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# The Pilot of the Psychiatry Standardized Letter of Recommendation in the 2024 Match

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In 2020, council members of the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) discussed their concern about biased language found within the Medical Student Performance Evaluation (MSPE) clerkship narratives. Simultaneously, the council members considered the increasing importance of the MSPE and letters of recommendation as the United States Medical Licensing Exam transitioned to a pass/fail score reporting system for Step 1. A task force was created, including members of ADMSEP as well as the American Association of Directors of Psychiatric Residency Training (AADPRT), to brainstorm ways to remodel the MSPE so that it would contain less bias and more specific information valued by psychiatry residency program directors. Psychiatry residency directors who were members of AADPRT were formally surveyed to learn more about the information they wanted to know about applicants [1]. As it became clear that the task force would have little influence to mandate such changes to the MSPE, the group turned its attention to letters of recommendation. Following the example of other specialties, first by Emergency Medicine over 25 years ago and now numerous others, the group developed a standardized letter of recommendation (SLOR)

[2]. The group considered a SLOR instead of a standardized letter of evaluation (SLOE) to ease the transition to standardized letters and avoid potential negative commentary or evaluation on those applicants electing to use the new format. The task force created a SLOR template that incorporated the items program directors wanted to see in the MSPE, imposed character limits, and provided instructions to mitigate bias often seen in traditional letters of recommendation. This work also ensured that psychiatry was moving toward the recommendations the Coalition for Physician Accountability set out, which advised that structured evaluative letters replace traditional letters of recommendation [3].

In late 2022, the ADMSEP membership approved the organization's support for the optional use of the SLOR during the subsequent residency application season, Match 2024. At that time, it was understood that the SLOR creators would continually take feedback to optimize its effectiveness and use. The task force members set out on an informational campaign to encourage the use of the SLOR. They posted messages on X (formerly known as Twitter) and delivered workshops at ADMSEP and AADPRT conferences. They communicated with members of PsychSIGN, the Association for Academic Psychiatry, the American Association of Chairs of Departments of Psychiatry, and the American Psychiatric Association (APA). The SLOR was also highlighted in *Psychiatric News* to reach a broad audience.

Following this effort, the Electronic Residency Application Services (ERAS) reported in personal correspondence that 1325 psychiatry applicants in the 2023–2024 match season had at least one uploaded SLOR. This past year, there were 2583 US MD and DO psychiatry applicants and 1438 International Medical Graduate applicants [4]. Based on discussions with program directors who reported seeing relatively few SLOR letters overall, it appears that some letter writers may have inadvertently increased this reported number by erroneously checking the “SLOE box.”

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This discrepancy also suggests there is a need for an ongoing information campaign around the SLOR template and rationale.

Following the expectation that SLOR usage be studied, the task force developed surveys for SLOR writers, letter readers, and psychiatry-bound medical students. To increase response rates, the task force sent the survey link to the ADMSEP and PsychSIGN listserv and conducted workshops at the AADPRT 2024 annual meeting and the APA 2024 annual meeting. Additionally, the task force obtained direct feedback from AADPRT members at the Regional Caucus sessions at the annual meeting.

In summary, the feedback about the SLOR was mixed. Some letter writers stated that the SLOR took longer to write and did not capture the essence of their typical traditional letter of recommendation. Other letter writers described overcoming a learning curve and finding a rhythm, which made the SLOR more efficient than writing traditional letters. Some letter writers appreciated how the template helped mitigate subconscious bias with the same prompts for each applicant. Letter readers critiqued the form for being too long and the formatting cumbersome to review. Students' feedback showed optimism in the SLOR's ability to reduce bias. Students' feedback also expressed a desire to increase the uniformity of SLOR use amongst applicants and programs.

Incorporating this feedback, the task force has revised the SLOR for the upcoming recruitment season. The template has been converted to a Word document instead of a PDF, which gives writers more flexibility and allows the use of institutional letterhead, and redundancy has been eliminated, creating a shorter template. It can be found on the ADMSEP website, and was disseminated via X, and in emails sent to the ADMSEP and AADPRT listserv, medical school Deans, and PsychSIGN leadership [5]. In conclusion, the task force recommends that each residency program update its website if requesting at least one SLOR in the upcoming recruitment cycle and provide faculty development surrounding the use

of the SLOR. We strongly encourage applicants and faculty remain open to utilizing the SLOR template during the second year of the pilot phase.

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## Declarations

**Disclosures** On behalf of all the authors, the corresponding author states that there is no conflict of interest. Dr. Lia Thomas is an Associate Editor for *Academic Psychiatry*.

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