

REFERENCE FORM

For The Schulich School of Medicine & Dentistry, and St. Joseph's Health Care London

Instructions to the Applicant:

- **You are required to obtain three confidential references with your application for your academic appointment with Schulich School of Medicine & Dentistry and/or hospital privileges.**
- **Your referees should be someone who has worked, supervised or been involved with your training/practice for a minimum of 3 months and within the last two years and must include at least one of the following: a Supervisor, Program Director, Department Chief, Chief of Staff or CEO. If this is not possible, please explain : _____**
- **Your referees should NOT be someone whom you worked with and supervised directly.**
- **If you completed a residency or fellowship at Schulich, your references must be from someone who, supervised or been involved with your training at Schulich during that training period.**
- **If you completed a residency or fellowship at Schulich and then completed an additional fellowship outside of Schulich, one reference must be from the subsequent fellowship supervisor.**

Instructions to the Referee:

- **Your personal knowledge of this applicant is important in judging suitability for appointment and privileges. Any concerns that you identify below should be explained.**
- **This is a confidential reference and will not be shared with the applicant at any time.**
- **Reference letters will not be accepted in lieu of this reference form.**
- **Email completed reference form to Medical Affairs at sjhc.medaffairs@sjhc.london.on.ca**

APPLICANT NAME: _____ **DATE:** _____

REFEREE NAME: _____ **EMAIL:** _____

TITLE / POSITION : _____

DEPARTMENT: _____ **HOSPITAL:** _____

PROFESSIONAL RELATIONSHIP TO APPLICANT

How long have you worked with the applicant?

Describe the working relationship of the applicant (ie., colleague, supervisor) to you and include the organization where you were acquainted.

Is the applicant related to you? If so, specify relationship. Is your relationship with the applicant a potential conflict of interest which may impact this recruitment?

Please comment on the applicant's ability to pursue leadership roles and/or supervise staff.

Please rate the applicant on the criteria below:

Criteria	Outstanding	Satisfactory	Unsatisfactory	No Knowledge
Ability to work with and relate to staff and leaders in a collegial and professional manner				
Ability to communicate and relate appropriately with patients and their families				
Clinical knowledge and competence				
Satisfaction of "on-call" responsibilities				
Completion of clinical record documentation				
General compliance with Public Hospitals Act, Credentialed Professional Staff By-Laws, and other relevant legislature				
Patient Management (ie. Monitoring of patients)				
Utilization of Hospital resources				
Willingness to participate in clinical, teaching and/or research responsibilities and obligations				
Ethical judgement				

If you responded 'unsatisfactory' to any of the criteria above, please comment below:

PROFESSIONAL CONDUCT

To the best of your knowledge, please respond to the following:	Yes	No
Does the applicant meet the requirements for continuing medical education? (attends conferenced, grand rounds, journal clubs) If no, please comment: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any situation where the applicant has interacted inappropriately with patients or their families?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any situation where the applicant has been the subject of any professional misconduct proceeding?	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any situation where the applicant has engaged in professional practice patterns that would endanger patient safety or welfare?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any situation where the applicant's academic appointment has been denied, suspended, revoked, modified or voluntarily surrendered?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any situation where the applicant's certificate of registration has been denied, suspended, revoked, modified, or voluntarily surrendered?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any situation where the applicant's clinical privileges have ever been denied, suspended, revoked, modified or voluntarily surrendered?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have any conditions or practices that would impact their ability to practice medicine, dentistry, midwifery or nursing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please comment: _____		

CLINICAL SERVICE

Please comment on the applicant's Clinical Service contributions.

TEACHING

Please comment on the applicant's Teaching contributions and their willingness to participate in teaching responsibilities and/or obligations (including Clinical and Non-Clinical Teaching)

RESEARCH

Please comment on the applicant's Research contributions and their willingness to participate in research responsibilities and/or obligations.

CLINICAL ADMINISTRATION

Please comment on the applicant's Clinical Administration contributions and their willingness to participate in administrative responsibilities and/or obligations (ie: serving on committees, etc.)

SUMMARY RECOMMENDATIONS

- | | |
|---|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Recommend with reservation (comment below) |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend (comment below) |

Recommendation Comments, if necessary

Please feel free to provide any additional comments regarding the applicant.

By checking this box, I confirm that the information submitted within this reference is correct to the best of my knowledge and belief.

Date: _____

This personal information on this form is collected under the authority of the Public Hospitals Act R.S.O 1990, c. P.40. and is used to consider an applicant for appointment to our professional staff. If you have questions about the collection of this information, contact Medical Affairs at sjhc.medaffairs@sjhc.london.on.ca