OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)

2014-2015 APPLICATION SEASON

Emergency Medicine Faculty ONLY

I have read this year's instructions @ www.cordem.org ◯ Yes ◯ No

Applicant's Name:	Bill E. Sample	AAMC ERAS ID No.	12345678
Institution:	The Best Residency	Email:	john.smith@thebestresidency.com
Reference Provided By:	John L. Smith, Emmitt Smith, J.R. Smith, Steve Smith and Bobby Smith Departmental SLOE	Telephone:	123-555-6789
		Present Position:	Assistant/Associate Program Director

A. Background Information

1. How long have you known the applicant? 2 months

2. Nature of contact with applicant: (Check all that apply)

- ☒ Know indirectly through others/evaluations
- ☒ Extended, direct observation in the ED
- ☐ Clinical contact outside the ED
- ☐ Advisor
- ☐ Occasional contact (<10 hours) in the ED

Other:

3. a. Did this candidate rotate in your ED? ◉ Yes ◯ No

   b. If so, what grade was given?

   ◉ Honors ◯ High Pass ◯ Pass ◯ Low Pass ◯ Fail

4. Is this the student's first, second or third EM rotation? 2nd Rotation

   What date(s) did this student rotate at your institution? (mm/yy) 07/14

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

Honors %	30
High Pass %	30
Pass %	35
Low Pass %	
Fail %	5
	100 % Total

Total # students last year: 88

EM is a required rotation for all students at our institution? ◉ Yes ◯ No

B. Qualifications for EM. <u>Compare the applicant to other EM applicants/peers.</u>

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.

   ◉ Above Peers (Top 1/3) ○ At level of peers (Middle 1/3) ○ Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.

   ○ Above Peers (Top 1/3) ◉ At level of peers (Middle 1/3) ○ Below peers (Lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.

   ◉ Above Peers (Top 1/3) ○ At level of peers (Middle 1/3) ○ Below peers (Lower 1/3)

4. Ability to work with a team.

   ○ Above Peers (Top 1/3) ◉ At level of peers (Middle 1/3) ○ Below peers (Lower 1/3)

5. Ability to communicate a caring nature to patients.

   ○ Above Peers (Top 1/3) ◉ At level of peers (Middle 1/3) ○ Below peers (Lower 1/3)

6. How much guidance do you predict this applicant will need during residency?

   ○ Less than peers ○ The same as peers ◉ More than peers

7. Given the necessary guidance, what is your prediction of success for the applicant?

   ○ Outstanding ◉ Excellent ○ Good

C. Global Assessment

1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

Ranking	# Recommended in each category last academic year
○ Top 10%	5
◉ Top 1/3	13
○ Middle 1/3	10
○ Lower 1/3	5

Total Number of letters you wrote last year: 33

2. a. Are you currently on the committee that determines the final rank list? ◉ Yes ○ No

   b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)

   ○ Top 10%
   ○ Top 1/3
   ◉ Middle 1/3
   ○ Lower 1/3
   ○ Unlikely to be on our rank list

D. Written Comments:

Please concisely summarize this applicant's candidacy including... (1) Areas that will require attention, (2) Any low rankings from the SLOE, and **(3) Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc.** (please limit your response to 250 words or less)

Bill Sample is a student from the University of Cool-School that rotated with us this past summer. He is a smart, hard-working student that will do well in residency. We would be happy to have Bill match with our program.

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER ◯ Yes ◯ No

Signature: _____ Date: _____

Print Form