

Clerkship Grading Guidelines, effective March 2013

Clinical Assessment: Clinical assessment should account for 50-55% of the clerkship grade.

The components are:

- History & Physical Exam
- Clinical Decision-Making (assessment, reasoning & communication)
- Professionalism
- Compassion and Humanism
- Medical and Scientific Knowledge (See below.)

Each component should be represented in the clerkship evaluation. Professionalism is a major component of the 50-55%. Other components are assessment of student performance in doing and documenting history and physical in written and oral format, clinical decision making (including summary of assessment, reasoning supporting the assessment, plan for care and reasoning supporting the plan of care); compassion and humanism and medical knowledge in the clinical setting. The use of objective assessments, e.g. an OSCE, is suggested.

Medical Knowledge: The examination should be 25% (acceptable range 20-30%). For most clerkships this will be the NBME Subject Examination.

Formative Assessment Formative assessment should account for 20% (range 15-25%).

Formative assessments can occur at varying intervals, e.g. weekly, biweekly, etc. Mid-clerkship feedback is required. See ED-31 below. This feedback should be linked to an assessment or observed activity. Assessments must be linked to the learning objectives. Assessments can take different forms depending on the clerkship format and length.

- Multiple choice graded assessment(s) – online or paper
- Discussion of clinical cases. This would require a grading rubric.

Examples of this type:

- Psychiatry “passport” lists 8 types of cases that the student needs to learn about (anxiety, depression, mood disorder etc.). The student would be asked to discuss a case at random and the faculty would decide if the student was behind in their knowledge, at expected level, performing exceptionally well.
- Students could come to feedback session prepared to discuss a case they had seen and be asked about a case or condition that is on the learning objectives.
- Students could be asked about CLIPP or SIMPLE cases that they are to be working on, the faculty could assess if the knowledge was superficial, adequate or deep. This model could work well for most clerkships. The director could schedule an appointment with the student (Thurs, Friday, Monday, Tuesday of the mid-point or call them by phone if student is on an away rotation). The student could be asked to submit a list of patients seen so far (the director or coordinator could also look in OASIS for their list), they could be asked to talk about the case and/or they could be asked about a condition from the learning objectives-kind of like the surgery oral examinations of old.

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ED-31. Each medical student in a medical education program should be [assessed and provided with formal feedback early enough during each required course or clerkship to allow sufficient time for remediation](#). *Although a course or clerkship/rotation that is short in duration (e.g., less than four weeks) may not have sufficient time to provide a structured formative assessment, it [should provide alternate means \(e.g., self-testing, teacher consultation\) that will allow medical students to measure their progress in learning.](#)*