

shifting dullness

Issue No. 6

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STUDENTS REACT TO PROPOSAL ON GRADES AND BOARDS

Medical students were caught by surprise by the recent proposals to institute a multi-tiered grading system while eliminating the requirement for National Board examinations. First-year students were especially upset and angry. Quick to act, the Davison Council sent a detailed memorandum to MedSAC (printed in full in Shifting Dullness last week) explaining student opposition to those proposals. First-year students drafted their own letter to send to committee members. In addition, a student survey was taken by the Davison Council. The Year One surveys were the only ones tabulated at time of print. These results show the following distribution with 110 of 114 students responding:

1. GRADING SYSTEM PREFERRED:

Evaluations only, no grades	10
Pass/Fail	20
Honors/Pass/Fail	63
Honors/Pass(+)/Pass/Fail	8
Honors/Pass(+)/Pass/Pass(-)/Fail	0
Numerical or ranking	3
Other	4

2. WOULD A 5 LEVEL GRADING SYSTEM HAVE INFLUENCED YOUR DECISION TO ATTEND DUKE MEDICAL SCHOOL?

Yes	84
Would you have gone elsewhere?	
Yes-46 No-10 Maybe-10	
No	23

3. WOULD A 5 LEVEL SYSTEM INTRODUCE MORE STRESS INTO MEDICAL SCHOOL AT DUKE?

Yes	85
No	18

4. DOES THE PRESENT SYSTEM ADEQUATELY REWARD HIGH ACHIEVEMENT?

Yes	102
No	4

5. WOULD YOU ACCEPT A 4 LEVEL GRADING SYSTEM IF THE BOARD REQUIREMENT WERE ELIMINATED?

Yes	18
No	89

6. WOULD YOU ACCEPT A 5 LEVEL GRADING SYSTEM IF THE BOARD REQUIREMENT WERE ELIMINATED?

Yes	5
No	101

Strong opposition is evident in the survey results, correlating highly with student response last spring to a similar survey whose results were printed in First Contact of March 4, 1981. MedSAC may discuss these issues in a meeting scheduled over the spring break.

EDITORIAL

The preliminary vote by MedSAC on instituting a more structured grading system while doing away with the National Boards requirement caught many in the medical community off guard. Possible changes in the curriculum had been the topic of discussion for months. Arguments for a switch of grading system have been on the back burner for years. However, the faculty does not unanimously support such a change. In an article in First Contact last spring of the 29% of the faculty who responded to the survey only 55% expressed discontent with the present system while 44% were satisfied. Arguments and counter-arguments have been heard before, although the injection of National Board requirements into the debate has complicated the issue. Thus, in the midst of a plethora of confusing rumors, let us look at two basic issues.

First, should the proposed changes apply to present students? Present students entered Duke with the understanding that grading would be on a pass-fail-honors basis, a fact highly touted by the Admissions Office. The grading system and the degree of competition or stress it implies is indeed an important factor when medical school selection is considered. (Most Duke medical students did have the opportunity to attend elsewhere.) Thus, many students consider the proposed change a breach of faith. First-year students are especially upset that the rules might be changed in the middle of the game, and rightly so. Saddling students who entered under the condition of pass/fail/honors with a more rigid system cannot be justified.

Secondly, would these proposed changes benefit Duke Medical School? The answer to this question is not as obvious, but can be discussed in terms of residency placement and learning environment. Certainly Duke benefits by placing its students in the best residencies possible. Yet, it is not at all clear that moving to grades and dropping National Board requirements would help achieve this for Duke students as a whole. The proposed change would serve to cover up the symptom of embarrassingly low Duke averages. On the other hand, curriculum changes could function to raise scores on National Boards for all Duke students, thereby enhancing their credentials. The idea of giving first-year students some time to study for Part I seems glaringly obvious.

Finally, the implications of the imposition of more grading strata for the atmosphere of learning here at Duke are great. Increased stress on Duke students is certain. The ogre of grade-consciousness, not difficult to evoke from former pre-meds, could lead to a hoarding of knowledge rather than of sharing. Study tactics would shift more toward memorizing for a test rather than learning for one's own benefit. Anticipated grades would play a role in elective course selection. Worst of all, such an atmosphere would affect the type of student that chooses Duke, so the competitive atmosphere might feed upon itself. Thus, since grades are of uncertain benefit to Duke, why not improve upon our present system, making evaluations more objective?

Imposition of a more stratified grading system is unnecessary and would undermine the spirit of camaraderie among Duke medical students. In the final analysis, the addition of a multi-tiered grading cannot but have a negative impact upon the School of Medicine. First of all, imposition of a new system upon present students is grossly unfair. Beyond that, the far-reaching impact of the changes need to be adequately explored by the Medical School Advisory Committee. It seems unlikely that residency placement would improve for Duke students as a whole by giving more grades. At the same time, additional grades would make Duke a less attractive place to live and to learn. Duke can still fulfill its purpose of producing good doctors within the present system of grades. One cannot say that all is as it should be here in Muddville; our pass/fail/honors system can stand some fine tuning and our curriculum and scheduling call out for adjustment. Let's take this road and truly improve the educational experience at Duke.

STILL PUZZLED?

The answer to the clock puzzle was found by Jim Walsh, Jeff Leiser, and Logan Porter: there is no time, although 2:54:33 and 9:05:26 come the closest to when all hands are 120 degrees apart. Winner of the prize was Logan Porter (who promised to share it with Dr. Christakos). Jeff and Jim will go on the Grand Prize Drawing list.

WORD EQUATION ANALYSIS

This week's puzzle should pose no problem for those of you that are good at picking up on acronyms used on patient's charts. See if you can translate the twelve "equations" below. Example: 26= L. of the A.; Answer: 26= Letters of the Alphabet. Algebra shouldn't be helpful.

54= C. in a D. (with the J.)

13= S. on the A.F.

32= D.F. at which W.F.

18= H. on a G.C.

200= D. for P.G. in M.

57= H.V.

1000= W. that a P. is W.

40= D. and N. of the G.F.

3= B.M.

1001= A.N.

7= W. of the A.W.

12= S. of the Z.

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COMPREHENSIVE PART I BOARDS REVIEW

The Cook County (Ill.) Graduate School of Medicine is considering a board review course to be held in Chicago in August. Tuition for these intensive study sessions would be in the range of \$500. If interested, please contact Dr. Shirley Osterhout's office for more information.