

shifting dullness

Issue No. 5

February 25, 1982

FAR-REACHING PROPOSALS ON GRADES AND NATIONAL BOARD REQUIREMENTS FOR DUKE MEDICAL STUDENTS

Discussions of the type of grading system employed at Duke Medical School are flying through the air again. Though certainly not a new issue, this emotional topic has come to the forefront over the past six weeks. It began anew with the January meeting of the Medical School Advisory Committee, at which the committee studied the report of the Curriculum Review Committee. This committee only peripherally discussed the grading system and made no recommendations with regard to the grading system. MedSAC, however, chose to center on the grading system and the National Board requirements. The pros and cons of additional grading categories were discussed, but without the benefit of the supportive data. A majority of those present favored the addition of grading categories and the elimination of the National Board requirements. The matter was referred to the Medical Education Policy Advisory Committee, which met on February 10. After lengthy discussion, the majority passed a motion favoring implementation of a grading system with well defined standards coupled with a curriculum review. A subsequent motion passed which stated that with the successful implementation of a grading system, the requirements for National Board exams would be eliminated. The issue now returns to MedSAC at the March meeting. (cont'd p. 4)

PHILOSOPHY OF SCIENCE DISCUSSION

Dr. David Sanford, professor of philosophy will be the featured speaker at the philosophy of science group meeting at 7:30pm, March 3 in the History of Medicine Room in Mudd Library. His topic will be "Are all statements either true or false: problems with conceptual vagueness." The philosophy of science group welcomes all interested students and faculty of the medical center. Meetings are held monthly and feature speakers in a broad range of topics followed by informal discussion and refreshments. For more information please contact Diane Havlir, Box 2843.

ATTENTION SENIORS

We need your help in collecting the AMSA "student's guide to the appraisal and selection of house staff training programs" that was distributed to your class last year. This is a small, bright yellow book. Please return them to Dr. Christakos' office for the third year students. Thanks.

ENGLISH GRADS CAN EARN MONEY

Any medical student with a degree in English can earn \$6.50 an hour reading essays in March and April. See the Student Lounge bulletin board for details.

You're learning everything about your profession...except how to plan it.

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PIZZO TO SPEAK

Dr. Sal Pizzo will speak on Oral Contraceptives and Idiopathic Thromboembolism Tuesday, March 2, in the Duke South auditorium at 7 pm. He will talk about his own research as well as the most recent data available pertinent to this topic. The talk will be followed by a question/answer session and refreshments. All interested persons are invited to attend. The event is sponsored by American Medical Womens Association (AMWA).

EDITORIAL

The present proposals on grades and National Board requirements are of great significance to the medical community. In its memorandum to the Medical School Advisory Committee, the Davison Council clearly stated some of the implications of this policy change. The vast range of consequences should be thoroughly examined before any action is taken. If the underlying problem is low board scores, alternate means could be found to raise them other than by allowing students with less chance of passing to skip the boards. Specifically, setting even a small amount a study time aside before Part I exams could help greatly. In short, the best solution should be sought for the problems addressed rather than a quick fix. The matter deserves careful consideration and ought not be acted upon in haste.

Shifting Dullness is the weekly newsletter of the Davison Society, Duke School of Medicine, Durham, N.C.

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Letters to the Editor are welcome and should be sent to Walter Pharr, P.O. Box 2802, DUMC, Durham, N.C. 27710.

GET LOOPED

This weeks puzzle presents the generic names of 22 adrenergic drugs written backwards and forwards, vertically, horizontally, or diagonally in the matrix below. Loop the words and send them in.

The winner of a free ice cream gift certificate will be chosen at random from the most complete entries received. Stuff your answers into the Davison Society Ballot Box down in the mailroom. Entries must be received by Wednesday afternoon. Hvala (Yugoslav thank-you).

M	E	T	H	P	C	L	O	L	A	M	I	N	E	F	E	F	D
E	P	H	E	D	R	T	Y	R	D	O	P	A	M	I	N	E	I
N	C	P	H	E	N	O	X	Y	B	E	N	Z	A	M	I	N	E
I	L	N	A	D	O	L	O	L	N	I	H	L	N	E	T	F	N
X	O	X	Y	L	O	H	W	I	S	T	O	A	E	T	R	L	I
O	N	I	F	E	I	D	M	O	H	O	P	F	B	H	O	U	P
T	I	O	J	M	T	A	Z	P	L	O	K	E	I	O	P	R	R
O	D	S	B	U	T	A	A	E	D	C	I	M	D	X	R	A	E
G	I	I	B	E	R	N	Y	L	I	D	R	I	N	A	U	M	S
R	N	R	H	P	R	O	T	O	K	Y	L	O	L	M	S	I	E
E	E	P	O	L	I	M	A	P	A	R	E	V	O	I	S	N	R
T	M	D	I	A	Z	O	X	I	D	E	A	N	U	N	I	E	M
A	T	R	O	S	A	R	A	L	A	S	I	N	F	E	D	U	K
D	I	T	R	I	M	E	T	H	A	P	H	A	N	A	E	N	E

-Andrew Umhau

PUZZLE NEWS

The Ballot Box was cleaned out last week and Shifting Dullness could find no puzzle entries afterwards.

(cont'd from p. 1)

Thus, several proposals to alter the grading system have been discussed. Among them are the addition of a Pass (+) category or the addition of Pass (+) and Pass (-) categories to the current system. The Davison Council has discussed this issue at length on several occasions, and submitted the following resolution stating the Council's position:

WHEREAS, the grading system implemented in 1969 of Honors/Pass/Fail with written evaluations has functioned well as evidenced by the results of the National Residency Matching Program and surveyed student opinion; and

WHEREAS, there is presently no standardization of the performance necessary to achieve Honors across courses and/or departments; and

WHEREAS, the number of students who may benefit from the addition of a Pass (+) category is presently poorly defined; and

WHEREAS, no student would benefit from the addition of a Pass (-) category as a transcript grade; and

WHEREAS, the addition of grading categories to the present structure may adversely affect the excellent learning environment and high degree of peer assistance now found at Duke; and

WHEREAS, the accuracy of applying highly tiered grading systems to courses where performance is subjectively evaluated is poorly substantiated; and

WHEREAS, the correlation between graded performance in medical school and the quality of care delivered by a physician remains poorly documented in the literature;

THEREFORE, BE IT RESOLVED that the grading system of Honors/Pass/Fail with written evaluations be maintained and fully implemented for all courses in both the required and elective curriculum; and be it further

RESOLVED, that MedSAC or a committee so designated investigate and document the present criteria employed by the separate departments for the assignment of grades and in so doing document the percentage of students receiving each grade for each course; and be it further

RESOLVED, that the proposal to list the percentage of students receiving the designated grade for each course along side the transcript grade be examined as one method of further defining performance.

The current reevaluation of the grading system certainly will elicit responses from many segments of the medical school. As students we, of course, will be directly affected by any changes in the present structure. The Davison Council in this report addresses the factors which have prompted this review and reaffirms our support for the grading system which has been employed since 1969.

There are at least 3 factors stimulating this review. The primary motivating factor appears to be the residency selection process. Selection committees attempt to choose the most qualified candidates and, in so doing, review each applicant's grades in addition to faculty recommendations including the Dean's letter, the personal interview, other scientific endeavors, and in some cases scores on external examinations.

(cont'd)

Some selection committees view students from pure pass/fail systems as lacking one objective criterion for evaluation. In other cases estimates of class rank are provided and in others honors/pass ratios are computed. Some members of the Duke community are concerned that students who nearly achieve an honors performance are at a disadvantage in the present structure. There is the impression that the institution of a Pass (+) category would reward these students and aid in their search for a residency position. Furthermore, some believe the trend of the future is for an even greater emphasis to be placed on objective evaluation by respective faculty or extramural sources. Thus, one aspect of the review is to investigate the benefits of additional categories to enhance the residency applications of students who fall in the near-honors performance category.

Second, there is a concern that those students barely passing courses should be identified by a grade other than Pass. Those students with a significant number of near failures are at an increased statistical risk for unsatisfactory performances on external examinations.

Third, some faculty members believe that evaluation of student performance is strictly a faculty responsibility and that use of extramural evaluation is an abrogation of that responsibility. To fulfill the perceived obligation, some desire a highly stratified grading scheme.

As one examines each of these factors, several poorly demonstrated tenets are apparent. First of all, the results of the past few years of the NRMP indicate that our students obtain highly competitive residency positions. The vast majority (90%) match to one of their top choices. Thus, while the suggested trends may be discussed, the NRMP results clearly indicate that to date our students have not been hampered to a significant degree by our present grading system. Secondly, there is no standardization of the honors grade as one examines different courses. In certain courses the honors grade may be sufficiently broad to include some of the Pass (+) group. There is no data collated at present which documents the size of near Honors group in each course and examined for any one class as a whole. The size of the near failing group is well documented in year one but not in other years. Finally, in many courses performance is evaluated primarily by subjective criteria. There is little likelihood or evidence in the literature to suggest that a 5-tiered grading scheme is more accurate than the 3-tiered scheme in partitioning student performance.

The Davison Council has opposed the use of the examinations of the NBME as promotion and graduation hurdles on many occasions. These tests are not criterion graded but are used by schools and residency selection committees as if they were true aptitude exams. From the student perspective, the use of these exams is unrelated to the grading system employed for work in the Duke curriculum. We should strive to employ the most appropriate grading system. The use of extramural examinations is a separate issue.

The Davison Council supports the present grading system of Honors/Pass/Fail with written evaluations. This system is optimal for the Duke curriculum for many reasons. First and foremost is the learning environment created by this system. Students are encouraged to concentrate on acquiring knowledge rather than competing for grades. The important consequence of this approach is peer teaching. Students under the present system frequently assist other students in learning the material by taking time out to offer explanations or fruits of reading different sources. There is an atmosphere of friendly assistance from classmates rather than individual "go it alone" learning. Secondly, as medical education is examined, it can be noted that undergraduate medical education represents the transition phase from the stringently graded premedical education to the evaluated but not graded graduate residency education. As students progress through medical education, evaluation becomes progressively more subjective. Thus, the Council believes the current grading system represents a reasonable transition from premedical to graduate modes of evaluation.

(cont'd)

Thirdly, the addition of one or more categories to the grading system would increase the stress on students in our curriculum. Our curriculum is intense and fast paced, particularly in year one and the competition for grades induced by such grade additions would considerably enhance the stress factor. Furthermore, as stated earlier, the benefits of the addition of grading categories is not documented. It may well be that the additional categories would significantly increase the stress factor for the entire 115 members of each class for four years while only benefiting 5 to 10% of that class as residency positions are sought.

Fourthly, applicants frequently note the grading system is one aspect of their evaluation as they select schools. The further stratification of the grading system may negatively impact on the applicant pool to Duke.

The benefits of additional grading categories are not well documented. However, the dangers of such additions are painfully obvious. The additional categories would focus the attention of students on grades to a greater extent. Greater competition would ensue with markedly increased stress and a decrease in the cooperative peer learning and teaching environment. There is no doubt that a grade of Pass - would help no student. It would, however, negatively impact a residency application. The potential benefits of a Pass + category are apparent, but the number of affected students is not adequately defined.

Finally, the importance of the addition of grading categories as transcript grades is questioned. If the rationale behind adding a Pass - is to benefit that particular student by delineating a weakness, the Council sees no added benefit in placing this grade as a transcript grade instead of the statement of this performance in the written evaluation. This type of documentation is prevalent now and could be more uniformly employed to aid students in learning of their weaknesses.

In summary, the Council is acutely aware of the factors which have stimulated this review of the grading system. The council understands the general dilemma faced by residency selection committees and by individual students. The results of the NRMP the past few years indicate that our students continue to match to very competitive programs. Individual problems with obtaining interviews are infrequent and anecdotal at present and the scope of this potential problem is not well documented. The present grading system has functioned well. While the potential benefits of additional categories are presently poorly documented, the potential negative impact on our students and the educational environment are apparent and documented by experiences as premedical students and at other medical schools. For these reasons then, the Davison Council supports the maintenance of the current grading system.

SUMMER CAMP

A camp in West Virginia for asthmatic children wants medical students as counselors and medical care assistants. Check the student lounge for details. The camp's name is Bronco Junction.

NATIONAL BOARDS APPLICATIONS IN DR. CHRISTAKOS' OFFICE

Part I to be given June 8&9 -- apply by March 30, 1982

Part I to be given Sept 8&9 -- apply by June 30, 1982

Part II to be given Sept 28&29 -- apply by July 20, 1982

THURSDAY NIGHT MOVIE

Physicians for Social Responsibility plans to show the movie The Last Epidemic about the medical aspects of nuclear war, on Thursday, Feb. 25th at 7:30 pm in lecture room 2002 North. Admission is free. For more information call 286-3331.