

REFEREE ASSESSMENT AND REFERENCE LETTER OF APPLICANT

Thank you for serving as a reference. In choosing residents for this Program, the Selection Committee places a good deal of emphasis on the information provided by medical faculty who have observed the applicant in the clinical setting. We would therefore request your candid comments in completing this questionnaire. The program asks you to please complete this form in addition to a formal personalized letter of reference. Your early reply is appreciated, as the candidate's application will not be evaluated without your appraisal. Occasionally, follow up is required for clarification.

May we call you to discuss this application if needed?

Yes

No

NAME OF APPLICANT:

1. In what setting have you observed the applicant?

Clinical Observation (specify)

Sample text

Academic Advising

Sample text

Socially

Sample text

Other (please specify)

Sample text

2. How well do you know the applicant?

Very well

Fairly well

Slightly

How long have you known the applicant?

Sample text

3. To your knowledge, has there ever been any disciplinary/legal action or psycho/social behavior involving this applicant which might indicate unsuitability for Enhanced Skills training?

Yes

No

4. Please select the statement which best applies to this applicant

- Performing far below level expected of an FM resident.
- Performing below level expected of an FM resident (but should be considered for an R3 position).
- Performing at level expected of an FM resident.
- In the upper 25% of FM residents (excellent resident, well above expected performance).
- In the upper 5% of FM residents (truly exceptional).

5. Please indicate your opinion of this applicant's performance in each area, relative to other Family Medicine residents you have known

		Unable to judge	Unacceptable	Below average	Average	Above average	Excellent
Medical judgment	Gathers and uses data efficiently and effectively; defines problems and is a rational problem-solver; orders investigations in a deliberate and planned manner; able to differentiate between the ideal and reality; recognizes own limitation and seeks help appropriately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Organizational skills	Makes good use of time and resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Interpersonal skills	Rapport, co-operation, attitudes towards supervision, sense of humour, empathy, sensitivity to the needs of others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Insight	self-assesses accurately, recognizes limitations, plans learning, resourcefulness, originality, skillfull management of available resources, ability to funtion independently, self-confident, assuredness	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Motivation	Seeks out opportunities and assumes responsibility; shows spontaneous initiative, ready to work hard, and has a desire to achieve.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Reliability	Dependability, sense of responsibility, promptness, conscientiousness, integrity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Maturity	Personal development, ability to cope with life situations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

6. Please select one of the following

- I would recommend this resident without reservation
- I would recommend this resident
- I would recommend this resident with some reservation
- I would not recommend this resident

Name: Dr. Program Director

Title: Example title

Phone: 123456789

Signature: This letter was submitted using CaRMS Online.

Date: August 25, 2021

EXAMPLE

Letter of recommendation

This is where the reference narrative would be displayed.

EXAMPLE