

Theme	Subthemes	Recommendations
Faculty expectations develop with experience, are highly personal and have an impact on learning	<ol style="list-style-type: none"> 1. Development of faculty expectations is based on their experience in patient care and teaching 2. Differing faculty expectations causes challenges for the students and leads to changes in their patient care approach and how they learn from grading 3. Faculty expectations shift based on service specialty, student experience level and case complexity 4. Faculty expectations are personal in nature and individualized 	<p>Require all faculty members to write and deliver to students, prior to working with them, detailed expectations for patient care. (addresses subthemes 1-4)</p>
Faculty feedback can have a positive or negative impact on student learning	<ol style="list-style-type: none"> 1. Faculty feedback has a positive impact on student learning 2. Faculty feedback has a negative impact on student learning 	<p>Eliminate the requirement for feedback on certain types of follow-up eye examinations. (addresses subthemes 1 & 2)</p> <p>Written faculty feedback to students should corroborate and support their verbal feedback and be as specific and detailed as possible. (addresses subthemes 1 & 2)</p>
The clinical grading system is used in a variety of ways and for different reasons by the administrators, faculty and students	<ol style="list-style-type: none"> 1. Administration uses the grading system for accreditation and to assess and document student progress and faculty grading ability 2. Faculty use the grading system for providing student feedback 3. Students use the system to get feedback and track patients; their use changes throughout their clinical careers 	<p>Add opportunities for the students to ask questions of the faculty within the grading system. (addresses subtheme 3)</p> <p>Require all grades to be completed within a short time period (within 3 business days) to enable students the maximum level of reflection. (addresses subthemes 2 & 3)</p> <p>Increase the importance of clinical grading in the faculty evaluation with an emphasis on grading as teaching. (addresses subtheme 1)</p>
Clinical grading is subjective and has challenges that inhibit effective use	<ol style="list-style-type: none"> 1. Clinical grading is subjective in nature 2. The faculty not being present during the patient's exam by the 	<p>An enhanced orientation on the clinical grading system for all new faculty should be initiated to ensure a good</p>

student the entire time creates difficulties in grading

3. Faculty do not want to be the “bad person”

4. The level of orientation and guidance provided to students and faculty is not adequate

5. There is a “veil of secrecy” over how the system works behind the scenes that impacts use and understanding of the grading system

understanding prior to grading students. (addresses subthemes 4 & 5)

An enhanced orientation on clinical grading for all students (addresses subthemes 4 & 5)

Clinical course syllabi expectations should be updated and made as service-specific as possible. (addresses subtheme 1)

Require all grades to be acknowledged in some manner by the students, especially grades marked as “below expected.”

The clinical grading system continues to evolve and grow to meet the needs of all parties.

1. The grading system continues to evolve to meet needs

2. Evolution needs to continue for program growth

A regular discussion of the grading system by the faculty as a whole, including enhanced guidance from the administration, should be initiated and done yearly. (addresses subthemes 1 & 2)
