



COVID Corner

Association of Surgical Education, Surgery Clerkship Directors Committee Resources

Grading and Feedback on the Surgery Clerkship in an Era of Social Distancing/Limited in Person Contact

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One of the key aspects to the surgery clerkship experience is building clinical knowledge and experience through patient interactions. In the era of COVID, with the limitations and recommendation set forth by the national government, national organizations¹, and individual medical institutions, the clinical learning for medical students is greatly stifled. With a social distancing mandate and shelter-in-place order in place for non-essential employees, some students will have either significantly reduced or no patient contact during their third-year surgery clerkship. The Liaison Committee on Medical Education (LCME) is the accrediting body that set the educational standards for medical student education in the United States. The LCME put out a statement regarding their stance on medical students, patients, and COVID-19 stating that “the LCME does not support a complete clerkship being taught online and the standards do require that all required encounters be satisfied by alternative means.” Conversely, the LCME has not set a limit to the extent of online teaching.² Therefore, many surgery clerkships are left to formulate creative measures to satisfy the goals and objectives of their rotation and the accreditation standards of the LCME while limiting or temporarily eliminating the clinical component.

Alternative solutions to assessing the clinical component of the surgery clerkship grade during such pandemic should focus on virtual solutions and self-study as well as considerations for changes in the grading rubric, grading system, length of the rotation, and make-up time. Again, each change should compensate for the lack of in-person clinical experience all while ultimately meeting the learning goals and objectives of the rotation. The virtual learning experience will require more faculty engagement in order to assess students using web-based video conferencing during group and individual activities (such as online case conferences, online procedure reviews, and telemedicine exercises). In addition, additional faculty time is needed to monitor and, in some cases, grade self-study assignments (such as question assignments, writing assignments, and the use of web-based learning modules) that may have been added to the curriculum to compensate for the lack of clinical experience. Direct monitoring and timely assessments for student feedback is essential³ especially during a time of constant change.

To accommodate for modifications of the clinical component of the clerkship, some directors kept their same grading system while changing their grading rubric by changing the weight of individual components of the final grade. Others considered switching to a pass/fail grading system. In a recent Surgery Clerkship Director’s Committee poll (conducted for the Association for Surgical Education (ASE)) 21 clerkship directors (CDs) responded about alternative grading systems used at the start of the pandemic (mid-April 2020). Six noted that their institution will convert from their current grading system to a pass/fail system, two currently used the pass/fail system, ten would stay with their current grading system, and the remainder were unsure. Schindler et al studied the impact of switching from a grading system that utilized components of the grade for final total score to a grading system utilizes a pass/fail cutoff set to number of standard deviations below the mean still while using absolute standards using the Hofstee method. Out of 160 students, only two were affected by the change.⁴ When done properly,



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converting to a pass/fail system can be viable solution as well as using existing grading systems with adjustments in the grading rubric.

Despite the interruption to the student clinical schedule, students will still need to graduate on time and the following years' cohort will have to start their rotations also. The LCME does not support that a clerkship be taught completely online. Therefore, clerkships must have a contingency plan to adjust the clinical schedules. Considerations should include makeup time, restarting, or delaying a rotation if a significant portion of clinical time is reduced. When considering restarting or delaying a rotation, plans should include to either shorten the rotation so that more rotations can be completed within the year or to overlap the makeup rotations with planned rotations. When evaluating decreasing the length of a standard surgical clerkship from 8 weeks to 6 weeks, Lind et al determined that students who completed 8 weeks of surgery scored higher on the National Board of Medical Examiners (NBME) surgery exam.⁵ However, final surgery grade and the cognitive difference as measured by USMLE step 2 scores (surgery subsection) were not different. [Lind] Students should have more self-study time to study in this situation and thus more time to study for the NBME. Therefore, theoretically, during a pandemic, the NBME scores should not be lower if the clerkship is to be shorten as a solution. Overlapping the make-up time of the effected clerkship with the upcoming clerkships is another viable option. This solution, however, will require adequate faculty, patients, and space to support all rotating students.² Regardless of the approach taken, there should be adequate planning among the clerkship team and any changes that were made to accommodate the clinical challenges should be reflected in the student Medical Student Performance Evaluation (MSPE).²

References:

1. Whelan A, Prescott J, Young G, et al. Guidance on medical student's participation in direct patient contact activities. Association of American Medical Colleges (AAMC). April 14, 2020.
2. Barzyansky B, Cantanese VM. Liaison Committee on Medical Education. LCME update on medical students, patients, and COVID-19: approaches to the clinical curriculum. March 20, 2020.
3. Carey EG, Wu C, Hur ES, et al. Evaluation of Feedback Systems for the Third-Year Surgical Clerkship. *J Surg Educ.* 2017. 74(5):787-793.
4. Schindler N, Corcoran J, DaRosa D. Description and impact of using a standard-setting method for determining pass/fail scores in a surgery clerkship. *Am J Surg.* 2007.193(2):252-7
5. Lind DS, Marum T, Ledbetter D, et al. The effect of the duration of structure of a surgery clerkship on student performance. *J Surg Educ.* 1999. 84:106-111.