

Surgery Clerkship Assessment and Grading Policy

2023-2024

I. Grading Policy for the Surgical Clerkship

Possible grades for the Surgery Clerkship are Honors, High Pass, Pass, Fail, and Incomplete. The cutoff score for each grade is set annually based on national standards and program evaluations.

Your clerkship grade will be derived from the following components:

Component	% (or points) towards final grade
Faculty/resident clinical performance assessment (CPA)	40
OSCE	20
Computer Based Clinical Assessment (CBCA)	15
NBME Exam	10 (based on P/F)
H&P with MDM Assessment	5
Presentation Assessment	5
Professionalism and Participation	5

A. Clinical Performance Assessment (CPA) (40%)

A total of 5-6 CPAs are required for the clerkship. For the 4-week rotations, 3 CPAs are required; one each from 1) an attending, 2) a fellow or senior resident and 3) a junior resident. For the 2-week rotations, 1 CPA form is required from an attending.

Surgical faculty and residents will assess students in writing at the end of the assigned rotation. When completing the CPA, the faculty and resident will consider all aspects of clinical performance and are asked to remark on areas of strengths, areas needing improvement, and overall performance. You will be assessed based on your demonstrated competency with Communication, Professionalism, Advocacy, and the following Entrustable Patient Activities (EPAs):

EPA 1: History taking and physical exam

EPA 2: Clinical reasoning, differential diagnosis, application of fund of knowledge

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 5: Oral presentation of patient

EPA 6: Written Notes

EPA 7: Medical decision making and incorporation of the literature

EPA 9: Contributes as a member of the team

Notes on Clinical Performance Assessments:

- There are times when exposure to the attending physician or the assigned resident has been limited. In these situations, you may request the CPA be completed by the preceptor with whom you are working most closely. In this case, please request this change via email to both the clerkship director and coordinator. This should be a rare request.
- While some CPA assessment ratings will be based on direct observation of the skill, faculty and residents will use a variety of different inputs to inform their summative assessment including but not limited to work products (such as oral presentations or written notes) or discussion with team members.
- The clerkship coordinator will distribute the CPAs to the preceptors near the completion of your time with that preceptor.
- There are occasions in which the overall clinical grade is impacted by inconsistent evaluations, concerning patterns of feedback, professional issues, etc. The clerkship Grading Committee team is aware of the limitations of individual assessments and thus employs a system of assessment utilizing multiple reviewers and data points to help minimize the impact of one specific assessment. The Grading Committee reviews evaluations as a whole to take these issues into consideration giving the student the benefit of the doubt when one specific assessment may be an “outlier”.

Individual faculty and residents do not “grade” students. They provide their assessment observations through CPA forms and the grade is calculated using all of the assessment data collected. Students *may not* directly ask faculty or resident assessors to check specific boxes on the assessment form—this is considered an example of unprofessional behavior and may negatively impact professionalism points for the rotation. Students with concerns regarding how a specific assessor completed a form should reach out directly to the Clerkship Director to discuss.

B. Objective Structured Clinical Exam (OSCE) (20%)

The surgery OSCE assesses your ability to integrate the clinical skills of history taking, physical examination, clinical reasoning, and application of clinical knowledge that you have gained during the clinical clerkship. The OSCE is a series of simulated scenarios where Standardized Patients (SP) present surgical issues that are covered during the surgical clerkship. The OSCE is designed to evaluate your ability to gather clinical data and to diagnose clinical problems. In this practical exam, you will interview and/or examine SP’s and follow-up with computer prompted questions related to the simulated experience. There are three patient scenarios. Your score will be based on your ability to elicit relevant information from the patient, formulate a differential diagnosis, and develop a basic management plan. Each patient care simulation is standardized for all students.

C. Computer Based Clinical Assessment (CBCA) (15%)

CBCAs are similar to OSCEs as they are designed to assess surgery clerkship students’ ability to properly evaluate and treat surgical patients with common surgical disease processes, except there is no SP. Assessment components include the ability to develop a differential diagnosis based on patient history and physical exam, order purposeful labs and imaging based on the differential diagnosis, interpret labs in the context of the differential diagnosis, interpret basic imaging in the context of the differential diagnosis, and demonstrate clinical reasoning and/or the development of a treatment plan based on history, physical exam, labs and imaging. There will be 3 CBCAs scenarios.

D. NBME Subject Examination (10%)

The NBME Shelf Exam is a 110-question multiple choice written examination that will test your knowledge of surgical diseases and treatments. It reflects the content of the USMLE Step II Clinical Knowledge examination. Questions on the written examination are not based on specific individual lectures directly, but rather on topics within the broad field of general surgery and sub-specialties including material on the presentation, pathophysiology, and management of common surgical problems.

This exam is administered on the final day of the clerkship and is 2 hours and 45 minutes long. **The Clerkship Knowledge Objectives, which can be found on EMERG and CANVAS, should be used to serve as a guide for studying.**

The NBME is scored as pass/fail. The passing score cutoff is the 10th percentile based on the 2021-2022 academic year NBME norms. Therefore, for the 2023-24 academic year, a score of 62 or above shall be required to pass the Surgery NBME examination.

Consistent with the Phase 2 policy, if the NBME exam is failed, then the highest grade that the student can receive for the clerkship is Pass. If failed, the exam will need to be retaken and passed.

E. Written Note Assessment (5%)

Please submit a written History and Physical Examination Note, using the standard format described in your clerkship orientation materials, for a patient you evaluated during the night float rotation, either in the ED or as an inpatient consult. Please choose a patient with a problem that generates a **differential diagnosis**. Submit on Canvas to the assignment dropbox by the end of Week 7 of the Clerkship. You will receive feedback on your submission with your Summative grade form.

History and Physical Assessment (5 Points)

- Use the H&P Rubric to guide your write up (below).
- The aim of this assessment is to see how you gather information and summarize pertinent components in a succinct yet thorough fashion in a written note. The assessment also provides an opportunity for you to demonstrate your clinical reasoning. The note should review your relevant differential diagnoses, prioritize the differential (most to least likely), include brief justification for each diagnosis, and discuss next steps for work up and treatment.
- The note should be a note written by YOU about a patient YOU EVALUATED primarily. The goal of the exercise is to submit a note you used for clinical care, not a curated note written after the fact.
- When submitting the note, please omit patient identifiers and eliminate any EMR formatting (ideally copy the note into a WORD or other text document).
- Limit to 4 pages maximum.
- All content should be generated by you, please do not copy and paste others work or use dot phrases (the exception would be relevant physical exam findings not performed by you which should be reported clearly as done by others).

Medical Decision-Making Assignment Write up (5 Points)

- Devise a clinical question relevant to the care of the patient from the H&P note. Examples include the diagnostic work up, treatment options, or prognosis of the most likely diagnosis.
 - Next, use the PICO (Patient/population, Intervention, Comparison, Outcome) framework to devise the clinical question

- Perform a brief literature search (this can and should be done in real time and help contribute to the clinical care of the actual patient).
- Document the following in a write-up:
- **ASK:** Document your clinical question
- **ACQUIRE:** Provide your search terms and how you narrowed your search. Provide a citation for the publications you used to answer your question
- **APPRAISE:** Discuss why you chose the publications and appraise the publications.
- **ADVISE:** Apply the findings of your literature search to your patient's case and discuss how these findings inform and answer your clinical question.
- Please make sure you clearly state a conclusion statement
- Clearly outline what you would do for your patient based on your literature review and provide justification by summarizing the evidence.
- Please limit your MDM component to 2 pages

F. Presentation Assessment (5%)

During this assessment, students will present a patient for whom they have directly cared in either the inpatient or outpatient setting. This should be a different patient from the case chosen for your written note assessment. The presentation should be framed as the initial surgical evaluation for the patient. It is acceptable to choose a patient for whom you were primarily involved in the postoperative care if you have not evaluated many new patients. The presentation should reflect the initial evaluation of the patient's surgical condition (in other words, the information available at the time of their first surgical evaluation). Presentations should include disease presentation, description of the results of any prior testing, and should concentrate on the development of a plan for the next steps in the patient's evaluation and management.

The presentation will be given to a member of the clerkship faculty in a small group setting with other students. This will afford the opportunity for you to learn from each other and receive feedback from the faculty member as well. You should be prepared to discuss 1-2 learning points regarding the surgical evaluation of the patient and to answer 2-3 questions from the faculty member related to your patient. For this reason, it is important that the presentation be based on a patient you know well.

History & Physical Assessment (7 Points)

Please prepare an oral presentation for a patient whom you evaluated or directly cared for in the inpatient or outpatient settings. Please choose a patient with a problem that generates a **differential diagnosis**.

- Use the Oral Presentation Rubric to guide your presentation (below).
- The aim of the presentation is to evaluate how you gather information and summarize pertinent components in a *succinct yet thorough* fashion and to demonstrate your *clinical reasoning*. The presentation should note pertinent presenting symptoms, both positive and negative, review and prioritize your relevant differential diagnoses, and discuss next steps for evaluation and treatment.
- The presentation should be brief (2-3 minutes)
- The faculty member will ask 1-2 questions after your presentation; be prepared to discuss key aspects of the patient's presentation or the rationale behind the teaching point that you deliver.

Medical Decision-Making Teaching Point (3 Points)

- Define a key teaching point from your case related to the evaluation and/or management of the surgical condition and present this orally to the group (**no slides** or visuals beyond clinical imaging – if relevant – should be used).
- Present this to the group in 2-3 minutes with the goal of increasing their knowledge about the evaluation

and management of the surgical disease process your patient presented with.

G. Professionalism and Professionalism: (5%)

Professionalism is an integral part of the Surgical experience. Students are expected to demonstrate honesty, integrity, respect, and compassion in all interactions with patients, peers, faculty, staff, and other health care professionals in all settings. Your professionalism is assessed as part of the clinical interaction with patient and team members, as well as part of specific behaviors that indicate consideration and accountability throughout the clerkship.

Each student can earn the maximum 5 points during the clerkship through the following practices:

- *Prompt attendance and participation in PBL and teaching sessions– 1 points*
- *Updated clerk-log – Clerk-logs must be updated weekly; the logs will be checked to assure compliance- 1 points.*
- *Orientation and skill sessions - Prompt attendance, complete preliminary prep work and actively participate in Orientation and Mid-Clerkship Skills. 1 points*
- *Prompt attendance to mid-clerkship conference - 1 point*
- *Professional demeanor when working with colleagues and educators. – 1 points*

In addition to the point totals above, attendance at required activities is expected. The Surgery Clerkship team recognizes that emergencies occur and necessitate missing sessions on rare occasions. Patient care always comes first and responding to a sick patient or assisting in an emergency surgical care should always be the priority. Should an unexpected illness or emergency arise, please email Dr. Odell and Jason Burke promptly. Consistent with other Phase 2 clerkships, unexplained absences can impact the care of patients and the team and, as a result, will impact the professionalism component of the clerkship grade, with 50% of the professionalism points removed for each unexpected and unexplained absence (5 pts per occasion). Each absence will also result in a Physicianship Form.

II. Calculation of Final Grades

A. Standard Setting:

The Surgical Clerkship Grading Committee is made up of the core administrators of the Surgical Clerkship along with physician representatives from Subspecialty rotations. At the start of each academic year, this committee and AWOME representatives review outcomes, grades, assessment tools and annual report from the NBME to set the criteria for the rankings of Honors/ High Pass/ Pass/Fail.

B. Calculating Grades

The grades are determined by the total number of points based on the assessment elements as listed above: CPAs, OSCE, CBCA, NBME subject exam, Written Note assessment, Oral presentation assessment, and Professionalism. The Surgery Faculty Grading Committee will evaluate all components of the student's performance to determine the final grade. The Grading Committee and clerkship leadership will discuss

students whose scores fall below the cut point for pass/fail and prescribe a remediation plan.

Grading Scale	
Honors	87
High Pass	77
Pass	68
Fail*	< 68

* Students below the pass cut point will receive an Incomplete grade and a remediation plan will be determined by the clerkship director. This may include remediation of a proscribed amount of time. The amount of time needed will vary. After successful completion of the remediation plan the grade will be “Pass” and the number of additional weeks needed will be noted on the transcript.

** A grade of fail will be given in any of the following circumstances.

- Failing the NBME shelf exam three times.
- Being unable to meet the clinical requirements of the clerkship after completing additional time twice.
- An egregious professionalism issue.

Summative evaluations (grades and comments) are reported to the Feinberg School of Medicine Office of Medical Education five weeks following the end of the clerkship.

Additional Assessments

Mobile Observations – This assessment tool is designed to provide the student with formative feedback. Students must obtain eight (8) completed mobile observation forms over the entire clerkship. They can be obtained throughout the entire rotation, but we strongly encourage that you obtain at least 4 prior to your MidClerkship Feedback meeting. One submitted mobile observation must be an EPA 1 (Observed History and Physical Exam) to fulfill your Direct Observation of a History and Physical Exam requirement. The Mobile Observations are not calculated directly into the student’s overall grade. However, written feedback on the Mobile Observation can be used for the MSPE Summative Assessment and may be used to improve a students’ grade if the narrative supports higher performance for a student who is on the borderline for a specific skill.