MGUH Equity Forward Faculty Workshop:
Strategies for Equity in Assessment in Narrative Comments (IEM)
Activity Information

Original Release Date	October 1, 2025
Termination Date	April 30, 2028
Target Audience	Physicians, Nurses

Speaker Name: Jose V. Nable, MD, NRP

Speaker Disclosure Information: No relevant financial relationships to report.

Learning Objectives
- Describe how immutable aspects of a learner can negatively impact narrative comments on performance.
- Describe strategies to mitigate bias in narrative comments.
- Discuss an ideal approach to writing narrative comments, focusing on learner performance.

No commercial support has been provided.

The following Planning Committee members have reported no relevant financial relationships:
Mun Chun Chan, PhD | Sneha Daya, MD | Vicki Girard, JD | Aniket Kini, MBBS, MPH | Sarah Kureshi, MD, MPH | Michelle A. Roett, MD, MPH | Lois Wessel, DNP, FNP-BC

Accreditation

In support of improving patient care, MedStar Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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Credit Designation

IPCE CREDIT™

This activity was planned by and for the healthcare team, and learners will receive 0.50 Interprofessional Continuing Education (IPCE) credits for learning and change.

Evaluation Information
You must complete an online evaluation at the end of this course to receive continuing education credit.

After completing the evaluation, your CE credits will be available on your MedStar Health CE transcript on CloudCME™ **on the next business day**.

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Credits Available for this Activity

Nurses: This activity is approved for 0.50 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Physicians: MedStar Health designates this enduring material for a maximum of 0.50 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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MGUH Equity Forward Faculty Workshop:
Strategies for Equity in Assessment in Narrative Comments (IEM)
Bibliographic Resources

- Paterson C, Paterson N, Jackson W, Work F. What are students' needs and preferences for academic feedback in higher education? A systematic review. Nurse Educ Today. 2020 Feb;85:104236. doi: 10.1016/j.nedt.2019.104236. Epub 2019 Oct 22. PMID: 31751627.

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MGUH Equity Forward Faculty Workshop:
Strategies for Equity in Assessment in Narrative Comments (IEM)
Bibliographic Resources (Cont.)

- Zhang N, Blissett S, Anderson D, O'Sullivan P, Qasim A. Race and Gender Bias in Internal Medicine Program Director Letters of Recommendation. J Grad Med Educ. 2021 Jun;13(3):335-344. doi: 10.4300/JGME-D-20-00929.1. Epub 2021 Apr 15. PMID: 34178258; PMCID: PMC8207902.

- Chakroun et al. Acad Med 2022, Gingell & Wilkerson Acad Med 2022, Buchanan et al. MedEdPortal 2022

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Evaluation and Transcript

You must complete an online evaluation at the end of this course within 30 days to receive continuing education credit.

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    1. **MedStar Health Associates:** From your SiTELMS account under the Main Menu, select **CloudCME**. This will automatically log you in to your CloudCME account.
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- On the right side, select **Download Transcript** to save your transcript, or select **Email Transcript** to email your transcript to yourself or someone else.

For questions about accessing CloudCME™, please contact:
SiTEL Help Desk at 855-745-1861, Monday through Friday from 8 a.m. to 5 p.m. Eastern time, or at
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Additionally, please remember to check the box at the bottom of the profile screen to grant permission for us to report your completion data to ACCME and participating licensing/certifying boards. Questions? Email medstarceapplications@email.sitel.org.

As an ACCME Accredited Provider, we share and transmit your CME/MOC completion data with the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards. If you wish to opt out of this service, please uncheck the box below: ⓘ

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Strategies for Equity in Assessment in Narrative Comments

Jose V. Nable, MD, NRP

Director of Undergraduate Medical Education, Clerkship Director
Emergency Medicine EID Task Force Co-Chair

Associate Professor of Emergency Medicine

Georgetown University School of Medicine / MedStar Health

Office Hours
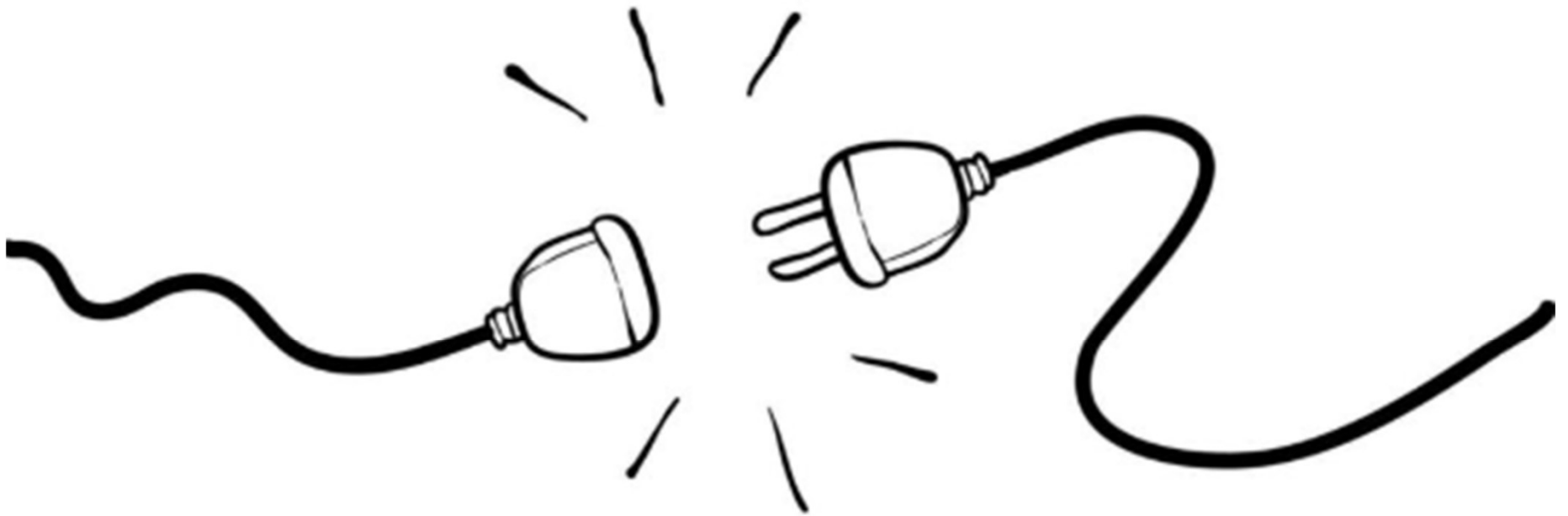
Student A: Upset about narrative comments from faculty

"Student A needs to work on her confidence when presenting patients. She's quiet and reserved."

Office Hours

Student B: Curious about narrative comments from faculty

"Student B will make a great psychiatrist!"

Strategies for Equity in Assessment in Narrative Comments

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Objectives

- **Setting the Scene**: Is there inequity in narrative comments?

- Discuss specific **strategies** to more equitably assess learners in narrative comments

- **Practice** using a standard framework / approach to narrative comments focusing on core performance aspects, avoiding personal attributes and future casting

Disclosures

- **None**

- **With gratitude to Dr Carrie Chen**

Objectives

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Why Narrative Comments?

- Important source of competency information
  - Determining competence (e.g. grading)
  - Feedback to learners: strengths / weaknesses
  - Letters of recommendations
  - Awards

MEANING

Why Narrative Comments?

- **Preferred** over numerical data by learners

- 97% of students read their feedback
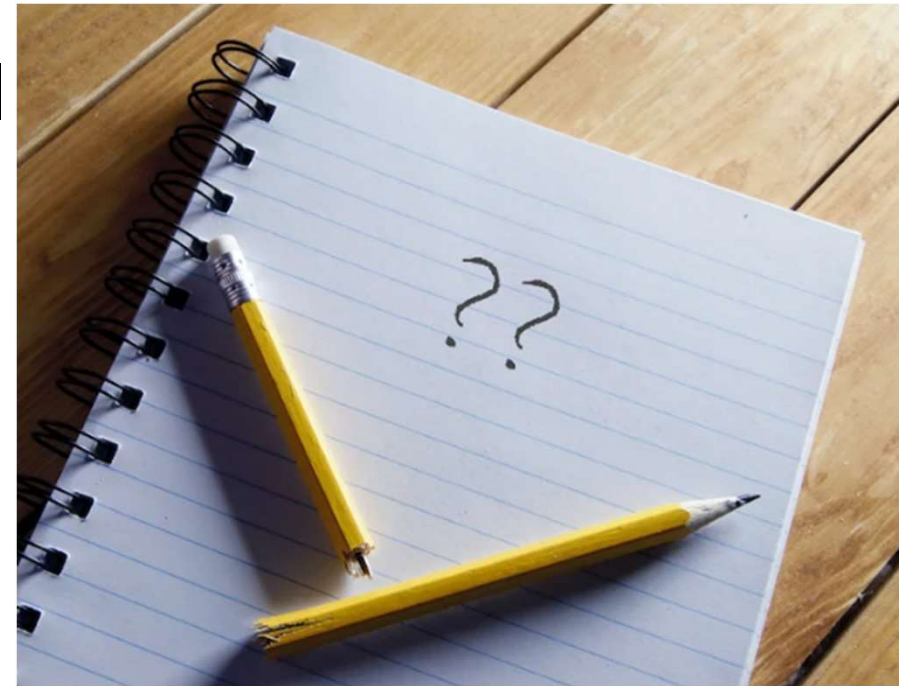
3 major functions of narratives

Assess Performance

Feedback to Trainee

Hand-Off to Next Level

Narrative Comments Challenged by…

- Polite rhetoric

- Code words

- Bias

Narrative Comments Challenged by…

- **Polite rhetoric**

- Code words

- Bias

Polite Rhetoric

- *Filler* comments: "**A pleasure to work with!**"

- Sound great, but aren't helpful

Narrative Comments Challenged by…

- Polite rhetoric

- **Code words**

- Bias

Code Words

- *"Hidden meanings"* to convey assessments

- Forces readers to "read between the lines"

Code Words

- **Unfair** due to:

  - **Learners** and **novice** faculty don't know the code

  - Code is **different** in various settings.
    "I give my highest recommendation"

Narrative Comments Challenged by…

- Polite rhetoric

- Code words

- **Bias**
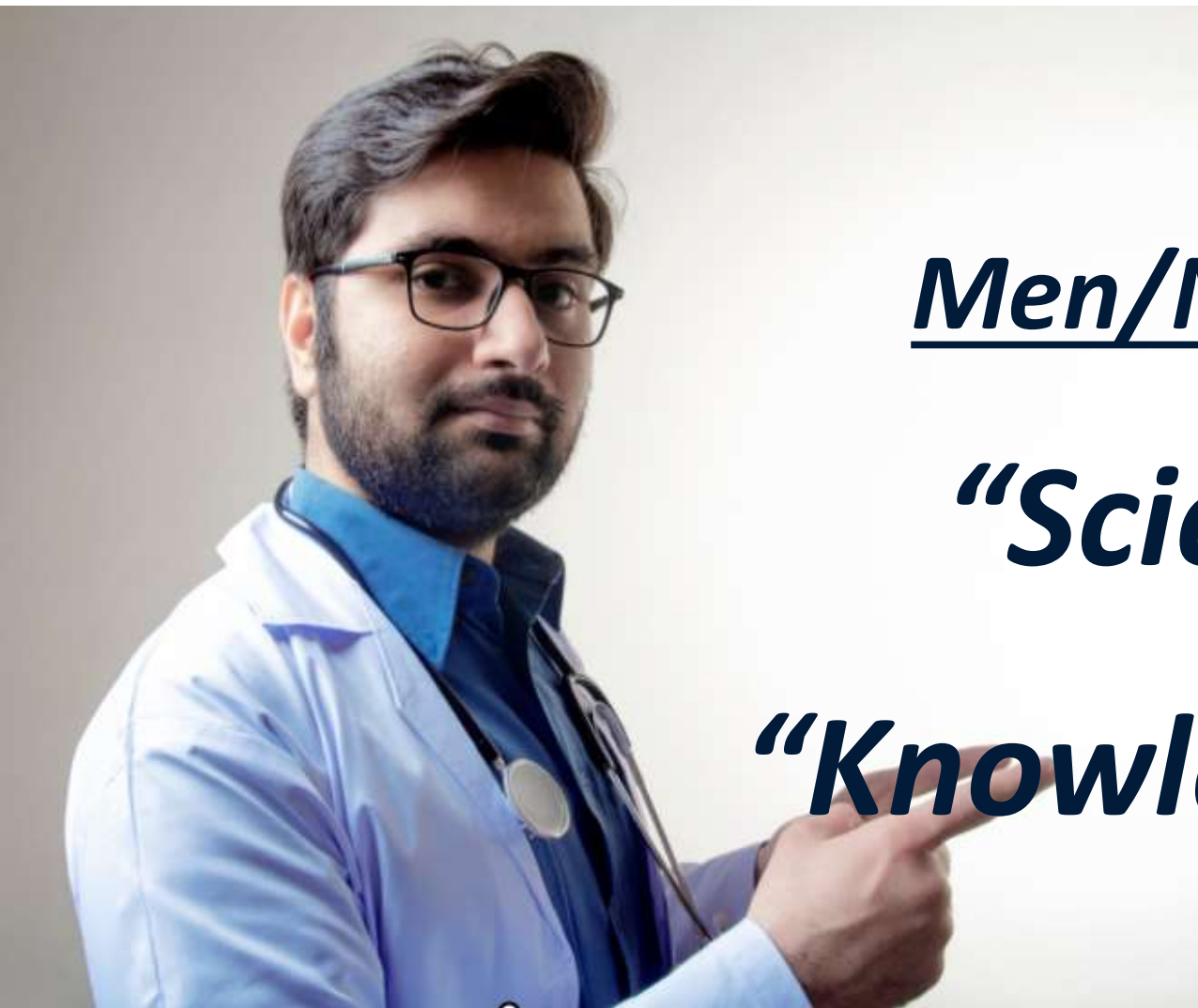
Men/Non-URiM

"Scientific"

"Knowledgeable"

Women/URiM

"Pleasant"

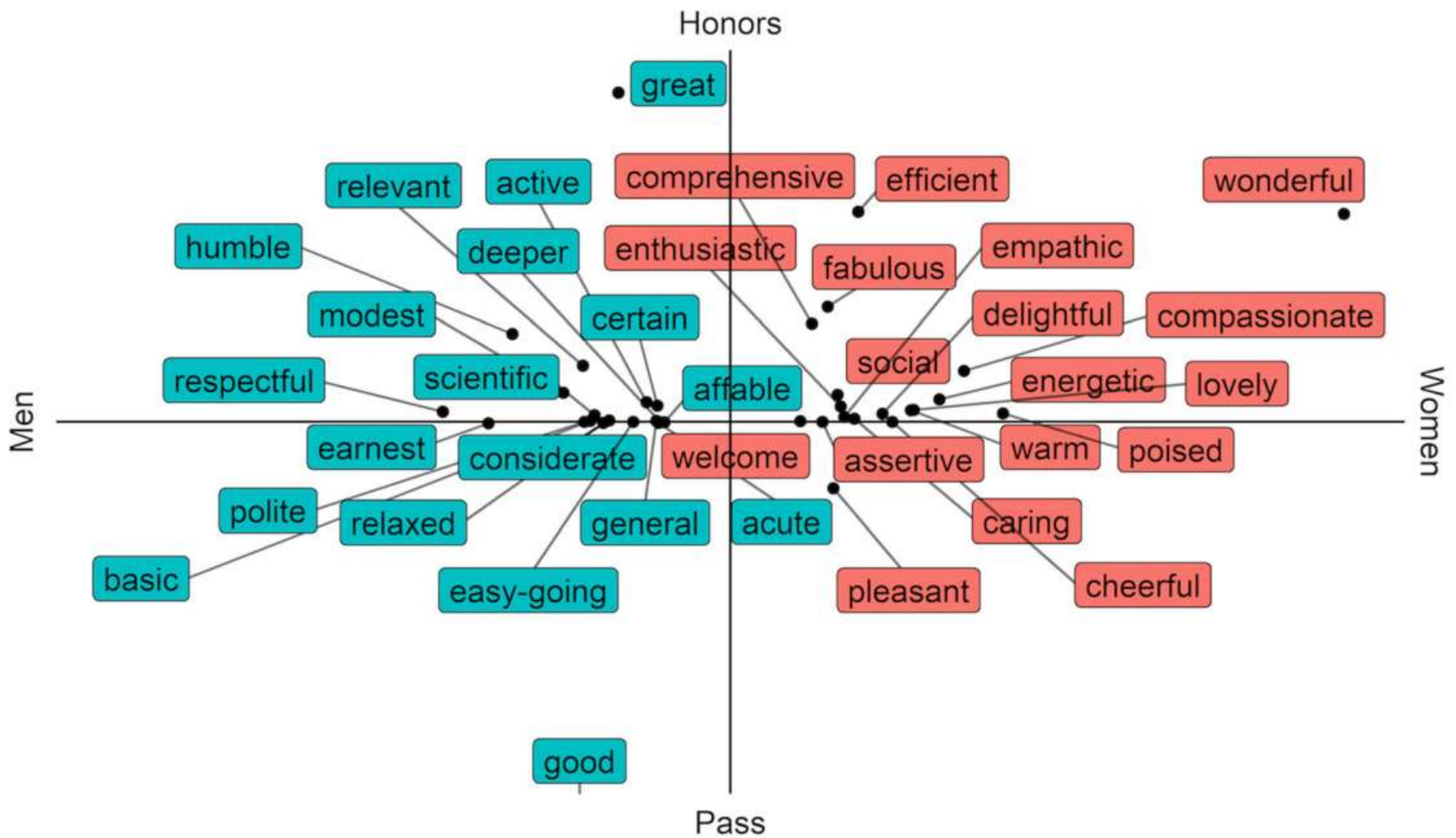## "Lovely"

Office Hours

Student A: Upset about narrative comments from faculty

"Student A needs to work on her confidence when presenting patients. She's quiet and reserved."
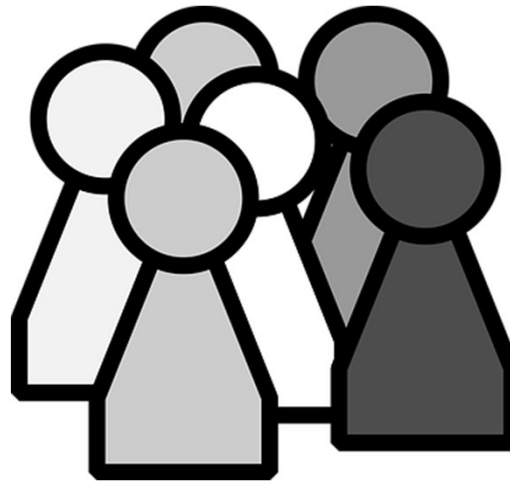
Clerkship Student Narratives

- Language differs based on student gender & race/ethnicity

Male and **White** students described using <u>competency-related behaviors</u>

"leader"
"knowledgeable"
"advanced"
"scientific"

Female and **URiM** students described using <u>personal attributes</u>

"lovely"
"energetic"
"pleasant"
"wonderful"

Reference Letters (residency, fellowship, faculty)

- Language differs based on resident gender & race/ethnicity

Male and **White** residents
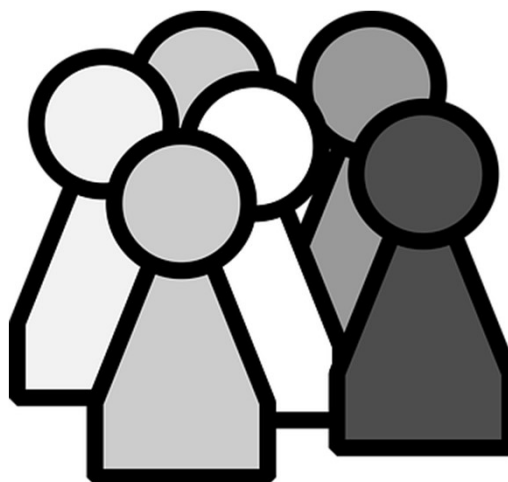described using
<u>agentic terms</u>
(e.g. intelligent, leader)

related to

Leadership
Accomplishments
Unique Background

Female and **URM**
residents described using
<u>communal terms</u>
(e.g. delightful, helpful)

related to

Empathy
Interpersonal Skills
Personality Traits

Other Forms of Bias – Doctor Raising

"He *appears* to be motivated"

"*Frequently* completes most tasks"

Other Forms of Bias – Future Casting

Men / Non-URiM
Framed as researchers / professionals

"Is an excellent clinician"

"Functioning beyond level of training"

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Other Forms of Bias – Future Casting

Women / URiM
Framed as students

"Is *involved* in research"

"She is *working* on a project"

Office Hours

Student B: Curious about narrative comments from faculty

"Student B will make a great psychiatrist!"

Objectives

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Strategies

Comment on Performance

Specificity of Comments

Useful to the Audience

Strategies: Individual

- **Polite Rhetoric**

- **Code Words**

- **Bias**

Strategies: Individual

- **Polite Rhetoric**

- **Code Words**

- **Bias**

- Can we avoid?
- Can be perceived as insincere
- Are we avoiding giving important feedback?

Strategies: Individual

- **Polite Rhetoric**
- **Code Words**
- **Bias**

- Give **specific** feedback
- Describe **specific** examples

Strategies: Individual

- **Polite Rhetoric**

- **Code Words**

- **Bias**

> "He had a **solid** clinical performance."
>
> Vs
>
> "His physical exams were accurately presented."

Strategies: Individual

- **Polite Rhetoric**

- **Code Words**

- **Bias**

# To Avoid Bias and Improve Narrative Quality

- Use standard framework / approach (e.g. attn to competencies)

- Comment on performance
  - Core aspects/particular elements of learner performance
  - Strengths and areas for improvement
  - Avoid personal attributes

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To Avoid Bias and Improve Narrative Quality

"She's a team-player."

vs

"She consistently ensured that all members of the care team were aware of her patients' workup and management plans."
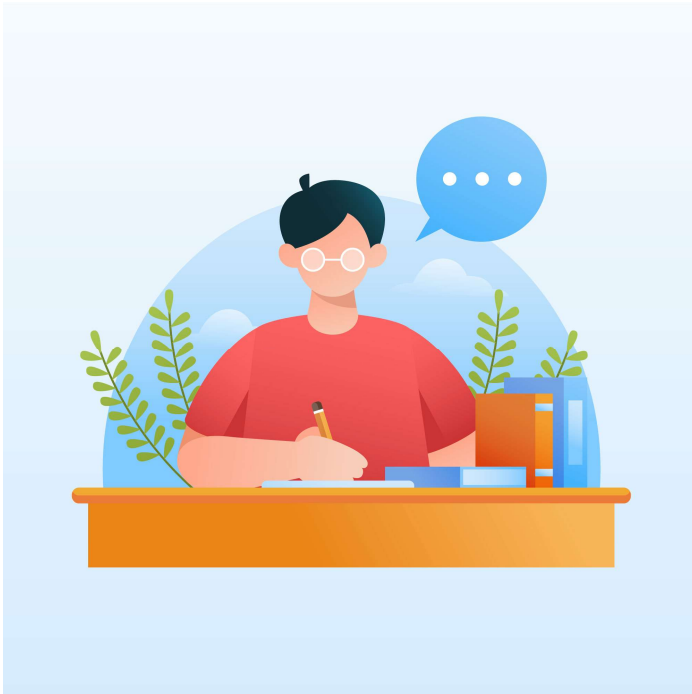
Take 5 min

Given your context, what consistent framework or approach could you use to describe performance?

Consider domains of competence or categories of expectations.

Write them down

Additional Elements of Higher Quality Narratives

- Consider usefulness to receiver
  - Learner
  - Educator, employer

- Support comments with evidence and examples

Qualifier → Evidence → Example

Specificity of Comments 1

Qualifier

"hard worker"

Evidence

"great team member, always helping out with tasks that needed to get done"

Example

"took the time to make a phone call to an outside hospital to obtain much needed records for the team"

?

Better

Best

Specificity of Comments 2

Qualifier

"competent"

Evidence

"did a nice job taking histories and exams were reproducible"

Example

"demonstrated good clinical judgment, recognizing a child's worsening respiratory status while taking the history and quickly notified the team"

?

Better

Best

Practice Exercise

- Strike out comments that are unhelpful or subject to bias

- Note or draft changes that you would make to the comments.

- Note what further information might be helpful to write a narrative.
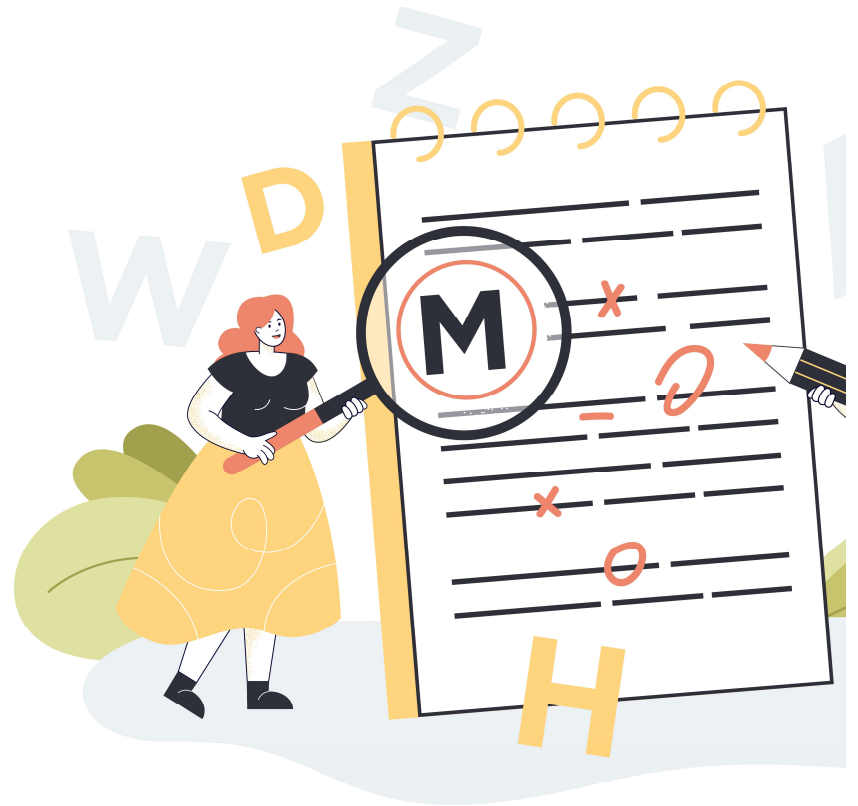
Strategies: Global

- Have 3rd party with anti-bias training review evaluations

- Faculty development

- Deliberate / intentional scheduling of learners

Thank you!

Jose.Nable@georgetown.edu