MEMORANDUM

Date: May 16, 2014

TO: Academic Affairs Committee
   Faculty Senate

FROM: Paul B. Hicks, M.D., Ph.D.
      Interim Vice Dean for Academic Affairs and Vice Dean-Temple Campus

Ruth Bush, M.D., J.D., M.P.H.
Chair, Curriculum Committee

Re: College of Medicine Grading Policies

Thank you for the opportunity to submit this memorandum regarding the College of Medicine’s grading policies. The Liaison Committee on Medical Education (LCME), the accreditation agency for North American medical schools, is currently transitioning from current standards to those that will take effect on July 1, 2015. The current LCME Standard FA-6 states that “The faculty of a medical education program must make decisions regarding the admission, promotion, and graduation of its medical students and must provide academic and career counseling for medical students”. This LCME standard has been understood to state that the College of Medicine faculty must be in charge of promotion activities, including grading policies.

The new set of LCME Standards includes two standards that more explicitly address the role of faculty in assessment and establishment of promotion criteria (bold type added for clarity):

8.3 Curricular Design, Review, Revision/Content Monitoring
The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

10.3 Policies Regarding Student Selection/Progress and Their Dissemination
The faculty of a medical school establish criteria for student selection and develops and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all
interested parties its criteria, standards, policies, and procedures regarding these matters.

In just over one year, we will be held to these standards. It would make sense to implement policies and procedures that comply with these new Standards.

**Honors/Pass/Fail Grading System**

The primary purpose of a grading system is to measure student achievement of established learning objectives. Aggregated performance data supply faculty and medical school administration with information about the effectiveness of teaching. A traditional grade stratifies students according to level of achievement and can motivate students, reward effort, and perhaps signify suitability for a potential area of study. A passing grade indicates simply that a student has achieved an expected level of competence, information that is critically important if medical education is to fulfill its obligation to the public. The ideal grading system would also encourage the development of desirable professional behaviors and minimize unhealthy competition. An honors/pass/fail system has been approved by the College of Medicine Curriculum Committee with plans to implement them in June 2014.

Justification of the Honors/Pass/Fail system includes:

- Competency-based learning focusing on skills and behaviors not grades:
  - A criteria-based grading system will not only set high standards but will recognize all students who meet them.

- Minimization of unhealthy competition for numerical grade and student health and anxiety:
  - Several leading medical schools have retooled their grading system with results demonstrating that internal competition is reduced and that students rate their psychological health, their satisfaction with the quality of their medical education and their personal life higher when simplified Honors/Pass/Fail system are used.
  - Depression and anxiety have been shown to be highest among medical students compared to other professional schools, and we must create systems to combat these negative issues within medical education.

- Minimization of grade variation and inflation:
  - Grading systems with fewer available grade options demonstrate less grade inflation while simultaneously reducing inter-school variation.
  - Honors designation would remain credible with a limited percentage of the class eligible for the highest marks.
  - Clerkship evaluations are imprecise, highly variable, and difficult to interpret outside of the microenvironment of a clerkship itself.
  - The majority of grading in the clinical years is subjective based on the students' performance in the clinical setting and distinction beyond the broad categories of failing, passing, or honors performance is difficult for individual raters and is not reproducible beyond those broad distinctions (normative criteria).
  - Evaluations are usually a mixture of normative and competency based criteria, rather than a pure competency based evaluation.
  - Ultimate meaning of a grade is hard to determine for amount of effort put into its measurement.
Less than 1% of all U.S. medical students fail a required clerkship, regardless of the grading system used (Fail).

97% of all U.S. medical students were awarded one of the top three grades regardless of the grading system used (Pass).

- Residency Placement:
  - The majority of medical schools use a variation of a pass/fail grading system. It is important for our students to be judged for potential residency opportunities based on a similar scale. Currently, with a dissimilar and discordant grading scale, more importance is placed on USMLE Step 1 and 2 scores when program directors choose potential interview candidates.
  - As competition for residency positions is at an all-time high, with many students remaining unmatched to residency positions, it is crucial that our students are afforded equal opportunity for their applications to be viewed and comparable to other schools' applications. A simpler, more competency-based grading system will result in a more credible grade interpretation and allow students to remain competitive while distinguishing the top achieving students.

References


COM Grading Mode as follows:

<table>
<thead>
<tr>
<th>Grade Code</th>
<th>Level</th>
<th>Definition</th>
<th>Quality Points</th>
<th>Calculated into Attempted Hrs Totals</th>
<th>Calculated into Passed Hrs Totals</th>
<th>Calculated into Earned Hrs Totals</th>
<th>Calculated in Term and Cum GPA</th>
<th>Numeric Value (ranking of the grades from best (70) to worst (50))</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Medical</td>
<td>Satisfactory</td>
<td>0</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>70</td>
</tr>
<tr>
<td>U</td>
<td>Medical</td>
<td>Unsatisfactory</td>
<td>0</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>50</td>
</tr>
<tr>
<td>U/S</td>
<td>Medical</td>
<td>Unsatisfactory, but course satisfactorily remediated</td>
<td>0</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>60</td>
</tr>
<tr>
<td>H</td>
<td>M1-M4</td>
<td>Honors</td>
<td>4</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>70</td>
</tr>
<tr>
<td>P</td>
<td>M1-M4</td>
<td>Pass</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>60</td>
</tr>
<tr>
<td>F</td>
<td>M1-M4</td>
<td>Fail</td>
<td>0</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>40</td>
</tr>
<tr>
<td>F/P</td>
<td>M1-M4</td>
<td>Fail, but course satisfactorily remediated</td>
<td>1</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>50</td>
</tr>
</tbody>
</table>

COM proposing new grade scheme for Honors, Pass, Fail, and Fail/Remediated?

Assumptions are being made that the Honors, Pass, and Fail/Remediated will need to have quality grade points assigned now. Otherwise, what would be the difference between the H and P grades?

What would the quality points be for?
- Honors grade
- Pass grade
- Fail/Remediated grade

Main difference now is that these will have quality points assigned and they will calculate into term/cum gpa calculations. Whereas before, the S/U grades simply counted in whether they earned (S) those hours or not (U).
Curriculum Committee Meeting Minutes  
4/15/14

Type of meeting: Curriculum Committee  
Facilitator: Mary Elizabeth Herring  
Attendees: Thomas Peterson, Gregg Allen, Cristie Columbus, Gregg Wells, Courtney West, Wei-Jung Chen, Diane Chico, Suzanne Shurtz, Abin Puravathu, Danielle Dickey, Lori Graham, Angie Hairrell, Ellie Wiewiorowski, Sheri Smith, Jim Donovan, Laura Ferguson, Debbie Boyd, Litao Wang, Vicki Pilsner, and Terri Kurtz

Absence: Emily Wilson, Virginia Garay, Pier DiPatre, Ruth Bush, Aval-Na’Ree Green, Sonny Winn, and Kathleen Nguyen

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion/Decision</th>
<th>Action and Deadline</th>
<th>Dashboard/Gauge Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of Minutes</td>
<td>Minutes from March 18, 2014 were approved.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Informational Item        | **Register Now**  
Curriculum Retreat is scheduled for May 15th at the Hilton Garden Inn in Waco the registration link has been sent out.  
**Phase I and II Combined Manual**  
Taskforce working on combining he manual to have common policies, same number of excused absent, and exam policy. Working on a target day of mid-May. |                     |                            |
| Action Item               | **Centralization of Absence Request**  
Academic Affairs will be in charge of absence request for AY 14-15, so that Phase Leaders do not have to handle these. |                      | Targeted Outcome:          |
|                           |                                                                                     |                      | Current Status:            |
|                           |                                                                                     |                      | Estimated Date of         |
|                           |                                                                                     |                      | Completion:                |
Wei-Jung Chen made a motion to change grading from a numerical format to Pass Fail Honors format in Phase I through IV of the Medical School Curriculum for Academic Year 14-15. Abin Puravathu seconded. Vote 7 for.

Pass Fail Honors Grading Phase III/IV
Phase III grading policy states that Honors will be awarded to up to 20% per clerkship. Members would like to know the criteria on how to reach Honors. Council of Clerkship Directors meeting is scheduled on Friday, April 18th and all details for policy will be finalized. Thomas Peterson made a motion to table the Phase III Grading Policy until further criteria on Honors is added. Abin Puravathu seconded. Vote 7 for.

Pass Fail Honors Designation for Phase I/II
Taskforce felt that Honors needed to mean something and have a high level of accreditation. It was agreed that the top 15% will be awarded Honors. This is one percent higher than the AOA. Abin Puravathu made a motion to accept the report with implementation. Thomas Peterson seconded. Vote 7 for.

New Course/Block/Clerkship Leaders
Phase II has the following: Hem/Onc will have John Pippen in Dallas and Rania Cannaday in Bryan. CV will have Emily Wilson in Bryan and Travis Hein in Temple. Respiratory will have Adam Mora in Dallas. As all of Phase II curriculum is either in Bryan or Temple, both Block Leaders from Dallas understand that they will need to be on site at least 2 day a week and have agree to this. Phase III has the following: Sarah McCormick will replace Jeremy Gibson in Temple for Pediatric Clerkship. Kelly Baylan will replace Randall Moore in Temple for Psychiatry Clerkship.
Thomas Peterson made a motion to accept the following changes in Leaders. Abin Puravathu seconded. Vote 7 for.

### Written Reports

#### Phase Reports

- **Phase I**
  - Phase I Retreat is scheduled for Thursday, May 24th. Fall schedules are on fast track as they were due on April 1st and trying to get them in by the end of April.
  - Phase II Retreat will be on May 1st in Bryan. Working on Block planning and schedule for the end of April. CBSE was given on March 31st. Student Affairs looking at the results and advising students on taking extra time off. Question Review Committee to include Block Faculty.
  - Phase III – Working on a draft policy on when students fail NBME or OSCE and how they can remediate them.
  - Phase IV – Had 13 failures in BAP IV and all have successfully remediated. Working on how ICU can be assessed.

#### Faculty Development

- May 1st is Scholarship in Teaching in Temple. May 2nd will be The Faculty and Career Development Showcase in Bryan.

### Management of Present Curriculum

#### Course Evaluations

- **Acceptance of Report**
  - Metabolism/GI – Students thought that the Biochemistry was well structured and organized. This is the first time that Biochemistry was well received. Exams were considered confusing and difficult and had issues with Examsoft.
  - Neuroscience –

### Informational Items

- Targeted Outcome:
- Current Status:
- Estimated Date of Completion:
- Point of Contact:
Abin Puravathu made a motion to accept the Metabolism/GI and Neuroscience reports. Thomas Peterson seconded. Vote 7 for.

**Approval/Action of Report**

Seminar Day – Wei-Jung Chen said he would like to see a facilitator training session so that all facilitator’s know how the grading should be. It is also recommended that the grading rubric is provided to the students in advance. Abin Puravathu made a motion for a green light. Thomas Peterson seconded. Vote 7 for.

ICS I – Both campuses and coordinators will sit down monthly to make sure they are doing the same thing on each campus. Wei-Jung Chen made a motion for a green light. Abin Puravathu seconded. Vote 7 for.

Renal/GU – Still need 10 session plans. OME will follow up with Department Chairs to get these. Wei-Jung Chen made a motion for a yellow light until all concerns are addressed. Gregg Wells seconded. Vote 10 for.

**Follow-up Reports**

Renal/GU, Cardiovascular, Hematology/Oncology, and Respiratory Blocks still have outstanding session plans. OME will contact the discipline leader to let them know that there are still some session plans missing from their disciplines. Respiratory Block missing sessions are clinicians and they will not be teaching next year. OME is working on implementing a peer evaluation for faculty who get lower than a 3.0 since it isn’t a required meeting.

**Curriculum Reform update**

Working to get the final product together to present at the CC Retreat on May 15th. After the Retreat, will work to have the final product ready for June CC meeting. BAP subcommittee has a meeting later in the week and will be working on mapping ICS I and ICS II. Clinical subcommittee will take a look at the National Curriculum.
for Phase III and make sure that the Step II requirements are added. Research/Scholarly subcommittee will be having a face to face meeting in Bryan to make sure that all time allotted is used.

**Patient Logs**

Will be discussing these at the CCD meeting on how the college could better use these logs. There is a lot of information that can be pulled from these logs.

| Adjournment       | The meeting was adjourned at 4:42 p.m. |   |   |