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Recommendations for Revising the Medical Student Performance Evaluation (MSPE)

Association of
American Medical Colleges

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Association of American Medical Colleges
Washington, DC

Graduate medical education (GME) in the United States is at a critical juncture. Medical schools and teaching hospitals are adapting education and training programs in response to changing demographics, exponential growth in medical discovery, and new expectations about the way physicians and patients interact. In February 2015, the AAMC and its member institutions launched a comprehensive approach to fostering innovation in both residency training and care delivery: the Optimizing GME Initiative.

One of the primary areas of focus within Optimizing GME is an effort to improve the experience and process of a learner's transition to residency. The AAMC is working to support all involved in that transition by identifying resources and tools that will help applicants apply more strategically, program directors select more strategically, medical school advisors counsel more strategically, and ensure a smooth transition between an individual's stages of learning.

This document, *Recommendations for Revising the Medical Student Performance Evaluation (MSPE)*, is among the resources intended to aid in that transition to residency process.

This document is a publication of the AAMC. It was created in collaboration with the AAMC MSPE Task Force and has been endorsed by the AAMC Council of Deans Advisory Board.

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Introduction

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 2002, a second Dean's Letter Advisory Committee released recommendations designed to reaffirm the purpose of the Medical Student Performance Evaluation (MSPE), ensure consistency, and establish ongoing quality improvement.

Feedback over the years has been robust and spirited, with both consensus and disagreement on the direction of the MSPE. In 2014, an MSPE Task Force was charged with revisiting the document. Pulling from earlier feedback and an initial review of relevant literature and survey data, the Task Force identified six principles to guide what the revised MSPE would provide:

1. supplemental value to the information already provided in the ERAS application, transcripts, and letters of recommendation
2. a level of standardization and transparency that facilitates the residency selection process
3. comparative information on applicants
4. information about applicants' standing on the competencies required to be successful in residency
5. increased opportunity for program directors to examine applicants holistically in the pre-interview stage
6. qualitative and quantitative assessments of applicants in an easy to read format

Using these principles as a guide, the Task Force undertook a more comprehensive review of survey findings and research on standardized and competency-based assessments and gathered additional feedback from program directors, student affairs deans, and other stakeholders.

The recommendations made in this document represent that research and information gathering and reflect a continued commitment both to the guiding principles and to improving the residency application and selection process for learners, medical schools, and residency programs.

Recommended Changes

1. Standardize, to the extent possible, information in the MSPE across schools, and present it clearly, concisely, and in a way that allows information to be easily located.
2. Highlight the six ACGME Core Competencies when possible.
3. Include details on professionalism—both deficient and exemplary performance.
4. Replace “Unique Characteristics” with “Noteworthy Characteristics.”
5. Limit “Noteworthy Characteristics” to three bulleted items that highlight experiences and attributes not included elsewhere in the ERAS application.
6. Locate comparative data in the body of the MSPE, eliminating Appendices A – D.
7. Include information on how final grades and comparative data are derived.
8. Provide school-wide comparisons if using the final “adjective” or “overall rating.”
9. Limit the MSPE to 7 single-spaced pages in 12-point font.
10. Include six sections: Identifying Information, Noteworthy Characteristics, Academic History, Academic Progress, Summary, and Medical School Information.

Purpose of the MSPE

The purpose of the MSPE is not to advocate for the student, but rather to provide an honest and objective summary of the student’s personal attributes, experiences, and academic accomplishments based, to the greatest degree possible, on verifiable information and summative evaluations. When possible, comparative assessments of the student’s attributes, experiences, and accomplishments relative to their institutional peers should be provided. The MSPE should primarily contain information about the student’s medical school performance, although a brief summary of verifiable premedical experiences and achievements can be included when relevant.

The MSPE is a summary letter of evaluation, not a letter of recommendation. Information presented in the MSPE must be standardized, clear, and concise and presented in such a way that allows information to be easily located within the document.

Length and Format

The MSPE document should be a *maximum of seven single-spaced pages (excluding Medical School Information)* with a 12-point font.

Content in the MSPE

The MSPE should contain six sections: Identifying Information, Noteworthy Characteristics, Academic History, Academic Progress, Summary, and Medical School Information.

Identifying Information

- Student’s legal name and year in school

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- Name and location of the medical school

Noteworthy Characteristics (previously called Unique Characteristics)

- This section includes information intended to help a residency program selection committee review applicants holistically to achieve a residency class that brings a diverse set of background experiences, characteristics and perspectives.
- ***Provide a maximum of three characteristics highlighting the most salient noteworthy characteristics of the student.***
- This section should be presented as a bulleted list. Each characteristic should be described in 2 sentences or less. Information about any significant challenges or hardships encountered by the student during medical school may be included.
- Lengthy biographical descriptions are not recommended due to the time required for review and because these details can be found in other sections of the applicant's portfolio (e.g., ERAS application, personal statement, letters of recommendation, interviews).
- The identification of the noteworthy characteristics can be done by each student in consultation with a designated mentor or advisor, or by the MSPE author.

Academic History

This 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 on 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.

Academic Progress

- This section includes information about the student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations. It should also include a separate statement regarding the student's attainment of professional standards as defined by your school.
- ***Graphic representations of students' comparative performance should be incorporated within the body of the MSPE, not as appendices.*** Doing so allows the narrative comments from the courses to provide context to the graphical representation

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- Narrative assessments from preclinical and clinical courses should be based upon summative faculty evaluations that are *not edited for content*. Minor editing for length, redundancy, grammar, and spelling should be undertaken so long as it enhances the readability of the document without substantively affecting the objective assessment provided by the faculty.
- Areas of relative strength and areas for improvement should be included when provided by the faculty evaluators.

Professional Performance

- *If the student was cited for unprofessional behavior, please describe the incident and any actions taken to remediate the professionalism concerns. If the student received commendations for exemplary professional behavior, please describe the behavior.*
- Describe how the medical school defines professionalism and what it assesses in students.

Preclinical Courses

- If preclinical courses are graded as Pass/Fail, the MSPE should convey that the student has met all requirements. Whenever possible, areas of strength and weakness should be addressed.

Clinical Courses and Elective Rotations

- **The components of each clerkship grade and the weight of each component (for example, % clinical assessment, % shelf exam, % case write-up, % OSCE, etc.) should be included to better inform program directors on performance.**

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. Because many schools already present the subject exam performance within the narrative, providing the grade components and weighting enables program directors to better understand the contribution of actual clinical performance to the overall clerkship grade.

Summary

- Provide a summative assessment, based up on 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.
- Include a final "adjective" or "overall rating" **only** if a school-wide comparison of the applicant is provided. *The MSPE Task Force recommends that the final "adjective" or "overall rating" be eliminated entirely if a school-wide comparison is not provided to give this rating context.* In keeping with one of the guiding principles for the new MSPE recommendations, this letter should be one method through which schools can provide comparative information on applicants. The current state of the MSPE demonstrates significant variability in the inclusion and/or meaning of the final "adjective," commonly including in many letters. There is no present standardization across the country of the nomenclature for this final rating. Additionally, even at the individual

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school level, there is variability in whether the use of such final summative rating (adjective) is accompanied by any descriptors and/or comparisons among students receiving such ratings.

- It is imperative that the information used to compare students is *clearly stated* in the summary. For example, “Quartile placement was determined using a point system of 3 points for each honors grade, 2 points for high pass, 1 point for pass and -1 point for a failing grade. Every course in the M1-M3 year is counted equally (no weighting of courses or clerkships). USMLE scores, community service, or research are not considered in quartile placement.”

Medical School Information

This section includes:

- Information about specific programmatic emphases, strengths, mission(s), or goals(s) of the medical school
- Information about 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,” which can be found here: <https://www.aamc.org/download/448960/data/theguidelinesformedicalschoolsregardingacademictranscripts.pdf>.
- 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 of Objective Structured Clinical Evaluations (OSCEs) in the assessment of an institution’s medical students.
- Information about the use 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.

There are two ways to transmit Medical School Information in the MSPE: 1) Loaded into ERAS as one document and attached to each MSPE or 2) Linked to from a URL included in the MSPE. In those circumstances where the MSPE is provided outside of ERAS, it should be noted that the Medical School Information should be attached as an appendix.

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