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:	Hidden Meaning	AAMC ERAS ID No.	666
Institution:	University of Investigation	Email:	detective@uoi.edu
Reference Provided By:	Dr. Detective	Telephone:	555-1212
		Present Position:	Clerkship Director

A. Background Information

1. How long have you known the applicant? 1 month

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

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

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? Unknown

What date(s) did this student rotate at your institution? (mm/yy) 08/2014

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

Honors %	
High Pass %	
Pass %	100
Low Pass %	
Fail %	
	100 % Total

Total # students last year: 50

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%	15
○ Top 1/3	20
◉ Middle 1/3	25
○ Lower 1/3	

Total Number of letters you wrote last year: 50

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)

Hidden is a very smart medical student. He was noted to be reading all the time. When seeing patients he was able to develop very encompassing differentials and describe the detailed pathophysiology of each one. With appropriate guidance he was able to carry out his management plans.

Hidden likes interpreting diagnostic tests. He looks intently at all his X-rays and dissects all his EKGs. He can explain every laboratory abnormality no matter how slight.

With the right guidance, Hidden will continue to improve and will become an emergency physician. We would be thrilled if Hidden matched in your program.

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER ◉ Yes ○ No

Signature: _____ Date: _____

Print Form