**NOSM University**

**Obstetrical Surgical Skills Questionnaire**

|  |  |
| --- | --- |
| **Resident Name** |  |
| **Your Name** |  |
| **Your Email** |  |

The above resident is applying to the NOSM University Obstetrical Surgical Skills program. They have selected you as a referee who has had direct contact with them in obstetrical care who is willing and able to comment on their skills and aptitudes for this program.

Please complete the following questions with the scales provided below:

1. ***Based on other family medicine residents I have supervised, this resident’s knowledge, skills and aptitude for attending to normal vaginal deliveries is:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bottom 20%  of FM residents |  |  |  | Top 20%  of FM residents | na |
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1. ***This resident’s ability to handle tissue, and deal with more advanced procedural aspects of operative obstetrics is:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bottom 20%  of FM residents |  |  |  | Top 20%  of FM residents | na |
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1. ***This resident’s suitability for learning Caesarian delivery is:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poor |  |  |  | Excellent | na |
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Thank you for your time,

Peter Hutten-Czapski, MD, CCFP, FRRMS

Program Director, Obstetrical Surgical Skills

NOSM Family Medicine Program