The Michigan State University College of Human Medicine

Shared Discovery Curriculum

Student Manual for Assessment and Promotion (MAP)

For Matriculating Class of 2016

Approved by the Curriculum Committee:

March 15, 2016

Revised April 25, 2017

Revised October 2, 2017

Sections

Context of the College of Human Medicine Educational Program

1. **Roles of the institution**

   The Michigan State University College of Human Medicine embraces multiple roles to fulfill its mission and demonstrate commitment to its core values. To serve its students, the College develops and delivers high quality curricular experiences that enable learners to achieve competence in order to succeed in graduate medical training. To serve the public, the College strives to produce graduates who perform in a manner consistent with the standards of scholarship and professional behavior accepted and expected by society and the medical profession.

2. **Medical education through Shared Discovery**

   The College of Human Medicine strives to continually improve the medical school experience in response to ongoing changes in the landscape of health care, advances in medical knowledge and new understandings about lifelong learning and competency-based assessment. Shared Discovery specifically connotes the college's desire to foster collaborative learning for students, faculty, and staff while accomplishing its mission to train, nurture and graduate students who will become excellent resident physicians.

   The Shared Discovery Curriculum is based on guiding principles endorsed by the College faculty. These include early clinical experiences, integration of basic and clinical sciences, competency-based student advancement, opportunity for student demonstrations of competence and excellence, and alignment of evaluations with curricular content and real-world performance.

   At the same time, the Shared Discovery Curriculum maintains our founding values -- a commitment to diversity, a goal to serve our patients in the communities in which they live, and embodiment of the biopsychosocial model of care.

3. **Curricular governance**

   The Curriculum Committee sets the standards for student performance within the College's curriculum, including those for promotion and retention. The Student Competence Committee applies the standards to individual students to determine grades and promotion.

Technical Standards

The Technical Standards are used in the selection of students for admittance to the College of Human Medicine, and document the technical abilities required of students throughout their medical school education. They are replicated here for transparency and to inform the ongoing assessment of students in the Shared Discovery Curriculum. Students must re-attest to the technical standards each semester and upon return from leaves of absence before re-entering the curriculum.

Technical standards presented in this document are required for admission, progression, and graduation from the Michigan State University College of Human Medicine. Conferral of a medical degree certifies that the recipient has demonstrated all the requisite abilities and skills to enter an accredited graduate medical education program. This demonstration encompasses a variety of attributes critical to the provision of quality medical care, including the physical, cognitive and emotional strengths necessary to complete the rigorous requirements of the medical school curriculum, and the social and behavioral skills expected of a competent physician.

All applicants and matriculants are held to the same academic and technical standards, with reasonable accommodations as needed for students with disabilities to enable them to meet the standard. Applicants and matriculants must have a diagnosed and documented disabling condition in order to request reasonable accommodations. Accommodations are requested through the Michigan State University Resource Center for Persons with Disabilities (RCPD) (www.rcpd.msu.edu).

I.   Observation Skills

 A medical student must possess the observation skills necessary to:

- Acquire a defined level of required information as presented through demonstrations and experiences in the necessary sciences, including, but not limited to, information conveyed through physiologic and pharmacological demonstrations, microbiological cultures, and microscopic images of microorganisms and tissues in normal and pathologic states.
- Observe and interpret the physical and emotional status of a patient, both at a distance and close at hand.
- Acquire information from written and electronic sources.
- Visualize information as presented in images from paper, films, slides, or video.
- Interpret x-ray and other graphic images as well as digital or analog representations of physiologic phenomenon (such as electrocardiograms).

Such observation and information acquisition requires the functional use of visual, auditory and somatic senses, enhanced by the functional use of other sensory modalities. When a medical student's ability to observe or acquire information through these sensory modalities is compromised, the student must demonstrate alternative means and/or abilities to acquire the essential information conveyed in this fashion. If the alternatives are acceptable, it is expected that obtaining and using such alternate means and/or abilities will be the responsibility of the student. The use of a trained intermediary to perform the necessary skills on behalf of the candidate is not permitted.

II.   Communication Skills

 A medical student must possess the communication skills necessary to:

- Skillfully communicate in English verbally, in writing, and electronically.
- Speak, hear, and observe patients by sight to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications.
- Communicate effectively and sensitively with patients; communication includes speech and writing.

- Communicate effectively and efficiently in a timely manner, in oral and written form, with all members of the academic and health care team.
- Conscientiously respond to email, telephone, and pager communication.

Such communication requires the functional use of visual, auditory, and somatic senses enhanced by the functional use of other sensory modalities. When a medical student's ability to communicate through these sensory modalities is compromised the student must demonstrate alternative means and/or abilities to meet communication standards. If the alternatives are acceptable, it is expected that obtaining and using such alternate means and/or abilities will be the responsibility of the student. The use of a trained intermediary to perform the necessary skills on behalf of the candidate is not permitted.

III. Motor Skills

A medical student must possess the motor skills necessary to:

- Directly perform palpation, percussion, auscultation, and other diagnostic maneuvers.
- Perform basic laboratory tests and diagnostic procedures.
- Execute motor movements reasonably required to provide general and emergency medical care, such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, suturing of wounds, and the performance of simple obstetrical maneuvers.

Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. The use of a trained intermediary to perform the necessary skills on behalf of the candidate is not permitted.

IV. Social and Behavioral Abilities

A medical student must possess the emotional health required for full utilization of his or her intellectual abilities. In addition, a medical student must possess the social and behavioral skills necessary to:

- Exercise good judgment (i.e. recognizing and communicating limitations, discerning when to ask for help, prioritizing responsibilities, truthfulness in self-report, maintaining professional boundaries with patients).
- Attend all required experiences.
- Conscientiously complete all assignments and responsibilities attendant to the diagnosis and care of patients.
- Develop effective relationships with patients, based on trust, respect, and dignity.
- Function effectively under stress.
- Tolerate physically, emotionally, and mentally demanding workloads.
- Adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of patients.
- Communicate with and care for, in a nonjudgmental way, all persons including those whose culture, spiritual beliefs, race, ethnicity, socioeconomic status, gender, gender identity, sexual orientation, and/or age are different from his/her own.
- Examine the entire patient, regardless of gender, and regardless of the social, cultural, or religious beliefs of the patient or of the medical student.

The use of a trained intermediary to perform the necessary skills on behalf of the candidate is not permitted.

V. Intellectual-Conceptual, Integrative, and Quantitative Abilities

A medical student must have sufficient intellectual cognitive capacity to assimilate a large volume of technically detailed and complex information presented in a variety of teaching formats. Integration and application of the learned principles to solve problems is a critical skill required of every physician. Medical students must be able to:

- Measure, calculate, reason, analyze, integrate, and synthesize.
- Comprehend three-dimensional relationships and understand the spatial relationships of structures.
- Perform these problem-solving skills in a timely fashion.
- Remain awake and alert, even in the face of long hours and stressful environments.

The use of a trained intermediary to perform the necessary skills on behalf of the candidate is not permitted.

VI. Responsibilities

Michigan State University is committed to providing equal opportunity for participation in all programs, services and activities. While the university provides reasonable accommodations, it does not change essential academic requirements, technical standards, or job functions. Accommodation determinations are based on documentation and individualized needs assessment. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities (RCPD) at 517-884-RCPD or on the web at rcpd.msu.edu. Once eligibility for an accommodation has been determined, a verified individual services accommodation ("VISA") form will be issued. This form must be presented to Instructor of Record(s) at the start of the term and/or two weeks prior to the accommodation date (test, project, etc.). Requests received after this date will be honored whenever possible. The VISA includes information about the role of the student, faculty member, and RCPD staff members; a sample is available on the RCPD website.

Students must continue to meet the Technical Standards throughout their enrollment in the Michigan State University College of Human Medicine. The Student Competence Committee determines compliance as part of each student's end of semester review to determine progression in the curriculum. If a student does not demonstrate compliance with the Technical Standards, s/he may be referred to RCPD for additional assessment for potential accommodation(s). Subsequent to that assessment, the Student Competence Committee will determine the student's ability to continue in the medical school after consultation with the RCPD. If no reasonable accommodations can be made that allow the student to meet the Technical Standards, the student will be placed on suspension pending dismissal. The student is able to appeal and grieve suspension pending dismissal as described in the Student Manual for Assessment and Promotion. In addition, the RCPD has internal

mechanisms to request reconsideration and dispute disability determinations or appropriateness of accommodations (https://www.rcpd.msu.edu/awareness/dispute).

Rights and Responsibilities

Students and faculty members are bound by the University's policies, regulations, and ordinances regarding academic honesty and integrity (https://www.msu.edu/unit/ombud/academic-integrity/.)

Additional university policies and procedures pertaining to faculty, staff, and students in the College include:

- Medical Student Rights and Responsibilities (MSRR) (http://splife.studentlife.msu.edu/medical-student-rights-and-responsibilites-mssr).
- Faculty Rights and Responsibilities as detailed in the Faculty Handbook (https://www.hr.msu.edu/documents/facacadhandbooks/facultyhandbook/facultyrights.htm
- Code of Teaching Responsibility (https://reg.msu.edu/AcademicPrograms/Print.asp?Section=514)
- Student Mistreatment Policy (http://humanmedicine.msu.edu/Medical_Education/Assets/Student-Mistreatment-Policy-June-2014.pdf).
- Student Rights & Responsibilities and the General Student Regulations (http://studentlife.msu.edu/).

The policies and procedures contained within this handbook build upon the foundations of these documents.

The Student Handbook for the Shared Discovery Curriculum contains additional policies and procedures pertaining to student activities that do not necessarily affect assessment or promotion directly. Students may access this handbook on line.

SCRIPT competency framework

Medical education at Michigan State University College of Human Medicine is based on a competency framework that defines the outcomes of our training, provides the foundation for our curriculum, and defines our graduation requirements. These are Service, Care of patients, Rationality, Integration, Professionalism and Transformation -- known to our students, faculty and staff as SCRIPT. **Table 1** provides an overview of the SCRIPT competency goals; detailed, developmental expectations are available in **Appendix 1**.

Table 1: SCRIPT Competency Goals

SERVICE
Participates in the provision of beneficial services within the community
Demonstrates preparation and planning to provide services which respond to community need
Demonstrates reflection on their participation in service activities
CARE OF PATIENTS
Demonstrates kindness and compassion to patients and their families
Collects complete and accurate patient data
Synthesizes patient and laboratory data to formulate reasonable assessments and plans
Demonstrates the incorporation of patient values into illness assessment and care plans
Communicates effectively in writing and orally
Effectively counsels and educates patients and their families
RATIONALITY
Identifies personal strengths and weaknesses and develops ongoing individual learning plans
Demonstrates use of faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems
INTEGRATION
Demonstrates awareness of cost and access issues in the formulation of patient care plans
Demonstrates respect for all members of the health care team
Demonstrates understanding of and contributes to a culture of safety
Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
Demonstrates knowledge of how social and economic systems in which people live impact health, delivery of health care and wellbeing.
PROFESSIONALISM
Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
Contributes actively to group/team process
Demonstrates respect to patients, colleagues and team members
Fulfills responsibilities in courses and on clinical rotations
Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.
TRANSFORMATION
Applies essential basic, social, clinical science and systems knowledge in the care of patients
Creates new knowledge through research
Participates in lifelong teaching and learning with peers, trainees, and patients

Learning Society organization

The faculty members engaged in the four Learning Societies together form the Academy, and the learning society faculty members are Fellows of the Academy. The Academy provides an administrative and pedagogical infrastructure for formal and informal medical student education. Students are assigned to Fellows within their Learning Societies for integration and continuity of learning, advising, and coaching. Students engage in post-clinic debriefing, small group instruction, portfolio development, individual learning plan review and implementation, professional socialization, and career development with guidance from Fellows and other faculty members.

Curricular Segments and Courses

The Shared Discovery Curriculum is organized in a series of curricular segments with distinct content and clinical experiences under the aegis of the Assistant Dean for Clinical Experiences. These segments are the Early Clinical Experience (ECE), Inter-Sessions (IS), the Middle Clinical Experience (MCE), and the Late Clinical Experience (LCE) (see **Table 2**). Each segment has its own leadership, overseeing the implementation of curricular content and experiences and reporting to the Assistant Dean for Clinical Experiences.

Table 2: Segments of the Shared Discovery Curriculum

Segment	Purpose
Early Clinical Experience (Courses: HM 552 Medical School I and HM 553 Medical School II)	Orient and demonstrate core clinical skills. Demonstrate core clinical skills. Link necessary science knowledge to clinical presentations. Introduce consideration of social context of clinical decisions.
Intersessions (Courses: HM 553 Medical School II, HM 554 Medical School III)	Focus on areas required by the curriculum, as well as of particular interest or academic need.
Middle Clinical Experience (Courses: HM 554 Medical School III, HM 555 Medical School IV, HM 556 Medical School V)	Assume active roles in patient care. Demonstrate growing knowledge and skills in clinical skills, necessary science, and the social context of clinical care
Intersessions (Course: HM 655 Advanced Skills and Knowledge in Medical School V)	Focus on areas required by the curriculum, as well as of particular interest or academic need
Late Clinical Experience (Courses: HM 651 Advanced Skills and Knowledge in Medical School I, HM 652 Advanced Skills and Knowledge in Medical School II, HM 653 Advanced Skills and Knowledge in Medical School III , HM 654 Advanced Skills and Knowledge in Medical School IV , HM 655 Advanced Skills and Knowledge in Medical School V, and Departmental courses)	Immersion in discipline-based clerkships, acting internships, elective experiences, and Advanced Skills and Knowledge experiences

The ECE, MCE and Intersession segments occur within College courses (e.g. HM552 Medical School I) that are one semester in length and 12 credits each (see **Figure 1**). In the LCE, students are enrolled in a College course each semester (e.g. HM 651 Advanced Skills and Knowledge in Medical School I) and in parallel Departmental courses such as surgery, pediatrics, etc. The Assistant Dean for Clinical Experiences is the Instructor of Record for all College courses, while departmental courses have their own Instructor of Records.

Figure 1: Academic Calendar

Week	Year 1		Year 2		Year 3		Year 4	
	Course	Segment	Course	Segment	Courses	Segment	Courses	Segment
1	HM552 Medical School I	Preparation for the Early Clinical Experience	HM555 Medical School IV	VACATION / Middle Clinical Experience	Departmental Course	HM 651 Advanced Skills and Knowledge I / Late Clinical Experience	Departmental Course	HM 654 Advanced Skills and Knowledge IV / Late Clinical Experience
2								
3								
4								
5					Departmental Course		Departmental Course	
6								
7								
8								
9		Early Clinical Experience			Departmental Course		Departmental Course	
10								
11								
12								
13		VACATION		VACATION	Departmental Course		INTERVIEWS	
14		Early Clinical Experience		Middle Clinical Experience				
15								
16								
17		WINTER BREAK		WINTER BREAK	WINTER BREAK		WINTER BREAK	
18								
19	HM553 Medical School II	Early Clinical Experience	HM556 Medical School V	Middle Clinical Experience	Departmental Course	HM 652 Advanced Skills and Knowledge II / Late Clinical Experience	Departmental Course	HM 655 Advanced Skills and Knowledge V / Late Clinical Experience
20								
21								
22								
23								
24					Departmental Course		OPEN	
25								
26								
27								
28		SPRING BREAK		SPRING BREAK	SPRING BREAK		OPEN	
29		Intersession x 2		Intersession x 2	OPEN			
30								
31								
32								
33		Intersession x 2		Intersession x 2	Departmental Course		OPEN	
34								
35								
36							GRADUATION	
37	HM554 Medical School III	Intersession x 2		VACATION and USMLE Exam	Departmental Course	HM 653 Advanced Skills and Knowledge / Late Clinical Experience		
38								
39								
40								
41		Intersession x 2			Departmental Course			
42								
43								
44								
45		VACATION			USMLE Exams			
46		Middle Clinical Experience						
47								
48								
49					Departmental Course			
50								
51								
52								

Curricular Objectives

In keeping with its emphasis on early and ongoing clinical experiences, the Shared Discovery Curriculum is organized to reflect the reasons people seek health care (i.e. chief complaints and concerns) rather than by organ systems or disciplines in the clinical and necessary sciences. The Chief Complaints and Concerns documents (C3s) encompass all learning objectives for clinical skills, necessary sciences, and the humanities, and the social context of clinical decisions; see **Appendix 2** for the list of C3 topics.

In addition, the C3s provide a patient centered framework to interrelate SCRIPT competency goals, curricular content, and progress assessments. The documents are organized by the following paradigm: Rationale, Capstone Assessments, Gathers Relevant Data, Problem List/Differential Diagnosis, Management Plan, Applies Necessary Science, and Controversies/Complexities. The content in any given C3 document is distributed throughout curricular segments. For example, Dyspnea content is found in the Early, Middle, and Late Clinical Experiences.

The C3s are publicly available in Just in Time Medicine (justintimemedicine.com), a cloud-based, hyperlinked curriculum content delivery and assessment platform. It is fully searchable using key words and tags. The tags identify the disciplines linked to the content (e.g. medical and molecular genetics, histology and cell biology), and identifies when content will be routinely encountered by learners (e.g. ECE, MCE).

Academic Counseling and Advising

The College of Human Medicine offers academic counseling and support above and beyond interactions with the Fellows. These include:

The **Academic Achievement Office** offers a variety of learning activities and academic counseling services to ensure that all students reach their full learning potential. These programs are offered to all students. Students who are on Academic Review are required to participate in Academic Achievement activities.

The **Office of Assessment** provides performance reports for the Progress Suite of Assessments at mid and end of semester. It also offers individual advising specifically related to the Progress Suite of Assessments, portfolio, and ESSA.

Students may access either office directly or upon referral by a Fellow.

Progress Assessment

Students' promotion within the Shared Discovery Curriculum is based upon attainment of the knowledge, skills, and behaviors described by the SCRIPT framework and C3 documents. A behaviorally-anchored description of the expected developmental progression for the SCRIPT competency goals is included in **Appendix 1**.

The Progress Suite of Assessments is summative and comprised of five core components: Progress Clinical Skills Examination (PCSE), the Comprehensive Necessary Science Examination (CNSE) Multisource Feedback, the Portfolio, and the End of Semester Self Assessment (ESSA).

Table 3: Assessments by SCRIPT competency goal

SERVICE	CARE OF PATIENTS	RATIONALITY	INTEGRATION	PROFESSIONALISM	TRANSFORMATION
• Portfolio • Multisource feedback • ESSA	• PECE Safety Check • PCSE • Multisource feedback • Portfolio • ESSA	• PCSE • CNSE • Multisource feedback • Portfolio • ESSA	• PCSE • Multisource feedback • Portfolio • ESSA	• PECE Safety Check • PCSE • Multisource feedback • Portfolio • ESSA	• PECE Safety check • PCSE • CNSE • Multisource feedback • Portfolio • ESSA

The *Progress Clinical Skills Examination* (PCSE) combines interactions with standardized patients and/or health professionals, use of manikins, clinical reasoning exercises, necessary science application, and clinical documentation in a simulation center within eight stations. Each station includes assessments of the knowledge, skills, or attitudes pertinent to learners across the spectrum of the curriculum including interactional skills, hypothesis-driven history gathering, hypothesis-driven physical examination, counseling skills, safety behaviors, clinical reasoning, and application of necessary science. The blueprint for the standardized patient checklists is provided in **Appendix 3**.

The *Comprehensive Necessary Science Examination* (CNSE) utilizes multiple choice questions similar to Step 1 and Step 2 Clinical Knowledge United States Medical Licensing Examinations and is comprised of course-specific components as detailed in course syllabi

For both the PCSE and CNSE, exams of comparable content and complexity are administered twice each semester. Students are expected to demonstrate incremental improvements and attain minimum levels of performance by the end of each semester for promotion to higher-level courses. Students receive reports of their performance on these exams at mid-semester and end of semester from the Office of Assessment. The Student Competence Committee considers the semester's best performance for each component at its meetings. (For example, if the student performs at a higher level for mid-semester PCSE than the end of semester PCSE, the Student Competence Committee uses the mid-semester score.)

Multisource feedback encompasses assessments from preceptors (clinical and non-clinical settings), peers (clinical and non-clinical settings), nurses, other health care team members, and patients.

The *Portfolio* is an aggregation of materials/artifacts that demonstrate the ongoing participation and development of the student. Some of the materials/artifacts are generated by participation in activities or completion of assignments based on the curricular component and topic. Examples include:

Direct Observation: Preceptors will observe students performing a variety of clinical skills, including but not limited to eliciting a history, performing a physical examination, counseling a patient, and giving an oral case presentation. The preceptor will assess student performance using pre-established assessment tools in Just In Time Medicine.

Clinical Documentation: Students will complete clinical documentation, such as History and Physical Exam documents, progress notes, discharge summaries, prescriptions, and post-encounter summaries, in real and simulated clinical settings. Each document will be assessed using a pre-established rubric available within Just In Time Medicine.

Logbooks: Students will maintain procedure logbooks in Just In Time Medicine. Supervising personnel complete check off lists and global assessments of competence. The number and types of procedures and demonstrations of skill required are described in curricular materials.

Skill Certification: Opportunities to obtain specialized knowledge and skills pertinent to medical training exist outside of the College. Two are required.

- Current Basic Life Support (BLS) certification by the American Heart Association is required at the time of matriculation and must be maintained throughout enrollment.
- Michigan State University Institutional Review Board certification for researchers is required prior to graduation, and prior to participation in any human subjects research. Training is available at www.hrpp.msu.edu.

External Examinations: Students must pass USMLE Step 1 to enter the LCE, and pass Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) to graduate. Additional information regarding these examinations is available at usmle.org.

Formative Assessments: As students participate in laboratory, simulation, individual and team-based learning activities, a variety of formative assessments will be generated. Students may choose to include some or all of these in their portfolios for review by the Student Competence Committee.

Activities supporting Academic Certificate achievement: Students accepted to special programs within the medical school may earn academic Certificates (e.g. Rural Health Certificate) through completion of coursework or activities as specified in separate curricular documents. These activities and/or academic products may also be used as evidence of achievement of the SCRIPT competency goals.

Additional artifacts: Others materials require student selection, completion, and upload into Just In Time Medicine or other course management programs. Examples of this include reflective journals as part of the service project or quality improvement project reports and other artifacts chosen by the student to demonstrate competence.

In **End of Semester Self Assessments** (ESSA), students populate a SCRIPT-aligned rubric (**Appendix 4a**), referencing assessments and portions of the portfolio as evidence of attainment of competency, and identifying personal

learning goals for the following semester. The ESSA is part of the academic record and as such is reviewed by the Student Competence Committee.

Individual Learning Plans

Students reflect upon formative and summative assessments on an on-going basis to create and maintain Individual Learning Plans that address areas of strength, areas for improvement, goals, and resources to help attain the goals. These are real-time, formative documents. Students review their ILPs with their assigned Fellows on a regular basis. (MD-PhD students may use the Individual Development Plan in place of the standard ILP.) This includes mid-course feedback for students. The Fellows provide formative feedback to the student and an assessment of students' engagement in the ILP process with the Student Competence Committee. The ILP itself is not part of the academic record and is not reviewed by the Student Competence Committee.

Student Competence Committee Structure and Function

The Student Competence Committee reviews student performance data, portfolios, and ESSAs in the context of the academic standards established by the Curriculum Committee to determine College course grades and promotion within the Shared Discovery Curriculum at the end of each semester. The Student Competence Committee also ensures ongoing compliance with the Technical Standards for the MD degree.

Committee Composition: The Instructor of Record for all College courses is the Chair of the Student Competence Committee. The Committee members include: (1) 32 Fellows of the Academy (eight from each Learning Society), (2) eight members elected by the faculty at large for three-year terms; and (3) eight additional faculty members appointed by the dean for balancing committee composition who also serve three-year terms. Committee members are assigned to one of four subcommittees such that each subcommittee has representation from all four Learning Societies and the faculty at large (i.e. elected and appointed members) (**Figure 2**). The Grade Appeals subcommittee (described under "Grade Appeals") is also composed of members of this body. Full details of committee and subcommittee structure are specified in the College by-laws.

Student review for grade assignment and promotion decisions: Subcommittees are assigned students for performance review at matriculation, such that every subcommittee reviews students from all four Learning Societies for the duration of their enrollment. Students' performance continues to be reviewed by the same subcommittee throughout their enrollment in the College.

Figure 2: Student Competence Committee Structure
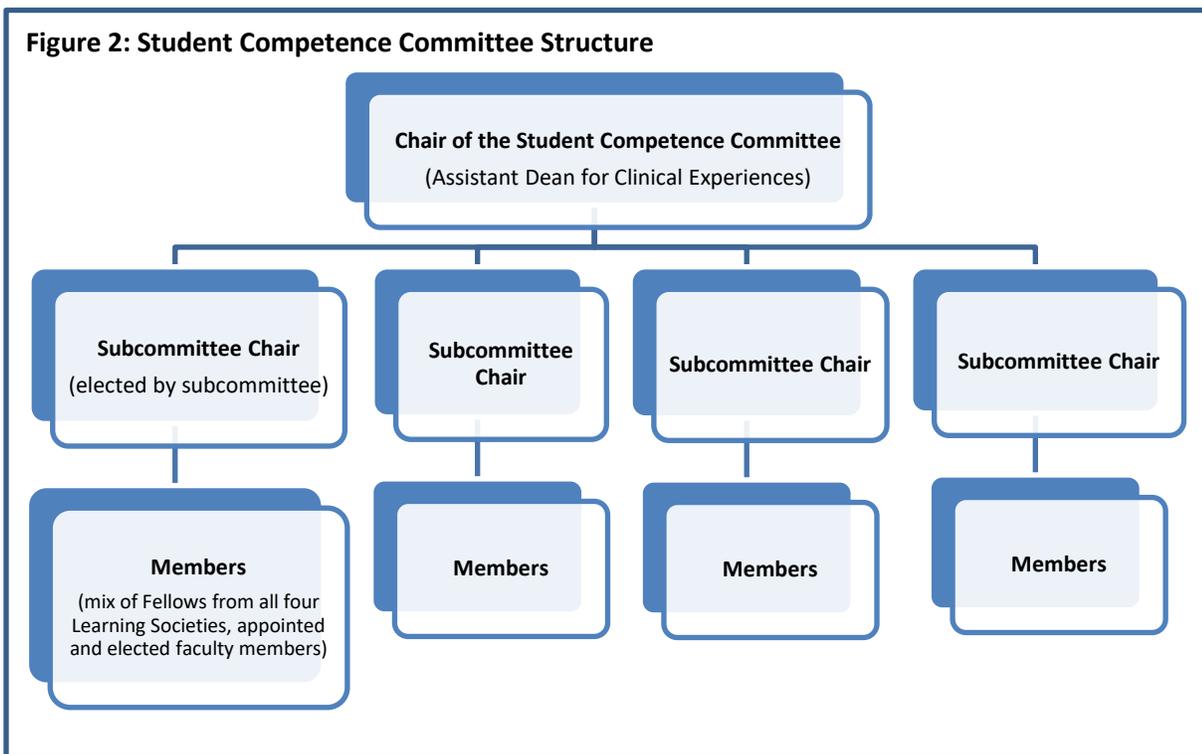
Committee and subcommittee preparation activities: Each subcommittee elects its convening chair and vice chair for a term of three years. The convening chair: 1) ensures ongoing faculty development pertinent to the Shared Discovery Curriculum and assessment; 2) leads review of the assessment standards at the beginning of each semester's meetings; 3) coordinates with Assessment staff members to assign all students to subcommittee

members for review (as above) and distribute student files; 4) mitigates any potential conflicts of interest among subcommittee members; 5) leads subcommittee discussion of student files; and 6) reports decisions to the Chair. The vice chair assumes the duties of the convening chair in his/her absence.

Resolving conflicts of interest: Fellows do not participate in discussions about or vote on students from their own Learning Societies. They are recused when those students are reviewed during subcommittee meetings. Committee members with other conflicts of interest coordinate with the subcommittee chairs to recuse themselves from discussion and voting as well. In extraordinary circumstances, a student may request in writing to the Chair of the Student Competence Committee that their subcommittee assignment be changed to mitigate conflicts of interest.

Course Grade Determinations

Course grades in HM courses are determined by comparing student performance on the Progress Suite of Assessments to a pre-established set of expectations, as described in SCRIPT (**Appendix 1**), rather than to other students. This document describes the process used by the Student Competence Committee for assigning grades for College courses. Policies regarding Departmental course grade assignments are specified in their respective handbooks.

College courses are graded No Grade/Conditional Pass/Pass.

Prior to Student Competence Committee subcommittee meetings, each student has two subcommittee faculty members assigned to review his/her academic record in detail. The faculty members review the results of each component of the Progress Suite, assessing evidence of performance against a course-specific rubric. Consistent with best evidence on the use of progress examinations, student grades are based on two iterations of the Progress Clinical Skills Examination and Comprehensive Necessary Science Examination, with the highest score used for grade determination. In HM 556, students who have not yet reached pass criteria for the Comprehensive Necessary Science Exam will be allowed to sit for one additional testing date at the conclusion of HM 556. Full details of course-specific SCRIPT expectations are available in **Appendix 5.** Multisource feedback and portfolio documents are assessed based on these course-level expectations. **Figure 3** and **Appendix 5** summarize the process and course-specific expectations for performance.

The grade recommendation is based on the summation of the components of the Progress Suite of Assessments, such that:

- **Pass (P)**: The student has met or exceeded all performance expectations for the course.
- **Conditional Pass (CP)**: The student has met most but not all performance expectations for the course; any critical deficiencies identified have evidence for remediation within the course. (Note: Learning Society Fellows have the opportunity to rapidly identify and address critical deficiencies with students prior to the end of semester.)
- **No Grade (N)**: The student has had one or more critical deficiencies identified, without evidence of remediation by the end of the semester, or demonstrates egregious behaviors, or has failed to successfully remediate a Conditional Pass grade from a prior semester.

This information is also summarized in **Table 5.**

At the meeting, the assigned faculty reviewers present their findings and recommendations to the subcommittee at large, on a student-by-student basis. After discussion, the subcommittee votes on the grade decision. The Instructor of Record (who is also chair of the Student Competence Committee) reviews the subcommittee reports and recommendations. The faculty of record ensures comparability of grading. S/he may request re-review of a student's assessment data, performed by him/her and a simple majority of the members of the subcommittee, and grade decision. The Instructor of Record renders final grades.

The Instructor of Record and Student Competence Committee may also issue letters of commendation for students whose performance significantly exceeds expectations in one or more SCRIPT competencies.

Figure 3: Process for Student Competency Committee Review for Course Grade Assignment

1. Student Competence Committee reviewers are assigned student.
2. Reviewers independently receive the course-specific grading rubrics and access to student data for review:
   a. Progress Clinical Skills Examination reports
   b. Comprehensive Necessary Science Examination reports relevant to each semester
   c. Multi-Source Feedback reports
   d. Logbook report
   e. End of Semester Self Assessment, which references and contains links to additional portfolio items
3. Reviewers independently analyze student data in light of course-specific grading rubrics, including assessing the quality of the End of Semester Self Assessment.
   a. Comprehensive Necessary Science Examinations: see Table 4
   b. Progress Clinical Skills Examination: see Table 5
   c. Multi-Source Feedback reports: see Table 6
   d. Logbook report: See Table 7
   e. End of Semester Self Assessment: See Table 8
   f. Portfolio: Informs assessment of additional areas of course-specific SCRIPT-based rubric; see Appendix 4b
4. Reviewers independently formulate a course grade recommendation.
5. At the Student Competency Committee subcommittee meeting, the reviewers propose a course grade and provide an overview of the student data to support the recommendation.
6. After discussion, the subcommittee votes on the course grade recommendation.
7. Course grade recommendation is forwarded to the Instructor of Record for final approval.
8. Course grade is entered in CHM student record keeping systems and forwarded to the university Registrar's Office.

Table 5: Criteria for Course Grade Assignments

	Pass (P)	Conditional Pass (CP)	No Grade (N)
References course-specific rubric and Progress Suite of Assessment components	Met or exceeded expectations for all SCRIPT competencies	• Below expectations on one or more SCRIPT competencies • Any critical deficiencies identified have evidence for remediation within the course.	• One or more critical deficiencies identified, without evidence of remediation by the end of the semester, or egregious behaviors • OR Did not meet performance expectations for one or more components from previous semester and hence did not remediate a Conditional Pass grade

Remediation of Conditional Pass Grades for College Courses

Students must successfully remediate all courses with non-passing grades for progression within the curriculum. The processes for remediating Departmental courses are detailed in their respective handbooks.

If the student has received a CP grade in HM 552, HM 553, HM 554 or HM 555, the student may enroll in the next College course in the sequence under Academic Review.

> **Scenario:** Student K's data is reviewed at the end of HM 552.
>
> **HM 552 Grade decision:** CP
>
> **Normally transition to LCE in the next semester?** No
>
> **Decision:** Enroll in HM 553 for next semester to remediate HM552.

If the student is enrolled in HM 556 (with the next College course being HM651, the Late Clinical Experience), then the student may either enroll in HM 591Special Problems in Human Medicine (default) OR take a leave of absence until curricular expectations for the ECE, MCE, and Intersessions have been met and the USMLE Step 1 exam passed.

> **Scenario:** Student H's data is reviewed at the end of HM 556.
>
> **HM 556 Grade decision:** CP
>
> **Normally transition to LCE in the next semester?** Yes
>
> Next course in sequence: Departmental course and HME 651 (LCE)
> - Requires completion of MCE and Intersession curricular goals   **not met**
> - Requires passage of USMLE Step 1 exam   **not met**
>   - Not certified to sit for USMLE Step 1 examination until passes HM 556
>
> **Decision:** Enroll in HM 591 for next semester to remediate HM556.

Step 2. Determine if the student has met the course's performance expectations by the end of the next semester of enrollment, based on review of the Progress Suite of Assessments.

- If Yes, the course is remediated (CP/P).
- If No, the student receives a CP/N and is suspended pending dismissal.

> **Scenario:** Student H's data is reviewed at the end of HM 591.
>
> **Does performance meet requirements for HM 556?** Yes
>
> **Decision:** HM 556 grade becomes CP/P, and Student H receives a P for HM 591.

Next step: Student H is certified to sit for the next available iteration of the USMLE Step 1 exam, and must pass it to be promoted to the LCE.

Repeating Courses for which No Grade (N) Was Assigned

Students must pass all curricular requirements to graduate from the medical school with the MD degree. Students receiving 12 or more credits of No Grade (N) OR receiving a grade of No Grade (N) more than once for the same course are dismissed from the college (see section below). HM 552-556 are each worth 16 credits, therefore a No Grade (N) grade for one of these courses would automatically result in dismissal. Courses in the Late Clinical Experience segment of the curriculum are worth fewer than 12 credits each (e.g. HM 651-655 2 credits each, and departmental courses 6 credits per 4-week assignment).

A student receiving an N in any of the HM 651-655 courses who has not accumulated 12 credits of N remains enrolled in the medical school but has to meet the competency requirements of the failed course by the end of the subsequent course. In this case, s/he may enroll concurrently in the course being repeated and the next course in the series. Results from the Progress Suite of Assessment would be interpreted for both courses as described for remediation of a CP grade. That is, the Progress Suite of Assessments would be compared to the expectations for the course being repeated first, then for the subsequent course.

> **Scenario:** Student Z received an N in HM 661 in Fall 2018. For Spring 2019, he is enrolled in HM 661 and HM 662 concurrently. Elective or other non-scheduled time is used for HM 661 content as needed.
>
> **At end of Spring 2019, does performance meet requirements for HM 661?** Yes; receives Pass. (May also receive either a Conditional Pass or No Grade based on performance.)
>
> **At end of Spring 2019, does performance meet requirements for HM 662?** May receive No Grade, Conditional Pass, or Pass.

Interruptions of and Non-linear Progression in the Curriculum

From time to time, students may experience interruptions of their curriculum due to personal circumstances (e.g. personal illness or life events), the requirements of dual degree programs (e.g. MD- PhD; MD-MBA; MD-MPH), or failure to meet criteria for promotion or graduation. The options for handling these interruptions depend on several factors, including the semester(s) involved and the total duration of the absence whether continuous or intermittent. The overarching goal is for students to continue to progress through the curriculum whenever

feasible, using intersessions, vacations, or other opportunities to make up missed experiences. Students will not be penalized for approved absences. Grade decisions should be based on the most robust data practicable (e.g. two iterations of the Progress Suite and completed ESSA). The following paragraphs outline general approaches.

Brief interruptions (<2 weeks): The student will work with their Fellow and course faculty to determine how best to access the experiences and resources necessary to achieve the educational goals of the course time that has been missed. For students in the curricular segments of ECE, MCE, or the intersessions, this may include using a future intersession block. For Advanced Skills and Knowledge courses in the LCE, students may access online resources or utilize elective time; a grade extension (ET) will be given if the student misses an iteration of the PCSE, CNSE, or ESSA. Departmental course make-up activities are specified in their course manuals.

Intermediate interruptions (2-6 weeks): Make up activities will be individualized and may occur at the time of the next Intersession, elective (for LCE students), or vacation block. The student will be given an ET if an iteration of the PCSE, CNSE, or ESSA is missed.

Prolonged interruptions (>6 weeks): Any student enrolled in HM 552 or HM 553 (the first two semesters, comprising ECE curricular segments) and requiring a prolonged absence will be placed on Leave of Absence and given the option of restarting the curriculum the following academic year in the semester affected by the absence/interruption. The pathways to return to the curriculum for students in other portions of the curriculum vary widely, and are described in the table below. Leave of absence is always an option as well.

Absence involving:	If no additional semester affected:	If additional consecutive semesters involved:
HM 554 (Intersessions and MCE)	Return next semester for HM 555 (MCE); enroll in independent study course in summer after HM 556 as needed to make up missed intersessions material and prepare for USMLE Step 1. The USMLE Step 1 exam and entry into LCE departmental courses are delayed. HM 651 may be remediated off cycle.	Return to curriculum based on individual counseling with Fellow and Instructor of Record.
HM 555 (MCE)	Return for HM 556 (MCE and Intersessions), then enroll in HM 591 for the summer semester to complete MCE-related coursework and prepare for the USMLE Step 1. The USMLE Step 1 exam and entry into LCE departmental courses are delayed. HM 651 may be remediated off cycle.	Return to curriculum based on individual counseling with Fellow and Instructor of Record.

Absence involving:	If no additional semester affected:	If additional consecutive semesters involved:
HM 556 (MCE and Intersessions)	Return for summer semester to participate in Intersessions and continue MCE coursework. Fall semester next academic year used for USMLE Step 1 preparation. The USMLE Step 1 exam and entry into LCE departmental courses are delayed. HM 651 may be remediated off cycle.	Return to curriculum based on individual counseling with Fellow and Instructor of Record.
HM 651 through 655 (ASK courses)	These courses may be remediated without delay in graduation; specific plans are determined on a case by case basis.	Return to curriculum based on individual counseling with Fellow and Instructor of Record.

Interruptions due to dual degree program enrollment:

Students enrolled in dual degree programs (e.g. MD-PhD; MD-MBA; MD-MPH) experience interruptions in their MD curriculum to focus on the requirements of their second degree program. The interruption may or may not entail a formal leave of absence, and typically occurs after completion of the USMLE Step 1 examination. Periods during which students are primarily performing coursework for their second degree programs does not count toward the time limit for completing MD curricular requirements. (For MD-PhD students, refer to the MD/PhD Guidelines.)

Promotion and Graduation Requirements

The Student Competence Committee determines promotion when students: (1) attain additional clinical responsibility and independence (e.g. transition into the LCE); (2) require certification regarding requirements for the National Residency Match Program and/or conferral of the MD degree.

To be promoted and enter the LCE, students must demonstrate successful completion of all ECE, MCE and Intersession coursework and pass the USMLE Step I examination, all within three years of matriculation.   For students who do not pass the USMLE Step 1 examination on their first attempt, remediation opportunities are available through the medical school and national exam preparation courses.   Students must pass the exam within three attempts, taken over a maximum of 12 consecutive months. This may require enrollment in an independent study course or leave of absence before re-entering the standard curriculum. If at any time it is determined to be impossible for a student to complete the ECE, MCE, Intersessions and USMLE Step 1 requirements within three years, s/he will be suspended pending dismissal.

Similarly, students have three years to complete all LCE coursework and pass the USMLE Step 2 Clinical Skills and Clinical Knowledge examinations. Students must pass the USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills examinations within three attempts each over a maximum of 12 consecutive months. Students must pass both examinations and be on trajectory to meet all other graduation requirements prior to the National Residency Match Program deadline to be certified for Match participation.

Suspension Pending Dismissal

A student receiving a total of 12 cumulative credits of N or CP/N is suspended pending dismissed from the medical school. (For reference, HM 552-556 are worth 16 credits each, HM 651-655 2 credits each, and departmental courses 6 credits per 4-week assignment.) The student will be notified in writing of this status by the Associate Dean for Academic Affairs. The student may appeal or grieve the grade within ten class days, following the processes described below. If the student does not appeal or grieve the grade within ten class days, s/he is dismissed from the College.

Grade Appeals for College Courses

A student may appeal a grade to the Instructor of Record within ten class days of grade notification. The Instructor of Record will review the academic record for that semester in conjunction with a the Grade Appeals Subcommittee, a special standing subcommittee of the Student Competence Committee composed of eight members (one from each of the four Learning Societies and four from the elected members of the committee). The Instructor of Record and the Grade Appeals Subcommittee have fifteen class days to render a decision, and may uphold the initial grade or change it. During the grade appeal, the student may not participate in any clinical activities.

**Note: If for any reason the Instructor of Record is not able to participate in the grade appeals process (i.e. on personal leave), then the Grade Appeals Subcommittee will be convened by the Associate Dean for Undergraduate Medical Education. The members of the Subcommittee will elect a chair who will serve in this role only in during the absence of the Instructor of Record.

Grievance and Complaint Procedures

The Grievance and Complaints policy has been established under the Medical Students Rights and Responsibilities document. The College's procedures are available at http://humanmedicine.msu.edu/STUDENTS/Student%20Affairs/Student_Grievance/CHM-Grievance-Complaint-Procedures_11-12.pdf.

Academic record reviewed by 2 faculty members and presented to subcommittee

grade decision

- **Pass**
- **Conditional Pass**
- **No Pass***

No Pass* branch:

12 credits of N or 2 Ns for same course earned to date?
- No → No Pass
- Yes → No Pass**

No Pass → *12 credits of N or 2 Ns for same course earned to date?*
- Yes → **Dismissed**
  - *appeal to dean?*
    - No → **Dismissed**
    - Yes → Dean — *dismissal*
      - No → **Reinstated**
      - Yes → **Dismissed**

Conditional Pass branch:

Student appeal within 10 class days?
- No → **Conditional Pass**
- Yes → Course Director and Grade Appeals Subcommittee review academic record

grade upheld?
- No → **Conditional Pass or Pass**
- Yes → Conditional Pass

student grieves?
- No → Conditional Pass or Pass
- Yes → Grievance Committee Hearing → **Conditional Pass or Pass**

No → *12 credits of N or 2Ns for same course earned to date?*
- Yes → **Dismissed**
  - *appeal to dean?*
    - No → **Dismissed**
    - Yes → Dean — *dismissal upheld?*
      - No → **Reinstated**
      - Yes → **Dismissed**
- No → No Pass**

Pass branch:

student grieves?
- Yes → Course Director and Grade Appeals Subcommittee review academic record

grade upheld?
- No → **Pass**
- Yes → Conditional Pass

student grieves?
- Yes → Grievance Committee Hearing
- No → **Conditional Pass**

Notes:

* If 12 credits N earned to date, notified of suspension pending dismissal and need to appeal within 10 class days

**Student must repeat the course.

Appendix 1: SCRIPT developmental goals

Each of the following tables describes a single SCRIPT subcompetency (designated in the top line of the table) and:

- the criteria used to describe the knowledge, skills and attitudes of learners at different developmental stages;
- the point in the curriculum by which these criteria should be met (specified as the end of a particular course); and
- the types of supporting evidence students may provide to the Student Competence Committee.

This framework is used by students, Fellows, faculty members, and the Student Competence Committee to design curricular experiences, establish student assessments, and guide the work of the Student Competence Committee in assigning grades and determining promotion.

(S1) SERVICE: Participates in the provision of beneficial services within the community			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Shows no interest in beginning service project • Ends service project before completion because of personal performance issues	• Freely accepts a commitment to service • Has not identified service project yet	• Has begun service project	• Completes 40 hours of participation in an approved service project
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 556	HM 655
Suggested sources of supporting evidence: • Service journal/logbook • Planning materials • Any tangibles resulting from project • Attestation by community service contact • Mentor feedback			

(S2) SERVICE: Demonstrates preparation and planning to provide services which respond to community need			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Appears unprepared, disorganized, unable to link project (when identified) to community need	• Does not articulate what community need will be addressed as part of project • Has not yet developed goals or outlined plan for project	• Identifies social factors that threaten the health of individuals and communities • Discusses how project responds to community need while utilizing personal skills and expertise • Describes goals of project and can outline a reasonable plan for community	• Proactively addresses social factors that adversely affect the health of individuals and communities • Describes implementation of service project and its effect on the targeted community

			engagement	
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 556	HM 655

Suggested sources of supporting evidence:
- Service journal/logbook
- Planning materials
- Any tangibles resulting from project
- Attestation by community service contact
- Mentor feedback

(S3) SERVICE: Demonstrates reflection on their participation in service activities			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Demonstrates unwillingness to consider personal assumptions, biases, values, or perspectives • Denies any personal responsibility to respond to community, national, or global needs and issues	• Describes actions, without reflection, as part of reflective service log • Struggles to articulate personal assumptions, biases, values, or perspectives • Demonstrates basic understanding of relationship between social issues and medicine/health	• Describes actions and includes a developing understanding of the population served in reflective service log • Shows understanding of personal assumptions, biases, values, perspectives (world view) • Articulates relationship between social issues and medicine/health • Experiments with approaches to reflective practice • Communicates consciousness of personal responsibility to respond to community, national, and global needs and issues	• Describes action, reflects on needs and unique characteristics of the population served, and incorporates reflection on personal growth and understanding of needs of the community • Discusses how world view may have changed as result of service participation • Communicates approach to reflective practice
☐	☐	☐	☐
Anticipated Progression:	HM 553	HM 556	HM 655

Suggested sources of supporting evidence:
- Service journal/logbook
- Planning materials
- Any tangibles resulting from project
- Attestation by community service contact
- Mentor feedback

(C1) CARE OF PATIENTS: Demonstrates kindness and compassion to patients and their families			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Displays bias based on gender, race, or sexual orientation during interactions • Fails to respond to patient/family fear and	• Acknowledges the vulnerability of patients and their families • Avoids bias regarding any protected characteristic (e.g. sex,	• Identifies, articulates, and responds to the fear, suffering, and hopes of others • Continuously questions personal assumptions	• Articulates and embraces differences among people • Demonstrates awareness of how interpersonal

suffering, or responds in ways that could be construed as uncaring or intolerant	gender, race or sexual orientation) in interactions • Identifies personal assumptions about others • Demonstrates kindness and compassion in uncomplicated situations and/or with people from similar backgrounds routinely	about others • Strives to embrace cultural and lifestyle differences among people • Demonstrates kindness and compassion in complicated situations and with people from diverse backgrounds	differences affect interactions • Demonstrates kindness and compassion even in challenging circumstances (e.g. in situations which evoke high levels of emotion)
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 654	HM 655
Suggested sources of supporting evidence: • Patient satisfaction • Direct observation • Peer assessment • Preceptor assessment • Progress Clinical Skills Exam • Formative simulation			

(C2) CARE OF PATIENTS: Collects complete and accurate patient data			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Unable to obtain history using a rubric or open ended questions Struggles in performing basic physical exam techniques	• Obtains history using a rubric, without tailoring approach to the situation • Able to perform basic components of physical exam with good technique (e.g. vital signs) • Correlates surface anatomy with basic portions of physical exam	• Performs a patient-centered interview[1] • Begins to use hypothesis-driven[2], doctor-centered[3] questioning • Correctly interprets physical exam findings • Performs a complete physical exam using a standardized approach, without attempt to tailor to patient circumstances • Able to enter and retrieve data using paper and electronic medical records routinely • Verifies information obtained from secondary sources	• Performs a hypothesis-driven interview that integrates patient- and doctor-centered questioning • Assesses impact of disease on patient/family and of patient/family on disease • Performs a hypothesis-driven physical exam with appropriate emphasis on systems related to the patient's chief complaint(s)
☐	☐	☐	☐
Anticipated Progression:	HM 553	HM 654	HM 655
Suggested sources of supporting evidence: • Clinical document review • Direct observation • Progress Clinical Skills Exam • USMLE Step 2 CS			

• Oral patient presentations • Preceptor assessment • Formative simulation	

[1]The patient-centered interview includes specific steps, including but not limited to using open ended questions and eliciting/acknowledging patient emotions. (Examples: Tell me more about your concern. How did that make you feel?)

[2]Hypothesis-driven: Systematically gathering additional information to support or refute possible explanations for symptoms/findings.

[3]The doctor-centered interview includes close-ended questions and requests for specific information that are not introduced by the patient. (Example: Have you had a fever? Have you been hospitalized in the past?)

(C3) CARE OF PATIENTS: Synthesizes patient and laboratory data to formulate reasonable assessments and plans			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Fails to identify patients experiencing medical emergencies (e.g. anaphylaxis), or does not seek help for them • Ignores available patient level and laboratory data when asked to formulate problem list and differential diagnoses •	• Identifies patients with obvious medical emergencies (e.g. anaphylaxis) and activates emergency response system (DISCERNMENT) • Does not make meaningful connections among data • Constructs a problem list but may be basic and/or un-prioritized • Proposes minimal differential diagnoses • Implements a strategy for identifying potential diagnostic and screening tests, with variable success • Unable to identify when common procedures are indicated	• Recognizes a patient requiring urgent care (e.g. symptomatic hypotension, second stage of labor) and seeks help immediately (DISCERNMENT) • Compares, contrasts, and recommends common diagnostic and screening tests • Constructs relevant problem lists with reasonable differential diagnoses for uncomplicated scenarios • Suggests reasonable management plans for common or uncomplicated problems, including use of common procedures • Performs common procedures (see separate list) with varying levels of supervision	• Initiates assessment and management for patients in urgent and emergent situations • Interprets common diagnostic and screening tests • Constructs relevant, prioritized problem lists • Constructs complete differential diagnoses informed by available data • Determines appropriate management plan, applying concepts of evidence based medicine and cost effective care for common problems • Performs common procedures with skill commensurate with indirect supervision • Discusses controversies, concerns, and complexities of patient presentation
☐	☐	☐	☐
Anticipated Progression:	HM 554	HM 651	HM 655
Suggested sources of supporting evidence: • Progress Clinical Skills Exam • Necessary Science Exam • Formative simulation • USMLE Step 2 CS • Preceptor assessment • Interprofessional assessment • BLS/ACLS certification • Clinical document review • Oral patient presentations • Stimulated recall • Oral examination			

(C4) CARE OF PATIENTS: Demonstrates the incorporation of patient values into illness assessment and care plans			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Ignores patient values when offered • Imposes personal value set on others	• Recognizes patient values when they are offered spontaneously • Inconsistently makes connections between	• Elicits patients' emotions and values using patient-centered interviewing techniques	• Frames the context of illness within a biopsychosocial model • Verifies how patients' values influence health

	values and health seeking behavior • Respects patients' rights to control access to personal information about their lives and health by disclosing information only to those who are directly involved in the care of the patient	• Forms hypotheses about how emotions and values influence health seeking behaviors, without reflecting these in assessments or plans • Seeks to engage patients in shared decision making	seeking behaviors • Incorporates shared decision making into assessments and plans • Respects patients' autonomy and privacy • Involves family members, spiritual advisors, or professionals from other fields based on patient wishes
	☐	☐	☐
Anticipated Progression:	HM 553	HM 651	HM 655

Suggested sources of supporting evidence:
- Clinical document review
- Direct observation
- Progress Clinical Skills Exam
- Formative Simulation
- USMLE Step 2 CS
- Patient satisfaction
- Oral patient presentation
- Stimulated recall
- Interprofessional assessment
- Preceptor assessment

(C5) CARE OF PATIENTS: Communicates effectively in writing and orally			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Does not utilize generally accepted formats for written notes or oral presentations • Provides inaccurate information without self-correction • Communicates with team members, patients, or families in ways that are counterproductive to patient care	• Able to enter basic data (e.g. chief complaint and vital signs) into medical record • Only records data that have been personally elicited or observed, unless functioning formally as a scribe (HONESTY) • Uses generally accepted formats for patient-related written and oral communication but without sophistication (e.g. disorganized, important information omitted, unimportant or misleading information included, read presentation directly from written notes) • Doesn't articulate clinical reasoning	• Communicates information in a hypothesis-driven fashion, with occasional flaws or lack of fluidity • Answers questions openly and accurately; acknowledges when uncertainty exists • Creates prescriptions or orders with only minor deviations from accepted formats • Performs handovers for patients with straightforward problems or limited data	• Provides written notes and oral presentations that are clear, concise, hypothesis driven and complete • Uses written and oral communication to effectively partner with other health care professionals • Enters and discusses orders and prescriptions using accepted formats • Gives and receives patient handovers to transition care responsibly

32 | P a g e

	Performs handovers[4] for patients for medical assistant-level data (e.g. chief complaint, vital signs, medication reconciliation)		
☐	☐	☐	☐
Anticipated Progression:	HM 554	HM 654	HM 655

Suggested sources of supporting evidence:
- Clinical documentation
- Direct observation
- Progress Clinical Skills Exam
- Formative Simulation
- USMLE Step 2CS
- Patient satisfaction
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Short answer or essay
- Oral patient presentation
- Portfolio
- Research/project
- Self assessment
- Stimulated recall

[4]Handovers are performed when responsibility of care is transferred from one provider to another, as from the daytime physician to the nighttime physician.

(C6) CARE OF PATIENTS: Effectively counsels and educates patients and their families			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Uses language which is inaccessible to patient or families • Provides misinformation without self-correction.	• Identifies strategies to counsel and educate patients and their families • Attempts to counsel or educate patients and their families, but without tailoring messages to the contexts	• Uses accepted strategies to counsel and educate patients and their families in uncomplicated situations • Assesses suitability of patient education materials (e.g. language proficiency, health literacy) • Articulates possible concerns of patients and responds to them with empathy • Obtains informed consent for tests and/or procedures with minimal risk (e.g. routine blood draw)	• Gives "bad news" in an honest, understanding, and empathic manner • Uses accepted strategies to counsel and educate patients and their families in complicated situations • Obtains informed consent for tests and/or procedures of low risk (e.g. stress test, nasogastric tube)
☐	☐	☐	☐
Anticipated Progression:	HM 554	HM 651	HM 655

Suggested sources of supporting evidence:
- Direct observation
- Patient satisfaction
- Progress Clinical Skills Exam

• Formative Simulation	

(R1) RATIONALITY: Identifies personal strengths and weaknesses and develops ongoing individual learning plans

Critical Deficiencies	Novice	Developing	Competent
• Lies when s/he doesn't know the answer to a question rather than acknowledging limitation • Does not reflect on formative data • Fails to develop or act upon individual learning plan	• Identifies areas for personal growth based on feedback and self-reflection, but does not develop an individual learning plan independently. • Admits when s/he does not know the answer to a question • Self corrects if provides misinformation in academic work	• Reflects accurately on the adequacy of personal knowledge and skill development • Identifies and begins to address personal limitations and barriers to learning and growth • Develops an individual learning plans with support and guidance • Takes responsibility for learning in group settings	• Develops ongoing individual learning plans with minimal support or guidance, and acts accordingly • Sets aside time and energy for personal wellness, relationships with friends and family • Strives consistently for mastery
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 553	HM 554
Suggested sources of supporting evidence: • Self-assessment • Individual learning plan • Mentor feedback • Preceptor assessment • Peer assessment • Short answer or essay			

(R2) RATIONALITY: Demonstrates receptiveness to faculty and peer/colleague feedback as a means of facilitating personal and professional improvement

Critical Deficiencies	Novice	Developing	Competent
• Routinely demonstrates defensiveness when constructive feedback is provided, or ignores it	• Accepts feedback from preceptors and peers when offered • Attempts to modify behavior based on feedback	• Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others • Seeks support from coach/mentor and incorporates suggestions • Reflects with colleagues on the success of group work	• Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others • Incorporates feedback into every day performance • Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 553	HM 651
Suggested sources of supporting evidence:			

• Changes in performance on all assessments (trends) • Preceptor assessment • Interprofessional assessment • Peer assessment • Portfolio review • Individual learning plan • Mentor feedback			

(R3) RATIONALITY: Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Does not use primary or secondary information resources • Relies upon nonprofessional sources of medical information	• Demonstrates rudimentary understanding of evidence based medicine • Retrieves information only from secondary/mediated[5] resources (e.g. textbooks) • Describes the difference between expert opinion and higher levels of evidence	• Uses mediated or unmediated[6] primary and secondary sources to access information • Demonstrates knowledge of the appropriate application, content, and limitations of available information resources and tools • Formulates clinical questions with assistance • Performs medical literature searches without sophistication • Appraises the quality of research studies broadly	• Formulates clinical questions independently • Regularly uses high quality mediated or unmediated primary and secondary resources to access information • Performs focused and systematic literature searches using a variety of search techniques • Appraises the validity and applicability of research studies to individual patients • Uses evidence to support clinical decision making
☐	☐	☐	☐
Anticipated Progression:	HM 553	HM 555	HM 652
Suggested sources of supporting evidence: • Preceptor assessment • Self-assessment • Document review – literature search, etc. • Lab practical • Short answer or essay • Research/project			

[5]Mediated: Location and appraisal of literature performed by author(s). Examples: DynaMed, UpToDate, BMJ Clinical Evidence, Cochrane Library, clinical guidelines, textbooks.

[6]Unmediated: Primary sources like journal articles, clinical trials, cohort or case studies.

(I1) INTEGRATION: Demonstrates awareness of cost and access issues in the formulation of patient care plans			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Does not demonstrate willingness to identify or address cost and access issues experienced by patients	• Describes in very general terms the costs associated with various diagnostic and/or treatment plan options	• Considers cost-effectiveness when determining care plans • Assesses access and barriers to care for	• Describes health policy implications related to cost and access • Routinely incorporates evidence on cost-

	• Describes general information about access and barriers to care	individual patients • Asks questions about ethics, access, cost, benefit, and rationing	effective care and access issues into plans • Collaborates with other health professionals to address barriers to care for patients • Describes the role of ethics in the development of patient care plans, particularly around access, cost, benefit, and rationing • Advocates for the best possible care regardless of ability to pay
☐	☐	☐	☐
Anticipated Progression:	HM 554	HM 651	HM 654

Suggested sources of supporting evidence:
- Clinical document review
- Progress Clinical Skills Exam
- Oral examination
- Interprofessional assessment
- Preceptor assessment
- Oral patient presentation
- Short answer or essay
- Stimulated recall

(I2) INTEGRATION: Demonstrates respect for all members of the health care team			
Critical Deficiencies	Novice	Developing	Competent
• Demonstrates disrespect for any member of the educational or health care team • Engages in activities that involve sexually offensive behavior	• Describes skills of other members of the health care team in general terms • Interacts respectfully with everyone participating in educational or patient care structure • Values the dignity of every human being • Respects the personal and sexual boundaries of others	• Identifies the skills of other team members, and applicability of those skills to current circumstances • Demonstrates humility in interactions with others • Values the role of every person in the health care system • Demonstrates a commitment to resolve conflict in a collegial manner	• Expresses appreciation for contributions of all team members • Shows sensitivity to the needs, feelings, and wishes of health team members
☐	☐	☐	☐
Anticipated Progression:	HM 553	HM 555	HM 651

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Short answer or essay
- Self-assessment
- Progress Clinical Skills Exam
- Staff assessment

(I3) INTEGRATION: Demonstrates understanding of and contributes to a culture of safety			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Inconsistently demonstrates basic behaviors that contribute to a culture of safety (e.g. use of hand hygiene, universal precautions, surgical time outs) • Engages in any behavior that compromises the safety or endangers the welfare of a patient • Demonstrates defensiveness in response to constructive feedback or discussion of medical errors and near misses	• Consistently demonstrates basic behaviors that contribute to a culture of safety (e.g. use of hand hygiene, universal precautions, surgical time outs)	• Demonstrates use of advanced behaviors that contribute to a culture of safety (e.g. closed-loop communication, speaking up, structured handovers) • Participates in institutional safety activities when available (e.g. safety huddles)	• Identifies and reports system failures • Contributes to a culture of safety and improvement through role modeling and mentoring
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 651	HM 655

Suggested sources of supporting evidence:
    • Preceptor assessment
    • Progress Clinical Skills Exam
    • Interprofessional assessment
    • Peer assessment
    • Formative Simulation
    • Self-assessment
    • Quality improvement project
    • Short answer or essay
    • Research/project
    • Direct observation			

(I4) INTEGRATION: Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Acts in contradiction to establishedsystems of care	• Seeks knowledge about different types of medical practice and delivery systems	• Demonstrates knowledge of differing types of medical practice and delivery systems	• Describes the implications of different types of medical practice and delivery systems for controlling health care allocation and cost
☐	☐	☐	☐
Anticipated Progression:	HM 555	HM 651	HM 655

Suggested sources of supporting evidence:
    • Narrative
    • Short answer or essay
    • Exam
    • Stimulated recall			

• Preceptor assessment • Service project	

(I5) INTEGRATION: Demonstrates knowledge of how social and economic systems in which people live impact health, delivery of health care and well being

Critical Deficiencies	Novice	Developing	Competent
• Considers only biomedical aspects of health and healthcare	• Articulates the World Health Organization's definition of health • Describes limited examples of social systems' impact on health and healthcare • Identifies health insurance as the greatest predictor of access to care	• Describes how social factors affect the health and well-being of individuals and communities in the abstract • Describes social and economic influences on health seeking behavior, access to care, and outcomes of care in the abstract	• Frames individuals' health within a biopsychosocial model • Accounts for social and economic influences when discussing approaches to population health
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 554	HM 655

Suggested sources of supporting evidence:
- Narrative
- Short answer or essay
- Exam
- Stimulated recall
- Progress Clinical Skills Exam
- Necessary Science Exam
- Clinical documentation
- Service project

(P1) PROFESSIONALISM: Demonstrates receptiveness to feedback from faculty, peers, colleagues, and team members

Critical Deficiencies	Novice	Developing	Competent
• Routinely demonstrates defensiveness when constructive feedback is provided, or ignores it	• Accepts feedback from preceptors and peers when offered • Attempts to modify behavior based on feedback	• Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others • Seeks support from coach/mentor and incorporates suggestions • Reflects with colleagues on the success of group work	• Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others • Incorporates feedback into every day performance • Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues
☐	☐	☐	☐

Anticipated Progression:	HM 552	HM 553	HM 555

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Staff assessment
- Individual learning plan

(P2) PROFESSIONALISM: Contributes actively to group/team process			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Demonstrates behaviors that are disruptive • Routinely arrives unprepared for team/group activities • Resists or avoids working with others or participating in discussions	• Comes prepared for team/group activities • Identifies personal knowledge, skills and attitudes pertinent to situation • Seeks to partner with other team members to accomplish goals • Treats group/team members fairly and consistently • Avoids assuming responsibility beyond personal level of competence	• Clarifies group/team needs and goals • Cooperates and collaborates with others • Notifies others, in advance whenever possible, when unavoidable absence or tardiness occurs • Takes responsibility for learning in a group setting	• Articulates possible concerns, provides feedback, and responds with empathy • Negotiates expectations and roles as needed • Transitions between team member and leader roles readily
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 651	HM 655

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Staff assessment
- Team Based Learning formative assessments
- Lab practical
- Portfolio

(P3) PROFESSIONALISM: Demonstrates respect to patients, colleagues and team members			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Uses offensive or disrespectful language • Nonverbal communication is dismissive, rude, demeaning, or otherwise disrespectful • Makes harmful comments about sex, gender identity, race, orientation, disability, religion, or other	• Interacts respectfully, based on generally accepted US norms, with others • Recognizes and responds to unexpected reactions to generally accepted behavior	• Discusses impact of cultural diversity on those behaviors which are perceived as respectful • Adapts interactions to show respect for people from other cultural backgrounds, with mixed success	• Uses verbal and nonverbal communication that demonstrates respect for individuals from different cultures, across settings, and in challenging circumstances

identifying characteristics • Harms or threatens harm to patient, family member, student, faculty or staff member(s), including but not limited to sexual, physical, or psychological harm			
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 651	HM 655

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Patient satisfaction
- Staff assessment
- Self-assessment
- Direct observation
- Progress Clinical Skills Exam
- Formative simulation

(P4) PROFESSIONALISM: Fulfills responsibilities in courses and on clinical rotations			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Is dishonest • Is frequently tardy for meetings, with or without notification • Repeatedly misses deadlines for completing assigned tasks • Engages in cheating, plagiarism, or misrepresentation of the truth • Avoids responsibilities in groups/teams	• Is prompt • Demonstrates honesty and integrity • Generally completes assignments and individual learning plans in a timely fashion	• Routinely completes assignments and individual learning plans in a timely fashion	• Completes all assignments and individual learning plans in a timely fashion • Seeks additional experiences to support development of competence and/or mastery
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 553	HM 554

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Staff assessment
- Interprofessional assessment
- Mentor feedback
- Self-assessment
- Portfolio/individual learning plan
- Participation

(P5) PROFESSIONALISM: Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public			
Critical Deficiencies	**Novice**	**Developing**	**Competent**

• Engages in activities that involve substance abuse or violate professional ethics • Makes excuses or avoids responsibility • Is repeatedly unavailable for required clinical responsibilities • Violates institutional protocols or policies • Fails to recognize personal limitations • Engages in activities that may reasonably be expected to result in harm to patients, colleagues, or the greater public • Fails to respect patient confidentiality	• Puts patient needs first • Demonstrates ownership for assigned tasks • Articulates desire to participate in systems of care for the betterment of patients and the greater public	• Is available and responsive when "on call" • Demonstrates sense of responsibility for care and outcomes of assigned patients • Identifies and contributes to systems for quality and safety • Seeks additional information about legal, policy and ethical expectations for physicians • Contributes to a positive learning and health care delivery environment	• Identifies provider and patient needs around transitions of care • Participates in quality improvement activities • Advocates for high quality, cost effective care • Complies with ethical and legal standards, including public health regulations • Creates and maintains a positive learning and health care delivery environment • Copes with challenges, conflicts, and ambiguities • Seeks to assist colleagues in dealing with the challenges of professional work • Reports observed instances of dishonesty to appropriate authorities, regardless of their relationship to the subject of the report
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 654	HM 655

Suggested sources of supporting evidence:
- Preceptor assessment
- Peer assessment
- Interprofessional assessment
- Staff assessment
- Patient satisfaction
- Short answer or essay
- Progress Clinical Skills Exam
- Formative simulation
- Service project
- Research/project

(T1) TRANSFORMATION: Applies essential basic, social, clinical science and systems knowledge in the care of patients			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Does not articulate how necessary science knowledge applies to straightforward simulated and/or real patient care • Does not demonstrate	• Articulates basic concepts of necessary science • Applies clinical and systems knowledge commensurate with providing care for	• Inconsistently integrates concepts of necessary science with simulated and real patient care. • Applies clinical and systems knowledge	• Consistently integrates concepts of necessary science with simulated and real patient care. • Applies clinical and systems knowledge commensurate with

knowledge of clinical science or systems knowledge commensurate with completion of medical assistant-level responsibilities in simulated and/or real patient care settings	patients at the level of a medical assistant with direct supervision	commensurate with providing care for patients with single or common, uncomplicated conditions with direct supervision	providing care for patients with single or common, uncomplicated conditions with indirect supervision
☐	☐	☐	☐
Anticipated Progression:	HM 553	HM 554	HM 655

Suggested sources of supporting evidence:
- Progress Clinical Skills Exam
- Formative Simulation
- Necessary Science Exam
- USMLE Step 1
- USMLE Step 2CK
- USMLE Step 2 CS
- Clinical document review
- Direct observation
- Preceptor assessment
- Formative exams/questions
- Short answer or essay
- Portfolio
- Basic Life Support, Advanced Cardiac Life Support certification
- Oral examination
- Research/project
- Lab practical
- Stimulated recall

(T2) TRANSFORMATION: Creates new knowledge through research			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Does not identify clinical questions with prompting • Violates basic tenets of research ethics	• Articulates appreciation for scholarly inquiry • Demonstrates knowledge of the basic tenets of research ethics • Takes credit in publication only for work actually performed	• Identifies clinical question(s) that can be developed into research study(ies) or other scholarly projects	• Participates in design and/or implementation of a research project, or completes another form of scholarly project • Assures that personally collected research data are recorded fully and accurately
☐	☐	☐	☐
Anticipated Progression:	HM 555	HM 652	HM 654

Suggested sources of supporting evidence:
- Institutional Review Board certification
- Institutional Review Board approval for research project
- Review of research plan and results
- Review of scholarly products such as oral or poster presentations, abstracts, manuscripts
- Peer assessment
- Preceptor assessment
- Lab practical

• CV	

(T3) TRANSFORMATION: Participates in lifelong teaching and learning with peers, trainees, and patients			
Critical Deficiencies	**Novice**	**Developing**	**Competent**
• Absent from, disruptive or counterproductive in small group settings • Does not demonstrate learning related to patients encountered • Avoids teaching and learning opportunities	• Identifies opportunities to teach and learn from others outside the formal curriculum • Actively engages in small group educational sessions	• Reflects on role of collaborative learning and practice within individual learning plan • Educates patients about their health with mixed success • Seeks assistance from peers and more senior colleagues to optimize individual growth	• Routinely incorporates collaborative learning and practice into individual learning plan • Educates patients about their health and the health care system using lay terms and generally accepted strategies • Mentors or assists peers and trainees with goal of optimizing individual growth and team performance
☐	☐	☐	☐
Anticipated Progression:	HM 552	HM 553	HM 554

Suggested sources of supporting evidence:	
• Peer assessment • Interprofessional assessment • Patient satisfaction • Preceptor assessment • Mentor feedback • Individual learning plan • Curriculum vitae • Progress Clinical Skills Exam • Formative simulation • USMLE Step 2 CS • Portfolio • Direct observation	

Appendix 2: Chief Complaints and Concerns (C3) topics

Topic:
Abdominal Mass
Abdominal Pain
Abnormal Lipids
Abnormal Pulses
Abnormal Stature
Acute Renal Failure (aka Acute Kidney Injury)
ADHD
Amenorrhea
Animal Bites
Antepartum Care
Anxiety
Blood Glucose Regulation
Blood Pressure
Breast Cancer
Burns
Cardiac Arrest
Chest Pain
Child-Elder Abuse
Childhood Communicable Disease
Coma/Head Trauma/Brain Death
Constipation
Contraception
Cough
Crying-Fussy child
Death and Dying
Delirium and Dementia
Depression
Developmental Delay
Diarrhea
Dizziness
Drowning/Near Drowning
Dysmenorrhea
Dysphagia and Dysphonia
Dyspnea
Dysuria
Edema
Electrolyte Disturbances
Failure to Thrive
Falls
Fatigue
Fever and Rash in Children
Fractures-Dislocations
Gait Disturbance/Movement Disorder
Generalized-Neuropathic Pain
Genetic Concerns
GI Bleed
Gynecomastia/Galactorrhea
Headache
Health Maintenance
Hearing Loss/Deafness

Hematuria
Hemiplegia
Hemoptysis
Hirsutism
Hypercoaguable State
Hypotonia-Floppy Infant
Immunizations
Incontinence
Infertility
Jaundice including Neonatal
Joint Pain
Lacerations
Lumps
Menopause
Murmur
Neck Mass and Thyroid Disease
Newborn Assessment
Numbness-Sensory
Nutrition- Pediatrics
Obesity
Pallor & Plethora
Palpitations
Pediatric Emergency
Pelvic Pain
Personality Disorders
Pleural Effusion
Pruritus
Scrotal Disorders
Seizure
Sexual Concerns
Skin Wounds
Sleep Disturbance
Substance Abuse
Syncope
Temperature
Upper Respiratory Symptoms
Vaginal Bleeding
Vaginal Discharge
Vascular Injury
Visual Disorders
Vomiting
Weakness
Weight Loss/Eating Disorders
White Blood Cell Abnormalities

Appendix 3: Progress Clinical Skills Examination Blueprint for Encounter Checklists

	# items per exam	% of entire exam
Interactional skills	32	20%
Hypothesis-driven history gathering	40	25%
Hypothesis-driven physical examination	40	25%
Counseling skills	32	20%
Safety behaviors	16	10%
totals	**160**	**100%**

Appendix 4a: Template Format for End of Semester Self Assessment

SERVICE	Self-assessment	Evidence (reference portfolio, etc.)	Personal SMART* Goals
1. Participates in the provision of beneficial services within the community	Meets expectations Near expectations Below expectations		
2. Demonstrates preparation and planning to provide services which respond to community need	Meets expectations Near expectations Below expectations		
3. Demonstrates reflection on their participation in service activities	Meets expectations Near expectations Below expectations		
CARE OF PATIENTS	**Self-assessment**	**Evidence (reference portfolio, etc.)**	**Personal SMART* Goals**
1. Demonstrates kindness and compassion to patients and their families	Meets expectations Near expectations Below expectations		
2. Collects complete and accurate patient data	Meets expectations Near expectations Below expectations		
3. Synthesizes patient and laboratory data to formulate reasonable assessments and plans	Meets expectations Near expectations Below expectations		
4. Demonstrates the incorporation of patient values into illness assessment and care plans	Meets expectations Near expectations Below expectations		
5. Communicates effectively in writing and orally	Meets expectations Near expectations Below expectations		
6. Effectively counsels and educates patients and their families	Meets expectations Near expectations Below expectations		
RATIONALITY	**Self-assessment**	**Evidence (reference portfolio, etc.)**	**Personal SMART* Goals**
1. Identifies personal strengths and weaknesses and develops ongoing individual learning plans	Meets expectations Near expectations Below expectations		
2. Demonstrates receptiveness to faculty and peer/colleague feedback as a means of facilitating personal and professional improvement	Meets expectations Near expectations Below expectations		
3. Locates, appraises and assimilates evidence from	Meets expectations Near expectations		

	Self-assessment	Evidence (reference portfolio, etc)	Personal SMART* Goals
scientific studies related to their patients' health problems	Below expectations		
INTEGRATION	**Self-assessment**	**Evidence (reference portfolio, etc)**	**Personal SMART* Goals**
1. Demonstrates awareness of cost and access issues in the formulation of patient care plans	Meets expectations Near expectations Below expectations		
2. Demonstrates respect for all members of the health care team	Meets expectations Near expectations Below expectations		
3. Demonstrates understanding of and contributes to a culture of safety	Meets expectations Near expectations Below expectations		
4. Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost	Meets expectations Near expectations Below expectations		
5. Demonstrates knowledge of how social and economic systems in which people live impact on health, delivery of health care and wellbeing.	Meets expectations Near expectations Below expectations		
PROFESSIONALISM	**Self-assessment**	**Evidence (reference portfolio, etc.)**	**Personal SMART* Goals**
1. Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members	Meets expectations Near expectations Below expectations		
2. Contributes actively to group/team process	Meets expectations Near expectations Below expectations		
3. Demonstrates respect to patients, colleagues and team members	Meets expectations Near expectations Below expectations		
4. Fulfills responsibilities in courses and on clinical rotations	Meets expectations Near expectations Below expectations		
5. Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.	Meets expectations Near expectations Below expectations		
TRANSFORMATION	**Self-assessment**	**Evidence (reference portfolio, etc.)**	**Personal SMART* Goals**
1. Applies essential basic, social, clinical science and systems	Meets expectations Near expectations		

knowledge in the care of patients	Below expectations		
2. Creates new knowledge through research	Meets expectations Near expectations Below expectations		
3. Participates in lifelong teaching and learning with peers, trainees, and patients	Meets expectations Near expectations Below expectations		

*ISMART goals are Important, Specific, Measurable, Actionable, Reasonable, and Time bound

Narrative:

Appendix 4b: SCRIPT Competency Goals by Course

The following table was developed to aid students, Fellows, faculty members, and the Student Competence Committee in identifying and tracking the criteria used to assess performance at the <u>end</u> of each course. The criteria are drawn directly from the SCRIPT competency tables in Appendix 1. Performance expectations are cumulative and developmental. This means that students in any given course are expected to demonstrate the knowledge, skills and attitudes of the preceding courses.

HM 552: ECE content					
Service	**Care of Patients**	**Rationality**	**Integration**	**Professionalism**	**Transformation**
Freely accepts a commitment to service

Has not identified service project yet

Does not articulate what community need will be addressed as part of project

Has not yet developed goals or outlined plan for project | Acknowledges the vulnerability of patients and their families

Avoids bias regarding any protected characteristic (e.g. sex, gender, race or sexual orientation) in interactions

Identifies personal assumptions about others

Demonstrates kindness and compassion in uncomplicated situations and/or with people from similar backgrounds routinely | Identifies areas for personal growth based on feedback and self-reflection, but does not develop a individual learning plan independently.

Admits when s/he does not know the answer to a question

Self corrects if provides misinformation in academic work

Accepts feedback from preceptors and peers when offered

Attempts to modify behavior based on feedback | Consistently demonstrates basic behaviors that contribute to a culture of safety (e.g. use of hand hygiene, universal precautions, surgical time outs)

Articulates the World Health Organization's definition of health

Describes limited examples of social systems' impact on health and healthcare

Identifies health insurance as the greatest predictor of access to care | Is prompt

Demonstrates honesty and integrity

Generally completes assignments and individual learning plans in a timely fashion

Accepts feedback from preceptors and peers when offered

Attempts to modify behavior based on feedback

Comes prepared for team/group activities

Identifies personal knowledge, skills and attitudes pertinent to situation

Seeks to partner with other team members to accomplish goals

Treats group/team members fairly and consistently

Avoids assuming responsibility beyond personal level of competence

Interacts respectfully, based on generally accepted US norms, with others

Recognizes and responds to unexpected reactions to generally accepted behavior

Puts patient needs first

Demonstrates ownership for assigned tasks | Identifies opportunities to teach and learn from others outside the formal curriculum

Actively engages in small group educational sessions |

				Articulates desire to participate in systems of care for the betterment of patients and the greater public	

HM 553: ECE and Intersession content					
Service	**Care of Patients**	**Rationality**	**Integration**	**Professionalism**	**Transformation**
Describes actions, without reflection, as part of reflective service log Struggles to articulate personal assumptions, biases, values, or perspectives Demonstrates basic understanding of relationship between social issues and medicine/ health	Obtains history using a rubric, without tailoring approach to the situation Able to perform basic components of physical exam with good technique (e.g. vital signs) Correlates surface anatomy with basic portions of physical exam Recognizes patient values when they are offered spontaneously Inconsistently makes connections between values and health seeking behavior Respects patients' rights to control access to personal information about their lives and health by disclosing information only to those who are directly involved in the care of the patient	Reflects accurately on the adequacy of personal knowledge and skill development Identifies and begins to address personal limitations and barriers to learning and growth Develops an individual learning plans with support and guidance Takes responsibility for learning in group settings Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others Seeks support from coach/mentor and incorporates suggestions Reflects with colleagues on the success of group work Demonstrates rudimentary understanding of evidence based medicine Retrieves information only from secondary/mediated resources (e.g. textbooks) Describes the difference between expert opinion and higher levels of evidence	Describes skills of other members of the health care team in general terms Interacts respectfully with everyone participating in educational or patient care structure Values the dignity of every human being Respects the personal and sexual boundaries of others	Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others Seeks support from coach/mentor and incorporates suggestions Reflects with colleagues on the success of group work Routinely completes assignments and individual learning plans in a timely fashion	Articulates basic concepts of basic science and social science Applies clinical and systems knowledge commensurate with providing care for patients at the level of a medical assistant with direct supervision Reflects on role of collaborative learning and practice within individual learning plan Educates patients about their health with mixed success Seeks assistance from peers and more senior colleagues to optimize individual growth

HM 554: Intersession and MCE content

Care of Patients	Rationality	Integration	Professionalism	Transformation
Identifies patients with obvious medical emergencies (e.g. anaphylaxis) and activates emergency response system Does not make meaningful connections among data Constructs a problem list but may be basic and/or un-prioritized Proposes minimal differential diagnoses Implements a strategy for identifying potential diagnostic and screening tests, with variable success Unable to identify when common procedures are indicated Able to enter basic data (e.g. chief complaint and vital signs) into medical record Only records data that have been personally elicited or observed, unless functioning formally as a scribe Uses generally accepted formats for patient-related written and oral communication but without sophistication (e.g. disorganized, important information omitted, unimportant or misleading information included, read presentation directly from written notes) Doesn't articulate clinical reasoning Performs handovers for patients for medical assistant-level data (e.g. chief complaint, vital signs, medication reconciliation) Able to enter basic data (e.g. chief complaint and vital signs) into medical record Identifies strategies to counsel and educate patients and their families Attempts to counsel or educate patients and their families, but without tailoring messages to the contexts	Develops ongoing individual learning plans with minimal support or guidance, and acts accordingly Sets aside time and energy for personal wellness, relationships with friends and family Strives consistently for mastery	Describes in very general terms the costs associated with various diagnostic and/or treatment plan options Describes general information about access and barriers to care Describes how social factors affect the health and well-being of individuals and communities in the abstract Describes social and economic influences on health seeking behavior, access to care, and outcomes of care in the abstract	Completes all assignments and individual learning plans in a timely fashion Seeks additional experiences to support development of competence and/or mastery	Inconsistently integrates concepts of basic science and social science with simulated and real patient care. Applies clinical and systems knowledge commensurate with providing care for patients with single or common, uncomplicated conditions with direct supervision Routinely incorporates collaborative learning and practice into individual learning plan Educates patients about their health and the health care system using lay terms and generally accepted strategies Mentors or assists peers and trainees with goal of optimizing individual growth and team performance

HM 555: MCE content			
Rationality	**Integration**	**Professionalism**	**Transformation**
Uses mediated or unmediated primary and secondary sources to access information	Identifies the skills of other team members, and applicability of those skills to current circumstances	Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others	Articulates appreciation for scholarly inquiry
Demonstrates knowledge of the appropriate application, content, and limitations of available information resources and tools Formulates clinical questions with assistance	Demonstrates humility in interactions with others Values the role of every person in the health care system	Incorporates feedback into every day performance	Demonstrates knowledge of the basic tenets of research ethics Takes credit in publication only for work actually performed.
Performs medical literature searches without sophistication	Demonstrates a commitment to resolve conflict in a collegial manner	Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues	
Appraises the quality of research studies broadly	Seeks knowledge about different types of medical practice and delivery systems		

HM 556: MCE and Intersession content
Service
Has begun service project
Identifies social factors that threaten the health of individuals and communities
Discusses how project responds to community need while utilizing personal skills and expertise
Describes goals of project and can outline a reasonable plan for community engagement
Describes actions and includes a developing understanding of the population served in reflective service log
Shows understanding of personal assumptions, biases, values, perspectives (world view)
Articulates relationship between social issues and medicine /health
Experiments with approaches to reflective practice
Communicates consciousness of personal responsibility to respond to community, national, and global needs and issues

HM 651 ASK I: LCE content

Care of Patients	Rationality	Integration	Professionalism
Recognizes a patient requiring urgent care (e.g. symptomatic hypotension, third stage of labor) and seeks help immediately	Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others Incorporates feedback into every day performance	Considers cost-effectiveness when determining care plans Assesses access and barriers to care for individual patients Asks questions about ethics, access, cost, benefit, and rationing	Clarifies group/team needs and goals
Compares, contrasts, and recommends common diagnostic and screening tests			Cooperates and collaborates with others
Constructs relevant problem lists with reasonable differential diagnoses for uncomplicated scenarios	Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues	Expresses appreciation for contributions of all team members	Notifies others, in advance whenever possible, when unavoidable absence or tardiness occurs
Suggests reasonable management plans for common or uncomplicated problems, including use of common procedures		Shows sensitivity to the needs, feelings, and wishes of health team members	Takes responsibility for learning in a group setting
Performs common procedures (see separate list) with varying levels of supervision		Demonstrates use of advanced behaviors that contribute to a culture of safety (e.g. closed-loop communication, speaking up, structured handovers)	Discusses impact of cultural diversity on those behaviors which are perceived as respectful
Elicits patients' emotions and values using patient-centered interviewing techniques			Adapts interactions to show respect for people from other cultural backgrounds, with mixed success
Forms hypotheses about how emotions and values influence health seeking behaviors, without reflecting these in assessments or plans		Participates in institutional safety activities when available (e.g. safety huddles)	
Seeks to engage patients in shared decision making		Demonstrates knowledge of differing types of medical practice and delivery systems	
Uses accepted strategies to counsel and educate patients and their families in uncomplicated situations			
Assesses suitability of patient education materials (e.g. language proficiency, health literacy)			
Articulates possible concerns of patients and responds to them with empathy			
Obtains informed consent for tests and/or procedures with minimal risk (e.g. routine blood draw)			

HM 652 ASK II: LCE content

Rationality	Transformation
Formulates clinical questions independently	Identifies clinical question(s) that can be developed into research study(ies) or other scholarly projects
Regularly uses high quality mediated or unmediated primary and secondary resources to access information	
Performs focused and systematic literature searches using a variety of search techniques	
Appraises the validity and applicability of research studies to individual patients	
Uses evidence to support clinical decision making	

HM 653 ASK III: LCE content					
Service	**Care of Patients**	**Rationality**	**Integration**	**Professionalism**	**Transformation**

HM 654 ASK IV: LCE content			
Care of Patients	**Integration**	**Professionalism**	**Transformation**
Identifies, articulates, and responds to the fear, suffering, and hopes of others Continuously questions personal assumptions about others Strives to embrace cultural and lifestyle differences among people Demonstrates kindness and compassion in complicated situations and with people from diverse backgrounds Performs a patient-centered interview[1] Begins to use hypothesis-driven[2], doctor-centered[3] questioning Correctly interprets physical exam findings Performs a complete physical exam using a standardized approach, without attempt to tailor to patient circumstances Able to enter and retrieve data using paper and electronic medical records routinely Verifies information obtained from secondary sources Communicates information in a hypothesis-driven fashion, with occasional flaws or lack of fluidity Answers questions openly and accurately; acknowledges when uncertainty exists Creates prescriptions or orders with only minor deviations from accepted formats Performs handovers for patients with straightforward problems or limited data Communicates information in a hypothesis-driven fashion, with occasional flaws or lack of fluidity Answers questions openly and accurately; acknowledges when uncertainty exists Creates prescriptions or orders with only minor deviations from accepted formats Performs handovers for patients with straightforward problems or limited data	Describes health policy implications related to cost and access Routinely incorporates evidence on cost-effective care and access issues into plans Collaborates with other health professionals to address barriers to care for patients Describes the role of ethics in the development of patient care plans, particularly around access, cost, benefit, and rationing Advocates for the best possible care regardless of ability to pay	Is available and responsive when "on call" Demonstrates sense of responsibility for care and outcomes of assigned patients Identifies and contributes to systems for quality and safety Seeks additional information about legal, policy and ethical expectations for physicians Contributes to a positive learning and health care delivery environment	Participates in design and/or implementation of a research project or completes another form of scholarly project Assures that personally collected research data are recorded fully and accurately

HM 655 ASK V: LCE content				
Service	**Care of Patients**	**Integration**	**Professionalism**	**Transformation**
Completes 40 hours of participation in an approved service project

Proactively addresses social factors that adversely affect the health of individuals and communities

Describes implementation of service project and its effect on the targeted community

Describes action, reflects on needs and unique characteristics of the population served, and incorporates reflection on personal growth and understanding of needs of the community

Discusses how world view may have changed as result of service participation

Communicates approach to reflective practice | Articulates and embraces differences among people

Demonstrates awareness of how interpersonal differences affect interactions

Demonstrates kindness and compassion even in challenging circumstances (e.g. in situations which evoke high levels of emotion)

Performs a hypothesis-driven interview that integrates patient- and doctor-centered questioning

Assesses impact of disease on patient/family and of patient/family on disease

Performs a hypothesis-driven physical exam with appropriate emphasis on systems related to the patient's chief complaint(s)
Initiates assessment and management for patients in urgent and emergent situations

Initiates assessment and management for patients in urgent and emergent situations

Interprets common diagnostic and screening tests

Constructs relevant, prioritized problem lists

Constructs complete differential diagnoses informed by available data

Determines appropriate management plan, applying concepts of evidence based medicine and cost effective care for common problems

Performs common procedures with skill commensurate with indirect supervision | Identifies and reports system failures

Contributes to a culture of safety and improvement through role modeling and mentoring

Describes the implications of different types of medical practice and delivery systems for controlling health care allocation and cost

Frames individuals' health within a biopsychosocial model

Accounts for social and economic influences when discussing approaches to population health | Articulates possible concerns, provides feedback, and responds with empathy

Negotiates expectations and roles as needed

Transitions between team member and leader roles readily

Uses verbal and nonverbal communication that demonstrates respect for individuals from different cultures, across settings, and in challenging circumstances
Identifies provider and patient needs around transitions of care

Participates in quality improvement activities

Advocates for high quality, cost effective care

Complies with ethical and legal standards, including public health regulations

Creates and maintains a positive learning and health care delivery environment

Copes with challenges, conflicts, and ambiguities

Seeks to assist colleagues in dealing with the challenges of professional work

Reports observed instances of dishonesty to appropriate authorities, regardless of their relationship to the subject of the report | Consistently integrates concepts of basic science and social science with simulated and real patient care.

Applies clinical and systems knowledge commensurate with providing care for patients with single or common, uncomplicated conditions with indirect supervision |

	Discusses controversies, concerns, and complexities of patient presentation Frames the context of illness within a biopsychosocial model Verifies how patients' values influence health seeking behaviors Incorporates shared decision making into assessments and plans Respects patients' autonomy and privacy Involves family members, spiritual advisors, or professionals from other fields based on patient wishes Provides written notes and oral presentations that are clear, concise, hypothesis driven and complete Uses written and oral communication to effectively partner with other health care professionals Enters and discusses orders and prescriptions using accepted formats Gives and receives patient handovers to transition care responsibly Gives "bad news" in an honest, understanding, and empathic manner Uses accepted strategies to counsel and educate patients and their families in complicated situations Obtains informed consent for tests and/or procedures of low risk (e.g. stress test, nasogastric tube)			

Appendix 5: Performance Expectations for Progress Suite Components by Course

Comprehensive Necessary Science Examination***

	Score (as percentage) required to:		
Course	Meets expectation	Near expectations	Below expectations
HM 552	>20%	15-19%	<15%
HM 553	>30%	25-29%	<25%
HM 554	>45%	40-44%	<40%
HM 555	>52%	47-51%	<47%
HM 556	>65%	60-64%	<60%
HM 651	TBD*		
HM 652	TBD		
HM 653	TBD		
HM 654	TBD		
HM 655	TBD		

*Examination content changes to reflect material on USMLE Step 2 CK.

TBD = to be determined

***When the CNSE combines more than one exam portion, the scores are equally weighted between the portions, each counting independently, with the same percentage expectations.

Standardized Patient Portion of Progress Clinical Skills Examination

Minimum Scores to Meet Expectations by Course					
	Interactional skills	Hypothesis-driven history gathering	Hypothesis-driven physical examination	Counseling skills	Safety behaviors
Course	% for category	% for category	% for category	% for category	% for category
HM 552	30%	5%	5%	0%	25%
HM 553	40%	10%	10%	10%	35%
HM 554	50%	15%	20%	20%	35%
HM 555	60%	20%	30%	30%	35%
HM 556	70%	25%	40%	40%	35%
HM 651	80%	30%	40%	40%	35%
HM 652	90%	35%	45%	45%	40%
HM 653	90%	40%	45%	45%	40%
HM 654	90%	45%	50%	50%	50%
HM 655	90%	45%	50%	50%	50%
Minimum Scores to be Near Expectations by Course					
	Interactional skills	Hypothesis driven history gathering	Hypothesis-driven physical examination	Counseling skills	Safety behaviors
Course	% for category	% for category	% for category	% for category	% for category
HM 552	5%	0%	0%	0%	5%

Course	Interactional skills	Hypothesis driven history gathering	Hypothesis-driven physical examination	Counseling Skills	Safety behaviors
HM 553	10%	0%	0%	0%	10%
HM 554	15%	5%	5%	5%	10%
HM 555	20%	5%	5%	5%	10%
HM 556	20%	5%	5%	10%	10%
HM 651	20%	10%	10%	10%	10%
HM 652	20%	10%	10%	10%	15%
HM 653	30%	20%	20%	10%	15%
HM 654	30%	20%	20%	20%	20%
HM 655	30%	20%	20%	20%	20%
Maximum Scores to be Below Expectations by Course					
	Interactional skills	Hypothesis driven history gathering	Hypothesis-driven physical examination	Counseling Skills	Safety behaviors
Course	% for category	% for category	% for category	% for category	% for category
HM 552	4%	0%	0%	0%	4%
HM 553	9%	0%	0%	0%	9%
HM 554	14%	4%	4%	4%	9%
HM 555	19%	4%	4%	4%	9%
HM 556	19%	4%	4%	9%	9%
HM 651	19%	9%	9%	9%	9%
HM 652	19%	9%	9%	9%	14%
HM 653	29%	19%	19%	9%	14%
HM 654	29%	19%	19%	19%	19%
HM 655	29%	19%	19%	19%	19%

Pre/Post Encounter Task for Progress Clinical Skills Examination

	Points correct of 160 possible		
Course	Score to Meet Expectations	Score to be Near Expectations	Score for Below Expectations
HM 552	≥8	0-7	n/a
HM 553	≥16	8-15	<8
HM 554	≥24	16-23	<16
HM 555	≥32	24-31	<24
HM 556	≥40	32-39	<32
HM 651	≥48	40-47	<40
HM 652	≥56	48-55	<48
HM 653	≥64	56-63	<56
HM 654	≥72	64-71	<64
HM 655	≥80	72-79	<72

Multisource Feedback

	Score (as percentage) required to:		
Course	**Meet Expectations**	**Near Expectations**	**Below Expectations**
Based on course-specific documents that align with SCRIPT expectations	80% of evaluations at or above level expected for course; no critical deficiencies	65-79% of evaluations at or above course-level expectations. Any critical deficiencies identified have evidence for remediation within the course.	Less than 65% of evaluations at or above course-level expectations OR critical deficiencies have been identified, without evidence that they have been remediated.

Student End of Semester Self Assessment (ESSA)

Component area	Possible ratings
Engages in process of self assessment, based on Faculty Fellow assessment	Yes/Yes with Reservations/No
Demonstrates insight of current performance, educational needs and curricular goals based on level of performance selected for each competency, the evidence selected, and the ways in which goals respond to identified gaps in performance (Note: Student Competence Committee faculty engage in standard setting for these expectations each semester.)	Yes/Yes with Reservations/No
Provides evidence to document current level of performance in reference to SCRIPT competencies and current course	Yes/Yes with Reservations/No
Demonstrates responsiveness to prior ESSA goals	Yes/Yes with Reservations/No

Components of the Portfolio

	Meets expectations	**Near expectations**	**Below Expectations**
Referenced to specific Course expectations	Meets at least 80% of expectations. No critical deficiencies for semester.	Meets 65-79% of course-level expectations. Any critical deficiencies identified have evidence for remediation within the course.	Meets less than 65% of course-level expectations OR critical deficiencies have been identified, without evidence that they have been remediated.