June 2021 MSPE Guidance for Disruptions Related to COVID-19

Released by the Group on Student Affairs (GSA) Committee on Student Affairs MSPE Effective Practices Working Group

This guidance document from the GSA Committee on Student Affairs (COSA) MSPE Effective Practices Working Group builds on last year’s guidance to assist schools in addressing COVID-19-related curricular, evaluative, and other changes in the MSPE. It includes a few updates and additions to reflect how the context has shifted over the past year.

As with previous MSPE guidance, it is not intended to be exhaustive. Rather, this resource emphasizes clarity and recognizes that many of the decisions must be made at the medical school level in alignment with institutional policies. The MSPE Working Group endorses the 2016 MSPE Task Force Recommendations for Revising the MSPE and used them as the foundation for this COVID-19-related guidance.

This resource has two parts:
1. Compiled high-level guidance (pg. 1)
2. MSPE Template with guidance and sample language embedded in purple (pgs. 2-4)

Guidance

General: Except where noted, the working group endorses following the 2016 MSPE Recommendations. The increased standardization and inclusion of grading rubrics in MSPEs across schools has been noted favorably by program directors and staff.

Length of the MSPE: Adding the suggested descriptions about COVID-19-related changes may result in a longer MSPE. The working group’s guidance is to keep the length 7-8 pages and consider how your school can effectively balance completeness with readability and relevance.

MSPE Sections:
Identifying Information: Optional addition: If the student would like to include their pronouns in the MSPE, add them to this section.

Academic History: Include a brief statement above the table indicating whether the applicant’s academic experience, including cancellations or delays in taking USMLE or COMLEX exams, was affected by COVID-19.

Academic Progress
Professional Performance: Continue to include details about professionalism, including whether the student met the school’s standard for professionalism and areas of strength and weakness/development. Include how the school defines and assesses professionalism in the school’s MSPE cover letter or the Medical School Information section.

Preclinical Coursework: Include commentary that reflects any changes to the preclinical work.
Clinical Rotations/Clerkships:

○ At the beginning of the Clinical Rotations section,
  ▪ add a brief statement describing any changes that were made to all clerkships, and
  ▪ include a short statement indicating that the clerkships will be listed in chronological order and that COVID-19 related changes will be noted in the specific clerkship narrative(s).

○ Continue listing the rotations, including electives taken for credit, in chronological order
  ▪ Include a brief description about COVID-related changes (e.g., grading, mode of participation, etc.) within the relevant clerkship narrative(s).
  ▪ If your school utilized virtual/remote electives during this time, include a brief description of how they were delivered and assessed.

○ Continue to describe the grading rubric for each clerkship, whether or not it has changed due to the pandemic, and include a histogram of student performance.

○ Include a statement on whether the school allowed students to complete away rotations after the clerkship narratives.

Summary:

○ If your school groups or ranks students, disclose how you arrived at these groupings or rankings AND define terms used (e.g., “excellent,” “superior,” etc.).

○ Briefly describe any changes your school made to grouping or ranking processes or categories.

Medical School Information:

○ Include details about how the school handled USMLE and COMLEX timing due to delays or cancellations in testing access.
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School of Medicine

Date

IDENTIFYING INFORMATION
Optional addition: If the student would like to include their pronouns in the MSPE, please add them to this section. No additional changes from the 2016 Recommendations.

SAMPLE LANGUAGE: Student A is a fourth-year medical student at School of Medicine in City, State. Student A’s pronouns are she/her/hers.

NOTEWORTHY CHARACTERISTICS
Continue to follow the 2016 Recommendation to limit the Noteworthy Characteristics section to three short bulleted items that highlight the student’s salient experiences and attributes and provide context for the academic evaluation.

ACADEMIC HISTORY
Include a brief statement above the table indicating whether the applicant’s academic experience, including cancellations or delays in taking USMLE or COMLEX exams, was or was not affected by the COVID-19 pandemic.

SAMPLE LANGUAGE: This student’s academic experience, inclusive of navigating cancellations or delays in being able to participate in USMLE/COMLEX exams, was/was not affected by the COVID-19 pandemic; please see the Academic Progress section for more detail.

| Date of Initial Matriculation in Medical School |  |
| Date of Expected Graduation from Medical School |  |
| Please explain any extensions, leave(s), gap(s), or break(s) in the student’s educational program below: |  |
| 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. |  |
| Was the student required to repeat or otherwise remediate any course during their medical education? If yes, please explain. |  |
| Was the student the recipient of any adverse action(s) by the medical school or its parent institution? If yes, please explain |  |
ACADEMIC PROGRESS

Professional Performance
Continue to follow the 2016 Recommendation to include details on professionalism, including whether the student met the school’s standard for professionalism and areas of strength and weakness/development. The working group recommends including, when possible, how the school defines and evaluates professionalism in the school’s MSPE cover letter or the Medical School Information section.

Preclinical Coursework
We recommend including commentary that reflects any changes to preclinical coursework.

SAMPLE LANGUAGE: Grading for the following courses/semesters was altered to Pass/Fail due to COVID-19 alteration to curriculum delivery.

SAMPLE LANGUAGE: From <date> to <date> in the preclinical phase of the curriculum, gross anatomy, all lectures and small groups sessions were transitioned to virtual delivery.

SAMPLE LANGUAGE: From <date> to <date> in the preclinical phase of the curriculum, the in-person doctoring course was suspended and instruction was converted to a virtual experience.

SAMPLE LANGUAGE: Prior to entering clerkships, students received a week-long intensive that allowed students to demonstrate clinical skills competencies to ensure readiness for clinical experiences.

Clinical Rotations (in chronological order)

1. At the beginning of the Clerkships section:
   • Include a brief statement describing any changes that were made to all clerkships (e.g., length of clerkships was shortened from 8 to 6 weeks). Continue to include grading details in each clerkship narrative.

   SAMPLE LANGUAGE: All core clerkships were shortened from 8 weeks to 6 weeks.

   • Add a brief statement indicating that clerkships will be listed in chronological order and that COVID-related changes will be noted in the relevant narratives.

   SAMPLE LANGUAGE: Clerkships are listed in chronological order. Any changes as a result of COVID-19 are briefly described in the relevant clerkship narrative(s).

2. Continue to list rotations, including electives taken for credit, in chronological order.
   • Include a brief description about COVID-related changes (e.g., length of clerkship, grading, mode of participation, etc.) within the relevant narrative(s).
• If your school utilized virtual/remot remote electives during this time, include a brief description of how they were delivered and assessed.

3. Continue to follow the 2016 Recommendations to include a description of the grading rubric and a histogram of student performance for every clerkship, and to address areas of strength and weakness/development.

4. Include a comment on whether the school allowed students to complete away rotations. This language should be included after the clerkship narratives to follow the chronologic flow of student experiences.

SAMPLE LANGUAGE:
• Student X participated in virtual away rotations, as described in the relevant narratives.
• Student Y was allowed to participate in in-person rotations in X discipline(s) for experiences the home institution was not able to provide, as described in the relevant narratives.
• Student X participated in virtual/live away rotations in BLANK discipline.

SAMPLE LANGUAGE FOR A CLERKSHIP AFFECTED BY COVID-19:
PEDIATRICS (March 2-April 13, 2021) This clerkship was graded P/F

This rotation was modified due to our school suspending medical students’ clinical contact due to COVID-19. The clerkship grade was assessed % shelf exam, % case write-up, % OSCE, etc.

Clerkship Director’s Comments: Participated in discussions enthusiastically. Provided a well-researched and timely discussion on vertical transmission of COVID-19 to newborns. Displayed great empathy in the tele-OSCE.”

SUMMARY
• In line with the 2016 Recommendations provide a summative assessment of the student’s performance relative to their peers. If your school groups or ranks students, disclose how you arrived at these groupings or rankings and define any terms used (e.g., “excellent,” “superior,” etc.).

• Briefly describe any changes your school made to grouping or ranking processes or categories.

SAMPLE LANGUAGE:
The MSPE process at the School of Medicine assigns an evaluation level to each student based on XYZ. This process:
• Remained the same for this student
• Was altered this year to [please describe]
• Was suspended this year
• Other, please describe
• Continue to follow the 2016 Recommendation to provide school-wide comparisons if using a final “adjective” or overall rating.

**MEDICAL SCHOOL INFORMATION**

Include details about how the school handled USMLE and COMLEX timing due to delays or cancellations in testing access.