

Supplemental Digital Appendix 1

Blueprint for Four Forms of a Key Features Exam Assessing Clinical Decision-making in Third Year Students in the Internal Medicine Clerkship

Characteristic	Form A, no. (%)	Form B, no. (%)	Form C, no. (%)	Form D, no. (%)	Mean, no. (%)
Number of cases	15	15	15	15	15
Location of case scenarios					
Inpatient	5 (33.3)	4 (26.7)	4 (26.7)	5 (33.3)	4.5 (30.0)
Outpatient ^a	10 (66.7)	11 (73.3)	11 (73.3)	10 (66.7)	10.5 (70.0)
Organ system					
Cardiovascular	2 (13.3)	2 (13.3)	2 (13.3)	2 (13.3)	2 (13.3)
Endo/Rheum/Derm	2 (13.3)	2 (13.3)	2 (13.3)	2 (13.3)	2 (13.3)
Gastroenterology	3 (20.0)	2 (13.3)	2 (13.3)	2 (13.3)	2.3 (15.0)
Hematology/Oncology	2 (13.3)	2 (13.3)	1 (6.7)	1 (6.7)	1 (6.7)
Infectious Disease	1 (6.7)	1 (6.7)	1 (6.7)	1 (6.7)	1 (6.7)
Neurology/Psychiatry	1 (6.7)	0 (0)	1 (6.7)	1 (6.7)	0.8 (5.0)
Pulmonary	1 (6.7)	2 (13.3)	1 (6.7)	1 (6.7)	1.3 (8.4)
Renal/GU/Fluid/Electrolytes	2 (13.3)	2 (13.3)	3 (20.0)	3 (20.0)	2.5 (16.7)
Questions					
Total number per case	33	35	33	31	33.0
Mean number per case	2.2	2.3	2.2	2.1	2.2
Key features					
Total number per case	40	39	39	37	38.8
Mean number per case	2.7	2.6	2.6	2.5	2.6
Decision Focus					
Diagnosis	23 (57.5)	25 (64.1)	23 (62.1)	21 (56.8)	23.0 (59.4)
Management	17 (42.5)	14 (35.9)	16 (43.2)	16 (43.2)	15.8 (40.6)

Abbreviations: Endo indicates endocrinology; Rheum, rheumatology; Derm, dermatology; GU= genitourinary.

^aOutpatient includes both clinics and emergency departments.

Supplemental Digital Appendix 2

Survey Completed by Third-Year Students in the Internal Medicine Clerkship Taking a Key Features Examination to Assess Clinical Decision-Making

1. What is your current year in medical school (excluding time out for research or other activities):
 - A. 2
 - B. 3
 - C. 4
2. How many required clerkships, excluding your current clerkship, have you completed? *[numerical]*
3. During your current internal medicine clerkship, how many weeks were inpatient? *[numerical]*
4. During your current internal medicine clerkship, how many weeks were outpatient? *[numerical]*
5. Did you encounter any technical problems while completing the examination today?
 - A. No
 - B. Yes; please describe *[free text]*

6. Were the instructions clear?
 - A. Yes
 - B. No; please explain *[free text]*

7. Overall (considering the entire set of cases as a whole) rate the level of difficulty of this exam:
 - A. Too easy
 - B. Just right
 - C. Too hard

8. Were you given enough time to complete this exam?
 - A. Yes
 - B. No; how much more time would you need? *[free text]*

9. Were the test questions following each case scenario clear?
 - A. Yes
 - B. No; please explain *[free text]*

10. The exam today did not count towards your grade. Do you think this type of exam should count as part of your grade in the future?
 - A. Yes; please explain *[free text]*
 - B. No; please explain *[free text]*
 - C. Maybe; please explain *[free text]*

11. If yes, what percentage of your grade should the exam count for?

- | | |
|--------|-----------------------------|
| A. 5% | F. 30% |
| B. 10% | G. 35% |
| C. 15% | H. 40% |
| D. 20% | I. > 40% |
| E. 25% | J. Other <i>[free text]</i> |

12. Do you think the results from this exam should be used to give you formative feedback only (to help you learn, but not count as part of the grade)?

- A. Yes
- B. No
- C. Not sure

13. If this exam were required as part of your grade, do you think it would change how you prepare for this exam?

- A. No
- B. Yes; explain in what way *[free text]*
- C. Not sure