Providing Narrative Feedback for Clinical Evaluations

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Neither of the presenters, nor any members of their immediate families, have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters of this activity.

Goals for Today

- Understand the uses of the narrative information provided on clerkship evaluations and its importance to student career progression
- Recognize the importance of high quality narrative assessments
- Recognize inherent biases in these assessments
- Demonstrate examples of best practices to write the narrative

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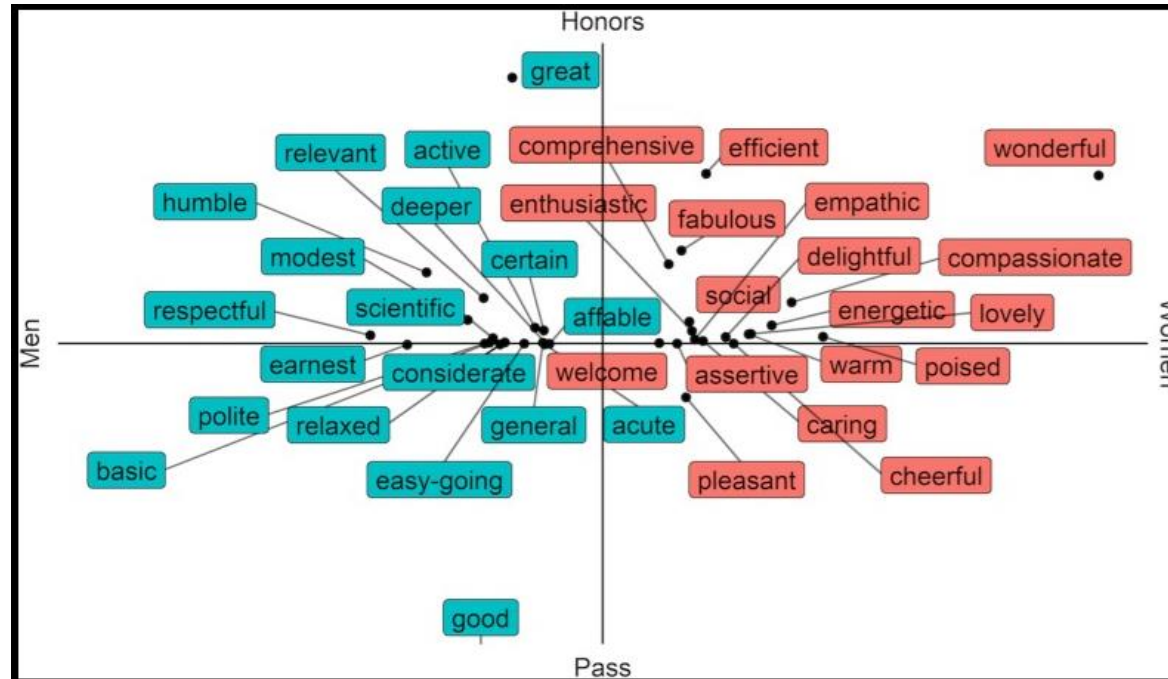UNIVERSITY

Why is this important

- Feedback for students
- we have an obligation that our students are prepared to enter residency and these evaluations are one of the primary tools

- MSPE is more important now that Step 1 is pass/fail
  - Now that step 1 is P/F, *52% of IM PDs believe the MSPE will rise in importance.* (1)
- Non-specific, poorly written, vague comments hurt Quillen students more than they might hurt students from larger name medical schools
  - 63.4% of PDs believe that P/F Step 1 will hurt students from who *do not attend highly regarded medical schools* (1)
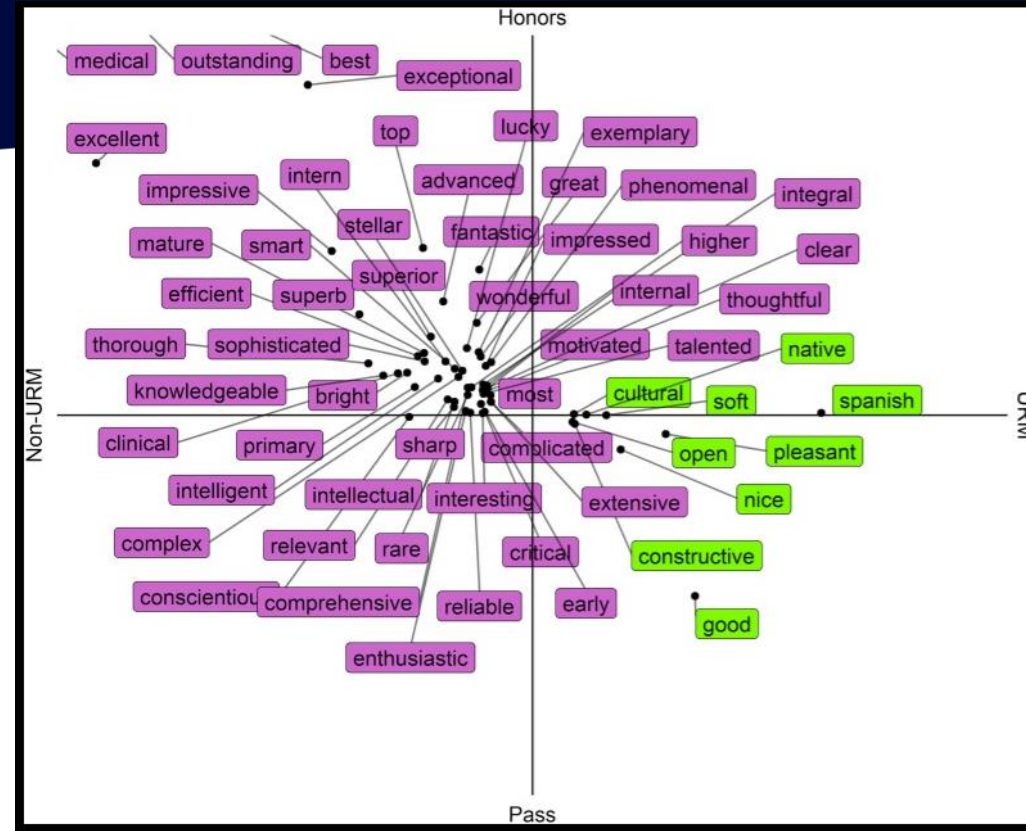
Why is this important

- Large amount of implicit bias in these (gender and minority students)
  - On surgery evaluations *Female medical students are more often described in terms of personal attributes and praised for strong work ethic, training, and teaching, whereas male students are more frequently described in terms of their competencies and praised for their leadership skills, research, and ability.(2)*
  - Evaluations of women are more likely to include words like *compassion, enthusiasm, and sensitivity,* while men are more likely to be described as *exceptional and outstanding. (3)*
  - *Black residency applicants were more likely to be described as "competent", whereas white applicants more frequently received standout and ability descriptors, like "exceptional." (4)*

Descriptors for men vs women (3)

Descriptors for under-represented minority students vs non-URM (3)

How are we doing at Quillen: A clerkship director perspective

- *Excellent resident, very dependable*
  - This was a medical student evaluation. Doesn't tell me much about the student
- *Needs to practice oral presentations, working on organization, flow, eye contact, Ddx and plan. Read more to broaden knowledge base and thus Ddx*
  - Too negative. There is another section for constructive feedback
- *eagerness to absorb knowledge is evident in [their] thoughtful questions and body language*
  - Do you think this was written about a female or male student?

How are we doing at Quillen: A dean's perspective

- 1753 "good job" descriptions on current year's Dean's letter narratives from all clerkships combined

- Another 1000 uses of "job" with excellent, amazing and other similar adjectives

- **Actual Example:** "Student doctor x did a really good job on the rotation. I would welcome them back on my service. Keep reading!"
  - **What does this say?**

What can we do to be more effective?

- Look at examples of best practices

- Look at recommended resources

- Develop a short checklist to ensure pertinent details are included

Resources: Frameworks that can be used for evaluation

AAMC Entrustable professional activities (13 EPAs)

- Gather a history and perform an exam
- Prioritize ddx
- Interpret tests
- Provide oral presentation
- Obtain informed consent
- Perform general procedures

ACGME Core competencies (6)

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- System-based practice

Resources: Frameworks that can be used for evaluation

ACGME Milestones

- These are specialty specific

RIME

- Reporter
- Interpreter
- Manager
- Educator

- Document a student's progression

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Best practices: what to different specialties want?

- Standardized Recommendation Letters
  - IM: SEL
  - Ob/Gyn: SLOE
  - EM: CORD-SDOT

Key areas mentioned in all: USE SPECIFICS WHEN POSSIBLE

- **fund of knowledge** – medical knowledge
- **time management** – related to caseload, completion of tasks
- **situational awareness** – recognizing emergencies, superb aseptic technique
- **team integration /participation -** meaningful contributions to team

- **knowing limits** - asks for assistance, does not do things outside medical student scope
- **adapting to different environments-** Inpatient, ICU, Ambulatory, Post-acute
- **organizational skills-** task completion, documentation, follow-up needed
- **being prepared daily routine for patient care/ patient load**

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More Substantive Information that can be included- ACGME Core Competencies

- **Patient Care** (PC)- students can provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- **Medical Knowledge** (MK)- students can demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

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Interpersonal and Communication Skills (ICS)

- Students demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
  - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
  - communicate effectively with physicians, other health professionals, and health related agencies;
  - work effectively as a member or leader of a health care team or other professional group;
  - act in a consultative role to other physicians and health professionals; and,
  - maintain comprehensive, timely, and legible medical records, if applicable.

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Tips and Tricks: How do we do this?

Dr. Pierce

- Weekly face to face review with students

- What cases did they find important

- What did they do well? Struggle with

- **Take notes and use as reminder for evaluations

Dr. Reece

- Narrative Evaluation Quality Instrument

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Narrative Evaluation Quality Instrument

- Developed as a tool to evaluation the quality of the narrative evaluation of neurology clerks
- Focuses on performance domains, specificity of comments, and usefulness to trainees

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Performance Domains Commented On

- Overall performance
- Clinical skills
- Clinical reasoning skills
- Prepares for and participates in patient care activities
- Fund of knowledge
- Written and/or oral skills
- Initiative
- Professionalism (interpersonal skills with patients/staff)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
No selected domains commented on	1-2 selected domains commented on	3-4 selected domains commented on	5-6 selected domains commented on	7-8 selected domains commented on

Specificity of Comments: Qualifiers, Evidence, and Examples

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
• Some qualifiers used • No supporting evidence	• Frequently uses qualifiers • 1-2 pieces of supporting evidence	• Frequently uses qualifiers and supporting evidence • No specific examples	• Frequently uses qualifiers and supporting evidence • Provides one specific example	• Frequently uses qualifiers and supporting evidence • Provides more than one specific example

Usefulness to Trainee

0 ☐	2 ☐	4 ☐
Low usefulness: • Use of third person without personal descriptors or names • Sentence fragments lacking verbs and capitalization • Minimal specific information given - often vague	**Moderate usefulness:** • Describes trainee using terms found in grading rubric with minimal advice or specific information • Exhorts the trainee to continue current performance	**High usefulness:** • Gives examples from trainee's rotation, and demonstrates knowledge of trainee • Helps trainee understand how to excel; reinforces good behaviors or gives constructive criticism for how to change

Total Score = ☐

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Sample Narrative Statement

- I enjoyed having Student Doctor Smith on my service. He gave thorough oral presentations. Patients liked working with him. He is at the level I would expect for a third year medical student.

Performance Domains Commented On

• Overall performance • Clinical skills • Clinical reasoning skills • Prepares for and participates in patient care activities	• Fund of knowledge • Written and/or oral skills • Initiative • Professionalism (interpersonal skills with patients/staff)

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Sample narrative statement

Student Doctor Smith delivers a concise, oral presentation with pertinent positives and negatives. Her assessment and plan is well-organized, focusing on most acute, pertinent issues and outlining a thorough plan of care for them for the day.

Student Doctor Smith did an excellent job synthesizing complex cases and accurately interpreting lab results. Her clinical reasoning was above the level I would expect for a third year medical student, incorporating pertinent points from history, physical exam findings and trends in objective data to formulate a hypothesis and plan.

She is highly professional and personable when it came to interacting with patients and their families. She was able to effectively communicate a working diagnosis and plan at the bedside using lay person terminology. Student Doctor Smith was helpful to the team and proactive in terms of obtaining collateral information for patient care.

Performance Domains Commented On

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Thank you!

References

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