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Letter to Editor

The impact of surgery clerkship grades on applicant competitiveness for orthopaedic surgery residency match

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Keywords Orthopaedics Residency Clerkship Grades	Medical school clerkship grades are an important method for applicants to distinguish themselves when applying to residency programs. Given the lack of standardization among medical schools in the clerkship grading process, it has become more challenging for orthopaedic surgery residencies to ascertain the true value of surgery clerkship grades between applicants. This letter to the editor is a response to the article by Hoy et al., "Analysis of variability and trends in medical school clerkship grades," and offers further perspectives on the variability of surgery clerkship grading and its effect on applicants.

To the Editor,

We recently read the article "Analysis of variability and trends in medical school clerkship grades" by Hoy et al. [1] with great intrigue. As aspiring orthopaedic surgery residents, we are keenly interested in learning what makes an excellent applicant.

The authors intended to evaluate the rate of "honors" in both surgery and internal medicine clerkships among applicants and compared rates between over 80 different programs. Namely, they found that the rate of honors for surgery clerkships has gradually increased over the years, with the average rate of honors for medical students rising from 31.9 % in 2015 to 38.6 % in 2022 [1]. However, the rate of honors between medical schools has varied drastically, from as low as 10 % in some programs to as high as 82 % in other programs [1].

Previous studies have reported similar findings. Westerman et al. [2] argued that in programs in which the majority of students received the highest possible grade (i.e. "honors"), the utility of clerkship grades to distinguish applicants decreases. Moreover, other studies [3,4] have highlighted the inter-institutional variability in clerkship grades, specifically the surgery clerkship, as problematic in comparing orthopaedic surgery residency applicants on the basis of these grades, which also undercuts the significant achievement of attaining honors.

When considering the variability in honors grades given by different programs, several other factors immediately come to mind. First, the numerical cutoff value for honors may be significantly different for one clerkship than another clerkship for the same program. For instance, if the cutoff grade for the surgery clerkship is lower than that of all other clerkships, it will be virtually impossible to distinguish a student who far surpassed the threshold for honors than a student who achieved honors by a few decimal points. Moreover, these cutoff values could vary between schools as well, further obscuring the true value of an honors grade. Using a similar example, a student who just missed the cutoff threshold at his/her program may have achieved "honors" by a great margin at a different school. As such, many program directors desire a method for standardizing the clerkship grading protocol. While NBME Subject Examinations taken by students during clerkships may level the playing field a bit, further standardizing the process is exceedingly challenging. Namely, it is impossible for students both within and between different programs to receive the same clinical supervision, constructive feedback, and unbiased evaluations that eventually contribute to their grades.

In the wake of USMLE Step 1 becoming "Pass/Fail," hopeful orthopaedic surgery residency applicants are constantly looking to distinguish themselves from their fellow applicants. Along with USMLE Step 2 scores and research experiences, clerkship grades remain among the few crucial aspects in differentiating applicants from one another. If the threshold for achieving honors in the surgery clerkship continues to vary widely between different schools in the coming years, developing methods of better standardizing the clerkship grading process between schools should be heavily sought after by competitive specialties like orthopaedic surgery.

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Ethical approval statement

Not required as our study did not include experiments on animals or patient/volunteer information.

CRediT authorship contribution statement

Sean M. Richards: Supervision, Validation, Writing – original draft, Writing – review & editing. Nicolas J. Nadeau: Writing – original draft, Writing – review & editing.

Declaration of competing interest

None.

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