

■ The Health Professions Advisor's Letter of Evaluation: Everything You Ever Wanted to Know But Were Afraid to Ask

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Why Letters Make a Difference

Dr. Witzburg

Health professions advisors (HPA) and medical school admissions officers play important roles in determining who will comprise the next generation of doctors in America. These professionals work in extremely diverse institutions and may not even know one another but they, nonetheless, collaborate in deciding who will attend which medical school and even who will not attend at all. The health professions advisor's letter of evaluation is, in many cases, the most important vehicle of communication between these two groups, and its impact on the outcome of the admissions process can be determinative.

In this two-part article we examine the key elements of the HPA letter of evaluation, from the perspective of the admissions officer and the advisor. Our intention is not to advocate for a uniform structure or format for all HPA letters, but rather to identify the characteristics of an effective letter and to describe some "tools of the trade," that may contribute to the efficient preparation of such letters. Individual advisors may incorporate those elements that are appropriate to their own institutional culture, policies, and procedures.

The Balance of Constituencies in the Admissions Process

The impact of the HPA letter of evaluation can be understood only in the context of the admissions officer's world. In that world, the admissions officer serves a number of constituencies, as enumerated in Table 1. The successful admissions officer must cultivate a mutually beneficial relationship with the community of undergraduate institutions. This relationship, mediated through the advisor, is critical to ensuring the flow of qualified students to the undergraduate institution and appropriately prepared candidates to the medical school, as well as to supporting a robust profession of medicine. Similarly, the admissions officers must serve the applicant community through maintenance of a fair, equitable, and accessible admissions program.

Table 1: Constituencies Served by a Medical School Office of Admissions

- Undergraduate institutions
- Applicants
- Alumni
- The medical profession
- Current faculty, staff, students, and other trainees
- Patients and society

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The admissions officer must also be mindful of the needs and hopes of the alumni of his/her institution and the profession as a whole. These are critically important groups, whose support is vital to the school. In addition, the faculty, staff, students, and other trainees at the medical school form a key constituency, as this is the community which entering medical students will join.

While there are many groups served by the admissions officer, there can be little doubt that the most important of these is comprised of future patients and society. The accepted applicant very quickly becomes engaged in the care of patients during his/her clinical training, and soon thereafter will be an independently practicing member of the profession. In the complex environment of medical school admissions, where there may be conflicting goals and loyalties, the welfare of patients and society must always outweigh other concerns. This is the critical link between advisors and admissions officers — we all serve the same patients.

Critical Data Elements in the Selection Process

The medical school admissions committee is expected to predict the future on the basis of a record of the past. We are charged with selecting the “best” applicants from what may be a large pool of candidates and we struggle to distinguish among them. The process of selecting students for medical school is, inevitably, a matter of comparing among the applicants. Table 2 lists the types of data that are available to support this effort and illustrates the difficulties in making critical decisions on the basis of incomplete information.

Table 2: Data Elements in the Admissions Process

- Undergraduate academic record: grades, other evaluations, and class rank
- Reputation of the undergraduate program
- Disciplinary record from the undergraduate institution
- Individual letters of recommendation from faculty and other referees
- Personal statements and essays
- MCAT scores
- Interview
- Health professions advisor letter

Undergraduate academic records are important, but are often less illuminating than any of us would like. Medical school applicants are, with rare exception, capable students, and grade inflation is common. Many undergraduate institutions no longer calculate or publish class rank. As a result, admissions officers rarely see transcripts that are not filled with very high grades, and there is very little

evidence that subtle distinctions among records of high academic achievement are useful in predicting success in medical school or beyond.

The reputation and ranking of an undergraduate institution may have a limited role in determining the quality and rigor of the program of studies pursued by any individual student, and top-tier institutions may be among the worst offenders with regard to grade inflation. Undergraduate programs have extremely variable policies with regard to recording and reporting disciplinary actions. As a result, some students may have relatively minor infractions reported by their institutions, whereas students who committed major offenses at another university might have nothing on their records.

As noted above, applicants to medical school are generally very capable students who have carefully planned their applications. It is a rare applicant who cannot find the required number of faculty to write glowing letters or recommendation. These testimonials may reflect little or no insight into the applicant as a person or a future member of the profession of medicine, and they are not helpful in a rigorous and comparative evaluation.

Personal statements and other essays may offer some insight into the applicant's writing skills and facility with analytical thinking. They are, however, quite subjective, and while some applicants are heavily coached and assisted in the writing of these materials, others are entirely on their own. MCAT scores are a uniform and standard measure, but applicants are far from uniform in the support they have for preparation and cultural bias may be a major determinant of success in these exams. There is widespread agreement that personal interviews are an important element of the medical school admissions process, but they provide only a brief glimpse of behaviors, interpersonal skills, and ability to communicate.

The Health Professions Advisor's Letter of Evaluation

In light of the important flaws identified in all of the other sources of information for the medical school admissions officer, the HPA letter looms large. It is only this letter that can provide critical, evaluative and comparative information, and put it all in appropriate context. In order to contribute meaningfully to the evaluation of an applicant, the HPA letter must contain evaluative information, rather than merely collect testimonials from members of the university community.

Table 3 enumerates the components of an effective HPA letter of evaluation. The letter is forthright, comprehensive and, within a given institution, follows a standard format. Some of the information may be available in other parts of

the applicant's portfolio, but the HPA letter codifies it and presents it in a systematic and balanced manner, allowing the admissions officer to draw appropriate conclusions as to the relative importance of the various items.

Table 3: Components of the Letter of Evaluation

- Summary of life history
- Academic history
- Personal qualities
 - Character & citizenship
 - Interpersonal traits
 - Empathy
 - Kindness
 - Honesty
 - Compassion
 - Communication skills
 - Written expression
 - Oral expression
 - Leadership experience
 - Intellectual depth & rigor
 - Goals and commitments
 - Special points
- Evaluation & recommendation

It is fair and reasonable for the advisor to present each applicant in the most favorable light supportable by the actual facts, but this should not mask a legitimate and rigorous evaluation. Encoding critical information in nonspecific language, expecting that the admissions officer will see the hidden meaning, increases the risk that we will fail to deliver on our shared obligation to patients and to society. The advisor may, for a variety of reasons, be tempted to withhold or downplay negative information on an applicant. This practice serves the process poorly, as the admissions officer must have the tools to make accurate judgments and meaningful comparisons. If the advisor does not provide comprehensive information, the decisions will still be made; just with a less reliable foundation.

The HPA letter of evaluation is a key element of any application to medical school. It is most important for those applicants who are neither "all-around superstars," nor manifestly unqualified to attend medical school. Most admissions officers will correctly identify the two ends of the spectrum with relatively little assistance. We may, however, fail to distinguish accurately among the large group of applicants who fall between the two extremes. The advisor's commentary may be determinative in this group of applicants, benefiting the individual student, the school, the profession of medicine, and society as a whole.

Health Professions Advisor's Letter of Evaluation for Applicants

Dr. Singer

There is no doubt that a well written Health Professions Advisor's (HPA) Letter of Evaluation can be an important part of evaluating an applicant for admission to a health professions program. In the accompanying article, Dr. Robert Witzburg, Dean of Admissions at Boston University School of Medicine and Chair of the Committee on Admissions of the Group on Student Affairs (GSA) of the AAMC, describes for advisors what information his committee expects to see in a useful letter. My goal is to help you structure your letters so that they will be useful. After all, I think we can all agree that writing a letter that is not useful is a waste of time for advisors and admissions officers alike.

I'd like to start out with two assumptions:

- What you will read in this article is based on my own experience in writing letters for students and alumni of Duke University since 1992. However, not everything I say will be transferable to the culture of your institution. If you use my advice, adapt it to your own setting.
- This article will not deal with "crafting the language" of a letter. An excellent paper focusing on that aspect of writing letters was published by our colleagues Drs. Joe Workman, Tom Oeltmann, and Carol Elam in the March 2005 issue of *The Advisor* and a revised version of it appears on the NAAHP website.

Step 1: Determine a process for writing the HPA evaluation and what will be included in the evaluations transmitted to health professions schools

There are several models by which the HPA Letter of Evaluation is written. And there are several models of what is actually transmitted to the health professions school. Some, but not all, of these models are described in the article.

How the letter is written:

- The HPA is written by a single individual
- The HPA is drafted by an individual and edited by a committee.
- The HPA is drafted by a committee and edited by an individual.

What is transmitted to the health professions programs:

- An HPA letter is transmitted to schools along with individual letters from other evaluators.
- Only the HPA letter is transmitted to schools. It is based on and may include paragraphs excerpted from individual letters submitted on behalf of the student to the advisor's office.
- Both the HPA letter and the other letters are transmitted to the schools and the HPA letter quotes extensively from the other letters.

Hint: Choose one of the first two. The last involves too much unnecessary duplication — a waste of time for you and the admissions folks who read the letters.

Step 2. Collect data that are available to you on applicants from your institution

- GPA (cumulative and BCPM), and MCAT
- scores if available
- Strength or weakness of curriculum
- Activities
- Personal statement
- Interview
- Letters of evaluation written by others

Hint 1: Work with your Registrar's Office to see if they can provide you with a data set to pull into a spreadsheet on applicants, e.g., GPA, a calculated BCPM, state residence, race/ethnic information, email address, graduation date. If you provide MCAT scores to the Registrar's Office, they may be able to input those scores and include them in the data set they give you.

Hint 2: Make that spreadsheet your working spreadsheet on applicants to be modified as the application cycle proceeds. Add fields for type of applicant (MD, DO, DDS, etc), recommendation ranking, etc. In June, I convert my working Excel sheet to an Access database. I can then query it to create subsets of applicants, e.g., seniors vs. non-traditional applicants, reapplicants vs. first time applicants, MD/DO vs. dental or vet applicants, residents of a particular state. You can record acceptances in that database and then use it for reporting after the cycle is completed.

Step 3. Create a format for organizing the HPA letter of evaluation

The specifics are up to you. But health professions schools will appreciate it if your letters follow a specific format so they know where to look for information in your letter. Below is a description of how I construct my letter. Since each letter is individualized, there is still variability. But the general structure is the same. This is only an example. You may want to create your own format. But stick to it from letter to letter.

- Paragraph 1: Academic Information
 - Graduation year and major
 - GPA (BCPM and cumulative)
 - Strength of curriculum
 - Graduation Honors
 - Ranking by BCPM GPA — I do this as percentile, e.g., John is in the 80- 89th percentile of a group of 130 senior applicants this year.
- Paragraph 2: Family information, stressing what might be important in life history, some examples
 - Worked to support college
 - Parent(s) in a service profession
 - Experienced other cultures
 - Eldest of 6 children
 - Raised by grandmother
- Paragraph 3: Exposure to health care, patient, etc.
- Paragraph 4: Any passions? In depth commitment to an activity? Participation in a scholarly activity?

Hint 1: Don't just list the activities they will have listed on their application.

Hint 2: This may go into another paragraph or two.

- Paragraph 5: Give the reader a personal feel for the applicant. Use adjectives or appropriate descriptions that will give the reader some additional insight into the applicant. If appropriate, include any special concerns, e.g., immaturity, difficulty communicating, lack of attention to detail.

- Closure:
Evaluation Rating
 - Recommended with enthusiasm
 - Recommended with confidence
 - Recommended
 - Recommended with reservation
 - Not recommendedName, signature, date
- Additional Advice
 - Don't rely on codes to get your evaluation across. Not everyone will understand them.
 - Use macros for sentences that are similar from letter to letter. Example: * is completing the Bachelor of * degree with a major in *. Insert the macro and then at the asterisk, add the info specific to that applicant.
- Use VirtualEvals to transmit your letters to health professions schools that accept letters through VE (nearly all MD programs, most DO programs, some optometry programs for 2007). It streamlines transmission, creates an archive of letters, and makes health professions schools happy!
- Differentiation of applicants is critical.
- Your credibility will help your applicants. Not everyone walks on water. Don't write letters as if they do. It won't help your weakest applicants. And it will hurt the applicants you most want to help, e.g., the ones that might not have the strongest academic records, but will be able to do the work in medical school and be wonderful physicians.
- Find a pleasant place to write your letters where you can spread out your files and not be interrupted while you write.

The logo for NAAHP (National Association of Academic Health Professions) is a purple rectangle with the text "NAAHP" in white, italicized, serif font.