



MSPE EVALUATIONS

Guide for Clerkships

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MSPE Team
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Dr. Raye Maestas - Associate Dean, Student Affairs

- Final determination of how/if professionalism issues should be included in the MSPE. "Signs" document.

Sarah Wood - Associate Director, Student Affairs – Clinical Phase

- Calculates "Summary Word," which weighs student's performance against peers'

Melissa Zent – MSPE Manager, Student Affairs

- Creates, maintains, updates MSPE database
- Oversees MSPE process
- Reviews/edits evaluations as appropriate
- Works with students on Noteworthy Characteristics

What is the MSPE?

Medical Student Performance Evaluation

Per the AAMC, *"The MSPE is a summary letter of evaluation intended to provide residency program directors an honest and objective summary of a student's salient experiences, attributes, and academic performance."*

- **Not a letter of recommendation**
- **Not directed to any specific specialty**

Relevant LCME Elements:

- 11.4 Provision of MSPE: A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.
- 11.6 Student Access to Educational Records: A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

Why the Guide?

With students starting their 3rd-year rotations earlier, more clerkship evaluations are being included in the MSPE than in the past and a great deal of time is spent editing these to comply with MSPE standards and regulations.

The purpose of this guide is to provide you with the information needed to be in better compliance with AAMC recommendations, while saving time for both the departments and Student Affairs.

Per the AAMC:

Clerkship narratives should be edited at the clerkship level, not at the MSPE writer level. Set the expectation with clerkship directors that they should edit the clerkship narratives for length and succinctness and that this editing should be done before the narrative is sent to the MSPE author(s).

Process

The MSPE Manager creates a “database” for the next class in the fall of their junior year. The following is a simplified schedule for what occurs when with regard to MSPEs.

November – May:

- Download grade reports from E*Value to be added to database on an ongoing basis.
- Review and edit evaluations (as needed) to comply with MSPE rules and format. (~2400 evaluations)

June:

- Merge student letters to draft.
- Work with students on “Noteworthy Characteristics” section of MSPE, collect submissions, add to MSPE.

July:

- Email drafts to students.
- Collect revisions/clerkship requests, and final Noteworthy Characteristics.

August:

- Revise MSPE
- Update letters with new clerkships – review/revise all evaluations as needed (~450+ evaluations)

September:

- September 4th: final cutoff for clerkship evaluations to make it into the MSPE.
- Email “final” drafts to students.
- Collect student revisions and release form.
- Revise MSPEs as needed and finalize.
- Upload MSPEs to ERAS.

October: MSPEs are released to residency programs the morning of 10/1.



Evaluations

Per the AAMC:

Clerkship evaluations are a crucial piece of information for program directors and are considered by many to be the most important section of the MSPE in determining applicants for interview selection and rank order list. Program directors are seeking the best information on clinical performance and need meaningful performance data to distinguish true clinical ability from exam performance.



Evaluative comments are **required** for each clerkship. These should be a *minimum* of 3 sentences of substance, and should be entered into this box in eValue.



Required Summary of Performance:

Provide summary of overall performance based on clerkship's objectives and the student's achievement in all areas of evaluation. (Comments for use in the Dean's MSPE.)
(Question 30 of 33)

- Please do not put “see above” instead of entering information into this box.
- Student Affairs will assume that anything in the “Required Summary of Performance” section is meant for the MSPE, so please be mindful about including “formative” feedback that may be better suited for the “Required Feedback Comments” section.
- Students who come to SA with content concerns will be directed to the clerkship administrators.

What Should Be Included

Evaluations should contain unique information for each student. It is not acceptable to copy and paste exact wording, even if it applies to each student. We also discourage departments from using “forms” in which much of the information is the same between students. Keep in mind that students may apply to the same programs.

Evaluations for the MSPE should “Highlight the six ACGME Core Competencies when possible.” These are:

- ✓ Practice-Based Learning and Improvement
- ✓ Patient Care and Procedural Skills
- ✓ Systems-Based Practice
- ✓ Medical Knowledge
- ✓ Interpersonal and Communication Skills
- ✓ Professionalism

What Should NOT be Included

- ✗ **Recommendations:** Comments such as “I highly recommend her for residency!” or “I would be happy to write him a letter of recommendation,” do not belong in the Required Summary of Performance section.
- ✗ **Specialty-directed:** Don’t use wording/phrasing that assumes a specific specialty. Students may dual apply, or may not end up matching in their preferred specialty. Rather than saying “*She will be an excellent ophthalmologist,*” it would be better to say “*She would make an excellent ophthalmologist.*” In the second sentence, you are addressing their suitability for the specialty without assuming their residency application plans.
- ✗ **Endorsements:** Don’t endorse student in *another* specialty. E.g. an Ob/Gyn rotation should not say “He would make a fantastic psychiatrist.”
- ✗ **Patient details:** Please do not include more patient details than are necessary to highlight the student’s contribution to their care.
- ✗ **Extraneous student details:** Don’t include information about what is going on in a student’s personal life. E.g. “She just had a baby but was already back on her feet and functioning at a high level.”
- ✗ **Formative feedback:** Formative comments tend to be ones that would be more helpful for the student in their subsequent clerkships. E.g. “He should continue to expand his knowledge base.” *Not really helpful in an evaluative sense, as it’s something that is generally assumed. It could be considered advice to the student.*
- ✗ **Questionable word choices:** Be mindful of language that could be considered sexist or inappropriate. E.g. Shrinking violet, blossoming, blooming. There are words to describe student growth/performance that have better connotations and are more appropriate for a graduate-level evaluation.

Format

- **Maximum of 350 words.** Longer ≠ Better. Many evaluations contain redundant information that can be removed. For example, some evaluations contain multiple quotes with repetitive information. Other information that is unnecessary includes the length of the clerkship and whether it was their first clerkship, etc., as this information is included elsewhere. (see MSPE example at end of this document for reference)
- **Past tense:** Comments are read by residency programs months or even years after the student completed the rotation; please use past tense unless it’s a direct quote attributed to a preceptor.
- **Complete sentences:** please use complete sentences unless attributed in quotes to a speaker.
- **Third person:** Since the MSPE letter comes from Student Affairs, either convert first-person quotes or attribute them to a preceptor or evaluator.

BEFORE: We all think she is the best student we have had rotate with us.

AFTER: The department (*or unit, or team, etc.*) felt she was the best student to rotate with them.

OR: Her preceptor commented, “We all think she is the best student we have had rotate with us.”

BEFORE: Michelle, you did a great job overall on this clerkship.

AFTER: Michelle did a great job overall on the clerkship.

Example: Full Evaluation

Clinical grade: P, Exam grade: 77 (national mean 77), Final grade: P

This goes at bottom of evaluation, and grades should be whole words.

Mr. X did a very good job on his _____ department clerkship, meeting all expectations for his clinical work. He was consistently hard working, proactive about he is learning and committed to the care of his patients. He regularly sought out feedback and did a wonderful job incorporating ways to improve the prioritization of his differential diagnosis and his management plans. He had a strength in his procedural skill and documentation, performing several complex laceration repairs exceptionally well and documenting them at an advanced level. He is working to advance from the reporter to the interpreter level. Overall, his clinical skills are very good and we enjoyed the opportunity to work with him this month.

Comments from evaluations include:

"Earnest."

"Consistently interested in learning."

"Great procedural skills."

"Really tremendous documentation of his procedures."

"Excellent facial laceration repair."

"He otherwise was engaged and had appropriate differentials."

"Took feedback well."

"Thoughtful."

"Good enthusiasm, eager to help out."

"Very hard working."

"Good idea of sick vs. not sick."

"Smart, hard working."

"Proactive about his learning, asks lots of questions, and is very enthusiastic about being here."

Here is 13 lines of text (14 if you include the intro sentence) and much of it is short or **redundant (red text)**. *There is no compelling reason to include these as direct quotes rather than incorporating the information into the main body of the evaluation above.*

Due to the space limitations of the MSPE, multiple lines of quotes get melded together. See revised example below. In general, quotes aren't necessary for random, general comments.

REVISED EXAMPLE: *Please note that the quotes in this example are made up, as the quotes from the evaluation above were added into the main body of the evaluation. The evaluation does not need to be this long, nor include quotes at all.*

Mr. X did a very good job, meeting all expectations for his clinical work. He was consistently hardworking, proactive about learning, and committed to patient care. He was noted to be earnest, smart, thoughtful, and eager to help. He was engaged and enthusiastic; he asked a lot of questions. He regularly sought feedback and did a wonderful job incorporating ways to improve the prioritization of his differential diagnosis and his management plans. He had strong procedural skills and documentation; he performed several complex laceration repairs exceptionally well and documented them at an advanced level. He was working to advance from the reporter to the interpreter level. His clinical skills were very good and the team enjoyed working with him. Comments from his evaluators include the following: "I directly observed him applying feedback I had given him earlier in the day to a subsequent patient, improving care for that patient." "I found him dependable and reliable in following up on patient care tasks." "He was particularly helpful with one challenging patient who was trying to leave against medical advice." Clinical Grade: Pass; Exam Grade: 77 (national mean 77); Final Grade: Pass *

***Please note:** grade breakdowns are in the process of being standardized and a breakdown section is expected to be added to eValue. Please stay tuned for further communications on this matter.

Examples: What not to do & how to fix it

The following problematic sentences were taken from actual evaluations:

<p>“When you first meet her, you are not expecting much because she has a quiet demeanor. However, you immediately realize that she possesses a unique ability to synthesize information in a very intelligent and mature way that far exceeds her training level.”</p>
<p>Issue: The first sentence is disparaging to the student and is not appropriate for the MSPE. It is making a judgment based on her physical appearance/demeanor, and says more about the evaluator’s biases and expectations than it does about the student.</p> <p>Consider instead: When you first meet her, you immediately realize that she possesses a unique ability to synthesize information in a very intelligent and mature way that far exceeds her training level.</p> <p>- OR -</p> <p>It was immediately apparent that she had a unique ability to synthesize information in a very intelligent and mature way that far exceeded her training level.</p>
<p>“He was curious, inquisitive, highly mature and focused and has developed interests and an area of knowledge and gave a presentation on LGBT issues in medicine and psychiatry that was more sophisticated than most in its presentation of data and his deeper knowledge of the data.”</p>
<p>Issue: Rambling sentence obfuscates meaning.</p> <p>Consider instead: He was curious, inquisitive, highly mature, and focused. He gave a presentation on LGBT issues in medicine and psychiatry that was sophisticated in both his presentation of the data and in his deeper knowledge of the data.</p>
<p>“She always does not ignore the subtle comments that patient will make that actually are very important.”</p>
<p>Issue: Confusing sentence, poor wording.</p> <p>Consider instead: She paid attention to subtle comments patients made, which could end up being very important.</p>
<p>“At the end of rotation, she presented an overview of atypical vulvar lesions that sparkled.”</p>
<p>Issue: Poor wording.</p> <p>Consider instead: She presented an excellent end-of-rotation overview of atypical vulvar lesions.</p>
<p>“Always an eager beaver and hungry unicorn.”</p>
<p>Issue: What does this even mean? Does it seem appropriate for a professional, graduate-level evaluation?</p> <p>Consider instead: He was always eager to learn and sought out additional opportunities.</p>

WRITE Program

Despite the longitudinal nature of WRITE clerkships, it is still necessary for students to receive *unique* evaluative comments for each clerkship, separately. WRITE preceptors should be aware of this when completing evaluations. There should be *no identical evaluations* between WRITE clerkships.

In addition, evaluations should focus on the appropriate clerkship and timeframe.

For example, an evaluation for Family Medicine should not say “Over the last five months, she has greatly improved in her write-ups,” because we are technically evaluating Family Medicine only, and not the entire WRITE experience.

Frequently Asked Questions

Is it okay to include “negative” comments about a student’s performance?

The MSPE should technically be a neutral document, as its purpose is not to advocate for the student. That said, please be mindful about the kind of negative comments you include. If it could be considered formative feedback to the student, put it in that section instead. If the student had a pattern of behavior or a significant problem that needs addressing, it is up to your discretion whether it should go in the MSPE, and thus be communicated to residency programs.

What is the deadline for clerkship grades to make it into the MSPE?

Only clerkships taken through Spring Quarter will be included in the MSPE. Students are encouraged to request a letter of recommendation if a clerkship taken in summer is important to their residency application.

Departments are still required to provide evaluative comments for clerkships taken in Summer Quarter, as these may be included in addenda or letters for expanded students.

This MSPE is an example only and is meant to convey the general contents and the overall look and feel of the MSPE. Your MSPE will vary from this example depending on the student's circumstances. E.g. expansions/leaves of absence, failed grades, elective clerkships, etc.

MSTP/WRITE/TRUST/LIC students will have program information in the MSPE.

MEDICAL STUDENT PERFORMANCE EVALUATION

Elizabeth Blackwell

October 2020

IDENTIFYING INFORMATION

Ms. Elizabeth Blackwell is a fourth-year student at the University of Washington School of Medicine in Seattle, Washington.

NOTEWORTHY CHARACTERISTICS

<Noteworthy Characteristics bullet points are written in the third person by the student and may be edited by Student Affairs.

- Ms. Blackwell co-founded a student interest group focused on serving the Seattle-area homeless population.
- Ms. Blackwell is current with requirements to complete both the Global Health and the Underserved Pathways. These certificate programs have additional requirements and provide unique experiences for students interested in these areas.
- Ms. Blackwell was awarded a year-long research fellowship at the NIH in clinical/translational research and healthcare policy.

ACADEMIC HISTORY

Date of Initial Matriculation in Medical School:	August 2016
Date of Expected Graduation from Medical School:	June 2020
Please explain any extensions, leave(s) of absence, gap(s) or break(s) in the student's educational program below.	Not applicable
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.	Not applicable
Was the student required to repeat or otherwise remediate any coursework during her medical education?	Yes
Ms. Blackwell successfully remediated the Pathology/Histology thread requirement through an independent study course.	
Was the student the recipient of any adverse action(s) by the medical school or its parent institution? <i>*Used for disciplinary probation only—not academic.</i>	No

ACADEMIC PROGRESS

Professional Performance

Ms. Blackwell has met the expectations of the UW Medicine Policy on Professional Conduct.

Preclinical Coursework

Ms. Blackwell successfully completed the foundations phase of the curriculum, which is graded Pass/Fail.

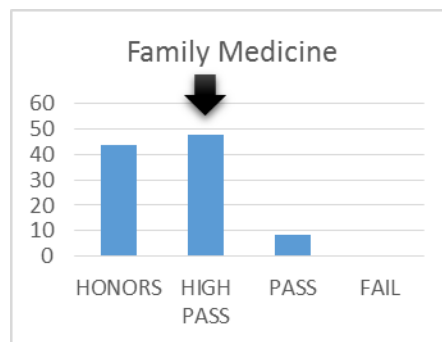
In her final evaluation for Foundations of Clinical Medicine course, the faculty said that Elizabeth had a wonderful demeanor with patients and fellow classmates. She actively participated in discussions and displayed leadership among her peers. She was genuinely enthusiastic about patient care interactions and was very inquisitive. Her write-ups improved steadily and were sharp and focused by the end of the course. She conducted herself in a very professional manner in all that she did.

Required Clerkships and Clinical Electives (in order of completion)

<Additional information will be added here for TRUST/WRITE/LIC students>

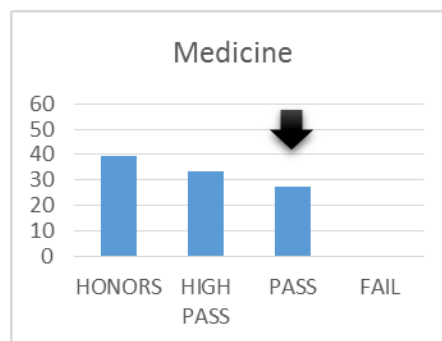
Family Medicine (August 15 - September 23, 2018) Grade: HIGH PASS

Ms. Blackwell demonstrated a good fund of knowledge and clinical skills during her clerkship. She was able to conduct a thorough history and physical, and present an assessment and plan. Her written documentation was excellent. She demonstrated strong patient-centered care skills and actively sought out opportunities for continuity with patient care. Elizabeth was well liked by patients, staff, and preceptors. She was always eager to volunteer, learn, and receive feedback. She was hardworking, dependable, and unfailingly professional. **Clinical: 4.3/5.0, High Pass; Final Exam: 79/100, High Pass; Final Grade: 4.3/5.0, High Pass**



Medicine (September 26 - December 16, 2018) Grade: PASS

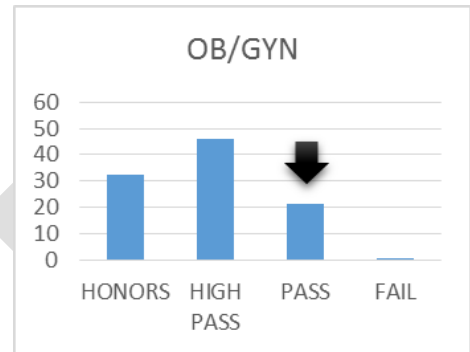
Ms. Blackwell performed well on the clerkship. She was personable, diligent, and tireless in her work. Her knowledge base was at the expected level and she read actively to achieve a good understanding of patient problems. Her history and physical exam skills markedly improved over the rotation and by the end, her oral case presentations were a pleasure to listen to. She was able to devise good management plans for her patients' multiple problems. She communicated well with patients and the team, and was



professional and empathetic in all of her interactions. She was a consummate team player and a pleasure to work with. **Clinical: 3.00, Pass; Final Exam: 87/100, Honors (+.15); Final Grade: 3.15/5.0, Pass**

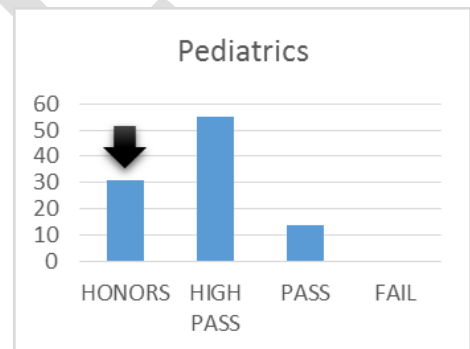
Obstetrics and Gynecology (January 2 – February 10, 2019) Grade: PASS

Ms. Blackwell did an excellent job clinically on the clerkship. She was mature and hardworking, with excellent interpersonal skills. Her enthusiasm and dedication to patient care were obvious. She had a good rapport with patients and demonstrated excellent interpersonal skills. She sought out and implemented feedback. She exhibited an impressive integration of knowledge and maintained an interest in all types of patient problems. Elizabeth was noted to be a self-motivated learner; she had excellent study habits and did outside reading. **Clinical: 3.51/5.0, Pass; Final Exam: 65/100, Pass; Final Grade: 3.51/5.0, Pass**



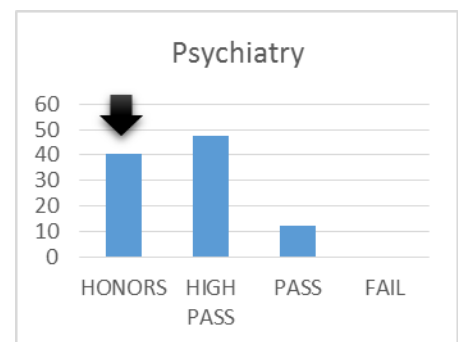
Pediatrics (February 13 – March 24, 2019) Grade: HONORS

Ms. Blackwell excelled in all areas of the clerkship and was noted to be a superb medical student by all staff who worked with her. She functioned at the level of an intern. She had a professional and engaged demeanor, and was superior in her data collection, reporting, and synthesis. Her presentations on rounds were accurate, complete, and concise. She was a very effective communicator and her warm style put patients and families at ease. Elizabeth worked hard and maintained a positive attitude throughout the rotation. She was a wonderful team member and contributed to the knowledge of the team. Her preceptor commented, "Elizabeth is one of the top students we have had rotate with us. She will be an excellent physician in any field of her choice, but we hope she chooses pediatrics, as we would love to have her back." **Clinical: 5.0/5.0, Honors; Final Exam: 81/100; Final Grade: 5.0/5.0, Honors**



Psychiatry (March 27 – May 5, 2019) Grade: HONORS

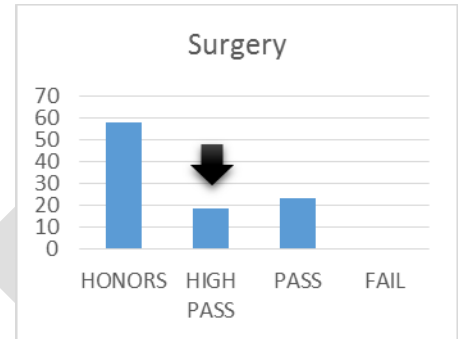
Ms. Blackwell did an outstanding job during her rotation and was a pleasure to work with. She was hardworking and went above and beyond in her duties, often volunteering to take on added responsibilities to help the overall team. She was very attentive to her work and quickly earned the respect of her team and the staff. One evaluator wrote, "Elizabeth was amazingly on top of her management skills and only needed to be shown one time how to perform tasks before being able to do them independently without being asked." She demonstrated a dedication towards her own learning and managed her time very well,



utilizing every opportunity given to understand psychiatry and the care of mentally ill individuals.
Clinical Grade: 4.89/5.0, Honors; Final Exam: 86/100, Honors (+.15); Final Grade: 5.0, Honors

Surgery (May 8 – June 16, 2019) Grade: HIGH PASS

Ms. Blackwell was an excellent student during her rotation, earning an Honors grade for the clinical portion. She was highly motivated and had a strong work ethic. She actively solicited feedback and implemented the suggestions, dramatically improving her performance. Her presentations were polished and she formulated good plans. She was always prepared for the operating room and asked for guidance when needed. Elizabeth showed great ownership of her patients and was an advocate for them. **Clinical: 4.8/5.0, Honors; Exam: 62/100, Pass; Final Grade: 4.6/5.0, High Pass**



Basic Anesthesia Clerkship (June 26 - July 7, 2019) Grade: PASS

Note: Clerkships with fewer than 8 credits are graded PASS/FAIL only

Ms. Blackwell demonstrated an excellent fund of knowledge for her level of training and rapidly gained new knowledge and skills. She was enthusiastic about learning and proactively sought out new tasks each day without being asked. She communicated effectively with her patients and was always mindful of their comfort, demonstrating compassion toward them and their families. Elizabeth was a team player and took feedback well.

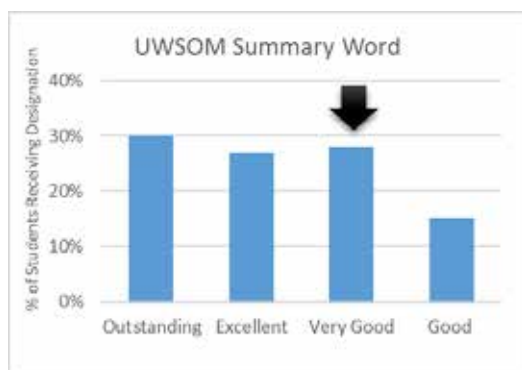
Re: Elizabeth Blackwell

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SUMMARY

Ms. Blackwell's performance in the clinical curriculum was **Very Good**. The summary word is based on a student's performance in the six 3rd-year required clerkships as compared to the overall performance of the class with whom they completed the same 3rd-year required clerkships. She successfully completed USMLE Step 1, Step 2-Clinical Knowledge, and Step 2-Clinical Skills.

<Student Affairs will add Gold Humanism and AOA recognition here if applicable>



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