EDUCATIONAL ADVANCES

A Standardized Letter of Recommendation for Residency Application

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Abstract. Emergency medicine (EM) program directors have expressed a desire for more evaluative data to be included in application materials. This is consistent with frustrations expressed by program directors of multiple specialties, but mostly by those in specialties with more competitive matches. Some of the concerns about traditional narrative letters of recommendation included lack of uniform information, lack of relative value given for interval grading, and a perception of ambiguity with regard to terminology. The Council of Emergency Medicine Residency Directors established a task force in 1995 that created a standardized letter of recommendation form. This form, to be completed by EM faculty, requests that objective, comparative, and narrative information be reported regarding the residency applicant. **Key words:** postgraduate education; recommendation; resident; applicant; letter of recommendation; emergency medicine. ACADEMIC EMERGENCY MEDICINE 1999; 6:1141–1146

FOR MANY years emergency medicine (EM) program directors have expressed difficulty interpreting letters of recommendation for residency application.[1–5] Application packages have typically contained a standard form (e.g., Universal Application), a dean's letter of evaluation (DLOE), transcripts, scores on the National Medical Licensing Examination, and three or more letters of recommendation. After reviewing part or all of these materials, programs typically decide whether to invite the applicant for an interview.[6,7] As EM has become increasingly popular, the number of applicants, and likely their quality, has increased. With EM residencies each receiving about 500 applications annually, program directors have searched for time-efficient methods of screening candidates for their programs.[8]

Frustration had been expressed among members of the Council of Emergency Medicine Residency Directors (CORD) regarding the difficulty in deciphering narrative letters of recommendation (NLORs). Many stated that "all applicants appear the same" or "all are outstanding." Emergency medicine program directors also expressed a common belief that clerkship grade and adjective inflation was rampant. Some stated the perception that letter writers had become so accustomed to an upward creep of superlatives that they felt obliged to judge and write letters for applicants in that context, further promoting the inflation. Several programs began sending out follow-up forms to the candidates' faculty references to specifically request that they categorize the applicants' major characteristics in a quantitative fashion. In 1995, the CORD organization formed a task force with

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the goal of creating a method of standardization for letters of recommendation.

Rationale for Development

Resident selection criteria surveys have consistently found the program directors view the interview as the single most important variable.[9,10] These surveys have also revealed that the more competitive specialties have placed greater relative preference on quantitative or evaluative ranking of applicants.[9–11] Wagoner and Suriano, in their 1999 survey of 1,200 program directors, concluded that objective indicators existed that could assess a given applicant's competitiveness for a given specialty. They found "a uniform shift across all specialties toward a greater emphasis on academic variables." The authors suggested a web site be established that would let students compare their quantitative credentials with those that matched in each specialty during the previous application cycle.[11]

Not surprisingly, program directors of many specialties have expressed their desire that more evaluative data be included in the DLOE.[11–14] Their frustration may stem from a perception that deans of student affairs have felt a disincentive to rank and report their students in a comparative manner. The Association of American Medical Colleges responded to this concern in 1989 when its Academic Affairs Committee adopted a set of DLOE writing guidelines.[12] These guidelines have encouraged the use of a standardized outline and called for the inclusion of comparative performance data such as preclinical and clinical interval grades (e.g., honors, pass, fail). These items were to be added to the more traditional summative performance narratives. Finally, the DLOE was to end with a clear and concise synopsis of information presented in the body of the letter. This synopsis typically included an overall comparative rating given in the form of a commonly used adjective (e.g., excellent, outstanding). Narrative letters of recommendation, from an applicant's faculty references, have included many of the same adjectives in their concluding remarks. These NLORs, however, have not been written according to any published guidelines.

Emergency medicine residency directors were among those who were frustrated with the lack of evaluative data in the DLOE. More recently, they have emphasized their clear desire that deans of student affairs provide them with "decisive, accurate information" about each student.[11] They have also expressed a desire that NLORs include more evaluative and comparative data. The EM program directors complained that the NLOR frequently contained terminology that was ambiguous in its meaning. Although a letter writer's intent in using terms such as "excellent" may have been to imply a specific comparative value to a given characteristic, it was confusing to many program directors what that value really was and how frequently the writer used such terms when describing applicants. It is also possible that the terms were not chosen by the letter writer to denote any comparative value. This confusion, although not necessarily a disadvantage to some applicants, was believed to create difficulty for program directors in screening applicants the programs would want to interview.

Emergency medicine program directors also expressed concern that traditional NLORs have varied tremendously in the content they addressed (e.g., interpersonal communication skills, motivation, clinical judgment). Some stated that they interpreted omitted content areas to mean an applicant's skills were relatively weak in that area. Because the DLOE would inconsistently contain this information as well, EM residency directors expressed a desire for certain content areas to be consistently addressed in a standardized, comparative fashion.

A recent survey of EM program directors revealed that an applicant's grade in a senior EM rotation was the single most desired academic parameter (not including the interview) used in selecting residents.[11] Although many schools are including comparative grade distributions with their transcripts, the EM clerkship-grade distribution is frequently not present. This is likely due to the absence of these clerkship data in sufficient time for transcript mailing in early fall. Program directors expressed a desire to have this information consistently present. The CORD task force members additionally believed that the relative percentage of students receiving "honors" at the same institution would also be helpful. This was believed by many members to vary widely among the different EM clerkship sites.

Finally, many program directors stated that they had diminishing amounts of time available for reading applications. Some thought it was not nearly as crucial to look for the finer qualitative details during the screening process for interview invitations. They again emphasized the need first for consistent, standardized, comparative data when reviewing hundreds of applications.

How Was the SLOR Developed?

When the CORD task force initially met in 1995, it became clear that a standardized form requesting specific information was desirable. The task force compiled existing documents that seemed to have similar goals, including forms used at the

time by some EM residency programs. From the onset, a priority to include both comparative/evaluative data and qualitative data was emphasized.[15,16]

The task force decided to break the format of any standardized letter of recommendation (SLOR) into four sections: 1) background information on the applicant and letter writer; 2) personal characteristics; 3) global or summary assessment; and 4) an open narrative section for written comments.

The background information thought most relevant included a brief description of the letter writer (e.g., name, institutional affiliation, nature of contact with the applicant). The task force also wanted to clarify the comparative score or grade given to the applicant, whether he or she had rotated through an EM clerkship at the letter writer's institution. To achieve this, the SLOR was designed to elicit not only the grade value but also the relative number of students who received the same grade the previous academic year. This denominator was chosen for the context, as many students complete EM clerkships early in their senior year and the sample size for comparison, therefore, would be expectedly small. Despite the acknowledgment that multiple grading schemes are used nationwide, only the items on the ordinal scale of honors, high pass, pass, low pass, and fail were offered as choices because they were believed to be most common. An open narrative section, in which specific rotation remarks could be added, was deemed desirable in this section as well.

The heading "Qualifications for Emergency Medicine" was chosen for the second section on personal characteristics because the heading clarified that the characteristics to be rated were to be in comparison with other candidates for EM residency programs in the letter writers' experience. Although many personal characteristics were discussed, the task force decided to include the following as the most relevant: 1) commitment to EM; 2) work ethic; 3) ability to develop and justify an appropriate differential and a cohesive treatment plan; and 4) personality, the ability to interact with patients and coworkers. Again, only interval, comparative choices to rank the applicant in these areas were offered.

In the third section, "Global Assessment," the task force wanted the letter writer to rank each applicant in two ways: 1) to give a summative ranking compared with other EM residency candidates and a historical report of such recommendations; 2) to state roughly how highly the applicant would reside on the rank list for the National Resident Matching Program (NRMP) of each letter writer's EM program. This ranking was also requested in specific intervals based on multiples of that residency program's total openings available in the NRMP. The task force believed that, with these two components, an EM program director screening applicants would be able to more clearly understand what summative, comparative information a letter writer was trying to communicate.

Finally, the task force strongly supported the inclusion of an open narrative section, "Written Comments," because the presence of qualitative data was thought to be essential in the screening of applicants. After debate, the group agreed that room for 150–200 words would be sufficient.

The task force created the first drafts of the SLOR with the target authors composed of all faculty currently writing letters for applicants. Some members believed it important to capture all of a single applicant's references, regardless of specialty or perspective, in one standardized format. Other members of the task force believed the SLOR should be completed by EM faculty alone, while some thought only program directors of EM residencies were appropriate. The group agreed to introduce the document initially to a broad group (i.e., all letter writers) with the understanding that future changes could be made. The task force, in 1999, now recommends that only EM faculty submit the SLOR and that all other references are completed in a traditional format.

WHAT IS THE SLOR?

In addition to the form itself (Fig. 1), the SLOR is accompanied by a cover letter, which describes how the SLOR should be completed. This cover letter also defines how the global assessment ranking scheme should be calculated.

WHAT IS UNIQUE ABOUT THE SLOR?

The CORD SLOR is the most ambitious attempt to date of a specialty-based standardized format for letters of recommendation. Designed to include both quantitative and qualitative information, the SLOR also attempts to increase the relative amount of comparative data available to the EM program directors or other administrators screening applicants for possible interviews.

Additionally, this approach places the letter writer in the position of an observer (SLOR) and judge, rather than only judge (NLOR). In doing so, the SLOR is an attempt to address prevalent concerns expressed by EM program directors, including that the traditional NLORs: 1) often did not contain sufficient information; 2) varied significantly in quality secondary to the writers' style differences and terminology use; 3) were very time-consuming to read; and 4) may have promoted

1999-2000 APPLICATION SEASON
Emergency Medicine Residency Recommendation Form
Emergency Medicine Faculty ONLY

Applicant's Name:_____ ERAS ID No._____

Reference Provided By:_____

Present Position:_____

Institution:_____ Telephone Number: _____

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. If this candidate rotated in your ED, what grade was given?
   Honors___ High Pass___ Pass___ Low Pass___ Fail ___
   Comments (from ED rotation eval if possible):

4. Indicate what % of students rotating in your Emergency Department (or on your service) received the following grades last year: ☐ Information not available
   Honors _____% Total # students last year:
   High Pass _____%
   Pass _____%
   Low Pass _____%
   Fail _____%

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

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   Outstanding (top 10%)___ Excellent (top 1/3)___ Very Good (middle 1/3)___ Good (lower 1/3)___

2. Work ethic, willingness to assume responsibility.
   Outstanding (top 10%)___ Excellent (top 1/3)___ Very Good (middle 1/3)___ Good (lower 1/3)___

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.
   Outstanding (top 10%)___ Excellent (top 1/3)___ Very Good (middle 1/3)___ Good (lower 1/3)___

4. Personality, ability to interact.
   Superior ability to interact with patients and staff ____
   Good interpersonal skills, relates well ____
   Quiet, but acceptable interactive skills____
   Very quiet, reserved. Difficulty interacting ____
   Prone to conflict with patients, peers or staff ____

***Figure 1** (above and top of facing page).* The current standardized letter of recommendation (SLOR).

C. Global Assessment

1. Compared to other EM residency candidates you have recommended this candidate is ranked as:

Ranking	# Recommended as such last year
Outstanding (top 10%)___	_____
Excellent (top 1/3)___	_____
Very Good (middle 1/3)___	_____
Good (lower 1/3)___	_____
Total # of letters you wrote last year:	_____

2. How highly would you estimate the candidate will reside on your match list? (See cover letter)

Guaranteed match___ Very likely to match___ Likely to match___
Possible match ___ Unlikely to match ___

D. Written Comments

Signature:_____ Dated:_____

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER ☐
Please call me ☐

grade and summative ranking inflation. As subjective data, NLORs may present a significant source of bias by interjecting the impressions of either the letter writer or the reader of the letter.[5]

Preliminary Evaluation of the SLOR

Evaluative data about the SLOR were obtained from the CORD membership in 1996 and 1999. Following the 1995–96 application cycle, the task force surveyed the membership of the CORD organization to assess the members' perceptions of the SLOR and to look for areas that needed improvement for use in the future. The survey, which contained 12 questions, was mailed, faxed, or electronically mailed to all registered members of the organization. At the time there were no more than 250 active members of the organization. The task force received 173 completed surveys, for a response rate of approximately 70%. This informal survey has many limitations, including a poor tabulation of the total number of the CORD members, a selection bias favoring the program director user group, and lack of validation of the survey instrument. Nonetheless, the results suggest that the SLOR received a positive endorsement from the program director community (Tables 1 and 2). The clearest results were that: 1) the SLOR was easier than the NLOR to read and incorporate into a ranking scheme; 2) the SLOR was easier than the traditional NLOR to complete; 3) by using the SLOR, readers were better able to discriminate differences between candidates; 4) the program directors believed that using the SLOR had not affected their student grading scheme; and 5) the CORD members wanted to continue using it in the future.

In spring 1999, the CORD membership was

TABLE 1. Standardized Letter of Recommendation (SLOR) Spring 1997 Comparative Survey Questions and Results

Compared with the NLOR*, please rate the SLOR in terms of:	Better	Same	Worse	Missing Data
1. Its ability to discriminate differences between candidates.	130 (75%)	31 (18%)	12 (7%)	0 (0%)
2. Its ease of reading and incorporating into ranking scheme.	145 (84%)	21 (12%)	7 (4%)	0 (0%)
3. Its credibility of recommendation if author not personally known to you.	71 (41%)	86 (50%)	14 (8%)	2 (1%)
4. Its ability to obtain comprehensive information.	81 (47%)	64 (37%)	28 (16%)	0 (0%)
5. Its ability to communicate differences between candidates.	112 (65%)	38 (22%)	16 (9%)	7 (4%)
6. Its ease of completion.	144 (83%)	16 (9%)	7 (4%)	6 (4%)
7. Your sense of credibility in describing the applicant.	90 (52%)	64 (37%)	14 (8%)	5 (3%)
8. Its ability to express comprehensive information.	64 (37%)	64 (37%)	38 (22%)	7 (4%)

*NLOR = narrative letter of recommendation.

TABLE 2. Standardized Letter of Recommendation (SLOR) Spring 1997 Noncomparative Survey Questions and Results

Question	Yes	No	Missing Data
9. Would you like to continue using the SLOR?	156 (90%)	12 (7%)	5 (3%)
10. Would you prefer limiting each candidate to one SLOR?	33 (19%)	130 (75%)	10 (6%)
11. Should the applicant be compared only with other emergency medicine match-bound applicants?	121 (70%)	38 (22%)	4 (8%)
12. Has the SLOR affected your department's student grading scheme?	28 (16%)	140 (81%)	5 (3%)

surveyed, by its board of directors, to gain broad feedback information on the entire scope of organizational projects. One of the 19 survey questions related to the SLOR. The survey was mailed to 354 active members and responses were received by 206 (58% response rate), with 33 members furnishing constructive criticism comments. To the question "Do you use the CORD standardized letter of recommendation?" 179 (87%) responded "yes" and 27 (13%) "no." This result is consistent with the 1996 survey in which 90% (Table 2, question 9) of the survey respondents stated they would like to continue using the SLOR.

FUTURE EVOLUTION OF THE SLOR

The future of the SLOR, as a product of the CORD organization, remains flexible and reflective of membership opinion. Suggestions for revision by the membership are encouraged and reviewed annually by the task force. The SLOR is available on the CORD web site for easy downloading and is mailed to deans of student affairs for student access. Recent published work by Girzadas and coauthors reported better interrater reliability and less interpretation time with the SLOR compared with the traditional NLOR.[17] Future investigations need to clarify more precisely who exactly comprises the letter-writer group and what percentage of candidates include the SLOR in their applications. Further study certainly is needed to investigate whether the SLOR is more accurate than the NLOR in describing a candidate's capabilities as an EM resident.[18]

CONCLUSIONS

The CORD SLOR was introduced as an attempt to answer prevalent concerns by EM program directors that the NLOR format was time-consuming to read and promoted grade inflation as well as containing inconsistent quantities of evaluative data and variable quality of information. Although the document has been largely popular, more research is needed to determine whether the SLOR provides more accurate information than what the NLOR provided for predicting how individual residency candidates fit with individual residency programs.

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