

PM&R Standardized Letter of Evaluation

A. Demographic Data

Applicant Name

Applicant Name

ERAS Letter ID

123456

Applicant AAMC ID

123456

Evaluator(s) Name, Title(s)

Please list all

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There is an open form field here to list names and titles of all evaluators.

Evaluator Institution

Institution Name

B. Background Information

How long have you known the applicant?

Length

Did this candidate rotate in your clinical site?

Yes

Start Date of Rotation

01/24/2025

End Date of Rotation

07/24/2025

Nature of contact with applicant (check all that apply):

- Know indirectly through others/evaluations
- Direct observation in clinical care
- Occasional observation in clinical care
- Advisor/Mentor
- Other (explain)

If you selected Other, please explain here

Explanation

Describe the clinical care site(s) the applicant rotated in:

- Inpatient rehabilitation
- Outpatient clinic
- Consult service
- LTAC or SNF
- Other (explain)

If you selected Other, please explain here

Explanation

Please provide us with information about your institution, rotation requirements, and how many sites are involved in this rotation. Additional information about procedural volume, common patient populations, and physiatric subspecialty services the applicant worked with is helpful. Lastly, please include any special circumstances encountered by the applicant during this rotation.

Detailed information up to 350 words.

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LIMIT 350 words or less

If known, please describe the grading scheme for the rotation that this student completed?

If unknown or if reviewer works only intermittently with students, you may skip this section and proceed to Evaluation of Applicant Section.

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H/HP/P/F

Number of students expected to rotate in this institution this year:

In the above section select H/HP/P/F; H/P/F; P/F; A/B/C/D/F'; Other; or, NA for the grading scheme; then enter the number of students here.

Indicate what percent % of students on this rotation received the following grades last academic year

Other

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Grades from each category should add up to 100%

Other (please explain)

Form fields populate based on your selection above. Input the percentages for each category to total 100%.

C. Evaluation of Applicant - Readiness for PM&R Residency

The following questions are a criterion-referenced assessment, meaning it pertains to the applicant's overall competency compared to a set metric, which in this case, is **readiness to begin a physical medicine and rehabilitation residency program**.

As defined by the American Association of Medical Colleges, an entrustable activity is defined as a discrete task or responsibility that an intern can complete without direct supervision on the first day of residency (PGY-1). **Please note: THIS IS NOT A COMPARISON TO PEERS.**

Please indicate where the applicant stands in terms of readiness for residency (PGY-1):

Ability to perform a history and physical exam

Fully entrustable

Ability to generate differential diagnoses

Fully entrustable

Ability to formulate a plan

Fully entrustable

Ability to effectively present the history, examination, differential diagnoses, and plan

Fully entrustable

Ability to recognize and manage urgent or emergent situations, such as hypotension, shortness of breath, chest pain, or acute mental status change

Fully entrustable

Ability to seek guidance and take direction during clinical encounters and/or procedures

Fully entrustable

Ability to effectively communicate with other care team members, including office staff, nurses, therapists (PT, OT, and SLP), case management, social work, or other physician(s)

Fully entrustable

Ability to establish effective relationships with patients during clinical encounters

Fully entrustable

D. Evaluation of Applicant - Personal Characteristics

Please rate the applicant in the following areas using the 1-5 rating scale, where: 5 = best candidate

this year, and 1 = minimally acceptable for residency, or mark if not acceptable for a residency.

NOTE: If you select “5”, “1”, or “Not acceptable for a PM&R Residency”, please discuss this in your narrative feedback in Section F.

Interpersonal and communication skills with patients and family members, including people with disabilities

5 - Exceptional candidate

Interpersonal and communication skills with multi-disciplinary team members

5 - Exceptional candidate

Interpersonal and communication skills with other trainees and faculty

5 - Exceptional candidate

Compassion, sensitivity, and respect towards patients and family members, including people with disabilities

5 - Exceptional candidate

Receptivity to feedback and ability to incorporate feedback

5 - Exceptional candidate

Dependability, initiative, and work ethic

5 - Exceptional candidate

Punctuality, attendance, and preparation for patient care duties

5 - Exceptional candidate

Timeliness and responsiveness in completing administrative tasks

5 - Exceptional candidate

Would you like to work with this person in the future?

5 - Definitely

E. Evaluation of Applicant - Anticipated Guidance

Compared to his/her/their peers, how much guidance do you anticipate this applicant will require to become clinically proficient and meet PM&R residency graduation requirements?

Minimal: will excel with just a little guidance and support

F. Written Comments About Applicant

Please concisely summarize this applicant's overall candidacy, providing detail on strengths, explaining growth opportunities or lower ratings from above, and highlighting anything else you feel faculty reviewers should know about this applicant.

Comments up to 350 words.

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LIMIT 350 words or less

G. Attestation and Electronic Signature

The applicant has waived their right to see this letter

Yes

Date

07/24/2025

Signature

signature