POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) that students fulfill their professional responsibility to provide honest and constructive feedback by completing all assigned evaluations and surveys.

RATIONALE AND PROCEDURE

1. Receiving substantive and representative feedback from students about the curriculum, instructors, and learning environment is a critical component of our CQI process of identifying program strengths and opportunities to improve the educational experience for future generations of students.

2. Learning to give and receive feedback is an integral part of developing professional skills students will need as future physicians.

3. Procedures and responsibilities for student feedback and course evaluation are as follows:
   a. Students who do not complete at least 80% of assigned evaluations may have indicators added to their student records reflecting non-compliance with professional expectations. This may be used as commentary in the Medical Student Performance Evaluation letter.
      i. Students who wish to abstain from completing an evaluation must request an exemption from the Associate Dean of Medical Education and provide an explanation. Granted exemptions will be excluded from the 80% completion rule.
   b. Survey responses are de-identified and aggregated prior to inclusion in reports. Aggregated reports are shared routinely with course and clerkship leaders, education deans, curriculum committees, and with individual faculty members with the expectation that meaningful improvement in the curriculum will result.
      i. Identities of respondents are confidential; however, a respondent may be identified if a written comment raises concerns about the safety or wellbeing of any student or if a comment violates student professionalism standards.
   c. Clinical course evaluation surveys must have a minimum of 5 responses before a report is generated. Clinical block reports are combined until the minimum requirement is met.

APPROVAL HISTORY

Effective: 5/3/21
Revised: N/A