

American Medical Student Association  
House of Delegates 2012  
**Resolution: C-10**

INTRODUCED BY:	Jerry P. Abraham, MPH; Elizabeth Wiley, Vice President for Internal Affairs; Aliye Runyan, Medical Education Team; Megan Wolf, Chair of Wellness and Student Life; Matt Stull, MD, Graduate Trustee; Leo Lopez III, Past Premedical Regional Director Region IX; Nida Degesys, Secretary
SCHOOL:	University of Texas School of Medicine San Antonio (UTHSCSA); George Washington University School of Medicine; University of Miami Miller School of Medicine; University of Pittsburg School of Medicine; University of Cincinnati School of Medicine; University of Texas School of Medicine San Antonio (UTHSCSA); Northeast Ohio Medical University
SUBJECT:	Updating the Principles Regarding Medical Education-Curriculum Design to Strongly Urge all Medical Schools to Adopt Pass/Fail Grading Policies and eliminate the use of class ranks and GPAs during the pre-clinical years.
TYPE:	Resolution of Principles

- 1 WHEREAS, a medical student-led literature review regarding the benefits and concerns of using  
2 pass/fail systems in undergraduate medical education (UME) was completed;  
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4 WHEREAS, several research articles have recently been published regarding the benefits of  
5 pass/fail grading policies and the dangers of letter-grade systems;  
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7 WHEREAS, more and more schools continue to adopt pass/fail systems during the pre-clinical  
8 years and AMSA believes that it is in the best interest of both medical students and patients for  
9 all schools to do so;  
10  
11 WHEREAS, research<sup>1</sup> recently published demonstrate that letter grade systems in medical  
12 school are detrimental to medical student health & wellness;  
13  
14 WHEREAS, researchers<sup>2</sup> found elevated rates of depression, anxiety, alcoholism, substance  
15 abuse & suicidal ideation among medical students at letter-grade schools when compared to

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<sup>1</sup> Reed DA, Shanafelt TD, Satele DW, Power DV, Eacker A, Harper W, Moutier C, Durning S, Massie FS Jr, Thomas MR, Sloan JA, Dyrbye LN. Relationship of pass/fail grading and curriculum structure with well-being among preclinical medical students: a multi-institutional study. Acad Med. 2011 Nov;86(11):1367-73.

<sup>2</sup> Bloodgood, Robert A. PhD; Short, Jerry G. PhD; Jackson, John M. MS; Martindale, James R. PhD. A Change to Pass/Fail Grading in the First Two Years at One Medical School Results in Improved Psychological Well-Being. Acad Med. 2009 May;84(5):655-662.

16 pass/fail schools;

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18 WHEREAS, researchers<sup>3</sup> also found that letter grades, GPAs and class rankings foster  
19 inappropriate competitive behaviour among medical students, discouraging collaboration and  
20 teamwork;

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22 WHEREAS, students at schools that utilize letter grades have been documented to go to  
23 avoidable extremes to achieve particular letter grades, GPAs and class ranks, including increased  
24 honor code violations;

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26 WHEREAS, medical students should be encouraged to learn and acquire knowledge and skills  
27 that are relevant to the clinical practice of medicine and for preparation for the boards and should  
28 work to apply that knowledge for the betterment of patients rather than working to secure  
29 specific grades, GPAs and class ranks<sup>4</sup>;

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31 WHEREAS, it has been documented that medical students at pass/fail medical schools are much  
32 more inclined to collaborate and work together in teams to solve problems, understand concepts  
33 and teach and learn from each other<sup>5</sup>;

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35 WHEREAS, it is just as important to not replace a letter grade system with a multi-tiered system  
36 (that may include High Pass, Honors, High Honors etc);

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38 WHEREAS, the use of GPAs and class rankings during the pre-clinical years is inappropriate  
39 during the pre-clinical years;

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41 WHEREAS, studies show that there is no difference in the performance of residents from  
42 pass/fail schools and letter-grade schools and pass/fail medical school students perform equally  
43 as well on the USMLE Step 1;

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45 WHEREAS, the use of pre-clinical grades in the residency selection process is becoming more  
46 and more obsolete;

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48 THEREFORE BE IT RESOLVED that the Principles Regarding Medical Education-Curriculum  
49 Design be AMENDED as follows:

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**PRINCIPLES REGARDING MEDICAL EDUCATION—  
CURRICULUM DESIGN**

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<sup>3</sup> Rohe, Daniel, et al. The Benefits of Pass-Fail Grading on Stress, Mood, and Group Cohesion in Medical Students. Mayo Clinic Proceedings. November 2006. Vol 81. No. 11 1443-1448.

<sup>4,5</sup> Spring L, Robillard D, Gehlbach L, Simas TA. Impact of pass/fail grading on medical students' well-being and academic outcomes. Med Educ. 2011 Sep;45(9):867-77

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56 The American Medical Student Association:  
57 1. In regards to Curriculum Design:  
58 a. ENCOURAGES substantive participation of medical student representatives on  
59 curriculum committees and other advisory bodies involved in curricular oversight. (2005)  
60 b. SUPPORTS using a framework of competencies and objectives to guide curricular design  
61 and development. (2005)  
62 ~~e. SUPPORTS the use of pass/fail grading in the preclinical years of medical school. (2001)~~  
63 c. CONDEMNS the use of letter grades (ie A, B, C, D, F) in medical school.  
64 d. CONDEMNS the use of rankings and the calculation of GPAs during the pre-clinical  
65 years.  
66 e. STRONGLY URGES all medical schools to adopt the use of a strictly pass/fail grading  
67 policy during the pre-clinical years of medical school in order to reduce the risk of detrimental  
68 outcomes for medical students' health & wellness as well as reduce unnecessary competition and  
69 promote teamwork and collaboration among medical students.  
70 f. SUPPORTS any effort to increase meaningful patient contact in the preclinical years.  
71 (2005)  
72 g. DISCOURAGES the excessive use of passive learning (i.e., lectures) in medical schools  
73 and URGES that active educational techniques (e.g., problem-solving, small group discussions,  
74 computer aided instruction) be more widely utilized. (1988)  
75 h. BELIEVES that hands-on training opportunities in undergraduate medical education are  
76 necessary to achieve a level of proficiency in medical procedures. (1988)  
77 i. SUPPORTS the development of federal and state grants and contracts with medical  
78 schools to meet the costs of curriculum development projects to improve the teaching of medical  
79 students on subjects of emerging national concern, such as preventive medicine, nutrition, patient  
80 safety, occupational health and the health needs of the aged;  
81 j. SUPPORTS a medical school curriculum that provides appropriate faculty training in the  
82 areas of curriculum design and communication techniques, the adequacy of which to be reviewed  
83 through student evaluations and the accreditation process;  
84 k. SUPPORTS a medical school curriculum that develops and supports interdisciplinary  
85 courses and experiences, so that members of the various health disciplines can develop habits of  
86 cooperation and mutual respect and understanding with regard to roles, training, education, and  
87 expertise;  
88 l. SUPPORTS a curriculum that incorporates formal and effective interpersonal skills  
89 training as an integral part of the preclinical and clinical instruction of medical students and  
90 residents;  
91 m. BELIEVES that cost-of-living stipends for clerkships and other experiences away from a  
92 student's home medical center;  
93 n. SUPPORTS the incorporation of medical simulation throughout the curriculum, both  
94 clinical and preclinical, to promote active learning and clinical relevance. (2011)  
95 o. ENCOURAGES the Association of American Medical Colleges (AAMC) continue to  
96 support the AAMC Curriculum Management & Information Tool (CurrMIT) so that curriculum  
97 data can be collected and be made readily available to medical schools and medical students  
98 regarding the medical education curriculum policies and practices of American medical schools  
99 as well as make this database available to all providers and consumers of medical education.