



RESPIRATORY MEDICINE TRAINING PROGRAM

In-training Evaluation Report

Block#: _____

RESIDENT: _____ Level of Training: _____

ROTATION: _____ From _____ to _____, 20____

*****NOTE THAT NOT ALL OF THESE POINTS WILL BE COMPTED IN A SINGLE BLOCK*****

Name(s) of person(s) consulted in preparing the evaluation: _____

	Fails to meet expectations (Fail) 0	Meets expectation for level of training 1=partly (Pass) 2=fully (Pass)		Functions at the level of an independent researcher 3	Not Applicable
MEDICAL EXPERT					
Critical appraisal of the literature.	0	1	2	3	
COMMUNICATOR					
Presentation of research.	0	1	2	3	
Preparation of manuscript.	0	1	2	3	
COLLABORATOR					
Identifies a research mentor and collaborator.	0	1	2	3	
SCHOLAR					
Identifies a research area of interest.	0	1	2	3	
Identifies a research questions that will add to the current body of literature.					
Develops a research protocol.	0	1	2	3	
Data management and analysis.	0	1	2	3	
Preparation on manuscript.	0	1	2	3	
PROFESSIONAL					
Behaves in a professional manner during planning and execution of a research project.	0	1	2	3	

Understanding principals of ethics as they relate to the research proposal.	0	1	2	3	
Preparation of application for ethics approval.	0	1	2	3	
OVERALL					

General Comments:

Identify any special strengths or weaknesses that have been brought to the attention of the Resident.

_____ Date

_____ Evaluator’s Signature

_____ Resident’s Signature

Forward to:
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