

PCM2 EXAMINATIONS/REMEDIATION/GRADING

Attendance at all required sessions is necessary to “meet expectations” for the course. To have the best educational experience for the individual student and fellow classmates, students are expected to come prepared to sessions, complete the assigned readings and questions before each session, view the recommended physical exam videos prior to the associated sessions and actively participate in discussions.

Students should take advantage of additional instructional materials online and/or in the Academic Center for Excellence and Accessibility as recommended or needed. Not meeting the benchmark for passing will require specific remediation at the discretion of the course directors.

Attendance is mandatory at all small group sessions, workshops, OSCEs, and all other in-person sessions, and all lectures designated as in-person lectures.

Lectures

Students should review lecture material prior to the associated small group session, or in-person activity associated with it. Many lectures will be remote/recorded. For live, in-person lectures or remote-live lectures, your presence at lecture is required and attendance may be taken.

Small Group, Workshops, Clinical Skills Sessions and OSCEs (and all other in-person sessions). These sessions are required, and attendance will be taken.

Small Group Sessions

The benchmarks are spelled out on the PCM2 mid-year and end-of-year small group grade sheet forms.

- “*Meets Expectations*” in all components of the Small Group Evaluations each semester is expected. The course director will review any “Meets with Concerns” and a passing grade for small group sessions will be determined on an individual basis.

Workshops and Clinical Skills Sessions Students are required to participate in the skill training offered throughout the year unless designated as optional. These may include demonstration of skills, training sessions, or independent practice. Skills may consist of Point of Care Ultrasound, ophthalmological and otolaryngology skills, skills in auscultation of heart and lung sounds, skills in GU and Breast examination, skills in systematically interpreting an EKG and any additional skills as may be determined by the course directors.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

Musculoskeletal Workshop/Mastery Session

Students are expected to prepare ahead of the workshop, being ready to practice examination steps. The benchmark for mastery will be determined by Dr. Winger who oversees the workshop. Further practice toward mastery for any individual student may take place on the same day or alternate day as determined by the Course Director or by Dr. James Winger.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

CLINICAL REASONING: Students will practice their diagnostic skills using their medical knowledge and understanding of clinical reasoning principles. It is also important to learn the common cognitive biases and their effect on diagnostic reasoning and medical decision-making. Cases will be completed in

small group. The expectation is to actively participate in and contribute to the discussions as the small group works through cases in a thoughtful and meaningful manner to gain the best educational benefit.

PEER-TO-PEER EXAMINATION STEPS

Please note that some sessions involve students practicing examination steps upon each other. Peer-to-peer examination practice is generally limited to the head and neck exam steps and the examination of the extremities. However, if for ANY reason, for ANY part of the exam, a student wishes to decline to participate as someone upon whom a peer practices, they may do so, or similarly, in situations in which students are asked to demonstrate an exam step upon themselves (ex. demonstrate how to take a radial pulse) they may also decline. Please notify the Course Director(s) as soon as possible, prior to the session, to discuss and implement a possible alternative arrangement.

EXAMINATIONS

Objective Structured Clinical Exams (OSCEs) *The emphasis is on deliberate, purposeful execution of physical exam steps and clinical reasoning. Students may be asked to provide explanations on the examination steps and/or the purpose or the examination step. The written portion of the examination allows the student to demonstrate their clinical reasoning/critical thinking.*

There are three components of the OSCE grade:

1. The Patient Perception Scale (PPS) is the tool used to evaluate communication skills. Receiving “Meets with Concerns,” “Meets Expectations,” or “Exceeds Expectations” on all checklist items on the PPS = P of this component of the OSCE. Receiving even one “Does Not Meet Expectations” from the SP on the PPS will result in a failure.

Plus

2. A grade of $\geq 70\%$ for each checklist (both the history and the physical exam checklists) assessing the clinical encounter = P of this component of the OSCE
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Plus

4. A passing calculated score, in combination with the overall impression by the facilitator who is grading the computer component of the OSCE. This includes the critical thinking. This section may include evaluation of the pertinent positive and negative findings, a problem list, and/or a list of diagnostic studies indicated, the differential diagnoses, most likely diagnosis, and justifications.) This portion is graded by the faculty and/or clinical skills staff using a standardized rubric = P of this component of the OSCE.

Clinical Skills Exams/OSCE remediation exams

Remediation, if needed, is performed within one to two weeks, or as determined by the Course Director.

If the remediation of clinical skills testing is successful during the course, the student may still earn a “Pass” for the course. If the student is unsuccessful in routine remediation, the student will be given one

additional attempt outside of the normal activities of the course. If the student successfully completes this second attempt at remediation, then the student will earn a grade of P* for the course. (Remediated Pass).

If the student earns “*Does Not Meet Expectations*” on the second remediation, the student fails the course and must repeat the course in its entirety and not move on to the next phase of training.

WRITTEN/ONLINE/COMPUTER EXAMINATIONS:

Examinations may cover material from lectures, lecture handouts, small group sessions, assigned readings, EKGs, chest x-rays (CXRs), online instructional materials, and textbook material.

The written exams are not cumulative except on items that naturally build upon each other, such as basic physical exam concepts, EKGs and CXRs.

Meeting Expectations” on the written examinations:

Students must score **≥70%** on the written exams **over the entire course, which extends through both semesters,** to pass the written exam component of PCM2.

Remediation of written exams:

A failure of the PCM2 written exam (as determined above) will require passing a remediation written examination as determined by the Course Director(s). If a remediation examination is required but is passed, the grade for the course will be a P* Failure of the remediation examination will then be a failure of the course and PCM2 will need to be repeated in its entirety and the student will not move on to the next phase in training.

Additional information regarding remediation of the written examination:

Students who fail to achieve the minimum score required for a passing grade in the medical knowledge assessments for PCM2 may be allowed the opportunity to take a make-up remediation exam, as outlined in the Stritch School of Medicine (SSOM) Academic Policy Manual. The purpose of the remediation exam is for the student to demonstrate competence of the material presented in the course. The make-up exam will be a rigorous, yet fair assessment, to ensure that the student has achieved sufficient mastery of the course content to be allowed to progress to the next academic level. The composition of the exam will be determined by the course director, together with faculty input, and will consist of representative fair and validated questions that assess critical understanding of core course concepts and high yield course content that reflects the breadth of material presented throughout the course. Remediation exams will be administered at the end of the academic year and will be scheduled by the Office of Student Affairs and the Academic Center for Excellence in consultation with the Course Director and the Office of Educational Affairs. All students requiring remediation should meet with the Course Director well in advance of the scheduled date of the exam to discuss both the exact format of the exam and their proposed study approach. Those students achieving a score of **greater or equal to 70%** on the remediation exam will have their initial F grade converted to a P* and the “Does not Meet” for their Medical Knowledge competency altered to “Meets with Concerns”. Students who fail to successfully achieve the minimum passing score will be required either to repeat the course in its entirety during the subsequent academic year, or alternatively, may be subject to automatic administrative action by the medical school, as outlined in the SSOM Academic Policy Manual.

Please note that students with a **final aggregate course score of <60% may be denied the opportunity to remediate** their course failure by an end-of-year remediation exam and may instead be required to repeat the course in its entirety. The decision to allow such students the opportunity to take a remediation exam may be made by the Student Promotions Committee (SPC).

Other written examinations or quizzes may be designed and administered separately from the PCM2 portion of the integrated examinations to assess a particular area of knowledge or skill. Failure or a “does not meet expectations” of these examinations may require a remediation exam and/or a remediation exercise to meet the requirements of PCM2.

REMOTE TRAINING AND TESTING:

In the rare event that skills or testing sessions need to be remote, session information and methods of skill demonstration will be given to students and faculty as soon as possible and guided by the particular circumstances.