

**From:** Geoffrey Young [<mailto:gyoung@aamc.org>]

**Sent:** Wednesday, July 19, 2017 1:17 PM

**Subject:** RE:[gsalist] Orthopedics SVI - Update

Dear colleagues,

The Organization of **Otolaryngology** Program Directors (OPDO) provided an update yesterday morning to AAMC staff. The update confirms the information I sent yesterday. The following language is in this year's ERAS application cycle:

*Application to Otolaryngology residency recommends the completion of a program-specific paragraph at the conclusion of your Personal Statement, aimed at giving you the opportunity to communicate your interest to individual programs. The following programs require this paragraph: Wake Forest*

*In addition, part of the application process this year is a telephone-based assessment, in which you will be asked a series of questions with your responses recorded. This is a pilot program of the American Board of Otolaryngology, and we strongly recommend you complete it, as it will be released to your program for use after the match. The assessment takes approximately 60 minutes. Please go to the link below for more detailed instructions and to participate in the assessment.*

I also received today the attachment about **Ophthalmology** from a GSA colleague. Ophthalmology is also piloting a new Standardized Letter of Reference this year. Again, please see attached documentation.

Best regards,

Geoff

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## Ophthalmology Residency Standardized Letter of Reference

### **Background**

The AUPO has approved a three-year pilot project to evaluate the use of a standardized letter of reference.

Letter writers have the option to complete this Standardized Letter of Reference for students/graduates applying to the PGY-2 Ophthalmology Residency Match as an alternative to providing a formal reference letter.

### **Instructions:**

Complete print and sign the form.

Next determine delivery method:

**Option 1:** Send the completed and signed form to the applicant's medical school Student Affairs office so that the responsible party can upload the document directly into the applicant's SF Match account.

**Option 2:** Place this completed and signed form in a sealed envelope, sign across the seal and give it to the applicant so s/he can mail this Standard Letter of Reference to SF Match's Central Application Service office at:

SF Match/CAS  
655 Beach Street  
San Francisco, CA 94109

This form can be found in editable .pdf format at:

[http://www.sfmatch.org/PDFFilesDisplay/OPHTHR\\_StandardizedLOR.pdf](http://www.sfmatch.org/PDFFilesDisplay/OPHTHR_StandardizedLOR.pdf)

Please contact SF Match if you have questions/comments.

Sincerely,

SF Match

Phone: 415-447-0350

Fax: 415-561-8535

Email: [help@sfmatch.org](mailto:help@sfmatch.org)

## OPHTHALMOLOGY STANDARDIZED LETTER OF EVALUATION

Applicant's Name:

Medical School:

SF Match ID:

Your Name:

Your Signature: \_\_\_\_\_

Your Email:

Your Telephone Number:

This applicant waived his/her right to view this standardized letter.

Yes     No

1. Compared to other candidates you have worked with in your career, this candidate is in the:  
Top 1%    Top 5%    Top 10%    Top 20%    Top 50%    Other: \_\_\_\_\_
2. Your Present Position (choose one):
  - Ophthalmology Department Chair
  - Ophthalmology Program Director
  - Ophthalmology Assistant Program Director
  - Ophthalmology Faculty
  - Non- ophthalmology Faculty (Specialty: \_\_\_\_\_)
  - Private Practice Physician
3. How long have you known the applicant? \_\_\_\_\_ years.
4. Nature of contact with the applicant:
  - Know indirectly through others/evaluations
  - Contact in Clinic and/or Operating Room
  - Contact through research projects
5. Estimate how many days you spent with the applicant: \_\_\_\_\_ days.
6. What was the applicant's grade in Ophthalmology on your service?
  - Honors
  - Pass
  - Fail
  - N/A
  - Other: \_\_\_\_\_

7. Compare the applicant to other applicants for each statement:

Commitment to ophthalmology and passion/enthusiasm for the field.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Work ethic, willingness to assume responsibility.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Grasp of ophthalmologic exam skills and findings.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Level of curiosity and asking appropriate questions.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Works well with peers and coworkers.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Ability to communicate a caring nature to patients.	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

How highly would you estimate the candidate will reside on your institution's rank list?	Top (Top 1/10)	Above Peers (Top 1/3)	At Level of (Middle 1/3)	Below Peers (Lower 1/3)	Cannot Assess

Please indicate applicant's greatest strength and include any additional comments in space below (200 word limit)