**University of Ottawa**

**Enhanced Skills for Family Practice Program Application**

Family Medicine Program Director’s Assessment of Applicant

**PLEASE SUBMIT** returned formby email [esfpdfm@uottawa.ca](mailto:esfpdfm@uottawa.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 Evaluation 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. | [Insert text] | Failed | Below expectations |
| --- | --- | --- | --- |
| b. | [Insert text] | Failed | Below expectations |
| c. | [Insert text] | Failed | Below expectations |

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

* 1. What is the progress to date on these concerns?

Resolved  Making progress  Ongoing concerns

Please comment.

1. Are there any other ongoing academic or professional concerns?  YES  NO

If yes, please comment.

1. 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 |  |  |  |
| 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 educational activities |  |  |  |
| j. Team skills including leadership abilities |  |  |  |
| k. Self-directed learning ability |  |  |  |

OVERALL

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

Yes, without reservations  Yes  No

1. 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 by email [esfpdfm@uottawa.ca](mailto:esfpdfm@uottawa.ca)