

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 301
(I-19)

Introduced by: Medical Student Section

Subject: Engaging Stakeholders for Establishment of a Two-Interval, or Pass/Fail, Grading System of Non-Clinical Curriculum in U.S. Medical Schools

Referred to: Reference Committee _____
(_____, Chair)

Whereas, Students in two-interval, or pass/fail, grading systems have better mental well-being compared to students in multi-tiered grading systems, including experiencing less emotional exhaustion, fewer feelings of depersonalization, less consideration for dropping out of school, decreased perceived stress, and greater satisfaction with their medical education and personal lives^{1,2,3,4}; and

Whereas, Students in a pass/fail grading system experienced increased group cohesion, collaboration, and cooperation compared to students in a multi-tiered grading system^{4,5}; and

Whereas, Students in a pass/fail grading system had more time to devote to extracurricular activities, student organizations, and volunteer/service activities compared to students in a multi-tiered grading system⁶; and

Whereas, Multiple medical schools that changed to a pass/fail grading system did not have a statistical difference in United States Medical Licensing Examination (USMLE) Step 1 scores and USMLE Step 2 scores^{3,4,6,7,8}; and

Whereas, Even though there is no study on osteopathic schools with two-interval grading systems and Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 1 Scores, the previous literature suggests that COMLEX-USA Level 1 scores will not be affected, since the correlation between COMLEX-USA Level 1 and USMLE Step 1 scores is statistically significant⁹; and

Whereas, Non-clinical, or preclinical, grades were ranked 12th out of 14 academic criteria when selecting for residency according to the 2006 National Program Director Survey, and as of 2016, residency program directors are no longer surveyed to rank the importance of preclinical grades¹⁰; and

Whereas, There is a growing trend for allopathic and osteopathic medical schools to adopt a pass/fail grading system for preclinical courses, from 87 to 108 allopathic schools from 2013 to 2017, and 21 to 27 osteopathic schools from 2012 to 2016^{11,12,13}; and

Whereas, U.S. medical students want a pass/fail grading system; in 2011, pass/fail was the most requested form of preclinical grading, as exhibited by the responses of 52 medical schools to the American Association of Medical Colleges (AAMC) Organization of Student Representatives (OSR) Preclinical Grading Questionnaire¹⁴; and

Whereas, Existing AMA policy recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, and fellows, and medical students (H-295.866); and

Whereas, Existing AMA policy acknowledges the importance of physician health and the need for ongoing education of all physicians and medical students regarding physician health and wellness (H-405.961); and

Whereas, Existing AMA policy acknowledges the benefits of a pass/fail grading system in medical colleges and universities in the United States for the non-clinical curriculum (H-295.866); and

Whereas, AMA policy could use stronger wording in support of pass/fail grading systems; and

Whereas, Existing AMA policy states that AMA will encourage the Accreditation Council for Graduate Medical Education (ACGME) and the AAMC to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students (H-295.866); and

Whereas, The Liaison Committee on Medical Education (LCME) currently does not take a position on a pass/fail grading system for preclinical courses; and

Whereas, Existing AMA policy insufficiently addresses the importance of pass/fail grading systems, as there remain medical schools that have multi-tiered grading systems⁵; therefore be it

RESOLVED, That our American Medical Association amend Policy H-295.866 by addition and deletion to read as follows:

Supporting Two-Interval Grading Systems for Medical Education, H-295.866

Our AMA will work with stakeholders to encourage the establishment of
~~acknowledges the benefits of~~ a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum. (Modify Current HOD Policy)

Fiscal Note:

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References:

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2. Reed D.A., et al. Relationship of pass/fail grading and curriculum structure with well-being among preclinical medical students: a multi-institutional study. Acad Med. 2011;86:1367–1373.
3. Bloodgood, R. A., et al. A change to pass/fail grading in the first two years at one medical school results in improved psychological well-being. Acad Med. 2009; 84(5): 655-662. doi:10.1097/ACM.0b013e31819f6d78
4. Rohe D.E., et al. The benefits of pass-fail grading on stress, mood, and group cohesion in medical students. Mayo Clin Proc. 2006;81:1443–1448.
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6. White, C. B., & Fantone, J. C. Pass-fail grading: laying the foundation for self-regulated learning. Adv Health Sci Educ Theory Pract. 2010; 15(4): 469-477. doi:10.1007/s10459-009-9211-1
7. Ange, B., et al. Differences in medical students' academic performance between a pass/fail and tiered grading system. South Med J. 2018; 111(11): 683-687. doi:10.14423/smj.0000000000000884
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10. Association of American Medical Colleges. Results of the 2018 NRMP: Program Director Survey. Available at: (<https://www.nrmp.org/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf>). Accessed March 21, 2019.
11. Association of American Medical Colleges. Number of Medical Schools Using Selected Grading Systems in Pre-Clerkship Courses (Excluding Physical Diagnosis/Clinical Skills); Available at: (<https://www.aamc.org/initiatives/cir/406418/11.html>) Accessed March 21, 2019.
12. American Association of Colleges of Osteopathic Medicine. 2012-13 Osteopathic Medical College Student Performance Evaluation Methods: Basic Science & Other Preclerkship Courses. Available at: (https://www.aacom.org/docs/default-source/data-and-trends/2012-13-COM-StPerfEvalMethod.pdf?sfvrsn=ec416197_10) Accessed March 21, 2019.
13. American Association of Colleges of Osteopathic Medicine. 2016-17 Osteopathic Medical College Student Performance Evaluation Methods: Basic Science and other Preclerkship Courses. Available at: (https://www.aacom.org/docs/default-source/data-and-trends/2016-17-osteopathic-medical-college-student-performance-evaluation-methods.pdf?sfvrsn=b5232c97_10) Accessed March 21, 2019.
14. Association of American Medical Colleges. OSR Preclinical Grading Questionnaire Results. May 2011. Available at: (https://www.aamc.org/download/185190/data/preclinical_grading.pdf) Access March 21, 2019.

RELEVANT AMA POLICY

Supporting Two-Interval Grading Systems for Medical Education H-295.866

Our AMA acknowledges the benefits of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum.

Physician and Medical Student Burnout D-310.968

1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, fellows, and medical students.
2. Our AMA will work with other interested groups to regularly inform the appropriate designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through appropriate media outlets.
3. Our AMA will encourage partnerships and collaborations with accrediting bodies (e.g., the Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education) and other major medical organizations to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students and faculty.
4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community.
5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements.
6. Our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout.
7. Our AMA will encourage medical staffs and/or organizational leadership to anonymously survey physicians to identify local factors that may lead to physician demoralization.
8. Our AMA will continue to offer burnout assessment resources and develop guidance to help organizations and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff well-being.
9. Our AMA will continue to: (a) address the institutional causes of physician demoralization and burnout, such as the burden of documentation requirements, inefficient work flows and regulatory oversight; and (b) develop and promote mechanisms by which physicians in all practice settings can reduce the risk and effects of demoralization and burnout, including implementing targeted practice transformation interventions, validated assessment tools and promoting a culture of well-being.

Citation: CME Rep. 8, A-07; Modified: Res. 919, I-11; Modified: BOT Rep. 15, A-19

Physician Health Programs H-405.961

1. Our AMA affirms the importance of physician health and the need for ongoing education of all physicians and medical students regarding physician health and wellness.
2. Our AMA encourages state medical societies to collaborate with the state medical boards to: (a) develop strategies to destigmatize physician burnout; and (b) encourage physicians to participate in the state's physician health program without fear of loss of license or employment. Citation: CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Reaffirmed: BOT action in response to referred for decision Res. 403, A-12; Modified: BOT Rep. 15, A-19