



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:

- Checkboxes for contact duration: < 1 month, 1-2 years, 1-12 months, 2+ years

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

- Checkboxes for nature of contact: Extended direct clinical contact (> 20 hrs/week), Limited direct clinical contact (< 20 hrs/week), Direct research contact, Know indirectly through others/evaluations, Committee prepared letter of recommendation, 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.)

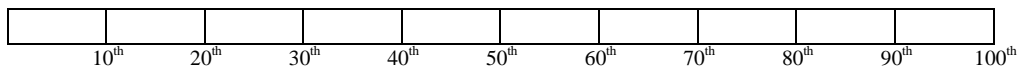
1. Patient Care – Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan.



Cannot assess checkbox

Cannot assess

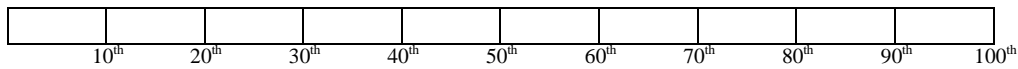
2. Medical Knowledge – Level of general and orthopaedic-specific medical knowledge.



Cannot assess checkbox

Cannot assess

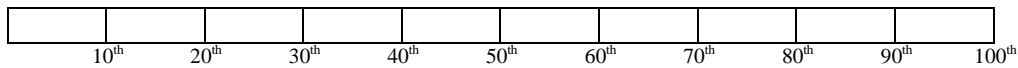
3. Interpersonal and Communication Skills – Ability to interact effectively with others on the health care team and communicate in an effective and caring manner with patients and their families.



Cannot assess checkbox

Cannot assess

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



Cannot assess checkbox

Cannot assess

Applicant's Name:

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

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

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

Cannot assess

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

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

Cannot assess

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

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

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
guarantee a match | High rank
(upper 1/3) | Middle rank
(middle 1/3) | Low rank
(lower 1/3) | Not a fit with
our program |

PERSONAL COMMENTS (Attach additional pages as necessary)

Signature: _____ Date: _____

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