1. **Policy Statement:** A narrative description of the student’s performance, including their non-cognitive achievement, is to be included as a component of the assessment in each required course/clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

2. **Reason for Policy:** This policy is intended to provide guidance for course and clerkship directors about expectations for the provision of narrative assessments in courses where student-educator interactions permit such assessment. Specifically, narrative assessments should be provided in all courses of two weeks or longer that include laboratory sessions, small group meetings or clinical interactions where educators interact directly with students.

3. **Who Should Read this Policy:**
   - All PLFSOM faculty who participate in the teaching and assessment of medical students.
   - All course/clerkship coordinators.

4. **Resources:**
   - The PLFSOM Office of Medical Education.

5. **Definitions:**
   - Narrative assessment: Written comments from faculty that assess student performance in meeting the objectives of a course or clerkship (describing learner strengths and areas for improvement). Numerical assessments, including exam scores, do not constitute narrative assessments, according to this policy. Rubrics or checklists used to assess professional behavior of learners may be used as the basis for the creation of narrative assessments if they are linked to, or supplemented by, written comments.
• **Formative assessment:** See the PLFSOM educational program policy titled Formative Feedback Policy.

• **Summative assessment:** Summative assessments are used to generate final grades for learners in a course or clerkship.

6. **The Policy:**
   a. Narrative assessments should be provided in any course or clerkship that is two weeks or more in length, and that includes learner-educator interactions permitting direct observation of the learner’s behavior, interpersonal skills, professionalism, initiative, dependability, or interactions with patients, peers, members of other professions, and supervisors. This may include longitudinal courses with small group and laboratory sessions in the pre-clerkship curriculum, and all clerkship phase courses/clerkships of two weeks or longer.
   b. The Office of Medical Education (primarily the Director of Evaluation and Assessment) will monitor the completion of narrative assessments in all relevant courses/clerkships throughout the curriculum, and present summary data on completion rates to the Year 1-2 committee (for the preclerkship phase) and the Year 3-4 committee (for the clerkship phase) after the completion of each relevant course or clerkship period. The Year 1-2 and Year 3-4 committees are responsible for developing processes for addressing inconsistencies in the quality and completion of narrative assessments. The Curriculum and Educational Policy Committee (CEPC) shall review summary data on the completion of narrative assessments in the required courses and clerkships at least once a year, and shall oversee and, if necessary, direct processes for addressing deficiencies.
   c. Course/clerkship directors shall ensure all educators with direct interactions with students are aware of this policy and have sufficient training to prepare narrative assessments.
   d. Educators shall participate in development activities as directed by the course/clerkship directors and provide accurate and timely narratives as required. Educators covered by this policy include faculty and residents/fellows.
   e. Medical students are expected to receive narrative assessments graciously as a necessary component of their professional development, consistent with the guidance provided by the PLFSOM Student Handbook (see sections titled “Appropriate Treatment of Medical Students” and “Expectations of Medical Students”).

*Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.*