

## 2021-09-02: Exploring Pass/Fail Grading System in the Clinical Learning Environment: Why vs Why Not?

Topic and Questions courtesy of the Association of Professors of Gynecology and Obstetrics

The following links were shared during the chat:

- [Grade Inflation in the Internal Medicine Clerkship: A National Survey: Teaching and Learning in Medicine: Vol 25, No 1 \(tandfonline.com\)](#)
- [A change to pass/fail grading in the first two years at one medical school results in improved psychological well-being - PubMed \(nih.gov\)](#)
- [Moving toward Mastery: Changes in Student Perceptions of Clerkship Assessment with Pass/Fail Grading and Enhanced Feedback - PubMed \(nih.gov\)](#)
- [From Grading to Assessment for Learning: A Qualitative Study of Student Perceptions Surrounding Elimination of Core Clerkship Grades and Enhanced Formative Feedback - PubMed \(nih.gov\)](#)
- [Cureus | Medical School to Residency: How Can We Trust the Process?](#)
- [Excellence in medical training: developing talent—not sorting it | SpringerLink](#)



**MedEd Chat (hosted by ACE)** @MedEdChat8 hours ago

TOPIC 1: What is the purpose of a clerkship grade/required clinical rotations? #MedEdChat #meded



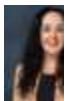
**Kristina Dzara, PhD, MMSc** @KristinaDzara8 hours ago

RT @MedEdChat: Join #MedEdChat tonight at 9PM EDT/NYC to talk about grading in required clerkships! #MedEd <https://t.co/GAerboEqk>



**Scott Graziano** @sgraziano118 hours ago

Scott in Chicago @LoyolaHSC #MedEdChat



**Shireen Madani Sims, MD** @UFDOC8 hours ago

@MedEdChat T1- Traditionally it has reflected some level of competence/mastery of material #MedEdChat



**Gary Beck Dallaghan** @GLBDallaghan8 hours ago

@MedEdChat T1 Much of the argument for tiered grades (H, HP, P or A, B, C) is to distinguish students for residency apps #MedEdChat



**Scott Graziano** @sgraziano118 hours ago

@MedEdChat I mean. The reality is we think we are discriminating different levels of learners. Just fooling ourselves right? #Mededchat



**Scott Graziano** @sgraziano118 hours ago

@UFDOC @MedEdChat I think in our minds yes. But when you study it we are not very good at defining or discriminating competence. #mededchat



**Tammy** [@TammySonn12038](#) 8 hours ago

Clerkship grade purpose are multifold- way to determine competency by school, way for student to gauge success, way for residencies to compare....#MedEdChat



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago

[@sgraziano11](#) [@MedEdChat](#) I think so....especially when you look at issues of grade inflation on some clerkships #MedEdChat <https://t.co/XKWyamZ9va>



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@sgraziano11](#) [@MedEdChat](#) T1- so many problems with traditional assessment methods #MedEdChat



**Scott Graziano** [@sgraziano11](#) 8 hours ago

[@GLBDallaghan](#) [@MedEdChat](#) Well. Faculty feel the pressure of being evaluated by students. So they are afraid to be truthful. #mededchat



**Scott Graziano** [@sgraziano11](#) 8 hours ago

[@croyce62](#) [@MedEdChat](#) P/F only works if some percentage fails though right? An assessment that no one fails is a bad assessment. #mededchat



**Tammy** [@TammySonn12038](#) 8 hours ago

T1- completely agree with the issue around grade inflation/ the lack of meaning. And then also the issues around of what are we really measuring/assessing subjectively in these rotations. #MedEdChat



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@croyce62](#) [@MedEdChat](#) T1- how have students & residency programs responded to P/F clerkships with S1 also P/F? #MedEdChat



**Alliance4ClinEd** [@Alliance4ClinEd](#) 8 hours ago

T1 Some places are switching as [@croyce62](#) noted. Students' perceptions of P/F grading are fairly positive <https://t.co/DnQF4UvOzv> #MedEdChat



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@sgraziano11](#) [@croyce62](#) [@MedEdChat](#) T1- or should we really be expecting all of our students to pass? #MedEdChat



**Jasminka Criley MD, FACP, FHM** [@criley\\_md](#) 8 hours ago

[@sgraziano11](#) [@GLBDallaghan](#) [@MedEdChat](#) Insightful. Observant. Guessing: many think it but do not say it. #MedEdChat



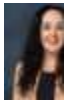
**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)

[@croyce62](#) [@MedEdChat](#) T1 Not at all. I think it makes them compete with one another so much more....particularly if they base it on norms [#MedEdChat](#)



**Scott Graziano** [@sgraziano118 hours ago](#)

[@TammySonn1203](#) What we need is an honest assessment of what students are good at and what they need to work on without anyone using against them. [#mededchat](#)



**Shireen Madani Sims, MD** [@UFDOC8 hours ago](#)

[@sgraziano11](#) [@TammySonn1203](#) T1-truly formative opportunities for learning [#MedEdChat](#)



**Gary Beck Dallaghan** [@GLBDallaghan8 hours ago](#)

[@UFDOC](#) [@sgraziano11](#) [@croyce62](#) [@MedEdChat](#) T1 I sincerely hope we should. I worked with a director once who targeted students he thought were poor. Caused the students so much stress they did do poor. We should always strive for each student to excel [#MedEdChat](#)



**Brenda Roman, MD** [@BJBRoman8 hours ago](#)

[@GLBDallaghan](#) [@MedEdChat](#) T1 But should that be the purpose? With so much emphasis on grades, students may spend more time studying for subject exams rather than learning as much as they can from patients. [#mededchat](#)



**Scott Graziano** [@sgraziano118 hours ago](#)

[@UFDOC](#) [@croyce62](#) [@MedEdChat](#) Not sure. Maybe not? Everyone not great at everything? Would I pass a neurosurgery exam? No. But I can nail post partum hemorrhage. [#mededchat](#)



**Alliance4ClinEd** [@Alliance4ClinEd8 hours ago](#)

[@sgraziano11](#) [@TammySonn1203](#) T1 This is article provides an example of UCSF did to move toward mastery learning <https://t.co/KNogW7Fj10> [#MedEdChat](#)



**MedEdBot** [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): The [#mededchat](#) topic & questions will be announced in a moment...for now, please introduce yourselves [#meded](#)



**MedEdBot** [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): We will assume that all of your tweets during [#mededchat](#) are your own during this hour unless otherwise stated [#meded](#)



**MedEdBot** [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): T1 about to come up in a few moments [#meded](#) [#mededchat](#)



**MedEdBot** [@MedEdBot](#) 8 hours ago

RT [@MedEdChat](#): TOPIC 1: What is the purpose of a clerkship grade/required clinical rotations? [#MedEdChat](#) [#meded](#)



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@GLBDallaghan](#) [@sgraziano11](#) [@croyce62](#) [@MedEdChat](#) [@GLBDallaghan](#) could not agree more! [#professionaldevelopment](#) [#mededchat](#)



**Scott Graziano** [@sgraziano](#) 118 hours ago

[@Alliance4ClinEd](#) [@TammySonn1203](#) I like mastery. Because at least initially some people do fail but can work to improve learn and pass. Which is really life long learning. [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

TOPIC 2: What are the pros of a P/F system? [#MedEdChat](#) [#meded](#)



**Deb Conway MD** [@DebConway108](#) hours ago

[@sgraziano11](#) [@croyce62](#) [@MedEdChat](#) All can pass if the "fail" doesn't manifest in PGY1! Competence (with validity) to move to next phase = pass. [#mededchat](#)



**Scott Graziano** [@sgraziano](#) 118 hours ago

[@croyce62](#) [@MedEdChat](#) Right. Which would be the concept of mastery learning right? But some might fail initially. [#mededchat](#)



**Scott Graziano** [@sgraziano](#) 118 hours ago

[@MedEdChat](#) Who doesn't love a dichotomous variable! [#mededchat](#)



**Brenda Roman, MD** [@BJBRoman](#) 8 hours ago

[@Alliance4ClinEd](#) [@croyce62](#) T1. We did initially as part of our curriculum reform. But with Step 1 going p/f, worry about not having an honors option grew. [#mededchat](#)



**Scott Graziano** [@sgraziano](#) 118 hours ago

[@BJBRoman](#) [@Alliance4ClinEd](#) [@croyce62](#) Our third year clerkship are essentially our only graded part at Loyola. Talk about a pressure cooker. [#mededchat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md](#) 8 hours ago

[@sgraziano11](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) T1: P/F should not require greatness. It is OK to be "proficient enough" or "good enough" to pass. [#MEEdEdChat](#)



**Scott Graziano** [@sgraziano](#) 118 hours ago

[@criley\\_md](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) I like to say that great gets in the way of good all the time. [#mededchat](#)



**Michael A. Gisondi, MD** [@MikeGisondi](#) 8 hours ago  
[@MedEdChat](#) Mike Gisondi, Stanford Emergency Medicine [#MedEdChat](#)



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@sgraziano11](#) [@BJBRoman](#) [@Alliance4ClinEd](#) [@croyce62](#) Same [#mededchat](#)



**Alliance4ClinEd** [@Alliance4ClinEd](#) 8 hours ago

T2 One pro of a P/F framework is improved student well-being. The stress of trying to out do others is real. <https://t.co/Xi5avp9hsf> [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

RT [@sgraziano11](#): [@criley\\_md](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) I like to say that great gets in the way of good all the time. [#mededchat](#)



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago

[@croyce62](#) [@sgraziano11](#) [@MedEdChat](#) t2- but that's the point, right? If we are investing in our students we should get them to the point of pass. Some will be better than others but all could be competent, right? [#mededchat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md](#) 8 hours ago

[@sgraziano11](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) That is the reverse of Jim Collins: "Good is the enemy of great". It is the matter of perspective. [#MedEdChat](#)



**Michael A. Gisondi, MD** [@MikeGisondi](#) 8 hours ago

[#MedEdChat](#) T1: There is little purpose, especially as we move to competency-based medical education. Competent (Pass) vs Not Competent (Fail) should be sufficient if using programmatic assessment.



**Brenda Roman, MD** [@BJBRoman](#) 8 hours ago

[@MedEdChat](#) T2. Pro: the focus can be on collaborative learning rather than competing for grades, so better well-being. [#mededchat](#)



**Scott Graziano** [@sgraziano11](#) 8 hours ago

[@criley\\_md](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) True. I think we need to pick our great spots and be ok with good in many others. [#mededchat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh](#) 8 hours ago

[@MedEdChat](#) [#mededchat](#) T1 it might help the program directors to differentiate the candidates. But the narratives comments help much better than numerical grades for the same purpose [#meded](#)



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago  
[@sgraziano11](#) [@Alliance4ClinEd](#) Compete against myself is a better perspective. I know I can always improve. It does me no good to compare myself to someone else...but if their skills are more advanced or different than mine I'm happy to learn from them [#MedEdChat](#)



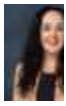
**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago  
RT [@BJBRoman](#): [@MedEdChat](#) T2. Pro: the focus can be on collaborative learning rather than competing for grades, so better well-being. [#meded...](#)



**Scott Graziano** [@sgraziano11](#) 8 hours ago  
[@croyce62](#) [@UFDOC](#) [@MedEdChat](#) Ahhhh. Time = \$\$\$\$\$ [#mededchat](#)



**Michael A. Gisondi, MD** [@MikeGisondi](#) 8 hours ago  
[#MedEdChat](#) T2: The biggest pro of pass/fail is that the locus of motivation moves from extrinsic (grade) to intrinsic (goal setting); students can explore course material that interests them in more depth.



**Shireen Madani Sims, MD** [@UFDOC](#) 8 hours ago  
[@GLBDallaghan](#) [@sgraziano11](#) [@Alliance4ClinEd](#) You are a unicorn! We need to instill this [#growthmindset](#) In our students [#mededchat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md](#) 8 hours ago  
[@sgraziano11](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) That is one way of looking at it. Another one: do not let good stand on your way of being great (or becoming great). Would P/F hold someone back from becoming great? [#MedEdChat](#)



**Scott Graziano** [@sgraziano11](#) 8 hours ago  
[@GLBDallaghan](#) [@Alliance4ClinEd](#) I feel like that idea got lost somewhere in recent generations. I am way harder on myself than I am comparing myself to others. [#mededchat](#)



**Scott Graziano** [@sgraziano11](#) 8 hours ago  
[@criley\\_md](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) Absolutely not. At least it shouldn't. [#mededchat](#)



**Ian Fields, MD, MCR** [@eeyanmiller](#) 8 hours ago  
[@MedEdChat](#) T1: I think you really have to separate purpose of grade and purpose of rotation here. Has become increasingly difficult with such short (4 wk!) core clerkships. I feel like it is more just exposure to the specialty than mastery of subjects. [#mededchat](#)



**Scott Graziano** [@sgraziano11](#) 8 hours ago  
[@eeyanmiller](#) [@MedEdChat](#) Agree. Mastery probably needs to happen longitudinally on general skills not on specific rotations [#mededchat](#)



**Gary Beck Dallaghan** [@GLBDallaghan](#) 8 hours ago  
[@criley\\_md](#) [@sgraziano11](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) I think [@MikeGisondi](#) response that P/F allows students to begin setting goals that are intrinsically motivated as opposed to focusing on the grade indicates P/F does more to encourage becoming great [#MedEdChat](#)



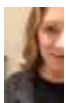
**Ian Fields, MD, MCR** [@eeyanmiller](#) 8 hours ago  
[@MedEdChat](#) T2: takes pressure off the learner I think. Allows the learner to show up and learn farther than show up and perform. And to find what interests them and hopefully learn how to better care for patients! [#mededchat](#)



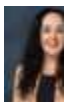
**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago  
TOPIC 3: What are the cons of a P/F system? [#MedEdChat](#) [#meded](#)



**Brenda Roman, MD** [@BJBRoman](#) 7 hours ago  
[@MedEdChat](#) T2. We also did away with shelf exams when we went p/f. Certainly more focus on patient care learning! [#mededchat](#)



**Deb Conway MD** [@DebConway107](#) hours ago  
[@MedEdChat](#) T3 We have students who like to have the opportunity to distinguish themselves with grades [#mededchat](#)



**Shireen Madani Sims, MD** [@UFDOC](#) 7 hours ago  
[@DebConway10](#) [@MedEdChat](#) Yes I have heard this too- during Covid, the clinical rotation that was disrupted and sent home had the option for pass fail or assigned grade, many chose grade for this reason! [#mededchat](#)



**Michael A. Gisondi, MD** [@MikeGisondi](#) 7 hours ago  
[#MedEdChat](#) T3: Lack of discriminatory grades cause program directors to over-emphasize other measurable elements such as Step 2, AOA membership, etc. Those measures will still prevent holistic application review, despite P/F grades.



**Ian Fields, MD, MCR** [@eeyanmiller](#) 7 hours ago  
[@MedEdChat](#) T3: This really shifts the emphasis to quality narrative evals of students for the purposes of MSPE. And we know those are all subject to implicit (and explicit) bias of the writer! [#mededchat](#)



**Brenda Roman, MD** [@BJBRoman](#) 7 hours ago  
[@MedEdChat](#) T3 The fear that it will affect students' abilities to be competitive in residency applications. [#mededchat](#)

**Jasminka Criley MD, FACP, FHM** [@criley\\_md](#) 7 hours ago



[@sgraziano11](#) [@UFDOC](#) [@croyce62](#) [@MedEdChat](#) Agree. It should not. Some people, when they are good enough, choose to rest on their laurels & become complacent. I see it so often c [#gifted](#) kids & other adults Might not translate to [#medicalstudents](#) They are already self selected & intrinsically motivated. [#MedEdChat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md7](#) hours ago  
[@UFDOC](#) [@GLBDallaghan](#) [@sgraziano11](#) [@croyce62](#) [@MedEdChat](#) [@MikeGisondi](#) T1: Very true. [#Mededchat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh7](#) hours ago  
[@MedEdChat](#) [#mededchat](#) T3 there are no particular cons with P/F. But even with numerical grades A, B, C, H and we can't differentiate them if we look at their narrative comments. Most of the comments look the same. Faculty needs to get it right on writing narrative comments [#meded](#)



**Alliance4ClinEd** [@Alliance4ClinEd7](#) hours ago  
[@ArjaSateesh](#) [@MedEdChat](#) T3 That was a point we made in our recent publication about P/F and how it could impact match <https://t.co/fQFsverz0d> [#MedEdChat](#)



**Alliance4ClinEd** [@Alliance4ClinEd7](#) hours ago  
[@BJBRoman](#) [@MedEdChat](#) T3 Have you studied the impact of that when you were primarily P/F? [#MedEdChat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md7](#) hours ago  
[@sgraziano11](#) [@MedEdChat](#) [#mededchat](#)



**Brenda Roman, MD** [@BJBRoman7](#) hours ago  
[@ArjaSateesh](#) [@MedEdChat](#) T3 Agree that there should be no cons. Formative feedback should be robust-and faculty need the time to write descriptive and helpful comments. Clinical faculty just don't have the dedicated time-in addition to the faculty development needs. [#mededchat](#)



**Gary Beck Dallaghan** [@GLBDallaghan7](#) hours ago  
[@croyce62](#) [@MedEdChat](#) T3 Which should be a signal to set the passing bar higher to ensure students are striving to do their best. [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7](#) hours ago  
TOPIC 4: How does a residency program address an honors grade if 80% of students get honors at one school and only 20% at another school? Does an honors grade have the same meaning across schools? [#MedEdChat](#) [#meded](#)



**Jon Lim, MD** [@JonLimMD7](#) hours ago  
[@MedEdChat](#) T1: honors/HP/P/F Grades too long have been a shorthand way to communicate to learners, course directors and GME programs where the learners are relative to one another especially when using normative paradigms. [#mededchat](#)



**Tammy** [@TammySonn12037](#) hours ago  
T3 "Actualizing true learner excellence will require teachers to change from evaluators who conduct assessments of learning to coaches who do assessment for learning." - a thoughtful article around our model and structure. [#MedEdChat](#)





**Ian Fields, MD, MCR** [@eeyanmiller7](#) 7 hours ago

[@MedEdChat](#) T4: definitely something to consider but it means more to see consistent performance across many clerkships than looking at single clerkship grades in isolation. [#mededchat](#)



**Brenda Roman, MD** [@BJBRoman7](#) 7 hours ago

[@Alliance4ClinEd](#) [@MedEdChat](#) T3 on the list of things to do-students still did well@in the match! [#mededchat](#)



**Jon Lim, MD** [@JonLimMD7](#) 7 hours ago

[@MedEdChat](#) T1 Hoping the field is becoming more ready for a new paradigm of using assessment to catalyze learning and communicate more meaningful information about readiness for practice. More info about where a learner is now and how to further achieve mastery/competency. [#mededchat](#)



**Deb Conway MD** [@DebConway107](#) 7 hours ago

[@MedEdChat](#) T4 To answer directly, nooooo [#mededchat](#)



**Gary Beck Dallaghan** [@GLBDallaghan7](#) 7 hours ago

[@eeyanmiller](#) [@MedEdChat](#) T4 How many PDs look at other clerkship grades? Years ago when I was a coordinator in surgery the PD told me he really didn't care how students did in anything other than surgery (and maybe medicine). That may have just been him....but I wonder. [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh7](#) 7 hours ago

[@MedEdChat](#) [#mededchat](#) T4 I see this problem quite often. Some schools are very liberal and some other schools are not. Within the same school also, we see doves and hawks. Faculty needs dedicated time to write the narrative comments or educators should come up well developed rubric [#meded](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md7](#) 7 hours ago

Mastery needs to happen longitudinally on general skills not on specific rotations. [#medtwitter](#) [#mededchat](#)



**Brenda Roman, MD** [@BJBRoman7](#) 7 hours ago

[@MedEdChat](#) T4. The variability of clerkship grading is immense. [#MedEdChat](#)



**Med Student Bot** [@MedStudent\\_Bot7](#) 7 hours ago

RT [@MedEdChat](#): TOPIC 4: How does a residency program address an honors grade if 80% of students get honors at one school and only 20% at an...



**Jasminka Criley MD, FACP, FHM** [@criley\\_md7](#) 7 hours ago

[@sgraziano11](#) [@eeyanmiller](#) [@MedEdChat](#) Yes! Many of these general skills are necessary to becoming a great doctor (independent of what specialty students choose). [#mededchat](#) [#medtwitter](#) [#indeliblemd](#)



**Jon Lim, MD** [@JonLimMD7 hours ago](#)  
[@MedEdChat](#) Though late to the party, saw it happening and had to join! Hey [#mededchat!](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)  
[@JonLimMD](#) Glad you're here, Jon! [#MedEdChat](#)



**Michael A. Gisondi, MD** [@MikeGisondi7 hours ago](#)  
[#MedEdChat](#) T4: The honors has meaning in that the 20% who didn't get honors now risk not matching.



**Tammy** [@TammySonn12037 hours ago](#)  
T4- this is truly challenging. As i go through applications, i do look at their grade and annotate what percent was honors to remind myself what the meaning of that honors is. Also longitudinal performance across clerkships hold more meaning than my single specialty. [#MedEdChat](#)



**Sateesh Arja, M.B.B.S., MHPE, MSPH** [@ArjaSateesh7 hours ago](#)  
RT [@ArjaSateesh](#): [@MedEdChat](#) [#mededchat](#) T4 I see this problem quite often. Some schools are very liberal and some other schools are not. Wit...



**Michael A. Gisondi, MD** [@MikeGisondi7 hours ago](#)  
RT [@TammySonn1203](#): T3 "Actualizing true learner excellence will require teachers to change from evaluators who conduct assessments of lea..."



**Jon Lim, MD** [@JonLimMD7 hours ago](#)  
[@eeyanmiller](#) [@MedEdChat](#) I think there is a potential in narrative assessment to not only combat bias, but by giving context and greater description provide a more holistic view of a learner. As you said—it's all about the quality of the narrative evals and who is synthesizing it together. [#mededchat](#)



**Jasminka Criley MD, FACP, FHM** [@criley\\_md7 hours ago](#)  
[@eeyanmiller](#) [@MedEdChat](#) [#mededchat](#)



**Jon Lim, MD** [@JonLimMD7 hours ago](#)  
[@MedEdChat](#) T3 I think a p/f report alone may not provide enough meaningful information to the learner about where they are in their development and competencies. Ideally the assessment data conveyed can provide the learner with how to continue their growth and improvement. [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)  
We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#mededchat](#)



**Jon Lim, MD** [@JonLimMD7 hours ago](#)

[@MedEdChat](#) But you can be in a p/f paradigm while also reporting out to the learner where they are on gradations of entrustment or competencies. As with everything devil in the details of implementation. [#mededchat](#)



**MedEd** [@TelehealthBot7 hours ago](#)

RT [@MedEdChat](#): We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts [#meded](#) [#mededchat](#)



**Jon Lim, MD** [@JonLimMD7 hours ago](#)

[@MedEdChat](#) T4 context matters, narratives matter. Honors in isolation or the fact that 80% get honors isn't that meaningful. Can that learner thrive and be a good fit for the clinical training program at my institution? [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)

Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat7 hours ago](#)

That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx>. Thanks everyone for participating! [#meded](#)



**Ian Fields, MD, MCR** [@eeyanmiller7 hours ago](#)

[@MedEdChat](#) As more and more schools go to P/F and drop grades, we in GME must do what we can to advocate for holistic review of applicants and to be aware of bias. And to never forget that we were all students once. Great chat! [#mededchat](#)



**Deb Conway MD** [@DebConway107 hours ago](#)

[@MedEdChat](#) We struggle mightily with this issue. Currently have a project underway to try to build a more deliberate system of assessment in clerkships - collaborative work with the CDs and assessment experts. How that winds up translating into grades is TBD, and secondary [#mededchat](#)



**Jon Lim, MD** [@JonLimMD7 hours ago](#)

[@MedEdChat](#) Reducing performance down to a grade or number might help with data management and efficiency with the loads of applications, but to get the meaning we are looking for in selection—it's really not high quality or quantity information at all. Masquerading as objective. [#mededchat](#)



**Michael A. Gisondi, MD** [@MikeGisondi7 hours ago](#)

RT [@eeyanmiller](#): [@MedEdChat](#) As more and more schools go to P/F and drop grades, we in GME must do what we can to advocate for holistic revi...



**Jen Williams**

[@DrJenWilliams7](#) 7 hours ago

[@MedEdChat](#) T2: P/F may help signal the value of teamwork and collective competence within a group of diversely skilled members. Even more important though is alignment of assessment to skills/attributes needed to be a (21st century) doctor. [#meded](#) [#medicaleducation](#) [#mededchat](#)



**MedEdBot** [@MedEdBot7](#) 7 hours ago

RT [@MedEdChat](#): Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



**MedEdBot** [@MedEdBot7](#) 7 hours ago

RT [@MedEdChat](#): That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx>. Thanks everyone for parti...



**Med Student Bot** [@MedStudent\\_Bot7](#) 7 hours ago

RT [@MedEdChat](#): Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



**Med Student Bot** [@MedStudent\\_Bot7](#) 7 hours ago

RT [@MedEdChat](#): That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx>. Thanks everyone for parti...



**Jerusha Mather** [@JerushaMather6](#) 6 hours ago

Thank

you [@hireupaualstralia](#) [#meded](#) [#medtwitter](#) [#mededchat](#) [#STEMEducation](#) [#docswithdisabilities](#) [#Disability](#) [Twitter](#) [#Disability](#) [#accessibility](#) [#WomenInSTEM](#) [#WomenInMedicine](#) [#inclusion](#) [#media](#) [#womenintech](#) [@MedicalDeans](#) [@amavictoria](#) [@yourAMSA](#) <https://t.co/TLT6gMlnVP>



**ScienceStop** [@B0tSci6](#) 6 hours ago

RT [@JerushaMather](#): Thank

you [@hireupaualstralia](#) [#meded](#) [#medtwitter](#) [#mededchat](#) [#STEMEducation](#) [#docswithdisabilities](#) [#Disability](#) [Twitter](#) [#Disa...](#)



**Women Who Rule!** [@in\\_stemm6](#) 6 hours ago

RT [@JerushaMather](#): Thank

you [@hireupaualstralia](#) [#meded](#) [#medtwitter](#) [#mededchat](#) [#STEMEducation](#) [#docswithdisabilities](#) [#Disability](#) [Twitter](#) [#Disa...](#)



**FemTech\_** [@femtech](#) 6 hours ago

RT [@JerushaMather](#): Thank

you [@hireupaualstralia](#) [#meded](#) [#medtwitter](#) [#mededchat](#) [#STEMEducation](#) [#docswithdisabilities](#) [#Disability](#) [Twitter](#) [#Disa...](#)



**Ella @ EllaBot** 6 hours ago

RT @JerushaMather: Thank

you @hireupaustralia #meded #medtwitter #mededchat #STEMEducation #docswithdisabilities #Disability Twitter #Disa...



**MedEdBot @MedEdBot** 6 hours ago

RT @JerushaMather: Thank

you @hireupaustralia #meded #medtwitter #mededchat #STEMEducation #docswithdisabilities #Disability Twitter #Disa...



**Med Student Bot @MedStudent\_Bot** 6 hours ago

RT @JerushaMather: Thank

you @hireupaustralia #meded #medtwitter #mededchat #STEMEducation #docswithdisabilities #Disability Twitter #Disa...



**Ivry Zagury-Orly @IvryZaguryOrly** 5 hours ago

RT @MedEdChat: TOPIC 4: How does a residency program address an honors grade if 80% of students get honors at one school and only 20% at an...



**Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh** 5 hours ago

RT @ArjaSateesh: @MedEdChat #mededchat T1 it might help the program directors to differentiate the candidates. But the narratives comments...



**Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh** 5 hours ago

RT @ArjaSateesh: @MedEdChat #mededchat T3 there are no particular cons with P/F. But even with numerical grades A, B, C, H and we can't dif...

# The #MedEdChat Influencers

## Top 10 Influential



[@MedEdChat](#) 100



[@croyce62](#) 76



[@sgraziano11](#) 72



[@eeyanmiller](#) 65



[@GLBDallaghan](#) 62



[@UFDOC](#) 58



[@Alliance4ClinEd](#) 48



[@criley\\_md](#) 42



[@MikeGisondi](#) 35



[@BJBRoman](#) 34

## Prolific Tweeters



[@sgraziano11](#) 17



[@criley\\_md](#) 10



[@UFDOC](#) 10



[@MedEdChat](#) 10



[@JonLimMD](#) 8




[@MedEdBot](#) 8

 [@GLBDallaghan](#) 8

 [@BJBRoman](#) 8

 [@MikeGisoni](#) 7

 [@AriaSateesh](#) 6

### Highest Impressions

 [@MedEdChat](#) 91.7K

 [@MikeGisoni](#) 36.0K

 [@eeyanmiller](#) 31.3K

 [@MedEdBot](#) 24.8K

 [@femtech](#) 22.2K

 [@GLBDallaghan](#) 14.3K

 [@JonLimMD](#) 10.4K

 [@KristinaDzara](#) 6.9K

 [@sgraziano11](#) 5.0K

 [@BJBRoman](#) 4.6K

## The Numbers

272.364K Impressions

127 Tweets

27 Participants

16 Avg Tweets/Hour

5 Avg Tweets/Participant

Twitter data from the [#MedEdChat](#) hashtag from Thu, September 2nd 2021, 9:05PM to Fri, September 3rd 2021, 5:00AM (America/New\_York) – Symplur.