A Guide to the Preparation of the Medical Student Performance Evaluation

Foreword

Establishment of Initial Guidelines for the Dean's Letter

In 1989, the Association of American Medical Colleges (AAMC) charged a Committee on Deans' Letters, composed of experienced representatives from medical schools and graduate medical education (GME) programs, to "develop guidelines on the evaluative information desired by program directors" and to "explore the feasibility of providing a model format for deans' letters." In 1989, the AAMC distributed the resulting "Guide to the Preparation of the Medical School Dean's Letter," in which the committee noted that:

- "Graduation from medical school…is the student's transition from a general phase to a specialized phase" of medical education.

- "Residency program directors and their selection committees require information about the levels of accomplishment candidates for their programs have achieved during medical school. The transmission of this information is through an instrument termed THE DEAN'S LETTER of EVALUATION."

- The dean's letter "is not a letter of recommendation; it is a letter of evaluation."

- A "common, recurrent complaint of those who interpret deans' letters of evaluation is that too often it is impossible to estimate how a candidate performed in comparison to his or her peers. The dean's letter can provide information about comparative performance. The comparative report should be compiled and formatted so that a recipient can perceive a candidate's performance profile consistent with the medical school's grading system."

- The "gradations [within medical school grading systems] are sufficient to place a candidate's performance in relationship to his or her classmates. These descriptions of performance can be included in the body of the letter, but a more easily interpreted display is recommended."

- "Rarely do those who prepare dean's letters of evaluation have sufficient information to be students' advocates for selection in a particular specialty. Students should be counseled to iden-

tify faculty members who will advocate their suitability for a career in a specialty and to write a separate *letter of recommendation* for their training in that specialty."

A Need for Revision, Enhancement, and Continuous Quality Improvement

In late 2000, four factors resulted in the AAMC's appointment of a second Dean's Letter Advisory Committee (DLAC):

- A lack of implementation by all schools of the 1989 guidelines.

- The involvement, by a variety of professional organizations, in significant ongoing efforts to define and assess professionalism in medicine.

- The decline in the importance of the dean's letter to the GME community.

- The significant changes in the delivery of residency application information resulting from the introduction of the Electronic Residency Application Service (ERAS).

During 2001-02, the DLAC:

- Consulted with the medical school and GME communities through a comprehensive Web-based questionnaire.

- Developed a comprehensive set of preliminary recommendations and presented them at the 2001 AAMC Annual Meeting.

- Received and incorporated feedback regarding these preliminary recommendations from the medical school and GME communities.

- Submitted a comprehensive set of final recommendations to the AAMC Executive Council.

The final recommendations of the DLAC, approved by the AAMC Executive Council in March 2002, represent attempts to:

- Ensure consistency in the re-designed and re-named Medical Student Performance Evaluation across medical schools.

- Strongly reaffirm the purpose of the Medical Student Performance Evaluation.

- Improve collaboration and communication between senders and recipients of the Medical Student Performance Evaluation.

- Establish an ongoing quality improvement process, across medical schools, for the Medical Student Performance Evaluation.

The Medical Student Performance Evaluation

Name and Purpose. The name of the dean's letter has been changed, effective immediately, to Medical Student Performance Evaluation (MSPE) in order to reflect its purpose as an evaluation of a medical student's performance (rather than a recommendation or prediction of future performance). The MSPE describes, in a sequential manner, a student's performance, as compared to that of his/her peers, through three full years of medical school and, as much as possible, the fourth year. The MSPE includes an assessment of both the student's academic performance and professional attributes.

Timeline. The MSPE is completed upon the successful completion of all core clinical clerkships (Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) in the third year (or their institutional equivalents).

Composition. Final authority for composing the MSPE, as an institutional assessment composed on behalf of the medical school faculty, should rest with a professional person, at the faculty level in the institution, who has access to all relevant evaluation data for all students. Ideally, the process by which the MSPE is composed should include a personal meeting with each student.

Student review. The MSPE, as an institutional assessment, should be considered a component of the student's academic record and, thus, be available for a student's review. The student should be permitted to correct factual errors in the MSPE, but not to revise evaluative statements in the MSPE.

Release date. The MSPE release date will continue to be November 1.

ERAS Post Office opening date. With the approval of the Electronic Residency Application Service (ERAS) Advisory Committee, the opening date of the ERAS Post Office has been moved, by two weeks, from August 15 to September 1.

NRMP Rank Order List deadline date. With the approval of the National Resident Matching Program (NRMP) Board of Directors, the deadline date for submission of Rank Order Lists (ROL) for the Main Match has been moved later by six days.

Mode of delivery. The MSPE will be delivered via ERAS in a computer file compatible with an Internet-based delivery system.

MSPE Advisory Committee. An MSPE Advisory Committee has been established to:

- Establish a mechanism for ongoing information exchange between schools and GME programs about the MSPE.

- Implement recommendations for standardization of MSPE content and format among medical schools.

- Define a standard set of measurable professional attributes expected of medical students.

- Develop by 2006, in concert with a representative group of medical schools, policy and procedure guidelines for the systematic, performance-based assessment, across third-year clerkships, of these professional attributes. This assessment will be a component of the academic evaluation of students and complementary to the grade that will appear on the academic transcript.

- Ensure a continuous quality improvement process for the MSPE.

A Guide to the Preparation of the Medical Student Performance Evaluation

Length and Format: The MSPE should be a two-to-three page, single-spaced, appropriately formatted document, with five appendices. The MSPE should be typed, single-spaced, in New Times Roman, 12-point font with a one-inch margin on each side.

Content: The MSPE contains six sections:

The <u>Identifying Information</u> section includes the:

- Student's legal name.

- Name and location of the medical school.

The <u>Unique Characteristics</u> section includes a brief statement about the unique characteristics of the student, as follows:

- Information about special considerations, including any distinguishing characteristics exhibited by the student in medical school (e.g., demonstrated leadership and research abilities, participation in community service activities).

- Information about any significant challenges or hardships encountered by the student during medical school.

The <u>Academic History</u> section includes:

- The month and year of the student's initial matriculation in, and expected graduation from, medical school.

- An explanation, based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.

- Information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.

- Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.

- Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution.

The <u>Academic Progress</u> section includes information about the student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations, as follows:

- Narrative information regarding the student's overall (rather than course-specific) performance in the preclinical/basic science curriculum.

- Narrative information regarding the student's overall performance on each core clinical clerkship and elective rotation completed to date, with a focus on summative, rather than formative, comments by clerkship/elective directors. This information should be provided in the chronological order in which the student completed each core clinical clerkship and elective rotation. Information should be provided about the location of any "away" elective rotations.

- Narrative information about the student's level of initiative, enthusiasm, and ability to self-start in all curricular components.

- An assessment of the student's compatibility with faculty members, peers, other members of the health care team, and patients during all curricular components.

The <u>Summary</u> section includes a summative assessment, based upon the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance.

The <u>Appendices</u> section includes:

- **Appendix A:** a graphic representation of the student's performance, relative to his/her peers, in each preclinical/basic science course.

- **Appendix B:** a graphic representation of the student's performance, relative to his/her peers, in each core third-year clinical clerkship.

- **Appendix C:** information supplementary to that contained in the body of the MSPE regarding the assessment of the student's performance, relative to his/her peers, in the area of professional attributes. This assessment should be linked to those professional attributes of students that are specifically and systematically observed,

evaluated and reported upon by medical school faculty members. Where the medical school has defined a set of professional attributes for which systematic evaluations are available, a graphic representation of the student's comparative performance in this area is recommended. Where the medical school has not yet defined and/or does not systematically evaluate a set of essential professional attributes, a narrative assessment, in the body of the MSPE, of the degree to which the student has demonstrated the following professional attributes, relative to his/her peers, should be considered: ability to treat patients with compassion; honesty and integrity; respect for others; ability to act as an advocate for patients; communication skills; and commitment to putting the needs of others before one's own needs. A final set of recommendations for this appendix is expected by 2006.

- **Appendix D:** a graphic representation of the student's overall performance in medical school, relative to his/her peers, including a list of the school-specific categories used in distinguishing among levels of student performance, a definition of each category, and a report of the distribution of students among categories.

- **Appendix E:** the Medical School Information Page, includes:

- Information about any specific programmatic emphases, strengths, mission(s), or goal(s) of the medical school.

- Information about any unusual characteristics of the medical school's educational program, including the timing of preclinical/ basic science coursework, core clinical clerkships, and elective rotations.

- Information about the average length of enrollment of students in this graduating class, from initial matriculation until graduation.

- Information about the medical school's compliance with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts" (www.aamc.org/members/gsa/transcripts.htm and see page 9).

- A description of the evaluation system used at the medical school, including a "translation" of the "meaning" of the grades received by the student.

- A statement about medical school requirements regarding a student's successful completion of USMLE Step 1 and Step 2 for promotion and/or graduation.

- Information about the use at the medical school of Objective Structured Clinical Evaluations (OSCEs) in the assessment of medical students.

- Information about the utilization of narrative comments from medical school course, clerkship, or elective directors in the composition of the MSPE.

- Information about the process by which the MSPE is composed at the medical school

- Information about whether the student is permitted to review his/her MSPE prior to transmission.

Template

Medical Student Performance Evaluation
for

_____
Student's Legal Name

_____
Month, Date, Year

Identifying Information

_____is a fourth-year student at_____in_____.
Student's Legal Name   Medical School   City, State

Unique Characteristics

(Provide narrative information about distinguishing characteristics exhibited and any significant challenges or hardships encountered by the student during medical school)

Academic History

Date of Expected Graduation from Medical School:

_____
Month, Date, Year

Date of Initial Matriculation in Medical School:

_____
Month, Date, Year

Please explain any extensions, leave(s) of absence, gap(s), or break(s)in the student's educational program.

or ❏ Not applicable

For transfer students:

❏ Not applicable

Date of Initial Matriculation in Prior Medical School:

_____
Month, Date, Year

Date of Transfer from Prior Medical School:

_____
Month, Date, Year

For dual/joint/combined degree students:

❏ Not applicable

Date of Initial Matriculation in Other Degree Program:

_____
Month, Date, Year

Date of Expected Graduation from Other Degree Program:

_____
Month, Date, Year

Type of Other Degree Program:

_____
Degree, Major

Was this student required to repeat or otherwise remediate any coursework during his/her medical education?

❏ No
❏ Yes - Please explain:

Was this student the recipient of any adverse actions(s) by the medical school or its parent institution?

❏ No
❏ Yes - Please explain:

Academic Progress

Preclinical/Basic Science Curriculum:
(Provide narrative information about overall, not course-specific, performance)

Core Clinical Clerkships and Elective Rotations:
(Provide a narrative evaluation about each core clinical clerkship and elective rotation taken in chronological order)

Example I
(when school policy requires that students complete all core clerkships prior to enrollment in electives)

Example II:
(when school policy permits interspersal of core clerkships and electives)

Clerkship 1:

Clerkship 2:

Clerkship 3:

Clerkship 4:

Clerkship 5:

Clerkship 6:

Elective 1:
(Provide location if an "away" elective rotation)

Elective 2:
(Provide location if an "away" elective rotation)

Clerkship 1:

Clerkship 2:

Elective 1:
(Provide location if an "away" elective rotation)

Clerkship 3:

Clerkship 4:

Elective 2:
(Provide location if an "away" elective rotation)

Clerkship 5:

Clerkship 6:

Summary

(Provide a summative assessment, in narrative format, of the student's comparative performance, relative to his/her peers, in medical school, including information about any school-specific categories used in differentiating among levels of student performance)

_____
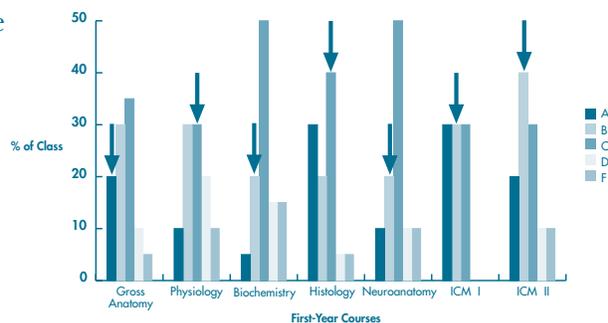Signature of School Official

_____
Name of School Official

_____
Title

_____
E-mail address

6

For purposes of illustration only; school-specific course and clerkship names, grading systems, and categories of overall performance will vary by school.
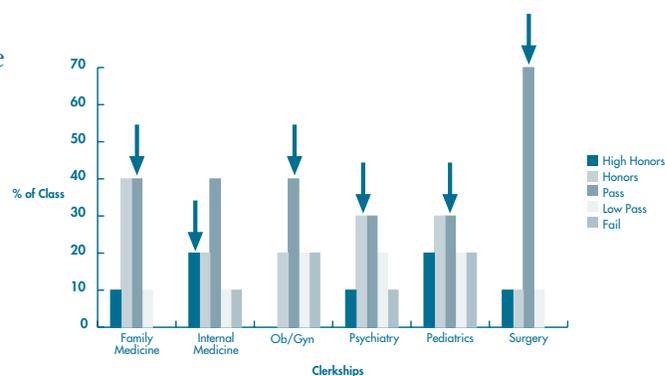
Appendix A
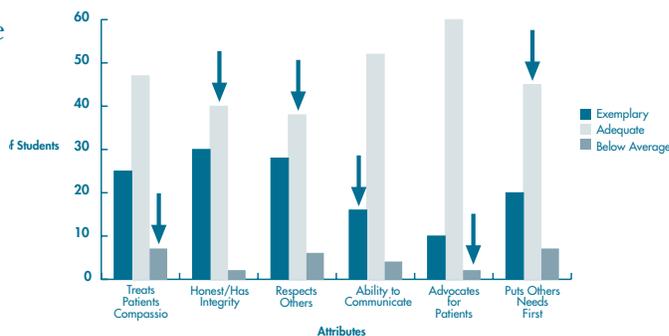Graphic Representations of Comparative Performance in Preclinical/Basic Science Coursework

% of Class

50
40
30
20
10
0

Legend: A, B, C, D, F

Gross Anatomy | Physiology | Biochemistry | Histology | Neuroanatomy | ICM I | ICM II

First-Year Courses

Appendix B
Graphic Representations of Comparative Performance in Core Clinical Clerkships

% of Class

70
60
50
40
30
20
10
0

Legend: High Honors, Honors, Pass, Low Pass, Fail

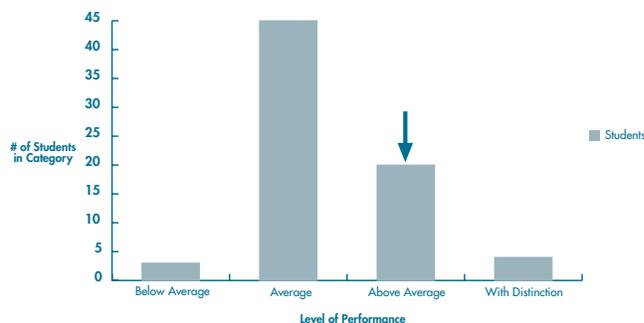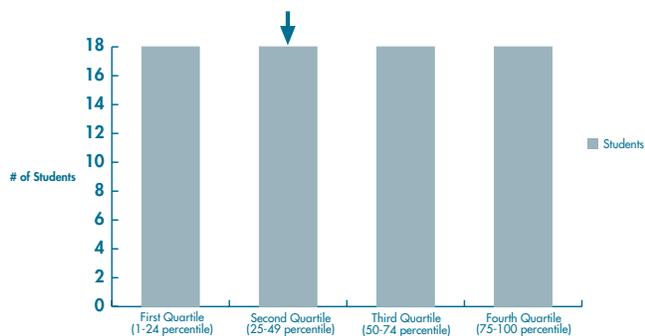Family Medicine | Internal Medicine | Ob/Gyn | Psychiatry | Pediatrics | Surgery

Clerkships

Appendix C
Graphic Representations of Comparative Performance in Professional Attributes

(Final recommendations expected by 2006)

# of Students

60
50
40
30
20
10
0

Legend: Exemplary, Adequate, Below Average

Treats Patients Compassio | Honest/Has Integrity | Respects Others | Ability to Communicate | Advocates for Patients | Puts Others Needs First

Attributes

Appendix D
Graphic Representations of Overall Comparative Performance in Medical School

# of Students

18
16
14
12
10
8
6
4
2
0

Legend: Students

First Quartile (1-24 percentile) | Second Quartile (25-49 percentile) | Third Quartile (50-74 percentile) | Fourth Quartile (75-100 percentile)

# of Students in Category

45
40
35
30
25
20
15
10
5
0

Legend: Students

Below Average | Average | Above Average | With Distinction

Level of Performance

Appendix E
Medical School Information Page

_____
Medical School Name

_____
City, State

Special programmatic emphases, strengths, mission/goal(s) of the medical school:

Special characteristics of the medical school's educational program:

Average length of enrollment (initial matriculation to graduation) at the medical school:

_____
Years   Months

Description of the evaluation system used at the medical school:

Medical school requirements for successful completion of USMLE Step 1, 2 (check all that apply):

USMLE Step 1:

❑ Required for promotion
❑ Required for graduation
❑ Required, but not for promotion/graduation
❑ Not required

USMLE Step 2:

❑ Required for promotion
❑ Required for graduation
❑ Required, but not for promotion/graduation
❑ Not required

Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):

❑ Completion of course
❑ Completion of clerkship
❑ Completion of third year
❑ Graduation
❑ Other:_____

Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):

❑ Reported exactly as written
❑ Edited for length or grammar, but not for content
❑ Edited for content or included selectively

Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:

❑ Completely in compliance with Guidelines' recommendations
❑ Partially in compliance with Guidelines' recommendations
    Exceptions:
❑ Not in compliance with Guidelines' recommendations

Description of the process by which the MSPE is composed at the medical school (including number of school personnel involved in composition of the MSPE).

Students are permitted to review the MSPE prior to its transmission:
❑ Yes
❑ No

Group on Student Affairs Guidelines for Medical Schools Regarding Academic Transcripts

An academic transcript is a certified document intended for use by parties outside the educational institution and is an unabridged summary of the student's academic history at that institution. It is distinguished from the larger body of information which may be contained in the student's educational or academic record. The educational or academic record is an internal document that also reflects the student's unabridged academic history at the institution, but which may contain additional data that are useful internally, yet not needed externally.

1. Medical schools are encouraged to follow the recommendations of the American Association of Collegiate Registrars and Admissions Officers (AACRAO) as published in the Academic Record and Transcript Guide. Where the medical school is part of a university, the school is encouraged to consult with the university registrar to ensure that the medical school transcript is in compliance with university requirements.

2. The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded in the academic period in which the course was taken and graded.

3. Essential elements of an academic transcript include: name of institution, location of institution, name of student, terms of attendance, withdrawal date, course identification number and title, credit hours for each course, units of credit, grade in each course, summary of transfer credit accepted and the name of the institution from which the credit is accepted, any instances of academic suspension or dismissal and the date, title of degree awarded, date degree is conferred, program studied (i.e., medicine), date of issuance of the transcript, and date of last entry to the transcript. Name changes should be recorded on transcripts only while the individual is enrolled and the name can be changed concurrently in the AAMC database.

4. Each student should have a unique identification number that is recorded on the transcript.

5. The following items are NOT recommended for inclusion on the academic transcript (although the institution may wish to retain some of these items in the educational or academic record): student's address, place of birth, gender, ethnicity, marital status, religious preference, disability, and INS status; secondary school data; prior post-secondary school data; academic probation; class rank.

6. Medical schools should record on a transcript only that academic information which is under the purview of the school's faculty of medicine. Consequently, United States Medical Licensing Examination (USMLE) results and election to Alpha Omega Alpha (AOA) should NOT be included on the transcript. However, honors awarded by the school's faculty, either in course or at graduation, should be included on the transcript.

7. It is essential that the transcript include notation of any academic suspension or dismissal since this is an academic action that interrupts the student's continued enrollment. Similarly, a suspension for academic misconduct (e.g., plagiarism) should be included on the transcript. While an institution may want to include academic probation in the educational database, it is not desirable to include this status on an academic transcript since the definition of academic probation varies from school to school. Thus, the item serves no useful purpose on an academic transcript which, by definition, is intended for use outside the school. In any event, if academic probation is included on the transcript, it is vital that this term be clearly defined in the transcript legend or key.

8. Where a student is dismissed, the transcript should record the initial date of dismissal. If there is a subsequent appeal, the result of this appeal and the date of this decision should be recorded, as well. If the student is permitted to continue in the curriculum pending the outcome of an appeal, this should be noted on the transcript with a footnote.

9. In the case of a student who is a candidate for two degrees (e.g., MD/PhD), courses which are given combined or dual credit toward both degrees should be so noted.

10. The transcript should include the title and number for each course taken by the student and should show the academic period in which the course is taken. Both required and elective courses should be courses that have been developed and approved by faculty following the school's procedures for approval of courses. All courses, including elective courses, should have an identification number, title, and course description and appear in the school's Bulletin or Elective Handbook, or both. In the case when a student is currently enrolled, courses which the student is taking are listed with an indication that these courses are in progress.

11. The transcript should include a legend that explains the grading system, symbols, inclusive dates for grading systems where changes have occurred, honors, units of credit, and notation of courses in progress. If the school requires a passing score on USMLE for promotion and/or graduation, this policy should be included in the transcript legend. Additionally, the legend should include the accreditation status of the school, Family Educational Rights and Privacy Act (FERPA) disclaimer, and an explanation of how the authenticity of the transcript can be determined.

12. Issuing official academic transcripts is a central and unique function of the Registrar's Office. Transcripts should be issued only upon written request of the student/alumnus who has properly identified himself/herself with an ID card, driver's license, or signature on a request form or letter. Telephone and e-mail requests for transcripts should NOT be accepted because security and authenticity cannot be ensured.

   a. A transcript is issued only at the written request of the student/alumnus or a specified third party whom the student/alumnus has authorized, in writing, to obtain a transcript for a specific stated purpose. The request must be signed and dated; the third party must be specified and the release must state that the school may release the student's/alumnus' transcript for that purpose.

   b. A transcript ceases to be an "official" transcript if it is photocopied or faxed. An original transcript must not be transferred to a third party since doing so violates FERPA.

   c. The Registrar's Office must maintain a Transcript Transmittal Record for each student/alumnus. This record must show the date and party to whom a transcript is sent and the purpose for which the transcript is issued. Transcripts issued to the student/alumnus should say "Issued to the Student" rather than "Unofficial Transcript" since the latter can be altered easily.

   d. If the school has a policy that requires withholding transcripts for default on student loans or other reasons, that policy should be stated clearly in both the Bulletin and the Student Handbook. Transcript holds for financial reasons should be limited to charges that relate directly to the education that is reported on the student's/alumnus' academic transcript.

   e. If there is an institutional charge for issuing a transcript, this fee should be modest.

f. Faxing a transcript should be avoided unless there is an urgency that requires immediate transfer. If a transcript is faxed, it is important that proper procedures for the transcript request be used (#12.a.); a properly signed fax request may be accepted. Additionally, a transcript that is faxed should be considered "unofficial" and used only until an original can be sent. A cover memorandum should describe the document as confidential information intended for the exclusive use of the addressee.

13. Where a transcript is to be transmitted electronically (e.g., ERAS, SPEEDE), it is recommended that the system used require that the sending and receiving stations be authenticated.

14. Schools are encouraged to take a number of steps to protect the institution from fraudulent transcripts. The use of special paper, multicolored pens for the Registrar's signature, metered postage rather than postage stamps and inclusion of a physical description of the transcript in the transcript key are helpful ways to improve security. Additionally, it is recommended that the transcript include an institutional statement regarding the school's plans to pursue vigorously all allegations of security breaches with respect to transcripts.

15. The educational record database and academic transcripts should be stored in a secure location which is fireproof. Access to the database and to the area where documents and equipment (records, stationery, and the school seal and signature equipment) are stored should be limited to authorized personnel only.

16. A medical school should have a disaster plan for the secure storage and recovery of educational records and academic transcripts which may be damaged or destroyed in the event of a catastrophic disaster. Usually, this entails the identification of a remote location where duplicate records are maintained. It is important for the school to develop an appropriate protocol for the regular duplication and transfer of records to the remote location.

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