

Pediatrics Structured Reference Letter

Applicant:

Referee:

Declaration

Confidentiality of content

Please indicate if the applicant had an opportunity to review the content of this letter before submission to CaRMS:

- ☐ The applicant did not have the opportunity to review the content of this letter before submission to CaRMS
- ☒ The applicant had the opportunity to review the content of this letter before submission to CaRMS

Conflict of Interest

"I declare that I have not, at any point during the time I have known this applicant, had a relationship with this applicant that could be construed as a conflict of interest. This may include but is not limited to being: related, a close friend, business associate or treating physician."

- ☐ I declare no conflict of interest;
- ☒ I may have a conflict of interest

Briefly explain:

SAMPLE

Context of Working Relationship

When did you last work with this applicant?

Start: [mm-yyyy]

End: [mm-yyyy]

At what stage of training did you work with this applicant?

- ☐ Pre-clerkship
- ☐ Early clerkship
- ☐ Mid to late clerkship
- ☒ Post-clerkship
- ☐ Residency
- ☐ Independent practice

Assessment of Applicant

The narrative comments are very valuable to our residency selection committees, and they appreciate the time it takes to thoughtfully address the following seven (7) areas. Expectations would be for what you would expect for a graduating medical student ahead of their transition to residency, where below expectations would require notable improvement prior to being ready for residency in this domain. If you are able to rate the prompted attribute, please comment as to how you provided this. The comments are the essential components of this section.

How would you rate the applicant on their communication skills with patients/caregivers?

- ☐ Above expectations
- ☒ Meets expectations
- ☐ Below expectations
- ☐ Unable to comment

How would you rate the applicant on teamwork and collaboration?

- ☐ Above expectations
- ☒ Meets expectations
- ☐ Below expectations
- ☐ Unable to comment

SAMPLE

How would you rate the applicant on their comfort and flexibility with uncertainty?

- ☐ Above expectations
- ☐ Meets expectations
- ☒ Below expectations
- ☐ Unable to comment

How would you rate the applicant on their work ethic / initiative?

- ☐ Above expectations
- ☒ Meets expectations
- ☐ Below expectations
- ☐ Unable to comment

Assessment of Applicant

How would you rate the applicant on demonstrating self-directed learning?

- ☐ Above expectations
- ☐ Meets expectations
- ☒ Below expectations
- ☐ Unable to comment

How would you rate the applicant on their clinical knowledge base (differential diagnosis generation, ability to formulate a preliminary management plan, etc.)?

- ☐ Above expectations
- ☐ Meets expectations
- ☒ Below expectations
- ☐ Unable to comment

SAMPLE

How would you rate the applicant on their feedback receptivity?

- ☐ Above expectations
- ☒ Meets expectations
- ☐ Below expectations
- ☐ Unable to comment

Any additional overall comments:

Areas of Concern

Have you observed any behaviours that cause you to have concerns about the following:

- **Collegiality** (e.g. conflict with staff, issue with other learner)
- **Clinical judgment** (e.g. over-confident, dangerous decision, overly hesitant)
- **Patient-centred care** (e.g. disrespect, conflict, boundaries)
- **Reliability or responsibility** (e.g. excessive absences, incomplete records, missed calls)
- **Receiving feedback or maintaining professionalism** (e.g. disruptive behaviours that impede feedback or disrupt clinic flow)
- **Other observed behaviour(s) or trait(s)**, not otherwise described, that may impact this applicant's suitability for a position in a Pediatrics residency

☐ No

☒ Yes

If yes, please describe your observation:

Recommendation

Final Statement (choose one):

- ☐ I would strongly recommend this applicant for a Pediatrics residency position.
- ☒ I would recommend this applicant for a Pediatrics residency position.
- ☐ I would hesitate to recommend this applicant for a Pediatrics residency position.
- ☐ I would not recommend this applicant for a Pediatrics residency position.
- ☐ I would not recommend this applicant for any residency position.

Signature:

This letter was submitted using CaRMS Online.

Date:

SAMPLE