

This downloaded copy is unofficial. Check [Faculty of Medicine Policy and Procedure Repository](#) for the official version.



Memorial University of Newfoundland

Formative Assessment Policy

Approval Date: 2006-11-20

Effective Date: 2006-06-20

Review Date: 2023-06-28

Authority:

Undergraduate Medical
Studies Committee

Principle

The following elements of [Standard 9 from the Committee on Accreditation of Canadian Medical Schools \(CACMS\)](#) guide the policy requirements for Formative Assessment:

CACMS Element 9.4 states, in part: "a medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement"

CACMS Element 9.5 states: "a medical school ensures that a narrative description of a medical student's performance is included as a component of the assessment in each Required Learning Experience whenever teacher-student interaction permits this form of assessment".

CACMS Element 9.7 states: " A medical school ensures that each medical student is assessed and provided with formative feedback early enough during each Required Learning Experience four or more weeks in length to allow sufficient time for improvement. Documented feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long Required Learning Experiences) documented feedback is provided at a minimum every six weeks over the course of the learning experience. For Required Learning Experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning."

Purpose

To outline the approach to Formative Assessment in Phases 1-4 of the Doctor of Medicine (MD) Program.

Scope

The MD program.

Definitions

Formative Assessment — A range of assessment methods and related tools designed to monitor learning and provide ongoing feedback that can be used by learners to improve their performance.

Learner participation — Refers to learner participation in Formative Assessment activities.

Narrative Assessment — A written description of a learner's performance that is provided in addition to a grade to help guide learning.

Non-Cognitive Achievement — Refers to the development of non-cognitive skills. This includes a wide range of skills and abilities that are essential to a physicians' role including communication, interpersonal skills and professional behaviours.

Phase 1-3 — The first two (2) years of the MD program.

Phase- 4 — The final two (2) years of the MD program.

Required Clinical Learning Experience- A subset of Required Learning Experiences involving patient care that take place in a health care setting and are required of a learner in order to complete the MD program. Required Clinical Learning Experiences may occur any time during the MD program

Required Learning Experience- An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a learner in order to complete the MD program. Required Learning Experiences are in contradistinction to electives, for which completion is mandatory, but learners have input regarding significant aspects of the experiences.

Student Assessment Subcommittee (SAS) — A subcommittee of the Undergraduate Medical Studies (UGMS) committee. The SAS evaluates, monitors and advises the UGMS on student assessment policy and its implementation for the curriculum leading to the MD degree.

Summative Assessment — A process used to provide an assessment of learner achievement at the end of a period of instruction.

Undergraduate Medical Studies (UGMS) Committee- A standing committee of Faculty Council established to govern all aspects of the curriculum for the Doctor of Medicine (MD) program.

Policy

The UGMS Committee mandates that each learner in the MD program must be assessed and provided with ongoing documented feedback concerning strengths and weaknesses, in a timely and effective manner, during each Required Learning Experience

1.0 Formative Assessment: Phases 1-3

1.1 All Required Learning Experiences, regardless of duration, must provide Formative Assessment.

1.1.1 In Required Learning Experiences of less than four (4) weeks' duration, alternative methods of Formative Assessment (e.g., self-testing, instructor consultation) rather than documented Formative Assessment may be used to allow learners to measure their progress as needed.

1.2 All learners enrolled in each Required Learning Experience must have the opportunity to receive Formative Assessment.

1.3 Each learner must have opportunities to receive feedback by the mid-point of each Required Learning Experience to allow sufficient time to improve their performance. As per University calendar regulation 10.4.2.c learners are responsible for notifying the appropriate Phase Lead immediately of any new or pre-existing circumstances that could affect their individual performance in the work of the class.

1.4 Narrative description of medical learner performance, including Non-Cognitive Achievement, must be provided to learners in each Required Learning Experience as part of their Formative Assessment wherever teacher-learner interaction permits this form of feedback.

1.5 The provision of Formative Assessment in each Required Learning Experience is monitored by the Student Assessment Subcommittee.

2.0 Formative Feedback: Phase 4

2.1 In Phase 4, Required Learning Experiences including clinical experiences, of at least four (4) weeks' duration, learners must receive one-on-one feedback on performance at the midpoint of the Required Learning Experience, preferably in writing.

2.2 In Phase 4, Required Learning Experience, including clinical experiences of less than four (4) weeks' duration, an alternate means of Formative Assessment (e.g., self-testing, feedback) must be provided to allow medical learners to measure their progress in learning.

2.3 Narrative description of medical learner performance, including Non-Cognitive Achievement, must be provided to learners in each Phase 4 Required Learning Experience as part of their Formative Assessment wherever teacher-learner interaction permits this form of feedback.

2.4 The provision of Formative Assessment in Phase 4 Required Learning Experience is monitored by the Student Assessment Subcommittee.

2.5 For longer educational experiences (longitudinal integrated clerkship, year-long courses), Formative Assessment occurs at a minimum of every six (6) weeks.

Procedures

- [Formative Assessment Procedure](#)

For inquiries related to this policy:

For further information regarding this policy, please contact the Policy Analyst at medpolicyanalyst@mun.ca or the Policy Coordinator at medpolicycoordinator@mun.ca

Sponsor: Undergraduate Medical Studies Committee

Category: Undergraduate Medical Education

Formative Assessment Procedure

Approval Date: 2018-06-28

**Responsible
Unit:** Undergraduate
Medical Education

A.0 Assessment Planning and Oversight

A.1. The Formative Assessment methods for each Required Learning Experience are outlined in the respective assessment plan following review by the Phase Lead. The SAS reviews the assessment plans and recommends them to the UGMS. In alignment with Section 6.7.2 of the [University Calendar](#), assessment plans are approved by the UGMS committee and must be distributed to learners during the first scheduled week of the Required Learning Experience.

A.2. At the end of each Required Learning Experience, the Education Specialist for Assessment compiles an assessment report for the experience and provides the report to SAS for review. Evaluation data related to Formative Assessment is included in the report. The SAS will provide the course assessment report to the Phase Lead with a copy to the Program Evaluation Subcommittee for review and discussion.

A.2.1 The Phase Lead (or designate) will respond to the SAS within one month and provide a response outlining any items requiring review.

A.3 The SAS reviews the response by the Phase Lead (or designate) and makes recommendations to the UGMS based on the response to SAS, including possible changes to the assessment plan for the next academic year.

A.3.1 The SAS may recommend a formal review of the assessment plans and methods to the UGMS. This formal review would normally be conducted by the Program Evaluation Subcommittee.

B.0 Formative Assessment: Phases 1-3

B.1 Formative Assessment methods are chosen that best prepare learners for the respective summative assessment. The SAS works with individual instructors or the Phase Lead to determine the appropriate Formative Assessment to be included in the assessment plan for the Required Learning Experience.

B.2 Learners receive continuous Formative Assessment as outlined in the respective assessment plan. Formal Formative Assessments are scheduled with sufficient time prior to the summative assessment for learners to review their learning and improve performance.

B.3 Written narrative feedback is captured using standardized rubrics and assessment forms. Verbal narrative feedback is provided whenever teacher-learner interaction permits this form of feedback.

C.0 Formative Assessment: Phase 4

C.1 The SAS works with individual Clerkship Discipline Coordinators or the Phase 4 Lead to determine the appropriate Formative Assessment to be included in the assessment plan for each Required Learning Experience. The mechanism for providing one-on-one feedback at the midpoint is also outlined in the assessment plan.

C.2 In Phase 4 Required Learning Experiences, including clinical experiences of at least four (4) weeks' duration, learners receive regular formative written feedback using standardized assessment forms (clinic card and/or ITAR). Clerkship Discipline Coordinators (or their designate) provide one-on-one feedback at the midpoint of the Clinical Learning Experience which is documented using a standardized assessment form.

C.2.1 The standardized assessment forms include sections for the provision of narrative written feedback.

C.3 In Phase 4 Required Clinical Learning Experiences of less than four (4) weeks' duration or longer educational experiences (e.g. longitudinal integrated clerkship), learners are provided with Formative Assessment using the same or similar standardized forms as outlined in C.2.

C.4 In Phase 4 Required Learning Experiences of less than four (4) weeks' duration, learners receive alternate means of feedback to measure their progress in learning.

This downloaded copy is unofficial. Check [Faculty of Medicine Policy and Procedure Repository](#) for the official version.



Memorial University of Newfoundland

Formative Assessment Policy

Approval Date: 2006-11-20

Effective Date: 2006-06-20

Review Date: 2023-06-28

Authority:

UGMS

Principle

The following elements of [Standard 9 from the Committee on Accreditation of Canadian Medical Schools \(CACMS\)](#) guide the policy requirements for Formative Assessment:

CACMS Element 9.4 states, in part: "a medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement"

CACMS Element 9.5 states: "a medical school ensures that a narrative description of a medical student's performance is included as a component of the assessment in each Required Learning Experience whenever teacher-student interaction permits this form of assessment".

CACMS Element 9.7 states: " A medical school ensures that each medical student is assessed and provided with formative feedback early enough during each Required Learning Experience four or more weeks in length to allow sufficient time for improvement. Documented feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long Required Learning Experiences) documented feedback is provided at a minimum every six weeks over the course of the learning experience. For Required Learning Experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning."

Purpose

To outline the approach to Formative Assessment in Phases 1-4 of the Doctor of Medicine (MD) Program.

Scope

The MD program.

Definitions

Formative Assessment — A range of assessment methods and related tools designed to monitor learning and provide ongoing feedback that can be used by learners to improve their performance.

Learner participation — Refers to learner participation in Formative Assessment activities.

Narrative Assessment — A written description of a learner's performance that is provided in addition to a grade to help guide learning.

Non-Cognitive Achievement — Refers to the development of non-cognitive skills. This includes a wide range of skills and abilities that are essential to a physicians' role including communication, interpersonal skills and professional behaviours.

Phase 1-3 — The first two (2) years of the MD program.

Phase- 4 — The final two (2) years of the MD program.

Required Clinical Learning Experience- A subset of Required Learning Experiences involving patient care that take place in a health care setting and are required of a learner in order to complete the MD program. Required Clinical Learning Experiences may occur any time during the MD program

Required Learning Experience- An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a learner in order to complete the MD program. Required Learning Experiences are in contradistinction to electives, for which completion is mandatory, but learners have input regarding significant aspects of the experiences.

Student Assessment Subcommittee (SAS) — A subcommittee of the Undergraduate Medical Studies (UGMS) committee. The SAS evaluates, monitors and advises the UGMS on student assessment policy and its implementation for the curriculum leading to the MD degree.

Summative Assessment — A process used to provide an assessment of learner achievement at the end of a period of instruction.

Undergraduate Medical Studies (UGMS) Committee- A standing committee of Faculty Council established to govern all aspects of the curriculum for the Doctor of Medicine (MD) program.

Commented [KZ1]: Add in definition of required learning experience and required clinical learning experience? Could use definitions from CACMS lexicon

Policy

The UGMS Committee mandates that each learner in the MD program must be assessed and provided with ongoing documented feedback concerning strengths and weaknesses, in a timely and effective manner, during each Required Learning Experience

1.0 Formative Assessment: Phases 1-3

1.1 All Required Learning Experiences, regardless of duration, must provide Formative Assessment.

1.1.1 In Required Learning Experiences of less than four (4) weeks' duration, alternative methods of Formative Assessment (e.g., self-testing, instructor consultation) rather than documented Formative Assessment may be used to allow learners to measure their progress as needed.

1.2 All learners enrolled in each Required Learning Experience must have the opportunity to receive Formative Assessment.

1.3 Each learner must have opportunities to receive feedback by the mid-point of each Required Learning Experience to allow sufficient time to improve their performance. As per University calendar regulation 10.4.2.c learners are responsible for notifying the appropriate Phase Lead immediately of any new or pre-existing circumstances that could affect their individual performance in the work of the class.

1.4 Narrative description of medical learner performance, including Non-Cognitive Achievement, must be provided to learners in each Required Learning Experience as part of their Formative Assessment wherever teacher-learner interaction permits this form of feedback.

1.5 The provision of Formative Assessment in each Required Learning Experience is monitored by the Student Assessment Subcommittee.

2.0 Formative Feedback: Phase 4

2.1 In Phase 4, Required Learning Experiences including clinical experiences, of at least four (4) weeks' duration, learners must receive one-on-one feedback on performance at the midpoint of the Required Learning Experience, preferably in writing.

2.2 In Phase 4, Required Learning Experience, including clinical experiences of less than four (4) weeks' duration, an alternate means of Formative Assessment (e.g., self-testing, feedback) must be provided to allow medical learners to measure their progress in learning.

Commented [CP2]: We don't define or exemplify "non-cognitive achievement" anywhere

Commented [TH3R2]: In the Lexicon "Non cognitive" definition states: "Refers to the physician's intrinsic CanMEDS roles"

In section 9.5 it says: 9.5 Narrative Assessment A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment

2.3 Narrative description of medical learner performance, including **Non-Cognitive Achievement**, must be provided to learners in each Phase 4 Required Learning Experience as part of their Formative Assessment wherever teacher-learner interaction permits this form of feedback.

Commented [CP4]: Again, not defined or exemplified

2.4 The provision of Formative Assessment in **Phase 4 Required Learning Experience** is monitored by the Student Assessment Subcommittee.

Commented [CP5]: Sometimes we say Phase 4 and sometimes we say clerkship. I think we should pick one

2.5 For longer educational experiences (longitudinal integrated clerkship, year-long courses), Formative Assessment occurs at a minimum of every six (6) weeks.

Procedures

- [Formative Assessment Procedure](#)

For inquiries related to this policy:

For further information regarding this policy, please contact the Policy Analyst at medpolicyanalyst@mun.ca or the Policy Coordinator at medpolicycoordinator@mun.ca

Sponsor: Undergraduate Medical Education Committee

Category: Undergraduate Medical Education

Formative Assessment Procedure

Approval Date: 2018-06-28

Responsible Unit: Undergraduate Medical Education

A.0 Assessment Planning and Oversight

A.1. The Formative Assessment methods for each Required Learning Experience are outlined in the respective assessment plan following review by the Phase Lead. The SAS reviews the assessment plans and recommends them to the UGMS. In alignment with Section 6.7.2 of the [University Calendar](#), assessment plans are approved by the UGMS committee and must be distributed to learners during the first scheduled week of the Required Learning Experience.

Commented [KZ6]: Consider adding this to the summative assessment procedure as well.

A.2. At the end of each Required Learning Experience, the Education Specialist for Assessment compiles an assessment report for the experience and provides the report to SAS for review. Evaluation data related to Formative Assessment is included in the report. The SAS will provide the course assessment report to the Phase Lead with a copy to the Program Evaluation Subcommittee for review and discussion.

A.2.1 The Phase Lead (or designate) will respond to the SAS within one month and provide a response outlining any items requiring review.

A.3 The SAS reviews the response by the Phase Lead (or designate) and makes recommendations to the UGMS based on the response to SAS, including possible changes to the assessment plan for the next academic year.

A.3.1 The SAS may recommend a formal review of the assessment plans and methods to the UGMS. This formal review would normally be conducted by the Program Evaluation Subcommittee.

B.0 Formative Assessment: Phases 1-3

B.1 Formative Assessment methods are chosen that best prepare learners for the respective summative assessment. The SAS works with individual instructors or the Phase Lead to determine the appropriate Formative Assessment to be included in the assessment plan for the Required Learning Experience.

B.2 Learners receive continuous Formative Assessment as outlined in the respective assessment plan. Formal Formative Assessments are scheduled with sufficient time prior to the summative assessment for learners to review their learning and improve performance.

B.3 Written narrative feedback is captured using standardized rubrics and assessment forms. Verbal narrative feedback is provided whenever teacher-learner interaction permits this form of feedback.

C.0 Formative Assessment: Phase 4

C.1 The SAS works with individual Clerkship Discipline Coordinators or the Phase 4 Lead to determine the appropriate Formative Assessment to be included in the assessment plan for each required () learning experience. The mechanism for providing one-on-one feedback at the midpoint is also outlined in the assessment plan.

C.2 In Phase 4 Required Learning Experiences, including clinical experiences of at least four (4) weeks' duration, learners receive regular formative written feedback using standardized assessment forms (clinic card and/or ITAR). Clerkship Discipline Coordinators (or their designate) provide one-on-one feedback at the midpoint of the clinical learning experience which is documented using a standardized assessment form.

C.2.1 The standardized assessment forms include sections for the provision of narrative written feedback.

C.3 In Phase 4 Required Clinical Learning Experiences of less than four (4) weeks' duration or longer educational experiences (e.g. longitudinal integrated clerkship), learners are provided with Formative Assessment using the same or similar standardized forms as outlined in C.2.

C.4 In Phase 4 Required Learning Experiences of less than four (4) weeks' duration, learners receive alternate means of feedback to measure their progress in learning.

Policy Development Report for the UGMS Committee

ISSUE

Review and approval of the Formative Assessment Policy.

BACKGROUND

The review of the Formative Assessment policy was initiated to ensure that formative assessment for the MD program is outlined and to fulfill CACMS requirements regarding formative assessment. The working group completed the review and circulated it to the Policy Oversight Committee and the Student Assessment Subcommittee (SAS). All feedback was considered and incorporated.

As highlighted, the role of SAS is to monitor provision of formative assessment, ensure formative assessment is described in the assessment plans, review evaluation data on formative assessment and make recommendations to UGMS.

The main policy updates include:

- Updated wording of CACMS element 9.5 to align with current Data Collection Instrument.
- Descriptions of UGMS and SAS moved to Definitions section.
- Definitions for formative assessment, learner participation, narrative assessment, Phase 4 and summative assessment updated and aligned with CACMS lexicon as needed.
- Added definitions for required learning experience and required clinical learning experience based on CACMS lexicon. Also added definition for non-cognitive achievement.
- Reference to “course” replaced by required learning experience or required clinical learning experience.

Updates to the procedure included:

- Addition of an Assessment Planning and Oversight section.
- For Phases 1-3, the formative assessment procedure now describes the process for choosing formative assessment methods, how learners receive formative assessment and how narrative feedback is captured.
- For Phase 4, the procedure now includes an updated section describing who is involved in choosing formative assessment methods and the use of standardized forms.

RECOMMENDATION

Feedback will be considered and incorporated where appropriate. The next step will be to obtain final approval. The policy will be effective from the date of approval. The revised version will replace the current version on the policy repository available here: <https://www.mun.ca/medicine/about-us/policies-and-procedures/browse-policies/university-policy/?policy=23>

COMMUNICATION CONSIDERATIONS

Communications considerations will be initiated following approval.