NOSM University
Enhanced Skills Program Application

Family Medicine Program/Site Director's Assessment of Applicant

PLEASE SUBMIT to V. Dawn Grover by email: vgrover@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 ☐ (#) of In-Training Assessment Reports.
2. Has the applicant failed or performed below expectations in any rotation? Yes ☐ No ☐
   a. If yes, please list the rotations below:
   - _____ Failed ☐ Below Expectations ☐
   - _____ Failed ☐ Below Expectations ☐
   - _____ Failed ☐ Below Expectations ☐

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

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

   ☐ Resolved ☐ Making Progress ☐ Ongoing Concerns

   d. Comments:
3. Are there any other ongoing academic or professional concerns? Yes ☐ No ☐
4. If yes, please comment:

5. Are there any disciplinary/legal actions involving this applicant? Yes ☐ No ☐

If yes, please comment:

6. How has the applicant ranked in the following?

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

Please comment if there are any below expectations that have not been previously discussed:

OVERALL

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

☐ Yes, without hesitation ☐ Yes ☐ No

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

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

Signature:______________________________ Date: ______

Thank you for including this form with your letter of reference for this applicant.
Please return to V. Dawn Grover by email: vgrover@nosm.ca