# FAQS AND INSTRUCTIONS FOR THE GYNECOLOGIC ONCOLOGY STANDARD LETTER OF EVALUATION

## What is a Standardized Letter of Evaluation (SLOE)?

It is a standardized format for evaluating candidates for graduate medical education training programs. A SLOE performs better at explaining why a person is qualified for a position, it is more time efficient to write for letter writers and more time efficient to review for programs, and standardizes assessment of competencies critical for successful clinical performance.

## Is the SLOE a new idea?

Beginning in the 1990s, Emergency Medicine pioneered the concept in clinical medicine and has undergone an iterative process to update their SLOE over time to keep with the changing landscape in medical education and training. Numerous other training programs now utilize SLOE. We plan to follow the same process for GYN Oncology with updates and data for programs as it becomes available and/or is needed for continual process improvement

## How is the SLOE helpful?

The SLOE provides a standardized layout and comparison among candidates. It standardizes the credentials of the letter writer, their level of involvement with the candidate and which settings inform the evaluation. The SLOE also eliminates reiteration of credentials from the CV or that can be found in other locations in ERAS or the application packet.

## Who should use the SLOE?

Our recommendation for the 2021-2022 application cycle is that each program request 1 SLOE from each candidate. This will help in candidate comparison as well as the iterative process for improving the SLOE for GYN Oncology moving forward.

## How was the comparison table developed?

Categories were selected to encompass key aspects of the ACGME Core Competencies that are crucial for success in GYN Oncology fellowships. They were adjusted based on input from GYN Oncology program directors from the SGO PD Network. They also represent qualities that are crucial for success in a GYN Oncology fellowship, yet may be difficult to ascertain from a traditional letter of recommendation.

a. Operative skills �к Patient Care (PC)
b. Demonstration of clinical knowledge �к Medical Knowledge (MK)
c. Leadership of the GYN Oncology service �к Practice-based Learning and Improvement (PBLI)
d. Ability to work in interdisciplinary teams �к Interpersonal and Communication Skills (ICS), Professionalism (PROF)
e. Research experience �к PBLI
f. Teaching capabilities �к MK, ICS
g. Interactions with non-physicians �к Systems-based Practice (SBP), PROF
h. Organization of presentations ➔ MK, PBLI, ICS

## Won't everyone just mark every candidate as exceptional?

This has not been a phenomenon found with the SLOE in other specialties and we discourage it with the GYN Oncology SLOE. Within the last 5 years of match data published by the NRMP, the applicant match rate for GYN Oncology is between 65-69% every year with only 1-3 unfilled positions in any one year. We would anticipate that the majority of candidates will be in the Target category with only 10-15% of candidates being rated in the Outstanding or Exceptional categories. These selections will be monitored and adjusted for optimal use by programs and candidates in coming years.

## Given the prompts are to compare the candidate against peers at the same program, won't there be significant issues with inter-rater reliability between programs and introduce subjectivity?

Indeed, there will always be some subjectivity to the evaluation and recommendation process. In the current system, subjectivity is maximized as standard letter writers

can choose which applicant attributes to highlight and which ones to ignore commenting on completely. The SLOE prompts comment on all important aspects of the ACGME Core Competencies critical for successful GYN Oncology fellowship training. As for the differences in evaluators between institutions, a program has always had to make an assessment regarding the entire candidate portfolio – which includes prior training programs. The SLOE allows for a more transparent assessment of how prior training may factor into interview invitation and rank list submission.

## Who will be at a disadvantage by the SLOE?

The goal with the use of the SLOE is to identify excellent fellowship candidates, both those with a traditional as well as those with a nontraditional portfolio. Great candidates who have a more traditional application portfolio will be easier to identify. Great candidates who have a less traditional portfolio will be easier to identify. These are advantages for all candidates and all programs. Concerns have been raised about bias against both traditional and nontraditional applicants for different reasons. Biases are

not meant to be created nor adjudicated by the SLOE – but rather allow for information critical for candidate evaluation and program assessment to be more easily accessible.

## Recommendations (adapted from the CORDEM eSLOE website)

For the SLOE writers:

- Download the GYN Oncology SLOE
- Answer all of the items
- Accurately assess the candidate. Most candidates who match should fall under the *Target* category.
- Personalize the SLOE using the comment section at the end
- Upload to the ERAS site like a traditional letter of recommendation
- DO NOT reiterate factoids from the CV or other parts of the ERAS application UNLESS as supporting evidence for an assertion about the candidate
- DO NOT submit any appended documents
- DO NOT alter the SLOE