

# To Honor or Not to Honor – That is the Question

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# Disclosure

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**Crush your COMAT/SHELF**

**Bring snacks to the nurses**

**Preceptor's evaluation**

**Be lucky**

**Flirt**

**Work hard**

**Be likable**

**Arrive early, stay late**

**Brown-nose your attending**

**Answer pimping  
questions correctly**

**Ask for honors**

**Act interested, even  
if you're not**



**Excellent fund of medical knowledge**

**Exercises effective clinical reasoning**

**Takes ownership of patient care**

**Demonstrates a team-oriented mindset**

**Works hard**

**Arrives early, stay late**

**Is interested, even if yours isn't their anticipated specialty**

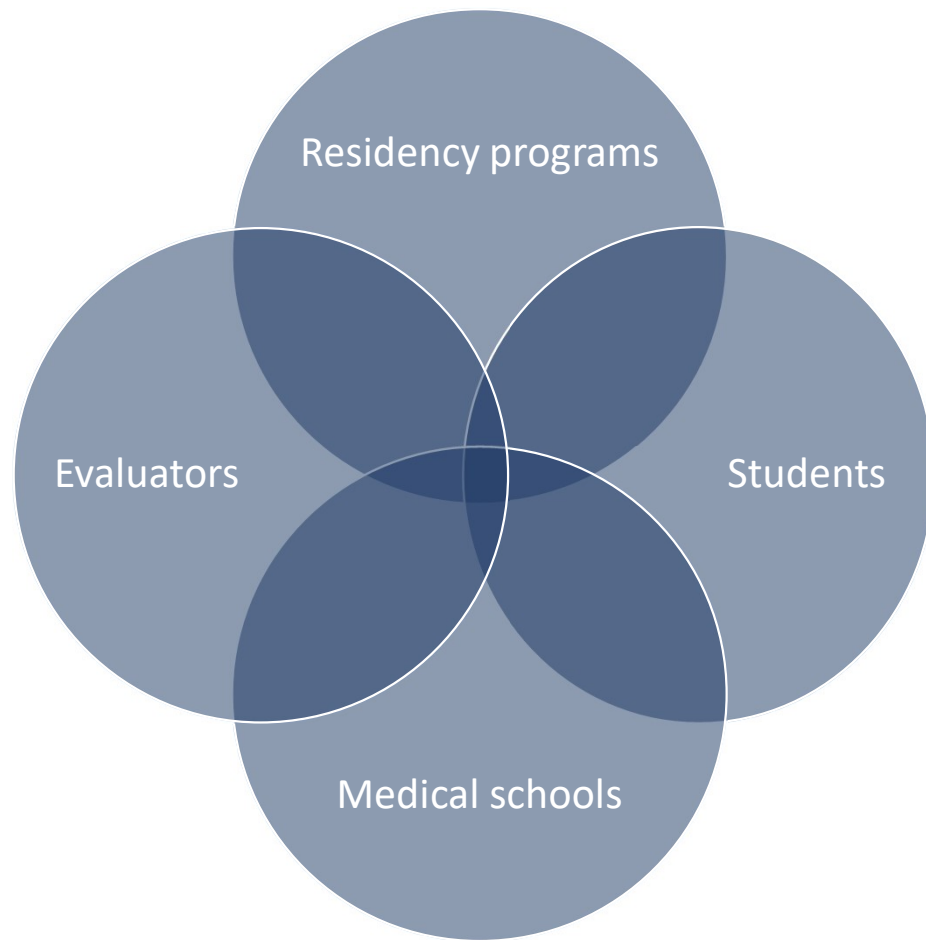
**Is likable**

**Seeks opportunities for growth**



# Objectives

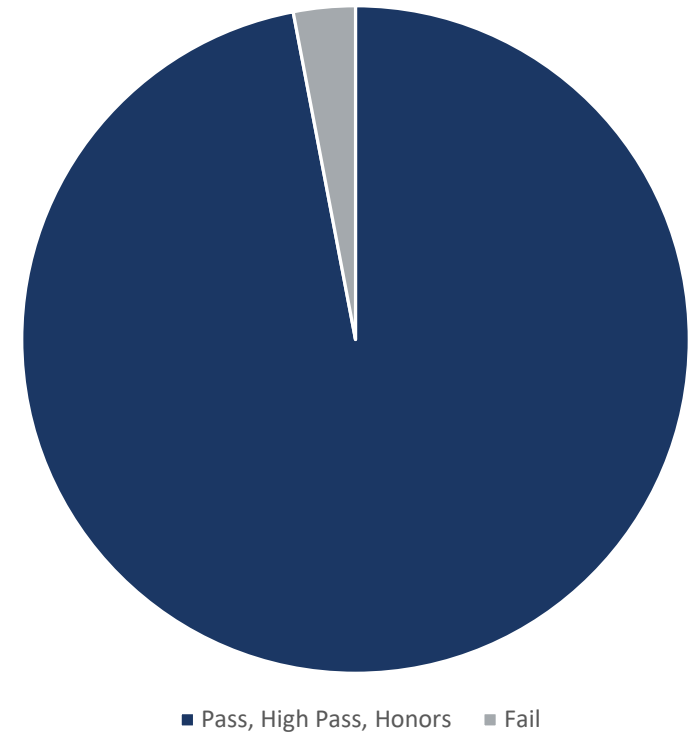
- Discriminate between honors-level performance and performance that is at the expected level for the learner
- Describe honors level performance for undergraduate medical students in the domains of medical knowledge, clinical skills, professionalism, and communication
- Coach learners towards honors-level performance and complete the post-rotation evaluation to reflect your assessment



Why and to  
whom  
does “getting  
honors” matter?

# Variability in grading schemes

- Pass/Fail
- P/F, Honors
- P/F, High Pass, Honors



[Westerman ME, Boe C, Bole R, Turner NS, Rose SH, Gettman MT, Thompson RH. Evaluation of Medical School Grading Variability in the United States: Are All Honors the Same? Acad Med. 2019 Dec;94\(12\):1939-1945. doi: 10.1097/ACM.0000000000002843. PMID: 31219812.](#)

# “The Current Status of Medical School Clerkship Grades in Residency Applicants”

<b>Honors</b>	<b>5%-67%</b>
<b>High pass</b>	<b>9%-80%</b>
<b>Pass</b>	<b>2%-84%</b>

[Vokes J, Greenstein A, Carmody E, Gorczyca JT. The Current Status of Medical School Clerkship Grades in Residency Applicants. J Grad Med Educ. 2020 Apr;12\(2\):145-149. doi: 10.4300/JGME-D-19-00468.1. PMID: 32322345; PMCID: PMC7161319.](#)



# “The Current Status of Medical School Clerkship Grades in Residency Applicants”

Specialty	n	Mean	SD	Median	Interquartile Range	Range
Surgery	86	32.74	14.83	32.5	23.25	62 (5–67)
Pediatrics	86	34.29	13.95	33.0	21.0	67 (5–72)
Internal medicine	86	34.78	14.66	32.0	18.025	73 (7–80)
Psychiatry	85	42.91	17.70	41.0	27.0	78 (10–88)
Family medicine	82	37.65	19.32	33.5	22.95	91 (5–96)
Obstetrics and gynecology	85	36.92	14.93	35.0	22.5	70 (10–80)

[Vokes J, Greenstein A, Carmody E, Gorczyca JT. The Current Status of Medical School Clerkship Grades in Residency Applicants. J Grad Med Educ. 2020 Apr;12\(2\):145-149. doi: 10.4300/JGME-D-19-00468.1. PMID: 32322345; PMCID: PMC7161319.](#)

How do you know if a student  
is performing at “honors  
level”?

# Domains for Honors Assessment



Medical  
Knowledge



Clinical Skills



Communication



Professionalism



Pacific Northwest  
University of Health Sciences

# Medical Knowledge Assessments

“The significant variability in the predictive strength of the relationship between summative assessments and clinical performance should lead reviewers to take these measures in context with other factors.”

Do coursework summative assessments predict clinical performance? A systematic review [Terry et al, BMC Medical Education 2017]

# Medical Knowledge Assessments



Formative: intended to provide learners real-time feedback and an opportunity to improve



Summative: intended to adjudicate level of performance and inform about successful milestone completion

# Clinical Skills Domain

“The major challenge of medical education is to **integrate** formal knowledge with clinical experience and to develop habits of inquiry and innovation. The gold standard of good medical education is where students **learn the underlying theory** and science of a problem at the same time **as they encounter that problem in real life.**”

Tim Wilkinson

[Wilkinson TJ. Medical education--the next 40 years. N Z Med J. 2013 Mar 15;126\(1371\):82-90. PMID: 23793124.](#)



LEARN. CARE. COMMUNITY.

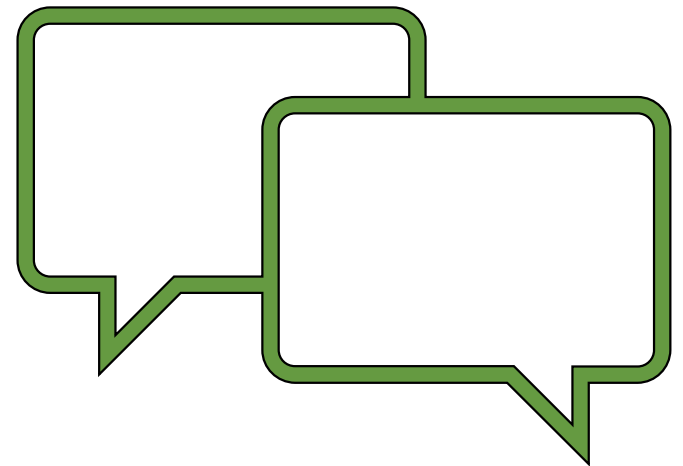
## EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests

Pre-Entrustable Behavior	Entrustable Behavior
Fails to consider pertinent <b>risk factors</b> identified in H&P, PE or other determinants of health	Considers all pertinent <b>risk factors</b> as identified in the H&P, PE, or other determinants of health
Identifies some but not all <b>key tests</b> for common conditions	Consistently recommends all <b>key tests</b> for common conditions
Has difficulty articulating how tests will <b>influence</b> diagnosis, management, or risk stratification	Is able to explain how results of each test will <b>influence</b> diagnosis, management, or risk
Describes plan to patient without accounting for <b>pt preferences</b> or priorities	Discusses plan with pt and provides evidence that <b>pt preferences</b> have been considered
Fails to <b>respond</b> to critical values or recognize abnormalities	Identifies and correctly interprets critical and abnormal values and <b>responds</b>

# Communication Domain

Communication gaffes are often the root cause of bungled patient care and malpractice claims

- Not listening
- Not talking openly
- Attempting to mislead
- Patients and families feeling devalued by physicians
- Failing to understand the patient's perspective





# Professionalism Domain

Professionalism embodies the **transformation** from “lay person” to physician. It requires redefining yourself and interacting with society in a new and different manner.

Humanism and altruism	Excellence and accountability
Respect	Lifelong learning
Placing others' needs above our own	

Smith LG. Medical professionalism and the generation gap. Am J Med. 2005 Apr;118(4):439-42. doi: 10.1016/j.amjmed.2005.01.021. PMID: 15808146.

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## EPA 13: Identifying system failures to promote a culture and practice of safety

Pre-Entrustable Behavior	Entrustable Behavior
Does not recognize potential errors and often misses real errors	Identifies real and potential errors
May get frustrated by system requirements and sees them as a burden	Understands the importance of error prevention both to individual patients and to systems
Requires others to point out systems failures	Takes time to “slow down” and reflects to identify errors or failures
Tends to be a passive observer on the team	Takes responsibility for one’s role in errors
Is inconsistent with demonstrating common safety behaviors (e.g. universal precautions, hand washing)	Performs common safety behaviors (e.g., universal precautions, hand washing)

The evolution of honors at PNWU

What goes into PNWU honors and why

How preceptors can help indicate honors-level performance

# The Evolution of Honors at PNWU

- Only P/F
- COMAT score
- Preceptor's endorsement of Honors
- EPA score on Faculty Evaluation of Student

# What goes into PNWU honors and why

## Holistic approach to honors

Focused on essential skills and qualities needed by physicians

- Knowledge

- Professionalism

- Clinical performance

- Communication

Prepare students for residency

# Components for Honors

## Overview

Faculty Evaluation of Student

Student Evaluations

Case Logs

COMAT

# Faculty Evaluation of Student

(Question 1 of 8 - Mandatory )

## Faculty Comments

**SUMMATIVE Comments:** Overall performance during rotation - Comments for use in the Dean's MSPE/sent to residency programs.

**FORMATIVE Comments:** Areas for improvement and growth - Not for use in the Dean's MSPE - if there is a pattern across clerkships, the pattern may be addressed by the Dean in the MSPE but will not include specific evaluator comments.

# Faculty Evaluation of Student

Average Score (Question 2 of 8)

## Evaluation of Student Entrustable Professional Activities

**Instructions:** Please rate the level of competence for the named student for the listed Entrustable Professional Activities (EPAs). Students should be rated relative to other students in the same training year. The target for medical student training is to attain a competency level 3 or "meets expectations" for general activities.

If the student receives a **Level 1** or **Level 4** for any activity, the evaluator must provide additional explanation in the *Formative Comments* or *Summative Comments* sections above. An average assessment score of 3.6 qualifies students for consideration for honors.

The RIME model provides a basic framework for assessing the learner by describing the stages of performance according to general activities undertaken by learners at specific levels.

- *Reporter*: usually understands the "what" and can report back the situation and context, applies to early medical students (approximately MS 3)
- *Interpreter*: usually understands the "why" and can develop ideas and plans about the condition and the patient, applies to later medical students (approximately MS 4)
- *Manager*: understands the "how" of addressing a problem and can initiate treatment strategies, applies to early residents (approximately intern level)
- *Educator*: implies an expert knowledge, and commitment to education of both self and the team, applies to more senior residents



# Faculty Evaluation of Student

(Question 3 of 8 - Mandatory)

Activities		Not Observed	Significant deficits	Needs improvement	Meets expectations	Exceeds expectations
1.	Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans, including osteopathic considerations where appropriate. (EPA 1, 2, 3, 4)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.	Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests and treatment plans, including osteopathic considerations where appropriate. (EPA 3, 5, 7)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3.	Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management. (EPA 10)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4.	Appropriately consents patients for test/procedures, to include discussion of risks, benefits and alternatives. (EPA 11,12)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5.	Displays competency when performing procedures, to include osteopathic manipulative therapy where appropriate. (EPA 12)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

# Faculty Evaluation of Student

6.	Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety. (EPA 11, 13)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7.	Professionalism: Arrives to duties on-time, dressed appropriately and prepared.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8.	Documents clinical encounters and completes orders and prescriptions in an accurate and timely manner utilizing appropriate preceptor oversight. (EPA 4, 5)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9.	Promotes the transition of care utilizing a collaborative team-based approach. (EPA 8, 9)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.	Communicates effectively and respectfully with preceptors, patients and the greater medical team. (EPA 6, 9)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

# Faculty Evaluation of Student

In my opinion, the student successfully completed the expectations for this rotation as outlined in the syllabus: *(Question 4 of 8 - Mandatory)*

☐ Yes ☐ No

My typed signature is my symbol and intent of authentication where I willingly signed, understood, and adopted this document *(Question 5 of 8 - Mandatory)*

Was this rotation *entirely* online/virtual? *(Question 6 of 8)*

☐ Yes ☐ No

*(Question 7 of 8 - Mandatory)*

	Yes	No
I would like to be contacted by PNWU to discuss this student or rotation further.	<input type="radio"/>	<input type="radio"/>

If you answered Yes, please provide best contact information below. *(Question 8 of 8 , Confidential)*

If you are satisfied with the evaluation, click the **Submit** button. Once submitted, you will no longer be able to make changes to this evaluation.

Save For Later

Submit



**PNWU** Health  
Sciences

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# Faculty Evaluation of Student

- Average Score 3.6 or higher
- Evaluation scores are averaged for rotations with more than one preceptor
- Assessment of clinical performance, knowledge, communication, and professionalism

# Student Evaluations of Rotation Experience

- Completion within 7 days of end of rotation
- Professionalism and Communication
  - Timely completion of paperwork
  - Attention to detail
- Accreditation Requirement

# Case Logs

- Specific to rotation
- Completion within 7 days of end of rotation

Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Abdominal Pain			
Adult female annual exam			
Adult male annual exam			
Adult vaccinations			
Allergic Rhinitis			
Anxiety			
Arthritis			
Asthma			
Biliary colic			
Benign Prostatic Hypertrophy (BPH)			
Coronary Artery Disease (CAD)			
Chest pain			
CHF			
Colic (infant)			

# COMAT

## Comprehensive Osteopathic Medical Achievement Test

- Assess knowledge
- Subject specific
- Pass on first attempt
- Taken by the last week of rotation
- Future???

# How preceptors can help indicate honors-level performance

- Complete the evaluation
- Provide feedback early
  - "Student responded positively to feedback and was able to incorporate it to improve performance"
- Only score elements that are observed or has information about
- Summative comments

"Great student to work with. Working beyond their level of training. Able to appropriately balance the needs of complex patients and formulate appropriate diagnosis and plans."

"Displayed compassion and empathy toward patients. Engaged patients effectively. Thorough, well-written notes. Interacts with office staff in a collaborative manner. Integrates what they have learned into an effective patient encounter. Will make a superb physician."



# Summary of Honors Criteria

Component	Honors Criteria
Faculty Evaluation of Student	3.6 or higher
Student Evaluation of Rotation Experience	Completion within 7 days of end of rotation
Case Logs	Completion within 7 days of end of rotation
COMAT	Pass on first attempt Taken by last week of rotation

# Objectives

- Discriminate between honors-level performance and performance that is at the expected level for the learner
- Describe honors level performance for undergraduate medical students in the domains of medical knowledge, clinical skills, professionalism, and communication
- Coach learners towards honors-level performance and complete the post-rotation evaluation to reflect your assessment

# References

1. [Vokes J, Greenstein A, Carmody E, Gorczyca JT. The Current Status of Medical School Clerkship Grades in Residency Applicants. J Grad Med Educ. 2020 Apr;12\(2\):145-149. doi: 10.4300/JGME-D-19-00468.1. PMID: 32322345; PMCID: PMC7161319.](#)
2. [Harris D, Dyrstad B, Eltrevoog H, Milbrandt JC, Allan DG. Are honors received during surgery clerkships useful in the selection of incoming orthopaedic residents? Iowa Orthop J. 2009;29:88-90. PMID: 19742092; PMCID: PMC2723699.](#)
3. [Westerman ME, Boe C, Bole R, Turner NS, Rose SH, Gettman MT, Thompson RH. Evaluation of Medical School Grading Variability in the United States: Are All Honors the Same? Acad Med. 2019 Dec;94\(12\):1939-1945. doi: 10.1097/ACM.0000000000002843. PMID: 31219812.](#)
4. Speer AJ, Solomon DJ, Fincher RM. Grade inflation in internal medicine clerkships: Results of a national survey. Teach Learn Med. 2000;12:112–116.
5. [Wilkinson TJ. Medical education--the next 40 years. N Z Med J. 2013 Mar 15;126\(1371\):82-90. PMID: 23793124.](#)
6. Smith LG. Medical professionalism and the generation gap. Am J Med. 2005 Apr;118(4):439-42. doi: 10.1016/j.amjmed.2005.01.021. PMID: 15808146.
7. Association of American Colleges of Osteopathic Medicine (AACOM). *Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency*. 2016. <https://www.aacom.org/docs/default-source/entrustable-professional-activities/epa-considerations-for-entering-residency.pdf>

**Thank you for all you  
do to teach the next  
generation!**

Questions?

