

**UC Riverside, School of Medicine Policies and Procedures**  
**Policy Title:** Grading Scales, Grading Criteria and Grade Reporting  
**Policy Number:** 950-06-012

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| <b>Responsible Officer:</b> | Senior Associate Dean, Medical Education  |
| <b>Responsible Office:</b>  | Office of Medical Education   |
| <b>Origination Date:</b>    | 04/17/2014  |
| <b>Date of Revision:</b>    | 01/26/2017; 05/20/2021; 07/15/2021; 05/2022; 08/18/2022; 07/20/23; 09/21/23; 4/12/24; 7/18/24 |
| <b>Scope:</b>               | UCR SOM Undergraduate Students  |

**I. Policy Summary**

UCR SOM will ensure that students pursuing the MD degree maintain an acceptable rate of academic progress toward the completion of that degree and meet the expected academic standards.

**II. Definitions**

LACE: Longitudinal Ambulatory Care Experience

CBL: Case-Based Learning

LCME Element 9.4 (Assessment System) required that “A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.”

**III. Policy Text**

Block Directors, Clerkship Directors and Faculty members with appropriate knowledge and expertise set the standards of achievement in each required learning experience in the UCR SOM education program. The Medical Education Committee and its subcommittees routinely review and approve the standards of achievement for courses and clerkships and for the overall curriculum.

**IV. Procedures**

**A. MS1 and MS2 Years**

1. Each block will conclude with the following:
  - a. A comprehensive final exam integrating all aspects of the block course and its modules. This may include a laboratory practical component that is appropriate to the objectives of the course. Each block course has the following five modules: LACE, Clinical Skills, Case-based Learning, Doctoring and Foundational Sciences modules. Block 1 has a 6<sup>th</sup> module known as the Biostatistics module.
  - b. Individual clinical skills assessment (e.g., patient interviewing and/or physical examination). It is expected that the students’ skills will grow throughout the year. Criteria for acceptable performance in each course will be published in advance.

- c. During the course of each block, students are required to participate in case-based learning (CBL) sessions. Their performance in these CBLs will be evaluated by the faculty/clinician facilitator. In addition, students must complete the assigned number of required assignments.
  - d. Longitudinal Ambulatory Care Experience (LACE) – Students must complete the assigned number of office sessions and assigned deliverables.
2. In addition, there will be in person "self-assessment" quizzes for the Foundational Sciences module. Their primary purpose is to provide a "low stakes" method that will allow students to evaluate progress and will allow faculty and the Office of Academic Success to identify students who may need individual assistance. In order to accomplish these purposes, students are expected to complete each quiz in the prescribed timeframe (see also Policy For Required Developmental Assessment Plans For All Pre-Clerkship Courses Policy Number: 950-06-001 and Policy of Generating Reports of Program Learning Outcomes from Institutionally Written Multiple Choice Questions (MCQ) Exam and Quizzes. Policy Number: 950-06-043).
  - a. In the Foundational Sciences Module for Years 1 and 2, these in person "self-assessment" quizzes each count for 4% of the total grade. The "self-assessment" quizzes cumulatively together should weigh equal or less than 20% of the total grade.
    - a. No quiz scores are dropped in formulating the final grade.
    - b. The Office of Academic Success is provided these scores in order to monitor the feedback process and student progress throughout the year.
    - c. The final exam counts for 75% of the final grade.
    - d. Any difference in percentage left over of the total score will be used by the block course / Foundational Sciences module director for other assessments at their discretion with review and approval by the Assessment Team, PCCS and MEC.

Example: A Foundational Sciences module has three "self-assessment quizzes" each counting 4% for a total of 12%. The final exam is worth 75%. The Foundational Sciences module director has 13% left over to use for other assessments in the module (e.g., a midterm, a team-based learning session, polling quiz during an active learning session, case-based assessments, etc.).
  - e. Assignments or assessments for "bonus points" are not allowed as they prevent students from receiving an appropriate counseling intervention by the Office of Academic Success (see Policy for Defining the Degree of Stakes of Assessments and Required Student Improvement Plans in Pre-clerkship Courses" Policy Number: 950-06-039).
3. The UCR School of Medicine grading policy has been established using competency-based criteria.
4. In Year 1 courses which utilize UCR-SOM faculty-authored final exams, the minimum passing score for the Block Course Foundational Sciences module is 70% or two standard deviations below the class mean (whichever is lower). The passing score is a composite of the final exam (all exam components for a total weight of 75% – e.g. didactic, anatomy, histology, radiology/ultrasound) and the quizzes (weighted equal or less than 20%). In Year 2 courses, the minimum passing score for Block Course Foundational Sciences modules is 70%. The passing score is a composite of the final exam (weighted at 75%) and the quizzes (weighted equal or less

- than 20%). Each individual module has a minimum passing composite score of 70% (individual modules include Clinical Skills, Doctoring, CBL and LACE).
5. When NBME examinations are used in Years 1 and 2, they must be created using the NBME Customized Assessment Service to promote appropriate item selection for alignment with curricular content, as taught. Pre-authored NBME Clinical Subject Exams (“Shelf Exams”) or similar pre-authored NBME exams may not be used in Years 1 and 2.
  6. Within a module, to promote appropriate student focus and learning of all content areas, component scores from the course may not be released to students until all of the components are tabulated (example: anatomy scores may not be released before other exam components are completed, scored, and ready for release).
  7. Students who do not achieve the minimum passing score will be tracked using an internal failing grade. Unsatisfactory performance in one block will result in an end-of-year remediation period of a minimum of two weeks followed by re-examination. Unsatisfactory performance on the re-examination will require repetition of the entire academic year. Two unsatisfactory block performances in one academic year will necessitate repetition of the entire academic year. Students will not be allowed to advance to the next instructional year until all blocks have been successfully completed.
  8. A comprehensive Objective Structured Clinical Examinations (OSCE) will be held at the end of the first and second years. Students must pass each of these tests with an overall examination score of 70%. If a failure occurs in the Doctoring and Clinical Skills OSCE, remediation will occur in the proximate period after the failure.
  9. Only two grades are possible in each pre-clinical block: Pass (Satisfactory) or Fail (No Credit). All block grades will be recorded internally as in progress (IP) until the end of the academic year. If a student fails one block, it will be recorded as IP-F. The student will be allowed to complete the academic year provided no additional failures occur. If more than one IP-F occurs within the academic year, student will receive the grade of Fail and the student must repeat the entire year, including all blocks previously passed.
  10. In order to receive a Pass for each block, students must complete each of its components in all modules in a satisfactory manner. In order to advance to the next year of instruction, students must satisfactorily complete all blocks during the academic year. Grades and corresponding narrative summative assessment must be completed within 6 weeks of the end of the block.

## B. MS3 Year

During the third and fourth clinical years, students may receive an Honors grade or a High Pass in addition to the Pass/Fail designation.

### 1. MS3 Clerkships

The grading scale for MS3 clerkships is Honors, High Pass, Pass and Fail.

- a. Grading in all third-year clerkships is comprised of the same three components with the same weighting:
  - i. Knowledge – 35% of the final grade
  - ii. Clinical Performance – 45% of the final grade
  - iii. Professionalism – 20% of the final grade

- b. Each clerkship director determines the appropriate assessment methods for each of the three components (e.g., Knowledge – SHELF exam, oral exam; Clinical Performance – Faculty rating of the student performance, oral presentation; Professionalism – Small group participation, timely completion of requisites, attendance)
- c. Grading in all third-year clerkships is criterion-referenced.
  - i. The ideal grading distribution in clerkships is 20% Honors / 30% High Pass / 50% Pass however this is not a (norm-referenced) quota.
- d. Grading for third year clerkships will be: Determined by each clerkship director. For the final clerkship grade, all clerkships will not be rounding percentage score up or down.
- e. For Clinical Performance Component (45%): Mean Summative Clinical Assessment Scores from Faculty and Residents of <2.00 is a failing score. For a SHELF exam:
  - i. Passing: The minimum acceptable SHELF exam score is the 6<sup>th</sup> percentile (nationally normed) as set by the National Board of Medical Examiners.
    - The NBME reports the passing percentage threshold tied to the 6<sup>th</sup> percentile for each quarter during the academic year (“the SHELF norm table”).
    - Clerkships using SHELF exams will grade this assessment using the 6<sup>th</sup> percentile and the corresponding passing percentage threshold that applies to the quarter when the examination was administered. For students on an alternate schedule, the passing percentage will be apply to the quarter in which the student is functionally in, for their individual academic progression.
    - In the event the NBME does not report the 6<sup>th</sup> percentile and corresponding percentage for a quarter, the clerkship will use the next highest percentile/percentage cut off.
  - ii. Failure:
    - A failure of the SHELF examination in a clerkship will require a satisfactory repeat of the SHELF examination for that clerkship. A student who fails the SHELF examination on the first attempt is ineligible to receive an honors or high pass grade in that clerkship, regardless of the total accumulated points for the whole clerkship grade.
    - If the student fails the SHELF examination during the first six months of the academic year, the student must repeat administration of the SHELF during the defined remediation period in the first six months of the academic year. If the student fails the SHELF examination during the second six months of the academic year, the student must repeat administration of the SHELF during the defined remediation period in the second six months of the academic year.
    - SHELF examinations can only be remediated during defined remediation periods, of which there are two: after week 24 of third year and after week 48 of third year
    - A student failing a first SHELF exam and successfully remediating the exam can only earn a grade of ‘Pass’ on that clerkship.
    - Students failing a second attempt at a SHELF constitutes an INCOMPLETE grade for the clerkship and must successfully repeat the entire clerkship experience and requisites again which includes repeating and successfully passing the SHELF Exam on the third attempt.

- A failure of the SHELF on the third attempt will constitute a failure of the clerkship and referral to Progress and Promotions Committee.
    - Students needing to repeat the clerkship experience will work with the Office of Student Affairs to determine a time to repeat the clerkship experience, most likely to be at the completion of core third year blocks.
    - Students needing to repeat the clerkship experience will not need to resubmit RCE log, or their Observed Clinical Experience if that was previously completed in its entirety, but will need to resubmit a work hour log and have a midrotation feedback session
    - Successful repetition of the clerkship rotation and passing the SHELF will result in a grade of Pass
  - Students experiencing SHELF exam failures which exceed the number of designated remediation periods will have academic progression halt and need to repeat the third year experience, including elements already passed.
- d. For the Emergency Medicine (EM) final exam:
- i. Passing: The minimum acceptable exam score is a passing percentage threshold of 70%.
  - ii. Failure:
    - A failure of the EM examination will require a satisfactory repeat of the EM examination. A student who fails the EM examination on the first attempt is ineligible to receive an honors grade regardless of the total accumulated points for the whole EM clerkship grade.
    - If the student fails the EM examination during the first six months of the academic year, the student must repeat administration of the EM during the defined remediation period during the first six months of the academic year. If the student fails the EM examination during the second six months of the academic year, the student must repeat administration of the EM during the defined remediation period during the second six months of the academic year.
  - iii. A student who fails the EM exam on the second attempt constitutes an INCOMPLETE grade for the clerkship and must successfully repeat the entire clerkship experience and requisites again which includes repeating and successfully passing the EM Exam on the third attempt. A failure of the EM exam on the third attempt will constitute a failure of the clerkship and referral to Progress and Promotions Committee.
- e. Failure of Clerkship(s)
- i. A final grade of “Fail” in two third-year clerkships will result in the medical student not progressing to the fourth-year curriculum and having to successfully repeat the entire third-year curriculum before moving on.
  - ii. A fail of one clerkship will result in the student working with the Director of Academic Success to customize a remediation plan. Remediation may not be possible depending on timing of fail during the academic year.
- f. Third Year LACE
- i. The grading scale is Honors, High Pass, Pass, or Fail. For the third and final year of LACE (LACE 3), students must complete the assigned number of clinical sessions and required deliverables within each thread.

- ii. Transition to Clerkship Course (T2C2) No grade is assigned for T2C2.
- iii. Community-Based Learning Experiences (CBE) No grade is assigned for CBE.
- iv. MS3 Electives  
All third year electives are graded pass/fail.

### C. MS4 Year

#### 1. MS4 Subinternship and Electives

The grading scale is Honors, High Pass, Pass, or Fail. The grade is a composite grade based upon clinical performance assessments completed by clinical supervisors during the rotation. The final grade is calculated by the UCR SOM 4th Year Director, which includes local and away rotations. The following criteria are used to determine the composite grade.

Honors = 4.5 High Pass = 4.0-4.4

Pass = 3.9-1.5

Fail = <1.5

The SLOE is a standardized letter of evaluation requested by some emergency medicine and other residency programs as part of the application process in ERAS. The SLOE may not replace the official UCR SOM standardized assessment of student clinical performance form used to submit a summative grade for a fourth year UCR student.

#### 2. Radiology

The grading scale is Honors, High Pass, Pass, or Fail. The grade will be a composite grade based upon pre-quizzes, post-quizzes, exams, cases, class attendance and participation. The Radiology course director will provide the final grade for students.

Grade distribution per block

Honors: Top 20% of the class

High pass: top 50% of the class

Pass: above 70% absolute score

#### 3. Transition to Residency Course

The grading scale is Pass/Fail. Students must attend assigned activities including lectures, patient simulations, small group sessions, and self-directed online learning. A grade of passing will be earned by a student after they have successfully attended and completed all required activities assigned to them OR after they have been excused from any activities not completed OR after they have completed an appropriate make up for any activity, they neither attended nor were excused from. The decision to excuse a student from an activity, as well as the nature of any make up assignment, will be at the discretion of the course director.

#### 4. Critical Care Medicine Selectives

The grading scale is Honors, High Pass, Pass, or Fail. The grade will be a composite grade based upon the following: clinical performance (50%) using end of rotation assessment forms, non-clinical performance that includes participation in small groups, completion of online learning modules, completion of critical care procedure and diagnosis log and duty hour logs, and a final presentation. The ICU course director will provide the final grade for students.

### V. Related Information

*Medical Student Handbook*

**Approvals:**

**MEDICAL EDUCATION COMMITTEE (07/18/2024)**

DocuSigned by:

*Pablo Joo*

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**PABLO JOO., MD,  
SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION  
SCHOOL OF MEDICINE**

**DATE**

DocuSigned by:

*Paul Hackman*

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**PAUL HACKMAN, J.D., L.L.M.  
CHIEF COMPLIANCE AND PRIVACY OFFICER,  
SCHOOL OF MEDICINE**

**DATE**

DocuSigned by:

*Deborah Deas*

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7/23/2024 | 10:11 AM PDT

**DEBORAH DEAS, M.D., M.P.H  
VICE CHANCELLOR, HEALTH SCIENCES  
DEAN, SCHOOL OF MEDICINE**

**DATE**