

Letters of Recommendation for PCCM Fellowship Applicants: Counting Words Is Just the Beginning. Reply to: More than Words? Looking for Gender Bias in Letters of Recommendation

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From the Authors:

We appreciate the thoughtful comments by Dr. Jones and the emphasis on the importance of gender and sex in evaluating letters of recommendation for applicants to pulmonary and critical care medicine programs (1).

Indeed, we strongly agree with Dr. Jones on the importance of using the appropriate terminology as it pertains to an individual's gender, sex, and sexual identity, with the goal of being inclusive

in our work. The field of medicine is evolving in how gender, sex, and sexual identity are being reported in studies, but much more work is needed (2).

We strived to identify both the gender and sex of the applicant and letter writers but were limited by the information contained in the application, which until recently reported only applicant sex.

We intentionally conducted online searches of the letter writers, looking at institutional websites, with the intent of using the letter

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writer's gender pronouns as has been previously done (3). As Dr. Jones states, this most likely reflects the gender of the letter writer and not their sex.

We agree it is critical to reflect not just on the length of a letter of recommendation but also on the content and purpose. Simple quantification of the adjectives used in the letters of recommendation is an initial step in understanding if gender, racial, and other disparities continue to exist and are systematically propagated. It would make sense that longer letters would allow for authors to share the many strengths of the applicants; however, the letters of recommendation are a reflection not only of the applicant but also of the author's reputation and overall standing. As has been shown in other studies, junior faculty and women authors write longer letters than more senior faculty and men (4). A possible hypothesis is that junior faculty and women feel the need to justify their recommendation for it to be meaningful and valued independently of their gender or that of the applicant. Self-referential text was not able to be excluded in our analysis; however, prior work has suggested that longer letters

are more valued by faculty reviewers, regardless (5, 6).

Reflecting on the purpose of letters of recommendation, prior work has demonstrated that there is significant variability in how letters of recommendation are interpreted when the reviewer is blinded to the author and the applicant (7). Notably, letters of recommendation do not discriminate well between ranked applicants who are highly regarded and mediocre applicants (6).

Moving forward, future work should focus on content and purpose of the letters of recommendation. Do these subjective letters of recommendation truly add information that is novel and quintessential to identifying excellent candidates, or are they continuing to fuel implicit biases? As other fields in medicine have moved away from incorporating traditional letters of recommendation in their application process, should we in pulmonary and critical care medicine do the same, or can we reimagine and strengthen their purpose and value?

Author disclosures are available with the text of this article at www.atsjournals.org.

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