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BIOLOGICAL  
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“I recommend...without reservation?” Authoring Letters for all kinds of learners

(Sabrina Holmquist, MD)

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FAME Radiology Workshop

August 2, 2021

*I have no conflicts of interest to disclose.*

CME: text **TOYCEV** to 773-245-0068



# Who do you write letters for?

Medical students

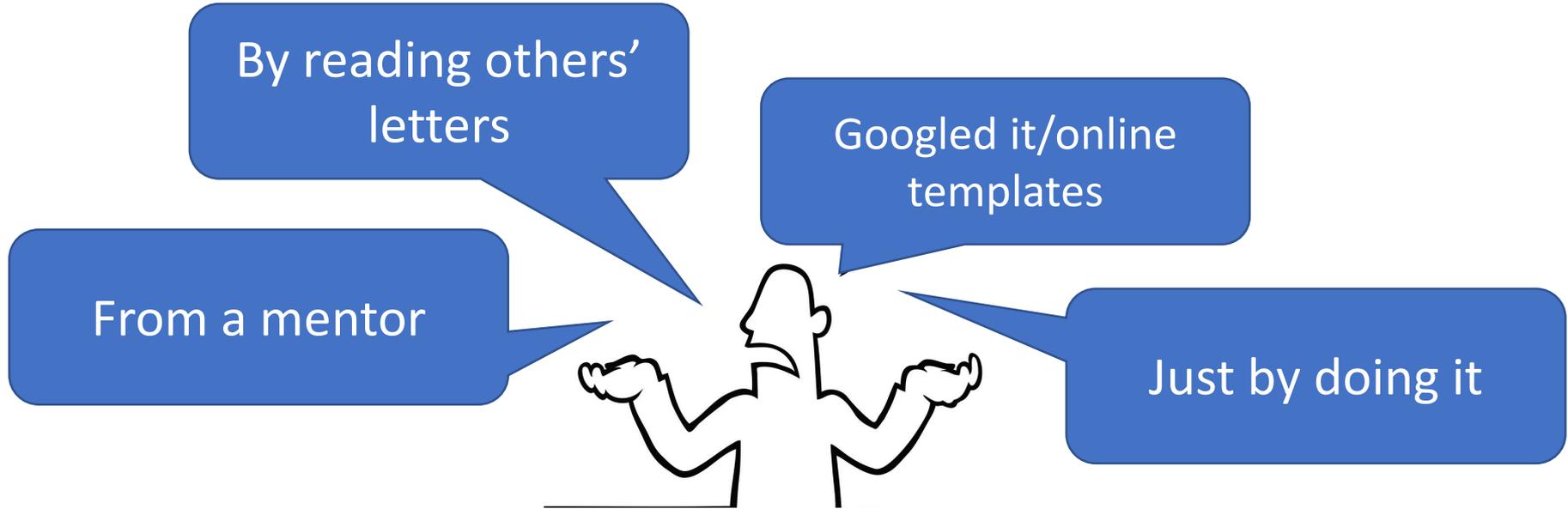
Residents

Fellows

Post docs

Faculty

# How did you learn to write letters?



# Objectives

By the end of this workshop, participants will:

- Understand and apply best practices in letter writing across the continuum
- Identify, decipher, and employ “code phrases” commonly used in letters
- Identify and avoid unintentional bias in letters
- Develop strategies for authoring or declining letters for challenging learners



# The Ask

- Sally has approached you to write a “strong” letter of recommendation for residency
- What do you need to consider?
- What information do you need?
  - CV and a personal statement
  - Meet with the applicant in person
  - What are the requirements of the position?



# Anatomy of the LOR: Standard four paragraph format

## Intro

- “It is my pleasure to write this letter in support of ...”
- How do you know the learner?
- Overall summary of learner’s ability

## Meat

- Reasons for your recommendation
- Attributes that make the learner an asset to the program; consider ACGME competencies
- Personal stories and specific examples

## Optional

- Highlight other learner characteristics: research experience, volunteer activities, etc, and how these make the applicant a better doctor
- Address applicant challenges, focusing on positive attributes

## Closing

- Overall summary of learner performance, highlighting strengths
- Your recommendation



# Case Study #1



Highlight or put in the chat:

What makes this applicant sound strong?

What makes this applicant sound weak?

I am pleased to provide my recommendation for Dr. Belinda Bunion, who is applying for your fellowship in Toe Transplant. I am the Program Director for the University of Chicago Generic Residency Training Program, and in this capacity can speak to her qualifications not only from my direct clinical observations, but also having reviewed her evaluations and clinical performance throughout her three years of residency training with us.

The University of Chicago Generic Residency Program is a moderate sized training program with approximately 50 residents. Our graduates train in both a tertiary care hospital where they are exposed to a full range of acute generic illness and injury. Additionally, they spend rotations in Affiliated Community Hospital and in several subspecialty outpatient clinics. Our graduates are well prepared to enter subspecialty fellowship training.

Dr. Bunion graduated from the Usual School of Medicine and her combination of academic accomplishment and commitment to community service made her a very good candidate. As you will note from her CV, one of her greatest strengths is her dedication to community service. Not only has she amassed a strong record of service prior to entering our program, she continued to participate in numerous activities as a busy resident, still volunteering hours at the Local Free Clinic as well as serving as a mentor for the medical students in our affiliated medical school.

Throughout her residency, Belinda received compliments from the faculty for her demeanor, attention to detail, and her very good fund of knowledge. She was always well groomed and punctual. As her supervising physician, I have personally supervised her clinical care and find her to be clinically sound, non-judgemental, and a great team player who has garnered respect from her colleagues and nursing staff as well as love from her patients. We had no professionalism concerns during her residency and she required no remediation.

As a scholar, Belinda has begun to explore many aspects of digit transplantation which intrigue her, including the use of simulation in transplantation, and has already begun to think broadly about developing skills in medical education assessment and scholarship that will allow her to develop these interests into full fledged projects. I believe that with strong mentorship, she will successfully complete her fellowship scholarly requirements.

I recommend Dr. Bunion without reservation and looking forward to watching her career develop. Please do not hesitate to contact me if I can provide any additional information.



# Dear Program Director: Deciphering Letters of Recommendation

Kris Saudek, MD  
David Saudek, MD  
Robert Treat, PhD

Peter Bartz, MD  
Rachel Weigert, MD  
Michael Weisgerber, MD, MS

## ABSTRACT

**Background** Letters of recommendation (LORs) are an important part of applications for residency and fellowship programs. Despite anecdotal use of a “code” in LORs, research on program director (PD) perceptions of the value of these documents is sparse.

**Objective** We analyzed PD interpretations of LOR components and discriminated between perceived levels of applicant recommendations.

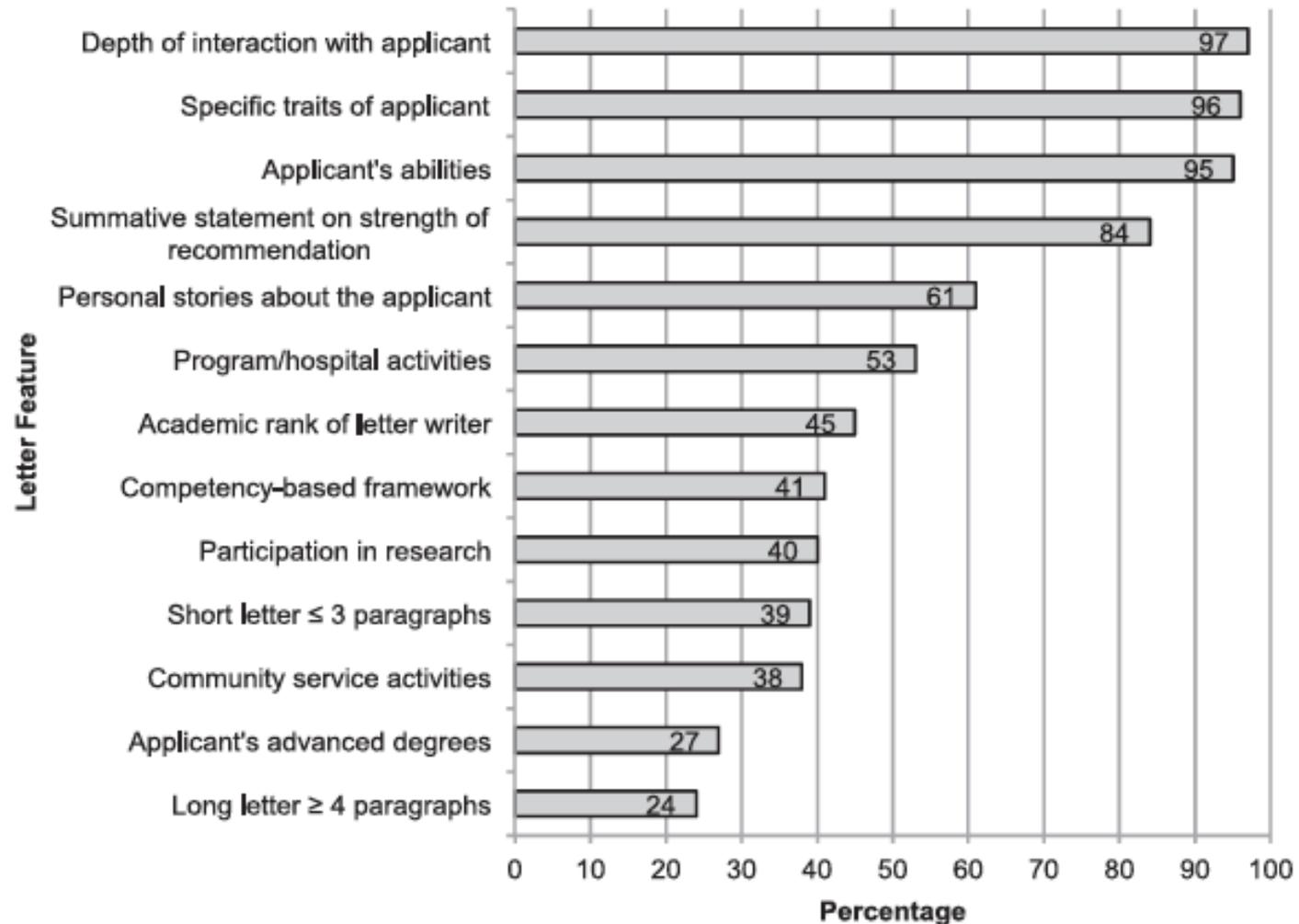
**Methods** We conducted a cross-sectional, descriptive study of pediatrics residency and fellowship PDs. We developed a survey asking PDs to rate 3 aspects of LORs: 13 letter features, 10 applicant abilities, and 11 commonly used phrases, using a 5-point Likert scale. The 11 phrases were grouped using principal component analysis. Mean scores of components were analyzed with repeated-measures analysis of variance. Median Likert score differences between groups were analyzed with Mann-Whitney *U* tests.

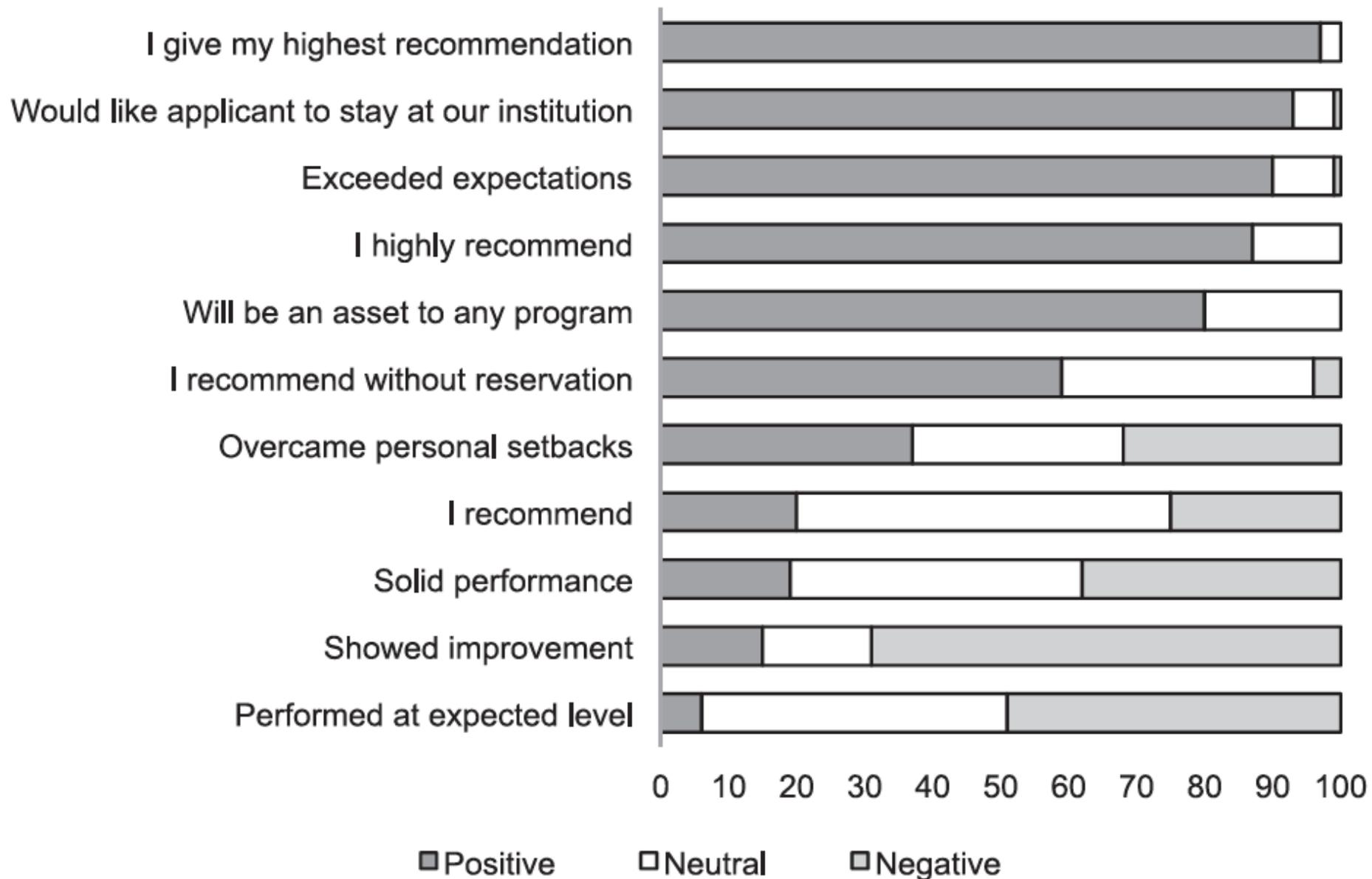
**Results** Our survey had a 43% response rate (468 of 1079). “I give my highest recommendation” was rated the most positive phrase, while “showed improvement” was rated the most negative. Principal component analysis generated 3 groups of phrases with moderate to strong correlation with each other. The mean Likert score for each group from the PD rating was calculated. Positive phrases had a mean (SD) of 4.4 (0.4), neutral phrases 3.4 (0.5), and negative phrases 2.6 (0.6). There was a significant difference among all 3 pairs of mean scores (all  $P < .001$ ).

**Conclusions** Commonly used phrases in LORs were interpreted consistently by PDs and influenced their impressions of candidates. Key elements of LORs include distinct phrases depicting different degrees of endorsement.



# Percentage of PD's rating letter feature important





(Likert Scale Rating)

# Deciphering the code

## Positive

- Would like the applicant to stay at our institution
- Will be an asset to any program
- Exceeded expectations
- I give my highest recommendation

## Neutral

- I recommend
- I recommend without reservation
- I highly recommend
- Solid performance

## Negative

- Showed improvement
- Overcame personal setbacks
- Performed at the expected level



# Pitfalls

- Don't reiterate the CV in the letter
- Sweet spot length is about a page and a half
- Be aware of unconscious bias



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# Are Emily and Greg More Employable Than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination

By MARIANNE BERTRAND AND SENDHIL MULLAINATHAN\*

*We study race in the labor market by sending fictitious resumes to help-wanted ads in Boston and Chicago newspapers. To manipulate perceived race, resumes are randomly assigned African-American- or White-sounding names. White names receive 50 percent more callbacks for interviews. Callbacks are also more responsive to resume quality for White names than for African-American ones. The racial gap is uniform across occupation, industry, and employer size. We also find little evidence that employers are inferring social class from the names. Differential treatment by race still appears to still be prominent in the U.S. labor market. (JEL J71, J64).*

American Economic Review, September 2004



Try this calculator!  
<http://slowe.github.io/genderbias/>

Check for updates

## Linguistic Biases in Letters of Recommendation for Radiation Oncology Residency Applicants from 2015 to 2019

Bhavana V. Chapman<sup>1</sup> · Michael K. Rooney<sup>1</sup> · Ethan B. Ludmir<sup>1</sup> · Denise De La Cruz<sup>2</sup> · Abigail Chelsea C. Pinnix<sup>1</sup> · Prajnan Das<sup>1</sup> · Reshma Jagsi<sup>2</sup> · Charles R. Thomas Jr<sup>3</sup> · Emma B. Holliday<sup>1</sup>

Accepted: 19 October 2020  
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### Abstract

We aimed to investigate whether implicit linguistic biases exist in letters of recommendation for radiation oncology (RO) residency. LORs ( $n = 487$ ) written for applicants ( $n = 125$ ) invited to the RO residency program from the 2015 to 2019 application cycles were included for analysis. LIWC (Linguistic Inquiry and Word Count) software was used to evaluate LORs for length and a dictionary of gender-biased language was evaluated for gender bias using a publicly available gender bias calculator.  $N$ -tests were used to compare linguistic domain scores. The median number of the LORs per applicant was 4. Significant differences by applicant gender were detected in LIWC score domains or gender bias scores. However, LORs for applicants from racial/ethnic backgrounds underrepresented in medicine were less likely to include standout descriptors ( $P = 0.008$ ). Male writers were less likely to describe applicant characteristics related to patient care ( $P < 0.0001$ ) and agentic personality ( $P = 0.006$ ). LORs written by RO were shorter ( $P < 0.0001$ ) and included fewer standout descriptors ( $P = 0.014$ ) but were also more likely to include statements regarding applicant desirability ( $P = 0.045$ ) and research ( $P = 0.008$ ). While language was globally male-biased, assistant professors were less likely than associate professors ( $P = 0.0064$ ) and full professors ( $P = 0.023$ ) to use male-biased language. Significant linguistic differences were observed in RO residency LORs, suggesting that implicit biases related to both applicants and letter writers may exist. Recognition, and ideally eradication, of such biases are crucial for fair and equitable evaluation of a diverse applicant pool of RO residency candidates.

**Keywords** Bias · Gender · Race · Ethnicity · Women in medicine · Underrepresented in medicine · Graduate medical education · Residency

No gender differences in the calculator, BUT:

Assistant professors less likely to use gendered language than associate or full professors

URiM had fewer “standout” descriptors



# 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!

brought to you by:



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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.



THE UNIVERSITY OF ARIZONA

## 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

Follow us at: [www.facebook.com/uacsw](http://www.facebook.com/uacsw)

For an electronic copy of this graphic, see:  
[www.csw.arizona.edu/LORbias](http://www.csw.arizona.edu/LORbias)

**OFFICIAL CORD STANDARDIZED LETTER OF EVALUATION (SLOE)**

**2015-2016 APPLICATION SEASON**

**Emergency Medicine Faculty ONLY**

I have read this year's instructions @ [www.cordem.org](http://www.cordem.org)  Yes  No

Applicant's Name:

AAMC ERAS ID No.

Letter Writers' Institution:

Email:

Reference Provided By:

Telephone:

Present Position:

**A. Background Information**

1. How long have you known the applicant?

2. Nature of contact with applicant: (Check all that apply)

Know indirectly through others/evaluations  Extended, direct observation in the ED

Clinical contact outside the ED  Advisor

Occasional contact (<10 hours) in the ED Other:

3. a. Did this candidate rotate in your ED?  Yes  No

b. If so, what grade was given?

Honors  High Pass  Pass  Low Pass  Fail

4. Is this the student's first, second or third EM rotation?

What date(s) did this student rotate at your institution? (mm/yy)

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year:

Honors %

High Pass %

Pass %

Low Pass %

Fail %

100 % Total

Total # students last year:

EM is a required rotation for all students at our institution?  Yes  No

**B. Qualifications for EM. Compare the applicant to other EM applicants/peers.**

- 1. Commitment to Emergency Medicine. Has carefully thought out this career choice.  
 Above Peers (Top 1/3)       At level of peers (Middle 1/3)       Below peers (Lower 1/3)
- 2. Work ethic, willingness to assume responsibility.  
 Above Peers (Top 1/3)       At level of peers (Middle 1/3)       Below peers (Lower 1/3)
- 3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.  
 Above Peers (Top 1/3)       At level of peers (Middle 1/3)       Below peers (Lower 1/3)
- 4. Ability to work with a team.  
 Above Peers (Top 1/3)       At level of peers (Middle 1/3)       Below peers (Lower 1/3)
- 5. Ability to communicate a caring nature to patients.  
 Above Peers (Top 1/3)       At level of peers (Middle 1/3)       Below peers (Lower 1/3)
- 6. How much guidance do you predict this applicant will need during residency?  
 Less than peers       The same as peers       More than peers
- 7. Given the necessary guidance, what is your prediction of success for the applicant?  
 Outstanding       Excellent       Good

**C. Global Assessment**

- 1. Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

<u>Ranking</u>	<u># Recommended in each category last academic year</u>
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>
Total Number of letters you wrote last year: <input type="text"/>	

- 2. a. Are you currently on the committee that determines the final rank list?     Yes     No
- b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)  
 Top 10%  
 Top 1/3  
 Middle 1/3  
 Lower 1/3  
 Unlikely to be on our rank list

**D. Written Comments:**

Please concisely summarize this applicant's candidacy including... (1) Areas that will require attention, (2) Any low rankings from the SLOE, and (3) **Any relevant noncognitive attributes such as leadership, compassion, positive attitude, professionalism, maturity, self-motivation, likelihood to go above and beyond, altruism, recognition of limits, conscientiousness, etc.** (please limit your response to 250 words or less)

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER  Yes  No

Date:

Signature:

\*Once form is signed it cannot be edited. To save an editable version of the form please save this form before signing.

**Print Form**

# Gender Differences in Language in Standardized Letter of Evaluation for Emergency Medicine Residency Applicants

Differences by gender were identified in narrative comments but not in the standardized section

Simiao Li, MD, MS, Abra L. Fant, MD, MS, Danielle M. McCarthy, MD, MS, Danielle Miller, MD, Jill Craig, BA, and Amy Kontrick, MD

## ABSTRACT

**Objective:** While gender differences in language for letters of recommendation have been identified in other fields, no prior studies have evaluated the narrative portion of the emergency medicine (EM) standardized letter of evaluation (SLOE). We aim to examine the differences in language used to describe male and female applicants within the SLOE narrative.

**Methods:** Invited applicants to a 4-year academic EM residency program within a single application year with a SLOE were included in the sample. Exclusion criteria were SLOE of applicants from non-Liaison Committee on Medical Education (LCME) schools or first rotation SLOE not available for download. Data were collected on applicant gender, age, rotation grade, Alpha Omega Alpha designation, and medical school rank. The previously validated Linguistic Inquiry and Word Count (LIWC) program was used to analyze frequency of words within categories relevant to letters of recommendation. Descriptive statistics, t-tests, and chi-square tests were employed in analysis.

**Results:** Of 1,025 applicants within a single application year, 265 were invited to interview; 237 applicants had a first rotation SLOE available for analysis. There were no differences between male and female applicants for baseline characteristics. The median word count per SLOE narrative was 199; within the LIWC dictionary and user-defined categories, words within the categories of affiliation and ability appeared more frequently for female applicants.





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## AOA Critical Issues in Education

Differences by race and gender were identified in narrative letters but not in standardized letters

# Race- and Gender-Based Differences in Descriptions of Applicants in the Letters of Recommendation for Orthopaedic Surgery Residency

Alexa Powers, BA, Katherine M. Gerull, MD, Rachel Rothman, Sandra A. Klein, MD, Rick W. Wright, MD, and Christopher J. Dy, MD, MPH

*Investigation performed at Washington University School of Medicine, St. Louis, Missouri*

**Background:** Letters of recommendation (LOR) are an important component of trainee advancement and assessment. Examination of word use in LOR has demonstrated significant differences in how letter writers describe female and male applicants. Given the emphasis on increasing both gender and racial diversity among orthopaedic surgeons, we aimed to study gender and racial differences in LOR for applicants to orthopaedic surgery residencies.

**Methods:** All applications submitted to a single, academic orthopaedic residency program in 2018 were included. Self-identified gender and race were recorded. The LOR were analyzed via a text analysis software program using previously described categories of communal, agentic, grindstone, ability, and standout words. We examined the relative frequency of word use in letters for (1) male and female applicants and (2) white and underrepresented in orthopaedics (UiO) applicants, with the subgroup analysis based on whether standardized (using the American Orthopaedic Association template) or traditional (narrative) LOR were used.

**Results:** Two thousand six hundred twenty-five LOR were submitted for 730 applicants (79% men). Fifty-nine percent of applicants were self-identified as white, and 34% were self-identified as UiO. In traditional LOR, standout words (odds ratio [OR] 1.07;  $p = 0.01$ ) were more likely to be used in letters for women compared with men, with no difference in any other word-use category. In standardized LOR, there were no gender-based differences in any word category. In traditional LOR, grindstone words (OR = 0.96;  $p = 0.02$ ) were more likely to be used in letters for UiO than white applicants, whereas standout words (OR = 1.05;  $p = 0.04$ ) were more likely to be used in letters for white candidates. In standardized LOR, there were no race-based differences in any word category use.

**Conclusions:** Small differences were found in the categories of words used to describe male and female candidates and white and UiO candidates. These differences were not present in the standardized LOR compared with traditional LOR. It is possible that the use of standardized LOR may reduce gender- and race-based bias in the narrative assessment of applicants.



[ RETROSPECTIVE ANALYSIS ]

# A Retrospective Analysis Comparing Standardized Letter of Recommendation in Dermatology with the Classic Narrative Letter of Recommendation

Standardized letters have fewer superlative traits and greater interrater reliability

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## ABSTRACT

**Background:** In an effort to avoid numerous problems associated with narrative letters of recommendation, a dermatology standardized letter of recommendation was utilized in the 2014–2015 resident application cycle. **Objective:** A comparison of the standardized letter of recommendation and narrative letters of recommendation from a single institution and application cycle to determine if the standardized letter of recommendation met its original goals of efficiency, applicant stratification, and validity. **Methods:** Eight dermatologists assessed all standardized letters of recommendation/narrative letters of recommendation pairs received during the 2014–2015 application cycle. Five readers repeated the analysis two months later. Each letter of recommendation was evaluated based on a seven question survey. Letter analysis and survey completion for each letter was timed. **Results:** Compared to the narrative letters of recommendation, the standardized letter of recommendation is easier to interpret ( $p < 0.0001$ ), has less exaggeration of applicants' positive traits ( $p < 0.001$ ), and has higher inter-rater and intrarater reliability for determining applicant traits including personality, reliability, work-ethic, and global score. Standardized letters of recommendation are also faster to interpret ( $p < 0.0001$ ) and provide more information about the writer's background or writer-applicant relationship than narrative letters of recommendation ( $p < 0.001$ ).

**Limitations:** This study was completed at a single institution. **Conclusions:** The standardized letter of recommendation appears to be meeting its initial goals of 1) efficiency, 2) applicant stratification, and 3) validity.

(*J Clin Aesthet Dermatol.* 2016;9(9):36–42.)

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## Case Study #2:

Andy is a visiting 4<sup>th</sup> year medical student applying to diagnostic radiology residency. He approaches you asking for “a strong letter of recommendation.”

He didn't really stand out in any particular way during the rotation and the few times you questioned him reading films, he was just kind of average. But he's a nice guy.



Case Study #2: What if you can't  
write a strong letter?

How do you say no?



# Saying no with grace

“I’m concerned that our time together didn’t afford me the chance to see you at your best. May I support you in a different way?”

(borrowed from Kimberly Manning, MD)



# Sometimes you can't say no

- What's the purpose of the letter?
  - The letter to warn
  - The letter to promote



# The letter to warn

- Comparing your setting to others: this applicant may do very well in another environment
- Code: what do you say?
  - Please call me
  - Meets expectations
  - NO effusive statement
  - What do you NOT say? (leaving things out)
  - Don't mention that we want to keep them here
  - “With strong mentorship I expect they will be successful”



# The letter to promote

- If there are glaring deficiencies, address them directly, *if* you are in a leadership position
  - If you aren't in a position to comment on this history, DON'T
- Focus on the character traits that helped them overcome adversity
- Also write about the ways they are outstanding as if they were a typical candidate



# Case Study #3



It's the beginning of the academic year and you see that already you have six appointments with residents on your calendar. You realize they are all applying for fellowship and are meeting with you to request letters of recommendation.

How do you handle this volume?!



# Strategies for multiple letters

- Have your learner draft their own letter
- Create a template
- Send out a questionnaire to your learners

A great example here:

<https://twitter.com/gradydoctor/status/1402362740497391622?s=11>



# Summary of best practices



# DO

- Write 3-4 paragraphs and cover about 1 ½ pages
- Reflect on your language
- Be specific
- Remember this is a recommendation, not an evaluation
- Double check the details
- Provide a summary statement



# DON'T

- Regurgitate the CV
- Describe personal appearances, habits, or family circumstances except with great caution
  - Caveat: You may be the best person to explain a setback in the applicant's favor
- Write that the applicant is in the top 1% of all students for half of your letters
- Write a one paragraph, one page letter. Short letters communicate lack of enthusiasm



← **Tweet**



**Doc Around the Clock**  
@DocAroundThClok



### Recommendation Letter Translations:

"Highly recommend" = Good

"Recommend" = Not a pain-in-the-ass

"Happy to support" = I cut-and-paste this letter

"Will meet your expectations" = We don't want him...you'll like him tho

"Please consider" = I wouldn't trust him with a stapler

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