

Structured Reference Letter FRCPC Emergency Medicine Programs

Demographics:

Candidate Name:	
CaRMS ID:	
Referee Name/Designations (e.g. CCFP-EM):	
Institution(s):	
Position(s): <i>E.g. Program Director, Clerkship Director etc.</i>	
How long/well and in what capacity do you know the candidate? <i>E.g. Clinical work, research, other? Number of shifts worked with candidate?</i>	
Frame of Reference <i>E.g. how many students/residents do you work with, what type of practice do you have</i>	

How would you rate the Candidate in the following areas?

Please compare the candidate to other Medical Students on their EM Rotation. If you cannot comment on a particular area, please indicate this.

Commitment to Specialist Emergency Medicine. Have they thoughtfully considered their career choices?				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Work Ethic				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Teachability				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Clinical Knowledge Base (Differential diagnosis generation, ability to formulate a management plan etc.)				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Ability to Work as Part of a Team/Communication Skills				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Global Assessment – How does this Trainee Compare to ALL Medical Students doing EM at your site?				
Top 5%	Top 10%	Top 25%	Top 50%	Can't Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Would you be comfortable with a friend or family member being cared for by this candidate?	
YES	No
<input type="checkbox"/>	<input type="checkbox"/>
Comments:	

Please enter any other comments that you have might have about the candidate here. This could include, further comments about their performance, any strengths or weaknesses not covered above as well as any areas that are not touched on in the section above.

Is this Letter Confidential?
i.e. has not been seen by candidate

YES

NO

 Signature

 Date