GRADING/EVALUATIONS

I. PASS/FAIL POLICY

The UCLA School of Medicine has a pure Pass/Fail grading system for all four years.

Each clerkship has a clinical and a final exam component. The clinical component is comprised of evaluations submitted by the residents/faculty to the Course Chair, who decides the clinical component. Students must pass both components in order to pass the clerkship. The Course Chair will notify the student in writing if she/he fails a component of a clerkship.

- If a student passes both the clinical and final exam component the first time, the student will receive a "Pass."
- If a student fails the clinical portion of a clerkship, the student will receive a grade of "Fail" and must repeat the clerkship or additional clinical work (decided by the Course Chair and Progress and Promotion Committee) and retake the exam.
- If a student fails the final exam, the student will receive a grade of "Fail" and must retake the final exam as outlined below.
- If a student passes the clinical component and final exam after remediation, the student will receive a "*Pass," indicating a "Repeat."
- If a student does not complete all of the required assignments, all of the clinical coursework (weeks, etc.), or take the final exam, OSCE, etc. at the end of the clerkship-- the student will receive an "Incomplete."

II. RETAKING AN EXAM

A student must retake and pass a failed clerkship final/exam. The student must have at least two weeks of unscheduled time (cannot be on any rotation) to study for the exam. There will be a make-up exam day the last day of Winter break and Spring break. This will give the student a full two weeks to study for the exam.

- If the student retakes the exam and passes, their grade will be changed to a "Pass."
- If the student fails the exam a second time, then the student receives a "Fail" for the clerkship and must remediate, as determined by the clerkship, and retake the exam.

III. REMEDIATION OF COURSEWORK

- Content and length of the remediation is to be determined by the Course Chair and the Progress and Promotion Committee. The remediation must be clinical and the duration must be at least two weeks and up to the length of the rotation. For example, the student may be required to repeat the entire clerkship, a portion of the clerkship or a clinical elective. Coursework used for remediation will not count towards the graduation requirement.
- At the end of the remedial weeks, the student must retake the clerkship final exam and pass it in order to pass the clerkship. A "Repeat" will be indicated on the student's transcript.
- If the student fails the final exam a third time or the clinical portion of remediation, then the student must meet with the Dean of Student Affairs and the Progress and Promotions Committee to discuss remediation or dismal.

IV. INCOMPLETES

Incompletes must be resolved in the time specified by the Clerkship Chair and Progress and Promotion Committee or the "Incomplete' will become a "Fail."
V. LETTERS OF DISTINCTION

The Letter of Distinction is an opportunity for faculty members to recognize a student who has distinguished himself/herself by demonstrating extraordinary performance in any of the required core clinical clerkships. Only truly remarkable performance will be recognized; merely performing ahead of peers and being the best competitor should not suffice.

Letters of Distinction will be awarded only in required clerkships of three weeks’ duration or longer. These Letters should be as specific as possible regarding the nature of the student’s accomplishment. Letters of Distinction may be cited in the Dean’s Letter accompanying internship and residency applications, but will be excluded from the medical school transcript.

There is no minimum or maximum number of Letters awarded in any given clerkship (i.e., several letters or none may be awarded).

Decisions on awarding Letters of Distinction will be made by clerkship committees. Responsibility for writing the Letters of Distinction rests with the Course Chair or Site Director, who will consult with other faculty as appropriate.

VI. FEEDBACK TO STUDENTS

Clerkship Chairs are responsible for providing students with meaningful written descriptions evaluating performance in the clerkship. Narrative descriptions will be prepared for all students by the clinical clerkships.

In the case of failing or marginally passing performance, written and verbal feedback is required. A description of the nature of the concern must be reported to the student and to the Student Affairs Office. Students should be informed by their course instructors of difficulties as soon as they arise, so that they have an opportunity to improve their performance. Clerkship Site Directors should meet with students whose performance is marginal or failing. In these meetings, the student’s problems should be discussed and plans for improvement developed.

All performance descriptions must be provided to the Student Affairs Office within six weeks of the conclusion of the clerkship. However, the Student Affairs Office will be notified within one week in the case of students whose clinical performance is failing or marginally passing. Evaluations may be reviewed in the SAO. Evaluations may not be removed from the office.

If students experience academic difficulty on a clerkship, this information will be relayed to the Associate Dean for Student Affairs, who in turn may notify course chairs or site directors on future rotations when appropriate. It is expected that the course chairs and site directors will treat this information with appropriate discretion.

VII. MEDICAL STUDENT PERFORMANCE EVALUATION

UCLA has a strictly pass/fail evaluation system. Therefore, much more importance is placed on the comments that faculty and residents write concerning the student’s performance. An example of the evaluation form used is included. Comments may be used in the Medical Student Performance Evaluation for applying to internships and residencies.

VIII. EVALUATIONS FROM STUDENTS

Medical students are responsible for providing evaluation as requested through the School of Medicine standardized evaluation program. The data collected is used in the aggregate to evaluate courses, curricula, and faculty and the data are reported back to Course Chairs for use in improving teaching and rotations. The time and tools should be provided to the student for critiquing the instructional program, and it is incumbent on the student to provide the information for assessment. Constructive criticisms as well as positive recognition will be appreciated. Contact Gary Diener for questions regarding course and faculty evaluations.
IX. PROFESSIONALISM

Students are expected to exhibit professional behavior throughout their medical school training. This behavior includes the student's ability to meet professional responsibilities, the ability to improve and adapt, and the ability to establish appropriate relationships with patients, families, and other members of the health-care team.

If a student is having trouble developing these physicianship skills, then the course chair or site director will give feedback to the student and make suggestions for improvement. If the behavior is repeated or initially serious enough, the course chair or site director will complete a Physicianship Evaluation and review it with the student. If the performance still does not improve enough to meet the standards of physicianship, then the evaluation form will be forwarded to the Senior Associate Dean for Student Affairs.

1. **Reliability and Responsibility**: Fulfills responsibilities to peers, instructors, patients, other health professionals, and oneself; Provides accurate, non-misleading information to the best of one's abilities

   Examples of unprofessional behavior in this area include:
   a. The student cannot be relied upon to complete tasks.
   b. The student does not seek assistance when needed to handle a clinical situation.
   c. The student does not function cooperatively within a health care team or other educational settings

2. **Self Improvement and Adaptability**: Accepts constructive feedback, and incorporates this feedback when making changes in his/her behavior; Accepts responsibility for one’s failures.

   Examples of unprofessional behavior in this area include:
   a. The student is overly resistant or defensive in accepting criticism.
   b. The student is unable to recognize his/her own inadequacies and limitations.
   c. The student is resistant to seeking help when a problem is identified.
   d. The student resists considering or making change.
   e. The student does not take responsibility for his/her errors.
   f. The student consistently fails to prepare for a specific course or patient care activities

3. **Relationships with Patients and Families**: Establishes rapport and demonstrates sensitivity in patient care interactions; Maintains professional boundaries with patients or members of their families

   Examples of unprofessional behavior in this area include:
   a. The student inadequately establishes rapport with patients and families.
   b. The student is often insensitive to the patients’ or families’ feelings, needs, wishes, or beliefs.
   c. The student uses his/her professional position to engage in romantic or sexual relations with patients or members of their families.
   d. The student shows inadequate commitment to honoring the wishes of the patients.
   e. The student does not protect patient confidentiality or privacy.

4. **Relationships with Peers, Faculty, and Other Members of the Health Care Team**: Relates well to fellow students, faculty or staff; Demonstrates sensitivity to other members of the health care team

   Examples of unprofessional behavior in this area include:
   a. The student relates poorly to fellow students, faculty and staff in the educational environment.
   b. The student is insensitive to the needs, feelings, and wishes of members of the health care team or educational group.
   c. The student does not establish and maintain appropriate boundaries in work and learning situations.
5. **Professional Behavior:** Respects diversity in patients and colleagues; Resolves conflicts professionally; Dresses and acts in a professional manner

Examples of unprofessional behavior in this area include:

a. The student does not respect diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status.

b. The student does not resolve conflicts in a manner that respects the dignity of every person involved.

c. The student uses unprofessional language that is not appropriate to the setting.

d. The student is abusive or hypercritical during times of stress.

e. The student demonstrates arrogance.

f. The student misrepresents or falsifies information and/or actions.

g. The student performs patient care while in an impaired state.
**Medical Student Summative Evaluation (Sample)**

Each clerkship evaluates the student on the items below and this evaluation is included with the narrative description for the student.

<table>
<thead>
<tr>
<th>Article I.</th>
<th>Section 1.01 History Taking</th>
<th>Section 1.02 Physical Examination</th>
<th>Section 1.03 Oral Case Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often incomplete, superficial, by rote and not directed to patient’s problems. Poorly organized.</td>
<td>Usually thorough, logical, reliable. Includes psychosocial and prevention. Includes most essentials.</td>
<td>Very complete, accurately done, directed toward patient’s problem(s), and elicits subtle findings.</td>
<td>Extremely clear, organized, complete, accurate, and polished presentation appropriate in length to the situation. Uses precise, accurate terminology.</td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td><strong>Marginal</strong></td>
<td><strong>Satisfactory</strong></td>
<td><strong>Outstanding</strong></td>
</tr>
<tr>
<td><strong>Check any that apply:</strong></td>
<td>Area of concern</td>
<td>Insufficient contact to rate this item</td>
<td>Not applicable</td>
</tr>
</tbody>
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<tr>
<th>Article I.</th>
<th>Section 1.03 Oral Case Presentation</th>
<th>Section 1.05 Write-ups &amp; Progress Notes</th>
<th>Section 1.06 Fund of Knowledge</th>
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<th>Section 1.05 Write-ups &amp; Progress Notes</th>
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<tr>
<td>Recorded histories, exams are incomplete. Omissions and inaccuracies in recorded data. Poor differentials and problem lists. Inability to incorporate data into problem analysis.</td>
<td>Record keeping is complete and detailed. Differentials and problem lists are complete and well organized. Analysis of patient's problems is done well.</td>
<td>Extensive, well-applied knowledge of disease, pathophysiology, diagnosis, and therapy. Consistently up to date. Almost always familiar with relevant current journal articles. Judicious in selection of WWW materials.</td>
</tr>
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<td><strong>Unsatisfactory</strong></td>
<td><strong>Marginal</strong></td>
<td><strong>Satisfactory</strong></td>
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<th>Section 1.06 Fund of Knowledge</th>
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<tbody>
<tr>
<td>Diluted, poorly organized. Application of knowledge of disease, pathophysiology, diagnosis and therapy is limited. Large gaps. Little outside reading.</td>
<td>Extensive, well-applied knowledge of disease, pathophysiology, diagnosis, and therapy. Consistently up to date. Almost always familiar with relevant current journal articles. Judicious in selection of WWW materials.</td>
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</table>
Medical Student Summative Evaluation Sample continued.

<table>
<thead>
<tr>
<th>Section 1.08 Clinical Judgment</th>
<th>Section 1.09 Physician-Patient Interaction</th>
<th>Section 1.11 Professional Attitudes and Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to determine priorities in the clinical data, weigh alternative diagnoses, risks and benefits of treatments, and suggest diagnostic procedures or therapies. Frequently applies evidence-based medicine.</td>
<td>Communication is largely clear and jargon free. Usually reflects empathic understanding.</td>
<td>Reliable, cooperative, and respectful of colleagues and patients. Trustworthy. Records are complete, accurate, and timely. Acts professionally.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Marginal</td>
<td>Satisfactory</td>
</tr>
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<td>Frequently insensitive or intolerant of patient's needs. Communication with patients and families lacks clarity and empathy. Ineffective communication with team, staff or consultants.</td>
<td>Irresponsible, unreliable, or uncommitted. Abuses trust. Disruptive or disrespectful. Records tardy or illegible. Lacks professional manner.</td>
</tr>
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</table>

<table>
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<tr>
<th>Overall Rotation Performance</th>
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**VIEWING MEDICAL STUDENT PERFORMANCE EVALUATIONS**

You are encouraged to review your Student Clinical Performance Evaluations periodically to become aware of personal strengths and weaknesses. Student Clinical Evaluations are available online through ESS and they are also collected in individual folders in the SAO.

Please allow six to eight weeks after your clerkship has ended for course chairs to submit your evaluations to the Student Affairs Office. You will know if an evaluation has been submitted if there is an asterisk next to a rotation on your schedule in ESS.

**Viewing Required Evaluations On-Line**

1) Login to ESS
2) Select “View Student Evaluation” button
3) Click “Select” button next to evaluation to open

**Duplicate Evaluations:**
- Occurs when the course chair submits a Revision
- Reason for the Revision will be noted to the right of the most recent evaluation
  - “Revised Grade”
  - “Revised Comments”
  - “Revised Check Box”
  - “Revised Letter of Distinction”
  - Or any combination of the above

**Doctoring 3 “Non-Graded” Mid-Term Assessment On-Line (UCLA & UCR students)**
- This assessment is not a part of your official record in Student Affairs.
- The Student Affairs Office does not have access to these assessments.
- Any questions about the content of this evaluation should be directed to Renae Fuller (rfuller@mednet.ucla.edu), 310-825-0770.

**Primary Care, PC01 “Non-Graded” Mid-Term Assessment On-Line (Drew/UCLA students)**
- This assessment is not a part of your official record in Student Affairs.
- The Office of Medical Student Affairs does not have access to these assessments.
- Any questions about the content of this evaluation should be directed to Ricardo Vega (rivega@cdrewu.edu, 323-563-4978).

**Viewing Evaluations in the Student Affairs Office**

1. **Check** to see if your evaluations have been submitted by looking at your schedule in the binder located on Dayna's desk. The binder is labeled “Class of 2008”.
   - If there is a red check or an asterisk next to a rotation on your schedule, an evaluation for that course has been submitted to the SAO and the evaluation is in your clinical file, available view in the SAO and on the web if it is a required clerkship.

2) **Ask** any staff member in the SAO to pull your clinical evaluation file. To preserve the confidentiality of these records, students are not allowed to pull files.

3) **Return** your evaluation file to area labeled “Re-file Section.”

   **Note:** Evaluations may not be removed from the Student Affairs Office.
Collecting Evaluations

**Required Clerkships** - Linda Cuesta, in the Student Affairs Office, will follow-up on evaluations for required clerkships that have not been submitted six weeks after clerkship has ended.

**Elective Clerkships (UCLA, research, special clinical, and away)** - We strongly encourage you to assist in following up on the submission of your *elective clerkship evaluations*. If your evaluation has not been submitted four weeks after the clerkship has ended, you should contact the student coordinator of the clerkship to remind the

Revised: 1/10/06