MSPE Changes: What Can Program Directors Look For on October 1, 2017

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Challenges with the current MSPE

- Inconsistency in content and language/terminology
- Letters are too long to be useful yet insufficiently transparent to convey an accurate sense of student performance
- Missed opportunity to use the letter to highlight salient experiences and attributes not found elsewhere in the application
MSPE Task Force Members

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Dana Dunleavy, PhD, Director, Admissions and Selection Program
Amy Addams, Director, Student Affairs Strategy and Alignment
Charge

Review:
• Surveys of current use of MSPEs in the evaluation process
• Literature regarding standardized assessments
• Existing work accomplished at the UME admissions level
• Timeline for review and release of MSPE guidelines

Recommend:
• Objective holistic review principles
• A common threshold for standardization
• Timeline for rollout and implementation
The revised MSPE will provide:

• supplemental value to the information already provided in the ERAS application, transcripts, and letters of recommendation

• a level of standardization and transparency that facilitates the residency selection process

• comparative information on applicants

• information about applicants’ standing on the competencies required to be successful in residency

• increased opportunity for program directors to examine applicants holistically in the pre-interview stage

• qualitative and quantitative assessments of applicants in an easy to read format
Holistic Review and the MSPE

• Holistic review is conducted by reviewers using data drawn from multiple sources

• A streamlined MSPE that clearly and concisely highlights and contextualizes an applicant’s most salient experiences and attributes facilitates holistic review by:
  ▪ Drawing attention to compelling information that may be difficult to identify in a quick scan and
  ▪ Enabling program directors to easily assess and compare applicants on relevant and meaningful data points
Feedback received

• Council of Deans
• Advisory Committee on Advancing Holistic Review
• ERAS Advisory Committee
• Group on Resident Affairs Steering Committee
• Group on Student Affairs Steering Committee
• Group on Education Affairs Steering Committee
• Group on Graduate Research, Education, and Training
• Learn Serve Lead 2015 and 2016
• Group on Student/Organization of Student Representatives 2016 Professional Development Conference and 2017 regional meetings
• Program directors
• Student affairs community
• American Association of Colleges of Osteopathic Medicine (AACOM)
The revised MSPE does not…

- Define or establish criteria for evaluating professionalism or set a standard for what should be included in the MSPE
- Resolve the variability of clerkship evaluations
- Implement a standardized grading or assessment system across all schools
- Require schools to rank or categorize their students
- Fit on one page
Projects supporting the Transition to Residency effort:

- Revising the Medical Student Performance Evaluation
- AAMC Standardized Video Interview Emergency Medicine pilot
- Core Entrustable Professional Activities (EPAs)
- Careers in Medicine
- Data Analytics
- Program Directors Survey and Program Directors Interview Guide

To learn more, visit https://www.aamc.org/initiatives/optimizinggme/
Program director pain points

- Limited resources
- Stress
- High volume
- Competing pressures
- Difficulty comparing information across medical schools
- Lack of reliable information about applicants’ personal characteristics
Viewpoint from a Program Director

• The good news is that there are many excellent applicants. The bad news is that all applicants look alike on paper, and it is difficult to discern who is a good fit for your program.

• There are many reasons for this difficulty. . . . The Medical Student Performance Evaluation (MSPE) are also of limited benefit because they are rarely less than effusive in praise of the student. A holistic evaluation approach that encompasses USMLE scores, grades, LORs, MSPEs, and a student's personal statement and life experience is necessary to decide whom to interview. However, the lack of meaningful assessment of a student, through letters or grades, makes this process frustrating.

• Puscas L. Viewpoint from a program director: They can’t all walk on water. J Grad Med Educ: 2016 8:314-216
Screening for interviews

Figure 5
All Specialties Program's Interview Activities

Average Number of Positions, Applications Received, Interview Invitations Sent, and Applicants Interviewed and Ranked

- Number of positions in the Match: 7 (N=1,435*)
- Number of applications received: 912 (N=1,383)
- Number of interview invitations sent: 316 (N=1,374)
- Number of applicants interviewed: 94 (N=1,386)
- Number of applicants ranked: 80 (N=1,388*)

* Data from the NRMP database. All Responding programs included

2/3 before 10/31

NRMP Program Director Survey Results, 2016
Standardized screening process

Average Percentage of Applicants Rejected and Reviewed

- Percentage of applications rejected based on a standardized screening process: 50% (N=1,326)
- Percentage of applicants receiving an in-depth review: 44% (N=1,343)

NRMP Program Director Survey Results, 2016
## Factors in interview invitations

**Figure 1**

<table>
<thead>
<tr>
<th>All Specialties</th>
<th>Percent Citing Factor</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1/COMLEX Level 1 score</td>
<td>93%</td>
<td>4.2</td>
</tr>
<tr>
<td>Letters of recommendation in the specialty</td>
<td>88%</td>
<td>4.2</td>
</tr>
<tr>
<td>Medical Student Performance Evaluation (MSPE/Dean's Letter)</td>
<td>84%</td>
<td>4.1</td>
</tr>
<tr>
<td>USMLE Step 2 CK/COMLEX Level 2 CE score</td>
<td>83%</td>
<td>4.1</td>
</tr>
<tr>
<td>Grades in required clerkships</td>
<td>79%</td>
<td>4.1</td>
</tr>
<tr>
<td>Personal Statement</td>
<td>78%</td>
<td>3.8</td>
</tr>
<tr>
<td>Class ranking/quartile</td>
<td>71%</td>
<td>3.9</td>
</tr>
<tr>
<td>Any failed attempt in USMLE/COMLEX</td>
<td>70%</td>
<td>4.6</td>
</tr>
<tr>
<td>Grades in clerkship in desired specialty</td>
<td>70%</td>
<td>4.3</td>
</tr>
<tr>
<td>Evidence of professionalism and ethics</td>
<td>70%</td>
<td>4.5</td>
</tr>
<tr>
<td>Perceived commitment to specialty</td>
<td>71%</td>
<td>4.3</td>
</tr>
<tr>
<td>Personal prior knowledge of the applicant</td>
<td>70%</td>
<td>4.2</td>
</tr>
<tr>
<td>Leadership qualities</td>
<td>66%</td>
<td>4.1</td>
</tr>
<tr>
<td>Audition elective/rotation within your department</td>
<td>66%</td>
<td>4.1</td>
</tr>
<tr>
<td>Consistency of grades</td>
<td>64%</td>
<td>4.1</td>
</tr>
<tr>
<td>Pass USMLE Step2 CS/COMLEX Level 2 PE</td>
<td>62%</td>
<td>4.2</td>
</tr>
<tr>
<td>Alpha Omega Alpha (AOA) membership</td>
<td>61%</td>
<td>3.9</td>
</tr>
<tr>
<td>Perceived interest in program</td>
<td>61%</td>
<td>4.1</td>
</tr>
<tr>
<td>Lack of gaps in medical education</td>
<td>58%</td>
<td>4.0</td>
</tr>
<tr>
<td>Other life experience</td>
<td>59%</td>
<td>3.7</td>
</tr>
<tr>
<td>Awards or special honors in clinical clerkships</td>
<td>58%</td>
<td>3.7</td>
</tr>
<tr>
<td>Graduate of highly-regarded U.S. medical school</td>
<td>56%</td>
<td>3.8</td>
</tr>
</tbody>
</table>

*NRMP Program Director Survey Results, 2016*
Likelihood of adoption

- AAMC surveyed student affairs deans in June 2017 about plans to implement the recommendation
- 50% response rate

90% of responding institutions are taking steps to introduce the new MSPE guidelines
85% of respondents are confident that their institution will be ready to use the new MSPE guidelines at least in part
53% of respondents are confident that their institution will be ready to use the new MSPE guidelines in full
Recommendations

1. Standardize, to the extent possible, information in the MSPE across schools and present it clearly, concisely, and in a way that allows it 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 bullet points that highlight an applicant’s salient experiences and attributes.
6. Locate comparative data in the body of the MSPE

7. Include information on how final grades and comparative data are derived.

8. Provide a school-wide comparison if using a final “adjective” or “overall rating.”

9. Include six sections: Identifying Information, Noteworthy Characteristics, Academic History, Academic Progress, Summary, and Medical School Information.

10. Limit MSPE to 7 single-spaced pages in 12-point font.
Standardized format

Standardized template with six sections:
• Identifying information
• **Noteworthy characteristics**
• Academic History
• Academic Progress
• Summary
• Medical School Information
• Recommended length: 7 single-spaced pages in 12 point font
Noteworthy characteristics

• Limit to three bullet points
• Focus on applicant’s experience in medical school
• Include attributes and experiences that highlight the learner’s contributions
• Provide context:
  • What do they mean to the learner?
  • How did they influence the learner’s development?
Professionalism

• Place professionalism content as the first item in the “Academic Progress” section
• Provide succinct explanation of how the school evaluates professionalism
• Whenever possible, describe areas of strength and weakness
Professionalism: A need for dialogue

• No shared definition of professionalism or standard for what rises to level of inclusion in the MSPE

• MSPE writers concerned about how program directors will use professionalism data

• This topic requires ongoing dialogue with all stakeholders
Clerkship data

• Co-locate narrative and graphic data in the body of the MSPE

**Pediatric Medicine:** (6 weeks)
**Grade – HONORS**
Overall grade: 50% Clinical, 50% NBME Shelf Exam

“STUDENT B did a great job on her first rotation. She was motivated and showed genuine interest in her patients. She was always willing to take on new patients and help out the team when needed. She will

• Describe how final grades are derived
Summative data: Schools-wide comparison

If the school divides the class or uses a final adjective, include the following in the Summary:

- information as to how comparative data is derived
- a graphic representation, if possible

Summary

Based on academic performance, Student A has been placed in the fourth quartile of the medical school class. Quartile placement is determined solely by final grades in courses and clerkships. Students are given 3 points for each grade of honors, 2 points for each grade of high pass, 1 point for pass and -1 point for each failing grade. Every course in the M1-M3 year is counted equally with no weighting of courses or clerkships. USMLE scores are not considered in quartile placement. School of Medicine does not compute class rank.

Class of 2017 Overall Performance

Performance of Student X compared to class of 2017
If using a final “adjective,” also include:
- the evaluative criteria used and,
- when possible, comparative data

- A distinguished candidate exemplifies excellence in pre-clerkship academics and clerkship activities demonstrated by honors grades and evaluations, USMLE performance in the top quartile of scores compared to their peers and significant and longitudinal leadership and service. Additional considerations are given for research activities that lead to presentations and publications, as well as completion of dual-degree or scholarly concentration accomplishments that have the potential to significantly impact School of Medicine programs, patients, or the community.

- An outstanding candidate exhibits excellence in pre-clerkship academics and clerkship activities demonstrated by a majority of honors grades and evaluations, USMLE performance in the third quartile of scores compared to their peers and significant leadership and service. Additional considerations are given for research activities that lead to presentations and publications, as well as completion of dual-degree or scholarly concentration accomplishments.

- An excellent candidate exhibits success in pre-clerkship academics and clerkship activities demonstrated by a majority of high pass grades and evaluations, USMLE performance at the median of scores compared to their peers. Additional considerations are given for participation in leadership, service and research activities, as well as completion of dual-degree or scholarly concentration accomplishments. Students who have successfully remediated one educational or professionalism component are also eligible.
ACGME core competencies

- Highlight the ACGME competencies when possible
- Many schools are moving toward a competency-based curriculum and evaluation system
MSPE can contain information on the top five factors for resident success.

### Importance of Factors in Assessing Residents' Success

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average Rating (5=very important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical competency</td>
<td>4.9</td>
</tr>
<tr>
<td>Quality of patient care</td>
<td>4.9</td>
</tr>
<tr>
<td>Professionalism</td>
<td>4.9</td>
</tr>
<tr>
<td>Ethics</td>
<td>4.9</td>
</tr>
<tr>
<td>Communication skills</td>
<td>4.8</td>
</tr>
<tr>
<td>Passing board certification examination</td>
<td>4.8</td>
</tr>
<tr>
<td>Academic performance during residenc.</td>
<td>4.4</td>
</tr>
<tr>
<td>Personality</td>
<td>4.3</td>
</tr>
<tr>
<td>Ability to teach medical students</td>
<td>3.9</td>
</tr>
<tr>
<td>Performance in-training examination</td>
<td>3.8</td>
</tr>
<tr>
<td>Research and publications</td>
<td>3.3</td>
</tr>
</tbody>
</table>

NRMP Program Director Survey Results, 2016
Ongoing dialogue between UME and GME

Success will require ongoing dialogue between all stakeholder groups

Opportunities:

• “The First Year of the Revised Medical Student Performance Evaluation”
  November 4, 3:15 - 4:30 pm | Boston, MA
  2017 Learn Serve Lead

• Continuum Connections, a Joint Meeting of the GSA, GRA, OSR, and ORR
  April 28 – May 1, 2018 | Orlando, FL

• Other webinars as requested
<table>
<thead>
<tr>
<th>Key takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No single tool, no matter how well designed, can do everything</td>
</tr>
<tr>
<td>• Adopting a single template won’t resolve</td>
</tr>
<tr>
<td>• the variability in quality, honesty, and reliability of assessment narratives or</td>
</tr>
<tr>
<td>• the lack of a shared definition of professionalism</td>
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<tr>
<td>• Faculty development and ongoing dialogue between all stakeholders are critical</td>
</tr>
<tr>
<td>• MSPE writers receive variable levels of IT/tech support</td>
</tr>
</tbody>
</table>
Send us your feedback!

AAMC staff contacts:

• Geoffrey Young, Ph.D.
• Brandon Hunter
• Amy Addams

Email: mspe@aamc.org

Or visit: https://www.aamc.org/mspe
Topics for further discussion

- Should there be an embargo on invitations until October 15?
- Should there be a limit to the number of invitations or acceptances?
- Should there be a supplementary letter in May?