

2022-04-28: Pass-Fail Grading in Medical School and Beyond

The following links were shared during the chat:

- [Assessment in Health Professions Education - 2nd Edition \(routledge.com\)](#)
- [Beyond 'driving': The relationship between assessment, performance and learning - Scott - 2020 - Medical Education - Wiley Online Library](#)
- [Impact of pass/fail grading on medical students' well-being and academic outcomes - PubMed \(nih.gov\)](#)
- [Cureus | Medical School to Residency: How Can We Trust the Process?](#)
- [Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail Versus Tiered Grading System for Clinical Clerkships: A Meta-Analysis - PubMed \(nih.gov\)](#)



MedEd Chat (hosted by ACE) [@MedEdChat](#) 8 hours ago
T1 about to come up in a few moments [#meded](#) [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat](#) 8 hours ago
TOPIC 1: In terms of learning, performance, wellbeing, & [#DEI](#) (among other factors), what are the potential benefits/unintended consequences of moving assessment systems in [#UME](#) to pass/fail grading? [#MedEdChat](#) [#MedStudentTwitter](#)



Miriam Hoffman MD [@MiriamHoffmanMD](#) 8 hours ago
Miriam checking in. I find threads so hard to follow on Twitter, but I am going to try! [#MedEdChat](#)



Anthony R Artino Jr [@mededdoc](#) 8 hours ago
IMHO -- Honors, High Pass, Pass and Fail are THE SAME thing as A, B, C, and D!!!! (just different labels) [#MedEdChat](#)



Jen Williams [@DrJenWilliams](#) 8 hours ago
[@MedEdChat](#) T1 ungraded assessment systems are an enabler for true teamwork approaches to learning, removing the competition between students for rankings. So great for health professionals! [#meded](#) [#mededchat](#)



Teresa Hartman [@thartman2u](#) 8 hours ago
RT [@mededdoc](#): IMHO -- Honors, High Pass, Pass and Fail are THE SAME thing as A, B, C, and D!!!! (just different labels) [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan](#) 8 hours ago
T1 Anecdotal benefits include [#MedStudents](#) aren't as competitive with one another in P-F frameworks [#MedEdChat](#)



Shadia Constantine

[@shadiasantos8](#) 8 hours ago

[@MedEdChat](#) Hello, I am Shadia following [#MedEdChat](#) from Japan and Guam



Teresa Hartman [@thartman2u](#) 8 hours ago

RT [@MedEdChat](#): TOPIC 1: TOPIC 1: In terms of learning, performance, wellbeing, & [#DEI](#) (among other factors), what are the potential benefits/unintended consequences of moving assessment systems in [#UME](#) to pass/fail grading? [#MedEdChat](#) [#MedStudentTwitter](#)



Gary Beck Dallaghan [@GLBDallaghan8](#) 8 hours ago

T1 Recent unintended cosequence...students are willingly failing final exam because they know specific number of points to achieve to get a pass. Kind of disturbing [#MedEdChat](#)



MedEd Chat (hosted by ACE) [@MedEdChat8](#) 8 hours ago

[@shadiasantos](#) Welcome to the [#MedEdChat](#)!



Anthony R Artino Jr [@mededdoc8](#) 8 hours ago

T1: It's been said that "assessment drives learning," but in reality, "assessment drives behavior," and some of those behaviors facilitate learning (eg, retrieval practice, spaced learning); whereas other behaviors do not (eg, highlighting and rereading text). [#MedEd](#) [#MedEdChat](#)



Anthony R Artino Jr [@mededdoc8](#) 8 hours ago

T1: see, for example, this article by Ian Scott, published in [@MedEd Journal](#): <https://t.co/EIJUWR5gBp> [#MedEd](#) [#MedEdChat](#) [@TestTransformed](#) also has an excellent chapter on this very topic in <https://t.co/WsSsd4ECO>



MedEd Chat (hosted by ACE) [@MedEdChat8](#) 8 hours ago

RT [@mededdoc](#): T1: see, for example, this article by Ian Scott, published in [@MedEd Journal](#): T1: see, for example, this article by Ian Scott, published in [@MedEd Journal](#): <https://t.co/EIJUWR5gBp> [#MedEd](#) [#MedEdChat](#) [@TestTransformed](#) also has an excellent chapter on this very topic in <https://t.co/WsSsd4ECO>



MedEd Chat (hosted by ACE) [@MedEdChat8](#) 8 hours ago

RT Teresa Chan | 陳敏怡 [@TChanMD](#) Replying to [@mededdoc](#) I like pure P/F It seemed to relieve a lot of stress [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh8](#) 8 hours ago

[@MedEdChat](#) [#mededchat](#) T1 It might be good for reducing stress and burnout and promote wellbeing. But I feel like it might promote minimal competencies concept or just required rather than excellence [#meded](#)



Brenda Roman, MD [@BJBRoman8](#) 8 hours ago

[@mededdoc](#) Absolutely the tiered grading systems are no different than A, B,C, Fail! T1 [#MedEdChat](#)



Anthony R Artino Jr @mededdoc8 hours ago

T1: But aren't students STILL competing with one another, in reality? Sure, the grades are gone, but there are still only a LIMITED NUMBER of residency slots (at least there are in the States), right? #MedEd #MedEdChat



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@mededdoc T1 Very much so. Fear that motivation to learn independently is lost in P-F frameworks....even though I've advocated for them. Still need some expectations of performance for assessments lest students just get by #MedEdChat



Jen Williams @DrJenWilliams8 hours ago

@mededdoc Maybe on other fronts - like extracurricular, so the academic advantage is still shared. In Australia, our graduates are guaranteed internship positions and many of these are allocated by lottery. #mededchat #meded #australia



Brenda Roman, MD @BJBRoman8 hours ago

@GLBDallaghan T1. It is disturbing-the aspect of doing the minimum to just pass-and no more. But is neglecting other aspects of your life to try to get the top score any better? #MedEdChat



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@mededdoc That's where some of the confusion comes in when the foundation courses are P-F but clinical rotations are tiered grading....We'll let you work on just passing but then make you compete during clinicals using normed, tiered grading #MedEdChat



Anthony R Artino Jr @mededdoc8 hours ago

T1: Definitely! Another potential unintended consequ is that learners may not prioritize certain activities (eg, going to class) when they r not associated w/ a grade beyond P/F. On paper, there's less stress, but in practice, P/F grading systems cause lots of probs. #MedEdChat <https://t.co/fo011NwbEU>



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@BJBRoman T1 I think I'd feel better knowing they gave 100% than just squeaking by....especially if I'm the one sitting on the exam table when they're a doctor. Just being honest. #MedEdChat



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago

TOPIC 2: To date, what #evidence do we have to support (or refute) the use of pass/fail grading in #UME assessment systems? #MedEdChat #MedStudentTwitter #meded



Lauren Mazzurco @LaurenMazzurco8 hours ago

Lauren here in VA - simultaneously enjoying @jimmybuffett live in VA Beach while following #MedEdChat



Anthony R Artino Jr @mededdoc8 hours ago

T1 Reminds me of that old joke... - What do you call the student who ranked last in their medical school class? - Doctor. #MedEd #MedEdChat



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh8 hours ago

@mededdoc #mededchat T1 I completely agree with you. Promoting self-directed learning, spaced learning and retrieval practices through repeated assessments are essential. But I wonder how pass or failure can promote these practices #meded



Lauren Mazzurco @LaurenMazzurco8 hours ago

RT @mededdoc: T1: T1: Definitely! Another potential unintended consequence is that learners may not prioritize certain activities (eg, going to class) when they are not associated with a grade beyond P/F. On paper, there's less stress, but in practice, P/F grading systems cause lots of probs. #MedEdChat <https://t.co/fo011NwbEU>



@mmteacherdoc @mmteacherdoc8 hours ago

@ArjaSateesh @mededdoc Maybe raising the pass threshold while truly destigmatizing failure & resourcing remediation. #MedEd #mededchat



Brenda Roman, MD @BJBRoman8 hours ago

@GLBDallaghan @mededdoc T1 Students still feel stressed even in P/F systems as they feel they have to find other ways to stand out with research, extracurricular activities and the like. #MedEdChat



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@ArjaSateesh @mededdoc T1 I think you have to state that to actually pass a course you have to pass all summative exams...not just achieve a minimum number of points. Otherwise, you get what some of our current students are doing #MedEdChat



Jake Prunuske, MD, MSPH @jprunuske8 hours ago

Hello - joining late from Central Wisconsin, looking forward to everyone's perspectives! #mededchat



MedEd Chat (hosted by ACE) @MedEdChat8 hours ago

RT @mmteacherdoc: @ArjaSateesh @mededdoc Maybe raising the pass threshold while truly destigmatizing failure & resourcing remediation. #MedEd #mededchat



Jake Prunuske, MD, MSPH @jprunuske8 hours ago

RT @BJBRoman: @GLBDallaghan @mededdoc T1 Students still feel stressed even in P/F systems as they feel they have to find other ways to stand out with research, extracurricular activities and the like. #MedEdChat



Anthony R Artino Jr @mededdoc8 hours ago

T2: Some believe that P/F grading will encourage that growth mindset in medical learners that we hear so much about in education (i.e., Dweck's work). #MedEd #MedEdChat



Anthony R Artino Jr @mededdoc8 hours ago

T2: But do we have ANY evidence that we can teach learners who might already be very much “fixed” in their mindset to be more growth oriented? They just spent the 1st 20 yrs of their lives learning how to “do school” & learning that performance is what matters! #MedEd #MedEdChat



Jake Prunuske, MD, MSPH @jprunuske8 hours ago

Requires a time variability that is challenging for #meded schools; also incompatible, or at least really difficult, to align with federal financial aid rules. #mededchat



Lauren Mazzurco @LaurenMazzurco8 hours ago

RT @mededdoc: T2: T2: But do we have ANY evidence that we can teach learners who might already be very much “fixed” in their mindset to be more growth oriented? They just spent the 1st 20 yrs of their lives learning how to “do school” & learning that performance is what matters! #MedEd #MedEdChat



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T2 Older article, but points out some benefits of P-F grading but notes difficulties downstream when program directors are looking for distinguishing characteristics #MedEdChat <https://t.co/ZCwN0OAwwH>



@mmteacherdoc @mmteacherdoc8 hours ago

@jprunuske Details, details, details. #mededchat #MedEd



Lauren Mazzurco @LaurenMazzurco8 hours ago

This right here.....is THE question #MedEdChat



Jake Prunuske, MD, MSPH @jprunuske8 hours ago

One challenge is the persistent emphasis on grading and ranking, rather than learning and mastery of skills, competencies etc... #mededchat



Anthony R Artino Jr @mededdoc8 hours ago

T2: Undergrads who don't "perform" don't get into medical school. So, if we want to encourage a growth mindset, it's gotta happen WAY EARLIER in our education system! #MedEd #MedEdChat



Lonika Sood, MBBS MHPE @sood_lonika8 hours ago

@MedEdChat Lonika lurking from spokane #mededchat



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@Alliance4ClinEd T2 The argument about unintended results was expressed at a panel ACE conducted that we published <https://t.co/UMUdVUWkZw> #MedEdChat



Jake Prunuske, MD, MSPH [@jprunuske8 hours ago](#)

Major benefit in forcing program directors to identify new methods for screening candidates for residency... worried about the law of unintended consequences, though... [#mededchat](#)



Jake Prunuske, MD, MSPH [@jprunuske8 hours ago](#)

RT [@GLBDallaghan](#): [@Alliance4ClinEd](#) T2 The argument about unintended results was expressed at a panel ACE conducted that we published <https://t.co/UMUdVUWkZw> [#MedEdChat](#)



Jake Prunuske, MD, MSPH [@jprunuske8 hours ago](#)

RT [@MedEdChat](#): TOPIC 2: TOPIC 2: To date, what [#evidence](#) do we have to support (or refute) the use of pass/fail grading in [#UME](#) assessment systems? [#MedEdChat](#) [#MedStudentTwitter](#) [#meded](#)



Lonika Sood, MBBS MHPE [@sood_lonika8 hours ago](#)

[@MedEdChat](#) T1: less work for faculty [#mededchat](#)



@mmteacherdoc [@mmteacherdoc8 hours ago](#)

[@Alliance4ClinEd](#) On one hand, our job in UME is NOT to sort graduates for GME ranking. On the other hand, we're supposed to be working together to train excellent docs. We (UME & GME) need to show each other we deserve to be trusted. [#mededchat](#) [#meded](#)



Jake Prunuske, MD, MSPH [@jprunuske8 hours ago](#)

<https://t.co/delb6vFAvb> [#mededchat](#)



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

[@MedEdChat](#) [#mededchat](#) T2 I still wonder if we are really looking at the benefits of P/F on overall educational program and outcomes of students after graduation. I wonder more especially P/F for basic sciences and grading systems for clerkships [#meded](#)



Gregg Wells | Neuropathology/Biophysics [@Wells GB7 hours ago](#)

[@jprunuske](#) Conflicts between competency based medical education (CBME) and federal financial aid rules. Interesting issue, indeed. [#mededchat](#)



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

TOPIC 3: Program Directors are tasked with selecting the best, most-qualified candidates for residency, & P/F grading in med school (& now on USMLE Step 1) are expected to make that task harder. What are some practical solutions for PDs? [#MedEdChat](#) [#MedStudentTwitter](#) [#meded](#)



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

[@jprunuske](#) True, but we hear so little about students who had bumps along the road getting into the residency of choice. We're actually starting a study to look at that to hopefully point out that a failure isn't the end of your dreams....maybe that will help set minds at ease [#MedEdChat](#)



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

I would like clerkships (and MCAT, and STEP 2) to all go pass fail... could we agree on a competency threshold? Would having this model encourage students to strive for mastery? #mededchat



Lauren Mazzurco @LaurenMazzurco7 hours ago

RT @MedEdChat: TOPIC 3: TOPIC 3: Program Directors are tasked with selecting the best, most-qualified candidates for residency, & P/F grading in med school (& now on USMLE Step 1) are expected to make that task harder. What are some practical solutions for PDs? #MedEdChat #MedStudentTwitter #meded



Anthony R Artino Jr @mededdoc7 hours ago

T3: This one is above my paygrade, and so I'm standing by to hear all the great solutions! #MedEd #MedEdChat <https://t.co/oOO4CRVmxq>



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@jprunuske Can we actually agree on what "mastery" is? Or "competency threshold"? #MedEdChat



Lauren Mazzurco @LaurenMazzurco7 hours ago

RT @GLBDallaghan: @jprunuske Can we actually agree on what "mastery" is? Or "competency threshold"? #MedEdChat



Brenda Roman, MD @BJBRoman7 hours ago

Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail ... <https://t.co/VrkS1OWUY8> T3 #MedEdChat



Lauren Mazzurco @LaurenMazzurco7 hours ago

Time-variable #CBME? @ssanten @Maya_Michigan #Changemeded #ChangeResEd



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

This is a significant challenge. One person says, "Of course, an M1 can do that!" The next person says "I don't even an intern do that!" #mededchat



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

RT @mededdoc: T3: T3: This one is above my paygrade, and so I'm standing by to hear all the great solutions! #MedEd #MedEdChat <https://t.co/oOO4CRVmxq>



@mmteacherdoc @mmteacherdoc7 hours ago

T3- looking forward to learning from everyone here, but IMO the key is that this isn't a "them" (PD's) problem. It's a "we" (UME/GME - the profession) problem. Have to develop shared goals & work together. Need to rebuild trust. #MedEd #mededchat



Alliance4ClinEd @Alliance4ClinEd7 hours ago

T3 Seems to me this is not just a program director issue but a broader systemic issue. Not sure P-F grading is the root of the problem, but it has certainly become the target due to match frenzy #MedEdChat @Maya_Michigan



Lauren Mazzurco @LaurenMazzurco7 hours ago

Yup! #ChangeMedEd #ChangeResEd



@mmteacherdoc @mmteacherdoc7 hours ago

RT @BJBRoman: Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail ... <https://t.co/VrkS1OWUY8> T3 #MedEdChat



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

It takes time! Maybe narrative writing beyond personal statement? Maybe recorded videos? Return to rotating internships? M1 year is 1 month on teaching service for each of your top 10 programs with 2 months off or elective? #mededchat



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@mmteacherdoc T3 Your comment does beg the question of why is it that GME and UME are so siloed? There is a natural transition (ie year 4) where students are choosing their path. PDs should have a role designing that experience to make the transition to GME better #MedEdChat



Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago

RT @LaurenMazzurco: Time-variable #CBME? @ssanten @Maya_Michigan #Changemeded #ChangeResEd



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

RT @GLBDallaghan: @mmteacherdoc T3 Your comment does beg the question of why is it that GME and UME are so siloed? There is a natural transition (ie year 4) where students are choosing their path. PDs should have a role designing that experience to make the transition to GME better #MedEdChat



Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago

RT @Alliance4ClinEd: T3 Seems to me this is not just a program director issue but a broader systemic issue. Not sure P-F grading is the root of the problem, but it has certainly become the target due to match frenzy #MedEdChat @Maya_Michigan



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago

@BJBRoman P/F applicants perform equally with tiered applicants. From the abstract: "Meta-regression standard difference in means revealed that there is no difference in tiered applicant's overall performance in residency compared with P/F applicants." #mededchat



Brenda Roman, MD @BJBRoman7 hours ago
@ArjaSateesh @MedEdChat T2. Southern Illinois University Med School did away with shelf exams and went P/F in clerkships. They found that students spent significantly more time on patient care activities! #MedEdChat



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
This is the EPAC program <https://t.co/3Bh7DnK3Dh> #mededchat



Maya Hammoud, MD, MBA (opinions are my own) @Maya_Michigan7 hours ago
RT @jprunuske: This is the EPAC program <https://t.co/3Bh7DnK3Dh> #mededchat



Sateesh Arja, M.B.B.S., MHPE, MSPH @ArjaSateesh7 hours ago
@MedEdChat #mededchat T3 PDs can look at Step 2CK scores, MSPEs, transcripts, LORs and research experiences #meded



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
Also makes me wonder if we don't just randomize within disciplines... would this drive quality at all programs? for all residents? #mededchat @GLBDallaghan haven't you made this argument?



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago
@BJBRoman @ArjaSateesh @MedEdChat T2 Did USMLE Step 2 scores decline with P/F clerkships? #mededchat



Lauren Mazzurco @LaurenMazzurco7 hours ago



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
RT @BJBRoman: Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail ... <https://t.co/VrkS1OWUY8> T3 #MedEdChat



MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
TOPIC 4: If Program Directors begin focusing on #USMLEStep2 scores, what impact will this have on #UME – positive or negative? #MedEdChat #meded #MedStudentTwitter



@mmteacherdoc @mmteacherdoc7 hours ago
@jprunuske The ERAS Supplemental App has been one strategy piloted for this. More narrative to help identify “best fit.” HOWEVER, how are PDs supposed to read all of it without limits to applications? The match is broken. Needs big structural changes. #mededchat #MedEd



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
RT @BJBRoman: @ArjaSateesh @MedEdChat T2. Southern Illinois University Med School did away with shelf exams and went P/F in clerkships. They found that students spent significantly more time on patient care activities! #MedEdChat



MedEd Chat (hosted by ACE) [@MedEdChat](#) 7 hours ago
RT Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan](#) Replying to [@GLBDallaghan](#) [@mmteacherdoc](#) Also why is the transition from residency to practice so different? Are there lessons we can learn there and apply to UME-GME transition ? [#MedEdChat](#)



Jake Prunuske, MD, MSPH [@jprunuske](#) 7 hours ago
Is this the appropriate emphasis, though? Must all students really have X publications to be successful? Is a step 2 score of 250 likely to produce a 'better' physician than a step score of 230? What about community need? Equity? etc... [#mededchat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 7 hours ago
[@BJBRoman](#) [@MedEdChat](#) [#mededchat](#) T2 As USMLE Step 1 became P/F and PDs might look at Step 2 CK scores. This can lead to emphasis on Step 2 CK scores. Do you think it might take away the students time on patient care activities [#meded](#)



@mmteacherdoc [@mmteacherdoc](#) 7 hours ago
[@Maya_Michigan](#) [@GLBDallaghan](#) The complicating factor is probably differentiating into specialties. Of course, this is present for transition to fellowship, but the scope/volume of that transition is much less. [#MedEd](#) [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan](#) 7 hours ago
[@jprunuske](#) I have suggested that. I would love to see NRMP do some sort of simulation to see if simply randomizing students in a match by their specialty choice would be much different. Others have suggested it as well. So far it's not been a popular suggestion :) [#MedEdChat](#)



Gregg Wells | Neuropathology/Biophysics [@Wells_GB](#) 7 hours ago
[@ArjaSateesh](#) [@MedEdChat](#) T3 And all other life experiences that an applicant thinks prepare the applicant to successfully complete the GME experience and thrive in independent practice. Valuable experiences for GME include much more than research. [#mededchat](#)



Brenda Roman, MD [@BJBRoman](#) 7 hours ago
[@Maya_Michigan](#) [@MedEdChat](#) T4. Agreed Maya. We have just kicked the can down the road regarding the incredible stress and anxiety. [#MedEdChat](#)



Jake Prunuske, MD, MSPH [@jprunuske](#) 7 hours ago
Some students want us to adjust the academic calendar; less study time for step1, more for step2. We haven't changed; concern it will disadvantage students who need that time... [#mededchat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh](#) 7 hours ago
[@jprunuske](#) [#mededchat](#) T3 I completely agree with you. This is exactly my concern too. As USMLE step 1 became, PDs might look into these factors as they require some kind of psychometric measurements or quantitative data [#meded](#)



Jake Prunuske, MD, MSPH [@jprunuske7](#) hours ago

Eliminate "THE MATCH" and have multiple periods throughout the year, sliding into residency as spots open up; everyone off cycle; transitions with achievement of competency... [#mededchat](#)



@mmteacherdoc [@mmteacherdoc7](#) hours ago

[@Wells_GB](#) [@BJBRoman](#) [@ArjaSateesh](#) [@MedEdChat](#) The match & (I think) USMLE 2 scores have been stable after the change, right [@HlafkaMarti](#)? [#meded](#) [#mededchat](#)



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

[@ArjaSateesh](#) [@MedEdChat](#) Yes-students will become more focused on doing practice questions to prepare for Step 2CK. T2. [#MedEdChat](#). As Tony indicated before "assessment drives behavior".



Jake Prunuske, MD, MSPH [@jprunuske7](#) hours ago

RT [@mmteacherdoc](#): [@Maya_Michigan](#) [@GLBDallaghan](#) The complicating factor is probably differentiating into specialties. Of course, this is present for transition to fellowship, but the scope/volume of that transition is much less. [#MedEd](#) [#mededchat](#)



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

RT Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan](#) Replying to [@MedEdChat](#) Practical solutions for PDs is to remember there is no "best" applicant, most applicants are fully qualified and they will thrive, the focus should be on values alignment! [#MedEdChat](#)



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

[@Maya_Michigan](#) [@BJBRoman](#) RT Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan](#) Replying to [@BJBRoman](#) [@MedEdChat](#) I am honestly afraid for what could come down and we must be proactive to avoid unintended consequences!! [#MedEdChat](#)



Jake Prunuske, MD, MSPH [@jprunuske7](#) hours ago

Why do some specialties require higher scores? Are those specialties really more cognitively challenging? I'd love to see the data... Prestige, Money, Lifestyle do not equal value to patients, society, community. [#mededchat](#)



Jake Prunuske, MD, MSPH [@jprunuske7](#) hours ago

RT [@Wells_GB](#): [@ArjaSateesh](#) [@MedEdChat](#) T3 And all other life experiences that an applicant thinks prepare the applicant to successfully complete the GME experience and thrive in independent practice. Valuable experiences for GME include much more than research. [#mededchat](#)



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

[@Wells_GB](#) [@ArjaSateesh](#) [@MedEdChat](#) From my memory of a presentation about that change, the Step 2 CK scores did not change when clerkships went to P/F. [#MedEdChat](#)



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

[@jprunuske](#) My guess is it is to control the flow of who can apply to keep application numbers manageable. [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MSPH [@ArjaSateesh7 hours ago](#)
[@MedEdChat](#) [#mededchat](#) T4 Students start focusing on Step 2 CK scores and practice questions, it might take away their time and involvement in patient care [#meded](#)



Jake Prunuske, MD, MSPH [@jprunuske7 hours ago](#)
I can't imagine students initial response would be positive, but if 1) match was guaranteed, and 2) cost and stress went way down, it might be accepted eventually. [#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](#)



Gary Beck Dallaghan [@GLBDallaghan7 hours ago](#)
RT [@jprunuske](#): I can't imagine students initial response would be positive, but if 1) match was guaranteed, and 2) cost and stress went way down, it might be accepted eventually. [#mededchat](#)



Jake Prunuske, MD, MSPH [@jprunuske7 hours ago](#)
... although problematic for mismatch between number of candidates and number of spots... puts us right back at selection criteria. [#mededchat](#)



MedEd Chat (hosted by ACE) [@MedEdChat7 hours ago](#)
RT Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan](#) Replying to [@jprunuske](#) Scores have never been shown to correlate with how great a doctor is! They are just a convenient metric for stratification! Easier than reading every application ! [#MedEdChat](#)



Jake Prunuske, MD, MSPH [@jprunuske7 hours ago](#)
This is the heart of it... we need to make the time to do it right, not do it fast. [#mededchat](#)



Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan7 hours ago](#)
RT [@BJBRoman](#): [@GLBDallaghan](#) [@mededdoc](#) T1 Students still feel stressed even in P/F systems as they feel they have to find other ways to stand out with research, extracurricular activities and the like. [#MedEdChat](#)



Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan7 hours ago](#)
RT [@DrJenWilliams](#): [@mededdoc](#) Maybe on other fronts - like extracurricular, so the academic advantage is still shared. In Australia, our graduates are guaranteed internship positions and many of these are allocated by lottery. [#mededchat](#) [#meded](#) [#australia](#)



Maya Hammoud, MD,MBA (opinions are my own) [@Maya_Michigan7 hours ago](#)
RT [@BJBRoman](#): Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail ... <https://t.co/VrkS1OWUY8> T3 [#MedEdChat](#)



Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago
RT @jprunuske: This is the heart of it... we need to make the time to do it right, not do it fast. #mededchat



Brenda Roman, MD @BJBRoman7 hours ago
@MedEdChat #MedEdChat. Regarding DEI, early data at BSOM when we did away with shelf exams in the clerkship and went P/F is that there was greater diversity with students who won clerkship awards. P/F needs to be explored more so there is a focus on clinical learning and excellence.



@mmteacherdoc @mmteacherdoc7 hours ago
@MedEdChat @Maya_Michigan @BJBRoman I worry about this, too. But at least the exam is more clinically-based, and taking care of patients should be a good study strategy. But I still think it should be pass-fail. #mededchat #MedEd



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
RT @BJBRoman: @MedEdChat #MedEdChat. Regarding DEI, early data at BSOM when we did away with shelf exams in the clerkship and went P/F is that there was greater diversity with students who won clerkship awards. P/F needs to be explored more so there is a focus on clinical learning and excellence.



MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
That's a wrap...I will post the #MedEdChat transcript tomorrow morning on <https://t.co/mJivoK9NyX>. Thanks everyone for participating! #meded



MedEd Chat (hosted by ACE) @MedEdChat7 hours ago
#MedEdChat will be off next week! Join us again on May 12th with our colleagues from @JournalofGME guest host! #meded



Chris Merritt @Chris_Merritt7 hours ago
@ArjaSateesh @mededdoc Perhaps "chunking" into smaller bits, each assessed at a P/F level, rather than grading a whole semester or what have you. Reinforces the importance of ongoing learning, doesn't allow you to "skate" once you've achieved statistical pass threshold. #mededchat



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago
@MedEdChat @Maya_Michigan @jprunuske #mededchat Analyzing applications with natural language processing tools supported by AI might allow PDs to quickly find applicants that match the program's values. #mededchat



Jake Prunuske, MD, MSPH @jprunuske7 hours ago
Would love to learn more about this; though fears re: bias in programming and reinforcing existing structures of power & privilege. What % of orthopedists are women? <https://t.co/8RahEnh7zo> #mededchat



@mmteacherdoc @mmteacherdoc7 hours ago
@GLBDallaghan @jprunuske I think it's "because they can." It's a market. #mededchat #MedEd



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

RT @Chris_Merritt: @ArjaSateesh @mededdoc Perhaps “chunking” into smaller bits, each assessed at a P/F level, rather than grading a whole semester or what have you. Reinforces the importance of ongoing learning, doesn't allow you to “skate” once you've achieved statistical pass threshold. #mededchat



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago

@Maya_Michigan @MedEdChat @jprunuske #mededchat Excellent! And the need to describe and even publish a resident program's values would encourage much reflection by PDs.



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

...and look within and across; rather than a single grade for clerkship, how about assessments of competencies, MK, PBLI, Com etc across clerkships? Honors in Communication, Pass in Medical Knowledge or the other way around? #mededchat



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago

@Maya_Michigan @MedEdChat @jprunuske #mededchat Excellent! And the need to describe and even publish a residency program's values would encourage much reflection by the PD.



Jake Prunuske, MD, MSPH @jprunuske7 hours ago

RT @Wells_GB: @Maya_Michigan @MedEdChat @jprunuske #mededchat Excellent! And the need to describe and even publish a residency program's values would encourage much reflection by the PD.



Gregg Wells | Neuropathology/Biophysics @Wells_GB7 hours ago

@jprunuske #mededchat The specialty seems to determine the values of residency programs of that specialty. Broadening residency training values within a specialty seems difficult. What determines the values within a specialty in an interesting question, indeed.



@mmteacherdoc @mmteacherdoc7 hours ago

@Maya_Michigan @jprunuske Single institution, focused outcomes. But some data. #MedEd #mededchat <https://t.co/I8JDwd3wSG>



Maya Hammoud, MD,MBA (opinions are my own) @Maya_Michigan7 hours ago

RT @mmteacherdoc: @Maya_Michigan @jprunuske Single institution, focused outcomes. But some data. #MedEd #mededchat <https://t.co/I8JDwd3wSG>



Aleksandra Mineyko @aleksmineyko6 hours ago

@MedEdChat #mededchat T3 I advise looking at what is done elsewhere (eg. Canada) where there has been a p/f system in med school for decades and there is no access to exam scores (ie. LMCC results). Not claiming it's better, just an example.



Aleksandra Mineyko @aleksmineyko6 hours ago

@MedEdChat #mededchat T2 <https://t.co/p5VuOLjuHZ>



Chris Merritt @Chris_Merritt6 hours ago

And more data points would allow GME leaders to identify patterns of strengths that may map to their criteria, or to craft residency classes with mixed strengths (like an orchestra) "We've identified a trumpet, but we're still looking for a bassoon"



Jake Prunuske, MD, MSPH @jprunuske6 hours ago

RT @Chris_Merritt: And more data points would allow GME leaders to identify patterns of strengths that may map to their criteria, or to craft residency classes with mixed strengths (like an orchestra) "We've identified a trumpet, but we're still looking for a bassoon"



Doris Kung @DorisKung36 hours ago

RT @jprunuske: ...and look within and across; rather than a single grade for clerkship, how about assessments of competencies, MK, PBLI, Com etc across clerkships? Honors in Communication, Pass in Medical Knowledge or the other way around? #mededchat



Laura Tatpati, MD @Dr_Tatpati6 hours ago

RT @BJBRoman: Residency Program Director Perceptions of Resident Performance Between Graduates of Medical Schools With Pass/Fail ... <https://t.co/VrkS1OWUY8> T3 #MedEdChat



Jen Readlynn, MD, FHM (she/her) @jenreadlynn5 hours ago

RT @mmteacherdoc: T3- looking forward to learning from everyone here, but IMO the key is that this isn't a "them" (PD's) problem. It's a "we" (UME/GME - the profession) problem. Have to develop shared goals & work together. Need to rebuild trust. #MedEd #mededchat



Lonika Sood, MBBS MHPE @sood_lonika5 hours ago

@MiriamHoffmanMD Yay!! Great to see you here on #mededchat



MedxLife @MedxLife2 hours ago

New Article on "Hepatitis A" is now published. . . . Download MedxLife app from play store and enjoy free learning .

. #medxlife #MedEdChat #MedEd #mbbs #MedTwitter #Medicos #LiverTwitter #Hepatitis <https://t.co/CM3O1DIGyk>



Pratibha_2023 @2023Pratibhaan hour ago

Es Umar me :- Log pyaar me pagal ho rahe hai , yhan hum padh padh ker pagal ho rahe hai #Medical #MedEd #MedEdChat #MedTwitter



Robert Homer @rjhomer57an hour ago

@mededdoc How does student heterogeneity fit into this? Diff students respond to incentives in diff ways. Availability of other outlet options for student learning also might matter. #MedEdChat #meded



Patrick Oisin @PatrickOisin1M13 minutes ago

#Picmonic #Discount #MedTwitter #MedEdChat For limited time: 20% discount plus 10\$ Amazon Gift cards rewards Check: <https://t.co/eFLrX0Qm2n>

The #MedEdChat Influencers

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 [@Maya_Michigan](#) 8

 [@AriaSateesh](#) 7

Highest Impressions

 [@MedEdChat](#) 151.5K

 [@jprunuske](#) 49.8K

 [@Maya_Michigan](#) 42.1K

 [@mededdoc](#) 34.7K

 [@mmteacherdoc](#) 24.7K

 [@GLBDallaghan](#) 24.0K

 [@LaurenMazzurco](#) 13.0K

 [@thartman2u](#) 5.8K

 [@Wells_GB](#) 5.4K

 [@BJBRoman](#) 5.2K

The Numbers

369.513K Impressions

145 Tweets

25 Participants

19 Avg Tweets/Hour

6 Avg Tweets/Participant

Twitter data from the [#MedEdChat](#) hashtag from Thu, April 28th 2022, 9:05PM to Fri, April 29th 2022, 4:55AM (America/New_York) – Symplur.