EVALUATIONS

I. PASS/FAIL POLICY

The UCLA School of Medicine currently has a strictly pass/fail grading system for all four years. Each clerkship has a clinical component and a final exam. Students are evaluated by their clinical performance and final exam scores. Students must pass both components in order to pass the clerkship.

If a student fails the entire clinical portion of a clerkship, then the student must repeat the clerkship. If the student fails a component of a clerkship, then they may be required to do additional work. Remediated work to pass a clerkship is counted as part of the original course and no additional weeks of credit will be awarded. If a student fails the final exam, the student will receive a grade of "Fail" and must retake the final exam as outlined below. A student will be notified in writing if she/he fails a component of a clerkship.

II. RETAKING AN EXAM

A student must retake and pass a failed clerkship final/exam. If the student retakes the exam and passes, their grade will be changed to a "Pass." If the student fails the exam a second time, then the student fails the clerkship and must remediate in a clinical rotation of 2 weeks to the length of the course. Remediation length and content are to be determined by the Course Chair. Subinternship rotations or any 400-level courses used for remediation will not qualify as elective weeks for the graduation requirement.

At the end of the remedial weeks, the student must retake the clerkship final exam and must pass it in order to pass the clerkship. If the student fails a third time, then the student must meet with the Dean of Student Affairs and the Promotions Committee will evaluate his or her academic standing. The remedial weeks may not count for elective credit.

III. LETTERS OF DISTINCTION

The Letter of Distinction is an opportunity for faculty members to distinguish a student who has demonstrated extraordinary performance in any of the required core clinical clerkships. Only truly remarkable performance will be recognized; merely performing ahead of peers and being the best competitor should not suffice.

Letters of Distinction will be awarded only in required clerkships of three weeks’ duration or longer. These Letters should be as specific as possible regarding the nature of the student’s accomplishment. Letters of Distinction may be cited in the Dean’s Letter accompanying internship and residency applications, but will be excluded from the medical school transcript.

There is no minimum or maximum number of Letters awarded in any given clerkship (i.e., several letters or none may be awarded).

Decisions on awarding Letters of Distinction will be made by clerkship committees. Responsibility for writing the Letters of Distinction rests with the Course Chair or Site Director, who will consult with other faculty as appropriate.

IV. FEEDBACK TO STUDENTS

Clerkship Chairs are responsible for providing students with meaningful written descriptions evaluating performance in the clerkship. Narrative descriptions will be prepared for all students by the clinical clerkships.

In the case of failing or marginally passing performance, written and verbal feedback is required. A description of the nature of the concern must be reported to the student and to the Student Affairs Office. Students should be informed by their course instructors of difficulties as soon as they arise, so that they have an opportunity to improve their performance. Clerkship Site Directors should meet
with students whose performance is marginal or failing. In these meetings, the student’s problems should be discussed and plans for improvement developed.

All performance descriptions must be provided to the Student Affairs Office within six weeks of the conclusion of the clerkship. However, the Student Affairs Office will be notified within one week in the case of students whose clinical performance is failing or marginally passing. Evaluations may be reviewed in the SAO. Evaluations may not be removed from the office.

If students experience academic difficulty on a clerkship, this information will be relayed to the Associate Dean for Student Affairs, who in turn may notify course chairs or site directors on future rotations when appropriate. It is expected that the course chairs and site directors will treat this information with appropriate discretion.

V. **MEDICAL STUDENT PERFORMANCE EVALUATION**

UCLA has a strictly pass/fail evaluation system. Therefore, much more importance is placed on the comments that faculty and residents write concerning the student’s performance. An example of the evaluation form used is included. Comments may be used in the Medical Student Performance Evaluation for applying to internships and residencies.

VI. **EVALUATION FROM STUDENTS**

Medical students are responsible for providing evaluation as requested through the School of Medicine standardized evaluation program. The data collected is used in the aggregate to evaluate courses, curricula, and faculty and the data are reported back to Course Chairs for use in improving teaching and rotations. The time and tools should be provided to the student for critiquing the instructional program, and it is incumbent on the student to provide the information for assessment. Constructive criticisms as well as positive recognition will be appreciated.

VII. **PROFESSIONALISM**

Students are expected to exhibit professional behavior throughout their medical school training. This behavior includes the student’s ability to meet professional responsibilities, the ability to improve and adapt, and the ability to establish appropriate relationships with patients, families, and other members of the health-care team. If a student is having trouble developing these physicianship skills, then the course chair or site director will give feedback to the student and make suggestions for improvement. If the behavior is repeated or initially serious enough, the course chair or site director will complete a Physicianship Evaluation and review it with the student. If the performance still does not improve enough to meet the standards of physicianship, then the evaluation form will be forwarded to the Senior Associate Dean for Student Affairs.

1. **Reliability and Responsibility:** Fulfills responsibilities to peers, instructors, patients, other health professionals, and oneself; Provides accurate, non-misleading information to the best of one’s abilities

   Examples of unprofessional behavior in this area include:
   a. The student cannot be relied upon to complete tasks.
   b. The student does not seek assistance when needed to handle a clinical situation.
   c. The student does not function cooperatively within a health care team or other educational settings

2. **Self Improvement and Adaptability:** Accepts constructive feedback, and incorporates this feedback when making changes in his/her behavior; Accepts responsibility for one’s failures.

   Examples of unprofessional behavior in this area include:
   a. The student is overly resistant or defensive in accepting criticism.
   b. The student is unable to recognize his/her own inadequacies and limitations.
c. The student is resistant to seeking help when a problem is identified.
d. The student resists considering or making change.
e. The student does not take responsibility for his/her errors.
f. The student consistently fails to prepare for a specific course or patient care activities

3. **Relationships with Patients and Families:** Establishes rapport and demonstrates sensitivity in patient care interactions; Maintains professional boundaries with patients or members of their families

Examples of unprofessional behavior in this area include:

a. The student inadequately establishes rapport with patients and families.
b. The student is often insensitive to the patients’ or families’ feelings, needs, wishes, or beliefs.
c. The student uses his/her professional position to engage in romantic or sexual relations with patients or members of their families.
d. The student shows inadequate commitment to honoring the wishes of the patients.
e. The student does not protect patient confidentiality or privacy.

4. **Relationships with Peers, Faculty, and Other Members of the Health Care Team:** Relates well to fellow students, faculty or staff; Demonstrates sensitivity to other members of the health care team

Examples of unprofessional behavior in this area include:

a. The student relates poorly to fellow students, faculty and staff in the educational environment.
b. The student is insensitive to the needs, feelings, and wishes of members of the health care team or educational group.
c. The student does not establish and maintain appropriate boundaries in work and learning situations.

5. **Professional Behavior:** Respects diversity in patients and colleagues; Resolves conflicts professionally; Dresses and acts in a professional manner

Examples of unprofessional behavior in this area include:

a. The student does not respect diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status.
b. The student does not resolve conflicts in a manner that respects the dignity of every person involved.
c. The student uses unprofessional language that is not appropriate to the setting.
d. The student is abusive or hypercritical during times of stress.
e. The student demonstrates arrogance.
f. The student misrepresents or falsifies information and /or actions.
g. The student performs patient care while in an impaired state.
**MEDICAL STUDENT SUMMATIVE EVALUATION (SAMPLE)**

Each clerkship evaluates the student on the items below and this evaluation is included with the narrative description for the student.

<table>
<thead>
<tr>
<th>History Taking</th>
<th>Physical Examination</th>
<th>Oral Case Presentation</th>
<th>Write-ups &amp; Progress Notes</th>
<th>Fund of Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often incomplete, superficial, by rote and not directed to patient's problems. Poorly organized.</td>
<td>Usually thorough, logical, reliable. Includes psychosocial and prevention. Includes most essentials.</td>
<td>Usually complete and correctly done. Covered all major areas.</td>
<td>Record keeping is complete and detailed. Differentials and problem lists are complete and well organized. Analysis of patient's problems is done well.</td>
<td>Able to apply expected knowledge of disease, pathophysiology, and diagnosis. No large gaps. Reads texts and journal articles and contributes information frequently. Able to search for information.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td><strong>Check any that apply:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of concern</td>
<td>Insufficient contact to rate this item</td>
<td>Not applicable</td>
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<td></td>
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<td>Presentations disorganized or incomplete. Very dependent on written notes. Frequently uses imprecise, inaccurate, or ambiguous terms.</td>
<td>Usually complete and correctly done. Covered all major areas.</td>
<td>Well-organized, clear, accurate, and complete. Some use of written notes. Neither too long nor too short.</td>
<td>Very complete, accurately done, directed toward patient's problem(s), and elicits subtle findings.</td>
</tr>
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<td>Recorded histories, exams are incomplete. Omissions and inaccuracies in recorded data. Poor differentials and problem lists. Inability to incorporate data into problem analysis.</td>
<td>Well-organized, clear, accurate, and complete. Some use of written notes. Neither too long nor too short.</td>
<td>Extremely clear, organized, complete, accurate, and polished presentation appropriate in length to the situation. Uses precise, accurate terminology.</td>
<td>Outstanding, conscientious and accurate in recording patients' histories and physical exams. Differential diagnoses are extensive. Outstanding analysis of patient's problems. Therapeutic plans are thorough.</td>
</tr>
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</tr>
<tr>
<td>Diluted, poorly organized. Application of knowledge of disease, pathophysiology, diagnosis and therapy is limited. Large gaps. Little outside reading.</td>
<td>Outstanding, conscientious and accurate in recording patients' histories and physical exams. Differential diagnoses are extensive. Outstanding analysis of patient's problems. Therapeutic plans are thorough.</td>
<td></td>
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Medical Student Summative Evaluation Sample continued.

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<th>Satisfactory</th>
<th>Outstanding</th>
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**Clinical Judgment**
- Able to determine priorities in the clinical data, weigh alternative diagnoses, risks and benefits of treatments, and suggest diagnostic procedures or therapies. Frequently applies evidence-based medicine.

**Physician-Patient Interaction**
- Communication is largely clear and jargon free. Usually reflects empathic understanding.
- Does not use jargon. Communication with patients and families reflects clarity and empathy. Effective communicator with teams, staff et al.

**Professional Attitudes and Behaviors**
- Reliable, cooperative, and respectful of colleagues and patients. Trustworthy. Records are complete, accurate, and timely. Acts professionally.

**Overall Rotation Performance**

<table>
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<tr>
<th>Area of concern</th>
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<th>Marginal</th>
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**Clinical Judgment**
- Often fails to discern relationship of medical facts and clinical data. Unable to evaluate alternatives or consider risks and benefits. Is unaware of limitations of knowledge or skills. Fails to use evidence-based medicine.

**Physician-Patient Interaction**
- Frequently insensitive or intolerant of patient's needs. Communication with patients and families lacks clarity and empathy. Ineffective communication with team, staff or consultants.

**Professional Attitudes and Behaviors**
- Irresponsible, unreliable, or uncommitted. Abuses trust. Disruptive or disrespectful. Records tardy or illegible. Lacks professional manner.
VIEWING MEDICAL STUDENT PERFORMANCE EVALUATIONS

You are encouraged to review your Student Clinical Performance Evaluations periodically to become aware of personal strengths and weaknesses. Student Clinical Evaluations are available online through ESS and they are also collected in individual folders in the SAO.

Please allow six to eight weeks after your clerkship has ended for course chairs to submit your evaluations to the Student Affairs Office. You will know if an evaluation has been submitted if there is an asterisk next to a rotation on your schedule in ESS.

Viewing Required Evaluations On-Line

1) Login to ESS
2) Select “View Student Evaluation” button
3) Click “Select” button next to evaluation to open

Duplicate Evaluations:
- Occurs when the course chair submits a Revision
- Reason for the Revision will be noted to the right of the most recent evaluation
  - “Revised Grade”
  - “Revised Comments”
  - “Revised Check Box”
  - “Revised Letter of Distinction”
  - Or any combination of the above

Doctoring 3 “Non-Graded” Mid-Term Assessment On-Line
- This assessment is not a part of your official record in Student Affairs.
- The Student Affairs Office does not have access to these assessments.
- Any questions about the content of this evaluation should be directed to Anne Gadelha (agadehla@mednet.ucla.edu, 310-794-9616).

Viewing Evaluations in the Student Affairs Office

1. Check to see if your evaluations have been submitted by looking at your schedule in the binder located on Dayna’s desk. The binder is labeled “Class of 2006”.
   - If there is a red check or an asterisk next to a rotation on your schedule, an evaluation for that course has been submitted to the SAO and the evaluation is in your clinical file, available view in the SAO and on the web if it is a required clerkship.
2) Ask any staff member in the SAO to pull your clinical evaluation file. To preserve the confidentiality of these records, students are not allowed to pull files.
3) Return your evaluation file to area labeled “Re-file Section.”

   Note: Evaluations may not be removed from the Student Affairs Office.
Collecting Evaluations

Required Clerkships - Linda Cuesta, in the Student Affairs Office, will follow-up on evaluations for required clerkships that have not been submitted six weeks after clerkship has ended.

Elective Clerkships (UCLA, research, special clinical, and away) - We strongly encourage you to assist in following up on the submission of your elective clerkship evaluations. If your evaluation has not been submitted four weeks after the clerkship has ended, you should contact the student coordinator of the clerkship to remind the

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