Letters of Recommendation:
How to Rate, Write, and Use Them in Your Evaluation of Applicants

<u>Writing a Letter of Recommendation (LOR):</u>

1. When approached by an applicant to write a LOR, ask the applicant to be specific about the purpose of the letter, to whom it is to be addressed, how it is to be submitted, and whether or not the applicant waived their right to see the letter (should be waived). Be honest with the applicant with regards to the quality of letter if it may not be supportive. For example, "Bob, I will write a letter for you, but I can not place you in the top third". The applicant may then select someone else if they want. Also, writers should generally not write an LOR for a specialty that is not similar to their own (subspecialties are fine, such as infectious disease writer for a cardiology application). Exceptions may be made for unusual circumstances, such a lengthy research project where a medicine attending worked with a surgical student for a long period of time. Lastly, recognize the responsibility to the profession of medicine when writing this letter. Grossly inaccurate letters that portray a poor candidate as an exceptional one are unprofessional.

2. In the opening of the LOR, include the reason for the letter ("for application to internal medicine residency"). Anecdotally, some readers look for comments in the beginning of the LOR that indicate the writer actually wanted to write the letter because the applicant was high quality ("Mr. Bob Johnson asked me to write this LOR for his application for internal medicine residency and I enthusiastically agreed").

3. State whether or not the applicant waived their right to see the letter. AmeriClerkships members are typically International Medical Graduates (IMG) who are simultaneously provided with extensive personalized career development services and U.S. healthcare acculturation, utilizing the content of LORs as provided by their supervising attending physicians. Additionally AmeriClerkships member qualify for off-cycle residency positions who will require to see LORs on demand, and do not participate in ERAS. Therefore AmeriClerkships recommends that its members not waive their right to see their LORs.

4. Convey a great depth of understanding of the applicant. The reader should believe that the writer had the opportunity to really get to know the applicant. Always include the context and the length of the relationship. For example, "I worked with Bob for 4 weeks on the General Medicine Service where he cared for 10 new patients". While some statements may be "cut and paste" from previous LORs, specific examples about the applicant should be frequently included to make the reader believe the LOR isn't just generic comments the writer makes about all applicants. Direct quotations from the applicant's evaluation are generally helpful. If possible, describe multiple spheres (knowledge, clinical skills, professionalism, interpersonal skills, etc.) Ensure all comments are "factual, truthful, and made in good faith." (Wright 2004). AmeriClerkships recommends giving specific performance examples of all 6 ACGME Core Competencies: https://www.acmedical.org/acgmecore/

5. Provide a numerical comparison with peers, including a denominator. For instance, state "within the top 1/3 of students I have worked with in the past 5 years (n=20)". Do not simply describe the student as "Excellent" or "Outstanding" without quantification as these words have different meanings at different institutions. Comment on areas of weakness if appropriate, particularly if there is an explanation. Also, comment on the applicant's potential.

6. Provide a clear summary statement. Examples include "I would accept for my program", "strongly recommend, without reservations", or "will be a good resident, but won't be a star". Do not give coded answers that force the reader to attempt to interpret what is actually meant. Think of what comments would best help the reader of the LOR.

7. Provide medical school affiliation/academic rank of the writer. This should always be included by writers who are surgeons.

LTC Kent J. DeZee, MD MPH FACP   7 Oct 2011
General Medicine Fellowship Director, USUHS   Blue Updates by P Mizani, MD: May 18, 2017
                                                                              Chief Clinical Officer, AmeriClerkships

8. Don't worry too much about the length of the letter. Anecdotally, some readers will discount shorter letters. Therefore, writers who typically write short letters for all candidates may wish to include a comment such as "I limit all of my LORs to one page or less".

Using LORs in the application process:

1. LORs are generally considered to be important, though there is no clear data that they predict future performance or discern marginal performance, though top performers may be more professional.
2. No published data on how to use LORs in the context of other data on the applicant, such as board scores, interview, performance on a rotation at your facility.
3. Anecdotal recommendations:
      a. If LORs are absent or there are none from the specialty, this means a poor applicant as manifested by poor clinical performance (and no one will write them a letter) or the applicant can't complete tasks.
      b. Look for any concerning phrases.
      c. Otherwise, they are all "excellent" and the LOR's really don't differentiate the candidates. If desired, the factors listed above may be used in ranking LORs among different candidates.
      d. AmeriClerksships recommends if you do agree to write an LOR, realize that residency candidates will rely on your word and base their entire Match around your recommendation. Also realize that LORs must be approved by ERAS/ECFMG, which will take even more time - so extensive delays by letter writers can and do cost a candidate residency interviews.

Useful References:

Cullen MW, Reed DA, Halvorsen AJ, et. al. Selection Criteria for Internal Medicine Residency Applicants and Professionalism Ratings During Internship. *May Clin Proc* 2011;86(3):197-202. [Shows an association between comparative ratings of students and subsequent professionalism in internship].

Denton GD, Hemmer, PA. Mentoring and Fostering Professionalism in Medical Students: From the Classroom to Clerkship. In Ende J (ed) Mentoring in Academic Medicine, p 93-5. Philadelphia, PA:ACP Press 2010. [Perspective of clerkship leadership writing LORs]

DeZee KJ, Thomas MR, Mintz M, Durning SJ. Letters of Recommendation: Rating, Writing, and Reading by Clerkship Directors of Internal Medicine. *Teaching and Learning in Med* 2009;21(2) 153-8. [Recent review of the literature and a survey of a cohort of experienced internal medicine educators]

Friedman RB. Fantasy Land. *NEJM* 1983:308(11):651-3. [The classic paper]

Greenburg AG, Doyle J, McClure DK. Letters of Recommendation for Surgical Residencies: What they Say and What They Mean. *J Surg Research* 1994;56:192-8. [Specific recommendation for surgeons]

Irby DM, Milam S. The Legal Context for Evaluating and Dismissing Medical Students and Residents. Acad Med 1989;64:639-3. [Advice for negative LORs]

Keim SM, et al. A Standardized Letter of Recommendation for Residency Application. *Acad Emerg Med* 1999;6(11):1141-6. [Detailed explanation of the EM standardized LOR, the only currently used standardized LOR]

Wright SM, Ziegelstein RC. Writing More Informative Letters of Reference. *J Gen Intern Med* 2004;19:588-93. [A more detailed and very informative reference for writing LORs]

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Checklist for writing a <u>Personal</u> LOR

Opening paragraph:
☐ Applicant's name in the first line
☐ State the purpose of the letter (e.g. in support of his/her internal medicine residency application)
☐ May add a comment such as "I am happy/enthusiastic/excited to write this letter"
☐ Whether or not he/she waived his/her right to see the letter
☐ How you came to know him/her (e.g. I was his attending for 4 weeks in Nov 2010)
☐ Description of the types of observations (e.g. I saw on rounds daily and watched him perform 2 H&Ps)
☐ If pertinent, list your own experience evaluating applicants like him/her. (e.g. as a residency program director myself…)

Second paragraph:
☐ Many details that are specific to him/her to convey a great depth of understanding of the applicant. Could this LOR have been entirely copied from the last LOR? Hopefully not.
☐ Multiple spheres (e.g. clinical care, medical knowledge, professionalism, etc.) Numerical
☐ comparison with peers, including a denominator. Use ACGME Core Competencies, if possible, as the audience is GME.

Third paragraph (only if needed):
☐ Explain weaknesses of the applicant. This is probably a good idea if the applicant has difficulties that will show up elsewhere in the file, such as board scores.

Second to last paragraph:
☐ Summarize overall findings
☐ Repeat the unique favorable aspects of the applicant if these aspects are distinctive
☐ List your recommendation. "I recommend him/her" is weak. "strongly" and "without reservation" are higher praise. If would accept in your own program, state so. Try to be direct— "will be a good resident, but not a star. This is not a negative comment." is acceptable.

Final paragraph:
☐ Consider statement that all your LORs are short if that is the case
☐ Provide your contact information…but "if you have additional questions".

Signature block:
☐ Name
☐ Academic rank
☐ Hospital (or U.S. residency or U.S. medical school) affiliation

General considerations:
☐ Letterhead used
☐ Spelling/grammar correct

Checklist for writing a <u>Departmental</u> LOR

<u>Opening paragraph</u>:
☐ Applicant's name in the first line
☐ State the purpose of the letter (e.g. "Student X has asked us to write a letter for their application to XX residency program.")
☐ Provide context: describe the clerkship. List qualities such as length, design (longitudinal vs. block), setting (ward vs. ambulatory vs. both), evaluation method, grading method (criterion vs. normative).

<u>Subsequent paragraph</u>:
☐ Grade distribution: provide the student's grade in context of the grade distribution.
☐ Describe any mitigating circumstances (illness, psychosocial stressors in general terms) as appropriate

<u>Subsequent paragraph</u>
☐ Summarize performance
☐ Use direct quotes from evaluations
☐ Balanced and honest performance evaluation. Concerns about performance must be cited and discussed.
☐ Use ACGME Core Competencies, if possible, as the audience is GME.
☐ Extras as appropriate (volunteer work, research)

<u>Last paragraph</u>:
☐ Summarize overall findings—demonstrated achievement
☐ Potential-be careful about predicting future
☐ Make clear overall recommendation. Don't write in code. Would *you* trust this student?

<u>Signature block</u>:
☐ Name
☐ Academic rank
☐ Title of author as related to the clerkship/department

<u>General considerations</u>:
☐ Letterhead used
☐ Spelling/grammar correct
☐ All comments factual, truthful, and in good faith