FREQUENTLY ASKED QUESTIONS: FOR THE WRITER

What is a SLOE?

The SLOE, or standard letter of evaluation, is an instrument used to evaluate the applicant’s candidacy for Maternal Fetal Medicine (MFM) fellowship. This evaluation tool uses the ACGME competencies as the framework for a more holistic review of the candidate.

The SLOE is not a letter of recommendation. This instrument is designed to be an honest assessment of the applicant’s skills – similar to an end of rotation evaluation. This is not a letter of recommendation – but a place to accurately describe the applicant.

Why use a SLOE?

The goal of the SLOE is to reduce bias by ensuring that all applicants are assessed using a standard set of questions. Multiple studies have shown there is a huge degree of bias in the traditional letter of recommendation. The SLOE, however, has been shown to reduce this bias in other specialties. Additionally, the SLOE is a tool that will limit that variation and lack of standardization found within traditional letters of recommendation, with the goal of leveling the playing field.

Who should complete the SLOE?

For applicants coming straight from training, an OBGYN residency director is the recommended person to complete the SLOE. These individuals have been using the SLOE as part of the residency application process and are thus familiar with it.

For individuals who have taken time between residency and fellowship, a division director or direct supervisor would be an appropriate person to complete the SLOE.

The SLOE can be completed by a group or an individual. However, this person/people should complete the SLOE based on either direct observation of the applicant OR composite evaluations based on the knowledge of the applicant’s performance. For most MFM applicants, this will be the latter.

Because the OBGYN program directors have experience with the SLOE, it is recommended that they complete the SLOE over an MFM specialist who you worked directly with.
When should a SLOE be completed?
If the SLOE writer is writing based off direct observation, then it should be completed as close to the experience as possible. However, if you are a supervisor or PD completing the SLOE, then timing should be the same as any other letter of recommendation for MFM fellowship.

What information is needed to complete the SLOE?
If the SLOE writer is filled out by a group or individual who directly observe the applicant, then no further information is needed.

However, for an individual or group writing a composite SLOE, they should have access to performance evaluations from multiple sources (including some relating to obstetric performance) and information regarding other experiences that might have impacted the applicants desire to apply for MFM fellowship.

What are the SLOE components?
The SLOE is designed to help both the letter writer and reader ascertain the qualities of the applicant. Understanding the aspects of the SLOE will help facilitate with that process.

- Competency assessment rubric: these competencies align with the ACGME competency domains for OBGYN residency and MFM fellowship. For each of the competencies, the SLOE writer should check the box that ‘best’ aligns with the applicant’s level of functioning at the time of completion: Exceptional, outstanding, very good, good, and not observed.
  o Most applicants will fall under the **Outstanding** in most categories – ie functioning above the expected level for this time in training / career.
  o Because all applicants will have strengths and areas for growth, the SLOE is most useful when ratings reflect this (in other words, applicants should not be ‘exceptional’ in every category unless this truly accurately reflects that applicant)
  o Specific comments and examples are strongly recommended but should be brief.
- Greatest strength
  o There is a 100 word limit here
  o This may be something that impresses you as the letter writer or something that distinguishes the applicant most from others.
- Narrative
  o In 250 words or less, comment on 1-2 strengths / unique aspects of the applicant
  o Do not restate the CV
  o This a place to highlighting things that are not evident in the application such as Resiliency/adaptability/life experiences and/or Clear vision/goals within MFM

Is it ok to not choose “Best in 5 years” for every category?
Yes! Please be honest. This is meant to be very honest of the applicants’ strengths and areas for potential growth. We know from the OBGYN residency SLOE, this document is NOT helpful if you only choose “Best in 5 years” for every category as this is not a true reflection of the candidate. Remember, at its core, the SLOE is an evaluation not a recommendation.