

VA NWIHCS - PGY2 Early Commitment Form

Residency Candidate Name: _____

My relationship to the candidate was (or is) in the following capacity:

- Residency Preceptor (rotation: _____)
- Residency Program Director; as RPD I certify for resident is in good standing based on the following:
 - yes/ no -- The majority of the resident's summative evaluations in PharmAcademic demonstrate that the PGY1 resident is making satisfactory progress and is anticipated to successfully complete the PGY1 residency program requirements by the conclusion of the training program.
 - yes/ no -- There is no evidence of transgressions as outlined in the residency program policies and procedures.

Please complete this form electronically; email to Lisa Bilslend (lisa.bilslend@va.gov)

Directions for Providing Reference:

- Please rate this applicant for each of the following characteristics using the following rate scale:
 - Exceeds = the candidate exceeds what is expected to enter a residency program.
 - Appropriate - the candidate performs appropriately for what is expected to enter a residency program.
 - Fails to Meet = the candidate fails to meet the level expected to enter a residency program.
 - N/A= not applicable or not observed.
- Please address at least 3 fields and indicate strengths or opportunities for improvement.
- Please address general narrative fields following characteristics, provide a recommendation concerning admission

Characteristic Evaluated	Exceeds	Appropriate	Fails to Meet	N/A	Comments
Writing skills (clinical, email, and assigned writings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/mentoring skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to organize and manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work with peers and communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Characteristic Evaluated	Exceeds	Appropriate	Fails to Meet	N/A	Comments
Effective patient interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independence and resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism (professional attire and professional demeanor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Narrative comments

Please describe the nature of your interaction with the candidate. Under a period of normal workload or abnormal? What frequency or number of directly observed clinical activities of the candidate? The degree of independence the candidate was given? Was that independence reduced or increased over the duration of a rotation? How did the candidate's skills compare with (in order of preference) concurrent residents, peer students or students from other colleges?

Please provide 2 strengths of this candidate and how you believe these strengths will be beneficial to his/her success in a residency program.

Please provide 2 areas for improvement of this candidate and how you believe a residency program will be able to work with the candidate's noted areas for improvement.

Please feel free to address any other characteristics or observances of the candidate not mentioned previously.

Enter any comments concerning the candidate's fit to this particular program. (Comments entered here will only be provided to this specific program. As such, it will not carry forward into future references for this applicant).

	Highly Recommend	Recommend	Recommend with reservation	Do not recommend
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>