

Preceptor Feedback Comments

Do you dread filling out the student assessment at the end of a clerkship rotation? Do you feel like your comments are too generic, or are you at a loss for what to write altogether? Despite having read literally thousands of preceptors' comments, I still struggle with writing comments that are accurate, informative and acceptable to the student. Knowing how the various elements are used may make the preceptor more confident in filling in the "comments" section of the student evaluation.

The first thing to understand is that there are at least three uses for the comments at the end of a student evaluation, and these are sometimes in conflict with each other. The main purpose is to give an accurate assessment of what the student achieved during the rotation. Ideally, this should be done using a rubric (standards against which the student's performance is judged.) At SLU, we use a form which is standardized across the six core clerkships and judged according to a "1 to 9" scale. Predictably, our average grade is better than the arithmetic average of this scale. The average grade given for each item is about a 7.

The second use of preceptor comments is to give the preceptor an opportunity to shape the student's ongoing education by discussing areas of strength, weakness and suggestions for improvement. In family medicine, we have chosen to include three unique fields in our evaluation: fields which ask the preceptor to comment on areas in which the student meets expectations, exceeds expectations, and should strive to improve upon. These were included specifically to facilitate this kind of formation, as preceptors are often hesitant to discuss any areas for improvement. Preceptors should understand that these comments are for the student's benefit and are in no way used to influence the final grade. As I often tell the students, it is very nice to get positive comments, but much more helpful to get suggestions for improvement. Any such comments may serve to right a student who has veered slightly off course, and keep him or her from making the same mistakes in the next clerkship.

The third way in which preceptor's comments are used is as an element of the Dean's Letter. The Dean's Letter, now properly referred to as the Medical Student Performance Evaluation (MSPE) is a document of evaluation meant to advise residencies on a candidate's suitability for their program. There are six sections to the MSPE: Identifying Information, Academic History, Academic Progress, Summary and Appendices. The clerkship director's comments from each of the core clerkships makes up the bulk of the Academic Progress section. In my role as clerkship director, I compose my section from preceptor's comments, case based learning instructor's comments, SHELF exam score and any other available information such as student participation in lectures. Therefore, preceptor's comments directly contribute to a section of the MSPE. This may lead both preceptor and student to be overly anxious about the content of the comments, but the design of the comments section should ensure that only appropriate comments are used in the MSPE.

The preceptor's comments section is divided into Formative Comments and Summative Comments.

What makes an informative feedback comment? All comments should be specific to the student, quantifiable, and include examples. Specificity of the comments refers to the

degree that the comments describe observed behaviors in this student. For example, “Student A took detailed histories in a relatively short amount of time,” versus “Student A was a great student.” When possible, it is very helpful to put comments in quantifiable terms, especially if this student’s skill level can be compared to other students at the same level. “Student A had an impressive fund of knowledge and was particularly good at pharmacology. She was probably in the top 10% of students I have ever precepted,” versus “Student A is a bright young man with a promising future.” If you choose to give your student a in a particular category, why did you make that decision? The student must be far above average in that category, which probably deserves a comment. Summary comments should discuss both the hard skills” (history taking, physical examination, note writing, presentations, procedures) as well as the “soft skills” (professionalism, compassion, empathy, enthusiasm for learning, cost effectiveness, ability to work well with others including staff.) Do not undervalue the importance of commenting about “soft skills,” as these skills are at least equally important for building a successful practice and creating high patient satisfaction. They are also uniquely important for producing the kind of physician who thrives in family medicine and can avoid burnout in this emotionally demanding field.

Examples of some of the best FORMATIVE preceptor comments are below. These comments are not included in the MSPE (Dean’s Letter.) My commentary on why these are great comments are included in italics after the quotes.

- “She recognizes her need to develop comfort with respect to public speaking and is working to remedy her shyness.” *This is specific to a behavior and appreciates the student’s efforts to work on this.*
- “Primary care database is still weak and needs further improvement.” *Specific and fair.*
- “We would expect more from a student halfway through his third year, although he has not had medicine yet. He needs to read, read, read. He was able to pull more information from his memory towards the end of the rotation, but in general I felt his knowledge base to be lacking at this point.” *Could be more specific, but it is quantified, in referencing the student to her peers at the same level of training.*
- “Your detail and fund of knowledge are already above average. Now work on paring out the extraneous details to make notes shorter. Also, frustrating as it is, patient visits will have to be shorter.” *Specific, quantified, and even gives a pathway for improvement.*
- “Be aware of nonverbal communication cues both from the patient and from yourself to the patient.” *Hopefully the student knows what this is referring to; an example would be helpful.*
- “Student A had a consistent problem with being punctual in the mornings, although that did improve by the end of the rotation. His motivation was okay, but most previous students have been more ambitious.” *Professionalism counts!*

Examples of some of the best SUMMATIVE comments are below. These comments are usually included verbatim in the Dean’s Letter.

- “A very mature, hard working and motivated junior physician with an exemplary work ethos. She worked hard and accepted and welcomed constructive criticism in order to develop and hone her emerging clinical skills. She was well received by patients and staff, being viewed as an effective team player and compassionate physician...I would consider hiring her if she completed a family medicine residency.” *The preceptor has conveyed very well that this sounds like an idea residency candidate: smart, affable and malleable.*
- “Student A was one of the best students we ever had at this site. He was professional, knowledgeable, compassionate and had an excellent work ethic. He strives to give all tasks, even the seeming routine, his very best effort. He was especially effective in patient education and single-handedly convinced one of my patients to stop smoking.” *Similar to above, and includes an example.*
- “She did what was needed to be done without being asked...She showed compassion and care which was far over and above what was warranted.”
- “Student A not only revealed a deep fund of clinical knowledge from the start of his clerkship, he also maintained a rigorous learning plan throughout.”
- “Student A was pleasant and demonstrated a high degree of professionalism in his attire, timeliness and demeanor.”
- “Many people commented that they hoped he’d consider family medicine for a specialty as he seemed to fit in and responded well to patients of all ages.” *Patient recommendations carry a unique weight.*
- “Patients are already asking after her.”
- “Her understanding of the core content of family medicine, principles of preventive care, and her ability to put patients at ease during the exam were beyond what was expected at her level of training.” *Specific, examples given, and quantified!*
- “Student was consistently late for rotation, and was not always respectful of authority of the PCP in the patient room in front of the patient.” *This is a negative comment and would not normally be included in the summary section. However, this student displayed a persistent pattern of such behaviors. In fact, this problem persisted across many clerkships. This preceptor had the courage to include this well-deserved comment in the summary section because it was persistent and the student failed to improve after counseling. Residency directors need to know what they are getting!*

Here are examples of the least helpful comments, formative or summative.

- “Student A deserves a grade of honors.” *Grading is based on multiple factors, please do not “promise” the student any specific grade.*
- “Just keep up the good work!” *This was the entire comment. How can the student know what she did so well?*
- “Focus on working with the team. Continue to work on presentation skills.” *What is wrong? Does the student have a problem with professionalism? Are the presentation skills too lengthy or too brief? This might have been an extremely valuable comment, but no specifics were given.*
- “You did well in your Family Medicine rotation.” *Does this mean that student is average or above average? In what areas did she do especially well?*

- “Student A was an excellent student who performed well above his current training level.” *With no further examples, I have no idea if this is an accurate assessment or an exaggeration.*
- “Great student – team player – outstanding future.” *This gives no details about student's unique skills or his suitability to any particular residency.*
- Student A's performance was good. I have no constructive criticism to offer. *A lukewarm comment such as “good” is actually an indicator that the student may be in the bottom half of the class. Is this what the preceptor meant? How well does the preceptor really know this student?*
- “Will do well in residency. Pleasure to work with.” *This comment needs to be “fleshed out” in order to carry weight. It is a “near-miss” for a truly positive evaluation.*

What can you write about a student who is “merely” average, but has worked hard and should be proud of her accomplishments? A preceptor may wish to praise and encourage her without exaggerating her skill level. The following verbiage may be helpful:

- Student A is right on track for her level of training.
- Student A worked hard during this rotation and made steady progress. Her history taking skills were not well developed in the beginning, but she responded well to suggestion and improved greatly by the end of the rotation.
- Student A is a good student with a solid knowledge base.

For students who are earnest in their efforts but need a course correction, the “criticism sandwich” places the “meat” of criticism between two softening slices of praise “bread.”

- Student A is meticulously polite and had a hard time limiting her conversation time with patients. We worked on ways to speed up the interview time while still being respectful.
- Student A has a strong interest in pathology and displayed an impressive knowledge of that field. She made great strides in learning about preventive medicine and primary care.