

Family Medicine Program Director’s Assessment of Applicant

PLEASE SUBMIT to Melanie Pilon by email: mpilon@nosm.ca or by fax: (807)766-7483

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. _____ Failed Below expectations
 - b. _____ Failed Below expectations
 - c. _____ Failed 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.
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