AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

AAIM Recommendations for the 2020-2021 Internal Medicine Residency Application Cycle in Response to the COVID-19 Pandemic

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ABSTRACT

This statement was released in June 2020 by the Alliance for Academic Internal Medicine to provide guidance for the 2020-2021 residency application cycle in light of the COVID-19 pandemic. While many of the recommendations are specific to this cycle, others, such as the Department Summary Letter of Evaluation, are meant to be an enduring change to the internal medicine residency application process. AAIM realizes that some schools may not yet have the tools or resources to implement the template fully this cycle and look toward collaboration within the internal medicine education community to facilitate adoption in the cycles to come.

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INTRODUCTION
The Alliance for Academic Internal Medicine (AAIM) empowers academic internal medicine professionals and enhances health care through professional development, research, and advocacy. Through the Administrators of Internal Medicine, the Association of Program Directors (APDIM), the Association of Professors of Medicine, the Association of Specialty Professors, and Clerkship Directors in Internal Medicine (CDIM), the Alliance includes more than 11,000 faculty and staff in departments of internal medicine at medical schools and teaching hospitals, representing the entire continuum of medical education from medical student to practicing physician. As such, AAIM has a stake in enhancing and fortifying the medical education continuum. A work group of CDIM (undergraduate education) and APDIM (residency education) leaders collaborated to develop this document to address key issues affecting applicants and training programs during the 2020-2021 application cycle. In these challenging times of coronavirus disease 2019 (COVID-19), we offer specific recommendations to guide the internal medicine education community during the upcoming interview season.

Given the recent recommendations by the Association of American Medical Colleges (AAMC), the National Resident Matching Program (NRMP), and the Coalition of Physician Accountability, we recognize the urgent need to provide guidance for the upcoming recruitment cycle. Thus, we developed the recommendations below, incorporating key principles of our mission as medical educators in internal medicine:

1) We value the health and safety of our learners and programs as well as of the patients and communities they serve.
2) We aim to create an equitable application process for students and programs, recognizing the unique circumstances in internal medicine that make this challenging. Our community is diverse, and balancing the individual needs of students, along with varied program characteristics, is complex.
3) We selected areas that are within our scope of control and focus on providing guidance and highlighting flexibility within the current official policy developed by the Electronic Residency Application Service (ERAS; AAMC), NRMP, the Educational Commission for Foreign Medical Graduates, and other regulatory agencies.

We share the same goals as the overall medical education community: reducing unwarranted confusion, stress, and inequity for our students, our programs, and their directors and teams, while ensuring a successful internal medicine match despite the expected impacts of COVID-19. We realize there are no perfect solutions and no process will address all stakeholders’ needs. As such, AAIM developed these consensus recommendations to best represent the professional values of our internal medicine community. This document provides guidance based on currently available information.

PERSPECTIVES VIEWPOINTS
In light of COVID-19, AAIM offers specific recommendations to guide the internal medicine education community during the upcoming interview season:
- Limit away rotations.
- Conduct virtual interviews.
- Adopt a standardized Department Summary Letter of Evaluation.
- Adjust requirements for Letters of Recommendation.
- Reflect challenges related to acquiring fourth-year medical student experiences in program requirements.
- Utilize data when advising students on number of applications.
- Consider innovations in addressing application inflation.

AWAY ROTATIONS
Due to the COVID-19 pandemic, it is necessary to support public health principles of avoiding unnecessary travel. In addition, medical schools are facing challenges in accommodating their learners’ needs to complete their clinical requirements for graduation. However, AAIM acknowledges that a few schools require away (extramural) rotations to meet graduation and accreditation requirements. In addition, there may be unique factors for some residency programs that warrant special considerations (for example, hosting international medical students).

Recommendation
AAIM strongly recommends that no in-person away rotations be allowed or encouraged unless there are unique residency program level considerations or student curricular requirements or experiences that cannot be met at a learner’s host institution. If such unique requirements exist, rotations should be limited in number and conducted at geographically proximate institutions if possible.

VIRTUAL INTERVIEWS
Public health and medical experts predict the COVID-19 outbreak to continue through the fall and winter, with geographic hotspots or a national resurgence compounded by coincident influenza. If there are geographic outbreaks with stay-at-home orders and limitations on traveling, holding in-person interviews with
some, but not all, applicants creates disparities. Accordingly, internal and external (local and distant) candidates should be treated the same. Although virtual interviews are suboptimal for both the applicant and the program, the recruitment process should be as equitable as possible. In addition, if there is a second wave of the pandemic later in the year and adjustments must be made mid-season, the disruption would be challenging for both applicants and programs. A smooth and consistent process is key to a successful recruitment season for applicants and programs.

A secondary consideration is that virtual interviews offer a more cost-conscious option in a time when pandemic-induced financial hardships may make traveling and hosting prohibitive. Especially during this uncertain time, virtual interviews also allow for more flexibility in accommodating students’, program directors’, and faculties’ schedules.

**Recommendation**

AAIM strongly recommends that residency programs eliminate in-person interviews and adopt virtual platforms to conduct all interviews and site visits, including those for learners at their own institution.

AAIM recognizes that there are advantages and disadvantages to this new paradigm. We know programs will need faculty development and increased administrative and technical support. Students also need increased guidance and faculty support. AAIM encourages the creation and sharing of resources, tools, and best practices for virtual interviewing with the rest of the internal medicine community, for both programs and applicants.

**DOM SUMMARY LETTER OF EVALUATION**

In 2013, APDIM and CDIM updated their joint guidelines for the Department of Medicine (DOM) Summary Letter. However, wide variations still exist as to how these guidelines are incorporated, and many program directors remain unsatisfied with the lack of a standardized format, redundancy in the Medical Student Performance Evaluation, the lack of graphical data on grade and objective assessment distributions, including National Board of Medical Examiners Internal Medicine Subject Examination scores, and missing descriptions of the roles and responsibilities of students on core clerkships and acting internships.

Given the truncated time to review applications in this upcoming recruitment cycle, it is essential that program directors receive objective data presented in a standardized format. If no additional objective data to guide decisions is available, residency programs are left to rely only on available data, such as US Medical License Examination (USMLE) scores. Unfortunately, data such as USMLE scores and class quartiles have limitations and will be more difficult to interpret this year. DOM Summary Letters should provide additional standardized, objective student data to facilitate holistic review. In particular, program directors desire information about a student’s accountability and commitment to growth, as well as teamwork and communication skills. All stakeholders want students to attain a match that will facilitate success during residency.

**Recommendation**

We propose adopting a DOM Summary Letter of Evaluation (LOE) using a standardized template. A standardized LOE template should increase the quality of letters, decrease time to prepare letters, and decrease variability and time needed in interpretation of letters. Further, by the inclusion of a comparative scale for characteristics of particular importance to internal medicine program directors and the use of concise written comments to provide context to any outstanding circumstances or particular strengths, program directors can determine if they feel they can provide a good fit for candidates to ensure their success. A standardized template is provided for use starting this application cycle, including a section for noting COVID-related changes. The template, as well as a sample mock-up letter, are shown in the Appendix (available online).

AAIM plans to support program directors and Department Summary LOE writers on using the template through virtual workshops and resource development.

**LETTERS OF RECOMMENDATION (LORS)**

With the COVID-19 pandemic, students have had truncated or revised clinical experiences, including subinternships. These changes may limit the ability for some students to obtain a clinical LOR from their Internal Medicine clerkship. This may be especially true for preliminary Internal Medicine applicants who may complete sub-internships in their primary specialty. In addition, Internal Medicine faculty are being stretched personally and professionally due to the pandemic and may have limited time to write letters.

Program directors aspire to perform a holistic review of applicants and value quality letters of recommendation over quantity. Currently, program directors receive thousands of applications and are unable to comprehensively review each application despite the best of intentions. A provision of fewer but higher-quality LORs would be of benefit. Guidelines and best practices on completing letters of recommendations have been shared at previous AAIM workshops.

Current recommendation for most categorical programs is 2 LORs (with at least one representing a clinical internal medicine experience) and one DOM Summary Letter. Some programs have exceptions, such as asking for an additional LOR.

Current recommendations for preliminary programs differ across programs; usually 3 LORs, with some preferring a DOM Summary Letter. Internal medicine
departments vary on whether they provide DOM Summary Letters for preliminary applicants.

**Recommendations**

**Categorical Internal Medicine Applicants.**
- 2 required letters: 1 clinical LOR from an internal medicine faculty + 1 DOM Summary Letter of Evaluation
- 1 optional LOR, could be from clinical faculty or scholarly project mentor

**Preliminary Internal Medicine Applicants.**
- 2 required Letters: 1 clinical LOR from an internal medicine faculty + 1 clinical LOR from any specialty

**FOURTH-YEAR MEDICAL STUDENT EXPERIENCES**

As the pandemic has significantly impacted the ability of many medical students to complete clinical experiences in internal medicine, including reduced availability of sub-internships (acting internships) and scheduling delays, AAIM recommends flexibility in program requirements at the time of application review. In addition, AAIM recognizes the ongoing challenges in securing USMLE testing slots for Step 2 Clinical Knowledge (CK) and the suspension of Step 2 Clinical Skills (CS) testing.

**Recommendations**

**Step 2 CK/CS.**
- Waive any program requirements for Step 2 CK to be completed by the time of initial application review.
- Waive any program requirements for Step 2 CS.

**Sub-Internships.**
- Waive any program requirements that a sub-internship be completed by time of initial application review.

**NUMBER OF APPLICATIONS PER CANDIDATE**

Several factors are likely to contribute to a more stressful and potentially less holistic application review process this cycle, including:
- A compressed application review period for program directors due to delays in the ERAS timeline
- Competing demands of managing residency programs through a predicted resurgence of COVID-19 cases
- Increased application submissions due to heightened uncertainty (including changes to clinical skills assessments, visa delays, or other COVID-related factors)
- Increased application submissions due to the perceived ease of virtual interviews

It is essential that our community take steps to prevent application inflation. Although limiting the number of programs a student can apply to through ERAS has been proposed in the literature and on various discussion boards, there are few data and little consensus to guide equitable imposition of limits given the heterogeneity of applicants and residency training programs. AAIM recognizes the diverse requisites of stakeholders, which adds layers of complexity to producing solutions for the application inflation conundrum. As such, exploring creative options during this period should be considered in order to improve the application cycle in the years to come.

**Recommendations**

Schools of medicine leaders and advisors should use AAMC application data and USMLE scores to advise students on the appropriate number of programs to apply to. Submitting a higher number of applications than necessary limits the ability of programs to perform holistic reviews.

With the support from the AAIM community, internal medicine could function as a pilot specialty in the 2020-2021 cycle to address application inflation.

There is opportunity to improve the process for a student to demonstrate interest in a program as well as a program to assess fit by instituting a process in ERAS whereby applicants have the option to include desired program characteristics, such as state, geography, request for a “couples match,” etc. AAIM highly encourages ERAS and other stakeholders affiliated with the Match process to create *optional* geographic or other “special circumstance” preference fields in ERAS visible to all programs.

AAIM strongly recommends that ERAS, NRMP, the Educational Commission for Foreign Medical Graduates, and other stakeholders develop options for programs to conduct a holistic review of applicants. A tiered application system, early acceptance, multiple match cycles, or other innovations are worthy of exploration. Such approaches should inform programs of which applicants have sincere interest in the program while not disadvantaging any applicants.

ERAS should consider a pilot in one of these areas. While this would not necessarily mitigate the number of applicants to a given program, it may provide opportunity to more efficiently filter through thousands of applications and holistically focus on applicants with genuine interest in particular programs.

**SUPPLEMENTARY DATA**

Supplementary data to this article can be found online at https://doi.org/10.1016/j.amjmed.2020.06.002.
APPENDIX A. DEPARTMENT OF MEDICINE SUMMARY LETTER OF EVALUATION TEMPLATE

SLOE – IM: DOM Summary Letter

Applicant Name:  
AAMC ERAS ID:  
Institution:  

Statement of Letter Preparation: (who writes it, who approves/signs it, what data it is based on, and acknowledgement that it was written in accordance with these CDIM-APDIM guidelines. Clarify student request for the letter and whether student has waived right to review letter)

Description of key DOM rotations:

Core Medicine Clerkship

Duration: 
Settings of student participation: 
Student roles and responsibilities: (patient load, test ordering, note writing, handoffs, call responsibilities) 
Grading policies: (contributing percentage of each component, whether there is a cut-off score on shelf exam to achieve honors) 
Graphic representation of student’s final grade and actual performance on individual components with distribution of scoring. (as compared to appropriate COVID cohort) 
Focused narrative description of performance: do not repeat verbatim comments from the MSPE, do not include content that is accessible in other documents (USMLE scores, summary of curriculum vitae). Should include information to contextualize grades, such as if student completed clerkship early in clinical year or if there were special circumstances surrounding performance. 200 words or less

Sub-Internship

Duration: 
Settings of student participation: 
Student roles and responsibilities: (patient load, test ordering, note writing, handoffs, call responsibilities) 
Grading policies: (contributing percentage of each component, whether there is a cut-off score on shelf exam to achieve honors) 
Graphic representation of student’s final grade and actual performance on individual components with distribution of scoring. (as compared to appropriate COVID cohort) 
Focused narrative description of performance: do not repeat verbatim comments from the MSPE, do not include content that is accessible in other documents (USMLE scores, summary of curriculum vitae). Should include information to contextualize grades, such as any special circumstances surrounding performance. Limit 200 words

COVID-Specific Details: ACGME Pandemic level for institution with dates. (Were students completely removed from learning activities, were they placed on virtual electives, were they placed on virtual clinical rotations, were they on in-person rotations and what were adjusted roles and responsibilities as well as how grading changed for each phase.)

1. During
2. After reintegration
Qualifications for IM: (Compare the applicant to other internal medicine residency applicants at your school for this application cycle)

1. Application of knowledge in clinical setting
   - OEducator
   - OManager
   - OInterpreter
   - OReporter

2. Teamwork/Accountability (collegiality, professionalism with peers/interdisciplinary team, performs administrative tasks in a timely manner, etc.)
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

3. Communication (establishes and maintains therapeutic relationships using effective communication behaviors, mitigates communication barriers, uses respectful verbal and non-verbal communication, etc)
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

4. Commitment to personal growth (actively seeks opportunities to improve, seeks performance data consistently with adaptability and humility, challenges one’s own assumptions, etc.)
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

Global Assessment: As a candidate for residency in internal medicine, compared to the cohort of students at your school who have completed their IM Clerkship and are applying to any residency specialty this year, this candidate is in the:

   - Top 10%
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

Number of students rated in each category the last academic year:

   - Top 10%
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

Written Comments: Overall assessment of applicant as candidate for residency in internal medicine. Include information to contextualize ranking. Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, commitment to service, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc. Can include comments regarding specific interests or types of environment in which student thrives. Limit 250 words

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1 Has the insight to define important questions to research in more depth and the drive to seek out and scrutinize the quality of evidence behind clinical practice. Identifies knowledge gaps in others and effectively fills these gaps. Transition to educator is usually completed during residency.

2 Formulates a diagnostic and therapeutic plan independently on common medical problems based on standardized guidelines and evidence-based medicine; able to counsel patients appropriately on the plan of care

3 Asks questions and performs physical exam reflective of potential diagnoses; Formulates an appropriately broad and prioritized differential; provides appropriate clinical reasoning for current treatment plan; independently evaluates new data to modify their differential

4 Obtains thorough info from H&P but often asks question in a checklist format; rarely misses pertinent history details; consistently reports findings in organized SOAP format
APPENDIX B. DEPARTMENT OF MEDICINE SUMMARY LETTER OF EVALUATION Mock-Up

Department of Medicine
Student Evaluation for Residency Program

Applicant Name: ____________________________  AAMC ERAS ID: ____________________________

Institution: ____________________________  Evaluator Name: ____________________________

Email/telephone contact for more information: ____________________________________________

A. Background Information
1. How long have you known the applicant? ____________________________
2. Nature of contact with applicant: (Check all that apply)
   ☐ Residency Advisor
   ☐ Direct observation of patient care
   ☐ Direct observation in extramural settings (e.g. learning communities, informal groups)
   ☐ Direct observation during didactics, small groups, simulations
   ☐ Indirect through others / evaluations
   ☐ Other ____________________________

B. COVID-Specific Details: ACGME Pandemic Level 2 (dates TBD).
1. During: March 23rd students were discharged from clinical duties and not allowed back on clinical rotations until June 1st. During this time, students were enrolled in virtual enrichment electives for credit.
2. After reintegration: Students were placed back on clinical clerkships on June 1st. This includes students who had their IM Clerkship interrupted midway through their rotation. Grading criteria was not revised. Future cohorts had their rotation reduced by two weeks.

C. Core Medicine Clerkship
1. Duration and Setting: The UT Southwestern Internal Medicine Core Clerkship is an 8-week rotation. The schedule includes a 4-week rotation on a general medicine wards service at Clements University Hospital, Texas Health Presbyterian Hospital, Methodist Dallas Medical Center or the Dallas VA Medical Center. Students also complete a 4-week rotation on a general medicine wards teaching service or an attending-only hospitalist service at Parkland Memorial Hospital (a high volume county hospital).
2. Student roles and responsibilities: If on teaching service, students take call with housestaff and admit one to two patients per call cycle. Students take new admissions daily on attending-only hospitalist teams. For each patient they admit, they are required to complete an H&P and submit on EMR, write subsequent daily progress notes and complete oral presentations on rounds. Students are encouraged but are not required to write orders and complete discharge summaries. The average daily census per student is 2 to 4 patients.
3. Student’s grades for the rotation: (include a chart with the final grade and separate components, excluding NBME IM Subject Exam if administered)
   | Final Grade | __________ |
   | Clinical Grade | __________ |
4. Does your clerkship administer the NBME Internal Medicine Subject Exam?
   ☐ Yes  ☐ No
5. If yes, what was the score? ____________________________
6. Core Clerkship Grading Criteria
• Clinical ward grade based on clinical competency on the RIME scheme, professionalism and communication as documented on workplace-based assessments by faculty and residents (60%)
• History and Physical Assignment and Team Oriented Teaching Sessions (10%)
• NBME Internal Medicine Subject Examination - minimum passing score 57, no cutoff for Honors (30%)

7. Grade Distribution:

![Grade Distribution Chart]

8. Written comments: Should include information to contextualize grades, such as if student completed clerkship early in clinical year or if there were special circumstances surrounding performance. Can include condensed representative evaluation comments NOT included in MSPE. (200 words or less)

D. Acting Intern Rotation

1. Duration and setting: The UT Southwestern Internal Medicine Sub-internship is a 4-week rotation. Students rotate at one site for the duration of the 4-weeks: a general medicine wards service at Parkland Memorial Hospital, Clements University Hospital or the Dallas VA Medical Center or an attending-only hospitalist service at Parkland Hospital or Clements University Hospital.

2. Student roles and responsibilities: If on teaching service, students take call with housestaff and admit two to three patients per call cycle. Students take new admissions daily on attending-only hospitalist teams. For each patient they admit, they are required to complete an H&P and submit on EMR, enter orders, write subsequent daily progress notes, complete oral presentations on rounds and write discharge summaries for all patients on their census. The average daily census per student is 3 to 5 patients.

3. Student’s grade for the rotation:

4. Acting Internship Grading Criteria
• Performance on competency-based workplace assessments by faculty on Entrustable Professional Activities 1-9
5. Grade Distribution of Final Grade

![Final Grades Distribution Academic Year 2018-2019]

- Honors: 80.0%
- Pass: 20.0%

6. Written comments: Should include information to contextualize grades, such as any special circumstances surrounding performance. Can include condensed representative evaluation comments NOT included in MSPE. (200 words or less)

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E. Qualifications for IM\(^1\): Compared to other internal medicine residency applicants at UT Southwestern for this application cycle

1. Application of knowledge in clinical setting
   - Educator\(^2\)
   - Manager\(^3\)
   - Interpreter\(^4\)
   - Reporter\(^5\)

2. Teamwork/Accountability (collegiality, professionalism with peers/interdisciplinary team, performs administrative tasks in a timely manner, etc.)
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

3. Communication (establishes and maintains therapeutic relationships using effective communication behaviors, mitigates communication barriers, uses respectful verbal and non-verbal communication, etc)
   - Top 1/3
   - Middle 1/3
   - Lower 1/3

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\(^1\) Rankings are derived from clinical evaluations and comments from faculty and residents from the student's Internal Medicine rotations (including the Internal Medicine Core Clerkship and MS4 Internal Medicine Sub-internship or sub-specialty electives if available) and consensus agreement of a residency advising committee on personal interactions with and assessment of this student.

\(^2\) Has the insight to define important questions to research in more depth and the drive to seek out and scrutinize the quality of evidence behind clinical practice. Identifies knowledge gaps in others and effectively fills those gaps. Transition to educator is usually completed during residency.

\(^3\) Formulates a diagnostic and therapeutic plan independently on common medical problems based on standardized guidelines and evidence-based medicine; able to counsel patients appropriately on the plan of care.

\(^4\) Asks questions and performs physical exam reflective of potential diagnoses; Formulates an appropriately broad and prioritized differential; provides appropriate clinical reasoning for current treatment plan; Independently evaluates new data to modify their differential.

\(^5\) Obtains thorough info from H&P but often asks question in a checklist format; rarely misses pertinent history details; consistently reports findings in organized SOAP format.
This letter of evaluation was prepared upon request of the student in support of an application to your residency program. The student has waived their right to review this letter under the Family Educational Rights and Privacy Act (FERPA). The letter was written in accordance with the 2013 APDIM-CDIM Guidelines for Department of Medicine Summary Letters,\(^1\) composed by the student’s primary advisor. The content of the letter is derived from clinical evaluations and comments from faculty and residents from the student’s Internal Medicine rotations (including the Internal Medicine Core Clerkship and MS4 Internal Medicine Sub-Internship or sub-specialty electives if available), their performance on the NBME Medicine Subject Examination, and personal interactions with and assessment of this student. The letter is reviewed by the co-chairs of the Residency Advising Committee, Drs. Reeni Abraham and Stephanie Brinker, and the Chair of Medicine, Dr. Thomas Wang.

**Reference**

1. Lang VJ, Aboff BM, Bordley DR, Call S, DeZee KJ, Fazio SB, Fitz M, Hemmer PA, Logio LS, Wayne DB. Guidelines for writing department of medicine summary letters. *Am J Med* 2013;126(5):458–63.