

February 3, 2026

To: Kansas Legislature
House Committee on Education

From: Giulia Bonaminio, M.S., Ph.D.
Senior Associate Dean for Medical Education
University of Kansas School of Medicine
gbonaim@kumc.edu

Subject: Opponent testimony of House Bill 2488

Chair Estes and members of the committee,

My name is Dr. Giulia Bonaminio and I am a Professor in the Department of Family Medicine and Community Health and I serve as the Senior Associate Dean for Medical Education for the University of Kansas School of Medicine.

Thank you for the opportunity to testify today in opposition of House Bill 2488.

In my role as Senior Associate Dean, I oversee the medical education curriculum, student assessment systems, academic standards, and compliance with national accreditation requirements governing how physicians are trained and evaluated. I also bring a personal perspective reflecting my confidence in the exceptional quality of our training programs. I am a two-time cancer survivor, and I received my care here in Kansas—from University of Kansas Health System physicians who were my students, graduates of the educational program that I have been involved in for almost 29 years. That experience also shapes my view of the curriculum and of assessment. As a patient, what mattered most was not a transcript letter grade, but clinical judgement, communication, professionalism, teamwork, and safe care.

The first two years of our curriculum consist of preclinical coursework (classroom, interactive small group, and lab-based learning), while the second two years include required clinical training or clerkships (direct patient care under supervision). The assessment of students' knowledge, skills, and attitudes follows a competency-based framework. Competency-based education is a system in which learners advance by proving they can do the work required in the real patient care setting, not just by passing required courses. As is expected in sound assessment, we use multiple methods of assessment that are aligned with best practices for all phases of training.

After careful review of student outcomes data, accreditation standards, assessment evidence, and national trends, we determined that traditional letter grades and tiered grading systems—particularly in clinical settings—did not reliably measure physician competence. National research¹ shows that pass/fail preclinical grading is not associated with lower United States

¹ Kim S, George P. The Relationship Between Preclinical Grading and USMLE Scores in US Allopathic Medical Schools. *Fam Med.* 2018;50(2):128-131.

Medical Licensing Exam (USMLE) Step 1 or Step 2 Clinical Knowledge (CK) scores, even after adjusting for entering academic characteristics such as MCAT and GPA. Step 1 and Step 2 are two of the three examinations that students must pass to be licensed to practice medicine in the United States. Institutional studies demonstrate that transitions to pass/fail may change internal exam behavior but do not reduce USMLE licensing exam scores, which remains the key external benchmark. Traditional clerkship grading systems raise concerns about imprecision and fairness, while offering limited actionable feedback for learning.

Today, the majority of U.S. MD-granting medical schools use pass/fail grading in the preclinical phase, and a growing number have restructured clinical clerkship assessment to reduce reliance on tiered grades in favor of competency-based evaluation. Embracing competency-based education has not lowered the bar; on the contrary, it has assured that each and every student has met or surpassed more rigorous assessments in all knowledge and skill domains.²

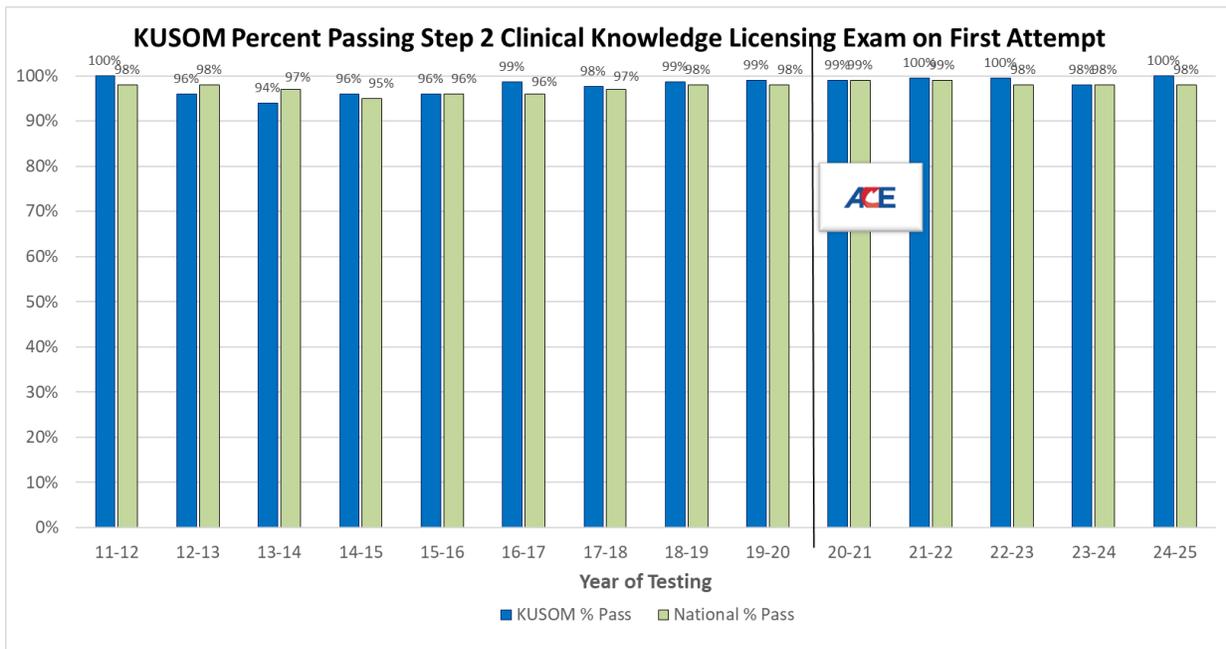
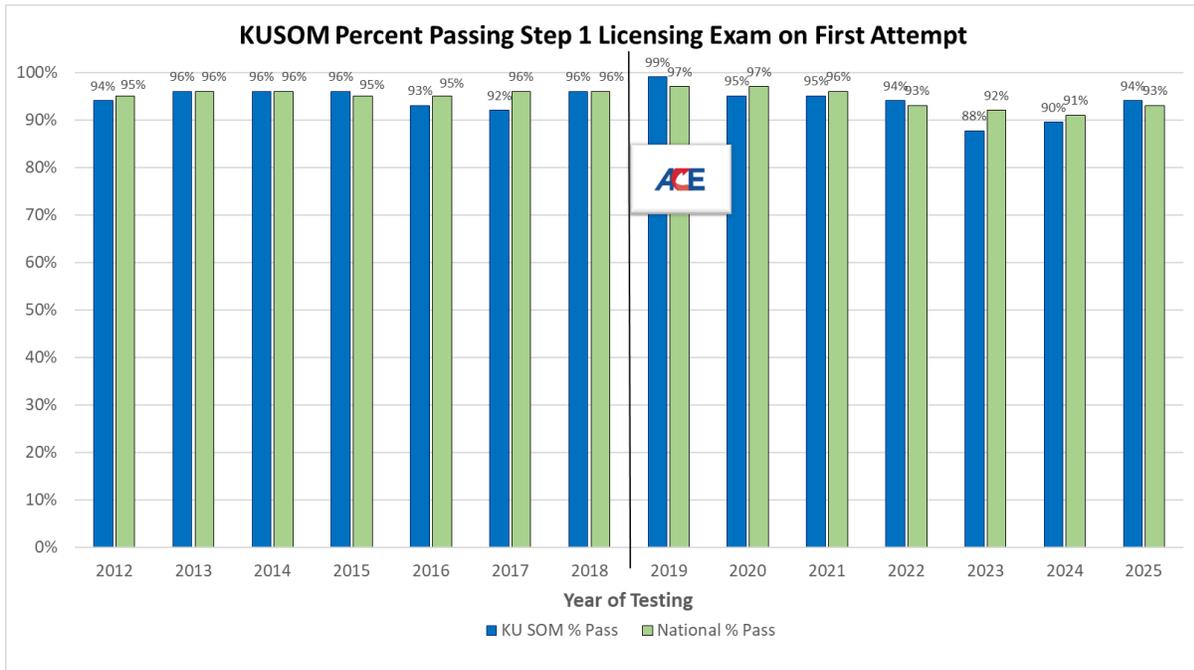
Across preclinical courses and required clerkships, we assess students using 1) nationally benchmarked written exams to ensure mastery of medical knowledge, 2) direct observation of clinical performance in real patient care settings, 3) Objective Structured Clinical Examinations (OSCEs) with standardized patients, 4) faculty-provided evaluations that include written observations (called narrative assessment) about student strengths, growth areas, professionalism, communication, and teamwork, and 5) formal academic progress review committees that determine advancement, remediation, or delay when standards are not met. These approaches are not optional. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical education programs, requires that medical schools maintain a comprehensive, fair, and uniform system of formative and summative assessment across all our teaching sites, including narrative assessment whenever teacher-student interaction permits. This is particularly relevant in clerkships,³ because narrative comments about how the student has performed in clinical training provide rich contextual information about clinical performance and professional behavior that rating scales alone miss.

Clinical clerkships are where students transition from learners to physicians-in-training. National organizations, including the Association of American Medical Colleges (AAMC), which supports and coordinates medical education in the U.S., have documented that traditional multi-tiered clerkship grading often discourages learning, increases stress and competition, and produces grades that vary widely by site and evaluator. Our approach emphasizes observing clinical competence and narrative feedback, which better reflects how physicians are evaluated in real clinical practice and how residency programs assess readiness for clinical practice.

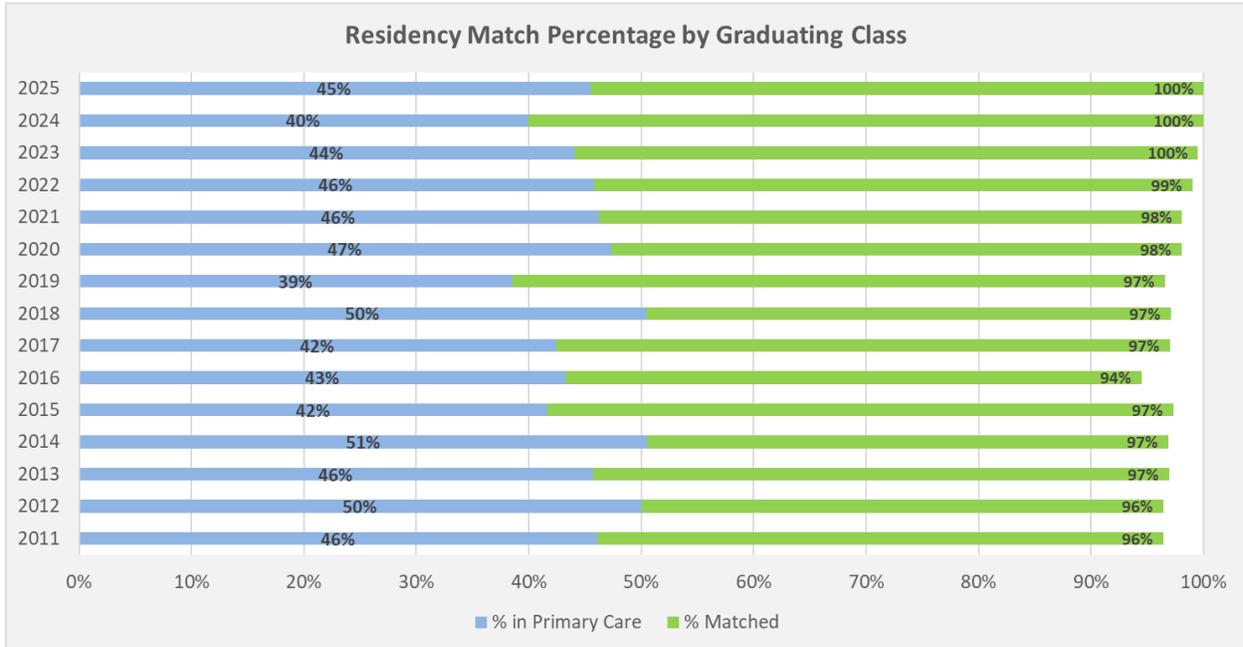
We continuously monitor outcomes closely. The percentage of our students who pass the USMLE Step 1 and Step 2 Clinical Knowledge exams on their first attempt, shown over time below, has consistently been above, at, or very close to the national pass percentage. This is true despite the USMLE raising the score to pass these exams every few years and in spite of changes in our grading systems.

² Humphrey-Murto S, Varpio L, Wood TJ, et al. Assessment pearls for competency-based medical education. *Perspect Med Educ.* 2017;6(5):298-304.

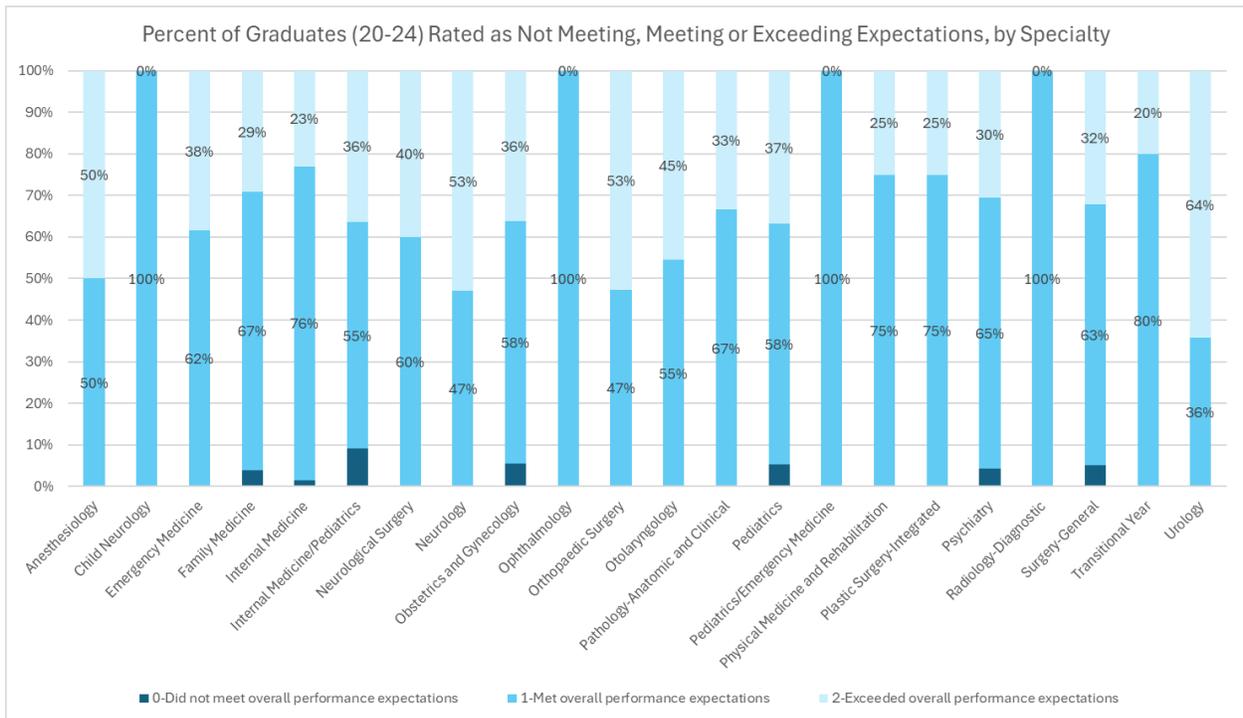
³ Hatala R, Sawatsky AP, Dudek NL, Ginsburg S, Cook DA. Using in-training evaluation report (ITER) qualitative comments to assess medical students and residents: a systematic review. *Acad Med.* 2017;92(6):868-879



With USMLE Step 1 now reported as pass/fail, residency programs are appropriately placing greater emphasis on USMLE Step 2 CK scores, clinical performance, narrative evaluations, and letters of recommendation. Our assessment system is intentionally designed to provide richer, more meaningful evidence of readiness in exactly those areas. This is evident in our incredible success in matching students to their residency program of choice as shown below. Our match rate has routinely been well above 90% and even improved over the years.



The effectiveness and accuracy of our assessment system is also evident in the feedback that we receive about our graduates from their residency program directors, shown below. This feedback demonstrates that regardless of the specialty, 90-100% of our graduates are recognized as competent and meeting or exceeding program director expectations.



As an educator for the University of Kansas School of Medicine for the past 29 years, I know that my number one responsibility is to produce high quality physicians who will take care of the

people of Kansas. As both an educator and a patient, I want to emphasize this: when you or your family or friends are facing a serious illness, you do not ask whether your physician earned honors in a clerkship. You ask whether they are competent, thoughtful, ethical, and able to care for you as a whole person. Our assessment system—across preclinical education and clerkships—is designed to produce exactly that kind of physician for the people of Kansas.

I encourage you to talk with our wonderful medical students who are here today for Higher Ed Day to learn about their perspectives on assessment, their preparation for residency, and their preparation for medical practice.

Thank you,



Giulia Bonaminio, M.S., Ph.D.
Senior Associate Dean for Medical Education