

MD: Evaluation and Grades

More information about assessing student performance and integrity can be found in the Assessing Academic Achievement and Professionalism (<http://bulletin.wustl.edu/medicine/policies/md-assessment/>) section of this *Bulletin*.

Following are general guidelines for exams administered in the undergraduate medical curriculum. Additional requirements may be posed by the individual course director.

Washington University School of Medicine High-Stakes Exam Expectations for Medical Students in All Phases of the Curriculum

The term *high-stakes exams* is used to denote all summative assessments, which are those assessments that evaluate student learning against intended course outcomes at the conclusion of instruction. Within the preclinical curriculum, the term includes all events for which the activity type is listed as "Exam." Within the clinical curriculum, the term includes NBME Shelf Exams.

- Students are required to take all examinations at the originally specified time. A student may be excused from this rule for extenuating circumstances at the discretion of the associate dean for student affairs (ADSA). Examples of extenuating circumstances include personal illness and personal or family emergency. Doctor appointments of a routine nature or personal obligations such as weddings, birthday celebrations, or other planned personal or family commitments are generally not considered to be extenuating circumstances for which students can be exempted from the regularly scheduled exam date.
- All makeup exam requests go through the ADSA. The ADSA then submits the approved request to the Office of Medical Student Education (OMSE), and the OMSE will then transfer and track the requests granted. Course directors should refer all makeup exam requests to the ADSA.
- Students who are unable to attend a scheduled examination should promptly contact the ADSA. Students should also notify the course director(s); in cases related to personal illness, students should also contact Student Health Services. The OMSE handles all exam rescheduling, and examinations will only be rescheduled after approval by the ADSA. The timing of the rescheduled examination will be determined by the OMSE in collaboration with the course director(s).

- Students are expected to be punctual and should be assembled in the designated exam area before the official start time of the exam. Tardiness will not be excused except in extenuating circumstances. For purposes of the exam, "tardiness" will be defined by the course director or exam proctor. The course director will set expectations and determine consequences for exam tardiness.
- Students are expected to place all personal items, including muted cell phones, in designated areas.
- Students are expected to follow all proctor instructions.
- Students must not share study materials, exchange information, or collaborate or communicate with others during the exam.
- After taking the exam, students must not share information about the exam with anyone who has not yet taken it.

Exam Expectations for Faculty

- Exams should be proctored by the course director or a designee appointed by the course director comfortable with proctoring and exam administration guidelines. NBME subject exams are proctored by or coordinated by the Office of Student Affairs.
- Administration should be fair to all students.
- If the faculty member answers a substantive question or clarifies an issue, the same should be communicated to *all* students, including those in separate rooms or at different times.
- Reasonable adjustments should be offered to students who require special accommodations, including a separate testing room or additional time. Course directors are notified of these students through the associate dean for student affairs.
- If a student behaves inappropriately, the course director should notify the associate dean for student affairs immediately (refer to examples in the Cheating section below (p. 2) regarding inappropriate behaviors).
- All requirements of students should be communicated to all students *prior* to the start of the exam.

Special Accommodations

Any student needing accommodations for exams should review the school's Students with Disabilities Policy (<http://bulletin.wustl.edu/medicine/policies/student-rights/#students-with-disabilities>) in advance of exams. Students needing accommodations should meet with the associate dean for student affairs in advance of exams to discuss their request. The associate dean for student affairs will inform course directors of approved exam accommodations.

Cheating

The following examples are intended to be representative of behaviors that constitute cheating in the context of an exam. This is not intended to be an all-inclusive list.

- Looking at or copying from another student's test
- Collaborating with another student during the test without authorization
- Using lecture notes or textbooks during an exam without authorization
- Possessing crib notes during an exam
- Using signals/signs to obtain answers from others
- Using a calculator, cell/smart phone, smart watch, computer, or any other device or learning aid without authorization (This includes storing, receiving, and/or accessing course matter stored on such devices.)
- Obtaining assistance in answering questions on a take-home exam without authorization
- Obtaining advance copies of exams or quizzes by any means
- Having someone else take an exam in your place
- Feigning illness or submitting misleading statements to avoid taking an exam at the scheduled time
- Changing an answer on a graded test and claiming the question response was incorrectly marked wrong

United States Medical Licensing Exam (USMLE)

Students who matriculated prior to 2014 and who anticipate practicing clinical medicine are required to take the USMLE Step 1 and 2 examinations. Beginning with the class matriculating in 2014, all students are required to take the USMLE Step 1, Step 2 CK and Step 2 CS prior to graduation.

The USMLE is designed to "assess a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care." The USMLE represents a single uniform examination for medical licensure in the United States, and as such, is a minimum requirement for obtaining a medical license.

The USMLE consists of four separate examinations. "Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the

scientific principles required for maintenance of competence through lifelong learning." Step 1 is taken after completing the second year at Washington University School of Medicine (WUSM).

Step 2 consists of two separate examinations, Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills), which are taken at different times. "Step 2 assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine." Step 2 exams are taken after completing the third year but prior to graduation from WUSM.

"Step 3 assesses whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care." Step 3 is taken following graduation and during internship/residency training.

Further information can be obtained from the USMLE (<http://www.usmle.org>) Bulletin of Information published by the National Board of Medical Examiners, and is available, along with application forms and information, on their website.

Preclerkship Narrative Assessment Policy

Narrative Evaluation Background

Narrative assessment can be used as a tool to provide meaningful insights about the knowledge, clinical competence, and professional development of our students. As such, clinical clerkships and upper-level electives include formative and summative narrative evaluations. Through the preclerkship narrative assessment policy we aim to systematically provide students in the preclinical phase of the curriculum with feedback on their performance on the following Competency-Based Learning Objectives (CBLOs):

- Interpersonal and Communication Skills 3 (ICS-3) — Communicate effectively with members, including both physician and non-physician professionals, of the health care team
- Professionalism 1 (PROF-1) — Maintain a professionally appropriate demeanor, exhibit high standards of professional integrity, and demonstrate an awareness of potential conflicts of interest
- Professionalism 4 (PROF-4) — Work collaboratively and effectively in interprofessional teams

- Practice-Based Learning and Improvement 1 (PBLI-1) — Demonstrate the skills needed for lifelong learning including the ability to identify and address personal strengths and weaknesses to incorporate formative feedback, and to self-assess knowledge and performance to develop a self-improvement plan
- Practice-Based Learning and Improvement 3 (PBLI-3) — Participate in the education of peers and other members of the health care team

Narrative Assessment Criteria (Preclinical)

Narrative assessment must be provided in preclinical courses in which students work in small groups of 12 or less for at least three separate mandatory sessions. For activities in which a given instructor supervises more than one small group, they will provide narrative feedback when they can observe each individual small group for a minimum of 30 minutes (taken together, across all small group sessions).

Narrative assessment can be provided in preclinical courses that do not meet these criteria, provided the instructor demonstrates that the nature of the interaction allows for meaningful feedback regarding the indicated CBLs.

Grading System

I. First and Second Year

Courses in the first-year and second-year curriculum are evaluated on a Pass (P) or Fail (F) basis. For purposes of the final official grade records of the School of Medicine, grades used for the first year and second year are as follows:

- P = Pass, indicating satisfactory performance
- F = Fail; any grade of F remains on the student's academic record. When the course is repeated or remediated the new grade will appear as a separate entry in addition to the failing grade.
- L = Successful audit
- NG = Course credit earned, students not graded
- W = Withdrawal from a course
- Z = Unsuccessful audit

Valid temporary grades include the following:

- E = Temporary grade, makeup of failed exam pending
- I = Incomplete, temporary grade pending completion of course requirements, replaced with an F if not removed within one year (In rare instances, the Committee on the Academic and Professional Evaluation of Students [CAPES] may grant an extension. Incomplete indicates that, because of a delay excused by the course director, the student has not completed the requirements to pass a course.)

II. Subsequent Years

For purposes of the final official grade records of the School of Medicine, the following grades are used for subsequent years:

- H = Honors, reflecting a truly outstanding performance
- HP = High Pass, awarded for excellent/very good work
- P = Pass, indicating satisfactory performance
- F = Fail (Any grade of F remains on the student's academic record. In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails a shelf examination for the second time in a third-year clerkship, an F is recorded on the permanent record.)

When the course is repeated or remediated, the new grade will appear as a separate entry in addition to the failing grade.

- Cr/NCr = Credit/No Credit for select second- and fourth-year courses
- L = Successful audit
- NG = Course credit earned, students not graded
- W = Withdrawal from a course
- Z = Unsuccessful audit

Valid temporary grades include the following:

- E = Temporary grade, makeup of failed exam pending (In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails the subject examination once, the grade of E will be recorded. Upon successfully retaking the subject examination, the new grade will replace the grade of E on the permanent academic record. If the shelf examination is failed a second time, the grade of F is recorded on the permanent academic record.)
- I = Incomplete, temporary grade pending completion of course requirements, replaced with an F if not removed within one year (In rare instances, the CAPES may grant an extension. Incomplete indicates that, because of a delay excused by the course director, the student has not completed the requirements to pass a course.)

Grade Notification Policy

Background

The Liaison Committee on Medical Education (LCME) element 9.8 requires that all final grades be recorded and available to students within six weeks of the end of a course or clerkship. Given this requirement, departments are asked to report final grades for clerkships and electives within 4 weeks of the course

ending and within 14 calendar days for preclerkship courses. The purpose of this policy is to ensure that no grade is delayed beyond 6 weeks from the end of the course/clerkship/elective/sub-internship, as mandated by our accrediting body.

Policies

- The Medical School Registrar is responsible for monitoring and reporting that all grades for preclerkship courses are submitted in the learning management system within 14 calendar days of the course ending. The process outlined below will be followed in all instances when course directors fail to meet this expectation:
 - If grades are not submitted by the 14th calendar day, the Medical School Registrar will notify the course director via email requesting grades within three calendar days or an explanation why grades cannot be submitted. The Assistant Dean of Curriculum and Foundational Sciences will be copied on this email.
 - If the grades or an explanation is not received within three calendar days, the Medical School Registrar will notify the Associate Dean for Medical Student Education, who will directly address the concern with the course director.
 - For instances in which extenuating circumstances prevent the submission of grades within 14 calendar days, the Medical School Registrar will collaborate with the course director and the Assistant Dean for Curriculum and Foundational Sciences to determine an appropriate deadline and will ensure the grade is recorded in the learning management system within six weeks of the end of the course.
- The Medical School Registrar is responsible for monitoring and reporting that all clerkship and elective grades are submitted within four weeks of the course ending. The process outlined below will be followed in all instances when clerkship and elective directors fail to meet this expectation:
 - If grades are not submitted by the end of the fourth week, the Medical School Registrar will notify the clerkship or elective director and the program manager via email requesting grades within three calendar days of notification or an explanation why the grades cannot be submitted. The Assistant Dean of Curriculum and Clinical Sciences will be copied on this email.
 - If the grade or an explanation is not received within three calendar days of notification, the Medical School Registrar will notify the Associate Dean for Medical Student Education, who will directly address the concern with the course or clerkship director.
 - For instances in which extenuating circumstances prevent the submission of grades within four weeks, the Medical School Registrar will collaborate with the clerkship or elective director and the Assistant Dean

for Curriculum and Clinical Sciences to determine an appropriate deadline and will ensure the grade is recorded in the learning management system within six weeks of the end of the course or clerkship.

- Course, clerkship or elective directors who fail to submit 100% of grades within six weeks of the end of a course, clerkship or elective will meet with the Associate Dean for Medical Student Education with notification to the relevant department chair or designee.

Guidelines

- Communication: The expectations for return of grades should be shared with course, clerkship and elective directors at least annually. All course, clerkship and elective directors should be encouraged to create a streamlined process for the completion and integration of student evaluations in order to meet grade submission deadlines.
- Reminders: Course, clerkship and elective directors should receive reminders prior to the deadlines for grade entry outlined by this policy. Ideally, automatic email reminders can be generated from the learning management system starting the week prior to the end of the course and continued on a weekly basis reminding course directors to submit grades. The office of Medical Student Education will send an email to preclinical course directors at the conclusion of their course reminding them of grade submission deadlines.
- Monitoring: Central monitoring will occur in the office of the Medical School Registrar. Monitoring should include review of grade reports quarterly to identify missing grades as well as documentation of explanatory notes, extenuating circumstances, and trends of non-compliance. Data will be shared and made available to the Office of Medical Student Education and the Program Evaluation and Continuous Quality Improvement Unit for collaboration efforts and office function. Grade reporting data will be shared quarterly with the appropriate curriculum committee(s).
- Monitoring of temporary grades: The Medical School Registrar will review reports quarterly to identify students with an E or I grade and will notify the appropriate course/clerkship director and student.

Washington University School of Medicine Grade Notification Policy for the Medical Program was last approved by the Committee on the Oversight of Medical Student Education on September 16, 2019. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education.

Grade Point Average, Class Ranking, and Grade Distributions

For more information about grade-point average, class ranking, and grade distributions, please visit the Assessing Academic Achievement & Professionalism (<http://bulletin.wustl.edu/medicine/policies/md-assessment/>) section of this *Bulletin*.

Grade Appeals

For more information about grade appeals, please visit the Assessing Academic Achievement & Professionalism (<http://bulletin.wustl.edu/medicine/policies/md-assessment/>) section of this *Bulletin*.

Remediation

For more information about remediation, please visit the Assessing Academic Achievement & Professionalism (<http://bulletin.wustl.edu/medicine/policies/md-assessment/>) section of this *Bulletin*.