


Name of Policy: College of Medicine Grading policy for required clinical clerkships		 Revision date: 10/10/18 Original effective date: 06/24/2013	
Policy Number: 3364- 81-04-013-06			
Approving Officer: Dean, College of Medicine & Life Sciences			
Responsible Agent: Associate Deans for Medical Education and Student Affairs			
Scope: College of Medicine M.D. Program			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

All required College of Medicine clinical clerkships in the curriculum of the College of Medicine and Life Sciences will use the grading policy as set forth in this document.

(B) Purpose of policy

This policy and procedure is designed to provide a standardized mechanism for calculating final grades in the required clerkships of the College of Medicine and Life Sciences.

(C) Scope

(D) Optional additional section (add as needed E, F, G, etc.)

(E) Procedure

Definition: The seven required clerkships are: Family Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery.

The students on each of the required clinical clerkships will be graded using the following procedure.

(1) The components of the final score will be:

(a) **Clinical Competence Score: The final Clinical Competence score will contribute 50% of the student's final score for the clerkship. (maximum 50 points)**

The clinical competence score will reflect the students' ability to meet the Clerkship Educational Program Objectives as defined by the individual clerkship. The components of the Clinical Competence Evaluation should include some or all of the following skills.

- Professionalism*
- Medical History Taking
- Physical Examination
- Differential Diagnosis
- Development of Patient Problem List
- Diagnostic Evaluation Plan Development
- Initial Therapeutic Planning
- Medical Record Documentation
- Interpersonal Communication Skills
- Patient Education Skills
- Medical Knowledge

*Professionalism will include: dependability, initiative (self-directed learning), respect for all members of the health care team, as well as families and patients, appropriate attire and cleanliness, compliance with hospital/clinic standards, and willingness to put patient care before self.

The evaluation of the student in each of these areas will fall into one of five categories: Exceptional performance for this level of training – far above expected (5); Performance above expected for this level of training (4); Performance appropriate for this level of training (3); Performance less than expected for this level of training – requires occasional intervention (2); Performance not acceptable for student at this level of training – requires frequent intervention (1). An evaluator also has the option of reporting “Not Applicable (N/A)” in any given evaluation criterion. (If a student receives a rating of 1 or 2 in two or more categories, the Clerkship Director must discuss this evaluation with the student.)

The total score from each evaluator (attendings, residents, others) will be calculated. For those criteria assigned a rating of N/A by a preceptor, the points that could have been earned for those criteria are subtracted from the total points possible in the denominator for calculating the Clinical Competence score. Each clerkship must explicitly describe the contribution (weighting) of each group of evaluators (i.e., attending physicians, residents and others (specify)) to the Clinical Competence score. If there are multiple rotations (units) within a clerkship, the contribution of each unit to the final Clinical Competence score must also be described. If there are multiple evaluators on a given rotation of a clerkship, the average of all of the evaluations for that rotation will be calculated and contribute to the final Clinical Competence score.

Weighting of Preceptor Evaluation Based on Reported Amount of Contact with the Student: The contact of the evaluator with the student may be extensive (more than 10 hours of contact), moderate (4 – 10 hours of contact), or minimal (1 – 4 hours.) The score

for extensive contact will be given a weight of 1.0, for moderate contact, 0.5, and for minimal contact, 0.25. This weighting based on contact hours permits multiple preceptors to provide independent evaluations.

The final Clinical Competence score will contribute 50% of the student's final score for the clerkship (50 points maximum). Failure to earn a total of 25 points for the Clinical Competence score will result in a grade of **FAIL** for the clerkship. Failure of a required clerkship due to failure of the Clinical Competence component will require remediation of the clerkship in its entirety.

(b) Departmental Educational Program. The individual clerkship Educational Program score contributes 20% to the final score (maximum of 20 points).

Each clerkship will have a menu of summative exercises that comprise the Departmental Educational Program. The individual clerkship evaluation exercises vary across the seven clerkships. The specifics of the exercises are defined by each clerkship. Examples include Objective Structured Clinical Evaluations (OSCEs), quizzes on didactic lectures or virtual cases, and clinical reasoning exercises.

The individual Departmental Educational Program score contributes 20% to the final score (20 points maximum). A minimum of 10 accumulated points must be achieved for the Departmental Educational Program component in each of the required clerkships.

Failure to achieve a total of 10 accumulated points for the Departmental Educational Program will result in a grade of **DEFER** submitted to the Registrar's Office.

A student will be permitted a second attempt to successfully remediate any failed component(s) of the Departmental Educational Program to achieve a minimum of 10 accumulated points for the Departmental Educational Program. The second attempt should be completed in a timely manner appropriate to the student's schedule, but no later than one year from the first attempt. If the student achieves a passing score on the second attempt of a failed component, as well as a minimum accumulated score of 10 points for the entire Departmental Educational Program, the grade of **DEFER** will be changed to a grade of **PASS** for the clerkship (assuming the other components of the grade have been at the passing level). **PASS** is the highest grade that can be achieved after a **DEFER** grade has been assigned for an initial failure of the Departmental Educational Program.

A second failure of any component of the Department Educational Program will result in the grade of **DEFER** being changed to a grade of **FAIL** for the clerkship. In order to remediate the failing grade, the student will be required to take a 5-week Required Remediation clerkship, and to pass all three components of the Required Remediation clerkship, i.e., Clinical Competence, Departmental Educational Program, and NBME Subject Exam. A Clerkship Director may exercise his/her prerogative to waive a second attempt at the NBME Subject Exam if it was successfully passed during the required clerkship.

(c) The National Board of Medical Examiners (NBME) Subject Examination for the clerkship. The NBME Subject Examination score achieved by the student contributes 30% to the final score (maximum of 30 points).

Students must achieve a minimum passing score on the NBME Subject Examination to successfully complete the clerkship. The minimum passing score on the NBME Subject Exams for each core clinical discipline will be determined annually by the Clinical Curriculum Committee and the Executive Curriculum Committee prior to the start of the third year, based on the 5th percentile rank provided by the NBME. Failure to achieve the minimum score on a test will result in a grade of **DEFER** for that clerkship. A second attempt to complete the NBME Subject Examination must be completed in a timely manner but no later than one year from the first attempt. If the student achieves the minimum passing score on the second attempt, the grade of **DEFER** will be changed to a grade of **PASS**. **PASS** is the highest grade that can be achieved after a **DEFER** grade due to an initial failure to achieve the minimum passing score on the NBME Subject Examination.

A second failure of the NBME Subject Examination will result in the grade of **DEFER** being changed to a grade of **FAIL** for the clerkship. In order to remediate the failing grade, the student will be required to take a 5-week Required Remediation clerkship, and to pass all three components of the Required Remediation clerkship, i.e., Clinical Competence, Departmental Educational Program, and NBME Subject Examination. In some cases, a Clerkship Director may exercise his/her prerogative to waive a second attempt at certain components of the Departmental Educational Program (e.g., an OSCE) if it was successfully passed during the required clerkship.

(2) Final Total Score Determination:

The final total score is the sum of the scores for the three components of the clerkship grade, i.e., Clinical Competence, Departmental Educational Program, and NBME Subject Examination performance. Passing all three components results in an overall passing score.

(3) The final grade in a required clerkship or a required remediation clerkship is based on the final total score. The conversion from score to final grade may be different for each clerkship; this conversion is determined for each clerkship by the Clinical Curriculum Committee and Executive Curriculum Committee and will be reviewed on an annual basis. Grades that can be earned include Honors, High Pass, Pass, Defer (failure to meet minimum score on NBME subject examination, Nine (9) points or less on the Departmental Educational Program,), *Incomplete, or **Fail

* **Grade of Incomplete:** Failure to complete any portion of the clerkship or its evaluation exercises will lead to a grade of **Incomplete (I)**. A grade of **Incomplete** will be submitted by a Clerkship Director when a student has not been able to complete required course work within the required time of the clerkship.

The student must meet with the clerkship director in concert with the Associate Dean for Clinical Undergraduate Medical Education to develop a plan, including a timeline (generally not to exceed six months), to complete the required clerkship work. The

timeline plan will be signed by the Clerkship Director, Vice and or Associate Dean for Clinical Undergraduate Medical Education, the student, and the Associate and Assistant Dean for Student Affairs.

If any combination of **two Incomplete or Defer** grades are present on a student's academic record related to the required clinical clerkships, the student will not be permitted to continue in the required clerkship cycle as scheduled for the student until at least one of **the Incomplete or Defer** grades is successfully completed/remediated.

** Grade of **Fail**: A grade of **Fail** will be assigned.

(a) **Failure to gain a minimum of 25 points for the Clinical Competence score.**

Failure due to a poor Clinical Competence Evaluation will require remediation of the clerkship in its entirety.

(b) **A second failure of the NBME Subject Examination (See policy #3364-81-04-008- 00).** Requires a 5-week remedial clerkship to be completed.

(c) **A second failure of any component of the Departmental Educational Program or failure to achieve a minimum of 10 total points for the Departmental Educational Program after a second attempt of any component.** Requires a 5-week remedial clerkship to be successfully completed.

(4) Final Grade Submission: The final grade for each student will be submitted to the Registrar no later than four to six weeks after the end of each required clerkship.

NOTE: The presence of an **Incomplete, Fail, or Defer** grade on a student's academic record will prevent the student from participating in an "away clerkship" until the **Incomplete, Fail, or Defer** has been removed from the student's academic record.

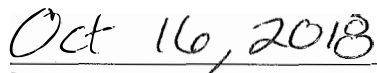
Approved by:

Christopher Cooper, M.D.


Name

Executive VP for Clinical Affairs and
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Date

Review/Revision Completed by:

Clinical Curriculum Committee
Executive Curriculum
Committee Associate and
Assistant Deans for Clinical
Undergraduate Medical
Education
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Deans for Student Affairs
Associate Dean for Faculty
Development and Curriculum
Evaluation
Associate Dean for Pre-Clinical
Undergraduate Medical Education

Policies Superseded by This Policy:

*This policy formerly was named: Medical
Student Evaluation in the Four-Year
Curriculum:*

Required Clinical Clerkship 04-013-01B

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Review/Revision Date:

- 08/25/86
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