

Outline of Letter of Recommendation from Department Faculty or Volunteer Community Physician

I. Address to: Residency Director

- A. All reference letters will be collected by the OHSU Dean's Office and will be forwarded via email to the residency programs I am applying to after they are scanned into the Electronic Residency Application Service (ERAS).
- B. Preferred deadline: end of August
- C. Please print on letterhead of your practice/department.

II. Preamble

- A. Purpose of letter.

III. Nature of Relationship with Student

- A. The circumstance by which you know student (as a teacher, advisor)
- B. How well do you know student (# of years, months, weeks)
- C. Your experience in teaching
 - 1. How often, how many students

IV. Academic Achievement of Student

- A. Fund of medical knowledge and clinical judgment
- B. Sophistication in application of clinical knowledge
- C. Evidence of competence or achievement in the area that you observed student
- D. If there is a noted weakness please emphasize special work or experiences student did to overcome the deficiency.

V. Personal Dimension

- A. Evidence of diverse interests and activities. Please mention any experiences you feel add character/uniqueness to student's application.
 - 1. Work experience
 - 2. Volunteer experience
 - 3. Awards
 - 4. Committee memberships
- B. Evidence of student's ability to do well in stressful situations.
- C. Demonstrated ability to handle a heavy work load and organization skills.
- D. Communication skills.
- E. Demonstrated interest in patients and their families.
- F. How well accepted/liked/respected by staff, patients, and peers.

VI. Summary

- A. Outstanding/unique qualities.
- B. Understanding of professionalism in medicine.
- C. Student's plans for the future.