

Writing Letters of Recommendation: Best Practices

Thank you for taking the time to support our medical students as they apply for residency. As you know, letters of recommendation (LoRs) play an important role in interview offer decisions.¹ We have put together this document to offer guidance in composing LoRs for our future physician colleagues.

The goal of the LoR is to provide an overall assessment of the candidate's potential to excel as a resident physician. It may help to meet with the student to learn about their career goals and leadership, research, and/or service activities. **Do not ask students to draft residency LoRs.** Set aside at least an hour to compose a LOR. Importantly, if you do not feel you can write the student a strong LoR, tell the student, so they can find another letter writer if they choose.

The most helpful letters contain the following:

- How long and in what capacity you have known the student, and if they have waived their right to see the letter;
- Your assessment of the student's abilities; and
- A summary supporting the strength of your recommendation.

Share specific details about the student's performance, generally focusing on your observations of them in the clinical arena. Topics to consider include:

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| • Fund of knowledge | • Leadership characteristics or experiences |
| • Medical decision making | • Passion for medicine or specialty |
| • Specialty-specific information (OR skills, proficiency at counseling, etc.) | • Comments from team members, patients or families |
| • Technical abilities | • Professionalism |
| • Communication | • Ways the student exceeded expectations |
| • Teamwork | • Outstanding professional traits, such as work ethic |

In describing any weaknesses, consider whether you can frame them positively (e.g., "demonstrated improvement in documentation" rather than "had weak documentation"). **Do not mention age, race/ethnicity, marital status, children, physical characteristics or other personal attributes.**

As you write, be aware of patterns of bias that have been found in evaluations and letters across disciplines:

- Check the length of your letter: Letters of recommendation are often shorter for female than male applicants.²
- Emphasize accomplishments, not effort or personality: Letters for individuals underrepresented in medicine (URM) can overemphasize "grindstone" adjectives that describe effort alone, e.g. "hard-working" that associates with effort, but not ability. Similarly, female applicants are more likely to be described as "lovely"³, or "caring", "compassionate", and "empathic" or "empathetic".² Be sure to include assessments of skill and knowledge along with positive assessments of work ethic and personality.
- Apply superlatives based on applicant skills and knowledge, not other characteristics: female and URM candidates are more likely to be described as "competent", while White applicants are more likely to be described using "standout" or "ability" keywords (including "exceptional", "best", and "outstanding").³

Adjectives to consider including: successful, excellent, accomplished, outstanding, skilled, knowledgeable, insightful, resourceful, confident, independent, intellectual.

Balance the following adjectives with skill and knowledge-based assessments: caring, compassionate, hard-working, conscientious, dependable, diligent, dedicated, tactful, interpersonal, warm, helpful.

You may wish to use [this tool](#) that checks LoRs for evidence of gender bias. If you would like examples of strong letters of recommendation, please reach out to our office at somstudentaffairs@jhmi.edu. Again, thank you so much for your efforts on behalf of our students.

¹ Hartman ND et al. A Narrative Review of the Evidence Supporting Factors Used by Residency Program Directors to Select Applicants for Interviews. J Grad Med Educ 2019 Jun; 11(3): 268-273.

² Trix F and Psenka C. Exploring the color of glass: letters of recommendation for female and male medical faculty. Discourse and Society. 2003 March; 14(2): 191-220.

³ Rojek A et al. Differences in Narrative Language in Evaluations of Medical Students by Gender and Under-represented Minority Status. J Gen Int Med. 2019 April; 34(5): 684-691