimilated into a cohesive narrative by either a faculty member or the course or clerkship director.
 - d) For the preclinical curriculum, feedback is provided to students in the Principles of Clinical Medicine (PCM) courses and during Self-Directed Learning (SDL) activities. Students may

UT Health Science Center:	
COM110 Provision of Narrative Feedback to Medical Students - COM Medical Education	
Version 2	Publication Date: 02/21/2024

also receive feedback from the Associate Dean of Medical Education, Associate Dean of Student Affairs and Admissions, the Senior Assistant Dean or Assistant Dean for the Basic Science Curriculum.

- e) For the clinical curriculum, verbal feedback should be provided directly to the student and written feedback is provided through the clerkship evaluations. The Clerkship/Course Director is responsible for reviewing this feedback as well.
- 3. For the preclinical curriculum, compliance with this policy is monitored by the Senior Assistant Dean for the Basic Science Curriculum and reported to the Course and Module Directors Curriculum Subcommittee (CMDCS). For the clinical curriculum, compliance with this policy is monitored by the Course and Clerkship Directors and reported to the Senior Assistant Dean for Clinical Curriculum during the Clinical Sciences Subcommittee (CSS) meetings.

APPROVAL HISTORY

Effective: 3/16/20

Revised: 11/16/20; 02/19/24