DIVISION OF PHYSIATRY
PHYSICAL MEDICINE AND REHABILITATION
Department of Clinical Neuroscience
University of Calgary

FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

Structured Reference Letter for Fellowship Applications

The applicant is applying for a position in a Physical Medicine and Rehabilitation Fellowship. Thank you for agreeing to act as a referee. Please complete this Structured Reference letter in lieu of a traditional narrative reference letter.

APPLICANT

Last Name, First Name: _____

Email Address: _____

Desired Fellowship Subspecialty Program: _____

REFEREE

Title, Last Name, First Name, Designation: _____

Field of Practice: _____

Job Title / Academic Position: _____

Institution: _____

Medical School Affiliation (if applicable): _____

Street Address: _____

City: _____

Country: _____

Email Address: _____

CONFIDENTIALITY OF CONTENT

Please indicate if the applicant had an opportunity to review the content of this letter before submission.

- ☐ The applicant did not have the opportunity to review the content of this letter prior to submission.
- ☐ The applicant had the opportunity to review the content of this letter prior to submission.

CONFLICT OF INTEREST

"I declare that I have not, at any point during the time I have known this applicant, had a relationship with this applicant that could be construed as a conflict of interest. This may include but is not limited to being: a family member, a close friend, a business associate or a treating physician."

- ☐ I declare no conflict of interest
- ☐ I may have a conflict of interest

Briefly explain if present (200 characters): _____

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CONTEXT OF WORKING RELATIONSHIP

When did you work with this applicant?

Start (mm-yyyy): _____

End (mm-yyyy) — for ongoing engagement please enter current month and year: _____

At what point in the applicant's training/career did you engage with this applicant?

- ☐ Medical School Training
- ☐ Residency Training
- ☐ Research
- ☐ Other, please specify:

_____

How well do you know the applicant?

- ☐ Very well
- ☐ Well
- ☐ Somewhat well
- ☐ Not very well

Do you feel you have had adequate exposure in a work environment to assess this applicant fairly?

- ☐ Yes
- ☐ No

Is your assessment of this applicant based on direct clinical observation?

- ☐ Yes

Practice Setting — Location

- ☐ Academic centre
- ☐ Non-academic centre
- ☐ Combination of academic and non-academic
- ☐ Private practice

Practice Setting — Type

- ☐ Primarily outpatient
- ☐ Primarily inpatient
- ☐ Combination of outpatient and inpatient
- ☐ No

Please describe the work setting: _____

Nature of contact with the applicant (check all that apply):

- ☐ Extended direct clinical contact

- ☐ Limited direct clinical contact
- ☐ Direct research contact
- ☐ Know indirectly through others/evaluations
- ☐ Committee prepared letter of recommendation
- ☐ Other, please specify (maximum 200 characters):

_____

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ASSESSMENT

Please indicate with a check (√) for each area below your opinion of this applicant's performance relative to peers at the same stage of training.

Attribute	Excellent	Very Good	Good	Fair	Poor	Unable to Assess
Medical Judgement: gathers and uses data efficiently and effectively; defines problems and is a rational problem solver.	☐	☐	☐	☐	☐	☐
Organizational Skills: makes good use of time and resources.	☐	☐	☐	☐	☐	☐
Interpersonal Skills: positive attitude, cooperation, teamwork, attitudes towards supervision, empathy, sensitivity to the needs of others.	☐	☐	☐	☐	☐	☐
Communication Skills (English Language) — Written	☐	☐	☐	☐	☐	☐
Communication Skills (English Language) — Verbal	☐	☐	☐	☐	☐	☐
Insight: self assesses accurately, recognizes limitations, plans learning, skillful management of available resources, ability to function independently, appropriate self-confidence	☐	☐	☐	☐	☐	☐
Motivation: seeks out opportunities and assumes responsibility; shows spontaneous initiative, ready to work hard, and has a desire to achieve	☐	☐	☐	☐	☐	☐
Reliability: dependability, sense of responsibility, promptness, conscientiousness, integrity	☐	☐	☐	☐	☐	☐
Maturity: personal development, ability to cope with life situations, self-control and thoughtfulness	☐	☐	☐	☐	☐	☐

Additional comments on assessment (not to exceed this page):

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PROFESSIONALISM & PERFORMANCE

To your knowledge, has the applicant ever had any professionalism concerns?

- ☐ Yes
- ☐ No

Please select the statement that best applies to this applicant:

- ☐ Performing at exceptional level compared to peers.
- ☐ Performing well above level of training of peers.
- ☐ Performing above level expected of peers.
- ☐ Performing at level expected of peers.
- ☐ Performing below level expected of peers.

FINAL STATEMENT

- ☐ I would strongly recommend this applicant for a Fellowship position in PM&R.
- ☐ I would recommend this applicant for a Fellowship position in PM&R.
- ☐ I would hesitate to recommend this applicant for a Fellowship position in PM&R.
- ☐ I would not recommend this applicant for a Fellowship position in PM&R.

Additional Comments (not to exceed this page):