
The Meaning of Excellence¹

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Rationale and Objectives. Program directors would like to interview the very best students applying to their programs. The summary paragraph of the dean's letter should provide useful information regarding a student's performance in medical school. One frequently found descriptor is *excellent*. However, its very frequency suggests the word may be loosely used. The purpose of this investigation is to determine the meaning of excellence.

Materials and Methods. The descriptor *excellent* was searched for in the summary paragraph. An effort was made to determine how many medical schools used *excellent*, how precisely the medical school defined this word, whether numbers were used to define the upper and lower boundaries of *excellent*, and what other buzzwords were used in the summary paragraphs for students not defined as *excellent*.

Results. *Excellent* was the most common descriptor, used by 75% of the medical schools. Defined numeric boundaries were used by 47% of schools. Tabulated results showed that within a school the range of excellence varied from as tight as 20 percentile points to so broad that 65% of the students were classified as *excellent*. The boundaries of *excellent*, among different schools, varied from as low as the third to as high as the ninety-second percentile. In half the schools, students described as *excellent* might be in the bottom half of their class. A total of 28% of the schools used *excellent*, but without any numeric definition. No school used *excellent* to describe its best students.

Conclusions. Medical student deans often exaggerate the quality of their graduates by using the word *excellent* at variance with the dictionary definition of exceptionally good. Inaccurate descriptions by deans of their graduating medical students diminish the value of MSPE.

Key Words. Deans letter; medical student performance; MSPE; resident applications; student evaluations; excellent

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Program directors would like to interview the very best of the graduating medical students applying to their programs. Diagnostic radiology is a competitive residency with far more candidates than can be invited for interviews. Accompanying each application is the dean's letter, an obvious tool to help in the selection process.

The Association of American Medical Colleges (AAMC) in their 2002 publication (1) offered explicit

guidelines for the composition of the dean's letter, including renaming this document the Medical Student Performance Evaluation (MSPE) so as to emphasize its purpose, to provide information regarding how a student performed at the medical school compared with his and her peers. It is the AAMC standard that each MSPE contain a summary section that will include this comparative information and any school specific categories that differentiate among levels of student performance. They also recommend an Appendix D, a graphic representation of the student's relative performance compared to their classmates.

A frequently used descriptor in the summary paragraph, often capitalized, bolded, or underlined is *excellent*. The word can also be found in the Appendix D. Superficially, this word would appear attractive. After all, dictionary definitions of excellent include exceptionally

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Table 1
Medical Schools Using *Excellent* in their Summary Paragraph

Medical schools surveyed	75 (100%)
Medical schools using <i>excellent</i> as a descriptor in their summary paragraph	56/75 (75%)
Medical schools using <i>excellent</i> as a descriptor in their summary paragraph with a defined hierarchy of categories (eg, <i>good</i> , <i>very good</i> , <i>excellent</i> , <i>superior</i> , and <i>outstanding</i>)	40/75 (53%)
There are three subcategories for the 40 medical schools using <i>excellent</i> as part of a defined hierarchy:	
1. Medical schools following a defined hierarchy with precise numerical percentile upper and lower limits given for students described as <i>excellent</i> in their summary paragraph.	32/75 (43%)
2. Medical schools following a defined hierarchy with precise numerical percentiles given for the upper, but not the lower limits of <i>excellent</i> .	3/75 (4%)
3. Medical schools using <i>excellent</i> in their summary paragraph, following a defined hierarchy, but with neither the upper or lower limits defined.	5/75 (7%)
Medical schools using <i>excellent</i> as a descriptor in their summary paragraph, but without a defined hierarchy.	16/75 (21%)
Medical schools not using the descriptor <i>excellent</i> .	19/75 (25%)

good (2), possessing outstanding quality or superior merit, remarkably good (3), of the highest or finest quality (2,4), unusually good (5), first class (6), or outstanding (7). However, descriptors in summary paragraphs that read "excellent to outstanding," or glances at the graphic representations found in Appendix D show that the deans have something else in mind.

The purpose of this investigation is to determine the meaning of excellence.

MATERIALS AND METHODS

There were 297 students graduating from American medical schools who applied to our program this year. All were electronic residency application service (ERAS) submissions. The MSPE for each application was reviewed. Data were collected concerning by what means, if at all, the relative performance of the medical student could be judged from the summary paragraph, the Appendix D, or elsewhere in the MSPE letter.

In particular, the descriptor *excellent* was searched for in the summary paragraph. Whenever used, an effort was made to determine how precisely the medical school defined this word. Did the school use *excellent* as a specific category or level of achievement? Did the school place percentile numbers defining the upper and lower limits or boundaries of *excellent*? For those schools that did use *excellent* as a buzzword, what other buzzwords did the school use in the summary paragraphs for students not falling within the boundaries of *excellent*?

Data were collected for alternative labels when the buzzword *excellent* was not used by the medical school as

a descriptor. The page lengths of the MSPE were also tallied.

RESULTS

This year, students from 75 medical schools applied for the five positions that will become available starting July 2008 in our program approved for 21 residents.

Excellent was the most common descriptor, used by 56 of the 75 medical schools (75%).

Table 1 lists data regarding the way medical schools used the descriptor, *excellent* in the summary paragraph of their MSPE. Table 2 graphically represents the range of *excellent* for the 32 medical schools that placed both upper and lower limits and for the three schools that placed only upper limits on this word.

Those schools that used *excellent*, most commonly used a hierarchy of categories including *good*, *very good*, *excellent*, *superior*, and *outstanding*. This scale was sometimes further expanded. For example, one medical school used *good*, *very good*, *very good to excellent*, *excellent*, *most excellent*, *most excellent to outstanding*, *outstanding*, and *most outstanding*. Thus this one school had four levels of *excellent* and three of *outstanding*. Even though the school did not numerically define either the upper or lower margin of each category, a program director might be able to guess that a student described as *excellent* from this school ranked somewhere in the bottom but close to the middle of the class, because there were three worse and four better categories.

Table 3 is included to illustrate the frequent variations amongst the 40 medical schools that used all or parts of

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