Reducing Subjectivity in Determining a Student's Overall Clerkship Grade

To the Editor: The February 2021 article by Ingram and colleagues 1 about measuring important influences on a student's clinical grade in the surgery, internal medicine, and pediatric clerkships at the University of Alabama at Birmingham School of Medicine was very well done and contributed to the paucity of literature in this area. A colleague and I attempted a similar retrospective study 2 25 years ago, trying to determine the impactors on a student's final grade and were unable to identify 1 specific area of student performance that contributed most heavily to the overall grade. What remains unclear in Ingram et al's article is what percentage of the clinical grade contributed to the overall final grade. Whereas clinical performance would seem to be the sine qua non for determining excellence and should be weighted most heavily, there have always been concerns about the role of subjectivity in determining the final grade.

With that issue in mind, clerkships at our institution have depended on scores from the shelf exams of the National Board of Medical Examiners as another factor in determining the final grade. The question is, how much weight should the shelf scores be given in the final grade because those scores may not at all correlate with the student's clinical performance? Heavily weighted scores from the shelf exams send a message to the student about what is valued the most by the clerkship. Is it getting the highest score on a standardized exam or is it how one functions in the clinical setting?

I maintain that if faculty were trained to conduct more efficient and effective direct observation of students, their clinical evaluations would certainly be more reflective of the students' clinical performances and how well they exhibited the competency goals of the clerkship, which would reduce some concerns about the influence of subjectivity.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

References

In Reply to Greenberg: We thank Greenberg for the thoughtful comments on our article and agree with the sentiment that clinical performance should be “the sine qua non for determining excellence” among clinical trainees. For the clerkship sample discussed in our article, clinical performance was weighted as 70% of the clerkship grade, with the remaining 30% determined by scores on the subject examinations of the National Board of Medical Examiners. Despite the potential for subjectivity in clinical performance assessment, we believe that the assessment of medical knowledge and clinical competency using multiple-choice questions should not be the chief determinant of clinical grades at our institution. Additionally, in a prior Academic Medicine article, 1 clinical faculty reported placing value on factors other than medical knowledge when determining clerkship grades.

As the Step 1 exam of the United States Medical Licensing Examination becomes pass/fail and the Step 2 Clinical Skills examination is discontinued, there is a terrific opportunity for schools to collaborate and reconsider their approaches to clinical grading, particularly given the extreme variation between and even within schools. 2 Rather than decreasing the weight of clinical performance in grading, however, we view this as a chance to enhance performance assessment through improved tools for measuring performance in the clinical setting, as well as through novel ways of weighting comprehensive modes of assessment. These include input from patients, peers, and other health professions personnel, as well as from standardized patients and faculty in an objective structured clinical exam setting.

Finally, we agree with Greenberg that faculty training is essential, as well as input, cooperation, and buy-in from clinical educators and administrators within both undergraduate and graduate medical education. Only by pursuing shared models of essential clinical skills across the continuum of medical education can we develop and assess trainees’ performances in ways that will best prepare them to provide excellent patient care as medical graduates.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Disclaimers: The opinions expressed in this article are those of the authors alone and do not necessarily reflect the views of the Department of Veterans Affairs or the University of Alabama School of Medicine.

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References

Medical Education Should Say Goodbye to Lectures

To the Editor: Prober and Norden 1 present another compelling argument for transforming the medical school classroom into a place where real learning can occur. Surprisingly, medical education has been slow to adopt evidence-based