

Internal Medicine Clerkship

Assessments and Grading

Your Internal Medicine Clerkship grade is comprised of the following:

1. Mid-evaluation from month 1 = 8.75%
2. Final evaluation from month 1 = 8.75%
3. Mid-evaluation from month 2 = 8.75%
4. Final evaluation from month 2 = 8.75%
5. NBME Final Subject Examination = 30%
6. OSCE and Clinical Reasoning Exam = 10% (50% SP encounter and 50% CRE)
7. Free-text exam = 10%
8. Radiology Presentation = 5%
9. Clinical Question Conference = 5%
10. H&P Assessments = 5% (2 each accounting for 2.5% individually)

Details about each of these components are found below.

Your final grade will be determined as below:

Honors: $> \text{Mean} + \text{SD} \times 0.75$

High Pass: $\text{Mean} + \text{SD} \times 0.75$ to $\text{M} - \text{SD} \times 0.25$

Pass: $< \text{M} - \text{SD} \times 0.25$

We will do a year-end assessment of all the pooled grades across all the cohorts and will adjust our cut-points to achieve a distribution of 30% Honors, 40% High Pass, and 30% Pass. If the updated grade cut-points move your score into the above range, your final grade will be adjusted upwards. Please note that we will not move any grades downward. This adjustment will occur typically within four to six weeks after the end of the academic year.

Formative Feedback:

In order to provide students with formative, actionable feedback prior to their graded clinical performance evaluations, students will be asked to have their team (at least one team member) complete the formative feedback form. This form should be completed and submitted to Dropbox on Sakai at the end of weeks 1, 3, 5, and 7.

Clinical Performance Evaluations:

Students will have four separate clinical performance evaluations during this rotation.

On the inpatient service, the evaluation will be collectively completed by the resident and attending physicians with whom the student has worked the two weeks prior. It is recommended that they have face-to-face feedback with you regarding this evaluation after it is completed.

On the outpatient service, please have your primary care anchors complete the mid-rotation evaluation form during the 4-week block; this should be completed after the first two weeks of the rotation. It is recommended that they have face-to-face feedback with you regarding this evaluation after it is completed. The score for this evaluation will be the averaged score from the anchors. At the end of the

four-week outpatient block, please provide final evaluation forms to your primary care anchors and the subspecialty physicians with whom you have worked. Please note that the final clinical performance evaluation grade for this will be determined as follows: 50% from the averaged scores from the primary care anchors and 50% from the averaged scores of the subspecialty physicians.

NBME Subject Final Examination:

The NBME Subject Examination will be administered on the last day of the clerkship. Two weeks prior to the end of each clerkship, students will receive by email the details of the final week. Students will be given two hours and forty-five minutes for this exam. The passing score is a 58 which is within the recommended NBME range based on their most recent standard setting exercise; this represents a score at the 5th percentile nationally.

According to school policy (see Academic Policy Manual), all students are obligated to take the 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 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.

OSCE and Clinical Reasoning Examination:

During the sixth week of your Internal Medicine clerkship, you will be asked to perform a focused history and physical exam on a standardized patient. You will have 30 minutes for this encounter. 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. Treat the standardized patient as if he or she were your real patient; do whatever you would do in an actual clinical setting. 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 do so you cannot restart the examination. Upon completion of the interview and physical, the standardized patient will provide you with feedback based on the Patient Perception Scale.

Please note that all patient encounters are digitally recorded.

After the standardized patient feedback, you will then proceed to a designated computer in an SDL room. You will have 30 minutes to complete this examination. This consists of a patient note in which you will be

asked to record a short history focusing on pertinent positive and negative findings for the patient's presenting problem, document pertinent positive and negative physical exam findings, list up to three diagnoses with associated history and physical exam findings, and up to six diagnostic tests you would like to perform. This examination will be evaluated by the standardized patient and the clerkship director. You will have no expected clinical duties on the day of this exam.

Please note that one to two weeks prior to this examination an OSCE preparation session will be held on a Tuesday afternoon during your didactic time to give you tips and help you best prepare.

Free-text Examination:

The free-text examination is a short answer test comprised of five questions. This exam is designed to test your medical knowledge and diagnostic reasoning in short answer form. This exam will occur during the sixth week of your Internal Medicine clerkship on the morning before the OSCE. It is a computerized exam that will be given in an assigned SDL room. You will have one hour and thirty minutes to complete it. The exam will be graded by the clerkship director or the assistant clerkship director. You will have no expected clinical duties on the day of this exam.

Please note that one to two weeks prior to this examination a preparation session will be held on a Tuesday afternoon during your didactic time to give you tips and help you best prepare. The material for this examination is linked to our internal didactics, so staying focused on the lectures and case discussions will help you best prepare.

Radiology Presentation:

The radiology presentation is designed to bolster your understanding and interpretation of common radiology tests and how they are used to diagnose and treat patients. In addition, it is an excellent opportunity to learn to effectively communicate with our radiology colleagues to insure complete understanding of our patients and their care.

Prior to the start of the clerkship, you will be assigned a time on a designated Tuesday afternoon during the preset didactic time for your individual presentations. You will be expected to identify a patient that you have cared for, present his or her relevant history and findings, and then review the pertinent imaging findings. You are expected to show the actual images with any patient identifying information removed. It is highly recommended and important for your final grade on this assessment to meet with a radiologist to review the images; it does not have to be the physician who read the images initially, and this person may be a physician or resident. All types of imaging are welcome including xrays, CT scans, MRIs, ultrasounds, echocardiograms, catheterizations, fistulograms, etc; please be sure you meet with the correct person to review the images (ie cardiologist will help read an echo, radiologist will help read a CT, etc.) Additionally, you are expected to summarize any take-away learning points for your peers. This presentation should be approximately five minutes to ten minutes (no longer than 15 minutes) long in power-point format.

A grading rubric has been developed and will be completed by the clerkship director or the assistant clerkship director. Please review this prior to completing your presentation so you are aware of how you will be graded.

There are five components: Background Information, Radiology Review, Application to Patient Care, Interprofessional Collaboration, and Presentation Quality. A student may score needs remediation (1 point), below expectations (2 points), meets expectations (3 points), or exceeds expectations (4 points). A total of 20 points is achievable for this assessment.

Clinical Question Conference:

This presentation is designed to assess your ability to form a relevant and interesting clinical question regarding a patient you are caring for and demonstrate the ability to perform an effective literature search to find evidence regarding your clinical question. In addition, it is designed to assess your ability to critically appraise the cited articles and apply the acquired evidence to your particular patient. This is a critical skill to develop now as it will help you practice evidence-based medicine throughout your future career.

This presentation will be completed during one week of one inpatient month on the Internal Medicine clerkship. You will be assigned a site and date at the start of the clerkship. You are expected to identify a patient for whom you are caring in order to complete this presentation. You may use the student form to help document your clinical question, appraisal of the literature, and how you will apply the evidence to your patient. This form should be your guide to creating your presentation but does not need to be turned in. Please also review the evaluation form to maximize your ability to perform well on this presentation. The presentation will be given during a Clinical Question Conference which will be attended by the students presently rotating at your inpatient site and two grading faculty members. The presentation should be approximately 5-10 minutes long and may or may not include a power-point; please do not exceed 15 minutes.

A grading rubric has been developed to evaluate this presentation. There are five components: Ask, Acquire, Appraise, Apply, and Presentation Quality. A student may score needs remediation (1 point), below expectations (2 points), meets expectations (3 points), or exceeds expectations (4 points). A total of 20 points are achievable for this assessment.

Faculty members have been instructed to grade students based on their ability to achieve each particular point. They are expected to complete the evaluation form directly following each student presentation and make comments as appropriate. If time allows, faculty have been instructed to review the form with each individual student at the end of the session; if this is not possible due to time constraints you may review the evaluation after it has been submitted to the course coordinator.

Each grading faculty member will complete the evaluation form independently and the scores will be averaged for the final grade.

History and Physical Assessments:

Students will be expected to complete a minimum of four write-ups which should be evaluated formatively by house staff or attendings using the "Write-up Evaluation/Feedback" form. **Two of these notes must be H&Ps as only H&Ps will count toward your grade; all four can be H&Ps but you may also select two notes to be progress notes.** All four of these should be submitted with the feedback forms by the end of the clerkship to the course coordinator. Two of these will be designated by the students to be summatively graded by the Clerkship and Assistant Clerkship Directors. A validated rubric has been

adapted for assessment purposes; please review this rubric as you are writing your H&Ps so you are aware of what needs to be documented for you to achieve as many points as possible. Nine total points are achievable for each of these evaluations.

Please note that there are several ungraded but required assessments during this clerkship. The details regarding these are as follows:

Aquifer Cases:

The Aquifer Internal Medicine cases are a series of 36 interactive virtual cases that mirror our clerkship learning objectives. These are an excellent resource to bolster your learning and also to fill gaps in learning topics that you have not personally seen or covered in our didactic sessions.

You may access these cases at the following link:

<https://www.aquifer.org>

Direct Observations:

Direct Observation of key components of taking a history and performing the physical examination is an important educational opportunity to receive individualized formative feedback and to continue to grow in these skills toward expertise.

During each core clerkship, you will be required to have a faculty physician or a resident:

1. Observe you take a key portion of one history.
2. Observe you perform a part of the physical examination. Each clerkship oversees a particular part of the exam and requires one or multiple observations as determined by the clerkship directors.

For the Internal Medicine Clerkship, you are required to have three observed lung and heart examinations. After each observation, be sure to enter the Direct Observation tracking system through MyLumen. Follow the prompts. An email will automatically be generated to the physician who observed you for verification.

Note that failure to complete this requirement or enter the data in the system will result in a grade of "U" for the clerkship until the requirement is fulfilled and the data entered. The deficiency may also be considered in the evaluation of your professionalism competency.

Please take full advantage of this opportunity to learn and improve your skills as you work with patients. Be intentional and deliberate in seeking out the tips your teachers may be able to offer.

Required Patient Cases / Patient Logs:

During the Internal Medicine Clerkship you will be required to see the following patients: Abdominal Pain, Acid Base Disorder, Acute Pancreatitis, Altered Mental Status, Anemia, Acute Coronary Syndrome, Acute Kidney Injury, Chest Pain, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure (CHF), Constipation, Coronary Artery Disease (CAD), Cough, Dementia, Depression,

Diabetes Mellitus (any type), Diarrhea, Dyspnea, Edema, Electrolyte Disorders, End of Life Care, Gastrointestinal Bleeding, Hypertension, Immunosuppressed state (HIV, transplant, immunosuppression medications), Joint Pain, Liver Disorder, Obesity, Pneumonia, Skin and Soft Tissue Infections, Substance Use, Tobacco Use, Urinary Tract Infection, and Venous Thromboembolic Disease

If you are unable to fulfill one of these patient encounters, an alternate experience will be assigned. You must log these electronically before the end of the clerkship to receive credit.

Health Systems Science Integration:

As part of the vertical component of the Health Systems Science Course, you will be required to complete an IHI module, review the associated PowerPoint, and submit an attestation that this has been completed. The module will be focused on how to report Patient Error. You can discuss this as it arises naturally on your clerkship experience. If you notice an error you may discuss submitting a Voice Report with your attending and resident physicians, but please do not do this without their oversight.