

## Surgery Clerkship Assessment and Grading Policy

2019-2020

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

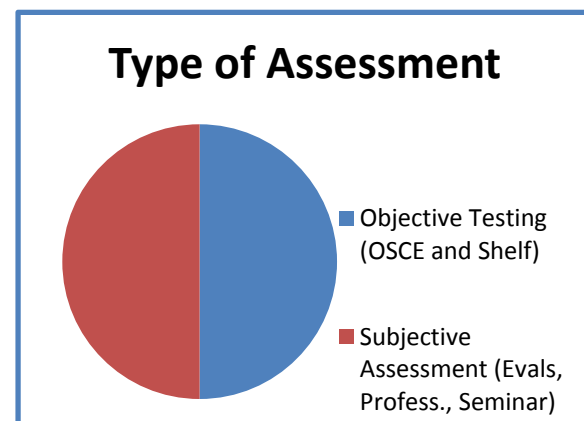
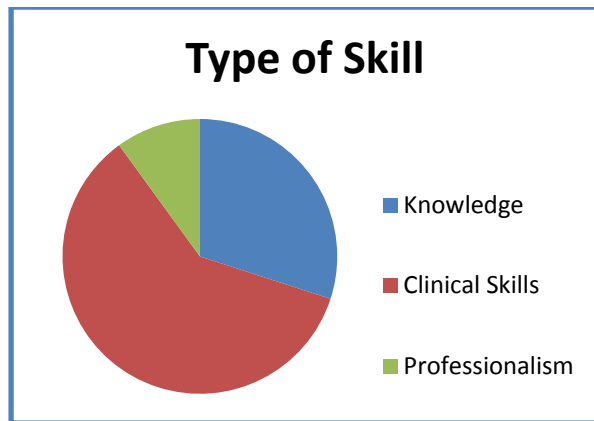
*Student performance assessment policies for the Surgical Clerkship use the following as a foundation for the assessment and grading policies:*

- Assessment policy for Phases 2 and 3 [Link here](#)
- Examination policy [Link here](#)

### Section I: Components of the grade

Your clerkship grade will be derived from the following components:

Component	% (or points) towards final grade
Faculty/resident clinical performance assessment	30
OSCE	30
NBME	20
Seminar	10
Professionalism	10



*An explanation of each component follows the above table*

#### A. Clinical Score

At the end of each four-week block (Abdominal Surgery and Selective Surgery), the assigned faculty preceptor and senior resident will submit an evaluation of your performance using the Feinberg School of Medicine standard performance appraisal form. They are asked to remark on areas of strengths and weaknesses and overall performance. Your score will be calculated based on your demonstrated competency with the following EPA's:

EPA 1: History taking and physical exam

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

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

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

## B. OSCE

This test is an objective assessment of your ability to integrate the skills, attitudes and clinical information presented during the clinical clerkship. In this practical exam you will interview and/or examine standardized patients and follow-up with computer prompted questions related to the simulated experience. There are 5 patient scenarios in all. The exam lasts 2.5 – 3 hours. Your score will be based on your ability to ascertain 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. NBME Subject Examination

The National Board of Medical Examiners produces this examination from its bank of multiple choice items. It reflects the content of the USMLE Step II Clinical Knowledge examination. This exam is administered on the final day of the clerkship, and will be 110 questions and 2 hours and 45 minutes long. In addition to evaluating your surgical knowledge, you will gain experience with the style of examination that you will take early in your fourth year. The NBME Surgery Subject exam includes material on the presentation, pathophysiology, and management of common surgical problems. The Surgery Objectives, which can be found on EMERG, should be used to serve as a guide for studying.

## D. Professionalism and Professionalism Compliance points:

The surgery clerkship requires active participation from the students. You are professional students and your professionalism in that role will be judged. Professionalism and participation is worth 10 percent of your overall final score for the Surgery Clerkship. Each student is given

the maximum 10 points at the start of the clerkship. Points are deducted according to the [Professionalism and Participation Points Policy](#).

E. Seminar Session Assessment:

The surgery clerkship seminars consist of three separate two-hour sessions in a problem based learning format. Students work as a group to lead discussions on their designated topic. Students will be assessed on their presentations, their contributions to the group discussion, and assessment of knowledge base.

**Section II: Calculation of final grades**

Grades are assigned by a faculty committee. Summative evaluations (grades and comments) are reported to the Feinberg School of Medicine Office of Medical Education six weeks following the end of the clerkship.

The grades are determined by the total number of points based on the weighted contributions of the various assessment elements: OSCE, NBME subject, seminar and Clinical Performance Evaluations. The Pass/Fail composite score cut point and the criteria for High Pass/Honors for the academic year is set by faculty grading committee. When a numerical score falls closely between two grades, the Surgery Faculty Grading Committee will evaluate all components of the student’s performance to determine the final grade. Faculty will discuss students whose scores fall below the cut point for pass/fail and prescribe a remediation plan.

<b>Grading Scale</b>	
Honors	82
High Pass	78
Pass*	66
Fail**	***

For students above the overall score cutoff of 78 for High Pass or 82 for Honors, the following is used to determine eligibility to receive High Pass or Honors.

<b>Honors (Need to meet both standards)</b>	
<b>High Pass (Need to meet 1 out of 2 standards)</b>	
<b>Shelf Exam</b>	Achieve a score of 72 or higher <i>Minimum passing score is 62</i>
<b>OSCE Exam</b>	Achieve a score of 70 or higher <i>Minimum passing score is 60</i>

\* Students below the pass cut point will receive a **Requires Extra Time** 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.

	Honors	High-pass	Pass	Needs more time
Preparation for clinic	<p>Students reviews the clinic schedule prior to clinic, reviews patients' history and starts templated notes prior to the patient's arrival.</p> <p>The student will review with the team including attending, residents and nurses, regarding which patients to see and team expectations regarding tasks to be performed.</p> <p>Assists in communicating follow-up plans to the nursing team.</p>	<p>Students reviews the history prior to seeing the patient.</p> <p>The student will review with the team including attending, residents nurses, regarding which patients to see and team expectations regarding tasks to be performed.</p>	<p>Student arrives to clinic on time.</p> <p>Follows direction regarding which patients to see.</p>	<p>Student does not follow the expected plan for seeing patients.</p>
History Taking	<p>Consistently performs thorough work-ups on even the most complicated surgical patients. This includes eliciting pertinent information unprompted, and being able to clearly present the cases in a logical manner.</p>	<p>Performs thorough work-ups and elicits pertinent information on all routine and some/ surgically complicated cases. Student should be able to present the cases in a logical manner.</p>	<p>Produces complete work-ups and elicits pertinent information on all or most routine surgical cases.</p>	<p>Is unable to complete work-ups or elicit pertinent information on routine surgical cases.</p>
Physical exam	<p>Demonstrates the proper techniques and is able to perform a focused problem-oriented examination. Able to identify and interpret abnormal findings.</p>	<p>Demonstrates the proper techniques and is able to perform a focused, problem-oriented examination. Requires some</p>	<p>Requires guidance to demonstrate the proper techniques and is able to perform a focused, problem-oriented</p>	<p>Unable to demonstrate proper physical exam techniques.</p>

		guidance to identify and interpret abnormal findings.	examination. Requires some guidance to differentiate between abnormal and normal finding	
Clinical reasoning	Formulates a well thought out and broad but relevant surgical differential diagnosis and thorough treatment plan, even on complex patients.	Consistently formulates a well thought out differential on all of the common diagnoses, and occasionally on the complex cases.	Is able to formulate a well thought out differential diagnosis on routine cases, occasionally needing guidance.	Is unable to formulate a differential diagnosis or care plan.
Fund of Knowledge	Demonstrates independent reading by using literature to support their plans and their thinking. They should also demonstrate in their presentations and performance that they have a superior knowledge base.	Shows that they are reading independently and have an above average knowledge base in forming patient plans and presentation	Shows that they are reading independently and need guidance in applying their knowledge to the clinical setting.	Demonstrates a poor knowledge base.
Oral presentations	Oral presentations are succinct and organized. Students are able to identify and prioritize the key points of the patient's presentation and articulate a logical care plan, even with complicated patients.	Oral presentations are succinct and organized. Students are able to identify the key points of the patient's presentation. Students may need some assistance in formulating a logical care plan with complicated patients.	Students need some assistance with organizing findings and formulating a care plan.	Oral presentations are disorganized and missing key information.

Written notes	Notes are clear, organized, succinct and complete, even with complicated patients.	Notes are clear, organized, succinct and complete with routine patients.	Notes contain the key information, but student needs guidance in organizing and/or articulating the care plan.	Notes are incorrect or lack essential information.
Preparation for the operating room	Demonstrates excellent understanding of the indications for surgery, the basic steps of the operation and the relevant anatomy.  Takes initiative to help with tasks in the operating room.	Demonstrates familiarity with the indications for surgery and is able to describe the relevant anatomy.  Takes initiative to help with tasks in the operating room.	Has read the patient history and reviewed the anatomy.  Follows direction to help with tasks in the operating room.	Has not read about the patient or the operation.  Does not help with tasks in the operating room.
Initiative	Consistently demonstrates initiative in caring for their patients and is independent and proactive in the execution of their daily patient care duties.	Consistently demonstrates initiative in caring for their patients and is independent and proactive in the execution of their daily patient care duties. They may occasionally need direction in performing their duties.	Is an independent worker, but may need prompting and direction to understand their daily duties.	Is unable to perform daily clinical care duties, despite regular prompting and guidance.
Professionalism	Student demonstrates exemplary courtesy and has excellent interpersonal skills with a strong work ethic.	Student is demonstrates courtesy and has very good interpersonal skills with a strong work ethic.	Student is cooperative and will complete assigned tasks.	Demonstrates unethical or unprofessional behavior. Other professional grounds for needing extra time include dishonesty,

				unexcused absences or poor work ethics including willful negligence in patient care duties.
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