OB/GYN Standardized Letter of Evaluation (SLOE) Writing Guide

May 2023
Acknowledgements

Thank you to members of the SLOE Workgroup of the Right Resident, Right Program, Ready Day One grant program who helped develop this manual for the 2022-23 application cycle.

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I. Purpose of SLOE

The Standardized Letter of Evaluation (SLOE) is an evaluative instrument that provides an assessment of an applicant’s candidacy for obstetrics and gynecology (OBGYN) residency training. The Coalition for Physician Accountability's Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC) recommends that structured evaluation letters replace all letters of recommendation as a universal tool in the residency program application process. By using Accreditation Council for Graduate Medical Education (ACGME) standards and competencies for residency and medical training, the letter is meant to provide a more holistic and efficient review of competencies and values that are essential in OBGYN training. The goal is to reduce bias by directing answers to standardized questions for all candidates applying to residency.

Another goal of the SLOE is to limit the variability and the lack of standardization found with traditional letters of recommendation. A standardized approach to structured evaluations in the residency application process ensures a more transparent, uniform, honest, and equitable process. This reduces the biases and subsequent disparities that result from the traditional letters of recommendation. The SLOE is intended to augment the Medical Student Performance Evaluation (MSPE) with an OBGYN-focused assessment.

For doctor of osteopathic (DO) medicine and International Medical Graduate (IMG) applicants, the SLOE can ensure that they are compared using the same criteria as students from US allopathic medical schools. The SLOE was designed by a group that included both DO and IMG representatives. It is intended to work in various settings including for an applicant who is being evaluated while rotating with an OBGYN residency program in a large academic medical center or a small community hospital, or an applicant who is rotating in an outpatient setting with no residents. Any obstetrician-gynecologists who serves as a preceptor should be able to provide the observational information of the applicant’s performance.

The SLOE for OBGYN applicants was piloted in the 2021-2022 residency application cycle when a SLOE was voluntary. For the 2022-23 application cycle, one SLOE was expected for each applicant. Feedback on the SLOE was solicited from applicants, program directors, and dean’s offices after the 2022-23 application cycle. The SLOE was updated for the 2023-24 application cycle and is strongly recommended for an applicant to include one SLOE. While it is not universally mandatory, many programs may require a SLOE to apply to their program. Please read the specific application requirements for each program.
II. Who should complete the SLOE?

*The SLOE should be written by an individual or a group of people who know the applicant the best.* Ideally, they will be able to speak to the applicant’s clinical skills and can describe the unique attributes the applicant may bring to a residency program. It is critical that whoever completes the SLOE understands and appropriately answers the questions that are specifically addressed. The SLOE was created to be completed by someone within obstetrics and gynecology but may, in some unique circumstances, be completed by someone outside the specialty.

The four broad categories of SLOE letter-writers include:

- **An individual** who completes the SLOE based *solely on direct observation of the applicant*. An example would be a faculty member who worked with the applicant on a clinical rotation or a sub-internships/acting internship.
- **An individual** who completes the SLOE as a *composite evaluation based on knowledge of their performance* throughout medical school (e.g., input from other individuals or sources). The writer may have worked with the applicant but is primarily writing the SLOE in an official capacity (clerkship director, chairperson, etc.).
- **A group** who completes the SLOE based *solely on their collective direct experiences and observations of the applicant*. An example would include a clinical division or a physician group who worked closely with the applicant on a rotation.
- **A group** who completes the SLOE as a *composite evaluation based on knowledge of their performance* throughout medical school (e.g., input from other individuals or sources). An example would be an advising team or undergraduate medical education committee.
Accurate documentation aids the residency programs in understanding who has completed the SLOE, in what capacity the letter writer is serving, and where the applicant is in their clinical training. The “Indicate your present role” and “Please indicate ALL clerkship and elective experiences the student has already completed at the time of the completion of the SLOE” sections of the SLOE are critical to communicating this.

<table>
<thead>
<tr>
<th>Who and in what capacity is the evaluator completing the SLOE?</th>
<th>How to communicate this in the “Indicate your present role” section of the SLOE</th>
<th>How to communicate this in the “Please indicate ALL clerkship and elective experiences the student has already completed” section of the SLOE.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual – sole observations</strong></td>
<td>Choose “OB/GYN Faculty” or “Non-OB/GYN Faculty”</td>
<td>Choose box(es) reflecting all experiences completed up to and including the last time the applicant was observed by the individual*</td>
</tr>
<tr>
<td><strong>Individual – composite evaluation</strong></td>
<td>Choose the title that reflects the capacity you are serving when completing the SLOE</td>
<td>Check box(es) reflecting all experiences completed and considered for the SLOE</td>
</tr>
<tr>
<td><strong>Group – direct observations</strong></td>
<td>Choose “Composite group letter” and list each person and their role</td>
<td>Choose box(es) reflecting all experiences completed up to and including the last time the applicant was observed by the group*</td>
</tr>
<tr>
<td><strong>Group – composite evaluation</strong></td>
<td>Choose “Composite group letter” and list each person and their role</td>
<td>Check box(es) reflecting all experiences completed and considered for the SLOE</td>
</tr>
</tbody>
</table>

* Do not include experiences that have been completed at the time the SLOE is written but that occurred after the last direct observation by the letter writer(s) – unless they are being considered in the SLOE.

For an osteopathic or international medical applicant, the SLOE should be completed by an attending physician or a clinical preceptor, rather than someone at the College of Osteopathic Medicine (COM) or medical school. This letter is designed to be completed by someone who has experience teaching residents and students since the person completing the letter is asked to rate performance on a scale that compares the applicant to the rater’s experience with other students and residents.
III. When to complete the SLOE

The ideal time to complete the SLOE depends on if it is being filled as an individual evaluation or as a composite evaluation.

A SLOE written by an individual or group that is based solely on their direct observations (i.e., not a composite evaluation) should be completed as close to the time of clinical interaction with the applicant as possible. This approach provides the most accurate assessment and reduces recall bias. Because many osteopathic medical students change locations several times during their rotations, the applicant should provide the evaluator with sufficient information to recall their rotation performance at the time the letter is written.

When written as a composite evaluation, either by a single individual or a group, the SLOE should be completed following the OBGYN clerkship and any OBGYN clinical elective/sub-internship rotations preceding the interview season. This will allow time to collect the needed information to make an overall assessment (see section IV) and allow for a robust global assessment of the applicant.
IV. What information is needed to complete the SLOE

No additional information should be needed for a SLOE filled out by an individual or group based on their own direct observations.

For a composite SLOE, the following information should be available to writer(s):

- Core OBGYN clerkship performance
- Performance on OBGYN clinical electives, sub-internships/acting internships
- Other experiences that have guided the applicant’s decision to become an OBGYN

Osteopathic or international medical applicants who elect to have an individual complete the SLOE as a composite evaluation should ensure that the evaluator has access to all information including assessments of clinical performance to aid in completing the SLOE.
V. SLOE Components

The SLOE has been intentionally created to provide information to assist both the author and the reader to ascertain the attributes of the applicant. Understanding the sections of the SLOE will aid in the success of the process.

- **Competency Assessment Rubric** – these competencies align with the ACGME competency domains that are assessed in OBGYN residency. The anchors for these descriptors are in a table located on the last page of the SLOE form. That table is also at the end of this guide document under Section VII.

The brief descriptions are written to reflect the expected behaviors of a medical student who is about to graduate. For each competency, please select the box that best aligns with the applicant’s level of functioning: Early clerkship student, Immediate end-of-OBGYN clerkship student, Acting intern or 4th year student, Intern (at the third month of training), Not observed sufficiently.

- Rate the applicant based on your direct observation or available composite information
- Most applicants are expected to fall under the “Immediate end-of-OBGYN clerkship student” or “Acting intern or 4th year student” category
- Since most applicants are expected to have relative strengths and areas for growth, the SLOE is most useful when the ratings reflect this variation (e.g., rating the applicant at “Intern” level for each category is difficult to interpret and should be avoided unless this accurately represents the applicant)
- Specific comments or examples are strongly recommended, especially if Early clerkship student or Intern levels (lowest and highest) are chosen; comments should be brief

- **Most Outstanding Feature**
  - 5 words or less
  - What most impresses you about the applicant?
  - What are the applicant’s greatest strengths?
  - What makes the applicant unique and distinguishable from others?

- **Areas of Focus** – “If a program plans to provide focused coaching or development opportunity for the interns in the first year of residency, indicate up to 3 areas of focus for this individual applicant:”
  - The assumption is that every applicant will have areas for growth
  - Choose up to three areas you would tell the applicant to focus on to become a better intern/doctor
  - **Listing no areas for growth is not recommended;** all applicants have areas where they can develop or grow
  - Include brief specific comments or examples when applicable
• **Narrative**
  o In 250 words or less, please comment on 1-2 unique characteristics or strengths of the applicant
  o Do not attempt to summarize the applicant’s CV
  o This is **not** intended to be a shorter version of a typical letter of recommendation, but rather an emphasis of the unique strengths a candidate would bring to a program
VI. Changes for the 2023-24 Cycle

Several changes have been made to the SLOE document for the 2023-24 application cycle. These include:

- The competency rubric was reformatted with the descriptors being displayed in a table on the last page of the SLOE form. These descriptors were modified from the ACGME Obstetrics and Gynecology Milestones 2.0, Level 1.

- Defining intern level as an intern in their third month of training.
### VII. Competency Rubric Table

<table>
<thead>
<tr>
<th>Intern</th>
<th>Acting intern or 4th year student</th>
<th>Immediate end-of-OB/GYN clerkship</th>
<th>Early clerkship student</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpersonal and Communication Skills</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
</tr>
<tr>
<td>• Demonstrates respect and establishes trust with patients and patients' families (e.g., situational awareness of language, disability, health literacy level, cultural differences)</td>
<td>• Demonstrates respect and establishes trust with patients and patients' families (e.g., situational awareness of language, disability, health literacy level, cultural differences)</td>
<td>• Demonstrates respect and establishes trust with patients and patients' families (e.g., situational awareness of language, disability, health literacy level, cultural differences)</td>
<td>• Demonstrates respect and establishes trust with patients and patients' families (e.g., situational awareness of language, disability, health literacy level, cultural differences)</td>
</tr>
<tr>
<td>• Communication with patients and their families is an understandable and respectful manner</td>
<td>• Communication with patients and their families is an understandable and respectful manner</td>
<td>• Communication with patients and their families is an understandable and respectful manner</td>
<td>• Communication with patients and their families is an understandable and respectful manner</td>
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<tr>
<td>• Accurately records information in the patient record</td>
<td>• Accurately records information in the patient record</td>
<td>• Accurately records information in the patient record</td>
<td>• Accurately records information in the patient record</td>
</tr>
<tr>
<td><strong>Patient Care</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
</tr>
<tr>
<td>• Takes a detailed patient history and performs appropriate PE for common antenatal OB/GYN problems</td>
<td>• Takes a detailed patient history and performs appropriate PE for common antenatal OB/GYN problems</td>
<td>• Takes a detailed patient history and performs appropriate PE for common antenatal OB/GYN problems</td>
<td>• Takes a detailed patient history and performs appropriate PE for common antenatal OB/GYN problems</td>
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<tr>
<td>• Provides preoperative and intraoperative care for patients with uncomplicated pregnancies</td>
<td>• Provides preoperative and intraoperative care for patients with uncomplicated pregnancies</td>
<td>• Provides preoperative and intraoperative care for patients with uncomplicated pregnancies</td>
<td>• Provides preoperative and intraoperative care for patients with uncomplicated pregnancies</td>
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<tr>
<td>• Provides postoperative care, including pain management and patient education</td>
<td>• Provides postoperative care, including pain management and patient education</td>
<td>• Provides postoperative care, including pain management and patient education</td>
<td>• Provides postoperative care, including pain management and patient education</td>
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<tr>
<td>• Recognizes and addresses factors leading to critical clinical situations in an OB or GYN patient, including OB emergencies and GYN complications</td>
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</tr>
<tr>
<td><strong>Preventive Skills</strong></td>
<td>Performed with <strong>MINIMAL</strong> or <strong>REACTIVE</strong> / <strong>ON-DEMAND</strong> supervision</td>
<td>Performed <strong>AT TIMES</strong> with <strong>MINIMAL</strong> or <strong>REACTIVE</strong> / <strong>ON-DEMAND</strong> supervision, or with <strong>INOUS DIRECT</strong> supervision.</td>
<td>Performed with <strong>DIRECT</strong> or <strong>PROACTIVE</strong> / <strong>FULL</strong> supervision</td>
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<tr>
<td>• Performs basic obstetric skills (e.g., identification of fetal lie, interpretation of fetal heart rate monitoring, and IUGR)</td>
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<tr>
<td>• Demonstrates basic gynecologic principles, basic use of universal precautions and proper technique</td>
<td>• Demonstrates basic gynecologic principles, basic use of universal precautions and proper technique</td>
<td>• Demonstrates basic gynecologic principles, basic use of universal precautions and proper technique</td>
<td>• Demonstrates basic gynecologic principles, basic use of universal precautions and proper technique</td>
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<td>• Demonstrates basic OB and gynecologic skills (e.g., correct identification of fetal lie, correct identification of fetal heart rate monitoring, and IUGR)</td>
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<tr>
<td><strong>Medical Knowledge</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
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<tr>
<td>• Demonstrates basic knowledge of normal OB care and common medical complications seen in pregnancy, and onset and management of uncomplicated OB cases including conduct of normal labor</td>
<td>• Demonstrates basic knowledge of normal OB care and common medical complications seen in pregnancy, and onset and management of uncomplicated OB cases including conduct of normal labor</td>
<td>• Demonstrates basic knowledge of normal OB care and common medical complications seen in pregnancy, and onset and management of uncomplicated OB cases including conduct of normal labor</td>
<td>• Demonstrates basic knowledge of normal OB care and common medical complications seen in pregnancy, and onset and management of uncomplicated OB cases including conduct of normal labor</td>
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<tr>
<td>• Demonstrates basic knowledge of current OTT care including screening, common OTT conditions, and management of uncomplicated postoperative care</td>
<td>• Demonstrates basic knowledge of current OTT care including screening, common OTT conditions, and management of uncomplicated postoperative care</td>
<td>• Demonstrates basic knowledge of current OTT care including screening, common OTT conditions, and management of uncomplicated postoperative care</td>
<td>• Demonstrates basic knowledge of current OTT care including screening, common OTT conditions, and management of uncomplicated postoperative care</td>
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<td>• Demonstrates knowledge of principles of complication</td>
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<td>• Demonstrates knowledge of principles of complication</td>
<td>• Demonstrates knowledge of principles of complication</td>
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<td><strong>Professionalsmanship</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
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<td>• Demonstrates knowledge of ethical principles</td>
<td>• Demonstrates knowledge of ethical principles</td>
<td>• Demonstrates knowledge of ethical principles</td>
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<td>• Identifies and describes potential triggers for professionalism lapses and how to appropriately report professionalism lapses</td>
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<tr>
<td>• Demonstrates an ability to respond to patient complaints and concerns in a respectful and professional manner</td>
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<tr>
<td>• Recognizes an opportunity to improve or learn to improve procedures and techniques to complete tasks and responsibilities</td>
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<tr>
<td><strong>Process-Based Learning and Improvement</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
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<tr>
<td>• Demonstrates how to access and use available evidence and incorporate patient preferences and values to the care of a patient</td>
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<td>• Identifies gaps, areas of improvement, and actual performance</td>
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<td>• Establishes goals for personal and professional development</td>
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<td>• Establishes goals for personal and professional development</td>
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<td><strong>System-Based Practice</strong></td>
<td>Performed or demonstrated <strong>CONSISTENTLY</strong> (95% of time)</td>
<td>Performed or demonstrated <strong>MOST OF THE TIME</strong> (60 – 75% of time)</td>
<td>Performed or demonstrated <strong>INFREQUENTLY</strong> or <strong>INCONSISTENTLY</strong> (60% of time)</td>
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<td>• Demonstrates knowledge of common patient safety events</td>
<td>• Demonstrates knowledge of common patient safety events</td>
<td>• Demonstrates knowledge of common patient safety events</td>
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<td>• Demonstrates knowledge of care coordination</td>
<td>• Demonstrates knowledge of care coordination</td>
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<td>• Identifies key elements for safe and effective transitions of care and hand-offs</td>
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<td>• Identifies key elements for safe and effective transitions of care and hand-offs</td>
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<td>• Demonstrates knowledge of consumer and regulatory health and safety</td>
<td>• Demonstrates knowledge of consumer and regulatory health and safety</td>
<td>• Demonstrates knowledge of consumer and regulatory health and safety</td>
<td>• Demonstrates knowledge of consumer and regulatory health and safety</td>
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<td>• Demonstrates knowledge of how to report common patient safety events</td>
<td>• Demonstrates knowledge of how to report common patient safety events</td>
<td>• Demonstrates knowledge of how to report common patient safety events</td>
<td>• Demonstrates knowledge of how to report common patient safety events</td>
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<td>• Demonstrates knowledge of basic care protocols and emerging trends</td>
<td>• Demonstrates knowledge of basic care protocols and emerging trends</td>
<td>• Demonstrates knowledge of basic care protocols and emerging trends</td>
<td>• Demonstrates knowledge of basic care protocols and emerging trends</td>
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<td>• Identifies key components of the complex health care system (e.g., hospitals, HMOs, finance, personnel, etc.)</td>
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