EVALUATION OF STUDENT PERFORMANCE

Grading System

The faculty evaluates a student’s academic performance to determine if he or she is displaying adequate knowledge, skills values and attitudes and is meeting the institutional standards for satisfactory academic progress. A grading system is used to indicate how well the student has met the schools expectations for academic performance. The official transcript will indicate all grades issued including incomplete, marginal, and failures that have been remediated.

A. The levels of performance for students are indicated by the following designations Medical student grading system.

Honors (H) indicates extraordinary intellectual and creative performance and mastery of the course of study.

Near Honors (NH) indicates performance that is superior to that which is required of satisfactory performance.

Satisfactory (S) indicates achievement of appropriate knowledge and skills.

Marginal (M) indicates unsatisfactory performance at the interface between satisfactory and failure which requires remediation. Remediation is determined by the Medical Student Progress Board upon the advice of the course director. The original marginal grade remains on the transcript and the remediated grade is listed below the original grade. The remediated grade is determined by the course committee and any grade can be attained following remediation. A second marginal grade obtained following remediation in a course results in assignment of a Failure grade for that course.

Failure (F) indicates clearly unsatisfactory performance. In addition to satisfying any conditions set by the Medical Student Progress Board, the student must satisfactorily repeat the course.

Pass (P) indicates achievement of appropriate knowledge and skills in courses that use a pass/fail grading system.

Incomplete (I) indicates that the student has not completed all the requirements of a course for a bonafide reason.

Withdrawal (W) indicates that a student dropped a course after the first week and receives a W on the transcript. If the student drops the course by the end of the first week of the course, a W will not appear on the transcript.

B. Grading Procedures

A comparison of student performances with that of their classmates will be accomplished by the course director posting the mean class performance on a given examination. Individual grades will be posted by confidential identification number.
At the beginning of the course, the faculty will communicate criteria for levels of performance and all students meeting these criteria will receive the corresponding grade. It is possible, for example, that 50 percent of the students may receive an honors grade in a given course. Therefore, it is advantageous for students to help each other and to study with classmates.

C. Academic Transcript
The academic record (transcript) should reflect the total, unabridged academic history of the student at the institution. The transcript should reflect the initial grade followed by documentation of a change in the grade. The original grade issued is never removed from the transcript.

All courses should be recorded in the academic period in which the course was taken and graded.

D. Professional Conduct.
1. Basic science and clinical faculty, students and staff will observe and evaluate the professional conduct of students.
2. A grade given to a student will include some aspects of professional conduct (e.g., professional responsibility, respect for patients and their families, etc.). Some violations of professional conduct may result in a failing grade. (e.g., cheating on an examination.) A student receiving a marginal or failing grade due in part or wholly to deficiencies in professional conduct, will need to satisfy conditions set by the Medical Student Progress Board and the course director.
3. Professional Development Evaluation report can be submitted by a course director, student or staff to the Associate Dean for Student Affairs. This report can be used by a course director to signal initial, moderate, or significant concern regarding a student's professional development in their course. Professional development may be evaluated independently of the academic performance. If there is moderate or significant concern the issue will be reviewed by the Medical Student Progress Board.
4. The required clerkships must provide a professionalism assessment for each student.

E. Notifying Students About Their Professional Development and Its Implications.
Academic Performance
Students are evaluated by written and oral examinations and assessment of clinical proficiency. Students are informed of their performance by the following mechanisms:
   a. Students receive grades that reflect the level of their performance.
   b. In most instances, the answers for written test questions are posted shortly after the examination and students receive their own examinations with correct and incorrect answers designated.
   c. The results of oral examinations are documented in writing by the examiner and copies given to the student.
   d. The evaluation of a student’s performance on clinical rotations is documented on an evaluation form by the faculty. A copy of this evaluation is given to the student.
   e. Students who perform poorly are strongly urged to discuss their performance with the course director.
f. The course director or designee meets with all students receiving less than satisfactory grades to make sure that the student understand the nature of their deficiencies and what needs to be done to correct them.
g. The Associate Dean of Student Affairs will also meet with any medical student receiving a marginal or failing grade
h. Performance of a medical student receiving a less than satisfactory grade or receiving a Professional Development Evaluation report is reviewed by the Medical Student Progress Board.

Clerkship and Elective Grading
The faculty evaluates a student's academic performance to determine if he or she is displaying adequate knowledge, skills, and attitudes and is meeting the standards of the clerkship/course. The clerkship director is responsible for reviewing all faculty and resident comments, examination scores, and any other evaluation instruments requested and to arrive at a final grade. The clerkship directors submits the final grade and a written summary evaluation within 6 weeks of the conclusion of a clerkship. Timely evaluation is essential so that students with difficulties can be reviewed and adequately counseled. In addition, faculty are also expected to provide each student in a course with mid course feedback in either verbal or written format. Mid course feedback must be provided by the 3rd week of a five week rotation so the student has adequate time to improve.

Grade Disputes
The Associate Dean for Medical Education will hear complaints of alleged unfair grading or evaluation that have not been successfully adjudicated by the course director.

An original copy of each student's exam is retained for 1 year after the final grade has been issued. The examination master, official exam key, student answer sheets and class roster of final scores will be maintained for 5 years after the course ends.

Professionalism

a. Deviations from expected professional conduct should be discussed with the student and reported to the Associate Dean for Student Affairs.

b. Some of the reported violations will be inconsequential and require no action by the Associate Dean. Some of the issues, such as a student troubled with substance abuse, will require confidentiality and will be managed by the Associate Dean and the Medical Student Progress Board in consultation with whomever he or she feels is appropriate. Some of the issues may be serious and may involve the need for a sanction by the School of Medicine. When the Associate Dean believes a violation is serious, the matter is presented to the Medical Student Progress Board which determines if the evidence for the alleged violation of professional conduct is sufficient to warrant a hearing.
c. The Medical Student Progress Board is responsible for conducting hearings that may result in a sanction for violations of the School of Medicine expectations for professional conduct. The hearing must be conducted in such a way as to provide due process for the student.

Policy for Remediation of Unsatisfactory Course Performance

An unsatisfactory level of performance by a student in a course/clerkship is defined as the assignment of a “marginal” or “fail” final grade for a course. When a student receives an unsatisfactory evaluation the process outlined below is followed.

- The Course Director notifies the Associate Dean for Student Affairs and the student of the unsatisfactory performance. The Course Director also signs and dates the course grade roster and submits this form to the Assistant Dean for Medical Education.

- The Associate Dean for Student Affairs meets with the student and refers the unsatisfactory performance to the Student Progress Board for review.

- The Course Director presents the record of the unsatisfactory student performance to the Student Progress Board making a recommendation for remediation.

- The Medical Student Progress Board reviews the student’s academic performance and all other relevant records, considers the Course Director’s recommendation, and makes a final recommendation and deadline for student remediation to the Associate Dean for Medical Education.

- The Associate Dean for Medical Education determines, based on recommendations from the Student Progress Board, the remediation and notifies the student in a letter outlining the requirements and deadline for completion. A copy of the letter is sent to the Course Director.

- The Course Director is responsible for scheduling the date and time for remediation and the Teaching Services Office or appropriate clinical department will coordinate the administrative requirements.

- If a student is unable to meet the scheduled remediation date, the student must notify the Associate Dean for Student Affairs in addition to the Course Director. In general, deferment of remediation is granted only in cases of emergency.

- Due to the longitudinal structure and grading requirements of the Principles of Clinical Medicine (PCM) course, the plan for remediation must be completed as specified by the PCM Course Director to permit the student to progress to the next level of PCM. The student must meet with the PCM Course Director to arrange the requirements for and the timing of the specified remediation.

Revised January 2001
Curriculum Committee
Preparation of the Medical Student Performance Evaluation (MSPE)/Dean’s Letter & Class Ranking

The purpose of the Medical Student Performance Evaluation (MSPE), formerly called the Dean’s Letter, is to serve as an evaluation of medical school performance, not a letter of recommendation. The MSPE is prepared in accordance with the standards outlined by the AAMC guidelines for the MSPE. The MSPE is generated directly from student course performance evaluations and is not authored by an individual. The MSPE is required to include an assessment of student professionalism. In cases where evaluations are not adequate, the Associate Dean for Student Affairs may edit. The generated MSPE will be reviewed by the Associate Dean for Student Affairs and then forwarded to the student for review. The MSPE should be of high quality, leading to professional appearance. The MSPE should contain a curriculum overview statement and a nomogram of class performance. The graduating class is ranked into four groups including outstanding, excellent, very good and good. Thirty three percent (33%) of the final ranking is based on evaluations from the required preclinical curriculum and 67% of the ranking is based on performance in the core third year clinical clerkships.

Students are ranked within the class when they did the majority of their required third year clerkships. Electives are not be used in establishing class ranking.

The Unique Characteristics section consists of student awards received or activities performed such as:

- Honors and Awards (e.g. AOA)
- Committee memberships
- Activities which were sponsored by the medical school (i.e., Wallace Clinic, HAP, Club Med, Interest Group projects, Alumni functions)

The student assists in preparation of the unique characteristics section. The preparation process of Dean’s Letter is administered by the Associate Dean for Student Affairs. The Educational Operations and/or Residency Advisory Committee serves to assure that each letter is prepared in a consistent format and serves all students fairly. These faculty groups are responsible for assigning group ranking and reviewing student questions regarding their letters serving as an appeal body through its chairperson. The letter should include recurrent academic or behavioral difficulties and leaves of absences. The descriptive performance from each clerkship should be a statement describing the student’s performance, including strengths and areas for improvement. It is expected that the narrative in these statements will be unique but their form standardized to the fullest extent available. All letters carry the signature of the Associate Dean for Student Affairs and the Associate Dean for Medical Education.

The School of Medicine participates in the Electronic Residency Application Service (ERAS).