1. **PURPOSE**

   To set out a process for student evaluation data to be fed forward to subsequent course directors to facilitate targeted academic assistance.

2. **DEFINITIONS**

   2.1 FITER – Final In-Training Evaluation Report electronically distributed at the start of each rotation and completed and submitted electronically at the end of each rotation.

   2.2 Forward Feeding – Sharing summative evaluation information from a rotation the student has completed with the Clerkship Director for a rotation or rotations to which the student is scheduled in the future.

   2.3 COE – Committee of Evaluation.

3. **POLICY STATEMENTS**

   3.1 Forward Feeding may only occur respecting a student who has failed a FITER, has received two borderline passes on FITERs, or about whom significant professionalism or patient safety concerns (not otherwise indicated on the FITER) have been identified.

   3.2 COE Clinical discusses and votes on Forward Feeding and then the Chair, COE Clinical brings the vote results to Progress Committee for discussion and decision.

   3.3 Progress Committee makes a final decision on Forward Feeding student summative evaluation information from one rotation to another rotation.
3.4 Progress Committee’s decisions on Forward Feeding may include:

- The number of rotations for which summative evaluation information will be forward fed;
- The areas of concern that will be forward fed; and general recommendations for remediation.

Progress Committee makes decisions on Forward Feeding student summative evaluation information on a case-by-case basis.

3.5 Each student, for whom a decision is made to Forward Feed summative evaluation information, will be notified of such a decision. In these instances, students retain the right to view the completed Forward Feeding Reports and any personal information contained therein.

3.6 The Director, Evaluation or designate is responsible for Forward Feeding the approved summative evaluation information to the faculty of the next clinical rotation to which the student is assigned.

4. **PROCEDURES**

RESPONSIBILITIES OF THE STUDENT

4.1 Complete the Midpoint In-Training Evaluation Report (MITER).

4.2 Participate in the midpoint meeting with faculty.

4.3 Seek support to improve academic success when presented with evaluation information that indicates there are academic concerns i.e. Student Affairs, Faculty of Medicine; Office of Disability Services, University of Manitoba.

4.4 Participate in the Final In-Training Evaluation Report (FITER) meeting.

4.5 Actively engage in addressing identified deficiencies that are forward fed.

RESPONSIBILITIES OF CLERKSHIP DIRECTOR

4.6 Monitor student progress throughout the rotation, ensuring the Midpoint In-Training Evaluation (MITER) meeting of the preceptor and student takes place.

4.7 Complete the Final In-Training Evaluation Report (FITER) identifying all areas of concern.

4.8 Inform the Director, Clerkship Curriculum and Chair, COE Clinical that Forward Feeding must be considered within 2 working days of finalizing the FITER. In the case of shorter rotations that do not use a FITER for evaluation, this notification must occur within 2 working days of the end of the rotation.

4.9 Inform the student in question that a request to forward feed summative information has been made.

4.10 Participate in discussion and voting at COE Clinical with respect to Forward Feeding of summative evaluation information on identified student(s).

4.11 Distribute any information that has been forward fed from the previous rotation to the relevant faculty.

4.12 Review the academic progress reports of students whose summative evaluations have been forward fed, and report outcomes of remediation to COE Clinical.
RESPONSIBILITY OF MEMBERS OF COE CLINICAL

4.13 Participate in the discussion and vote at COE Clinical with respect to each situation presented related to forward feeding of summative evaluation information.

RESPONSIBILITIES OF CHAIR, COE CLINICAL

4.14 Ensure that all relevant information is available for COE Clinical member discussion and voting.

4.15 Oversee the COE Clinical voting process. This may occur electronically.

4.16 Bring the decision of COE Clinical to the attention of the Director, Evaluation/Chair, Progress Committee within 3 working days after a vote by COE Clinical.

4.17 Participate in the discussion at the Progress Committee with respect to each situation presented related to forward feeding of summative evaluation information.

RESPONSIBILITIES OF MEMBERS OF PROGRESS COMMITTEE

4.18 Participate in the discussion and vote at Progress Committee with respect to each situation presented related to forward feeding of summative evaluation information.

4.19 Render a decision on the request to forward feed within three working days of receipt of this request.

RESPONSIBILITIES OF DIRECTOR, EVALUATION/CHAIR, PROGRESS COMMITTEE

4.20 Organize a Progress Committee meeting to discuss the COE Clinical results. This may occur electronically.

4.21 Ensure that all relevant summative evaluation information is available for Progress Committee member discussion and voting.

4.22 Oversee the Progress Committee voting process.

4.23 Forward feed the summative evaluation information, as indicated by the Progress Committee to the clerkship director of the next scheduled rotation, within three working days of the Progress Committee vote.

4.24 Inform the student in question of the decision of the Progress Committee.

4.25 Review the FITER from the next scheduled rotation with the Progress Committee, in order to determine if identified deficiencies have been remediated, and if further forward feeding is required.

RESPONSIBILITIES OF EVALUATION PERSONNEL

4.26 Ensure that all FITER information is recorded in a timely manner and in accordance with other UGME policies related to Student Evaluation.

4.27 Maintain the database that tracks summative evaluation information.

4.28 Inform the Director, Progress Committee of cases where a student has two borderline passes on FITERs.

4.29 Provide support to the Chair, COE Clinical and Director, Evaluation/Chair, Progress Committee in their work of preparing for meetings that involve discussion and voting on
student summative evaluation information and preparing and distributing documents when committee decisions are made.

5. REFERENCES

5.1 UGME Policy & Procedures - Midpoint In-Training Evaluation & Final In-Training Evaluation Preparation, Distribution and Completion and Essential Clinical Presentations Preparation, Distribution, Audit, and Remediation

5.2 UGME Policy & Procedures – Remediation

5.3 Frellesen SL, Baker EA, Papp KK, Durning SJ. Medical school policies regarding struggling medical students during the internal medicine clerkships: results of a national survey. Acad Med 2008 Sep;83(9):876-81.

5.4 Cleary L. "Forward feeding" about students' progress: the case for longitudinal, progressive, and shared assessment of medical students. Acad Med 2008 Sep;83(9):800.

6. POLICY CONTACT

Director, Evaluation