

# Association of Anesthesiology Subspecialty Program Directors

## Core Program Director Standardized Letter of Evaluation

### I. Background Information

Applicant's Name: \_\_\_\_\_ Applicant AAMC#: \_\_\_\_\_

#### Reference Provided By:

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Institution/Dept. \_\_\_\_\_

Email \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

**Has the applicant waived the right to view this letter of evaluation under the Family Educational Rights and Privacy Act (FERPA)?**  Yes  No

#### How long have you known the applicant?

- 1-6 months  7-12 months  1-2 years  
 3-5 years  More than 5 years

#### Basis of evaluation/Nature and amount of personal contact with the applicant (check all that apply):

- Program Director Role (with access to faculty and other evaluations and assessments)  
 Clinical supervision. Location of clinical contact: \_\_\_\_\_  
 Interaction outside of the clinical environment (e.g. research, scholarly project, quality improvement)  
Location/nature of non-clinical contact: \_\_\_\_\_  
 Other (Please specify): \_\_\_\_\_

#### Amount of time personally spent with applicant

- Moderate to extensive contact (> 20 hours)  
 Occasional contact (<20 hours)  
 Minimal personal contact  
 Evaluation is based primarily on evaluations and feedback from others (e.g. faculty clinical supervisors)

II. **Assessments** Below, please provide a comparison of the applicant to what would be expected of a typical anesthesiology resident at the same level of training

**ACGME Core Competencies**

	<b>Exceptional</b> (top 5% of peers)	<b>Excellent</b> (top 20% of peers)	<b>Good</b> (above level of peers)	<b>Satisfactory</b> (at level of peers)	<b>Fair</b> (below level of peers)	<b>Unable to assess</b>
<b>Patient Care</b> (progress in achieving independent practice skills, mastery of clinical management, and technical/procedural skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Knowledge Base</b> (as assessed by supervisors, rather than exams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal/Communication skills</b> (Effectiveness of interactions with patients, families and health care workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> (e.g. timeliness of required tasks, punctuality, peer/staff interactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Practice-Based Learning and Improvement</b> (investigates/evaluates patient care, assimilates scientific data & demonstrates commitment to practice improvement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Systems-Based Practice</b> (awareness of the health care systems and ability to provide high-quality, cost-effective medical care in the context of these systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Assessments**

	<b>Exceptional</b> (top 5% of peers)	<b>Excellent</b> (top 20% of peers)	<b>Good</b> (above level of peers)	<b>Satisfactory</b> (at level of peers)	<b>Fair</b> (below level of peers)	<b>Unable to assess</b>
<b>Critical thinking/judgment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Ethic:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional Intelligence</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you had an open faculty position, would you hire this applicant into your practice?**

<b>Unlikely</b> <input type="checkbox"/>	<b>Possibly</b> <input type="checkbox"/>	<b>Yes, assuming development/growth continues as expected</b> <input type="checkbox"/>	<b>Without a doubt/would offer a position today</b> <input type="checkbox"/>
---	---	---	---

**What is your prediction of overall success for this applicant in fellowship?**

<b>Exceptional</b>	<b>Excellent</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Fair</b>	<b>Unable to assess</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. Summary Assessment/ Written Comments

Please provide any additional comments in the space below. Specifically, please elaborate or clarify any low rankings in any of the areas listed above. Also include comments on anything that you feel is important about this applicant that may not be adequately conveyed in the applicant's record (Please limit to less than 300 words).

Yes  No For interested programs, would you like to be contacted directly for any additional information on this applicant or to clarify any aspect of this evaluation?

Sign by typing name here: \_\_\_\_\_ Date \_\_\_\_\_