

## Assessments for 2022-23

Students are responsible for being aware of the following assessment policies:

- Assessment policy for Phases 2 and 3 (AWOME will provide links)
- Examination policy (AWOME will provide links)

### Section I: Components of the grade

Your clerkship grade will be derived from the following components:

| Component  | Contribution towards final grade |
|--|----------------------------------|
| Faculty/resident clinical performance assessment | 50%<br>(25% from each month)     |
| OSCE   | 17%                              |
| NBME   | 15%                              |
| EPA-Based Assessments                            | 8%                               |
| Notes Assessments                                | 5%                               |
| Timely completion of clerkship requirements      | 5%                               |

*An explanation of each component follows the above table*

#### A. Clinical Performance Assessment

Your clinical assessment at each site reflects your performance on the Feinberg CPA forms that are used across clerkships. Each month, your site director personally meets with the team (attending, resident, and interns) to obtain verbal feedback and collect written/electronic CPA assessment forms. Site directors also collect verbal and written feedback from other evaluators throughout the month (i.e. your attending from the first week of the month) so that all evaluators have the opportunity to contribute to your final assessment. The site director compiles the verbal and written feedback from all of your assessments to make your final grade for the month. Your grade is not an “average of all forms;” your site directors interpret your clinical grade to ensure consistency and fairness across graders. This includes weighing evaluations based on time spent with you and seniority. At the end of your first month, you’ll meet with your site director to go over your feedback. All of the individual CPA forms will be available to you on Emerg at the end of the clerkship.

Based on the clerkship director’s assessment of rating patterns of faculty and residents, as well as other extenuating factors (e.g. professionalism issues), the clerkship director may modify the final clinical grade.

#### B. OSCE

Overall, the focus of the exam is your clinical skills, including history taking, physical examination, clinical reasoning, and communication skills. We are not looking at whether you get the “right answer” for each case. Instead, we are assessing your ability to thoroughly evaluate patients and generate problem lists, differential diagnoses, and management plans.

The OSCE has three stations, with each station having the same format:

- 3 minute chart review
- 20 minute patient encounter
- 20 minute post-encounter questions.

For the encounters, my advice is to “show your work” as much as possible. For instance:

- In the HPI, if you are evaluating chest pain, start with open-ended questions such as “tell me about your chest pain” but be sure to ask specific questions evaluating etiologies (radiating to the jaw, etc) even if the patient does not volunteer that information.
- For past history sections, it’s ok to begin with a general open-ended question like “Do you have any past medical history?” But if you are thinking about kidney stones, ask specifically if they have ever had a kidney stone.
- If you are examining a particular organ or maneuver, make it apparent so that the SP knows what you are doing.

For the post-encounter questions, we are assessing different aspects of clinical reasoning skills.

Possibilities for questions include:

- Interpretation of common diagnostic tests
- History and physical write-ups
- Listing your differential diagnosis and/or management plan, with justification as to why
- Script Concordance Testing: Essentially evaluating whether a diagnosis is more or less likely dependent on a test result. See [this link for more information or an example of](#) this test.

Tips for studying for the OSCE:

- We test your evaluation of “bread and butter” internal medicine chief complaints. If you study the diagnostic approach to common chief complaints encountered in the hospital, you will be well prepared
- Some resources to do this include Case Files, Symptom to Diagnosis, and the diagnostic schema from the Clinical Problem Solvers.
- Be prepared to interpret common labs and studies (such as EKGs and CXRs) ordered on the medicine wards.

Each standardized patient will give you some written feedback that is for your own educational benefit. We will send this to you after your grades are released. You will receive your overall score for the OSCE with your final grade – it takes the CEC a few weeks to review videos and compile scores.

### C. NBME

The NBME Shelf Exam is given in a 2 hour and 45 minute session on the last day of the clerkship. A failing score for clerkship purposes is a subject test score that is less than 62. The clinical education on medicine is intense and powerful and teaches you how to be a doctor; however, to prepare for the exam, you will also need to read and review practice test questions.

If you do not pass the shelf, a repeat examination will be taken within 6 months from the end of the clerkship. If you do not take the exam within 6 months, you fail the clerkship. If you pass the clerkship on the second attempt, your final grade will be a Pass and your final MSPE will read, "XX student achieved clinical evaluations equivalent to \*\*\*; due to performance on standardized exams, their final grade is \*\*\*."

If you fail the test twice, the clerkship director will discuss a progress plan with the student, whether it involves more clerkship time or just study time. In the end, the type and structure of this plan is the clerkship director's decision. If the student passes the test, the final grade will be "Pass with remediation." If the student fails the test three times, the student will fail the clerkship.

If you experience a severe illness or are physically unable to sit for the shelf exam (i.e. car accident), page Dr. Henschen and send an email to Bridget and Dr. Henschen immediately. We will arrange to reschedule the exam. Please see the AWOME policy for additional information regarding missed shelf exams.

### D. EPA-Based Assessments

Students must complete at least one EPA-based Mobile observation assessments per week from the following categories:

- Direct Observation of History and Physical (required)
- Interprofessional Teamwork (required)
- Differential diagnosis
- Interpretation of Studies
- Oral Presentation
- Orders

Each completed assessment will count as 1 point toward the final grade. Feedback contained in the mobile observation form will be formative. Faculty and residents are aware that you need to complete them; however, the earlier you can get these done, the smoother the end of your clerkship will be.

### Recommended Mobile Observation Schedule: M3 Clerkship

| Week | Recommended Skills                               |
|------|--|
| 1    | Oral Presentations                               |
| 2    | Ddx and interpretation of studies                |
| 3    | Direct Obs EPA1                                  |
| 4    | Nurse / Pharmacist EPA9                          |
| 5    | Switch week: Oral presentations, Ddx             |
| 6    | EPA1 and/or EPA9                                 |
| 7    | Teamwork & Orders                                |
| 8    | OSCE and Shelf week: Any remaining required EPAs |

#### E. Notes Assessments (5%) total

- 1 graded by each site director, either during an in-person session or via email (send MRN)
- One graded by independent attending (Dr. Peter Park)
- Grades are out of 100 points and use a Feinberg rubric available on Emerg.

#### F. Timely Completion of Course Requirements

This domain encompasses completion of all required clerkship documentation, credentialing, timely communication, and other aspects of professional behavior. Specific items include:

- VA Credentialing: turning in forms on time, attending fingerprinting sessions
- Staying up to date with clerk log
- Timely attendance to clinical duties, barring excused absences
- Attendance at conferences, including Site Director conferences and didactics
- Attendance and completion of requirements at orientation and mid clerkship feedback
- Responding to clerkship-related emails in a timely fashion
- Submitting conflicts of interest

## Section II: Calculation of final grades

*This section describes how the final grades are derived, including any cut-off scores. If you use a standard setting process, describe that here.*

*Example table:*

| <b>Grading Scale*</b> |                        |
|-----------------------|------------------------|
| Honors                | 87-100                 |
| High Pass             | 80.5-86.9              |
| Pass                  | 72-80.4                |
| Requires extra time** | <b>See Section III</b> |
| Fail***               | <b>See below</b>       |

\* When a numerical score falls closely between two grades, the clerkship director will evaluate all components of the student's performance to determine the final grade.

\*\* Occasionally a clerkship director will decide a student needs additional time on the clerkship to meet the objectives. The amount of time needed will vary. In this case, 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 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.

Example benchmarks for student behaviors are presented below. Please note that these are examples of behaviors, not a template for determining student grades.

### **An Honors student is one who:**

- Consistently performs thorough work-ups on complex medical patients. This includes demonstrating exceptional bedside history taking and physical diagnostic skills.
- Is able to present their findings in an organized, thoughtful, logical manner to their team both on rounds and informally.
- Is able to categorize and synthesize complex data from history, physical examination, labs, and imaging findings, and is able to demonstrate how these data points combine to form and prioritize a problem list, differential diagnosis, and management plan, particularly in cases with a large amount of uncertainty.
- Applies their medical knowledge to formulate thoughtful, relevant differential diagnoses and develop sound, specific management plans.
- Writes notes using a straightforward, thorough, accurate organized approach that makes clinical reasoning clear, contains a nuanced discussion of the patient's problems, and explores the patient's perspective on their illness.

- Establishes therapeutic bonds with a diverse set of patients and leads team discussions both formally on rounds as well as during informal encounters.
- Reads independently, uses the literature to support their plans and their thinking, and teaches the team about their patients in a way that benefits everyone's learning.
- Goes above and beyond to advocate for their patients by spending time at the bedside, anticipating their patients' needs, being proactive about helping in their care, and attending to their patients' medical and psychosocial issues.
- Is an active participant in patient care, classroom, and educational activities, including being engaged on rounds, participatory in class, and an active contributor to team care discussions.
- Demonstrates a team-oriented, collaborative approach to care, helping out with patients whom they may not be directly following.
- Solicits and responds productively to feedback.
- Is professional, courteous and has excellent interpersonal skills with a strong work ethic.

**A High Pass student is one who:**

- Performs thorough work-ups on multiple complex medical patients, including demonstrating effective bedside history taking and physical diagnostic skills.
- Is able to present their findings in an organized, thoughtful, logical manner, though may need assistance with the most complex cases.
- Is able to categorize and synthesize complex data from history, physical examination, labs, and imaging findings, though may need some correction and assistance in difficult or complex cases.
- Is able to use data to develop and prioritize a problem list, differential diagnosis, and management plan in most cases.
- Applies their medical knowledge to formulate thoughtful, relevant differential diagnoses and develop sound, specific management plans for most patients.
- Writes notes using a straightforward, thorough, organized approach to data gathering and synthesis that is accurate and includes relevant detail.
- Establishes therapeutic bonds with a diverse set of patients and works on taking ownership during patient encounters.
- Reads independently, uses the literature to support their plans and their thinking, and brings some points to the team.
- Spends time at the patient's bedside and develops therapeutic bonds. Identifies issues relevant to their patients' care and attends to them either independently or with some guidance. Anticipates patients' needs at times.
- Is an active participant in patient care, classroom, and educational activities.
- Demonstrates a team-oriented, collaborative approach to care.
- Solicits and responds productively to feedback.
- Is professional and courteous; has excellent interpersonal skills; and has a strong work ethic.

**A Pass student is one who:**

- Performs thorough work-ups on multiple complex medical patients, though may miss pertinent historical findings or physical examination maneuvers.
- Is able to present their findings in an organized manner on straightforward patients.

- Is able to categorize and synthesize data from history, physical examination, labs, and imaging findings on straightforward patients, but requires additional assistance in complex cases.
- Able to develop relevant differential diagnoses in many cases but may be inconsistent in this practice.
- Writes notes using an organized, accurate approach that includes most relevant details.
- Able to establish rapport with some patients, though may be working on patient communication skills and/or reading the room during clinical encounters.
- Reads independently, uses the literature to support their plans and their thinking, and brings some points to the team.
- Spends time at the patient's bedside and attends to their needs. Identifies some issues relevant to their patients' care, though may require prompting to complete them and help out the team.
- Is an active participant in patient care, classroom, and educational activities.
- Demonstrates a team-oriented, collaborative approach to care; is professional and courteous; and has a strong work ethic.
- Solicits and responds productively to feedback.
- Is professional, courteous, and has a strong work ethic.

**A student who requires extra time is one who:**

- Is unable to consistently complete work-ups or elicit pertinent information during patient interviews.
- Is unable to, or requires close guidance to, formulate a relevant differential diagnosis and treatment plan for medical patients.
- Is unable to perform a thorough physical examination or is unfamiliar with the proper examination techniques to evaluate patients
- Demonstrates a knowledge base that contains critical gaps.
- Is unable to perform daily clinical care duties, despite regular prompting and guidance.
- Demonstrates unethical or unprofessional behavior. Other professional grounds for failing include dishonesty, unexcused absences or poor work ethics including willful negligence in patient care duties.

### **Section III: Additional information**

Any student not meeting the competency requirements of the clerkship at one of the 4-week sites will be formally notified by the site director. Often, the site director will notify the student before the end of the 4-week block. It would be rare for a student to hear of a failing performance only at the end of the rotation, but occasionally if the student's performance deteriorates late in the rotation, the student could fail the rotation without early notification.

Additional time on the clerkship can be required based on one low score, but a pattern of performance will more likely trigger this. A student may also be required to complete additional time on the clerkship if the student's total score is <72 and the site directors believe that extra clerkship time will improve the student's clinical performance. The final decision about extra time will be made at the quarterly site directors' meeting that occurs soon after each rotation is completed.

It takes about a week to receive the results from the NBME. We usually have our site director meeting three to four weeks after the end of your clerkship. If you complete the course evaluation, your final grade and evaluation will be available no later than 5 weeks after the end of the clerkship.