

Exploring Grading Systems in Undergraduate Medical Programs from Global to Local Perspectives.

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Abstract

Background: Faculty of Medicine, Chulalongkorn University is currently undergoing a curriculum revision aimed at ensuring students' well-being, the cultivation of competent medical graduates, and the fulfilment of stakeholders' needs. Additionally, the school intended to explore the latest trends in student assessment and grading systems to improve our assessment policy. The study aims to identify the most appealing features and classify the pattern of the grading systems from renowned medical schools.

Summary of work: The published documents, curricula, and student guides from various global and local medical schools were reviewed. We searched for global perspectives and appealing features in the assessment system from some ASPIRE Award winners and global top-ranked medical schools. Additionally, interviews with executives from five leading Thai medical schools were conducted to understand local trends in curriculum design and their assessment systems.

Results: The findings revealed two main grading system types: letter grades and non-letter grades. Letter grades have been used for overall curriculum assessment or in some parts of the program, particularly a clinical clerkship. In contrast, non-letter grading systems are commonly used in Western medical schools, though some only apply them in the early years. We also classify five types of non-letter grades from our studies which can be subcategorized according to the tier in the system: 2-tier, 3-tier, 4-tier, credits/non-credits, and optional systems which were found in many schools. In terms of student assessment trends, low-stake examinations, workplace-based assessments, and formative assessments are recommended.

Discussion and Conclusions: Letter grades are majorly existing during clinical clerkship years. Nevertheless, the non-letter grades are more prevalent global trends, featuring a variety of tiers. While some schools prioritize this system exclusively in the pre-clerkship curriculum, most institutions administer it throughout the entire program.

Take-home messages: Non-letter grading systems are a worldwide trend, showing a tendency towards increasing adoption.

References (maximum three)

1. Association of American Medical Colleges. Grading systems used in medical school programs [Internet]. [cited 2023 Aug 9]. Available from: <https://www.aamc.org/data-reports/curriculum-reports/data/grading-systems-used-medical-school-programs>
2. Bloodgood R, Short J, Jackson J, Martindale J. A change to pass/fail grading in the first two years at one medical school results in improved psychological well-being. *Academic Medicine*. 2009;84(5):655–62. doi:10.1097/acm.0b013e31819f6d78
3. Durning SJ, Hemmer PA. Commentary: Grading. *Academic Medicine*. 2012;87(8):1002–4. doi:10.1097/acm.0b013e31825d0b3