

Evaluating Student Performance

Because of the differences in format between pre-clinical and clinical courses, it was elected to consider student evaluation separately for these two distinct areas within the curriculum. However we do not wish to imply that we are not concerned about there being consistency and a common philosophy throughout the curriculum because we consider these to be very important. The desire to consider pre-clinical and clinical evaluation separately comes from the predominate objective nature of pre-clinical, evaluation and the largely subjective evaluations provided by clinical courses.

Because evaluation in pre-clinical courses relies primarily on objective methods, the critical elements in achieving the goals of accurate, sensitive and uniform evaluations in these courses are the instruments (tests) used for evaluation and the grading scale used to assign letter grades to various levels of performance. Therefore it is recommended that the curriculum committee require course directors to publish specific objectives for each pre-clinical course and to set criteria that will be used to identify minimal standards for satisfactory performance. To establish minimal standards, it would be useful for directors of closely related courses to collaborate so that students will receive the best preparation for subsequent courses. Students who achieve above this level will have adequately mastered the subject matter and would be expected to successfully apply the knowledge and skills in future courses and during their medical careers, it should be understood that students who do not meet this standard will have to improve their performance before they can advance to other courses that will require application of knowledge and skills taught in previous courses. The sharper the distinction between satisfactory and unsatisfactory performance the more accurate and sensitive will be the method of evaluation. Each course must develop the instruments of evaluation based upon the knowledge and skills that- must- be mastered. This should more clearly identify students who will have problems in future courses because of a weak foundation in more basic courses.

A policy of not advancing students until they have mastered basic subject matter will hopefully prevent the additive effect of substandard performance in successive courses leading to serious problems that are not realistically amenable to remediation during the latter years of medical school.

Grading standards should be established and applied throughout the Medical College. The use of established standards will add much needed uniformity to student evaluation and during the pre-clinical years students will become indoctrinated regarding these standards, which will produce a distribution of grades somewhat different from what they might expect from their undergraduate experience. First it is recommended that the letter grade "B" be designated as indicating a very good level of performance. A student receiving this grade would score or perform significantly above the minimal standard for satisfactory performance. This letter grade will characterize the performance of a large portion of the class since medical school classes are pre-selected to be rather homogenous as regards academic ability. Scores or performance somewhat above the class average might be designated as "B+" with "A" reserved for the truly superior

performances that are distinctly above the average score or performance. The grades "C" and "C+" indicate that the course material has been adequately mastered, but the score or performance is below the class mean. A grade of C or C+ should be considered a fully satisfactory grade and thus be considered a good grade.

The distribution of these letter grades will vary somewhat from class to class and certainly will vary from student group to student group rotating through the clinical services. However the usual Medical School class will have a group of distinctly superior (A) students that represent 15-30% of the class, a group of satisfactory (C) but not distinguished students making up 10-30% of the class and a large group of very good students (B, B+) comprising the remainder of the class.

Unsatisfactory performance would be designated by the grades "D" and "F". Students who do not meet the standard set by the course director would receive one of these grades. The D grade would indicate that the student was sufficiently close to the standard (and to the rest of the medical class) that a minimal level of remedial work to be determined by the course director would bring the student up to the standard for satisfactory performance. The grade of "F" would indicate that the student performed at a level that would require such a substantial degree of remediation that repeating the course would usually be recommended.

Instruments used for student evaluation should be designed so that the class is sorted into these different levels of performance. If this is not accomplished, the instrument is neither accurate nor sensitive enough to be considered valid. As all courses should be required to publish objectives with standards for satisfactory performance they should also be required to evaluate students, so that different levels of performance are clearly distinguished. The curriculum committee should monitor the distribution of grades for each course.

[Adapted from the Harris Report of the Committee for Review of Student Evaluation, March 1987]