AAIM
Alliance for Academic Internal Medicine
Association of Professors of Medicine
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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 Writing Department of Medicine Summary Letters

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Medical students pursuing an internal medicine residency position often require a department of medicine (DOM) letter, also known as a "chair's letter" for their residency applications. DOM letters have the potential to provide important information about student attributes from the perspective of experienced internal medicine educators, but this potential is often unfulfilled. In a 2012 Association of American Medical Colleges survey, 72% of internal medicine residency program directors indicated that they used letters of recommendation (LORs) when deciding whether to invite an applicant for an interview.[1] Yet, when ranking applicants for the match, these letters were less significant than other factors, such as United States Medical Licensing Examination (USMLE) Step I scores and interactions during the interview day.[1]

Other studies confirm that internal medicine program directors rely heavily on USMLE Step I scores when evaluating applicants.[2,3] USMLE Step 1 scores are a standardized, objective, and quantifiable measure that discriminate between high and low performers and predict performance on future multiple-choice examinations.[4,5] However, USMLE Step I scores correlate poorly with supervisor evaluations and performance of clinical skills by residents.[4,5] Program directors struggle to interpret other information from medical schools, including LORs.[6] While one study found a positive correlation between LOR content and professionalism during residency,[7] several studies show little or no relationship between LORs and future clinical performance.[8-11]

The Electronic Residency Application Service (ERAS) and previously cited research[1-4,6-11] do not differentiate between a DOM letter and letters from individual faculty members. However, they are quite different because the DOM letter is written by a designee of the department rather than a faculty member chosen by the student. The designee is often the clerkship director,[12] but may be the chair, vice chair, or associate clerkship director. This designee is likely to have the experience and ability to compare the performance of applicants more accurately than most individual faculty members. While faculty LORs are based on a single person's observations, DOM letters have evolved to become a summary letter that includes the perspectives of multiple evaluators who worked directly with the student.[13] The DOM letter also provides

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a synthesis of key narrative evaluations that are an essential part of evaluation in competency-based medical education.[14]

The transition in the DOM letter from a single faculty member's LOR to a summary of a student's overall performance in the department parallels a transition in the dean's letter, another important component of residency applications. The process to improve the dean's letter was not always straightforward. In 1989, the Association of American Medical Colleges published guidelines about the format and content of the dean's letter.[15] In 2000, 35% of letters were still not compliant with these guidelines[16] and additional recommendations were made to change the dean's letter from a letter of recommendation to a letter of evaluation renamed the Medical Student Performance Evaluation (MSPE).[17] A 2005 review showed that three quarters of MSPEs were adequate, but important information such as disciplinary actions, need for remediation, and comparative performance data were frequently absent.[18] Similarly, not all institutions conceptualize and write DOM letters in a consistent fashion.

PERSPECTIVES VIEWPOINTS

- There is little consistency to the format and content of department of medicine (DOM) letters.
- In their current state, letters are challenging to interpret, and other criteria, such as USMLE I scores, have become more influential in selecting residents.
- Departmental letters should not be a single faculty member's letter of recommendation; they should be a summary of students' performance in the DOM.
- DOM summary letters should include narrative comments that illustrate the intangible qualities necessary for becoming a successful internist.
- Letters also should include a description of how grades are determined and distributed, and students' rank.

This article describes the current state of DOM letters and the collaboration among members of the Clerkship Directors in Internal Medicine (CDIM) and the Association of Program Directors in Internal Medicine (APDIM) to develop guidelines for the DOM letter.

CURRENT STATE OF DOM LETTERS

Preparing DOM letters requires great time and effort, but frequently program directors are frustrated by their variability and ambiguity. Call and colleagues analyzed DOM letters from most US medical schools and found that the majority lacked important information such as grading standards and distributions (personal communication, Dr. Stephanie Call, January 17, 2013). These omissions are compounded by the inclusion of information such as academic achievement, USMLE scores, and extracurricular activities duplicated elsewhere in the application.

At times, DOM letters lack credibility. In a classic 1983 essay entitled "Fantasy Land," Friedman[19] highlighted the use of inflationary rhetoric to describe applicants, offering a mock LOR for Adolf Hitler: "A natural leader . . . good communication skills . . . assisted in the development of a number of technical advancements . . . " The use of evaluative words such as "good" have been used to describe moderate-performing or very low-performing students, depending on the school.[20] Some schools provide a legend for translating these evaluative words into numerical equivalents (eg, "good" = lowest 25%; "outstanding" = highest 25%), but in many cases program directors are left to guess at their meaning. Vague comments such as "capable" and "solid" may be used to advocate for the marginal student, but ambiguity creates confusion and can undermine a student's application.[21]

Although many DOM letters include the medicine clerkship and sub-internship grades, extreme variability in how grades are determined, expressed, and distributed[22,23] makes comparisons among medical schools challenging. Alexander et al[22] found 8 different grading systems with 27 unique sets of grading terminology among 119 medical schools.[22] The portion of students receiving the highest possible grade in the medicine clerkship ranged from 10% to 77%.[22] This problem is not new; a 1990 study of medicine clerkships showed similar variability in grading systems, terminology, and distributions.[23] In a study of the medicine sub-internship, 84% of students received the equivalent of high pass or honors, with 53% of sub-internship directors indicating that they inflated grades to avoid penalizing students in a setting where other schools give high grades.[24] One study found that keys to interpret grades were missing from 41% of medical school transcripts.[25]

Three layers of variability within current DOM letters create additional confusion. First, it is difficult to identify which letter is the DOM letter. Each school labels DOM letters differently, and ERAS groups DOM letters together with faculty LORs. Second, schools often recruit multiple faculty members to write DOM letters; lack of standardization among authors makes it difficult to compare students even within a single institution. Last, letters from institutions with a single DOM letter writer often lack standardization in format and content.

IMPACT OF CURRENT DOM LETTERS

Students that DOM letters are meant to support become disadvantaged when multiple applicants look alike be-

cause letters lack discerning qualities. Residency programs look for applicants who "fit" the culture of their specific residency programs. Program directors can more adeptly recruit applicants who are likely to succeed in their programs if given clearer data. Vague information impacts the most highly qualified applicants by not differentiating them accurately from their peers. Less qualified applicants may be impacted if they match to programs in which they subsequently struggle. The void of balanced clinical assessment then forces other, arguably less relevant, criteria to be weighed more heavily, for example, USMLE scores.[1-3,5]

Clerkship directors and program directors waste valuable time writing and reading letters which are often of low value. They consequently develop workarounds, such as telephone calls, to advocate for specific students or to get more candid information. This consumes even more time and is, at best, a haphazard process. Larkin and Marco[26] have suggested that the lack of accurate or complete information in DOM letters also raises ethical issues because rating students all above average fails to honor the "implied duty to future students, colleagues, researchers, and patients who might come in contact with the applicant."[26]

CHALLENGES TO HIGH-QUALITY DOM LETTERS

There are many reasons why the quality of DOM letters varies. Clerkship directors may feel a conflict of interest serving both as an evaluator and student advocate. DOM letter writers may not have sufficient training and support to prepare high quality letters[12,27] and may lack confidence about their knowledge of each student. Letter writers also may be concerned about the content of their letters and potential impact on careers, legal reprisal, and breach of confidentiality. In a 2006 national survey, 74% of clerkship directors reported that they wrote DOM letters, yet only slightly more than half received guidance on letter-writing, and even fewer received explicit training.[12] The majority developed their own guidelines for the process.[12]

Clerkship directors may feel pressure to convey only positive information to advocate for their students to obtain positions in the most prestigious residency programs. Including negative information or critique is frequently seen as a red flag that eliminates the student from further consideration. Some DOM letter writers fear legal, personal, or professional repercussions if a student does not match or match well.[28] In addition, writers must complete the letters in the midst of other clinical, teaching, and administrative obligations. Adequate time and resources are clearly needed to accurately and effectively represent student performance in DOM letters.

Depth of understanding of the student is considered an important feature of DOM letters,[12] but letter writers who are unfamiliar with student attributes and performance may be more circumspect or vague in their descriptions. Clerkship directors are privy to all student evaluations during DOM clerkships and have gathered and reviewed enough information on medical knowledge, communication skills, and professionalism to determine a grade. Many clerkship directors also meet with individual students to learn more about career goals and provide counseling on the residency application process. For these reasons, clerkship directors should be in a position to write meaningful DOM letters on behalf of students applying for internal medicine residency positions.

PREVIOUS EFFORTS TO IMPROVE THE QUALITY OF DOM LETTERS

Several earlier efforts attempted to improve the quality of DOM letters. In the 1990s, members of APDIM and CDIM developed a template for the DOM letter that was not widely adopted. In 2004, Wright and Ziegelstein[27] published guidelines for faculty LORs.[27] In 2010, brief guidelines on writing LORs were published within the context of promoting professionalism.[13] In recent years, multiple workshops addressing both DOM letters and faculty LORs have been presented at national meetings,[29-31] reinvigorating the debate about their role and content. These recent efforts reflect a growing consensus within the undergraduate and graduate medical educational community that letters in support of residency applications need a set of common guiding principles to improve quality and accuracy.

COLLABORATIVE DEVELOPMENT OF DOM "SUMMARY LETTER" GUIDELINES

In 2012, during a meeting of CDIM and APDIM leadership, 8 members (3 clerkship directors and 5 program directors, 2 of whom were previously clerkship leaders) formed a working group to review previous guidelines. Revised guidelines for DOM letters were drafted and formally presented to the councils in July 2012. After minor modifications, the guidelines also were reviewed with the Association of Professors of Medicine.

The guidelines we propose define the DOM letter as a "summary letter" featuring the unique perspective that academic leaders in internal medicine bring when communicating with one another (**Figure**). They call for a letter focused on each student's experiences within the DOM, including narrative descriptions of performance in the medicine clerkship and sub-internship (if completed). We recommend including representative comments from individuals who directly observed the student. This approach enables the writer to define qualities that are critical to the internist, such as integrity, motivation, communication skills, time man-

A. Timeline

DOM letters should be sent by October 1 to maximize availability for the residency selection process.

B. Length

Recommended length is no more than 1-2 pages.

C. **Structure and Content**

1) Statement regarding preparation of letter: who writes it, who approves/signs it, what data it is based on, and acknowledgement that it was written in accordance with these guidelines. Also clarify student request for the letter and whether student has waived right to review letter.
2) Description of key DOM rotations
    i. Core medicine clerkship: duration, setting(s) of student participation, relationship to faculty members and residents, student role and responsibilities, grading policies and procedures including use (or not) of shelf exam
    ii. Grade distribution in medicine clerkship for student's class
    iii. Sub-internship: duration, setting(s) of student participation, relationship to faculty members and residents, student role and responsibilities, grading policies and procedures
    iv. Grade distribution for sub-internship in preceding year(s)
3) Description of student's performance on medicine clerkship and sub-internship (if completed).
    i. Detailed narrative description of student performance; may include representative verbatim comments from faculty members and residents
    ii. Student grade(s) for the rotation(s)
4) Do ***not*** include content unrelated to the DOM that is accessible in other documents:
    i. USMLE scores
    ii. Performance on non-Medicine rotations
    iii. Summary of *curriculum vitae* (e.g. prior education, extracurricular activities)

D. Final Paragraph

1. Overall assessment of applicant as a candidate for residency in internal medicine
2. Numerical statement of where student stands relative to other students in class, based on experiences in DOM. Examples: specific rank (e.g. 46/110), quartiles (1st, 2nd, 3rd, 4th), percentage groupings (e.g. top 10%)

Figure Guidelines for writing Department of Medicine (DOM) summary letters. USMLE = United States Medical Licensing Examination.

agement, and altruism, but are not found within the *curriculum vitae* or written examination scores.

To provide a frame of reference, the DOM letter should include a description of clerkship structure, how grades were determined, who wrote the letter, and a statement that the letter was prepared according to these guidelines. The guidelines endorse providing grade distributions for the clerkship and sub-internship and clarifying each student's performance within these distributions. The guidelines also call for a quantitative estimation of each student's rank compared with all other students in the class who completed the rotation (not limited to students applying in internal medicine). The guidelines endorse flexibility in how this ranking is expressed to accommodate different grading rubrics, but discourage coded language that program directors may not be able to decipher.

The final paragraph should include information uniquely available to the letter writer to help interpret these rankings. For example, students in the lower half of the class are often quite diverse in their strengths and weaknesses.[32] If the writer knows the student was a "late bloomer," has a unique strength, or about specific circumstances surrounding their clerkship grades, this information should be highlighted in the final paragraph.

The guidelines eliminate superfluous information and provide guidance on the timing of letters so that they are available to program directors before they make decisions about offering interviews. In 2011, approximately one half of interview slots were offered to applicants before November 1.[1] In 2012, the release date for dean's letters was moved from November 1 to October 1, which may lead to a shift of even more interview slots offered earlier. Therefore, the guidelines suggest submitting DOM letters early enough to allow program directors to review them—preferably by October 1.

The guidelines focus on content specific to medical student applications to residency programs. They do not address legal or ethical criteria that apply to any letter of recommendation, but DOM letter writers should adhere to the established criteria; for example, they should not include information about applicant

disability, ethnicity, sexual orientation, or marital status; should not intentionally misrepresent the truth; and should obtain written permission to disclose information about the student.[33]

The DOM summary letter guidelines presented here are the culmination of a combined effort by those who write and read letters to improve their quality and credibility. We acknowledge that medical schools' unique grading policies may make this process challenging, but we encourage schools to report student performance relative to their peers using meaningful groupings. We also recommend that ERAS include a separate category to distinguish departmental summary letters from faculty LORs, similar to how the MSPE has a unique category. This change would enable program directors to quickly identify DOM letters. It also would allow future researchers to explore the impact of DOM letters on the residency application process and determine whether letters that incorporate these guidelines provide more predictive information about applicants' performance as residents.

The medical education community should focus on providing meaningful and credible narrative information to assist students and residency directors in the residency application process. We believe that this set of guidelines for DOM letters is one tool in that process, but ultimately, the thoughtful reflection and communication about each student's attributes and abilities will make DOM letters a more valuable resource.

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