

How do medical schools use pass-fail grading?

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As you ponder medical schools, one of things you may want to consider is how your performance will be evaluated, and the accompanying pressures that may come with the assessment of your performance.

The pass-fail grading system is becoming increasingly common in the preclinical years of medical education. That typically changes when students reach clinical training, however.

Here's a look at some of the trends for pass-fail grading.

How common is it?

Data indicates that pass-fail grading in preclinical training—usually the first two years of medical school—is becoming more common. During the 2017–2018 academic year, 108 schools used pass-fail grading in preclerkship courses, according to the Association of American Medical Colleges (AAMC). That number is up from 87 in 2013–2014.

Pass-fail was far and away the most common grading system used in 2017–18, the last year data was available. Other systems used were:

- Honors/pass/fail, which was used in 24 programs.
- Letter grades, used in 19 programs.
- Honors/high pass/pass/fail, used in 10 programs.
- Numerical grades, used in five programs.

Grading in clinical clerkship

Pass-fail grading is far less common in clinical clerkship. Only 14 schools used pass-fail grading,

according to the AAMC, on that phase of training in 2017–2018. Honors/high pass/pass-fail grading was far and away the most common grading method with 79 schools using it.

In other phases of training, pass-fail grading was more common than it was in clinical training, but less common than preclinical training. In 2017–2018, 32 schools used pass-fail grading during fourth-year subinternships and selectives. The number was higher for elective courses, with 87 medical schools using pass-fail grading for those courses.

Arguments in favor of pass-fail

Pass-fail grading during the first two years of training has proven to be a significant positive factor in medical student well-being. Liselotte N. Dyrbye, MD, MHPE, a professor of medicine and medical education at the Mayo Clinic Alix School of Medicine, touched on the reasons behind that data at the recent American Conference on Physician Health, co-sponsored by the AMA, Mayo Clinic and Stanford Medicine.

“What we measured across 11 different campuses, including seven different medical schools, are things in the first and second year that we thought you could measure,” Dr. Dyrbye said. “We looked at grading structure. Are they in a five-point grading scale, three-point grading scale, two-point grading scale, how many hours of lecture? How many hours of small group? How many exams? How much vacation? Things you could measure about students to find out what relates to their burnout and their stress.

“The only thing that mattered was whether or not they were in a pass-fail curriculum. Students who were not in a pass-fail curriculum had more burnout, more stress and were more likely to think about dropping out.”

Dr. Dyrbye also presented data that indicated that students’ academic performance didn’t differ significantly by grading type, including performance in clinical clerkship and on the United States Medical Licensing Exam.