



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:

- < 1 month
- 1-2 years
- 1-12 months
- 2+ years

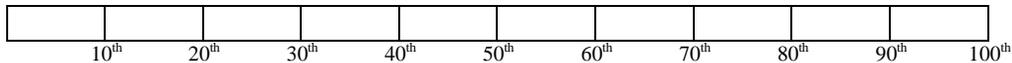
2. Nature of contact with applicant: (Check all that apply)

- 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**

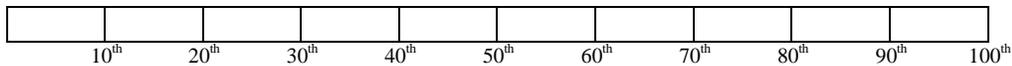
*Compared to other orthopaedic applicants, rank this student by placing an "X" in the appropriate percentile category. \*The ranking is listed from lowest to highest.\* (For example, a student ranked in the 100th percentile is the most highly qualified.)*

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



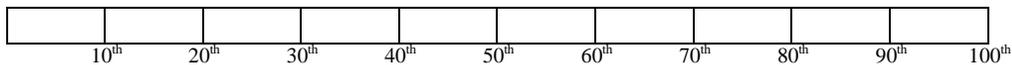
Cannot assess

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



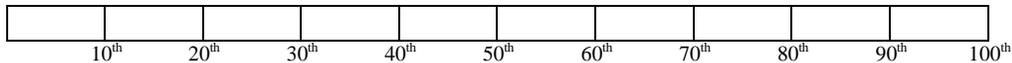
Cannot assess

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.



Cannot assess

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



Cannot assess

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5. *Research* – Ability to identify a question and to formulate and execute a cogent research plan.

10 <sup>th</sup>	20 <sup>th</sup>	30 <sup>th</sup>	40 <sup>th</sup>	50 <sup>th</sup>	60 <sup>th</sup>	70 <sup>th</sup>	80 <sup>th</sup>	90 <sup>th</sup>	100 <sup>th</sup>	

Cannot assess

**GLOBAL ASSESSMENT**

1. *Ability to Work Within a Team* – Ability to understand how their role contributes to the common goals of the entire care team.

10 <sup>th</sup>	20 <sup>th</sup>	30 <sup>th</sup>	40 <sup>th</sup>	50 <sup>th</sup>	60 <sup>th</sup>	70 <sup>th</sup>	80 <sup>th</sup>	90 <sup>th</sup>	100 <sup>th</sup>	

Cannot assess

2. *Professionalism* – Quality of work ethic, altruism, professional demeanor, and willingness to assume responsibility.

10 <sup>th</sup>	20 <sup>th</sup>	30 <sup>th</sup>	40 <sup>th</sup>	50 <sup>th</sup>	60 <sup>th</sup>	70 <sup>th</sup>	80 <sup>th</sup>	90 <sup>th</sup>	100 <sup>th</sup>	

Cannot assess

3. *Initiative and Drive* – Ability to stay oriented to a goal and see tasks to completion.

10 <sup>th</sup>	20 <sup>th</sup>	30 <sup>th</sup>	40 <sup>th</sup>	50 <sup>th</sup>	60 <sup>th</sup>	70 <sup>th</sup>	80 <sup>th</sup>	90 <sup>th</sup>	100 <sup>th</sup>	

Cannot assess

4. *Commitment to Orthopaedic Surgery* – Thoughtfulness in choosing his or her career path compared to other medical students you know.

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	

Cannot assess

**SUMMATIVE STATEMENT**

*Ideally, where do you think that this applicant will be placed on your final rank list? If you are not involved in a formal ranking process, where would you like to see this applicant ranked?*

- |                                |                          |                             |                          |                               |
|--------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>      |
| Ranked to<br>guarantee a match | High rank<br>(upper 1/3) | Middle rank<br>(middle 1/3) | Low rank<br>(lower 1/3)  | Not a fit with<br>our program |

**PERSONAL COMMENTS** (Attach additional pages as necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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