

GW Narrative Comments Guide – Purpose

This guide is intended to aid faculty (including clinical course directors) in generating effective narrative comments that appropriately describe student performance while also enhancing student growth. It includes best practices, examples, guidance on the P-RIME framework as it relates to the Uniform Clinical Evaluation (UCE), and additional resources.

General Guidance for Narrative Comments

- **Be descriptive and specific, avoid generalized statements**
 - Instead of broad labels (e.g., “great student”), provide clear, team-observed behaviors. Example: *“The team consistently observed that she arrived prepared for rounds with well-organized patient updates.”*
- **Provide concrete examples supported by team members’ observations**
 - Include behaviors you or other team members saw the learner do. Example: *“Several residents noted that during a challenging encounter, he remained composed, validated the patient’s concerns, and ensured follow-through on the care plan.”*
- **Use objective, non-judgmental language; focus on performance, not personality; avoid bias**
 - Avoid assumptions and stereotypes (e.g., “unmotivated”). Instead describe the behavior. Example: *“The team observed that she did not volunteer to present patients unless prompted.”*
- **Offer actionable, forward-looking suggestions for improvement**
 - Frame in terms of growth and attainment of higher performance. Example: *“To continue progressing, we suggest developing a differential diagnosis before rounds and sharing your reasoning with the team.”*
- When feasible, narrative should represent a **consensus** assessment of the learner’s performance by the clinical team (not just one individual’s perspective) and/or multiple inputs **synthesized** by the course director.
- **Use P-RIME terminology when applicable (see MORE on P-RIME below at end of this guide)**
 - Professionalism** (e.g., *“demonstrates reliability and accountability”*)
 - Reporter** (e.g., *“accurately collects and communicates clinical information”*)
 - Interpreter** (e.g., *“formulates a basic differential diagnosis”*)
 - Manager** (e.g., *“proposes a management plan based on patient priorities”*)
 - Educator** (e.g., *“effectively teaches the team or patient about the plan”*)

Writing Narrative Comments on Clinical Evaluations: The Four Bs

1. Observe **Behaviors**: specific to P-RIME and/or competency-based (Medical Knowledge, Patient Care, etc.)
2. Mitigate **Bias**: be mindful of the comments used- use the tools provided
3. **Build up** the trainee: tell them what they did well, but also tell them how to improve; the narrative should mirror the in-person feedback conversations
4. Take a **Break**: use a time-out to re-read comments

Example Comments

Examples of Less Helpful Comments (With Explanation)

Less Helpful	Explanation
Excellent student	We do not know what the student did that makes them excellent or where they are on P-RIME. This is fine as a starting point but should be paired with specifics.
Quiet and pleasant	Describes personality traits and not knowledge, skills, attitudes, or competencies.
Just keep reading	What knowledge or skills in particular should the student try to hone?
Continue to work on clinical skills	What particular skills should the student work on (analyzing results, more thorough history, narrowing differential, particular part of a physical exam)?
He will do well in residency. Pleasure to work with.	Seems like a positive comment but does not carry much weight without specific information on what the student excelled in.
Student deserves a grade of honors	Students must meet several criteria to achieve honors on clerkships; do not promise a certain grade.

Examples of Less Helpful and Very Helpful Comments by Domain

Medical Knowledge

Less Helpful	Very Helpful
Read more	Had a good understanding of pediatric respiratory principles. I noted some gaps in knowledge, such as an understanding of common causes of increased work of breathing. Familiarize yourself with [topic or condition _____] with the goal of broadening your knowledge, applying the information to your patient, educating the team.
Excellent fund of knowledge	Was able to address patients' problems in clinic very efficiently due to an understanding of the clinical issue. For example, noticed that a patient with a history of lichen sclerosis had never had a biopsy to confirm.

Patient Care – Exam

Less Helpful	Very Helpful
Good physical exam skills	Performed thorough abdominal exam, with sensitivity to patient comfort
Work on speculum exam skills	Able to perform a speculum exam with guidance, especially regarding using patient centered language [Insert what the student should work on next]
Good Mag checks	Demonstrated skill at checking reflexes and testing for clonus, always listened at lung bases and was able to auscultate physical findings in a patient with pulmonary edema
Good antepartum/PP PE	Accurately able to determine fundal height, noted when uterus was not firm. Appropriately determined that a patient had fundal tenderness associated with intrauterine infection

Patient Care – Data Synthesis

Less Helpful	Very Helpful
Excellent assessments and plans	Generated A/P that was prioritized by most likely to least likely Generated A/P that included common as well as uncommon etiologies The student's assessments were not only factually accurate but also conveyed strong clinical reasoning skills.
Needs to work on more thorough assessments and plans	A/P was not complete, sometimes omitting common or serious problems. For example, student's differential for X did not include Y. Student typically skipped to offering plans without offering an appropriately thorough summary statement to assess their patients.

Procedural Skills

Less Helpful	Very Helpful
Good assistant in the OR Good knot tying Able to suture	Anticipated the flow of the operation Ready to cut suture when appropriate Helped the team position the patient Independently placed the Foley catheter Maintains sterile technique Able to gown and glove in a sterile manner without help Able to tie one and two handed knots in the surgical setting Handled needle driver well and placed sutures with good technique
Work on pelvic exams	Needs to work on placing speculum more slowly Does not always notify patient before inserting speculum
Work on breast exam technique	Sometimes forgets to check for nipple discharge or adenopathy

Interpersonal & Communication Skills

Less Helpful	Very Helpful
Enthusiastic with a good manner with patients. Establishes rapport.	Body language and tone make patients comfortable. Uses open ended questions to set patients at ease. Makes good eye contact. Notices patient discomfort and acknowledges it.
Work on taking more thorough histories	Sometimes gets off track when taking histories, and needs to improve ability to redirect the conversation to allow improved history taking efficiency

Systems-Based Practice

Less Helpful	Very Helpful
Good advocate for patients	Speaks up on behalf of the patient; promotes and supports the interests of the patient in order to improve the patient's outcomes. For example, <i>[insert example]</i> .

Professionalism

Less Helpful	Very Helpful
Very Professional	Arrives on time and prepared to work Read about patients ahead of time Anticipated the needs of the team and independently identified ways to be helpful, such as seeing a patient in triage without being asked
Was a great help to the team	Able to determine and prioritize the needs of the team, for example student X noticed that an antepartum patient had no lab results after several hours and called lab to figure out why

Example Comments for Various Performance Levels

Higher Performing Students

- Not only was Student B knowledgeable about a wide array of primary care topics and current evidence-based guidelines, she consistently proposed meaningful management plans and went above and beyond to educate peers and team members. She led a thorough and informative impromptu discussion about recent changes in colon cancer screening guidelines.
- Student A was one of the best students we have ever had at this site. He demonstrated professionalism and compassionate care, and had an excellent work ethic. He was especially effective drawing upon a strong knowledge base to offer robust differentials, proposing thoughtful management plans, and providing patient education. Of note, he single-handedly convinced one of our patients to stop smoking!
- Student C was an effective communicator in complex situations and demonstrated outstanding clinical reasoning skills. Her assessments and plans were almost always spot on. She developed rapport with patients and team members well. She took a holistic approach, and patients sang her praises. By the middle of the rotation, she was already functioning at the level of an intern.
- Student B was able to accurately prioritize patient problems and synthesize data appropriately. Medical knowledge and skills were excellent. His understanding of the core content of family medicine and principles of preventive care, and his ability to put patients at ease during the exam were beyond what was expected at his level of training.
- This student demonstrated maturity, motivation, and an exemplary work ethic. She accepted and welcomed constructive feedback to develop and hone her emerging clinical skills. She was knowledgeable and well received by patients and staff, being viewed as an effective team player and compassionate physician. She is on track to be well prepared for any residency program.

Students Performing at Pass Level (reporter level, meets expectations; at expected level for GW student)

- Student A is right on track for her level of training. She took detailed histories and can work on broadening her differential diagnoses for acute complaints like cough.
- Student B demonstrated steady progress during this rotation. His history taking skills were not well developed in the beginning, but he responded well to feedback and improved by the end of the rotation.
- Student A demonstrated a solid knowledge base. As he continues to expand his knowledge of the diagnostic approaches in the outpatient setting in order to offer assessments and management plans, he will do well.

Lower Performing Students*

- Student A's foundation of knowledge in primary care on this clerkship needed more work. With feedback she expanded her knowledge about preventive medicine and primary care, but frequently missed important details when taking a patient history.
- Student B enjoyed getting to know patients but had a hard time limiting his conversation time with patients. We worked on ways to speed up the interview time while still being respectful. He should continue to practice efficiency in gathering information.
- The student's patient notes lacked sufficient detail and clinical reasoning, making it difficult to understand their thought process and the rationale behind their proposed treatment plan.

- The student’s differential diagnoses were sometimes too broad, missing important negative and positive findings that were essential for an accurate and comprehensive assessment and plan.
- The student often worked in isolation and did not contribute to team discussions, particularly regarding patient handoffs. This hindered team collaboration and communication. We recommend that the student work on improving their interpersonal and communication skills.

Professionalism: Positive Professionalism Comments:

- Student A demonstrated a high degree of professionalism in his timeliness, demeanor, and interactions with the health care team.
- Student C exhibited outstanding patient advocacy and helped to coordinate care for a patient with low health literacy and lack of additional support.
- Student B went above and beyond to be a valuable member of our team by taking initiative to follow up with patients and providing culturally responsive care including creating patient-centered resources for patients with a language barrier.

Professionalism: Professionalism Concerns*:

- Student C was consistently late for the rotation, and this did not improve with directed feedback.
- Student A was not respectful of several members of the healthcare team. We had to address this after a team member observed her speaking in a condescending tone to the medical assistant. She lacked insight into the issue and failed to incorporate feedback.
- Student B had trouble completing tasks and had to be reminded repeatedly.
- Student A showed a lack of sensitivity to cultural norms for the patient population being served by our clinic.

****Please notify the clerkship director promptly of any professionalism concerns or students performing below a passing level.***

P-RIME Framework and its Relationship to GW’s Uniform Clinical Evaluation (UCE)

The P-RIME framework (adapted from Dr Louis Pangaro) can help in formative feedback and summative assessment. P-RIME helps distinguish between basic and advanced competency levels. While reaching subsequent levels implies competence at previous levels, P-RIME is non-compensatory. That is, skills as an Interpreter do not compensate for being an unreliable Reporter. Below are ways to connect P-RIME to GW’s Uniform Clinical Evaluation (UCE). Clerkship students are expected to demonstrate Professionalism, master Reporting skills, and work on Interpreting. Higher performing students demonstrate these skills **and** propose management plans and show skill as educators. If doing all this consistently, even in complex situations, they may earn Honors. The language and ratings below may be helpful.

Professionalism:

- Truthfulness, ethical behavior, responsibility, empathy, respect, compassion, teamwork
- **Unsatisfactory** in the **Professionalism** section could result in reduced overall grade and may be subject to further action.
**Please notify the clerkship director of professionalism concerns as soon as they arise.*

Reporter:

- Student accurately gathers and clearly communicates clinical facts on their patients.
- Has ability to do a history and physical examination and knows what to look for.
- Achieves consistency in “bedside” skills communicating with patients, families, and team members.
- **A student performing consistently below Reporter** is at the **CONDITIONAL** level, which on the UCE is a global rating of **2 = Marginal Performance**, remediation recommended.
- **A student should be a consistent Reporter (and demonstrate Professionalism)** to earn a **PASS**, which on the UCE is a global rating of **3 = Good-Very Good, at expected level for GW student.**

Interpreter:

- Basic interpreter: student prioritizes among problems identified.
- Next step: offers a differential diagnosis, including providing a rationale for those most likely.
- Interprets test results (such as labs) in the clinical context.
- Sees themselves as active participant in patient care.
- **A student who is a consistent Interpreter (and mastering Reporting and demonstrating Professionalism)** would generally earn **HIGH PASS**, which on the UCE is a global rating **4 = Excellent, often exceeds expectations.**

Manager:

- Student decides when action needs to be taken for patient.

- Proposes and selects among possible management options- doesn't need to be correct, but should provide a reasoned and supported diagnostic and therapeutic plan.
- An effective manager tailors the plan to the patient's specific circumstances and preferences.
- A student who is a consistent **Manager/Educator** (which includes mastery of the Reporter and Interpreter levels, and demonstrating Professionalism) would generally achieve **HONORS**, which on the UCE form is a global rating of **5 = Outstanding, consistently exceeds expectations and/or even in complex situations.**

Educator:

- Student goes beyond the required basics to read deeply, and to share new learning with others in the context of the assessment and plan.
- Has insight to define important questions to research in more depth, the drive to look for evidence on which clinical practice can be based, and the skill to critically evaluate the evidence and apply it to a given patient.
- A student who is a consistent **Manager/Educator** (which includes mastery of the Reporter and Interpreter levels, and demonstrating Professionalism) would generally achieve **HONORS**, which on the UCE form is a global rating of **5 = Outstanding, consistently exceeds expectations and/or even in complex situations.**

Additional Resources

- [SMHS Center for Faculty Excellence](#)
- SMHS CFE self-paced module: [Writing High Quality Comments to Improve Learner Performance](#) (offers 1.00 AMA PRA Category 1 Credit™)
- Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. [Acad Med. 1999;74\(11\):1203-7](#)
- [UCSF Equity in Assessment Guidelines and Checklist](#)
- Rojek AE, et al. Differences in Narrative Language in Evaluations of Medical Students by Gender and Under-represented Minority Status. J Gen Int Med. 2019;34; 684–91 <https://doi.org/10.1007/s11606-019-04889-9>

*This guide was developed by GW SMHS Office of Medical Education along with the Associate Dean for MD Education, clerkship and clinical course directors, students, and Center for Faculty Excellence. **Last updated: April 3, 2026***