

Family Medicine Program Director's Assessment of Applicant

PLEASE SUBMIT to Melanie Pilon by email: mpilon@nosm.ca

Name of Applicant: _____

The intent of this form is to obtain an accurate profile of each resident applicant's performance during their ongoing Family Medicine training. Please complete this form **in addition** to a formal personalized letter of reference. Please provide the following information with comments (positive and/or negative) where applicable for each applicant. The candidate's application will not be considered without your appraisal.

Please comment on the following:

1. This assessment is based on _____ (number of) In-Training Assessment Reports.
2. Has the candidate failed or performed below expectations in any rotation? ☐ YES ☐ NO
3. If yes, please list the rotation(s) below.

a. _____	<input type="checkbox"/> Failed	<input type="checkbox"/> Below expectations
b. _____	<input type="checkbox"/> Failed	<input type="checkbox"/> Below expectations
c. _____	<input type="checkbox"/> Failed	<input type="checkbox"/> Below expectations

d. What specific area(s) of concern were documented?

e. What is the progress to date on these concerns?

☐ Resolved
☐ Making progress
☐ Ongoing concerns

Please comment.
4. Are there any other ongoing academic or professional concerns? ☐ YES ☐ NO

If yes, please comment.

5. Are there any disciplinary/legal actions involving this candidate? ☐ YES ☐ NO

If yes, please comment.

6. How has the candidate ranked in the following? (exceeds expectations, meets expectations, below expectations). Please comment if there are any "below expectations (-)" that have not been previously discussed in this form.

	Below Expectations	Meets Expectations	Exceeds Expectations
a. Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Receptiveness to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Procedural skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Speed and stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attitude and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participation in clinical and educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Team skills including leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Self-directed learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL

1. As program director, would you accept this candidate into your program?

☐ Yes, without hesitation ☐ Yes ☐ No

2. Any further comments? Please attach letter if necessary.

Name (please print): _____ Family Medicine Program: _____

Signature: _____ Date: _____

Thank you for including this form with your letter of reference for this candidate.

Please return to Melanie Pilon by email: mpilon@nosm.ca