Overview

Students will receive separate grades for the primary care and psychiatry components of the ICPCP. This arrangement assures that residency programs understand students have completed adequate training in each of these two areas.

Grading in Psychiatry

Evaluations of performance include house staff and faculty observations of the student's clinical and interpersonal skills, knowledge base, problem-solving ability, and professional behavior. This evaluation is in the form of both a narrative commentary and a numerical rating system. The narrative sections of the student's evaluations, which summarize the student's overall performance as well as the word grades, are included in the student's Medical Student Performance Evaluation (MSPE), which is sent to residency programs to which students apply in their fourth year. Overall performance in each clerkship is indicated by word-grades such as "Honors," "High Pass," "Pass," and "Unsatisfactory." A second purpose of the student's evaluation is to encourage the student's growth and learning through providing constructive feedback in a section of the evaluation not to be used in the MSPE.

Grading in Primary Care

Grading in the primary care component (i.e. adult primary care and pediatrics) is pass/fail. The rationale for this grading policy is largely practical. We do not have reliable systems to make finer distinctions between students and student performance. Each student in this component works with only a few physicians in internal medicine, family medicine, or pediatrics. Education science suggests that, under the best of circumstances, this is not enough to arrive at a precise estimate of a student's performance. The small numbers of evaluators is compounded by the additional problem that different physicians calibrate their grading differently, creating the possibility for capricious grading of individual students. Highly validated written exams and Objective Structured Clinical Exams (OSCEs) can help with accurate grading, but we have decided not to use these technologies for reasons of educational strategy. Thus, we have elected pass/fail as a cruder but more reliable evaluation policy.

Students will be assigned a grade of pass or fail based on the quality of their performance in classroom activities (i.e., student faculty rounds, attendance), structured observation exercises evaluated in the office (i.e., the interview and visit closure), the quality of their written notes, and the quality of their clinical performance as determined by their preceptor.

The criteria for a "passing" clinical performance are shown in the table:

Performance Criteria for receiving a grade of pass for the Primary Care Component of the Integrated Clerkship for Primary Care and Psychiatry. The specific skills represent a sampling of indicator skills deemed necessary for medical students. Preceptors will be asked to evaluate students on each of the five general competency areas, based on observed behavior for each specific skill listed in this table. Students may use these criteria for self-assessment during the clerkship.

General Competency	Performance Area	Specific Skill	Criteria for Pass		
			Can Do*	Usually Does†	Always Does‡
Communication	Patient Interview	Accurately identifies chief complaint	✓	✓	
		Gather data thoroughly (most pertinent historical facts)	✓	✓	
		Use effective verbal skills (e.g., open- and closed-ended questions, repetition, facilitation, explanation, summation, and interpretation)	✓	✓	
		Respond appropriately to the patient and his/her concerns	✓	✓	
		Accurately reconcile medication lists (student should do this without prompting)	✓	✓	
	Verbal Presentation	Include pertinent positives and negatives in the HPI	✓	✓	
		Organize the HPI appropriately (e.g., chronologically)	✓	✓	
		Include and organize all appropriate components (i.e., CC, HPI, → plan)	✓	✓	
		Speak clearly and concisely	✓	✓	
	Written Communication	Use the SOAP format	✓	✓	
		Include instructions on when to return to clinic	✓	✓	
		Include indication "seen with [name of preceptor] . . ."	✓	✓	
	Care Coordination	Write consultation requests effectively (e.g., lists precise question, provides all appropriate background information)	✓	✓	
		Coordinate care with other providers (e.g., VNA nurse)	✓	✓	
		Considers social and environmental opportunities and barriers in helping individual patients	✓	✓	
Physical Examination		Appropriately focus the examination for the chief complaint	✓	✓	
		Effectively implement basic techniques (e.g., listens to heart across chest, under clothing)	✓	✓	
		Accurately identify non-subtle diagnostic findings	✓	✓	
Clinical Reasoning	Differential diagnosis and Clinical Reasoning	Create a reasonably thoughtful & comprehensive differential diagnosis	✓	✓	
		Consider cost, accuracy, risk in selecting diagnostic tests	✓	✓	
		Anticipate the implications of test results before ordering	✓	✓	
		Inform patients about the diagnostic plan and invite questions	✓	✓	
		Demonstrate participatory, patient-centered decision making on testing	✓	✓	
	Interpretation of Test results	Relate observed abnormal results correctly to the potential cause	✓	✓	
		Explain accurately the meaning of sensitivity, specificity, pre-test probability, predictive value in the context of specific patients	✓	✓	
	Therapeutic Decision Making	Formulate an initial therapeutic plan	✓	✓	
		Consider key factors in choice of therapy (e.g., cost, risk, effectiveness)	✓	✓	
		Demonstrate participatory, patient-centered decision	✓	✓	✓

			Can do*	Usually does†	Always does‡
		making			
		Write prescriptions in correct format	✓	✓	
Learning Skills		Identify and meet his or her own learning needs (e.g., through reading)	✓	✓	
		Acquire, interpret, and apply information from appropriate sources to optimize diagnosis and management for individual patients.	✓	✓	
		Respond appropriately to feedback (e.g., accepts criticisms graciously or seeks clarification and does not inappropriately defend past actions)	✓	✓	
		Demonstrate initiative to seek information bearing on clinical decision making	✓	✓	
		Acknowledge uncertainty and ask for help	✓	✓	
		Shares results and implements, as needed, results of independent reading to improve patient care	✓	✓	
Professionalism		Arrive on time and prepared	✓	✓	
		Obtain prior permission for any absences	✓	✓	✓
		Show respect for every member of the office team and patients	✓	✓	✓
		Demonstrate honesty	✓	✓	✓
		Safeguard patient confidentiality (e.g., no talking about patients in public places)	✓	✓	
		Put patient convenience, comfort, health, safety first	✓	✓	✓
		Prove reliable in completing assigned/expected tasks	✓	✓	

*Can do = student has demonstrated the ability to perform the skill during an exercise designed to test the student or at least once during casual observation. For example, a preceptor may observe a student using effective verbal skills during an observed patient interview.
†Usually does = student demonstrates the skill or behavior in almost all circumstances that call for it.
‡Always does = student never fails to demonstrate the behavior when circumstances call for it. Some behaviors, like honesty, are called for always.

Completion of Clerkship Requirements

Each student is expected to complete the clerkship requirements by the **last date of the 12-week clerkship**. Failure to do so raises concerns about the students' professionalism and diligence, and this will be reflected in the clerkship grade as well as in the comments section of the final evaluation that will be written at the end of the clerkship.

If at the specified date, a student has not fulfilled the requirements of a clerkship, the following steps will be taken:

- The student will be notified that the requirements have not been fulfilled (i.e. the student will receive an email stating that the portfolio is incomplete, the knowledge assessment has not been taken, a write-up has not been handed in, etc.)
- The student has 30 days from the deadline established by the Clerkship Director to fulfill the requirements (i.e. hand in the portfolio, take the knowledge assessment, submit a required write-up, etc.) During this time the student will be assigned a grade of "incomplete". The student will not be eligible for "Honors" even after fulfillment of the requirements.
- If the student still has not completed the requirement after 30 days from the deadline established by the Clerkship Director, a grade of "fail" will be given and the student will not be able to graduate until the requirements are completed.

A student whose failure to complete requirements is due to illness or personal problems, should consult as soon as possible with the Associate Dean for Student Affairs.