Internal Medicine
Structured Evaluative Letter for Residency Program

Applicant Name: _____ **AAMC ID:** _____

Institution: _____

Primary Evaluator Name: _____

Secondary Evaluator Name(s): _____

Primary evaluator contact information: _____

A. Primary Evaluator Information

1. How long have you known the applicant? _____
2. Nature of contact with applicant: (Check all that apply)
   - ◯ Residency Advisor
   - ◯ Direct observation of patient care
   - ◯ Direct observation in extramural settings (e.g. learning communities, informal groups)
   - ◯ Direct observation during didactics, small groups, simulations
   - ◯ Indirect through others / evaluations
   - ◯ Other _____

B. Evaluation Details

1. Student evaluations included in this letter are from these settings: (check all that apply)
   - ◯ Inpatient
   - ◯ Outpatient
   - ◯ Critical Care Unit
   - ◯ Classroom
   - ◯ Other _____

2. Student evaluations included in this letter were obtained from these observers: (check all that apply)
   - ◯ Faculty
   - ◯ Residents
   - ◯ Interprofessional team members (nurses, advanced practice practitioners, therapists, etc.)
   - ◯ Patients
   - ◯ Other _____

C. Core Medicine Clerkship

1. Duration and Setting: The UT Southwestern Internal Medicine Core Clerkship is an 8-week rotation. The schedule includes a 4-week rotation on a general medicine wards service at Clements University Hospital, Texas Health Presbyterian Hospital, Methodist Dallas Medical Center, or the Dallas VA Medical Center. Students also complete a 4-week rotation on a general medicine wards teaching service or an attending-only hospitalist service at Parkland Memorial Hospital (a high-volume county hospital).

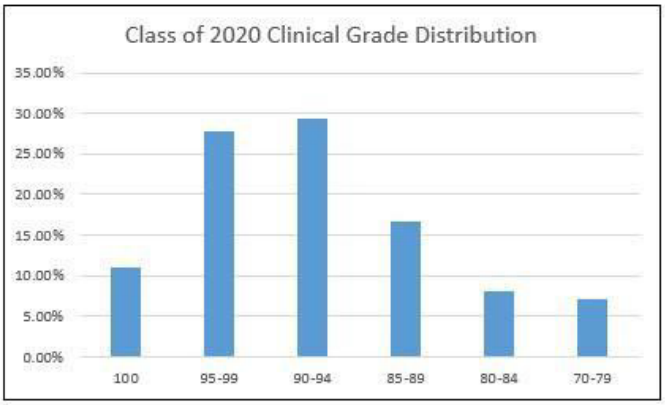
2. Student roles and responsibilities: If on teaching service, students take call with housestaff and admit one to two patients per call cycle. Students take new admissions daily on attending-only hospitalist teams. For each patient they admit, they are required to complete an H&P and submit on EMR, write subsequent daily progress notes and complete oral presentations on rounds. Students are encouraged but are not required to write orders and complete discharge summaries. The average daily census per student is 2 to 4 patients.

3. Student's grades for the rotation: (include a chart with the final grade and separate components)

Final Grade	-------
Clinical Grade	-------
NBME Subject Exam	-------
Clinical Reasoning OSCE	-------

4. Core Clerkship Grading Criteria
   - Clinical ward grade based on clinical competency on the RIME scheme, professionalism and communication as documented during conversations with clerkship directors on workplace-based assessments by faculty and residents. (60%)
   - History and Physical Assignment and Team Oriented Teaching Sessions. (10%)
   - NBME Internal Medicine Subject Examination - minimum passing score 59, no cutoff for Honors. (30%)
   - Average number of evaluations used to calculate final grade per student is 5.

5. Grade Distribution:



6. Written comments: Should include information to contextualize grades, such as if student completed clerkship early in clinical year or if there were special circumstances surrounding performance. Can include condensed representative evaluation comments NOT included in MSPE. (200 words or less)

D. Acting Intern Rotation

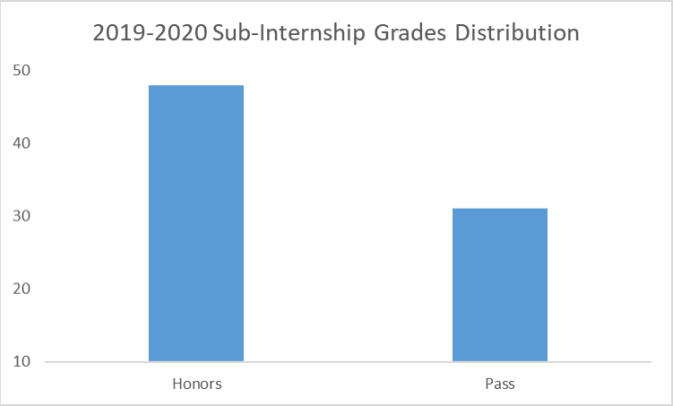
1. Duration and setting: The UT Southwestern Internal Medicine Sub-internship is a 4-week rotation. Students rotate at one site for the duration of the 4-weeks: a general medicine wards service at Parkland Memorial Hospital, Clements University Hospital, or the Dallas VA Medical Center; or an attending-only hospitalist service at Parkland Hospital or Clements University Hospital.

2. Student roles and responsibilities: If on teaching service, students take call with housestaff and admit two to three patients per call cycle. Students take new admissions daily on attending-only hospitalist teams. For each patient they admit, they are required to complete an H&P and submit on EMR, enter orders, write subsequent daily progress notes, complete oral presentations on rounds and write discharge summaries for all patients on their census. The average daily census per student is 3 to 5 patients.

3. Student's grade for the rotation:

4. Acting Internship Grading Criteria
   - Performance on competency-based workplace assessments by faculty on Entrustable Professional Activities 1-9.
   - Average number of evaluations used to calculate final grade is 2.

5. Grade Distribution of Final Grade



6. Written comments: Should include information to contextualize grades, such as any special circumstances surrounding performance. Can include condensed representative evaluation comments NOT included in MSPE. (200 words or less)

E. Qualifications for IM[1]**:** *Utilizes ACGME Internal Medicine Milestone 2.0 sub-competencies for assessment descriptions*[2]

1. **Patient Care** (Adapted from Milestones 2.0 PC 1, 2, 3, 4, 5)
Select the highest level the learner <u>most consistently reached</u> in each of the settings(s). Remove any setting not applicable to this student.

[1] 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.

[2] American College of Graduate Medical Education. Milestones. https://www.acgme.org/Portals/0/PDFs/Milestones/InternalMedicineMilestones2.0.pdf. Accessed May 6, 2021.

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 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).

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 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).

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 needed to contextualize any rankings above or discrepancies between overall MSPE class rank and performance in IM-specific courses. 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 areas of interest or types of environment(s) in which student thrives. (250 words or less)

APPENDICES

APPENDIX A. Statement of Letter Preparation

This letter of evaluation was prepared upon request of the student in support of an application to your residency program. The student has waived their right to review this letter under the Family Educational Rights and Privacy Act (FERPA). The letter was written in accordance with the revised 2021 *AAIM Guidelines for Department of Medicine Structured Evaluative Letters*[3], composed by the student's primary advisor. The content of the letter is derived from clinical evaluations and

3 Alliance of Academic Internal Medicine. AAIM Guidelines for Internal Medicine Structured Evaluative Letter. https://www.im.org/resources/ume-gme-program-resources/resources-guidelines-im-sel

comments from faculty and residents from the student's Internal Medicine rotations (including the Internal Medicine Core Clerkship and MS4 Internal Medicine Sub-Internship or sub-specialty electives if available), their performance on the NBME Medicine Subject Examination/NBOME COMAT Subject Examination, and personal interactions with and assessment of this student. The letter is reviewed by the co-chairs of the Residency Advising Committee, Dr. Reeni Abraham and Dr. Stephanie Brinker, and the Chair of Medicine, Dr. Tommy Wang. Template created by Dr. Sarah Collins, UT Southwestern Clinical Instructor.