

**Internal Medicine  
Structured Evaluative Letter for Residency Program (IM SEL)**

**Applicant Name:**

**AAMC ID:**

**Institution:**

**Primary Evaluator Name:**

**Secondary Evaluator Name(s):**

**Primary Evaluator contact information:** email address and office phone.

**Primary Evaluator Information:** Indicate how long applicant is known by evaluator and nature of contact with applicant (advisor, direct observation, indirect/via evaluations, etc.).

**Evaluation Details:** For evaluations included in preparation of the letter, indicate all settings where the evaluations took place. Indicate all types of observers whose evaluations were used in preparation of the letter.

**Description of key Internal Medicine rotations:**

**Core Medicine Clerkship**

Duration:

Settings of student participation:

Student roles and responsibilities: include patient load, test ordering, note writing, handoffs, call responsibilities.

Grading policies: include the contributing percentage of each component and whether there is a cut-off score on shelf exam to achieve honors.

Graphic representation of student's final grade and actual performance on individual components with distribution of scoring.

Focused narrative description of performance: do not repeat verbatim comments from the MSPE; do not include content that is accessible in other documents (USMLE scores, summary of curriculum vitae). Should include information to contextualize grades, such as if student completed clerkship early in clinical year or if there were special circumstances surrounding performance. (200 words or less)

**Sub-Internship**

Duration:

Settings of student participation:

Student roles and responsibilities: include patient load, test ordering, note writing, handoffs, call responsibilities.

Grading policies: include the contributing percentage of each component and whether there is a cut-off score on shelf exam to achieve honors.

Graphic representation of student's final grade and actual performance on individual components with distribution of scoring.

Focused narrative description of performance: do not repeat verbatim comments from the MSPE; do not

include content that is accessible in other documents (USMLE scores, summary of curriculum vitae). Should include information to contextualize grades, such as any special circumstances surrounding performance. (200 words or less)

**COVID-Specific Details (if applicable):**

Please comment if there were interruptions in the clerkships related to COVID: for example, were students completely removed from learning activities; were they placed on virtual electives; were they placed on virtual clinical rotations; were they on in-person rotations; and what were adjusted roles and responsibilities, as well as how grading changed for each phase.

1. During
2. After reintegration

**Qualifications for IM<sup>i</sup>:** Utilizing ACMGE Internal Medicine Milestones 2.0 subcompetencies<sup>ii</sup>

1. **Patient Care** (Adapted from Milestones 2.0 PC1, 2, 3, 4, 5)

**Select the highest level the learner most consistently reached in each of the setting(s). Remove any setting not applicable to the student.**

a. Outpatient setting

i. **Low complexity patients with common acute or chronic conditions:**

- Learner accurately recited observations.
- Inclusive of above; learner reported a hypothesis-driven history and physical and provided an appropriately prioritized differential diagnosis.
- Inclusive of above and learner developed appropriate treatment plans (including further diagnostic studies and recognition of need for additional guidance in patient care).

ii. **High complexity patients with multiple chronic conditions or urgent/emergency conditions in the setting of chronic comorbidities:**

- Learner accurately reported observations.
- Inclusive of above; learner reported a hypothesis-driven history and physical and provided an appropriately prioritized differential diagnosis.
- Inclusive of above and learner developed appropriate treatment plans (including further diagnostic studies and recognition of need for additional guidance in patient care).

b. Ward setting

i. **Low complexity patients with a common or single complaint:**

- Learner accurately recited observations.
- Inclusive of above; learner reported a hypothesis-driven history and physical and provided an appropriately prioritized differential diagnosis.
- Inclusive of above and learner developed appropriate treatment plans (including further diagnostic studies and recognition of additional guidance needed in patient care).

ii. **High complexity patients with multisystem disease and comorbid conditions:**

- Learner accurately reported observations.

- Inclusive of above; learner reported a hypothesis-driven history and physical and provided an appropriately prioritized differential diagnosis.
- Inclusive of above and learner developed appropriate treatment plans (including further diagnostic studies and recognition of need for additional guidance in patient care).

c. Critical care setting

i. **Patients with critical care needs:**

- Learner accurately recited observations.
- Inclusive of above; learner reported a hypothesis-driven history and physical and provided an appropriately prioritized differential diagnosis.
- Inclusive of above and learner developed appropriate treatment plans (including further diagnostic studies and recognition of need for additional guidance in patient care).

2. **Teamwork/Accountability**

a. How often did the learner perform patient care responsibilities requested by the team?

(Milestones 2.0 PROF 3 – Level 1)

- Always without prompting     Usually without prompting     Sometimes without prompting  
 Rarely without prompting     Not assessed

b. How often did the learner perform administrative tasks in a timely manner?

(Milestones 2.0 PROF 3 – Level 2)

- Always without prompting     Usually without prompting     Sometimes without prompting  
 Rarely without prompting     Not assessed

3. **Communication**

a. How often did the learner use language and non-verbal behavior to establish rapport and ensure patient and caregiver comfort? (Adapted from Milestones 2.0 ICS 1 – Level 1)

- Always     Usually     Sometimes     Rarely     Not assessed

b. How often did the learner use language and non-verbal behavior to effectively communicate ailments and treatment plans to patients and caregivers?

- Always     Usually     Sometimes     Rarely     Not assessed

c. How often did the learner use verbal and non-verbal communication that values all members of the healthcare team? (Adapted from Milestones 2.0 ICS 2 – Level 1)

- Always     Usually     Sometimes     Rarely     Not assessed

d. How often did the learner engage in shared decision making with consideration of patient values and psychosocial determinants? (Adapted from Milestones 2.0 SBP3 – Level 1)

- Always     Usually     Sometimes     Rarely     Not assessed

4. **Commitment to personal growth**

a. How often did the learner demonstrate openness to performance data (feedback and other input) to inform personal and professional goals? (Adapted from Milestones 2.0 PBLI 2 - Level 2)

- Always     Usually     Sometimes     Rarely     Not assessed

- b. How often did the learner accept responsibility for personal and professional development by establishing goals and identifying gaps between ideal and actual performance? (Milestones 2.0 PBLI 2 – Level 1)
- Always       Usually       Sometimes       Rarely       Not assessed

**Written Comments:** Overall assessment of applicant as candidate for residency in internal medicine. Include information to contextualize any rankings above or discrepancies between overall MSPE class rank and performance in IM-specific activities. Any relevant non-cognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, commitment to service, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. Can include comments regarding specific interests or types of environment(s) in which student thrives. (250 words or less)

#### **APPENDIX A. Statement of Letter Preparation**

Provide written statement that includes the following information: letter author, letter approver/signatory, acknowledgement that letter was written in accordance with the revised *2021 AAIM Guidelines for the Department of Medicine Structured Evaluative Letter*<sup>iii</sup>. Include description of data the content was based upon. Clarify student request for the letter and whether student has or has not waived right to review letter.

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<sup>i</sup> Rankings are derived from clinical evaluations and comments from faculty and residents from the student's Internal Medicine rotations (including the Internal Medicine Core Clerkship and MS4 Acting Sub-Internships or sub-specialty electives if available) and consensus agreement of a residency advising committee on personal interactions with and assessment of this student

<sup>ii</sup> American College of Graduate Medical Education. Milestones. <https://www.acgme.org/Portals/0/PDFs/Milestones/InternalMedicineMilestones2.0.pdf>. Accessed May 6, 2021.

<sup>iii</sup> Pending