**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

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