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AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

Guidelines for a Standardized Fellowship Letter of Recommendation

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A program director's letter of recommendation (LOR) for fellowship should provide an accurate, fair assessment of a fellowship applicant's capabilities while also retaining an advocacy function for the letter writer. The standard approach to these letters takes a "narrative" form. In this article, we will show why a standardized or templated approach is preferable.

Recent surveys of fellowship program directors rated the program director LOR as one of the 3 most important factors for deciding whom to interview and how to rank, confirming the continued high stakes nature of these letters.[1] One format for the LOR, defined as narrative letter of recommendation (NLOR), involves each author choosing personal and academic attributes of an applicant to advocate for fellowship placement without benefit of shared meaning or common standards. NLORs remain the "gold standard" despite multiple limitations, including: poor predictive power for performance; limited agreement on common terminology; leniency bias; variability in fellowship program director experience and interpretative ability; and bias in the favorability of the letter writing based on affective disposition of the writer and other writer-related attributes that do not relate to learner characteristics.[2-12] Moreover, there is an increased perception in the favorability of an NLOR based on its length. The longer the letter, the better the candidate is perceived to be by the reader—regardless of what is actually stated in the letter.[11] NLORs, therefore, have been criticized as achieving an advocacy function without providing sufficient objective evaluation of performance.[13]

In contrast to NLORs, standardized letters of recommendation (SLORs) demonstrate increased reliability as predictors of performance, greater interrater reliability, and improved task efficiency for writers and readers.[14-17] SLORs have proven easier to interpret, regardless of the level of experience of the interpreter.[10] Use of the Accreditation Council for Graduate Medical Education competencies to organize SLORs has been shown to be the most predictive of future performance.[18] In particular, commentary on 3 specific competencies—patient care and procedure skills, medical knowledge, and interpersonal and communication skills—was significantly different between high performers and low performers.[18,19] Standardization improves reviewer ability to directly compare

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applicants and supports the increasing interest within the graduate medical education community to create common principles.[20,21]

In 2015, the Alliance for Academic Internal Medicine (AAIM) Resident to Fellow Interface Committee created draft guidelines for an SLOR template for internal medicine fellowship letter writers after an extensive literature review. After early feedback from leadership and membership entities, AAIM charged a task force to further modify the draft guidelines and to address issues identified by stakeholders in the Association of Program Directors in Internal Medicine (APDIM) and the Association of Specialty Professors (ASP). The updated draft guidelines, with minor modifications, were approved by association councils and endorsed by the AAIM Board of Directors in January 2017.

PERSPECTIVES VIEWPOINTS

- Despite its ubiquity, the current letter of recommendation has multiple limitations, including lack of standardization.
- Program director letters should provide an accurate, fair assessment of a fellowship applicant's capabilities, while also enabling writers to advocate.
- Standardized letters of recommendation have shown increased reliability as a predictor of future performance, greater inter-rater reliability, and improved task efficiency for writers and readers.

COMPONENTS OF STANDARDIZED LETTER OF RECOMMENDATION

These guidelines present the program director's letter as a summary of residency performance (Figure). However, recognizing that LORs are most commonly written at the end of the second year of training, applicants may not have achieved competence in all training milestones. Without exceeding 2 pages, the letter should provide wide-ranging but specific information on observed performance. Comments should be as succinct as possible. The letters should be completed by July 1 to maximize availability to fellowship program directors.

To provide context for the reader or reviewer, the opening paragraph of the letter should include key facts about the hospital training site(s), types of rotations completed, and unique features of the residency program. Subsequent paragraphs should include information from direct observations of the resident that may not be apparent from the Electronic Residency Application Service application. Potential items include degree of engagement in residency initiatives; emotional intelligence; and measures of resiliency, such as capacity for self-reflection, proactive engagement in addressing personal and professional limitations, responsiveness to coaching/mentoring, and interests outside of medicine.[22,23] The program director should then report on the performance of the resident in each of the 6 competencies, including competency achievement. This information should not be a synopsis of clinical competency committee evaluations because those documents should be formative and protected. Medical knowledge should be assessed via direct observation from supervisors. As such, it may be inferior to the results of the Internal Medicine In-Training Examination, which are protected data and limited to learner assessment and program evaluation.[24,25]

In addition, a description of scholarly contributions should be included to highlight specific areas of the resident's curriculum vitae. Broadly defined, scholarly activity includes involvement of the resident in formulation of questions about quality improvement, patient safety, education, or clinical research. The description should also include the type of scholarly activity, such as oral abstract presentation or peer-reviewed publication. When relevant to the resident's candidacy, previous scholarly pursuits in medical school or other activities could be emphasized. The final paragraphs of the letter should include any skills the resident sought to master beyond the ones usually required of residents (eg, proficiency in interpreting echocardiograms) and a statement of any performance-related extensions in training, curtailment of clinical privileges, or formal probation. The letter should conclude with an overall assessment of the resident's suitability as a candidate for the fellowship. It is recommended that this material should not include a ranking of the resident's performance in the residency program because it may impair the advocacy function of the letter of recommendation.

DISCUSSION

These guidelines represent the perspectives of faculty and staff who read and write program director letters of recommendation and who seek to structure the SLOR to effectively achieve its dual purposes. The proposed template provides areas to discuss institutional features regarding the clinical and learning environment and a competency-based overview of performance, while still allowing for anecdotal evidence of noncognitive traits and delineation of special skills. Few program directors have received formal training in the writing of letters of recommendation. Combined with increasing turnover of program directors in internal medicine, there is often inadequate time to achieve mastery of this skill.[26,27] Standardizing the process will assist the novice program director's portrayal of the resident's skillsets and areas for continued growth as capably as an experienced

Timeline

Program director letters should be uploaded by July 1 to maximize availability for the fellowship selection process.

Length

Recommended length: two pages

Content recommendations:

- Include a paragraph describing your program, namely:
  i. Location of program, number of trainees, and number of hospitals used for rotations
  ii. Unique features of the program
  iii. Types of required inpatient and outpatient rotations, including number of critical care rotations and number of elective months
  iv. Percentage of residents that pursue fellowship training

- Describe the resident's clinical competency achievement at the time of application, highlighting what distinguishes the resident from peers in your program, especially if they are applying in the same specialty:
  i. Patient Care: Resident's cognitive input into management decisions and effectiveness of interaction in and with consultation teams, as demonstrated by:
     a. Whether applicant has engaged in/become independent in/mastered clinical management. Provide a representative example/faculty comment, if possible
  ii. Medical Knowledge: As assessed by supervisors, rather than IM-ITE scores, including:
     a. Whether applicant is achieving/has achieved/or excels in medical knowledge in all or specific aspects of internal medicine, with particular note made of the chosen subspecialty
  iii. Interpersonal and Communication Skills: effectiveness of communication with team members and patients, timeliness of written documentation, and quality of teaching junior residents and students, supported by:
     a. Whether applicant is achieving/has achieved/or excels in communication with team members, patients and their families providing a representative example, if possible.
     b. Examples to demonstrate whether applicant is learning/has achieved independence/has mastered the ability to communicate clearly in progress notes, histories and discharge summaries
     c. Examples of assessments of their teaching activities

Figure Guidelines for writing program director summary letters. IM-ITE = Internal Medicine In-Training Examination; USMLE = United States Medical Licensing Examination.

program director. Similarly, the novice letter-reader will benefit from receiving information in a standardized manner, allowing for a more direct comparison between candidates. This shared template should therefore be a more efficient method of information delivery and save time for both the letter writer and the letter reader (Table).

Nevertheless, an SLOR may not be a panacea. Although not reported in specialties already using standardized letter formats (eg, emergency medicine and pediatric otorhinolaryngology), the possibility remains that increased standardization will result in a lack of variation in the letters, making it more difficult, rather than less, to distinguish between applicants.

- iv. Systems-Based Practice: team leadership skills, interdisciplinary team interactions, and management of transitions of care, is achieving/has achieved/or excels in to include one or more of the following:
  - a. Success of applicant in building team relationships
  - b. Examples of recognition of system errors and identification of need for system improvements
  - c. Identification of forces that impact the cost of health care and mitigation strategies
  - d. Examples of efficient transitioning of patients across health care delivery systems
- v. Practice-Based Learning and Improvement: willingness to accept and act upon feedback from physicians and other team members, such as:
  - a. Analysis of individual performance data and demonstration of self-improvements
  - b. Demonstration that applicant is learning/is independent in/has mastery in the skill of assessing data at point of care, including examples
- vi. Professionalism: Peer and staff interactions, completion of required tasks within expected time-frame, including:
  - a. Usually/always completes chart documentation in timely manner
  - b. Shows up for meetings and conferences on time
  - c. Promptly responds to calls from teammates and patients

- Describe scholarly contributions during and prior to residency training, highlighting:
  - Involvement of resident in formulation of questions regarding quality improvement, patient safety, education or clinical research
  - Types of scholarly activities (such as oral abstract presentations, peer-reviewed publications)

- Details that provide deeper insight and clarity about personal characteristics of the resident, such as level of engagement in assigned activities and degree of initiative, should be included

- If applicable, describe skills the resident has sought to master that are beyond the residency requirements, such as exemplary teaching

- If applicable, describe any performance-related extensions in training, curtailment of clinical privileges, or formal probation

- Provide an overall assessment of the resident's suitability as a candidate for fellowship training in the subspecialty of choice

- Items unrelated to residency that are accessible in other documents, such as USMLE scores, should not be included

Figure (***Continued***).

Program directors may choose not to use or may not know of the recommended format, leading to confusion and potentially disadvantaging candidates if their program director letter of recommendation does not match the expectations of the fellowship program director. There is also the possibility that small residency programs or programs with small numbers of residents who pursue fellowship may be disadvantaged by the reporting of demographic data in the template. Program directors of large residency programs may also struggle to base recommendations on observed performance of all applicants without using clinical competency committee evaluations or Internal Medicine In-Training Examination scores. In these instances, we encourage

Table Differences Between NLOR and SLOR

	NLOR	SLOR
Variation in terminology	Significant	Less
Variation in length	Significant	Less
Inter-rater reliability	Low	High
Interpretation	Can be difficult	Easier
ACGME competencies	Variable	Always mentioned
Meaningful comparison of applicants	Can be difficult	Easier
Institution/program characteristics	Variable	Always mentioned

ACGME = Accreditation Council for Graduate Medical Education; NLOR = narrative letter of recommendation; SLOR = standardized letters of recommendation.

all program leaders to share in the development of SLORs.

Use of the new format will require faculty development and widespread dissemination, which will result in increased resource utilization during the transition period. Additionally, because the guidelines are not mandatory, the effects of uneven adoption across programs will need further study.

No formal assessment of whether program directors will feel comfortable with or capable of reporting mid-training competency assessments was conducted. Because each subcompetency is unlikely to be assessed continuously during all phases of residency training, data on an individual subcompetency may be limited or nonexistent at the time the letters need to be written for inclusion in the Electronic Residency Application Service application. Finally, the template has not been the subject of validity studies or psychometric analyses; therefore, it may not be structurally successful in reporting the material in the manner expected.

CONCLUSION

These guidelines represent the position that an SLOR is superior to the traditional NLOR. Further validity studies are needed to test the supposition that this template will allow novice and experienced residency and fellowship program directors to share a common lexicon, while becoming more efficient in the processes of advocacy and performance reporting.

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