

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

- Assessment policy for Phases 2 and 3
- Examination policy

SECTION 1: COMPONENTS OF THE GRADE

Component	Percentage of total grade
CPA Evaluations from Inpatient (22.5 %) CPA Evaluation from Outpatient (15%) CPA Evaluation from Newborn Nursery (5%) CPA Evaluation from Urgent Care (7.5%)	50%
NBME Exam	15%
OSCE	15%
Oral Exam	5%
Clinical Reasoning Assessment	7.5%
Written Documentation	7.5%

A. CLINICAL PERFORMANCE: (50 points)

Your score will be determined by a weighted average of all your different CPA forms from your clinical experiences. An average numerical score is calculated for each EPA across multiple (or single, depending on the site) forms. Each EPA average is then added together to get a total score, divided by the maximum possible points achievable on the form. We will directly solicit CPA forms from your Outpatient Preceptor and General Medicine Teams; you yourself will submit names for those you work with in Urgent Care and Newborn Nursery. CPA forms are not as likely to come from your subspecialty service unless you really were very involved for several days and worked closely with at least one senior resident or attending.

B. FINAL EXAM: (15 points)

The final examination for pediatrics is the National Board Subject Examination (NBME). This is a multiple-choice exam comprised of 100 questions and accounts for 15% of your grade. Full points (15/15) will be awarded if a student passes the exam. The passing score for clerkship purposes is a subject NBME test score that meets the annual 10th percentile nationally for the prior academic year. This score is currently a 67. If a student fails the final examination he/she may repeat the exam provided his/her cumulative point total for the clerkship is in the passing range (> 62 points). If a student passes the repeat examination, a "PASS" will be awarded for the final clerkship grade. For studying tips for the NBME exam, here is a link from our Feinberg M4 students on how they studied: <https://www.tribute.co/nbme-studying/>

C. OSCE: (15 points)

At the conclusion of the rotation you will participate in an OSCE. This OSCE will assess your history-taking, communication, knowledge, and clinical reasoning skills. There are three cases with an SP interaction followed by post-encounter questions. There will be no actual children; you will encounter a caregiver of a child and be handed an exam card containing elements of their physical exam. This is very similar to your experience in your first and second year. You will receive more information about the OSCE as we near the end of the rotation.

D. CLINICAL REASONING ASSESSMENT: (7.5 points)

A 30-minute online assessment will be administered on Mid-Clerkship Day through Canvas. Material is based on the content of the Clinical Reasoning Workshop and the 10 required Aquifer Cases Cases.

E. WRITTEN DOCUMENTATION: (7.5 points)

Our Assessment Director will 1 submitted full written de-identified H&P of your choice, and one progress note chosen at random from your time on inpatient wards, using the electronic medical record. Validated templates will be used and you will receive timely feedback on your documentation.

F. PROFESSIONALISM: (5 points)

Expected professional behaviors include attendance to clerkship didactics, responsiveness to emails/pages, clear communication regarding absences and other activities, professional demeanor/comportment (honesty, integrity, respect), and ability to support patient care team goals and appropriate EHR documentation. Examples of a lack of professionalism include: inappropriate behavior, unexcused absences or tardiness, inappropriate dress, responding poorly to feedback, use of inappropriate language, and failure to complete assignments by the designated deadlines.

SECTION 2: GRADE BREAKDOWN

Honors	86.00 and above
High Pass	79.00 and above
Pass	62.00 and above
*Requires extra time	Below 62.00
**Fail	See Below

When a numerical score falls closely between two grades, the clerkship director will evaluate all components of the student’s performance and narrative commentary to determine the final grade. A clerkship director may 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 requirements of the clerkship after completing additional time twice.
- Any egregious professionalism issues.

Example benchmarks for student behaviors are presented below.

Honors

Honors-level students are viewed as exceptional learners and teachers! They are typically thought of as the primary caregiver and consistently handle complex patients and present thoughtful, organized oral presentations that synthesize extensive data in a logical manner. They extensively pre-round for clinic and ward presentations, apply their knowledge to formulate relevant differential diagnoses and granular management plans, always reading independently to bring in primary literature that is pertinent to their patients. They establish effortless rapport with families and always find joyful moments in their interactions with children. They work seamlessly with the medical team and forge professional connections with nurses and other bedside interdisciplinary personnel. They write accurate and clear

notes, follow-up on clinical questions or patient needs after encounters, and seek varied resources to advocate for their patients across settings. In addition, they complete all required assignments, pursue varied resources for additional study, and actively participate in all mandatory and optional clerkship activities. They seek and respond productively to feedback and are viewed as indispensable to their teams and are highly engaged, professional, and courteous in all clinical settings.

High-Pass

Students receiving “High Pass” are viewed as important members of the team. They are sometimes thought of as the primary caregiver for their patients and handle patients of moderate complexity with organized oral presentations that contain most relevant data. They pre-round for clinic and the wards, and apply their knowledge to generate relevant differential diagnoses and management plans. They read independently to bring in some relevant primary literature and establish a nice rapport with children and families. They work nicely with the medical team and make connections with interdisciplinary personnel. They write accurate notes, usually follow-up on clinical questions or patient needs, and occasionally seek resources to advocate for their patients across settings. They complete all required assignments related to the clerkship, pursue varied resources for additional study, and actively participate in all mandatory and optional clerkship activities. They respond to feedback are highly engaged, professional, and courteous in all clinical settings.

Pass

Passing students handle patients of basic complexity with organized oral presentations that contain some relevant data. They prepare for clinic and the wards and occasionally have difficulty generating relevant differential diagnoses and management plans. They rarely bring in relevant primary literature to their plans. They are learning to work with children and families and connect with interdisciplinary personnel. They document appropriately and occasionally seek resources to advocate for their patients. There are no concerns about their performance, either clinically or professionally. They complete all required assignments related to the clerkship and attend all mandatory activities. They are engaged, professional, and courteous in all clinical settings.

Extra-Time

Failing students exhibit performance that is below expectations for a similar student at their level of training. Faculty and resident evaluations may indicate significant concerns about their performance (either clinical or professional) as demonstrated by scores of less than an average of 2 on clinical evaluations. They may be unable to consistently handle the work-up of a patient or require assistance to generate differential diagnoses or management plans. There may be concerns related to their physical examination skills or their knowledge base may contain critical gaps. They may be unable to perform clinical care duties despite regular prompting and guidance. They may demonstrate unethical or unprofessional behavior, outlined above. A student’s grade may be lowered or a student may fail the rotation for egregious professional behavior despite academic success.