



A Program Director's Guide to the Medical Student Performance Evaluation (Dean's Letter) With a Database

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Purpose: The value of the Medical Student Performance Evaluation (MSPE) for a program director is in the information it contains comparing how a student performed in medical school relative to his or her classmates. The Association of American Medical Colleges has recommended that a student's class ranking be included in the summary paragraph of the MSPE and that this information be repeated in a supplementary appendix.

Methods: The authors reviewed the MSPEs from 1,479 applications for residency training positions. The aim was to determine to what extent and in what manner individual schools reveal how their students perform relative to their peers. The authors then set out to create a database containing this information.

Results: Working from a list of 141 US members of the Association of American Medical Colleges, complete information for 107 schools (76%) and partial information for the remaining 34 schools (24%) was gathered. Only 12 schools (9%) included complete comparative information in the summary section in accordance with the guidelines of the Association of American Medical Colleges. Other schools were in partial compliance or did not comply at all. The database the authors constructed will inform users if comparative information is available, guide users to its location in the MSPE, and explain the meaning of the language different schools use to rank or classify their students.

Conclusions: The authors recognize that this database is incomplete and that the individual institutions will alter their ranking system from time to time. But this database is offered in an open format so that it can be continuously updated by users.

Key Words: Dean's letter, MSPE, medical student performance, resident applications, student evaluations

J Am Coll Radiol 2014;■:■-■. Copyright © 2014 American College of Radiology

INTRODUCTION

The Medical Student Performance Evaluation (MSPE), formerly the dean's letter, has the potential to provide valuable information, not available elsewhere, concerning how a medical student has performed relative to his or her classmates [1]. This information is of particular importance to program directors trying to decide which applicants to invite for interviews. But despite the importance of this information, as the Association of American Medical Colleges (AAMC) wrote in its 2002

Guide to the Preparation of the Medical Student Performance Evaluation [2], "A common recurrent complaint of those who interpret deans' letters of evaluation is that too often it is impossible to estimate how a candidate performed in comparison to his or her peers." This is a problem with a long history.

In 1989, Wagoner and Suriano [3] wrote a short paper titled "A New Approach to Standardizing the Dean's Letter." Their paper pointed out that the inconsistencies among different medical schools reduced the value of the dean's letter and that residency program directors would benefit from a concise and comprehensive form that was consistent from school to school.

That same year, the AAMC first published guidelines recommending that the dean's letter contain information that would allow readers to understand each medical student's performance compared with his or her peers [4]. In 1993, Hunt et al [4] published a paper titled

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“Characteristics of Dean’s Letters in 1981 and 1992.” They reported that 45% of medical schools were not compliant with the 1989 AAMC guidelines. The authors warned that failure to provide comparative information would diminish the value of the dean’s letter, with the result that program directors would place too much emphasis on “simple-minded numerical scores from licensure examinations.” In a follow-up paper written in 2001, Hunt et al [5] reported some improvement, but 35% of schools were still noncompliant.

In 2002, the AAMC [2] again addressed the issue. First, they renamed the dean’s letter the MSPE. Then the AAMC specifically recommended that the MSPE contain a summary section and that the summary section include a student’s comparative performance in medical school relative to his or her peers. The AAMC further recommended that the summary section define the school-specific categories used in differentiating among the levels of student performance. The AAMC also recommended that the MSPE contain a [supplementary appendix D](#) containing a graphic representation of the student’s overall performance relative to his or her classmates, with numerically defined boundaries for the individual medical school’s specific categories.

In 2007, in our first paper [6], we documented deans’ continued indifference to compliance with the AAMC recommendations. We echoed the concern of Hunt et al [4,5] that the lack of evaluation accuracy of the MSPE resulted in de facto ceding of this task by the deans of American medical schools to the United States Medical Licensing Examination. The problem with this, we thought, is that the licensing examination scores, however objective, are a thin statistic that offers no insight into a student’s interpersonal or communication skills, medical professionalism, or other domains beyond medical knowledge. This kind of information can be included in a well-written dean’s letter and is information not found elsewhere in the application.

Shea et al [1], in a paper published in 2008, shortly after ours, reached many similar conclusions. Importantly, they found that the summary paragraph provided comparative information in only 17% of cases, contrary to the 2002 AAMC guidelines.

Most recently, in December 2012, Green et al [7] wrote an op-ed piece in *Virtual Mentor: American Medical Association Journal of Ethics* titled “Standardizing and Improving the Content of the Dean’s Letter.” Note how similar this title is to that used by Wagoner and Suriano [3] 23 years earlier. Not only the title but the issues discussed have remained the same.

Clearly little has changed in the intervening years. Too often it remains difficult to judge a student’s performance from reading the MSPE. To try a new approach to remedy the situation, we set out to develop a database. Our purpose was to create a tool to enable program directors to quickly extract the useful information from the MSPE.

METHODS

Institutional review board approval was obtained for this project.

We reviewed the Electronic Residency Application Service submissions of students from the US AAMC-accredited medical schools [8]. The submissions were for students applying for graduate medical education positions in diagnostic radiology at 3 institutions: North Shore University Hospital (Manhasset, New York), Northwestern University (Chicago, Illinois), and Long Island Jewish Medical Center (New Hyde Park, New York) for the 2012–2013 academic year. There were 239 applicants to the North Shore program, 544 to Northwestern, and 224 to Long Island Jewish. We then reviewed an additional 472 applications to the Northwestern program for the 2013–2014 academic year. The MSPE accompanying each of these 1,479 applications formed the basis for our investigation.

We set out to create a comprehensive database. Our intent was that a program director reading an application from an unfamiliar school might access our database and quickly learn what comparative information the individual medical school offered and where in the MSPE, whether in the summary paragraph, an appendix, or another location, this information was located. Furthermore, when comparative information was not included in the MSPE, the database would so inform the user, to prevent fruitless searches.

The first column of the database is an alphabetized list of the 141 US AAMC member schools [8], including their full names and their city and state addresses, for easy identification.

We next examined the summary paragraphs of the MSPEs to determine what comparative data they included. A rare summary paragraph would contain the exact class ranking of a student. Somewhat more often, the summary paragraph would contain a numerically defined category, perhaps the student’s performance quartile. Most often, the student’s performance was categorized using a descriptor. The most frequently used descriptor was *excellent*. Often, but not always, the descriptor was used in a defined hierarchy. The most commonly used hierarchy, in descending order, was some variant of *outstanding*, *excellent*, *very good*, and *good*. The schools would often assign numeric boundaries for each of the descriptor categories. Although the descriptor was frequently included in the summary paragraph, its definition was not. Sometimes this information was located in [Appendix D](#) in accordance with the AAMC guidelines. Sometimes the information was included in another location in the MSPE. Sometimes the schools used undefined descriptors. Sometimes there were no comparative data whatsoever. Sometimes the schools would inform readers that it was their intent to offer no comparative data, and other times they would not. Regardless, we searched the MSPEs for whatever school-specific comparative data they might

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