OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)
2023-2024 APPLICATION SEASON
Emergency Medicine Faculty ONLY

I have read this year's instructions at https://cordem.org: O Yes O No

Demographic Data

Applicant's Name: ___________________________ AAMC ERAS ID: ___________________________
Evaluator Institution: ______________________ Evaluator Contact: _________________________
Evaluator Name(s): ___________________________ Student Type: ___________________________

What sources of information did you use in compiling this SLOE?

- Formal written clinical assessments from residents
- Formal written clinical assessments from faculty
- Informal/verbal comments from residents
- Informal/verbal comments from faculty
- Performance in nonclinical activities (didactic sessions, simulations, etc.)
- Performance in nonclinical assessments (OSCE, written exam, final presentation, etc.)
- Feedback from administrative or interprofessional staff
- Other (specify)

Background Information

In addition to the student's EM clinical rotation, what are the primary letter authors' nature of contact with this applicant?

Rotation taken by: ___________________________
Rotation Dates: ___________________________
Did your grading scheme change from the last academic year? _____________
Grading Scheme: ___________________________ Grade Received: _________________________
Grades Breakdown # Students Last Yr: _______________________
% Last Year: ___________________________
Rotation Exam: ___________________________ Exam Grade: ___________________________ Avg Exam Grade: ___________________________

Evaluation of Student: Part A

The following questions are a criterion-referenced assessment, meaning it pertains to the student's overall competency compared to a set metric, which in this case is the readiness to begin an emergency medicine residency program. Please note this is NOT a comparison to peers. Indicate where this student stands in terms of readiness to be an incoming EM intern.

1. Ability to perform a focused history and physical exam:
   - Fully entrustable
   - Mostly entrustable
   - Pre-entrustable

2. Ability to generate a differential diagnosis:
   - Fully entrustable
   - Mostly entrustable
   - Pre-entrustable
3. Ability to formulate a plan:
   O Fully entrustable  O Mostly entrustable  O Pre-entrustable

4. Ability to perform common ED procedures:
   O Fully entrustable  O Mostly entrustable  O Pre-entrustable  O Unable to assess

5. Ability to recognize and manage basic emergent situations:
   O Fully entrustable  O Mostly entrustable  O Pre-entrustable

Evaluation of Student: Part B

Please rate the student in the following areas using a rating scale (LEFT side = best candidate I've seen, RIGHT side = minimally acceptable for an EM resident)-Note: Your average ratings for the year should typically look like a bell shaped curve distribution. If you select the far left or far right of the scale, please discuss this in your narrative feedback in section D.

1. Compassion, sensitivity, and respect towards patients and team members
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

2. Receptivity to feedback and ability to incorporate feedback.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

3. Dependability, responsibility, initiative, and work ethic.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

4. Punctuality, attendance, and preparation for duty.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

5. Timeliness and responsiveness in completing administrative tasks.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

6. Interpersonal and communication skills with patients and family members.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

7. Interpersonal and communication skills with faculty, residents and healthcare professionals.
   Exceptional EM  5  4  3  2  1  Minimally Acceptable OR - Not acceptable for EM Resident
candidate

Evaluation of Student: Part C

The following question is norm-referenced, meaning it pertains to how the student compares to his/her/their peers who are also applying to EM residency programs. Compared to the EM candidates for whom your program wrote a SLOE last year, how much guidance do you anticipate this candidate to require to become clinically proficient and meet graduation requirements?
O Minimal: Will excel with just a little guidance and support.
O Standard: No problems expected, will succeed with standard guidance and support.
O Moderate: May need slightly more than the standard support from time to time, no major issues anticipated.
O Most: Has the potential to succeed, but will likely require extra support throughout residency.

Are you on the final committee that determines the rank list?
O Yes  O No

How highly would you estimate the candidate will reside on your rank list?
OTop 10%  O Top 1/3  O Middle 1/3  O Lower 1/3  O Unlikely to be on our rank list

# Recommended in each category last year:

<table>
<thead>
<tr>
<th>Category</th>
<th>Top 10</th>
<th>Top 1/3</th>
<th>Middle 1/3</th>
<th>Lower 1/3</th>
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You are estimating the rank list position based on:

O EM student rotation only
O EM student rotation PLUS (select all that apply)
   - USMLE/COMLEX scores
   - Shelf Exam Scores
   - Administrative Hygiene
   - Honors/Awards
   - Clerkship Grades
   - Overall Medical School Performance
   - Leadership Positions
   - Research
   - CV
   - Resident Input  O Other (explain)

Written Comments: Part D
Please concisely summarize this applicant's overall candidacy, providing detail on strengths, explaining growth opportunities or lower ratings from above, and highlighting anything else you feel like we should know about this student. (limit your text to 350 words or less):

Institutional Information: Part E
This rotation is based out of a trauma center with which designation?

What is the annual ED patient census at this site?

Please concisely summarize any pieces of information regarding your rotation that you deem important or necessary. You may also include information regarding any special circumstances surrounding this rotation such as changes related to COVID, institutional changes, school changes etc.? (limit your response to 350 words or less):

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

Date:  Signature Box:  