Pediatric Cardiology Standardized Letter of Evaluation – PEDIATRIC CARDIOLOGIST Version

Instructions:

- ***For pediatric cardiologists – the following form may be used in lieu of a traditional letter of recommendation.***
- ***For residency program directors/associate program directors – the "RESIDENCY PD/APD" version should be used in lieu of a traditional letter of recommendation (LOR).***
- ***All other references, please submit your traditional LOR as usual. No additional form/submission outside of your LOR is required.***

****When uploading your completed SLOE to the AAMC Letter of Recommendation Portal (LoRP), please select the box indicating "This is a SLOE."**

Applicant Name:
AAMC ID:
Evaluator Name:
Evaluator Role: ☐ Pediatric Cardiology PD/APD ☐ Pediatric Cardiologist ☐ Pediatric Cardiac Intensivist
Email:

1. **What is the nature of your relationship with the applicant? CLICK ALL THAT APPLY**

   ☐ Clinical attending
   ☐ Research mentor
   ☐ Advisor/mentor
   ☐ Other – please describe:

2. **Approximate duration of observation:**
   a. Clinical interaction:
   ☐ 1d ☐ 2d-1w ☐ 1-2w ☐ 2w-1m ☐ 1-6m ☐ >6m
   b. Advising/mentorship role:
   ☐ 1d ☐ 2d-1w ☐ 1-2w ☐ 2w-1m ☐ 1-6m ☐ >6m

3. **Competency levels (required) - please rate this applicant using your historical experience with residents at an equivalent point in training**

	Bottom 25%	Bottom 50%	Top 50%	Top 25%	Top 10%	Top 5%	Top 1%	Not observed
Medical knowledge - Mastery of pathophysiology, critical thinking, diagnostic reasoning	☐	☐	☐	☐	☐	☐	☐	☐
Clinical skills – Hx-taking, PE proficiency, clinical decision making, management of acute/complex patients	☐	☐	☐	☐	☐	☐	☐	☐
Professionalism/Work Ethic – reliability, integrity, accountability, response to feedback, commitment to personal development, timely non-clinical task completion, self-guided learning	☐	☐	☐	☐	☐	☐	☐	☐
Communication/Team-Work – Effectiveness with patients/families, interdisciplinary communication, collegiality	☐	☐	☐	☐	☐	☐	☐	☐
Adaptability/"Grit factor" – resilience, persistence through adversity, response to stress, response to change in environment	☐	☐	☐	☐	☐	☐	☐	☐
Scholarly Potential – Commitment to and participation in research, quality improvement, and medical education	☐	☐	☐	☐	☐	☐	☐	☐

4. **Please highlight the top one or two notable strengths of this applicant (required)**:

5. Please select this applicant's top two ongoing areas for improvement (required):

☐ Fund of knowledge	☐ Time management	☐ Situational awareness	☐ Teamwork	☐ Professionalism
☐ Leadership skills	☐ Communication skills	☐ Recognizing own limitations	☐ Adapting to different clinical/learning environments	☐ Self-directed learning and self-improvement
☐ Organizational skills; multitasking	☐ Personality considerations	☐ Punctuality	☐ Preparedness	☐ Response to feedback
☐ Scholarly engagement	☐ Performance under stress	☐ Timely completion of non-clinical requirements	☐ Overconfidence	☐ Under confidence
☐ Other (please do not answer "none" or "nothing"):				

**Please elaborate on your reasons for choosing the selected options (required):

6. Readiness and Likelihood of Success in Pediatric Cardiology Fellowship (required)

How confident are you in this applicant's ability to succeed in a pediatric cardiology fellowship?

- ☐ Enthusiastically recommend – outstanding candidate; would definitely be top-ranked at our fellowship program
- ☐ Strongly recommend – would be happy if matched at our fellowship
- ☐ Recommend without reservation – would be satisfied if matched at our fellowship
- ☐ Recommend with some reservation (please elaborate below) – would have some reservations if matched with us
- ☐ Do not recommend (please elaborate below) – a disappointing match for our fellowship

**Please elaborate on your selection (if applicable):

7. Additional summative comments (optional):

Evaluator Signature: _____ Date: