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APPENDIX: Sample Standardized Letter of Recommendation



THE AMERICAN ORTHOPAEDIC ASSOCIATION
Council of Orthopaedic Residency Directors
Standardized Letter of Recommendation Form

Applicant's Name:

ERAS Letter ID:

Reference Provided By:

Present Position:

Professorial Rank (if applicable):

Institution/Group Practice Name:

Specialty:

Email:

Telephone Number:

BACKGROUND INFORMATION

1. Length of clinical or professional contact with applicant:

☐ < 2 weeks

☐ 1-6 months

☐ 1-2 years

☐ 1 month

☐ 6-12 months

☐ 2+ years

2. Nature of contact with applicant: (Check all that apply)

☐ Extended direct clinical contact (> 20 hrs/week)

☐ Know indirectly through others/evaluations

☐ Limited direct clinical contact (< 20 hrs/week)

☐ Committee prepared letter of recommendation

☐ Direct research contact

☐ Other (Please describe): _____

QUALIFICATIONS FOR ORTHOPAEDIC SURGERY

Compared to other orthopaedic applicants, rank this student by placing an "X" in the appropriate percentile category. **The ranking is listed from lowest to highest.* (For example, a student ranked in the 100th percentile is the most highly qualified.)*

1. *Patient Care* – Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan.

10 th	20 th	30 th	40 th	50 th	60 th	70 th	80 th	90 th	100 th
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☐

Cannot assess

2. *Medical Knowledge* – Level of general and orthopaedic-specific medical knowledge.

10 th	20 th	30 th	40 th	50 th	60 th	70 th	80 th	90 th	100 th
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☐

Cannot assess

3. *Interpersonal and Communication Skills* – Ability to interact effectively with others on the health care team and communicate in an effective and caring manner with patients and their families.

10 th	20 th	30 th	40 th	50 th	60 th	70 th	80 th	90 th	100 th
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☐

Cannot assess

4. *Procedural Skills* – Ability to perform surgical tasks in a competent manner.

10 th	20 th	30 th	40 th	50 th	60 th	70 th	80 th	90 th	100 th
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☐

Cannot assess

☐ The applicant has waived his or her right to see this letter.