

INTERNAL MEDICINE SENIOR RESIDENT REFERENCE

MANDATORY
Student Name:
CaRMS ID:
Weeks of contact with student:

Instructions

We highly value senior residents' evaluation of candidates applying for internal medicine residency training. Residents bring a unique perspective that supplements other information collected as part of candidates' applications. This form must be completed honestly and without bias or consideration of protected grounds*.

Conflict of Interest Declaration

By signing this form, I confirm that I have no conflict of interest in completing this form (conflict of interest can include but is not limited to: interactions with the individual outside of work; family relationships; or financial/material agreements). If you are unsure if you have a conflict of interest, you should not complete this form or otherwise act as a referee.

Category		Critical Concerns		Inconsistent		Consistent		Best student this year†
Candor	Not Observed <input type="checkbox"/>	Misrepresented clinical work, knowledge, or abilities more than once <input type="checkbox"/>	<input type="checkbox"/>	Occasionally presented clinical work or abilities beyond that which was actually done <input type="checkbox"/>	<input type="checkbox"/>	Consistent, forthright presentation of clinical work and abilities <input type="checkbox"/>	<input type="checkbox"/>	Would expose self to real consequences to maintain integrity <input type="checkbox"/>
Feedback mindset	Not Observed <input type="checkbox"/>	Routinely defensive and/or resistant to constructive feedback <input type="checkbox"/>	<input type="checkbox"/>	Often sought feedback, but resistant at times <input type="checkbox"/>	<input type="checkbox"/>	Consistently integrated day-to-day feedback into clinical work <input type="checkbox"/>	<input type="checkbox"/>	Day-to-day feedback systematically used to achieve learning goals <input type="checkbox"/>
Advocacy	Not Observed <input type="checkbox"/>	Made little effort to address patients' determinants of health or barriers to care <input type="checkbox"/>	<input type="checkbox"/>	Recognized barriers to care but inconsistently responded to them <input type="checkbox"/>	<input type="checkbox"/>	Identified barriers to healthcare and made consistent efforts to address them <input type="checkbox"/>	<input type="checkbox"/>	Altruistic. Always went extra mile to support patients' health and on-going needs <input type="checkbox"/>
Conscientiousness	Not Observed <input type="checkbox"/>	Required reminders to follow through, clinical work showed shortcuts <input type="checkbox"/>	<input type="checkbox"/>	Clinical work reasonably completed but without attention to detail at times <input type="checkbox"/>	<input type="checkbox"/>	Clear dedication to closing the loop and attending to details <input type="checkbox"/>	<input type="checkbox"/>	Highly organized. Sense of duty to patients drove meticulous follow-up and communication <input type="checkbox"/>
Insight	Not Observed <input type="checkbox"/>	Often failed to get help, struggled to identify sick patients, and overestimated ability <input type="checkbox"/>	<input type="checkbox"/>	Usually recognized when they were out of their depth; still needed closer supervision <input type="checkbox"/>	<input type="checkbox"/>	Recognized situations within their ability and when to get help. <input type="checkbox"/>	<input type="checkbox"/>	Humble. Had excellent measure of self. Quickly recognized complexity in clinical situations <input type="checkbox"/>
Agency	Not Observed <input type="checkbox"/>	Disengaged most of the time; had to be asked to do routine tasks <input type="checkbox"/>	<input type="checkbox"/>	Did what was required and expected. At times came across disinterest <input type="checkbox"/>	<input type="checkbox"/>	Met expectations and supported colleagues in their work without prompting <input type="checkbox"/>	<input type="checkbox"/>	Actively sought ways to contribute to the team and advance patient care <input type="checkbox"/>
Comments to clarify and/or expand (optional):								

† Reserve scores in this category for truly exceptional demonstration of these qualities

YOUR FULL NAME (PRINTED)

SIGNATURE

RESIDENCY PROGRAM (WHEN WORKING WITH STUDENT)

PGY – _____
YEAR OF TRAINING (WHEN WORKING WITH STUDENT)

* Protected grounds include age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status (including single status), gender identity, gender expression, receipt of public assistance, record of offences, sex (including pregnancy and breastfeeding), and sexual orientation.