

FAMILY MEDICINE CLERKSHIP (FMC) EVALUATING STUDENTS: An Overview

Evaluation Process

Feedback (During entire clerkship)

Site preceptors give daily feedback to student using "daily feedback form" which is then sent to the site director



Mid-Clerkship Review (Midpoint - Week 3 to 4)

Site Director collects feedback from all preceptors who work with student and reviews feedback with student. The Site Director and student set workable objectives to get the student to the next level of performance.



Incorporate Feedback and Prepare Clinical Evaluation (Last week of the clerkship)

Site Director collects feedback for the second half of the clerkship and incorporates it into preliminary grade form considering depth, length of time, and when each faculty worked with the student. Site Director enters scores and comments into appropriate fields in E*Value and includes a suggested Clinical Grade.



End of Clerkship Review (Last two to three days of clerkship)

Site Director meets with student to go over the feedback collected. Site Directors inform the students of their clinical grade submitted or to be submitted into E*Value to set student's expectations for their FMC Clinical Grade.



Submit Clinical Grade in E*Value (Due 2 weeks after last day of clerkship)

Site Directors MUST submit the clinical grade into E*Value no later than 2-weeks after last day of clerkship.



Final Grade (Within 4 weeks after last day of clerkship)

Seattle FMC Office assigns Final grades based on the site's scores and the student's final exam performance. Final Grade can be impacted by exam scores, so their Clinical Grade may differ from Final Grade.

Completed by site preceptors

Completed by Site Directors

Completed by Seattle FMC Office

We are a mastery clerkship. We assess students' mastery of the core skills and knowledge of Family Medicine at the end of six-week rotation-regardless of where or when the student takes the clerkship.

The site director is in charge of collecting, evaluating, and synthesizing the Feedback and Evaluation Form completed by faculty who work with the student, into a summary evaluation for the student. As you prepare to evaluate your student for Family Medicine, please make sure that you are familiar with the Family Medicine Clerkship Goals and Objectives (available in our syllabus - Info for Faculty Page: <http://www.depts.washington.edu/fammed/education/courses/clerkship/info-faculty/>)

The site director should take into account the depth, length of time, and when each faculty interacted with the student as they synthesize the summary evaluation. If controversy about the evaluation exists, the site director resolves the various points of view and comes up with the final summary evaluation.

Final grades are assigned in the Seattle office by the Family Medicine Clerkship (FMC) team based on the scores and comments on the summary evaluation submitted by the site director. The site director should familiarize him or herself with the numeric *FMC Grading Criteria* for clinical and final grades: Failure, Pass, High Pass and Honors. Likewise, Site Directors should use the grading anchors on the *Feedback and Evaluation Form* on the (Info for Faculty Page: <http://www.depts.washington.edu/fammed/education/courses/clerkship/info-faculty/>) tab to assure that the comments align with the scores assigned. Site Directors are expected to enter a suggested clinical grade when completing the student evaluation form (more about this on page 2). The FMC team verifies that your suggested clinical grade aligns with the assigned numerical scores. If they don't the FMC team will contact you to resolve the discrepancy.

Grading Breakdown

The Site Director assigns a numerical score for each of the 13 scoring areas (listed below) using the 2021-2022 grade anchors. These scores set the standard for student performance for all rotations. We understand that third year medical students starting clinical rotations in Summer A have, in general, more to learn than students in the end of their clinical rotations in Spring B. We use our defined criteria and anchors for all rotations to be fair to all. We do not have a way to evaluate over 200 students taking into account the time of the year when each student is taking the clerkship. We make an effort to communicate this policy to the students and encourage them to consider this when scheduling their clerkship.

I. PATIENT CARE

1. Conduct the medical history using patient-centered communication with patients across the lifecycle.
2. Perform the appropriate physical examination with patients across the lifecycle.
3. Present well organized, appropriately focused and accurate oral case presentations for common patient presentations across the lifecycle.
4. Propose an initial diagnostic plan for patients with common primary care presentations.
5. Offer and communicate management plans for patients with common primary care presentations, including acute, chronic, and health maintenance visits, using collaborative decision making with patients.

II. KNOWLEDGE OF PRACTICE

6. Apply established and emerging scientific principles of clinical sciences to diagnostic and therapeutic decision making, clinical guidelines, and other aspects of evidence-based health care.

III. INTERPERSONAL AND COMMUNICATION SKILLS

7. Produce complete and accurate write-ups for common patient presentations across the lifecycle.
8. Demonstrate full range of patient-centered communication skills in multiple clinical settings.

IV. SYSTEMS-BASED PRACTICE

9. Demonstrate demeanor that puts patients, families, and members of the health care team at ease.
10. Coordinate patient care within the health care system.

V. PRACTICE-BASED LEARNING

11. Identify and perform learning activities to address gaps in knowledge, skills and/or attitudes.

VI. INTERPROFESSIONAL COLLABORATION

12. Demonstrate effective partnership with others as a member of the health-care team or other professional group.

VII. PROFESSIONALISM

13. Demonstrate professionalism throughout the clerkship.

Once the FMC team receives the summary evaluation from the site director, then the FMC team calculates the average of these scores, this average score becomes the student's Clinical Grade, or Clinical GPA. Site directors should familiarize themselves with the *FMC Grading Criteria* (Info for Faculty Page: <http://www.depts.washington.edu/fammed/education/courses/clerkship/info-faculty/>), so they are certain that their assigned Clinical Grade aligns with their suggested grade for their student.

When the students receive their final grade (submitted by the FMC team) the students will see a break-down of their grade. This breakdown will include (clinical grade – assigned by the Site Director, exam grade, and a final grade). The exam counts as an adjustment to the clinical grade, as outlined on the *FMC Grading Criteria*. After the exam adjustment is applied to the clinical grade (by the FMC team) this results in the final grade.

Descriptive Comments Section

The comment boxes after each section (I. **PATIENT CARE**, II. **KNOWLEDGE OF PRACTICE**, ect.) combine to form the "Descriptive Comments Section". These comments should be **detailed and address both strengths and areas for growth within the context of Family Medicine**. Comments should be relevant each section's grading categories and the numerical score assigned to the student for each category. For example, if a student received a 3 and two 4's in the **PATIENT CARE** section then there should be some specific suggested areas for growth relevant to the **KNOWLEDGE OF PRACTICE** scoring categories. If the student received all 5's in **PATIENT CARE**, then comments would likely focus on strengths, with specific examples highlighted about their exemplary **PATIENT CARE**. Keep in mind, any direct quotes from individual faculty evaluations should be carefully chosen. All comments written in these sections should support summative comments, described below.

Evaluator Concern Sections

Site directors have the discretion of placing comments in the Evaluator Concern sections (Clinical

Performance or Professional Behavior or Conduct sections) to describe a particular incident or to note general concerns.

The purpose of this is to provide feedback to students and to give the school additional information to use in the management and oversight of students' academic and professional development. The Evaluator Concern designation is not recorded on the official transcript. An evaluator concern documenting a serious deficiency or a pattern of evaluation concerns in two or more courses may result in the student's performance being deemed unsatisfactory for continuance in the medical school program.

*Please note: If you have **NO evaluator concerns** then select **NO** for both questions and **DO NOT** write anything in the evaluator concern comment boxes.*

Suggested Clinical Grade

Your suggested Clinical grade should align with the numerical *FMC Grading Criteria* and Clinical grade or GPA for: Failure, Pass, High Pass and Honor's grades. To download the *FMC Grading Criteria*, please go to:

<http://www.depts.washington.edu/fammed/education/courses/clerkship/info-faculty/>

Name of faculty member most familiar with student's performance

You can enter your name or the names of the providers who worked most frequently with the student.

Required Summary of Performance – Summative Comments Section

The summative comments section will be used in the MSPE letter or Dean's letter. This section should be written in the PAST TENSE and focus exclusively on the **student's strengths**. Similar to the descriptive section of the evaluation, it is important to be **specific and use examples of the student's performance when working within the Family Medicine setting.**

In this section, it is important to also pay close attention to the language used to describe the students' performance. The MSPE includes a key that describes the code words and the percentage of students that earns each one. At the University of Washington, the code words are good, very good, excellent, and outstanding:

Good and **very good** are roughly equivalent to a **pass**,

Excellent approximates a **high pass**,

Outstanding is for an **honors** performance in the clerkship.

While it is not necessary to use these exact words in all your comments, we do ask that you keep these key words in mind when summarizing student performance.

Deadline

Site Directors need to submit their Clinical Grade in E*Value no later than **2 weeks** after the last day of the clerkship. **Seattle FMC Office** assigns final grades based on the site's scores and the student's final exam performance. Final Grade can be impacted by exam scores, so their clinical grade may differ from final grade. To understand the impact of the Family Medicine final exam see the FM Grading Criteria, located on our *Info for Faculty Website (linked below)*. The Seattle FMC Office must submit the final grade no later than **4 weeks**

after the last day of the clerkship.

Questions?

If you have any questions about the Evaluation or Grading Process, please email the Family Medicine Administrator at fmclerk@uw.edu .

Useful Websites

Family Medicine Clerkship (FMC): www.uwfmc.org

FMC, Info for Faculty: <http://www.depts.washington.edu/fammed/education/courses/clerkship/info-faculty/>

FMC, Info for Students: <http://www.depts.washington.edu/fammed/education/courses/clerkship/info-students>

