

Guidelines for UBC Clinical Faculty Completing End of Rotation Evaluations to include comments for the Medical Student Performance Record (MSPR)

The EoR has been changed to allow for separation of the formative comments as guidance for student improvement from summative comments that will become a part of the students' MSPR for CaRMS residency applications.

The purpose of the MSPR Summative Comments is to highlight the unique qualities of the learner. The purpose of this document is to help support clinical faculty in this process. We advise that faculty choose MSPR comments that distinguish this student from others, keeping in mind that these comments will be used externally. All comments meant to support the student's improvement should be reserved for the formative section only.

There is a striking difference among faculty with respect to the quality of the summative narrative. Many narratives are too brief and do not review the evaluative categories. The MSPR summative narrative is the **ONLY** part of the core clerkship rotation evaluation that appears on the student's final transcript for residency applications (other than the notation that the student met competencies overall). These comments will have a direct impact on student CaRMS residency applications and thus are high stakes for students.

Please note there is a box on the End of Rotation Evaluation for formative comments - feedback identifying performance deficits. We took care to reserve this box for these formative comments which will not appear in the summative comment box and do not constitute part of the final transcript. These formative comments allow us to identify students in difficulty who may not be on track and when provided in a timely manner allow appropriate intervention.

Please be as specific as possible in your comments. Senior residents are excellent resources for comments and examples. It is best to comment on behaviours which were directly observed rather than making inferences.

The following comments are examples of comments that should **NOT** be represented on the MSPR and can form the basis upon which a student may request a review:

- a) Comment that includes inappropriate or discriminatory language.
- b) Comment that indicates students' aptitude or preference for a chosen specialty.
- c) Personal health information included in comment.

Examples of comments that would be **excluded** [underlined part would be excluded]:

"X was a diligent student who worked hard and studied hard. Their assessments in the emergency department were solid and their differentials were broad and practical; for example, a patient presenting with anemia. X was good at communicating when asking consulting services in the emergency department to see the patient. Overall, I was very impressed, especially since X had recently returned from a prolonged leave of absence for depression. X did not seem depressed to me at all."

"X was a diligent student who worked hard and study hard. Their assessments in the emergency department were solid and their differentials were broad and practical; for example, a patient presenting with anemia. X was good at communicating when asking consulting services in the emergency department to see the patient. X would have made a fantastic emergency physician; too bad they only want plastic surgery"

Examples of comments that may appear for an outstanding student:

Comment that may have appeared prior to MSPR summative comments box:

“X was an exceptional student. They rounded early on the post – operative patients and had a very good sense of the ones who needed more urgent attention. They independently instituted a complete work – up for post-operative fever in a 75-year-old patient on POD#2 from a total hip replacement. X constantly read around their cases and applied what they read to the patient, for example another case of a patient with unexplained hypokalemia, X correctly identified a culprit medication after reading the evening before. X was kind and considerate to everybody on the team and developed therapeutic relationships with patients and their families. The daughter of one patient specifically sought me out to comment on X’s excellent bedside manner. Most students need to be reminded several times to mind their sterile technique, but X took great care to maintain sterility in the OR. X should continue to read as they are already doing”

Now please divide comment into

Formative Feedback Box: *“X should continue to read as they are already doing”*

Summative Feedback box: *“X was an exceptional student. They rounded early on the post – operative patients and had a very good sense of the ones who needed more urgent attention. They independently instituted a complete work – up for post-operative fever in a 75-year-old patient on POD#2 from a total hip replacement. X constantly read around their cases and applied what they read to the patient, for example another case of a patient with unexplained hypokalemia, X correctly identified a culprit medication after reading the evening before. X was kind and considerate to everybody on the team and developed therapeutic relationships with patients and their families. The daughter of one patient specifically sought me out to comment on X’s excellent bedside manner. Most students need to be reminded several times to mind their sterile technique, but X took great care to maintain sterility in the OR.”*

Examples of comments that may appear for a student who is on track:

Comment that may have appeared prior to MSPR summative comments box:

“X was a solid student with a positive attitude. X always asked to help other team members with their patients when they were done seeing their own patients. X worked diligently to ensure that progress notes were complete. At times the notes were on the lengthy side and so one would “lose the forest through the trees” but after feedback this improved. X initially anchored to an initial diagnosis but this is slowly improving. One example toward the end of the rotation was a patient who was admitted for anemia initially thought to be secondary to GI bleeding. After scopes did not show any pathology, X was able to understand that alternate diagnoses needed

to be considered. Patients enjoyed having X as part of the team and X worked collaboratively with the allied health staff, and by the end of the rotation was routinely including them all in the daily assessment of patients. I noted that X responded appropriately to nursing concerns. X still needs to work on addressing concerns from other allied staff such as occupational and physical therapy.”

Now please divide comment into

Formative Feedback Box: *“X should continue to work on including opinions from allied health care professionals including but not limited to physiotherapy and occupational therapy. In addition, although great strides were met in not anchoring to a diagnosis, X should continue to work on keeping an open mind from the beginning of the clinical interaction. Continue to work on improving quality of clinical notes in making them concise and not ‘lose the forest through the trees’”.*

Summative Feedback Box: *“X was a solid student with a positive attitude. X always asked to help other team members with their patients when they were done seeing their own patients. X worked diligently to ensure that progress notes were complete and conciseness of the notes showed continuous improvement throughout the rotation. X has shown the ability to consider alternate diagnoses; for example, toward the end of the rotation was a patient who was admitted for anemia initially thought to be secondary to GI bleeding. After scopes did not show any pathology, X was able to understand that alternate diagnoses needed to be considered. Patients enjoyed having X as part of the team and X demonstrated an appreciation for working collaboratively with the allied health staff.”*

Additional example of comment that may appear for a student who is on track:

Comment that may have appeared prior to MSPR summative comments box:

“X was a hard worker and got along with everyone on the psychiatry team, was a total pleasure to work with. X’s psychiatric histories were thorough and they were able to incorporate the mental status examination into their overall assessment. X worked tirelessly to obtain collateral histories, which is critical to psychiatry. Several psychiatric nurses commented on X’s work ethic. Rounding on the patients daily took a while – improved after midunit feedback but still room for further improvement, and so X is encouraged to work on efficiency. For example consider carrying one index card per patient so that information is readily available. In addition, X should ensure that they always know the psychiatric medications their patients are on and what side effects to look for, for example extrapyramidal side effects of anti – psychotic medications. X formed an appropriate therapeutic relationship with patients, particularly with

a young woman who was hospitalized with bipolar disorder, X was able to obtain the balance between empathy while maintaining appropriate therapeutic boundaries.”

Now please divide comment into

Formative Feedback Box: *“X should continue to work on rounding efficiently, it may help to be more organized in carrying one index card per patient so that the information is readily available. I recommend that X ensure that they always know the psychiatric medications their patients are on and what side effects to look for, for example extrapyramidal side effects of anti – psychotic medications.”*

Summative Feedback Box: *“X was a hard worker and got along with everyone on the psychiatry team, was a total pleasure to work with. X’s psychiatric histories were thorough and they were able to incorporate the mental status examination into their overall assessment. X worked tirelessly to obtain collateral histories, which is critical to psychiatry. Several psychiatric nurses commented on X’s work ethic. X showed improvement throughout the rotation with efficiency of rounding and is encouraged to keep up this good effort. X formed an appropriate therapeutic relationship with patients, particularly with a young woman who was hospitalized with bipolar disorder, X was able to obtain the balance between empathy while maintaining appropriate therapeutic boundaries.”*

The case if a student who is not on track:

**** Please note that students who have major concerns or are at risk of being ‘not on track’ have historically been few compared to the whole of the class. It is beyond the capacity of this document to adequately assist the front – line preceptor. We strongly suggest in these cases that the preceptor notify the clerkship director or Year 3 Site Director so that adequate assistance with comments from the Regional Student Promotion Subcommittee (RSPS, which is chaired by the Regional Associate Dean) can be sought. It may be unfair to a student to include comments that may be prejudicial when the student is still a learner and eventually successfully remediates these deficiencies. ****

Appendix:

The following procedures are excerpted from “Policy 012 – Medical Student Performance Record (MSPR) Documentation”. For the complete policy see Entrada or MedNet.

“MSPR Summative Comments:

1.1. The MSPR Summative Comments from all Year 3 End of Rotation (EoR) Assessments are included on the MSPR.

1.2. The Head Evaluator will collate MSPR Summative Comments for their rotation.*

1.3. The Head Evaluator will edit the MSPR Summative Comments for clarity, length, discriminatory language, grammar and spelling. The Head Evaluator may edit comments about a student’s aptitude or preference for a specific specialty, and comments related to student health.

1.4. MSPR Summative Comments are auto populated from the EoR Assessments for each rotation.

*1.5. Students are expected to read the MSPR Summative Comments on the EoR Assessments for each rotation **at the time they are released** by the rotation and raise any concerns at that time with the Head Evaluator.*

1.6. If the concerns are unresolved, a student may request a review of the MSPR Summative Comments, by their Year 3 Site Director, within 14 calendar days of the EoR Assessment being released. The student may submit a written statement of fact (<250 words) to the Year 3 Site Director, summarizing the concerns.

1.7. The Year 3 Site Director, in collaboration with the Head Evaluator, may approve changes to the MSPR Summative Comments.

1.8. The Regional Associate Dean (or designate) at the students’ program site will review all MSPR Summative Comments before the MSPR is finalized.”

**Head Evaluator refers to the individual who completes the final EOR assessment. For example, if a student is doing CTU at VGH they could have 3 different clinical preceptors. Each clinical preceptor fills out an evaluation form that has formative and summative comments. The Discipline Specific Site Lead (DSSL) collates the evaluations and fills out the final EOR that the student receives. In this instance, the DSSL is the Head Evaluator.*