



TITLE OF POLICY

Application Phase Summative Assessment and Grading Standards Policy

PURPOSE AND SCOPE

The purpose of this policy is to establish assessment and grading standards for Application Phase. This policy applies to all campuses.

RESPONSIBLE PARTY AND REVIEW CYCLE

Application Phase Committee reviews the policy annually or as needed, and Education Committee approves it.

LCME REFERENCE(S)

LCME 9.6: Setting Standards of Achievement
LCME 9.9: Student Advancement and Appeal Process

HISTORY OF APPROVALS AND UPDATES

Approved by Application Phase Committee and Education Committee March 2019

DEFINITION(S)

NA

POLICY

All courses at every campus adhere to the following assessment standards. Core assessments and corresponding percentages for a course remain the same across campuses.

Grades and all assessments utilize a 100-point scale. Grades of individual assessments are reported on a 100-point scale.

Categories of Assessments

The final grade must consist of assessments that fall in the following categories and are given the weights listed:

- NBME Shelf Exam 20% (see section on Guidelines for NBME Shelf Exams)
- Integrated Clinical Exam 10% -20%
- Standardized Patient/Direct Observation 10% -20%
- Clinical Evaluation 30% - 50%
- Written Assignments 5% - 10%
- Professionalism 5% - 10%



Course Committee

Each clinical course has a committee composed of site directors and course directors. The committees meet once per course to assess student performance deficits, build consensus on final course grades, and work to ensure educational comparability. Course directors must attend in person; site directors can use telecommunications if unable to be on campus.

Final Grade Assignment and Narrative

The scale for final course grades is Honors/High Pass/Pass. These grades are assigned using the following guidelines.

- Honors: top 30-35%
- High Pass: middle 40-50%
- Pass: lower 20-25%

Summative narrative comments should include general comments on student performance as well as specialty-specific comments to include in the Medical Student Performance Evaluation (MSPE).

Students who score more than 2.0 SD below the mean on any assessment or the final composite grade will be reviewed by the course committee for course failure or remediation. The course committee will review performance of all students and decide by consensus if a student requires remediation or is not meeting course competencies. Students who fail will be required to retake the full course.

Guidelines for NBME Shelf Exams

NBME shelf exams are used in all courses and represent 20% of the final grade of each course. For courses using more than one NBME shelf exam, the cumulative weight of each exam totals 20%.

- The shelf exam score is reported using the Equated Percent Correct Score, which is also used to calculate the final course grade.
- Failure on the shelf exam will be defined as scoring less than the 5th percentile of the national cohort for the quarter in which the student took the shelf exam, where month 1 in the TEC curriculum is March and month 12 is February regardless of which campus student is attending or when student entered curriculum.
- The Equated Percent Correct Score from the first attempt is used to calculate the student's final course grade. The final course grade is calculated the same way for a student who failed the exam as the students who passed the exam, using the first-attempt shelf exam score. The student who fails the exam on the first attempt but passes the exam on the second attempt may be eligible for High Pass or Honors, based on the final numeric score. However, the failure of the first attempt is noted in the "For Deans Letter" comments in the school's evaluation system.



- Shelf scores are not reported in the MSPE unless the student failed the first attempt or the student performed in an exemplary fashion. Exemplary performance is defined as above or equal to 90th percentile of the national cohort for the quarter in which the student took the shelf exam, where month 1 in the TEC curriculum is March and month 12 is February regardless of which campus student is attending or when student entered curriculum. This information should be reported in the specialty-specific comments. Inserting this language is the responsibility of the site director.
- A plan for making up missed shelf exams or remediating failed shelf exams is developed on an individual basis for each student.
- The course director or regional site director must notify the Office of Academic Excellence when a student fails a shelf exam.
- If a student's final course grade is an F and this includes a shelf exam failure, the course grade is submitted as an F immediately. Shelf exam remediation is not required to finalize the grade, since remediation will not alter the final course grade calculation. Shelf exam remediation will occur with the course remediation.
- If a student fails or delays two shelf exams or fails one and delays one, strong consideration should be given to discontinuing Application Phase until remediation can occur. However, once a student has initiated a block, they will not be withdrawn for shelf exam failures unless on a voluntary basis.
- For students who fail a shelf exam twice, clinical remediation is recommended for the course material covered on the shelf exam (content at the discretion of the course directors). If a student takes a shelf exam for the third time and fails again, they will receive a grade of F for the course, and the course committee will recommend that the student retake the entire course. The recommendations of the Student Progress Committee may override course committee recommendations.

Guidelines Pertaining to Other Components of the Final Grade

Integrated Clinical Exam:

- Practical competencies (students expected to score close to 100%).
- Weighting of scores should match Shelf exam percentage (20%).

Standardized Patient Exam or Direct Observation of Clinical Encounter with real patient:

- Direct Observation should be used both in a formative and summative manner. Each course must have a component of direct observation, which represents 20% of final course grade.

Clinical Preceptor forms must be submitted so that the release of final grades does not exceed 28 days after the last day of the course.