Background: Clerkship evaluating and grading practices vary widely between US medical schools. The majority of internal medicine clerkship directors believe that grade inflation exists and feel that it is a significant problem.

Aim: To determine the evaluation and grading practices of US internal medicine clerkships and to national grading distributions.

Methods: In June 2011, CDIM surveyed its US and Canadian institutional member clerkship directors (CDs). We sent all CDIM institutional members an e-mail message with a cover letter linked to the online, confidential survey. Non-respondents were contacted up to three additional times by e-mail and once by telephone. Participants were blinded to any specific hypothesis of the study. The IRB at Case Western Reserve University determined that the CDIM Survey research protocol did not fit the definition of human subjects’ research per 45 CR 46.102 and, therefore, the protocol did not require exemption status, further IRB review, nor IRB approval. No financial support was provided for participation. There were 73 total survey items; 10 of the items dealt specifically with the grading practices and distributions.

Results: Of the 113 CDIM institutional members surveyed, 86 (76%) completed the survey. 60.7% of CDs members agreed or strongly agreed that grade inflation existed in the IM clerkship at their school. 42.9% felt that it helped students obtain better residency positions. 60.2% disagree or strongly disagree that clinical clerkships should be graded Pass/Fail only. 78.6% of CDs define specific behaviors needed to achieve each grade. 35.7% specified an ideal grade distribution. 34.5% of CDs describe formal grading meetings. 44% have a trained core faculty responsible for evaluating students. 39.3% use the RIME scheme. 75% of respondents indicated that their school issued grading histograms with medical student performance evaluations. 13.1% of CDs said they did not know if this was the case. 78 respondents provided full data sets for analysis of grading scales and distributions. Grading scales were described as follows: 3.8% Pass/Fail (2-tier), 12.3% 3-tier system (e.g., Honors/Pass/Fail), 44.9% 4-tier system (e.g., Honors/High Pass/Pass/Fail), 34.5% 5-tier system, and 3.8% >5-tier system. According to tier system, CDs report the highest possible grade was given at the following rates: 3-tier 21.4% (10 – 34), 4-tier 25.9% (8 – 65), 5-tier 27.1% (10 – 50), >5-tier 29.7% (24 – 35). This shows a slight trend to increase the highest possible grade as the number of available tiers increases. Downstream users of clinical clerkship grades must be fully aware of these variations in grading in order to appropriately judge medical student performance.

Discussion: The results of this survey verify that the grading practices of IM clerkships vary greatly across North American medical schools. Nearly 61% of CDs feel that “grade inflation” exists in the IM clerkship at their medical school—this result is slightly higher than results from the 2009 CDIM survey (55%) and prior studies. Almost all of CDs feel this practice assists students to obtain better residency positions. Regarding evaluation/grading best practices, almost 80% of IM clerkships provide specific descriptors for each grade level. A minority of programs have a trained core faculty responsible for evaluation, and even fewer have formal grading meetings, both of which have been associated with more balanced grading practices. Very few IM clerkships are graded Pass/Fail (3.8%) and the majority of CDs (60.2%) do not feel Pass/Fail grading is appropriate for clinical clerkships. Among tiered systems, the number of levels varies significantly, 4-tiered systems being the most common type (44.9%). Labels given to grading tiers also vary. On the whole and based on the mean values, “grade inflation” would not seem to be an insurmountably serious problem, with less than one-third of students receiving the highest possible grade in any tiered system. More telling, however, is the extremely broad range among medical schools of students awarded the highest possible grade. The range in 4-tiered systems is quite dramatic, from a low of 8% to a high of 65%. In 5-tiered systems, 10 – 50% of students receive the highest grade. These results are consistent with a prior study of collected grading distributions from the MSPEs of US medical schools. This wide range has clear implications on an individual level for residency applications. There is no evidence that increasing the number of available tiers curtails “grade inflation.” In fact, there appears to be a trend towards a small increase in the number of highest tier grades as the number of available tiers increases. Downstream users of clinical clerkship grades must be fully aware of these variations in grading in order to appropriately judge medical student performance.