MEC Grading Task Force

Compiled by Lauren Wolchok

Lessons from the Literature:

**Impact of pass/fail grading on medical students’ well-being and academic outcomes**

Spring, Robillard, Gehlbach, Simas (2011)

* What: A systematic review including 9 papers evaluating the impact of changing to P/F grading on student well-being (4 papers) and academic outcomes (all 9 papers)
* Background: In the 1960s, the general thought was that grades in the preclinical did not truly predict or correlate with clinical performance and that P/F grading might decrease stress/anxiety and competition among students and promote self-directed, life-long learning, but there were few studies to support this. Nevertheless, there has been a shift toward P/F grading, especially in the preclinical years, and there is now literature demonstrating some of the effects.
* Results:
  + **No significant difference in academic outcomes** (including course attendance, course exam grades, USMLE scores, clinical performance, etc.) in the move to P/F grading.
  + **Positive gains in student well-being** (including self-perceived rates of stress; scores on scales assessing anxiety, depression, burnout; stated participation in volunteer/extracurricular activities; time to exercise, spend with family, etc.).
  + **Possible negative impacts on residency program placement**:
    - 73% of all PDs (Program Directors) surveyed stated no preference in filling spots with students from tiered vs P/F schools (27% preferred students from tiered schools)
    - 33% of PDs of competitive programs (those that filled all spots) preferred to fill spots with students from tiered systems.
    - 81% of General Surgery PDs felt that P/F grading would put applicants at a disadvantage.
    - However, survey also showed that PDs rated residents from P/F schools similarly to those from tiered schools on all clinical measures assessed.

**Variation and Imprecision of Clerkship Grading in U.S. Medical Schools**

Alexander, Osman, Walling, Mitchell (2012)

* What: Survey study of grading systems used by U.S. Medical Schools
* Results:
  + Identified 8 different grading systems, with lots of variation in descriptive language of grades, i.e. “Honors/High Pass/Pass/Fail” vs “High Honors/Honors/Satisfactory/Unsatisfactory.”
  + Significant inter- and intra-school variability in % earning top score:
    - Range in average % earning top score among different schools was 2-93%
    - Range in % earning top score on different clerkships within the same school was 18-81%
  + Fail rate is vey low (<1%), although some schools do indicate a pass after remediation/repeat on transcript.
* Key Figures/Tables:





**LCME Student Self-Survey**

(Response Rates: c/o 2012 = 81.4%, c/o 2013 = 81.2%, c/o 2014 = 92.4%, c/o 2015 = 91.4%)

* 92% satisfaction with P/F in preclinical years
* 68% satisfaction with P/F in clinical years
  + 39% believe P/F helpful in applying to residency
* 26% think LOD awards are transparent/ 59% disagree
* 22% think LOD awards are fair/ 42% disagree

**Grading Systems in the Top 30 Schools**

* What: searched websites and online student handbooks of the schools ranked in the top 30 by U.S. News and World Report for information on grading systems.
* Results:
  + 77% of the top 30 schools are using grading systems with 4 or more tiers in the clinical years. (Comparable to what was found in the attached article (Alexander et al., 2012), where 82% of surveyed schools used systems with 4+ tiers.)
  + Almost all are P/F for at least part of the preclinical curriculum.