

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

### Writing a Letter of Recommendation (LOR):

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. Therefore AmeriClerkships recommends to its members to not waive their right to see their letters, so that we can provide them an LOR Analysis \(pgs. 8-11 below\) as a part of their overall residency preparation strategy.](#)
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: \[americlerkships.org/members/services/reentry/acgmecore\]\(http://americlerkships.org/members/services/reentry/acgmecore\).](#)
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.

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. [AmeriClerkships 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]

Sample Personal LOR

[Official Letterhead]

Date

Re: Letter of Recommendation for Mr. Bob Johnson  
AAMC ID# 123-45-678

Dear Program Director,

Mr. Bob Johnson asked me to write a letter of recommendation in support of his application for an Internal Medicine residency and I enthusiastically agreed. Bob waived his right to see this letter. I came to know Bob during his 6 week long 3<sup>rd</sup> year internal medicine clerkship in May-June [year]. I am the associate clerkship director for internal medicine at [X] Medical Center. I also functioned as Bob's preceptor for the final three weeks of his internal medicine clerkship. These duties permitted me to interview every physician that worked with him at our facility, so I believe I can accurately portray his performance.

Clearly, Bob is in the top third of the 24 3<sup>rd</sup> year [medical school] students I have seen this academic year. All of his evaluators agreed that he could function at the sub-intern level if not the intern level. On several occasions, he was permitted to make all of the management decisions on a patient under his care. I was particularly impressed with his detailed histories that he presented very clearly. In his papers, it was obvious that he truly understood the disease processes of his patients. On rounds, he could routinely offer a reasonable management plan. He also had all the important professional qualities, to include meticulous work habits, respect for superiors, and being a good team player.

I'd also like to add that I think he is more intelligent than his standardized test scores indicate. When we reviewed several multiple choice style questions together, it was clear to me that even though he knew the material, he was not picking the correct answer because he didn't understand the question being asked. I gave him some exercises to work on and hopefully his test taking skills will improve. Please note that in every clinical situation it was readily apparent that his knowledge base exceeded his peers.

In summary, Bob Johnson is a superb medical student in all aspects. I strongly recommend him for residency in internal medicine, and would gladly accept him in my own program.

Please note I limit all of my letters of recommendation to one page or less. Please contact me if you have any questions regarding Bob Johnson. I may be reached as follows: [555-555-5555] or [first.last@official]

First Last, MD  
Job title  
Academic rank  
Hospital Affiliation

[REDACTED] Hospital Center  
MEDICAL ATTENDING SERVICE  
[REDACTED]  
[REDACTED]

[REDACTED]  
RE: [REDACTED]

Dear Program Director,

I take great pleasure in recommending [REDACTED] for residency program at your institution. [REDACTED] did a 4-week hands-on clinical rotation under my supervision during which he had both outpatient experience at [REDACTED] Medical Group and inpatient experience at [REDACTED] Hospital, which is affiliated with [REDACTED] of Medicine.

During this rotation, he took patient histories and performed physical examinations, wrote patient notes, and orally presented the cases to me. He actively discussed with me differential diagnosis as well as pathophysiology and was able to give appropriate assessments and plans. I had the opportunity to observe him during this time and found him to be sincere, hardworking with excellent learning abilities and a good team attitude. He utilized the externship opportunity to the best by coming early to the hospital, and staying in as late as needed to follow new patient admissions.

He learned how to operate with our electronic medical record system [REDACTED] and took interest in guiding his peers to become familiar with the system. He never hesitated to get his doubts cleared, and to discuss his opinions. I got positive feedback from the staff, peers and patients, regarding his interpersonal skills, methodical approach and clinical knowledge.

In conclusion, [REDACTED] is not only well-versed in academics, but also in social and psychological aspects of medicine, which is shown by the way he communicates with patients. His assertive nature, clinical knowledge, and attentive care for the welfare of patients make him an exceptional physician. I firmly believe he will be an excellent addition to your residency program and I am convinced that [REDACTED] will make an immediate positive contribution to your institution. Please feel free to contact me if you have any questions.

Sincerely,

[REDACTED]  
[REDACTED] M.D.

Director of Medical Education, [REDACTED] Medical Center  
Academic affiliate of [REDACTED] Medical Center College of Medicine  
Medical Director, Internal Medicine, [REDACTED] Hospital  
Attending Physician at [REDACTED] Hospital Center  
Email: [REDACTED]@yahoo.com phone: [REDACTED]

**KEEP CONFIDENTIAL - DO NOT DISTRIBUTE**





## Checklist for writing a Personal LOR

- ☐ AAMC ID#, date of letter, addressed to "Dear Program Director"

### 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

### 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 affiliation

### General considerations:

- ☐ Letterhead used
- ☐ Spelling/grammar correct

## Checklist for writing a Departmental LOR

### Opening paragraph:

- ☐ 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).

### Subsequent paragraph:

- ☐ 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

### Subsequent paragraph

- ☐ 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)

### Last paragraph:

- ☐ 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?

### Signature block:

- ☐ Name
- ☐ Academic rank
- ☐ Title of author as related to the clerkship/department

### General considerations:

- ☐ Letterhead used
- ☐ Spelling/grammar correct
- ☐ All comments factual, truthful, and in good faith

**To Be Used by U.S. Licensed Attending Physician as a Reference  
Tool for Writing Letters of Recommendation Only**

## Sample Letter of Recommendation Analysis Report

**Prepared by Pedram Mizani, MD on 5/10/15**

**Privacy and Confidentiality Statement:** This Letter of Recommendation Analysis is intended only for the AmeriClerkships Medical Society member, \_\_\_\_\_, who the letter of recommendation is written for. If you are not the named recipient, you are not authorized to use, disclose, distribute, copy, print or reply to this document, and should immediately delete it from your computer system.

**2016 AAMC/ECFMG Policy Changes:** Starting in ERAS 2016, all LORs will be uploaded using the ERAS LOR portal by each LOR author, or their designee. please refer to <https://www.aamc.org/download/422362/data/lor-process-authors.pdf> to get a copy of the letter explaining this change to writes by AAMC. It is also a good idea for International Medical Graduates to review <http://www.ecfm.org/echo/asking-for-lor.html>.

**To Waive or Not:** the decision to see your Letter of Recommendation (LOR) is ultimately up to you, however it has been our experience that only 1/3 of the letter writers disclose whether the student waived their right or not, and over 90% of the LORs analyzed by AmeriClerkships contain errors (name, dates, AAMC ID#, grammar, gender, format, irrelevance, etc.). According to the [National Resident Matching Program \(NRMP\)](#), residency programs consistently cited LORs as one of the top factors in selecting applicants to interviews. Additionally unlike US Medical Graduates, International Medical Graduates (IMGs) haven't spent their entire lives being acculturated to the United States, and only spend a brief period of time with each letter writer (typically 4 to 6 weeks), therefore AmeriClerkships recommends that IMGs do everything in your power to ensure that a poorly written LOR does not make its way into their residency application.

**Qualifications of the Analyzer:** This Letter of Recommendation was analyzed by Dr. Pedram Mizani. You may review his curriculum vitae and qualifications by [clicking here](#).

---

### Analysis Report:

#### 1. First impression/red flags noted:

- a. Despite the missing AAMC ID#, this is a very genuinely strong LOR. Great job!
- b. The letter is very supportive, and states the basics of what was expected of you as well as your performance, but I see no specific examples of your patient interactions. Make sure that you upload the evaluation with this LOR so that the reader gets both an objective and subjective view of this clinical block.
- c. The definition of the word "hands-on" (and even "observership") vary greatly depending on the context in which it is being used. State medical boards may define hands-on as the actual practice of medicine, whereas residency admission committees may define it as any residency relevant type of experience short of practicing medicine without a license. As a rule of thumb, I recommend that volunteer level clinicals be

**KEEP CONFIDENTIAL - DO NOT DISTRIBUTE**



**To Be Used by U.S. Licensed Attending Physician as a Reference**  
**Tool for Writing Letters of Recommendation Only**

referred to as “clinical experiences”. Furthermore, I recommend that instead of making a residency candidate look as if they were in any shape or form responsible for anything (i.e. “he conducted physical exams”), the letter writers say that you assisted in [xxxx activity], which hopefully was always the case with you in this clinical block. It would be very unfortunate if one is accused of practicing medicine without a license for a mere loose association of inaccurately used words with legal definitions associated to them, to what actually happened.

- d. This is a positive LOR, and you should use it.
2. **Appropriate formatting (please refer to <http://med.ucf.edu/media/2012/05/writing-a-good-LOR.pdf> as reference):**
  - a. Absolutely.
3. **Hidden messages?**
  - a. None seen.
4. **Consistency of this LOR with an accompanying clinical evaluation:**
  - a. Clinical evaluation is very strong. The scores are very consistent with the LOR.
5. **Over reliance on non-residency related factors (e.g. shadowing, research, international experience):**
  - a. Not at all.
6. **ACGME Core Competency #1: Discussed specific instances of patient care:** “Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”
  - a. 8/10, based on answering the question: “How has this residency candidate demonstrated his/her ability to discern between patient care that is effective, appropriate and effective, versus not, in US clinical settings?”
  - b. **Make sure you include the evaluation when uploading this LOR onto ECFMG/ERAS.**
7. **ACGME Core Competency #2: Discussed about medical knowledge:** “Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.”
  - a. 7/10, based on answering the question: “How does this candidate apply his knowledge to patient care in US clinical settings?”
8. **ACGME Core Competency #3: Discussed Practice-based Learning and Improvement:** “Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.”
  - a. 8/10, based on answering the question: “What do you think about this candidate’s evaluate and reevaluate the care that’s being provided to patients US clinical settings? Does he/she use evidence based medicine when working with patients in the US?”
9. **ACGME Core Competency #4: Discussed Interpersonal and Communication Skills:** “Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.”

**KEEP CONFIDENTIAL - DO NOT DISTRIBUTE**

**To Be Used by U.S. Licensed Attending Physician as a Reference  
Tool for Writing Letters of Recommendation Only**

- a. **8/10**, based on answering the question: “Is this candidate able to effectively communicate with patients, their families and with other healthcare professionals in the US? Does he understand the healthcare culture here in the US? Does he understand the medico-legal system within US healthcare?”
- 10. ACGME Core Competency #5: Discussed Professionalism:** “Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.”
- a. **8/10**, based on answering the question: “Tell me how you’ve assessed this candidate’s ability to carry out the professional and ethical responsibilities required of him when he’s employed at the US residency, hospital, or clinic that he’s applying for a job/residency at?”
- 11. ACGME Core Competency #6: Discussed Systems-based Practice:** “Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.”
- a. **5/10**, based on answering the question: “Can you provide me with specific examples where this candidate was able to function effectively while working with other specialists, ancillary care providers, and non-healthcare professionals while working with US patients?”
- 12. Our recommendations about this LOR:**
- a. This is an excellent LOR, with the exception of what I stated above. Please be aware that its probably expected to read a little bit of embellishment and exaggeration in an LOR, but this should never be the case when applying for licensure (i.e. doing physical exams on your own, or formulating diagnostic and therapeutic plans; everything that you do is solely for your supervisor to evaluate you, and you must never look like you’re practicing medicine without a license).
- b. My overall score for this LOR is a **89/100** for the reasons stated above, but possibly higher if some of the above issues I observed are resolved. I don’t recommend that you submit any LORs to residency programs which score **<80/100**.
- c. Use this LOR as your #1 or #2 LOR in a batch of 4 that you submit to each program you apply to.

- 
- [Click here](#) for frequent questions and answers about asking for LORs, by ECFMG
  - [Click here](#) to read about how to submit LORs, by ECFMG

Thank you for sharing your LOR with me for Analysis.

Best - Pedram

**Pedram Mizani, MD, MHSA**

Family Physician

President | [AmeriClerkships.org](http://AmeriClerkships.org)

President | [edu.AdvancedColleges.us](http://edu.AdvancedColleges.us)

**KEEP CONFIDENTIAL - DO NOT DISTRIBUTE**

**To Be Used by U.S. Licensed Attending Physician as a Reference  
Tool for Writing Letters of Recommendation Only**

Distance Education Evaluator | [abhes.org](http://abhes.org)

Direct: (949) 579-8089 | Cell: (714) 614-6404 | Fax: (877) 748-0188

26 Executive Park, Suite 270, Irvine, CA 92614

Email/G+Hangout/Chat: [pedram.mizani@americlerkships.org](mailto:pedram.mizani@americlerkships.org) | Skype: pedram.mizani

AMS Social: [YouTube](#) | [Facebook](#) | [Twitter](#) | ACA Social: [YouTube](#) | [Facebook](#) | [Twitter](#)

**Office Hours** - Members: <http://americlerkships.org/members/officehours>

**Office Hours** - PLUS Members: <http://americlerkships.org/members/biweeklyplus>

**KEEP CONFIDENTIAL - DO NOT DISTRIBUTE**