

An Analysis of Obstetrics and Gynecology Medical Student Performance Evaluation Clerkship Narratives: Insights From the PRIME+ Framework

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ABSTRACT

Background Despite existing guidelines for writing clerkship summative assessment narratives, their quality, structure, and utility remain variable. Categorizing Medical Student Performance Evaluation (MSPE) narratives using a framework can reveal patterns and gaps in content, offering actionable insights.

Objective This study aimed to (1) categorize MSPE narrative comments using the PRIME+ framework (professionalism, reporting, interpreting, managing, and educating, and areas for improvement [+]), and (2) examine differences in length and content by gender, race, origin of medical school, and final clerkship grade.

Methods Seven hundred twenty applications to our obstetrics and gynecology (OB/GYN) residency program in 2023 were reviewed, focusing on the OB/GYN core clerkship narrative. Narratives were categorized using the PRIME+ framework, and differences in length and content were assessed by gender, race, origin of medical school, and final grade. Differences between groups were evaluated with nonparametric tests.

Results Six hundred fifty-three narratives from 231 medical schools were included. Fifty-one unique grading systems were reported. PRIME+ domains were represented as follows: professionalism (94.8%, 619 of 653), reporter (71.1%, 464 of 653), interpreter (37.5%, 245 of 653), manager (69.1%, 451 of 653), educator (69.7%, 455 of 653), and areas for improvement (3.7%, 24 of 653). For each domain, <13% of narratives included ≥ 1 specific example. Median word count differed between US-based (155 words; 95% CI, 148-162) and international (61 words; 95% CI, 51-75) applicants ($P=.001$). Students earning "honors" had longer narratives (median words 149; 95% CI, 131-164 vs 117; 95% CI, 97-134; $P=.001$) with more specific examples (1.2 examples; 95% CI, 0.97-1.4 vs 0.88; 95% CI, 0.53-1.2; $P=.024$) and advanced PRIME+ domains, specifically educator ($P=.016$). The number of specific examples differed by race ($P=.02$) but not gender.

Conclusions MSPE narratives for the OB/GYN clerkship demonstrate variability in content and length.

Introduction

Despite the availability of clear national guidelines on writing summative clerkship narratives for the Medical Student Performance Evaluation (MSPE; BOX 1),¹ the structure and utility of these narratives remain variable.²⁻⁶ Along with MSPE variability and lack of completeness,⁷ the transition to pass/fail scoring for the United States Medical Licensing Examination (USMLE) Step 1 and inconsistency in grade reporting across medical schools⁸ have created a system wherein distinguishing students' clinical performance is often challenging. Eight years since the latest revision of the Association of American Medical Colleges (AAMC) recommendations for the MSPE,⁹ experts continue to call for additional best practice guidelines to enhance the ability to accurately and fairly compare

residency applicants.¹⁰ The increase in the relative importance of narrative assessment data necessitates an evaluation of the national adoption of the AAMC practice guidelines when writing narrative summaries of student clinical performance.

The MSPE is a traditional component of the residency application. In the National Resident Matching Program (NRMP) 2020 Program Director Survey, the MSPE was identified as the fifth most important factor in selecting applicants to interview, surpassing other factors including USMLE Step 1 and 2 scores, letters of recommendation, and the personal statement.¹¹ Based on a survey of internal medicine program directors, the "Academic Progress" section was the most influential portion out of 12 components of the MSPE. Although this section traditionally includes written narratives of student performance for each required clerkship, program directors rated narrative comments as seventh most important, with concerns about honesty

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BOX 1 Summary of the AAMC's Best Practice Guidelines for Writing MSPE Narrative Summaries

- Provides specific comments
- Avoids bias
- Comments seem to be based on direct observation of learner by evaluator
- Describes areas of strength with clear examples
- Describes areas for growth/improvement
- Comments related to specific competencies (eg, ACGME Competencies, PRIME+, EPA)

Abbreviations: AAMC, Association of American Medical Colleges; MSPE, Medical Student Performance Evaluation; ACGME, Accreditation Council for Graduate Medical Education; EPA, entrustable professional activity. Note: Adapted from Buchanan et al.¹

and transparency emerging as common themes.¹² Historically, these narratives have been muddled by vague language and bias, ultimately limiting the reader's ability to accurately assess the students' true clinical performance.²⁻⁶ To address the lack of specific guidance in the 2016 MSPE revision, the AAMC's 2019 Writing Effective Narrative Feedback Working Group developed resources that are now widely available online.¹

In reviewing obstetrics and gynecology (OB/GYN) summative narratives from MSPEs received at our institutions, we observed significant variability in language, length, and the frameworks used to present performance data. To investigate this inconsistency, we adopted the PRIME+ framework, a widely utilized tool for assessing medical students in clinical settings. PRIME+ assesses professionalism (P), reporting (R), interpreting (I), managing (M), educating (E) skills, and areas for improvement (+), providing a consistent lens for analyzing narrative summaries.² Understanding the categories into which MSPE narrative comments fall can provide insight into the content and consistency of these evaluations. By systematically analyzing how different domains are described using an established framework, we may identify areas where narratives lack clarity or alignment with guidelines, paving the way for more standardized and actionable evaluations. For residency program directors, the findings could provide clearer guidance on interpreting narrative content, particularly when comparing applicants across institutions.

The objectives of this study were to: (1) categorize MSPE narrative comments using the PRIME+ framework, and (2) examine differences in the length and content of these narratives by gender, race, origin of medical school (United States or international), and final clerkship grade. We hypothesized that the use of the PRIME+ framework would reveal variability in narrative content and highlight potential biases in the inclusion of specific examples based on student demographics.

KEY POINTS**What Is Known**

Despite existing guidelines for its composition, the content and structure of Medical Student Performance Evaluation (MSPE) narratives in clerkship assessments are inconsistent and prone to potential bias.

What Is New

One OB/GYN residency program used the PRIME+ framework to categorize content from 653 clerkship narratives from applicant MSPEs. Variations were found in narrative length and content based on the origin of medical school, final clerkship grades, and racial backgrounds, with US-based students and those receiving higher grades having longer narratives.

Bottom Line

This study adds evidence to the argument that there is more work to do toward standardizing MSPE narratives and including examples of behavior, in hopes of creating consistent and fair assessments across diverse student backgrounds.

Methods

This was a retrospective cohort study of OB/GYN clerkship MSPE summative narratives received at the New York Presbyterian Hospital–Columbia Campus OB/GYN residency program in 2023. Out of 720 applications, 67 (9.3%) were excluded for the following reasons: (1) no MSPE letter included (14 applications); (2) the applicant had not completed or been assessed for the OB/GYN clerkship (2 applications); (3) the curriculum included multiple OB/GYN clerkships (5 applications); or (4) the MSPE letter lacked OB/GYN clerkship narrative comments (46 applications).

For each MSPE letter, the following medical school characteristics were recorded: name, type (allopathic or osteopathic, public or private), and location. Applicant demographics, including gender, race, and ethnicity, were also recorded. For the OB/GYN clerkship portion of "Academic Progress," the clerkship grading system, grade distribution, and student grade were recorded. Grading systems were categorized as unique if their specific terminology differed from that of other schools or the 4 main systems (honors/high pass/pass/fail; honors/pass/fail; pass/fail; letter). AAMC best practice guidelines suggested adopting a particular framework when writing narrative summaries, including PRIME+, Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, and entrustable professional activity (EPA)-based frameworks.¹ We selected PRIME+ over other alternatives for its relative simplicity, the universal and accessible language it employs, and because clerkship directors in OB/GYN have demonstrated its utility as a framework for assessing clinical performance within our specialty.¹³

The clerkship narrative was de-identified and quantitatively coded by 1 of 3 reviewers (M.S., M.A., S.S.)

for the number of PRIME+ domains and subdomains² and specific examples using Qualtrics (Qualtrics) for data entry and management. Each narrative was analyzed line by line, with individual sentences coded for one or more PRIME+ domains. A single sentence could reflect multiple domains if the described behavior aligned with more than one competency. Similarly, each narrative could contain multiple instances of the same domain. The number of specific examples for each subdomain were also counted. A specific example was defined as the inclusion of a unique instance in which a student demonstrated the broader behavior described by the PRIME+ subdomain. An initial in-person scoring session allowed the reviewers to practice and clarify questions for each other. After extracting data from 15 narratives and reaching consensus on the definitions of the domains and subdomains, the MSPE paragraphs were divided among the researchers, and the reviewers coded them independently. A secure electronic group chat was established for posting and resolving categorization questions through group consensus. Box 2 details a sample coding scheme for a student summative narrative.

Descriptive statistical tests were employed to summarize applicant, medical school, and narrative characteristics. While the data for specific examples were not normally distributed, means were reported instead of medians to facilitate interpretation due to the small range of values and the nature of the data. Differences between groups were evaluated with chi-square, Fisher's Exact, Kruskal-Wallis, and Mann-Whitney nonparametric tests. Bonferroni corrections were applied for multiple comparisons following post-hoc pairwise comparisons.

The study was reviewed and deemed exempt by the Columbia University Institutional Review Board.

Results

The final analysis included 653 MSPE narrative assessments for the core OB/GYN clerkship, representing approximately 30.5% of the 2143 applicants to OB/GYN residency programs in 2023¹⁴ from across 231 medical schools. Most applicants identified as woman (88.8%, 580 of 653) and White (39.7%, 259 of 653) and were from US-based (70.6%, 163 of 231), allopathic (60.6%, 140 of 231), publicly funded (36.4%, 84 of 231) institutions (TABLE 1).

Fifty-one unique grading systems were reported across 231 medical schools. Of the traditional grading systems, the most common was "honors/high pass/pass/fail" (32.9%, 76 of 231) and the least common was "pass/fail" (5.2%, 12 of 231; TABLE 2). In schools that used an "honors" grade designation (N=98), 64% (186 of 290) of students earned a final grade of

BOX 2 Sample Coding of MSPE Paragraph

"Throughout her OB/GYN clerkship, X conducted herself in a professional manner, demonstrating genuine intellectual curiosity in women's health topics and a superb work ethic.¹ She obtained accurate histories that were appropriately tailored to the clinical context,² honing in on pertinent elements to help refine her assessment.³ She delivered well-organized and concise presentations,⁴ and similarly, her notes were strong for her level.⁵ Her physical examination and technical skills were appropriate, and she could be relied upon to perform level-appropriate components of the patient assessment independently.⁶ She did a great job with vaginal deliveries, requiring little redirection.⁷ She advocated in her patients' care and even provided prenatal education to patients unprompted.⁸ Multiple evaluators applauded X for her depth of medical knowledge⁹ and sound clinical reasoning.¹⁰ She clearly prepared ahead of time by reading relevant material and asking questions to solidify her understanding.¹¹ In a busy clinic, she evaluated patients promptly and efficiently¹² while still coming up with well-thought-out assessments and plans.¹³ Evaluators encourage her to continue to increase her confidence in her role on a busy inpatient team, as she clearly had much to offer to the clinical dialogue.^{14"}

Word Count: 187. ¹Professionalism. ²Reporter (obtain information from interview). ³Interpreter (interpret data from history, physical, labs, imaging). ⁴Reporter (report findings in an oral presentation). ⁵Reporter (report findings in written note). ⁶Manager (performing simple procedures). ⁷Manager (performing simple procedures); 1 specific example. ⁸Educator (educate patients or their team members); 1 specific example. ⁹Educator (other: fund of knowledge). ¹⁰Interpreter (interpret data from history, physical, labs, imaging). ¹¹Educator (educate themselves via self-directed learning). ¹²Manager (managing one's own time). ¹³Manager (formulate therapeutic plan). ¹⁴An area for improvement is suggested; 1 specific example.

Abbreviations: MSPE, Medical Student Performance Evaluation; OB/GYN, obstetrics and gynecology.

Note: This is an example of a student's MSPE paragraph and how it was coded using the PRIME+ Framework.

"honors" in the OB/GYN clerkship, and the distribution of "honors" grades in academic year 2023 ranged from 1% to 99% (mean 37.5%, SD 18.8).

PRIME+ domains across all summary narratives were represented as follows: professionalism (94.8%, 619 of 653), reporter (71.1%, 464 of 653), interpreter (37.5%, 245 of 653), manager (69.1%, 451 of 653), educator (69.7%, 455 of 653), and areas for improvement (3.7%, 24 of 653; TABLE 3). The proportion of narratives that included at least one specific example varied by domain, ranging from 1% to 12%. The number of PRIME+ domains did not differ by race ($P=.49$) or gender ($P=.31$). The number of specific examples differed by race ($P=.02$) but not gender ($P=.55$). Pairwise comparisons with an appropriate Bonferroni correction identified the significant difference to be only between those identifying as Asian (154 specific examples) and those that "preferred not to state race" (45 specific examples), with a small effect size ($r=-0.242$). Twenty-four narratives (3.7%)

TABLE 1

Demographic Information for Applicants (N=653) and Their Medical Schools (N=231)

Applicants (N=653)	n (%)
Gender	
Woman	580 (88.8)
Man	67 (10.3)
Nonbinary	5 (0.8)
Prefer not to say	1 (0.2)
Race	
White	259 (39.7)
Black	83 (12.7)
Asian	154 (23.6)
American Indian	1 (0.2)
Multiracial	57 (8.7)
Other	54 (8.3)
Prefer not to say	45 (6.9)
Ethnicity	
Hispanic	83 (12.7)
Medical Schools (N=231)	n (%)
Country	
United States	163 (70.6)
International	68 (29.4)
Program type	
Allopathic	140 (60.6)
Osteopathic	23 (10)
Unknown ^a	68 (29.4)
Funding	
Private	79 (34.2)
Public	84 (36.4)
Unknown ^a	68 (29.4)

^a Type of program and funding source was coded as unknown for international medical programs.

representing 13 medical schools (5.6%) listed an area for improvement. Of these, 6 (25%) originated from the same school. Median word count differed between US-based (155 words; 95% CI, 148-162) and international (61 words; 95% CI, 51-75) applicants, $P<.001$). The median number of PRIME+ domains ($P=.001$), but not the number of specific examples ($P=.07$), differed between US-based (4 domains, 95% CI, 4-4) and international applicants (2 domains; 95% CI, 3-4). While not a formal part of the framework, 383 narratives (58.7%) commented on “medical knowledge” and 8 (1.2%) commented on involvement in OB/GYN research.

Among schools with “honors/high pass/pass/fail” and “honors/pass/fail” grading systems (N=98), students who earned a final grade of “honors” had longer narratives (median words 149, 95% CI, 131-164 vs 117; 95% CI, 97-134; $P=.001$) with more specific

TABLE 2

Frequency of Reported Grading Systems by Medical Schools

Medical School (N=231) Grading Systems	n (%)
Other ^a	83 (35.9)
Honors ^b , high pass, pass, fail	76 (32.9)
Letter grades	23 (10)
Honors ^b , pass, fail	22 (9.5)
Not reported	15 (6.5)
Pass, fail	12 (5.2)

^a A total of 47 other unique grading systems were reported.

^b In schools that used an honors grade designation (n=98), 64% of students received a final grade of honors, and the distribution of honors grades per block ranged from 1% to 99% (mean=37.5, SD=18.8).

examples (1.2 examples; 95% CI, 0.97-1.4 vs 0.88; 95% CI, 0.53-1.2; $P=.024$) and advanced PRIME+ domains than students who did not earn “honors.” Specifically, a greater percentage of narratives for students earning “honors” contained comments on the “educator” (73% vs 61%, $P=.016$) domains.

Discussion

Our quantitative analysis demonstrated that the professionalism domain was consistently represented in almost all narratives, which were otherwise widely variable in structure and length. Behavioral comments within PRIME+ were seldom backed by specific, illustrative examples. The number of unique grading systems (N=51) utilized by the medical schools is higher than previously reported in the United States,⁸ partially due to the inclusion of international programs. Clerkship summative assessment narratives suggested differentiation between “honors” and “non-honors” students based on content and length. The distribution of PRIME+ domains and specific examples did not differ by race or gender.

The apparent emphasis on professionalism in narrative summaries is not surprising. This focus may reflect the relative ease of commenting on these behaviors compared to other domains. Additionally, it may satisfy the needs of program directors who are willing to overlook deficiencies in certain domains but not violations of professional conduct.¹⁵ While the prevalence of the reporter, manager, and educator domains was nearly identical, fewer narratives commented on the interpreter domain. We suspect this is because providing quality feedback on this domain requires substantial direct observation and engagement from clinical evaluators whose time is scarce and divided among multiple responsibilities. The relatively high prevalence of comments in the manager and educator domains is likely driven by comments

TABLE 3

Representation of PRIME+ Domains Among OB/GYN MSPE Narratives

PRIME+ Domain ^a	MSPE Paragraphs Commenting on Domain ^b (N=653), n (%)	MSPE Paragraphs ≥1 Specific Example ^c (N=653), n (%)	PRIME+ Subdomain ^d	MSPE Paragraphs Commenting on Subdomain ^e (N=653), n (%)
Professionalism	619 (94.8)	29 (4.4)	N/A	N/A
Reporter	464 (71.1)	11 (1.7)	Interview	301 (46.1)
			Review record	136 (20.8)
			Write notes	151 (23.1)
			Oral presentations	295 (45.2)
			Other	2 (0.3)
Interpreter	245 (37.5)	12 (1.8)	Interpret data	179 (27.4)
			Develop differential	137 (21.0)
			Prioritize problems	24 (3.7)
			Other	4 (0.6)
Manager	451 (69.1)	84 (12.9)	Common complaints	100 (15.3)
			Diagnostic plans	52 (8.0)
			Procedures	361 (55.3)
			Therapeutic plans	158 (24.2)
			Time management	96 (14.7)
			Other	9 (1.4)
Educator	455 (69.7)	49 (7.5)	Educate others	179 (27.4)
			Feedback	176 (27.0)
			Self-directed learning	335 (51.3)
			Interpret literature	73 (11.2)
(+) Areas for improvement	24 (3.7)	24 (3.7)	N/A	N/A

^a The overarching competency category assessed in the narrative summaries (eg, professionalism, reporter, etc).^b The percentage of narratives that included comments related to this specific domain.^c The percentage of narratives within each domain that contained at least one specific example illustrating the competency.^d Specific subcategories within each domain (eg, “procedures” under the manager domain).^e The percentage of narratives that included comments related to the specific subdomain.

Abbreviations: OB/GYN, obstetrics and gynecology; MSPE, Medical Student Performance Evaluation; N/A, not applicable.

on “procedures” (under which the ability to perform a pelvic examination was coded) and the “ability to self-direct learning.” It may also be easier to observe and comment on educator subdomains, including the ability to ask for feedback and engage in self-directed learning. Lastly, most narratives lacked specific areas for improvement, as writers may find it counterintuitive and potentially disadvantageous for students. The relative lack of areas for improvement in our cohort may be the result of sampling bias introduced by the type of applicant, a direct result of our program’s reputation as being highly competitive. In our cohort, the inclusion of areas for improvement tended to cluster around specific institutions, suggesting an institutional-level practice.

The Standardized Letter of Evaluation (SLOE) is now strongly recommended for applicants in multiple specialties, including OB/GYN, and has become

an integral component of the application process by offering a structured, standardized evaluation based on ACGME Core Competencies.^{16,17} Its introduction may address many of the challenges identified in MSPE narratives. The interplay between the 2 is particularly important in understanding how these documents complement one another to meet the needs of programs and applicants. The SLOE provides a focused, specialty-specific evaluation that allows for direct comparison of applicants within the specialty. The MSPE offers a longitudinal, institution-specific perspective on an applicant’s performance across all clerkships, often contextualizing their broader trajectory as a medical student. In a residency application landscape increasingly shaped by changes like pass/fail Step 1 scoring and program signaling, the role of the MSPE must evolve to complement tools like the SLOE. Our PRIME+ analysis highlights specific practices that

could enhance the utility of the MSPE by making the “Academic Progress” section more transparent, actionable, and comparable. Specific practices that could enhance the utility of the MSPE include ensuring consistency in the inclusion of PRIME+ domains, providing clear and specific examples to illustrate student performance, and aligning narrative content with established guidelines. Additionally, incorporating areas for improvement, which were notably absent in most narratives, would offer a more balanced and transparent evaluation of student performance.

Such improvements would benefit applicants and program directors by contextualizing the student’s performance outside their specialty of interest and providing greater differentiation among candidates. This synthesis invites a broader reflection on the existential purpose of the MSPE in an era where the SLOE and other tools address many of the problems it traditionally sought to solve. Furthermore, we must also consider the impact of the variability in existing grading schemes and distributions. As it stands, the existing variety in grading systems and standards provide limited information in distinguishing student performance, an issue that could potentially be explored further by examining Match outcomes.

Our study has several limitations that impact the generalizability and interpretation of the results. Only one-third of the applicant pool in 2023 is included, representing a cohort that was interested in one specific residency program, thereby introducing sampling bias. A multi-institutional approach capturing a broader applicant pool could mitigate this bias and enhance generalizability. We utilized the PRIME+ framework exclusively to analyze the narratives. While this provided a consistent lens, it confined our interpretations to the specific parameters of this framework. Adopting multiple frameworks, such as combining ACGME Core Competencies or EPA frameworks with PRIME+, could offer a more comprehensive understanding of the narratives and reveal different insights. Lastly, we have included only OB/GYN narratives and as such have a narrow, specific view into the MSPE.

Conclusions

MSPE narratives for the OB/GYN clerkship demonstrate variability in content and length. Length and content did not differ by gender or race but varied by medical school of origin (United States or international) and final clerkship grade.

References

1. Buchanan AO, Strano-Paul L, Saudek K, et al. Preparing effective narrative evaluations for the Medical School Performance Evaluation (MSPE). *MedEdPORTAL*. 2022;18:11277. doi:10.15766/mep_2374-8265.11277
2. Holmes AV, Peltier CB, Hanson JL, Lopreiato JO. Writing medical student and resident performance evaluations: beyond “performed as expected”. *Pediatrics*. 2014;133(5):766-768. doi:10.1542/peds.2014-0418
3. Lye PS, Biernat KA, Bragg DS, Simpson DE. A pleasure to work with—an analysis of written comments on student evaluations. *Ambul Pediatr*. 2001;1(3):128-131. doi:10.1367/1539-4409(2001)0012.0.co;2
4. Rojek AE, Khanna R, Yim JW, et al. Differences in narrative language in evaluations of medical students by gender and under-represented minority status. *J Gen Intern Med*. 2019;34(5):684-691. doi:10.1007/s11606-019-04889-9
5. Ross DA, Boatright D, Nunez-Smith M, Jordan A, Chekroud A, Moore EZ. Differences in words used to describe racial and gender groups in Medical Student Performance Evaluations. *PLoS One*. 2017;12(8):e0181659. doi:10.1371/journal.pone.0181659
6. Teherani A, Hauer KE, Fernandez A, King TE, Lucey C. How small differences in assessed clinical performance amplify to large differences in grades and awards: a cascade with serious consequences for students underrepresented in medicine. *Acad Med*. 2018;93(9):1286-1292. doi:10.1097/ACM.0000000000002323
7. Hom J, Richman I, Hall P, et al. The state of Medical Student Performance Evaluations: improved transparency or continued obfuscation? *Acad Med*. 2016;91(11):1534-1539. doi:10.1097/ACM.0000000000001034
8. Westerman ME, Boe C, Bole R, et al. Evaluation of medical school grading variability in the United States: are all honors the same? *Acad Med*. 2019;94(12):1939-1945. doi:10.1097/ACM.0000000000002843
9. Association of American Medical Colleges. Recommendations for revising the Medical Student Performance Evaluation (MSPE). Accessed February 4, 2024. <https://www.aamc.org/system/files/c/2/470400-mspe-recommendations.pdf>
10. Cottrell SA, Hedrick JS, Lama A, Sofka S, Ferrari ND 3rd. The urgent need for reporting accurate and fair student comparisons in the Medical Student Performance Evaluation. *J Grad Med Educ*. 2024;16(3):257-260. doi:10.4300/JGME-D-23-00862.1
11. National Resident Matching Program. Results of the 2020 NRMP Program Director Survey. Accessed February 4, 2024. <https://www.nrmp.org/wp-content/uploads/2022/01/2020-PD-Survey.pdf>
12. Brenner JM, Arayssi T, Conigliaro RL, Friedman K. The revised Medical School Performance Evaluation: does it meet the needs of its readers? *J Grad Med Educ*. 2019;11(4):475-478. doi:10.4300/JGME-D-19-00089.1

13. Ogburn T, Espey E. The R-I-M-E method for evaluation of medical students on an obstetrics and gynecology clerkship. *Am J Obstet Gynecol.* 2003;189(3): 666-669. doi:10.1067/s0002-9378(03)00885-8
14. National Resident Matching Program. Results and data: 2024 Main Residency Match. Accessed January 30, 2025. <https://www.nrmp.org/match-data/2024/06/results-and-data-2024-main-residency-match/>
15. Bird JB, Friedman KA, Arayssi T, Olvet DM, Conigliaro RL, Brenner JM. Review of the Medical Student Performance Evaluation: analysis of the end-users' perspective across the specialties. *Med Educ Online.* 2021;26(1):1876315. doi:10.1080/10872981.2021.1876315
16. Love JN, Ronan-Bentle SE, Lane DR, Hegarty CB. The standardized letter of evaluation for postgraduate training: a concept whose time has come? *Acad Med.* 2016;91(11):1480-1482. doi:10.1097/ACM.0000000000001352
17. Chen KT, Royce CS, Baecher-Lind L, et al. Changes and challenges in the residency application process in obstetrics and gynecology. *Am J Obstet Gynecol.* 2024;231(5):475-479. doi:10.1016/j.ajog.2024.05.045



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