OA Shelf Exam is an exam that probably 95% of medical schools use to evaluate students at the end of their clerkship blocks. And these shelf exams are primarily knowledge exams and not scale exams. And we decided that shelf exams were not an appropriate mechanism for learning in our clinical environment. One of the things I think that’s very important is the focus on.

Students learning what they need to do in developing as physicians in their own pace, not in an atmosphere driven by high
stakes exams and tests, by giving exams in the middle of clinical experiences, we actually are taking students away from the care of their patients. Because of that. You get into this philosophy of saying like hey, this seems to be a really common concern among patients and I want to learn more about it as opposed to saying, hey, this is something that’s impacting my patients, but it doesn’t show up on the shelf exam, so I don’t care. Right now, that means that we feel spending more time in the wards, and we don’t feel like we have to rush home.
and study first thing. But there isn’t competition between classmates. When we come back from any clerkship day, we’re able to get together and really teach each other clinical pearls and help each other succeed. So we decided that we would have a lower stakes exam at the end of every clerkship. These are not anything but pass fail because we’re really looking at them to develop them as clinicians interacting with patients and those valuable clerkship years. There are ample abilities to do self-assessment to work with physicians
to tackle specifically what your areas of weakness are and encourage people to seek feedback often as we go through. Our life and our training, we’re going to need to take ownership of our own learning for ourselves and for our patients. It is something that is more important than grades.