

GENERAL SURGERY RESIDENCY RECOMMENDATION FORM FOR NEUROSURGICAL APPLICANTS AAMC Number: _____

Given the restriction on travelling sub-Internship rotations during the COVID-19 pandemic, 2020-2021 cycle applicants should obtain a general surgery letter of recommendation. Input from a general surgery clerkship leader, mentor, or other rotation faculty member regarding performance on the general surgery core rotation, and other surgery rotations as applicable, provides an external source of evaluation consistent across applicants and relevant to the basic surgical skills, work ethic, and professionalism necessary for neurosurgical training.

Applicant Name: _____ Home Institution: _____

Reference Provided By: _____ Reference Writer's Institution: _____

Telephone Number: _____ Email address: _____

Compared **with other surgery residency applicants** with whom you have worked, please rate this applicant. Please limit entire form to 2 pages:

Patient Care: Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Medical knowledge: Level of general and neurosurgical knowledge

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Procedural and Technical Skill: Surgical intuition, ability to perform surgical tasks and procedures

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Initiative and Drive: Self-directed, Ability to identify a need and see tasks to completion

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Professionalism and Communication: Maturity, assumes responsibility, attention to requirements, team player

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Work Ethic: Intrinsically hard-working, diligent in tasks, present and engaged

- Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Overall Assessment

What grade did the applicant earn in the core general surgery clerkship (and what is the highest grade available?) _____

Where did this applicant rank overall compared to their peers: Top 1% 2-5% 6-10% 11-25% 26-50% Bottom 50%

Narrative Information

Please summarize comments earned (positive and negative) during the core general surgery clerkship (no limit):

Please have a mentor or advisor to this applicant within the general surgery subspecialties summarize their experience with the applicant, including length and degree of interaction (no limit):