

## Tips for writing Letters of Recommendation

Drs. Jared Strote (Emergency Medicine) and Chris Knight (Internal Medicine)

Updated by Dr. Jeanne Cawse-Lucas (Family Medicine) and Vicki Mendiratta (OBGYN) 2016

### Basics for Residency LORs:

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

### Intro:

- Who are you? What is your teaching role? If you work with lots of students, say so. THIS SHOULD BE KEPT VERY BRIEF – 1-2 sentences max.
- What is this letter recommending the student for? Be specific to the residency specialty. (Note: students may ask for separate, specific 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 that you observed. Be as generous and specific as you can. Use active language (see page 2 for examples). Clinical skills are most highly valued, so comment favorably on those if you can - if not, be effusive in the areas that make you feel the student is a good applicant. Include language that addresses the values of the specialty to which the student is applying.
- Describe other aspects to the student that make them unique: any special accomplishments in any domain can count. Service, research, and leadership are particularly valuable, but other activities are, too. Link this back to how these special skills make them a better clinician. Reading the student's CV can be very helpful for this part.
- Please 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 they read.**
- Recap student's strengths and what sets them apart.
- If you would want them in your own residency, say so.

### 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

### Other tips/guidelines:

- The best letter of recommendation is short enough to read (1 page) but detailed enough to make the student distinctive. The goal should be for the reader to choose this student over others with similar credentials, so show them why they're special.
- Letters that are effusive or positive in excess of what the student deserves will ultimately hurt future students, as your letters will be considered by program directors to be unreliable. Similarly, using the same praise for every student will make your letters less valuable.
- Brief anecdotes are helpful. Avoid quoting evaluations.
- Avoid any language that makes the student sound average: "competent", "solid", "good".
- Avoid saying that students "improved"; this implies they were bad to begin with and is frequently used as code for a less-stellar performance overall.
- Avoid damning with faint praise: saying a student is "reliable", "punctual", or a "hard worker" without praising clinical skills looks bad. If the student's greatest strengths are in these areas, tell an anecdote that shows why they're special.
- If you feel strongly about a student, a personal note to a program director counts for more than a letter of recommendation—especially if they know you. You can't do this often, but for occasional students it can mean a lot.

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### The “5 C’s” of Good Letters – Ken Steinberg, MD and Christ Knight, MD

Concise – 1 page or less, program directors frequently start with the last paragraph.

Credible – What experience do you have with students? Be honest and generous.

Contextual – Where/when did you work with the student? What are their strengths in this context?

Concrete – Be as specific and descriptive as possible. Brief anecdotes are great; watch the length.

Comparative – How does this student compare to others you’ve taught? Would you want this student in your practice?

### Buzz Words

Adjectives:		Verbs:
Accountable	Inquisitive	Analyze
Accurate	Intellectual	Apply
Ambitious	Kind	Construct
Analytical	Likable	Create
Articulate	Methodical	Demonstrate
Assertive	Motivated	Design
Attentive	Organised	Display
Calm	Outgoing	Employ
Capable	Outstanding	Exhibit
Compassionate	Patience	Explain
Dedicated	Personable	Express
Determined	Pleasant	Evaluate
Devoted	Punctual	Formulate
Eager	Reliable	Generate
Enthusiastic	Resourceful	Illustrate
Ethical	Respectful/respected	Instruct
Excellent	Responsible	Interpret
Flexible	Steady	Operate
Friendly	Systematic	Persevere
Good judgement	Tactful	Prepare
Good knowledge	Thoughtful	Relate
Integrity	Trustworthy	Show
Humorous	Well-read	Synthesize
Independent	Willing	Value
Initiative		

### Gender bias calculator

<https://www.tomforth.co.uk/genderbias/>

The following is a **sample introductory paragraph** that faculty in the WWAMI region might find useful to help explain the unique features of the WWAMI program.

It is my pleasure to recommend student \_\_\_\_\_ (eras #) for consideration for your residency program. I am a Clinical Assistant Professor in the Department of X at the University Of Washington School Of Medicine and have been a regional attending physician in a teaching capacity for X years. The University of Washington serves as a regional medical school for the five states of Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI). The school provides innovative, highly decentralized educational experiences to its students. Much of the third and fourth year clinical experiences are outside of greater Seattle. My students live in my community and have the opportunity to learn about (women’s health, care of the pediatric/surgical/psychiatric patient) in this (small, rural, underserved, urban, etc.) environment.

# Avoiding gender bias in reference writing

Got a great student? Planning to write a super letter of reference?  
Don't fall into these common traps based on unconscious gender bias.

## Mention research & publications

Letters of reference for men are 4x more likely to mention publications and twice as likely to have multiple references to research. Make sure you put these critical accomplishments in every letter!

## Don't stop now!

On average, letters for men are 16% longer than letters for women and letters for women are 2.5x as likely to make a minimal assurance ('she can do the job') rather than a ringing endorsement ('she is the best for the job').

## Emphasize accomplishments, not effort

Letters for reference for men are more likely to emphasize accomplishments ('his research', 'his skills', or 'his career') while letters for women are 50% more likely to include 'grindstone' adjectives that describe effort. 'Hard-working' associates with effort, but not ability.

## We all share bias

It is important to remember that unconscious gender bias isn't a male problem. Research shows that women are just as susceptible to these common pitfalls as men.

This is a problem for all of us - let's solve it together!

## Keep it professional

Letters of reference for women are 7x more likely to mention personal life - something that is almost always irrelevant for the application.

Also make sure you use formal titles and surnames for both men and women.

## Stay away from stereotypes

Although they describe positive traits, adjectives like 'caring', 'compassionate', and 'helpful' are used more frequently in letters for women and can evoke gender stereotypes which can hurt a candidate. And be careful not to invoke these stereotypes directly ('she is not emotional').

## Be careful raising doubt

We all want to write honest letters, but negative or irrelevant comments, such as 'challenging personality' or 'I have confidence that she will become better than average' are twice as common in letters for female applicants. Don't add doubt unless it is strictly necessary!

## Adjectives to avoid: Adjectives to include:

caring	successful
compassionate	excellent
hard-working	accomplished
conscientious	outstanding
dependable	skilled
diligent	knowledgeable
dedicated	insightful
tactful	resourceful
interpersonal	confident
warm	ambitious
helpful	independent
	intellectual

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Commission on the  
Status of Women

Research from Trix, F & Psenka, C. Exploring the color of glass: Letters of recommendation for female and male medical faculty. *Discourse & Society*, 2003; and Madera, JM, Hebl, MR, & Martin, RC. Gender and letters of Recommendation for Academia: Agentive and Communal Differences. *Journal of Applied Psychology*, 2009.



Gender bias calculator

<https://www.tomforth.co.uk/genderbias/>

**UW Medicine**  
SCHOOL OF MEDICINE

September 1, 2013

Dear Program Director,

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It is my privilege to enthusiastically recommend [REDACTED] for a position in your residency program. I worked with [REDACTED] as her attending physician during her third-year clerkship in Obstetrics and Gynecology in [REDACTED] (a WWAMI site for the University of Washington). Over the course of her six-week rotation, I was able to observe her skills in depth.

Her clinical rotation was quite busy -- she independently rounded on all postoperative, postpartum, antepartum, and laboring patients for our practice each morning before scrubbing for surgery or seeing outpatients in our clinical practice. Her presentations during morning rounds were succinct yet comprehensive, as well as accurate. [REDACTED]'s Ob/Gyn experience was quite extensive, as there were no other students or residents rotating with our practice during her clerkship. She functioned at the level of a 4<sup>th</sup> year Sub-I, and sometimes at the level of an intern! She is 100% reliable, honest, efficient, and an absolute pleasure to work with during long clinical days. Her positive attitude and strong work ethic were unwavering. Patients clearly enjoyed interacting with [REDACTED] -- I observed her to be kind, compassionate, and always professional.

She worked diligently outside of her patient-care duties, to read and learn independently. It was obvious that she utilized appropriate clinical online resources as well as the primary literature in her studies. Her skills in the operating room were also impressive -- she is a quick study, and excellent with her hands. She is able to anticipate the needs of her patients, as well as those of her health care team.

She is determined to pursue a career in pediatrics, though I made a concerted effort to recruit her to Ob/Gyn! She is without a doubt one of the best students with whom I've had the pleasure of training. She will certainly be an asset to your program. I strongly recommend [REDACTED], without reservation. I hope she will return to [REDACTED] as a future colleague.

Sincerely,

[REDACTED]

[REDACTED]  
WWAMI Program [REDACTED]  
Clinical Faculty, University of Washington

PROF-3 Demonstrates humanism and cultural proficiency					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Consistently demonstrates compassion, respect, and empathy</p> <p>Recognizes impact of culture on health and health behaviors</p>	<p>Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity</p> <p>Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model</p> <p>Identifies own cultural framework that may impact patient interactions and decision-making</p>	<p>Incorporates patients' beliefs, values, and cultural practices in patient care plans</p> <p>Identifies health inequities and social determinants of health and their impact on individual and family health</p>	<p>Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs</p>	<p>Demonstrates leadership in cultural proficiency, understanding of health disparities, and social determinants of health</p> <p>Develops organizational policies and education to support the application of these principles in the practice of medicine</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

PBLI-2 Demonstrates self-directed learning					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback</p> <p>Uses feedback to improve learning and performance</p>	<p>Incorporates feedback and evaluations to assess performance and develop a learning plan</p> <p>Uses point-of-care, evidence-based information and guidelines to answer clinical questions</p>	<p>Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement</p>	<p>Identifies own clinical information needs based, in part, on the values and preferences of each patient</p> <p>Demonstrates use of a system or process for keeping up with relevant changes in medicine</p> <p>Consistently evaluates self and practice, using appropriate evidence-based standards, to implement changes in practice to improve patient care and its delivery</p>	<p>Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas</p> <p>Initiates or collaborates in research to fill knowledge gaps in family medicine</p> <p>Role models continuous self-improvement and care delivery improvements using appropriate, current knowledge and best-practice standards</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

C-2 Communicates effectively with patients, families, and the public					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes that respectful communication is important to quality care</p> <p>Identifies physical, cultural, psychological, and social barriers to communication</p> <p>Uses the medical interview to establish rapport and facilitate patient-centered information exchange</p>	<p>Matches modality of communication to patient needs, health literacy, and context</p> <p>Organizes information to be shared with patients and families</p> <p>Participates in end-of-life discussions and delivery of bad news</p>	<p>Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit</p> <p>Engages patients' perspectives in shared decision making</p> <p>Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters</p>	<p>Educates and counsels patients and families in disease management and health promotion skills</p> <p>Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis</p> <p>Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients' needs</p>	<p>Role models effective communication with patients, families, and the public</p> <p>Engages community partners to educate the public</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

MK-2 Applies critical thinking skills in patient care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians</p> <p>Demonstrates basic decision making capabilities</p> <p>Demonstrates the capacity to correctly interpret basic clinical tests and images</p>	<p>Synthesizes information from multiple resources to make clinical decisions</p> <p>Begins to integrate social and behavioral sciences with biomedical knowledge in patient care</p> <p>Anticipates expected and unexpected outcomes of the patients' clinical condition and data</p>	<p>Recognizes and reconciles knowledge of patient and medicine to act in patients' best interest</p> <p>Recognizes the effect of an individual's condition on families and populations</p>	<p>Integrates and synthesizes knowledge to make decisions in complex clinical situations</p> <p>Uses experience with patient panels to address population health</p>	<p>Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans</p> <p>Collaborates with the participants necessary to address important health problems for both individuals and communities</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					