



# *Leaving Lake Wobegon:* Writing Letters of Recommendation for Any Student

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# Learning Objectives

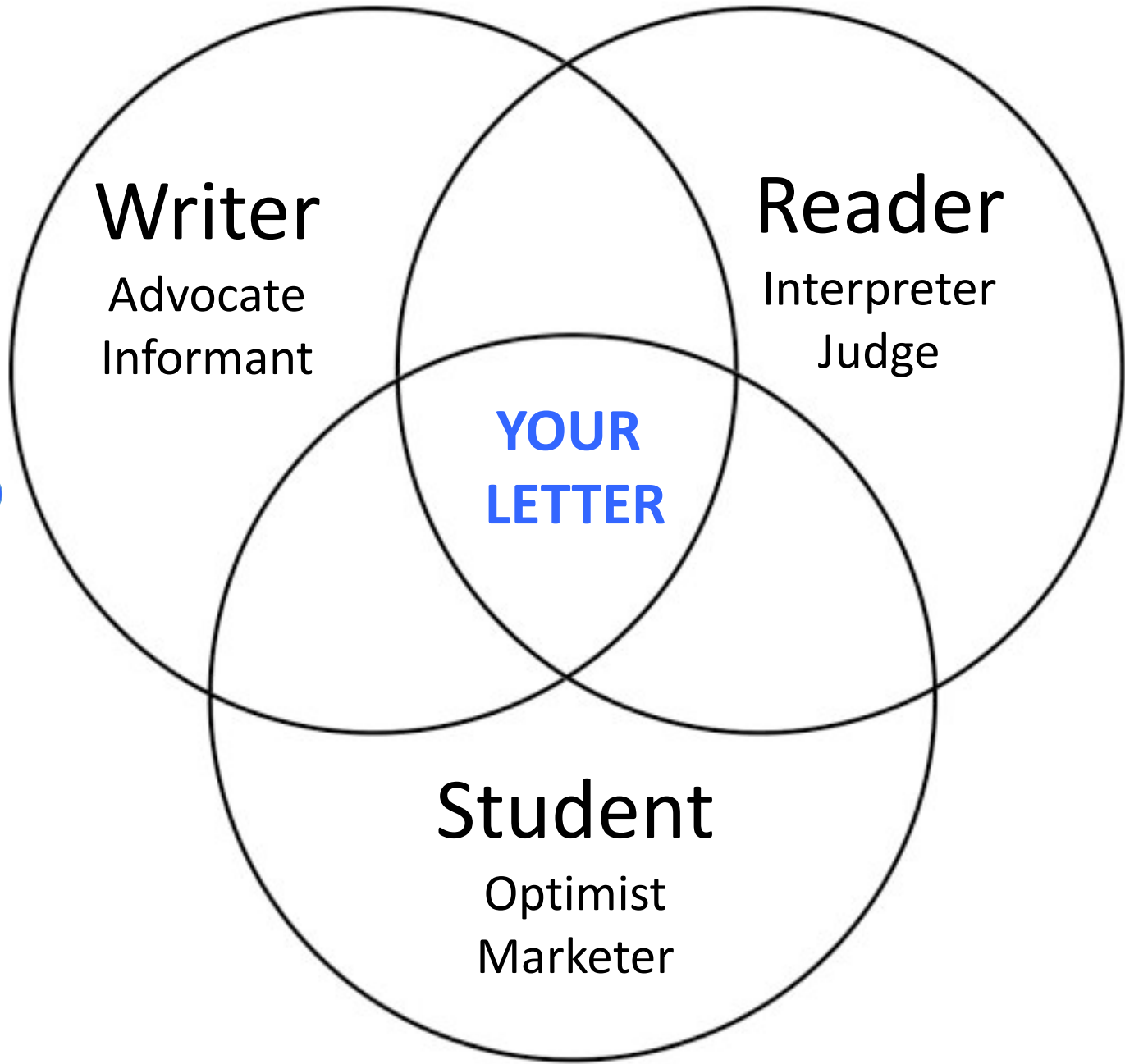
1. Identify helpful and harmful characteristics in a letter of recommendation (LOR)
2. Formulate elements of a concise, credible, contextual, concrete, and comparative LOR
3. Describe how implicit bias can manifest in LOR
4. Incorporate use of competency-based framework into LOR



# Audience

- What part do you have in reading/writing/using LOR in application processes?
- What are some issues you've experienced?







# Background

- Most residency applications include personal statement, CV, transcripts, medical student performance evaluation (MSPE), and LOR
- 83% of FM programs used LOR to help select which applicants to interview and 67% to make ranking decisions
- EM and ENT found that narrative letters of recommendation (NLORs) were not reliable - letters are positively biased and inter-rater reliability is poor and created Standardized LORs
- Content and rated quality of letters are influenced by gender, both that of the writer and of the student

# What could be better?

To Whom It May Concern:

I am writing this letter in strong support of [REDACTED] for his upcoming residency application.

I had the pleasure of mentoring [REDACTED] during his pediatric clerkship here in [REDACTED]. I found him to be organized, enthusiastic, motivated and knowledgeable about pediatrics, he had clearly prepared himself for his clerkship here. [REDACTED] was recommended for honors for that clerkship.

In my opinion, [REDACTED] will be an asset to the residency he is applying to, they will be fortunate to have him.

If I can be of further assistance, please do not hesitate to contact me. A copy of my CV is enclosed for your reference. /

Sincerely,

**To Whom It May Concern:**

Be specific  
about which  
specialty!

Always include the ERAS ID

**I am writing this letter in strong support of [REDACTED] for his upcoming residency application.** State that the applicant has waived the right to see the letter

**I had the pleasure of mentoring [REDACTED] during his pediatric clerkship here in [REDACTED]. I found him to be organized, enthusiastic, motivated and knowledgeable about pediatrics, he had clearly prepared himself for his clerkship here. [REDACTED] was recommended for honors for that clerkship.** Give examples!

**In my opinion, [REDACTED] will be an asset to the residency he is applying to, they will be fortunate to have him.**

**If I can be of further assistance, please do not hesitate to contact me. A copy of my CV is enclosed for your reference.** /

DO introduce yourself (at the beginning) and your teaching role. DO NOT include your own CV.

**Sincerely,**

# Follow the format

- Print it on letterhead
- Include student's ERAS ID number (e.g., "I am pleased to recommend Bob Smith (ERAS 123456) for a position at your residency program)
- State that the student has waived the right to see the letter
- Keep it to one page
- SIGN THE LETTER
- Include contact info (your email) below your signature line



# As PD, would you want this student?

Dear Internal Medicine Program Director:

I am pleased to recommend [REDACTED], a senior medical student at the University of Washington in Seattle, who is applying to your residency program. I had the opportunity to work with [REDACTED] during his third year clerkship in internal medicine. I was impressed with his excellent communication skills and high work ethic.

Was he smart?  
Did he make  
good clinical  
decisions?

Initially, during his undergraduate year at the University of [REDACTED] he showed a real interest in the field of Radiation Oncology. However, he now feels that a career in internal medicine and subsequent sub-specialty training in cardiology best fits his strength and long term goals. So... What are his strengths?

Sincerely,

[REDACTED]

Professor, Department of Medicine  
University of Washington  
[professorawesome@uw.edu](mailto:professorawesome@uw.edu)

# Intro

- **Who are you and what is your role?** If you work with lots of students, say so. BE BRIEF – 1-2 sentences
- **What are you recommending the student for?** Be specific to the residency specialty. (Note: students may ask for separate letters if they are applying in more than one discipline)
- **How well do you know the student? How long did you work with them? In what context?**

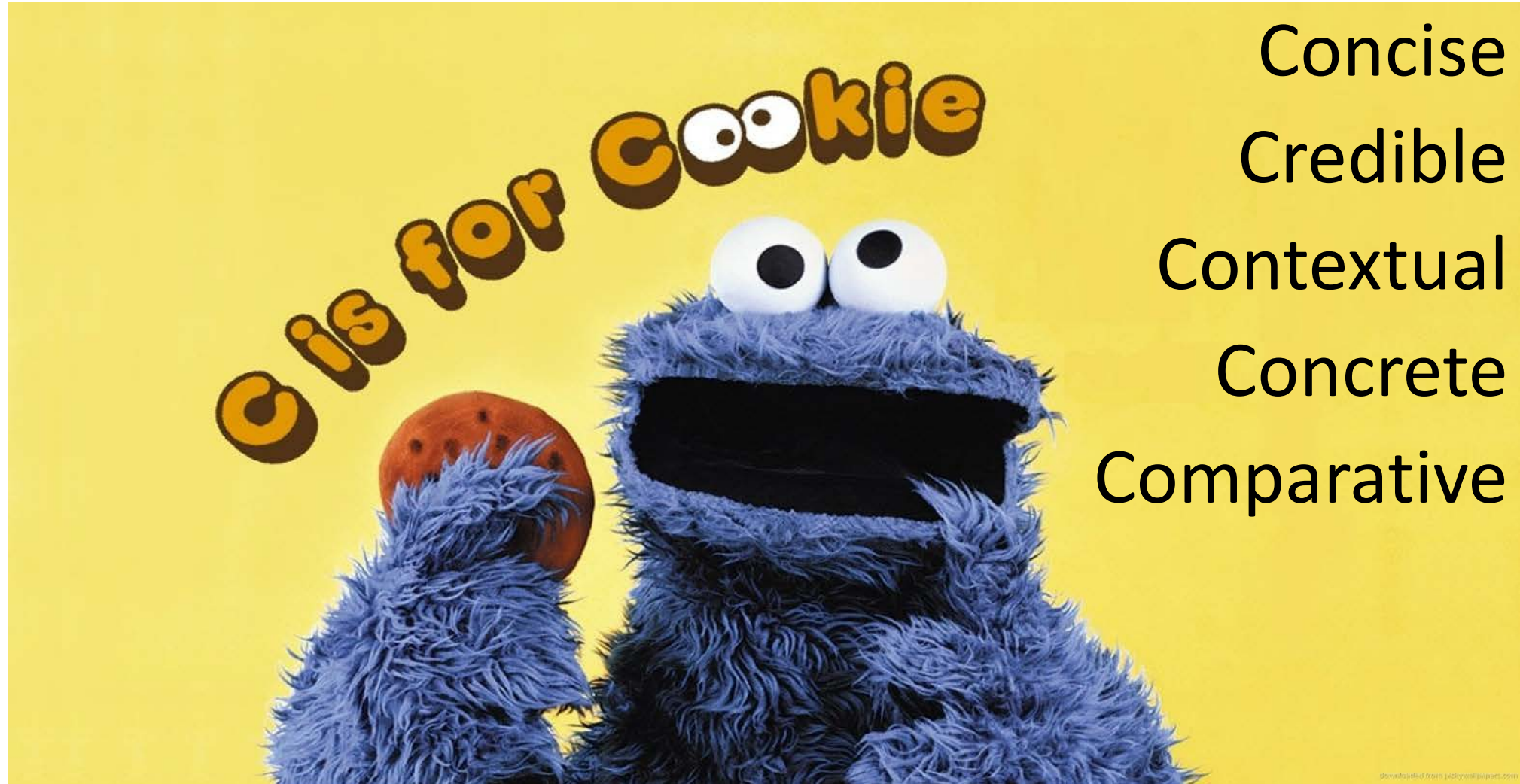
# Body

- Describe the student's strengths. Be as generous and specific as you can. Use active language (see handout). **Clinical skills are most highly valued, so comment favorably on those if you can.**
- Include examples that addresses the values of the specialty. Include brief anecdotes. Avoid quoting evaluations.
- **Describe what makes the student unique:** any special accomplishments in any domain can count. Service and leadership are particularly valuable. **Describe how these special skills make them a better clinician.**
- Don't call students "Dr." unless they have earned a PhD. Student doctor, Mr./Ms., or first names are acceptable.

# Summary

- This may be the only paragraph that is read
- Recap student's strengths and what sets them apart
- You can say you want them in your own residency \*if\* you do!
- Comparative statements (optional, but often valued by residencies)
  - Best student in xx years, top xx%
  - Recommend "strongly, highly, strongest, highest" "without reservation"
  - Amazing, extraordinary, superb, outstanding, great, excellent

# Best Practices: The “5 C’s”



Created by Ken Steinberg, MD and Chris Knight, MD



Cable

THE CHRONICLE OF HIGHER EDUCATION

CAROLE CABLE

*"This letter of recommendation is an absolute masterpiece.  
It can be interpreted in any number of ways."*

Solid performance

# Choosing the right words

<b>Student's Performance, Percentile</b>	<b>Descriptor</b>
99	Magnificent
98	Superlative
93	Extraordinarily strong
88	Notable
83	Wonderful
80	Terrific, radiant, and humble <sup>3</sup>
78	Accomplished
75	Nonsteroidal anti-inflammatory
70	Well read
65	Capable
60	Intermittent
55	Well above the mean
50	Strong
45	Hearty
40	Friendly
35	Well groomed
30	Attentive and respectful
25	Pleasant
20	Punctual
15	Imminently about to blossom
12	Present and fully continent of all excreta
10	Normocephalic and nonfelonious
8	Claudicative
6	English speaking
5	Ambulatory
3	Respirating and well perfused
1	Charmingly fresh in outlook
0	Eukaryotic and possibly diploid



# Arrived early and stayed late

- A. Wanted to make a great impression on his preceptors
- B. Extremely interested in giving good patient care
- C. Struggles with time management

# Delegates well

- A. Assigns responsibility to the best person to perform the job when appropriate
- B. Mature and professional
- C. Lazy

# Punctual and pleasant

- A. Demonstrated professionalism
- B. Showed up
- C. So unremarkable the writer has NOTHING else to say about him

# Well-read

- A. Strong command of the medical literature, tries to learn more
- B. Can't take care of patients, can't communicate



What do I do with THIS?!



# I can't possibly write a good letter for this student!!! What do I do?

- If you actually have not worked a lot with a student:
  - "I don't have enough data."
  - "You worked a lot more with X, consider asking that person."
- If you have given lots of feedback and it's at the end of the block:
  - "We talked about a lot of things that you can do to improve. I would like to review your future clerkship evaluations later this year to demonstrate improvement and receptiveness to feedback."
- Have the student return for 1-2 days later in the year to show improvement.

I can't possibly write a good letter for this student!!! What do I do?

- **Honesty is the best policy.**
- If they still want letters, let them know that you may not be able to write a letter that is as strong as hoped
- Special Circumstances:
  - How does the **applicant** want to address the issue?
  - Use it as an opportunity to highlight the strengths of the applicant

# Unconscious Bias

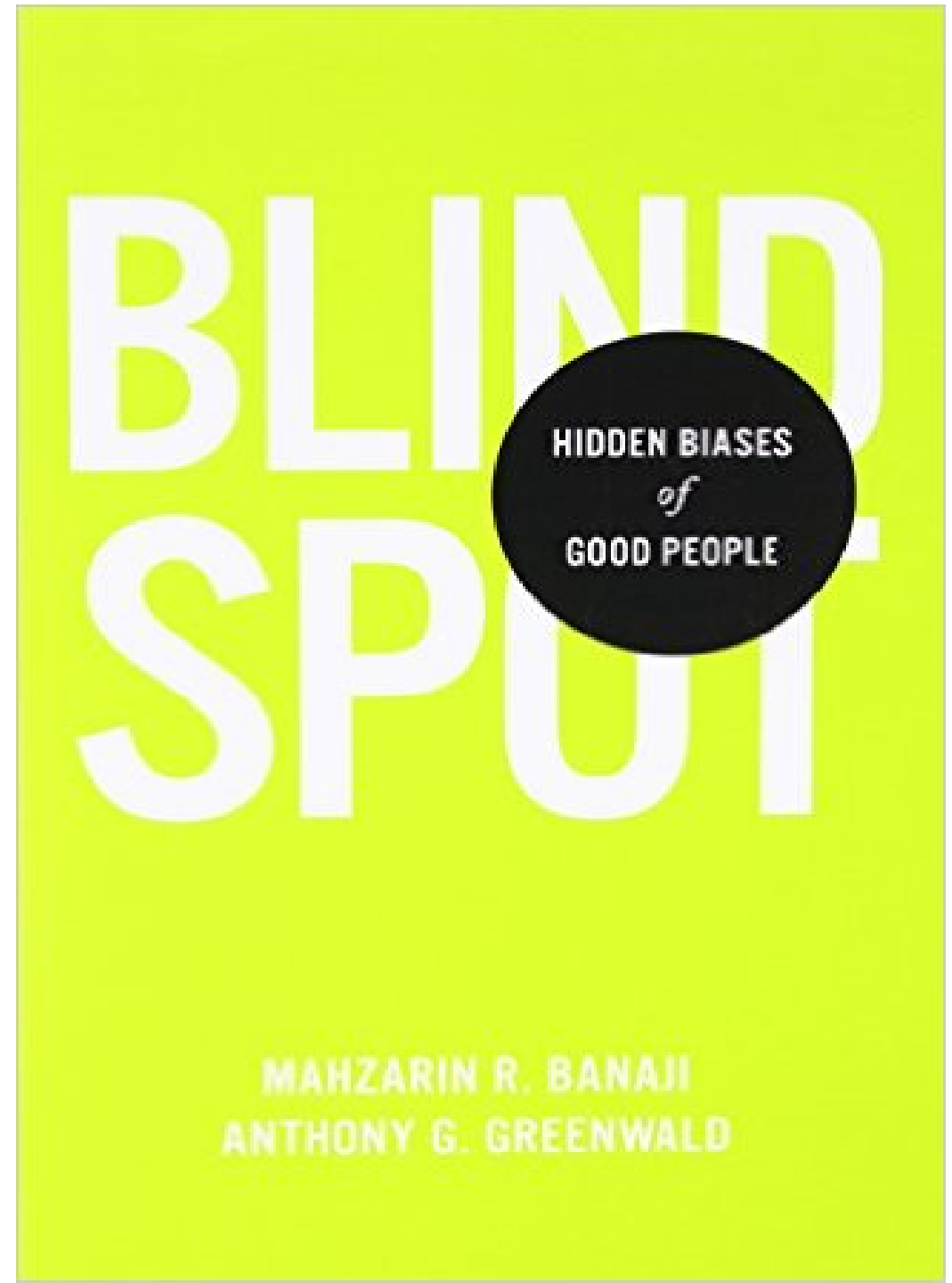
**A bias we are unaware of and that happens outside of our control**

Science faculty's subtle gender biases favor male students

Moss-Racusin et al, PNAS, Oct 2012

Exploring the color of glass: Letters of recommendation for female and male medical faculty

Trix and Penska Discourse and Society, 2003







# Competency Frameworks in LOR

- **Possible references**

- FM ACGME Core Competencies
- AAMC's Physician Competency Reference Set
- AAMC's Entrustable Professional Activities/Critical Functions

- **Components**

- Patient Care
- Medical Knowledge
- Practice based learning
- Interpersonal and Communication Skills
- Professionalism
- Systems based practice
- *Interprofessional Collaboration*
- *Personal and Professional Development*

# Use of competencies

- Anchors or milestones along the developmental trajectory of competencies can be standardized across institutions
- Frameworks that educators are already familiar with
- Potentially avoid some bias through the use of standardized, competency based language

# Family Medicine ACGME Competencies

PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Collects family, social, and behavioral history</p> <p>Demonstrates awareness of recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Identifies the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p>Incorporates disease prevention and health promotion into practice</p> <p>Reconciles recommendations for health maintenance and screening guidelines developed by various organizations</p>	<p>Explains the basis of health promotion and disease prevention recommendations to patients with the goal of shared decision making</p> <p>Describes risks, benefits, costs, and alternatives related to health promotion and disease prevention activities</p> <p>Partners with the patient and family to overcome barriers to disease prevention and health promotion</p> <p>Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p>Tracks and monitors disease prevention and health promotion for the practice population</p> <p>Integrates disease prevention and health promotion seamlessly in the ongoing care of all patients</p>	<p>Integrates practice and community data to improve population health</p> <p>Partners with the community to improve population health</p>

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# Acknowledgements

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