FM/ES referee assessment form

Applicant:

| Referee: |
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| Demographics |
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| Credentials E.g. Program Director, Clerkship Director, Longitudinal Preceptor (Competence Coach). Please provide context, including years, location, |
| clinic type, type of program (if PD), etc. |
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| How long/well and in what capacity do you know the capacity? |
| E.g. Clinical work, research, other? Number of shifts worked with candidate. |
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| Frame of reference E.g. how many students/residents you work with perger, what ype of practice you have. |
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| Academic or professional concerns |
| To your knowledge, has there ever been any academic discipline, remediation or psychosocial |
| behavioral concerns involving this applicant? |
| ○No |
| Yes |
| If "Yes", please specify: |
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| Objective Scores | Unaccepta ble | 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 limitations and seeks help appropriately. | | | | | |
| Organizational skills | | | | _ | |
| Makes good use of time and resources. | | | | | |
| Interpersonal skills | | | | | |
| Rapport, co-operation, attitudes towards supervision, sense of humour, empathy, sensitivity to the needs of others. | | | | | |
| Motivation | | | | | |
| Seeks out opportunities and assumes responsibility; shows spontaneous initiative, ready to work hard, and has a desire to achieve. | | | | | |
| Insight | | | | | |
| Self-assesses accurately, recognizes limitations, plans learning, resourcefulness, originality, skillfull management of available resources, ability to funtion independently, self-confidence, assuredness. | | | \ | | |
| Reliability | | | | | |
| Dependability, sense of responsibility, promptness, conscientiousness, integrity. | | | | | |
| Maturity | | | | | |
| Personal development, ability to cope with life situations. | | | | | |

Narrative comments are essential to our assessment of candidate files. Please provide specific examples regarding the candidate in the areas listed by ow. If you are unable to comment on a specific area, please note this in the appropriate field.

| T | eac | ha | bilit | y, wor | k eth | ic. re | Mak | oility |
|---|-----|----|-------|-----------|-------|--------|-------|--------|
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Clinical performance (Differential diagnosis, ability to formulate a management plan, etc.)

| Narrative comments are essential to our assessment of candidate files. Please provide specific examples regarding the candidate in the areas listed below. If you are unable to comment on a specific area, please note this in the appropriate field. |
|---|
| Procedural competence |
| |
| Ability to work as part of a team (including communication skills) |
| Please state one area this applicant could improve upon |
| |
| Global Assessment - How does this trainee complete ALL Family Medicine residents that you have worked with? |
| ○ Top 5% ○ Top 10% ○ Top 25% |
| O Top 25% O Top 50% |
| OBottom 50% |
| Comments: |
| |
| Personal Comments |
| Please enter any other comments that you have about the candidate. This could include further comments about their performance, other areas of involvement (e.g., advocacy, leadership, accomplishments, academic achievements) or any strengths or weaknesses not covered above. |
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Narrative

| Recommendatio | on |
|-------------------|--|
| Please select or | ne of the following |
| OI would re | ecommend this resident without reservation |
| O I would re | ecommend this resident |
| | ecommend this resident with some reservation |
| O I would no | ot recommend this resident |
| Confidentiality (| of content |
| | s confidential and will not be seen by the candidate. (select one) |
| ONo OYes | |
| ignature: | This letter was submitted using CaRMS Online. |
| Date: | |
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