

Clerkship Assessment and Grading Policy 2021-2022

Obstetrics and Gynecology Clerkship

The Obstetrics and Gynecology clerkship requires several different assessment modalities over the course of the rotation. Many of these components contribute to the final grade and score. Some components are graded on a “completed” versus “not completed” basis, while others are used for additional narrative comments (e.g., nurse and patient evaluations).

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:

<i>Component</i>	<i>Percentage of total grade</i>
NBME Subject Exam (SHELF)	15%
OSCE	25%
Clinical Performance Assessments	40%
Oral Exam	5%
Medical Decision-Making Exercise	3%
H&P Assignment	4%
Mobile Observations	3%
Professionalism	5%

NBME Subject Examination “Shelf” (15%)

- Administered at the end of the clerkship, 2 hours and 45minute computer-based examination
- Graded Pass/Fail
- Passing Grade: minimum score of 67
 - Students scoring below the cutoff will need to retake and successfully pass the exam
 - Students who score below the cut-off are eligible for a final clerkship assessment of “Pass”, per Feinberg School of Medicine Policy.

OSCE (25%)

- The OB/Gyn OSCE exam is composed of 6 stations: OB Prenatal Visit, GYN Problem-Focused Visit, Contraceptive Counseling, Information Literacy, Chart Review, Diagnosis & Management (images). Each station is worth 5 points—students have the opportunity to obtain both full credit and partial credit for a multitude of assessed components. The student’s final score out of 30 is then converted to a score out of 25 for the final gradebook.

Oral Exam 5%

- One-on-one examination (15 minutes) with an OB/GYN discussing a high yield Obstetrics and Gynecology topic completed during either:
 - Virtual Clerkship
 - During week 4 of 6-week clinical clerkship

Clinical Performance (40%)

Who automatically evaluates you?

1. Labor & Delivery Day and Nights Team
2. Inpatient Gynecology Surgical Team
3. Mentor

*Any resident or attending you work with can choose to evaluate you, so all interactions are important.

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

MDM Exercise: 3%

- Graded assessment of either a chart review or case in which you must develop a “problem list” or differential diagnosis and then utilize evidence-based resources to create a management plan/orders

H&P (2): 4%

- Submit 1 H&P for review at the mid-clerkship feedback session (due the Sunday prior to scheduled meeting time)
- Submit 1 H&P by the last Friday of the clerkship
- Formal assessment of completed History and Physical
 - modified from long form EPA 2
 - completed by trained faculty following standardized grading rubric

Professionalism 5% (Direct Obs, Clerk Log Maintenance, CPA top section, Attendance)

- **Clerkship Log Maintenance (1pt)**
 - Twice weekly logging for duration of clerkship = 0.5pt
 - Completion of Clerkship Log by day before Shelf Exam =0.5pt
- **Direct Observation H&P or Mobile Obs for EPA 1 (1pt)***
 - Completed by week 3 of 4 week clinical clerkship = 1pt
 - Completed by week 4 of 6 week clinical clerkship = 1pt
 - Completed by last week of clerkship= 0 pts (but required to complete for this clerkship)
- **Self-Evaluation and Peer Evaluations (1 pt)**
 - Completion of self-evaluation = 0.5pt
 - Completion of 2 peer evaluations = 0.5pt
- **General Professionalism (2 pts)**
 - Attendance: Zoom and In-Person clerkship didactics, responsiveness to emails/pages, professional demeanor/compartment (honesty, integrity, respect), and ability to support patient care team goals

*The Direct Observed H&P requirement can be completed by a FACULTY MEMBER, APP, FELLOW or RESIDENT PHYSICIAN (any level). For Prentice-based students, ideally this should be done with your MENTOR or when you are in TRIAGE. You can also request a direct observation in other clinical environments. For Stroger-based students, this will either be done with Dr. O'Neill/Dr. Hussain, or during a designated clinic assigned by the Stroger faculty.

Mobile Obs 3%

EPAs 1, 2, 3, 6, 7, and 12* (* = required)*

Ask for feedback and provide the QR scan code **prior to** the encounter requiring evaluation

- 3 or more completed= 3 pts (full credit)
- 2 completed = 2 pts
- 1 completed = 1 pt
- 0 completed = 0 pts

Can be done in the following settings:

- Mentor clinic

- Outpatient clinics (Prentice or Stroger)
- Labor and Delivery- patient care/delivery with an attending
- Gynecology ORs (EPA 12)
- Sign-out Rounds (AM or PM) on Gynecology Service (Prentice or Stroger)
- Sign-out Rounds (AM or PM) on L&D (Prentice or Stroger)
- Triage (Prentice or Stroger)
- GYN consults in ED or Inpatient (Prentice or Stroger)

Section II: Calculation of final grades

In the OB/GYN Clerkship, there are no quotas for the number of Honors, High Pass, Pass, or Fail grades and you are not graded on a curve.

Grade Breakdown:

Honors	88.00 and above
High Pass	78.00 and above
Pass	65.00 and above
*Requires extra time	Below 65.00
**Fail	See Below

*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.
- Any egregious professionalism issues.