**Instructions:**

This form is to be completed by the Referee and submitted by the application deadline. Completed forms are to be submitted **by the referee** to this email address: [clinical.externs@sickkids.ca](mailto:clinical.externs@sickkids.ca) . Please indicate applicant’s full name in the ‘Subject heading’ of the email.

**Provide applicant’s Full Name:**

|  |
| --- |
|  |

**Please fill out your information as a Referee:**

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Employer |  |
| Position Held |  |
| Telephone number |  |
| Email |  |

**Please rate the applicant for each of the following 4 categories pertaining to the role of a Clinical Extern:**

**1. Professionalism 2. Clinical Practice 3. Leadership 4. Collaboration**

***Definition of ratings***

|  |  |
| --- | --- |
| **Exceeds Expectations** | Demonstrates an exemplary skill set within program and/or clinical setting |
| **Meets Expectations** | Demonstrates skill requirements within program and/or clinical setting |
| **Does not meet expectations** | Fails to demonstrate expectations required in program and/or clinical setting |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Professionalism**  * Exercises professional judgment and maintain professional boundaries when working with patients * Demonstrates self-awareness by identifying strengths and opportunities for professional development * Demonstrates accountability and self-reflection of one’s own communication and actions | | | |
| ***Select one option:*** | Exceeds Expectations | Meets Expectations | Does not meet expectations |
| 1. **Clinical Practice**  * Uses clinical reasoning based on sound principles and/or rationale * Recognizes limitations and seeks assistance in situations that are beyond one’s capabilities * Responds in a timely manner to patient and family needs * Develops therapeutic, ethical, culturally sensitive patient and family relationships | | | |
| ***Select one option:*** | Exceeds Expectations | Meets Expectations | Does not meet expectations |
| 1. **Leadership**  * Identifies and advocates concerns/needs of patients and family * Takes initiative to develop new skills | | | |
| ***Select one option:*** | Exceeds Expectations | Meets Expectations | Does not meet expectations |
| 1. **Collaboration**  * Recognizes, understands, and values different roles and ideas/opinions of inter professional team. * Anticipates and determines need for team participation, collaboration, and decision-making in planning child and family-centered care | | | |
| ***Select one option:*** | Exceeds Expectations | Meets Expectations | Does not meet expectations |

1. **Please provide a brief overall assessment including suitability to work in a paediatric setting. Max 250 words**
2. **If you indicated the applicant as “Does not meet expectations” for any category, or you cannot provide an accurate assessment please state your reasons below:**

Please send this form to this email address: [clinical.externs@sickkids.ca](mailto:clinical.externs@sickkids.ca). **Reference letters submitted past the application deadline will not be accepted.**