

# OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)

## Emergency Medicine Faculty ONLY

I have read this year's instructions @ [www.cordem.org](http://www.cordem.org)  Yes  No

Applicant's Name:	<input type="text"/>	AAMC ERAS ID No.	<input type="text"/>
Institution:	<input type="text"/>	Email:	<input type="text"/>
Reference Provided By:	<input type="text"/>	Telephone:	<input type="text"/>
		Present Position:	<input type="text" value="Select One"/>

### A. Background Information

1. How long have you known the applicant?

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?

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

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

Honors %	<input type="text"/>	Total # students last year: <input type="text"/>
High Pass %	<input type="text"/>	
Pass %	<input type="text"/>	
Low Pass %	<input type="text"/>	
Fail %	<input type="text"/>	
100 % Total		

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

**B. Qualifications for EM. Compare the applicant to other EM applicants/peers.**

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:

<u>Ranking</u>	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

Total Number of letters you wrote last year:

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)

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER  Yes  No

Signature:

Date: