Clerkship Assessment Handbook
Forms
  EPA-CSA Form
  PET/RCE Form
Instructions for EPA/CSA Form,
Dashboards
  CSA dashboard
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  PET/RCE video
Core/Required Clerkship Student Information Chart

EPA Cues

One Page Schematics for each EPA

ACE contacts for students

EPA Summary sheet example

EPA Flyer (Rating Scale Form access with QR Code)
  Pin this up at sites for easy access to the form, quick reference to EPAs, and interpretation of the ratings.

EPA and CSA fillable PDF

Citations
Overview

The University of Minnesota has a robust program for measuring clinical competence in classroom and clinical settings. This handbook is a resource for broad assessment implementations for the clinical years within the required Clerkships and LICs. The U of MN Medical School used a centralized system that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives. (LCME 2021)

Programmatic Assessment

The Miller Pyramid of Clinical Competence shows that professional authenticity grows as students move from knows to knows how to shows to does. As students progress from M1 to M4, they move from gathering facts to interpretation and application to demonstrate learning to performance integrated into practice. Concurrently, the University of Minnesota uses specific assessments to measure specific knowledge, skills, and attitudes. Assessment methods, such as multiple choice questions, simulation tests, and objective structured clinical examinations (OSCEs) target the lower levels of the pyramid, while workplace-based or clinical methods of assessment target the highest levels.

![Miller's Pyramid of Clinical Competence](image-url)
<table>
<thead>
<tr>
<th>Year</th>
<th>Knowledge, Skills, Attitudes</th>
<th>Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>Knows: SMP, Pathology, Medical Physiology</td>
<td>Exams MCQs</td>
</tr>
<tr>
<td>M1, M2</td>
<td>Knows how, HHD Lectures and Labs, Cases</td>
<td></td>
</tr>
<tr>
<td>M3, M4</td>
<td>Shows Shelf Exams, OSCEs, CCA, Required Clinical Experiences (Simulated)</td>
<td></td>
</tr>
<tr>
<td>M3, M4</td>
<td>Does Direct Observation through --EPAs (just-in-time assessment) --CSAs (Global Assessment) --Required Clinical Experiences</td>
<td></td>
</tr>
</tbody>
</table>

**The Clinical Competency Assessment (CCA)**

Near the end of their 3rd year, after completing most of their core clerkships, ALL medical students at the UMMS take the Clinical Competency Assessment (CCA), an Institutional Assessment developed and overseen by the Office of Assessment and Evaluation and administered in the M Simulation Center. The CCA has long been a graduation requirement at the UMMS. The CCA is a full-day 12-station OSCE with timing similar to the discontinued USMLE Step 2 Clinical Skills exam. Students must pass the assessment to graduate, but scores are not posted to their academic records in MEdIS or their transcript.

**Direct Observation using Just-In-Time and Global Assessment Instruments**

Direct observation is a significant component of clerkship assessment. The Core Entrustable Professional Activities (EPA) and the Clinical Skills Assessment (CSA) Instruments are a significant component of UMMS program-level assessments. Each clerkship has a list of required assessments specific to the medical school program or the clerkship-specific listed in the clerkship’s assessment grid. The EPA and CSA assessments are two program-level components with a clerkship. Information about assessments for elective and non-required acting internships must be attained by those clerkships individually.
Core Entrustable Professional Activities (Core EPAs)

The Core EPAs represent the essential tasks of the medical student. Each of the 13 EPAs integrates the competencies that every student must demonstrate to graduate from the University of Minnesota Medical School.

- The EPA assessments provide formative feedback that is specific and actionable to support student growth and development as a medical student.
- The Core EPAs are a shared set of clinical activities that residents must perform on day one of residency.
- The ratings on EPAs don’t contribute to clerkship grades, but their completion does.
- Direct Observation using the EPA and Clinical Skills Assessments (CSA) is a method of meeting the LCME (Liaison Committee on Medical Education) requirement. To be accredited, we have to have a system in place that employs a variety of measures (including direct observation) for assessing a student’s core clinical skills specified in medical education program objectives.
- For more information on EPAs, the AAMC has created one-page schematics for each EPA that list key functions, related competencies, and observable behaviors for both developing and entrustable students.

The 13 Core EPAs

1. Gather a **history** and perform a **physical/mental status exam**.
2. Develop and prioritize a **differential diagnosis** following a clinical encounter and select a working diagnosis following a patient encounter.
3. Recommend and interpret common **diagnostic and screening tests**.
4. Enter and discuss **orders** and prescriptions.
5. Provide **documentation** of a clinical encounter in written or electronic format.
6. Provide an **oral presentation/summary** of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a **patient handover** to transition care responsibility.
9. Collaborate as a member of an **interprofessional team**.
10. Recognize a patient requiring **urgent or emergent care**, initiate evaluation and management.
11. Obtain **informed consent** for tests, procedures and/or treatment options.
12. Perform **general procedures** of a physician.
13. Identify system failures and contribute to a **culture of safety and improvement**.

**How to complete Core EPA assessments**
On each required clerkship each student must obtain 3 Core EPA assessments per week. These can be obtained by a preceptor who is a resident or faculty. For each clerkship, students are required to complete one EPA assessment in EPA1. EPA requirements will be reviewed on day 1 of each clerkship orientation.

EPAs are student-driven, preceptor-supported assessments. Medical students have to ask preceptors to complete an EPA assessment. At times, residents and faculty may take the initiative to ask students what EPAs they would like to complete. Often, medical students are getting feedback on a clerkship that pertains to a particular EPA. The student can ask the preceptor if they can use this feedback to complete an EPA assessment.

The preceptor will provide narrative comments and a level of supervision using the scale below. The level of entrustment indicates the level of supervision the preceptor has provided the student. It is expected that students will begin with observation and move to direct supervision early in the clerkships. Over time and over the course of completing required clerkships, all students will be expected to achieve indirect supervision in all 13 Core EPAs.
# EPA Rating Scale Interpretation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Entrustment</th>
<th>Type of Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observation only: “I did it. The student observed.”</td>
<td>Student was not trusted to practice the EPA; was allowed to observe.</td>
<td>Full</td>
</tr>
<tr>
<td>2. Direct Supervision: “We did it together.”</td>
<td>Student was trusted to practice the EPA only as a co-activity with the supervisor.</td>
<td>Proactive/full, with the supervisor in the room</td>
</tr>
<tr>
<td>3. Direct Supervision: “I supervised and helped the student from time to time.”</td>
<td>Student was trusted to practice the EPA only under proactive/full supervision, with the supervisor stepping in as needed.</td>
<td>Proactive/full, with the supervisor in the room</td>
</tr>
<tr>
<td>4. Indirect Supervision: “The student did it. I double-checked ALL elements.”</td>
<td>Student was trusted to practice the EPA under reactive/on-demand supervision, with the supervisor directly double-checking all findings.</td>
<td>Reactive/on-demand, with the supervisor immediately available during the initial encounter, and then present to directly review all findings</td>
</tr>
<tr>
<td>5. Indirect Supervision: “The student did it. I double-checked KEY elements.”</td>
<td>Student was trusted to practice the EPA under reactive/on-demand supervision, with the supervisor directly double-checking key findings.</td>
<td>Reactive/on-demand, with the supervisor immediately available during the initial encounter, and then present to directly review key findings</td>
</tr>
</tbody>
</table>
How to access and complete an EPA form

Students can access the EPA form and view instructions on how to fill it out by clicking this link.

Students may work with a preceptor who is not familiar with EPAs. Refer assessors to this EPA Flyer and/or memorize a simple script to explain. For example, “EPAs are Entrustable Professional Activities. The EPAs represent the basic skills of a physician; for example, taking a history and doing a physical exam is EPA 1. Your specific feedback about behaviors, skills, or knowledge I did well or need to grow will allow me to progress with these activities.”

How to view completed EPAs

Students will have access to EPA data via the external link, providing access to the reports. This document will give the EPA data navigation on the dashboards.

Assessment and Coaching Expert (ACE)

ACE stands for Assessment and Coaching Expert. ACEs are experienced physicians, medical educators who are trained in both coaching and clinical assessment. They are your go-to resource for guidance and support in the assessment process. Most are based at training sites (such as Hennepin or Regions), and others are specialty or program-based (such as Family Medicine). A list of all the ACEs is provided in this document.

Clinical Coaching

Every student will be assigned an ACE that will serve as their clinical coach. Every medical student in Specialty Lanes, Hybrid, RPAP and Metropap will be required to meet with their clinical coach during their 3rd year. Students in all other LICs will have coaching from the LIC directors. Every student can expect to have the following:

Group Coaching

- General overview on Core EPAs, asking for feedback and managing the Clinical Learning Environment.

Individual Coaching

- 1-2 months after start of clerkships
**Clinical Competency Committee (CCC) and EPA Summary/Entrustability**

**What is a Clinical Competency Committee (CCC)?**

The CCC plays a crucial role in your assessment. It reviews your EPA Summary/Entrustment, which is a key component of your assessment. A CCC is a group of medical educators, led by an ACE, that reviews each medical student's progress towards entrustment. The committee members review and discuss EPAs and feedback comments at each CCC meeting. It is a goal for all medical students to achieve a level of indirect supervision in all 13 core EPAs. Each medical student will review their CCC summaries with their ACE or LIC Director.

**Clinical Skills Assessment (CSA)**

*Note: Clerkships/LICs will determine if the Final CSA will be done in a required meeting.*

**What is the Clinical Skills Assessment (CSA)?**

The Clinical Skills Assessment (CSA) is a holistic assessment that rounds out what is to be assessed to ensure the graduation competencies have been addressed. In certain situations, it can be used as a formative assessment or simply submit MSPE comments.
Three forms of the CSA:

Each CSA form contains five criteria, each with a 7-point rating scale, optional comment boxes for each criterion, an MSPE comment box, a Growth Comment box, and Attestations. (All described below)

1. The CSA Mid Clerkship form (Mid-CSA) requires all questions to be answered except the optional comment boxes for each criterion. It should be completed during a meeting with personnel determined by the clerkship. See this document for more details.

2. CSA Final clerkship form (Final-CSA)—This form’s question requirement is the same as that of the Mid-CSA. This form may be completed during a meeting if the clerkship has required it, or this CSA fillable PDF can be given to the designee assessor to complete on their own time. They must return the completed form to the student to be entered into the electronic CSA form.

3. CSA Frequent clerkship form (Freq-CSA)—The Freq-CSA may be required by a clerkship that needs to collect data before/between mid and final CSA. Those clerkships will decide how frequently this form will be used. It can also be used if a preceptor wants to provide just an MSPE comment. All the questions in this form are optional.

Criteria:

(See the CSA Flyer for more details on the rating scales.)

1. Demonstrates awareness of their strengths and limitations and works to improve their knowledge and practice.
2. Communicates effectively with patients and families
3. Demonstrates compassion, integrity, and respect for others.
4. Demonstrates flexibility and maturity in adjusting to change, stress, and ambiguity
5. Demonstrates the critical thinking skills needed for applying basic and clinical sciences to patient care
MSPE Comments:

Comments for MSPE (Dean's Letter):

Give your impression of the student's overall clinical performance. Indicate any significant personal or professional strengths and weaknesses. These comments will be used verbatim and/or summarized at the clerkship level for the student's MSPE Letters.

Growth Comments:

The following comments are intended to provide formative feedback and allow student development. These comments will NOT be included in the MSPE.

Attestations (Mid-CSA only):

- EPA Discussion Attestation with EPA dashboard.
  Topics covered: Student strengths, student areas for growth, and strategies for obtaining clerkship-specific EPAs

- PET/RCE Discussion Attestation with PET/RCE dashboard.
  Topic covered: Strategies to ensure completion of PET/RCE items (e.g., altering resident teams, when to complete alternate experiences)

When to complete the CSA

- Frequent CSA collection form (Freq-CSA) can be assessed ad hoc at any time during the clerkship if this is a clerkship requirement

- CSA Mid clerkship form (MCF-CSA) completed at Mid Clerkship Assessment Feedback meeting
● CSA Final clerkship form (Final-CSA) completed at *Final Clerkship Assessment Feedback meeting

The Core/Required Clerkship Student Information Chart will provide information for each clerkship, such as who can complete these forms, whether the Mid and Final CSA Feedback Assessment is student or clerkship chosen, the method of communication to set up Assessment meetings, and whether the Final CSA is required to be completed in a meeting.

### How to complete a CSA

The CSA is accessible from the same link as the EPAs. After entering preceptor information and clerkship type, you can choose an EPA or one of the three CSA forms. This documentation allows students to navigate the form. The CSA Completion Steps document may be helpful for students but is geared to help guide clerkships in implementing the CSA forms.

### How to view completed CSAs

Students will have access to CSA data via the external link. This documentation will provide access and navigation of CSA data. For clerkship admin, this documentation will describe the dashboard navigation and have the link for your view.

### CSA Grade

Only the Final CSA is to be used for a grade with a score of 70% as passing.

- The combined average of all five criteria must be 3.5 or higher to be considered passing.
- MSPE and Growth comments are not graded but are required.
Mid and Final Clerkship Feedback Assessment Meeting

Description and Importance

Providing students with feedback is one of the essential assessment contributors to their growth and education, with Mid and Final Clerkship Feedback Assessment Meetings the avenue to give written and verbal formal feedback. The Mid Clerkship Feedback must occur at the midpoint of the clerkship, early enough during each required course or clerkship to allow sufficient time for remediation. The meeting will inform and discuss the current standing and allow sufficient time to improve areas for growth. (LCME 9.7 2021) The Final Clerkship Feedback is used as a summative assessment that is used as a grade. A medical school ensures that a narrative description of a medical student’s performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment. (LCME 9.5 2021) Comments and narratives are also essential avenues for student growth, both written and verbal. These meetings may be completed in person or virtually.

Mid and Final Clerkship Feedback Assessment Timeline (based on a four-week clerkship)

Mid Clerkship Feedback Assessment Meeting: This meeting and completing the Mid Clerkship CSA is suggested to be between the second and third Wednesday of the period.
*Final Clerkship Feedback Assessment Meeting: This meeting and completing the Final Clerkship CSA is suggested to be between the fourth Monday and the last Sunday of the period. *(Wednesday after the clerkship ends for exceptional circumstances)*

**Preparation for the meeting**

Before the meeting:

1. Dashboards can be found on the external links below. Pull up three dashboards:
   1. CSA dashboard
   2. EPA dashboard
   3. PET/RCE dashboard
2. Pull up the CSA Mid or *Final Feedback Assessment and complete as much as possible before the meeting starts.

**Meeting format**

During the meeting, the student will pull up their own EPA, CSA, and PET/RCE dashboards for review and discussion at the meeting. The student will also provide the CSA Mid or *Final Clerkship Feedback Assessment form through their phone, computer, or other electronic device. Mid and *Final Clerkship Feedback Assessment meetings may be in-person or virtually. Feedback given to the student should be in both areas of strength and growth, with specific, actionable feedback.

**Medical Student Performance Evaluation (MSPE)**

The Medical Student Performance Evaluation (MSPE) is a required component for all residency applications that includes essential information regarding academic performance and clinical skills. Residency Program Directors and others involved in the residency program interview selection process review this document to help identify
students who demonstrate skills and attributes that the program values in a prospective resident. This document plays a role in the interviews being offered. It is a way to differentiate applicants from each other, particularly about the noteworthy characteristics (authored by the student), Faculty Advisor summary, and narrative comments from preceptors provided in the document. Narrative comments on specific clinical competencies and interpersonal and communication skills are highly valued and useful when evaluating the MSPE document.

To access more detailed information about the MSPE, review this website.

**How MSPE Comments will be collected and submitted to the MSPE Letter**

On the CSA forms, there is a spot for both non-MSPE comments and MSPE comments. The final assessors within the clerkships will collect the MSPE comments from the CSA forms, and synthesize and summarize them into the Medical Student Performance Letter. If the final assessor or designee chooses not to synthesize and summarize the comments, the final assessor or designee can copy and paste the comments from the CSA dashboard. The comments from this form may be synthesized and summarized and/or funneled verbatim into the MSPE letter for residency. Assessors filling out the MSPE can connect with the corresponding clerkship to work out access.

**Executive Summary**

During the core/required clerkships, the student will be using several methods of assessment: EPAs, CSAs, PET/RCEs, and clerkship/specialty-specific assessments. Students can access through the same Qualtrics link—the EPA Flyer and CSA Flyer show details of each form with ratings. The Frequent CSA and EPAs are completed ad hoc, while the Mid-clerkship CSA is completed and discussed during an in-person or virtual meeting. The *Final CSA Form is completed at the end of the clerkship. Final CSA meeting structures are determined by the individual clerkships. Reminder: **Entrustment of each EPA is the goal, NOT a requirement, by the end of the student’s experience within a required clerkship.** Data from the EPAs and CSAs can be viewed via two separate dashboards. MSPE comments and comments for growth
are also collected on the CSA. ACEs are available to students to assist with EPAs. Three EPA assessments are required per each week in each clerkship.

**Important Links**

**Forms and Documentation**

**EPA-CSA E-Form**
- EPA Fillable PDF
- CSA Fillable PDF

**Detailed instructions for EPA and CSA form**

**CSA Completion Steps**

**PET/RCE E-Form**

EPA/CSA BounceBack Email Process

**Student Dashboards and Documentation**

**CSA dashboard**

**EPA dashboard**

**PET/RCE dashboard**
- Video about PET/RCE

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