Clinical Grading Task Force
Report to CCEP March 16, 2011

The Clinical Grading Task Force was charged in September 2010 jointly by the Clinical Studies Steering Committee (CSSC) and Clinical Core Operations Committee (CCOC) to address several concerns that arose during preparation for the January 2011 LCME site visit. Students and faculty identified the need for improvements to the current system of Clerkship assessment and grading to better reflect all aspects of students' performance, support their longitudinal development, and be more clear and transparent.

Specifically, the task force on clerkship assessment and grading was asked to recommend a system that would:

- Advance assessment of competencies and milestones in clerkships at UCSF
- Address students’ perceptions of the lack of fairness of evaluation and grades in clerkships

Membership is as noted below and consisted of representatives from both CSSC and CCOC along with content and curriculum experts and medical students. Led by Drs. Karen Hauer and Mike Harper, the respective chairs of CCOC and CSSC, the Task Force was supported by David Rachleff, MSW from Undergraduate Medical Education.

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Timeline:
- The task force developed a preliminary plan that was presented to CCEP, CCOC, and CSSC in December, 2010.
  - The Task Force met three times in October and November 2010 and reported to CCEP on December 13, 2010. The following principles were agreed upon:
    - Assessment and grading in clerkships should be fair and transparent
    - Assessment should be competency-based
    - All students should experience longitudinal assessment that captures their development over time
    - Formative assessment of competencies should be increased in clerkships
    - Faculty development is crucial for meaningful and more standardized assessment
    - Advising and mentoring are critical for students' professional development, including assessment of their development.
  - CCEP recommended that the Task Force continue its work and present specific actionable recommendations to the committee in March, 2011. The goal is the implementation of new strategies for 2011-12 (phased plan feasible; scope to be determined).
  - The Task Force now reports back to CCEP on March 16, 2011.

Clinical Assessment and Grading Task Force Recommendations

Recommendation #1: Continue assigning discipline specific grades (Honors, Pass, Fail) and develop a system for concurrently reporting on competency achievement in the MSPE.

Rationale:

In the current climate of residency recruitment and selection, the elimination of discipline specific grades could prove harmful to our students. Discipline specific grading alone however, does not adequately capture a student’s development over time, nor does it provide a complete picture of a student’s achievement of the competencies and milestones. The pursuit of honors grades creates stress for students during clerkships and may interfere with some aspects of learning.

Specific proposal:

1. Maintain discipline specific grading and continue to distinguish the highest performing students with the grade of honors.
2. Improve assessment of competencies by mechanisms described in the remainder of this report and document each student’s competency performance in the MSPE.

3. Revisit the honors/pass system periodically with a goal of replacing it with a system based on competencies over the next 3-5 years.

Next Steps

As confidence builds in our ability to accurately assess and document competency achievement, the School of Medicine should begin piloting formats for the addition of competency language to the MSPE.

Timeline

- 2011-12: Develop a mechanism and reporting structure for tracking performance in each of the competencies, and share with steering and course committees for input and feedback
- 2011-12: Discuss strategies to enhance narrative comments about competency performance in MSPE

Recommendation #2: Clerkships should communicate the assessment and grading procedures used in the clerkship, as well as any variation among clerkship sites, in a consistent manner to students, residents and faculty.

Rationale:
Clear and consistent explanations to students describing how clerkship grades are assigned and how assessments are used to determine those grades are essential for fairness in the grading process. Transparency will reduce concerns or suspicions about grading procedures. Consistency in the manner and content of grading information presented across and within clerkships, allowing for some variation on grading procedures for each discipline’s clerkship, will improve students’ understanding of expectations. Standardization of procedures will also reduce perceived and actual differences in assignment of grades based on site.

Specific proposal:
Each clerkship should use a common grading procedures template, adapting it only in specified areas for the individual discipline. Any variations across sites should be clearly explained. This information, at a minimum, should be posted in a specified area on the clerkship website, discussed with students, and disseminated to residents and faculty. There should be a plan for monitoring that the information is being disseminated to relevant supervisors, and used by clerkships in the process of creating summary evaluations and assigning grades; an Evaluate question to students on the clerkship evaluation form could be a mechanism for this monitoring.
Next steps:
The Clinical Assessment and Grading Task Force has developed a grading procedures template for clerkships to use in describing their assessment and grading procedures. The Task Force seeks feedback on this document and approval. Next, the document will be reviewed by CCOC and CSSC. After these reviews, the document should be adopted by the core clerkships.

Timeline:
- April 2011: review of grading procedures template by CCOC and CSSC
- May 2011: implementation of grading procedures template in each core clerkship, posted on CLE and reviewed at each clerkship orientation
- May 2011-onward: dissemination of template by clerkships to faculty and residents with clerkship competencies and objectives

Grading procedures template: attached

**Recommendation #3:** Assessment of student achievement of competencies and milestones should be both discipline-specific and reflect longitudinal development over the course of an extended period of time.

Rationale:
The assessment of competency achievement within clerkships is necessary but not sufficient to capture the complete picture of a student’s abilities within each competency domain or to evaluate the attainment of the milestones.

Specific proposals:

1. The School of Medicine should continue to develop or expand longitudinal structured clinical experiences (e.g. PISCES, VALOR, LIFE), so most students can participate in one of these programs.
2. Standardized student assessment of competency achievement should occur at 2 scheduled time periods during the course of the third year in addition to the current standardized end of third year CPX. Tying these assessment periods to Intersessions is appealing but needs further consideration.

Next Steps:
- CSSC and CCEP should consider ways to expand current longitudinal structured clinical programs and to assess the impact of doing so.
- Director of Student Assessment and ECAMP should explore ways to develop and implement longitudinal assessment, ideally with the support of longitudinal advisors

Timeline

- Determine with Director of Student Assessment and ECAMP
**Recommendation #4:** Clerkships should increase formative assessment activities for students.

**Rationale:**
Although the UCSF educational community has endorsed competency-based education and assessment, current clerkship curricular and assessment practices are not designed to support progressive development of competence. Assessment in block clerkships neither contextualizes students’ performance in relation to past performance, nor promotes formative assessment, reflection, and individualized goal setting. Clerkship benchmark reports show that students desire more bedside observation of their clinical skills and feedback. The LCME self-study retreat participants identified an urgent need in core clerkships for more formative assessment and systems that capitalize on students’ development of competence over time.

**Specific proposals:**

1. Each student should develop an individualized learning plan (ILP) within each clerkship that is linked to the competency domains and milestones for the clerkship, and for the overall third year. The ILP should be reviewed with a faculty member such as the longitudinal advisor or the clerkship faculty. The student should review the plan at the beginning, middle and end of block, individually or in a group setting, or electronically. The ILP at the end of one clerkship can serve as the ILP for the beginning of the next clerkship.

2. Clerkships should use tools for direct observation of students with patients by residents and faculty. Feedback from these observations should be observed by longitudinal mentors over the third year. These tools could be incorporated into the core clinical experience cards or any future mechanism for documenting core clinical experiences. The ILP should prompt priority areas for observation.

The recommendation to implement tools for direct observation and feedback aligns with aims of an AME Innovations Funding grant project by Medicine, Neurology, Obstetrics-Gynecology, and Pediatrics for 2011-12.

**Next steps**
- Develop template for ILP
- CCOC reviews and approves ILP template
  - Clerkships agree upon strategy for implementing ILP

**Timeline**
- 2011: clerkships and ECAMP develop ILP, pilot in clerkships and/or intersessions
**Recommendation #5:** The School should support educational programs and activities that enhance the abilities of the faculty, residents and fellows to teach and assess student competencies.

Rationale:
In order for faculty, residents and fellows to provide well-informed and well-written student evaluations they will need the skills and the tools to do so. Standardization of assessment skills will increase the perceived and actual fairness of grades in addition to providing useful feedback.

Specific proposal:

1. The Office of Medical Education should develop a variety of learning activities that can be delivered to all teaching faculty, residents and fellows in a way that would ensure a minimum level of competency in writing student evaluations.
   a. Suggestions include
      i. Online training modules
      ii. Workshops at the school and departmental level, and at sites, to reinforce components of high quality narrative evaluations and clerkship objectives and competencies

2. Each faculty member, resident and fellow would be responsible for completing at least one faculty development activity in this area each year.

Next Steps
- OME begins development of teaching activities starting with online training as a way to initially reach all or most evaluators.

Timeline
- First online module piloted September 2011

**Recommendation #6:** Every student will have a longitudinal advisor over the core clerkship year.

Rationale:
Students in traditional block clerkships can have a fragmented experience in the third year as they move across sites and disciplines. This fragmentation can impede their ability to understand and appreciate their professional development over time. There is little feedback across clerkships to ensure follow up of learning goals and needs. Clerkship summary evaluations are posted weeks after students finish a rotation. In contrast, the structured programs, which build in longitudinal contact with faculty mentors, have been shown to provide students with better feedback over time. Students consequently have a more in-depth understanding of their strengths, weaknesses, and improvements over time.
Specific proposal:
Every student should have a longitudinal advisor during the third year core clerkships.
  - Students in structured programs would be assigned an advisor in that program, but the advising role would extend to cover the whole third year.
  - Students in block clerkships would select an advisor from a list of qualified individuals:
    - 1. Advisory college mentors
    - 2. FPC small group leaders
    - 3. LCE preceptor
  - The student’s choice would need to be approved centrally to ensure that the advisor is qualified and willing to serve the advisor role.

The advisor role would consist of the following:
  - Meet with advisee at set check-in points throughout the third year, perhaps 3-6 times
  - Be available for meetings or by email to meet with advisee as needed.
  - Review advisees evaluations as they come in from clerkships and help the student interpret the evaluations
  - Help advisee understand his/her development of competency using the MD competencies and milestones
  - Use the portfolio with the advisee to review evidence of competence
  - Participate in faculty development regarding the advisor role
  - Ideally not be in a position to evaluate the student

Next steps
  - Review plan for approval with CCOC, CSSC, Advisory College Mentors, and FPC Course Leadership
  - Review job description for advisors in structured programs
  - Identify advisor selection staff coordinator

Timeline
  - Aim to implement for 2011-12 (even if not ready by block 1, could introduce in intersessions 1
  - April (TC) or June (IS 1) 2011: introduce to students
  - March – April 2011: develop advisor list for block clerkship students
  - May-June: faculty development for advisors