2021-2022 Psychiatry Clerkship Assessment and Grading Policy

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

- Assessment policy for Phases 2 and 3
- Examination policy

Section I: Components of the grade

Your clerkship grade will be derived from the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>% (or points) towards final grade</th>
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<tbody>
<tr>
<td>Faculty/resident clinical performance assessment</td>
<td>45%</td>
</tr>
<tr>
<td>OSCE</td>
<td>28%</td>
</tr>
<tr>
<td>NBME</td>
<td>15%</td>
</tr>
<tr>
<td>H &amp; P</td>
<td>7%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>5%</td>
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</tbody>
</table>

A. Clinical Scores

Your primary team will fill out written assessments of your performance (Clinical Performance Assessment or CPA). The clerkship director may also receive verbal or other written feedback about your performance from other evaluators (e.g. supplemental sites). Any Northwestern resident, fellow, or attending you work with may choose to evaluate you. The clerkship director compiles the verbal and written feedback from all of your assessments to make your final grade for the month. Your grade is not a straight average of all forms; your clerkship director is at liberty to interpret your clinical grade to ensure consistency and fairness across graders. 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. The points assigned toward the final grade compromise 45% of the final grade.

B. OSCE

The OSCE consists of two cases. For each case, you will evaluate the patient and then complete a writeup of the mental status examination, differential diagnosis, and plan of care. Students are assessed on history-taking, communication, and clinical reasoning. The students’ final score is converted to 28% of the final grade.

C. NBME

The NBME topics are:

**Organ System/Topic**
- Psychotic Disorders
Anxiety Disorders
Mood Disorders
Substance Use Disorders
Diseases of the Nervous System

**Physician Task**
- Diagnosis, including Foundational Science Concepts
- Pharmacotherapy, Intervention & Management

**Site of Care**
- Ambulatory
- Emergency Department

**Patient Group**
- Male
- Female
- Child (2-12)

The raw score on the shelf will contribute 15% toward the final grade. The NBME standard setting cutpoint is 69% correct (4th percentile). Students who do not achieve a score of 69% or higher will need to retake the exam. The repeat exam must be taken within 3 months pending extenuating circumstances.

**D. H&P**

Students must write one psychiatric H&P, following the H&P rubric. All content in the note must be written by the student (no copy and paste or use of Epic “smart phrases” to populate the note). This assignment must be submitted by 5 pm on the due date. The H&P assignment contributes 7% towards the final grade.

**E. Professionalism**

Students are required to complete 2 mobile observations EPA assessments (one must be EPA1) during the clerkship. Additionally, all other assignments must be turned in on time, the midclerkship form must be submitted by the student, and the clerklog must be completed on time. Points are deducted for failure to meet deadlines for these items. Students must submit the clerklog, midclerkship form, and EPA mobile observation assessments to sit for the OSCE and shelf examination.

Students should behave with honesty, integrity, dependability, accountability, respect and compassion toward all patients, families, colleagues, and supervisors; have accountability and be dependable, and maintain a professional appearance; demonstrate comfort, concern, and responsibility in the care of psychiatrically ill persons; respect the privacy and maintain the confidentiality of patients and families; and solicit, utilize, and provide constructive criticism. The demonstration of professional behavior as evidenced by completion of clerklogs, assignments turned in on time, attendance at preceptor groups and didactics, clinical performance assessment of professionalism by site attendings and
residents, and timely communication will contribute 5% toward the final grade, though egregious episodes of unprofessional behavior may impact the grade more significantly.

Section II: Calculation of final grades

<table>
<thead>
<tr>
<th>Grading Scale*</th>
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<tbody>
<tr>
<td>Honors</td>
<td>87</td>
</tr>
<tr>
<td>High Pass</td>
<td>75</td>
</tr>
<tr>
<td>Pass</td>
<td>64</td>
</tr>
<tr>
<td>Requires extra time**</td>
<td>&lt; 64</td>
</tr>
<tr>
<td>Fail***</td>
<td>See below</td>
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</tbody>
</table>

* 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.

** 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 the clinical requirements of the clerkship after completing additional time twice
- An egregious professionalism issue

Section III: Behaviors related to grades

Please review the behaviors below. We have found that students who earn grades of honors, high pass, pass, and require extra time often display similar behaviors. We encourage you to strive at all times towards mastery of the material and to exhibit the behaviors noted in the “Honors” section:

**Honors student is one who:**

- Consistently elicits thorough psychiatric histories and mental status exams from even the most complex and challenging patients; able to connect with all types of patients.
- Consistently assesses even the most complex patients in a way that is multidimensional, considering all aspects of the patient’s presentation (including biological, psychological, and social factors) in formulating differential diagnoses.
- Consistently develops comprehensive, multifaceted treatment plans, including biological, psychological, and social treatments.
- Consistently demonstrates initiative in caring for patients.
- Consistently reads about his/her patients, and uses evidence-based reading to inform diagnosis and treatment plans.
- Displays excellent listening skills, as evidenced by excellent performance on the OSCE exam and direct observations of patient interviewing.
Acts as an active member of the treatment team (e.g. interacts with multidisciplinary staff, actively participates on rounds, and attends extra meetings regarding patients).
Demonstrates an outstanding knowledge base, as evidenced by excellent oral presentations and active participation in didactics.
Professional, courteous, and empathic with all patients.

**High Pass student is one who:**

- Consistently elicits thorough psychiatric histories and mental status exams from uncomplicated patients and some complex/challenging patients; able to connect with many patients.
- Consistently formulates complete differential diagnoses and treatment plans, considering biological, psychological, and social factors, for all but the most complex patients.
- Demonstrates initiative in caring for patients.
- Reads about his/her patients, and uses reading to inform diagnosis and treatment plans.
- Acts as an active member of the treatment team (e.g. interacts with multidisciplinary staff, actively participates on rounds, attends extra meetings regarding patients).
- Displays very good listening skills, as evidenced by very good performance on the OSCE exam and direct observations of patient interviewing.
- Demonstrates a very good knowledge base, as evidenced by very good oral presentations and participation in didactics.
- Professional, courteous, and empathic with patients.

**Pass student is one who:**

- Able to elicit a psychiatric history and mental status exam from uncomplicated patients.
- Able to formulate reasonable differential diagnoses and treatment plans, considering biological, psychological, and social factors, for all uncomplicated patients.
- May require prompting in caring for patients, but responds when assigned tasks.
- Attends all required meetings of the treatment team.
- Demonstrates an average knowledge base, as evidenced by average oral presentations and participation in didactics.
- NBME subject exam score of at least 4th percentile nationally
- Professional, courteous, and empathic with patients.

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

- By the end of the rotation, unable to effectively interview a psychiatric patient and perform a mental status exam.
- Consistently unable to formulate differential diagnoses and treatment plans.
- Does not demonstrate initiative, even when prompted.
- Does not improve in response to feedback.
- Demonstrates a poor knowledge base, as evidenced by poor oral presentations and/or lack of participation in didactics.
- Failing score on the NBME subject exam. *If only this criterion is met, the student will repeat the exam, but will not fail the clerkship.*
- Failing performance on the OSCE exam. *If only this criterion is met, the student will repeat the exam, but will not fail the clerkship.*
- A professionalism issue, e.g. dishonesty, unexcused absence, or other inappropriate behavior, can be grounds for failure.

*Notes on extra time:*
- If a student fails the clinical portion of the rotation, the student will have to repeat the entire clerkship. Failure on the clinical portion of the rotation means inadequate performance across a range of skills or any egregious clinical issue brought to the attention of the clerkship director by the student's supervising attending.
- If a student fails the NBME subject exam, the student will have to repeat the exam (if the student fails a second time, the student will have to repeat the clerkship).
- If a student fails the OSCE exam, the student will have to repeat the OSCE exam (if the student fails a second time, the student will have to repeat the clerkship).