Writing Letters of Recommendation for Any Student

(aka “Leaving Lake Wobegon”)

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Learning Objectives

At the end of this activity, the participant will be able to:

1. Identify helpful and harmful characteristics in a letter of recommendation (LOR)
2. Describe the role of bias in writing LORs
3. Formulate elements of a concise, credible, contextual, concrete, and comparative LOR
4. Incorporate use of competency-based frameworks into LOR
Disclosure

We are career advisors

Our goal is to get students matched into residency
Top 10 Factors Used in Residency Selection

• USMLE Step 1
• Specialty Specific Letter of Recommendation
• Medical Student Performance Evaluation (MSPE/Dean’s Letter)
• USMLE Step 2 CK
• Grades in required clerkships
• Personal Statement
• Class ranking/quartile
• Any failed attempt in USMLE
• Grades in clerkship in desired specialty
• Evidence of professionalism and ethics

2018 NRMP Program Directors survey
Background

• **Most programs use LORs in their selection process** (83% used them to decide which applicants to interview and 67% to make ranking decisions)

• **Narrative LORs are sometimes questionable** (EM and Otolaryngology found them to be unreliable; positively biased with poor inter-rater reliability)

• **LORs can be influenced by bias** (Content and quality of letters)

• Cognitive knowledge, clinical judgment, work habits, and motivation are frequently left out
Writer
Advocate
Informant

Reader
Interpreter
Judge

Student
Optimist
Marketer

YOUR LETTER

YOU
What's Missing?

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 [Redacted]. 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,
What’s missing?

To Whom It May Concern:

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

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

In my opinion, [name] 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,

Always include the ERAS ID

State that the applicant has waived the right to see the letter

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

Give examples!

Be specific about which specialty!
Do you want to hire 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 [redacted]. I was impressed with his excellent communication skills and high work ethic.

Initially, during his undergraduate year at the University of [redacted] he showed a real interest in the field of [redacted]. However, he now feels that a career in [redacted] and subsequent sub-specialty training in [redacted] best fits his strength and long term goals.

So,... What are his strengths?

Sincerely,

[redacted]

Professor, [redacted]
University of Washington
professorawesome@uw.edu

Was he smart? Did he make good clinical decisions?
Possible LOR Red Flags and Euphemisms

“This letter of recommendation is an absolute masterpiece. It can be interpreted in any number of ways.”
Efficient

A. Gets the work done quickly so he can see more patients
B. So anxious about interacting with patients that he escapes from the exam room as soon as he is able
C. Notes never longer than 20 words from start to finish
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
Descriptors

Magnificent  Accomplished  Present
Superlative  Well read  English speaking
Extraordinarily strong  Capable  Ambulatory
Notable  Friendly  Well perfused
Wonderful  Well groomed  Charmingly fresh in outlook
Humble  About to blossom  Eukaryotic
Bias in LORs

• History of LORs
• LORs are fraught with bias
• Gender bias: doubt raisers for women, women as less agentic with less innate capabilities, more communal and hard-working
• Racial bias is much less studied but there are similar findings
What are doubt raisers?

- Negativity (directly saying something bad)
  - *She has a somewhat challenging personality*

- Faint praise (indirect criticism of someone or something by giving a slight compliment)
  - *He appears to be a highly motivated colleague*

- Hedges (cautious or vague language)
  - *While his publications are not numerous as you know*

- Irrelevant information (going off in a direction unrelated to the job description)
  - *It appears that her health and personal life are stable*
Avoiding racial bias in letter of reference writing

Got a great student or junior scholar who is a person of color (POC)? Planning to write a super letter of reference? Don’t fall into these common traps rooted in unconscious bias.

Mention research & publications
Letters of reference for POC can be considerably shorter and at times do not highlight publications or research quality, compared to letters for white scholars. Make sure you highlight critical research accomplishments of POC scholars in every letter!

Keep it professional
Letters of reference for POC (especially those from lower socioeconomic status, international background, etc) are more likely to mention personal information that is not relevant for the application, or expose details that the candidate might not want exposed (DACA, first generation, socioeconomic background, etc). Unless otherwise requested by the candidate or

Gender bias calculator

This calculator was inspired by this AWIS blog post on gender biases in recommendation letters. The blog post and the scientific paper it is based on also explain why this gender bias is important. I am grateful to Dr. Karen James for bringing it to my attention and leading me to examine my own written recommendations.

Try an example!

Write or paste your recommendation letter here. Words that are more often associated with women will be added to the female list. Words that are more often associated with men will be added to the male list.

Female-associated words  |  Male-associated words

http://www.tomforth.co.uk/genderbias/
Mitigating Bias

1. Be aware that you have biases
2. Work harder to know your learner as a unique individual, especially when you find yourself using stereotypes
3. Focus on comparing the applicant with the requirements of the job
4. Check your writing- would you use the same phrases to describe someone of a different race or gender?
5. Have colleagues read your letters of recommendation
What do I do with THIS?!
I can’t possibly write a good letter for this student!!! What do I do?

• If you 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 observe 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 this will be an honest letter but you will try to highlight strengths.
- Special Circumstances:
  - How does the applicant want to address the issue?
  - Use it as an opportunity to highlight the strengths of the applicant

At end end of the day, our students need letters, and we have to write them.
Competency Frameworks

• Examples
  • AAMC Entrustable Professional Activities
  • ACGME Core Competencies

• 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 in LOR

• Anchors or milestones along the developmental trajectory of competencies can be standardized across institutions
• Can capitalize on performance frameworks most educators are already familiar with
• Could 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**

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

He researched clinical questions and included information from appropriate sources in his assessments and plans.
Best Practices: The “5 C’s”

Concise
Credible
Contextual
Concrete
Comparative

Created by Ken Steinberg, MD and Chris Knight, MD
Best Practices

• Introduction
  • Who are you?
  • Teaching role?
  • How well do you know the student?

Dear Program Director,

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 [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.

Don’t forget the ERAS ID and that the student has waived the right to see the letter
Body

• Describe the student’s strength that you OBSERVED
• Be as generous and specific as possible
• Describe anything else that makes the students unique

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] 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 4th 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.
Summary

• Recap the student’s strengths and what sets them apart
• Do you want the student in your residency/specialty? Say so!
• Comparative statements are often valued by residencies

She is determined to pursue a career in pediatrics, though I made a concerted effort to recruit her to [redacted]. 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.
NEVER FORGET THESE THINGS

• Write the letter on letterhead
• Sign it
• Put the student's ERAS ID number on it at least once
  • “I am pleased to recommend Bob Smith (ERAS #######) for a position in your residency program”
• State that the student has waived the right to see the letter
• Don’t call the student “Dr.” unless she has earned a doctorate. Use student doctor, Mr./Ms., or first and last name.
Acknowledgements

Thanks to Drs. Amanda Kost, and Pam Pentin for their contributions to this presentation
References

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- Trix and Penska. 2003. Exploring the color of glass: Letters of recommendation for female and male medical faculty
- National Center for Women and Information Technology. Avoiding Unintended Gender Bias in Letters of Recommendation. [https://www.ncwit.org/sites/default/files/resources/avoidingunintendedgenderbiaslettersrecommendation.pdf](https://www.ncwit.org/sites/default/files/resources/avoidingunintendedgenderbiaslettersrecommendation.pdf)