

## OB/GYN CLERKSHIP GRADE POLICY:

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

	Maximum # Points	Percentage of Grade
NBME	100	33.3%
Clinical Evaluation	100	33.3%
OSCE	60	20%
Prevention & Screening Exam	20	6.7%
Problem Based Cases	15	5%
Journal Club	5	1.7%

The clerkship final grade is based on the total number of points earned out of a maximum of 300. 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:	$\geq 71.5$	
Fail:	$\leq 71.4$	

Your final grade will be assigned by the Clerkship Director. All questions or comments regarding your final grade should be directed to Dr. Abigail Winder, 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 63 and below will fail the exam.

THE FINAL EXAM MUST BE PASSED. Passing score is 64. 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 and the clerkship director. 21 Days prior to the exam date notice is required to schedule the exam.

Failure to pass a retake of the NBME examination will require a clinical remediation of the clerkship followed by an oral exam. 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. Abigail Winder 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 typically be held on the last Tuesday of the clerkship (scheduling and Holidays may affect date). Please see the web heading on the main page for specific details.

**PREVENTION AND SCREENING EXAM:**

Completion of the Prevention and Screening examination is a requirement for the clerkship. This is a 20 question, untimed, True-False examination. Only one submission allowed, no retakes. Please complete by the due date (found on the Sakai calendar). Failure to submit by due date will result in the score earned minus an additional 5 points. Failure to complete by 11:55pm on the last day of the clerkship will result in a 0.

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

Our clerkship will be providing you with mid-clerkship feedback on your performance. On the third Wednesday of each clerkship. The clerkship directors 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. Abigail Winder to discuss specifics 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