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: August 31, 2007
   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.

Created by Anita D. Taylor, M.A. Ed.