



**THE GEORGE
WASHINGTON
UNIVERSITY**

WASHINGTON, DC

Responsible University Official:
Senior Associate Dean for MD Programs,
Associate Dean of Admissions
**Responsible Office: Assistant Dean Pre-
Clinical Education**
Most Recent Review:

POLICY ON GW SMHS MD PROGRAM NARRATIVE ASSESSMENT

Policy Statement

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

Narrative assessments are defined by the LCME as "written comments from faculty that assess student performance and achievement in meeting the objectives of a course or clerkship."

Reason for Policy/Purpose

To provide George Washington School of Medicine and Health Science (SMHS) MD Program faculty, staff, and students with information on what narrative assessment is and where it occurs in the curriculum.

Who Needs to Know This Policy

Current students, staff, and faculty

Policy

To ensure that faculty provide meaningful narrative description and feedback to medical students regarding their achievement of learning objectives in cognitive and non-cognitive domains, narrative assessment shall include faculty observations of and student feedback in areas related, but not limited to the following:

- **Medical Knowledge** including an understanding of health, pathophysiology, diagnosis and treatment, seeing logical relationships between data
- **Patient Care** including skills in clinical reasoning, history taking, physical and mental health status exam, developing a prioritized differential diagnosis, synthesizing data into assessments, formulating and implementing plans for diagnosis or treatment, technical or procedural skills, evaluation of outcomes
- **Interpersonal and Communication Skills** including oral and written presentations; communication with patients and team members

- **Practice Based Learning and Improvement** including accessing biomedical resources to inform care, demonstrating knowledge of evidence-based medicine principles, identifying and filling information gaps
- **Systems Based Practice** including identifying principles of cost-effective care and ways to enhance patient safety and quality, advocating for patients, optimizing outcomes and minimizing disparities in the healthcare system
- **Professionalism** including demonstration of honesty and integrity, responsibility, reliability, dependability, teamwork and collaboration, inter-professional team relationships, team leadership, empathy, commitment to competence and excellence, respect for others, ability to accept and respond constructively to feedback
- A narrative may include areas of strength and also address opportunities for academic and professional growth and development

Scope and Applicability

- A narrative description of a learner's performance must be provided in all courses and clerkships where the structure and instructor-student interactions allow for multiple and/or longitudinal observations by faculty of individual students' performance and achievement of cognitive and non-cognitive learning objectives; these courses/clerkships are typically four weeks or longer in duration.
- Faculty who interact with students individually or in small groups of 10 or fewer students for at least 4 or more sessions are required to provide narrative description.

Pre-Clinical

- Courses in the preclinical years that contain small groups (i.e. 10 students) with the same facilitator(s) should provide narrative assessments to all students on their performance in the small group setting; this includes the Practice of Medicine (POM) course. In POM, the clinical skills and reasoning instructors (CSRIs) provide summative narrative feedback in the form of subjective evaluations; this feedback may be included in the Dean's letter. Additionally, both CSRIs and professional development mentors (PDMs) provide formative feedback, i.e. at the one-on-one mentor-mentee sessions.
- By way of example, courses or sessions in the preclinical years where this requirement does not apply (criteria are not met) are the mentored small group sessions in Patients, Populations, and Systems (PPS) (24 students/small group) and the integrated case-based sessions in the organ blocks (30 students/group).

Clerkships and Electives more than 4 weeks

- A narrative assessment should be provided as a component of the student's final evaluation in each of the required clerkships or elective. The narrative assessment may be included in the Dean's Letter (MSPE) that is submitted as part of the residency application process.
- The narrative assessment may include multiple narratives submitted by individual faculty and residents who have worked with the student during a clerkship or elective, and/or a synthesis of these by the clerkship or elective director.

- Facilitators/attendings should address both the student’s cognitive and non-cognitive strengths and areas for improvement based on a rubric or evaluation form provided by the course/clerkship director that addresses the course objectives.
- Although provision of narrative description can be conducted verbally, written documentation is required via passports, Blackboard, MedHub or email for monitoring and archival purposes and, in the case of summative assessment on clerkships, accessibility for inclusion in the Medical Student Performance Evaluation.

Contact

Sr. Associate Dean for MD Programs; 202-994-9528; pwhite16_@gwu.edu
Assistant Dean for Pre-Clinical Education;
Associate Dean for Clinical Education.

Who Approved This Policy

Committee on Undergraduate Medical Education Curriculum (CUMEC) 5/21/20

History/Revision Dates
