Family Medicine Structured Reference Letter

Applica	nt: Last name, First name (CaRMS code)
Refere	e: Title First Last name, Designation
	Field of practice
	Job title / Academic position
	Institution / Medical School affiliation Street address
	City, Province/State, Country
	lentiality of content indicate if the applicant had an opportunity to review the content of this letter before submission to :
•	The applicant <u>did not</u> have the opportunity to review the content of this letter before submission to CaRMS
0	The applicant \underline{had} the opportunity to review the content of this letter before submission to CaRMS
Confli	ct of Interest
this ap	are that I have not, at any point during the time I have known this applicant, had a relationship with plicant that could be construed as a conflict of interest. This may include but is not limited to being: I, a close friend, business associate or treating physician."
•	I declare no conflict of interest;
0	I may have a conflict of interest
Conte	ext of Working Relationship
When	did you work with this applicant?
Sta	art: [mm-yyyy]
En	d: [mm-yyyy]
At wh	at stage of training did you work with this applicant?
0	Pre-clerkship Pre-clerkship
•	Early clerkship
0	Mid to late clerkship
0	Post-clerkship Post-clerkship
How v	vell do you know the applicant?
0	Very well
0	Well
•	Somewhat well
0	Not very well
Do yo fairly?	u feel you have had adequate exposure in a work environment to assess this applicant
0	Yes
•	No

Is you	ır assessm	ent of this applicant based on direct clinical observation?				
•	Yes					
0	No					
	Pract	ice Setting - Location				
	0	Primarily urban or suburban				
Primarily rural or regional						
	O Combination of rural and urban					
	Pract	ice Setting - Type				
	O Primarily clinic based					
	Primarily hospital based					
	0	Combination of clinic and hospital				
Asses	sment o	f Applicant				
Anchor	s for the follo	owing questions:				
 Excellent (among the best, better than many R1s) Very good (functioning like an early R1) Good (ready for R1) Fair (teachable but still needs work to be ready for R1) 						

Anchors for the following questions:					
 Excellent (among the best, better than ma Very good (functioning like an early R1) Good (ready for R1) Fair (teachable but still needs work to be Poor (below expected level despite practi Unable to assess (not observed) 	ready for R1) ce opportunities, no	ot ready for R1)			Unable to
Applicant Attributes		ood Good	Fair	Poor	Assess
Demonstrates appropriate knowledge base.		•			
Gathers data efficiently and effectively.	TO,				
Able to define problems and formulate appropriate management plans.		✓			
Tolerates clinical uncertainty and avoids concrete thinking.			✓		
Demonstrates compassion and is sensitive to patient needs.)			✓	
Communicates effectively and is able to build rapport with patients.	l				✓
Demonstrates respect for all members of the team including clinical and administrative staff.				✓	
Demonstrates a positive learning attitude by seeking out and receiving feedback without defensiveness or undue deference.			✓		
Recognizes own limitations, asking for help when needed without overly relying on the preceptor.		✓			
Demonstrates reliability and responsibility by attending regularly, being punctual and avoiding leaving early.	•				

Domonotrot		Excellent	Very Good	Good	Fair	Poor	Unable to Assess
completing t	es respect and responsibility by casks as expected, communication priately and being responsive to her notices.						
	es honesty and integrity by takin y for their actions.	g	✓				
	es a positive learning attitude by opportunities and showing	,		✓			
	es stamina and resilience when unexpected stressors and				✓		
Demonstrate	es appropriate procedural skills.					✓	
	es cultural and social sensitivity safe environment for all						✓
lave you	observed any behaviours	that cause y	ou to ha	ave conce	rns abo	ut the fol	llowing:
Collegia	ality (e.g. conflict with staff, i	issue with othe	er learnei	-)			
•	No						
0	Yes				•		
Clinical	judgement (e.g. over confid	ent, dangerou	s decisio	n, overly h	nesitant)		
0	No		1				
•	Yes						
	se describe your rvation:	1,0					
obse		t, conflict, bou	ındaries)				
obse	rvation:	t, conflict, bou	ındaries)				
obse Patient-	rvation: centred care (e.g. disrespec	t, conflict, bou	ındaries)				
obse Patient-	centred care (e.g. disrespec			nplete reco	ords, mis	sed calls)	
obse Patient-	centred care (e.g. disrespective) No Yes			nplete reco	ords, mis	sed calls)	
obse Patient- • Reliabil	centred care (e.g. disrespective) No Yes ity or responsibility (e.g. exc			nplete reco	ords, mis	sed calls)	
obse Patient-	rvation: centred care (e.g. disrespector) No Yes ity or responsibility (e.g. exc			nplete rec	ords, mis	sed calls)	
obse Patient- Reliabil Pleas obse Receivii	revation: centred care (e.g. disrespectors) No Yes ity or responsibility (e.g. excord) Yes se describe your	essive absenc	es, incon				ede feedback or
obse Patient- Reliabil Pleas obse Receivii	revation: centred care (e.g. disrespective) No Yes ity or responsibility (e.g. excelled) Yes se describe your revation: ng feedback or maintaining page	essive absenc	es, incon				ede feedback or
obse Patient- Reliabil Pleas obse Receiving	revation: centred care (e.g. disrespective) No Yes ity or responsibility (e.g. excended) Yes se describe your revation: ng feedback or maintaining polinic flow).	essive absenc	es, incon				ede feedback or
obse Patient- O Reliabil O Pleas obse Receiving disrupt O Other o	recentred care (e.g. disrespective) No Yes ity or responsibility (e.g. excended) Yes se describe your revation: Ing feedback or maintaining polinic flow). No	professionalism	es, incon m (e.g. di wise desc	sruptive b	ehaviour	s that imp	
obse Patient- O Reliabil O Pleas obse Receiving disrupt O Other o	recentred care (e.g. disrespect No Yes ity or responsibility (e.g. excent No Yes revation: Ing feedback or maintaining polinic flow). No Yes bserved behaviour(s) or train	professionalism	es, incon m (e.g. di wise desc	sruptive b	ehaviour	s that imp	

Supporting Narrative					
In this section we invite you to highlight what makes this applicant stand out as a candidate for Family Medicine.					
Summ	ative Statements				
Did thi	s applicant demonstrate an interest in Family Medicine? (Choose one best answer): Definitely yes! For example, the applicant specifically described to apply this experience to				
0	their future in Family Medicine.				
0	Yes. For example, the applicant was interested in and curious about a career in Family Medicine.				
⊚	Possibly. For example, the applicant mentioned consideration of Family Medicine				
0	Not really but the applicant did not speak negatively about Family Medicine.				
0	No. For example, the applicant demonstrated negative attitudes towards Family Medicine.				
suitabi having	believe this applicant demonstrates the skills and personality traits supportive of lity for a rural family medicine residency? These would include being self-directed, a spirit of adventure, and demonstrating a tolerance for working in professionally or y isolated environments.				
O	Definitely yes!				
0	Yes				
•	I'm not sure				
0	No				
0	Definitely no.				
0	Not in a position to adequately assess				
If give	n the opportunity, would you want to work with this applicant for two years?				
0	Definitely yes!				
0	Yes				
•	I'm not sure				
0	No				
0	Definitely no.				
	ase describe ur reasons:				

Final Statement

Final Statement (choose one):

- O I would <u>strongly recommend</u> this applicant for a Family Medicine residency position.
- O I would <u>recommend</u> this applicant for a Family Medicine residency position.
- O I would <u>hesitate</u> to recommend this applicant for a Family Medicine residency position.
- I would <u>not recommend</u> this applicant for a Family Medicine residency position.
- O I would <u>not recommend</u> this applicant for <u>any</u> residency position.

Signature: This letter was submitted using CaRMS Online.

Date: October 7, 2022

