

**David Geffen School of Medicine at UCLA**  
**Grading Policy for the Clinical Years 2020-2021**

Clinical Rotation Grading Policy

Core Clerkships Grading Policy and Rubric

NBME Grading Tables

MS4 Grading Policy

1. GENERAL RESPONSIBILITIES.

1.1 This policy describes the procedure for assigning final clerkship grades for DGSOM medical students that was implemented in May 2016 and updated May 2018. The DGSOM Faculty Executive Committee adopted a 4-tier grading system (Honors/High Pass/Pass/Fail) to replace the pre-existing Pass/Fail system. This initiative was student driven, with the intent to better represent individual student clinical performance. The system evaluates students objectively, using criterion-based standards. An evaluation method to ensure fairness and transparency was developed and was applied in a uniform manner across all clinical clerkships. These graded assessments of clinical performance more accurately reflect a student's clinical abilities, and aid in the overall assessment of DGSOM students when compared with medical students nationwide. Several elements provide a holistic assessment of each student. A Clinical Grade, an NBME Examination grade and a Narrative Assessment appear on the Medical Student Performance Evaluation (MSPE). An Overall Grade is reported on each student's transcript.

1.2 The following policy applies to all students matriculating on or after August 2014. Students matriculating before August 2014 have the option to "opt-in" for grades in the clinical years.

1.3 The policy is updated annually at the beginning of each academic year and applies to all students completing clerkships/electives within that year.

2. OVERALL GRADES FOR CORE CLINICAL CLERKSHIPS.

2.1 The third year Core Clinical Clerkships include Ambulatory Internal Medicine, Family Medicine, Inpatient Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery. For each Core Clinical Clerkship, the four possible grades are: Honors, High Pass, Pass, and Fail. Grades are submitted to the Student Affairs Office and available for student review within six weeks of clerkship completion. If a grade is not assigned due to unresolved activities or requirements at the six-week mark, "Incomplete" is the assigned grade. A final clerkship grade is revised once clerkship requirements are met.

2.2 For the Core Clinical Clerkships, an Overall Clerkship Grade is assigned. This is composed of a Clinical Performance Grade comprising 70% of the overall grade, and the National Board of Medical Examiners (NBME) Shelf Exam Grade comprising 30% of the overall grade. Table 1 describes the Overall Grade determination, accounting for the ratio of weighted clinical performance/NBME shelf exam grades.

Table 1:

<b>CLINICAL PERFORMANCE GRADE</b>	<b>SHELF EXAM GRADE</b>	<b>OVERALL CLERKSHIP GRADE</b>
Honors	Honors	Honors
Honors	High Pass	Honors
Honors	Pass	High Pass
Honors	Fail	Fail
High Pass	Honors	High Pass
High Pass	High Pass	High Pass
High Pass	Pass	High Pass
High Pass	Fail	Fail
Pass	Honors	High Pass
Pass	High Pass	Pass
Pass	Pass	Pass
Pass	Fail	Fail
Fail	Honors	Fail
Fail	High Pass	Fail
Fail	Pass	Fail
Fail	Fail	Fail

### 3. CLINICAL GRADE CONTRIBUTION.

3.1 The Clinical Grade counts for 70% of the Overall Clerkship Grade, and is calculated and reviewed by each Core Clerkship Chair in collaboration with the Clerkship Grading Committee. The Clerkship Chair and Grading Committee use a rubric tallying 13 possible evaluations of clinical skills for the third-year core clerkships.

3.2 The Clinical Skills on the DGSOM-UCLA Clerkship Evaluation Form include:

- (1) History taking
- (2) Physical Examination
- (3) Fund of Knowledge
- (4) Differential Diagnosis Development
- (5) Treatment Plan Generation
- (6) Medical Record Documentation
- (7) Oral Presentations
- (8) Communication with Patients and Families
- (9) Communication with the Interprofessional Team
- (10) Humanism
- (11) Integrity and Work Ethic
- (12) Commitment to Learning.
- (13) System-based practice

3.3 Each clinical skill is rated using criterion-based anchors along **four** levels of performance. For each clinical skill, the evaluator will choose the descriptor amongst the four possible options that best describes the student's performance. If an evaluation of a clinical skill is not possible due to lack of observation, the evaluator should select "Unable to Evaluate/Insufficient Contact." Each clerkship site director will produce a summative evaluation as well as a composite narrative.

3.4 The Clerkship Chair in collaboration with the Clerkship Grading Committee assigns a Clinical Performance Grade by calculating a Total Evaluation Score from a compilation of the individual evaluations of clinical skills received, which is a percentage value of the total score possible. Because the number of clinical skills assessed may vary by clerkship, each Total Evaluation Score is calculated as a percentage. If a student receives evaluations for all 13 clinical

skills, the denominator for the percentage calculation is 13; if only 9 competencies are assessed, the denominator is 9. Each Evaluation Score will then be calculated as a ratio against the highest score possible – the highest score possible being that which would be arrived at if all clinical skills were scored at the highest level. For example, if 9 items are submitted, the maximum score is 36 (4 X 9); for all 13 clinical skills, 52 (4 X 13). Each student is evaluated by descriptive anchors and these are assigned a value on a scale 1-4 . A null value is assigned for designations of "insufficient contact or unable to comment" for any of the clinical skills. Based on review of the total evaluation scores and the evaluator comments, the Clerkship Chairs have ultimate oversight of the final grades assigned for each clerkship.

3.5 The Total Evaluation Score is then used to arrive at the Clinical Performance Grade.

Table 2:

TOTAL EVALUATION SCORE	CLINICAL PERFORMANCE GRADE
88-100%	Honors
75-87%	High Pass
48-74%	Pass
<48%	Fail

In addition to having a Total Evaluation Score of 48% as above, to pass the clinical course, the student must meet a minimum performance standard in all 6 ACGME Competencies. The 6 ACGME Competencies are listed below, along with the percentage of total available points required to PASS.

- Patient Care (Clinical Skills (1) and (2)) – 50%
- Clinical Knowledge (Clinical Skills (3), (4) and (5)) –33%
- Interpersonal Skills (Clinical Skills (6), (7), (8) and (9)) – 50%
- Professionalism (Clinical Skills (10) and (11)) – 50%
- Practice-Based Learning (Clinical Skill (12)) – 50%
- Systems-Based Practice (Clinical Skill (13))– 25%

3.6 Beginning May 2018, to achieve a Clinical Performance Grade of **High-Pass** in a 3<sup>rd</sup> year Core Clinical Clerkship, in addition to a total summative evaluation score of 75-87%, there can be no Clinical Skill evaluated at criterion level 1 on the summative evaluation, *and* the student must achieve a criterion level 3 or 4 in *each* Professionalism Competency (Clinical Skills (10) and (11)) as evaluated on the summative grade.

3.7 Beginning May 2018, to achieve a Clinical Performance Grade of **Honors** in a 3<sup>rd</sup> year Core Clinical Clerkship, in addition to a total summative evaluation score of  $\geq 88\%$ , there can be no Clinical Skill evaluated at criterion level 1 or 2 on the summative evaluation, *and* the student must achieve a criterion level 4 in *each* Professionalism Competency (Clinical Skills (10) and (11)) as evaluated on the summative grade.

3.8 Student evaluation forms will be assigned to residents, fellows, attendings, and at times, other licensed health professional faculty as follows:

(1) Clerkship site coordinators will obtain the list of residents, fellows, and attendings (and other licensed health professional faculty if applicable) with whom students have worked. When clinical service structure allows, the site coordinators will confirm the list of supervising physicians using the student schedules and resident, fellow and attending schedules. When discrepancies exist, the site coordinator will contact the supervising physician to confirm the appropriateness for evaluation.

(2) Supervising physicians who have worked with rotating students for at least 1 day or who have had sufficient contact to fairly evaluate student performance on at least one clinical skill will be expected to complete individual evaluations.

(3) A composite of all individual evaluations submitted will be utilized in assessing student performance, with collaboration between Site Directors and Clerkship Chairs in assigning the final clinical performance grade.

3.9 Students are alerted by email when a clerkship grade has been finalized and submitted to the Dean's Office. Students who feel there is an error in their clinical grade may request a review of their summary evaluation with the Clerkship Chair to better understand the grade assigned. This request must be submitted in writing to the Clerkship Chair within 14 days of grade submission. Grades may not be revised by completing additional work with the exception of an incomplete.

#### 4. FINAL EXAMINATION (NBME) GRADE.

4.1 The NBME Shelf Exam Grade accounts for 30% of the Overall Clerkship Grade. Annual national percentiles will be used to arrive at the Shelf Exam Grade of Honors, High Pass, Pass or Fail. The percentile cutoffs are: Honors:  $\geq 80$ th percentile; High Pass: 60th-79<sup>th</sup>

percentile, and Pass:  $\geq$ 10th -59th percentile. Students scoring below the 10th percentile on the NBME shelf exam receive a Fail for the Shelf Exam Grade.

Percentile Rank	SHELF EXAM GRADE
$\geq$ 80%	Honors
60-79%	High Pass
10-59%	Pass
<10%	Fail

4.2 Percentile data is obtained from annual reports from the NBME for each of the eight clerkship subject exams. The scores corresponding to the percentile nearest (but above) the 80th, 60th and 10th percentile are identified at the beginning of each academic year.

4.3 NBME shelf exam retake is only permitted in the case of exam failure, and must be approved by the Year 3 Academic Performance Committee (APC) and/or the Committee on Academic Standing, Progress and Promotion (CASPP).

4.4 The National Board of Medical Examiners (NBME) ensures that each reported subject examination score is an accurate reflection of the responses for an examinee. This is based on reliable scoring and reporting techniques backed by a variety of quality control and verification procedures by the NBME. Given the above, DGSOM does not submit requests to the NBME for score re-checks on behalf of students.

## 5. THIRD YEAR COURSEWORK THAT IS PASS/FAIL.

5.1 Third year clinical experiences that are not graded on the 4-tier system include the following: Radiology, System Based Healthcare (SBHC), Research electives, and Longitudinal Preceptorship.

(1) Radiology: Radiology is graded Pass/Fail. Students take a written radiology examination during each core clerkship. These scores are compiled upon completion of the third year to arrive at a final radiology examination grade.

(2) System Based Healthcare (SBHC): SBHC provides each student with a narrative evaluation. This narrative is included in the student's MSPE and the grade reported on the transcript is "P" for Pass or "F" or Fail.

(3) Research: For students who participate in a research elective during their third year or fourth years, research mentors assign a grade of “P” or “F”. Research mentors complete a separate research specific evaluation tool. The narrative from this evaluation is included in the student’s MSPE.

(4) Longitudinal Preceptorship: A narrative evaluation is submitted at the completion of the preceptorship, and is included in the student’s MSPE. A grade of “P” or “F” appears on the student’s transcript.

## 6. OVERALL GRADES FOR FOURTH YEAR CLINICAL ELECTIVES AT DGSOM-UCLA.

6.1 Fourth year clinical rotations (400 level, 300 level and 200 level with the exception of global health) are graded using the same 4-tier Clinical Grade system described above for the core clinical clerkships. The grading rubric used in the core clerkships will be used to arrive at the Clinical Performance Grade of Honors/ High Pass/ Pass and Fail. As no written examinations are administered, the Clinical Performance Grade will be the Overall Grade for designated fourth year elective rotations. Students must also meet the same minimum competencies as described in section 3.5 above for third year core clinical clerkships to pass graded fourth year electives.

6.2 Beginning May 2019, to achieve a Clinical Performance Grade of **High-Pass** in a 4<sup>th</sup> year clinical rotation, in addition to a total summative evaluation score of 75-87%, there can be no Clinical Skill evaluated at criterion level 1 on the summative evaluation, *and* the student must achieve a criterion level 3 or 4 in *each applicable* Professionalism Competency (Clinical Skills (10) and (11)) as evaluated on the summative grade.

6.3 Beginning May 2019, to achieve a Clinical Performance Grade of **Honors** in a 4<sup>th</sup> year clinical rotation, in addition to a total summative evaluation score of  $\geq 88\%$ , there can be no Clinical Skill evaluated at criterion level 1 or 2 on the summative evaluation, *and* the student must achieve a criterion level 4 in *each applicable* Professionalism Competency (Clinical Skills (10) and (11)) as evaluated on the summative grade.

Based on review of the total evaluation scores and the evaluator comments, the Course Chair(s) have ultimate oversight of the final grades assigned for each course.

6.4 Students are alerted by email when an elective course grade has been finalized and submitted to the Dean’s Office. Students who feel there is an error in their clinical grade may request a review of their summary evaluation with the Course Chair to better understand the grade assigned. This request must be submitted in writing to the Course Chair within 14 days of grade submission. Grades may not be revised by completing additional work with the exception of an incomplete.

## 7. CLINICAL EXPERIENCES IN FOURTH YEAR THAT ARE PASS/FAIL.

7.1 The following courses are graded Pass/Fail: Global Health, Research and 100 level non-clinical electives. The transcript will indicate a grade of P or F.

7.2 Students on away electives may be evaluated with the host institution's evaluation system or with the **DGSOM Elective Evaluation Form**. The DGSOM transcript will report the grade as P or F. The MSPE will include the evaluation narrative if submitted by the deadline for evaluations to be included in the MSPE.

## 8. GRADING CONTINUUM.

8.1 All students will be graded in a consistent grading system. The system in which a student is graded includes all clinical years, regardless of any interruption or interval training that may occur. Fourth year grading is carried forth as a continuum; whatever system was in place for that student during his or her third year is the system that will be in place for his or her fourth year.

## 9. SPECIAL CIRCUMSTANCES.

### 9.1

#### (A) **Special Circumstance for DGSOM-UCLA Class Entering August 2014**

Students who matriculated on or before August 2014 and have designated their option to opt in or out of the new grading system will continue in the system on which they decided upon through their academic agreements with no exceptions. (If students chose the OPT OUT option, they will be evaluated using the Pass/Fail grading system for all clinical coursework. These students are eligible for Letters of Distinction in the core clerkships for exceptional performance, and these are awarded based on the same criteria used to achieve an overall Honors grade in the 4- tier system as outlined above. The same DGSOM Clerkship Evaluation Form is used for both the 4- tier and Pass/Fail grading systems.

#### (B) **Off Cycle Students Entering prior to August 2014**

Students who have yet to enter Core Clinical Clerkships may choose to OPT IN to the 4-tier grading system. For such students starting clinical clerkships who elect to OPT IN to the 4-tier grading system, they will need to notify the SAO of their intention by a signed agreement by October 1st of the year preceding their re-entry into the clinical years.

9.2 Once a student has begun third year coursework under either grading system, that system will be used for all clinical rotations (third and fourth year coursework). For students who have a break in clinical coursework between the third and fourth years, the grading system in place prior to leaving the clinical curriculum will be the grading system that resumes upon

their return. Students **will not have an option to change** their grading system once they have entered the clinical years.

**9.3 Once a grading preference has been selected, no changes will be allowed.**

**Appendix 1**  
**NBME Tables for grading Academic Year 2020-2021:**  
 Based on National Percentile Rank 2018-2019

**Table 1: Family Medicine**

Score	Percentile Rank	GRADE
≥ 83	≥80%	Honors
80-82	60-79%	High Pass
67-79	10-59%	Pass
<67	<10%	Fail

**Table 2: Internal Medicine**

Score	Percentile Rank	GRADE
≥ 83	≥80%	Honors
78-82	60-79%	High Pass
63-77	10-59%	Pass
< 63	<10%	Fail

**Table 3: Obstetrics & Gynecology**

Score	Percentile Rank	GRADE
≥ 85	≥80%	Honors
81-84	60-79%	High Pass
68-80	10-59%	Pass
< 68	<10%	Fail

**Table 4: Pediatrics**

Score	Percentile Rank	GRADE
≥ 85	≥80%	Honors
81-84	60-79%	High Pass
68-80	10-59%	Pass
< 68	<10%	Fail

**Table 5: Psychiatry**

Score	Percentile Rank	GRADE
≥ 88	≥80%	Honors
85-87	60-79%	High Pass
74-84	10-59%	Pass
< 74	<10%	Fail

**Table 6: Surgery**

Score	Percentile Rank	GRADE
≥ 81	≥80%	Honors
77-80	60-79%	High Pass
63-76	10-59%	Pass
< 63	<10%	Fail

**Table 7: Ambulatory Internal Medicine**

Score	Percentile Rank	GRADE
≥ 82	≥80%	Honors
76-81	60-79%	High Pass
61-75	10-59%	Pass
< 61	<10%	Fail

**Table 8: Neurology**

Score	Percentile Rank	GRADE
≥ 87	≥80%	Honors
83-86	60-79%	High Pass
70-82	10-59%	Pass
< 70	<10%	Fail