

'Good Initiative, Bad Judgement'

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The Alpert Medical School of Brown University on September 17 announced changing selection criteria for nomination into Alpha Omega Alpha (AOA) Honor Medical Society, part of an ongoing conversation between the nation's medical schools and the Board of Directors of AOA, attempting to make AOA nomination better represent the diversity of medical students. No longer will pre-clinical grades and National Board score be weighted into AOA nomination, which will now be based more heavily upon leadership, community engagement, scholarly activity, professionalism, and grades in the core clerkships.

The AMS Senate, as part of a broader announcement in October 2019, included this statement about the changes: "...they instead recognize that equally splendid students who are inherently disadvantaged may not fall under the older qualifications. This change will allow for students who had difficulty in their time at AMS, but still meet the standards of what AOA is meant to represent, to have the opportunity to be rightfully nominated."

This will not be a comment about diversity, structural bias, inclusion, or exclusion. I wish to present an argument that devaluing pre-clinical exam grades in medical school is unethical and harmful to the profession. My thesis is in two parts: 1. The sum of one's grades in medical school is a reasonable proxy for one's effort to learn and understand the academic content of medicine, and is a reasonable proxy for one's actual understanding of the academic content of medicine. 2. It is ethically incumbent on training physicians that they devote their greatest level of effort into understanding the academic content of medicine.

We may all agree that sitting in a classroom and taking a test is a flawed

method of evaluating knowledge. There are numerous reasons why performance on multiple choice tests may not be indicative of actual level of knowledge or content mastery, including learning disabilities, test anxiety, and perhaps most concerning, structural and systemic gaps due to social factors since childhood. But, I posit that the sum of dozens of exams taken in the pre-clinical years of medical school does, in fact, have significance.

When exams of the first two years and Step 1 are taken as a whole, they make a reasonable approximation for a student's effort at learning and achieving mastery of the academic content of medicine. I acknowledge there is room for logical disagreement with this statement. Not every student's effort correlates one to one with test performance – these students deserve more academic support to achieve outcomes they desire. But if we cannot agree that every test taken over the first two years correlates to some measure of student effort and knowledge, then the fundamentals of medical education are broken and need to be fixed. I do not believe this to be the case.

Pass-fail curriculums and flexible standards are fantastic innovations to decrease the toxic stress of medical school and allow students the opportunity to explore passions outside of the classroom. But, at the end of the day, we are paying \$63,000 in tuition alone to be taught the academic content of medicine, and this must remain the significant focus of the first two years. Community engagement, research, leadership activities, volunteerism, etc. are all amazing things which are important to the medical community – but they can all be done without incurring life-altering debt. One does not need to be paying for an Ivy League medical education in order to volunteer in the community. These activities must all be secondary to

the main purpose of the pre-clinical years, which is to develop a base understanding of the academic content of medicine.

The social contract with doctors of medicine makes it incumbent upon students of the profession to learn the content of medicine to the best of their ability in order to serve their patients. We must enter medical school with this expectation, and frame our understanding of medical education around it. If we do not, this devalues the profession and is a breach of the ethical obligation into which we entered. This is not saying that every student must achieve absolute content mastery demonstrated via exams – that is obviously absurd. This is an argument that we must devote our professional effort to this goal, and that other goals are secondary to this.

We are professional students, entering a profession founded upon scholarship and the application of evidence into clinical practice in the service of improving human health. Learning the basic content of the profession to the limit of personal mastery is, in my belief, an ethical obligation and personal responsibility. If we agree that the sum of one's test scores is a logical proxy for effort and content mastery in the first two years, then it is ethically unsound to discount these measures in the evaluation of medical students deserving honors. ❖

Disclaimer

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