

AUPN Clerkship Director's Workshop

Navigating the Continuum of Feedback:

Writing a Strong Letter of Recommendation

Marie Carl Eugene, DO, MSHPE



Objectives

- Review features of a strong letter of recommendation (LOR)
- Apply this knowledge to improve a weak LOR

Figure PD_N-13

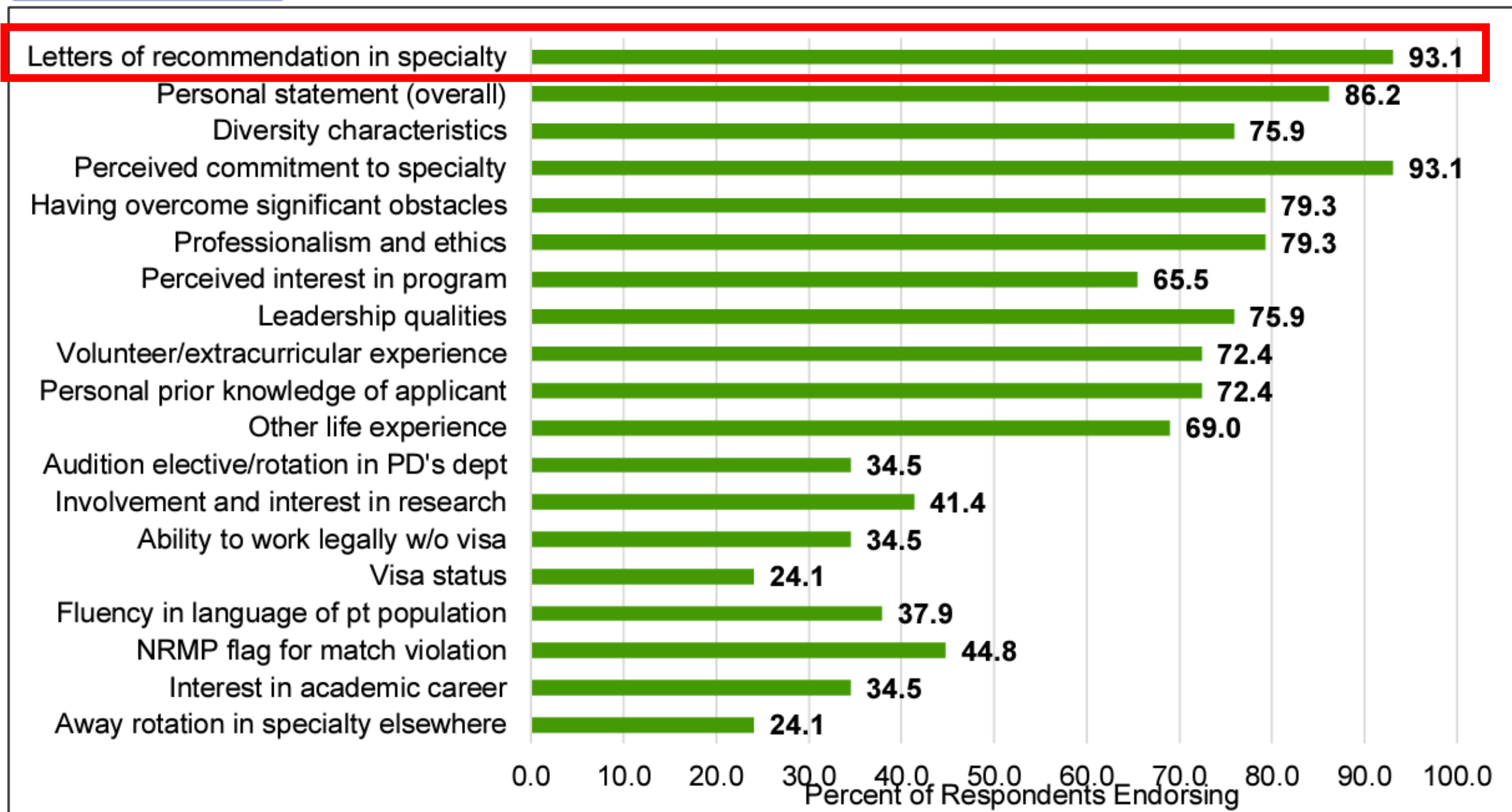
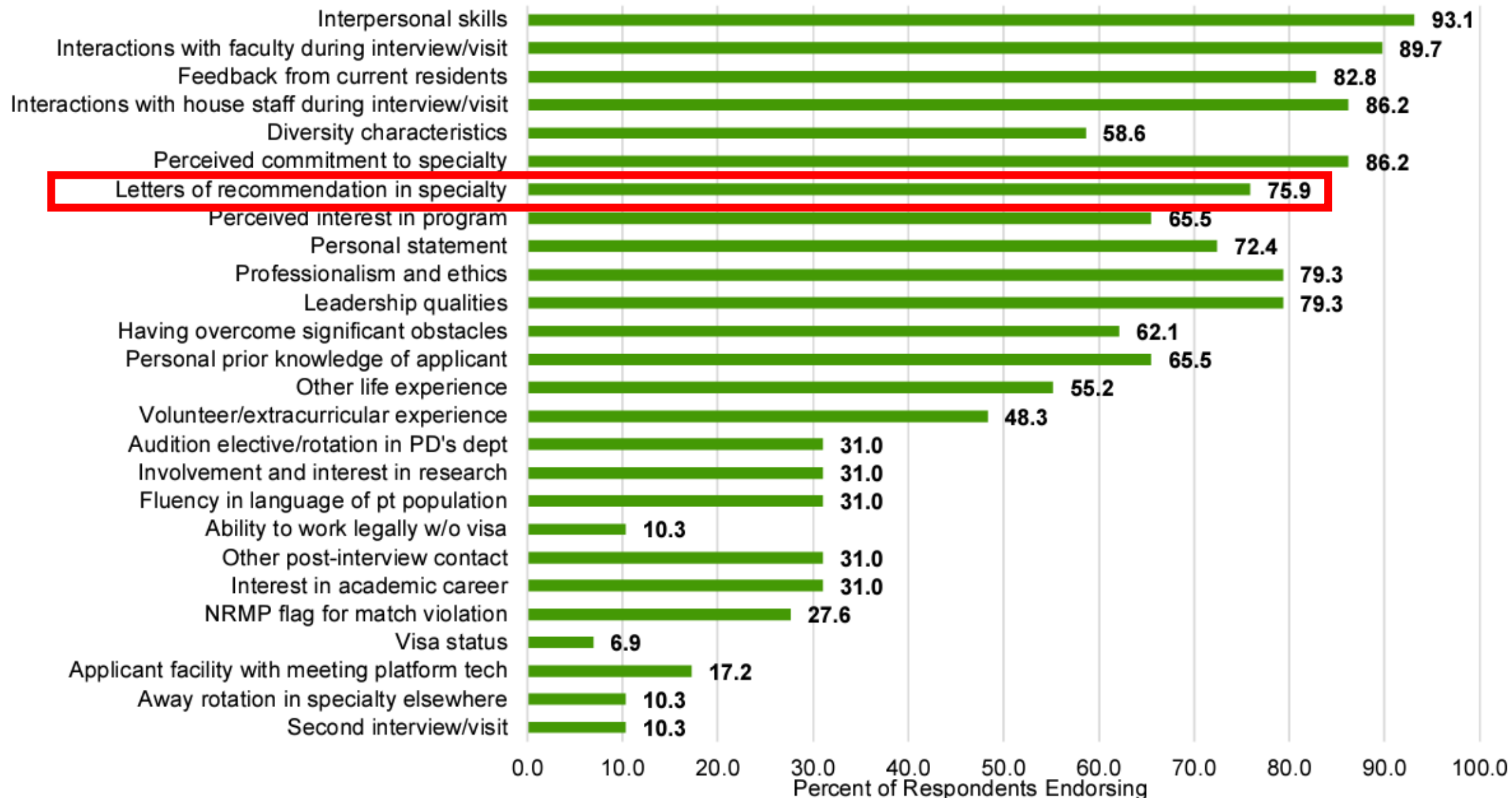
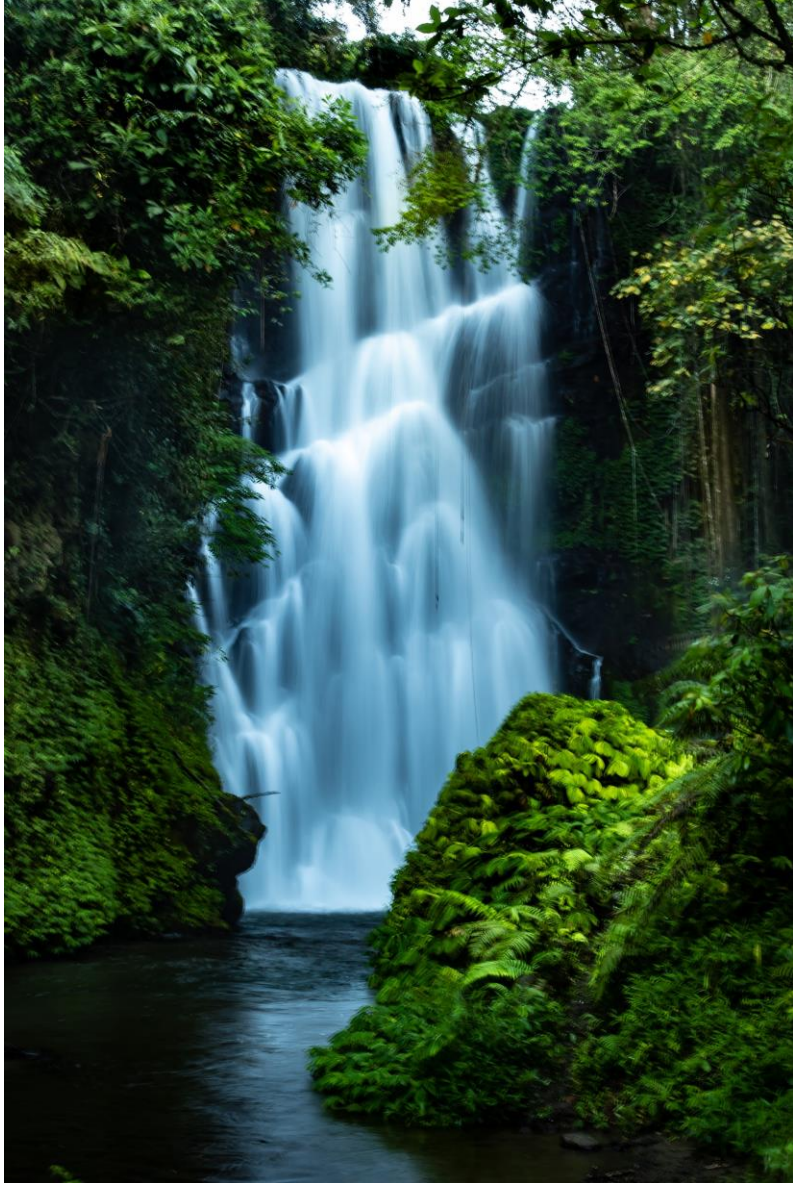
Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Interview (%)

Figure PD_N-R3

Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Rank (%)





Chat Waterfall

Please list 2 features that you think make for a strong LOR?

Type your response in chat

DO NOT HIT ENTER until prompted

Watch the waterfall of responses!

Don'ts

- Do not agree to write an LOR if you did not work with the student
- Do not be vague or ambiguous





Do's

- Structure:
 - Use the institution's letterhead
 - AAMC ID#
 - At least 1 page
 - Include your title, faculty appointment
 - Real signature
- Content
 - Introduce yourself
 - Indicate how you know/ worked with the student
 - ***Give specific examples***
 - Include statistics
 - Frame deficiencies positively
 - Demonstrated improvement in documentation**
 - Student waived their right to see the LOR

Choose Your Words Wisely

- Survey Peds, then IM & Surg PDs
- 3 components of LORs: Commonly used phrases, letter features, and applicant abilities
- All 3 specialties considered:
 - Positive: “Exceeded expectations”
 - Neutral: “I recommend”
 - Negative:
 - “Showed improvement”
 - “Performed at expected level”
 - “Overcame personal setbacks”

Correlation Between Letter Phrases: Internal Medicine PDs^a

Letter phrase	Positive	Positive	Neutral	Negative
I recommend without reservation	0.77	0.13	-0.20	-0.09
I highly recommend	0.68	0.09	0.33	-0.14
I give my highest recommendation	0.67	-0.12	0.40	0.21
Will be an asset to any program	0.64	0.21	-0.05	0.31
Exceeded expectations	0.47	0.27	0.10	0.44
I would rate them in the top 1%–5% of students I have worked with	-0.03	0.71	0.12	0.03
I would rate them in the top 6%–25% of students I have worked with	0.44	0.66	-0.11	-0.11
I would rate them in the top 26%–50% of students I have worked with	-0.25	0.53	0.04	0.46
Would like the applicant to stay at our institution	0.12	0.06	0.81	-0.06
I recommend	0.29	0.45	0.50	-0.19
Showed improvement	0.03	-0.08	-0.02	0.81
Performed at expected level	0.14	0.21	-0.13	0.72
Overcame personal setbacks	0.10	-0.19	0.14	0.69
Solid performance	0.24	0.12	0.13	0.57

Abbreviation: PD indicates program director.

^aBold formatting indicates $P < .001$.

Saudek et al 2019...

- Most PDs admit to using code words or phrases when writing LORs themselves
 - 58% of surgery PDs and 64% of IM PDs
- “Showed improvement” - rated the most negative phrase by all 3 specialties
 - Although positive during training, it conveys a weaker applicant
- Use phrases like “exceeded expectations” to describe a stronger applicant
- PDs in all 3 specialties rated a letter describing the depth of interaction with the applicant among the most important letter features
 - Students should be counseled to prioritize depth of interaction above academic rank of the letter writer

Saudek et al 2020

- Developed a scoring system to rate LORs
- LORs rated based on letter quality and impression of the candidate
- Top predictors:
 - Letter features
 - Writing about candidates' abilities
 - Strength of recommendation
 - Depth of interaction with the applicant
 - Abilities
 - Clinical reasoning
 - Leadership
 - Communication skills

Table 2. Linear regression modelling of applicant abilities predicting LORQ and IC.

Applicant Ability	Letter Quality (LORQ)		Impression of Applicant (IC)	
	B	Sig (p)	B	Sig (p)
→ Clinical reasoning	0.4	< .001	0.4	< .001
→ Leadership	0.3	< .001	0.2	< .001
→ Communication skills	0.2	< .001	0.1	.018
Work ethic	0.2	.006	0.1	.021
Trustworthiness	Did not factor into the model.		0.1	.036
Maturity			-0.1	.035
Enthusiastic			-0.1	.004
Team player			Did not factor into the model	
Professionalism				
Compassionate				
Resilience				
Resourcefulness				
Inquisitiveness				
Efficient				

<https://doi.org/10.1371/journal.pone.0244016.t002>

Saudek 2020

- To compose a top tier LOR:
 - Include a combination of the most positive phrases
 - Describe the depth of interaction with the applicant
 - Describe the applicants' abilities with supporting details and a rich narrative

Differences in words used to describe racial and gender groups in MSPEs

White Applicants	Black Applicants	Women Applicants
<ul style="list-style-type: none">• Exceptional• Best• Outstanding	<ul style="list-style-type: none">• Competent	<ul style="list-style-type: none">• Bright• Organized• Caring• Compassionate• Empathic• Empathetic

SBI Tool

Situation: Outline the situation so the context is clear and specific

Behavior: Discuss the exact behavior - core competencies

Impact: Highlight the impact the behavior had on you, the patient, or the team



Length and Location



Experience of the Student



Traits of the Student



Tell a Story



Educational Summary and Professional Potential



Recap

Structuring a Letter of Recommendation


Key Components of an LOR	Questions to Answer	Example
Length and Location	What is the context of your interaction with the student?	I worked with Sam during the inpatient portion of the neurology rotation. She also worked with me for 3 afternoons in the general neurology clinic where she independently evaluated new patients.
Experience of the Student	What was the student's experience while working with you?	Sam functioned at the level of a subintern, independently gathering histories and performing physical examinations under my supervision. Additional responsibilities included contacting family members to provide updates about patients, when necessary.
Traits of the Student	What are the student's unique personal and clinical attributes?	Sam has an outstanding fund of knowledge and can quickly synthesize data to create an accurate assessment and plan. For example...
Tell a Story	Share examples to support the adjectives you use to describe the student.	I was particularly impressed by her ability to calm patients who were worried about their symptoms and diagnoses. She would explain the plan we had outlined in detail which provided reassurance.
Educational Summary and Professional Potential	Can you provide additional context and future application for activities or accomplishments from their CV?	When asked by the Dean of Students if she could help tutor a student who had not passed USMLE step 1, Sam did not hesitate to assist a junior classmate. Sam's comradery with colleagues is yet another reason why she will be an asset to her future colleagues and any residency program.
Recap	What is your bottom line?	I have supervised medical students for the past 5 years and would rank Sam among the the top 10% of all students with whom I have worked. I would be delighted if she remained here for residency.

What's next?



Break out sessions
to review a poor
LOR and how to
correct it

Meet back to
show strong
version



Re: Student Doctor Johnson

To Whom It May Concern:

It is my pleasure to write a letter of recommendation for Student Doctor Johnson for residency. I worked with this Student Doctor in the clinic during her rotation.


I can attest that she is a hard-working resident who takes pride in doing a great job. She asks great questions and has a great fund of knowledge. You will find that she is bright, organized and compassionate. She was liked by patients and staff alike.

Student Doctor Johnson took patient histories, performed physical examinations, and wrote notes in the EMR. She presented patients during rounds. Her formulation including assessment and plan for the patients she presented on rounds improved over time. The residents praised her for being a great team player.

Student Doctor Johnson will be an asset to any residency program. It has been a pleasure working with her.

Yours truly,

Dr. Stephen Attending



Letterhead (if available)

Name of Institution
Your Street Address
City, State Zip Code

Re: Exceptional Student
AAMC: 1234567

Date

Dear Program Director,

It is my pleasure to write this letter in strong support of the application of Ms. Exceptional Student for your Neurology residency program. I have been a Clerkship Director at Best University for 10 years and have worked with and taught medical students in the clinical setting for the last 15 years. I worked personally with Ms. Student in the general neurology clinic over the course of the 4-week Advanced Neurology Elective rotation. In this capacity, I was able to closely observe and assess her clinical skills.

Ms. Student was always prepared for each day's census, reading about every patient's history, labs, and diagnoses. An example of the level of her preparation was seen in her recommendation that we follow up on sleep issues documented by the therapist in the EMR, indicating Ms. Student's thorough knowledge of the patient, including notes by other providers. Another example is that she made appropriate treatment recommendations for a patient with focal seizures and an abnormal electroencephalogram (EEG).

Ms. Student demonstrated her clinical curiosity by asking and answering a clinical question using evidence-based resources. Specifically, she saw a patient with symptoms consistent with migraine headache. Ms. Student performed a literature search so that she could appropriately advise the patient about prophylactic and abortive therapies, including dose and frequency. For a patient with a new headache, she came up with at least five differential diagnoses, including important "can't miss" diagnoses.

Ms. Student also demonstrated strong teaching skills in working with a first-year medical student coming to the clinic to learn how to obtain a history from a patient. She went over the patient they were

What makes a strong letter?

The letter is written on letterhead.

The letter describes the letter writer's qualifications for writing this letter, specifically, her experience in medical education

The letter describes the writer's current role as a clinical teacher.

The letter describes how long and in what capacity the writer has known the student.

The letter includes opinions and observations.

The letter is specific and accurate, including details.

The writer states specific qualities the candidate possesses: preparedness, clinical curiosity, and teaching skills.

The writer provides details to demonstrate how the candidate exhibited a certain quality.

Modified from:
<https://medicine.fiu.edu/resources/faculty-tools>

going to see and asked the first-year student if she was worried about any part of the history. After interviewing the patient, Ms. Student gave feedback to the first-year student, accurately pointing out the questions that the student asked which were appropriate, as well as those that could have provided additional details about the patient's chief complaint.

Ms. Student is an exceptional learner who excels in having the abilities to communicate with patients, to be proactive in the work of the clinic, and the clinical acumen required of an outstanding neurology resident. She was able to establish excellent rapport with patients of any culture or socioeconomic background including patients below the poverty threshold as well as financially secure and from various countries such as Venezuela, Cuba, Dominican Republic, Pakistan, and Russia. One patient commented that "she asked about everything I was worried about" and was "so kind" in the interview. Ms. Student cares genuinely for the well-being of the patients she cared for.

The neurology residents highlighted Ms. Student's clinical skills and team work as particular strengths. They noted that Ms. Student took advantage of every opportunity to learn, learning to perform the neurological examination with good technique. The residents also commented that Ms. Student contributed to patient care by taking the time to answer questions posed by patients and their family members when necessary.

Ms. Student will be an asset to the neurology residency program of her choice and will be a hard-working, dedicated resident. I am hopeful that she will rank our residency program top on her rank list. She is in the top 10% of students with whom I have worked over the past 20 years and upon completion of her training she is someone I would trust with the care of my loved ones as patients. I recommend her without reservation.

If you have questions, please do not hesitate to call or email. Ms. Student has waived her right to view this recommendation.

Sincerely,

Attending Signature (signed by hand)

Name of Attending, M.D.
Associate Professor
Department of Neurology
Name of University

Spelling and grammar have been checked

This paragraph again gives another example of how the student displayed specific skills and attitudes in the clinical setting.

This letter provides a comparison of this student with other students with whom the writer has interacted over the years.

The letter is signed by hand

The letter includes a signature line which includes the writer's faculty appointment.

Modified from:
<https://medicine.fiu.edu/resources/faculty-tools>

Letter of Recommendation for Psychiatry Residency Applicant

This applicant has waived the right to view this letter:

- Yes, they have waived this right
 No, they have not waived

Applicant Name: _____

ERAS ID: _____

Name and contact information of letter writer: _____

Name of letter writer's Institution or organization: _____

The approximate number of ~~students~~ typically worked with per academic year: _____

Brief description of how letter writer knows applicant such as clinical setting vs. research mentor, duration of time worked together (250 characters):

In the following section, please choose two of the five options provided that best exemplify the applicant, followed by specific example(s).

- A) **Characteristics/Qualities:** (1) Communication/interpersonal skills (2) Interest/passion for psychiatry (3) Teachability (open to and learns from feedback) (4) Honesty (5) Capacity to reflect/self-awareness (500 characters each)

Characteristic/Quality response #1

Characteristic/Quality response #2

- B) **Clinical Skills** (1) Ability to develop rapport with patients (2) Ability to work well in a clinical team (3) Ability to take a psychiatric history (4) Ability to perform a mental status exam (5) Ability to perform appropriate triage of medical and psychiatric urgent/emergent issues. **Non-clinical letter writers should comment on these or similar skills in the context of their work environment.** (500 characters each)

Clinical Skills response #1

Clinical Skills response #2

Please describe one characteristic/quality or clinical skill which may be an area of growth (500 characters):

Identify one additional item that makes this applicant unique relative to other applicants, such as their sense of duty, teamwork, perseverance, ability to handle adversity (500 characters):

Please summarize the applicant's preparedness and suitability for psychiatric residency. In addition to perceived positive attributes, please provide a description of how much guidance this applicant may need as they begin residency in comparison to their peers (1000 characters):

DO's

Structure:

- Use the institution's letterhead
- AAMC ID#
- At least 1 page
- Include your title, faculty appointment
- Real signature

Content

- Introduce yourself
- Indicate how you know/ worked with the student
- ***Give specific examples***
- Include statistics
- Frame deficiencies positively
 - Demonstrated improvement in documentation**
- Student waived their right to see the LOR

- DON'T's
- Do not agree to write an LOR if you did not work with the student
- Do not be vague or ambiguous



Thank you!

References

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Sample Weak LOR

Re: Student Doctor Johnson

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Student Doctor Johnson will be an asset to any residency program. It has been a pleasure working with her.

Yours truly,

Dr. Stephen Attending

The Practice of Feedback

Doris Kung, DO
Brandon Brown, 4th
year Medical
Student



BAYLOR COLLEGE
OF MEDICINE

Objectives

- Feedback defined
- Methods of Feedback
- Receiving Feedback
- Next Steps



*“Feedback is an interaction
between the learner and teacher
that provides information on
expectations, progress, and areas
for improvement.”*

Burgess

Feedback Defined

- Formative vs. Summative
- Formal vs. Informal
- Verbal and Written



Do's of Feedback:

Ende – Feedback should be:

- Well-timed and expected
- Based on observation and actions, not on assumptions/interpretations
- Offers subjective data, with “I” statements
 - Don't say: “You left early yesterday, you don't seem interested in helping out the team.”
 - Instead say: “I noticed you left early yesterday, can you tell me what happened?”
- Limited and to actionable changes
- Non-evaluative/Non-judgmental
- Specific, not general
- Teacher and Trainee work as Allies

Strategies to Giving Verbal Feedback

- Sandwich
- Ask-Tell-Ask
- Pendleton method
- Student-led
- STOP – Specific, Timely, Objective, and Provide a plan for improvement



Ask

- Encourage the learner to self-assess performance

Pendleton

Tell

- Share your impression of the positive behaviors and problem areas
- Provide suggestions/problem solve with learner

Ask

- Assess how well the learner understood the feedback
- Allow the learner to develop a specific plan for improvement

Case-based Discussion (CbD) - F2 Version

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: A&E OPD In-patient Acute Admission GP Surgery

Clinical problem category: Pain Airway/Breathing CVS/Circulation Psych/Behav Neuro Gastro Other:

Focus of clinical encounter: Medical Record Keeping Clinical Assessment Management Professionalism

Complexity of case: Low Average High Assessor's position: Consultant SpR GP

Please grade the following areas using the scale below:		Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C*
		1	2	3	4	5	6	
1	Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Not at all 1 2 3 4 5 6 7 8 9 10 Highly

Trainee satisfaction with CbD 1 2 3 4 5 6 7 8 9 10

Assessor satisfaction with CbD 1 2 3 4 5 6 7 8 9 10

What training have you had in the use of this assessment tool?: Have Read Guidelines Face-to-Face Web/CD rom

Time taken for discussion: (in minutes)

Assessor's Signature:

Date:

Time taken for feedback: (in minutes)

Assessor's Surname:

Assessor's GMC Number: **Please note:** Failure of return of all completed forms to your administrator is a

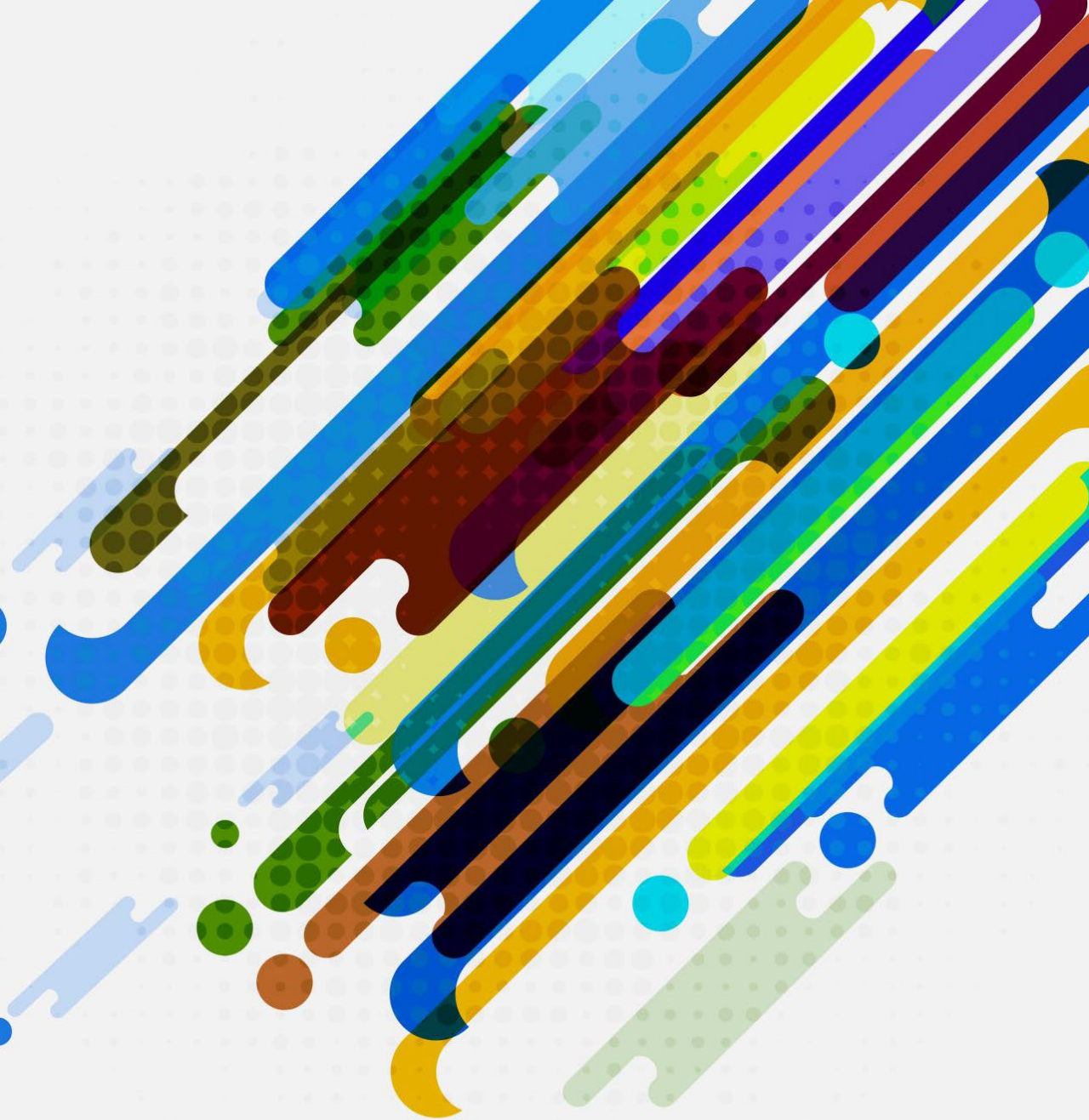
Workplace-Based Assessment

- Opportunity for in-time direct observation
- Opportunity for feedback on a specific task
- Tools such as CbD, DOPS, Mini-CEX are only helpful when accompanied by verbal timely feedback.

Written/Narrative Feedback

- Provides feedback to the learner
- Provides assessment
- Communicates information to future residency programs
- Be aware of bias in your language
 - Women: “pleasant to work with”, “gentle”
 - Men: “scientific”





Writing the Narrative

- Comment on what you observed
- Give examples
- Provide information that will be helpful to other educators/residency programs
- “This student counseled a patient with migraines by drawing upon the patient’s own experiences and providing patient-centered and explained things well without using medical jargon.”



Barriers to Feedback

- Lack of Direct Observation
- Avoiding it to not hurt the learner
- Lack of feedback leads to learner self-assessment, which is often inaccurate without external feedback



Receiving Feedback: Key Points

- Students want feedback.
- Build relationships with your students.
- Students like verbal feedback.
- Student confidence greatly effects the process.

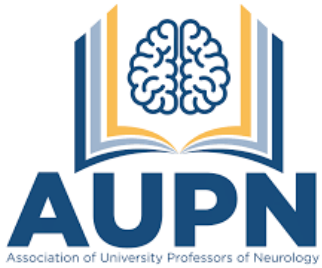


PRACTICING FEEDBACK

- Provide conducive learning space for feedback
- Use a method that works for you and your student
- Provide space for self-reflection
- Provide actionable changes

References

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AUPN Clerkship Director's Workshop: Navigating the Continuum of Feedback

Erin Furr Stimming, MD, FAAN
Professor, Neurology
Memorial Hermann Endowed Chair
Director, Neurology Clerkship
Director, HDSA Center of Excellence
UTHealth, McGovern Medical School



McGovern
Medical School



Our Agenda

- Feedback Overview
- Define Formative and Summative Feedback
- Discuss Written Feedback
- Feedback about Feedback
- Discuss Narrative Assessments
- Practical Strategies for Implementation

**YOU GET FEEDBACK, AND YOU GET
FEEDBACK,**



EVERYONE GETS FEEDBACK

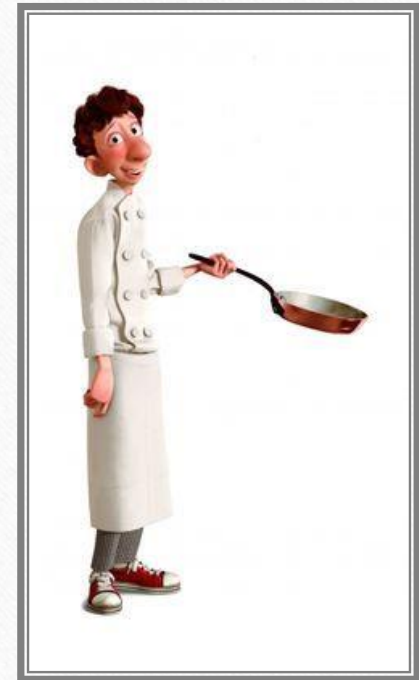
makeameme.org

Why is Feedback Important?

- Central to competency and outcome-based medical education
- Informs the student of their progress and areas for improvement
- Feedback is desired by and beneficial for learners
- Without feedback:
 - Mistakes go uncorrected
 - Good performance is not reinforced
 - Clinical competence is achieved empirically or not at all

Formative Feedback

- Specific to a particular experience and is more immediately relevant
- Formal or informal - usually verbal
- Focused on developmental learning needs



Summative Feedback

- Final assessment on the learner's performance
- Significant predictor of student performance
- Provided in the form of grade narratives or raw evaluations weeks **after** the clinical experience
- Formal and usually written



Written Feedback

An Overview

Can be formative or summative

Provides documentation of student performance

Foundation for grade narratives and deans' letters

Plays an important role in the student's professional development

Written comments are a central element of medical education

Does what we write matter? Determining the features of high- and low-quality summative written comments of students on the internal medicine clerkship using pile-sort and consensus analysis: a mixed-methods study

Lauren Gulbas¹, William Guerin² and Hilary F. Ryder^{2,3*}

Methods:



Anthropological pile-sort method



22 medical students sorted written comments into 'helpful' and 'unhelpful' piles



Students were interviewed to determine how they evaluated comments



Multidimensional scaling and cluster analysis to analyze data

What did they find?



Four distinct clusters:
No correlation between the valence of the comments and perceived helpfulness



Cluster A:
Reinforced good behaviors or gave constructive criticism



Cluster B:
Exhorted students to continue non-specific behaviors already exhibited



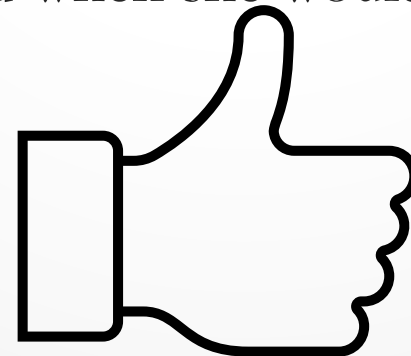
Cluster C:
Grading rubric terms without giving student-specific examples.



Cluster D:
Sentence fragments lacking verbs and punctuation



- “Excellent communicator – compassionate and gifted in her communication with her patients, who were very fond of her and appreciative of her care; presentations and write-ups began as very competent and improved from there. Even the patients who were not ‘hers’ missed her when she left the rotation! Also excelled in communicating about ‘operational aspects,’ e.g. making sure team was aware of when she would be off to conference and when she would return.”

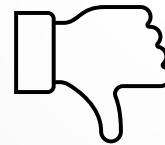


Helpful Comments

- Contained strengths, recommendations for improvement, and comments on core competencies
- Student-specific examples of the behavior
- Demonstrated the knowledge of the student and relationship with the student
- Reinforced good behaviors or provided constructive criticism

Helpful or Unhelpful?

- Continue current performance, “keep up the good work”
- “Continue to read about your pts and offer changes to their mgmt. plans. You’re on the right start and it was a pleasure working w/you!”



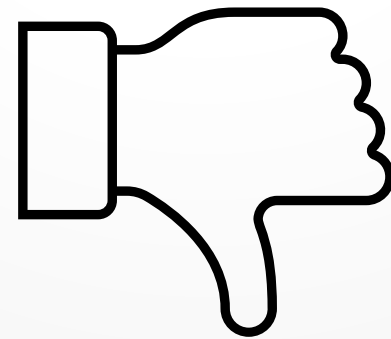
Unhelpful Comments

- Encouraged students to continue non-specific behaviors
- Minimal student-specific examples
- Described the student using terms found in the grading rubric of the medical school

Helpful or Unhelpful?

“Has a good fund of medication knowledge and demonstrates that she continues to read about patient presentation and pathology on a daily basis.”

- “I don’t know what “good fund of knowledge” means.

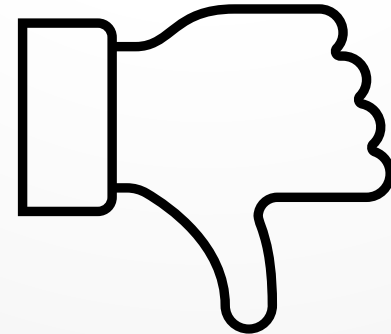


Unhelpful Comments

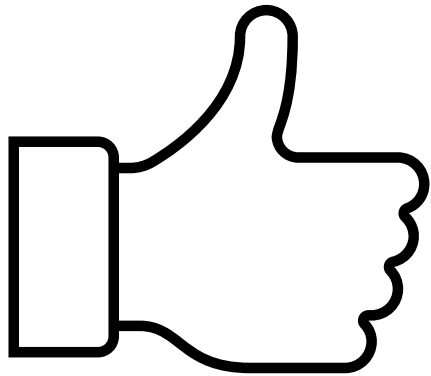
- Vague recommendations for improvement
- Use of third-person language, “He took good histories...”
- Poor Grammar - sentence fragments lacking verbs and appropriate punctuation

Helpful or Unhelpful?

- “is above the level of his peers”,
“was always punctual and
prepared.”
- “Be more confident in her
plan.”
- “This doesn’t tell me much – what is
the level of my peers?”



Tips for Providing Helpful Feedback



- Provide comments that demonstrate detailed knowledge of the student
- Provide specific examples of behaviors to reinforce or eliminate
- Comment on actionable items
- Use formal, grammatically correct, appropriately punctuated and capitalized sentences

Let's Talk about Narrative Assessments...

- Provide meaningful and potentially more valid representations of trainee performance
- Reliant on accurate and insightful comments
- Studies suggest they can be affected by the “culture of politeness” in medical education
- Narrative assessments are more important than ever with the increased use of Pass/Fail outcomes

Narrative Assessments in Higher Education: A Scoping Review to Identify Evidence-Based Quality Indicators



Used thematic analysis



7 quality indicators



12 recommendations for
writing quality narratives



3 factors that influenced the
quality of narrative
comments used in
assessment

What were the main quality indicators?



Focus on particular elements (attitudes, knowledge, skills)

Balance between positive and negative

Recommendations to learners on how to improve their performance

Compared the observed performance with an expected standard of performance

Clear and easy to understand language

Using a nonjudgmental style

Tips to Optimize Narrative Feedback

- Use clear standards or guidelines
- Use the forms provided to write narratives
- Tailor narratives to the learning climate and assessment context
- Be timely and provide feedback frequently
- Base narrative comments on direct observation

Which Factors Influenced the Quality Narrative Comments?



- 3 themes identified :
- Learner–assessor relationship and the local feedback culture
- Time required for direct observation and to complete the task of providing narrative comments
- Assessors’ abilities and knowledge of high-quality comments

Education Research: A Long-term Faculty Development Initiative Improves Specificity and Usefulness of Narrative Evaluations of Clerkship Students

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- Quasi-experimental study
 - Historical control group and an intervention group
 - Used a narrative evaluation quality instrument (NEQI)
 - Used multilevel modeling to compare NEQI scores (and subscale scores) across groups.
 - Informed by the theory of deliberate practice

Pragmatic,
multipronged,
4-year faculty
development
initiative
included...

- ✓ Annual grand rounds focused on teaching core components of high-quality narrative assessment
- ✓ Restructured the ITER (In-Training Evaluation Report) form
- ✓ Recruited faculty to the grading committee that provided the majority of student evaluations
- ✓ Annual evaluation excellence award to recognize outstanding evaluators

ITER form restructured to reduce item redundancy and evaluators' cognitive load

CLINICAL PERFORMANCE - CLINICAL SKILLS

Please comment on the following domains with evidence for your statements and at least 1 specific example if possible and include areas for improvement.

- Clinical skills (History and physical examination skills including accuracy, organization, completeness, and ability to identify and correctly interpret exam findings)
- Clinical reasoning and differential diagnosis (organization, accuracy, and sophistication of reasoning)

CLINICAL PERFORMANCE - KNOWLEDGE AND PRESENTATION SKILLS

Please comment on the following domains with evidence for your statements and at least 1 specific example if possible and include areas for improvement.

- Knowledge base description and improvement (fund of knowledge compared to average students at this level, ability to accept feedback and to independently assess and correct deficiencies in knowledge)
- Oral presentation skills and written notes (thoroughness, organization, accuracy, conciseness)

PERSONAL AND PROFESSIONAL QUALITIES

Please comment on the following domains including the extent to which the student demonstrated a commitment to the ICARE attributes. Provide evidence for your statements and at least 1 specific example if possible.

- Professionalism (behavior, appearance, dependability, acceptance of responsibility)
- Motivation/Initiative (Interest level, desire to improve, ability to be self-directed)
- Relationship with patients and the team (ability to form constructive relationships, works effectively with team, respects rights of all)

Student's Overall Performance Based upon your interactions and observations, rate this student's overall performance compared to other students at the same level of training. Please select one response.	Unsatisfactory performance	Satisfactory, below average compared to peers	Satisfactory, met expectations	Satisfactory, above average compared to peers	Superior, top 10%
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Results and Considerations

- Improvements in the quality of students' narrative evaluations
- Intervention group was associated with significant improvement in the specificity and usefulness NEQI subscale scores, but not the performance domain subscale score
- Departmental resources that prioritize and convey a commitment to improving trainee assessment are important
- Multipronged faculty development initiatives may facilitate improvements in narrative assessments of trainees

Summary

- Written feedback matters
- Be thoughtful, specific, actionable and personable – even if negative
- Quality narrative assessments more important than ever
- Consider attending or leading a faculty development session
- Identify colleagues that prioritize and convey a commitment to improving trainee assessment
- Pragmatic, solution-oriented efforts that promote deliberate practice and skill improvement can work



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