

## **CORD SLOE WORKSHOP 2015:**

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## **INSTRUCTIONS FROM THE CORD WEBSITE:**

### **The Standardized Letter of Evaluation (SLOE)**

(Formerly SLOR)

#### **Instructions for Authors**

The SLOE has always been intended to be an evaluative tool and not necessarily a recommendation. For this reason, the name SLOR has been replaced by SLOE. **This instrument was developed to provide a global perspective on an applicant's candidacy for training by providing meaningful comparisons to peers applying for training in emergency medicine.** Please keep this in mind as you complete the SLOE.

*Only Emergency Medicine Faculty may complete this form*

The SLOE was developed to be<sup>1</sup>

- Standardized
- Concise
- Discerning/Discriminating

Consequently, please refrain from changing the template, keep comments succinct and relevant, and make every effort to avoid grade

inflation in your comparisons so as not to detract from the effectiveness of your SLOE.

A well written SLOE provides an overall perspective on what an individual candidate offers to a training program. It is unique in its ability to provide comparative data to peers in addition to important information regarding the distinguishing non-cognitive characteristics (e.g. Maturity, professionalism, leadership, compassion, initiative, enthusiasm) that an applicant possesses.

Each year the pool of candidates applying to emergency medicine is very competitive. As such, applicants “at the level of peers (middle 1/3)” should be viewed as a positive evaluation and “below the level of peers (lower 1/3)” may still describe a competitive candidate. In addition to the applicant’s non-cognitive qualities, the written comments should include an explanation of areas that need attention or any low scores you provide. **Keep in mind that training programs vary in the attributes they value in a successful candidate.**

### **Do’s:**

1. Please do answer every question
2. Do avoid reiterating information that can be found elsewhere in the ERAS application
3. The “Written comments” section **should be about the applicant**
4. For institutions that see a moderate number of students, **do write a Group SLOE** that is authored by program leadership e.g. PD, CD, APD. When done appropriately, these letters provide a balanced perspective of the applicant.

5. Do keep in mind that most programs match out between #40-100 on their rank list. As a result, middle 1/3 and lower 1/3 rankings should be viewed as competitive applicants who will likely match (Question C2b).

### **Don'ts:**

1. Don't list random faculty comments from the rotation without context
2. Don't write lengthy dissertations. The comments should be concise and limited to 250 words.
3. Don't use the comments section to describe your grading system or institution.

If it is important to provide information regarding your institution's demographics (e.g. grading, clinical experience, values) to better frame the applicant's performance, please complete the SLOR Demographic Form. Completed forms will be posted on the CORD website as open access information on the Program Demographics page. In addition, you may download a copy of this completed sheet to attach to individual SLOEs.

### **Before you write a SLOE, you will need to:**

- Review the annual instructions, as they may change
- Obtain last year's clerkship grades for question A5.
- Review the SLORs you authored last year to report both the total # authored and the # recommended in each of the global assessment rankings. Remember that Question C1 requests the **entire profile** of global assessment rankings from the previous year **for each applicant's SLOE**.

For authors who are new to the process, we encourage you to seek mentorship from CORD, the SLOE Task Force or your program leadership (PD, APD, CD, etc.) before completing the SLOE.

Also available is the document Bibliographic Citation Guidelines for EM Residency Applicants. Please copy and share these guidelines with anyone interested in applying to emergency medicine residencies. Applicants are requested to provide a signed copy of this form with their completed application.

As envisioned by the original SLOR Task Force, this instrument “remains flexible and reflective of membership opinion”. Please contact the CORD office ([cord@cordem.org](mailto:cord@cordem.org)) or any task force member with any suggestions you may have. Additional resources can be found at the ERAS/AAMC web site.

#### Reference

1. Keim SM, Rein JA, Chisholm C et al. A Standardized Letter of Recommendation for Residency Application. *Academic Emergency Medicine* 1999;6:1141-1146

#### **SLOE Form Template**

If you experience problems when downloading and would prefer to receive the document via email please contact the CORD office by phone at 888-444-2090 ext 3229 or email at [cord@cordem.org](mailto:cord@cordem.org). If you have questions about the content of the form please contact Dr. Jeff Love at [cord@cordem.org](mailto:cord@cordem.org). If you have any comments, suggestions, or questions for revision of the Standard Letter of Evaluation, please send an e-mail to Dr. Love.

**For more information regarding the SLOR/SLOE:**

- Keim SM, Rein JA, Chisholm C, Dyne PL, Hendey GW, Jouriles NJ et al. A Standardized Letter of Recommendation for Residency Application. *Acad Emerg Med.* 1999;6:1141-1146.
- Garmel GM. Letters of Recommendation: What Does Good Really Mean? *Acad Emerg Med.* 1997;4:833-834.
- Harwood RC, Girzadas DV, Carlson A, Delis S, Stevison K, Tsonis G et al. Characteristics of the Emergency Medicine Standardized Letter of Recommendation. *Acad Emerg Med.* 2000;7:409-410.
- Girzadas DV, Harwood RC, Dearie J, Garrett S. A Comparison of Standardized and Narrative Letters of Recommendation. *Acad Emerg Med.* 1998;5:1101-1104.
- Girzadas DV, Harwood RC, Delis SN, Stevison K, Keng G, Cipparrone N et al. Emergency Medicine Standardized Letter of Recommendation: Predictors of Guaranteed Match. *Acad Emerg Med.* 2001;8:648-653.
- Love JN, Deiorio NM, Ronan-Bentle S, Howell, JM, Doty C, Lane DR, Hegarty C. Characterization of the CORD Standardized Letter of Recommendation in 2011-2012. *Academic Emergency Medicine.* 2013;20:926-932.

### General Tips for filling out a SLOE:

In addition to the general instructions and guidelines provided on the CORD website, here are some additional general tips (with examples) to keep in mind when completing a quality SLOE:

**-Avoid grade inflation:** Grade inflation on SLORs/SLOEs has been a problem in the past. The best way to combat this issue is to have everyone try to play by the same rules. If you have a superstar student that should get all top boxes checked and be top 10% on your rank list, that is ok to check those boxes. The flip side is that if you have a student that is a bit below average in some areas, and may be lower on your rank list, that is ok to check as well. If you are filling out a SLOE and don't have a lot of direct input into your programs rank list, you can always ask your program director for input about where a student would likely be on the match list to ensure you are putting in rankings that are as accurate as they can be when filling out a SLOE.

**-Specifics are key!** Any time you check a box that is above or below the level of peers, it is very helpful to have specific comments in the written comments section to support that data point. In addition, it can be very helpful to have specific text to support where you estimate the student will be placed on your rank list.

*Example: a student that rocked her clinical rotation (honors, top clinical scores) had a step I score of 195, and a step II score of 240. Clinically her performance clinically fit with her step II score, but her step I score was a bit concerning. On the SLOE, we checked 'more than peers' for the question about 'how much guidance do you predict this applicant will need during residency', and yet put 'outstanding' prediction of success and a top 1/3 rank list prediction. In the written*

*comments portion of the SLOE, we had this text to support those data points: “Of note, this may be one of the few times that I’ve ever given a student a ‘more than peers’ guidance score with an ‘outstanding’ prediction of success. Allow me to explain—I think that STUDENT X was not stellar in her pre-clinical years, which then translated to a lower step I score. I think her step II score of 240, combined with her strong clinical performance with us, is much more indicative of her predicted future success. I say she may need more guidance than her peers only if the ABEM in-service exam is an issue for her. If it is not, she is someone that is clearly on an upward trajectory clinically—and I’d definitely invite her for an interview!”*

**-Customize your comments as much as you are able:** Try to avoid using the same text for the majority of your SLOEs. If you do this, it makes each applicant seem similar—which takes away a big part of what the SLOE sets out to do.

*Example: SLOE for Student X--“Our faculty enjoyed working with STUDENT X. He worked hard, asked good questions, and took feedback well. He will be an outstanding resident.” SLOE for Student Y—‘Our faculty enjoyed working with STUDENT Y. He worked hard, asked good questions, and took feedback well. He will be an outstanding resident.’ Based on those comments, you don’t get any useful information that is customized to the individual student.*