

# Academic Policy

## M1 & M2 Grades

All pre-clerkship modules use the following standard grading scale based on percentage of possible points earned.

H (Honors)\*  $\geq 94\%$  or top 10% of the class; performance exceeds expected standard

P (Pass) 70#93%; performance meets standard

F (Fail)  $< 70\%$ ; performance does not meet standard

The same cutoffs for H/P/F apply to Clinical Skills course which includes the OSCE. Each grade is based on the percent of combined points earned for all stations comprising an OSCE.

\*A student earning  $\geq 94\%$  automatically earns Honors. If less than 10% of the class scores  $\geq 94\%$  for a module or OSCE, the Honors cutoff is lowered to the next whole number until this is achieved. For example, consider the case where only 7 students in a class of 77 score  $\geq 94\%$ , and dropping the cutoff to 93% results in several additional students being eligible for Honors in excess of 10% of the class. All such students would receive Honors.

Final course scores are rounded by 0.5 pts to the nearest whole number. For example, 93.49 rounds to 93, and 93.50 rounds to 94.

Only H/P/F or a designated remediation grade (see below) appear on the student's official transcript. Numeric course scores do not but are maintained by the Senior Associate Registrar and Division Of Medical Education for the purpose of calculating class rank and review by the SPEC.

Module grade formation. Each M1/M2 module is graded by the same weighted formula:

60% Institutionally authored exams

30% Comprehensive final examination, the Customized NBME Assessment (Miniboard)

10% Quizzes

100

## M3 & M4 Grades

Subscored component	Family Medicine	Internal Medicine	Neurology	Obstetrics-Gynecology	Pediatrics	Psychiatry	Surgery
Clinical	30	50	40	50	50	50	50
NBME	30	30	40	40	40	40	40
Small Group	25	20	20	10	10	10	10
OSCE	5						
Other	10						

The Clinical subscore is the score from the M3 Competency-based Evaluation (CBE), which is adjusted for experience by academic quarter, and assesses student performance across sub competencies using a scoring rubric for each. The NBME subscore is determined by a student's score on the NBME miniboard given at the end of each clerkship. The national percentile for the score is determined by tabulating the student's raw equated % correct score against the most current

table of national norms established for each clerkship by academic quarter of testing. The student's percentile score is in turn applied to one of four formulas to derive the final subscore used toward grade, depending on whether the student's percentile falls within the 1st, 2nd 3rd or 4th quartile of the percentile scale. For a detailed explanation of scoring for the CBE and NBME exam, refer to the clerkship homepages. Small group activities include assessments for guided and independent Self-Directed Learning Activities. The Family Medicine clerkship factors in addition a scored OSCE for the musculoskeletal system and other small assessments into the final grade.

Optional 4-week "selectives" taken in year 3 are graded P/F.

## M4 Grades

Grades for the M4 course, Transition to Residency, and all M4 electives, acting internships and externships are determined as P/F at the discretion of the director.

During the M4 year, the student may choose to participate in senior year coursework at another institution. This opportunity allows the student not only to evaluate the practice of medicine at another institution but also to evaluate these programs as potential sites for graduate medical education training. The M4 COM student is allowed to take up to three (3) different four week audition electives at approved institutions. The process for obtaining these positions is largely through the Visiting Student Learning Opportunities (VSLO) program. The link to this program is included in the COM Senior Manual.

Evaluation forms for the audition elective must be completed in order for the student to receive a grade and course credit. The Senior Performance Evaluation form and a postage paid envelope must be obtained from the Office of Student Affairs in Mastin 202 prior to departure for the elective. The student will deliver these to the Audition course director. Prior to completing the elective, the student should ask the Physician assigned as their attending/course director to complete and return the form to the Office of Student Affairs, as addressed.

Because of the volume of visiting students that an institution processes and hosts, some institutions will only complete their internal grade or performance evaluation form. If this is the case, the University of South Alabama Whiddon College of Medicine will accept the evaluation form from the allopathic institution where the student has rotated provided when received, the evaluation is reviewed either by the Associate Dean for Student Affairs or Medical Education and is deemed similar to the internal Senior Performance Evaluation form. Once the evaluation has been internally reviewed, if the submitted grade is listed as a PASS or higher, the grade will be translated internally to a PASS which will therefore appear as a P on the student's official transcript. This step must be in place as some institutions will assign an HONORS designation to M4 coursework, and our official transcript lacks that designation for the M4 courses. The Grades for all M4 courses should be received within two (2) weeks of the completion of the course.

M4 coursework is not included in the class rank.

## Incomplete Grades

---

---

## Deficient Grades Of U, UF, And F

---

---

### Deficient Grades Of U, UF, And F

A U (Unsuccessful) grade is temporary, requires remediation, and is assigned in the event that a student does not achieve the minimum passing standard of  $\geq$  8th percentile on a clerkship miniboard but earns  $\geq$ 70% for the overall clerkship score. Upon successful retake of the clerkship miniboard, the U converts to a UP. In the case of failing the miniboard upon the first retake, the U converts to a UF. U grades are also assigned when a student does not achieve the minimum passing standard for one or more testing stations that comprise a gateway Objective-Structured Clinical Examination (OSCE). A U grade assigned for an OSCE converts to a UP pending successful remediation of the failed station(s). A U grade that is not successfully remediated on first retake converts to a UF. Any assignment of a UF grade will trigger a meeting of the SPEC.

A U grade must be remediated after its recording by the Senior Associate Registrar prior to promotion to the next academic year level. If remediation does not occur within this time frame, the matter will be referred to SPEC.

A fail (F) grade is automatically assigned when a student does not achieve the minimum overall passing score of 70% in a module, clerkship, or gateway OSCE. An F can also be assigned to any student who fails to complete course requirements, who fails to demonstrate appropriate professional behaviors, or who fails to attend or participate in required course activities (for simplicity, course is defined as any module, clerkship, elective, or M4 level course).

Refer to subsequent sections for additional information on the detailed remediation process for modules, OSCEs and clerkships.

All deficient grades of UF and F are reviewed yearly by the Student Promotion and Evaluation Committee.

### Deficient Grades M1 Year

Remediation is required when a student receives a deficient grade of F for failing a module numerically with an overall score <70%. The student will be expected to complete remediation as outlined in the section on Academic Remediation. If the deficient grade is successfully remediated, the student can return to the normal module sequence to begin Year 2. This applies only in the event that a single module requires remediation.

### Deficient Grades M2 Year

The same provisions described for remediation of M1 modules applies to a student who receives a deficient module grade in the M2 year. At the discretion of the Associate Dean of Medical Education, the student may sit for the practice STEP 1 exams held by the COM. However, the student will defer taking STEP 1, and may not begin a M3 clerkship rotation until module remediation is successfully completed and STEP 1 has been taken.

### Deficient Grades M3 Year

Deficient grades (U or F) received in the M3 year must be successfully remediated before a student can be promoted into the M4 year. All M3 clerkships must be taken at USA. Therefore, a student who receives an F grade in a clerkship must repeat that clerkship at USA. Remediation is required for a clerkship score <70% or for a U grade resulting from failing the miniboard but otherwise earning a passing score for the clerkship. Every attempt will be made to provide the student with the option to complete all requirements within a time frame that does not delay his/her anticipated date of graduation. However, if more than one clerkship must be repeated, the student may not have sufficient time to complete all requirements of the M4 year. Therefore, that student's graduation may be delayed.

### Deficient Grades M4 Year

If a student fails a M4-level course, he/she must successfully repeat that course in order to graduate (SPEC has discretion to require certain acting internships in the M4 year to enhance learning in areas of weak academic performance in the M3 year). A second failure of any M4 course, or a newly reported episode of unprofessional behavior or violation of the Honor Code occurring in the M4 year, may result in dismissal from medical school.

### Clinical Skills Deficiency

Remediation of OSCEs is described in sections pertaining to Objective Structured Clinical Examination, Remediation for inadequate performance in other clinical encounters will be determined by consultation with the Clerkship or Elective Director, or at the direction of the SPEC. Any student who refrains from remediating final OSCE or additional specified clinical skills that are brought to the attention of SPEC is subject to dismissal.

## Objective-Structured Clinical Examination (OSCE)

---

### Objective-Structured Clinical Examination (OSCE)

A gateway OSCE is graded separately from modules and is a comprehensive examination of a student's development in all the competencies as measured in a series of mock clinical encounters. Students must successfully pass a gateway OSCE to move forward to the next level of training. OSCE 1 is given following the first year, OSCEs 2 and 3 are given in the fall and spring semester of the second year respectively, and the Final OSCE is given at the end of the third year. They consist of several stations, each representing a different patient case or scenario. Stations are typically represented by trained, "standardized" patients. A point value is assessed for each station, and the points earned for each station are summed for an overall %score on the exam. The total %score earned for each gateway OSCE counts toward class rank as detailed in another section.

For student transcripts, OSCE's are graded H/P/U/F. To earn a passing P grade, a student must earn at least 70% of attainable points at each station comprising the OSCE. A student will earn a U grade for the OSCE if a subscore <70% is made on one or more stations, but an overall score of ≥70% is maintained. A student will have two chances to remediate a U grade. If successful on first attempt, the U grade will convert to a UP, and the student will earn a maximum of 50% of the

points originally assigned to the remediated station(s), while retaining the scores on the originally passed stations for the purpose of class rank. If a second attempt is required and passed, the UP grade will also be earned, although the remediated station will count only 25% of the points originally assigned for the purpose of rank determination. If unsuccessful on second attempt to remediate, the grade of U converts to UF and the student will be referred to SPEC for further action.

An F grade for an OSCE results if the total cumulative score for all stations is below 70%. To successfully remediate an F grade for an OSCE, a total score of  $\geq 70\%$  on the exam must be achieved and a subscore  $\geq 70\%$  earned on each station. Two chances are allowed to remediate an F grade. Successful remediation of a U or F grade must occur within 60 days of the initial exam. For a remediated F grade, the student's original score will be used for the purpose of class rank determination, and a new transcript entry will designate the remediated status of OSCE. For remediation purposes, the failed OSCE course will be added to the student's transcript by the Senior Associate Registrar as a repeated course.

## Class Rank

---

### Class Rank

Class rank is determined for students through the completion of the M3 year. Class rank can be a determining factor for students who seek competitive residencies, election into Alpha Omega Alpha, and other scholarships or awards. Rank points earned are calculated at the end of each academic year for all M1 and M2 modules and comprehensive OSCEs. Class rank carries through the end of the third year, incorporating all clerkships and the M3 year OSCE. Cumulative class rank is based on performance in all courses and OSCEs for all years completed to date of computation. No rank#in#class is computed for the M4 year.

### Contribution Of Remediated Courses And OSCEs

For a student who successfully remediates an F grade for a module or clerkship (i.e. total score  $< 70\%$ ), only the original numeric score will count toward class rank.

For a student who successfully remediates an U grade for failing a single clerkship's miniboard on first take, a numeric score 65 for the miniboard will calculate toward final grade; other scored components of the clerkship are unaffected by the remediation. In the event that a student fails the first retake, subsequently repeats the clerkship successfully and passes the miniboard, the score assigned for class rank will be the minimum passing score of 70. For a student assigned a UP grade for failing and successfully remediating a second clerkship miniboard, the original score for the clerkship inclusive of a 65 for the remediated NBME score will count toward class rank. For a student who fails a clerkship outright, the original score summed from all graded components will count toward class rank. For the policy on remediated OSCEs, refer to the preceding section on Objective#Structured Clinical Examinations.

### Methods Of Class Rank Calculation

**Module Rank Points (MRP).** These are earned for each module and calculated on the basis of module duration in weeks and performance (student's score). For example, the maximum possible MRP for a 6 week module =  $6 \times 100(\%)$ , or 600. A student whose final score in this module is 84 earns  $6 \times 84$ , or 504 MRP. Total rank points earned for completed modules are summed at the end of the M1 and M2 years.

**Clerkship rank points (CRP).** These are earned for each clerkship and calculated on the basis of clerkship duration in weeks and performance (student's final score). For example, the maximum possible CRP for the Pediatrics clerkship of 8 weeks =  $8 \times 100$ , or 800. For example, a final score in Pediatrics of 92%, earns 736 CRP. Total rank points earned for all completed clerkships are summed at the end of the M3 year.

**Clinical Skills Rank Points (CSRPs).** Clinical Skills graded components together will cumulatively count 20% of class rank by the conclusion of the M3 year, with M1 and M2 clinical skills each counting 6.66% and Final OSCE counting 6.66%.

Class rank is calculated at the end of year 1 as follows:

$$(\text{MRPY1 earned/possible})(93.34\%) + (\text{CSRPs earned/possible})(6.66\%)$$

where MRPY1 = summed module rank points for year 1; CSRPs = summed points for Clinical Skills.

Class rank is calculated at the end of year 2 as follows:

$$\text{MRPY1} + \text{MRPY2 (earned/possible)}(86.68\%) + (\text{CSRPs earned/possible})(13.32\%)$$

where MRPY2 = summed module rank points for year 2; CSRPs = summed Clinical Skills points for Clinical Skills 1 and 2.

Class rank is calculated at the end of year 3 as follows:

$MRPY1 + MRPY2 + MRPY3 + (CRP \text{ earned/possible})(80\%) + (CSR\text{P earned/possible})(13.32\%) + ORP \text{ earned/possible}$   
(6.66%)

where CRP is summed for all clerkships; CSR\text{P} = summed Clinical Skills points for Clinical Skills and ORP = Final OSCE points where CRP is summed for all clerkships; CSR\text{P} = summed points for Clinical Skills 1\#2 and ORP = OSCE points for Final OSCE.

## Missed Exam Policy

---

### Missed Exam Policy

All exams, including OSCEs, must be taken at the scheduled time and date unless a student has a valid excuse. Acceptable excuses are limited to personal illness, and death or grave illness of an immediate family member. Extenuating circumstances will be considered. Students unable to take an exam must inform the (1) Course Director prior to the original scheduled date to allow for a rescheduled makeup, and (2) Associate Dean for Medical Education prior to the scheduled start of the test. If the Associate Dean of Medical Education cannot be reached, the student will inform the Assistant Dean for Assessment and Evaluation. In the event of personal illness, the student must provide, as soon as possible, a signed justification by an attending physician stating that he or she is deemed unable to sit for the exam. Only students with a valid excuse will be allowed to take a make-up exam; absent students without a valid excuse will receive no credit for the missed exam.

## Attendance Policy

---

[Download the USA COM Attendance Policy \[PDF\]](#)

## Clinical Skills (CLN Course)

---

This course consists of formative instruction and interaction with simulated patients, as well as small group instruction and large group panel sessions. Learners are instructed on how to (1) conduct a patient encounter, (2) take a patient history, (3) perform the essential elements of physical examinations, and (4) formulate a prioritized differential diagnosis and workup, (5) orally present their findings to colleagues, and (6) document their findings in the form of a patient note. The course content is coordinated to follow the sequence of pre-clerkship modules. The Clinical Skills course grade has three components:

1. Observer-structured Clinical Examinations (OSCEs), which consists of multiple stations, each representing a different clinical encounter.
2. Competency Based Evaluations (CBE), a rubric based assessment that reflects observable knowledge, skills, and attitudes in categories identified by the AAMC as core competencies.
3. Completion of required assignments of the CLINIC program (outlined below)

In the M1 year, the CLN course grade will consist of OSCE 1 (60%), average of CBEs (30%), and CLINIC (10%).

In the M2 year, the CLN = course grade will consist of the average OSCE performance (60%), average of CBEs (30%), and CLINIC (10%).

Course grades are determined by point totals for the above components as follows,

H  $\geq 94\%^{**}$   
P 70-93%  
F  $< 70\%$

U A temporary grade of Unsatisfactory is given when a student achieves  $\geq 70\%$  on the entire exam but earns less than 70% on one or more individual stations. If remediation of the failed station(s) occurs within the allowable time frame and is successful, the U converts to a UP. If not, the U converts to a UF.

**\*\*In the event that 10% of the class does not achieve 94% for a given module, H grades will be extended to the next lowest whole percent score until 10% of students are included. If extending the cutoff to the next whole % results in the inclusion of more than 10% of the class, all affected students will receive Honors**

## CLINIC Course

---

The Clinically Integrated Introductory Course (CLINIC) is a required component of the Clinical Skills course, taken during each semester of the M1 and M2 years. Each student is assigned to attend clinical duties with a preceptor in either the primary care setting (M1 year), or specialty setting (M2 year). Students have specific assignments to document in a logbook issued by the CLINIC Coordinator and turned in for review at the end of each semester. Students are also required to submit a reflective writing on their CLINIC experiences each semester, and to complete an assignment on Evidence-Based Medicine prompted by a patient they encounter in their CLINIC visits.

## Clerkships

---

M3 students rotate through seven clerkships over the course of the M3 year. The rotation grade is determined from the score submitted by the Clerkship Director to the Senior Associate Registrar in the Final Clerkship Report. The final clerkship numeric score on this report is determined for clerkships with subscores for (1) competency evaluation, (2) NBME shelf exam, and (3) self-directed learning. Clerkships may factor additional elements into the final grade with the approval of the Curriculum Committee. All clerkships are graded by the following scale:

H >94

P 70-93

F <70

U Please refer to the section "Deficient grades of U, UF, and F" under Academic Policy for information on assignment of these temporary grades

### Scheduling: M3 Year

**Rotation Process:** In the M3 year, medical students rotate through the various clerkships in groups. At USA, students are assigned to groups by a randomization process. The rationale for adopting this policy was that student groups with heterogeneous membership (randomization system) could be expected to provide a better learning experience for more students than could groups with more nearly homogeneous membership (a system where students choose their own groups).

Selectives are 4-week elective experiences for students who intend to pursue one of the specialty areas for residency. These are designed to offer students clinical experiences in their chosen field in advance of the M4 year. In addition to the specialty selectives, the COM offers a research selective for those students with an on-going research project such as those participating in the Research with Honors program. The research selective is not intended for students to start a new research project.

Student may choose to schedule a selective in the place of the Neurology clerkship in the M3 year. If a student chooses to enroll in a Selective, then it is required that the Neurology clerkship be completed in the M4 year during one of the available course offerings.

In order to best inform the preparation of student schedules, students considering a selective in a specialty are required to meet with the respective selective director to discuss the specialty, review the residency application process, and receive career advising as appropriate. The format of these meetings will be at the discretion of the Selective director.

Those students interested in a research selective require the pre-approval of the research selective director. This is to ensure that a student has a reasonable research project, can accomplish the necessary activities during the course, and has an available research mentor.

This policy shall be executed by the COM registrar's office and the Associate Dean of Student Affairs, or their designee, using the following procedure:

A class meeting will be held in the beginning of the M2 spring semester each academic year to review the clerkships, selectives, and scheduling process for students. Students will be given a period of time to consider their scheduling options. Those students interested in a Selective will notify the COM registrar's office. These names will be provided to the respective Selective

director in order to schedule the advising meeting or approval. A student will notify the COM registrar's office of their final decision.

Once completed, all students shall be randomly assigned, except those granted either a personal hardship or an administrative exception:

- **Hardship.** Students who wish to request a specific order of rotations based on a physical or family hardship must submit a written request with justification to the Associate Dean of Student Affairs, or their designee. An example would be a temporary physical impairment (such as being on crutches) which would make some rotations more difficult than others, or similar problems.
- **Administrative.** Individual students may be granted exceptions by the Associate Dean of Student Affairs, or their designee, for administrative reasons such as need to repeat a clerkship, or to minimize problems associated with a formally granted leave of absence.

The COM registrar's office shall communicate the results of the random assignment process to the faculty and students at the earliest opportunity. Once the rotations are set, changes can be made only with the approval of the Associate Dean of Student Affairs, or their designee.

### Excused Absences For Clinical Experience.

Please refer to the "[Attendance Policy](#)

" for further information on excused absences. Failure to comply with this policy will be deemed unprofessional behavior.

## M4 Courses

---

Grades for all M4 electives, acting internships and externships are determined as P/F at the discretion of the director. For 4-week externships, grading is determined by the externship director at the host institution in accordance with performance criteria communicated from the Whiddon College of Medicine. M4 coursework is not included in the class rank.

### Scheduling: M4 Year

The fourth year curriculum has been designed to aid in the advancement of the student's professional education. While there is flexibility in scheduling within the M4 year, there are required rotations. These include one acting internships, one Basic Science course, Transition to Residency course, one subspecialties in Medicine, Pediatrics, OB/GYN, or Surgery,.

## Board Exams

---

Professional educational institutions must offer curricula that allow students to meet stated educational objectives, and they must be sure that these objectives are appropriately designed to produce graduates who can meet the demands society places on a profession. Societal demands are reflected by accreditation standards and individual licensure requirements that are imposed on professional schools and their graduates by external organizations. The University of South Alabama Frederick P. Whiddon College of Medicine, like the vast majority of U.S. medical Schools, offers assurance that its students are fulfilling their professional obligation by requiring graduates pass the examinations developed by the National Board of Medical Examiners (NBME). Oversight of compliance with policies for board exam registration, security, administration and construction (where applicable) is the responsibility of the institution's Executive Chief Proctor designated by the NBME, which is the Assistant Dean for Curriculum Assessment and Evaluation.

### Requirement And Registration Of STEP Exams

All states require successful completion of the sequence of United States Medical Licensing Examinations (USMLE STEPS 1, 2, and 3) in order to obtain a license to practice medicine. Registration of students for STEP 1 and STEP 2 exams is facilitated by the Office of Student Student Affairs. Currently enrolled students are not permitted to register for STEP exams independently. STEP exams are taken at designated secure testing centers authorized for test administration by the NBME.

### STEP 1

This is the first licensure exam covering the basic medical sciences and related topics. Questions are formatted as clinical vignettes of patient cases in narrative, tabular, or graphic style and followed by a series of questions designed to determine

the examinee's knowledge and comprehension of the situation described. Patient data, including laboratory findings and diagnostic imaging, are often presented, prompting questions on the analysis and interpretation of results. Questions pertinent to structure, function and dysfunction of organ systems, anatomy, behavioral sciences, biochemistry, microbiology, neurosciences, pathology, pharmacology, and physiology as well as interdisciplinary topics such as aging, biostatistics, epidemiology, genetics and nutrition are represented. The questions have been devised to test the examinee's knowledge, problem solving skills, and subtler qualities of discrimination, judgment and reasoning. More detailed information concerning exam content is available on the NBME or USMLE websites. Students must sit for STEP 1 before the start of the M3 year unless given permission to delay the exam by the Associate Deans of Medical Education and Student Affairs. Students may begin the clerkship with a pending score.

All students in the Whiddon College of Medicine are required to take and pass the United States Medical Licensure Exam (USMLE) STEP 1 in order to graduate. After successful completion of the M2 year and in preparation for STEP 1, students are required to take two practice exams authored by the NBME and offered at designated times by the school prior to the M3 year. A performance comparison on the two exams will be analyzed in conjunction with other student metrics to predict success on the STEP 1 exam. Students are recommended to work with faculty advisors and/or student support services to determine the best study plan and testing date based on the practice exam results.

If a student's predicted STEP 1 performance falls below determined passing metrics, the COM will offer additional support at a frequency determined by the Whiddon College of Medicine until a student achieves the minimal passing metrics. If a student does not achieve the minimum passing metrics, then the Associate Deans of Medical Education and Student Affairs may recommend that the student take additional preparation time and delay the exam. Any delay will also delay the course delivery of the M3 year which will also result in delays of the delivery of curriculum in the M4 year for the student. Any delay in the start of the M3 year will also delay disbursement of financial aid in the M4 year.

For students who receive permission to delay the exam, they will enroll in ASA 311, a 4-week course designed to assist the student in achieving a successful study plan at the beginning of the M3 year. The student must sit for Step 1 prior to the last day of the course. This course will delay the start of the first clerkship and subsequently delay the start date of the student's M4 year. Any delay may necessitate changes to the student's M3 schedule. If a student delays STEP 1 longer than four weeks, they will need to meet with the Associate Deans of Medical Education and Student Affairs to discuss a leave of absence.

A student who receives a failing score on STEP 1 on the first attempt prior to the beginning of the M3 year will not be allowed to enroll in clerkships until they sit for a retake of the examination. The Associate Deans of Medical Education and Student Affairs may recommend delaying the retake of the examination and re-enrolling the student in the aforementioned 4-week course, ASA 311, to ensure adequate preparation. This delay may also result in alteration in the order of the student's M3 clerkships.

A student who receives a failing score on STEP 1 on the first attempt and who is currently enrolled in a clerkship will meet with the Associate Deans of Medical Education and Student Affairs. A student will need to suspend their participation in clerkships at a time determined by the Associate Deans that will be no later than the conclusion of their currently enrolled clerkship. The timing decision will take into consideration the student's preferences, the rigors and length of the current clerkship, the student's areas of improvement as all of these factors impact on the student's chance of passing STEP 1 on a second attempt. Once a clerkship is suspended, a student will be enrolled in the 4-week designated course to assist in preparation for the retake of STEP 1 if they have not yet enrolled and completed this course. If a student has already taken the designated course, ASA 311, or a student needs longer than four weeks of additional preparation, then they will need to discuss an administrative leave of absence. A student will be able to resume clerkships once they have retaken the exam. This delay will result in delay to the start of the M4 year, and it may also result in alteration in the order of the student's M3 clerkships.

A student who fails STEP 1 a second time will be withdrawn from the clerkship year, placed on administrative leave, and referred to the Student Promotions and Evaluation Committee (SPEC). The student must consult with the Associate Deans of Medical Education and Student Affairs and present a course of study designed to remediate areas of deficiency to the SPEC. SPEC will take into consideration the student's plan and recommend a date upon which the exam must be taken. The retake must occur before the student enrolls in the next academic year. Failure to pass STEP 1 on the third attempt will result in dismissal from the Whiddon College of Medicine.

## **STEP 2 CK "Clinical Knowledge"**

Step 2 is the second licensure examination in the series designed to test the student's knowledge of clinical medicine and the ability to integrate clinical and basic science information to solve clinical problems in the areas of internal medicine, obstetrics and gynecology, pediatrics, family medicine, neurology, psychiatry, surgery, and related subspecialties. Like STEP 1, questions in STEP 2 are formatted as clinical vignettes of patient cases but place greater emphasis on clinical knowledge and problem-solving skills. Clinical problems are presented in the form of case histories, charts, images (radiologic, gross, and microscopic), tables of laboratory results, and other graphic or tabular data. More detailed information concerning exam content is available from the National Board of Medical Examiners. The student must pass STEP 2 prior to graduation.



All students in the Whiddon College of Medicine are required to take and pass STEP 2 in their M4 year in order to graduate. The exam must be taken by November 1 unless special permission is obtained from the Associate Deans of Medical Education and Student Affairs. If an M4 student does not take the examination by this date or does not have permission to delay the exam, then the student will be referred to the SPEC. If a student fails STEP 2, the Associate Deans of Medical Education and Student Affairs will meet with the student to evaluate specific deficiencies and determine a course of action.

A student who fails STEP 2 a second time will be referred to the Student Promotions and Evaluations Committee (SPEC). The student must consult with the Associate Deans of Medical Education and Student Affairs and present a course of study designed to remediate areas of deficiency to the SPEC. SPEC will take into consideration the student's plan and recommend a date upon which the exam must be taken. Failure to pass STEP 2 on the third attempt will result in dismissal from the Whiddon College of Medicine.

### Customized NBME Assessments, A.K.A. "Miniboards" (Pre-clerkship)

These are secure, web-based exams, which serve as the final examination for each of the pre-clerkship modules. Their content follows the same format as STEP 1 and consists of multidisciplinary, organ-specific questions pre-selected by the NBME for schools using an organ-based curriculum. The teaching faculty develop the exam by selecting representative questions from a general pool of questions, also provided by the NBME. All pre-clerkship miniboards are termed "customized" because medical schools have the option of changing the content categories as well as the number and formats of questions contained therein. Miniboards are secure exams and administered at the USA main campus.

The NBME does not percentile the results of pre-clerkship miniboards because their customized nature precludes uniformity across institutions. Results are provided as %correct raw scores.

### Comprehensive Basic Sciences Examination And Comprehensive Basic Science Self-Assessment

Following the last pre-clerkship module in the M2 year, students are given two web-based NBME practice exams. The COM will determine the best exams to offer based on those provided by the NBME. Typically the NBME provides Comprehensive Basic Sciences Examination (CBSE) and the non-secure Comprehensive Basic Science Self-Assessment (CBSSA). If the CBSE is offered, then students are required to take the exam in a method consistent to meet NBME exam security protocols. All practice exams are formative, required, used to predict STEP 1 performance, and serve to identify areas for improvement for STEP 1 preparation.

### Miniboards (Clerkship)

The final exam for each M3 year clerkship is a clerkship-specific miniboard authored by the NBME. These are secure exams administered at the USA main campus in the COM testing center. Individual raw scores are percentile against the national pool of students by academic quarter. The quarter is defined by the date of testing: quarter 1 (July-September), 2 (October-December), 3 (January-March) and 4 (April-June). The minimum passing percentile for each clerkship miniboard is the 8th percentile. Miniboard scores typically count for 30-40% of the clerkship grade, depending on the clerkship as specified in every clerkship syllabus.

Depending on the percentile score, the student's score is adjusted by one of four formulas used (below) to calculate a scaled score for the purpose of clerkship grade determination. A score of less than the 8th percentile converts to a grade of 65.

### Percentile Range Formula

$75-100 \# 90 + [(\%tile - 75) \times 0.4]$  = adjusted score for top quartile performance

$50-74 \# 80 + [(\%tile - 50) \times 0.4]$  = adjusted score for 2nd quartile performance

$25-49 \# 75 + [(\%tile - 25) \times 0.2]$  = adjusted score for 3rd quartile performance

$8-24 \# 70 + [(\%tile - 8) \times 0.3]$  = adjusted score for 4th quartile performance  $\geq 8\%tile$

$< 8 \#$  student receives adjusted score of 65 for any score  $< 8\%tile$

## Secure Testing Policy

All exams toward grade are administered on COM computers in the COM testing center, which meets the specifications for delivering secure NBME exams. Every student has assigned seating. For NBME exams, student log onto a secure testing platform to take their tests online. Student progress and exam activity is monitored at the Chief Proctor station and in real time at the NBME. Licensure exams are administered off site at Prometric centers.

Non-NBME exams are taken offline. Students are given a de-encryption key to view exams preloaded onto their computer.

## Proctors

Every exam is run by a Chief Proctor and staffed with an IT person. For pre-clerkship exams, the Chief Proctor is the Assessment Specialist in the Division of Medical Education. For Clerkship NBME exams the Chief Proctor will be designated by the Executive Chief Proctor. IT support is provided for all exams delivered in the testing center. Proctors are authorized to deliver exams by an Executive Chief Proctor designated for the NBME (the Assistant Dean for Assessment and Evaluation ) who will advise the Chief Proctor or consult the NBME should problems arise. In addition, each exam requires a hall proctor stationed outside the testing room at the table where students sign in and out for allowed restroom breaks, and to sign the Honor Pledge after finishing each exam.

The following items are prohibited from the USA COM testing center:

- Electronic devices of any kind, including cell phones; personal digital assistants; pagers; watches with alarms, computer or memory capability; calculators
- Recording and film devices
- Reference materials, including texts, notes, notebooks
- Non#essential apparel, e.g. headwear, coats, sunglasses (pullover are acceptable)
- Bags, purses, or backpacks
- Beverages or food of any type
- Writing devices of any kind

## Cellphone basket

Phones that are turned off can be deposited with a proctor in the cell phone basket, which will be kept by the hall proctor.

## Medications

Any prescription medication that a student might require during an exam is to be kept with the Chief Proctor.

## Items provided in the testing center

An erasable white board and marker are provided for every student. These items are not to be used until the exam has started.

## Policy on noise reduction devices

Only foam earplugs are acceptable. They must be disconnected (cut if necessary) from each other. Headphones and ear buds of any type are not allowed. Foam earplugs are provided at the proctor's station and must be reused by students on multiple exams.

## Late arrivals

Examinees arriving late will not be given extra time for biweekly exams or NBME exams. The NBME will be notified of an examinee arriving more than 30 minutes late for an NBME exam, and can be refused admission to the exam by the Chief Proctor.

## Internet disruption

In the event that a student experiences an interruption of internet service during an NBME exam, or a freeze while using SofTest™ to upload their answers to institutionally authored exams, the student will notify a proctor who will direct them to perform a restart protocol. After the restart, the student may resume the exam without loss of time allowed. Spare computers will be available if needed.

## Finishing the exam

NBME exams are self#timed according to the student's precise start time and download rate of the student's computer. The results of NBME exams are automatically uploaded if the student runs out of time. For institutionally authored exams, the overhead monitors will display the stop time for everyone and indicate when 10 minutes remains in the exam. Students who finish after the 10 minute warning are not allowed to leave the Testing Center until the stop time in order to minimize activity that might disturb late finishers. Students may exit only through the door by the proctor's station.

## Honor Pledge

After finishing an exam, students are required to sign an Honor Pledge indicating they have neither cheated nor witnessed anyone else cheating during the assessment. Students who do not sign the Pledge will be contacted to investigate the reason.

## Restroom breaks

Students are allowed to leave the testing center one at a time to use the restroom. Students must sign out and sign back into the testing center. The overhead monitors indicate the restroom status.

#### Misconduct

**Disruptive behavior.** If the conduct of a student interferes with the testing conditions for others, the student will be warned. If the disruptive student fails to respond to the warning, that student's test session will be ended, and the student will be escorted from the testing center.

**Copying, giving or receiving information.** If two proctors observe or are made aware of behavior that indicates a student is copying answers from another student, permitting his/her answers to be copied, or providing or receiving unauthorized information about the content of the examination, the misconduct will be referred to the Honor Council. and Office of Student Affairs for further action.

If misconduct occurs during a miniboard, the institution is required to report the incident, including the names of examinees involved, to the NBME. This includes any violation of the policy on items forbidden in the test site, e.g. cell phones.

---

## Evaluations

---

Students are prompted periodically to submit time-sensitive course evaluations. Compliance is essential, considered a measure of professionalism, and required of the COM by the Liaison Committee on Medical Education (LCME), which serves as the accrediting body for medical schools in the U.S. and Canada. The COM uses an electronic evaluation platform for online evaluations during years 1-4. These evaluations include prompts requesting numeric ratings as well as optional narrative comments. It is expected that narrative comments are to be constructively worded, commensurate with the professional expectations of a formative physician.

Evaluations submitted for pre-clerkship courses, clerkships, selectives and electives are anonymous. Readers cannot associate a student with their ratings or comments, which are pooled without identifiers by the electronic evaluation platform at the end of the course/rotation. Evaluation results are inaccessible to course/clerkship directors and their faculty until after the grades are released to students by the Senior Associate Registrar.

The results provide valuable feedback about the (a) success of course objectives and learning outcomes; (b) strengths and weakness of educational approaches; (c) quality of the learning environment, (d) quality of faculty teaching performance; and (e) alignment of course content with standardized outcome measures. Student feedback is considered integral to the annual review of clerkship/clerkship performance and essential for continuous quality improvement of the educational program. Students must pay close attention to the deadlines posted for submitting all evaluations. A pattern of non-responsiveness by a student constitutes an accreditation risk to the College of Medicine and a professionalism concern, and may trigger issuance of a Physicianship Early Concern to a student for administrative action.

#### Module and Clinical Skills Program Evaluations

Students are also notified by email to complete evaluations in the electronic evaluation platform opened at the end of each of the first four semesters in the Clinical Skills Program. Notification occurs after grades are submitted at the conclusion of each semester. Questions on these evaluations address the quality of the learning experience, the learning environment, and the instructors.

#### Student-authored Module Evaluations

The Student Subcommittee of the Curriculum Committee (SSCCUSA) gathers feedback, in addition to that collected from module program evaluations, from a class after completion of each module. Compiled results and analysis of the additional feedback is submitted to the Division of Medical Education and the Curriculum Committee and/or its applicable subcommittees. The results complement the electronic evaluation platform surveys developed by the COM and are considered in the annual review of each module by the Curriculum Committee. Although the COM does not hold students accountable for completing the student-authored surveys, compliance is encouraged and important to generate meaningful data.

#### CLINIC course evaluations

Students receive email notifications from the electronic evaluation platform at the end of each pre-clerkship semester to complete an evaluation of the CLINIC 1 or CLINIC 2 program. Students rate the quality of the learning experience provided at their clinical site and the interaction with preceptors.

## Peer Evaluations

The College uses peer evaluation in years 1 and 2 as a primary method to train students to provide and receive honest, constructive feedback from each other as a formative experience toward effective teamwork and continuous improvement as future physicians. Students complete electronic peer evaluations for each member of their small group teams. The first is a practice run scheduled during mid#semester of year 1 to familiarize new students with the process. The next two evaluations occur near the end of year 1 and midway through year 2.

For each round of peer evaluation, a student submits a separate electronic evaluation for every teammate using the template provided. Students numerically rate each peer by a set of traits and are directed to provide constructive comments in a narrative section to highlight attributes and challenges for each peer. Students can review the de-identified evaluations they receive from their peers. These evaluations are formative and do not enter the student's official record.

## Clerkship evaluations

Students are notified by email to evaluate the quality of every clerkship after they complete each rotation and receive the results of their NBME shelf exam score. These evaluations include general questions about clerkship quality and the learning environment. Another component asks the student to evaluate their faculty and resident physician instructors. Students must comply when prompted by email to submit clerkship evaluations by the indicated due dates.

## Third year "Selectives"

For the "selective" rotations offered in year 3, the evaluations follow the design and process used for clerkships.

## M4 courses and electives

Students will receive an email notification to complete their evaluation of each 4th year courses using a standardized template delivered on the Oasis platform. Because only one or two students might enroll in an elective during a block in the senior year, the evaluations are not released to the directors of senior courses until the end of April during the academic year.

Evaluations of attending physicians, adjunct instructors and residents. Students are prompted at the end of each clerkship to submit electronic evaluations of their individual clinical instructors.

## Evaluations By Faculty

### Mid-module Report

Students are provided with comprehensive mid-module feedback reports showing their CAP skill marks as defined above. Students receiving M (marginal) or U (unsatisfactory) marks for any skill category are required to meet with the Module Director and the Associate Dean for Medical Education. Skill marks, scores-to-date, and professional deficiencies noted in mid-module reports are intended only for formative feedback. The report is kept on record with the Module Director and in the Division of Medical Education but is not entered in the student's official transcript.

### Final Module Report

Similar to the mid-module report, the final report also includes the module grade, raw and adjusted miniboard scores. The cognitive skill mark reflects only miniboard performance. The marks for attitude and psychomotor skills pertain only to the second half of the module. Uncorrected deficiencies and attitude noted in the mid-module report will be scored as U.

Competency-based Evaluation of Students in the Junior Year. During each clerkship rotation a student is evaluated at the conclusion of a sub-rotation by their preceptors for level of performance achieved in each of nine equally weighted categories aligned with ACGME core competencies. For each category, e.g. taking a patient history, a student is rated at any one of nine performance levels. Each level is keyed to a point valuation determined by the Division of Medical Education. The competency evaluation score is averaged across the clerkship and determines the Competency Evaluation portion of the student's clerkship grade.

Mid-clerkship Evaluations. Students are provided with formative feedback midway through each clerkship. This consists of an electronic rating by preceptors as well as optional narrative commentary. Clerkship Directors are also expected to meet with each rotating student to discuss their progress at this time.

Final Clerkship Report. Students will be able to access a final online report for their performance in each clerkship. This document will include the sub-scores for each graded element contributing to the final score and grade. It will also contain the narrative critique of the student written of student written by the Clerkship Director. This official grade report is recorded with Registrar, and the commentary provided is incorporated into the Dean's letter for residency application.

### Physicianship Early Concern (PEC) Note

A PEC note is a serious incident report filed for a student in any year of training that is observed to engage in unprofessional behavior in any pre-clerkship, clinical or non-clinical setting by any member of the faculty, administration, or staff. A PEC note is submitted to the Associate Deans of Medical Education and Student Affairs. A submitted PEC note will trigger an immediate meeting of the reported student with the Associate Deans of Medical Education and Student Affairs to discuss the incident and further course of action, which will include an acknowledgement of the incident with the reporter and can include a convened meeting of the SPEC. Information submitted on this form may become a part of the student's permanent record. A sample PEC note is found on the Student Affairs website.

### Consequences Of Receiving A PEC Note

Receiving a PEC note is a serious matter. At the discretion of the Associate Deans of Medical Education and Student Affairs, the consequence for a student receiving a first PEC note can be limited and student acknowledgement and reconciliation of the behavior through counseling described in the aforementioned section. In the event that a flagrant act of unprofessional conduct occurs, the Associate Deans can forward the incident to the Student Promotion and Evaluation Committee (SPEC) for action. A second PEC note received by a student will go to the SPEC for discussion.

### The SPEC May Elect To Do One Or More Of The Following:

- Interview and counsel the student before taking any further action
- Place the student on Non-Academic Probation, which will require the student to agree to the terms of a Professionalism Contract for a probationary period determined by SPEC.
- Recommend dismissal of the student, pending a formal disciplinary hearing

### Professionalism Contract

A vote of the SPEC will place a student on Non-Academic Probation period to remediate the unprofessional behavior. The conditions for being removed from probation will be specified in a Professionalism Contract signed by the student, SPEC Chair and Associate Deans of Medical Education and Student Affairs. Contract terms will be specified to correct the deficiencies identified in the PEC note(s). If the student complies with the terms of the contract, he or she will be removed from probation and restored to good standing on its anniversary date. A student who does not satisfy the terms of his or her professionalism contract will be subject to dismissal.

A student who is currently on Probation for professionalism and receives an additional PEC note or any other evaluation of unprofessional behavior is subject to dismissal at the recommendation of the SPEC.

### Physicianship Praise Card

When a student exhibits an episode or pattern of exemplary professional behavior, the observing faculty member, staff or administrator can submit a Physicianship Praise Card to acknowledge the student and document the behavior. The card is submitted to the Associate Dean of Student Affairs and will become part of the student's medical performance evaluation. A sample of the Physicianship Praise Card is found on the College of Medicine Current Students website.

---

## Academic Assistance And Advisement

---

Any student seeking academic assistance, advice regarding program selection, placement within residency programs or any other special information, etc. should contact the Associate Deans of Medical Education and Student Affairs or one of the Assistant Deans. They may refer students to other academic or personal services available on campus. The USA Counseling and Testing Services provide several academic services for students. Some of these services include sessions to improve academic performance:

- Test-taking strategies
- Increasing visual perception and discrimination
- Critical and logical thinking and questioning
- Study techniques, time management, note taking
- Interpersonal communication