



Assessment and Grading of Student Performance in the **LEARN Curriculum**
Office of Academic Affairs
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An important goal of the **LEARN** curriculum is to provide students with interdisciplinary courses that are integrated to the greatest possible extent. Students will be evaluated on both acquisition of knowledge and skills and professional development and values. Advancement throughout medical school will depend on acquiring a good medical knowledge base, achieving basic bedside skills, communicating competently, and demonstrating professional values.

SECTION 1: EVALUATION OF ACADEMIC PERFORMANCE IN PHASE I

1.1 Phase IA: Biomedical Building Blocks (B3) Course Sequence

The B3 course sequence is comprised of four courses: The Body, Molecular Foundations of Medicine, Pathogens and Host Defense, and Basic Mechanisms of Disease.

1. All four Phase B3 courses are graded Pass/Fail.
2. The minimum passing score in all four B3 courses is 70.0.
3. A student must achieve the following to pass each B3 course:
 - a. Final overall course score of 70.0 or more, **and**
 - b. An overall average of 70.0 or more on unit exams, if no summative final exam is offered, **or**
 - c. A score of 70.0 or more on the course's summative final exam, if offered.
4. Thus, to pass each B3 course, a student must achieve **both** a final overall course score of ≥ 70.0 **and either** an overall average of ≥ 70.0 on all of the course's unit exams, if no summative final exam is offered, **or** a score of ≥ 70.0 on a course's summative final exam, if offered.
5. A student must **complete and pass all required course assignments** in order to pass a course. Students who do not submit all required assignments will receive an Incomplete. Incompletes must be remediated within 14 days of the end of the course. If a student does not remediate the Incomplete within 14 days of the end of the course, the Incomplete will be replaced with a grade of Fail.
6. Course assignments and assessments may include quizzes, unit exams, summative final exam, problem-solving exercises, laboratory practicals or reports, case- or team-based learning activities, essays and papers, oral exams, simulations and OSCEs, individual or small-group presentations, etc.
7. Unit exams and summative final exams can be either customized NBME exams or in-house exams.
8. The combined weight of a course's unit exams and summative final exam, if given, is worth 40-60% of the final course grade. Other assignments and assessments will comprise the remaining 40-60% of the final course grade. Course directors have the discretion to decide the exact percentages within these ranges.
9. Failure to pass any B3 course, whether a result of a final overall course score of < 70.0 , an overall average on unit exams of < 70.0 , or a summative final exam score of < 70.0 , must be remediated. A maximum of **2 remediation attempts** is allowed.



10. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s). A student must take any remediation exam on its scheduled day and time.
11. A student who fails a B3 course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the two remediation attempts.
12. The first attempt to remediate a course failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score ≥ 70.0 on the remediation exam in order to have successfully remediated the initial course failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of the NGY on Cbase with a P, and a grade of Pass recorded on the student's official transcript. If a student fails the first remediation attempt, the NGY on CBase remains and the student is given an opportunity at a second remediation attempt.
13. The second remediation attempt for each of the B3 courses follows:
 - The Body – Drexel University College of Medicine Summer Medical Gross Anatomy course, which is wholly online
 - Molecular Foundations of Medicine – Drexel University College of Medicine Summer Online Medical Biochemistry course
 - Pathogens and Host Defense – at the course director's discretion
 - Basic Mechanisms of Disease – at the course director's discretion
14. If a student fails the second remediation attempt for a B3 course, the NGY on CBase will be replaced by an F, and a grade of Fail will be recorded on the student's official transcript. If a student fails a course, the student must retake the course either by taking a makeup course offered by an LCME accredited medical school or, if no comparable course is offered, by a design of the course director's choosing. Successful remediation of a failed course will be indicated by replacement of the F with an F/P on the student's record.
15. Subsequent successful retake of a failed B3 course will result in an F/P grade recorded on Cbase and on the student's official transcript.

1.2 Phase IB: Integrated Pathophysiology Organ Systems (IPP) Course Sequence

There are five IPP systems-based courses: Cardio/Pulmonary/Renal (CPR), Endocrine/Reproductive (ER), Gastrointestinal/Nutrition (GI-N), Mind, Brain & Behavior (MBB), and Musculoskeletal (MSK).

1. All five IPP courses are graded Pass/Fail.
2. The minimum passing score in all five IP courses is 70.0.
3. A student must achieve the following to pass each IP course:
 - a. Final overall course score of 70.0 or more, **and**
 - b. An overall average of 70.0 or more on unit exams, if no summative final exam is offered, **or**
 - c. A score of 70.0 or more on the course's summative final exam, **if offered**.
4. Thus, to pass each IPP course, a student must achieve **both** a final overall course score of ≥ 70.0 **and either** an overall average of ≥ 70.0 on all of the course's unit exams, if no summative final exam is offered, **or** a score of ≥ 70.0 on a course's summative final exam, if offered. A student must **complete and pass all required course assignments** in



order to pass a course. Students who do not submit all required assignments will receive an Incomplete. Incompletes must be remediated within 14 days of the end of the course. If a student does not remediate the Incomplete within 14 days of the end of the course, the Incomplete will be replaced with a grade of Fail.

5. Course assignments and assessments may include quizzes, unit exams, summative final exam, problem-solving exercises, laboratory practicals or reports, case- or team-based learning activities, essays and papers, oral exams, simulations and OSCEs, individual or small-group presentations, etc.
6. Unit exams and summative final exams can be either customized NBME exams or in-house exams.
7. The combined weight of a course's unit exams and summative final exam, if given, is worth 40-60% of the final course grade. Other assignments and assessments will comprise the remaining 40-60% of the final course grade. Course directors have the discretion to decide the exact percentages within these ranges.
8. Failure to pass any IPP course, whether a result of a final overall course score of < 70.0 , an overall average on unit exams of < 70.0 , or a summative final exam score of < 70.0 , must be remediated. A maximum of **1 remediation attempt** is allowed.
9. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s). A student must take any remediation exam on its scheduled day and time.
10. A student who fails an IPP course will be assigned a temporary grade of NGY on CBase. An NGY is not a permanent grade that appears on the student's official transcript. The NGY will remain on CBase until the student either passes or fails the first remediation attempt.
11. The first attempt to remediate a course failure may be a repeat administration of a failed exam or of a format that is at the discretion of the course director(s). In either case, a student must score ≥ 70.0 on the remediation exam in order to have successfully remediated the initial course failure. Successful remediation will be indicated by the minimal passing score of 70.0 for the course, the replacement of the NGY on Cbase with a P, and a grade of Pass recorded on the student's transcript. Unsuccessful remediation will be indicated by the replacement of the NGY on Cbase with an F and a grade of Fail recorded on the student's transcript.
12. Subsequent successful retake of a failed IPP course will result in an F/P grade recorded on Cbase and on the student's official transcript.



1.3 Phase I Final Course Grades

A single grade will be assigned at the end of each Phase I course. This is the grade that will be recorded on Cbase and on the student’s official transcript.

Grade	Criteria
Pass	Final overall course score ≥ 70.0 and either an overall average on all unit exams ≥ 70.0 or a summative final exam score ≥ 70.0
Fail	Final overall course score < 70.0 or an overall average on all unit exams < 70.0 or a summative final exam score < 70.0
Fail/Pass	Failed and successfully remediated

SECTION 2: EVALUATION OF ACADEMIC PERFORMANCE IN PHASE II

2.1 Core Clinical Clerkships

There are seven core clinical clerkships in Phase II: Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Primary Care, Psychiatry, and Surgery.

1. All seven Phase II core clinical clerkships courses are graded on a 5-tier system: Honors (H) / High Pass (HP) / Pass (P) / Low Pass (LP) / Fail (F).
2. Grading in the core clinical clerkships is standardized across all seven clerkships:
 - a. Clinical contributes 40-60% to the overall final clerkship grade. Clinical performance is evaluated using the Common Competency-based Clerkship Evaluation (C3) Form.
 - b. NBME subject exam percentile contributes 20-30% to the overall final clerkship grade.
 - c. Clerkship-specific assignments and assessments, e.g. OSCEs, quizzes, oral presentations, tutorials, papers, etc. contribute 10-30% to the overall final clerkship grade.
3. Each core clinical clerkship requires passage of an NBME Clinical Science Subject Exam, i.e, Shelf Exam, at the **5th percentile, at minimum**, as determined by the latest academic year norms from the NBME for examinee performance.
4. A Z will be given in a core clinical clerkship to a student who has passed all other elements of the clerkship, but who has failed the initial attempt of the NBME subject exam for that clerkship. A Z is not a permanent grade that appears on the student’s official transcript.
5. Students must score at the **50th percentile or above** nationally on the NBME subject exam to be eligible for an Honors grade in a core clinical clerkship. An NBME subject exam score \geq the 50th percentile does not guarantee a grade of Honors or High Pass. Honors and High Pass grades will be awarded to no more than 30% of the class.
6. If a student scores lower than the 5th percentile, then the student must remediate the shelf exam failure. A maximum of 1 remediation attempts is allowed.
7. Dates and times for all remediation exams will be established by the Office of Undergraduate Medical Education in consultation with the course director(s). A student must take any remediation exam on its scheduled day and time.



8. If the student passes the second attempt of the NBME subject exam, the Z is converted to a P on Cbase, and a grade of P is recorded on the student's official transcript. A student with a Z may not earn a grade above Pass in that clerkship, i.e., no H or HP will be awarded.
9. A second failure of the NBME subject exam will result in the replacement of the Z with an F on Cbase and on the student's official transcript.
10. A student who either accumulates two Z's at any time during Phase II or fails a clerkship will be stopped in their clinical rotations, and they will be reviewed by CAPP. The student can resume clinical rotations only after both Z's have been successfully remediated. In the case of a clerkship failure, remediation of the clerkship must include a minimum of two weeks of additional clinical work, any additional remediation as determined by the clerkship director, and a passing grade on the NBME subject exam. Upon successful remediation of the clerkship, the student's academic record will reflect the failed clerkship; a second entry will show a grade of Pass, i.e., F/P.

2.2 Two-Week Mini-Clerkships

There are three two-week mini-clerkships in Phase II: Emergency Medicine, Radiology, and Anesthesiology.

1. The three mini-clerkships are graded Pass/Fail.
2. Final clerkship grades are based on clinical performance and on assignments and assessments such as written quizzes and exams, oral exams case writeups and presentations, simulations, and OSCEs, etc.
3. A student who fails a min-clerkship must retake the clerkship.

2.3 Translational Pillars

There are three Translational Pillars in Phase II.

1. The three Translational Pillars are graded Pass/Fail.
2. Final pillar grades are based on assignments such as case discussions, writeups and presentations.
3. Attendance and small-group participation can count towards the final grade.
4. A student who fails a Translational Pillar must retake the pillar.

SECTION 3: EVALUATION OF ACADEMIC PERFORMANCE IN PHASE III

3.1 Sub-internships and Clinical Elective Rotations

1. Sub-internships, and clinical elective rotations in Phase III are graded on a 5-tier system: Honors (H) / High Pass (HP) / Pass (P) / Low Pass (LP) / Fail (F).
2. Clinical performance is evaluated using the Sub-internship/Elective/ACE Evaluation Form (CEPA).

3.2 Selectives and Non-clinical Electives

1. Selectives and non-clinical electives are graded Pass/Fail (P/F).
2. Criteria for a passing grade in each course will be established by the course director(s).
3. Attendance and small-group participation can count towards the final grade.



SECTION 4: EVALUATION OF ACADEMIC PERFORMANCE IN TRANSITION AND LONGITUDINAL COURSES

4.1 Grading in Transition and Longitudinal Courses

1. All transition and longitudinal courses are graded Pass/Fail (P/F).
2. Course directors are given the prerogative to determine the best methods for assessing student performance for their courses.
3. Criteria for a passing grade in each course will be established by the course director(s).
4. Attendance and small-group participation can count towards the final grade.
5. Narrative comments on the student's performance will be provided for ICM, MCS and TiME, and these comments will be included in the Medical Student Performance Evaluation (MSPE).

4.2 Phase I Transition and Longitudinal Courses

1. Transition to Medical School (TMS)
2. Themes in Medical Education (TiME)
3. Introduction to Clinical Medicine (ICM)
4. Medicine in Contemporary Society (MCS)

4.3 Phase II Transition and Longitudinal Courses

1. Transition to Clinical Care (TCC)

4.4 Phase III Transition and Longitudinal

1. Transition to Residency - General (TTR-G)
2. Transition to Residency - Specialty (TTR-S)
3. Advanced Clinical Experience (ACE)

SECTION 5: EVALUATION OF PROFESSIONALISM AND TEAMWORK

Throughout the **LEARN** curriculum, students are routinely evaluated by faculty, residents and peers in areas such as class and clerkship preparation, attendance and participation, interpersonal communication and teamwork skills, leadership, and professionalism. Failure to meet expectations of professionalism and teamwork can lead to a failing grade in a course or clerkship.

SECTION 6: NARRATIVE ASSESSMENT

A written narrative description of a medical student's academic performance and professionalism, including their non-cognitive achievement, will be a component of the assessment in each required course and clerkship whenever teacher-student interaction permits this form of assessment (i.e., courses in which an individual faculty member has sufficient and longitudinal interaction with an individual student).

1. Narrative assessments are provided in the ICM, MCS and TiME courses, clinical clerkships, sub-internships, and clinical electives).



2. Non-cognitive areas of achievement include, but are not limited to, professionalism, communication skills, leadership, conscientiousness, critical thinking, time management, and interpersonal and team skills.
3. This narrative typically addresses both strengths and areas for improvement, and may include both comments intended for formative feedback and comments intended as a summative evaluation.
4. Summative comments are part of the final grade/evaluation in the clinical clerkships, sub-internships and clinical electives, and they will be included in the MSPE. The summative narrative is compiled from comments collected from supervising residents and faculty, some as quoted and some-as formulated by the clinical course director.
5. In Phase II clinical clerkships, narrative assessments are completed using the Common Competency-based Clerkship Evaluation Form (C3). In Phase III sub-internships and clinical electives, narrative assessments are completed using the Sub Internship/Elective/ACE Evaluation Form (CEPA).
6. As soon as narrative comments are recorded on CBase, they are available for student viewing. A student may appeal narrative comments appearing on the transcript through the standard Grade/Comment Appeals Policies.

SECTION 7: NONINVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT AND ACADEMIC PROGRESS

Health professionals who provide health services to medical students, including medical and psychiatric care as well as psychological counseling, will have *no involvement in the academic assessment or promotion* of a medical student receiving those services. A student assigned to a course, clerkship, or other educational activity with a treating healthcare provider may request, and will be granted, an alternative assignment. Students are encouraged to request such noninvolvement on CBase during the Phase registration period or to the Associate Dean for Student Affairs if outside the Phase registration period. In matters brought before the Committee on Academic and Professional Progress, a healthcare provider who serves on the committee must recuse themselves from deliberations related to a student whom they treat.