

## Evaluations and Grading

Your Medicine Clerkship grade is comprised of the following:

1. Mid-evaluation (also feedback) from month 1 = ~15% \*
2. Final evaluation from month 1 = ~15% \*
3. Mid-evaluation (also feedback) from month 2 = ~15% \*
4. Final evaluation from month 2 = ~15% \*
5. Department final examination = 25%
6. OSCE examination = 15%

\*Percentage allocation is commensurate with the amount of time spent with each team.

Details about each of these components are found below:

During both rotation months the mid-evaluation will also serve as your feedback formal assessment and is due at the midpoint of each rotation, and the final evaluation and final patient log are due at the end of each month of the rotation.

Self-assessment forms are also due at the midpoint and end of each month. Complete the form and bring it with to the meeting with your attending.

During each inpatient month, a minimum of four (4) write-ups (admit notes: H&Ps, problem lists, assessments and plans, and admitting orders) must be completed by students and evaluated by housestaff or attendings using the "write up evaluation/feedback" form. A total of eight (8) write-ups with their accompanying feedback forms must be turned in by the end of the Clerkship.

During the outpatient month, H&P's are not required.

There will be a department exam at the end of the Clerkship. **This exam will contribute 25% to your final grade.** This exam will be administered on the last day of the Clerkship. Two weeks prior to the end of each two-month Clerkship, students will receive by email the details of the final week.

According to school policy (see Academic Policy Manual II), all students are obliged to take required clerkship examinations on the date, time and place specified by the department. Exceptions to this policy may be granted for:

1. Reasons of illness, which must be documented by a note from a physician and/or report from the Student Health Office at Loyola, addressed to the Associate Dean for Student Affairs.
2. Any other emergency situation in which evidence can be provided to the Associate Dean for Student Affairs to justify absence from a scheduled examination.

Students excused from an examination by the Associate Dean for Student Affairs for an acceptable reason are responsible for making arrangements with the Medicine Coordinator to take a make-up exam within thirty (30) days of their return, or as soon as a make-up exam is offered by the department. Unauthorized absence from an examination normally will result in a grade of zero for that examination, the consequence of which in almost all cases is course failure. Changes in the examination schedule for individual students will not be granted.

## Standardized Clinical Exercise

Before the second month of your Medicine Clerkship, you will be asked to perform a focused History and Physical exam on a Standardized patient. Immediately following the H/P, you will complete an assessment and management plan on a computer through our Clinical Skills Center. This encounter will be evaluated by the standardized patient and the Clerkship Director. **The OSCE will comprise 15% of your overall grade.** The free text portion of the OSCE is worth 70% (of the 15%) and the Clinical Skills portion of the OSCE is worth 30% (of the 15%). You are expected to maintain your clinical duties before and after this CEX.

This case is a clinical skills exercise that is part of the medicine clerkship. The intent of this clinical skills encounter is to reflect the knowledge, skills, and attitudes you should have acquired from the medicine clerkship. Our ultimate goal is to provide a better mechanism for the teaching and evaluation of your clinical competency throughout your medical school training.

### History and Physical Encounter with Standardized Patient:

For this encounter you will have 30 minutes to interview the patient. Following the patient encounter you will have approximately 5-10 minutes to begin to organize your notes. The standardized patient will meet with you briefly and provide feedback on your performance through use of the Patient Perception Scale. After the SP (standardized patient) feedback you will then proceed to the assigned SDL room to an on-line exam. Additional information will be provided to you at that time and staff will be present to release and proctor the exam.

- For this encounter you will have 30 minutes to interview and perform a focused history and physical exam on the standardized patient.
- Treat the SP as if they were your real patient- do whatever you would do in an actual clinical setting. If you would retake vitals with a real patient, then you should do that today.
- All auscultation, percussion and palpation are to be done on the skin and not over the patient's gown or other items of clothing.
- 20 minutes into the encounter you will hear an announcement to let you know that 20 minutes have gone by and that you have 10 minutes remaining. Please do not respond to the announcement.
- If you finish the encounter before 30 minutes have gone by you may close the encounter but know that once you exit the room at this point you may not re-enter until the feedback portion of the exercise.
- The standardized patient will meet with you briefly and provide feedback on your performance through use of the Patient Perception Scale.

**PATIENT CHARTS:** Patient charts are located on the door of each examination room providing basic information about your patient. You will be given time to review the chart before entering the exam room. You may take the chart into the room with you.

**RECORDING OF ENCOUNTERS:** All patient encounters are digitally recorded.