

The Proposal of a Standardized Letter of Recommendation for Psychiatry Residency Applicants

Why now:

The number of allopathic and osteopathic candidates applying to psychiatry is increasing. This, combined with virtual interviews and an increased number of applications per candidate, has led to a perceived "application avalanche" (1). While programs may have previously relied on the United States Medical Licensing Examination (USMLE) Step 1 scores to help distinguish applicants, with the change of USMLE Step 1 score to pass-fail in early 2022, this exam can no longer serve as an academic metric(2,3). Other methods to distinguish students, including the Medical Student Performance Evaluation (MSPE) and the letters of recommendation, can be inconsistent between institutions and authors, leaving residency programs to try and decipher their credibility and comparability. The burden of effectively and equitably comparing residency program applicants is significant, and the task is complex. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP) MSPE Taskforce, with input from the American Association of Directors of Psychiatric Residency Training (AADPRT), has recognized these concerns and sought solutions.

What we recommend and why:

We recommend transitioning from the use of a traditional letter of recommendation (TLOR) to a standardized letter of recommendation (SLOR) and eventually to a standardized letter of evaluation (SLOE) for students applying to psychiatric residency. To our knowledge, there are little to no guidelines for who can write a TLOR or the preferred content. Thus, these letters may offer low utility to residency directors as they may not comment adequately on aspects of the applicant that are most important to the program director. Additionally, they are the least valid of all selection methods, impacted by bias, and not associated with how an applicant does in residency (4,5). Therefore, they do little to help program directors discriminate one applicant from another. Unlike a TLOR, the SLOR would exist in a

template fashion and require letter writers to comment on an applicant's strengths in specific areas of interest to program directors. Thus, only those who had the knowledge to comment on those areas should be letter writers.

On the other hand, a SLOE could only be completed by clerkship directors, directors of medical student education, or vice-chairs of education. It would require the letter writer to evaluate, rank, and compare the student to their classmates on competencies and cognitive traits critical to their medical specialty (6). While TLORs and SLORs *advocate*, SLOEs *evaluate*.

In a recent survey of psychiatry residency program directors by Russo et al. (2021), 62.7 % of respondents felt a SLOE would be very helpful or somewhat helpful. That same study found faculty hopeful a standardized letter could provide a more honest and accurate portrayal of the applicant and improve the comparison between applicants. The SLOE is currently utilized by Emergency Medicine (EM) and Internal Medicine (IM) residency programs and has demonstrated an ability to differentiate candidates within those specialties (8, 9). However, a survey of ADMSEP members revealed that a majority of respondents did not believe or were not sure that a SLOE should be implemented at this time (10). Additionally, we suspect that if only some letter writers for psychiatry residency applicants opt to use a SLOE and others continue using a TLOR, those who use the SLOE risk putting their students at a disadvantage due to its evaluative nature.

Given these concerns, we believe the transition from a TLOR to a SLOE should proceed stepwise and move first from a TLOR to a SLOR. We have developed a SLOR template that asks letter writers to comment on applicant characteristics and clinical skills most desired by Psychiatry Program Directors as determined by a survey of AADPRT Psychiatry Residency Program Directors (7). With this standardized template, residency program directors could compare applicants from different medical schools. While our proposed template will give letter writers ample space to highlight student strengths, it also includes

a single section to highlight an applicant's areas for growth. In this way, our SLOR is slowly beginning the transition to a SLOE option but should not disadvantage an applicant if not all letter writers opt to submit a SLOR.

Future Vision:

We envision the gradual full-scale adoption of a SLOR as part of the psychiatric residency application, with an anticipated transition to a SLOE in the future. We foresee using the SLOR for several years as letter writers, applicants, and program directors adjust to a standardized format and provide constructive feedback before the field eventually moves to a SLOE.

We recommend applying lessons learned from other specialties, like IM and EM, to implement a psychiatry SLOE effectively. For example, EM also began with a SLOR before transitioning to a SLOE. Additionally, the EM SLOE has adopted annual efforts to train faculty on effective SLOE writing (6, 8). EM faculty SLOE ranking distribution is also available for public review, which makes identifying positive inflation of assessment easier (6). Both faculty training and publication of assessment distribution have improved the EM SLOE's discriminatory power (6). Thus, when the time comes, psychiatry may also consider SLOE writing training for faculty and public availability of assessment distribution. EM also uses a central website to help track SLOEs efficiently, a process psychiatry may consider adopting long-term.

Although we will want to build from experience of other specialties' SLOEs, it will be important that the Psychiatric SLOE represents the holistic nature of our specialty. A Psychiatry SLOE should blend objective ranking with descriptive data on student performance for key traits. While we do not yet fully know how these recommended changes will impact the psychiatry residency application process, we believe moving to a SLOR would be the next best step towards enhancing communication about applicants to psychiatry residency programs.

References:

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