SOME GUIDELINES FROM THE MEC ABOUT FEEDBACK AND GRADES PROVIDED DURING CLINICAL ROTATIONS (draft June 13, 2012)

In response to a letter written to Dr. Nierenberg, Dr. Shirley, and Dr. Harper from Matt Crowson and Carolyn Koulouris, dated April 25, representing students in Year 3, and also growing out of the discussion at the May 2012 CECD meeting

POLICIES RELATED TO PROVIDING FEEDBACK TO STUDENTS DURING CORE CLERKSHPs:

1. Feedback from residents and attendings/preceptors is very important in the education of medical students, describing and supporting what students are doing well, and also providing specific and concrete constructive suggestions for improvement in specific areas. Vague feedback such as “You are doing just fine overall, keep up the good work” is not detailed or specific enough to be very helpful to the student who wishes to continue to improve his or her skills.
2. Feedback should be provided to students on a continuous and ongoing daily basis; more formally once near the middle of the clerkship (“formal formative feedback”); and again more formally near the end of the clerkship (“formal summative feedback”).
3. The mid-clerkship feedback is so important to each student that it should be documented that this did in fact occur, with signatures from both the student and the faculty member on either the printed form already used in each clerkship to document the satisfactory performance of the essential clinical skills in that clerkship, or on another form already developed by several of the clerkships.
4. The final, summative feedback delivered to each student will not be able to communicate the final grade of the clerkship, because many evaluation forms and test scores are not yet available, but it should represent the best summative evaluation of the student possible at that point in time. Students should leave a clerkship with a clear idea of what their main strengths were, and which areas they should continue to work to develop and improve.

GRADING:

1. Grades will continue to be Honors, High Pass, Pass, or Fail at this time, unless changed at some point in the future by the MEC.
2. Each clerkship should determine how its final grades will be determined or computed.
3. For the sake of consistency from clerkship to clerkship, which is helpful to our students and to residency programs recruiting our students, grades in all clerkships should fall within the following ranges, which represent the very approximate means and ranges from our clerkships thus far this year, and last year:
   a. Honors, mean 30% for all clerkships (range 20% to 40%)
      i. Current mean is 32% (range 13% to 50%)
10. When a recognized standardized test is used to assess student knowledge (such as the NBME shelf exam), the MEC should develop a recommendation about an acceptable cut-off for passing that can be consistently applied across all clerkships. Input on this issue should be sought from the clerkship directors, but the MEC must make the final decision given its role as required by the LCME. For example, a consensus from the CECD at this time seems to be as follows:

a. Achievement of a score on an NBME shelf exam of 1st-5th percentile would indicate severely inadequate knowledge in that field, and would result in failure of the clerkship, due to failure in that competency domain of medical knowledge (as is currently the case).

b. Achievement of a score on an NBME shelf exam of 6th-10th percentile in the future will be viewed as an indeterminate score, with three possible outcomes, to be determined by the clerkship directors as follows:

i. If a student were strong in other competency areas, and adequate or strong in other assessments of knowledge, that student could receive...
a grade of Pass, at the discretion of the clerkship director(s). (Currently all students falling in this range are awarded a Fail.)

ii. If a student were quite weak in other competency domains, and weak in other assessments of knowledge base, then a grade of Fail could be selected by the clerkship director(s).

iii. If a student were adequate or better in other competency areas, but other assessments of knowledge were conflicting, then a grade of Incomplete could be assigned at the discretion of the clerkship director(s). The student could be granted a retake shelf exam before a final grade was reported. In that case, if the student scored at the 11th percentile or higher on the retake exam, his or her final grade would be converted from an Incomplete to a Pass.

c. Achievement on the shelf exam of a score of 11th percentile or higher would result in a passing grade, unless a student failed another part of the clerkship assessment (such as in the area of professionalism, clinical skills, etc.)