

## OB/GYN CLERKSHIP GRADE POLICY:

The clerkship final grade is comprised of the following weighted components:

	Maximum # Points	Percentage of Grade
NBME	100	100/280= 35.7%
Clinical Evaluation	100	100/280= 35.7%
OSCE	60	60/280= 21.4%
Prevention & Screening Exam	20	20/280= 7.2%

The clerkship final grade is based on the total number of points earned out of a maximum of 280. The final grade for the OB/GYN clerkship will be Honors, High Pass, Pass, Fail, Unsatisfactory or Incomplete per the SSOM grading system.

### EXAMPLE:

If the clerkship mean = 238 with a standard deviation of 13:

Honors:	$\geq \text{Mean} + 1 \text{ Std Dev}$	Honors $\geq 251$
HP:	Mean to Mean + 1 Std Dev	HP 238-251
Pass:	$\leq \text{Mean}$	Pass $\leq 238$
Fail:	$\leq \text{Mean} - 2 \text{ Std Dev}$	Fail $\leq 212$

Your final grade will be assigned by the Clerkship Director. All questions or comments regarding your final grade should be directed to Dr. Akua Afriyie-Gray, the Clerkship Director.

**NBME:**

The final examination is prepared by the National Board of Medical Examiners (NBME), commonly called a “shelf” exam. You will take this on the last day of the clerkship. Those that score less than or below the 10th percentile on this exam will receive a **Meets with Concerns** for medical knowledge. If you score at or below the 25th percentile on the NBME, you will NOT be eligible for a final grade of High Pass or Honors. Those that score at or below the Mean - 2 Std Dev will fail the exam.

THE FINAL EXAM MUST BE PASSED. Failure to pass the written exam, regardless of floor performance, will require you to retake the NBME examination. It will be your responsibility to coordinate this with the Student Affairs Deans, the clerkship coordinator Ana Juarez, and the director, Dr. Akua Afriyie-Gray. 21 Days prior to the exam date notice is required to schedule the exam.

Failure to pass this retake of the NBME examination will require you to repeat your clerkship experience. This will involve a four-week rotation, and conclude with an oral examination at 35.7. Failure to pass this second exam constitutes an irrevocable failure of the clerkship.

**CLINICAL EVALUATION:**

Your floor evaluation will be determined by assessing the core clinical competencies, as set forth by the Stritch School of Medicine. Faculty and residents that you work with will complete evaluations online. It is your responsibility to request evaluation forms through mylumen to all residents/faculty with whom you work. If you have any concerns with your completed evaluations, you may schedule a meeting with Dr. Akua Afriyie-Gray to discuss the specifics.

Should you fail this portion of the clerkship, your only recourse is to successfully pass a repeat clinical clerkship at Loyola, as described in the preceding paragraph.

**OSCE:**

The clinical breast and pelvic OSCE will be held on the 5<sup>th</sup> Monday of the clerkship. Please see the web heading on the main page for specific details.

**PREVENTION AND SCREENING EXAM:**

You must complete this 20-question exam prior to the end of your clerkship. You may take this only once, the score you obtain will be the score you receive.

### **MID-CLERKSHIP FEEDBACK SESSION:**

Our clerkship will be providing you with mid-clerkship feedback on your performance. On the third Wednesday of each clerkship, Dr. Akua Afriyie-Gray and Dr. Abigail Winder will meet with members of the department to discuss each student's progress. Your progress will be defined using the RIME terminology (Reporter, Interpreter, Manager, Educator), which is outlined below. You will be provided written feedback of your performance. If there are any concerns or questions, you may schedule a meeting with Dr. Akua Afriyie-Gray to discuss specific aspects of the evaluation.

This is **NOT** used as a component of your final clerkship grade.

- Reporter - At the reporter level, the student can accurately gather and clearly communicate the clinical facts about his or her patients. Mastery of this step requires the basic skills to obtain a history and do a physical examination and the basic knowledge of what to look for. We specifically emphasize reliability, honesty and professionalism. Qualities assessed include note writing, oral presentation, follow through on assigned tasks and working with patients and hospital personnel.
- Interpreter - The student must be able to prioritize among problems identified. This involves independent, critical thinking in the consideration of clinical data. Students at this stage demonstrate consistency in prioritizing problem lists and offering differential diagnoses without prodding. The student should transition from being a 'bystander' to an active participant in patient care.
- Manager - The student has a high degree of direct involvement in patient care. They can propose diagnostic and therapeutic options, can demonstrate judgment in working with patients and families and reliability in implementing the treatment plan. The student must be able to tailor the plan to the particular patient's circumstance.
- Educator - The student demonstrates a pattern of self-directed learning. They contribute to the education of fellow students, residents, and even faculty members. Students demonstrate an ability to frame important questions that are posed by complicated patients and to resolve these questions through independent research