Core Clerkship Grading Recommendations

Background

At the request of the School of Medicine Dean of Medical Education, a Core Clerkship Grading Working Group was convened to make recommendations for grading in the core clerkships for the 2023-24 academic year and beyond. The working group was charged with reviewing the literature, grading decisions at other schools, and considering the perspectives of multiple stakeholders (e.g., students, graduates, clerkship faculty, dean's office, residency programs, etc.) in making its recommendations. The committee was also asked to make recommendations for the next 3-5 years rather than just the next academic year.

<u>History of grading</u>

- 2020-2021 clerkship year pass/fail due to curricular changes from COVID
- 2021-2022 clerkship year pass/fail since COVID curricular changes were still in place
- 2022-2023 clerkship year pass/fail due to concerns regarding gender and racial/ethnic inequities in clerkship grading

The working group met several times between October and December 2022 and started by reviewing key literature about grading, grading inequities, residency selection, and the impact of Step 1 changes on residency selection. We shared dialogue from listservs, specialty groups, national/international meetings, and choices made at other schools; solicited input from other stakeholders outside the working group. Lastly, we extensively discussed the pros/cons/risks to various potential grading options.

The work of the working group was guided by the following principles, which served as the framing for all discussions and decisions*:

- The purpose of medical education is to prepare a physician workforce capable of and committed to providing high-quality, safe, and equitable care to our increasingly diverse patients and communities.

- The purpose of assessment in medical education is to ensure that medical education fulfills our social contract by ensuring that all who graduate from a school or training program have the competencies needed to provide excellent and equitable care to all patients.

- An equitable assessment system thereby facilitates future educational and career opportunities. Equity in assessment is present when all students have fair and impartial opportunities to learn, be evaluated, coached, graded, advanced, graduated, and selected for subsequent opportunities based on their demonstration of achievements that predict future success in the field of medicine, and that neither learning experiences nor assessments are negatively influenced by structural or interpersonal

bias related to personal or social characteristics of learners or assessors. An equitable assessment system should enable both majority and minority learners to learn more and learn better.

* From *Lucey CR, Hauer KE, Boatright D, Fernandez A*. **Medical Education's Wicked Problem: Achieving Equity in Assessment for Medical Learners**. Acad Med. 2020 Dec;95(12S Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments):S98-S108.

While the working group does present a recommendation below, it is important to note that the working group acknowledges that there were risks and challenges with all options. There was no perfect solution. Therefore, while the following is being presented as the best option given the circumstances, group members do have reservations and concerns about potential consequences with the recommendation.

Of note, several ideas came up that were outside the purview of the working group, in keeping with current efforts by the school of medicine to improve learning and assessment in the clerkship year, student awards, and the residency application process. These ideas will be summarized separately in an appendix to this document and presented to the Dean for Medical Education and other relevant SOM leadership for consideration. Further updates and any new proposals will be shared separately with the Committee on Medical Education.

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Recommendation

1. The working group recommends that core clerkship grading remain pass/fail for the next three academic years (2023-24 through the end of 2025-26) for the following reasons:

- At this time, we have data that our current tiered grading system in clerkships is inequitable and disadvantages our students who are underrepresented in medicine.

- It is yet unclear what the effects of pass/fail grading will have on the match. We currently only have one year of experience for a year when most schools instituted temporary pass/fail grading due to COVID. After a comprehensive literature review, we have not found any current data to support the notion that pass/fail grading harms match rates.

- We view the core clerkship year as a primarily formative year.

- Additional work needs to be done to ensure more equitable learning experiences and assessment for students during the core clerkship year.

Additional recommendations include:

- A thorough review of the consequences of pass/fail clerkship grading on match results for our students over the next three-year period

- Extensive and continuing faculty and resident development around bias, microaggressions, assessment, and grading

- Submission of student performance on internal grading rubrics by clerkship directors to Dean Chen's office for the sole purpose of evaluating our progress towards improving grading equity over the next three years.

- That the pass/fail decision be reassessed in 2 years in the context of data from the additional recommendations above.

    a. If there are no significant negative consequences of pass/fail grading, the pass/fail recommendation could be extended to 4 or 5 years to allow additional time for faculty/resident development and achievement of grading equity

    b. If there are significant negative consequences of pass/fail grading on students' match results, the pass/fail recommendation may be ended early

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Appendix: <u>Suggestions for further consideration by the Dean for Medical Education and the Office of Medical Education:</u>

1. We propose that GUSOM move towards an overall competency based assessment system (outcomes based approach) from our current standard of a time based standard assessment system. This should be a priority over the next three years for the core clinical year and the fourth year.

2. After discussion with Dean Furlong and the clerkship directors, we would propose a change to the core clerkship year or structure – separating the year into a formative phase that is pass/fail and an "advanced" phase that may include tiered grading. For example, each clerkship could have 3-4 weeks of a formative phase, and then some clerkships could have 3-4 weeks of an advanced phase where the students (having already gone through the core clerkships once) would understand the expectations and have a tiered grading system. Currently, the core clerkship year is 48 weeks, so it could be divided into 24/24 or some other variation of this.

3. We propose an earlier start to the 4th year, so that students have more time to complete their (tiered graded) acting internships and/or do more away rotations. The core clerkship year currently ends at the end of March, and the 4th year starts in the beginning of June. In between, the students have deep dives designed to bring basic science back into the curriculum. We would propose the 4 year at least start in May with one month of break for the students after the core clerkship year ends. Alternatively, they could also start in April and not have a break (add in a break in the fall - like September of October once applications to ERAS have been submitted, this could also be a time for deep dives)

4. We propose changes to Alpha Omega Alpha Selection (https://www.alphaomegaalpha.org/about/how-members-are-chosen/) as well as Gold Humanism Honor Society to help further distinguish our students. In addition, we would like to recommend that clinical/specialty awards be given out by June or July of 4th year so that students can add this to their residency applications.

5. All students should receive early clinical mentorship from day 1, especially students who are first generation medical students or students who are underrepresented in medicine. We feel strongly that everyone should know the "rules of the game" in terms

of residency applications – things like how to find research mentors (for example) and what constitutes a strong application to residency

6. We would like to advocate for continued improvements to the MSPE (https://www.aamc.org/media/23311/download?attachment).

7. We would suggest our school implements a summative OSCE at the end of the core clinical year that is graded and evaluates the clinical competencies that we would like each student to have in the different clerkships.

8. We recognize that the residency application process will need to be changed at a national level – with Step 1 and possibly Step 2 being pass fail, and the number of applications per residency program increasing, we ask that members of the GUSOM community advocate for change at a national level, within their own specialty organizations or through the AAMC.