

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)

1 Whereas, Students in two-interval, or pass/fail, grading systems have better mental well-being
2 compared to students in multi-tiered grading systems, including experiencing less emotional
3 exhaustion, fewer feelings of depersonalization, less consideration for dropping out of school,
4 decreased perceived stress, and greater satisfaction with their medical education and personal
5 lives^{1,2,3,4}; and
6

7 Whereas, Students in a pass/fail grading system experienced increased group cohesion,
8 collaboration, and cooperation compared to students in a multi-tiered grading system^{4,5}; and
9

10 Whereas, Students in a pass/fail grading system had more time to devote to extracurricular
11 activities, student organizations, and volunteer/service activities compared to students in a
12 multi-tiered grading system⁶; and
13

14 Whereas, Multiple medical schools that changed to a pass/fail grading system did not have a
15 statistical difference in United States Medical Licensing Examination (USMLE) Step 1 scores
16 and USMLE Step 2 scores^{3,4,6,7,8}; and
17

18 Whereas, Even though there is no study on osteopathic schools with two-interval grading
19 systems and Comprehensive Osteopathic Medical Licensing Examination of the United States
20 (COMLEX-USA) Level 1 Scores, the previous literature suggests that COMLEX-USA Level 1
21 scores will not be affected, since the correlation between COMLEX-USA Level 1 and USMLE
22 Step 1 scores is statistically significant⁹; and
23

24 Whereas, Non-clinical, or preclinical, grades were ranked 12th out of 14 academic criteria when
25 selecting for residency according to the 2006 National Program Director Survey, and as of 2016,
26 residency program directors are no longer surveyed to rank the importance of preclinical
27 grades¹⁰; and
28

29 Whereas, There is a growing trend for allopathic and osteopathic medical schools to adopt a
30 pass/fail grading system for preclinical courses, from 87 to 108 allopathic schools from 2013 to
31 2017, and 21 to 27 osteopathic schools from 2012 to 2016^{11,12,13}; and
32

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

1 Whereas, Existing AMA policy recognizes that burnout, defined as emotional exhaustion,
2 depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a
3 problem among residents, and fellows, and medical students (H-295.866); and
4
5 Whereas, Existing AMA policy acknowledges the importance of physician health and the need
6 for ongoing education of all physicians and medical students regarding physician health and
7 wellness (H-405.961); and
8
9 Whereas, Existing AMA policy acknowledges the benefits of a pass/fail grading system in
10 medical colleges and universities in the United States for the non-clinical curriculum
11 (H-295.866); and
12
13 Whereas, AMA policy could use stronger wording in support of pass/fail grading systems; and
14
15 Whereas, Existing AMA policy states that AMA will encourage the Accreditation Council for
16 Graduate Medical Education (ACGME) and the AAMC to address the recognition, treatment,
17 and prevention of burnout among residents, fellows, and medical students (H-295.866); and
18
19 Whereas, The Liaison Committee on Medical Education (LCME) currently does not take a
20 position on a pass/fail grading system for preclinical courses; and
21
22 Whereas, Existing AMA policy insufficiently addresses the importance of pass/fail grading
23 systems, as there remain medical schools that have multi-tiered grading systems⁵; therefore be
24 it
25
26 RESOLVED, That our American Medical Association amend Policy H-295.866 by addition and
27 deletion to read as follows:
28

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

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

Fiscal Note:

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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.
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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 practices 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