Guidelines for Writing a Letter of Evaluation for a Medical School or Dental School Applicant

Thank you for agreeing to write a letter of evaluation for a medical or dental school applicant!

The following guidelines aim to improve the letter writing process in order to benefit both letter writers and admissions committees. They are organized into two sections that describe:(1) tips about how to write a letter and (2) key areas of interest to medical schools.

Please note that use of these guidelines are optional. They are intended to help you think about your letter and facilitate the writing process.

Medical and Dental schools do not expect any one letter writer to provide information about every characteristic of an applicant. In fact, they require multiple letters specifically because no one letter writer is expected to know everything about an applicant.

The following Guidelines and Key Areas of Interest from the Association of American Medical Colleges follows:

Guidelines

1. Provide an accurate assessment of the applicant's suitability for medical school rather than advocate for the applicant.

2. Briefly explain your relationship with the applicant:
   - how long you have known the applicant;
   - in what capacity you have interacted (e.g., faculty, pre-medical advisor, supervisor, etc.); and
   - whether you are writing based on direct or indirect observations.

3. Quality is more important than letter length. Focus on the applicant rather than details about the lab, course, assignment, job or institution.

4. **Only** include information on grades, GPA or MCAT scores **if** you are providing context to help interpret them. Grades, GPA, and MCAT scores are available within the application.

5. Focus on behaviors that you have observed directly when describing applicants' suitability for medical school. Consider describing:
   - The situation or context of the behavior
   - The actual behavior(s) you observed
   - Any consequences of that behavior

6. Admissions committees find comparison information helpful. If you make comparisons, be sure to provide context. Include information about:
   - the comparison group (e.g., students in a class you taught, students in your department, co-workers, etc.)
   - your rationale for the final comparison

Key Areas of Interest

A.) Unique Contributions to the Incoming Class

– Describe obstacles that the applicant had to overcome, and if applicable, how those obstacles led to new learning and growth

– Explain how the applicant may contribute to a medical school's diversity, broadly defined (e.g., background, attributes, experiences, etc.)

Note: *If you write about any information that could be considered potentially sensitive, confirm with the applicant that s/he is comfortable with the inclusion of that information.*

B.) Core, Entry-level Competencies

Describe how the applicant has, or has not, demonstrated **any** of the following competencies that are necessary for success in medical school.

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Thinking & Reasoning Competencies

Critical Thinking: Uses logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems

Quantitative Reasoning: Applies quantitative reasoning and appropriate mathematics to describe or explain phenomena in the natural world

Scientific Inquiry: Applies knowledge of the scientific process to integrate and synthesize information, solve problems and formulate research questions and hypotheses; is facile in the language of the sciences and uses it to participate in the discourse of science and explain how scientific knowledge is discovered and validated

Written Communication: Effectively conveying information to others using written words and sentences

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Science Competencies

Living Systems: Applies knowledge and skill in the natural sciences to solve problems related to molecular and macro systems

Human Behavior: Applies knowledge of the self, others, and social systems to solve problems related to the psychological, social, and biological factors that influence health and well-being

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Interpersonal Competencies

Service Orientation: Demonstrates a desire to help other and sensitivity to others' needs and feelings; demonstrates desire to alleviate others' distress; recognizes and acts on h her responsibilities to society, locally, nationally, and globall

Social Skills: Demonstrates awareness of others' needs, goal feelings, and the ways social and behavioral cues affect peopl interactions and behaviors; adjusts behaviors appropriately in response to these cues; and treats others with respect

Cultural Competence: Demonstrates knowledge of soci and cultural factors that affect interactions and behaviors shows an appreciation and respect for multiple dimensior of diversity; recognizes and acts on the obligation to infor one's own judgment; engages diverse and competing perspectives as a resource for learning, citizenship, and work; recognizes and appropriately addresses bias in themselves and others; interacts effectively with people from diverse backgrounds

Teamwork: Works collaboratively with others to achieve shared goals; shares information & knowledge with others a provides feedback; puts team goals ahead of individual goal

Oral Communication: Effectively conveys information to others using spoken words and sentences; listens effectively; recognizes potential communication barriers a adjusts approach or clarifies information as needed

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Intrapersonal Competencies

Ethical Responsibility to Self and Others: Behaves in an honest and ethical manner; cultivates personal and academic integrity; adheres to ethical principles and follow rules and procedures; resists peer pressure to engage in unethical behavior and encourages others to behave in honest and ethical ways; and develops and demonstrates ethical and moral reasoning

Reliability and Dependability: Consistently fulfills obligations in a timely and satisfactory manner; takes responsibility for personal actions and performance

Resilience and Adaptability: Demonstrates tolerance of stressful or changing environments or situations and adapts effectively to them; is persistent, even under difficu situations; recovers from setbacks

Capacity for Improvement: Sets goals for continuous improvement and for learning new concepts and skills; engages in reflective practice for improvement; solicits and responds appropriately to feedback

Letters of Evaluation: Current Practices in the Admissions Process

The medical school admissions process is adapting to the growing health needs of our society, as well as changes in medical education. One example of this evolving process is an increasing use of competency-based admissions—an approach to admissions that places a greater emphasis on competencies that relate to medical school performance and physician outcomes.[1] Another example is holistic review, which supports a more balanced consideration of the whole applicant relative to the explicit missions that the medical school serves in order to support medical school diversity.[2]

Admissions officers often use multiple sources of applicant data to achieve competency-based admissions and holistic review in their admissions practices. A common approach is to review letters of recommendation or evaluation,[3] which describe different perspectives on the qualities an applicant has displayed in various social contexts, including college courses and work settings. Admissions officers have rated letters among the most important pieces of applicant data in deciding whom to invite to interview and admit into medical school.[4] Notably, letters were the third highest rated data source in determining whom to interview, behind undergraduate grade point average (UGPA) and MCAT® scores and letters ranked higher than UGPA and MCAT scores in deciding whom to admit.

While letters play a vital role in the admissions process, concerns regarding their reliability and validity have been raised,[5,6] and the unstructured format of letters may be inefficient, as it fails to provide letter writers with instructions or guidance about what information medical schools hope to learn from letters. In the context of changes

in admissions and the importance of letters within the application process, this *Analysis in Brief* (AIB) presents descriptive results of a survey administered to collect information on current practices regarding the use of letters.

Methodology
In spring 2012, admissions deans from all U.S. medical schools with unique admissions offices were invited to participate in an online survey on the letters of evaluation process (n = 142). Ninety-nine admissions deans responded to the survey, including 62 public and 37 private institutions (resulting in an overall response rate of 70 percent).

The survey was developed as a part of the AAMC Admissions Initiative.[7] Respondents were first asked to describe how letters were used for the 2012 application cycle. Respondents were asked to rate the importance of letters in various admissions decisions and the extent to which specific enhancements to letters, such as having a *standardized* letter of evaluation, would be useful to the letters process using a five-point Likert scale ranging from "not important" to "very important." They

also rated satisfaction with letters on a five-point Likert scale ranging from "not satisfied" to "extremely satisfied."

Results
How do admissions committees use letters of evaluation?

All respondents reported that their medical schools use letters of evaluation in the admissions decision-making process. Eighty-five percent (n= 84/99) of schools require applicants to submit committee letters—letters written by a pre-health advisor or committee that summarize an institution's evaluation of an applicant—or three individual letters, which represent evaluations from single letter writers.

Ninety percent of schools require admissions committee members to review letters, while 65 percent of schools include admissions staff in this process. Typically three or more people reviewed each applicant's letters. Most respondents indicated that committee members and/or staff read at least 50 percent of the letters received each admissions cycle; however, they spent less than 15 minutes reading each applicant's letters.

Table 1. Reported Use and Importance of Letters of Evaluation at Stages of the Admissions Process in U.S. Medical Schools

Stage in Admissions Process	Percentage of responding schools (n=99) that use letters to make a decision at each stage	Importance of letters to each selection decision* Mean (SD)
Select secondary applicants	10	2.2 (.14)
Invite interviewees	78	3.8 (.83)
Offer acceptances	94	4.1 (.85)

* Column results based only on schools that use letters to make a selection decision at each stage: n=10 for deciding whom to invite to submit secondary applications, n=78 for deciding whom to invite to interview, and n=92 for deciding whom to admit. Ratings made on a 5-point Likert response scale ranging from 1 = not important to 5 = extremely important.

1. AAMC Admissions Initiative. Association of American Medical Colleges. October, 2012. Available at: https://www.aamc.org/initiatives/admissions/. Accessed March 7, 2013.
2. AAMC Holistic Review. Association of American Medical Colleges. October, 2012. Available at: http://www.aamc.org/initiatives/holisticreview/. Accessed March 7, 2013.
3. Although the difference between letters of evaluation and recommendation is subtle, the former evaluates an individual's suitability for medical school and the latter endorses the candidate.
4. Dunleavy DM, Sondheimer H, Bletzinger RB, Castillo-Page L. Medical school admissions: more than grades and test scores. *Analysis in Brief.* 2011;11(6):1-2.
5. Dirschl DR, Adams GL. Reliability in evaluating letters of recommendation. *Acad Med.* 2000;75(10):1029.
6. Aamodt MA, Bryan DA, Whitcomb AJ. Predicting performance with letters of recommendation. *Public Personnel Mgmt.* 1993;22(1):81-90.

Figure 1. U.S. Medical School Admissions Committee Satisfaction with Overall Quality of Information Provided by Letter of Evaluation Writers
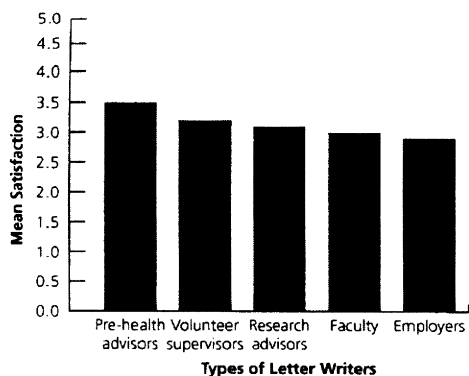
Notes:
1. n=79 for pre-health advisors, n=45 for volunteer supervisors, n=56 for research advisors, n=70 for faculty, and n=35 for employers.
2. Standard deviations ranged from .74 to .90.
3. Ratings were made on a 5-point Likert response scale ranging from 1 = not satisfied to 5 = extremely satisfied.

Responding admissions officers rated information from letters as "important" in deciding whom to interview and admit (Table 1). Private schools were more likely to use letters to decide whom to interview than were public schools (86 percent versus 74 percent, respectively) and rated them as more important to their decision about whom to interview (means: Private = 4.13, Public = 3.64) and whom to accept (means: Private = 4.43, Public = 3.95).

What is measured by letters?
The majority of respondents indicated that their schools do not provide any instructions to letters writers about letters (84 percent). About 11 percent of schools provide some guidance about the desired content of letters. Four percent ask letter writers to evaluate applicants on several dimensions and provide narrative descriptions.

Admissions officers reported that they use letters to evaluate personal competencies, particularly "red flags" related to personal competencies. More than 85 percent of respondents indicated that they use letters to evaluate: *social and interpersonal skills, reliability and dependability, teamwork, integrity and ethics, service orientation, and resilience and adaptability.* In addition, more than 60 percent of schools use letters to provide information about applicants' academic "red flags," academic readiness, and the context for interpreting UGPA and MCAT scores. Public schools (87 percent) were more likely to use letters to evaluate applicants' academic readiness than were private schools (76 percent).

Are admissions officers satisfied with current letters?
Twenty-nine and 36 percent of participants reported being "not satisfied" or "somewhat satisfied" with the quality of information about academic readiness and personal competencies, respectively, provided by current letters. As shown in Figure 1, respondents were slightly more satisfied with letters written by pre-health advisors (mean rating of 3.5 out of 5) than with volunteer supervisors (3.2 out of 5), research advisors (3.1 out of 5), faculty (3.0 out of 5), and employers (2.9 out of 5).

How could letters be improved?
Seventy-five percent of respondents indicated that providing general instructions or requiring writers to provide ratings and narrative descriptions about a set of core competencies would make letters more useful in the future. Respondents did not think that requiring letter writers to write narratives alone or provide ratings alone would result in useful information. Seventy-four percent of respondents reported that they would adopt *standardized* letters of evaluation if the majority of medical schools adopted them. However, the likelihood of adopting *standardized* letters varied by type of school, with public schools being more likely to adopt letters if the majority of medical schools adopted them than private schools (81 percent versus 63 percent, respectively).

Discussion
These results highlight several important issues concerning current and future uses of letters of evaluation. First, all medical schools included in the survey use letters of evaluation in their screening processes to learn about applicants' personal competencies. Second, more than half of admissions officers indicated being less than satisfied with the quality of information provided by letters. Three out of four schools indicated that a centralized set of guidelines would improve the usefulness of letters, and that their respective schools would be likely to use this tool during the screening process.

One explanation for these results may be related to the open-ended nature of letters of evaluation, which are difficult to assess for reliability of content.[8] Further, the letters may conflate information about the qualifications of the candidate with the writing capacity of the letter writer. It is also possible that

admissions officers are more satisfied with letters written by pre-health advisors with whom they are familiar. Individuals who are more familiar with admissions officers and the letter writing process in general may have a better understanding of key factors that admissions officers look for in their reviews.

Findings from the current study can be used as the basis for developing centralized guidelines for letters of evaluation. A set of guidelines may be appealing to both letter writers and admissions committees because it would provide common language to writers, which could facilitate medical schools' ability to draw inferences and make comparisons across applicants. Guidelines could also improve efficiency throughout the letters process. Writing letters might be easier for writers because they would have a clear understanding of what format and information is valued by medical schools. In addition, reviewing letters might be easier for admissions officers because the format and content of letters would be more consistent.

This study has limitations. Despite a high response rate, these data do not include all medical schools and not all responding schools answered all questions, leading to a small sample size for some items. Similarly, results are limited to the survey questions, which may not capture all aspects of the letters process. This study was exploratory, however, and can inform future research, such as whether the introduction of guidelines improves the quality of information collected via letters or what letter writers' attitudes about centralized guidelines and standardized letters are. Gathering such information could help identify strategies for improving letters in the future.

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7. The Admissions Initiative is part of the AAMC's ongoing efforts to support and guide the transition to competency-based medical education. For more information see: https://www.aamc.org/initiatives/admissions/
8. Albanese MA, Snow MH, Skochelak SE, Huggett KN, Farrell PN. Assessing personal qualities in medical school admissions. Acad Med. 2003;78:313-21.